

**The Arts of Medicine: A Symposium on the Medical Humanities**

**The University of Glasgow, Lilybank House, 27<sup>th</sup> February 2010**

**Programme**

**9am** Welcome (Dr David Shuttleton) and Introduction (Prof. John Corbett)

**9:10** Prof. Marek Dominiczak (Faculty of Medicine) 'Glasgow Medical Humanities Unit, The Story So Far'

**9:35 Session 1**

Dr Tony Pollard (Director of the Centre for Battlefield Archaeology)

Prof. Samuel Cohn (History) 'Pandemics: Waves of Disease, Waves of Hatred from the Plague of Athens to AIDS'

Dr David Shuttleton (English Literature) 'Eighteenth Century Literature and Medicine'

Dr Christine Ferguson (English Literature) 'Research Interests in the Victorian Period'

**10:45-10:55** Tea/Coffee Break

**10:55 Session 2**

Dr Maureen Park (Adult and Continuing Education) 'Art, Medicine and Moral Treatment'

Dr Sheila Dickson (German) 'Editing the *Magazin zur Erfahrungsseelenkunde*'

Dr Sabine Wieber (History of Art) 'Madness and Modernity: Mental Illness and the Visual Arts in Vienna 1900.'

Dr Martina King (Institute of German Philology, Munich/GU) 'Representations of bacteriological knowledge in German literature around 1900'.

**12noon Keynote Speaker**

Dr Iain Bamforth 'A Short History of Medicine and the Moral Sentiments' (see abstract below)

**1-2 pm Lunch** (Lilybank Foyer)

**2pm**

Dr Malcolm Nicolson (Director of the Centre for the History of Medicine) 'The Work of the Centre for the History of Medicine'

**2:20pm Session 3**

Prof. Andrew Prescott (H.A.T.I.I.) 'The Arts of Medicine in the History of Collecting'

David Steel (GU Library) 'The Cullen and Thomson Archive'

Carol Parry (RCPSG) 'The Library of the Royal College of Physicians and Surgeons Glasgow'

**3:15-3:30pm** Tea/Coffee

## **Roundtable Discussions:**

**3:30pm** Emerging Themes (Chairs: Dr Bamforth and Dr Shuttleton)

**4:15pm** Teaching Opportunities (Chair: Prof John Corbett, English Language)

**4:35pm** Funding Opportunities (Chair: Prof. Caughie, Director of Arts Lab)

## **5pm Conclude**

This event has been supported by the following budget-holders: The Arts Lab; The Department of English; The Department of English Literature and The Centre for the History of Medicine.

Dr Shuttleton would particularly like to thank Dr Iain Bamforth, Dr Jenny Bann, Prof. John Corbett, Dr John Coyle, Lydia Marshall, Dr Malcolm Nicolson and Anna Rosenfeldt for their moral and practical support in making this event possible.

## **Iain Bamforth** *A Short History of Medicine and the Moral Sentiments*

### **Abstract:**

“Pity and compassion are words appropriated to signify our fellow-feeling with the sorrow of others,” wrote Adam Smith in *The Theory of Moral Sentiments*. But pity has never had a good press: nobody wants to be on the receiving end of somebody else’s. Long before Smith, Spinoza wrote: “Pity, in a man who lives according to the guidance of reason, is evil of itself and useless.” And long before Spinoza, Cicero had written: “Why pity rather than give assistance?”

Compassion has barely fared better. Compassion—like that of the Creator for his creation or even of the Buddha—writes its own script, *de haut en bas*. In the Romantic period, compassion even became a fig-leaf for guilt, as in Wordsworth’s famous poem about the leech-gatherer. Its etymological doublet, sympathy, however, is much more acceptable; indeed its adjectival form, which is omnipresent in the Romance languages, means more or less “nice” in English. Compassion is a virtue; sympathy is a feeling, and it is the solidarity of feelings we prefer to acknowledge today, however vicarious or hypocrite.

A parallel understanding of the feelings of our fellows wasn’t enough to govern the human relations that pertained in the century following Smith’s theorising of the coming mercantile society. In a secularised Christendom, what really counted was reciprocity and participation. Enter empathy: another Greek term that arrived in American English via the German (“Einfühlung”). It commands us to feel not with but *into* other people. It is a kind of projection.

Empathy is sympathy intensified, or even perfected; it suggests emotional resonance at an almost musical pitch. “I empathise with you,” is a phrase often heard in a discussion that has reached a sticking point. Liberal politicians even feel our pain. What is being acknowledged is the underlying need for symmetrical social relations: you may experience this issue as a moral evil, but we’re all in the same boat. Yet soberly considered empathy may be little more than a simple animism made sophisticated by psychological theories. It may even be a special instance of the “pathetic fallacy” identified by Ruskin.

Given that medicine, as a method of caring for the sick and infirm, has always acknowledged pity and compassion—and the more religious concepts of mercy and charity—as qualities which govern its exercise and application, the lecture will trace a genealogy of the terms across the centuries, especially in their role as builders of moral and social community. It will examine the emergence of empathy as a modern concept partly as a result of the growing prestige of medicine itself (particularly psychological medicine) at the end of the nineteenth-century, and attempt to pin it down.

Is empathy a state of complete emotional identification, or does it make knowledge claims too? And can it be that patients, in a thoroughly egalitarian society, perceive doctors as too patrician, distant and technical (i.e. rather like Smith’s impartial observer), and therefore unfeeling? Whatever else they do, the moral sentiments play both ways.