Zoomcast with Lorenzo Servitje

Speakers: Lorenzo Servitje (guest), Ryan D. Fong (host)

Date: August 10, 2021

Length: 27:58

Zoomcast Series: Positionality

Citation: "Zoomcast with Lorenzo Servitje." Hosted by Ryan D. Fong. *Undisciplining the Victorian Classroom*, 2022, https://undisciplininguvc.org/html/zoomcasts/servitje.html.

- So hello and welcome. I'm Ryan Fong, one of the co-founders and organizers of Undisciplining the Victorian Classroom. Hopefully you all have had the chance to listen to some of our other Zoom casts and know that these are meant to be a space to stage conversations with one another, in order for us to think together about our classroom practices and about our processes of learning and unlearning as teachers. As with all of our content on UVC, our goal is to grow and learn together as a community of scholars, especially as we take up the challenge of moving beyond the boundaries of our field and training to address issues of race and racism in our field and in our classrooms. This is the fourth Zoomcast in our positionality cluster, which features conversations with scholars who are trained in Victorian Studies and explores how we might undiscipline Victorian Studies as a way to inspire new modes of anti-racist teaching in our classroom spaces. Please note that the reflections here in this conversation come from our personal experiences. We don't intend to speak on behalf of others, and are sharing from the position of our own identities, bodies, institutional locations and backgrounds. As a way to spark thought and discussion. So today I'm thrilled to be joined with Lorenzo Servitje, Associate Professor of Literature and Medicine at Lehigh University. Lorenzo is the author of Medicine is War, the Martial Metaphor in Victorian Literature and Culture which came out with SUNY Press last year. And I'm really excited to be talking with him about his work and the history of science and medicine. And how this subfield can play an important role in undisciplining our classrooms and curricula, especially in the COVID era. So thank you so much for joining us today, Lorenzo, and welcome to UVC.

- Thank you, Ryan. Thank you for the introduction and for that wonderful preface to your podcast.

- Great. So just to get things started here, can you maybe talk a little bit about your entry points

into Victorian Studies as a field, and maybe more specifically the history of science and medicine in the Victorian period and the 19th century.

- I came into grad school, not knowing what I wanted to study literary wise. I just knew I wanted to study medical things and I had this, kind of, having studied exercise physiology and English in my undergrad and being unsure what I wanted to do. I ended up finding out that there was this scholar at UC Riverside named Susan Zieger, who wrote this book called Inventing the Addict, race, gender and sexuality in American British and British literature in 19th century. And I happened to be working at a gym at the time as a fitness instructor that was at a drug and alcohol rehabilitation clinic. So that ended up being the kind of serendipitous entry points where I saw that I could learn and study and research medical things in a kind of literary capacity. And that's kind of how I got started. My first two years, I didn't really nail down what I wanted to do. I just wrote about medical things and whatever kind of seminar I wanted to, whatever seminar I was in. And when I finally had to choose the period, I hadn't read a Victorian novel since, since I don't know when, and actually wasn't really necessarily that fond of it, of the literature. And in fact, I had actually actively avoided a class by Joe Childers on Dickens because it was like notorious for having to read Bleak House in a week and stuff. But I ended up choosing my field based on the period. And I wanted to think about what time period did I find most interesting in terms of the history of science and medicine. And I think it's not hard to make a case that it was the 19th century and that's kind of how I got steered toward the period. And the more I started looking into it, and the more I went beyond just kind of being wowed by Susan's book and really looking at the different dimensions in terms of places that she was looking at, cause her text is actually, but her monograph is both on American and British literature. I kind of got drawn more toward the British side and that's when I kind of declared my field. And so I guess I would say I started with the history of science and medicine first and the literature aspect came second.

- Great, yeah. I think there's actually several of us in the field of Victorian Studies that have a similar story. not through the history of science and medicine, but the kind of reluctant Victorianists, they're like, we thought we hated this, and then suddenly like, no, this is the thing. So that was my own trajectory as well, so.

- Okay.

- Yeah. So and I had a kind of a conversion moment in graduate school as well. And, so yeah, it's an interesting way in, I think, to the Victorians. Certainly there are plenty of those who are I'm sure watching and listening that were...

- You didn't always love .

- Yeah those dyed in the wool, yeah, that dyed in the wool people. But yeah, there's also this alternate trajectory, that I think is more common than we sometimes admit, so.

- A reluctant Victorian, that'd be a good series of essays.

- Great. So maybe I, you could talk a little bit about your book, which just came out a few actually probably more than a few months ago now from SUNY press and also an essay I know that you wrote and had recently published too about Jekyll and Hyde.

- Oh yeah, thanks.

- And so, you know, this work that really is kind of, I think already kind of doing some of this undisciplining work, right by like bridging fields and bringing literary studies into some of these other fields of knowledge and academic studies. So can you just talk a little bit about your research and either in the book or in the essay or both?

- Sure. I'll start just by talking a little bit about disciplinary boundaries per se. I guess I was always, I was drawn to Victorian Studies also in particular, I should say, because I always heard this notion of interdisciplinary and you know, like particularly the journal, like I just remember hearing it kind of like with mystique and seminar, by the older graduate studies, like you can't just write about a single novel and it has to have some other kind of disciplinary inflection or dimension. And I guess I was always drawn to that idea and challenge. And so when I started to work on my book in terms of literature, it actually grew out of an essay in Susan Zieger's class on Victorian Media on Dracula. And I looked at how there was this metaphor of war kind of throughout Dracula and Dracula is also described as a disease. So I just kind of put those two things together. And as that sort of developed into something that I inflected in other kind of seminar paper forms, and eventually into a book manuscript. I started to really draw on different sources beyond, you know, of course, just readings of Dracula. And I started looking at history of medicine as a fields per se. So like Christopher books by Christopher Lawrence and histories of public health. Graham Mooney's history of surveillance, quarantine and isolation. And I started to become, this was became a really difficult space for me cause I always found it challenging to kind of do justice to the medical history of things and then the literary study of things. And that continues to be a challenge for me, but something that I guess I'm always drawn by. And then I guess to add another dimension to that is to take it beyond just literary scholars or interdisciplinary Victorian study scholars or medical historians over here, you have another group of health, humanists, or medical humanists who might be trained out of medicine and have an interest in literature or an interest in history and try to appeal and make that argument interesting to them. So that's juggling all those different audiences and discourses drawing on STS and bio-political theory, political race theory. And once I started to get into antibiotic work, I started to look much more at different kinds of eco environmental humanities, and then toxicology and environmental science. So that juggling is always been something I've been fond of, but it, at the same time, it continually drives stress and challenges and difficult readers reports. But even the most difficult attention sometimes I think produce good results.

- Yeah. Well, and on this theme of interdisciplinarity, I mean, I think, you know, just knowing a little bit about you know, outside the Zoomcast, I mean, you have, you're somebody who I feel like it's like, it's not just somebody who's interested in interdisciplinarity, but like committed to it. Like you have double, triple, quadrupled down. So in the sense of like, not just trying to kind of dabble, which I think a lot of us literary critics do--and it's like okay, I'm gonna kind of learn and

dabble in these other things and kind of bring this in.

- I dabble.

- You actually, certainly dabble. But you also have like real commitment. So I understand that you're getting a Master's in Public Health right now.

- Yes.

- Is that correct?

- Yes, I am a grad student.

- So I mean that, that, like, you're a grad student. I mean that's like next level commitment here. So I'm just kind of curious to hear you talk about the decision to do that and kind of some of the things that as you're working on that degree, like what are your, what the kinds of connections that you're seeing and the enhancements that you're seeing in this discussion and this interdisciplinary nexus.

- Okay, great. Cause there are also not enhancements. There are things that like gone wrong sometimes. Yes, so as I started to delve in my book and I was really trying to do justice and do be beyond dabbling the history of medicine when I was trying to speak to that health humanist audience and try to make it a little bit more relevant, at least in my afterward chapter and some of my other work. So I started looking to antibiotics in the 20th century and then in contemporary medical discourse and public health. I was often citing and looking at epidemiological studies to say site like in the back, like the incidence rate, the mortality rate and looking at all these different studies and I was citing them. So I had an interesting experience about medical with a historian medicine a while back ago when I was in grad school, when I was writing about heart of darkness and tropical medicine and quinine. And I was talking about quinine as a weapon of empire and he gave me this really good feedback that said like, you know, the most recent medical historical work has actually been talking about mosquito nets and hygiene practices rather than quinine. And so the deal was, as I was reading his medical monograph from like seven years ago, and I wasn't really caught up with the field of the history of tropical medicine, even more specific. So that kind of freaked me out, but also kind of made me try to become vigilant. And the same, I had the same feeling again, when I started to cite more work in epidemiology, public health, microbiology to do this work that I've been doing on antibiotics. And I always had really generous colleagues that I could call and just be like, Hey, is this, you know, is this right? Is my characterization of this correct and accurate? Is it just, or is this a good study to site? Like, it looks statistically significant. And I could go back and this P value is below five. So it looks good, like, is this okay? So I kept doing that all the time and you know, one wanted to stop like drawing out other people's generosity all the time, but too wanted to really feel like I was qualified to speak about something that is, has a really interesting and problematic past. And, you know, as we know, the past is never really the past, but something that's actively affecting our lives right now and will in the future much, you know, in the way that we talk about

the history of racism and slavery and much in the same way that we talk about climate change, I really wanted to do it accurately. And if I wanted to speak to audiences beyond people that were just interested in literature and medicine in medicine and history, but if I wanted to speak to epidemiologists or people that do public health or people that do public policy, I wanted to be conversant in their language. And that's when I kind of made that commitment.

- Yeah, and so I can't help, but, you know, think about the connections, obviously that, this work that you're doing, like, and the timing of all of this with the context of COVID. I mean that this must just be kind of a wild time for you to be so steeped in this already from your, you know, these discourse from your dissertation expertise and transforming that into a book. And then going head first into this, this Master's in Public Health program. So I'm just wondering, like, how are the different pieces coming together? I mean, it, for you, or like -- it seems like this is like super relevant stuff, right. To think, be thinking about the history of this, this in the, in our present moment. Like, you don't have to make a case for relevancy because it's almost like too obvious.

- Yeah.

- So I'm just wondering how you, how you're piecing that together.

- Well, that's interesting because particularly around COVID, you know, before COVID, I'd been talking a long time and I wasn't the only one of course that like, we had this way of talking about medicine as war and it has the history and it's problematic. And like as soon as like COVID happened and you know, we had a particularly problematic nationalist response and you know, the Martial Metaphor became so visible that like everybody was talking about it and people were writing really good op-eds and journalistic articles on it, Ed Young in particular in the Atlantic, but there was just some like really good takes on it. And like on the one hand I was a little jealous cause I was like, I've been working on this for five years, but then it immediately became relevant. And the stakes of it, like literally the lives started to kind of weigh on me in a really difficult way. Not that I felt that I was responsible, but it's when I started talking, when I was thinking about like the problematic language of collateral damage and, you know, I ended up writing a piece for some atmosphere and STS online journal. And I was thinking about these signs, I would say that would say, thank you for your sacrifice to you know, all the frontline healthcare workers and you know, that kind of started to be gut wrenching because of course this was around the same time that like, you know, the social determinants of health started to become like a word that more people knew also outside of public health and outside of people who studied race and inequality. So it became really gut wrenching that some of these things from fiction and that happened historically like were happening so quickly and visually that the relevancy to be honest with you was not, did not feel good to deal with. And I ended up writing that blog about it because I just didn't know how to deal with it.

- Yeah, and I'm, curious is too, I mean, it's like here, you know, with UVC, we're really trying to kind of make connections right. And bring out this emphasis on race and racism and histories of race and racism, and colonialism and empire in our period and kind of really bring that to the

fore. Right and so I'm just kind of curious how, you know, given your expertise in training as a Victorianist thinking about those first seeds in Susan's book right. Which is about opium and which is so highly racialized -- like, what is it, how are you seeing that really, what kinds of connections are you seeing right now as you're kind of talking about this with colleagues who are thinking about these issues today?

- Well, in terms of antibiotics, I think the most interesting connection I'm seeing there is one around the rational use and irrational use and how that becomes sort of like the fix that we develop protocol and if you use them rationally and if you have proper diagnostic techniques, like you know, we can ration them accordingly. But of course, like in Zimbabwe, Uganda, and you know, other parts of Africa or in Thailand, like, you know, they're used, irrationally, there are gray markets. And that becomes a lot of the discourse and a lot of the kind of ways that race was naturalized. And, unfortunately, I think even in the ways that they're doing it in with good intentions in global health and public health, it often is inflected in really problematic ways. And I think a lot of this has to do with the way that there are long histories of empire and colonialism that have shaped how disease and health is parceled out distributed and how the frequency of it in certain places. But that is just become naturalized. So like you know tuberculosis used to be endemic to Britain. It used to be endemic to the United States, particularly the Southern United States, but it's endemic to, you know, India or certain parts of Africa. And we just naturalize it as such as being, this is a disease of the place it's endemic. It's no longer epidemic. So I often see what I can contribute is asking about like well, what's the assumption, or what's, how did we come to this? Like naturalization of this idea?

- Yeah.

- And a lot of it going back to how tropical medicine was so foundational to the expansion of the scramble for Africa, and then sort of got re-inflected in a less negative ostensibly negative inflection in the 20th century, and then got wrapped up with global health. We still see sort of histories of the black man's burden. But we also see like really, I think a lot of sort of narratives and power relations that are really easy for us to see and are really easy for students to see in Victorian literature, you know, by way of a kind of cognitive estrangement, but it's harder for us to see in the present, but I think using sort of history and the kind of continuity of power structures and inequality, particularly around race is a way to kind of put pressure on how that's working in the present. And rather not just saying like, look, somebody made a mistake at one point, and that's how we got here. And we just won't make, make that mistake again, like, you know, eugenics, like we learned about the Holocaust and we learned about like eugenics and we won't do that again. And, you know, that's the wrong lesson to learn from that. We won't do the skimpy experiment again, cause we learned about it and we won't do it, but you know, the same kind of thing still happens in different forms just cause the structure is still there. And in fact, because it's less ostensibly visible in some ways it's more insidious and harder to see. Although COVID of course kind of like retrenched that back and brought back all these things that we thought were ostensibly from the past, back to the present.

- Yeah.

- And this happened not just for people who are, you know, of marginalized communities who perpetually have experienced this, but you know, people of privilege who hadn't had their rights and kind of lives in feelings of precocity in which had an experience that in ways that other people hadn't, it all of a sudden kind of very much came to the fore.

- Yeah.

- Now surprisingly and I don't, I certainly would've never imagined this in any version of an apocalyptic or science fiction novel or anything the way it played out the way it played out that it did everybody didn't get on board or it's of, there's been such resistance still along the way. I would've never imagined that.

- Yeah.

- So I think maybe I deviated from your question a little bit.

- No, that's great. And I mean, I guess, you know, as we kind of think about wrapping up the conversation soon here, I mean, how do you bring this into the classroom with your students? I mean, what are some of the things that, you know, especially in your classes, on the 19th century, like how do you bring this in, you know, how do you raise these discussions? What are they bringing to the classroom and the kinds of connections that they're making?

- I think since most of the students I teach are actually not English students. Most of my class, most of my teaching goes in our health medicine society program. So usually they're psych majors, bio majors, we're getting a lot of international relations majors, but they're all double majors in something, something sciencey and then health medicine in society. So they already have a kind of interdisciplinary mindset. But one thing I try to do with my students is, have them always try to bring their trained disciplinary perspective, you know, whether it be anthropology or sociology or psychology, bring that to bear on what we're doing. So I'll learn something kind of selfishly, but it certainly contributes to the conversation. So that's one way I kind of raised discipline and undiscipling in the classroom. With regards to race and inequality. As I mentioned with historical things, particularly something like Dracula, for instance, it's not hard for students to see and once they kind of get that familiar with the tropes and, you know, particularly in Victorian Studies, the racialization of class in Victorian England or so sort of like has xenophobia as medicalised disease. I mean, it's like rarely apparent, but you know, once they read that, that sort of translates to seeing how it happens now and it just wasn't visible and it still remains. So I think, the kind of cognitive estrangement happens. Usually I do it by teaching both the fiction along with biomedical pros, from the period. So medical articles from the period and seeing how they can apply literary techniques to reading whatever story might be emerging from there or the figurative language that they use. And ultimately like in some of the final work in the classroom, we'll try to take a more contemporary article that might be doing this kind of stuff, particularly around say the social determinants of health and talking about something like racial markers of racial disciplines or race correction. And the same kind of work of naturalization or

flattening of race, ostensibly even under good intentions, they can start to see the operation of language and assumptions and history when they start to look at citations and we start to look at that kind of stuff, we can just see how things get entrenched in biomedical discourse and then in public imaginary by sort of doing the close reading and the historical research and the bibliographic work that we train them to do. And that's kind of how I bring it into the classroom. And I get really frustrated now because your own research has taken on a really bad connotation these days. But like, you know, look at the citations and if they're, you know, citing something about race and it's from like 1957, like if we're looking at asthma correction, there's a wonderful book here I have to pitch it's Lundy Braun's Breathing Race into the Machine, that I often teach in that classroom medical humanities. And it's about the history of the spirometer. Which actually starts in England to be used in insurance and as a kind of classes thing. But then it gets transplanted to the United States and it's used to kind of make a difference between black lungs and white lungs. And these kind of statistics stayed around and remained sided and then ended up continued to be hardwired into spirometers used today. And so race correction particularly around medical algorithms is something I kind of finish on often and we can see a sort of practical, identifiable, tangible and something we can do about what's the word I'm looking for? Well, something that we can grasp our hand on and see and critique and maybe change in a positive way.

- Yeah. Well and I love that. I mean, I think, you know, thinking about kind of where your students are at and encouraging them to bring those areas of expertise into the classroom, you know, even if we're teaching more literary class, right. Like we don't always have just majors in those those classes and so how that knowledge can be brought in right. And then we can see that in connection to these long histories of discourse. I really love thinking about that.

- I think that's probably my favorite thing because I do see students then get excited about teaching and showing. And very honestly it almost always like gives me something new to think about, about the same thing that I've taught like a hundred times. And in ways actually like reverses some of my assumptions and it's just, it's been the best part of teaching, I think.

- Yeah. Yeah. Well I think that's a great place to end. And I think, you know, I've definitely learned a lot in our conversation, so I thank you for that. I'm already thinking about you know just how we can incorporate some of these materials into our classrooms so that we can make these really urgent connections to the present moment and some of the kinds of moves that we can. So thank you for helping me and all of the people who are listening with that learning and for your time.

- You're welcome.

- Yeah.

- I have to, I would say likewise, you know, with of course your issue and the continued work on your sites and just the continued imperative of this remaining as like a permanent structure of our fields, you know, that might not be so perfectly well. And not that everyone was perfectly

delimited, but that we keep pushing and muddling the boundaries in productive ways.

- Great, absolutely. So, well, thanks Lorenzo, take care.

- Thank you, Ryan.

- Thanks.

- Goodbye.