# The 2025 Visiting Speaker Series in the History of Medicine Program
# Schulich School of Medicine and Dentistry, Western University


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## *About Dr. Doroshow:*

Deborah Doroshow is Associate Professor of Medicine at the Icahn School of Medicine at Mount Sinai and Adjunct Assistant Professor of the History of Medicine at the Yale University School of Medicine.

She graduated from Harvard College in 2004 with a B.A. in History and Science, where she wrote a senior thesis entitled "The Injection of Insulin into American Psychiatry," which explored the history of insulin coma therapy for schizophrenia. It was awarded the Thomas Temple Hoopes Award for outstanding senior thesis, and a portion of it was subsequently published in the Journal of the History of Medicine and Allied Sciences.

She earned her Ph.D. in History with distinction (concentration in the History of Science and Medicine) from Yale University in December 2012, winning the Edwin W. Small prize for outstanding dissertation in American History and the Pressman Career Development Award from the American Association of the History of Medicine. Her book, *Emotionally Disturbed: A History of Caring for America's Troubled Children*, was published by the University of Chicago Press in 2019.

Additional historical work has included a study of bedwetting alarms and parenting practices in mid-twentieth century America (Isis, 2010) and a history of laws mandating premarital syphilis testing (Social History of Medicine, 2019).

Deborah earned her M.D. from Harvard Medical School in 2013. She completed her internship and residency in internal medicine at the Yale University School of Medicine in 2015 and her fellowship in hematology and oncology, also at Yale, in 2019. At Mount Sinai, she treats adults with lung cancer as well as adults with a variety of solid tumors as part of the Early Phase Trials Unit, where her work focuses on the DNA damage response.

Dr. Doroshow was kind enough to sit down for an interview with us.

**Five Questions with Dr. Deborah Doroshow:**

**1. Can you tell us about the work you will present in your lecture for the 2025 Visiting Speaker Series in the History of Medicine, Schulich School of Medicine and Dentistry?**

I'm going to speak about how laws that permit emergent, compulsory hospitalization for psychiatric evaluation have had unintended effects for children. In many cases, behaviour that some individuals might categorize as mildly concerning or even normal has been pathologized and has resulted in sudden parental separations that have had lasting effects for the affected children without improving their health.

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

I came across an article in the *Washington Post* about the misuses of Florida's Baker Act and felt really unsettled. I thought there had to be a backstory here about how we got to this moment that might help elucidate how children's behaviour is adjudicated as normal or abnormal and how the criminal justice system interacts with children's mental health – both topics I explored in my book, *Emotionally Disturbed*, in the mid-twentieth century residential treatment setting.

**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!"?**

It was interesting – and worrying – to unpack the history of a law that was passed with the best of intentions, in the hopes of making mental health care more humane, and had the opposite result. My good friend and colleague, Mical Raz, has found this frequently in her research on public policy and children's health, so I think I was a bit less surprised than I otherwise would have been. When I'm doing historical research, I say "wow" a lot! This typically happens when I find a direct quotation from a regular (non-medical professional) person – especially a child. One of my favorite things to do as a historian is to understand how everyday people have experienced their lives. It is certainly challenging to try to understand how children are feeling and to read between the lines in primary sources but this work is always enlightening.

**4. In your dual role as a practicing physician at Mount Sinai and Assistant Professor in the History of Medicine at Yale, can you tell us what a typical day is like for you? Or do you ever have a "typical" day?**

I have no such thing as a typical day, which is probably why my job is so interesting! I do know that Monday and Wednesday mornings I'll be caring for people in phase 1 trials of new cancer medicines and that on Tuesday I'll be seeing patients with lung cancer. And unfortunately, I also know a good chunk of my day will be spent answering emails and documenting in a patient chart. But surprises are constantly happening. They might range from hard situations – such as a conversation with a patient nearing the end of their life or someone who's acutely ill and needs to go to the emergency room – to rewarding scenarios – such as learning that a patient's cancer is shrinking dramatically on a new medication or helping a friend of a friend set up their cancer care. While oncology is my (more than) full time day job, the history bits are always popping in here and there. I am a very active member of the American Association for the History of Medicine and serve on its advisory Council, I frequently zoom into colleagues' classrooms for guest lectures, I review articles for several history of medicine journals, and I recently published an article with three other colleagues – one of whom is my husband, also a historian of medicine, and the other two of whom are also MD/PhD historians of medicine. I'm also an active singer/theater person and I perform in one-to-two musical theater shows a year, which makes everything topsy turvy but it is very much worth it. I'm trying to get started on a new longitudinal history project – wish me luck!

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

I first became interested in the history of medicine when my parents experienced my deep obsession with Marie Curie during my fourth grade of elementary school. Elizabeth Blackwell was next, followed by books about more female scientists. When I got to college, I couldn't decide if I wanted to do humanities or sciences but I had to decide by the end of my freshman year. I had loved history in high school, so I chose history of science – both because I liked the small department and because I didn't have to choose. I had an incredible experience as an undergraduate, when I wrote a research paper on the lesser-known sexual purity writings of Elizabeth Blackwell! By the time I wrote my senior thesis on the history of insulin coma therapy, I was absolutely hooked, and thus my decision to go to graduate school in history was an easy one.

The history of medicine is critical for more reasons than I can name. Currently in the United States, the legitimacy of well-established medical knowledge is being questioned. While politicians are conveniently rewriting medical history, trained medical historians are needed to remind the public what life looked like before vaccines, how FDA regulations have led to safer and more effective drugs, and – of special interest for me – the fact that individuals with mental illness are less dangerous on the population level than those without. In my daily life, I work to develop new medicines for people with advanced cancers. It is very easy to become extremely excited about new therapies and their potential to save lives. However, my historical

background provides me with healthy skepticism. We know from historical experience, for example, that there is no magic bullet for cancer. That doesn't stop many of my colleagues in academia and the pharmaceutical industry from hyping up new drugs – until we learn more about their side effects and limitations. Thinking about Seige cycles (re: chemotherapy) is part of my workday and reminds me to stay humble about our ability to treat cancer, itself a multitude of diseases.

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