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as one of the longest running serial paradigm cases in history continues.

From Eric Santner's *My own Germany*, he re-emerges as emblematic of the crisis that marked the passage to modernity, and that led to National Socialism. In Santner's words, "The series of crises precipitating Schreber's breakdown . . . were largely the same crises of modernity for which the Nazis would elaborate their own series of radical and ostensibly 'final' solution. I am, in a word, convinced that Schreber's breakdown and efforts at self-healing introduced him into the deepest structural layers of the historical impasses and conflicts that would provisionally culminate in the Nazi catastrophe" (p. xi). No small claim. Schreber's symptoms are re-diagnosed as signs of a wider socio-historical crisis in the individual's relation to authority, which Santner dubs symbolic investiture. Schreber's *Memoirs* are re-figured as an attempt to answer the question, "What remains of virility at the end of the nineteenth and beginning of the twentieth century?" (p. 9). Not only does Santner invoke this to provide a new interpretation of Schreber's breakdown, but also of the historical transition to modernity: "The social and political stability of a society as well as the psychological 'health' of its members would appear to be correlated to the efficacy of these symbolic operations—to what we might call their *performative magic*—whereby individuals 'become who they are,' . . . We cross the threshold of modernity when the attenuation of these performatively effectuated social bonds becomes chronic, when they are no longer capable of seizing the subject in his or her self-understanding . . . It is, I think, only by way of understanding the nature of this unexpected, historical form of anxiety that one has a chance of understanding the libidinal economy of Nazism, and perhaps of modern and postmodern forms of totalitarian rule more generally" (p. xii). From his humble beginnings as a case history, Schreber has become the avatar of modernity, and postmodernity.

The major shortcoming of Santner's book is that the supposedly pervasive crisis of symbolic investiture that is invoked to explain

Schreber's breakdown is nowhere adequately mapped or substantiated. The exemplarity accorded to texts by Franz Kafka, Walter Benjamin and others stands in for the more detailed historical reconstruction that would be required to make sense of such claims. Indeed, Santner's arguments are unlikely to carry any conviction unless one shares his commitment to a post-structural version of psychoanalysis—a Freud retooled by Lacan, Žižek *et al.* As is typical of such literature, theoretical reworkings do not extend to Freudian articles of faith: Freud, it is again said, "founded psychoanalysis to a large extent on the basis of his own self-analysis" (p. 19). Ultimately, it is such precommitments that preclude a historical comprehension of Freud's reading of Schreber, the development of psychoanalysis, and its role in forming the modern.

Sonu Shamdasani, Wellcome Institute

Hans-Georg Gadamer, *The enigma of health: the art of healing in a scientific age*, transl. James Gaiger and Nicholas Walker, Oxford, Polity Press, 1996, pp. x, 180, £39.50 (hardback 0-7456-1367-5); £11.95 (paperback 0-7456-1594-5).

Are the thoughts of famous and influential academics important because they emanate from the famous and influential? Or does one become a famous and influential academic by having important thoughts? As the famous and influential philosopher, Hans-Georg Gadamer, Emeritus Professor of Philosophy at the University of Heidelberg, would no doubt appreciate, the pair of questions that opens this review reprises a famous question that Socrates once put to Euthyphro. In his influential work *Wahrheit und Methode* (1960, translated as *Truth and method*, 1975) Gadamer argued that the positivistic methodologies of empirical social science can never fully comprehend human culture because the long historical horizon along which culture is transmitted exceeds the grasp of methodologies rooted in the present. Thus we today are still influenced

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by the famous fourth century BCE teacher-student triumvirate of Socrates, Plato, and Aristotle (as is evident from my reprise of Plato's *Euthyphro*).

In this collection of thirteen essays (based on various talks delivered on miscellaneous occasions from 1964 to 1991) Gadamer applies his distinctive form of hermeneutics to the culture of healthcare and medicine. However, he does not attempt a hermeneutic analysis of the language and culture of medicine or its practitioners (and thus the book is not a hermeneutic approach to bioethics), instead he approaches medicine from a lay person's perspective, attempting, as it were, to tease out the ways in which the culture of modernism has affected the ordinary understanding of medicine. Several themes thread their way through the book. One centres on Gadamer's contention that "medicine is the only science which, ultimately, does not make or produce anything. Rather, it is one which must participate in the wonderful capacity of life to renew itself, to set itself aright" (p. 89, see also pp. 33–4). A second theme is that, "every treatment stands in the service of nature" (p. 110), but this naturalistic orientation is "rendered problematic by scientific developments and the processes of rationalization, automation and specialization" (p. 113). These processes define modern medicine, rendering it incapable of dealing with anything as holistic and naturalistic as "health". Health is illusive, enigmatic, it "is not a condition that one introspectively feels in oneself. Rather it is a condition of being involved, of being in the world, of being together with one's fellow human beings, of active and rewarding engagement in everyday tasks" (p. 113). Health eludes modern medicine because it cannot be measured ("quality of life" Gadamer observes, wryly, "serves only to describe what has been lost in the meantime" (p. 104)). Medical science has thus reached a "limit situation" in which "knowledge has turned destructively against nature itself". To re-humanize medicine Gadamer suggests a conception of health that does *not* "treat the world as an object to be dominated and as a

mere field of resistance" (p. 101).

Unfortunately, Gadamer's humanistic critique of modernism in the guise of medicine suffers from so many misstatements that one is less than entirely confident that he has got it right. Consider the idea that medicine is a science that does not "make or produce anything". Does any science make anything? Does astronomy? Geology? Physics? Or is Gadamer conflating science and engineering? And is modern medicine merely a matter of assisting "the wonderful capacity of life to renew itself"? Cardio-pulmonary resuscitation (CPR) is appropriately applied precisely at the point where the heart has lost its "wonderful capacity to renew itself". It is, in fact, the striking reversal of what is naturally irreversible that makes CPR a media icon for contemporary medicine. (In the media, death is represented by "flat-lining" on a cardiac monitor; resurrection through CPR by the resumption of sign-waves.) Hermeneutics is, in the end, the interpretation of signs; a hermeneutic that overlooks core cultural icons tends not to inspire confidence.

Gadamer also seems to make the concept of health unnecessarily "enigmatic". Most sociologists and philosophers of medicine distinguish between the sickness-wellness dichotomy and the disease-health dichotomy; the former is essentially psycho-social, the latter has to do with physical and psychological dysfunction and function. Gadamer declines to make these standard distinctions, which makes it all too easy for him to argue that medical science in and of itself cannot restore health, in the sense of "well-being". Health, in the sense of functionality, however, remains a relatively non-enigmatic goal for scientific medicine. Gadamer is undoubtedly correct in observing that medicine cannot guarantee us a feeling of well-being, "of being together with one's fellow human beings, of active and rewarding engagement in everyday tasks", but I doubt that anyone ever imagined that it could. Medicine has classically striven for the more modest goal of preventing and curing those diseases that render us incapable of functionally "being in the world" in the way

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that Gadamer associates with “health”.

Gaiger and Walker have translated Gadamer’s critique of modern medicine in elegant and eminently quotable language. Anyone interested in Gadamer, and anyone seeking quotable quotes from a famous and influential philosopher who is sceptical of the claims of modernism in medicine, would do well to peruse this book. Anyone interested in important new ideas about medicine and its history, however, would be best advised to look elsewhere. For the primary and perhaps the sole importance of this book is that it is written by a famous and influential philosopher.

Robert Baker,

Union College (NY); Center for Bioethics,
University of Pennsylvania

Reginald Horsman, *Frontier doctor: William Beaumont, America’s first great medical scientist*, Missouri Biography series, Columbia and London, University of Missouri Press, 1996, pp. xv, 320, illus., £31.95 (0–8262–1052–X).

William Beaumont is recognized as an early nineteenth-century American physician who studied gastric juices, but he was also a career army surgeon and community practitioner. The many primary sources, including letters, diaries, notebooks, reminiscences, and army documents, make him a worthy subject for a biography.

Beaumont was born in 1785, studied medicine as an apprentice, and became an army surgeon in 1819. He was permitted to maintain a profitable private practice throughout his army service. Like most of his contemporaries, Beaumont employed heroic therapy with its armamentarium of bloodletting, purgatives, emetics, and blisters. He was a dedicated and conscientious surgeon.

In 1822 Beaumont treated Alexis St Martin, a 28-year-old Canadian Indian, for a very large and severe gunshot wound in the stomach. The wound healed so that small fistulas or holes remained in the skin and the stomach in such a

way that Beaumont could observe the interior of the stomach and insert and remove objects. At first the hole had to be plugged to enable St Martin to retain food, but a small fold developed that made this unnecessary.

Beaumont originally intended to publish his treatment of a very unusual case, but after six months, when St Martin was much improved, he realized the research opportunities and employed St Martin as a family servant. Beaumont was unfamiliar with research techniques but he learned from his mistakes and his ignorance of the scientific controversies about digestion enabled him to avoid preconceptions. His most basic experiment was to remove gastric juices from St Martin’s stomach, mix them with a piece of canned beef, and maintain them at body temperature. At the same time, he inserted a similar piece of beef attached to a string directly in St Martin’s stomach. Both pieces were digested, which supported a chemical rather than a vitalistic theory of digestion. Beaumont investigated digestion rates, the digestion of different foods, and showed that gastric juices were not simply acids.

Joseph Lovell, army surgeon general from 1818 to 1836, became the sympathetic, gracious, and bountiful patron of Beaumont, who was often demanding and unappreciative. He reduced Beaumont’s army responsibilities for years, sent him books, enabled him to travel to meet scientists, and enlisted St Martin in the army to save Beaumont the cost of supporting him. Under Lovell, the army’s support of Beaumont’s research was the equivalent of several hundred thousand dollars today.

Beaumont published his findings in a book in 1833. His subsequent research on St Martin was sporadic and inconsequential but his scientific reputation grew steadily. Beaumont left the army in 1840 and was a prominent practitioner in St Louis, Missouri, until his death in 1853. St Martin died in 1880.

This fascinating biography provides an extremely thorough and well-written account of Beaumont’s scientific investigations and professional career. A map and occasionally