

# BULLETIN OF THE HISTORY OF MEDICINE

ORGAN OF  
THE AMERICAN ASSOCIATION FOR THE HISTORY OF MEDICINE  
AND OF  
THE JOHNS HOPKINS INSTITUTE OF THE HISTORY OF MEDICINE

EDITORIAL OFFICE  
1900 E. MONUMENT STREET  
BALTIMORE, MARYLAND 21205

June 4, 1973

Mr. David Rosner  
Harvard University  
Department of the History of Science  
Holyoke Center  
Cambridge, Mass.

Dear Mr. Rosner,

I have read your manuscript, "The Dispensary and Hospital Abuse Controversy" with considerable interest but also with considerable dismay. The subject is certainly an interesting one and in a large part of your study your viewpoint is one that I find altogether sympathetic. I feel sure that you are entirely justified, for example, in putting the word "abuse" in quote marks more often than not -- with all that this implies. On the other hand, when you speak, with rather heavy sarcasm, of "the best" care provided in teaching hospitals -- when you assure us that the middle class, at least in Toronto, did not seem especially eager to share in the "high quality" services of a teaching hospital -- I begin to wonder if you are quite as cool and disinterested as we hope to find the historian. The accusatory tone is unmistakable.

The idea that teaching hospitals provided the very best medicine there was is just too ridiculous, n'est-ce pas? William Osler, examining and prescribing for the poor in the out-patient clinics of the Johns Hopkins, was not, I presume, providing a high quality service, but simply exploiting the poor of Baltimore for teaching purposes. This was, I take it, an example of the "use" of medical education reform to establish modern professional "elitism" in medicine. The choice of words seems to suggest that Osler and his colleagues won't have a chance. You and Markowitz have seen through them. (I have not read the American Quarterly essay of March, 1973, and would welcome a reprint; but as you can see, the title has put me off.)

It is quite unfair, of course, to form any opinion of the "elitism" paper without reading it; I have, however, read "The Dispensary and Hospital Abuse Controversy" with great care and I am sorry to say that I think it is an elaborate comment on what you believe to be the current situation -- especially in New York -- rather than disinterested history. As it happens, I have recently had the privilege of reading some parts of a work in progress, a biography of Michael Davis. (The author, I might say, is not a medical historian and not a doctor.) It was therefore with some surprise that I

read the Davis quotation you use (pp. 23-24) saying that in it "the medical profession's disinterest [lack of interest?] in the quality of care was made explicit." Davis was being a little sarcastic, it is true, about the furor over dispensary "abuse." He did not, however, seriously accuse the profession of lack of interest in the quality of care because he knew better. One of the secrets of his amazing success in Boston was his fine rapport with the profession -- even although he did not pull his punches and was very forthright in his dealings with it. It seems to me that a paper coming from Harvard should be much better informed, in general, about Davis and the dispensary movement. You refer repeatedly to his bugbear paper but to nothing else. He published a great deal and quite a lot of it is relevant to your story. Although he moved on into other sectors he was probably the most important single figure in the dispensary movement in the United States for many years. You use him for one purpose only -- to demonstrate (heaven help us all) the medical profession's "disinterest" in the quality of medical care! After reading this I am inclined to wonder a little about your other witnesses -- on a variety of different points -- witnesses of whom I know nothing except what you tell me. Has their evidence been subjected to a similar selective and distorting process?

If it is often, or if it is sometimes, true (you are rather fond of fine, round generalizations, with no qualification, no shadow of doubt) that "low quality service is delivered to the medically indigent forced to depend upon public medical institutions" today, it appears to you to be quite certain that this was always and everywhere true in the past. And you are out to demonstrate it. You are convinced that free or inexpensive care is always bad -- and always has been bad -- and you are deeply offended, apparently, by the "use" of the sick for teaching. Having worked in a teaching hospital with "charity" wards and a private patients' pavilion, and having worked as well in a private hospital, I am convinced that not even the rich (and certainly not the "middle class," however well insured) are cared for as well as the patients in a teaching hospital who are looked after by the "elite," under the watchful eyes of their peers, their residents and their students. Those who are "used" in this way are lucky, no matter how offensive you may find the system from a democratic point of view.

I do not defend the system of medical care in the U.S.A. in any general terms and I should be happy to see it changed and improved. At the same time I am quite convinced that the best care is indeed provided in teaching hospitals -- and was provided in the past, whether in the Mass. General or in the Johns Hopkins or in the teaching setting of the Mayo Clinic, that this was also true of the Toronto General and that if there were middle-class Torontonians who did not believe it they were simply

Mr. David Rosner

Page 3

misinformed or uninformed. If they really thought as reported, however, the fact is perhaps significant. The evidence used cannot, in any case, form the basis for generalization.

"The Dispensary and Hospital Abuse Controversy" I find very interesting but I am afraid that I also find its prejudices too much for me. I think it rather improbable that you will modify your views. I therefore return your manuscript with thanks for submitting it to the Bulletin of the History of Medicine.

Yours sincerely,



Lloyd G. Stevenson, M.D.  
Editor

LGS/b  
Ms. encl.

P.S. This is rather a pity and if you should decide to have another go at it, the Bulletin of the History of Medicine would be glad to reconsider.