Investigating the Barons

narrative and nomenclature in Munchausen syndrome

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ABSTRACT Recounting stories of the 18th-century Baron von Münchhausen, the unauthorized appropriation of his name into literature, and Richard Asher's subsequent medical use of the name Munchausen 150 years later, this article examines the narratives that are told *about* and *through* Munchausen syndrome that create meaning within medicine. By analyzing a half-century debate over the name of the illness, this article discusses how the medical literature invests meaning in names and how names create meaning through narrative with effects on the practice of medicine.

In 1951 Dr. Richard Asher identified and named the medical condition "Munchausen syndrome," describing patients with self-inflicted injuries that "trick" doctors into believing their illness is of organic cause: "Like the famous Baron von Munchausen, the persons affected have always travelled widely; and their stories, like those attributed to him, are both dramatic and untruthful. Accordingly the syndrome is respectively dedicated to the baron, and named after him" (Asher 1951, p. 339).[1] Through his metaphorical move of associating med-

[1] Although Asher (1951) named this condition "Munchausen's syndrome," the "'s" was dropped soon after his original publication and the syndrome is now generally known as Munchausen syndrome.

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ical patients with the historical and fictitious figures of the Baron Munchausen, Asher gave birth to a complex narrative. This article examines the stories that are told *about* and *through* Munchausen syndrome that create narratives not only of medicine, but of literature and history as well. Additionally, it discusses how these texts invest meaning in names and how names create meaning through narrative with real effects on the practice of medicine.

Using publications in medical journals as my source of physicians' stories, this analysis builds upon scholarship that has theorized the influential role of narrative in medical practice and in cultural perceptions of illness (Amirault 1995; Gilman 1990; Showalter 1997). Unlike some of the classic work on narrative within medicine (Brody 2002; Frank 1997; Kleinman 1990), this paper examines how narrative shapes physicians' experiences of their patients, rather than patients' experiences of their illnesses. This paper will interpret the stories physicians tell about Munchausen patients to illustrate how seemingly disparate stories provide meaning through their multiple associations. The overlap between these stories is crucial for reading the implications of the nomenclature of Munchausen syndrome within medical practice.[2]

THE BARON VON MÜNCHHAUSEN AND THE ORIGINS OF THE LITERARY FIGURE

The original, historical Baron Hieronymous Carl Friedrich Münchhausen was born in 1720 in the small town of Bodenwerder near Hannover, Germany. It was there, according to legend, that after returning to his estate in 1750 from military campaigns against Russia, he acquired a reputation as a brilliant storyteller. After dinner at large parties for the region's aristocracy, Münchhausen would tell outrageous tall tales about his adventures in Russia to amuse, and often frighten, his guests or hosts. During thirty years of his storytelling, the Baron's reputation grew among the aristocracy, and he was often visited by traveling elite and their consorts.

As the story goes, Rudolf Erich Raspe, a geologist from Hannover, was present at one such dinner and heard some of the Baron's tales. Not long after this dinner (around 1775), Raspe was accused of fraud and embezzlement of government property. He sailed to England to escape the law and to begin a scientific life among the fellows of the Royal Society. News of his criminal behavior followed him to London, however, and Raspe found himself insolvent and rejected by his peers. As a means to make money, he began writing and anonymously publishing some of the stories he had heard from the Baron von Münchhausen. The stories became so popular that, in 1785, Raspe was asked to publish a book of the tales, Baron Munchausen's *Narrative of his Marvellous Travels and Campaigns in Russia.*

[2]This article is based on a comprehensive review of all the English language articles published in medical journals from Asher's original article in 1951 through 2000 (N=576).

Raspe had not been interested in receiving fame from his writing tall tales. After all, he was a scientist, not a writer, so he published all of his stories and the book anonymously. Although he chose to hide his own identity from the public, Raspe did not protect the identity of the Baron von Münchhausen, except by anglicizing the spelling of his name. Even though the book was published in English, it was so successful that translations appeared in German, French, and Spanish only one year later, in 1786.

Meanwhile, the Baron von Münchhausen was still alive when the book was translated and became popular in Germany, and he was instantly given credit for the tales. Sources agree that the German publication ruined the Baron's life: "Witnesses from that time reported about the indescribable fury and rage caused by the audacity and the offense to his honor" (Bodenwerder Tourism 2001). After the wide publicity of the book, the Baron became reclusive and refused to host dinner parties or tell his stories because all the enjoyment of the tales had been taken from him. Moreover, the fame and notoriety were problematic for the Baron because he was suddenly exposed to German commoners. To the present day, Bodenwerder and the Baron's manor are places of pilgrimage for Germans and other Europeans seeking out the *Lügenbaron* ("Baron of Lies").

In fact, it was not until well after Raspe's death (1794) that he became known as the author of the stories. And yet, the Munchausen tales were not restricted to the stories that Raspe published. Soon his publishers began accepting stories by other writers, each remaining anonymous, to create new volumes, until they were eventually published under the names "R. E. Raspe and Others" during the early part of the 19th century. Inspired by Baron von Münchhausen, publicized by Raspe, and expanded by unknown, uncounted others, the Baron Munchausen tales are the invention of multiple authors.

The Baron Munchausen and the Origins of the Medical Figure

Over 150 years after the death of the Baron von Münchhausen and the appearance of the Munchausen tales, Richard Asher (1951) detailed a medical syndrome in which patients intentionally injure themselves but do not tell their physicians how the injuries occurred. Asher's vivid description of the medical phenomenon he named "Munchausen's syndrome," along with case studies of three patients, served as a means of labeling what he suggested is a common and frustrating medical phenomenon. For Asher, these patients and the Baron Munchausen were linked because of what he perceived as a similarity in their storytelling.

During the following decade, doctors expressed their amazement through medical journal correspondence that these patients had gone for so long without a proper diagnosis. The choice of the name "Munchausen syndrome" even unexpectedly catalyzed a half-century debate over nomenclature, the details of

which will be described below. In this way, the construction of the illness was adopted by hundreds of other doctors eager to take part in the expansion and transformation of the Munchausen narrative. This participation in narrative formation, although not unique in medicine to Munchausen syndrome, reveals a form of multiple authorship in disease construction.

THE CONTENT OF MUNCHAUSEN STORIES

What does the content of the stories told about the Baron Munchausen and about Munchausen syndrome reveal about literature, medicine, and their intersection? Central to all of the Munchausen stories is the superhuman Baron who either moves from predicament to predicament (getting himself out of trouble) or from frolic to frolic (causing trouble for others). The absurdity of his problems is matched only by the absurdity of their solutions and the resolution of the stories. Yet beneath the exaggeration and the impossibility of the stories lies, in many cases, a subtle yet keen critique of society. An example of this style of tall tale is especially relevant to medicine:

> I [Baron Munchausen] filled my balloon, brought it over the dome of [the College of Physicians'] building . . . and immediately ascended with the whole college to an immense height, where I kept them upwards of three months. You will naturally inquire what they did for food such a length of time? To this I answer, Had I kept them suspended twice the time, they would have experienced no inconvenience on that account, so amply, or rather extravagantly, had they spread their table for that day's feasting. Though this was meant as an innocent frolic, it was productive of much mischief to several respectable characters amongst the clergy, undertakers, sextons, and grave-diggers: they were, it must be acknowledged, sufferers; for it is a well-known fact, that during the three months the college was suspended in the air, and therefore incapable of attending their patients, no deaths happened, except a few who fell before the scythe of Father Time. . . . If the apothecaries had not been very active during the above time, half the undertakers in all probability would have been bankrupts. (*Surprising Adventures of Baron Munchausen*, pp. 82–83)

This story enfolds two critiques of the medical profession, or more particularly the British College of Physicians: (1) the extravagant affluence and (2) the hazardous practices of physicians.

In the case of Munchausen syndrome, there is a direct appropriation of literature to explain medical phenomena. Asher incorporated the literary figure of the Baron Munchausen as a response to a medical puzzle with which he was struggling. Confronted with patients who did not conform to a medical model, Asher turned to literature to name, and hence control, the aberrant behavior he found so troubling in these patients. Munchausen syndrome is a medical diagnosis that is based on behavioral patterns, not biological or even psychological etiology (Fisher 2002). Patients assigned to this diagnosis generally have some (or

all) of the following characteristics: self-inflicted illness, dishonesty/"deceit," dramatic medical history, fluctuating symptomatology, scarred bodies, medical fluency, premature departure from hospitals against medical advice, and wandering from hospital to hospital.

According to Asher, the behavior of the Munchausen patients is conscious. They know what they are doing and take pleasure in "deceiving" physicians through their fabrications. In a sense, it is this consciousness attributed to the patients that aligns them with the Baron. Although Asher himself does not analyze the Baron Munchausen stories, he sets up the analogy for other physicians to work through. The patients, like the Baron, are merely frolicking (again) at the expense of (British) physicians:

> Many of their falsehoods seem to have little point. They lie for the sake of lying. They give false addresses, false names, and false occupations merely for a love of falsehood. Their effrontery is sometimes formidable, and they may appear many times at the same hospital, hoping to meet a new doctor upon whom to practise their deception. (Asher 1951, p. 339)

Although all medical journal submissions can be considered narratives, Asher and the Munchausen legacy that he created differ from the standard medical narrative by crossing the line stylistically into storytelling. Having only behavioral evidence of the Munchausen condition, physicians cannot easily integrate quantitative information into their narratives as evidence of the illness. As a result, reports of the illness must be descriptive: a qualitative account of the patients and their behaviors. Interestingly, like the Baron Munchausen tales that inspired him, Asher (and many physicians writing after him) adopted a style of storytelling about Munchausen syndrome that is suggestive of the tall tale:

> Few doctors can boast that they have never been hoodwinked by the condition. Often the diagnosis is made by a passing doctor or sister, who, recognizing the patient and his performance, exclaims: "I know that man. We had him in St. Quinidine's two years ago and thought he had a perforated ulcer. He's the man who always collapses on buses and tells a story about being an ex-submarine commander who was tortured by the Gestapo. (p. 339)

Besides his often playful tone, Asher gave in-depth details about the patients' history of deception. For one of the three patients he discussed, Asher described almost 20 of this patient's hospital admissions around the country. Asher had investigated these patients and took great care to tell their stories in detail. Importantly, this level of detail bears more resemblance to character development in a story than to information important to clinicians for diagnosis, because it only enables physicians to recognize this particular patient and *not the illness itself*. Further, Asher and others were not only discussing the symptoms these patients presented when they arrived at the hospital, but they were also minutely recounting many of the details of what the patients told them. For example, to

describe his new diagnosis of Munchausen syndrome, Asher told the following story:

> A man of 47, giving the name Thomas Beeches, was transferred to the Central Middlesex Mental Observation Ward on May 16 from Harrow Hospital. He had been admitted there on May 13 with suspected intestinal obstruction; laparotomy revealed nothing abnormal. After the operation he had accused the ward sister of tampering with his wallet while he was under the anæsthetic, he had become truculent and demanded his discharge, and because of his violence, and his foolhardiness in wanting to walk out with a day-old laparotomy, he was sent for mental observation. On examination he was rational and convincing. His abdomen was a mass of scars of various vintage. He explained that while in the Merchant Navy in 1942 he had been torpedoed, suffering multiple abdominal injuries. He was then taken prisoner by the Japanese and kept in Singapore till 1945. . . . In 1945, after the liberation of Singapore, he had been take to Freemantle where he had eleven operations in 7 months (to close the multiple fistulæ), since when he had been continuously at sea till 4 days previously. The characteristic Munchausen flavour of this history led to further inquiries which revealed that only 8 days previously, while supposed to be at sea, he had been in St. James' Hospital. (p. 340)

The information related by Asher about this patient's medical condition is limited to little more than one sentence: a laparotomy revealed nothing after a preliminary diagnosis of intestinal obstruction. Although much of the information in the article *appears* to be pertinent medical history, Asher then falsifies the man's story by locating him at another London hospital when he should have been at sea. His narrative continues by relating his own investigations of this man's activities:

> A year before that he has been in the same hospital and again behaved in the same way. It was further found that in 1943, when he should have been in Singapore [as a prisoner of war], he had been admitted to the Central Middlesex Hospital complaining of "bursting open of an old torpedo wound" with a discharging sinus in the right iliac fossa. He had then told such a bewildering series of different stories that he had been transferred to Shenley Hospital as a chronic delinquent psychopath, where he was observed for 2 months and then discharged. At Shenley it was discovered that he had a long history of delinquency and had three past convictions for crime, as well as having been twice in West Park Mental Hospital. (He had escaped both times.) On this present occasion no certifiable abnormality could be found and he was discharged on May 19, 3 days after admission. No doubt he is still going from one hospital to another. (p. 340)

Asher played off these false stories in his construction of these patients' resemblance to the Munchausen tales. In his estimation, these patients are identifiable because their stories are so outrageous that they signal to the medical staff that further inquiries into the patients' medical histories are necessary. And yet, for

Asher these patients are dangerous because they frequently succeed in "deceiving" physicians. If it were easier to identify them, doctors would more quickly dismiss them, by refusing to give treatment, and would thereby save themselves time and frustration.

Thus, the irony of the nomenclature is that the patients' stories are *unlike* those of the Baron Munchausen because they *are* believable. Asher appropriated the name of the Baron and the stories of his patients to define a medical syndrome that is frustrating because it is almost invisible. For doctors to be protected from patients' deceptions, they must become detectives and narrators of their patients' stories. It is only through the telling of these tales that Munchausen syndrome can exist in the medical world.

The Trouble with Names

When Asher chose the name of the illness, he unknowingly sparked a fifty-year controversy, not over the nature of the illness, but over its nomenclature. The emergence of these disagreements over nomenclature can be interpreted as a signal of the importance of names and the narratives associated with them. One of the primary reasons that physicians became angry about the name "Munchausen syndrome" was that its reference to a fictitious character was not scientific enough, and hence, they argued the name should be changed to reflect the seriousness (read: "realness") of the illness: "A disease is a serious state of affairs to be approached with the proper gravity of a scientific name, not as a play on nonsense words yanked from the literature of fantasy" (London 1968, p. 449).

Many of the names that were proposed to counter Asher's choice aimed to describe the illness through its name, resulting in proposals like "chronic factitious disorder" (Spiro 1968), "artefactual illness" (Carney 1980), "ipsepathogenic patients" (from Latin meaning "self-induced illness"; Marsh and Johnson 1983), and "nosocomotropism" (from Greek meaning "hospital seeking"; Gorman and Winograd 1988). Most of the physicians who advocated new names of this sort discussed the need to maintain names that would be degrading neither to the physicians employing the terminology nor the patients labeled by the diagnosis.[3]

The name "Munchausen syndrome," however, has stuck. Most of the names proposed from the above categories only appeared in the publications by the authors and within the articles that proposed them. Moreover, in spite of the American Psychiatric Association's (1994) endorsement of the name "Factitious

[3]Other names were less problematic than "Munchausen" in that they did not reference any literary or historical personage but were more problematic in that they seemed even less scientific: "hospital hoboes" (Clarke and Melnick 1958); "peregrinating problem patients" (Rimel and Pierce 1961); "hospital addiction" (Barker 1962); and "pathomime" (Cramer, Gershberg, and Stern 1971). Some doctors even proposed names that would reference *different* literary or historical personages who also did not have the illness: "Kopenickiades" (Sjoberg 1951); "Ahasuerus syndrome" (Wingate 1951); and "Van Gogh syndrome" (Abram 1966).

disorder" in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, most physicians publishing articles or letters about this illness continue to refer to it as "Munchausen syndrome." The seeming contradiction between the simultaneous tenacity of the name and persistence of the debates demands a closer inspection of how the intersection of the literary and medical Munchausen narratives has roused contention with the nomenclature.

Several factions can be identified among those physicians who have written their opposition to the name "Munchausen syndrome." In addition to those who oppose the name solely on the grounds that it does not convey serious science, there are those who oppose the name because its anglicized spelling is inappropriate, those who oppose the name because it is dishonors the Baron Munch(h)ausen, and those who oppose the name because it ridicules the patients to be associated with the Baron Munchausen.

A group of physicians emerged in the 1980s whose frustration with Munchausen patients seems to have been sublimated into anger over the Anglophone tendency to drop the German umlaut. For example, one physician wrote:

> May I suggest that the Baron be post(h)umously rehabilitated by giving him back his congenital aitch and putting his two legs once gain over his "u"? After all, we have Guillain-Barré disease in acute form, why can't we have Munchausen with his umlaut? Come the resurrection, the Baron would otherwise be hard pressed to explain his deformity without resorting to that matrix of fantasy and falsehood for which he was famous; not a good way to start the 'ereafter. (Gerber 1986, p. 223)

With this narrative, Gerber characterized the missing umlaut as "acute umlautitis" in Munchausen's syndrome. His use of humor to assert that anglicization is doing violence to the Baron von Münchhausen illustrates a simultaneous lightheartedness and seriousness about the nomenclature. In spite of the use of humor, there remains a preoccupation with the Baron von Münchhausen and the dishonor Munchausen syndrome causes. The difference here is that the insult to the Baron is through the misspelling of his name.[4]

One of the surprising reactions that occurred in response to Gerber's letter was a clarification of the history of the Baron von Münchhausen and the Munchausen tales. A physician responded to Gerber's letter with his own: "Baron Münchhausen and baron Munchausen are two separate characters: the first an historical figure from Germany, the second a story-book character which was created by Rudolph Raspe (1737–1794)" (Pankratz 1986, p. 301). He goes on to

[4]Although we can attribute the appearance of letters and short pieces on Munchausen syndrome to physicians' good humor and fun with narrative, the depth of the controversy around the name cannot be understood in terms of humor alone. If it were, the exchange around nomenclature would have been isolated to a very short time. Given the enduring controversy, it seems likely that the issues that are being aired are suggestive of deeper problems concerning Munchausen syndrome within the practice of medicine.

defend Asher's choice of name because Asher named the syndrome after the *literary* Baron, not the *historical* one. Using this distinction between the two barons, this letter argues that the anglicized version of the name is not only correct, but also more appropriate for understanding the reference.

Before this interest in the umlaut and second *h*, each decade after the publication of Asher's original article in *Lancet* saw a flurry of medical correspondence that served as both historical and literary guides to Munchausen syndrome. This need to clarify the relationship between the two Barons and the patients that physicians were seeing in hospitals around the world sparked many of the articles that discussed the baron tales or argued against the name "Munchausen syndrome."

The group of physicians who oppose the name Munchausen syndrome because of the degradation of the historical Baron is the most vociferous group attempting to change the nomenclature. Arguments of this sort began appearing the week after Asher's article was published and continued without abating through the 1980s in a number of medical journals. As the first to oppose the name, Wingate (1951) stated in a letter to *Lancet* that he wrote to:

> protest on behalf of the great Baron von Munchausen, who was far too wise a fool ever to have put himself in peril of having to undergo an abdominal operation; a plausible and likable rogue, he would have been more likely to describe a new syndrome he had observed than one suffered by him. (p. 412)

Establishing a theme with this argument, other physicians also argued that the Baron was not the fool that Asher's eponym made him out to be. In other words, the name was not appropriate because its reference to the Baron is not justified by the Baron's own behavior. In many cases, it is quite unclear to which Baron these doctors are referring.

A few years later another letter to *Lancet* took the argument against the name even further:

> What is surprising is the comparison with Munchausen of the type of clinical case described: they have nothing in common, Munchausen being a healthy adventurous type of liar. . . . Why this very military and wholly admirable character should be degraded in this way I cannot understand, nor why these miserable psychopaths should ever have been granted such a distinguished forbear. (Jelly 1957, p. 1124)

In this case, the name is an issue of shame to the Baron, rather than a misnomer. Almost 20 years later, *JAMA* published an editorial about Munchausen syndrome with a similar tone:

> Baron Munchausen died in 1797. Those who know where he lies buried and are privileged to live nearby should not be surprised if they hear him turn in his grave every time his name is mentioned eponymously. After all, what does the imaginative teller of tall tales, the great exaggerator of his daring feats have

> in common with a patient who exhibits kidney stones and bloody urine so as to beguile the physician into manipulative diagnostic or surgical procedures? The baron's aim was to amuse, to startle, or to impress, never to cheat. (Vaisrub 1974, p. 90)

Through their reference to the Baron von Münchhausen, these narratives champion the cause of preserving the good name of the Baron at all costs. One even points to Raspe as a possible target for naming the illness:

> The irony in the naming of the Münchausen syndrome is that Baron von Münchhausen was in fact an honourable old gent who simply liked to spin yarns as after-dinner entertainment for his friends. The true villain, of course, is Raspe. . . . Asher certainly would have done better justice by leaving von Münchhausen alone and naming the syndrome after . . . Raspe. (Patterson 1988, p. 569)

While scores of doctors protested that the name "Munchausen syndrome" is unfair to the Baron von Munch(h)ausen, very few protested this name in defense of the patients. It is interesting and important to note that all of those physicians who *did* protest the nomenclature on behalf of their patients were psychiatrists, many of whom were psychoanalysts: "Baron Munchausen was a humourous but rather pathetic character, and the use of the title Munchausen Syndrome tends to confer ridicule on these unfortunate patients" (Barker and Lucas 1965, pp. 128–29). By way of explanation for this name, one shrewdly suggested: "Since the term is rather flippant and hence derogatory, it may be viewed as part of the medical profession's understandable but not particularly laudable attempt to get even with this class of patients" (Stone 1977, fn. p. 246).

In some ways those doctors who are protesting on behalf of the patients can be viewed as caring more for their patients than did those who described the Baron as the victim of this nomenclature. This may be an erroneous assumption, however, because most of these doctors, regardless of why they were protesting the term "Munchausen syndrome," used their opposition as an opportunity to propose new names for the illness. This is to say that their motivation for publicly criticizing Asher's choice in names could be linked in large extent to their desire to be recognized for their own contribution to the nomenclature.

Other physicians published arguments for keeping the name "Munchausen syndrome." They vary from the playful to the scientific, but the unifying theme behind these doctors' endorsement of Asher's eponym indicates that "Munchausen syndrome" does symbolic work to get at the nature of the illness. For instance, a group of doctors recognized that the nomenclature is inaccurate because the Baron did not exhibit the symptoms of the illness, and yet they add, "Although other names have been suggested since, none seems to capture the essence of this disorder as this one does" (Howe et al. 1983, p. 175).

How could so much of physicians' energy be consumed by these narratives and naming rituals? It certainly is not customary for physicians to spend decades

trying to name and rename a medical condition. Why is Munchausen syndrome different in this respect? It is my claim that the nomenclature creates meaning while identifying patients' behavior. In other words, the name that has been offered as a solution to physicians' preexisting anxiety and frustration with these patients comes with heavy narrative baggage. The Baron von Münchhausen, Raspe, and the Baron Munchausen tall tales are all (un)consciously conjured each time factitious illness is called "Munchausen syndrome." It is a name with a history, and a history that is troubling to physicians because the role of the trickster is cast on each level of narrative.

The role of trickster is explicitly identified in an article from the 1970s. As part of his framing of the illness Munchausen syndrome, one physician recalls the story about the Royal College of Physicians from the Munchausen tales:

> A frontispiece to the original text shows the much-scarred face of Munchausen whose aggressive feelings towards doctors are illustrated by an escapade in which he surprised the College of Physicians "feasting sumptuously" and hoisted them by balloon "to an immense height" where he kept them "upwards of three months." Munchausen has been taking doctors for metaphorical rides ever since. (Blackwell 1975, p. 391)

Within this brief acknowledgment of the fictitious baron's "aggression" toward physicians, this author articulates many physicians' parallel concern with the aggression and the insult of the Munchausen patients' actions. This physician's reading of the Munchausen tale illustrates the centrality of a perceived conflict between physicians and their patients in physicians' narratives about Munchausen syndrome.

Structuring relationships in the clinical interaction, the Munchausen narrative casts medical participants to preestablished patterns and imposes meaning on the experiences of the participants. Using the Baron Munchausen as a model for understanding these patients automatically sets them up antagonistically toward the physicians. As medical barons, the patients are out to cause trouble for physicians. In a sense, the Munchausen narrative fictionalizes the experience of the patients because the patients have come to exist only through the physicians' experiences of their conditions. This argument should not be interpreted as one advocating a change in the nomenclature. Rather, it is meant to highlight how narratives operate to confer meaning within medicine and to obscure other possible stories, such as ones that would eliminate the antagonism cast into the doctor-patient relationship through the deployment of the Baron narratives.

Adding to this version of the medical narrative around Munchausen syndrome in medical texts is the absence of counter-narratives created by patients about their hospital stays. The Baron von Münchhausen, dead for more than 150 years, and the fictitious Baron Munchausen have more representation in the physician narratives than do the patients. The patients' voices are only heard through the stories they tell physicians to gain admittance to the hospitals. All of

the "real" medical histories of the patients are the result of investigations and detective work on the part of the doctors. And yet, perhaps, the problem is not having access to the patients' voices, but learning to read them through (or in spite of) the medical narrative.

In retelling these tales, I have illustrated how the historical and literary Barons Munch(h)ausen have assumed such an absent presence in each layer of narrative involved in discussions of Munchausen syndrome. In addition, I have indicated the centrality of storytelling in the construction of illness. Even those tales that are seen as "fictitious" contribute to the "facts" of medicine. One physician suggested about Munchausen syndrome: "Truth is stranger than fiction; but romance, too, has its charm, even if it only reveals the kind of people we should like to have been, and the deeds we would fain have wrought" (Hall 1951, p. 858).

It is not so much that "truth is stranger than fiction" but rather truth incorporates fiction. All medical narratives balance elements of what is "real" to form a compelling representation of what health and illness *should* be. By examining the layers that make up medical narrative, we can witness how storytelling functions to legitimize medicine in spite of internal conflicts over nomenclature and the nature of illness.

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