

Patrick Anderson, *Autobiography of a Disease* (New York; London: Routledge 2017)

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Autobiography of a Disease is the story of how Patrick Anderson fell critically ill due to a virulent bacterial infection that ate away at his bones, as well as damaging his retinal tissue. He underwent almost two dozen surgeries, and after narrowly escaping amputation, was able to regain his ability to walk despite the surgeon's negative prognosis. Less a memoir and even less an autobiography despite the title, the book is a mixture of ethnography, history, and often approaches fiction. It crosses over the boundaries of medical humanities, disability studies and literature and radically challenges how we conceptualise illness in its refusal to adhere to conventions. Experimental in form, the story is told from multiple perspectives: Patrick the patient, the bacteria inside the patient, and the caregivers around the patient. As he explains in the preface, the aim of the book is to express the "constant stream of disorientation, misrecognition, and radical undoing that occupies the very heart of illness's ontology". *Autobiography of a Disease* is an attempt by Anderson to 'make sense of illness' not just as a medical event but as a personal and social exploration of what it means to be mortal (p. ix). It is certainly a book that makes uncomfortable reading, but it is one I wholeheartedly recommend to scholars of Medical Humanities, healthcare professionals, and anyone who is willing to face up to the difficult realities of illness, disability, and death.

While most memoirs attempt to reconstruct the story of illness by carefully chronicling events by date, *Autobiography of a Disease* is filled with dreams, hallucinations and memories, mixed in with moments of consciousness. The book shuns the linear memoir form and instead follows the "timeline of illness as experienced by those who were gathered in its sweep". Anderson's book may not be an exact record of his journey, but in its intensity, imprecision, and incoherence, *Autobiography of a Disease* is truer to the real experience of serious illness than any illness memoir I have read. After his illness Anderson learns from his doctors that he will not remember 'the story as a whole'. For patients who experience serious illness, the inability to remember is as great a loss as any because it means they are never

able to fully complete the story and release themselves from the narrative. As he writes: 'Only those who barter in illness, but have never been ill themselves, could call amnesia a side effect'. Interlacing the story of his illness with their own stories of the Black Death, the discovery of germs and antibiotics, the bacteria participate in the narrative as interlocutors to fill in the voids left by amnesia ('we have helped to tell you this story, Patrick, because we know that you [...] cannot tell it yourself'). They destabilise the narrative and force the reader to think beyond the individual 'battling disease' trope to consider illness as a transhistorical, universal experience that every living being (not just humans) eventually go through.

As a student of the Medical Humanities, what interested me was Anderson's (and his mother Deidre's) nuanced criticism of modern medical education and its impact on the quality of care. As the bacteria continue to eat away the bone despite multiple invasive surgeries, the surgeon casually suggests that the leg be amputated. In response to the surgeon's insensitive dismissal of her son's leg like an object, Deidre wishes for doctors to experience being sick before being licensed so that they can 'learn what it feels like'. The doctor's coldness, as Anderson observes, is a coping mechanism, yet he cannot help noting the irony that a person trained to 'enact' healing can be so lacking in simple kindness. By contrast, while doctors are 'disabled' when it comes to human connection, nurses understand their patients on a personal level. Nurse Thuy addresses Anderson not as a patient but another suffering human being: 'Even when you feel like you won't [make it through], you need to keep *wanting*'. Thuy's exceptional display of human empathy is a powerful reminder of how essential the nurse-patient relationship is to quality of care.

As a patient who has had her own stint in the Intensive Care Unit, what I found most impressive about the book was the way Anderson's poetic prose tries to capture the visceral experience of being ill. His phenomenological approach to illness feels eerily familiar with its vivid descriptions of utter powerlessness and agonising physical pain ('his leg had caught fire; molten lava running inside the bone'). While he is in and out of comas, he is only tentatively connected to the world of the living by vague sounds ('a voice, a human, the rush of a mop') and has no sense of time or place ('the unconsciousness that had no time, no place, no presence'). Anderson describes the 'darkness' of the coma as 'a place both with and without dimension, a peculiar quality of both being-there and being-nowhere-at-all'.

He expresses succinctly the feelings of disembodiment and dislocation when one is in the midst of illness which makes mortality 'terrifyingly and unflappably real'. Even when the disease is under control, illness doesn't end. Anderson continues to live in symbiosis with the bacteria inside him as he relearns how to walk, how to manage minor eruptions, and how to be himself again.

In its wide-ranging breadth of study and richness of expression, *Autobiography of Disease* will surely inspire medical students and physicians as well as scholars of anthropology, history of medicine, and disability studies to think about illness and disease beyond the limits of their fields. Hopefully too it will encourage others to voice their own illness experiences in new and creative ways.