



**Sari Altschuler. *The Medical Imagination: Literature and Health in the Early United States*. Philadelphia: University of Pennsylvania Press, 2018.**

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In *The Age of Analogy: Science and Literature Between the Darwins* (Johns Hopkins University Press, 2016), Devin Griffiths defined the field of science and literature in terms of its “central object”: “to explain the role of imaginative language in science and to explore the impact of literary form on scientific practice.”[1] Since the foundational work of Gillian Beer and Sally Shuttleworth, scholars in the field have fleshed out the historical intimacies between the domains of “science” and “literature” through their shared actors, objects, methods, and networks. In these accounts, science itself is poetics, an experimental practice and mode of inquiry dependent on literary qualities of narrative, description, and the imagination. Contrary to C.P. Snow’s 1959 model of the “two cultures,” scientific form *was* literary form.

“Recognizing how much medical work literature did” in early America, Sari Altschuler recenters *imagination* as a constitutive part of late-eighteenth and nineteenth-century medicine.[2] For Altschuler, the recovery of “imaginative experimentation” in early American medicine helps to disrupt empiricism-oriented histories of medicine that overemphasize rationalism. By insisting on imagination’s epistemological place in the theorizing of republican health and disease, Altschuler eschews a progress narrative of ever-more rational ways of medical knowing accruing over time. Her account instead demonstrates how imaginative approaches coexisted with empirical observation and physical experimentation as interrelated ways of tackling the problem of the body. Imaginative literary forms provided a necessary experimental “grammar” for physicians to work through competing visions of the body and its functions.[3] For many American physicians like Benjamin Rush, literature proved an invaluable tool for medical discovery precisely because of its explanatory and exploratory capacities.

But particularly valuable for us working in the medical humanities is how Altschuler's project historicizes how humanistic thinking was always already an integral part of *doing* and *thinking* medicine. The method questions that Altschuler pursues forces us to contend with what remains a persistent problem in the current way medical humanities exists and operates:

*...the term "medical humanities" is largely a misnomer. The word "medical" in such programs refers not to the field of medicine broadly but almost exclusively to the clinical encounter. While it is crucial to improve medical communication and empathy, we should also be thinking capaciously about what the humanities can offer medical epistemology... To undertake this work, we need to revisit not only what 'medical' means for the medical humanities but also what the word "humanities" means in this context. On closer inspection, most programs that understand themselves as medical or health humanities do not make much use of the broad and powerful array of humanistic modes of inquiry; rather, they examine the same materials as humanities fields toward the ends of a well-meaning but vaguely conceived sense of empathy. The term 'humanities' thus refers not to a set of rigorous intellectual and epistemological tools but to something more like an interest in humanity.*

The increasing presence of medical humanities in medical programs has certainly been heartening for those of us committed to bridging disciplinary divides, but Altschuler points out that, despite its recognition and inclusion, medical humanities too often gets reduced to a glorified training program for empathy that is meant to somehow lead to a more patient-centered approach to treatment and care. In my teaching experience, I've witnessed numerous students complain about the overly sentimental, "feel good" nature of medical humanities coursework that seems irrelevant or even in opposition to their more "relevant" practical training that might better serve them in the clinic. In a narrative medicine course I took during my graduate studies, I listened to my nursing and medical school peers describe feeling like the course was trying to "out" them as heartless and dehumanizing for merely trying to do their jobs or unfairly taking them to task for the problematic history of their field. While we, as medical humanists, might view this as a misunderstanding of what we are trying to do in the classroom (or to some, proof that we are making real interventions), we cannot simply limit our pedagogical project to recalibrating the affective capacities of future clinicians through exposing them to "great works of literature or art." For me, there has always been a certain condescension to this methodology, which still seems to dominate syllabi that I come across. This pedagogical approach not only does a disservice to students but also misses valuable opportunities for "insist[ing] on the intellectual potential of humanities, tools, methods, and insights to shape and improve the health professions."<sup>[4]</sup> Perhaps our own insecurities about the current state of the humanities and about potentially alienating medical students with the very work that we do has produced instead a "humanities-lite," which greatly oversimplifies and misrepresents the transformative work that we actually do.

I want to linger on Altschuler's demand for a more *rigorous* humanities in what we have come to call the medical and health humanities. What does this rigor look like and in what ways might we begin to create truly interdisciplinary curricula that does justice to our students and to the history of Western medicine as an imaginative enterprise? Altschuler's suggestion of "humanistic

competencies” offers a timely model for rethinking how we might structure courses that are less about cultivating “ways of feeling” but more about training students in creative analytical thinking skills that are directly relevant to medical practice. “Narrative, attention, observation, historical perspective, judgment, performance, and creativity” are all fundamental aspects of humanistic thinking that we can make accessible to our students without oversimplifying them.[5] We owe it to our students to take seriously what we do and how we do it. If we are to be “epistemologically humble,” to borrow Altschuler’s beautiful formulation, we must have faith that our students will take us seriously, too.

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[1] Griffiths 7.

[2] Altschuler 5.

[3] Altschuler 11.

[4] Altschuler 20.

[5] Altschuler 200.