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Comment: On the Borderland of Medical and Disability History

DANIEL J. WILSON

Beth Linker's essay, "On the Borderland of Medical and Disability History: A Survey of the Fields," raises important issues about the ways the history of medicine and disability history have interacted and should interact in the future. Rather than adopting the metaphors of "rival siblings" or "conjoined twins," she suggests that each field pursue its own course but recognize "family resemblances" and a need occasionally to come together for the mutual benefit of the family. Let me say at the outset that I generally endorse her argument that both the history of medicine and disability history can benefit from a mutually respectful relationship.

As Linker notes, many of the early historians writing disability history strongly rejected the medical model of disability, and implicitly at least the history of medicine. Instead, they adopted a social model of disability, in which disability is constructed and imposed by society, and wrote a distinct disability history. Just as contemporary disability activists demanded that people with disabilities decide and speak for themselves, so disability historians created a new approach independent of the history of medicine, which many regarded as giving insufficient attention to the history of people with disabilities. These disability histories privilege the individual with a disability and treat medical professionals as less central to the story. In these ways, disability history, as Linker suggests, replicated the development of other minority histories such as women's history and African American history. Now that its legitimacy seems ensured, with its own organization, several book series, and numerous publications over the past twenty years, Linker rightly looks to ways in which the two histories (medicine and disability) can cooperate in their mutual interest.

I am struck when I teach the history of medicine how much of that history is distinct from disability history. The history of the medical profession, of its institutions such as dispensaries, hospitals, and medical schools, of discovering the causes of diseases and how to prevent or cure

them, and of public health, often stands apart from the history of disability. To be sure, disability history intersects with various aspects of history of medicine, for example with the development of asylums and rehabilitation facilities to care for individuals with disabilities. A full history of asylums and rehabilitation hospitals needs to take into account the goals and practices of the professionals running them *and* the needs, desires, and experiences of the patients who were treated there. Furthermore, the history of rehabilitation is not complete without also understanding what happened to individuals when they were released from care and treatment.

Similarly, much of what comes under the heading of disability history has little connection with medicine or its history. Disability historians have explored the various social, cultural, economic, and legal stigmas attached to disability in general and to particular disabilities. The origins of these stigma often lie in social and cultural attitudes that may have little to do with the history of medicine. Many individuals living and working with a disability do so with only slight contact with the realm of medicine. For example, many polio survivors went decades after being discharged from rehabilitation before they saw a doctor for polio-related symptoms. Only when the fatigue, weakness, and pain of postpolio syndrome became intolerable did they return to the care of a physician. Disability activism may have little to do with medicine, except when directed against medical institutions. Linker also notes other issues, such as the healthy disabled and a disability hierarchy, that have more to do with cultural and social attitudes about disability than about medicine.

If disability history and the history of medicine have distinct realms of expertise, there are also sites where the two fields productively intersect. It is often necessary for disability historians to know and understand the disease or medical intervention that gave rise to a particular disability. My work on the polio survivors would have been incomplete had I not explored the history of polio, the acute disease, and the goals and practices of the rehabilitation professionals who treated those paralyzed by the disease. Yes, I was primarily interested in the experience of polio from the point of view of those who had the disease, but I could not fully understand their perspective without also understanding how medical professionals understood and treated the disease from diagnosis through rehabilitation. Similarly, if a medical historian is going to write about a disease or injury that leads to disability, the account will be unfinished without considering how individuals with the disability responded to medical treatment and what happened when they left the care of a physician. The history of many diseases is not complete when the acute illness has run its course.

Linker stresses the connection between the history of medicine and disease and disability, but impairment can result from things other than disease, as her own work on the disabled veterans of World War I demonstrates. Impairment can be the result of injury, accident, war, or birth defects. Here disability history can help us understand how a society values or devalues those with disabilities. For example, disabilities as a result of war wounds have often been valued higher because they were acquired in defending the nation. Of course, as Linker and David Gerber and others have shown, the nation has not always provided disabled veterans with the services they need to live, work, and have a full life.¹ That story is disability history but not necessarily history of medicine. Sports impairments are often valued more highly than impairments acquired from a stigmatized disease, in part because they are often temporary, but also because they were acquired in pursuit of a culturally valued activity. For example, polio patients with casts on legs or arms were often grateful to be mistaken as recovering from a sports injury rather than as recovering from polio. Again, much of this has little to do with the history of medicine and more to do with cultural and social attitudes about disabilities.

For many years the history of medicine was written primarily by physicians interested in the history of their specialty or of the history of a medical institution in which they worked. Others focused on a disease that they had studied and treated during their career. In a similar fashion, disability history has grown in part because of the work of historians who themselves have disabilities. A number of disability historians changed direction in midcareer such as moving from colonial American history, French medical history, or intellectual history to disability history.² When they took up disability history they applied the skills they had learned as social and cultural historians to the social and cultural aspects of disability. Like physicians who write a history of their specialty, disability historians who write a history of their own disability bring a unique perspective to the history of a particular disability. And just as nonphysician historians are now writing the history of medicine, historians with no personal experience of disability have written fine studies in the field.

1. Beth Linker, *War's Waste: Rehabilitation in World War I America* (Chicago: University of Chicago Press, 2011); David A. Gerber, "Blind and Enlightened: The Contested Origins of the Egalitarian Politics of the Blinded Veterans Association," in *The New Disability History: American Perspectives*, ed. Paul K. Longmore and Lauri Umansky (New York: New York University Press, 2001), 313–34.

2. Paul K. Longmore, *The Invention of George Washington* (Berkeley: University of California Press, 1988); Catherine J. Kudlick, *Cholera in Post-Revolutionary Paris: A Cultural History* (Berkeley: University of California Press, 1996); Daniel J. Wilson, *Arthur O. Lovejoy and the Quest for Intelligibility* (Chapel Hill: University of North Carolina Press, 1980).

Beth Linker's call for focusing on "our overlapping similarities rather than carving out differences" (p. 535) is one I hope historians of both medicine and disability can endorse and even celebrate. I have always felt welcome when presenting at meetings of the American Association for the History of Medicine or publishing in the *Bulletin of the History of Medicine*. There is every good reason for us to respect the approach and achievements of both historians of medicine and disability. As Linker and I have tried to suggest, both history of medicine and disability history will be stronger with fruitful intersection and cooperation. We can surely share a goal of a fuller and more complete history of how diseases, accidents, and wars gave rise to disabilities, of how patients as well as health professionals functioned in medical institutions, and of how individuals with disabilities lived, worked, and played once they walked or wheeled out of the last rehabilitation hospital.



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