Book Reviews

Alys Eve Weinbaum. ***The Afterlife of Reproductive Slavery: Biocapitalism and Black Feminism's Philosophy of History*****.** Durham, NC: Duke University Press, 2019. ix + 286 pp. Paperback, $26.95.

In the final chapter of *The Afterlife of Reproductive Slavery*, Alys Eve Weinbaum recounts Karl Marx's discussion of exchange value and his reading of Aristotle in *Capital, Volume 1: The Process of Production of Capital*. She explains: "for Marx, Aristotle's faltering is just as important as what Aristotle readily comprehends" (154). Indeed, Marx is arguably most interested in the reasons Aristotle cannot fathom the commensurability of exchange value, which he famously attributes to Aristotle's inability to understand the notion of abstract human labor because he lived in a slave society where not all labor was considered equivalent. This moment is important for Weinbaum because it underscores a prerogative and problematic she shares with Marx: how do modes of production and the relations of reproduction determine the possibility for comprehending the commodification of certain objects and processes? Turning the lens to twentieth- and twenty-first-century cultures and politics of human reproduction, her question then becomes: under what historical and material conditions did the extraction and commodification of raw biological materials and *in vivo* labor become thinkable?

Her answer constitutes Weinbaum's principal argument: chattel slavery is ultimately responsible for our current thought system which has rendered "human reproduction's devaluation and extraction *conceivable* in both senses of that biologically laden term" (2). *The Afterlife of Reproductive Slavery* hinges on the claim that transatlantic chattel slavery and its practices of slave breeding constitute the epistemic foundations for the contemporary market in the extraction, accumulation, and exchange of reproductive labor and biological matter. Importantly, however, Weinbaum does not turn to a Marxist framework to explain this overdetermined relation. Instead, she looks to the work of Saidiya Hartman, Hazel Carby, Barbara Christian, Valerie Smith, Patricia Williams, Jennifer Morgan, Dorothy Roberts, Hortense Spillers, and Angela Davis. Her term "the slave episteme" soon becomes shorthand for what

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she frames as Black feminism's key shared insight. In the words of Dorothy Roberts, "it is the enslavement of Blacks . . . that makes the vision of fungible breeder women so real."[1]

"Biocapital" and "biocapitalism" are terms that have emerged over the past fifteen years to explain and describe a new phase in the history of capitalism in which the steady encroachment of the value form now includes life's barest materials. Indeed, in the year following this work's publication, 2020, New York State followed several other states and removed its longstanding ban on commercial surrogacy. Weinbaum takes pains to remind her reader of the material and medical realities of our "biocapitalist present": "tens of thousands of vital organs, tissues, bones, units of blood, gametes and stem cells are exchanged each year around the world" (3, 157). Her work is heavily indebted to work in feminist science and technology studies, which has systematically documented how the rise of the biotechnology industry is, firstly, a form of enterprise inextricable from contemporary capitalism and, secondly, that it is totally reliant on reproductive processes that render life itself a form of surplus value. Yet Weinbaum also stresses the point that, thus far, feminist analyses of biocapitalism have largely refrained from situating these developments within a longer historical arc, focusing instead on the development of new forms of labor in the present. "[S] lave breeding is almost entirely absent from feminist scholarship on biocapitalism," she writes (42). By contrast, it is by bringing together these two divergent traditions, a Black feminist Marxism and feminist theories of biocapital, that Weinbaum offers her most forceful corrective to the field. Her conclusion is twofold and depends heavily on diagnosing the sublation of the past into the biocapitalist present as a dialectical movement of negation and preservation. More specifically, she argues that the epistemic preconditions for the commodification of life's bare materials arise out of the violent legacies of transatlantic chattel slavery, and biocapitalism's successful functioning in the present rests on the consistent disavowal of this fact.

The introduction includes a detailed rendering of the "slave episteme," while her first chapter offers the reader another heuristic: "the surrogacy/slavery nexus" (7). This second concept, dependent on the form of "the slash," elucidates the logic by which material forms of reproductive labor in the past and present are understood as conceptually and historically bound: the slash makes surrogacy and slavery two sides of one coin. Importantly, it also establishes surrogacy as *the* paradigmatic example of a new global marketplace dominated by giant multinational corporations invested in the extraction of surplus value from the mining of reproduction and of life itself. Admittedly, other scholars working on the multifaceted bioeconomy may contest the exceptional status she affords to surrogacy given the proliferation of markets, such as those for embryonic stem cells and gametes, that have commodified life's bare materials and established new circuits of extraction and exchange. Yet for Weinbaum surrogacy provides the easiest parallel with forms of slave breeding, and it drives her engagement with the Black feminist scholarship that first made this connection.

Importantly, it is by following these connections that she makes the insightful observation that Black feminist scholarship on slave breeding, and the first Black feminist neo-slave narratives, emerged contemporaneously with the first high-profile cases of surrogacy in the US: the Baby M case (1986) and *Johnson v Calvert* (1990). She rightfully observes: "most have not read black feminism as a social and political formation that, necessarily but not always explicitly or self-consciously, mediates the conflicts and contradictions that characterized the exploitation of in vivo reproductive labor in black feminism's moment of production and publication" (24). By contrast, it is through foregrounding the early emergence of surrogacy markets that Weinbaum shows how even in Black feminist scholarship that does not directly address surrogacy, it is still possible to historize the attempt to theorize sexual and racial dispossession against the "emergence of ever-expanding forms of commodification of human reproduction" (84). A key example of this approach surfaces during her innovative reading of Toni Morrison's Pulitzer-prize winning novel *Beloved*. While several other critics have previously related Morrison's retelling of Margaret Garner to the case of Baby M, Weinbaum also draws on the case of Joan Little: an African-American woman who used an ice pick to murder the prison guard who raped her in 1974. Citing the moment where Morrison's protagonist Sethe chooses an unlikely weapon, an ice pick, Weinbaum argues that the politics of neo-slave narratives are inextricable from efforts to fight sexual and racial dispossession at the time of publication. Sethe's mutiny thus becomes powerful evidence in support of Weinbaum's observation that Black feminism is just as attentive to moments of insurrection and revolt that refuse forms of racialized extraction in order to imagine alternate ways of comprehending and representing life.

If *Beloved* constitutes her primary example of an account of a Black feminist philosophy of insurgency and revolt, the final three chapters turn instead to representations of reproductive technologies and forms of reproductive extraction in a largely neoliberal context. These later readings focus less on elucidating how a feminist philosophy of history exposes the slave episteme preserved by biocapitalism, and instead expose its dialectical flipside: how neoliberal market logics and post-racialisms demand the disavowal, sublation, and erasure of slavery as the very precondition of imagining life's commodification in the present. The point is that a prerequisite for the commodification of life is the elision and obfuscation of its origins. In this vein, Weinbaum's reading of Octavia Butler's *Kindred* convincingly pushes back against critical consensus to argue that Dana, the novel's protagonist who travels back in time to the plantation where her ancestors lived, is not solely a sympathetic victim, but is also a woman who conceives of her own freedom in self-interested and neoliberal terms. According to Weinbaum, it is because Dana doesn't comprehend the slave episteme that she understands her time travel as exceptional, rather than the ghostly return of reproductive extraction; as a result, "her freedom becomes dependent on another woman's enslavement" (129). As persuasive as these readings are, it feels as if the major interventions of the later chapters lie squarely within the field of literary criticism and literary theory, as opposed to Weinbaum's proclaimed project of exploring, from a historical materialist perspective, the transformations of life and labor under biocapitalism.

One might well wonder why, in a book that is ostensibly about the racial logics of the bioeconomy and new market in reproductive materials, is the onus on readings of novels and visual culture? Couldn't more insight be gleaned through additional attention to the legal, medical, technological, and social infrastructures through which in vivo labor power is engineered and harvested for profit? What, for instance, does the slave episteme reveal about recent legislation on the use of embryonic stem cells, or the differences between full and gestational surrogacy? How does the demand for clinical trials give rise to new kinds of labor and new demands on laborers? What is the role of informed consent in enacting new forms of contractual obligations? Indeed, as Weinbaum herself admits: "it is not only this brutal reality that interests me here" (156). One wishes for a more systematic and detailed accounting of the history of Black women's struggles for reproductive justice as opposed to, for instance, an engagement with literary theory's relatively insular and dated "surface reading debates" (157). Subsequently, while the force of this work undoubtedly lies in bridging disparate archives and diverse historical contexts, one wonders whether more analysis of historical events and economic realities—as opposed to purely speculative and fictional imaginings—would have helped clarify the material conditions that constitute the "reproductive dystopia" that Weinbaum posits as already present.

Still, it is this tension over the status of the cultural text that brings into view the work's major contribution and acumen. Weinbaum's method of "*critical speculative engagement*" offers a valuable example of how to interrogate texts for their imaginative possibilities and "conceptual aporia[s]" (15, 14). Importantly, it is not simply that the works she reads reflect historical, medical, and social contexts, but rather that they give voice to the conditions of possibility for their imaginative contexts, which, in turn, so starkly reveal our biocapitalist present. This is to say that, just as Marx read Aristotle for evidence of the precondition, limits, and failures of comprehension, so too Weinbaum encourages us to read these novels as, firstly, evidence of their epistemological foundations and, secondly, the collective denials that allow for their fictional worlds to be apprehensible or "thinkable" in the first place (156). Consider her reading of *Never Let Me Go* by Kazuo Ishiguro. In this novel the protagonist Kathy belongs to an underclass of clones who have been bred in service of organ harvesting. However, like Aristotle, Kathy is unable to understand the reality of her own exchange value. Weinbaum argues that this is largely due to Kathy's own whiteness and the post-racial climate of late 1990s Britain, which forecloses the possibility of recognizing the recalibration between her reproductive labor and slavery. However, Weinbaum continues, by drawing attention to the limits of Kathy's comprehension, Ishiguro forces readers to confront their own.

Further building on this reading, Weinbaum argues that even in those works that do not depict a distinctly racialized population as subject to reproductive extraction, the very evocation of this labor inevitably dehumanizes its laborer characters. This reading forces us to see that the inability of the characters to recognize their enslaved predicament actively mirrors the disavowals necessary for their own commodification in the eyes of the reader and, consequently, the reader's own complicity. It is a particularly astute observation, and it connects directly to one of her most striking and important claims: "surrogacy is a form of labor that binds reproductive laborers together by racializing their labor and dehumanizing those who perform it" (52). This is a key intervention and worth parsing in more detail. The point is *not* that a reproductive economy is genealogically connected to slavey because of the demographics of those who perform this labor, *or* because of the racial identities of those most likely to enter this workforce. Instead, the claim is that slave racial capitalism created the conditions through which this work became conceivable and, as a direct result of its historical and epistemic precedents, the commodification of reproductive labor and life leads to the racialization of those performing this work. Weinbaum's argument thereby goes beyond simply framing slavery as a race-making process, but instead understands reproductive extraction *as a racializing process* that renders the labor of women alien and fungible. This last point amounts to her most valuable contribution to critical race studies and marks a notable departure, both from social constructionist accounts of race and from ontological claims of theorists who argue that bodies exist as racialized prior to forms of exploitation. At a time when feminist theorists from Neferti Tadiar to Sianne Ngai have called for an urgent return to the concept of "labor," it promises a meaningful and decisive new approach towards theorizing the overdetermined relations between labor, reproduction, and race.

This contribution paves the way for extending and expanding Weinbaum's arguments. For while the book is admirable for the work it does to center and reclaim Black feminist theorizing, there is nevertheless a danger that it overstates the role of North America and anti-blackness towards understanding the rise of a bioeconomy that is necessarily global, transnational, and multi-racial. Admittedly, Weinbaum does nod to the impact of postcolonial theory and the "afterlife of Euro-American colonialism" in her introduction, alongside an acknowledgement that the high cost of surrogacy has led to outsourcing overwhelmingly in the Global South (11). Yet she offers no sustained attempt to consider the historical intimacy of colonialism or the "colonial episteme," contemporaneous and coextensive with chattel slavery in North America; nor does she consider them as equally vital periods "during which in vivo labor power and reproductive products have been engineered for profit" (3, 11). Instead, through remaining predominantly based in a US archive, she presents the North American "slave episteme" as a totalizing frame capable of hermeneutic closure in theorizing the relationship between race, reproduction, and reproductive labor. That said, her account of the ways in which racialization is a process articulated at moments of reproductive extraction—and her critical methods of reading this relation even in contexts that seek to disavow it—offers us a vital paradigm. With this paradigm readers are given the opportunity to transcend the geographical and historical limits that the work sets for itself.

—Mia Florin-Sefton

Notes

1. Roberts, "Race and the New Reproduction," 309.

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Paolo Savoia. ***Gaspare Tagliacozzi and Early Modern Surgery*: *Faces, Men, and Pain.*** London: Routledge, 2019. Paperback, $49.95.

A translated and slightly revised edition of Paolo Savoia's *Cosmesi e Chirurgia. Bellezza, dolore e medicina nell'Italia moderna* (Milano, Editrice Bibliografica, 2017), this study follows Gaspare Tagliacozzi's (1545–1599) two-volume scholarly and technical book on the reconstructive surgery of the face, entitled *De curtorum chirurgia per insitionem* (On the surgical restoration of defects by grafting). The Bolognese physician and anatomist, often held to be the "father of plastic surgery," published this work in 1597 to present and justify the arm-flap method of reconstructing the mutilated parts of the nose. This procedure consisted in cutting a skin flap from the upper region of the arm and grafting it onto the nose, then keeping the two parts—arm and nose—attached together for three weeks before cutting the skin from the arm and shaping the new nose with the use of special molds. No doubt this was an impressive, demanding, and painful surgical procedure. But why would patients have opted to endure such a surgery, and who would have purchased a detailed and illustrated monograph on the subject? How, in short, did a textual tradition about reconstructive surgery emerge in print during the Renaissance? Answers, Savoia suggests, are to be found by exploring the very specific social, political, economic, medical, and cultural context of late sixteenth-century Bologna.

The originality of Savoia's work lies in the great variety of angles, sources, questions, and fields he explores in order to cast light on this context. As he explains in the introduction, his aim is to offer a sort of *histoire totale* of Tagliacozzi's book by "pulling together [. . .] various threads and methodologies" to highlight "the many facets of a practice and a discourse" (7). He therefore alternates micro-historical inquiries about medical practitioners with wider theoretical explorations of Renaissance cultures of the face and shifting understandings of the body. The range and diversity of the primary sources is impressive, from archives documenting surgical practices and training to printed books from empirical and learned surgeons, and from books of secrets, physiognomy works, and agronomic treatises to natural philosophical and historical texts, in Latin and in the vernacular. These sources are used to provide fresh insights about the lives, training, careers, and social aspirations of barbers (who routinely performed what we would now consider minor surgical procedures) and surgeons, which in turn shed light on the context that shaped and informed the production of the *De curtorum*. And as Savoia shows, this is the same context that helped construct concepts of both surgical expertise and masculinity in the sixteenth century.

Among the many themes and questions covered by the book, three main threads seem both central to the author's argument and germane to current scholarly discussions conducted across disciplinary boundaries: the notion of a sprawling category of sixteenth-century body workers; gendered experiences of pain; and the intersections between art and nature in the Renaissance.

First, the main characters of the book are what Savoia calls Renaissance "practitioners of the body." Building on Sandra Cavallo's important work on seventeenth- and eighteenth-century "artisans of the body,"[1] he proposes a less broad but equally fluid category for earlier artisans concerned with the care of health and appearance (*politezza*) in the Papal state. These artisans (graduate and nongraduate surgeons, barbers, and barber-surgeons) have often been considered more distinct from one another than the documentary evidence suggests. The author shows the continuity of skills, instruments, and practices among them, arguing that surgeons and barbers should be considered as "different kinds within one and the same category of practitioners of the body" (134). Likewise, surgery and cosmetics were "placed on a continuum or at least within the same professional culture" (133). Similarly, Savoia argues, the relations between physicians and barber-surgeons should be understood in a more nuanced way, especially in Italy, where surgery was a prestigious discipline taught at the university. He proposes that we consider the interaction between physicians and surgeons in light of Pamela Long's (drawing on Peter Galison) concept of the "trading zone,"[2] which enables communication and reciprocal exchanges of knowledge and skills. (This is not to say there were not also areas of conflict, but that the relations between the groups were more complicated than pure hierarchy.) Barriers between various practitioners of the body were very fluid in the sixteenth century, a time favorable to social mobility. In Bologna, at least, Savoia shows that professional distinctions between various practitioners would not start solidifying until the seventeenth century. By then, candidates applying to be part of the College of Medicine would have to prove that neither they nor the members of their family had practiced the mechanical arts. This new requirement reduced the possibilities of upward mobility and reinforced the distinctions between various forms of medical practitioners.

Savoia's fine discussion of Renaissance practitioners of the body is a useful contribution to the growing literature on artisans, practice, and craft epistemologies initiated by the foundational works of Long and Pamela Smith, which have become central to current understandings of the production of knowledge in the early modern period. Building on these vibrant areas of research, Savoia confirms the importance of artisans in the development of new empirical sciences in the early modern period, in part by supplying vivid details about the surgeons and other artisans who were entrusted with the physical and moral care of other people's bodies.

Second, this book is about the ways Renaissance approaches to pain management were shaped by ideologies and constructions of gender. Addressing pain involved surgeons' practical skills, demanding them to be quick, light, and precise in their gestures, while also requiring innovation in tools to alleviate discomfort and refinement of techniques based on prior experiences. Savoia's argument is that the moralization of pain, depicted as an ordeal exclusive to "real men," functioned as a strategic response to pain. This narrative conspicuously disregarded women, a point acknowledged by the author. Tagliacozzi specifically tailored his book for upper-class wealthy men who had been disfigured on the battlefield or in a duel—and not, as was previously argued, by wounds from the French disease (syphilis or the "great pox"). Strong and honorable men, the Bolognese physician argued, were the only ones physically, culturally, and socially able to endure surgical pain, by contrast to women and other morally weak or effeminate patients. Pain was thus highly gendered and moralized in Tagliacozzi's work, figuring as a "tool for mediation in the surgeon-patient relationship" (183). Indeed, Savoia sees the various cultural, social, political, and technical prescriptions about pain management in terms of a "moral economy of pain." Extending previous studies about "moral economies" understood as "legitimizing tools" (225, n. 133),[3] he uncovers a network of justifications that enlighten the conditions of possibility of reconstructive surgery and its textual representation. Savoia argues that these books and practices emerged from the encounter between the noblemen who aspired to have the beauty and honor of their face restored—an especially weighty matter at a time when "bodily continuity was the central idea of personhood" and disfigurement could mean exclusion from political and social life (95)—and the learned-surgeons from the artisanal class who relied on aristocratic clientele for their aspiration for social ascension and wealth. This story is thus also one of class struggle and professionalization.

Third, ~~this is a book about~~ the ~~intersection~~ between *art* and *nature*, the understanding of this dichotomy in the Renaissance, the porous borders between the two, and the progressive erosion of the distinction between them—all topics Savoia demonstrates to be "mediated by the reference to grafting" (168). This discussion shapes the book as a whole, coming back again and again in the various sections of the study. The relationship between the artificial and the natural has preoccupied historians of art and science for a while—classic works include those by A. J. Close, as well as Lorraine Daston and Katherine Park's *Wonders and the Order of Nature*.[4] Savoia brings new light to this debate by interrogating the entanglements between health and beauty, cosmetics and medicine, each of which is further complicated by contemporary understandings of gender. Additionally, he pushes the discussion forward by taking an epistemological approach in chapter 5 ("Grafting Humans and Plants"), which to me was the most captivating part of the book. Instead of studying a discipline (surgery), the author focuses on a specific practice (grafting) that crosses disciplinary boundaries. By doing so he traces the surgical grafting of human skin back to earlier practices of grafting plants, arguing that Tagliacozzi transferred a botanical model and technique into human surgery. This approach leads him to trace Renaissance correspondences between plants and humans that go beyond symbolic analogies or considerations of both medicine and botany as perfective arts. The technique of grafting worked as "a bridge between humans and plants," Savoia argues, and the analogy was "grounded in a practical, technical, and operative level" (168). Furthermore, there was a tension between the grafting occurring in nature and the surgical reconstructions owing to the skills of the surgeon. Building on previous research about the philosophical understandings of the "third nature" in the Renaissance,[5] Savoia convincingly shows that the surgically grafted nose challenged the traditional art vs. nature divide by bringing "a natural-artificial hybrid" into the world, which offered "an incorporation of art and nature that was productive" (173, 156).

These three main threads reflect the author's focus on artisans, practice, and experience, which have become key terms of interest in recent histories of medicine, science, and technology. Adding new documentary evidence to existing scholarly literature, Savoia compellingly proves that the knowledge-practices of science that developed throughout the early modern period did not emerge out of arid theorizing, but from people physically and materially engaged with their hands and bodies to inquire about the secrets of nature.

—Viktoria von Hoffmann

NOTES

[1] Cavallo, *Artisans of the Body*.

[2] Long, "Trading Zones."

[3] This overall framework comes from Daston, "Moral Economy."

[4] Close, "Commonplace Theories"; Daston and Park, *Wonders and the Order of Nature*.

[5] Beck, "Gardens as a 'Third Nature.'"

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Elma Brenner and François-Olivier Touati, eds. ***Leprosy and Identity in the Middle Ages: From England to the Mediterranean.*** Manchester: Manchester University Press, 2021. 424 pp. Hardcover, $140.00.

Elma Brenner and François-Olivier Touati's edited volume, *Leprosy and Identity in the Middle Ages: From England to the Mediterranean*, is an invaluable addition to the body of work on leprosy in the medieval period. Encompassing the overlapping disciplines of history of medicine, cultural history, art history, as well as new findings in bioarchaeology, osteology, and paleopathology owing to innovations in ancient DNA (aDNA) research, this book successfully bridges the gap between the sciences and the humanities in disease studies. By focusing on identity as the central concept in their study, the contributors to this volume manage to dispel oft-repeated myths about medieval leprosy in Western Europe, especially the idea that its sufferers were subjected to complete isolation and institutional neglect and had to resort to mendicancy to survive. With a focus on both institutional and non-institutional constructions of identity around leprosy, the book not only addresses those who suffer from the infection, but also the communities with whom they interacted and to which they claimed membership. *Leprosy and Identity* is an essential read not only for scholars of the Middle Ages, but for anyone interested in the social history of disease. Its thoroughly researched chapters by scholars from a wide variety of disciplines help to make sense of an illness whose sufferers have been heavily stigmatized and historiographically misrepresented as social pariahs. This research reintegrates leprosy sufferers into complex social and institutional contexts, complicating and problematizing the simplified historical narrative of leprosy as a taboo disease which resulted in social isolation and rejection.

Contributors to the volume address leprosy in many different geographical and chronological contexts but remain in conversation with one another by focusing on institutional settings, material histories, and language to better understand the experiences and identities of communities affected by leprosy. The book is comprised of five parts, with one to three chapters in each section. Part 1, "Approaching Leprosy and Identity," contains broad surveys based on geographical, historical, and archaeological data, helping to ground the reader in the historical and religious myths around the origins and initial spread of the infection. In chapter 3, for example, Damien Jeanne applies René Girard's scapegoat theory and analyzes Latin terminologies in Thomas Becket's miracles to better understand the dichotomy between leper as scapegoat and leper as sanctified in Catholic thought. In Part 2, "Within the Leprosy Hospital: Between Segregation and Isolation," scholars make use of both of documentary evidence and archaeological findings from *leprosaria*, analyzing economic and social aspects of institutional life to determine how these groups functioned on a day-to-day basis. Elma Brenner's chapter, "Diet as a Marker of Identity in the Leprosy Hospitals in Medieval Northern France," provides a fascinating slice of daily life in the *leprosarium* through the exploration of food-sharing rituals and how they connect to religious and social ideals of charity and hospitality. Part 3 then shifts to leprous communities outside of the institution. Lucy Barnhouse and Luke Demaitre's chapters use linguistic and visual analysis to demonstrate how people living with leprosy in the Middle Ages were perceived and described by those around them. This strategy of linguistic analysis is continued in Part 4, where Anna M. Peterson analyzes terminologies in Latin, Occitan, and Italian used to refer to leprosy to get a better sense of how these communities were regarded in these thriving medieval cities.

This volume ends with "Post-medieval Perspectives" by Kathleen Vongasthorn and Magnus Vollset, in which they argue that the resurgence of scholarly interest in medieval leprosy in the nineteenth and twentieth centuries carried with it the ideological aim of justifying European colonization and promoting civilizing religious missions in the tropics. While this chapter is rich and fascinating to read, the historiographical complexity of medieval leprosy and its relationship to colonization warrants more than one chapter and could easily fill a collection of its own. After all, it is because of the ideological work done by writers of the past two centuries that a volume like this needs to debunk so many pervasive and persistent myths about medieval leprosy. In particular, this book provides concrete evidence which challenges the nineteenth-century idea that sufferers of leprosy were always excluded from their local communities, along with the nineteenth-century trope that immorality predisposed people to the disease.

Overall, *Leprosy and Identity* shows what a truly cross-disciplinary approach to leprosy in medieval Europe can reveal about the identities of those who suffered from it. The focus on daily life of those affected by the infection, as demonstrated through archaeological evidence and documents from religious and secular communities, underlines the importance of studying medieval leprosy with such attention to detail. Rather than isolating the patient, however, *leprosaria* and other medieval institutions—and even non-institutional contexts—led to the creation and innovation of communities and identities for those affected by leprosy. While looking at bioarcheological data gleaned from the skeletons of sufferers of leprosy allows us to get a better sense of the material life of the leprosy institution, linguistic and visual analysis allow for a better understanding of the social complexity of interactions between and among people with leprosy during the European Middle Ages. One of the primary goals that the editors set for this volume is "reflecting the agency of the sufferers themselves" (10). Yet despite these challenges, this volume demonstrates its vital importance in the fields of medieval history and the history of medicine. Without considering the lived experience of sufferers of leprosy, scholars risk repeating the same generalizations about the infection as always being indicative of social isolation and shameful exclusion, ignoring its much more complex history as a marker of social identity and religious ideology.

Luke Demaitre's contribution, "The Clapper as 'vox miselli': New Perspectives on Iconography," is the only chapter to draw on contemporary theories of disability studies and disability advocacy for its destigmatizing efforts. Even more engagement with these theories, especially as they endeavor to consider the lived experience of those suffering from debilitating diseases such as leprosy, would have been welcome as a means to frame the project theoretically and underline its political importance. More engagement with these theories, especially as they endeavor to consider the lived experience of those suffering from debilitating diseases such as leprosy, would have been welcome as a means to frame the project theoretically and underline its political importance. While we cannot know exactly what the sufferers of leprosy went through during the European Middle Ages besides what is mediated through charters, inventories, manuscripts of literature, religious texts, and art, there are plenty of personal testimonies from more recent decades by those who experienced the disease firsthand, including the activists at Carville leprosarium who succeeded in changing the name of the disease to "Hansen's Disease," as it is now called.[1] This volume nevertheless opens the door for exciting possibilities of further work done with this critical orientation. It does so by considering the intersections between identity markers such as gender, ethnicity, and religious affiliation in examining the relationship between illness and identity. This collection's focus on the nuanced relationships formed between and among those affected by and suffering from leprosy integrates aspects of social, religious, and linguistic culture into the medical humanities, and its inclusion of archaeological data alongside literary texts gives readers a much clearer picture of the social repercussions of this infection within communities in medieval Europe. This is of particular importance in a context where the relationship between illness, institutions, and identity has been problematized. Looking to the past to understand the complexities of these links can help scholars to better understand our current moment of widespread global pandemic.

—Kaitlin Sager

NOTES

1. For more information on the advocacy work done at Carville, see Gussow, *Leprosy, Racism, and Public Health*.

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Peter Fifield. *Modernism and Physical Illness: Sick Books*. Oxford: Oxford University Press, 2020. 272 pp. Hardcover, $80.00.

Peter Fifield's monograph *Modernism and Physical Illness* comes out at a time when modernism studies has been re-discovering illness and the body, with major texts like Elizabeth Outka's *Viral Modernism: The Influenza Pandemic and Interwar Literature,* Michael Davidson's *Invalid Modernism: Disability and the Missing Body of the Aesthetic,* and Maren Linett's *Bodies of Modernism: Physical Disability in Transatlantic Modernist Literature* shows the steady interest among scholars in this area.[1] Fifield's book is a worthy contribution to the research on illness in modernist literature, and a necessary one as well, for it serves as an important corrective to the broader tendency to see the major canonical works of modernist literature as disembodied, cerebral, and concerned mainly with abstractions. Instead, as Fifield argues, "illness is a central preoccupation of literary modernism," not only in the sense of it being a recurrent topic, but also in the sense of illness helping create literary modernism as it eventually became (1). Modern medical technology, he writes, results in "a transformation of bodily experience that renders the human subject at once more and less than its antecedents" (224). Changes in medical technology alter how subjects relate to their bodies, and by extension alter the way those bodies become the subject of art. In chronicling this process, Fifield shows how the medicalized subject is "both private . . . and collective," at once isolated in the sickbed and plugged into a complex social and technological network (227). Illness and medicine thus played a key role in producing "modernism's capacity for estranging the world," a capacity which is characteristic of the movement (228).

Fifield frames his book against Virginia Woolf's essay "On Being Ill," where she argues that literature has in general neglected illness. The broad strokes of her argument are likely familiar to the readers of this journal—"novels, one would have thought, would have been devoted to influenza; epic poems to typhoid"[2]—but of special interest here is her subsequent claim that the lack of writing on illness has left authors without a vocabulary to describe it, leading to a retreat into abstraction. Fifield provides ample evidence to the contrary, though in doing so he also hitches his argument to Woolf's, a choice with both benefits and drawbacks. When discussing literature, British literary modernists could indeed divert into the transcendental, but they were just as able to focus on the mundane and the minute, the everyday business of being ill, and the way that illness merged with the business of having a body at all. Situating himself explicitly in the context of the medical humanities, Fifield approaches the question of diseases through their role in the "entanglement" of the body "in a rich and complex experiential world, rather than an objective phenomenon that floats above subjects, culture, institutions, language, and practice" (28). His point here is not that the objective element of a disease is unimportant, but rather that diseases, in persisting across vast and sometimes ancient networks of transmission, acquire important figurative and symbolic value which then affects the ways those diseases are understood, experienced, and represented. One need only look at the cultural history of tuberculosis, as Fifield does in his chapter on D. H. Lawrence, to see that process at work. Fifield, in casting his book against Woolf's essay, therefore performs a task that is as much an excavation as it is an explication, looking past her claim that the writing of illness lacks a history to link modernist studies with the discourse of which her essay was already a part.

Yet I also wonder what kind of book *Modernism and Physical Illness* could have been had it not comported itself in a largely reactive way or had not put so much emphasis on disproving Woolf. Certainly, a corrective is needed here, but at the same time the text seems to leave some questions tantalizingly open. In the book's epilogue, Fifield describes how, in an earlier plan for the book, he was going to center each chapter on a different illness—consumption, venereal disease, cancer, and then "in a questionable desire for a bathetic critical arc, [the last chapter] would focus on colds" (223). He abandoned this plan, a move that was to my mind mostly for the best (though I would still like to see someone write that chapter on the modernist cold), in order to avoid simply repeating in literary form the structure of the

Foucauldian medical gaze, with its too-clean categories and too-neat divisions, wherein "symptoms [are] sorted into specific pathologies" which function autonomously from their social and epistemological structures (223). Instead, what he finds is that the modernist ill body and its varied representations "participate[s] in a transformation of bodily experience that renders the human subject at once more and less than its antecedents," resulting in a subject "whose body is always being added to" and that is "receptive to supplementation" (224). This point comes up over and over again—that the ill person is not the isolated romantic figure, lying in repose on the sickbed in some melodramatic rehearsal for death. Instead, to be ill is to be part of a network, one that "determines my actions and my affect from the earliest moment" (227). And the best parts of the book are those which develop this idea, tracing the networks of relations between doctors, nurses, medical journals, and the authors themselves. So, while the use of Woolf as a framing device is completely understandable and makes sense from a structuring perspective, it seems to me that too much of the text is arranged and written in response to this century-old essay. And *Modernism and Physical Illness* did not need to be written responsively: its central argument, that modernism was not only interested in illness but in fact emerged in part through its relationship to it, is plenty strong enough to stand on its own.

As for the book's goals and structure more broadly, it has a characteristic shared with many good books—the suggestion of a much wider and more complicated discourse than has been told between its covers. This effect is sometimes to its detriment, however. For example, its title phrase "modernism and physical illness" suggests a book that explores everything from Marcel Proust's lifelong asthma to Igor Stravinsky's bout of typhoid—yet with the possible exception of the American Anglophile T. S. Eliot, all of Fifield's central authors are British. Fifield himself invites this line of criticism in his introduction, where he describes the bounds of his historical focus as ranging from "the identification of the tuberculosis bacillus by Robert Koch in 1882" to "the isolation of the antibiotic streptomycin—the first effective medical treatment for the illness—in 1944" (23). This span of time, as he notes, includes a great number of important texts, such as the 1886 Symbolist manifesto and Joyce's *Finnegans Wake* (published in 1941), neither of which he investigates (23). Fifield limits his attention to British modernists for the sake of "manageability and focus," he explains (18). The decision is eminently sensible: the version of this book which lived up to the breadth of the title would be physically enormous and structurally complex and would also take a hundred years to write. These issues are, however, forgivable in light of the field's general lack of interest in disability and illness until relatively recently. The limitations of Fifield's study are, in that light, best understood as part of an ongoing process of filling in these blanks.

Yet there are also ways in which this problem could have been mitigated. For example, the single-author structure, often a great way to drill down into a topic, may be a missed opportunity. If the text trying to describe an imbrication of authors, texts, technologies, and social structures, why are all of the key authors artificially isolated, as though lying alone on their individual operating tables? The result is not unlike what Fifield expected of the one-illness-per-chapter structure, in that the format of the book isolates its subject and so works against the book's own argument. Similarly, the text frequently discusses the mythology of the consumptive poet, and TB's cultural footprint on modernism generally, but says rather little about where that mythology comes from.

In addition to the introduction and epilogue, the book is composed of five chapters, each analyzing a different author. Its first focuses on D. H. Lawrence and his complex relationship with the consumption that would eventually kill him. Lawrence's concept of illness was, as Fifield describes, vitalist and psychological. Fifield grounds his argument on extensive, detailed readings of Lawrence's letters, which far more than any literary text illustrate how much Lawrence's experience of being ill was influenced by the *idea* of illness as much as the physical symptoms he was experiencing. Lawrence's "refusal to adopt the consumptive identity, which he disliked for the weakness and self-pity that he saw as characteristic of the illness's sufferers" manifested as a reluctance to seek medical help or a definitive diagnosis (31). Lawrence characterized "human cells as sites of consciousness, neurological structures as centers of identity, and organs as homunculi-like actors," resulting in a theory of illness that roots it in "emotions, ideas, and relationships" (49–50). Illness, for Lawrence, is thus "an experience of the subject . . . [and] a rhetorical field with which to examine embodied existence" (71). In a way, Lawrence seems to have anticipated the mode of analysis that Fifield employs, reading illness not as an individual experience but as part of one's relationship to the wider world.

For Woolf, however, illness is no means for understanding embodiment; it is instead something "powerfully destructive and socially limiting" (110). In *The Voyage Out*, for example, Rachel's fever does not serve as an incitement to phenomenology, but as a severing of her story's teleology, appearing "not [as] a plot twist so much as a plot collapse, rooted in the senseless, unforeseen, and misunderstood action of invisible micro-organisms" (88). To be ill, for Woolf, is to be subject to a calamity from the outside. For Lawrence, the origin of disease was in the acting of the body itself—the vitalist, conscious cells—which meant that disease could be a site of self-knowledge. For Woolf disease was an invasion, a breach of the normal way of life, the shock that changes everything. And certainly she has good reasons for seeing illness this way. When reading a later section of the chapter on *Mrs Dalloway* and Clarissa's relationship with influenza, I was struck by a passage where Fifield notes Clarissa's "palpable excitement at the city" (107), one that had only a few years earlier been locked down by the 1918 flu pandemic. Reading this chapter in 2020, I recalled earlier remarking to myself how, once the current pandemic was over, it would be really fun to go to the marketplace near where I live and just browse all day—people-watching, window-shopping, maybe buying some nice cheese. Clarissa's sudden desire to "buy the flowers herself," in this light, takes on more immediate emotional weight.[3] More than a whim, this act is one of expansion, the overcoming of a limit to her world once imposed by disease.

While Woolf's attitude towards illness might be less hermeneutically fruitful than Lawrence's, less congenial to the kind of thinking one does in studying literature, it nevertheless grants access to a certain kind of experience: the experience of separation and the joy of separation's end. Woolf was frequently affected by illness, both her own and her family's, and we see the resulting sense of separation and isolation mark all of her novels from *The Voyage Out* onwards—a body of work that so frequently explores the long filaments of relation between seemingly unconnected characters, born in part from the isolation that she came to associate with disease, and which was a constant ironic reminder of how disease forces one to depend upon others.

Chapter 3 focuses on T. S. Eliot and traces the development of his usage of illness from "The Love Song of J. Alfred Prufrock," which casts embodiment and illness in horrific terms, through *The Waste Land* to *East Corker*, which displays a far greater fluidity of relation. "Pathology," writes Fifield, "acts most powerfully in Eliot's poetry as a fulcrum around which pivots the spectacular transformation of the other into animal, corpse, or environment," and which can only be "redeemed" of this otherness through Christianity (144). It can thus be read in conjunction with chapter 4, which discusses Dorothy Richardson's *Pilgrimage* novels. Both engage with fascinating and less-obvious medical cultural histories: the Eliot chapter has a delightful section on carbuncles and skin conditions in *The Waste Land*, while the Richardson chapter chronicles the author's close engagement with dentistry, mostly by way of her many essays published in the *Dental Record*.

For Richardson, illness and medicine are political matters, and her writing draws direct inspiration from her time working as an assistant at a dental clinic. "Dentistry," writes Fifield, "is a social domain constituted by a range of roles that are mutually dependent and entangled" (153). Thus, while the Eliot chapter charts the complex development of an approach to self-understanding through the experience of illness, the Richardson chapter shows how the work of treating others casts illness as an embedded, inexorably social and political relationship. It is the difference between illness as perceived by the person who suffers it and by the person who treats it, with Eliot's skin conditions functioning as a marker of alienation while Richardson's writing on dentistry represents a field "constituted by a range of roles that are mutually dependent and entangled" (153). These chapters, then, repeat the distinction the book makes between Lawrence and Woolf's relations to illness, which likewise differ on the question of whether illness separates one from society or instead makes one more deeply linked.

The final chapter, in an interesting and clever move, diverts the book's attention from the canonical authors of the period to a major writer of middlebrow fiction, Winifred Holtby, best known for her posthumously published novel *South Riding*. This chapter, like the others, is framed as a rebuke to "On Being Ill." As Fifield writes, the appearance of illness being "critically overlooked" is the result of it being a "quintessential female and domestic concern" (186), which Holtby's writing investigates. To the extent that illness has been overlooked by modernist studies, he suggests, it is because the field's focus on the more avant-garde works has obscured the great number of middlebrow texts for which it was a central concern. What is striking about illness in Holtby's writing is its normalcy and ubiquity, as far from the transcendentalisms Woolf warned of as one can get. Fifield explicates this ubiquity not only through her novels, but also her journalism, reading for instance a parodic advice column where Holtby advises "remember, first and last, that the object of a good cold is hedonistic. If you don't enjoy it, don't have it" (qtd. in Fifield 209). Being sick is normal, and common, and for Holtby explicitly gendered, forming what Fifield calls "an essential component of the domestic and predominantly female lives central to middlebrow writing" (185). And the everydayness of illness which Holtby's largely female audience was familiar with was the everydayness of caring for the sick as much as it was of being sick (221). Fifield's focus in this last chapter on an under-studied author and her writing on gender roles allows him to forcefully return to his primary argument by showing how the experience and narration of illness is filtered through and determined by one's social relationship to it. It is due to the suppression of female experience in the male-dominated world of literature and high art, Fifield argues, that this mundanity was overlooked. The Holtby chapter is therefore probably the book's strongest rejoinder to Woolf's claim that illness was not historically the domain of literature; as Fifield demonstrates, among middlebrow texts and their readership these matters were common fare.

The Holtby chapter also speaks to the need for a more broad and wide-ranging discourse on the role of illness in modernism than a single monograph can reasonably be expected to provide, for certainly Holtby is not the only middlebrow author whose influence in this area was significant. Who are the others? What was the discourse on illness, pain, weakness, and disability outside of the canon? Fifield's book, and the field as a whole, offers only partial answers to these questions. But by showing that among British authors of the early twentieth century the discourse on illness was not rare and rarified, but as inescapable as a stuffy nose, Fifield demonstrates the urgency of this broader project. *Modernism and Physical Illness* is thus a major contribution to both modernist studies and the medical humanities, and should be of interest to virtually any scholar in those fields—or, indeed, to anyone who has ever had a cold.

—Jeremy Colangelo

NOTES

1. See Outka, *Viral Modernism;* Davidson, *Invalid Modernism*; Linett, *Bodies of Modernism.*
2. Woolf, "On Being Ill," 101.
3. Woolf, *Mrs Dalloway*, 3.

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Paul Crawford, Brian Brown, and Andrea Charise, editors. *The Routledge Companion to Health Humanities.* Abingdon, UK: Routledge, 2020. Hardback, $208.00.

Ever since 2010, when Paul Crawford and colleagues first suggested expanding the purview of medical humanities to include healing practices beyond medicine and carers along with doctors, health humanities has continued to develop as an interdisciplinary field encompassing a variety of approaches and theoretical standpoints.[1] Envisaging a continuation of that perspective, *The Routledge Companion to Health Humanities* is a meticulous and descriptive collection of articles ranging across theory and praxis that emerge from a wide range of academic interests, practical improvement, and patient requirements, "engaging with the contributions of those *marginalized* from the medical humanities."[2] The marginalized include patients, their families, non-physician healthcare professionals, educators, and even social workers—those who are often found affected, associated, and subordinated by the institutions of biomedicine. The intellectual and discursive presence of these voices inherently and holistically critiques biomedical notions of self-sufficiency. The collection also embodies the "co-creative," "co-operative," and co-learning vision of the field for thinking about arts and humanities in healthcare, as opposed to the privileging of intellectual autonomy over non-medical or *lived* knowledge seen in medical humanities (6). This implies a non-hierarchical and collaborative approach to finding solutions to health-related issues, while changing and problematizing the boundaries of what can be identified and treated as exclusively biomedical problems.

In the past, Crawford and colleagues insisted on a more inclusive understanding of health humanities. This collection features that same insistence, but is oriented more towards the results of that inclusion: an array of recent innovations in the field. Reflecting this crucial distinction, the book has been divided into two parts. The first twenty-seven chapters critically assess medicine and healthcare via methodologies from disciplines of the humanities. The first section also acknowledges and addresses the intersectional realities of providing and receiving health (and social) care in conjunction with race, indigeneity, ethnicity, and geographical divisions. This systematic inclusion corresponds to the "interdisciplinary, inclusive, applied, democratizing and activist approach" favored by health humanities as a field (3). Using the entanglements of humanities to interrogate biomedicine—and taking into consideration the other, less recognized stakeholders in care—these early chapters also establish health humanities as theoretically well grounded. For instance, the first chapter on genealogies of care borrows theoretical support from Foucault to understand the idea of recovery, which might otherwise seem to be monolithic and rooted in biomedicine. The second section consists of chapters that are comparatively compact and detail the applications engendered at the interdisciplinary points of contact among various academic disciplines, creative practices, and the systems of healing and well-being. The section division resembles the attunement of the field to the collaboration between theory and practice. Allowing an intensive view into the diversity of theoretical backgrounds and methodologies available in health humanities, this division embodies the applied-ness of the field, showing the interdependence of theory and praxis. In this way, the collection addresses the critique that the field lacks uniformity, deeming this a necessary sacrifice for inclusion. For example, Peter Meineck's chapters, "Post Conflict Resolution and the Health Humanities: The Warrior Chorus Program" and its applied counterpart, "Classics," both explore the same activist concept of supporting the veterans of wars through dramatic classics. The former discusses the background, methodology, and objectives of the program. The latter chapter expands on the practical side of the program, detailing its individual and community impact. It also highlights consequent public engagement and academic output within and beyond the veteran community. It will not be an overstatement to say that the section division systematically introduces readers to different ways of practicing health humanities.

The introduction by Crawford chronologically follows the shift to health humanities from what he considers the more restrictive scholarship of the domain of medical humanities. The introduction provides a remarkably useful preamble for beginners and experts alike. The first section, titled "Reflections and Critical Perspectives," contains chapters by academicians and theorists, including perspectives on subjects that have assumed important liminal spaces, such as graphic medicine and healthcare in a neoliberal world. Susan M. Squier's "Comics and

Graphic Medicine as a Third Space for the Health Humanities" critically situates graphic medicine as a borderless "third space" which allows adapting the boundaries of comics, illness narratives, and medicine in order to discover the contradictions inherent in the telling of health-related life writing. This emerging third space embodies the challenges of portraying and borrowing from life itself. Similar to other chapters of the collection, it incorporates a concept outside of its traditional purview (i.e., Edward Soja's *third space*) in order to contextualize medicine in a humanities framework. Comparably, Shane Neilson's chapter, "The Problem with 'Burnout,'" illustrates biomedical imperatives of emotional distance and depersonalization in the context of the economic and cultural phenomenon of neoliberalization. It necessitates an examination of the processes through which medical aspirants are systematically detached from the humane side of healing. Neilson employs literary examples to elaborate the impacts of the neoliberal fixation on individual responsibility and resilience for maximum efficiency and productivity in the ecology of healthcare. Readers interested in the conflicted relationship of broader economic policies with individual practice and the systems governing them would find the argument genuinely insightful for two reasons. First, this chapter contextualizes medicine beyond its narrower self-concept as a purely scientific institution. Second, it problematizes the supposed supremacy attributed to the sacred healer; instead, Neilson argues, medical professionals should be viewed as embodied and context-bound individuals, too often depersonalized through their medical education and practice. This chapter neatly encapsulates some of the concerns and the commitments of health humanities: it humanizes the position of the healer without downplaying their role in maintaining systemic inequalities, thus preserving the activist and critical stance of the field.

With their broad overview of existing and forthcoming ventures of humanities into issues related to health, this section also aims to achieve re-imagined and re-contextualized modalities of care well beyond the medical. They are chiefly concerned with the ways in which care can be conceptualized and supplemented through the aesthetic and political features of the humanities. In the chapter "Accessibility and Advocacy in Health Humanities," Susan Levy describes the role of arts in healthcare as threefold—"as therapy, a way of communication, and a form of expression" (106). Levy claims that incorporating arts into healthcare is a process that produces meaning, access, and advocacy. The chapter thus not only identifies new pedagogical possibilities through health humanities but also challenges the hierarchy in which arts occupy a dispensable position.

The first section also allots discursive space to issues of activism, professional training, and public health. For instance, the chapter "Inventing Edward Jenner: Historicizing Anti-vaccination," by Travis Chi Wing Lau, offers a thorough account of historical and political developments surrounding a significant public health event. By exploring the position and function of associated literature within the symbolic discourse of a bio-scientific phenomenon such as vaccination for smallpox, Lau successfully demonstrates the politicization of preventive medicine and its entanglements with national identity. The chapter enlists careful historical research to elucidate the para-medical factors operational during public health crises. Hence, it shows how (health) care manifests itself not merely through aesthetic representations supplied by literature and arts, but through the socio-political processes illuminated by the humanities.

In the book's second section, "Applications," the collection moves from the critically aware reconfiguration of medicine and its contextual interaction with the humanities to the humanities providing thematic incentive and methodological frameworks for better care and more meaningful engagement. The contributions from a wide range of sources (among them medical practitioners, community workers, and researchers) contextualize their respective work within changing notions of power, control, and discourse of care. They provide alternative care models against and in conjunction with traditional healthcare, thereby constituting a challenge to disciplinary limitations. This approach enables them to understand, enrich, and learn from the lived experiences of illness beyond the medical explanations favored by science.

Most of these chapters begin with a brief introduction to the field or collaboration, then further describe the selected project in terms of its reach, methodologies, goals, and results. The projects are usually undertaken as corresponding to or components of traditional healthcare. These chapters concentrate on a variety of media, such as literature, theater, visual and tactile artworks, and music to envision a more inclusive and self-reflective healthcare. The emphasis on the projects' results indicates that these creative approaches are contributing to the processes of healing and providing opportunities to build communities with similar or complementary experiences. For instance, Susan Hogan's chapter "Photography" treats the processes of photo-documentation as being democratic in nature, thus allowing an exploration of the ineffable and contradictory meanings hidden in the embodied experiences of illness. The chapter establishes an artistic medium in healthcare for better comprehensibility of embodied knowledge. On a similar note, Brian Adams's "Musical Composition and Vocal Expression" critically assesses the benefits of songwriting, composition, and vocal expression for patients and carers. It represents creative interventions that have manifold positive impacts on community and individual attitudes toward healing. References suggesting quantified evidence are also provided to illustrate patient empowerment, community support, and insights about group identity.

The inclusion of results like these respond to bio-science's demand for quantifiable data—as opposed to exclusively empirical or anecdotal evidence. While such a demand often refuses to accommodate humanities-based interventions within pedagogical and clinical practices, this collection seeks to expand the definition of valid results beyond strictly biomedical (or medical humanities) metrics. For instance, in highlighting the function of narratives beyond enhancing empathy—a perennial focus in traditional medical humanities—the chapter "Storytelling" by Alan Bleakley and colleagues situates modern healthcare within a narrative framework that can structurally reconfigure practice. The authors borrow narrative elements from literature to show how storytelling is already prevalent in healthcare. This focus on the characteristics of stories demonstrates the relevance of literature to medicine, but also acknowledges the limitations of its use for healing purposes.

In short, these chapters treat a variety of results collected from diverse studies and projects as legitimate and authentic forms of valuable evidence, even when they have little to no affiliation with biomedical parameters. The collection accomplishes this by devoting such a large number of chapters to academic and supposedly lay activities, with their conventional and unconventional methods. The effect here is not to contradict existing biomedical realities, but to problematize their independence as a discipline and contextualize their practices within a socially contingent framework.

The collection applies the same insight to humanities scholarship, contesting hermetic academic frameworks by assisting healthcare systems in everyday practices. Indeed, it provides a methodological guide to bidirectional conversations between practices of care and the humanities/creative arts. Thus, beyond occasional immediate benefits for the individual, it also promotes collaborations that stimulate deeper structural and perceptual changes in how we view the humanities in association with medicine. This emphasis on porous disciplinary boundaries and association rather than assimilation also encourage patients and practitioners to acknowledge paramedical factors affecting well-being. The collection situates the political and the aesthetic not as a dichotomy within healthcare, but as constituents of a collaborative effort to conceptualize accepted prevalent practices. One of the primary features of modern healthcare is the care/cure divide. As a whole, this collection makes the case that this divide can be bridged through the application of health humanities.

This potential is all the more consequential in light of the COVID-19 pandemic. Can health humanities make a difference to questions of advocacy and accessibility, vaccine hesitancy and anti-vaccination, Black and ethnic minority perspectives, the digitization of medicine, and cultural differences? Can it help identify and tackle the larger mechanisms of inequality, injustice, and discrimination operating within healthcare? One of the chief concerns during the pandemic has been the question of meaning making—of making sense of our collective and individual experience of an illness. The collection addresses such questions that became more pressing during the pandemic, including the contradiction between value judgments and quantification. In the chapter "Philosophy," for one, Havi Carel enlists phenomenological methods to better answer questions regarding the value of life, medical decisions, and interpretation of significant life events such as illness. Her three-step toolkit responds to this increased existential need as the chapter demonstrates how it helps to extract the illness experience from the prescriptions of biomedicine and reinstate it within individual reflections on the "biographical disruptions" caused by illness. In her opinion, philosophy provides a framework for questioning and reflection that also transgresses geographical and historical boundaries. Thus, Carel's chapter signifies a disciplinary negotiation to understand a trans-disciplinary phenomenon through necessary methodological adaptations. The inherent interdisciplinarity of such models evinces the relevance of the field.

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To some extent, the current collection appears to be a critical parallel to the earlier collection Crawford and colleagues assembled under the title *Health Humanities*. Yet in comparison, the present collection branches out from that book's disciplinary chapterization in order to provide space for singular projects furthering novel ways of dealing with patient problems that are often overlooked due to lack of data, symptoms, resources, and stories. By accommodating these projects, it covers the extent of health humanities engagement for individual needs and public health. By addressing both individual and public well-being, it uniquely integrates the activist intent with the applied approach necessary for strengthening the ambitions health humanities have come to represent. It provides an extensive introduction to the variety of topics included in health humanities, beneficial for newcomers to the field. At the same time, it gives intensive insights for collaborative possibilities to the established scholar who might discover new avenues for interdisciplinary research. It qualitatively contributes to the process of knowledge creation and discourse formation around matters of health (and social) care. In summation, the collection fulfills what has been repeatedly advocated by Crawford et al.: the renegotiation of the boundaries of health, healing, and well-being to challenge the practical, structural, and epistemological limitations of biomedicine.

—Sakshi Srivastava

NOTES

1. Crawford, et al., "Health Humanities: The Future," 4.
2. Crawford, et al., "Health Humanities: The Future," 4; my emphasis.

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