



# The Left Atrium

## The historical present

### Clio in the clinic: history in medical practice

Jacalyn Duffin, editor

Toronto: University of Toronto Press; 2005

334 pp \$35 (paper) ISBN 0-8020-3798-4

\$65 (cloth) ISBN 0-8020-3854-9



The idea for this collection of essays occurred to Jacalyn Duffin in the fall of 2001, when she was distracted from another writing project by an invitation to write about her own hybrid species: the clinician–historian. This task led her to wonder how her own knowledge of medical history had shaped her practice as a hematologist. Were there specific instances when clinical acumen had been sharpened by historical understanding? She could think of at least one, the fascinating story of the blue nun recounted in this book, whose case of methemoglobinemia Duffin cracked (perhaps) by digging around in dusty journal volumes — and by paying attention to some history in the making. Did other physicians have comparable experiences? Duffin decided to canvas other clinician–historians and invite them to share their tales, not of medical history but of “historical medicine.”

The result is this volume of 23 contributions from Canada, France, Mexico, Wales and (by far the majority) the United States. These autobiographical essays on the medical interventions of Clio, the muse of History, are, individually, entertaining peregrinations through the past (both remote and recent) and, collectively, a demonstration that historical insight (and sometimes a little serendipity) can help good doctors be even better ones.

Clio’s virtues are presented convincingly, although not always along the lines we might expect. We hear tales of detective work in which the key to a diagnostic puzzle lies in historical arcana, and are led into specu-

lations about the current validity of long-discarded diagnoses. Sometimes we witness Clio wooing the patient as much as the physician, as in Richard J. Kahn’s case of a drug-shy patient who is persuaded to accept digitalis therapy by means of a history lesson.

Medical retrospection furnishes ample evidence of folly, cruelty and well-meaning blunders for today’s superior physician to feast on — until he or she realizes that present-day practices may look equally wrong-headed in the future. With this realization comes more sympathy for medical forebears, as in Joel T. Braslow’s double confession of the iatrogenic suffering he inflicted with haloperidol therapy in a psychotic patient, and of his father’s use, in an earlier time, of lobotomy — the only available intervention that, in his father’s view, “worked.” Seeing this parallel cures the younger Braslow of hubris and leads him to reconsider his moral condemnation of the past. The reader may decide whether historical relativism is carried too far here, or in the experience recounted by Gary S. Belkin, whose long view of the categories of psychiatric diagnosis leads him to abandon his attempt to apply a psychiatric label to a patient whose religious zeal might reasonably be construed as madness. Certainly, these examples show that the one diagnostic category that will always endure, achieving the ahistorical quality of timelessness, is *doubt*.

In fact, these narratives are intelligently arranged by the editor in such a way that timelessness becomes an unexpected and transcendent theme. Christopher Crenner writes:

I have sometimes felt immersed in medical practices that seem essentially human and freed for the moment of their particular, local constraints and expectations — freed, that is, of historicity and more a part of medicine in a *longue durée*.

Crenner discovers this timelessness by entering the world of a disadvantaged woman, the selfless caregiver of her mother, who is in a persistent vegetative state. Crenner realizes how profoundly today’s medicine is shaped by technology and by our contemporary intolerance of humble tasks and slow time; and yet, entering the intimate space of caregiving, he re-enters the timeless and authentic space of the healer.

Although these essays contain humbling lessons of the nothing-new-under-the-sun variety, their stronger message is that the danger of forgetting history is not that we will be doomed to repeat it (from modern bacteriology, we are unlikely to revert to a belief in miasmas), but that we will have an imperfect grasp of the present. Thus Steven J. Peitzman acquired, through a historiographic epiphany, an appreciation of the 19th-century legacy of the Veterans Administration hospital where he worked and realized that its maddening inefficiencies preserved the values of a compassionate model of hospital care. Joel D. Howell, also through Clio’s guidance, concludes that the distrust he senses in his African American patients is rooted in historical experience, most pertinently the tragic legacy of the Tuskegee experiments. For Duffin and her contributors, historical reasoning is a faculty of understanding owed by physicians to their patients; many are the ways that Clio may inform the clinical gaze, making present interventions more meaningful, more coherent and sometimes more humane.

Anne Marie Todkill  
*CMAJ*