American Osler Society, Inc. John P. McGovern Award Lectureship

"Writ Large": Medical History, Medical Anthropology, and Medicine and Literature

Gert H. Brieger M.D., PH.D

John P. McGovern Award Lectureships

1. *Our Lords, The Sick* presented by Albert R. Jonsen, Ph.D., April 12, 1986, in San Francisco, California.

2. *To Humane Medicine: Back Door or Front Door?* presented by Edward J. Huth, M.D., April 29, 1987, in Philadelphia, Pennsylvania.

3. *Medicine and the Comic Spirit* presented by Joanne Trautmann Banks, May 3, 1988, in New Orleans, Louisiana.

4. *The 'Open Arms' Reviving: Can we Rekindle the Osler Flame?* presented by Lord Walton, April 26, 1989, in Birmingham, Alabama.

5. *Rx: Hope* presented by E. A. Vastyan, May 8, 1990 in Baltimore, Maryland.

6. *Osler's Gamble and Ours: The Meanings of Contemporary History* presented by Daniel M. Fox, April 10, 1991, in New Orleans, Louisiana.

7. *From Doctor to Nurse with Love In a Molecular Age* presented by William C. Beck, March 26, 1992, in San Diego, California.

8. *The Heroic Physician In Literature: Can The Tradition Continue?* presented by Anne Hudson Jones, May 12, 1993, in Louisville, Kentucky.

9. *'The Leaven of Science': Osler and Medical Research* presented by David Hamilton, May 10, 1994, in London, England.

10. *A Body of Knowledge: Knowledge of the Body* presented by Sherwin B. Nuland, May 10, 1995, in Pittsburgh, Pennsylvania.

11. *Other People's Bodies: Human Experimentation on the 50th Anniversary of the Nuremberg Code* presented by David J. Rothman, April 25, 1996, in San Francisco, California.

12. *The Coming of Compassion* presented by Roger J. Bulger, April 3, 1997, in Williamsburg, Virginia.

13. *Why We Go Back to Hippocrates* presented by Paul Potter, May 6, 1998, in Toronto, Ontario

14. *Health Care in the Next Millennium* presented by John D. Stobo, M.D., May 5, 1999, in Montreal, Canada.

15. *"Writ Large": Medical History, Medical Anthropology, and Medicine and Literature* presented by Gert H. Brieger, M.D., PH.D., May 17, 2000, in Bethesda, Maryland.

Cover — Obverse and reverse sides of John P. McGovern Award Lectureship commemorative medal which is presented to each annual lecturer.

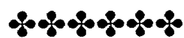
John P. McGovern, M.D.

JOHN P. McGOVERN AWARD LECTURESHIP

Through the generosity of the John P. McGovern Foundation to the American Osler Society, the John P. McGovern Award Lectureship was established in 1986. The lectureship makes possible an annual presentation of a paper dedicated to the general areas of Sir William Osler's interests in the interface between the humanities and the sciences—in particular, medicine, literature, philosophy, and history. The lectureship is awarded to a leader of wide reputation who is selected by a special committee of the Society and is especially significant in that it also stands as a commemoration of Doctor McGovern's own long-standing interest in and contributions to Osleriana.

The Fifteenth John P. McGovern Award Lecture

"Writ Large":
Medical History, Medical Anthropology, and Medicine and Literature



by

Gert H. Brieger, M.D., PH.D

Delivered 17 May 2000 at the
Thirtieth Annual Meeting of
the American Osler Society
Bethesda, Maryland

Gert H. Brieger, M.D., PH.D.

Gert H. Brieger, M.D., Ph.D

Gert H. Brieger, M.D. is the William H. Welch Professor and Chairman of the Department of the History of Science, Medicine, and Technology, The Johns Hopkins University School of Medicine. He received his M.D. in 1957 at UCLA; M.P.H in 1962 at Harvard University School of Public Health, and Ph.D in 1968 at the Johns Hopkins University. After four years of family practice, Dr. Brieger turned to medical history which he has taught at Johns Hopkins, Duke, and the University of California, San Francisco. His historical interests are in the history of American medicine and public health, the history of surgery, and the history of medical education. He is currently completing a book on the history of premedical education in America.

In this presentation, I want to discuss the writing of medical history. That this was also an important preoccupation for William Osler makes my subject even more appropriate. While Osler's history was in a different style from ours, he was not afraid of new ideas or new ways of seeing old things.

As Michael Bliss has noted in his wonderful new biography of Osler, much of Osler's historical work led him to the present concerns of his time.[1] And so, too, is this true for many of us. Osler himself said, in his lectures at Yale that became *The Evolution of Modern Medicine*, "To understand the old writers one must see as they saw, feel as they felt, believe as they believed — and this is hard, indeed impossible."[2] He also said that while we have need for literary history, we have no use for literary criticism. But were he here today to observe how his beloved history of medicine has expanded in so many ways, I believe he too would have seen the potential of this newer history of medicine, one writ large, or at least larger than in his day.

My purpose in this McGovern Lecture is not to probe William Osler's historiographical style, nor is it to defend the various new ways of seeing or writing the history of medicine. I would merely like to draw your attention to some interesting developments in our neighboring fields of inquiry, particularly the relatively new ones of medicine and literature, and medical anthropology. But before doing so, let me say just a word about the use of the English language.

Language and its uses is a connecting theme among the many books I will mention or discuss. Language is also an important theme in Osler's work, and he was generally meticulous in its use. After a decade in an editor's chair, I admit that I have become less patient with the careless use of words and with jargon. I do realize that language changes and evolves, but I find it particularly distressing when our colleagues who are professors of English tell us they are essentializing, problematizing, privileging, and foregrounding. Lord knows, medicine has been known to hide behind its own jargon in order to maintain distance or mystique, and I do not like that any better. Why not say it clearly, to borrow from the title of a little book by Lester King?[3]

The origin of this McGovern lecture is in two very long essay reviews I have been writing for the *Bulletin of the History of Medicine*, each attempting to capture for our readers the richness of these two burgeoning tangential fields — medicine and anthropology, and medicine and literature. Indeed, as we shall see, it is not always a simple task to assign a book to one or the other group. What both groups of authors have in common is that they believe that their approach to understanding the human condition will enrich the work of physicians and historians. The anthropologist and the literary critic, both with and without their jargon, have become an important part of the intellectual scene of these last two decades, and so surely it behooves those of us trying to make sense of medicine's past and present to take their work into account. In the good Galenic sense of eclecticism we need to see what these authors and their books have to offer us, to take what is of use, and to reject, at least for now, what we deem not useful. Notice that I did not say "useless," for one of the lessons of interdisciplinary studies might well be to dismiss the notion of dismissiveness when it comes to broadening our understanding of the roles and meanings of illness in our lives.

Highlighting the work of our colleagues in medical anthropology should not seem novel to the readers of the *Bulletin*. We are, after all, the inheritors of a rich tradition emphasized in the work of Henry E. Sigerist, our founding editor. And it was he who published here many of the papers on primitive medicine by Erwin Ackerknecht.

In more recent times, however, it has been the social historians who have "plundered the works of French and British anthropologists . . .," in the words of the historian Michael MacDonald.[4] Despite the potential usefulness of the anthropological perspective for the history of science and medicine, MacDonald had to admit, in 1983, that the promise was yet greater than the practice, for, "Historians of science and medicine have not shown much interest in these clamorous raids into alien territory."[5] A decade and a half later, new work in the history of international health (or what used to be called tropical medicine) emphasizes cultural strands, but it is probably still fair to say that our anthropological colleagues have a better appreciation for what we have written in the history of medicine than we have of their work. Hence one justification for some discussion of a group of recent books on medical anthropology. The choice of examples is mostly driven by what has been sent to the *Bulletin* for review, but is representative of a vibrant field. All of the books included in my discussion clearly demonstrate MacDonald's point that these works "should interest historians because they offer fresh discussions of the ways in which knowledge is organized and expressed in speech and action."[6]

Medical anthropology, a term first used in the early 1960s, has a much longer history. Rudolf Virchow and Paul Broca in the mid-nineteenth century were active in physical anthropology; earlier in this century, W.H.R. Rivers and Erwin Ackerknecht were also physicians who turned to social anthropology. Despite the ensuing expansion of medical anthropology, in scope of work and numbers of workers, Byron Good recalls that "in the 1960s, it was something of an embarrassment to be identified as a medical anthropologist. Medical anthropology was largely a practice discipline in those days . . . committed to putting anthropology at the service of improving the public health of societies in the third world."[7]

In their 1978 book about medical anthropology, George Foster and Barbara Anderson described four roots of the contemporary field of medical anthropology: the interests of physical anthropologists in evolution, comparative anatomy, and racial types; ethnographic interest in witchcraft and primitive medicine; the culture and personality movement of the 1930s; and the international public health movement after World War II.[8] It is the last of these that has had a particularly strong influence on our work in the history of medicine. I should also point out that both anthropologists and historians have addressed the relationship of these two disciplines (for example, the medical anthropologists John and Jean Comaroff, in their book *Ethnography and the Historical Imagination*).

Much has been written in the last two or three decades about the rich relation of medicine and literature. Their common bonds will become even more evident as we proceed. Since both medicine and literature are humanistic arts whose object is to study and to understand the human condition, it hardly needs to be said that both the stories of our patients as well as those we read in novels or stories serve to enhance our perceptive skills and to broaden and enrich our understanding of human nature.

Nearly twenty years ago, I wrote, "Good literature can contribute greatly to the effectiveness of those in the health professions, since literature, like their own work, is concerned with human activity and human values. One of the essentials of any education is that it should help us to go beyond or to transcend our own limited experiences and make us sensitive to the world of others. History and literature can help us to do this . . . . Literature is as good a source for the study of life histories as any clinic, for in good literature we not only see the bare facts of illness, but have in addition the writer's interpretation of their meaning for the patient. It is the interpretive skill that makes up a good part of the art of medicine as it does literature."[9] Or, as Martha Nussbaum has said, "all living is interpreting."[10] In the nearly two decades since my essay appeared, the importance of the humanities in medicine has grown. A

continuing discussion of the profession's core values and consideration of our recent as well as our more distant history have increased because of the rapidly changing world of medical practice and medical science. Decisions, both large and small, require constant attention to both social and biological contexts. To the latter we devote much of our precious years of collegiate and medical education. Our colleagues in the humanities and the social sciences have done much to enrich our understanding of the social context of health and disease, thereby helping us to help our patients to cope with illness. Good literature, then, as Dean Silva of Martin Arrowsmith's medical school put it, will help us to become "passionate on behalf of mankind."[11]

Medicine, we might argue, deals with "facts," while literature is usually fiction — or, as the Canadian novelist Margaret Atwood has more colorfully said it, writers of fiction "concoct whoppers, which they hope they can induce the public to swallow whole."[12] Yet the writer of fiction and the writer of medical case histories, the physician, must both learn to exercise their skills of interpretation. For the writer these skills lead to successful stories. For the physician much more than good reviews or large sales rides on the clinical interpretation. For the patient what is at stake is a correct diagnosis on which subsequent treatment is usually based.

There are some themes that are common to many of these new books about health and illness in present and past cultures. Some of the themes I want to discuss include interdisciplinarity; narrative, language, and discourse; women's health; the body; pain and suffering; medical education; and evolutionary theory. It is important to note that these are the province of historians, and are not unique to medical anthropologists or those who write about medicine and literature. Gina Morantz-Sanchez, for instance, discusses virtually all of them in her recent book about Dr. Mary Dixon Jones and the evolution of gynecological surgery.[13]

Interdisciplinarity

My first theme is interdisciplinarity, or boundary crossing. This was discussed by Michel Foucault in his many works and found explicit expression in the anthropologist Clifford Geertz's widely cited essay of 1980, "Blurred Genres: The Reconfiguration of Social Thought."[14]

"In recent years," Geertz wrote, "there has been an enormous amount of genre mixing in social science as in intellectual life generally, and such blurring is continuing apace." This was not merely a redrawing of the cultural map, Geertz maintained, but, "something is happening to the way we think about the way we think."

One result of this "genre mixing" is the appearance of books spanning several fields. *Morality and Health*, for example, is a series of essays by medical historians, sociologists, and anthropologists. Edited by Allan Brandt and Paul Rozin, the book emerged from a conference of an interdisciplinary network sponsored by the MacArthur Foundation to study the behavioral, social, and cultural determinants of health and disease. Clearly, no single discipline is adequate to account for such complexities.

Science in the late twentieth century is generally accorded a distinctive niche in our intellectual ecosystem, according to Thomas Gieryn.[15] Yet boundary disputes continue to occur, as in the heated discussions raised by creationism or alternative medicine. Boundary maintenance becomes a turf battle when a profession (or any occupational group) wishes to expand its authority into areas claimed by other groups, when it tries to maintain a monopoly of its work so that outsiders are called amateurs, or when it wishes to exempt its members from the responsibility for the consequences of their work by putting blame for mishaps or failure on scapegoats from the outside.

Narrative

A second pervasive theme in the history of medicine writ large is its emphasis upon the use of language, on discourse and narrative. Historians of all kinds, as well as sociologists and anthropologists, have for some years been discussing a "linguistic turn" in their work. This implies an interest not only in what is said or written, but in what context and with what interpretive framework.

We are a narrative species, Kathryn Hunter reminds us.[16] We constantly tell stories, listen to them, and watch them. Our human experiences, including those we tell to our doctors, are the stuff of narrative. Narrative, then, is the way we make sense of the world. As the clinical narrative tells us much about the patient's illness, so the way we tell our history of medical ideas and practices indicates a great deal about how we perceive ourselves as an occupational group, as a profession, as healers.

Julia Epstein's *Altered Conditions: Disease, Medicine, and Storytelling* is an especially apt illustration of how the literary scholar approaches the history of medicine. Here a professor of comparative literature writes a series of well-crafted and well-researched essays on the cultural history of medicine. Taking her title from the mid-nineteenth century work of Rudolf Virchow, Epstein has taken on the question of how western cultures have produced and used medical narratives about the body within the medical domain. She contends that explanatory stories about the

body are used to contain people in safe and recognized boundaries of social norms. She discusses definitions of disease, the development of medical record-keeping, and the various styles of medical narratives. With each of her essays she provides a very useful bibliographic discussion of what has been written about these subjects since the eighteenth century. Thus Epstein sketches the history of medical storytelling. Despite her own literary background — and in contrast to books like Miriam Bailin's *The Sickroom in Victorian Fiction*, and Athena Vrettos's *Somatic Fictions* — she makes greater use of non-fiction than fictional works. It is Epstein's critical reading that I want to emphasize here. While she does not break new historical ground in her book (which includes essays on hermaphroditism, maternal impressions and birth malformations, and AIDS), her provocative examples make this an important and useful work.

A particularly telling example of the importance of close reading comes in her first chapter, where she is concerned with defining disease. Here Epstein cites an opening sentence of a 1991 article, in the *Archives of Physical Medicine and Rehabilitation*, about the AIDS epidemic, to show how important careful writing and careful reading may be: "In only a decade the acquired immune deficiency syndrome (AIDS) has evolved from a novel immune deficiency disorder of unknown etiology in homosexual men to an infectious disease of pandemic proportions that has challenged the basic fabric of society."[17] An unremarkable sentence, one we encounter often, we might say. Yet Epstein calls to our attention several aspects of this sentence that reveal much about how we perceive this disease. For example, when AIDS strikes gay men, it is a disorder, but when it affects everybody else it becomes an infectious disease caused by a pathogen in the blood. What is of even greater significance is that, probably unwittingly, the author implies that homosexual men do not participate in the basic fabric of society. Much discourse about women, minorities, and many "others" in our culture could doubtless be analyzed in a similar way. Thus it is a lesson we may learn from our literary colleagues: that language matters; that while we generally consider ourselves to be humane, to have only the best of intentions, our discourse often belies something else.

There is, of course, another possible reading of the sentence in question, as one constructed mainly for stylistic purpose. Epstein's premise in her book is that "narrative desire — the human drive to tell stories — underlies the ways we construct the so-called normal and the aberrant, and the ways we explain disjunctions between the two."[18]

As another example of the importance of narrative, Epstein traces the

history of the medical record, showing how the professional discourse of medicine has evolved. As my colleague Mary Fissell has noted, early in the eighteenth century the words of doctors and their patients were one. "But over the course of the century, this symmetry fades. Doctors begin to sound like doctors, and patients' voices disappear."[19] It is through the record of a case that the patient is converted to a medical problem, to which the full powers of the new diagnostic and therapeutic medicine can then be brought into play. Modern case records date from the eighteenth century. They were developed for a variety of reasons and purposes — for teaching, administrative, financial, legal, and statistical compilations.

Narrative is an implicit or explicit theme in virtually all of our books. Some, such as Arthur Frank's *The Wounded Storyteller*, describe narratives as central to the doctor-patient encounter. The sick patient, Frank tells us, undergoes a narrative surrender when the doctor's version of the illness story takes over from the patient's version. It is this surrender that is reversed in so-called post-modern illness when patients have once again taken command of their fate.

Frank describes three main narrative types of illness stories: the "restitution narrative" dominates the stories of most sick people who wish to be restored to health. The "chaos narrative" features an antithetical plot: the patient imagines that life will never get better. (Frank calls this a "narrative wreckage".) The third type of narrative in Frank's scheme is the "quest narrative," in which an attempt is made to hold chaos at bay. This type of narrative affords patients a distinctive voice, and is the type of narrative found in most published illness narratives written by patients or their families.

These types of patient and family narratives are fully described and well analyzed by Anne Hawkins in her book *Reconstructing Illness: Studies in Pathography*.

Women's Health

A thorough discussion of women and their illnesses in the nineteenth century appears in Diane Price Herndl's *Invalid Women: Figuring Feminine Illness in American Fiction and Culture, 1840-1940*. Along with Elaine Showalter's *Histories: Hysterical Epidemics and Modern Media* and Lilian R. Furst's *Between Doctors and Patients: The Changing Balance of Power*, Herndl's is the most explicitly medical history in its attempt to describe medical practices as they relate to half the population. Using both medical and literary sources, Herndl persuasively argues that female illness (whether sentimental, manipulative, or otherwise) is perceived in a male

world as strongly negative. So strong have been male prejudices, she claims, that women have had "to prove they are not feigning illness before they can be taken seriously."

Hendl is correct, I believe, in pointing out that many of our society's current health problems-such as high infant mortality, poverty in its relationship to sickness, and care for the elderly-are all women's issues. She shows us the many varieties of the representation of illness, as attempts to seek attention or power, as real or imagined. All may be found in the texts she analyzes for us.

In the mid-nineteenth century, Herndl claims, physicians gained access to the American household by means of the woman of the house. The texts she discusses include many novels; she also gives us sensitive readings of such contemporary tracts as Edward H. Dixon's *Woman and Her Diseases, from the Cradle to the Grave; Adapted Exclusively to Her Construction in the Physiology of Her System and all the Diseases of Her Critical Periods* (1855, in many editions), and *Sex in Education,* written in 1873 by Edward H. Clarke. This book generated a vigorous feminist response, including a widely distributed essay by Dr. Mary Putnam Jacobi and no less than four books published within a year. Male physicians did indeed have an economic interest in the illnesses of their women patients, but to prove that they deliberately kept them in an invalid state is no easy thing to prove — and Herndl is not successful, I believe.

Other notable books on the subject of women's health include Mary Wood's *The Writing on the Wall: Women's Autobiography and the Asylum,* which, written by a professor of English, is as much a contribution to the history of the care of the mentally ill as it is to the imaginative use of literary works to elucidate that history. Lilian Furst, author of *Between Doctors and Patients,* devotes a section to five American novels about women physicians, all published within a decade, 1881-1891. Furst compares these novels with British counterparts (including a story by Arthur Conan Doyle), all published at about the same time. The American novels were William Dean Howells's, *Dr. Breen's Practice; Dr. Zay,* by Elizabeth Stuart Phelps; *A Country Doctor,* by Sarah Orne Jewett; *The Bostonians,* by Henry James; and Annie Nathan-Meyer's *Helen Brent, M.D.* I should add that Furst is not the first to write about these novels; Chester Burns and others have done so in the past.[20]

Furst elucidates the many parallel themes in these books about women physicians at the end of the nineteenth century. There was surprise at the very idea of a woman practicing medicine; doubts about propriety for a well-brought-up woman; the dilemma of marriage and a

career; and a schism between the newer, scientific style of medicine and what Furst calls the "redemptive style." These novels about medical women, Furst claims, have a dual significance: they are the literary exposition of the vexed "woman question," and for medicine as a whole, they expose the conflict between the new, scientific medicine and the traditional practice — or what she refers to as the missionary to the bedside, the redemptive style of medical practice.

The Body

In a glowing introduction to Peter Logan's *Nerves and Narratives*, Roy Porter puts it succinctly: "One of the most exciting recent developments in the humanities has been the interaction between literary criticism and the history of medicine, mediated through studies of the body."[21] Or, as David Arnold so aptly put it in his study of the role medicine played in the colonization of India, "The history of medicine in European and North American societies over the past two hundred years has been a history of growing intervention and a quest for monopolistic rights over the body"[22]

Scholarly interest in studies of the body greatly increased in the last two to three decades. This interest reflects the influence of Michel Foucault, who showed us clearly that one route to power was through knowledge of the body. More recent interest in the body emerges in books on beauty by Naomi Wolf, and in *The Body Project*, by historian Joan Brumberg, who traces the rich history of fads and fashions of the body of American girls and women.[23] Changing the body through the techniques of plastic surgery is the subject of books by Elizabeth Haiken and Sander Gilman.[24] Gilman also wrote about *The Jew's Body*, in which plastic surgery of the nose plays a prominent part.[25] *Body Talk: Rhetoric, Technology, Reproduction*, by Mary M. Lay et al., combines the themes of language and body.

This rediscovery of the body as a subject of scholarly discourse is evident throughout virtually all of the books I am discussing. The body as a story or a text that can be read and interpreted as we do literary texts; the sick body; the well body; the gendered body; the narrative body; all make their appearance. What has been particularly noteworthy in these last two decades has been the crossing of traditional boundaries of disciplines. We now find professors of English like Peter Logan and Mary Poovey,[26] for instance, writing some of the most interesting commentary about Edwin Chadwick's famous sanitary report of 1842 as they describe the social and the political body.

Laura Otis, who turned from graduate work in the neurosciences to

literary studies, became intrigued by physicians who not only wrote about their medical or scientific work but also turned to writing fiction. She discusses the work of Ramon y Cajal, S. Weir Mitchell, Arthur Conan Doyle, and Arthur Schnitzler. How did these writer-physicians handle such concepts as "identity" in comparison with scientists like Koch or Virchow, who stayed mainly with technical writing (though the latter was both an accomplished anthropologist and historian)? Otis's recent work, *Membranes: Metaphors of Invasion in Nineteenth-Century Literature, Science and Politics*, concerns borders of the cell state and the political state. As pathologists and bacteriologists defined and re-defined the borders of individuals between 1830 and 1930, their governments were doing the same. That hundred-year period marked the spread of the Europeans beyond their borders to colonies in Africa and Asia. As Otis points out, the imperial powers marked the new territories and resources as "theirs," but the peoples and the diseases they encountered in these colonies were distinctly "not theirs." Thus as science was increasingly elaborating self and not-self, imperialism opened and expanded borders, and to some extent shifted traditional identities.

One of the metaphors Otis employs to good effect is that of the permeable membrane (hence her title). Immigration, on both sides of the Atlantic, for different reasons and from different sources, became a fierce political issue. The membranes were not quite so permeable when it came time to exclude colonials, or in the case of the United States, those coming from Europe.

Of the many possible bodily dichotomies, such as tall and short, fat and thin, old and young, or beautiful and ugly, none has more salience for medicine (and for society as a whole) than the able and disabled body. Thus disability studies among anthropologists, sociologists, and literary scholars have become increasingly prominent. While many books in both medical anthropology and literary theory touch on the body and its ailments, some are also devoted to disability.

While race, gender, and class have come under increasing scrutiny in the last few decades, only recently has attention been focused on another isolating category, another way that we define difference: disability. As Robert Murphy, a professor of anthropology at Columbia, who was paralyzed for nearly fifteen years before his death in 1990, put it bluntly:

> *The recently disabled paralytic faces the world with a changed body and an altered identity — which even by itself would make his re-entry into society a delicate and chancy matter. But his future is made even more perilous by the way he is treated by the non-disabled, including some of his oldest friends and associates. . . . The greatest impediment*

to a person's taking full part in his society is not his physical flaws, but rather the issue of myths, fears, and misunderstanding that society attaches to them.[27]

Murphy and other writers point to the work of Erving Goffman, particularly his 1963 book, *Stigma: Notes on the Management of Spoiled Identity*, as one of the intellectual stimuli. But the social and political consequences of the social activism of the 1960s also prepared the ground for the new field of disability studies.

Rosemary Thomson, a professor of English at Howard University, herself suffering from a physical disability, wants to bring disability studies beyond the social sciences and medicine, where they are well developed, to the humanities as well. Disability, she maintains, is too often discussed in exclusionary terms. In contrast, she perceives disability as a form of ethnicity. In her book *Extraordinary Bodies*, she begins with a fascinating chapter on the role of freak shows in nineteenth-century and early twentieth-century American culture. She then examines several well-known literary texts, novels such as Harriet Beecher Stowe's *Uncle Tom's Cabin*, Rebecca Harding Davis's *Life in the Iron Mills*, and Elizabeth Stuart Phelps's *The Silent Partner*. The freak shows were a form of entertainment, and they sensationalized disability. The sentimental fiction, on the other hand, validated it. The main purpose of these three mid-nineteenth century novels was to argue for a humanitarian social reform in major cultural and economic institutions of the time, such as slavery, the iron mill, and the textile industry. Each of the novels also featured a disabled woman as one of the characters. These disabled women do not prevail, as their "normal" sisters do. In these works, the authors hoped to move their readers from complacency to conviction. Thomson also devotes a chapter to the discussion of disabled women in the more recent fiction of Ann Petry, Audre Lorde, and Toni Morrison.

Thus as Thomson, and some of our other authors show, the discourse of disability is but one of multiple narratives of identity, along with those of gender, race, ethnicity, privilege, and poverty.

Finally, in this genre of disability studies, we come to two sizable collections that are rich in case studies and interpretations. *The Body and Physical Difference: Discourses of Disability* was edited by David Mitchell and Sharon Snyder. The editors and their fourteen contributors are mostly professors of English, although professors of German literature, ancient history, and the history of medicine (Martin Pernick) are also among the authors.

Two of the essays are especially noteworthy. David D. Yuan writes about a story of Oliver Wendell Holmes and the Palmer Leg as a pros-

thesis for wounded soldiers in the Civil War. Other writers have traced the beginnings of rehabilitation medicine to the years right after World War I. Yuan here clearly demonstrates its Civil War roots. Caroline Molina's "Muteness and Mutilation, The Aesthetics of Disability in Jane Campion's *The Piano*" is a sensitive reading of the film, which won three academy awards. The film highlighted some of the stereotypes associated with disability, particularly the relationship of muteness, physical deformity, and mental illness. A beautiful, erotic adventure of a woman who became suddenly speechless when her husband was killed, it shows us how the woman then expressed herself mainly through her piano and her daughter. Eventually she found love and regained her speech, and then had no more need of the piano that had been her link to the world of sound.

Disability and Culture, edited by Benedicte Ingstad and Susan R. Whyte, is a collection of fourteen articles by anthropologists, almost all working in Scandinavian countries. These ethnographic studies were carried out in Africa, England, and Latin America, and they also discuss "historical changes in conception and practices related to disability." The excellent introduction by the editors and outstanding epilogue, "Disability between Discourse and Experience" by Professor Susan Whyte makes this volume central to our wider understanding of disability in the history of medicine.

Pain and Suffering

Pain, as several of our authors have pointed out, is one of the most frequent reasons for patients to seek medical help. It is not surprising, then, that pain is a theme in many of our books, especially those written by anthropologists. As David Morris has argued in his prize-winning book, *The Culture of Pain*, this phenomenon is always more than the organic model of nerves, the brain, and neurotransmitters.[28] What we need, he stresses, is to recover the voices of those who mainstream medicine has far too often left unheard, especially those with chronic pain.

To Aristotle pain was an emotion, like joy. Descartes saw it as a sensation, like heat or cold. Although doctors in all areas have been concerned with pain, never before in human history, Morris maintains, has pain fallen so completely into medical hands as it has in our time. We cannot simply suffer pain; we are compelled to make sense of it. And it is to medicine we turn for explanation as well as for help to alleviate it. But, as Morris points out, the uncomfortable truth is that doctors know far less about pain than their patients assume.

The social, political, and economic aspects of pain are usually subsumed

under the related condition of suffering. As much as any of the books we are considering in these reviews, *Social Suffering*, edited by Arthur Kleinman, Veena Das, and Margaret Lock, exemplifies the crossing of disciplinary boundaries. It would in any case seem difficult to draw any strict limits in a discussion of a subject as broad as suffering. The editors point out in their introduction that "social suffering results from what political, economic, and institutional power does to people." Legal, moral, religious, and health issues also usually occur simultaneously. "Trauma, pain, and disorder to which atrocity gives rise," they continue, "are health conditions; yet they are also political and cultural matters."[29]

Similarly, poverty is a major risk factor for ill health and death. Health, then, is a social indicator, especially in most of the world where biomedicine does not reign supreme. Far more important than technical medicine for most of the world's population are peace, prosperity, and plumbing.

The fifteen essays in this volume range from the Holocaust to Mao's China, and to the suffering caused by AIDS in Haiti. These essays clearly demonstrate the importance of examining the relationship between language and pain and suffering. And much like the notion of permeable membranes, the authors describe the passage back and forth across the boundaries between bodies and social processes, between individual and social suffering, and the many possible relations of the body to misery and pain.

As Arthur and Joan Kleinman forcefully point out in their essay, when we look around at the world we can easily become "overwhelmed by the sheer number of atrocities. There is too much to see, and there appears to be too much to do anything about."[30] It is easy to see how moral exhaustion can set in. Yet we need to ask how victims of violence become patients with the social status such pathology then implies. And can we avoid distraction from spectacular violence abroad to focus on the misery we may see at home, if we but look around us to see it?

Medical Education

Another theme I want to discuss is the education of doctors. In one way or another, many of the books on literature and anthropology are concerned with bringing a greater understanding of health and illness to their readers. The anthropologist Cecil Helman's *Culture, Health, and Illness*, and the many works of Arthur Kleinman, both of whom are both medically and anthropologically qualified, speak to the doctor's need to understand what has happened to patients. Two other anthropologists, Robert Hahn and Howard Stein, have spent years studying the role of

doctors in present-day medical settings in this country. Hahn's ethnography of the day-to-day life and work of a general internist is informative for any reader who wants to experience a doctor's daily routine.

But it is the work of the husband and wife team of Byron Good and Mary Jo Good of Harvard Medical School's Department of Social Medicine that is especially informative. In chapters in both their respective books and in a jointly authored chapter in a collection,[31] the Goods provide us with an ethnography of how students learn medicine in Harvard's New Pathway. Their long descriptions of how students cope with new information, new language, and new responsibilities, make it clear that the Goods know as much about the Harvard medical education as anyone, with the possible exception of the students themselves (although Byron Good actually attended the first-year classes). Thus it seems strange indeed that their name is nowhere to be found in a recent "official" history of the New Pathway venture.[32]

In their jointly authored chapter, the Goods bring a new emphasis to the study of medical education, an anthropological perspective. In contrast to the older sociological literature, such as *The Student Physician* or *Boys in White*, which focus upon the socialization of students into a professional role, the Goods explore how medical knowledge is constructed during the learning process. They are less concerned with how students learn to play the role of doctor than with how they learn medical reasoning, how they come to know what they know.

The New Pathway at the Harvard Medical School began in 1984 with a group of twenty-four students, but soon expanded to include the entire class. The two perspectives of the New Pathway were an educational philosophy based upon the case method, and tutorial teaching and learning, and a vision of the physician of the twenty-first century as a continuing learner in a changing world of medical practice and information.

The students they observed and interviewed at length exhibited continuing concern with both competence and caring. The concern about becoming competent, "Will I know enough to help my patients effectively?" had been prevalent among medical students long before the advent of the New Pathway, but Good and Good evaluate it in finer detail than have previous studies of medical education. Competence, they note, has often been associated with the natural sciences, caring with the humanities.

They also discuss the common comparison of medical education with learning a foreign language. But they unearth a subtext: "Learning the language of medicine," they conclude, "consists not of learning new words for the common sense world, but the construction of a new world altogether."[33]

The humanities and the social sciences have contributed to the continuing dual discourse of competence and caring. And this leaves them in a somewhat precarious position. Good and Good conclude that anthropology in the medical schools has also played a critical role — as critic of the mechanistic approach of the biomedical sciences, of the social organization of medicine, and of the "nostalgic view of the human sciences as the providers of caring."[34]

While Byron focuses in his own book on the studies of the first year, Mary Jo pays more attention to the clinical years of medical education. Her book *American Medicine: The Quest for Competence* is divided into three ethnographic studies that shed much light on contemporary medicine and how it is taught, learned, practiced, and perceived by both patients and their doctors.

The first and longest section of her book concerns rural practice in a coastal town in Northern California, and focuses especially on the relationship of family practitioners and obstetricians in an era of high malpractice insurance and real risk of legal encounters. It is in her second section that Good describes how in their clinical years Harvard medical students learn to achieve competence. In the final section she describes a project on the clinical narratives of patients with breast cancer.

This book will broaden the understanding of medical practice, medical politics, and medical education so necessary for historical work. By using competence as a core symbol, much as using response to disease outbreaks as a sampling device, Good can discuss issues such as authority, curriculum, and practice patterns in the evolution of medicine in America as we see it today. She describes three professional voices (which may be heard, for instance, in the debates about malpractice). The intraprofessional voice is used for dialogue with other members of the profession; an extra-professional repertoire is used to mediate between the profession and the public; and a reflective repertoire is the language used by individual doctors or students to explore the experiences and meanings of competence and incompetence.

Two other books concerned with teaching the humanities to medical students deserve special notice. The first is *Teaching Literature and Medicine*. Edited by Anne Hawkins and Marilyn McEntyre, both professors of English who have taught medical students, it is a rich collection of experiences in a wide variety of course formats with many literary sources suitable for inclusion in such courses. This book, just published by the Modern Language Association, is not only a source of references, with ideas for teaching and model courses; it is also full of interpretations of literary works and insights into both medicine and human nature that

surely will enrich both students and potential instructors alike.

From my own experience in teaching a course in medicine and literature, I urge other members of medical faculties who have a literary bent to do the same. This book of 400 pages can serve as an invaluable guide. Books by Robert Coles, Howard Brody, and Kathryn Hunter will likewise guide you.[35]

Medical students who were readers before they got caught up in the whirlwind of learning the biomedical sciences often wish they could continue to read novels and stories. An elective course gives them a structure in which to do it. William Osler was correct when he said, "literary criticism is not what we want." I don't pretend that I can take a novel apart and put it together again as my literary colleagues can do so elegantly. Medical students, I have found, are eager to read and just as eager to talk about what they have read. How a book or story resonates with their lives, their concerns and needs, is what it is all about.

Culture, Health and Illness, by Dr. Cecil Helman, is another excellent book for teaching medical students, social scientists, and humanists who want to learn about medicine. It first appeared in 1984; a second edition appeared in 1990; and a third in 1994. In the decade between the first and third editions the field of medical anthropology expanded greatly. As a result, both physicians and historians now take a more global view of health. At the same time, there has been a steady growth of interest in medical anthropology among both social scientists and health professionals.

Of the many books I have chosen for review, three were written by physicians (Cecil Helman, Arthur Kleinman, John Lantos), but only Helman is in the practice of general medicine; Lantos is a pediatrician, Kleinman a psychiatrist. Helman writes for his fellow clinicians, but especially for medical students. Because his book contains a wealth of case studies and clinical data, particularly about the common, everyday problems patients bring to their doctors, his book is useful for anyone who wants to understand the rich culture that is seen in the daily practice of medicine.

Besides relating the theoretical to the practical, Helman also has the knack for concise definition and clear prose. In a useful introduction about the scope of medical anthropology, he discusses culture as the way we view the world and attempt to understand it. And he notes that culture must be seen in context — one that is historical, economic, political, and social. Anthropologists, Helman points out, have developed two main approaches to their work. One is ethnographic, the small-scale study of how groups of people react to their world. The other is compar-

ative, contrasting societies or different cultures. Obviously, medical historians should be on familiar ground here. And the practicing physician should also be both historian and ethnographer.

In *Culture, Health and Illness*, Helman follows the division of health into the three overlapping sectors suggested by Arthur Kleinman: the popular sector, the domain of non-professional healers where much family care of illness takes place; a folk sector, large in non-Western societies, where health is usually viewed as a balance (both natural and supernatural) between people and their environment; and, finally, the professional sector, the site of legally sanctioned healing practices.

Helman's book describes the languages used by patients and healers. He explains a variety of illnesses and discusses the large topic of gender relationships, especially as they occur between doctors and patients in the area of reproduction. In other chapters Helman describes the many ways of responding to pain, the cultural influences on the use of drugs for treating the sick, and the various causes of and responses to the stresses of life.

He shows that cultural factors play a far more important role in all medical encounters, as well as in the epidemiology of health and disease, than a close adherence to the highly touted biomedical model. His unusual book is full of good examples, along with a clinical and social wisdom derived from a wide outlook and years of experience. These qualities make it a candidate for required reading by all of our medical students. For medical historians, as I have already indicated, Helman's book provides a rich series of examples and plentiful analytic and descriptive material about medical tasks.

Evolutionary Theory

One of the anthropological books for our review is *Evolution of Sickness and Healing* by Horacio Fabrega, a psychiatrist and anthropologist who has written about ethnomedicine since the 1970s.[36] Fabrega's most recent book is difficult reading, but it makes a good case for using evolutionary theory to synthesize the social, cultural, and biological aspects of health and healing. His book brings us to the last general theme that we may see in some of the more recent books about the history of medicine writ large — the new emphasis on what has been called Darwinian medicine.

Evolutionary biology, known even before Darwin's book on natural selection in 1859, has not played much of a role in medical thought in the twentieth century. It was a long article by an evolutionary biologist, George C. Williams, and a psychiatrist, Randolph M. Nesse, published

in the *Quarterly Review of Biology* in 1991, that once again called attention to what they called "The Dawn of Darwinian Medicine."[37]

Evolutionary biology, these authors noted in their landmark article, played virtually no role in the medical curriculum — nor, we might add, does it in the biology courses now taught in most colleges and universities. Williams and Nesse called attention to the mechanism of adaptation in understanding and treating diseases resulting from injury, infection, toxic agents, and genetic factors. Such commonly encountered medical problems as fever, pain and swelling, and the nausea associated with early pregnancy, may all be important adaptive mechanisms to protect the body. These adaptations, the authors point out, were probably designed for stone-age life, not the environment of our time. Physicians need to view reactions to injury and disease in Darwinian terms, Williams and Nesse stress, lest their treatments harm rather than help. It has been shown, for instance, that a decrease in circulating iron is helpful in overcoming some infections. And the routine prescription of antidiarrheal medicines in cases of shigella infection actually increases the rate of complications and slows recovery.

Williams and Nesse claim that we are only at the dawn of a Darwinian medicine, even though the Darwinian theory of evolution has been a foundation of biology for nearly a century and a half. Why, then, are medicine and biology once again paying more attention to evolution? One intriguing hypothesis they offer is that,"the delay resulted mainly because scientific medicine arose during the heyday of logical positivism and its condemnation of all implications of purpose."[38] Whether a more extensive historical study will substantiate this claim remains to be seen. What is clear, however, is that here again we see the history of medicine writ large.

In their 1994 book *Why We Get Sick: The New Science of Darwinian Medicine*, Williams and Nesse greatly expand the argument and the data, and spell out the implications of Darwinian medicine for medical education, public policy, and clinical practice. On the back cover of the paperback edition Richard Dawkins urges us to "buy two copies and give one to your doctor."

Another leading voice in this new Darwinian approach to medicine is Paul Ewald, professor of biology at Amherst College. His work has received wide coverage in the press, and his 1994 book, *Evolution of Infectious Disease*, has become a standard reference. An evolutionary biologist, Christopher Wills, has written *Yellow Fever, Black Goddess: The Coevolution of People and Plagues*, in which he describes the history of yellow fever, cholera, syphilis, and AIDS in evolutionary terms.[39] More

recently three professors of anthropology have edited *Evolutionary Medicine*,[40] and Edward J. Larson's *Summer for the Gods: The Scopes Trial and America's Continuing Debate Over Science and Religion* won the Pulitzer Prize for history.[41] (Even so, the State of Kansas wants to continue to teach creationism, with the blessings of major political candidates who wish to offend no one.)

Whether Darwinian medicine will be a continuing intellectual force remains to be seen. Good preventive advice based upon Darwinian principles should be far more widely dispensed by doctors, according to Williams and Nesse. "What a terrible irony and frightening harbinger it is," they conclude, "that such a noble and practical proposal to improve human health has to be couched in a way to save money," as it is in managed care.[42] As Ewald, and Williams and Nesse, have pointed out, Darwinian medicine views health and disease from a population perspective. In contrast, much of our medical teaching is still tied to a case-by-case method. Schools of public health have for years urged a population-based medicine upon us, but the fruits of biomedicine have made us victims of our own success.

Conclusion

What, finally, we may ask, can one learn from these thirty or so books, only a few of the many in medical anthropology and literary theory that have appeared in the last decade? First, they have helped the field of medical history to greatly broaden its appeal, and expand its style and its imaginative use of sources. We do indeed tell many stories and use many narrative strategies to tell them. To overlook books such as these from our sister fields would be to miss much of what has given our own field a wider perspective and greater sophistication. What it means, then, is that the paths to knowledge and understanding are varied.

The history of medicine has always been, by its very combination of history and medicine, an interdisciplinary endeavor. Thus we should welcome those colleagues from anthropology and literary studies. This does not mean we should not uphold our own standards of scholarship as defined by our own needs and backgrounds. If we fail to take note of the fact that an increasing number of scholars in neighboring fields are incorporating the history of medicine into their own work, we may wake up one day to find that "we" have been taken over by "them," not so far-fetched an idea when we stop to realize that there are far more of "them" than there are of "us."

In his recent book, *Guns, Germs, and Steel*, the physiologist Jared Diamond asks, "How can students of human history profit from the

experience of scientists in other historical sciences?"[43] His answer is that historians have much to learn from the use of comparative methods and from the results of natural experiments. From the examples of the two groups of books I have discussed, I hope it has become clear that we do have available to us a very wide set of resources from which we can collect our data. In other words, we are all multidisciplinarians now. Since it is particularly the younger historians who are working across boundaries, it seems safe to predict that the trend will continue.

There remains one last concern, having to do with our natural constituency, namely, medical students and doctors. Are we losing them? Does our historical work continue to speak to their needs and interests? Our work is not at all about telling these groups what they want to hear. It is about speaking to the problems they face and appealing to their natural intellectual curiosity. Common sense tells us that when we call all male physicians "phallocentric, patriarchal oppressors," they will go elsewhere to learn about their historical roots — or worse, will ignore them altogether. Since the art and science of medicine are eminently historical endeavors, there is history in medicine as well as history of medicine. But, I believe it will take a wider, more interdisciplinary perspective to tell that history of medicine in a way that will have meaning for medical students and doctors.

More than seventy years ago, at the dedication of the Welch Medical Library and my department at Johns Hopkins, Harvey Cushing spoke about the binding influence of a medical library on a subdividing profession. More and more, he lamented, the professor in the preclinical departments had less and less to do with medicine and medical practitioners. With a wary eye he surveyed the new chair in the history of medicine to be occupied by his venerable friend William Henry Welch. Cushing asked, on that dedicatory occasion, whether this new chair and department would "merely mean still another group of specialists having their own societies, organs of publication, separate places of meeting, separate congresses, national and international, and who will also incline to hold aloof from the army of doctors made and in the making."[44]

This was a prescient warning, one I believe we should again heed in the years ahead. There is a real place for teaching the humanities in the medical setting. Those who will be responsible for doing so will need not only to read widely in the literature of history, anthropology, and literary studies, but will also need to understand how medicine is learned, taught, and practiced if they are going to meet the needs of the army of doctors, made and in the making.

End Notes

1. Michael Bliss, *William Osler, A Life in Medicine*. New York: Oxford University Press, 1999.

2. William Osler, *The Evolution of Modern Medicine*. New Haven: Yale University Press, 1922.

3. Lester King, *Why Not Say It Clearly. A Guide to Scientific Writing*. Boston: Little, Brown, 1978.

4. Michael MacDonald, "Anthropological Perspectives on the History of Science and Medicine," in *Information Sources in the History of Science and Medicine*, Pietro Corsi and Paul Weindling, eds. London: Butterworths, 1983, pp. 61-80.

5. MacDonald, "Perspectives," p. 61.

6. MacDonald, "Perspectives," p. 62.

7. Byron Good, *Medicine, Rationality, and Experience, An Anthropological Perspective*. New York: Cambridge University Press, 1994, p.4.

8. George Foster and Barbara Anderson, *Medical Anthropology*. New York: John Wiley & Sons, 1978. See also the extensive collection of papers in David Landy, ed., *Culture, Disease, and Healing: Studies in Medical Anthropology*. New York: Macmillan, 1977.

9. Gert H. Brieger, "Arrowsmith and the History of Medicine," Mobius, 1982, 2: 32-38.

10. Martha Nussbaum, *Love's Knowledge: Essays on Philosophy and Literature*. New York: Oxford University Press, 1990.

11. Brieger, "Arrowsmith and the History of Medicine." p. 38.

12. Margaret Atwood, "In Search of *Alias Grace*: On Writing Canadian Historical Fiction," *American Historical Review*, 1998, 103: 1503.

13. Regina Morantz-Sanchez, *Conduct Unbecoming to a Woman:*

Medicine on Trial in Turn-Of-The-Century Brooklyn. New York: Oxford University Press, 1999.

14. Clifford Geertz, "Blurred Genres: The Reconfiguration of Social Thought," *American Scholar*, Spring, 1980, reprinted in Geertz, *Local Knowledge: Further Essays in Interpretive Anthropology*. New York: Basic Books, 1983.

15. Thomas E. Gieryn, "Boundary-Work and the Demarcation of Science from Non-Science," *American Sociological Review*, 1983, 48: 781-95.

16. Kathryn M. Hunter, "Narrative," in *Encyclopedia of Bioethics*. Warren Reich, ed., 5 vols. New York: Simon and Schuster Macmillan, 1995, vol. 4, p. 1789.

17. Julia Epstein, *Altered Conditions: Disease, Medicine, and Storytelling*. New York: Routledge, 1995, p. 17.

18. Epstein, *Altered Conditions*, p. 19.

19. Mary Fissell, "The Disappearance of the Patient's Narrative and the Invention of Hospital Medicine," in *British Medicine in an Age of Reform*, Roger French and Andrew Wear, eds. London: Routledge, 1991, pp. 92-109.

20. Chester R. Burns, "Fictional Doctors and the Evolution of Medical Ethics in the United States, 1875 - 1900," *Literature and Medicine*, 1988, 7: 39-55.

21. Roy Porter, "Introduction," in Peter Logan, *Nerves and Narratives: A Cultural History of Hysteria in Nineteenth-Century British Prose*. Berkeley and Los Angeles: University of California Press, 1997.

22. David Arnold, *Colonizing the Body, State Medicine and Epidemic Disease in Nineteenth-Century India*. Berkeley and Los Angeles: University of California Press, 1993, p. 9.

23. Naomi Wolf, *The Beauty Myth: How Images of Beauty Are Used Against Women*. New York: Anchor Books, 1991; Joan Brumberg, *The Body Project: An Intimate History of American Girls*. New York: Random House, 1997. See also two influential essays: Nancy Scheper-Hughes and Margaret M.

Lock, "The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology," *Medical Anthropology Quarterly*, 1987, 1: 6-41, and Roy Porter, "History of the Body," in *New Perspectives* on *Historical Writing*, Peter Burke, ed. University Park, Pennsylvania: Pennsylvania State University Press, 1992, pp. 206-32.

24. Elizabeth Haiken, *Venus Envy: A History of Cosmetic Surgery*. Baltimore: Johns Hopkins University Press, 1997; and Sander Gilman, *Making The Body Beautiful: A Cultural History of Aesthetic Surgery*. Princeton: Princeton University Press, 1999.

25. Sander Gilman, *The Jew's Body*. New York: Routledge, 1991.

26. Logan, *Nerves and Narratives*, p. 11; Mary Poovey, *Making A Social Body: British Cultural Formation, 1830-1864*. Chicago: University of Chicago Press, 1995.

27. Robert Murphy, in *Disability and Culture*, Benedicte Ingstad and Susan Reynolds Whyte, eds. Berkeley and Los Angeles: University of California Press, 1995, p. 140.

28. David Morris, *The Culture of Pain*. Berkeley and Los Angeles: University of California Press, 1991.

29. Arthur Kleinman, Veena Das, and Margaret Lock, eds., Social *Suffering*. Berkeley and Los Angeles: University of California Press, 1997, p. ix.

30. Kleinman, Das, and Lock, *Social Suffering*, p. 9.

31. Byron J. Good and Mary-Jo DelVecchio Good, "Learning Medicine, The Construction of Medical Knowledge at Harvard Medical School," in *Knowledge, Power and Practice: The Anthropology of Medicine and Everyday Life*, Shirley Lindenbaum and Margaret Lock, eds. Berkeley and Los Angeles: University of California Press, 1993.

32. Daniel C. Tosteson, S. James Adelstein, and Susan T. Carver, eds., *New Pathways to Medical Education: Learning to Learn at Harvard Medical School*. Cambridge: Harvard University Press, 1994.

33. Good and Good, "Learning Medicine," p. 98.

34. Good and Good, "Learning Medicine," p. 103.

35. Robert Coles, *The Call of Stories: Teaching and the Moral Imagination.* Boston: Houghton, Mifflin, 1989; Howard Brody, *Stories of Sickness.* New Haven: Yale University Press, 1988; Kathryn Montgomery Hunter, *Doctor's Stories: The Narrative Structure of Medical Knowledge.* Princeton: Princeton University Press, 1991. See also G. S. Rousseau, "Literature and Medicine: The State of the Field," *Isis,* 1981, 72: 406-24; Rita Charon, "Doctor-Patient, Reader-Writer: Learning to Find the Text," *Soundings,* 1989, 72: 137-52; and Rita Charon et al., "Literature and Medicine: Contributions to Clinical Practice," *Annals of Internal Medicine,* 1995, 122: 599-606.

36. See especially Fabrega's widely cited "The Need for an Ethno-Medical Science," *Science,* 1975, 189: 969-75.

37. George C. Williams and Randolph M. Nesse, "The Dawn of Darwinian Medicine," *Quarterly Review of Biology,* 1991, 66: 1-22.

38. Williams and Nesse, "The Dawn of Darwinian Medicine," p. 17.

39. Christopher Wills, *Yellow Fever, Black Goddess: The Coevolution of People and Plagues.* Reading, Mass: Addison - Wesley, 1996.

40. Wenda R. Trevathan, E. D. Smith, and James J. McKenna, eds., *Evolutionary Medicine.* New York: Oxford University Press, 1999.

41. Edward S. Larson, *Summer for the Gods: The Scopes Trial and America's Continuing Debate Over Science and Religion.* Cambridge: Harvard University Press, 1997.

42. Randolph M. Nesse and George C. Williams, *Why We Get Sick: The New Science of Darwinian Medicine.* New York: Random House, 1995, p. 248.

43. Jared Diamond, *Guns, Germs and Steel: The Fates of Human Societies.* New York: Norton, 1997, p. 424.

44. Harvey Cushing, "The Binding Influence On a Subdividing Profession," *Bulletin of The Johns Hopkins Hospital,* 1930, 46:38.

Selected Readings

The following list of books are those included in two essay reviews for the *Bulletin of the History of Medicine*. Not all of these books are discussed in the McGovern Lecture.

Vincanne Adams. *Doctors for Democracy: Health Professionals in the Nepal Revolution*. Cambridge, U.K.: Cambridge University Press, 1998.

H. F. Augstein. *James Cowles Prichard's Anthropology: Remaking the Science of Man in Early Nineteenth Century Britain*. *Clio Medica*, Vol. 52. Wellcome Institute Series in the History of Medicine. Amsterdam: Editions Rodopi, 1999.

Miriam Bailin. *The Sickroom in Victorian Fiction: The Art of Being Ill*. Cambridge Studies in Nineteenth-Century Literature, no.1. Cambridge, U.K.: Cambridge University Press, 1994.

David Bevan, ed. *Literature and Sickness*. Rodopi Perspectives on Modern Literature, no. 8. Amsterdam: Rodopi, 1993.

Allan M. Brandt and Paul Rozin, eds. *Morality and Health*. New York: Routledge, 1997.

John Comaroff and Jean Comaroff. *Ethnography and the Historical Imagination*. Boulder, Colo.: Westview Press, 1992.

Ellen Messer-Davidow, David R. Shumway, and David J. Sylvain, eds. *Knowledges: Historical and Critical Studies in Disciplinarity*. Charlottesville: University of Virginia Press, 1993.

Carl Elliott and John Lantos, eds. *The Last Physician: Walker Percy and the Moral Life of Medicine*. Durham, N.C.: Duke University Press, 1999.

Julia Epstein. *Altered Conditions: Disease, Medicine, and Storytelling*. New York: Routledge, 1995.

Paul W. Ewald. *Evolution of Infectious Disease*. New York: Oxford University Press, 1994.

Horacio Fabrega, Jr. *Evolution of Sickness and Healing*. Berkeley and Los Angeles: University of California Press, 1997.

Arthur W. Frank. *The Wounded Storyteller: Body, Illness and Ethics*. Chicago: University of Chicago Press, 1995.

Lillian R. Furst. *Between Doctors and Patients: The Changing Balance of Power*. Charlottesville: University Press of Virginia, 1998.

Lilian R. Furst. *Just Talk: Narratives of Psychotherapy*. Lexington: University Press of Kentucky, 1999.

Byron J. Good. *Medicine, Rationality, and Experience: An Anthropological Perspective*. New York: Cambridge University Press, 1994.

Mary Jo D. Good. *American Medicine: The Quest for Competence*. Berkeley and Los Angeles: University of California Press, 1995.

Susan C. Greenfield and Carol Barash, eds. *Inventing Maternity: Politics, Science and Literature, 1650 - 1865*. Lexington: University of Kentucky Press, 1999.

Anne Hunsaker Hawkins. *Reconstructing Illness: Studies in Pathography*. 2d ed. West Lafayette, Ind.: Purdue University Press, 1999.

Anne Hunsaker Hawkins and Marilyn Chandler McEntyre, eds. *Teaching Literature and Medicine*. Modern Language Association of America Options for Teaching. New York: Modern Language Association, 2000.

Roslynn D. Hayes. *From Faust to Strangelove: Representations of the Scientist in Western Literature*. Baltimore: Johns Hopkins University Press, 1994.

Cecil G. Helman, ed. *Culture, Health, and Illness: An Introduction for Health Professionals*. 3d ed. Oxford: Butterworth-Heinemann, 1997.

Benedicte Ingstad and Susan Reynolds Whyte, eds. *Disability and Culture*. Berkeley and Los Angeles: University of California Press, 1995.

Thomas M. Johnson and Carolyn F. Sargeant, eds. *Medical Anthropology: Contemporary Theory and Method*. New York: Praeger, 1990.

Arthur Kleinman. *Writing at the Margin: Discourse between Anthropology and Medicine*. Berkeley and Los Angeles: University of California Press, 1995.

Arthur Kleinman, Veena Das, and Margaret Lock, eds. *Social Suffering*. Berkeley and Los Angeles: University of California Press, 1997.

Jens Lachmund and Gunnar Stollberg, eds. *The Social Construction of Illness. Medizin, Gesellschaft, und Geschichte*, Suppl. 1. Stuttgart: Franz Steiner Verlag, 1992.

John D. Lantos. *Do We Still Need Doctors?* Reflective Bioethics series. New York: Routledge, 1997.

Mary M. Lay, Laura J. Gurak, Clare Gravon and Cynthia Mynti, eds. *Body Talk: Rhetoric, Technology, Reproduction*. Madison: University of Wisconsin Press, 2000.

Shirley Lindenbaum and Margaret Lock, eds. *Knowledge, Power, and Practice: The Anthropology of Medicine and Everyday Life*. Berkeley and Los Angeles: University of California, 1993.

Margaret Lock and Deborah Gordon, eds. *Biomedicine Examined*. Dordrecht: Kluwer Academic Publishers, 1988.

Peter Melville Logan. *Nerves and Narratives: A Cultural History of Hysteria in Nineteenth-Century British Prose*. Berkeley and Los Angeles: University of California Press, 1997.

David T. Mitchell and Sharon L. Snyder, eds. *The Body and Physical Difference: Discourses of Disability*. The Body in Theory: Histories of Cultural Materialism. Ann Arbor: University of Michigan Press, 1997.

David B. Morris. *Illness and Culture in the Postmodern Age*. Berkeley and Los Angeles: University of California Press, 1998.

Randolph M. Nesse and George C. Williams. *Why We Get Sick: The New Science of Darwinian Medicine*. New York: Random House, 1995.

Laura Otis. *Membranes: Metaphors of Invasion in Nineteenth-Century Literature, Science, and Politics*. Baltimore: Johns Hopkins University Press, 1999.

Phillip A. Scott. *The Medical Research Novel in English and German, 1900-1950.* Bowling Green, Ohio: Bowling Green State University Popular Press, 1992.

Elaine Showalter. *Hystories: Hysterical Epidemics and Modern Media.* New York: Columbia University Press, 1997.

Simon Sinclair. *Making Doctors: An Institutional Apprenticeship.* Explorations in Anthropology. New York: New York University Press, 1997.

Helen Small. *Love's Madness: Medicine, the Novel, and Female Insanity, 1800-1865.* Oxford: Clarendon Press, 1996.

Rosemarie Garland Thomson. *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature.* New York: Columbia University Press, 1997.

Athena Vrettos. *Somatic Fictions: Imagining Illness in Victorian Culture.* Stanford: Stanford University Press, 1995.

Delese Wear and Lois LaCivita Nixon. *Literary Anatomies: Women's Bodies and Health in Literature.* Albany: State University of New York Press, 1994.

Mary Elene Wood. *The Writing on the Wall: Women's Autobiography and the Asylum.* Urbana: University of Illinois Press, 1994.

Allan Young. *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder.* Princeton: Princeton University Press, 1995.