INTERNATIONAL JOURNAL OF RESEARCH CULTURE SOCIETY ISSN(O): 2456-6683
Monthly Peer-Reviewed, Refereed, Indexed Journal [Impact Factor: 9.241]
Volume - 10, Issue - 4, April - 2026

DOIs:10.2017/IJRCS/202604007 --:-- Research Paper / Article / Review

Corporeal Histories and National Pathologies in *The Moor's Last Sigh*

Shailja Nimavat
Ph.D. Scholar, Veer Narmad South Gujarat University, Surat, India
Email - nimavatshailja@gmail.com

Abstract: Medicine and wellness today encompass a totally different meaning than they did before. These are not merely ways of driving away diseases and illness but also help us in creating a safe and healthy environment that nurtures not only our body, but also mind and soul. Medical humanities has emerged as an interdisciplinary field that integrates arts, literature, ethics, history, and social sciences (like sociology, anthropology, philosophy) with medicine to understand the human experience of health and illness, focusing on patient care, professional development, and holistic healing beyond just biological facts. This paper offers a Medical Humanities reading of Salman Rushdie's *The Moor's Last Sigh*, arguing that the novel constructs illness not as a purely biological condition but as a historically and politically produced state. Through the grotesquely accelerated aging and bodily deformity of its narrator, Moraes Zogoiby, Rushdie transforms the human body into a site where colonial violence, communal conflict, and capitalist excess are materially inscribed. Drawing on Arthur Kleinman's distinction between illness and disease and Michel Foucault's concept of the medical gaze, the paper demonstrates how Moor's body cannot be adequately explained within biomedical frameworks because its pathology emerges from social and historical trauma rather than physiological malfunction.

The Zogoiby family's genealogy of degeneration further reveals how power, wealth, and political corruption operate as forms of intergenerational pathology, producing bodies that are simultaneously biologically and morally unstable. In this sense, Rushdie presents the nation itself as a diseased organism, with Bombay functioning as a polluted, feverish urban body afflicted by communalism, organized crime, and neoliberal predation. The novel's excessive, fragmented narrative style mirrors the logic of illness testimony, positioning storytelling as a mode of survival and resistance against bodily and historical disintegration.

By reading *The Moor's Last Sigh* through the lens of Medical Humanities, this paper shows how Rushdie challenges the reduction of suffering to medical abnormality and instead frames illness as an embodied form of postcolonial memory. Ultimately, the novel reveals that in postcolonial modernity, bodies do not merely fall ill; rather, they bear the accumulated wounds of history itself.

Keywords: Medical Humanities; Illness and Narrative; Postcolonial Body; Historical Trauma; Salman Rushdie; *The Moor's Last Sigh.*

1. INTRODUCTION

Salman Rushdie's *The Moor's Last Sigh* (1995) is widely read as a postcolonial historical novel preoccupied with hybridity, nationhood, and cultural memory, yet it is equally a narrative of bodily abnormality and pathological excess. Its narrator, Moraes Zogoiby—"Moor"—is born with a grotesquely accelerated aging condition that causes his body to grow at an unnatural rate, rendering him physically out of joint with the world he inhabits. This distortion of time in the flesh is not merely a fantastical device; it is a narrative strategy through which Rushdie materializes the violent compression of

postcolonial history into a single, suffering body. As Moor repeatedly emphasizes, his life unfolds in a state of permanent bodily crisis, where growth becomes indistinguishable from decay, and vitality from exhaustion (Rushdie 1995). The novel's stylistic excess—its baroque language, proliferating genealogies, and manic narrative pace—mirrors this corporeal instability, producing a form of storytelling that resembles the compulsive urgency of illness testimony rather than the coherence of realist chronicle.

This paper situates *The Moor's Last Sigh* within the framework of Medical Humanities, an interdisciplinary field that rejects the reduction of illness to biological dysfunction and instead treats it as a cultural, ethical, and political phenomenon. As Arthur Kleinman argues, "disease" refers to pathological processes, while "illness" names the lived experience of suffering, shaped by social meaning, memory, and power (Kleinman 1988). Similarly, Michel Foucault demonstrates how modern medicine produces a "medical gaze" that objectifies the patient's body while erasing the subject's narrative and agency (Foucault 1973). Rushdie's novel resists precisely this kind of epistemic violence: Moor's body cannot be clinically stabilized or diagnostically contained because its affliction is generated by history itself—by colonial rupture, religious conflict, and capitalist excess.

Although Rushdie criticism has extensively analyzed *The Moor's Last Sigh* in terms of hybridity (Bhabha 1994), postcolonial memory (Brennan 1989), and national allegory, the novel's persistent focus on deformity, degeneration, and premature aging has rarely been examined through a medicalized lens. Yet the text repeatedly frames its characters, families, and cities in pathological terms, presenting India as a body afflicted by inherited trauma, communal fever, and moral gangrene (Rushdie 1995).

This paper therefore argues that Rushdie uses disease, deformity, and accelerated aging to transform the human body into a site where postcolonial history, violence, and power are literally inscribed. In *The Moor's Last Sigh*, to be embodied is to be historical, and to be ill is to bear the wounds of the nation itself.

2. Theoretical Framework

This study draws on three interlocking theoretical traditions—Arthur Kleinman's distinction between illness and disease, Michel Foucault's critique of the medical gaze and biopolitics, and the interdisciplinary commitments of Medical Humanities—to interpret *The Moor's Last Sigh* as a narrative of embodied historical suffering.

Arthur Kleinman's foundational contribution to Medical Humanities lies in his distinction between disease and illness. Disease, he argues, refers to the biomedical malfunctioning of organs and systems, whereas illness denotes "the lived experience of monitoring bodily processes, including symptoms, suffering, and meaning" (Kleinman 1988). Illness, in this sense, is never merely biological; it is shaped by memory, culture, social position, and narrative. Kleinman further emphasizes that illness is always a "meaning-centered experience," through which individuals attempt to interpret what is happening to their bodies and lives. This distinction is crucial for reading Rushdie's Moor, whose grotesque aging cannot be understood as a discrete pathology but must be read as an embodied response to historical trauma. Moor is not simply diseased; he is ill in Kleinman's sense, because his body carries the psychological, cultural, and political weight of postcolonial dislocation.

Michel Foucault's concept of the medical gaze further illuminates how modern medicine transforms the human being into a clinical object. In *The Birth of the Clinic*, Foucault argues that modern medicine "constituted the patient's body as the locus of disease, separating it from the person who inhabits it" (Foucault 1973). The patient's narrative is subordinated to diagnostic observation, and suffering is translated into measurable signs. This process is inseparable from biopolitics, Foucault's term for the management of populations through regimes of health, productivity, and normalization. Bodies that do not conform—disabled, sick, deviant, or abnormal—become sites of surveillance and control. Moor's abnormal body, which resists stabilization and normativity, can thus be read as a challenge to biopolitical order. His accelerated aging marks him as a body that cannot be disciplined into the temporal rhythms of productive citizenship.

Medical Humanities integrates these insights by insisting that illness must be approached through narrative, testimony, and embodiment rather than solely through biomedical classification. As Rita Charon writes, narrative competence enables clinicians and scholars to "recognize, absorb, interpret, and be moved by the stories of illness" (Charon 2006). In Rushdie's novel, Moor's compulsive storytelling functions as precisely this kind of illness narrative: a desperate attempt to impose meaning on a body and a history that are both in states of collapse. The Medical Humanities framework therefore allows us to read *The Moor's Last Sigh* not as a purely allegorical national tale, but as a form of embodied testimony in which history itself becomes pathological.

3. Moraes Zogoiby's Body as Historical Archive

Moraes Zogoiby's grotesquely accelerated aging is the most striking bodily abnormality in *The Moor's Last Sigh*, and it is central to Rushdie's strategy of inscribing history into flesh. From birth, Moor's body refuses the natural rhythms of development: he grows "twice as fast as everyone else," a condition that makes childhood, maturity, and decline collapse into one another (Rushdie 1995). This temporal distortion produces a body that is perpetually out of sync with the world, marked by premature decay even as it continues to grow. In Medical Humanities terms, this abnormality signals not merely a disease but a form of embodied suffering that demands interpretation rather than diagnosis. Moor's accelerated aging renders visible what postcolonial history itself does to subjectivity: it compresses generations of violence, displacement, and instability into a single lifetime.

Moor's body thus functions as a repository of colonial and postcolonial trauma. Born into a family shaped by Portuguese colonialism, Jewish and Catholic hybridity, capitalist excess, and Hindu–Muslim conflict, Moor inherits not only wealth and lineage but also historical fracture. His deformity literalizes what postcolonial theorists describe metaphorically: the nation's past is not behind it but carried within it. As Rushdie suggests through Moor's narration, history "gets under the skin," shaping the very substance of the self (Rushdie 1995). The abnormal body becomes a living archive, recording the scars of Partition, communal violence, and imperial exploitation more truthfully than any official chronicle.

Crucially, Moor's condition resists biomedical explanation. Doctors cannot offer a stable diagnosis or a cure, because his illness does not originate in cellular malfunction but in historical dislocation. This aligns with Kleinman's insistence that illness is a meaning-laden experience rather than a purely physiological event (Kleinman 1988). Moor's suffering cannot be resolved by clinical intervention because what afflicts him is not simply a body but a body saturated with memory. In this sense, Rushdie transforms the medicalized body into a political text: Moor does not merely grow old too quickly—he bears the unbearable speed of postcolonial history itself.

4. Genealogy, Heredity, and Pathological Inheritance

In *The Moor's Last Sigh*, the Zogoiby family is constructed as a pathological lineage, in which biological inheritance, moral corruption, and historical violence are inextricably entangled. Rushdie repeatedly frames genealogy not as a stable line of descent but as a process of contamination, mutation, and degeneration. Moor's own deformity does not emerge in isolation; it is the culmination of generations of excess, secrecy, and exploitation. The family's mixed Portuguese, Jewish, Catholic, and Indian origins—often celebrated in postcolonial criticism as hybridity—are simultaneously portrayed as a form of inherited instability, a lineage marked by unresolved colonial and communal histories (Rushdie 1995).

This pathological genealogy mirrors what trauma theorists describe as intergenerational transmission of suffering: the wounds of one generation reappear in the bodies and psyches of the next. The Zogoibys accumulate not only wealth through colonial trade and capitalist speculation but also psychic and ethical damage. Abraham Zogoiby's criminal capitalism, smuggling, and real-estate manipulation transform profit into a kind of moral toxin, infecting both family and city. His accumulation of wealth is accompanied by a corrosion of intimacy, trust, and responsibility, suggesting that capitalism itself functions as a disease process that eats away at social bonds (Rushdie 1995). Moor's accelerated aging, in this sense, becomes the somatic symptom of an economy built on extraction and exploitation.

Rushdie's language consistently mobilizes medical metaphors of degeneration to describe both family and nation. Characters rot, decay, and metastasize; relationships fester rather than heal. This imagery echoes Foucault's claim that modern societies pathologize deviation while simultaneously producing the conditions for sickness through inequality and control (Foucault 1978). The Zogoiby lineage exemplifies this contradiction: its power and privilege generate both prosperity and pathological excess. By presenting heredity as a form of contamination rather than continuity, Rushdie suggests that postcolonial history is not transmitted as a stable legacy but as a chronic illness, passed from one generation to the next through bodies, memories, and unresolved violence.

Thus, the family saga in *The Moor's Last Sigh* becomes a medicalized history of the nation itself—one in which inheritance is not only genetic but political, and where degeneration is the price of a violently accumulated modernity.

5. The Female Body and Reproductive Politics

Aurora Zogoiby occupies a central position in *The Moor's Last Sigh* as both a creative force and a deeply contested female body. Her fertility, sexuality, and artistic productivity are repeatedly framed through languages of excess, pathology, and myth, turning her into what Medical Humanities scholars describe as a medicalized and symbolically overdetermined body. Aurora is not allowed to exist simply as a woman; she is rendered simultaneously as mother, muse, national allegory, and threat. Her reproductive capacity becomes inseparable from political and cultural anxiety, as her womb is imagined as the site where lineage, hybridity, and historical continuity are either secured or endangered (Rushdie 1995).

Aurora's body is also mythologized in ways that echo the medical gaze described by Foucault, in which the female body is made visible, scrutinized, and interpreted as a biological object rather than a sovereign subject (Foucault 1973). She is admired for her fecundity and beauty, yet feared for the same reasons, as though female creativity—both biological and artistic—were inherently excessive and therefore dangerous. Her paintings, like her pregnancies, are prolific, unruly, and difficult to contain, disrupting the patriarchal desire for control and order. In this sense, Aurora embodies what feminist medical humanities identifies as the persistent tendency to pathologize women's bodies, especially when they refuse docility or normative femininity.

Moreover, Aurora's artistic creativity functions as a parallel form of reproduction, one that challenges patriarchal authority. Her paintings rewrite history, reimagine the nation, and refuse the masculine monopolization of narrative and power. Yet this creative autonomy provokes violent backlash, culminating in her brutal death, which exposes the extent to which female bodies remain politically disposable in nationalist and patriarchal cultures (Rushdie 1995). Aurora's fate thus reveals the convergence of gender, medicine, and power: the same society that celebrates women as symbolic bearers of culture and continuity also disciplines, silences, and destroys them when they exceed prescribed roles.

Through Aurora, Rushdie demonstrates that in postcolonial modernity, women's bodies are not merely biological sites of reproduction but contested terrains where history, patriarchy, and political violence converge.

6. Bombay as a Sick Urban Body

In *The Moor's Last Sigh*, Bombay is not merely a backdrop for human action but a living, suffering organism, repeatedly represented through the language of illness, contamination, and decay. Rushdie depicts the city as saturated with violence, corruption, and environmental degradation, transforming it into what Medical Humanities would recognize as a pathological space. Bombay's streets, buildings, and communities are described in terms that evoke infection and toxicity, suggesting that the city itself is unwell—its social body inflamed by communal hatred, organized crime, and predatory capitalism (Rushdie 1995).

This metaphor of the sick city aligns with environmental medical humanities, which argues that illness is produced not only inside individual bodies but through polluted ecologies and damaged infrastructures. Bombay's air, water, and neighborhoods are shaped by uncontrolled development, slum displacement, and criminalized real-estate speculation, particularly under the influence of Abraham Zogoiby's empire. The novel implies that environmental destruction and social

exploitation operate like chronic toxins, slowly poisoning the population. People fall ill not simply because of personal vulnerability, but because they inhabit a landscape structured by inequality and neglect.

The city's communal riots and political violence further render Bombay a pathological body convulsed by fever. Hindu–Muslim conflict spreads like contagion, infecting neighborhoods and turning neighbors into enemies. Rushdie's portrayal echoes what Paul Farmer terms structural violence, in which political and economic systems produce suffering that is misrecognized as natural or inevitable (Farmer 2004). In this framework, Bombay's disorder is not accidental; it is the predictable outcome of historical injustice, neoliberal speculation, and sectarian politics.

By presenting Bombay as a diseased organism, Rushdie collapses the distinction between individual pathology and collective illness. Moor's abnormal body and the city's degeneration mirror one another: both are shaped by toxic histories that cannot be cured through technical fixes. In *The Moor's Last Sigh*, urban illness becomes a form of political diagnosis, revealing how postcolonial modernity generates not health and progress, but chronic, systemic suffering.

7. Conclusion

This paper has argued that *The Moor's Last Sigh* constructs illness not as a deviation from biological normativity but as a historical and political condition, produced by the violent entanglements of colonialism, nationalism, and capitalism. Through Moraes Zogoiby's grotesquely accelerated aging, Rushdie transforms the body into a living archive, one that registers the compression of generations of trauma into a single, suffering life. Moor's affliction cannot be explained or cured within biomedical frameworks because its origin lies not in faulty cells but in a fractured history. In this sense, his body exemplifies what Medical Humanities insists: that illness is a meaning-laden experience shaped by memory, power, and social structure rather than merely by pathology (Kleinman 1988).

By extending this logic to genealogy, gender, and urban space, the novel demonstrates how suffering circulates across bodies and environments. The Zogoiby family's degeneration reveals how capitalism and colonial inheritance function as intergenerational diseases, while Aurora's violently policed body exposes the medicalization and disposability of female creativity within patriarchal nationalism. Bombay, too, emerges as a sick organism, poisoned by environmental degradation, communal hatred, and structural inequality, confirming that illness in Rushdie's world is collective as much as individual.

Read through the lens of Medical Humanities, *The Moor's Last Sigh* becomes a postcolonial case history—a narrative diagnosis of how entire populations come to bear the wounds of history in their flesh. Rushdie's novel ultimately suggests that to be postcolonial is to be chronically ill, not in a medical sense, but in the sense of living within unresolved trauma. In transforming disease into historical testimony, *The Moor's Last Sigh* demands that we read bodies not as clinical objects, but as political texts that remember what nations try to forget.

REFERENCES

1. Bhabha, Homi K. *The Location of Culture*. Routledge, 1994.
2. Farmer, Paul. *Pathologies of Power: Health, Human Rights, and the New War on the Poor*. University of California Press, 2004.
3. Foucault, Michel. *The Birth of the Clinic: An Archaeology of Medical Perception*. Translated by A. M. Sheridan Smith, Vintage Books, 1973.
4. Foucault, Michel. *The History of Sexuality, Volume I: An Introduction*. Translated by Robert Hurley, Vintage Books, 1978.
5. Kleinman, Arthur. *The Illness Narratives: Suffering, Healing, and the Human Condition*. Basic Books, 1988.
6. Rushdie, Salman. *The Moor's Last Sigh*. Jonathan Cape, 1995.