



FIVE QUESTIONS

with

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by

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1. **Can you tell us about the work you will present in your lecture for this year's Visiting Speaker Series in the History of Medicine at Schulich School of Medicine and Dentistry?**

The stethoscope was invented in France 200 years ago to serve the discovery of auscultation--the diagnostic practice of listening to the chest. I used the clinical case records, lecture notes and personal letters of the inventor, physician René Laennec (1781-1826), to explore this discovery and his interpretation of the lung and heart sounds. The instrument made it possible to detect anatomical changes before the patient became a cadaver, and it fostered a new way of thinking about all diseases that increased the importance of anatomy and downplayed the subjectivity of symptoms. In a sense, it heralded many other diagnostic tools, such as body chemistry and imaging.

2. **How did you first become interested in this topic?**

It was the topic of my dissertation (Sorbonne, 1985). As a clinician I have always used a stethoscope, but since the completion of my grad studies and the eventual book *To See with a Better Eye* (Princeton UP 1998), I continue to watch the evolution of the instrument itself and the more recent statements that it has become obsolete.

3. **Was there anything that surprised you about this project once you got deeper into your research? Or rather, have you ever made a discovery in your work that made you say "wow!"?**

As a royalist and a Catholic in post-revolutionary Paris, Laennec was unpopular in his lifetime, oft said to be owing to his political and religious differences from the mainstream. In addition, I discovered that he clung to some scientific ideas about the psyche and the soma that were considered to have been outmoded by his own invention. He offered sound clinical evidence for retaining these ideas. I argue that this seemingly backward stance also contributed to his unpopularity and probably explains why the book manuscript that he wanted published posthumously was suppressed.

4. Can you tell us a little about yourself. What is your typical workday like as Hannah Chair in the History of medicine?

I am a haematologist and a historian. Most of the week I spend in teaching undergraduates, graduate students and medical students in courses or small groups—and sometimes one on one. I am cross-appointed in Philosophy, History, Medicine, Nursing, and Education. I also support independent research projects of students and colleagues at Queen's and elsewhere. I have been involved with the administration of the school and many curriculum revisions. Until this year, I worked one day a week in the cancer clinic, mostly with breast cancer patients on chemotherapy. I try to spend time on my own research projects, including two active websites, but that work usually falls on nights and weekends.

5. How did you originally become interested in the History of Medicine? And, why is the history of medicine important today?

At the University of Toronto, I was influenced by medical teachers and friends who valued medical history, especially haematologist Dr. Dale A. Dotten and obstetrician Dr. Marjorie Moore. Nevertheless I expected to be a full time clinician and did achieve that goal by 1979 when I moved to Thunder Bay. But my husband's work as a diplomat soon caused me to move to Paris where I could not practice medicine for legal reasons, although I certainly did try. I decided to spend the time there doing something that I could not do at home. Physician and historian, Mirko Grmek kindly took me on as a graduate student, and he suggested the topic of the stethoscope because the 10,000 pages of Laennec's manuscripts had just been catalogued but not studied. It was a beautiful topic – just right for me and my clinical past and (lack of) linguistic ability. I got hooked. When we returned to Canada I wanted to go back to clinical medicine, but no one would have me – afraid, perhaps, of my time doing history. I was lucky to hold a Hannah Postdoctoral Fellowship at the University of Ottawa with Hannah Professor Toby Gelfand. This allowed me to begin publishing my dissertation and developing a new project on 19thC Canada. I also worked hematology locums in Ottawa area hospitals. Three years later, in 1988, I was offered the Hannah Chair at Queen's where I have been fortunate to use all my training in both disciplines every day for almost thirty years.

Dr. Jacalyn Duffin is the Hannah Chair, History of Medicine at Queen's University and a Fellow, Royal Society of Canada (RSC). A practicing physician, hematologist, and historian, Dr. Jackie Duffin has combined her training and experience as a medical professional into groundbreaking and infectious historical research. Duffin, an advocate of history as part of medical education has effectively bridged the gap between medicine and the humanities. She is the author of over 50 peer-reviewed articles, two edited anthologies and six monographs, including, *History of Medicine: A Scandalously Short Introduction*, which is widely-read in medical schools and history departments across Canada and around the globe.