The year 2019 was outstanding for graphic medicine, the field that explores the intersection of comics and the discipline of medicine. As in past years, creators illustrated and wrote about a diverse set of topics, ranging from childhood anxiety to environmental health. The comics were presented in a variety of formats, including book-length memoirs, brief zines, and web-based comics. Attempting to choose the best comic of the year may be a fool’s errand, but here we feature 2 books that we judge as timely and relevant to clinical readers.

Lucy Knisley, *Kid Gloves: Nine Months of Careful Chaos*

*Kid Gloves: Nine Months of Careful Chaos* tells author Lucy Knisley’s personal story of infertility, miscarriage, and complicated pregnancy. Like last year’s best of graphic medicine selection *Slightly Plural*, the book vividly portrays various clinical and emotional aspects of pregnancy and birth. It also expands beyond the personal to educate readers about the history and politics of women’s health. Seamlessly moving between first-person memoir and cultural commentary, Knisley’s narrative is interspersed with illustrated lessons—about the physiology of pregnancy, the costs of infertility treatments, the history of gynecologic and obstetric care and of childbirth, and more—providing facts and perspectives typically absent from the medical literature.

Knisley’s story begins with false hope. After conceiving effortlessly, she loses her dream to serial miscarriage, plunging her into prolonged melancholy that she represents visually through the metaphor of a smoldering fire that envelops her and is extinguished only after she begins to contemplate another pregnancy. Her struggle to understand what happened and why motivates her to debunk an assortment of pervasive myths about miscarriage: that it’s rare, that women bring it on themselves, that it’s caused by stress and worry, that the grief isn’t real because the baby was never born, and that nothing can be done to prevent it. This early brief section provides a vital service to those struggling with the effects of miscarriage and reminds readers about the hurtful messages clinicians, family, and friends often convey, however unintentionally, after such events.

Subsequent chapters provide a GoPro-like view of Knisley’s rollercoaster of a pregnancy, with thrilling highs (she’s finally pregnant!) and vertiginous lows (she can’t stop throwing up!). She doesn’t seem to catch a break; normalcy inevitably gives way to new symptoms or complications, and Knisley’s precisely rendered and brightly colored depictions invite the reader into her emotional space at every phase.

For physicians, Knisley offers the important admonition that even good-mannered patients are watching and sometimes documenting how doctors behave for their next book.
When her pregnancy appears stabilized at 8 weeks, she meets her routine care obstetrician, who talks quickly without giving her thought or time. “I dug his forthrightness,” she writes, “but he reminded me a little of Fonzie [from TV’s Happy Days], with me as the defective jukebox. He’d come in, rush through his spiel with wisecracks, pat my stomach, and split.” Later, in response to her anxieties and questions, Dr. Fonzie barely glances up from his clipboard, dismisses her concerns (“typical,” he mutters), and quickly exits. The emotional impact is immediate—Knisley draws herself shrinking on the examination table while the physician slips out the door.

The physical impact is less immediate but no less affecting: Knisley’s encounter culminates in a harrowing story of labor and delivery, one that might have been prevented or ameliorated if her physician and healthcare team listened more attentively to her concerns. But she gives birth to a healthy son, “the best possible baby of all time,” and by the close of the book, mom, dad, and baby are thriving as a family.

For clinicians, the book has an important take-home message; infertility and pregnancy loss, like illness more generally, bring out feelings of helplessness and diminished self-worth, and many patients want more from their physicians than just the science—they want to be nurtured, soothed, cared for, and understood. Knisley finds comfort in the example of elephants, whose pregnancies last 2 years; when it’s time to deliver, other elephants huddle around the laboring mother to protect her and provide community comfort. Physicians can’t do that alone, but they might do more to be a member of the herd.

Maia Kobabe, Gender Queer: A Memoir

Historically, LGBTQ health has been underemphasized in medical education. While progress has been made, medical students want more training, and the hours devoted to LGBTQ health issues in medical education surely shortchange the experience of patients who identify as non-gender binary. Maia Kobabe’s Gender Queer: A Memoir is a resounding response. It is an eye-opening account of the author’s lifelong evolution toward self-understanding of being nonbinary and asexual in a society premised on male-female gender identities and sexual attraction among and between the sexes. Part of the author’s journey is a struggle to find language that feels authentic to that understanding. “The only way I can think of to initiate a switch in thinking [about me] is to start with a switch of words,” Kobabe writes, and ultimately finds the genderless Spivak pronouns—e/em/eir—best suited (or least ill suited) to describe eirself.

The phrase gender queer refers to nonconforming gender identity or expression, and Gender Queer: A Memoir is an introduction to what will be an unfamiliar world for most readers. From a young age, Kobabe found gender norms frustrating and the rules unclear—why in many cultures, for example, preadolescent boys have freedom to go topless while preadolescent girls do not, or why hairy legs on men are acceptable while on women, they are not—and e meticulously recounts eir endless sense of difference. In one of the work’s many visually metaphoric scenes, Kobabe spirals through a series of questions about gender identity and sexuality (“If I’m asexual does my gender even matter?”), encouraging the reader to share
in eir dizzying confusion and ultimately proclaiming in a di-
ary entry at age 15, “I don’t want to be a girl. I don’t want to be
a boy either. I just want to be myself.” Kobabe finds some sol-
ace in the writing of neurophilosopher Patricia Churchland,
who in a broader exploration of brain and mind posits that
“Once we know something about the many factors, genetic
and otherwise, that can alter the degree to which a brain is
masculinized, it is a little easier to grasp a biological explana-
tion for how a person might feel a disconnect between his or
her gonads and his or her gender identity.”

The relevance of these identity issues for clinicians comes
into stark relief when Kobabe undergoes a first gynecologic
examination for routine cervical cancer screening. Throughout
the book, Kobabe struggles with dysphoria around sex and
genitals, and e depicts the examination as excruciating, ac-
companied by a “wave of psychological horror” and a sense
of violation “too deep for words.” The power of comics shines
in these pages where e depicts eirself impaled through the
abdomen, showing (when words failed) the physical and
psychological pain e experienced. When Kobabe, later in
the book, has to return for eir next examination, the experi-
ence is, impossibly, worse—leading the compassionate physi-
cian to reschedule so that Kobabe can endure the examina-
tion with oxycodone and lorazepam.

Kobabe makes clear in the book that eir story and non-
binary identity are often confusing—to eir family and
friends and to Kobabe eirself—and that the efforts of others
to listen and understand is a part of the journey and a
source of healing that makes a world of difference.

Gender Queer (and Archie Bongiovanni’s graphic Quick &
Easy Guide to They/Them Pronouns10) offers health profes-
sionals a valuable opportunity to understand the experi-
ences of patients, like Kobabe, who are in our practices and
waiting rooms longing to be recognized and understood.

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