Introduction: Why care about the history of medicine?

Medicine has always had its historians; but until recently it was a history written by and for practitioners. Until the early nineteenth century, in fact, history and practice could hardly be distinguished. Galen and Hippocrates could be and were used to bolster arguments about the nature of fever or the logic of a particular therapeutic choice. A learned physician read Latin and Greek, not simply to mystify the laity but to work with those master texts that still figured meaningfully in his intellectual life.

By the late nineteenth century, of course, the writings of classical and Hellenistic antiquity were no longer alive in the thought and practice of even educated practitioners. History had become quite clearly history – something in the past. This is not to suggest that interest in the medicine of previous eras disappeared. It remained and was to become gradually – if even today incompletely – an academic field. But the history of medicine was still populated almost entirely by scholars trained in medical schools, the great majority of whom made their living as physicians. They were fascinated with the past (or some aspect of it), especially a past that could be construed as progressing upward toward an enlightened and ethical present. The intellectual significance of particular individuals and events was seen, for example, in terms of their relationship to the development of a contemporary understanding of the body and not to the particular historical context in which those individuals worked and thought. Thus William Harvey was to be understood as a founder of modern experimental physiology and not as a man of the seventeenth century, a Royalist and neo-Platonist.

An interest in medicine's history served also in the late nineteenth and early twentieth centuries as one badge of allegiance to the profession's humane and humanistic craft tradition, to the vision of the profession as art, not science. Scholarship in the history of medicine could attest to a gentleman's learning and experience, attributes different from and in some ways superior to the mechanical skills and one-dimensional certainties of the laboratory. The origins of medical history as an institutionalized academic field lie in the twentieth century and took place on the Continent;

but the leaders of this incipient professionalization were still products of the profession's humanist tradition – physicians trained in an era in which a well-educated practitioner might still be presumed to have a familiarity with classical languages and literature, philosophy, ethics, and general history.[1]

Medicine remained a marginal subject matter among academic practitioners of the new "scientific" history – holders of the doctorate who began to dominate the teaching and writing of history in the late nineteenth and twentieth centuries. Fitful calls for a "new history" incorporating and integrating social, cultural, and economic aspects of life were voiced periodically but remained episodic and isolated; academic history continued to be dominated by the traditional spheres of politics and policy, war and diplomacy. In university departments of classics, oriental language, and modern literature, a handful of scholars pursued medical subjects but often in terms of limited textual problems.

Meanwhile the world of medicine guarded its history with a kind of essentialist zeal; no one without medical training, the unspoken argument followed, could really understand the nuances and content of the field. It was not simply a question of esoteric technical knowledge, but of experience – of empathy, ethics, and a cognitive understanding that could only grow out of clinical experience. This exclusive claim was aided by a mixture of caution and skepticism that discouraged most nonmedical scholars from treading in what seemed so specialized an area; medicine remained marginal as a subject matter to academic history's established canon of significance. Until the 1960s, the history of medicine was fundamentally a professional history, written by and largely for physicians.[2]

This was certainly the impression I gathered as a beginner in the field in the early 1960s.[3] I can recall distinctly a good many illustrative conversations. Ludwig Edelstein, the distinguished classicist and authority on Hippocratic medicine, was one of the teachers who influenced me most; and I recall his explaining how he had waged a decades-long – and

1 We do not have a comprehensive modern history of the history of medicine. For a significant personal view, see Owsei Temkin, *The Double Face of Janus and other Essays in the History of Medicine* (Baltimore: Johns Hopkins University Press, 1977), especially the autobiographical title essay (pp. 3–37).

2 This is not to deny the existence of an enthusiastic audience for accessible presentations of medical history; the popular successes of Paul de Kruif and Hans Zinnser nicely illustrate this potential. Nor is it to deny the significant efforts of a handful of professional historians, such as Richard H. Shryock in the United States.

3 I have sketched some impressions of this period elsewhere, in the form of an afterword to a new (1987) edition to my first book, *The Cholera Years. The United States in 1832, 1849 and 1866* (Chicago: University of Chicago Press, 1962, new ed. 1987).

generally defensive – battle for the right and necessity of non–medically certified scholars to practice medical history. I remember as well parallel conversations in the spring of 1961 with Owsei Temkin, then director of the Institute for the History of Medicine at the Johns Hopkins University School of Medicine, where I held a postdoctoral fellowship. Temkin convinced me that he too felt that key aspects of medicine's history would remain inaccessible to holders of the Ph.D. – no matter how keen their interest or appropriate their specifically historical training. And this despite his impressive ability to place medical thought and practice in a broad cultural context.

Things have changed enormously in the three decades since those conversations took place. Developments in academic history and the social sciences – and in society generally – have changed the intellectual visibility of medical history and recast the status of its increasingly numerous practitioners. First, clinical medicine has become increasingly discouraging to the humanities-minded. Premedical studies – despite gestures toward diversity in curriculum – have remained consistently and necessarily oriented toward the technical and the scientific. And contemporary medical education, with its enormously increasing burden of information for undergraduates, followed by the physically, emotionally, and intellectually demanding years in internship, residency, and specialized fellowship, leave little room for the kind of broad humanistic education that an older generation of medical historians, many of them European-trained, took for granted. And much of the scholarship in the field has until the recent past been the avocational product of practicing physicians. But such historian-clinicians seem not to be reproducing themselves in our late twentieth-century schools of medicine – European as well as British and American – even if those schools have betrayed twinges of guilt about their often narrowly technical orientation.

At the same time, and somewhat ironically, the American audience for descriptions, prescriptions, and analyses of medicine has increased both within and without the professional world. A generation of critics has focused on the way in which the system has responded poorly to the human needs of those it treats with such technical competence. A parallel and even more vigorous critique – and thus audience constituency – has developed around the economic and institutional problems of American medicine. How can we pay for the medicine we have come to believe we want? And what are the human costs that go along with our intrusive, acute-care-oriented health care system? Both genuine concern and a preemptive prudence have motivated a good many medical school administrators to experiment with offerings in "medical humanities" and – even more

frequent – medical ethics. History has a logical, but still largely potential, role in such programs.

Yet medicine, and the body – over which the profession has historically been granted cultural authority – have never enjoyed more prominence in the world of academic scholarship. Professors of English and of sociology, for example, like historians, have developed an interest in past systems of medicine and past styles of constructing the body and its functions. Paralleling this interest in the body as raw material for the imprinting of cultural messages has been an even more widespread growth in the history of medicine as social function. The social and institutional aspects of medicine and their relationship to underlying cultural values and social structural realities have become fashionable subjects for historical research. Social history and demography have turned their attention to the everyday life of men and women: how long they live, how they think about their bodies, about life and death, health and disease, childbearing and child rearing. In all of these areas, medical texts and medical authority not only played a legitimating role, but often provide the only surviving historical record. Even if they do not think of themselves as *medical* historians, scholars are often dependent on medical sources for the data that allow them to begin to reconstruct these aspects of life.

But this vigorous interest in medicine's social and cultural past is in some fundamental ways divorced from the much older intraprofessional tradition in medical history and from its progress-oriented, intellectualistic canon. Our newer practitioners of the social history of medicine are as likely to be interested in the patient's experience as in the physician's, or in medicine as marketplace phenomenon, and in the way in which constructions of the body serve as a language for representing and legitimating gender and class relationships; they are much less likely to be interested in Louis Pasteur or William Harvey, the origins of cell theory, or immunology. There has in fact developed a kind of oppositional clustering of interests and skills – with the intellectual history of medicine still being dominated by physicians and by historians credentialed in a relatively new subdiscipline, the history of science. (The technical history of the several specialties remains in particular the province of practitioners.)

The past generation has also seen a parallel and complexly related shift in the way we approach medicine's internal intellectual development and the history of care. There has been a growing awareness of the problematic quality of the relationship between bedside care and the formal rationalization of that therapeutic interaction. Medicine is behavior as well as cognition; it is the everyday life of village apothecaries as well as the lectures and experiments of professors. In addition, historians, social scientists, and some philosophers have moved toward an increasingly sophisticated con-

textualism, a willingness to place ideas in specific historical settings.[4] A variety of scholars have begun to think of science as well as medicine as a set of generation- and place-specific practices, and not accumulations of knowledge advancing ineluctably – if sometimes erratically – toward a deeper understanding of nature. This concern with practice and with the imperfect, with the way in which communities of the learned negotiate what they choose to accept as truth, has, since the work of Thomas Kuhn and others in the 1960s, become an important theme in the sociology of knowledge and the history of science. It is an epistemology that has implied a program of historical sociology – for would-be students of every period from classical antiquity to the present. And it has added an important dimension to the collective, if disparate, effort that constitutes the history of medicine at the end of the twentieth century. In fact, explosive fragmentation now characterizes the field as much as any other single tendency, except perhaps the waning dominance of the physician-historian.

It is unfortunate in a way because the most fundamental theme – and attraction – of the history of medicine is its potentially integrative quality. What originally attracted me to the field is medicine's necessary integration of theory and practice, of life and death, of family and institutional life, of the historical and the timeless. Medicine has its origins in the social response to unchanging realities: pain, death, childbirth, trauma and disease, the working out of the life cycle in men and women. The fear, pain, and isolation of these events have not changed in some ways – just as the human body remains constrained by innate biological limits. Change in medical ideas and medical practice has always to be judged against this baseline. There has always been something special about medicine, a sacred dimension based on the physician's relationship to life, death, and pain – and on the consequent social acceptance of his or her touching of bodies and minds. There has never been a time that physicians did not employ some framework within which these events and relationships could be explained and rationalized.

This implies a second aspect of medical history as research field. It necessarily breaks down the boundaries between applied and pure; the clinical interaction brings together the social context in which the patient is treated – whether family bedroom or teaching hospital – with the intellectual assumptions that guide the interaction. Historians of the past two centuries must be particularly sensitive to the institutional structures that contain and constrain the clinical encounter.

Some years ago I was charged with the writing of a general essay on the

4 Only a handful of historians of medicine and science can be described as relativists in the technical, philosophical sense. A great many have become contextualists to some degree or another; but this is a very different question.

institutionalization of knowledge in the United States; and in doing so I tried to communicate my vision of the interactive and interdependent nature of that relationship. I finally struck upon the metaphor of ecology, titling the essay "Towards an Ecology of Knowledge."[5] It was a metaphor and a way of thinking that came naturally to a student of medicine. For medical knowledge and practice are always integrated in what can be thought of as ecological – that is, interdependent, dynamic, and interactive – terms. Ideas always have a structural role: in earlier centuries it could be in creating a common frame of reference in which the physician could rationalize and reassure.[6] In the twentieth century it implies the relationship between the internal logic and development of ideas about the natural world and the social forms in which that knowledge is used, validated, and reproduced. Conventional divisions between intellectual, social, and institutional approaches cannot be justified in theory – even if they still describe the limitations of much contemporary historical work.

The following essays reflect this general point of view in a number of ways. The first two parts, which focus on ideas and institutions, are meant to underline interactions between these realms. They reflect as well, in their chronological development, something of the past quarter-century's changing intellectual climate in academic history as experienced by one practitioner. The last part, "The past in the present," reflects my desire to make some sense out of a medical world that often seems out of control and in semipermanent crisis – economic, organizational, and humane. There has never been a larger potential audience for a discussion of the fundamental bases of contemporary medicine. This final group of essays constitutes an effort to use history as a resource in that discourse, to define limits and provide an historical context for a debate that is often marked by narrow, erratically informed, and self-serving polemic. The essays pursue themes that have become visible to the public, such as deinstitutionalization of the mentally ill and the status of psychiatry, the hospital as social and economic problem, and the social negotiations surrounding AIDS, and they attempt to speak to professional and nonacademic audiences at the same time. It is my hope, however, that all of these chapters, those written for historians as well as general readers, will be accessible to anyone with an interest in one of humankind's oldest professions.

5 "Towards an Ecology of Knowledge: On Discipline, Context and History," in Alexandra Oleson and John Voss, eds., *The Organization of Knowledge in Modern America* (Baltimore: Johns Hopkins University Press, 1979), pp. 440–455. See also my "Woods and Trees? Ideas and Actors in the History of Science," *Isis* 74 (1988), 356–367.

6 At the same time, possession of an esoteric body of learning could legitimate the physician's social identity and specify a relationship between that professional identity and a more general class identity.

PART I

Ideas as actors

1

The therapeutic revolution: Medicine, meaning, and social change in nineteenth-century America

❧ Therapeutics has always been central to medical practice, but not to the practice of the profession's historians. My first teacher, Erwin H. Ackerknecht, once wryly cited by way of explanation the German saying that one should not mention rope in the house of the hanged; little glory was to be harvested from the annals of pre-twentieth-century therapeutics. It was more an occasion of embarrassment than of pride, largely ignored by historians except as a source of anecdote and as counterpoint to the laudable accumulation of effective knowledge in more recent generations.

I too could make little sense of traditional therapeutics when I first began to study medical history. Those of my teachers and contemporaries willing to take the older healing tradition seriously saw the physician's role as essentially consolatory and psychological; past therapeutic practices could then be construed as a mixture of ritual and placebo. Little serious attention was paid to the actual drugs and procedures that made up the content of practice – the cathartics, emetics, diuretics, bleeding, and the like – and to the way in which they were understood by patients, families, and practitioners.

Only gradually did the system begin to seem coherent – to seem in fact to be a *system* of social relations and shared conceptual frameworks. The ideas of both physician and patient had to be taken seriously, even if they seemed arbitrary and irrational in twentieth-century terms, in terms that is of measurable physiological efficacy. Ideas have to be seen as actors in the endlessly repetitive drama of the sickroom – but so do drugs and procedures. Therapeutics was a complex and interactive system, centering on the doctor–patient interaction but incorporating the specific physiological activity of drugs, social relationships at the bedside, and the expectations of participants as well as views concerning the nature of the human body and the physiological basis of health and disease. This essay was written originally for a bicentennial symposium on the history of

medicine in America. By 1976 it seemed unthinkable that a retrospective evaluation of American medicine should ignore therapeutics; it is and was the center of medical care, of the physician's role, and of the legitimacy that surrounds it.

Medical therapeutics changed remarkably little in the two millennia preceding 1800; by the end of the century, traditional therapeutics had altered fundamentally. This development is a significant event not only in the history of medicine, but in social history as well. Yet historians have not only failed to delineate this change in detail; they have hardly begun to place it in a framework of explanation which would relate it to all those other changes which shaped the twentieth-century Western world.

Medical historians have always found therapeutics an awkward piece of business. On the whole, they have responded by ignoring it.[1] Most historians who have addressed traditional therapeutics have approached it as a source of anecdote, or as a murky bog of routinism from which a comforting path led upward to an ultimately enlightened and scientifically based therapeutics. Isolated incidents such as the introduction of quinine or digitalis seemed only to emphasize the darkness of the traditional practice in which they appeared. Among twentieth-century students of medical history, the generally unquestioned criterion for understanding pre-nineteenth-century therapeutics has been physiological, not historical: Did a particular practice act in a way that twentieth-century understanding would regard as efficacious? Did it work?

Yet therapeutics is after all a good deal more than a series of pharmacological or surgical experiments. It involves emotions and personal relationships and incorporates all of those cultural factors which determine belief, identity, and status. The meaning of traditional therapeutics must be sought within a particular cultural context; and this is a task more closely akin to that of the cultural anthropologist than the physiologist. Individuals become sick, demand care and reassurance, and are treated by designated

1 For examples of works which try to place traditional therapeutics in a more general framework, see: Erwin H. Ackerknecht, "Aspects of the History of Therapeutics," *Bulletin of the History of Medicine* 36 (1962): 389–419; Ackerknecht, *Therapie von den Primitiven bis zum 20. Jahrhundert* (Stuttgart: Ferdinand Enke, 1970); and Owsei Temkin, "Therapeutic Trends and the Treatment of Syphilis before 1900," *Bulletin of the History of Medicine* 29 (1955): 309–316.

I should like to acknowledge the advice and encouragement given to me over many years by my teachers, the late Erwin H. Ackerknecht and Ludwig Edelstein. Drew Gilpin Faust, Saul Jarcho, Owsei Temkin, and Anthony F. C. Wallace read the manuscript carefully and made a number of important suggestions. A somewhat different version of this paper appeared in *Perspectives in Biology and Medicine* 20 (1977): 485–506.

healers. Both physician and patient must share a common framework of explanation. To understand therapeutics in the opening decades of the nineteenth century, its would-be historian must see that it relates, on the one hand, to a cognitive system of explanation, and, on the other, to a patterned interaction between doctor and patient, one which evolved over centuries into a conventionalized social ritual.

Instead, however, past therapeutics has most frequently been studied by scholars obsessed with change as progress and concerned with defining such change as an essentially intellectual process. Historians have come to accept a view of nineteenth-century therapeutics which incorporates such priorities. The revolution in practice which took place during the century, the conventional argument follows, reflected the gradual triumph of a critical spirit over ancient obscurantism. The increasingly aggressive empiricism of the early nineteenth century pointed toward the need for evaluating every aspect of clinical practice; nothing was to be accepted on faith, and only those therapeutic modalities which proved themselves in controlled clinical trials were to remain in the physician's arsenal. Spurred by such arguments, increasing numbers of physicians grew skeptical of their ability to alter the course of particular ills and by mid-century – this interpretation continues – traditional medical practice had become far milder and less intrusive than it had been at the beginning of the century. Physicians had come to place ever-increasing faith in the healing power of nature and the natural tendency toward recovery which seemed to characterize most ills.

This view of change in nineteenth-century therapeutics constitutes accepted wisdom, though it has been modified in recent years. An increasingly influential emphasis sees therapeutics as part of a more general pattern of economically motivated behavior which helped to rationalize the regular physician's place in a crowded marketplace of would-be healers.[2] Thus the competition offered by sectarians to regular medicine in the middle third of the century was at least as significant in altering traditional therapeutics as a high-culture-based intellectual critique; the sugar pills of homeopathic physicians or the baths and diets of hydropaths might possibly do little good, but they could hardly be represented as harmful or dangerous in themselves. The often draconic treatments of regular physicians – the bleeding, the severe purges and emetics – constituted a real handicap in competing for a limited number of paying patients and were accordingly modified to fit economic realities. Indeed, something approaching an inter-

2 For an example of this position, see William Rothstein, *American Physicians in the Nineteenth Century: From Sects to Science* (Baltimore: Johns Hopkins University Press, 1972).