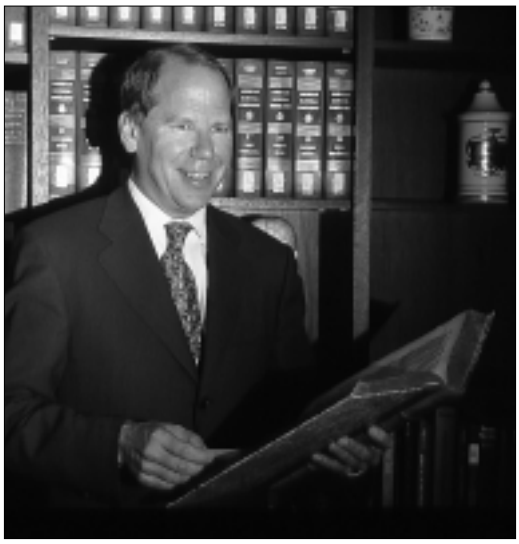
Robert Martensen '74: Crossing boundaries

By Lee McDavid

Take a peek at Robert Martensen's calendar, and his schedule might at first glance look like the workaday routine of an academic. Martensen, 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 Thomas Willis or preparing for a talk like one he gave recently at the Medical College of Wisconsin titled "Neuroscience 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, Martensen, 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.



DMS graduate Martensen, who chairs the Department of the History and Philosophy of Medicine at the University of Kansas, still works occasionally in the ER.

Thomas Willis might not be as surprised as we are today at what appear to be competing interests in Martensen's day—medicine and the humanities. And maybe that is why Martensen's academic specialty is the 17th century—a time when Aristotle and Hippocrates and Sir Thomas More were as integral to the study of medicine as was William Harvey's theory on the circulation of blood. The ER provides Martensen with a rich environment in which to watch the evolution of medical thought at work. How *does* the blood circulate? What *is* the nature of the brain? Why *do* we think about the body the way that we do? Whose idea was it? What 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 Martensen, his first career impulse was the arts. He graduated from Harvard in visual and environmental studies in 1969. His first job out of college was teaching secondary-school art. Then he dropped out of the mainstream for a time and ended up as a janitor in the operating room of a New Mexico hospital. "That experience taught me something about how hospitals work," he says. "I decided to go to medical school."

Martensen'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. His 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. And 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. And that flowed into medical school. It provided me a framework to look at disease as a physician."

His first step toward medicine was to enroll in the University of New Mexico and take an intensive, 12-month premedical course in chemistry, organic chemistry, physics, and biology—plus an occasional class on Shakespeare.

Then came applying to medical school. Among the schools where he interviewed was the University of Michigan. There, he visited classes so big that lectures were projected onto television monitors, an experience that Martensen recalls as having been "terrifying." He also interviewed at Dartmouth Medical School. "At 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. And I still think that."

After completing his M.D. in 1974, he left the East for an internship at San Francisco General Hospital, then did a fellowship in emergency medicine at the University of California at San Francisco.

"The ER is where the rubber meets the road," he laughs. "It's a river of life for me, and still is."

Which might explain why, through all the transitions in his life, Martensen 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. Medical problems were complicated by the diversity of patients' social and economic backgrounds, and their different cultural attitudes toward pain and illness and health.

Ironically, in the midst of the intense physical demands of the ER, Martensen 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.

Lee McDavid is a freelance writer based in Norwich, Vt.

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."

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.

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 women and medicine and about the way male physicians have treated the ailments of women. "What I've noticed in the ER," Martensen says, "is a change in the way most of us regard complaints of pain in women, particularly chest pain. If they complained a lot, it was 'You know how they are.' And if they didn't say anything, it was 'If they had pain they'd be talking; you know how women are.'" But, he adds, there has been a noted improvement in attitude over the years.

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.

Martensen will soon have a significant new opportunity to expound on such ideas. He was recently selected by the *Journal of the American Medical Association* to coedit a two-year series commemorating the new millennium, starting in January of 2000. "It is an attempt to tell, starting with the year 1000 to the near-term future, medicine's story in terms of disease, medicine and society, medicine as a profession, as well as the story of patients," explains Martensen. The project will consist of articles, timelines, commentary, and pictures that tell the social and the scientific story of medicine. It will culminate in a scholarly book, plus a children's book for middle-school students.

"I think it's important that the story of health, disease, and healing be told," says Martensen. "Whatever issues one is engaged in in life, somebody's been there before, structures have changed, everything is contingent—ideas, institutions, professional patterns. And no one in particular owns it. It's not just physicians, it's not just nurses, it's not just patients, it's not just disease, it's not just technology. Nobody owns it."

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