Barbara Sibbald

I he had solved clinical conundrums that told story with but a single theme: how medical man, as he recounted story after story, never crossed again that he didn’t know how he did it either. This was a man whose thought patterns were atypical and whose approach to problem-solving was individual, indirect and intuitive. Our paths never crossed again — to my regret; I would have liked to talk with him.

Patients and Doctors: Life-Changing Stories from Primary Care is an anthology of anecdotes contributed by no less than 47 authors. One or two of the authors are respected colleagues, several are friends and acquaintances, some have names so familiar to me it seems I know their owners although we have never met. The others have the kind of profile that tells me we could talk. Each one has an interesting story to tell. Each one has sought sense in an apparently senseless world, and I commend them for their highly readable, personal testimonies.

I believe that doctors write for two reasons, expiation or celebration. Expiation: seeking to exorcise a personal demon, searching for forgiveness of a professional error whether real or perceived. Celebration: recording with admiration the many facets of the human spirit it is our privilege to observe and the remarkable heights to which it soars.

When I was in practice in Glasgow many years ago I looked after two elderly sisters who lived together and seemed to get a lot of respiratory infections. They came to my office most of the time, and it was unusual for them to request a house call. They did on one occasion and I was surprised to see that the reason given was “both very sick.” I’ve often said that you learn more about people in one house call than in a lifetime of office visits. This was one of the experiences that shaped that opinion. The sisters lived in a small but ab-
Making the body beautiful: a cultural history of aesthetic surgery
Sander L. Gilman
Princeton University Press, Princeton, NJ; 1999

I read Sander L. Gilman’s Making the Body Beautiful for the first time on a five-hour flight from Toronto to Vancouver to attend the annual meeting of the Canadian Society of Aesthetic Plastic Surgery. It is a wonderful book, and I couldn’t wait to read it again. You need to read it twice to put everything in perspective. Drawing on expertise in Germanic studies, comparative literature and psychiatry, Gilman provides a comprehensive cultural history of aesthetic surgery. He is as comfortable discussing Nietzsche, Yeats and Darwin as he is the fathers of plastic surgery or the nasal anatomy of Bill Clinton.

Gilman opens the book with the statement that “in a world in which we are judged by how we appear, the belief that we can change our appearance is liberating.” Central to his thesis is the concept of “passing.” Aesthetic surgery can allow a person to “pass” in a desired social group. It changes not only the present but also the future, “overrides the genetic code,” and has been used on every conceivable part of the body.

“Passing” depends on many factors, including historical context, age and sex, and racial or ethnic issues. In earlier times, fat was perceived in some cultures as a positive sign of prosperity. By contrast, by the end of the 19th century it was usually perceived negatively, as a sign of poor health. Today the young and the old want to “pass” as slim and fit, and older people want to “pass” as younger.

“Passing” is often culture dependent. Breast size is cited as a classic example. Breast reduction has become common-place among upper-middle-class Brazilian families to distinguish their daughters from the lower classes. “Brazilian breast reductions” are often given to young women as “sweet-sixteen” birthday presents, enabling them to “pass” as members of a more erotic cohort and find appropriate mates. By contrast, Argentinian women, who have the highest rates of silicone implantation in the world, are much more likely to pursue breast augmentation, fulfilling the “Spanish fantasy” of the large-breasted woman as the icon of the erotic. By comparison, standards of breast beauty in Europe shifted between the 19th and 20th centuries. Smaller breasts became associated with a new erotic image, enabling a woman to “pass” into the age of the “New Woman.”

Gilman’s many references to racial difference may seem somewhat provocative. Taken in context, however, they serve to emphasize the cultural determinants of aesthetic norms. Gilman relates that Israel has become the aesthetic surgery capital of the Middle

breast.

I couldn’t wait to read it again. You need to read it twice to put everything in perspective. Drawing on expertise in Germanic studies, comparative literature and psychiatry, Gilman provides a comprehensive cultural history of aesthetic surgery. He is as comfortable discussing Nietzsche, Yeats and Darwin as he is the fathers of plastic surgery or the nasal anatomy of Bill Clinton.

Gilman opens the book with the statement that “in a world in which we are judged by how we appear, the belief that we can change our appearance is liberating.” Central to his thesis is the concept of “passing.” Aesthetic surgery can allow a person to “pass” in a desired social group. It changes not only the present but also the future, “overrides the genetic code,” and has been used on every conceivable part of the body.

“Passing” depends on many factors, including historical context, age and sex, and racial or ethnic issues. In earlier times, fat was perceived in some cultures as a positive sign of prosperity. By contrast, by the end of the 19th century it was usually perceived negatively, as a sign of poor health. Today the young and the old want to “pass” as slim and fit, and older people want to “pass” as younger.

“Passing” is often culture dependent. Breast size is cited as a classic example. Breast reduction has become common-place among upper-middle-class Brazilian families to distinguish their daughters from the lower classes. “Brazilian breast reductions” are often given to young women as “sweet-sixteen” birthday presents, enabling them to “pass” as members of a more erotic cohort and find appropriate mates. By contrast, Argentinian women, who have the highest rates of silicone implantation in the world, are much more likely to pursue breast augmentation, fulfilling the “Spanish fantasy” of the large-breasted woman as the icon of the erotic. By comparison, standards of breast beauty in Europe shifted between the 19th and 20th centuries. Smaller breasts became associated with a new erotic image, enabling a woman to “pass” into the age of the “New Woman.”

Gilman’s many references to racial difference may seem somewhat provocative. Taken in context, however, they serve to emphasize the cultural determinants of aesthetic norms. Gilman relates that Israel has become the aesthetic surgery capital of the Middle