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Treatment

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Although standard dictionary definitions of *treatment* emphasize the medical or surgical remedies given to a patient for an illness or an injury, what is meant by treatment is historically, socially, and culturally contingent. This not only is true now within health humanities scholarship but is also the critical consensus within contemporary histories of medicine. In a medical sense, the term *treatment* was first recorded in 1744, rooted in the Latin *tractare*, meaning "to deal with." Until then, *cure* or *remedy* were used (Berkeley 1744). *Treatment* came into common usage in the nineteenth century—a shift in language that paralleled a new categorization of knowledge and medical practitioners' claims to possessing the primary expertise in the management of illness. At the same time, *treatment* as understood within medical spheres contains the traces of earlier definitions that identified the word with negotiation and the striking of bargains. There remains considerable evidence that medical treatments are dialectical: constructed by arriving at agreed settlements between active participants. Nevertheless, what is signified by treatment varies temporally and also between medical cultures in the Global North and Global South.

Over the past five-hundred years, what constitutes treatment in Western societies has come to mean many different things: it has encompassed everything from bloodletting and running repairs on the body undertaken by barber surgeons in early modern surgery to the patent medicines sold via quacks and newspapers in the eighteenth and nineteenth centuries. In the twentieth century, the range and efficacy of treatments expanded to cover everything from over-the-counter medicines, talking cures, psychopharmacology, and chemotherapy to key-hole surgery and acupuncture, while in the twenty-first century, experimental gene therapy offered new forms of treatment. Just as the nature of treatment has expanded, ethical questions about the nature, efficacy, and use of a range of different treatments (and when to give, suspend, or even withdraw, treatment) have attracted increasing attention from practitioners, policymakers, and patient advocacy groups. Treatments are often regarded as progressive forms of medical intervention that improve over time. Yet such narratives of modernity conceal continuities that lead to treatments working as a palimpsest of overlapping procedures and practices as well as how treatments in the Global South blended different approaches from different medical traditions. Equally, while treatment is often framed in scholarship as an active response to an illness or injury, the boundaries between cure and prevention have been blurred as suggested by the use of warfarin to treat and prevent blood clots. What is meant by treatment has hence often been highly malleable and always caught up in wider narratives of biomedicine, professionalization, and patient-led perspectives.

In a range of humanities disciplines, the approach to treatment has moved from hagiographic representation to rigorous critical examination, with scholarship increasingly exploring treatment from sociocultural and political-economic perspectives or through patient narratives. Older studies tend to highlight innovation, the experimental, or the dramatic. Treatments, those discovering and administering them, and those receiving them, could all be cast as heroic. Surgery acts as an exemplar here. Surgery is often framed in these terms whether it is the mastectomy Frances Burney underwent in Paris in 1811 or in modern accounts of cancer surgery and personal struggle as seen in the pink-ribbon culture that dominates presentations of breast cancer in Western societies (Gibson, Lee, and Crabb 2014). This framing supported surgeons' claims to professional power and partly accounts for the self- and popular image of the surgeon, which has been reinforced in a range of cultural representations from the paintings of Georges Chicotot or Thomas Eakins in the nineteenth century to Ian McEwan's *Saturday* and the Mills & Boon novels. Unsurprisingly, connections have been made between treatment and the professionalization of health care workers and with the concept of medicalization, often through a Foucauldian framing of knowledge and power. Yet ideas of the medical marketplace embedded in scholarship on early modern health and medicine serve to remind us that treatment has always had a commercial side (Jenner and Wallis 2007). Such scholarship also highlights the importance of thinking about the plurality of actors who sought a foothold in treatment practices. For instance, the heroic treatment Frances Burney received for breast cancer between 1810 and 1812 saw negotiations between Burney, her husband, and a range of medical practitioners, including the four doctors present for her mastectomy. A very different form of surgery as treatment—plastic surgery—illuminates the more critical-evaluative approaches that are emerging in recent medical humanities research. Examinations of contemporary plastic surgeries undertaken as forms of performance art, for example by the French artist ORLAN, draw attention to medical treatments that ask ethical questions of normalcy, of bodily (self-)control, and of the complex web of relations between the economic infrastructures of treatment and their biopolitical formations (K. Davis 2003).

Scholarship has equally drawn attention to those treatments that have been framed as bizarre or brutal to modern eyes. For instance, Isaac Baker-Brown's advocacy of certain surgical procedures, including clitoridectomies as purported cures for epilepsy and hysteria in his female patients, feature prominently as an example of the brutal regulation of female sexuality, while Silas Weir Mitchell's "rest cure" has been similarly framed as deeply damaging to women. What is often at the center of this interest in the brutal or seemingly bizarre is how treatment reveals the interconnections among gender, class, and medicalization. Nor is a focus on such treatment limited to the treatments given to women. In the history of psychiatry, the interwar period is associated, in Andrew Scull's words, with a 'Gothic tale' of madness and medicine (Scull 1987). Here accounts emphasize the introduction of various shock therapies, such as ECT, and invasive life-altering treatments such as lobotomies. When shorn of their historical or social context, these treatments are easy to misread as examples of medical barbarism, but they raise important questions about agency, power and authority, and adoption. For example, shock therapies were rapidly introduced during a period of desire for new somatic treatments as a radical counterpoint to the therapeutic nihilism that had characterized psychiatry since the 1890s. Likewise, these treatments reveal how therapeutic innovation and practitioner zeal could become problematic, destabilizing narratives of progress. For instance, morphine moved from a miracle cure popularized by medical practitioners in the 1860s to a source of alarm around morphinomania in the 1880s and 1890s. Similarly, in under five years in the 1950s, thalidomide went from being widely prescribed to being considered a treatment nadir.

A concentration on the experimental, the dramatic, the pioneering or bizarre, even on the dangerous, provides only part of the picture and obscures other forms of treatment, even if such a focus does important psychological work about the value of contemporary medicine. For instance, a focus on innovation overlooks how many surgical treatments remained linked to preexisting practices into the twentieth century. Frequently, the ordinary has been overlooked. One strand of cultural studies asserts that the "power of the ordinary" not only brings to the foreground experiences marginalized by dominant groups but also draws to our attention ways of "making visible the question of power" (McCarthy 2006; Osborne 1999, 59). Historians have equally drawn on Michel de Certeau and Henri Lefebvre to explore how the everyday sheds light on lived experiences (Highmore 2002; Moran 2005). The everyday can be seen in L. T. Meade's *Stories from the Diary of a Doctor*, serialized in *The Strand Magazine* from July 1893 to December 1895. Although the stories focus on the heroism and medical-detective work of Clifford Halifax, MD, and explore topical sociomedico concerns of the period, they also reveal the everyday nature of medical encounters from the role of pharmacists to the prescription of medical compounds for commonplace complaints. If drama is central to these stories, they also tell us much about quotidian forms of treatment: of the role of practitioners in providing reassurance and restoratives in the sick room (Waddington and Willis 2021). Neither heroic nor at the center of bioethical debates, such mundane treatments reveal yet another discourse that contributes to the complex cacophony of competing treatment narratives.

Notwithstanding interest in patient advocacy groups, in writing about treatment there is often a tendency to assume that interventions are practitioner-led. While scholarship on patient narratives helps reveal the agency of the patient in medical settings and the subjectivities that surround treatment, scholarship on the early modern period draws attention to the importance of being more attuned to examples of self-medication and self-treatment. If sensitivity to self-medication can tell us much about the everyday, as seen in the estimated 6,300 tons of paracetamol being sold each year in the UK, it can also reveal resistance to practitioner- or state-led treatments (Moore 2016). There is a long history of patients resisting advice from their practitioners. Vaccination offers one of many examples. For instance, in the eighteenth and nineteenth centuries, some saw the introduction of smallpox via vaccination into another body as impious, a view that was the subject of a thunderous sermon in 1722 by the London clergyman Edmund Massey, which was widely reprinted. Nearly three centuries later, the evidence that 60 percent of the French population are likely to reject the vaccine for COVID-19 not only highlights the endurance and extent of opposition to some treatments—exacerbated by a series of medical scandals since thalidomide in the 1950s—but also illustrates how resistance speaks directly to a wide range of socioeconomic and cultural concerns that medical treatments engender (Willsher 2021).

Definitions of treatment can hence conceal as much as they reveal. In thinking about treatment, scholars need to be aware of the sociocultural and political-economic contexts just as they need to be sensitive to alternative narratives beyond biomedical accounts. Scholars need also to consider treatment's pluralities, its performativity, its elements of sensation and of the everyday, its sources of conflict and tension. To say this is to admit that treatment as a category has an evolving biopolitics that requires ongoing attention to both its histories and present practices.