

The Left Atrium

High-dose narrative

Hygieia: literature and medicine

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It's always salutary to discover how others see us, whether as individuals or as a culture. *Hygieia: Literature and Medicine*, a special issue of *Mosaic*, a quarterly journal based at the University of Manitoba, views medicine through the lens of literary theory, offering interesting perspectives and some equally interesting scotomas.

The study of medicine as reflected in literature was one of the strategies medical educators devised to develop students' imagination and empathy. In the inaugural article in a series dedicated to literature and medicine, Faith McLellan and Anne Hudson Jones (*Lancet* 1996;348:109-11) identified two founding strains, the "aesthetic," which centred on the literary analysis of complex texts, and the "ethical," which focused on content rather than form. Subsequently, these approaches merged in the study of narrative ethics, which recognized the inherently narrative structure of medical knowledge. The essays collected in *Mosaic* reflect this latter development.

"Narrative" includes not only works of literature, but also histories, case histories and family histories. They are constructed by patients, physicians and cultures, and those constructions may not necessarily agree. In her essay, "Medical Body and Lived Experience: The Case of Harriet Martineau," Anka Ryall describes one public struggle for control of the medical narrative. Martineau was a prolific advocate of mesmerism. Her writings challenged the insecure young profession of medicine, whose representatives publicly reinterpreted her life, personality and activities

in terms of her ovarian disease. The wielding of narrative by physicians is also explored in James Krasner's essay on the writings of the young Arthur Conan Doyle, who portrayed his medical mentors, Joseph Bell and George Budd, as masterful, even bullying, in putting forward their interpretations of their patients' lives and afflictions. Conan Doyle went on to create a masterful, controlling narrator in Sherlock Holmes.

Medicine has come to recognize that healing is most effective when it is conducted according to the patient's own narrative. In "carvin' white folks': Faulkner, Southern Medicine, and *Flags in the Dust*," Kirk Melnikoff describes the state of medicine in the American South in the 1920s and 1930s, with its folk practitioners, patent medicine peddlers, old country doctors and

emergent professionals. Faulkner's character, old Bayard Sartoris, must find his way to a practitioner who shares his language and his values before he can be cured. Conversely, in "Raven's Plague: Pollution and Disease in Lee Maracle's *Ravensong*" (Judith Leggett), the Salish people and the whites are powerless to help one another, since both cultures have such different beliefs about the cause of disease. To the whites, the Salish are made ill by their close living and poor hygiene. To the Salish, the whites have a spiritual uncleanness that afflicts the earth.

Narratives of illness change, often swiftly. In "From Spectacular to Speculative: The Shifting Rhetoric in Recent Gay AIDS Memoirs," David R. Jarraway tracks the transition from "dying of" to "living with" AIDS as expressed in works separated by a decade of social change and medical progress.

It is not surprising that infectious disease is the class of illness most represented in this collection: infectious disease implies social relationships and responsibility. Outbreaks of disease as an expression of the pathologic relationship of racism and colonization are common to "*Arrowsmith Goes Native: Medicine and Empire in Fiction and Film*" (Lisa L. Lynch), "Raven's Plague" and "The Future is History: 12 Monkeys and the Origin of AIDS" (David Lashmet). There is an ominous progression. In "*Arrowsmith*," white medicine saves the natives from plague, albeit coercively. In "Raven's Plague," white medicine is unable to save the Salish

from the diseases that whites themselves introduced. And in "The Future is History," parallels are drawn between a fictional story of the release of plague by a malevolent medical establishment and the current controversial hypothesis that the HIV virus entered the human population through vaccination programs in Africa.

The other affliction that people notably inflict on one another is violence. In "Lazarus Machine: Body Politics in Dalton Trumbo's *Johnny Got His Gun*" Tim Blackmore considers the machineries of war and of medicine that create the novel's blind, deaf and dismembered protagonist.

Cumulatively, these essays present a revealing yet incomplete view of medicine, at least as examined from the "ethical" or content-driven perspective. Most



Fred Sebastian

of the narratives examined predate the middle of last century, the exceptions being the AIDS narratives. None addresses directly the complex practice of modern ethics, the changing patient–physician relationship, the economic or technologic limits to medicine, or the experience of women as practitioners of medicine. One or two of the essays make for daunting reading for the uninitiated

in modern literary theory and its stylistic flourishes, although Robert D. Tobin’s intimidatingly titled “Prescriptions: The Semiotics of Medicine and Literature,” reclaims the word “semiotics” for its discipline of origin, medicine. I particularly appreciated David Lashmet’s examination of empathy not as an emotional experience, but an imaginative act, and Judith Leggatt’s very topical discussion of

cultural beliefs about pollution, purity and disease. Even with the limitations imposed by time and choice, this is a rich, thought-provoking collection; rather than ask that any be different, I’d only ask for more.

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Lifeworks

A very real art

The depiction of normal and pathologic anatomy in models is nearly as old as medicine itself. Early examples were created in clay, marble and ivory.¹ The art of moulage — the representation of anatomical structures in wax — arose during the Renaissance and was perfected in the 18th century, when it was practised extensively in Germany and Italy. Wax allowed for a versatility and realism unattainable through harder media. The technique was threefold: a clay model was first sculpted and then used to make a plaster cast. Molten wax was then poured into the cast, allowed to set and then removed. Last, fine details and colour were added to achieve a precise and life-like representation. One of the finest examples of the technique is Clemente Susini’s *Medical Venus*, one of the famous “La Specola” waxes created in the studio of the chemist and physiologist Felice Fontana (1730–1805) in Florence. This exquisitely rendered moulage depicts a supine woman with a removable anterior thoracic and abdominal wall, giving a view of the internal organs (www.specola.unifi.it/cere/wax-collection.htm).

Medical moulage was eclipsed by the use of plastic models in the early 20th century. Plastic allowed for a more durable product to be produced at a lower cost. The newest development is, of course, computer modelling, as in the Visible Human Project (www.nlm.nih.gov/research/visible/visible_human.html).

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A brief resurrection of medical moulage occurred, curiously enough, in Ontario during World War II thanks to the efforts of Dr. Edwin Robertson. Educated in his native city of Edinburgh, Scotland, Robertson moved to Canada in 1939 and became chairman of the Department of Obstetrics and Gynecology at Queen’s University, Kingston. He had a keen interest in medical education but was frustrated by the scarcity of anatomical specimens. Nor was he the only physician concerned with the lack of teaching material at this time. In 1941, Dr. Robert L. Dickinson, an obstetrician in New York, wrote:

The proportion of female cadavers available for dissection of the reproductive organs runs, I am told, to less than 5 percent of the bodies obtained from the morgue. Moreover, these are chiefly of old women with atrophic tissues.²

In 1940 Robertson had an opportunity to see a moulage collection, mainly of dermatologic conditions, at the Department of Art as Applied to Medicine at Johns Hopkins University. (Founded



Marjorie Winslow. Normal spontaneous vaginal delivery, 1940–1946. Wax model, life size.

in 1911, this was the first such department in North America.) When he was unsuccessful in recruiting an artist from Johns Hopkins to create a series of gynecologic moulages for Queen’s, he found an able collaborator in Marjorie Winslow, a Kingston artist who had trained in Montreal, England and Rome. This was Winslow’s first use of wax as an artistic medium. She recalls: “We went into commission very slowly, learning as we went along piece by piece. Casting in wax was a real adventure.”

The creation of each moulage was quite involved. Winslow began by observing Robertson’s patients in the clinic and the operating room. Because Robertson did not permit her to sketch in these settings, she sculpted a preliminary clay model from memory. Robertson approved the models before plas-