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Personal and sensational vs. impersonal and objective – a historical overview of patient presentation in medical case reports

This paper reviews and discusses the literature regarding the evolution of medical case report with particular emphasis on the patient's presentation. It demonstrates how developing medicine, i.e. increasingly more sophisticated diagnostic and treatment procedures, affected both the structure and content of the genre, basing upon Bazerman's (1988) claim that scientific discourses are shaped and constantly modified by particular disciplines. The paper commences with the origins of case reports, touches upon the revolutionary changes in medicine of the nineteenth century, progresses to the twentieth and twenty-first centuries and finishes with a description of contemporary case reports. It will be presented that as technological advancement progressed, case reports changed from subjective stories about the extraordinary to impersonal medical accounts. Therefore, by demonstrating how scientific discoveries and intellectual trends in medicine shaped the modes of the patient's presentation, the patient's perspective will be adopted, which goes in line with the recent patient-centred trends in medical practice.

Persönlich und sensationell vs. unpersönlich und objektiv – ein historischer Überblick über die Patientendarstellung in medizinischen Fallberichten

Diese Arbeit gibt einen Überblick über die Fachliteratur zur Evolution des medizinischen Fallberichts als einer Textsorte, mit besonderer Berücksichtigung der Patientendarstellung. Die Arbeit präsentiert, wie die medizinische Entwicklung, d. h. wie die weiter fortgeschrittenen Diagnostik- und Behandlungsprozeduren die Struktur und den Inhalt dieser Textsorte beeinflussen. Den Ausgangspunkt bildet die Annahm von Bazermans (1988), dass der wissenschaftliche Diskurs ununterbrochen von bestimmten Disziplinen gestaltet und modifiziert wird. Die Arbeit beginnt mit der Geschichte des Fallberichts, bespricht die revolutionären Änderungen der Medizin des 19. Jahrhunderts, geht weiter ins 20. und 21. Jahrhundert und endet mit einer Darstellung von aktuellen Fallberichten. Der Aufsatz strebt außerdem an, nachzuweisen, dass mit dem technologischen Fortschritt die Fallberichte ihren Charakter von subjektiven außergewöhnlichen Geschichten zu unpersönlichen medizinischen Berichten geändert haben, was auch einen Einfluss auf das Bild des Patienten hatte.

Subiektywny/niesamowity oraz obiektywny/bezosobowy – obraz pacjenta w medycznym opisie przypadku w ujęciu historycznym

Niniejszy artykuł prezentuje przegląd i dyskusję literatury dotyczącej ewolucji medycznego opisu przypadku jako gatunku z uwzględnieniem sposobu zobrazowania w nim pacjenta. Zostanie pokazane jak rozwój medycyny, tj. coraz bardziej zaawansowane procedury diagnozowania i leczenia, wpłynęły zarówno na strukturę jak i treść gatunku, przyjmując twierdzenie Bazermana (1988), iż dyskursy naukowe są kształtowane i stale modyfikowane przez poszczególne dyscypliny. Artykuł rozpoczyna się od opisu początków gatunku, wymienia rewolucyjne zmiany w medycynie w XIX w., omawia wiek XX i XXI, aby zakończyć się charakterystyką współczesnych opisów przypadku. Zostanie również pokazane, jak wraz z postępem technologicznym, opisy przypadku zmieniły się z subiektywnych niesamowitych opowieści w bezosobowe opisy medyczne, co miało także wpływ na obraz pacjenta.

1. Introduction

The present paper reviews and discusses the literature regarding the evolution of the case report genre with particular emphasis on the patient's presentation. The choice of the patient's perspective as the focus of the article goes in line with the current trend of patient-centredness in medical practice, which attempts to redefine the patient-doctor relationship. It advocates treating patients as "experiencing individual[s]" (Mead and Bower 2000: 1089) and the incorporation of their "whole sel[ves]" (Wade and Halligan 2004: 1400) into the processes of diagnosis and treatment. The trend is a response to the biomedical model which has been present since the mid nineteenth century, and views illness as a direct consequence of the diseased body and patients as mere recipients of treatment (cf. Wade and Halligan 2004: 1398). The model is believed to be reductionist because it limits the understanding of disease only to its biological manifestations, thereby excluding social and psychological aspects. Yet, although spoken discourse in medical settings has been extensively researched in the context of the patient-centred medicine, with a view to improving the quality of physicians' encounters with patients, written medical discourse in this context has attracted scant attention. Such a state of affairs is the consequence of the fact that written communication, especially among medical professionals, is not conceived of as being of direct relevance to the patient. However, it does matter how patients are written about. In comparison with other sciences, the case reports examined here, as any other medical texts written for health professionals, are texts about human beings and in this way patients should be portrayed. In the case of case reports, the postulate appears even more valid as this genre treats about particular patients suffering from particular diseases, as opposed to, for instance, articles about innovative techniques of knee surgery. Although the texts carry a message

communicated only to fellow medical researchers, it should be a message concerning the patient as an experiencing individual, whose suffering is to be alleviated, and not a case of a disease treated in a particular way. Therefore, if these texts objectify patients in any way, they require linguistic attention. Furthermore, the production and reception of written specialised discourse is one of medical practices and may reflect a certain image of how patients are positioned therein. These various texts are written by professionals who have already established their credentials as doctors and that is why may be treated as a paragon of medical style. Consequently, in their socialisation into medical culture, students ought to be made aware of the image of patients that emerges from professional medical publications and be sensitised to the potential that language offers not only in communication with patients but also about patients.

Regarding the genre under study, a case is an essential element in medicine. According to Hunter (1991), "the case is the basic unit of thought and discourse" (1991: 51). It commences the whole process of diagnosis and treatment through gathering information, its interpretation and presentation (Hunter 1991: 68). As Smith (2008a: 1) puts it, "every new condition – whether it is AIDS, SARS, or the next emergent disease – begins with a single case". Case reports describe new diseases or diseases which are already known or which have unusual manifestations. For a very long period of time the status of case reports was significant, as medical knowledge was based primarily on documented cases. Yet, with the development of medical practice, the status of case reports decreased. Firstly, the introduction of modern diagnostic equipment and procedures rendered case reports less credible due to the subjectivity of the material presented there. Essentially, they are physicians' accounts based on their observation and their interpretation of signs of a disease. Secondly, also the growing importance of the genre of research article in medicine, which is often based on statistical analyses, devalued case reports as a valid source of information (Atkinson 1992). However, despite the "fall from favour" (Vandenbroucke 2001: 333) this genre has witnessed, the functions of case reports such as increasing the knowledge of medical community about rare cases and serving pedagogical purposes in medical training cannot be questioned (Vandenbroucke 2001; cf. Hunter 1991: 93; Taavitsainen and Pahta 2000: 61). There are, however, other case-related genres which, though performing different functions, share the feature of dealing with medical cases. A case record "(…) contain[s] both subjective and objective information about the patient's condition, as well as a plan for treatment and any follow-up which is necessary" (Naerssen 1985: 44). A case history "includes information on how the patient's condition was noticed and diagnosed, how the condition has been treated, and how the patient responded to treatment. Psychosocial aspects of the case are presented (if at all) only after the medical problems have been discussed"

(Fleischman 2001: 477). A word of comment needs to be given regarding the genres identified. Whereas a case record is a set of documents, a medical history is only a fragment of medical documentation, e.g. of a record. Case reports, on the other hand, are nowadays fully-fledged publications consisting of specific constituent parts (Abstract, Introduction, Methods, Results, Discussion, etc.).

The present review is a social linguistic analysis which can be characterised as being constructivist and text-based in nature (Phillips and Hardy 2002). According to the authors, the aim of this framework is "to undertake a close reading of the text to provide insight into its organisation and construction, and also to understand how texts work to organise and construct other phenomena" (Phillips and Hardy 2002: 22). Moreover, it is constructivist in that it views the texts as shaped in the course of the history of the development of medicine. At this point, a distinction should be made between distal and proximate contexts of the production of the texts. Distally, the evolution of the case report genre against the background of the history of medicine is taken into consideration. Proximately, the focus falls on the present context in which case reports are written, i.e. the current model of medical practice with its methodologies and modes of reasoning, which, following Bazerman (1988), shape the construction and understanding of certain concepts in medicine. This way, the paper emphasises the importance of the corresponding context (Fairclough and Wodak 1997: 277). Finally, while the beginnings of case report are presented on the basis the body of research referring to Greek and Latin texts, the analyses of more contemporary reports deal with the case reports in English.

2. From Hippocrates to the seventeenth century

The practice of recording cases of diseases has its roots in Hippocrates' (ca. 460 BC–ca. 370 BC) medical writings. His case histories dealing with diseases in individual people were finely composed and followed the sequence of events (Hunter 1991:93; cf. Nowell-Smith 1995:3). Moreover, Hippocratic case histories were characterised by close attention to detail when it came to describing the patient's body. "Hippocratic preoccupation with external appearances, signs, surfaces, and colours created a visual primacy that eventually culminated in our own times in the capacity to visualise the body from remarkable new technological vantage points" (Hurwitz 2006: 218). Furthermore, it was Hippocrates' belief that the doctor's duty is to relieve the patient's suffering (Margotta 1996: 27). Consequently, the account of a patient's illness in a form of a story was meant to prove the healing powers of a doctor. According to Nowell-Smith (1995), the novelty of Hippocrates' case histories was that in giving an account of a particu-

lar disease they combined medical theory and practice (1995: 50). In so doing, Hippocrates' case histories laid the foundations of Western medicine (Pigeaud 1988: 5-7, as cited in Nowell-Smith 1995: 50). Quite different are Galen's (AD 129–200) case reports. In comparison to Hippocrates, Galen used to give a thorough account of patients' details as well as his/her experience of illness (Hurwitz 2006: 222-223). The form and content of the case reports from the Middle Ages were heavily influenced by the philosophical movement of scholasticism. For medicine this meant favoring ancient authorities as the ultimate source of knowledge. As a result, a doctor from the Middle Ages was called The Learned and Rational Doctor – *learned* meaning possessing the ancients' knowledge and *rational* meaning he could prove his right with appropriate arguments (French 2003: 1-2). In medical texts, scholasticism was marked by direct references to authors – to ensure the quality of information – as well as by prescriptive phrases (Taavitsainen and Pahta 1998). The aim of these means of expression was to "emphasise the reliability and correctness of the information and the necessity of having confidence in knowledge that was handed down as axioms" (Taavitsainen et al. 2002: 258). As regards case reports, they played a central role in medical teaching for a very long period, as they served as the primary source of medical knowledge and the basis for diagnosis (Taavitsainen et al. 2002: 258). According to Gotti and Salager-Meyer (2006), it was not until the early fifteenth century that medicine rejected the unquestionable status of the ancestors' teachings as the ultimate authority (2006: 9; cf. French 2003:9). "In a well-known dichotomy, science that relies on authorities is contrasted to empirical investigation and rationalistic views" (Taavitsainen et al. 2002: 253). With these words, Taavitsainen and colleagues (2002) point to the growing importance of observation in the second half of the sixteenth century (2002: 256). More and more people realised that "repeated sensory observation can add up to a universal statement of truth" (Kyper 1654, as cited in French 2003: 189). This, in turn, led to further development of anatomy which was based on careful visual inspection and attention to detail (French 2003: 190). The underlying change in reasoning followed that constant observation of diseases could accumulate information necessary for their comparison and classification and, ultimately, diagnosis. In this respect, the recording nature of case reports seems to have served the purpose well (French 2003: 191-192).

According to Hurwitz (2006), the seventeenth century case reports, on the other hand, recorded patients' internal experiences, at times spiced up with "considerable existential drama and a strong sense of the operation of fate" (2006: 225). Also Reiser (1981) observes that in case records from that period, doctors gave more prominence to patients' accounts (1981: 4-5). This was probably the result of the lack of diagnostic possibilities on the part of doctors who could rely

on nothing more than what the patient said. In the seventeenth century, in order to diagnose, doctors interviewed and observed their patients. First, they listened to patients' accounts of symptoms, i.e. how they felt. Second, doctors observed physical appearance and looked for any signs of a disease. They scrutinised "facial expression, posture, tongue, skin color, and manner of breathing" (Reiser 1981: 2). Apart from that, they also inspected patients' fluids and stools. Physical examination, however, was rarely used (Reiser 1981: 2). Yet, that state of affairs was about to be changed. On the one hand, more thorough autopsies shed light on the mystery of the human body. On the other hand, further developments in anatomical pathology (which pointed to the origins of a disease in the body), stimulated by technological inventions (which offered the studying of new levels of inspection) made observation an even more important part of medical practice. As a result, the late eighteenth and early nineteenth century brought about fundamental changes in medicine (Reiser 1981). These aspects will be discussed in the following sections.

3. Pathological anatomy

Just before significant changes in medicine took place, case reports had still been different from the ones written now. On the basis of volumes of *Philosophical Transactions* and, subsequently, of *Medical Transactions of the Royal College of Physicians*, Hurwitz (2006) observes that the eighteenth century case reports very often contained the accounts of incredible ailments which were plaguing patients. These accounts, which were meant to be thrilling to the audience, "enable[d] readers to position themselves at the threshold of intimate details of the lives of strangers–their private, domestic situations and bodily details sometimes bordering on the immodest" (Hurwitz 2006: 226; cf. Gunnarsson 2009: 58). Yet, as the nineteenth century approached, an unemotional and detached style of writing could be observed (Hurwitz 2006: 227). This might have been the influence of several important discoveries. Firstly, it was François Xavier Bichat (1771-1802) who recognised that organs are built of smaller components, i.e. tissues. He also described them in the state of health and disease (Margotta 1996: 138). For Bichat, tissues were "the analytical building blocks of anatomy, physiology and pathology". The most important conclusion he drew from his discovery was that "diseases must be seen as *lesions* of specific *tissues* rather than (…) of *organs* (Porter 2003: 74; cf. Reiser 1981: 19; Armstrong 2002: 58). This conclusion directed physicians where to look for a disease. What is more, Bichat openly advocated dissecting dead bodies and examining pathological changes with the following words: "Open a few bodies, this obscurity will soon disappear,

which observation alone would never have been able to have dissipated" (Bichat 1822, as quoted in Reiser 1981: 19). Bichat's discovery marked the beginning of the era in medicine which was to unveil more secrets of the human body. As Porter (2003) points out, "here was the medicine with the all-powerful gaze (…) [and] [t]he anatomising eye was pressing on still further" (2003: 74).

Bichat's works found their continuation in the studies of Virchow (1821-1902), one of the greatest pathologists. Virchow repeated after Bichat that disease targets not whole organs but tissues and added that tissues' reaction to disease causes their dysfunction. This led Virchow to the claim that disease is the altered condition of tissues and cells (1984: 110), which, in turn, resulted in the explosion of microscopic studies of bodily constituent parts (Margotta 1996: 158). Moreover, Virchow's scientific activity influenced medical case writing in a number of respects. Content wise, only relevant information should be included. Consequently, banning unnecessary facts and deliberations from medical texts, Virchow paved the way to empiricist and inductive medicine. His anatomical-pathological model, which soon began to be utilised in the recording of ailments, presupposed also a certain way of describing patients. With the underlying assumption that it was tissues and cells where illness was to be sought, "organs assumed centre stage, and patients' views were retained as prefatory material" (Nowell-Smith 1995: 52). Also the publication of Warter's *Observation in medicine, or the art of case taking* contributed to the conventionalisation and impersonality of the genre. Just as in Virchow's model of performing autopsies, Warter (1865) explained in a form of a checklist how to write a case report. Eventually, authors were instructed to focus on providing necessary information in an organised manner, which, in turn, limited the information about the patient's own experience of illness. As Nowell-Smith (1995) comments, from that moment, "[a]n ill person is thus processed and stretched out upon the axes of medical inquiry (…) [while] [t]he infinite number of pains and fears of which they are made up have been tidied into a small and finite number of categories" (Nowell-Smith 1995: 53). Regarding the style, describing autopsies required appropriate ordering of material, pointing to the cause of one's death. What is more, clear language and specialised vocabulary were also prescribed. "The dream of a transparent language of pure representation, in which the world can be rendered exactly and precisely, has been part of the empirical sciences since their inception" (Nowell-Smith 1995: 56). This vision was to be fulfilled with the establishment of the clinic.

4. The birth of the clinic

The eighteenth century witnessed one more major event in the history of medicine, namely the birth of the clinic. The novelty of the institution was that

treating patients became at the same time an opportunity to educate medical professionals through the so called bedside teaching. The first clinics were established by Herman Boerhaave, a professor of medicine and botany at the University of Leyden. Because at the time university education did not offer any clinical training to its students, Boerhaave decided to teach them while performing his duties in a local hospital (Cartwright 1977: 47-48). This way regular hospital care became a means of passing knowledge, which paved the way to a new form of medical service. Yet, such teaching practices required a totally different approach to disease. Before the pathological anatomy, symptoms themselves were perceived as diseases and their description had to be elicited from the patient (cf. Blois 1984: 110). This understanding changed with the advent of observation, and Bichat's and Virchow's discoveries, which, together with the practice of performing autopsies, agreed with the basic principle of the clinic, i.e. of "the physical examination of the patient" (Newman 1957: 30). Medical students needed to be taught how to obtain information about the signs of disease as well as other abilities necessary to diagnose a condition. As Atkinson (1997) points out, "[t]he space of the patient bedside thus became a new locus of inquiry and research as well as treatment and instruction" (1997: 4), where new investigative techniques played a significant role. Furthermore, the institution, combined with the procedures employed there, gave rise to a new medical discourse which is thoroughly described by Foucault (2003 [1963]). To demonstrate the novelty, Foucault (2003 [1963]) provides fragments of two medical texts, from the mid-eighteenth and mid-nineteenth century respectively. While in the first text "membranous tissues like pieces of damp parchment (…) peel away (…) [and] were passed daily with the urine" (Pomme 1796: 60-65, as quoted in Foucault 2003 [1963]: ix), in the second one, the layers of membranes are described as "transparent", "tenuous", "buffy" (Bayle 1825: 23-24, as quoted in Foucault [1963] 2003: x). Other attributes referred to in the second fragment include location, shades, thickness and texture, which reflects close attention to detail. The striking difference in the precision of the chosen vocabulary as used in the other text is attributed by Foucault (2003 [1963]) to the growing knowledge of the human body and its ailments. It is not only that the whole new level of description was revealed to physicians, but also that intellectual advancement changed the way they perceived disease. In Foucault's (2003 [1963]) words, "the language of fantasy" (2003 [1963]: x) which described "the silent world of the entrails, the whole dark side of the body" (2003 [1963]: xi) became a "loquacious gaze" (2003 [1963]: xii). This "mutation in discourse" (Foucault 2003 [1963]:xii) came to reflect the growing importance of observation, the recognition and understanding of symptoms and the emerging classification of diseases (2003 [1963]: 4-12). One of the manifestations of these trends were Bichat's and Virchow's works in pathological anatomy,

which enabled physicians to define the nature of disease and its location. Consequently, careful scrutiny, which Foucault (2003 [1963]) terms as *medical gaze*, coupled with medical expertise, allowed a doctor to track a disease and identify it respectively. The two processes are referred to as *reading* (Foucault 2003 [1963]: 71; cf. Walsh 2004) and *deciphering* (2003 [1963]: 72; Rawlison 1982: 71; Hunter 1991: 8; French 2003: 38; Kenny and Beagan 2004). In the clinical environment, the process of decoding symptoms and assigning preconceived disease labels was continuously performed during the observation of the patient. Furthermore, accumulating knowledge enforced faithful linguistic representation. As a result, saturated with descriptions of shades, size, texture, etc., medical discourse began to function "at the level of *spatialization* and *verbalization* [original emphasis] of the pathological" (Foucault 2003 [1963]: xii). Foucault (2003 [1963]) emphasises this merger of observation and expression when he claims that seeing means saying (2003 [1963]: xii-xiii).

In his exploration of factors triggering the change of medical discourse, Foucault (2003 [1963]) also makes mention of the patient's status. As Foucault (2003 [1963]) points out, in order to recognise a disease, a doctor had to scrutinise the body for the signs and symptoms. Yet, as not all of them are indicative of pathology, he had to separate the wheat from the chaff and consider only those pertinent ones. Therefore, disease began to be inspected in abstraction from the patient as he/she "is only an external fact (…) [and] the medical reading must take him into account only to place him in parenthesis" (Foucault 2003 [1963]: 7). What is more, in the very clinic, "the patient is the accident of his disease, the transitory object (…)" (Foucault 2003 [1963]: 71).

While Foucault (2003 [1963]) draws attention to the above-given perception of the patient in a loose relation to medical discourse, Nowell-Smith (1995) examined specific texts which already reflect the phenomena in question.

5. The nineteenth century

In her study of the nineteenth century Canadian gynecological case histories, Nowell-Smith (1995) demonstrates how the above-discussed innovations in medicine were reflected in language. The use of the Passive Voice, a well-known feature of scientific discourse in general, was supposed to render the facts in an objective way, regardless of who presented them (cf. Grice and Kramer-Dahl 1992: 73). Nowell-Smith (1995) maintains that patients who are referred to as themes of physicians' actions are not imaged as active participants, which was the case, however, in Hippocratic writings (Nowell-Smith 1995: 85). Another novel feature of the nineteenth century gynecological case histories is that the texts

are entitled, usually naming the patient's illness, for example "Acute Bright's disease, accompanying pregnancy; miscarriage, peritonitis, death, autopsy" (Nowell-Smith 1995: 54). Absent in Hippocratic case reports, this characteristic enables the author to state the cause of a problem with a single label which locates the patient's condition along the axis of normal/abnormal (Nowell-Smith 1995: 54; cf. French 2003: 191-192; Hurwitz 2006: 229-230). Yet another feature of those texts is the use of statistics. According to Nowell-Smith (1995), the end of the nineteenth century saw the introduction of numerical information concerning "birth, death, and disease" (1995: 59). Apart from their primary function which was to add credibility to a document, they contributed to the order of information which was presented. This is in line with Nowell-Smith's (1995) observation that already at that time doctors faced the challenge of precise and objective writing, having in mind that they wrote about humans. Although based solely on Canadian gynecological case histories, this study draws attention to the important facts in the development of the genre of case report which is presented against the historical backdrop. Considerations regarding language mentioned by Nowell-Smith (1995) were a sign that medical discourse was about to change (Foucault 2003 [1963]).

6. The advent of technology

According to Reiser (1981), "the practice of dissecting bodies to find physical evidence of disease began to transform some eighteenth-century physicians from word-oriented, theory-bound scholastics to touch-oriented, observation-bound scientists" (1981: 19), possibly as a result of the new perspective of empirical reasoning. Also a number of technological innovations which made diagnosis more and more precise contributed to this change. The novelty lay in either quantifying or examining capabilities of new tools, i.e. offering far more than mere scrutiny (cf. Scambler 2003). At the beginning of the nineteenth century, the stethoscope perfected the previous very limited methods of observation or patients' accounts. This "'seeing' into the chest'" (Reiser 1981:45) enabled physicians to determine the presence or absence of disease on the basis of the auditory stimuli coming from the inside of the body. Apart from the sense of hearing, also the physician's sight became more powerful. The ophthalmoscope made it possible to inspect the interior of the eye, while the laryngoscope enabled the physician to look into the larynx, to name but a few instruments. Even more possibilities were offered by the X-ray, which not only detected chest diseases more effectively than auscultation but also allowed relatively detailed examination without intervention into the body. Yet, while these devices explored gross anatomy, another invention

unveiled "the cellular universe" (Reiser 1981: 69). Initially used for observing tissues, cells and so called humors (e.g. phlegm, blood), the microscope contributed to other medical achievements such as Koch's discovery of bacteria (Reiser 1981: 82). All these inventions sharpened human senses in that they laid bare not only the interior of the body but also the composition of its basic constituents, enabling more and more accurate diagnosis. At the same time, as Reiser (1981) observes, while the stethoscope or speculum were used in the patient's presence, the diagnosis by means of the microscope did not require the patient to be present. What is more, many physicians, amazed by the possibilities of new equipment, considered these machine-obtained data more credible than the information gathered directly from the patient (Condrau 2007: 529).

Yet another group of devices allowed the medical researcher to study with exact precision the main functions of the body, e.g. breathing, pulse and temperature. The advantage of such machines as the spirometer, electrocardiograph or thermometer was "the translation of physiological actions into the languages of machines" (Reiser 1981: 91). This allowed more objective measurement in comparison to a subjective and impressionistic diagnosis made through feeling and hearing (Reiser 1981: 121). While "the anatomist and the microscopist used as a yardstick the visual configuration of the elements in a tissue (…) [,] [t]he chemist sought a fixed record of a similar kind through the proportional relations of the elements in a liquid, stated numerically" (Reiser 1981: 130). It is impossible not to appreciate the role of chemistry in the development of medicine. It made it possible to study chemical components of body fluids in order to detect changes in their content, which, in turn, could signal a disease. At the same time, the greater role of chemistry in medicine heralded the beginning of era when a large number of medical facts were "technologically generated" (Reiser 1981: 166). As Scambler (2003) points out, "the physical examination [was] undermined by the molecular processes underlying normal physical functioning" (2003:183-184). This, consequently, made many physicians voice their worries about patients being objectified in the process of laboratory examination. What is more, also the practice of interviewing patients was gradually being devalued due to the subjective nature of patients' accounts and doctors' belief that technology would handle it better and quicker (Reiser 1981: 166-167). According to Reiser (1981), "[t]he numbers generated by the thermometer, the graphs drawn by the electrocardiograph, the pictures created by the X-ray machine, the images captured by the microscope, [and] the diagnostic judgments rendered by the computer" (1981:229) undeniably sharpened the physician's senses and made diagnosis more precise. Yet, looking at the patient merely "through a screen of machines", as Reiser (1981: 230) puts it, contributed to his/her perception merely as an object of a medical enquiry, determined by and reduced to numbers and

norms. "Machines inexorably direct the attention of both doctor and patient to the measurable aspects of illness, but away from the human factors that are at least equally important" (Reiser 1981: 229). Such a presentation of the patient was also observed by Nowell-Smith (199) in her study of gynecological case histories from the nineteenth century. As Hurwitz (2006) notes, the calls for a more precise and effaced language were finally put into practice. The authors began to write in a more impersonal style, employing the Passive Voice and eliminating agency on the part of the patient (Hurwitz 2006:229). As result, the texts dealt with "mindless bodies, depersonalised behaviors, and fragmentary body parts" (Crites 1966, as cited in Hurwitz 2006: 229). Patients were described with the help of the discourse about disease which "'analysed', separated and shredded" (Arney and Bergen 1983: 4) them into pieces. The general trend of favoring machines and their objective measurements over patients' accounts is also reflected in the growing number of references to new diagnostic equipment, following the need to translate the clinical reality into a text as faithfully as possible (Hurwitz 2006: 228-230).

The gradual devaluation of patients' accounts due to the growing sophistication of the means of medical examination found its representation in the case reports from that period. The trend is manifested through the separation of the initial demographical information about patients as well as their documented complaints from the subsequent descriptions of diagnostic and treatment procedures (Hurwitz 2006: 228). Similar findings have also been reported by Tavitsainen and Pahta (2000) in their diachronic study of case reports from two periods–1850-1900 and 1965-1995. As regards the former time frame, Tavitsainen and Pahta (2000) demonstrate that the case reports are characterised by two levels of narration – the first one which is the physician's narration in the first person and from his/her point of view, and the second one which gives the account of the disease in the third person and foregrounds his/her symptoms (2000: 63-64). The patient's disease part "is told in a vivid style with illuminating details such as remarks on the patient's looks, frame of mind, and expectations, evaluating attributive adjectives such as *judicious* [original emphasis] and similes depicting the symptoms of the illness" (Taavitsainen and Pahta 2000: 65), which points to the fact that the authors had not ceased using unusual vocabulary. Yet, though both written by a physician, the two parts differ in the mode of writing with the doctor's narrative more effaced. What is also important is that the patient's reported narration is less prominent and it serves as an addition to the account of the physician's judgments and decisions (Taavitsainen and Pahta 2000: 64,66).

All in all, the turn of the nineteenth century marked an important moment in the history of medicine. Thanks to the greater role of autopsies and, subsequently, pathological anatomy, disease came to be understood as changes in the patient's

body that could be directly observed. It was when doctors' diagnostic procedures turned from speculation, partly based on patients' accounts, to observation, which entailed the recognition of the signs of disease. The invention of the stethoscope and other revolutionary diagnostic methods gradually made the process of medical assessment more and more precise. Moreover, the observation of signs of disease also lay at the heart of a new medical institution, namely the clinic. As regards medical texts, the above-presented studies of the nineteenth century case histories corroborate the general trend of the diminishing role of the patient in the context of diagnosis and treatment due to the changes in modes of medical reasoning and technological progress. The trend found its textual representation both in the style of narration as well as in specific linguistic features of the texts such as more precise vocabulary rendering credibly the observed facts as well as impersonal constructions. Yet, these are just one aspect of the transformation of medical discourse, which is associated with the clinic. Further technological advancement brought about a new model of medical practice which shaped not only medical profession but also its discourse.

7. Contemporary case reports

The twentieth century saw the continuation of the era of discoveries with antibiotics and other modern drugs, which was a direct consequence of the advances in molecular biology (Capra 1985: 127-129). On the other hand, technology was offering more and more devices by means of which doctors diagnosed patients, treated them and sustained their lives. The knowledge about the patient's condition, once accessible to a physician solely through observation, palpation, auscultation and percussion, came to light in various shades and magnitudes. All these innovations constitute an extension of the medical gaze from the turn of the nineteenth century.

Similarly to the case reports from the previous centuries, also those from the twentieth century have the hallmarks of medicine developing as a field of study and profession. They begin with a brief introduction of the patient and his/her current condition presented in the third person. It needs to be emphasised that the patient's account of his/her state of health is reworked into the doctor's discourse, "adopt[ing] an objectified and technical lingo" (Hurwitz 2006: 231). Next comes the part dealing with the examination of the patient. As Hurwitz (2006) notes, this section is usually a description of the outcome of tests of various sorts, with direct observation (palpation, feeling, etc.) limited to the minimum. The dominance of such material reflects the widespread application of modern medical equipment, which allows to measure and/or observe every function and element of the hu-

man body respectively. This way, "[w]ith the advances of science, medicine (…) has moved to the construction of pathophysiological plots" (Hunter 1991: 172). Yet, even the textual representation of such a phenomenon merits some attention. In their diachronic study of medical case reports, Taavitsainen and Pahta (2000) report that what distinguishes the twentieth century case reports from those one hundred years older is the almost invisible authorial presence (2000: 67; cf. Hurwitz 2006: 236; Gunnarsson 2009: 60-61). Taavitsainen and Pahta (2000) note that in modern case reports, the authorial comments are restricted only to the beginnings and endings of texts. The middle part, which contains tests results, is presented in a "matter-of-fact" mode, excluding the presence of the author and relying on the objectivity of data rendered by machines, e.g. *radiography showed, laparotomy revealed,* and *surgery confirmed* (Taavitasinen and Pahta 2000: 69). This view is also shared by Gunnarsson (2009), when she observes that in the twentieth century medical texts "[t]here is an abundance of numbers and names of drugs and devices" (2009: 61) or, from a more general perspective, by Hoekje (2007), who refers to medical discourse as "based in supremacy of technology and science" (2007:333). Consequently, the twentieth century case reports are characterised by a neutralised position of the author while the focus falls on diagnostic procedures and performed treatment. What is more, while other studies associated impersonality and objectivity with developing diagnostic possibilities (e.g. Ashcroft 2000; Dubertret 2006) and the specificity of medical education (e.g. Beagan 2000), here the researchers attribute these features to the growing medical community and the fact that the worldwide readership of contemporary professional medical journals cannot be compared to the close community of scholars to whom the nineteenth century case reports were written. Therefore, as Taavitsainen and Pahta (2000) point out, nowadays, the mode of writing case reports is more detached and impersonal (2000:72). These results have been also confirmed by Naerssen's (1985) study of medical records. Among the features of this text type Naerssen (1985) mentions specialised vocabulary, abbreviations and the low frequency of words directly referring to patients, i.e. the word *patient* as well as personal and possessive pronouns and/or names. As regards case reports, the fragment with the greatest frequency of patient references is Introduction, in which his/her symptoms are described. However, even here the account is presented either with a doctor slant (the third person perspective) or is scant (Hurwitz 2006:235; cf. Naerssen 1985:62-63), often being marked with the words: "the patient complained of…". The reason of such a state of affairs might be, apart from physicians' lack of time to write lengthy accounts, "a reluctance to contaminate the factually indisputable with the experientially unverifiable" (Macnaughton and Evans 2004: 57). As Macnaughton and Evans (2004) observe, the patient's experience in medical records is a disputable issue. Nevertheless, the

fact that medical records have become increasingly accessible to patients in the UK has eradicated some of the value-laden vocabulary contained there and has initiated the debate over the status of the patient's voice in these purely scientific accounts of medical facts (Macnaughton and Evans 2004: 58).

Nowadays case reports are regularly published in major general medical journals such as *The Lancet*, *The Journal of American Medical Association*, *The New England Journal of Medicine* and *The British Medical Journal*. There exist also separate online journals that publish exclusively case reports such as *Ground Rounds*, *Case Reports in Medicine*, *Journal of Medical Case Reports*, *BMJ Case Reports* or discipline specific *Radiology Case Reports*, *Journal of Radiology Case Reports* and *Journal of Surgical Case Reports*. Furthermore, their structure may vary, from short letters, through standard reports to lengthy written discussions where a group of clinicians jointly arrive at a diagnosis. One of the recent developments of the genre is also the so-called *interactive* case report, which used to be published by *The British Medical Journal*. This form is a series of case reports devoted to one particular topic, published in subsequent issues, starting with *case presentation*, through *case progression* to *case outcome*. The first part is similar to a regular case report presenting a given case, additionally including the call for readers' responses and comments. The progression of the treatment as well as possible readers' reactions are the topic of the second part. The third part presents the outcomes of treatment, and discusses the prognosis and implications for further investigations. Apart from the inclusion of the readers' comments supplied in the course of treatment, interactive case reports contain patients' accounts in the form of the 1st person narration, which appear in the third part and clearly reflect the patient's perspective. Therefore, this type of case report is a series of smaller narratives constructed by doctors, readers and patients. It is also dynamic in that "the plot" develops over a series of texts. In other words, interactive case reports enable "[s]haring communication issues from different perspectives, enriched by a valuable patient contribution" (Peile 2003:1136). The editors emphasise the innovative nature of the format, which, at the same time, is challenging for both doctors and patients, as it presents new perspectives in medical practice (Siota et al. 2005:1068).

8. Conclusion

The genre of case report underwent significant changes. Hippocratic case reports were highly focused on the topic of the text and the author revealed no emotional involvement. On the other hand, Galenic case reports were characterised by verbosity and more focus on the patient's point of view. The seventeenth

and eighteenth centuries saw even more preoccupation with patients' accounts in case reports. What was also characteristic of that period was the propensity of the authors to write about curious medical phenomena to pique readers' interest. However, the discourse about diseases changed with the growing importance of pathological anatomy at the turn of the nineteenth century. This was coupled with the growing role of observation and developing technology which offered more and more accurate images of the human body and recordings of its functions (Hurwitz 2006). New diagnostic devices made the body "transparent" and allowed accurate assessment while medical sciences directed where the medical gaze should be focused. What is more, developing medical knowledge and modern equipment determined what counted as reliable data, which diminished the role of patients' accounts while the very patients started to be treated as "quantifiable material" (Gunnarsson 2009: 61). In this light, the genre of case report became an account of a disease as manifested through pathological changes whose presence is rendered visible by means of various diagnostic procedures. They do not, however, consider the patient's experience of illness. Each developmental point of the genre of case report characterised by the differences in the authorial stance, patient's status and the understanding of disease, reflected changes in the modes of reasoning in medicine in particular and science in general. It follows that at certain points in the history of medicine, its crucial notions changed, i.e. were reconstructed and then further reproduced in medical practices until the next discovery. The paper also draws attention to the recent development of the genre, i.e. the interactive variety. The novelty of this variety is the adoption of the patient's perspective (*Patient's perspective* section), following the patient-centred approach in the context of written communication in medicine, as well as the opening of the discussion to a wider forum (inviting readers' responses to the case and its management).

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