

guess a social pediatrician had better not be a luckless agnostic.

What Julien wants us to do — fully understand the lives of troubled children — sounds like the subject of years of intensive training in, say, social work or child psychiatry. But he seems to frown on the idea of a pediatrician reaching out for such expert help:

They suggested sending him to a psychiatrist ... Such an attitude ... has definite limitations and is liable to harm the child, since it immediately eliminates any attempt to seek explanatory causes and codes that can explain children's problems.

It's unlikely that any single book could concretely and usefully explain how to understand the inner lives of emotionally

disturbed children. *A Different Kind of Care* certainly fails to do so — which is a shame, because we certainly need to be doing what Dr. Julien would like us to do.

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Disease as idea

Lovers and livers: disease concepts in history

Jacalyn Duffin

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Lovers and Livers is a compilation of Lectures delivered in 2002 by Jacalyn Duffin, a hematologist and prolific medical historian based at Queen's University in Kingston, Ont. Through these lectures, she encourages us to look at diseases as “ideas influenced by the tastes and preoccupations of society.” Duffin argues that it is “only when we *already* entertain cultural doubt about a trait or a behaviour” that we construe it as pathological and look to material causes to corroborate this view. To explore the “priority of culture over biology,” Duffin proposes that vestiges of an old condition, lovesickness, may still affect the way we talk about illnesses such as erotomania, HIV and hepatitis C.

Understanding how illness, disease and culture are related to one another is the central problem in the emerging literature of “disease construction.” The descriptive language of medicine is in constant flux, as it is recalibrated from generation to generation. Philosophical traditions cohabit this historical space in a beneficial exchange of ideas. For example, Descartes' *Passions of the Soul* can be read as a synthesis of Renaissance medical concepts with Cartesian theory. Over time, Cartesian notions of clear and distinct ideas and mind-body dualism have undergone a number of substantial revisions. Wittgenstein talks about “family resemblances” among words instead of clear and distinct ideas, and Eleanor

Rosch writes of conceptual prototypes. Mind-body dualism has been reformulated to encompass our contemporary view of consciousness. Similar transformations occurred in our concepts of truth, beauty and love. However, although philosophical and medical ideas have changed, disease construction must somehow anchor itself in an historical constant: the inevitability of human suffering.

Mirko Grmek, famed historian of medicine and Duffin's mentor, viewed illness concepts as groups of ideas in equilibrium at a given time, much like an assemblage of diverse organisms in a common habitat. As one way of thinking about illness falls into disuse (e.g., the concept of hysteria), another tends to take its place (e.g., multiple personality disorder). This notion has been thoroughly explored by Ian Hacking, using the pliable concepts of dissociation and multiple personality as modern reinventions of the soul. Syndromes such as these can be viewed as “containers” for many who don't fit the expected behavioural mould. Yet these containers are not pure abstractions. For each illness concept, there are real people experi-

encing what Susan Sontag referred to as our “dual citizenship” in the realms of both sickness and health.¹

The medical link between hepatitis and sex has been discussed in the scientific literature.² In her book, Duffin pairs the historical malady of lovesickness with a contemporary disease, infectious hepatitis.

She traces lovesickness back to ancient Egyptian and Greek love poems, in which the condition could prove fatal — as in the legend of Sappho plunging to her death over unrequited love. In medieval times, Persian doctors were likely the first to medicalize lovesickness, prescribing sex cures. Anecdotes from Renaissance medical writers and painters support the idea of love's ongoing power to cause illnesses with symptoms of melancholy, anorexia and even mania or suicide.

After the Inquisition, sex cures may have fallen out of favour, and writers including Voltaire, Swift and Goethe linked lovesickness with venereal disease. Lovesickness was eventually divided into categories such as masturbation, homosexuality and pedophilia. Sexual perversity occupied Romantic fictional writers, while “[p]opular images of lovesick women ... [be-

came] yet another tool of misogynist social control.” Technological developments in surgery allowed procedures to cure a host of female complaints by ovariectomy, while doctors expanded their disease vocabulary to include homosexuality. In the 20th century, sex



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was demystified and its endorphin-enhancing health benefits promoted. Addiction psychology reframed lovesickness as “co-dependence.” And, in the 1980s, sexually charged illness gained international prominence with HIV and the various manifestations of hepatitis C, a disease that has been shaped by our ambivalence about the “goodness of love.”

Although the liver has played a central role in medicine since antiquity, technological advances in the 19th and early 20th centuries allowed a detailed understanding of what had previously been considered jaundice. A link between blood transfusions, infectious hepatitis and HIV eventually led to highly publicized events such as the Krever inquiry. In the process, those infected with hepatitis C, identified through a blood test but otherwise experiencing no apparent illness, were medicalized, tainted with the “bad” type of infection usually reserved for drug addicts and homosexuals. Yet only half of asymptomatic cases of hepatitis C progress to a serious physiological illness. Asymptomatic hepatitis C represents an illness “caused by an invading organism and also by factors *external* to the patient: by the scientific discoveries; by the Krever inquiry; by journalists, politicians, lawyers, and jurists; and by the compensation packages.”

How readers regard this book will depend on their background and expectations. Philosophically, the topics mirror the Cartesian body–soul divide. For some, this may be a stretch. Is Agape (v. Eros) in ancient Greece the same as “courtly love” in the time of chivalry? Is it meaningful to juxtapose 17th-century paintings of lovesickness against 20th-century sexually transmitted diseases? At what point do sweeping generalizations usher in what Tolstoy called the “slyness of reason”? For doctors, as for their patients, human suffering is a common thread that transcends shifting medical terms and a labyrinth of philosophical theory. Sexually charged illnesses stand at a particularly vulnerable intersection between culture and biology, often colouring our relationships with patients who are sick but whose

symptoms resist an easy reduction to physical causes. And Duffin’s latest book can serve to stimulate discussion about the “lurid metaphors with which they have been landscaped.”¹

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References

1. Sontag S. *Illness as metaphor and AIDS and its metaphors*. New York: Farrar, Straus and Giroux; 1990. p. 4.
2. Tepper ML, Gully PR. Lovers and livers: hepatitis B as an STD. *Can J Hum Sex* 1997;6:2.

Illness and metaphor

Elizabethan talk therapy

Rosalind, disguised as a man, offers to cure the lovesick Orlando, who does not realize he is speaking to the object of his affection.

ROSALIND: No: I will not cast away my physic but on those that are sick. There is a man haunts the forest, that abuses our young plants with carving ‘Rosalind’ on their barks; hangs odes upon hawthorns, and elegies on brambles; all, forsooth, deifying the name of Rosalind: if I could meet that fancy-monger, I would give him some good counsel, for he seems to have the quotidian* of love upon him.

ORLANDO: I am he that is so love-shaked. I pray you, tell me your remedy.

* * *

ROSALIND: Love is merely a madness, and, I tell you, deserves as well a dark house and a whip as madmen do; and the reason why they are not so punished and cured is, that the lunacy is so ordinary that the whippers are in love too. Yet I profess curing it by counsel.

ORLANDO: Did you ever cure any so?

ROSALIND: Yes, one, and in this manner. He was to imagine me his love, his mistress; and I set him every day to woo me: at which time would I, being but a moonish youth, grieve, be effeminate, changeable, longing and liking; proud, fantastical, apish, shallow, inconstant, full of tears, full of smiles, for every passion something, and for no passion truly anything, as boys and women are for the most part cattle of this colour: would now like him, now loathe him; then entertain him, then forswear him; now weep for him, then spit at him; that I drave my suitor from his mad humour of love to a living humour of madness, which was, to forswear the full stream of the world, and to live in a nook merely monastic. And thus I cured him; and this way will I take upon me to wash your liver as clean as a sound sheep’s heart, that there shall not be one spot of love in’t.

From William Shakespeare, *As You Like it*, Act III, Scene ii.

*quotidian: a fever recurring daily