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An Object Lesson

By Alexandra M. Lord

Thwack! The branch flies into my face and, as I pull it back, I feel the blood trickle down my cheek.

"Watch out for the branch."

Thanks for the warning. It's a Tuesday morning and I am out in the middle of what I am sure is a jungle but, I have been reliably informed, is really just an overgrown cemetery on Staten Island. We are looking for graves of merchant seamen buried here in the 1920s.

After slipping through a crack in a fence, my guide and I have spent the past two hours stumbling over roots, battling mosquitoes, and, in my case, tearing my skirt as it catches on some brambles. The heat is excruciating and at different moments I despair over our finding the small graves we are seeking.

Gingerly stepping over a rotting board, I try to remember when I had my last tetanus shot. But even as I imagine myself struggling with the agonies of lockjaw, a part of me is thrilled.

Like most academic historians, I was trained to do archival research. Although I love working in a cold, sterile archive, I have recently come to see that such a narrow approach to history, to almost any academic discipline, has serious limitations.

As a professor teaching at a land-grant university in a rural state, I came face to face with those limitations when I taught a class on the history of early modern medicine, my area of expertise. I remember feeling stymied as students asked me specific questions about 18th-century shock therapy. I had discussed the uses of mild electric shock on patients in my dissertation and published work, but I had never seen one of the machines outside of a glass

museum case. To say that my understanding of how they worked was vague would be an understatement.

Later that year, I opened an envelope only to have photographs of different medical artifacts spill out onto my desk. A local resident had found my name on the Internet. Believing me to be the state's foremost expert on medical history, he thought that I might be able to identify the artifacts he had inherited from his great-grandfather. Staring at the photos, I realized how little I really knew about medical history.

The irony, of course, is that I had always considered myself quite savvy when it came to using images in my teaching. In fact, it was a slide of an electric-shock machine that had stimulated my students' questions. But like many of my colleagues, I used those images as background wallpaper. They helped students visualize the past, but we did not analyze or explore any of the objects or images in detail.

Why didn't I push my students to delve deeper?

The truth was that I was unable to do so myself. The academic tendency to prize the written word has led many historians to view documents as the means by which we learn about the past. And, like most historians, I received no training in using, interpreting, or preserving historical artifacts. In some ways the archival approach makes sense, but more often than not, it leads to bad or misleading history.

When I decided to become a public historian, I had to delve more deeply. I needed to understand not only how people in the past used objects but also how those objects shaped their understanding of the world.

Since leaving academe, I have received a long-overdue education on the subject as I have worked to find, interpret, and preserve a variety of historical objects and sites. I have donned a hard hat and climbed over the rusting debris left in an unrestored building on Ellis Island to examine a machine that defumigated immigrants' clothes. I have worn my grubbiest clothes to sort through materials at what used to be one of the nation's leading hospitals for the "insane." I have even gone through the storage locker of a former surgeon general, finding, among other things, a uniform hat worn when its owner was formally sworn in to his position.

In doing so, I have come to experience the routine thrill of touching the past (through gloved fingers). But more important, I have come to see and better understand the complexity of the past.

Working on a restoration project at a major historic site has introduced questions that I would never have thought to ask while in an archive. Should the hospitals at Ellis Island be fully restored? If so, to what era should they be restored? Can the site be accurately restored while ensuring that it is accessible to the disabled? Addressing such questions has led me to explore how historians decide which parts of history are most relevant and why -- issues that never came up when I was an academic historian.

On countless occasions I have been brought up short by new knowledge I have acquired via the study of a particular object or site -- an experience that can best be summed using the buttonhook.

In the late 19th and early 20th centuries, those hooks buttoned shoes and gloves. During the early 20th century, physicians at Ellis Island, Angel Island, and other immigration stations also used buttonhooks to invert eyelids and check for trachoma, an infectious disease.

Having now held countless buttonhooks in my hands, my understanding of the era's medical inspections has shifted radically. Some buttonhooks snag on material, making it easy to understand how and why some medical inspectors might have become casual about wiping the buttonhook on a Lysol-saturated rag in the interval between each exam. Small buttonhooks are difficult to hold and may have caused more pain than a medical officer intended. But a large buttonhook can be surprisingly intimidating even to those who are not about to undergo an exam. (Try pulling one out during a lecture and you will never fail to strike fear among your listeners.) Buttonhooks with elaborate engraved handles hold dirt.

The more I have explored those buttonhooks, the more I have come to understand the complexity of the eye exams and the differing reactions of the people who gave them and the people who underwent them. My newfound understanding could never have come from written documents.

My work on exhibits as well as the work I have done with documentary filmmakers, novelists, and others has benefited tremendously from my heightened understanding of objects. But I have also worked to incorporate objects into my writing, using them not simply to illustrate but also to tell and analyze history.

All of that is what led me to the graves on Staten Island. Tasked with helping to preserve them, I have only begun to explore the information those bureaucratically uniform graves can tell me. Interpreting and preserving them will be a long, slow process but one that will provide new insights into the past.

More revealing than my encounter with the graves (and the poison ivy surrounding them) was my meeting a few days later with an in-law who is pursuing his doctorate in art history. Without prompting, he told me he was thinking about leaving academe because he "enjoyed working with objects."

Even as I recover from a fierce bout of poison ivy, I can't say that I blame him.

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