

Media Reviews

***The Knick* and *Die Charité*: Historical Hospital Series and the History of Medicine**

It is a gruelling experience, a one-hundred-second race against death: surgeons frantically struggling to stem the bleeding from the C-section wound of a young woman they are trying to save from certain death. It is a race that they lose. The haemorrhage cannot be controlled. Blood seeps into the wound, covers the operating table, fills the containers of the vacuum pump. The patient dies. The introductory scene of *The Knick* gives us an idea of what it meant to lose control in early twentieth-century surgery. It makes the viewer experience medical history through the medium of film. It also shows what role fictional movies and television series can have in teaching the history of medicine. Medical themes are popular in historically themed movies and series. The grisly exploits of naval surgeons, the elegance and erudition of elite physicians, the altruistic self-abandonment of the ideal nurse: depicting medicine from the past has been a successful recipe for entertaining modern mass audiences, spicing up narrative plots with drama, heroism, and sheer violence. We can watch patients enduring surgery without anaesthesia and succumbing to wound fever, all while leaning back in our armchair, relieved that we are living in more enlightened and technically advanced times. In the following I will look at two recent examples of historical hospital series and highlight some of the functions the genre can fulfil in the teaching of medical history.

My first example is the wildly popular Steven Soederberg serial, *The Knick*, launched in 2014 and continued for two seasons. The series is set in the fictional Knickerbocker Hospital in early twentieth-century New York City. Its main plot tells the story of Dr John Thackery, the hospital's newly appointed chief surgeon. Thackery is an invented character, inspired by the life of the real surgeon William Halsted. Ambitious, daring, and scientifically minded, he embodies (and eloquently proclaims) the advent of medical progress. But, like the real-life surgeon, he has a dark side: typical for his time, he is driven by racial prejudice, and, like the original Halsted, his addiction to opium and cocaine forces him to lead a double life, though a rather romanticised one with frequent side trips to the New York opium dens. Nevertheless, *The Knick* tells a heroic story of progress and scientific advancement. Set in the supposedly dark pre-advancement times, it squarely fits into the pattern of grisly surgery stories. The category 'dark' can be taken literally in this case: shot in natural light, Soederberg's imagery succeeds in evoking the same apprehensive emotional response one experiences when looking at historical photographs of past medical practices. That is no coincidence. *The Knick*'s visuals are, in fact, the exact, and quite astounding replication of the images of the Burns collection of historical medical photographs, often down to the smallest detail – a veritable *tableau vivant*. In this sense, the series offers a reliable visual reconstruction of surgery and hospital practices of the past. Students can learn a lot about the history of surgery and the history of hospitals (not only concerning their architecture, but also their governance and funding). However, the gloomy atmosphere created by the series' visual language surely does not represent what people felt about the latest achievements of surgery at the time. It is rather what the filmmakers want us to feel about surgery in the past. For the history of medicine, this is, of course, a teachable moment. This specific effect of the visuals provides an opportunity to discuss historical images,

their origins and their use, and the different ways in which they can help narrate the history of medicine.

My second example is the series *Die Charité*. Directed by the well-known film maker Sönke Wortmann, its first season was broadcast on German television in 2017. It offers a very different visual experience in that it is dominated by the aesthetics of the pre-prime time television series, with ample use of artificial lighting illuminating the smallest wrinkle in the protagonists' faces. The series is set in Berlin in the 1880s, at the Charité hospital. At that time the city's scientific and medical institutions were the stage for a number of major events in the history of medicine. The series thus covers the intertwined trajectories and achievements of a whole range of medical heroes: Robert Koch, Emil von Behring, Paul Ehrlich, Rudolf Virchow, and the surgeon Ernst von Bergmann. As if the panoply of famous doctors and scientists was not enough, the episodes also encompass the history of professional nursing, the socialist movement, the misdiagnosis of emperor Frederick III's fatal cancer, the militarist chauvinism of Imperial Germany, the delayed admission of women to the medical profession, the patients' strike against the overly strict regime at the hospital, the general poverty of the majority of Berlin's population, and much more. To develop these topics, a cast of fictional figures has been introduced in the story. First and foremost among them is the young and pretty Ida Lenze, an impoverished orphan in her early twenties, who dreams of following her late dad's footsteps and become a physician herself. The script burdens her character with abundant narrative subject matter. Thus, she becomes, among other things, the lesbian would-be lover of one of the hospital's nurses, but also the sweetheart of the artistically inclined medical student Georg Tischendorf. Tischendorf's character is used in the series to represent chauvinistic and anti-Semitic tendencies among Berlin's medical students. He is a member of one of those right-wing student fraternities who showcase their masculinity in ritualised epee fights resulting in a duelling scar across their face as a life-long credential for the 'right' political attitude. His relationship with Ida ends in conflict about her professional ambitions. The most intriguing part of Ida's love-life, however, is her unfulfilled romance with, of all people, an irascible and depressed Emil von Behring. In this story, Behring never gets over his unhappy love to Ida, even when manipulated into his opportunist (and historically correct) marriage with Else, the Charité manager Rudolf Spinola's homely daughter.

While *The Knick* works with a handful of narrative threads and stays thus comparatively focused, *Die Charité* strives to cover every possible thematic aspect of its place and time. Numerous storylines start in parallel in the early episodes, challenging the viewers' imaginative capabilities and memory. The initial problems of the kitchen sink-approach though become less disruptive once the numerous plots are being followed up in the later sequels. One wonders, however, if it would not have been preferable to focus on, let's say, Robert Koch and his entourage, which would have also provided a nice opportunity to go into more depth about the science.

As opposed to *The Knick*, whose story is declaredly fictitious, *Die Charité* aims at staying closer to the historical truth. It is up to its fictitious characters to keep the series from degenerating into a docudrama, however, at the price that Ida, Georg, and the others shift the story considerably into the direction of a melodramatic hospital novel. But even the narrative development of the real historical personages provides a lot of drama. Virchow and Ehrlich are uncomplicated good guys. Behring, by contrast, is a riven character, haunted as much by his opiate dependency (a parallel to *The Knick*'s Thackery) as his mental health issues. He is an opportunist, obsessed with overcoming the obstacles of his humble social origins. Koch is complicated too. In his case, the genre of the hospital

drama is well suited to bringing out the extent of the scandal that the famous scientist caused through his love affair with an under-age vaudeville singer and his subsequent divorce. Similarly, the highly charged atmosphere around Koch's ultimately unsuccessful attempts to find a cure for tuberculosis (tuberculin) – the overblown expectations, the high stakes in terms of national prestige and economic gain – comes out well in the series. The representation of Koch's tense and ambivalent relationship with Behring, as well as his personal and scientific rivalry with Virchow, also work well in the genre. It seems to be much harder, though, to depict the science itself on television. Some of the dialogues, for example between Koch and Virchow, take on that task by verbalising the scientists' contradictory scientific positions on disease causality. However – and that is again a function of the medium – the viewer ends up with the take-home message that these two men did not like each other, whatever the reasons.

All in all, the visuals are doing a good job in showing the context and the environment of scientific and medical work – the lecture theatres, the laboratory spaces, the experimental animals and their stables, the hospital wards. In general, it is a strength of visual media to represent built space, structures, and objects. On film, the viewer can literally see the architecture of the hospital, its wards, the OR. Television images also visualise aspects such as the central role of nurses, particularly in surgery. They equally highlight the surgical instruments and the way they were used, along with many more details of material practice. The medium of film thus unlocks the practical, material dimension of the history of medicine. It captures the gestures that are hidden away in routine activities and therefore usually elude written accounts. In written reports, such aspects often remain under the radar, except when they are explicitly discussed as the main theme. On film, they are inevitably present, even if the narrative is focused on something else.

As mentioned at the beginning of this review, moving pictures provide a more direct emotional experience than written accounts ever can. *The Knick's* introductory OR scene conveys in a condensed way what was at stake, for example, in the surgery of the time. It shows us the virtuosity of the glove-less surgeon's hands, and the breathless, but ultimately futile, groping around for the source of the haemorrhage. The scene cuts down to the essence of modern surgery – doctors cutting into a living body and trying to keep it alive using various techniques of control. It demonstrates how surgeons at the time were able to take the first step, but not always capable of dealing with the consequences.

Historical hospital series, for better or for worse, follow the rules of their genre, but, if they are well done, we can use their specific strengths for teaching the history of medicine. We can take advantage of the visual character of the genre and its emotional directness. The most valuable of these strengths, however, is the medium's ability to draw in new audiences that would have never been interested in the history of medicine without it.

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Researching Modern Medical History in Literature of Various Languages in Shanghai, China

Founded in 1952, the Shanghai Library obtained various documents over the years through purchases, donations, and other channels. Nowadays, it has a wide collection of more than 1.7 million ancient Chinese books, over 900 000 books for the Republic of China period,