

Anne Hunsaker Hawkins and Marilyn Chandler McEntyre, eds. *Teaching Literature and Medicine*. New York: The Modern Language Association, 2000. viii + 406 pp. Clothbound \$40.00, paperback, \$22.00.

My son used to love the *Choose Your Own Adventure* series of children's books. You know the genre: you are reading along when the

book gives you a choice. Do you want the hero to open the door, or should she answer the telephone? If she opens the door, turn next to page 24; if she answers the telephone, turn to page 35. Each choice you make as a reader shapes the adventure story you read. This genre came to mind as I read the landmark collection, *Teaching Literature and Medicine*, edited by Anne Hunsaker Hawkins and Marilyn Chandler McEntyre. Part of the MLA series, *Options for Teaching*, this collection might more accurately be labeled "Choose Your Own Adventure in Teaching," for it offers the same sense of exciting possibilities limited only by a reader's imagination and interests.

In a wide-ranging and helpful introduction, Hawkins and McEntyre provide the historical, institutional, and pedagogical context for this relatively new field of research and teaching. The contours of their analysis may be familiar to readers of *Literature and Medicine*. An original field of "natural philosophy," which did not separate literature from science and philosophy, became subject to a disciplinary partitioning that gave rise to the "two cultures." In the 1960s, U.S. medical school curricula were reformed to include the humanities and thus counteract the technological bias of medical schools. Literature and medicine as a field became institutionalized with the appointment of Joanne Trautmann (Banks) to a position in literature at Penn State University College of Medicine in 1972 and with the establishment of journals in the field (*Literature and Medicine* was founded in 1992). Finally, there was the emergence of several institutional locations dedicated to research in literature and medicine: the American Society for Bioethics and Humanities; the Modern Language Association (in special sessions); and the Society for Literature and Science (at annual meetings) (pp. 3–4).

Readers will find this volume a rich source of ideas for courses in literature and medicine designed for a variety of student populations and a range of different institutional settings, from the undergraduate pre-med curriculum, the liberal arts college, and training programs for the health professions to medical school and postgraduate medical education. The volume is divided into four sections: model courses in literature and medicine; specific texts, authors, or genres; texts and approaches; and bibliographic and institutional material. In addition, the editors suggest "an alternative arrangement of the essays that may make this a more convenient sourcebook for some readers" (p. 17). This theme-based arrangement broadens the context of the encounter between literature and medicine, adding foci on "history and culture," "medical issues and diseases," "pedagogy," and "writing" (p. 17). Because they claim as "a major goal" for the collection the creation of

"a scholarly community and further collaboration among all those who teach and write about literature and medicine," the editors have made some categorical exclusions (p. 20). No essays deal with courses in popular culture, film, or other visual media, and three areas of obvious importance in the field are not foregrounded in the volume because they have received extensive coverage in other volumes: medical texts, narrative, and clinical ethics (p. 15).

Despite these exclusions, the perspective of *Teaching Literature and Medicine* is still remarkably broad, and its contributors illustrate the range of positions occupied by its practitioners, both in medical theory and practice and in literary study. Rita Charon affirms the value of canonical literature and criticism, arguing that "the disposition of literary methods onto medical texts and practices, on the one hand, and the transposition of the diagnostic gaze onto literary texts and traditions, on the other" offers the best strategy for progress in the new field of literature and medicine (p. 29). Stephanie Browner works from a cultural studies perspective that affirms that "all discourses, including medical discourse, are part of a network of cultural practices," and she demonstrates how a theoretical methodology can be grounded in close textual reading in her course on illness in America (p. 43). Suzanne Poirier draws on the perspectives of history, literature, and interdisciplinary women's studies to design a course on the medical treatment of women that produces five crucial findings: "medicine and science have always been inexact"; "[m]edical science both shapes and reflects the social biases of its day"; "[s]ocial and scientific change is not effected by any one person or event"; "[w]omen's health has no one, monolithic meaning"; and "[i]n general, history shows women striving for ever-greater knowledge and choice in terms of their bodies, health, and health care" (pp. 67–69). Integrating the theoretical perspective of disability studies, medical ethics, and narrative, Carol Donley and Sheryl Buckley offer a valuable survey of the ways that cultural pressure to attain the norm shapes and constrains our social and medical choices.

Part II, which includes essays focused on specific texts, authors, and genres, offers approaches to literature and medicine in poetry, prose, theater, and memoir, from the fourteenth century to the present. Particularly memorable are McEntyre's useful survey of classic texts; Paul Delaney's valuable recovery of the "hospital poetry" of the one-time hospital receptionist and Oxford Professor of Poetry, U. A. Fanthorpe; and G. Thomas Couser's important discussion of how illness narratives exceed the expressive capacity of biomedical discourse.

Part III offers a satisfying range of approaches to medical education and medical practice, from Kathryn Montgomery's tonic analogy between the semiotic practices of Sherlock Holmes and the medical practices of clinical reasoning, Courtney Davis's illuminating expansion of the literature and medicine canon to include poetry written by nurses, and Hawkins's report on negotiating the limits posed by medical practice on the content and form of a humanities course for physicians, to LaVera M. Crawley's remarkable call for a "trans-disciplinary collaboration between the medical humanities and the science curriculum," exemplified by her plan for a course in "humanistic pathology" (p. 319). Finally, Part IV offers the best guide yet in print to the bibliographies, journals, anthologies, web sites, scholarly societies, and meetings in the area of literature and medicine.

For any collection introducing an entire scholarly and pedagogical field, the ultimate goal must be incitement and provocation rather than coverage, and many of the contributions *do* incite us to new adventures and explorations. The MLA series title, *Options for Teaching*, seems to emphasize non-directive options rather than enforcing any particular trajectory, yet despite that titular commitment to a neutral menu-format, a principled position shapes *Teaching Literature and Medicine*.

In their introduction, Hawkins and McEntyre advance what might be called the *strong position in literature and medicine*, alerting us to the temptation of a "rhetoric of reconciliation" that mutes the differences between the disciplines in question. Rather than aiming simply for a harmonious synthesis between the fields or a subordination of one to the other, they advocate instead an exploration of the tensions, contrasts, and controversies between literature and medicine (p. 3). Thus, the strongest essays in this volume acknowledge the materiality and cultural constructedness of each discipline, exploring tensions that range from the psychological, cultural, and pedagogical to the material and even the economic. Individual essays explore the contrast between the constructivist and reductionist notions of illness (Browner); between the temporal extension of literature and the temporal constraints of a medical student's or physician's day, and between the physician's fear of, and attraction to, the experience of mourning (Charon); between the feminist instructor as authoritative activist and as subject to the limiting authority of her institution (Poirier); between the emancipatory and normalizing functions of literature (Janice L. Wilms; Jan Marta; Michelle Bollard Toby) and of medicine (Poirier; Lilian R. Furst).

Perhaps the most exciting of all the contributions, Martin Donohue's essay moves beyond the exploration of disciplinary constraint to offer

a critique of disciplinarity itself. The only essay to approach medicine from the perspective of public health, Donohue's outline for a seminar on literature and public health issues makes the links between literature, medicine, and the sociocultural and economic context that determines the "public's health" (p. 100). The resulting course syllabus *explodes* the categories of literature and medicine, calling into question what counts as "literature" as well as what counts as "medicine."

If scholars in this new field adhere to the strong program of research in literature and medicine articulated by Hawkins and McEntyre, what effects might follow from such an approach? Here we are again, in the realm of *Choose Your Own Adventure*. Such a research program could ultimately spark any number of intellectual or pedagogical adventures in the field, adventures that will both affirm and extend, even transcend those Hawkins and McEntyre have given us in their bold and generative introduction as, for example, video and web-based interventions and pedagogies mature and help to reinvent what counts as "literature" and "medicine."

Readers interested in an example of what those adventures might be can consult <http://www.timeslips.org>, where Anne Davis Basting records her work on *TimeSlips*. This work, which uses volunteer-facilitated collaborative storytelling as a therapeutic intervention with Alzheimer's disease patients, is both performative and textual, creative and therapeutic. Simultaneously within and beyond both literature and medicine, the project generates collaborative narratives from the Alzheimer's patients and thereby incorporates them into a curative community, which is extended through web pages that invite readers from everywhere to interact and respond, to become members of the community as well.

TimeSlips and similar, though as yet unknown, adventures prove the viability of "literature and medicine": that it always **MUST** transcend itself if it's to be a vital, active field. In fact, that's what we **ALL** should hope for, in our teaching and in our scholarship. It's the best we can hope for: we can't ever aim to be there forever, but we can aim to create the best context for new work to emerge. This is surely what Hawkins and McEntyre have accomplished in *Teaching Literature and Medicine*.

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