

THE LEFT ATRIUM

Book review

A better reading

What is medical history?

John C. Burnham

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In our ordinary experience of time we have to grapple with three dimensions, all of them unreal: a past that is no longer, a future that is not yet, and a present that is never quite. We are dragged backwards along a continuum of experience, facing the past with the future behind us.

— Northrop Frye

The first task of the doctor is ... political.

— Michel Foucault

Truth be told, I probably enjoy medical history more than I enjoy medicine. The notion of being dragged unseeing into the future, as so cleverly described by the often impenetrable Northrop Frye, is not always appealing, especially in an age of self-determination and autonomy, but there is solace in the old saw about those ignorant of history, etc., etc. But what *is* history? And, more importantly in the present context, what is medical history? John C. Burnham, professor of history at Ohio State University's Medical Heritage Centre, asks just this question, and answers it in a fashion reminiscent of Michel Foucault, whose *The Birth of the Clinic* (*Naissance de la clinique*, 1963) is subtitled "An Archeology of Medical Perception." Foucault famously chronicled the "access of the medical gaze into the sick body" and suggested that by the late 17th century the

"medical gaze was organized in a new way ... [I]t was no longer the gaze of any observer, but that of a doctor supported and justified by an institution, that of a doctor endowed with the power of decision and intervention."

Whereas Foucault's "archeology" addressed "the gaze" — the power and politics of seeing — Burnham's examination of the state of the art of medical history necessarily involves an attempt to make his readers better readers, in part by pointing out the power and politics of writing. His concise book demonstrates that medical history itself has a history, and that the evolution of the genre corresponds to, causes, and is a result of its sociopolitical context.

Locating the beginning of medical history at around the time the classical texts of Hippocrates were compiled (and noting en passant that "the 'Hippocratic corpus' of writings was a collection of not necessarily consistent texts by numerous different authors, mostly from the fifth and fourth centuries BC"), Burnham traces a lineage wherein the goals of writing changed from the Galenic/Hippocratic desire to pass on then-current and useful medical knowledge, through the 18th and 19th centuries, when medical history became a "narrative in which one idea progressed to another, presumably better, idea." In this transition, Burnham sees the insertion into medical history of a political agenda: the idea of progress had taken hold, and with it the tendency on the part of historians to project "backward onto earlier times a course of steady improvement." Burnham suggests that it "would be an error to lose sight of the continuing



centrality of this narrative [of progress] and the subplots associated with it."

Much of this book is devoted to showing how the notion of progress has translated into medicalization, and Burnham writes using a general "medicalization versus demedicalization" dichotomy. His chapters deal successively with a number of "dramas," beginning with those that focused on, or were seen from the perspective of, the healer. There is a helpful discussion of biography, "a special category in and of itself, different from history," as well as observations regarding "case histories," the "traditional ceremony of diagnosing" and "the sick role."

Although he cannot but comment on matters medical, as Burnham shifts his gaze in subsequent chapters to "The Sick Person" or "Diseases" his focus nevertheless remains less on the details recorded than on the implications of their being recorded. His observations, if not completely novel, are important, and he raises a number of simple yet vexing questions. What is a disease? Indeed, what is "a body?" Noting that a "great deal of what started out as histories of ideas of illness and health ... ended up as histories of ideas about the self," Burnham goes on to explore how the notion of progress has tended to make historians and others more or less paternalistic and arrogant, inasmuch as it tends to make many of us see those

who came before as backward, dull, or simply in error, rather than as people who “just viewed the world differently.”

It is important to reiterate that Burnham appears to want from those who read his book not a re-understanding of medical history and facts, but a re-invigorated ability to read. That is, he attempts to provide both the impetus and the skills to look beyond and behind the printed page. Although he outlines a genealogy of medical history, and although his perspective is that of an historian, he deliberately cites only minimally the works on which he bases his ideas, preferring rather to provide a wonderful collection of “suggestions for further reading.” In this way we are given not only a way to look, but places to look, should we be so inclined.

It ought not to go unsaid that this book is first and foremost an historian’s examination of history; which is to say that it is in many ways a work of theory. As such, and notwithstanding its numerous valid and important arguments, it may not be for everyone. Those many of us whose reading in medical history is as diversionary as didactic, and whose disposable reading time continues to dwindle, probably can ill afford to read this book; all the more so since reading it almost certainly will force us back into books with which we thought ourselves long finished.

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Illness and metaphor

Book learning

Turned out to pattern by his medical school, Manson had faced the future with a well-bound textbook confidence. He had acquired a smattering of physics, chemistry, and biology — at least he had slit up and studied the earthworm. Thereafter he had been dogmatically fed upon the accepted doctrines. He knew all the diseases, with their tabulated symptoms, and the remedies thereof. Take gout, for instance. You could cure it with colchicum. He could still see Professor Lamplough blandly purring to his class, “*Vinum colchici*,* gentlemen, twenty to thirty minimum doses, an absolute specific in gout.” But was it? That was the question he now asked himself. A month ago he had tried colchicum, pushing it to the limit in a genuine case of “poor man’s” gout — a severe and painful case. The result had been dismal failure.

And what about half, three quarters of the other “remedies” in the pharmacopœia? This time he heard the voice of Doctor Eliot, lecturer on *Materia Medica*: “And now, gentlemen, we pass to *elemi*† — a concrete resinous exudation, the botanical source of which is undetermined, but is probably *Canarium commune*, chiefly imported from Manila: employed in ointment form, one in five, an admirable stimulant and disinfectant to sores and issues.”

Rubbish! Yes, absolute rubbish. He knew that now. Had Eliot ever tried *Unguentum elemi*? He was convinced that Eliot had not. All of that erudite information came out of a book; and that, in its turn, came out of another book; and so on, right back, probably to the Middle Ages. The word “issues,” now dead as mutton, confirmed this view.

From Cronin AJ. *The citadel*. Toronto: Ryerson Press; 1937. p. 35-6.

*Tincture of *Colchicum autumnale*, autumn crocus or meadow saffron; contains colchicine.

†A yellowish aromatic resin derived from certain tropical plants such as *Canarium commune*; used in making plasters, ointments and varnishes.

One thousand words



Vincent Hanlon

Canadian Healing Oil. I found this bottle in a little *tienda* (general store) on the main street of San Ignacio, Belize. The shop owner told me it was a good liniment for strains and sprains. He also made the claim that half a teaspoon taken orally was very effective for coughs and colds. On the basis of the labelled ingredients, I would not advise this. “Each 100 mL contains: Sulphonated Seal Oil 46.69 mL; Turpentine 51.69 mL; Oil of Tar 1.54 mL; Camphor 0.72 g; Oil of Camphor 0.18 mL; Oil of Thyme 0.02 mL; Thymol 3.12 mg; Creosote 0.05 mL. For external use for the temporary relief of pain arising from strains, sprains, bruises, rheumatism, muscular stiffness. For best results: warm Canadian Healing Oil by placing bottle in a pot of hot water as warm Canadian Healing Oil is more readily absorbed. Cover with a warm flannel if possible and leave overnight. Keep out of the reach of children. Made by Guyana Pharmaceutical Corporation Ltd. 1 Public Road, La Penitence, Georgetown, Guyana” I wonder why Canadian? Perhaps a little Canadian Healing Oil poured on the roiling waters of the public-private debate would have a soothing effect. — **Vincent Hanlon**, Emergency Physician, Lethbridge, Alta.