Robert M artensen ’74: C rossing boundaries
By Lee McDavid

ake a peek at Robert M artensen’s calendar, and his schedule might at first glance look like the workday routine of an academic. M artensen, who has a Ph.D. in history and chairs the Department of the History and Philosophy of Medicine at the University of Kansas, usually starts his day at 8:00 a.m. with committee meetings and student consultations. He then often spends a chunk of time on writing projects—such as working on a book chapter about the 17th-century physician T homas Willis or preparing for a talk like one he gave recently at the Medical College of Wisconsin titled “N euroscience During the Scientific Revolution.” He probably also has time blocked out to prepare for and conduct a course he teaches on the social basis of medical practice.

But three days a month, at 3:00 p.m., a time when many academics are entering the waning part of a busy day, M artensen, who also holds an M.D. from Dartmouth, abandons the habits of a teacher of the humanities, gets up from his desk, and goes to the hospital, where he starts a 3:00-to-11:00-p.m. shift in the emergency room.

T homas Willis might not be as surprised as we are today at what appear to be competing interests in M artensen’s day—medicine and the humanities. And maybe that is why M artensen’s academic specialty is the 17th century—a time when A ristotle and Hippiocrates and S ir T homas M ore were as integral to the study of medicine as was W illiam H arvey’s theory on the circulation of blood. T he ER provides M artensen with a rich environment in which to watch the evolution of medical thought at work. How does the blood circulate? W hat is the nature of the brain? W hy do we think about the body the way that we do? W hose idea was it? W hat accepted way of thinking did it replace, and why?

For early medical scholars, answers to the great questions of the day originated in the humanities. Likewise, for M artensen, his first career impulse was the arts. He graduated from H arvard in visual and environmental studies in 1969. H is first job out of college was teaching secondary-school art. T hen he dropped out of the mainstream for a time and ended up as a janitor in the operating room of a N ew M exico hospital. “T hat experience taught me something about how hospitals work,” he says. “I decided to go to medical school.”

M artensen’s career has crossed many boundaries since then; he’s followed paths that at first glance seem contradictory but that, taken as a whole, have represented natural transitions. H is movement from the visual arts to medicine is one of those transitions. “I always have enjoyed how things go together, trying to figure out connections and patterns. A nd that goes right back to my experiences as a college student interested in design,” he explains. “I was interested in proportion and how things fit together. A nd that flowed into medical school. It provided me a framework to look at disease as a physician.”

H is first step toward medicine was to enroll in the University of N ew M exico and take an intensive, 12-month premedical course in chemistry, organic chemistry, physics, and biology—plus an occasional class on Shakespeare.

T hen came applying to medical school. A mong the schools where he interviewed was the University of M ichigan. T here, he visited classes so big that lectures were projected onto television monitors, an experience that M artensen recalls as having been “terrifying.” He also interviewed at Dartmouth Medical School. “A t Dartmouth,” he says, “they were so accessible as people. I liked the scale, and the quality was exceptional. I thought that before I went. I thought it while I was there. A nd I still think that.”

A fter completing his M.D. in 1974, he left the East for an internship at San F rancisco G eneral Hospital, then did a fellowship in emergency medicine at the University of California at San F rancisco.

“T he ER is where the rubber meets the road,” he laughs. “It’s a river of life for me, and still is.”

W hich might explain why, through all the transitions in his life, M artensen continues to find emergency medicine profoundly moving and suggestive. In that busy San Francisco emergency room, he experienced a delightful cacophony of cultural perspectives from patients speaking 100 different languages. “You’d get one world view after another, and you’d have to try and put it together,” he explains. “M edical problems were complicated by the diversity of patients’ social and economic backgrounds, and their different cultural attitudes toward pain and illness and health.”

R onically, in the midst of the intense physical demands of the ER, M artensen began to contemplate a longer view of the worlds of medicine and science as well as of the philosophical ideas that have brought medical practice to the place it is today. “It seemed to me that history offered the best discipline to probe the questions that were really engaging me at the time,” he reflects.
Until the mid-1980s, he continued to practice what he calls “general medicine, with some spice.” But just as a life entirely in the arts had not felt comfortable, a life entirely in medicine felt equally awkward. “Just doing medicine, while it was a wonderful activity, wasn’t for me,” he says. And so, while continuing to work in the ER in San Francisco, he enrolled as a graduate student in history. “It happened that the history of medicine department at UCSF was literally one block away. All I had to do was walk down the hill I lived on through a little grove of trees,” says Martensen. He began a grueling schedule of doing emergency medicine by night and on weekends, and in the times in between living the life of a graduate student. In 1993, he received a Ph.D. in the history of the health sciences, not knowing if he’d ever find a job teaching in his field.

Ironically, as an undergraduate at Harvard, he had taken only one history course, on the Italian Renaissance, in which he got the worst grade of his college career. But in 1993, he returned to Harvard as both a clinical assistant professor at Brigham and Women’s Hospital, where he practiced in the ER, and an assistant professor in the Department of Social Medicine at Harvard Medical School, where he taught history. Two years later he left for the University of Kansas.

Martensen remains part of a small coterie of medical historians nationwide who are also physicians. “There are not many of us who are that crazy,” says Dr. Chester Burns, a professor of medical history at the University of Texas Medical Branch at Galveston who became, in 1969, the first U.S.-born physician to also earn a doctorate in the history of medicine. Burns subsequently gave up practicing medicine to become a full-time historian. He recalls that people thought he was crazy to compromise his medical career by becoming a historian. “There was no mold for us,” explains Burns. “We made our decisions depending upon the circumstances in which we found ourselves in order to accomplish something for ourselves.”

The study of the history of medicine is actually relatively new as a formal academic discipline, a phenomenon of the 20th century in the United States. In the 1960s, the field expanded to include the medical humanities—a multidisciplinary view that encompassed history, literature, religious studies, and philosophy—and now bioethics. Today, in some schools, premeds as well as medical students can take classes in the history of medicine, the medical humanities, and bioethics. A few schools even offer an undergraduate major, or a concurrent M.D.-Ph.D. course of study.

“These people are asking somewhat different historical questions than people who come through the Ph.D. route alone,” explains Dr. Gert Brieger, chair of the Department of History of Science, Medicine, and Technology at Johns Hopkins and another physician-turned-historian. “I think someone who has had clinical experience is not afraid to tackle a clinical subject,” he adds. “And I think those who have not had medical training are less willing to do it.”

Martensen shows little sign of shying away from such issues. For three years he wrote the “In Perspective” feature for the Journal of the American Medical Association, providing a historical take on dozens of medical topics—including the history of heart surgery, the performance of Cesarean sections in the 1890s, the place of sexuality in 19th-century America, and the history of male doctors practicing gynecology. He has written periodically about medicine and the history of women and medicine and about the way male physicians have treated the ailments of women. “I think someone who has had clinical experience is not afraid to talk: you know how they are,” he says. “And, while continuing to work in the ER, Martensen says, “I think those who have noticed in the ER, ‘Ah, if they had pain they’d be talking; you know how women are.’”

Martensen’s current research is on how 17th-century religious and social factors intersected with scientific ideas about physiology and the body—about the shift from being primarily concerned with the heart to being “brainy and cerebral.”

Although the M.D. seeking a Ph.D. in the field of history is no longer quite such a rarity, there are still not many doctors who contemplate the work of a 12th-century healer while stitching up a stab wound in a modern, urban hospital.