Introduction

ELIZABETH KLAVER

> To enter the historical arena is to enter a world where we see what we assume has always been present actually being manufactured, being created in political circumstances, in educational contexts, even in the marketplace, where we may think doctors, in the modern sense, are out of place.
>
> —Michael Neve, *The Western Medical Tradition*

IN THE EPIGRAPH ABOVE, MICHAEL Neve is surely pointing not only to our modern assumptions about medicine, where doctors may be seen as definitely "in place," but also to a culture of medicine that is much larger and more encompassing than simply what we recognize today as the obvious venues where medicine takes place—the hospital, the clinic, the medical school, the research laboratory.[1] In fact, to think about a medical culture in the West, as this book proposes to do, is to open up "other" places and "other" people to being included in a much larger set of questions about Western medicine, questions that address both the historical and contemporary contexts. What is the relation of the medical profession to the community, particularly when it comes to race, gender, transgender, and disability? What is the relation of medical concepts of disease to patient illness? What does the medicalized body look like from the perspective of the public, and what is the possibility of personal agency when it comes to the medicalized body? What is the relation of a market economy (hospitals, big pharma, technology) to the medical consumer? And what is the legacy of medicine in the broader arena of a medical culture?

MEDICAL CULTURE

Such questions are an attempt to place medicine—that cloister of professionals that we think of as "medicine"—in the wider domain of a culture that includes patients, Dr. Moms, anatomy museums and theaters, expert testimony in the law courts, politics, the transgender community, the disability community, pharmaceutical companies and products and television drug commercials, as well as narratives about medicine from Daniel Defoe's *Journal of the Plague Year* to Margaret Edson's play *Wit*.[2] In this wider medical culture, medicine does not smell quite as sweet as it does in the traditional history of medicine. A great man like William Harvey cannot hide from the fact that his groundbreaking theory of the circulation of the blood was achieved at the expense of vivisected animals. Nor the great medical schools from the fact that their innovative pedagogy once relied on the crime of grave-robbing.

Certainly, those of us in the wider domain of medical culture have had and continue to have a conflicted relationship with medicine. It's bad enough to feel ill, but even worse to feel like a body under medical construction. Although this sense of "thing-ness" is particularly true in surgery, where doctors literally sculpt a *body* out of the *flesh*, many people experience medical treatment in general as objectifying. In fact, the public's ambivalence toward medicine has had a long history, from the horror of being dissected and publically displayed in the anatomy museum to fear of the research hospital and modern technology. Yet we still look to medicine to perform miracles. "Corrective" surgery may be dreadful to one person yet empowering to another.

Nevertheless, these comments are not intended to disrespect medicine and the superb medical advances that have been won over the course of Western history. We are living longer and better lives thanks to medicine. As a breast cancer survivor, I certainly count myself as someone who, without modern medicine, would not be treading the earth today. And as Sheena Sommers demonstrates in chapter 3 of this book, in terms of medical culture the advent of expert medical testimony in the eighteenth century was responsible for a more humane attitude shown toward women who were charged with infant murder. Yet no matter what the subject, engaging a larger cultural milieu will also show that anything "won" is not so easily won. Take the lowly medical thermometer, for example, invented in the early 1600s by Santorio Santorio (Sanctorius).[3] It is hard to imagine a diagnostic tool more elegant in its power and simplicity than the thermometer. With the thermometer, physicians were able to determine sickness based on a quantitative measure of deviation from normal body temperature. At the same time, though, the thermometer is part and parcel

of a scientific culture that introduced the notion of (ab)normality into the Western world. Today, "normality" is a very uneasy notion, as Linda Seidel, following queer theorist Lennard J. Davis, argues in chapter 11 of this book.[4]

Susan Sontag was one of the first cultural writers to place medicine within the wider arena of a medical culture. As a cancer patient, she was able to have a perspective on medicine from a very important subject position: someone afflicted with a serious disease. This subject position, together with her professional training in cultural and literary studies, produced the 1978 book, *Illness as Metaphor*, in which she examined the figurative language surrounding the diseases of tuberculosis and cancer. Cancer, for instance, bears the metaphors of warfare: "[W]ith the patient's body considered to be *under attack ("invasion")*, the only treatment is *counterattack*" (my emphasis).[5] Such metaphors belong to medical culture, not to medicine *per se,* for they are part of the lay discourse used by, and for, nonprofessionals to talk about disease.

Some twenty years later, the Pulitzer prize-winning playwright Margaret Edson approached a similar project by looking at the professional discourse of medicine itself. Like Sontag, Edson held a subject position within medical culture, but in her case as a nonmedical clerk on the cancer and AIDS wards of a research hospital. Her play *Wit* (1999) situates an English professor, who is dying of ovarian cancer, within the domain of such a medical venue, thereby in turn generating the larger medical culture to which patients also belong. In the course of the play, the Vivian character lets loose with a literary analysis of professional medical terminology, exposing the metaphorical reverberations locked deep within such terms as "insidious." For instance, to Vivian's doctor, the word "insidious" denotes a lesion that is not detectable at an early stage of disease. To Vivian, it signifies the body's treachery.[6]

Edson and Sontag are two examples gleaned from an impressive list of historians, art historians, literary critics, body theorists, artists, and writers, as well as those medical professionals who have been thinking about the larger picture of medical culture. Undoubtedly, Michel Foucault has been one of the most influential theorists and historians, particularly in his book, *The Birth of the Clinic*, where he charts the epistemic change led by the French clinic on lesion-based medicine in the nineteenth century, which placed the body in the domain of a disease topography. Here, I want to represent the scholarly field of medical culture by mentioning a few of its developers, knowing that I leave out a great many important contributors. In the area of cultural studies: Jonathan Sawday, whose book *The Body Emblazoned* examines literary and artistic representations of Renaissance anatomy; Tim Marshall on

the intersection of England's Anatomy Act and the novel *Frankenstein* in *Murdering to Dissect*; Michael Sappol on the anatomized body in nineteenth-century America in *A Traffic of Dead Bodies*; and in the twentieth and twentieth-first centuries, Elaine Scarry on physical suffering in *The Body in Pain,* Susan Bordo on anorexia in *Unbearable Weight*, and Ann Folwell Stanford on the medicalized body in novels by women of color in *Bodies in a Broken World*.

In the fine art, anatomy has played a key role in representations of the human body since the Renaissance. It is well-documented that Michelangelo and Leonardo da Vinci engaged in human dissection for the purpose of representing the human figure realistically in a wide variety of situations. Other artists have depicted medical culture itself, such as Rembrandt in *The Anatomy Lecture of Dr. Nicolaes Tulp*, in which mercantile connections to medicine provide the painting's mise en scène. The celebrated Dr. Tulp is lending his fame to a select group of bourgeois gentlemen, all of whom want to be immortalized by the most celebrated painter of the time. More recently, the plastinated bodies of Gunther von Hagens'*s Body Worlds* have raised a controversy over the relation of good taste to art within the context of the medicalized body. (One might argue that discussions of taste, certainly as a bourgeois concept, have no place in art.) Today, artwork depicting medical culture may suggest, more often than not, a critical view of medicine, as is the case with Peter Greenaway's 1997 installation, *Flying over Water*, which includes a section entitled "The Autopsy Room." Here, empirical medicine is ironically juxtaposed with the myth of Icarus.

A number of physicians such as Robert April, Drew Leder, and Jacalyn Duffin have also engaged medicine as a cultural phenomenon. Theirs is a subject position that is extraordinarily valuable to students of medical culture, for they, of course, have the view from the inside of medicine. In a collection of essays that I edited, *Images of the Corpse from the Renaissance to Cyberspace*, neurologist April discusses disease concepts in postrevolutionary France as represented in the novels of Flaubert and Balzac. Leder draws on his training as a medical doctor to confront the nonexperiential body in *The Absent Body*. A physician and professor at Queen's University as well as author of *History of Medicine: A Scandalously Short Introduction*, Duffin places the history of medicine not only within the larger history of ideas, but also within the theoretical framework of constructivism.

CONSTRUCTIVISM

Constructivism has become an important theory in the study of the body in medical culture and in medicine itself. Though he prefers the term

"frame" rather than "construct," Charles E. Rosenberg points out, in the introduction to *Framing Disease,* that a disease only comes to exist when we name it.[7] Rosenberg, as well as Duffin, expresses a general agreement among students of medical culture today that a disease belongs to the system of classification used to describe and categorize the set of symptoms that patients are experiencing.[8] As Duffin writes, illness and disease are two different terms: "The word 'illness' is used to designate individual suffering; the word 'disease,' pertains to ideas about the illness."[9]

Constructivism enables historians of medicine to think of their subject in terms of changing concepts rather than in terms of discoveries. Steven J. Peitzman offers the history of renal (kidney) disease as a case in point. Before the nineteenth century, renal disease was known as "dropsy." Dropsy had a set of symptoms, edema among them, that fit neatly into the humoral model of the body, a model that had been operative since Aristotle.[10] In the 1820s, the physician Richard Bright correlated patient symptoms to specific urine chemistry and lesions in the kidney at autopsy.[11] Renal disease was now modeled according to chemical and lesion-based pathology and renamed Bright's Disease, after its researcher. Today, renal disease is organized around dialysis and is termed "end-stage renal disease" or ESRD. ESRD is an administrative term reflective of the technology used to treat renal disease and belongs to the discourse used by medical providers and insurance payers.[12]

The history of renal disease, then, is actually a history of changing concepts and models of the body, not a history of illness. The illness experienced by patients remains the same over time, though today because of diagnostic and treatment technologies patients with ESRD mostly experience the discomfort of dialysis rather than feel sick from dropsy or Bright's Disease. In fact, one can recognize in the general history of medicine how changing ideas in philosophy and science have intersected with the practice of medicine and the understanding of the body.

Humoral medicine lasted from the ancients well into the eighteenth century and was based on the idea in natural philosophy of a balance among the four elements of the world.[13] Nevertheless, by the early Renaissance, empiricism had taken hold of the scientific community, leading not only to the teaching of anatomy in medical schools, but also to the later development of lesion-based classification. Although it presented a challenge to humoral medicine, anatomy seemed to have little value to the clinician who continued to treat patients according to the humors. Mechanistic theories introduced during the seventeenth century by philosophers such as Descartes led to the modeling of the body as a mechanical object. Such a concept was invaluable to someone like Harvey, for it enabled him to conceive of the heart as a "pump." The "new science"

of Newton, with its empirical and mathematical methods, not only introduced technologies such as the microscope into medical research, it would eventually found Mendelian genetics, arguably the greatest scientific model of the body conceived to date. Throughout the twentieth and early twenty-first centuries, technology in the forms of research, diagnosis, and treatment has contributed to ever more finely tuned concepts of the body, even those like ESRD that are bureaucratically driven.

THE BODY

So far, I have been discussing constructivism as it pertains to the construction of concepts of disease and models of the body in medicine. However, constructivism has also led to debates in body criticism circles as to whether the *body* is itself constructed. One side of the debate led by Judith Butler and followed mostly by a contingent of queer theorists argues that the body is constructed "all the way down," to borrow the conference phrase.[14] In many ways, such a viewpoint rings true especially with respect to surgery, though perhaps the term "reconstruct" better suits the situation than the term "construct." After all, the fleshy material is already there in some human form. Sex reassignment surgery, discussed by Sally Hines in chapter 9 of this book, is a clear case of reconstruction of the body, though many other medical treatments, including drug regimens, also inscribe their mark on the body and make of it a readable cultural object.

In *Bodies That Matter*, Butler's project is to deconstruct the binary of materiality and culture, particularly the way regulatory norms rigidify sex, by showing how the body is always constructed by culture and posited in language.[15] There are two problems that arise with such a project as Butler's, certainly when applied to medical culture. The first problem lies in the object of analysis. The body under examination in Butlerian analysis is a body that has been *culturally* medicalized rather than a body that is strictly a medical construct. As Rosenberg points out, such medicalized bodies cannot be proved to have an underlying "biopathological mechanism." He gives the examples of hysteria, chlorosis, neurasthenia, and homosexuality, diagnoses that are "culturally resonant."[16] Such bodies truly are nothing more than cultural objects, since they do not have a provable biomedical aspect, though the treatment can certainly affect the body. And, as we know, several of these "diseases" are no longer considered diseases in medicine.

Immediately, a second problem arises in considering what happens to the body when the analysis of a culturally medicalized body is transferred to the materiality/culture binary. In taking the binary apart, the materiality of the body (the fleshy stuff) ends up going under erasure, while the cul-

tural body is left looming large. Cultural constructivism takes over the body "all the way down." The other side of the debate, then, would want to preserve the materiality, the reality, indeed the fleshy stuff of the body. Certainly, in the reality of medical culture, we know that the flesh cannot be "erased," however much we would like it to go away. People become ill, people die regardless of the cultural constructs of medicine—the research, the diagnoses, the treatments.

It seems to me that a better way of thinking through the binary, if it is indeed a binary, of materiality and culture, lies in the realm of the dialectic. Rather than a zero-sum game (no matter-all culture), the two sides can be recognized as mutually in play. Terry Eagleton and Kate Soper develop this dialectic in their respective books, *The Idea of Culture* and *What is Nature?* Eagleton uses the example of poverty. Poor people have larger than normal adrenal glands due to stress, "but poverty is not able to create adrenal glands where none exist."[17] Though Soper is discussing the dialectic of nature and culture, her viewpoint enables one to see a place for the materiality of the body, which belongs to the realm of nature, outside of the purview of cultural constructs without putting the body under erasure: Certain materialities fall outside the product of human activity, and, in fact, "are the necessary condition of every human practice, and determine the possible forms it can take."[18] In terms of a dialectic regarding materiality and culture, one can say that the material body exerts conditions on the shape(s) of cultural constructs, and at the same time the cultural constructs inflect the flesh.

Such a dialectic rests on what I have called elsewhere *constructivist realism*.[19] Constructivist realism relies on the philosophical theory of realism, which states in its simplest form that an external reality exists outside of cultural representation.[20] Yet constructivist realism also concedes the reality of humanly built structures, whether those structures are in the form of bridges and roads, the conceptual models of medicine, or the medicalized body. This term is useful, I think, in enabling us to recognize a place for the body's materiality beyond culture, but at the same time to understand a dialectic of play between materiality and culture. At their base, the chapters in this book accept the existence of the material flesh and consider it to be distinct from the medicalized body. That said, they focus on the ways in which the *body* is constructed within the wider context of medical culture—expert medical testimony, the drug advertisement, the anatomy museum, and so on.

THE BODY IN MEDICAL CULTURE

I have chosen the chapters for *The Body in Medical Culture* in the spirit of cultural studies. Not only is the body perceived as an artifact in medical

culture, but the book also displays how scholars working in cultural studies approach this topic, specifically the negotiation of medical models and constructions of the body in the community at large, whether the community is high, low or middle brow, or finds itself in the venues of elite culture, the Internet, or television. The book reflects a wide range of topics, including early modern medical manuals, anatomy museums and blackface minstrelsy, biomedical ethics, drugs such as Vioxx, disability, the patient "object" of doctor jokes, medical transgendering, and designer vaginas, among others. Moreover, the authors approach the subject from various methodologies within the interdisciplines of cultural studies: For instance, Sally Hines and co-authors Lisa Gabbert and Antonio Salud II take a sociological approach in analyzing empirical data, while Hillary Nunn and Stephen Johnson examine primary material from the British Library, the Folger Shakespeare Library, and the Wellcome Library for the History of Medicine. And the authors represent a wide range of disciplines: medicine, women's studies, comparative literature, English, American literature, American studies, folklore, creative writing, sociology, drama studies, and history.

Though the book is organized according to an historical time line, it is not meant to be taken as a seamless history. Rather, each chapter operates as a snapshot of some moment in medical culture, whether eighteenth-century expert medical testimony or twenty-first-century digital anatomy. "Home Bodies: Matters of Weight in Renaissance Women's Medical Manuals," is concerned with the manuscripts of home recipe books, written in large part by women, that were gleaned by Hillary M. Nunn from the archives of the Folger Shakespeare Library and the Wellcome Library. Nunn analyzes these manuals for their interest in body size and weight in early modern English culture, showing how food was not merely a matter of taste or maintaining humoral balance, but also a way of constructing the body through prescriptive home medicine, "to make a greate body small."[21] Moreover, in correcting a scholarly tradition that has tended to see medicine in the Renaissance as the sole purview of (male) physicians, anatomists, and barber surgeons, Nunn brings to our attention the important role played by early modern women, in tending to the health of their families and tenants, as cultural arbiters of body size and health.

Nevertheless, the authority lay women have had in medical culture since the Renaissance has always ended up yielding to the jurisdiction of the professional physician. During the eighteenth century, physicians, who were authorized to perform autopsies, began to replace midwives as the experts not only in determining cause of death in unattended births, but also in evaluating the accused mother's state of mind. The corpse of the

infant became the empirical site through which culpability on the part of the mother would be determined, and thus the construction of a readable infant corpse was a precondition to constructing the functioning of an accused woman's mind. Sheena Sommers examined more than 180 Old Bailey proceedings on infant murder during the eighteenth century to write chapter 2, "Remapping Maternity in the Courtroom: Female Defenses and Medical Witnesses in Eighteenth-Century Infanticide Proceedings." In a surprising twist, Sommers discovered that the conviction rates for women charged with infanticide declined with the onset of expert medical testimony.

The construction of the dead body plays a significant role as well in chapter 3 by Stephen Johnson, which explores the relationship between the skeleton in the anatomical museum and the blackface minstrel on the variety stage, both popular images in mid-nineteenth-century United States and Britain. Despite evoking the extremes of complete control or wild abandon, Johnson reads these seemingly disparate forms as deploying a common theme: the body aggressively manipulated either through the denuding of flesh or a cultural "blackening up." In particular, Johnson examines the case of William (Juba) Lane, the only performer of color on the segregated minstrel stage during its early years (the 1840s), whose skeleton was purportedly on display in the anatomy museum shortly after his death while touring Britain in 1852. "'Surely he cannot be flesh and blood': The Early Victorian Anatomical Museum and the Blackface Minstrel" draws extensively on documentary evidence from the British Library, the Wellcome Library, local archives, and nineteenth-century periodicals.

While Johnson writes of racial issues and the medicalization of the black body, Hayley Mitchell Haugen explores gender and the fabrication of the disabled masculine body in the early to mid-twentieth century when polio epidemics were sweeping the land and shattering the bodies and dreams of many children. At a time when American manhood was already being questioned, disability was especially acute for boys who found themselves "emasculated" by the disease and stigmatized as "cripples." Ironically, though perhaps not surprisingly, the very images of masculinity torn from the disabled patient returned to haunt the discourse of medical culture, rendered in expressions such as "beating polio like a man." In this chapter, "The 'Disabled Imagination' and the Masculine Metaphor in the Works of Leonard Kriegel," Haugen looks specifically at the autobiographical writings of one man who, disabled by polio at the age of eleven, relied on intensive weight training to sculpt a masculine body and, thus, to construct a "heroic self."

What happens when the fabric of the body is broken is a topic also considered by Catalina Florina Florescu in chapter 5, "Of Genes,

Mutations, and Desires in Franz Kafka's *The Metamorphosis* and Moacyr Scliar's *The Centaur in the Garden*." Drawing on Drew Leder's definition in *The Absent Body* of "dys-appearance" as a bodily state potentially initiated by a diagnosis of terminal illness, Florescu reads these works as examples of a "body-broken" undergoing mutation.[22] When the flesh has been broken, whether by illness or some unexplained cause, these narratives create a space in which to embody the animal contained in the civilized human construct or vice versa. Florescu shows that the animal phase, as bug or centaur, is terrifying, in large part because combining human tissue with an animal counterpart is a project of hybridity and, thus, brings with it a host of alarming ethical questions.

Similar ethical questions are broached in the next chapter by Natalia Lizama. Lizama addresses the "mutation" of two human beings into their digital counterparts, specifically the Visible Human Project (VHP) funded by the National Library of Medicine and one of its spin-off CD programs, *BodyVoyage* by Alexander Tsiaras. In the mid-1990s, researchers sectioned a male and a female cadaver into thin slices, photographed the planar edges, and uploaded the information into a database that could be used for pedagogical or artistic purposes. Though on the one hand, the VHP may be an honorable effort in the enlightenment tradition, Lizama argues that the digital fabrication of the human being has, perhaps unwittingly, produced a "post-biological affect" of two distinct kinds: post-biological horror and post-biological nostalgia. In chapter 6, "The Post-biological Body: Horror, Nostalgia, and the Visible Human Project," Lizama shows that in an age of posthumanist, digital anatomy, the "authentic" anatomical body may be neither particularly natural nor authentic.

Access to the interior of the body is problematic as well to Catherine Belling in chapter 7, "Endography: A Physician's Dream of Omniscience." She analyzes the novels of Robin Cook, a physician-turned-writer, for their "endography," a term Belling coins to describe the "physician-novelist's effort to construct and convey an impossible omniscient access" to the live body's interior.[23] Like Lizama in the previous chapter, Belling questions the belief that medical technology provides access to the inside of the body: If the body is live, that access is profoundly limited by the mediation of imaging machines or by the constraints of surgery; if the body is dead, that access is limited by, well, deadness. In Cook's novels, Belling sees an interdisciplinary attempt to combine clinical medicine with suspense fiction in order to fashion, through language, a bodily interior that can be both alive and accessible. She also sees, though, that Cook's particular focus on female bodies, whether as protagonists or victims—what she terms "gynopsy"—demonstrates a discomforting alliance of medical knowledge and power.

A related form of "gynopsy" is under discussion in Alexa A. Priddy and Jennifer L. Croissant's essay "Designer Vaginas," which explores the reconstructed vagina as the latest fashion in cosmetic surgery. Though some vaginal surgeries are conducted for health reasons, most are performed to force an "unruly" vagina into a more culturally normative appearance. As with other body projects in the United States, Priddy and Croissant argue that the designer vagina invokes a dilemma not only for individual women but also for feminists by raising the question of cultural control of the female body on the one hand and personal agency on the other. Toward the end of the essay, Priddy and Croissant rightly compare the designer vagina to "female genital mutilation" in Africa. Though they are remarkably similar procedures (and done for similar reasons), U.S. discourse on female genital mutilation reveals a cultural bias against Africa, for African women are seen as having less agency than their American counterparts.

If the discourse on the designer vagina is centered on the idea of having the "wrong vagina," Sally Hines shows that discourse on transgender is similarly yoked to the idea of having the "wrong body." In chapter 9, "(Trans) Gendered Fabrication and the Surgery Debates," Hines reports the conclusions of a research project in which she interviewed thirty transgendered men and women to investigate how sex-change surgery is viewed by this community. She not only questions the narrative of the "wrong body," initiated by medical discourse and now rampant in the transgender community, but also questions the benefit of surgical procedures "to correct" it. As with the designer vagina, reconstructive surgery is a permanent, nontrivial resculpting of the flesh in order to produce a seemingly more "natural," "natural-appearing," or "true" body. Hines discovered in the course of conducting this research that the surgically reconstructed body is a topic of heated debate in the transgender community.

Similarly, in the next chapter, Lisa Gabbert and Antonio Salud II examine the so-called natural body in the venue of the hospital. The modern hospital routinely disciplines the unruly flesh by regulating its functions through sleep, food, and dress regimens, activity, social space, and so on. Gabbert and Salud have also discovered, though, a subversive discourse at work in the hospital where off-color body jokes are directed by medical personnel against patients, diseases, procedures, and other staff members. To explain this contradictory aspect of medical culture, the authors define the body as a contested site of meaning, ideology, and social reality, with the "medical carnivalesque" mediating a medical venue that is both in- and out-of-control, disciplinary and humanitarian. Chapter 10, "On Slanderous Words and Bodies-Out-of-Control: Hospital Humor and the Medical Carnivalesque," draws on ethnographic research as well as literary renderings, the media, and collections of hospital folklore to analyze "doctor jokes."

The foregoing chapters tend to focus on a body in medical culture that each of us may or may not be able personally to identify with, depending, of course, not only on historical time period, but also on our individual gender, race, degree of ableness or sickness, and so on. However, the concluding chapter by Linda Seidel is about a body all of us know or soon will: the aging body. In chapter 11, "Dr. Jarvik and Other Baby Boomers: (Still) Performing the Able Body," Seidel shows how the marketing of drugs, supplements and surgeries on television targets a middle-aged and older audience by convincing us that "normal" means "youthful." Viewers are pressured into medicalizing their own bodies by badgering their doctors into prescribing drugs and other regimens that are designed to construct a body more suitable to a market economy. The chapter ends by suggesting that such advertising also publicizes the fact that we are all in the same boat, and that we could, ironically, decide to support each other in resisting the compulsory youthful body.

Indeed, Seidel's activist position brings to a point a motif running through all the chapters in this book: Despite the insistence of the flesh, the *body* in medical culture can never be claimed as true, natural, or normal, whether Renaissance women are managing its weight or disabled men are sculpting its muscles. Nevertheless, the more thought we give to the ways in which the body has been, and continues to be, fabricated in Western culture, the more likely we are to have a positive finale: The body in medical culture may actually be a body open to personal agency, even political agency, if we have the desire to construct it.

NOTES

1. Michael Neve, "Conclusion," *The Western Medical Tradition*, the Wellcome Institute for the History of Medicine (London: Cambridge University Press, 1995), 478.

2. I am using the term "medical culture" somewhat differently than Deborah Lupton's use of the term "medicine as culture" in her book *Medicine as Culture*. Lupton's book focuses on the medical profession in a context informed by various theories of culture drawn from a number of disciplines—sociology, feminism, anthropology, and so on. See Deborah Lupton, *Medicine as Culture: Illness, Disease, and the Body in Western Societies* (London: Sage, 1994). To my mind, "medical culture" strikes an anthropological chord, where the term indicates a community broader than the medical profession. In fact, Catherine Belling tells me that U.S. culture itself should be considered a "medical culture."

3. Andrew Wear, "Medicine in Early Modern Europe, 1500-1700," *The Western Medical Tradition*, the Wellcome Institute for the History of Medicine (London: Cambridge University Press, 1995), 354.

4. Linda Seidel, "Dr. Jarvik and Other Baby Boomers: (Still) Performing the Able Body," *The Body in Medical Culture*, ed. Elizabeth Klaver (Albany: SUNY Press, 2009) 229–241. See also Lennard J. Davis, *Bending over Backwards: Disability, Dismodernism, and Other Difficult Positions* (New York: New York UP, 2002) and Michael Warner, *The Trouble with Normal: Sex, Politics, and the Ethics of Queer Life* (Cambridge: Harvard UP, 1999).
5. Susan Sontag, *Illness as Metaphor and Aids and Its Metaphors* (New York: Picador, 2001), 64.
6. Margaret Edson, *Wit* (New York: Dramatists Play Service, 1999), 9.
7. Charles E. Rosenberg, Introduction, "Framing Disease: Illness, Society, and History," *Framing Disease*, ed. Charles E. Rosenberg and Janet Golden (New Brunswick: Rutgers University Press, 1992), xiii.
8. Ibid., xv.
9. Jacalyn Duffin, *History of Medicine: A Scandalously Short Introduction* (Toronto: University of Toronto Press, 1999), 66.
10. Steven J. Peitzman, "From Bright's Disease to End-Stage Renal Disease," in *Framing Disease*, ed. Charles E. Rosenberg and Janet Golden (New Brunswick: Rutgers University Press, 1992), 3.
11. Ibid., 9.
12. Ibid., 14.
13. Wear, "Medicine in Early Modern Europe," 360, 261–62.
14. According to Butler, the very stuff that makes up the world, including the body, is constructed. For instance, she defines matter as "*a process of materialization that stabilizes over time to produce the effect of boundary, fixity, and surface we call matter*" (9). This definition ends up trapping matter in a discursive loop. Judith Butler, *Bodies That Matter: On the Discursive Limits of Sex* (New York: Routledge, 1993), 9. Terry Eagleton critiques a similar phrase: "If culture really does go *all the way down*, then it seems to play just the same role as nature" (my emphasis). *The Idea of Culture* (Oxford: Blackwell, 2000), 94.
15. Butler, see Introduction, *Bodies That Matter*, 1-12.
16. Rosenberg, "Introduction," xv.
17. Eagleton, *The Idea of Culture*, 87.
18. Kate Soper, *What is Nature? Culture, Politics, and the Non-Human* (Oxford: Blackwell, 1995), 132–33.
19. Elizabeth Klaver, *Sites of Autopsy in Contemporary Culture* (Albany: SUNY Press, 2005), 43-56.
20. John Searle, *The Construction of Social Reality* (New York: The Free Press, 1995), 155.

21. Hillary M. Nunn, "Home Bodies: Matters of Weight in Renaissance Women's Medical Manuals," *The Body in Medical Culture*, ed. Elizabeth Klaver (Albany: SUNY Press 2009) 15–36.

22. Drew Leder, *The Absent Body* (Chicago : University of Chicago Press, 1990), 84, quoted in Catalina Florina Florescu, "Of Genes, Mutations, and Desires in Kafka, Scliar, and Schultz," *The Body in Medical Culture*, ed. Elizabeth Klaver (Albany: SUNY Press 2009) 109–124.

23. Catherine Belling, "Endography: A Physician's Dream of Omniscience," *The Body in Medical Culture*, ed. Elizabeth Klaver (Albany: SUNY Press 2009) 151–172.