Graduate Student Research: Autopsy Reports and Ovarian Tumors

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As an undergraduate at Wittenberg University, Kristen Brady was an English major with a creative writing minor. By her sophomore year she had written four novels and published some of her poems, but she still felt as though she wasn’t getting what she wanted out of her English classes. It was a Medieval Europe course she took to fulfill a general education requirement that changed everything for her. She remembers the history professor, Dr. Amy Livingstone, kept writing on all of her exams and essays, “You’re a history major. Come talk to me.” Kristen was hesitant to switch majors because she feared group discussions, but eventually she found her way into Dr. Livingstone’s office to declare history as her major. This experience ignited Kristen’s dream of becoming the type of professor who notices the shy kids in the back of the room and draws them out without embarrassing them in class. Now a second-year master’s student at USU, Kristen describes how she found her way to Logan, her love of archival research, and her work on the first documented case of stem-cell based ovarian cancer.

When I was an undergraduate, I spent a semester abroad at King’s College, London, and had my first taste of archival research at The British Library researching women’s social networks through 16th-century wills and probate documents. Although starry-eyed over days in the archives and deciphering inconsistent paleography, I couldn’t quite reconcile the fact that studying early modern social history somehow felt irrelevant to modern day social problems. I took a gap year to work as a Community Surveyor with AmeriCorps, documenting historic homes in low-income and racially-diverse neighborhoods in Cincinnati to see if public history felt more useful. Only a week into my job, I realized I had made a mistake. It was during that first month of my job that I visited USU. The history department put on a breakfast with a few prospective students, and I wound up sitting next to Norm Jones. We spent the entire breakfast talking about researching in London, and the way he changed his field so dramatically (although he was too humble to use those terms), and I realized very quickly that I simply had no other option but to come to USU. I started my application the day after I flew back home to Ohio.

At the time, I had no idea that I wanted to study the history of medicine. I intended to continue down the social and gender history path. However, my passion for the history of medicine developed from a very personal and unexpected place. I have diagnostically-complicated health issues, and my gap year was littered with scary differential diagnoses—none of which stuck, thankfully. In the diagnostic trenches, I read a lot of medical journals and, along the way, actually started enjoying them. There was one week where I met with three different specialists, all of which had different suggestions as to the unusual presentation of my ill health: Addison’s disease, alpha-1 antitrypsin deficiency, and cystic fibrosis. This was potentially one of the worst weeks of my life, and yet it also turned into the week where I really found my field. I tunneled into a terrible medical research binge on atypical and late diagnosis cases of CF—the kind of research that feels urgent enough that you forget to eat—and came out with this article from the 70s that changed the course of my career. The article was purely retrodiagnostic and written by a physician on how Frederic Chopin, thought commonly to have died from tuberculosis, may have actually presented atypically with mild mutations of cystic fibrosis. This article, although really poor historical writing, gave my historical research the modern relevance I felt it always lacked. I joined USU’s department that next fall passionately needing to research the way diagnostics change patient care and physician interactions, and hoping that my research could help us to understand the way these diagnostic problems still rampanty effect patients today.
Shortly after I arrived on campus, I was brought into a collaborative and interdisciplinary project with Chuck Oughton, who was here on a post-doc, and Willy Lensch, who earned a bachelor’s degree in biology from USU in 1991 and is now Chief of Staff in the Office of the Dean of the Faculty of Medicine at Harvard. This 17th-century autopsy report, *Trichiasis Admiranda*, on what we believe to be the first documented case of a stem-cell based ovarian teratoma (the type of tumor that grows hair, teeth, or bones), had been sitting in Oughton’s office for a few years. Our department simply didn’t have any early modern medical historians to join together the Latin translation and modern medical interpretation into a cohesive historical project. I agreed to take on the project, thinking it would simply be a side project, but quickly found myself consumed by the peculiarity of the document and disease presentation.

There appear to be only three copies of *Trichiasis Admiranda* in archives around the world, and this summer, thanks to funding from the history department, I was able to travel to Cambridge University Library in Cambridge, England to find one. I’ve been working from scans of the copy at Harvard, so it was surreal to finally hold the document in my hands. As it turns out, the book is very small—only about four inches by two-and-a-half inches—which likely explains why there are so few copies left from the seventeenth century. My favorite moment from my time spent in the University Library was getting to unfold the sketch of the teratoma. I’ve seen it in my scans, but I didn’t realize how large the fold-out drawing was in comparison to the rest of the book.

I also visited the Wellcome Trust Centre for the History of Medicine in London, which might be my favorite archive experience to date. It’s a bit nerve-wracking as a master’s student walking into these big, well-known archives, but the Wellcome Library and Archives staff were welcoming, friendly, and endlessly helpful. I spent about two weeks there and still barely skimmed the surface. I thought that I would be focusing primarily on intellectual histories, and thus documents focusing on academic medicine and anatomy, but I couldn’t tear myself away from all of the texts on tumors from the seventeenth and eighteenth centuries. While it was no easy task to find a single document on ovarian and uterine tumors (in fact, I didn’t find any), both vernacular and scholarly texts discussed breast cancers at great length, including theories on causation and treatment. I didn’t quite realize the weight of *Trichiasis Admiranda*’s singularity—in a period where an accurate understanding of the ovaries and their disorders were only first being recognized—until I was met with silence in the archives.