BRILL

EUROPEAN JOURNAL FOR THE HISTORY OF
MEDICINE AND HEALTH 78 (2021) 155-180

European
Journal for
the History
of Medicine
and Health

brill.com/ehmh

Perspectives

Medicine and the Senses: Towards Integrative Practices

Ludmilla Jordanova

Emeritus Professor; Department of History, Durham University,
Durham, DH1 3LE, UK

Emeritus Director; Centre for Visual Arts and Culture, Durham University,
Durham, DH1 3LE, UK

ludmilla.jordanova@durham.ac.uk

Abstract

Paying attention to the senses has been part of historical practice for some decades and has special resonance in the history of medicine since the senses play a central role in all aspects of health care and medical sciences. Both practitioners and patients rely upon them in complex ways. Using a range of primary and secondary sources, this article reflects on what is gained by a focus on the senses, for our understanding of both medicine and our own historical practices. It advocates a generous, expanded understanding of the senses to include, for example, somatic affinity.

Keywords

senses – practice – historiography – popular fiction – translation – Michael Baxandall
– general practice – context

“... there stamped into his room a medium sized, oldish man
with a brick-red face and a small pugnacious grey imperial.

He stooped slightly so that his head had a forward belligerent thrust. He wore cord breeches, gaiters, and a tweed jacket, the side pockets stuffed to bursting point with pipe, handkerchief, an apple, a gum elastic catheter. About him hung the odour of drugs, carbolic and strong tobacco.¹

Here is an evocative description. The narrative voice is that of a Scottish-trained doctor, describing the perceptions of a young General Practitioner, who, on his first day in a new job, meets a colleague. Andrew Manson's sharp eyes have observed the posture and presentation, age and habits, dress and complexion of a fellow human being, whom he meets in the surgery they share with a dispenser. The reader is already aware that Dr. Manson undertakes careful examinations of his patients, noting their living and working conditions, grasping the impact of hazardous toil and poverty on their health, and using scientific medicine as his helpmeet in the struggle to do well by those who place themselves in his care. Manson is the fictional creation of the successful physician-writer A.J. Cronin, with whom he shares many features, including a medical training in Glasgow. Like other writers with a medical background, such as William Somerset Maugham and Francis Brett Young, Cronin drew upon his own experiences as he crafted his fiction.²

Through Manson, Cronin invites readers to note the texture and shape of clothes, the odour and thence the taste of tobacco, the presence of medical accoutrements that can be seen and smelt. He encouraged them to hear footsteps and sense character. Like so many writers, Cronin was in the business of providing vivid descriptions of people, places and circumstances. The term 'diagnosis' with its rich associations is apposite here, since the reader and writer form a partnership in working out Doctor Urquart's presentation. Much fiction, whether penned by the medically trained or not, conjures up word pictures through description, relying on readers' sensory experiences and understanding to make its mark. Authors seek to convince readers they have gained vital insights into characters and situations. While such effects can be achieved in diverse ways, Cronin and his contemporary physician-writers provided accounts that appeal to the senses. In so doing they revisited the staples of examination and diagnosis to be found in case reports, hospital records,

1 A.J. Cronin, *The Citadel* (London, 1937), p. 88. For a brief introduction to Cronin himself, see the entry on him – Archibald Joseph Cronin – in the *Oxford Dictionary of National Biography* online (hereafter: ODNB, for other figures with biographical entries given there).

2 William Somerset Maugham (ODNB), *Of Human Bondage* (London, 1915); Francis Brett Young (ODNB), *The Young Physician* (London, 1919), *My Brother Jonathan* (London, 1928), *Dr. Bradley Remembers* (London, 1938); these were all 'autobiographical' in some sense.

memoirs, letters and medical writings from ancient times to the present day.³ Medicine and the senses have been and are inseparable, even if these intricate relationships are shifting, moving in and out focus, depending on context and period. Writers, historians, and medical practitioners have much in common with respect to their need to describe, examine and interpret human beings as accurately as possible. To such tasks the senses are integral.

Accordingly, there are historiographical benefits to be gained from paying attention to the senses, and to writers, artists and commentators, no matter when they were active, who have brought the sensory dimensions of human life to the fore. Historians have reason to be grateful to those, such as Cronin and to others whose work I invoke, who are unusually explicit on the matter, as well as to scholars who exemplify generative modes of analysis.

1 Histories of the Senses

In a world awash with the testimonies of practitioners and patients, there is a danger that historians take for granted the importance of the senses, since contemporary writers have been able to conjure up the experiences of treating and being treated with striking, often devastating immediacy.⁴ As historians, like all readers, are embodied beings, their experiences of reading such accounts cannot be purely cognitive – the senses pertain to body, mind and imagination. Our own embodied responses must not be taken for granted either. Human beings' full sensory capacities are central to forms of integrative historical practice that deploy generous ranges of sources and perspectives.⁵ The evaluation of evidence and the passage through description and interpretation to arguments and conclusions constitute major operations for medical practitioners and historians alike. There is hardly a shortage of materials that bear on medicine and the senses, and mining as many types as possible brings historiographical benefit. Since historians of medicine are writers, there

3 On medieval case histories, see Petros Bouras-Valliantos, *Innovation in Byzantine Medicine: The Writings of John Zacharias Aktouarios (c.1275-c.1330)* (Oxford, 2020), chapter 3. The Casebooks Project concerns early modern records: www.hps.cam.ac.uk/research/projects/casebooks.

4 First-hand COVID-19 accounts by doctors include, writings by Rachel Clarke, *Breathtaking* (London, 2021) and www.doctoroxford.com (last accessed 21 May 2021); and Phil Whittaker, a GP, in the *New Statesman*; for a patient's testimony, see the writer and poet Michael Rosen, *Many Different Kinds of Love* (London, 2021).

5 Ludmilla Jordanova, *The Look of the Past: Visual and Material Evidence in Historical Practice* (Cambridge, 2012) explores integrative approaches via what is seen and made to be seen. By extending the range of senses, and considering them together, the potential historiographical benefits increase.

is direct relevance in the accomplished accounts crafted with honed skills by those possessing first-hand experience of diagnosis and treatment.

Long-form fiction is not the only genre in which the interconnections between medicine and the senses can be discerned. 'Medicine' itself covers so much, far beyond the medical ideas, theories and institutions that dominated the field until the 1970s. Now that the history of medicine is more established – with a capacious view of medical phenomena, approaches and method – and has greatly expanded its coverage in terms of time and place, it is appropriate to consider what can be learned from other fields, including art history, which have addressed the ways in which skilful manual and intellectual practices may be understood in their historical contexts. The focus on the history of the senses in historical practice in recent decades chimes with contemporaneous shifts in the history of medicine. The extensive literature on the senses contains much that is relevant to writing about medicine in the past, as do closely connected areas of inquiry – the history of emotions and studies of identity and the self.⁶ Historians of medicine are taking up the opportunities afforded by a focus on the senses, emotions, experiences and identity, providing an occasion for reflecting on our own practices, indeed on 'practice' as a concept.⁷

The remarkable growth of interest in the senses among historians is often traced back to Alain Corbin's *The Foul and the Fragrant*, which first appeared in French in 1982. It is telling that other scholars who promoted interest in this mode, David Howes and Constance Classen for instance, work in a manner

6 William Reddy, *The Navigation of Feeling: A Framework for the History of Emotions* (Cambridge, 2002); Jan Plamper, *The History of Emotions: An Introduction* (Oxford, 2015); Barbara Rosenwein and Riccardo Christiani, *What is the History of Emotions?* (Cambridge, 2018); Fay Bound Alberti, *Matters of the Heart: History, Medicine, and Emotion* (Oxford, 2010); David Cantor, "Representing 'The Public': Medicine, Charity and Emotion in Twentieth-Century Britain," in *Medicine, Health and the Public Sphere in Britain, 1600–2000*, ed. Steve Sturdy (London–New York, 2002), pp. 145–68; Kwame Antony Appiah, *The Lies that Bind: Rethinking Identity* (London, 2018); Roy Porter, ed., *Rewriting the Self: Histories from the Renaissance to the Present* (London–New York, 1997).

7 Some scholars refer to 'the practice turn': Lena Soler, ed., *Science after the Practice Turn in Philosophy, History, and Social Studies of Science* (London–New York, 2014); cf. Isabelle Doucet, *The Practice Turn in Architecture: Brussels after 1968* (Farnham–Burlington, VT, 2016), e.g. pp. 14–18. Note the interest in practice in the radical social history of the 1970s, in which, e.g., micro-history played a part. In the history of science (my own field of training), Steven Shapin and Simon Schaffer, *Leviathan and the Air Pump* (Princeton, NJ, 1985 and 2011) was a key work with its ethnographic attention to what people did. See also Christopher Lawrence and Steven Shapin, eds., *Science Incarnate: Historical Embodiments of Natural Knowledge* (Chicago, IL–London, 1998); ch. 5 explores the different forms of corporeality of physicians and surgeons; see also chs. 6 and 7. I touch on these historiographical trends in Ludmilla Jordanova, *History in Practice* (3rd revised and expanded edition; London, 2019).

that is as much anthropological and sociological as it is historical.⁸ Corbin has focused on smell and on sound, while also broadening his reach, revealing him to be in tune with a broader historiographical trend towards a focus on “intersensoriality” – “how the senses work together in the past to give events and moments in the past meaning and texture.”⁹ This is a fruitful way forward, one that underwrites using diverse forms of evidence and interpretative frameworks. For example, we find the interweaving of medicine and the senses also in the visual arts, where there are long traditions of alluding to the senses, as in allegories of the five senses, as well as representations of the body, where the medical component is more or less explicit.¹⁰ Wax models that mobilise viewers’ experience of touch are a good example.¹¹ Representations of pain, whether spoken, visual or textual, are another instance, pertinent because they forge connection between the bodies of sufferers, interlocutors, readers and observers. ‘I feel your pain’ is a trite expression, but it alerts us nonetheless to a significant, inter-subjective phenomenon.¹²

Sensitivity to the senses is connected with major shifts in the practice of history – for instance, with the desire to give greater prominence to lived experience across all social groups. Experience is both intricately personal and socially structured. Such emphases in no way diminish the value of attending to other, related aspects of experience, such as work, family, and environment. Ideally, these modes are complementary.¹³ Integral to respecting and sympathetically engaging with the lives of so-called ‘ordinary’ people is a commitment to painting more vivid, holistic pictures of the past, using as wide a range

8 See David Howes and Constance Classen, *Ways of Sensing: Understanding the Senses in Society* (London–New York, 2014). Both are interdisciplinary scholars; Howes is Professor of Anthropology at Concordia University, Montreal.

9 Mark M. Smith, “When seeing makes scents,” *American Art*, 24 (2010), 12; Alain Corbin, *The Foul and the Fragrant: Odor and the French Social Imagination* (Leamington Spa–Hamburg–New York, 1986); idem, *Village Bells: Sound and Meaning in the Nineteenth-Century French Countryside* (New York, 1998, first published in French, 1994); idem, *Time, Desire and Horror: Towards a History of the Senses* (Cambridge, 1995; first published in French in 1991).

10 Francesca Bacci and David Melcher, eds., *Art and the Senses* (Oxford, 2011).

11 See, for example, Anna Maerker, *Model Experts: Wax Anatomies and Enlightenment in Florence and Vienna, 1775–1815* (Manchester, 2011).

12 Edward Payne, ed., *Ribera: Art of Violence* (London, 2018) is rewarding reading on the subject of bodies and pain; see also note 67 below on Mazow; Rob Boddice, ed., *Pain and Emotion in Modern History* (Basingstoke, 2014); Ludmilla Jordanova, “Portraiture, Beauty, Pain,” in *The Recovery of Beauty: Arts, Culture, Medicine*, ed. Corinne Saunders et al. (Basingstoke, 2015), 199–216; Joanna Bourke, *The Story of Pain: from Prayer to Painkillers* (Oxford, 2014).

13 Karl Figlio, “What is an Accident?” in *The Social History of Occupational Health*, ed. Paul Weindling (London, 1985), 180–206 and ibid, “How Does Illness Mediate Social Relations? Workmen’s Compensation and Medico-Legal Practices, 1890–1940,” in *The Problem of*

of evidence as possible. Put this way, it can be appreciated how central the experiences of illness and injury, healing and nursing, suffering and death are for this generous, inclusive approach.¹⁴ Putting all this into practice, however, is hardly straightforward.

Corbin's thinking was shaped by the people and ideas around the hugely influential French historical journal *Annales*, with its concern to explore 'mentalités' as well as events, social processes, and economic change.¹⁵ One often-made criticism of the history of mentalities is its broad-brush approach, which sanctions generalisations about feelings and behaviour in past times that lack the very textures of life many social historians reach for. The ways in which such intellectual styles have greatly expanded the categories of evidence used by historians – including, for example, toys, clothing, jewellery, ballads and domestic architecture – are greatly to be welcomed.¹⁶ It remains vital, however, that debates about the value of focusing on the senses remain critical and lively, and include assessments of many types of evidence and their use in general claims about the past. There is always room for both meticulous historiographical evaluation and exploring new possibilities.

History and historiography go hand in hand because it is impossible to escape the immediate environment in which accounts of the past are forged. Grasping our own preferences and commitments – difficult though that may be to do – alongside evaluating inherited scholarly styles, contributes a measure of critical distance. At an intellectual level, traditions of research need to be appreciated if they are to be used to their best advantage. At a political level, the imperatives of the moment have to be recognised, evaluated and understood. One thread running through this article concerns the ways history

Medical Knowledge: Examining the Social Construction of Medicine, ed. Peter Wright and Andrew Treacher (Edinburgh, 1982), 174–224. Both Cronin and his character Manson were concerned with the impact of living and working conditions on health.

14 Work by literary scholars has been important here, e.g., John Wiltshire, "Fanny Burney's Face, Madame D'Arblay's Veil," in *Literature and Medicine During the Eighteenth Century*, eds. Marie Mulvey Roberts and Roy Porter (London–New York, 1993), 245–65, uses the sensorially rich accounts of her illnesses, given by Burney herself, whose novel *Evelina* was published anonymously in 1778. Many historiographical trends have facilitated a focus on medicine and the senses; see also the journal *Literature and Medicine*, founded 1982, published biannually.

15 Roy Porter's Foreword to the English edition of Corbin's *The Foul and the Fragrant* makes the *Annales* point, p. vii; see also Peter Burke, *The French Historical Revolution: the Annales School, 1929–2014* (Cambridge, 2015 revised and updated edition).

16 See, for example, Philippe Ariès, *Centuries of Childhood* (Harmondsworth, 1973; first published in French 1960); *ibid*, *The Hour of Our Death* (Harmondsworth, 1977; first published in French 1977); see also Adrian Wilson's critique, "The Infancy of the History of Childhood: An Appraisal of Philippe Ariès," *History and Theory*, 19 (1980): 132–153.

and historiography march together when we consider the potential offered by a focus on the senses for the history of medicine. In these reflections, one keyword is 'practice'. We may engage with our own, for example, when writing, and examine practices in the past that we are recovering as best we can, including habits of seeing and touching, skilled gestures and highly refined forms of expertise. To do this, ways in which the term 'practice' have been conceptualised provide a foundation.¹⁷ Further, our objects of analysis are themselves unstable, including the contexts in which historians work, health and medicine as phenomena, as well as day-to-day experiences that are capable of profoundly moulding research.

'The senses' is a complicated and shifting notion. At any given moment there are marked disparities between elite debates about the senses – that may be traced back to ancient times and remain very much alive in philosophy, psychology and medicine – and the day-to-day, often semi-articulated understanding present in those, the majority after all, for whom a more practical and intuitive approach is necessary. What is meant by 'the senses' has changed markedly over time. There has been intense discussion about the number, nature and significance of the senses.¹⁸ Historically speaking, we are in the realm of rich cultural associations and varied, sometimes elliptical representations of the senses, as well as of diverse experiences and quotidian practice. No single sense ever stands alone. Hence it is indeed somewhat artificial for historians to separate them out; they are blended together in the lives of those we study and in our own existence. In what follows, I consider a series of examples to illustrate the main arguments. These are chosen to reveal several types of evidence, perspectives, periods and places. Throughout, I am concerned with forms of practice, our own and those we study, and the ways in which we pay attention to them. In order to proceed further, however, it is necessary to acknowledge a challenge best expressed by the term 'translation', which commonly refers to a process in which a text in one language is rendered in another. It can be used in an extended way to evoke other transformations, thereby pointing up both what historians do and what they are able to make of past phenomena.

Studying the senses from a historical perspective raises a general problem that may be summed up by 'translation', which can convey a movement, shift or change, including spatially, as when a bishop moves to another see.

¹⁷ On 'practice', see note 7 above.

¹⁸ Bacci and Melcher, *Art and the Senses*, chapter 2; W.F. Bynum and Roy Porter, eds., *Medicine and the Five Senses* (Cambridge, 1993).

Dictionaries indicate that interpretation is involved.¹⁹ Historians, like medical practitioners, are perpetually grappling with forms of translation. We take written evidence from the past, describe and interpret it in our own texts; when using visual and aural sources, it is necessary to 'translate' between media as well. Making transitions between times and media together with the interpretative effort required for us to give our own accounts, is demanding, especially when seeking to do justice to things seen, touched, smelt, tasted and heard through words. When the sources are recounting or representing sensory experiences, which we cannot approximate, another mediating layer has been added. Historians are likely to be reading accounts of such experiences in the past with which their own are intermingled.

We recognise that scholars are unavoidably translators and mediators, working simultaneously at multiple levels. The same applies to medical practitioners responding to patients: the sensory responses of both sides are translated not only into words, but into the actions and formats required by the institutions and conventions of their time and place.²⁰ How to describe being unwell in a brief and possibly digital encounter is a major challenge of the COVID-19 pandemic. In every era, exchanges take place between healers and the would-be healed in which translating between senses and words, both spoken and written, is involved – the practice of epistolary medicine is a case in point.²¹ Paying attention to the senses brings these issues – historical and historiographical – into sharp relief. The payoff is a refreshed engagement with description, interpretation and contextualisation.

The senses in health-care contexts have been shaped by skills and habits that have been taught, refined through experience – in dynamic interactions – and articulated in ways determined by immediate contexts.²² Similar processes

19 “... translation ... convey, introduce (idea, principle) *from* one art etc. *into* another. ... infer or declare the significance of, interpret ... remove (bishop) to another see...,” s.v. in *The Concise Oxford Dictionary of Current English*, ed. H.W. Fowler and F.G. Fowler (Oxford, 1952, 4th edition with revised Addenda), 1357, emphasis in original. On translation, see Michael Wintroub, “Translations: Words, Things, Going Native, and Staying True,” *American Historical Review*, 120 (2015): 1185–1217, who probes its meanings and entailments using late medieval and early modern materials in ways that have resonances for historians of medicine. His article prompted the thought that I could use ‘transubstantiation,’ or ‘transmutation’.

20 Cf. Hans Pols, C. Michele Thompson and John Harley Warner, *Translating the Body: Medical Education in Southeast Asia* (Singapore, 2017).

21 See, for example, Sonja Boon, *Telling the Flesh: Life Writing, Citizenship, and the Body in the Letters to Samuel Auguste Tissot* (Montreal, QC–Kingston, ON, 2015).

22 Medical education is an important place for the schooling of the senses; see, e.g., Susan C. Lawrence, “Educating the Senses: Students, Teachers and Medical Rhetoric in Eighteenth-century London,” in Bynum and Porter, *Medicine and the Five Senses*, 154–178; see also Francis Brett Young’s *The Young Physician*, Book 11.

occur in everyday life, allowing people to learn how to interact with those who contribute to their wellbeing. It is plausible to suggest they acquire such skills from popular literature, visual culture, indeed from all the media, as well as from social interactions, for example, within families. Since these phenomena are historically specific, they help us to find ways of contextualising whatever may be gathered together under the term ‘medicine’. I began with Cronin’s *The Citadel* because, like much fiction, it is descriptively rich and historically specific. It is well-informed, medically speaking. To mobilise such sources as evidence, it is necessary to describe what they consist of and how they work, before moving on to interpretation. I now return to *The Citadel*, suggesting how its sensory dimensions have historiographical value – an argument that can be made about many novels, short stories, poems and plays.

2 Interwar Medical Practice in Fiction

The Citadel was published in London in 1937 and speaks very loudly to medical issues of its time – to take just three, it addresses the organisation of health-care, the attitudes of successful society doctors, and the occupationally-based schemes that were available, for example, to miners. It covers one portion of Dr Andrew Manson’s life, from taking up his first post in 1924 as assistant to a doctor in a Welsh mining town, to the point, years later when he abandons fashionable practice in London to start a new kind of medical venture with two colleagues in the provinces. The novel could be seen as a satire, since readers can be in no doubt about the author’s views, and those of the main protagonist, on greed and dishonesty in medical contexts and on inadequate provision for the poor. Indeed, parts of it are savage in their critique of medical education and of doctors overcharging their patients. In these ways it is nakedly polemical, and to be interpreted accordingly. Cronin makes generous use of vivid description to get his points across – the senses are integral to his overall strategy. He also included a fair amount of technical detail, presumably in order to lend genuine plausibility to the account. For instance, an operation that results in the patient’s death, is described in gut-wrenching detail as an incompetent surgeon struggles to remove an abdominal cyst that turned out to be haemorrhagic.²³ This is the crucial turning point towards the end of the book. Manson is distraught by the death of a small tradesman who had trusted him to find someone to perform the operation. Later the same day, “leaving the consulting room he rushed into the little back yard of the house, a small well

23 Cronin, *Citadel*, p. 248.

of darkness beneath the stars. Here he leaned weakly against the brick dividing wall. He began, violently, to retch."²⁴

Sudden vomiting following extreme stress is a well-recognised phenomenon. Cronin's use of it in this context alerts readers to some important themes. Manson has a whole-body response to a tragedy for which he feels responsible. His entire being is in revolt. Following this episode, he finds it difficult to eat, and readers are given many clues about how he looks, feels and behaves. But to analyse all of this simply in terms of the usual five senses risks missing the point; all are involved, just as every aspect of his mind and body is. In other words, Cronin is arousing in his readers a sense of somatic affinity with the main character. Arguably, that too may be counted as one of the senses.²⁵

Cronin moves his protagonist between settings in order to reveal a range of medical issues, different institutions, and patients with distinct social positions, from the self-indulgent rich to the grindingly poor and everything in between. By the same token he permits Manson to observe every kind of medical niche, including Harley Street practitioners, a small-town dentist, researchers, those in hospital pecking orders, as well as the nurses and dispensers who support them. Given Cronin's commitment to medical reform, he is necessarily precise when he writes about fees, the price of a practice, the charges for medicines, operations, nursing homes, and so on. He also mentions the cost of food and furniture, so that the poor living conditions of some practitioners may be felt and understood. Such details would be ineffective without sensory richness. Cronin deploys the complexities of Manson's marriage to achieve the same effect, giving as exact and rounded a sense as possible of lived experience in medical lives.²⁶

Historical and historiographical insights nestle here, inviting critical engagement. Cronin's account of the divisions between different kinds of medical institutions, personnel, and style of care is sometimes shocking. It could lead us to examine the role of nursing homes in the period, as well as the obsession

²⁴ Ibid., p. 252.

²⁵ 'Somatic affinity' refers to the use of embodied senses to register other human bodies. 'Affinity' implies a relationship, and can suggest similarity, even attraction. I use it here to suggest body-to-body experiences that are commonplace, e.g., when viewing portraits. The ability to grasp spatial relationships, the muscular sense and the sense of movement, the apprehension of speed: these too are senses; see, e.g., Irina Sirotkina and Roger Smith, *The Sixth Sense of the Avant-Garde: Dance, Kinaesthesia and the Arts in Revolutionary Russia* (London–New York, 2017).

²⁶ *The Citadel* was dedicated to Cronin's wife, Agnes Mary Gibson. She was also medically qualified; see the website of the National Portrait Gallery, which owns ten photographs of her. By contrast, Andrew Manson married a schoolteacher in Wales; she gave up work, was neglected by him, dying in a London road accident. Hence the novel is not simply autobiographical.

with medical hierarchies that he mercilessly invokes. Such topics can be identified through many types of sources – censuses for instance – but what makes Cronin's account notably vivid, alerting readers to historical phenomena, is his attention to small sensory clues, the affective dimensions of medical care and varying dispositions of practitioners. He leads readers to pay attention to tiny, indicative details.

Historians need to be alert to their own reactions to Cronin's prose, and to see how, suitably disciplined by other evidence, they might generate insights into the past. An especially striking example is differences of status, skill and knowledge among practitioners. These are registered through the experience of Andrew Manson, in which the senses play a central role in combination with his sense of himself, his family origins, his medical training, his friendships and interactions with patients. Reading *The Citadel* with the senses in mind allows historians to consider the relationships between class, training, expertise, institutional affiliation, and medical philosophy in a holistic, integrative manner. Cronin is remarkably exact about money in a way that is suggestive, rather than 'documentary'.²⁷

The Citadel is a long, detailed novel, full of sensory details, such as when Cronin describes how a deaf medical practitioner coped.²⁸ I am arguing, however, that historians can use it and other such works, in ways that are deeper both analytically and experientially.²⁹ One striking example can be found in the book's treatment of medical masculinity, a thread that runs throughout the work. Again, we treat such evidence not as documentary, but as indicative. Cronin is eloquent on the ways in which men behave and dress, for example, and he associates this with distinct positions in the medical hierarchy. Twice he mentions popular fiction when noting the arrogant demeanour of a (male) surgeon, which I take to be not just the invocation of a commonplace, but a wry acknowledgement of how his own book might be read.³⁰

27 Anne Digby's *Making a Medical Living: Doctors and their Patients in the English Market for Medicine, 1720–1911* (Cambridge, 1994) pays close attention to the financial aspects of practitioner-patient relationships; see also Martin Gorsky and Sally Sheard, eds., *Financing Medicine: the British Experience since 1750* (London, 2006), esp. chs. 6, and 9–11.

28 Cronin, *Citadel*, p. 107.

29 Francis Brett Young's writings offer just these possibilities; see, e.g., Jonathan Reinartz and Ludmilla Jordanova, "This [Smelly] Little World: smell and identity in Francis Brett Young's *The Young Physician*," in *Mediality of Smells / Médialité des odeurs*, with a Preface by Chantal Jaquet, ed. Jean-Alexandre Perras and Érika Wicky (Oxford: Peter Lang, forthcoming).

30 Cronin, *Citadel*, pp. 217, 248. Keren Hammerschlag explores this issue, using visual sources from the second half of the nineteenth century: "The Gentleman Artist-Surgeon in Late Victorian Group Portraiture," *Visual Culture in Britain*, 14 (2013): 154–178. Cronin was an established author by 1937, e.g., *The Stars Look Down* (London, 1935) dealt with working conditions in mines, and was adapted into a film in 1940.

Fiction makes available to reading publics aspects of medicine that might not otherwise be widely known to patients. The utterly cynical and dishonest use of stock remedies is one example. Although the experience of reading a novel may be seen as 'private', since it occurs in the world of the imagination, popular fiction spreads ideas, reactions and sensibilities effectively, especially when made into films and television series. It is clear that public health was a major pre-occupation of Cronin's, with his writings spreading highly-charged accounts to readers.³¹ His mother, widowed when he was young, became Glasgow's first female public health inspector.³² Public health is a heavily researched area in the history of medicine, and occupational health has been coming into prominence in recent decades.³³ Cronin provides two insights, among many others: first, the sheer practical difficulties of working on the victims of accidents underground, and second, the kinds of rhetoric that were circulating from the time he qualified in 1924 to the 1930s. How was it possible to be persuasive about the need for coordinated, state-supported care in this period that would yield social, collective benefit? The words he gives to Manson provide some clues, and especially to the urgency and strength of feeling that self-consciously forward-looking practitioners articulated. The arguments Manson makes are an intricate blend of sensory description, emotional appeals, reasoned claims about medical organisations and education, alongside straightforward compassion.

It is notable that, through Manson, Cronin invokes the history of medicine at two crucial turning points. The first occurs during a viva following exams to become a Member of the Royal College of Physicians in London (MRCP) – a coveted distinction that allows Cronin to explore the differences between metropolitan and provincial medical practice.³⁴ During the viva, Manson is able to correct his examiner on who the first writer to use the term 'aneurysm' was. The older man, impressed, supports him not just then but later on in his career.³⁵

31 Note the subtle modulations in notions of what is 'public' here. *The Citadel* was quickly made into a film (1938) starring Robert Donat, Rosalind Russell and Ralph Richardson. The original trailer gives a good flavour of it: www.youtube.com/watch?v=hn_BpBe8-XE, last accessed 21 May 2021. Cronin's writings were the basis for *Dr. Finlay's Casebook* on British television 1962–71 and set in Scotland. Both reached wide audiences.

32 See the ODNB entry on Cronin by Sheila Hodges.

33 Weindling, *The Social History of Occupational Health* was a pioneering volume; see also Julia Moses, *The First Modern Risk: Workplace Accidents and the Origins of European Social States* (Cambridge, 2018).

34 For the college in this period see Alexander M. Cooke, *A History of the Royal College of Physicians of London Volume Three* (Oxford, 1972), esp. 873–882 and 1050.

35 Manson discovered the first use of 'aneurysm' was not by Paré but Celsus (*Citadel*, p. 122). The encounter perhaps appealed to the long tradition of physicians being 'learned', as

The second is far more dramatic, and occurs when Manson is called before the General Medical Council to explain his cooperation with an unlicensed practitioner. In the end he disrupts the proceedings to make an impassioned speech about people in the past who have contributed to medical progress, while lacking formal medical training. Unsurprisingly, Pasteur is a prime example, one in which, as is well known, his sensory acuity played a major role.³⁶ In effect, Cronin distinguishes between a fusty engagement with the past, exemplified by the continued use of Latin at the College, and Manson's interests, the fruit of original research, and wholly compatible with his commitment to science and innovation.

The history of the history of medicine is an important area, providing insights into the nature of medical communities, physicians' collecting practices, and the strong emotions remembering the past can generate, often in the context of formal dinners. In probing such phenomena, historians do well to attend to their sensory dimensions. The annual Harveian Oration at the London College of Physicians is a good but by no means unique example: speeches are heard, food and drink smelt, tasted and touched, while images of Harvey are on display.³⁷

Yet there are complexities lurking here, since the medical past is to be sloughed off as well as deployed strategically. Another theme in *The Citadel* concerns the inadequacy of medical education, with its reliance on severely out-of-date textbooks and treatments, which fail to equip practitioners for actual practice. The fictional Manson, like Cronin, was trained in Glasgow; one leitmotif is the prestige accorded to London, the Royal College of Physicians, the two ancient English universities, Oxford and Cambridge, and qualifications

demonstrating the depth of Manson's commitment to his work, and his ability to undertake research – by this point, he has already published a paper on lung disease.

36 On Pasteur, and especially his laboratory practices, see Gerald Geison, *The Private Science of Louis Pasteur* (Princeton, NJ, 1995). Bert Hansen, *Picturing Medical Progress from Pasteur to Polio: A History of Mass Media Images and Popular Attitudes in America* (New Brunswick, NJ–London, 2009) indicates the plausibility of Manson invoking Pasteur, and of Cronin's readers grasping the point.

37 Ludmilla Jordanova, *The Sense of a Past in Eighteenth-Century Medicine* (Reading, 1999); eadem, *Physicians and their Images* (London, 2018), and eadem, "Identity and Continuity: the Visual Culture of an Institution over 500 Years," in *Writing Visual Histories*, ed. Florence Grant and Ludmilla Jordanova (London, 2020), 68–87; www.rcplondon.ac.uk/projects/harveian-oration, accessed 18 April 2021. Katherine Foxhall, *Migraine: A History* (Baltimore, MD, 2019), esp. chapter 7 on "the medical uses of history". Geoffrey Keynes illustrates the importance of history for medical practitioners and the heroization of past figures; see his memoir *The Gates of Memory* (Oxford–New York, 1983), ch. 24: "The National Portrait Gallery and William Harvey," 285–294; *ibid.*, "Religio Bibliographici, 1953 address," 273–391; and *ibid.*, "The Oslerian Tradition, 1958 address," 392–410.

that reward medical research.³⁸ *The Citadel*, then, keeps three strands in play: the value of science, research and innovation, the need for a holistic approach to diagnosis and treatment, and the capacity of the medical past to provide inspiration. In all of these, the senses, together with passion and compassion, occupy a central place. Inspiration, like heroism, is a term that historians of medicine need to take seriously, however naive, even childish, the adulation of forebears seems to generations schooled to be critical, even cynical about the motivations of practitioners, iatrogenic effects and the terrible, ongoing consequences of inequality on health.³⁹ When practitioners eat animal heart at dinners in honour of William Harvey with visual representations of him in the room, the role of the senses in medical identity certainly needs to be examined.⁴⁰

The historiographical point here concerns the ways in which tiny details, such as small differentiations between practitioners who were superficially on a par, were noticed and really mattered, according to Cronin's account. The tailor and shirt-maker used, and the restaurants frequented along with the attire of doctors' wives are cases in point. Thus, in addition to trailing arguments about public health, working conditions, and medical structures, *The Citadel* is a book about class and inequality, about doctors and patients, about the micro-signals, usually sensory, through which social differences are registered and propagated.

Cronin is precise about where both practitioners and their clients are located and what else is in the same area – whether shops, schools, department stores, chapels, mines or grander dwellings. In a sense he could be seen as harking back to *Airs, Waters and Places*.⁴¹ However, Cronin's text is only part of the story. Equally important are the ways he makes his readers feel, including us now. In our haste to be 'objective', it is vital to take note of our sensory and affective responses, not in order to indulge or parade them, but to assess what insights into the past they may afford, what future research they might

38 On the Scottish context, see James Comrie, *History of Scottish Medicine* (London, 1932, 2nd edition), volume II, chapters XXIV and XXVII.

39 Ivan Illich, *Medical Nemeses: The Expropriation of Health* (London, 1975); Sir Douglas Black, *Inequalities in Health* (Harmondsworth, 1988). Health inequalities have been a recurrent theme in media reporting on COVID-19. Medical sociologists have consistently engaged and challenged both medical professionals and governments on these issues, e.g., in the journal *Sociology of Health and Illness: A Journal of Medical Sociology*, published from 1979 onwards.

40 My thanks to the Royal College of Physicians, Edinburgh for access to their archives containing menus for dinners in honour of Harvey, and to their portraits of him.

41 For a version of the Hippocratic text "Airs, waters and places," see G.E.R. Lloyd, ed., *Hippocratic Writings* (Harmondsworth, 1978), 148–69, and more generally, Wesley Smith, *The Hippocratic Tradition* (Ithaca, NY–London, 1979).

prompt. Perhaps the most striking point to which Cronin draws attention is the value of integrated care, that is, a holistic orientation to medical practice. He is hardly alone in this, since many medical traditions over the centuries have been based on such an approach.⁴² Historians do not agree on what happened, or when, to challenge this worldview, although the main candidates, such as the rise of hospital medicine, medical specialisms, and scientific medicine all played a part.⁴³ Holistic approaches persist, however, especially in (some) general practice and in alternative or complementary therapies. In these contexts, full mobilisation of the senses occurs, with outstanding practitioners adopting a whole-body approach, deploying all their sensory capacities.⁴⁴

3 Forms of Integration

It is especially easy to see integrative approaches in healthcare outside the orthodox scientific mainstream. 'Alternative' and 'complementary' are problematic terms, but they refer to a cluster of phenomena of which everyone alive today is aware.⁴⁵ Many of these forms of practice stem from ancient traditions; the ways in which they move in and out of focus over time, while co-existing with dominant forms of medical practice are of considerable historical interest. We can be anthropologists as well as historians, using contemporary practices in which we ourselves engage to reflect on the ever-changing nature of healthcare, both inside and outside the home.⁴⁶ There are innumerable forms of such therapies, some of which are more directed towards treating health problems,

42 In addition to works in note 41, see Helen King, *Hippocrates Now: the 'Father of Medicine' in the Internet Age* (London, 2019), chapter 7; James Kennaway and Rina Knoeff, eds., *Lifestyle and Medicine in the Enlightenment: The Six Non-Naturals in the Long Eighteenth Century* (London, 2020).

43 See, for example, William F. Bynum, *Science and the Practice of Medicine in the Nineteenth Century* (Cambridge, 1994); Michael Warboys, "Practice and the Science of Medicine in the Nineteenth Century," *Isis*, 102 (2011): 109–115; Nicholas D. Jewson, "The Disappearance of the Sick-man from Medical Cosmology," *Sociology*, 10 (1976): 225–244.

44 Irvine Loudon, *Medical Care and the General Practitioner, 1750–1850* (Oxford, 1986), chs. 9, 12, 13; Loudon was a GP for many years; see also Anne Digby, *The Evolution of British General Practice, 1850–1948* (Oxford, 1999).

45 Roger Cooter, ed., *Studies in the History of Alternative Medicine* (Basingstoke, 1988); Robert Calvert, *The History of Massage: An Illustrated Survey from around the World* (Rochester, VT, 2002); King, *Hippocrates Now*, ch. 7.

46 'Domestic medicine' refers to advice books, such as that of William Buchan (1769): see Christopher Lawrence, "William Buchan: Medicine Laid Open," *Medical History*, 19 (1975), 20–35; Charles Rosenberg, *Explaining Epidemics and Other Studies in the History of Medicine* (Cambridge, 1992), chs. 2 and 3. It can also simply mean what occurs in households: e.g.,

as these are defined in 'mainstream' medicine, while others are more concerned with well-being and beauty. Charting such practices is certainly an important part of the history of medicine, and best accomplished with the senses in mind, whether the emphasis is on patients, practitioners or the dynamics between them. Diagnosis certainly takes place too, including in beauty salons, which generally take an approach that gives priority to customers' moods and levels of satisfaction.

Just like the society doctors Cronin disparaged and the more modest practitioners he admired, those in the body-services industries need to know their consumers and that knowledge relies on sensory awareness and personal attentiveness. Beauty therapists learn how to offer genuine support, and make a valuable, highly-skilled contribution to their clients' lives, for which a mastery of sensory experiences is essential. In noting the settings where many holistic approaches are adopted, it is vital to recognise that significant differences are nonetheless in operation. Here again paying attention to small sensory cues is worthwhile. Whereas massage therapists tend to work in silence in a darkened room, with music, candles and scent, physiotherapists, including when using acupuncture, practice in bright light, and chat to clients while working, without candles or soothing sounds.⁴⁷ Equally important are the ways in which a case history is taken, sometimes in detail and with extreme care, and at others not at all. The more 'medical' a treatment is, the greater the likelihood that a formal written record is generated, but there remain strikingly divergent practices even within one occupational category. In the present day there is an increasingly blurred line between beauty and medical treatments, with some beauticians offering 'cosmetic' procedures for the face, such as botox and lip fillers, while medical practitioners offering treatments to alter appearance are part of large, expanding and lucrative industries.

In turning to contemporary life, historians not only pay attention to phenomena that shape their world, they acquire a fund of compelling examples through which to consider skill, gesture, health and bodily experiences. They also recognise the importance of popular culture. Many of the well-being practices around today are centuries old, offering the potential for longer perspectives. Accumulating first-hand knowledge of the ways in which accounts of discomfort, pain and illness are generated in a range of settings alerts scholars to the translations required. In everyday life it is possible to track these, from

Holly Dugan, *The Ephemeral History of Perfume: Scent and Sense in Early Modern England* (Baltimore, MD, 2011), ch. 4 "Smelling Disease: Rosemary, Pomanders, Shut-in Households".

47 I draw on personal experience of massage, sports massage, acupuncture, physiotherapy and myofascial release with many practitioners.

the presenting sensations – it hurts, is stiff, looks awful, and so on – to the point of payment. Such participant observation reveals failures and their consequences too, supplemented by the now ubiquitous media commentary about appearance, disfigurement, illness and death. Further, it is not unusual in such settings for clients to speak in confidence about their lives, thus many forms of ‘therapy’ may be occurring simultaneously, and agency may float between those involved, with the practitioner probing their client’s well-being, while patients may discuss a range of dis-ease quite freely. Such relationships often develop and continue over many years. One result is that, although the economic dimensions are explicit and recurrent, they resemble meetings between patients and general practitioners. GPs may well treat several generations of a single family, be familiar with their living conditions, friends and community, and capable of sensing anxieties and concerns.⁴⁸

In theory, then, the locus of holistic, integrated and sensorially-aware medical practice, in the UK at least, should be found in general practice. The 1967 book, *A Fortunate Man*, with words by John Berger and with photographs by Jean Mohr, presents a frozen moment in the history of general practice, where readers can find visual scenes, descriptions, expressions, forms of touch, tenderness and understanding that speak directly to medicine and the senses.⁴⁹ It is a celebrated volume, which might be classified as ‘reportage’. Berger and Mohr followed the GP around while living with him for several weeks, and sought to make sense of him and his surroundings. Photography books have been published in significant numbers since the spread of the medium from the mid-nineteenth century onwards.⁵⁰ The optic Berger and Mohr present is at once highly specific, and of wider interest because their subject matter is capable of being generalised.⁵¹

48 In the UK, relatively few encounters with medical practitioners involve money changing hands. Private medical practices, and private hospitals exist, but for most people the fraught relationships between money and medical care were uncoupled with the birth of the National Health Service, except for dentistry; see Charles Webster, *The National Health Service: A Political History* (Oxford, 2002, 2nd edition).

49 John Berger (ODNB) and Jean Mohr, *A Fortunate Man: The Story of a Country Doctor* (Harmondsworth, 1967). A play by Matthew Broughton based on the book was broadcast on BBC Radio 4 on 27th June 2020; see also John Berger and Jean Mohr, *Another Way of Telling* (Cambridge, 1989). John Berger is best known for *Ways of Seeing*, TV series and book: Jonathan Conlin, “Lost in Transmission? John Berger and the Origins of Ways of Seeing (1972),” *History Workshop Journal*, number 90 (2020): 142–163.

50 On photography, see Graham Clarke, *The Photograph* (Oxford, 1997); *History and Theory*, 48: “Photography and Historical Interpretation” (December 2009), guest editor – Jennifer Tucker.

51 Interplay between specificity and generality is a major theme in documentary photography, explicit in the famous exhibition: *The Family of Man* (New York, 1955).

Medical photography is an object of intense scholarly interest, and has been for some time.⁵² However, the images in *A Fortunate Man*, should not be seen as ‘medical photography’. The book presents patients not as clinical cases, but as the people with whom the doctor lives, moves and has his being. Delicate boundaries necessarily exist, but location and community are of paramount importance. In the original 1967 edition, the first double-page spread shows a pastoral scene, a few buildings, a road carrying a solitary car, fields, trees, hedges and walls. The GP is shown in place – including at meetings and social events – and that place, alongside his role in the community, is evidently important to him and his patients. Both text and pictures manifest an attentiveness to specificity, while the great success of the book suggests its capacity to transcend its temporal and spatial contexts, and to speak of humane, tolerant and respectful relationships between healer and patients. As Gavin Francis, a GP and writer, says in his introduction to the 2015 edition, the work “is a masterpiece of witness: a moving meditation on humanity, society, and the value of healing”.⁵³ He also quotes Berger as saying that after he and Mohr worked separately for a while, when they came together, it was “as if my text was a series of captions to his images”.⁵⁴

Reading is a major way of looking; words are capable of evoking medical encounters, while pictures offer insights into relationships, inner lives and communities. But how does this combination of word and image, of the sensorially rich worlds of doctor, patients and readers, work in the physical artefact that is *A Fortunate Man*? The book, in 1967 a small Penguin paperback, functions as an essay – there is no apparatus, introduction, and so on.⁵⁵ There is the occasional footnote, otherwise it is Berger’s words and Mohr’s images, which appeared without captions, in different sizes and devoid of a standard layout. It evokes the GP’s personality, idiosyncrasies, style of practice, interests and above all his interactions with his patients. There is much description of places, people, situations and relationships.

52 Daniel Fox and Christopher Lawrence, *Photographing Medicine: Images and Power in Britain and America since 1840* (Westport, CT, 1988); for recent imaging, see William Ewing, *Inside Information: Imaging the Human Body* (London, 1996), a visual feast – see, e.g., ch. 1 on body surface and sense organs.

53 John Berger and Jean Mohr, *A Fortunate Man: The Story of a Country Doctor* (Edinburgh, 2015), p. 9. The dimensions of this edition are: 14 × 22 cm; see also Gavin Francis, *Adventures in Human Being* (London, 2016); and idem, *Intensive Care: A GP, a Community & COVID-19* (London, 2021).

54 Berger and Mohr, *A Fortunate Man* (2015), p. 11.

55 Dimensions 11 × 18 cms. There are further versions of the book, each with its own properties.

In not fitting neatly into any clearly recognisable genre, *A Fortunate Man* is unusual among representations of medical practice. It is poetic, while also being a sustained account of a philosophy of integrative care. A neat example comes near the beginning. A weeping young woman visits the GP; their conversation is recounted in direct speech.⁵⁶ Through gentle questions about throat, “water-works”, periods, skin condition, it emerges that she hates her job. The doctor offers advice and practical help in finding another one. It is difficult to know how typical such interactions were, but this one between the doctor and a patient he had delivered, whose life he knew inside out and for whom he had profound sympathy, epitomises a certain style of integrative medicine.

A Fortunate Man was shaped by the broader context in which the GP practised, including idealism about the still relatively new NHS and the movement in General Practice around the work of Michael Balint.⁵⁷ Balint, a psychoanalyst, undertook extensive research and training with GPs to help them deal with difficult cases using psychotherapy. “The most frequently used drug in general practice was the doctor himself” and what mattered was “the whole atmosphere”.⁵⁸ GPs formed groups to discuss these matters and support the development of deeper insights into their patients.

Berger provides contextual insights about the doctor – including the community in which he lived and the influences upon him – which can be mobilised when his words and the perfectly complementary photographs by Mohr are apprehended. ‘Read’ is too limited a word for the experiences the book prompts. It is especially eloquent on the nature of medical touch.⁵⁹ In one image, the doctor is examining a pregnant woman. Her expression as, we infer, she looks up at him, is striking, suggesting complete trust. His face is not visible, only one of his hands palpating.⁶⁰ Readers bear witness to the relationship between doctor and patient and perhaps feel a connection to one or the other figure, or indeed both. The notion of somatic affinity may be useful here. Images of the GP touching his patients, ministering to them, must be placed in the context of the whole volume. Many images show him talking and listening to his patients; they also depict him alone in various moods – pensive, animated, engaged. Readers are explicitly invited to engage with his mental life. *A Fortunate Man*, the artefact, thus enacts the approach to medicine that the GP

56 Berger and Mohr, *A Fortunate Man* (1967), pp. 31–33.

57 Michael Balint (ODNB), *The Doctor, his Patient and the Illness* (London, 1964, 2nd revised and expanded edition). Balint is mentioned on p. 74 of *A Fortunate Man* (1967).

58 Balint, *The Doctor*, p. 1. “Atmosphere” implies complicated sensory phenomena affecting practitioners and patients.

59 Berger and Mohr, *A Fortunate Man* (1967), e.g., pp. 152 and 154.

60 Ibid., p. 72.

espouses. To sum this up in the word 'holistic' feels inadequate, but it remains the most apt to convey the quality of human engagement that the GP has with his patients/community, and which the book invites readers to have with the style of medical care it charts.

Berger and Mohr's creation neatly reinforces one of my arguments. If the senses suffuse every aspect of medicine, we concede that they are inseparable from emotion and experience, that all act together in actual medical practice. Equally integral are faculties, such as intuition and compassion, which may resist neat conceptualisation, but are evidently crucial, especially when actions have to be taken at speed. It becomes clear that *patients'* habits, skills and experiences, mediated by the senses, are of comparable importance to those of practitioners, with whom they must communicate effectively if they are to be healed and comforted. *A Fortunate Man* reveals the dimensions of everyday life in which medical practice is nested. Bringing all this to historians' attention, whether it is done by Cronin, Berger and Mohr or other writers, artists and filmmakers, provides an opportunity to reflect on historical practice itself, on its integrative, holistic dimensions.

Gavin Francis stressed Berger's commitment to story-telling: "as a story-teller, Berger wishes to lose his identity in that of his subject and his readers, just as Sassall sought to lose his identity in those of his patients."⁶¹ This is a complex claim and a somewhat deceptive one, since the identity of writers and doctors remains present in everything they do: whatever they may believe, it cannot be 'lost'. By invoking the quest to be submerged in the lives of others, Francis' claim illustrates how stories are about far more than plots; it suggests that Berger's writing resembles both fiction and medical practice.⁶² The significant attention that has been and is being paid by historians to 'cases' is consonant with Francis' comments.⁶³ Their literary qualities are part of the allure, since they have been crafted by practitioners, and can be consumed as compelling narratives while also being appreciated as clinical deposits; sometimes their subjects forged their own accounts.⁶⁴ *A Fortunate Man*, however, emerged from visual as well as literary and medical traditions.

Historians are particularly prone to treating visual material as if it provides a window onto the past. It is preferable to keep multiple layers of mediation

61 Berger and Mohr, *A Fortunate Man* (2015), p. 13.

62 Berger's fiction includes *Corker's Freedom* (London, 1964); *G* (London, 1972); and *From A to X: a Story in Letters* (London, 2008).

63 Note that Balint's book contains many rich cases.

64 Anat Tzur Mahalel, *Reading Freud's Patients: Memoir, Narrative and the Analysand* (London–New York, 2020); Freud himself was a compelling writer: Patrick Mahoney, *Freud as a Writer* (New Haven, CT, 1987 expanded edition).

in mind, and appreciate how book designers and publishers play key roles in layout, levels of focus and contrast in photographs, the colour of paper and the size of pages to invoke only the most immediate considerations. These sensual features register with readers in different ways. Layout is relatively easy to spot and analyse, while it is less routine to assess paper, textures, tones and size, which are especially pertinent in photographic books.⁶⁵ It takes practice to keep these multiple mediations in mind the whole time, but doing so is the logical outcome of placing the senses centre stage in medical history. Fields in which the refined use of the senses is valorised can come to our aid.

4 Visual Approaches, Something Shared

Art historians, as well as historians of the book, pay close attention to the manner in which the senses are mobilised, and to how they are best contextualised. Historians too deploy visual sources with the senses in mind. Mark Smith, for instance, has analysed a photograph from the American Civil War of corpses awaiting burial, suggesting ways in which it evokes smell using a contemporary nurse's diary.⁶⁶ Curator Leo Mazow has offered close readings of images by the American artist Thomas Hart Benton, including *If I Forget Thee, O Jerusalem* (1942–44), reproduced in a book of psalms.⁶⁷ His painting in gouache and watercolour, illustrating Psalm 137, depicts an elderly, recognisably Jewish (Hasidic) man with gnarled hands in front of a barbed-wire fence. Mazow notes its “multiple appeals to the sensorium”, with its references to song, “puncturing touch, and dreadful vision”.⁶⁸ He suggests that it alludes specifically to the experiences of pain and death in concentration camps, which were known, if not universally, at the time Benton produced it.⁶⁹ Such images are ‘medical’ very loosely speaking, as many of Jean Mohr's are, by virtue of representing human bodies in illness, suffering and death, and in Mohr's case,

65 The 1967 and 2015 editions are different sizes, see notes 53 and 55. The 2015 edition used creamier paper, and the layout is slightly changed. The detail in the photographs is more striking in the larger format.

66 Mark M. Smith, “When Seeing Makes Scents,” *American Art*, 24 (2010): 11–14.

67 Leo G. Mazow, “Sensing America,” *American Art*, 24 (2010): 2–11.

68 Mazow, “Sensing America,” p. 2, and his *Sensing the Past: Seeing, Hearing, Smelling, Tasting and Touching in History* (Berkeley–Los Angeles, CA, 2007), esp. the conclusion. For a distinctive approach, see Patrizia Di Bell and Gabriel Kouras, eds., *Art, History and the Senses: 1830 to the Present* (Farnham, 2010).

69 See, for example, Dan Stone, *Concentration Camps: A Short History* (Oxford, 2017) esp. ch. 3; Olivier Razac, *Barbed Wire: A Political History* (London, 2002).

in the context of healing. All these phenomena are sensorially charged, including the sense of empathy and the capacity to absorb situations by means of somatic affinity. The ability to suffer with others in an emotionally and sensorially vivid manner has, after all, been the foundation stone for Christian traditions of representing Jesus suffering on the cross, and the torture and death of martyrs. Such scenes invited viewers to identify with wounded, agonised bodies.⁷⁰ This example suggests that somatic affinity is a widely recognised phenomenon, a sense in its own right, one that is relevant to medical practices, cultures and representations.

The analysis of artworks by Smith and Mazow indicates one way in which art-historical scholarship can be a fruitful source of historiographical and methodological insight for medical historians. Those studying anatomy, and especially representations of human bodies, whether in two or three dimensions, have long been aware of such synergies.⁷¹ Collaborations between artists, engravers, publishers and medical practitioners in the past are important subjects that are increasingly explored with themes such as practice and the senses in mind.⁷² One result is a much more lively sense of how dissection was actually undertaken and recorded, and this chimes with art-historical interest in studio practice and in the role the senses play in both the creation and reception of aesthetic phenomena.⁷³ Process, in these approaches, becomes as important, if not more so, than end products, such as printed books and paintings.

One strand of my argument has been hinted at, but is worth making more explicit at this point. None of the examples I have deployed would work unless the ways in which they concern medical practice, bodily phenomena and the senses were shared by – that is, accessible to – readers and viewers both at the time they were captured and subsequently. The same applies to medical encounters, where there needs to be something shared between practitioners and patients to achieve a positive outcome. In reading case records, historians

⁷⁰ The Isenheim Altarpiece (1512–16) by Matthias Grünewald, now in the Unterlinden Museum in Colmar, exemplifies the representation of suffering for religious purposes; see Andrée Hayum, *The Isenheim Altarpiece: God's Medicine and the Painter's Vision* (Princeton, NJ–Oxford, 1989). Similar effects may be achieved by music, e.g., the many settings of 'Stabat Mater', which invite listeners to identify with the suffering of Christ's mother, Mary, during the Crucifixion.

⁷¹ Martin Kemp and Marina Wallace, *Spectacular Bodies: The Art and Science of the Human Body from Leonardo to Now* (London, 2000); Andrew Patrizio and Dawn Kemp, *Anatomy Acts: How We Come to Know Ourselves* (Edinburgh, 2006).

⁷² Mungo Campbell and Nathan Fliss, eds., *William Hunter and the Anatomy of the Modern Museum* (New Haven, CT–London–Glasgow, 2018) explores just such collaborations.

⁷³ See footnote 10.

strive to comprehend the exchange, while ‘translating’ as they work. The point applies to interactions around visual culture involving patrons and collectors, artists and audiences, and subsequent interpreters of artefacts, as well as to their production, uses, reception and display. ‘Something shared’ is simply useful shorthand for phenomena that are formidably complex.

The idiom of translation may be generative when referring to the need to describe the symptoms and experiences that healers and patients attend to together, and the processes through which these are recorded and later revived by historians. Medical encounters mobilise several senses, even if some of the artefacts that result – brain scans and pathological specimens, for example – require highly specialised, carefully-honed sensory skills that patients are unlikely to possess. On such occasions the spoken word bears most of the communicative burden. Conversing, reading and writing arise out of habits and skills that are integral to everyday life in many cultures; patients and practitioners, like novelists and historians, invoke textures, smells, and colours building on their routine experiences in families and homes, schools, places of work, leisure activities, and so on. It follows that historical accounts benefit from considering sensory environments and habits that go far beyond medicine and healing practices to their multiple contexts.

‘Context’ is a central notion for historical practice. It is to be sharply distinguished from background, which easily relegates precisely those aspects of context that make an essential contribution to historical understanding. A notably explicit discussion of these matters appears in a book published not long after *A Fortunate Man*, and seemingly inhabiting a totally different world, that of commissioned art in fifteenth-century Italy. Yet it is the most explicit and methodologically precise discussion I know of the themes of this article. It is both inspiring for historians, while also offering them a cautionary tale. Michael Baxandall’s 1972 book, *Painting and Experience in Fifteenth-Century Italy* started life as lectures to history students at the University of London.⁷⁴ The subtitle is revealing – *A Primer in the Social History of Pictorial Style*. “Primer” suggests an introductory work providing readers with the basics of a subject. “Social history” indicates an interest in the contexts of painting, while “experience” signals that what goes on in people’s heads and lives is of fundamental importance for the argument. Baxandall’s book is a model not just of lucid exposition, but of historical practice itself. Its best-known phrase

74 Michael Baxandall (ODNB), *Painting and Experience in Fifteenth-Century Italy: A Primer in the Social History of Pictorial Style* (Oxford, 1972). Idem, *Giotto and the Orators: Humanist Observers of Painting in Italy and the Discovery of Pictorial Composition* (Oxford, 1971) may be deemed a companion piece.

is probably the “period eye” – a way of summing up historically specific ways of looking, and indicative of his commitment to the role of the senses. Among the most notable features of his *oeuvre* is the combination of forensic analysis with crisp historiographical insights.⁷⁵

A flavour of Baxandall's approach may be gleaned from the opening sentence: “A fifteenth-century painting is the deposit of a social relationship.” The contractual relationship between artists and clients, that is, something recorded in and shared through language, expressing visual skills, preferences and expectations, underpins all that follows. “Both parties worked within institutions and conventions – in the widest sense social – that ... influenced the forms of what they together made.”⁷⁶ Starting with the relationships through which pictures were made, he uses skills, habits, practised movements and conventions, including dancing and the gestures that enabled congregations to grasp their preachers' points, to reveal the dynamic relationships between artefacts and contexts. Although “the visual sense is the main organ of experience” for him, his interest in dancing and preaching brings in other types of sensory experience through which paintings may be understood.⁷⁷ Baxandall is equally attentive to concepts deployed at the time that provided a framework for the key relationships with which he was concerned, such as grace, purity, composition, ornateness and ease, and the ways they moved between social groups. He thereby avoids simplistic assertions that paintings ‘reflect’ societies or simply provide windows onto them. Rather, through meticulous work on paintings and associated texts, approached in the ways he lays out, it is possible to observe something about the society in which their makers worked. Habits, conventions, skills and daily practices are crucial mediators in which the senses play a major role. As he concludes, the pictures he examined “offer ... an insight into what it was like, intellectually and sensibly, to be a Quattrocento person.” He cautions against the use of images to illustrate broad, generic points, and “facile equations” between social groups and specific visual styles.⁷⁸

Baxandall's approach chimes with my account of *The Citadel*. Cronin, I suggested, showed how medical training and daily life together shaped his main protagonist's sensual cum emotional existence, which in turn underpinned his medical practice, and vice versa; and how these dynamics changed in different

75 Michael Baxandall, *Patterns of Intention: On the Historical Explanation of Pictures* (New Haven, CT–London, 1985); idem, *Shadows and Enlightenment* (New Haven, CT–London, 1995).

76 Idem, *Painting and Experience in Fifteenth-Century Italy: A Primer in the Social History of Pictorial Style* (Oxford, 2nd edition, 1988), p. 1.

77 Ibid., p. 152.

78 Ibid., p. 152.

settings. Neither the novel nor this article is a “primer”, however. Baxandall, “an art historian of extraordinary perceptive and analytical powers”, focused on a limited number of practices in order to keep his arguments tightly controlled.⁷⁹ By contrast, Cronin showed how Andrew Manson’s worlds shifted and were multi-dimensional in terms of the senses, his emotions and types of medical care. Nonetheless, the underlying patterns have much in common with respect to identifying ‘something shared’, between doctors and patients in the case of the novel; between artists, patrons and audiences for the paintings; between historians, their source materials and subsequent interpretations in this article. Such commonalities lead historians on to crucial contexts. Cronin included medical education, scientific research, and living and working conditions as some of the settings in which sensory habits were formed. Thus, it can be suggested that paying attention to the senses in this way, helps historians grapple with contexts, and that we do well to focus on process and practice, not just products, paying attention to ‘training’, ‘skill’ and ‘habit’, as anthropologists also advocate.⁸⁰ *Painting and Experience* is exemplary in laying out Baxandall’s thought processes and inferential steps with an unusual degree of explicitness.

5 Conclusion

Popular culture has a productive role to play in attuning medical historians to sensory contexts: advertisements, all the media, music and dance, for instance.⁸¹ Such accounts might usefully supplement histories of the senses that focus on ideas, mentalities, and broad conceptual shifts.⁸² Discussions about the nature of modernity, for example, have assessed the role of sight, and there is a huge literature on modernism in music, and on film, with its interplay between sight and sound.⁸³ Historians of philosophy, however, might claim that the senses are central to their concerns, through the ideas of figures such as Locke and Condillac,

79 Elizabeth McGrath, Obituary of Michael Baxandall, *The Guardian*, 26 August 2008.

80 See, for example, Cristina Grasseni, ed., *Skilled Visions: Between Apprenticeship and Standards* (New York–Oxford, 2007).

81 There are now vast literatures on popular culture in all its forms. One by-product of the growth of scholarly interest in the media is the development of separate, specialised fields, making integration harder. Stuart Hall was an exceptionally influential figure in the study of popular culture; see Stuart Hall and Paddy Whannel, *The Popular Arts* (Durham, NC, 2018; first published 1964).

82 See, for example, Robert Jütte, *A History of the Senses: from Antiquity to Cyberspace* (Cambridge, 2005; first published in German in 2000).

83 See, for example, Michael Levenson, *The Cambridge Companion to Modernism* (Cambridge–New York, 2011, 2nd edition; first published 1999).

and have nothing to do with popular culture. But theories do not speak self-evidently or unproblematically to shifting historical contexts, or rather, in order to show how they do so, a robust notion of social practices is required. Here again we can note the value of *Painting and Experience*, with its invocation of churches and markets, where touch, hearing, smell and taste operated alongside sight, and its attentiveness to concepts as they were used at the time. Holding together seemingly diverse forms of evidence and types of phenomena, ideas and practices, content and contexts can yield historiographical dividends. A grasp of contemporary forces and trends is also part of an integrative approach, hence my earlier references to the range of contemporary bodywork and what we as historians might learn from it. Articulating this historical and historiographical model indicates how histories of medicine and the senses are a central component within the medical humanities.⁸⁴

Finally, a focus on the senses reminds historians of medicine just how large and rich their field is, and how many productive alliances are available to them. In the end, however, we are wordsmiths, hence our kinship with writers who craft compelling accounts, whether these concern patients, clients, themselves, invented characters or artefacts, such as paintings and photographs. Reflecting on medicine and the senses, it turns out, leads historians to reconsider their own practices, especially their writing, which needs to effect multiple translations from deposits of sensory experience in the past into honed, persuasive interpretations. Through integrative approaches, we aim to evoke vividly for ourselves and our readers how, when, where and why the many senses were, and remain, at the heart of everything human beings do to address suffering, seek health and provide solace.

Acknowledgements

Heartfelt thanks to Frank Huisman, Jonathan Reinartz and the editors for their roles in bringing this article to fruition, to members of the 'Touching Visions' group, especially Hansun Hsiung, to my colleagues Joseph Martin and Coreen McGuire, and to Michael Wintroub for their help. This is an elaborated version of a plenary address delivered at the biennial EAHMH conference on 'Sense and Nonsense' in Birmingham, UK on 28 August 2019.

84 See, for example, Victoria Bates, Alan Bleakley and Sam Goodman, eds., *Medicine, Health and the Arts: Approaches to the Medical Humanities* (Abingdon, 2014); Anne Whitehead, Angela Woods, Sarah Atkinson, Jane Macnaughton and Jennifer Richards, eds., *Edinburgh Companion to the Critical Medical Humanities* (Edinburgh, 2016), e.g., ch. 18.