



REPORTS

Tempest in a Test Tube: Medical History and the Historian

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Few historians pay much attention to the field of medical history. Except for an occasional reference to the bubonic plague in the fourteenth century or to cholera or tuberculosis in nineteenth century America, the professional development of this tiny field has remained separate from the mainstream of the history profession. In part this is due to the social and physical isolation of the fields. Historians of medicine have generally been associated with medical schools and, by and large, they have been trained as physicians first and historians second. As often as not, the lone medical historian has taken up the field after receiving his medical degree or, at times, after retiring from the practice of medicine. Although there have always been some medical historians who were trained as historians as well as doctors, by and large the profession of medical history has retained a parochialism which reflects the dominance of its institutional affiliation.¹

Until recently, the field of medical history has been marked by an overwhelming concern with the problems and issues of interest to practicing physicians and scientists concerned with the development of clinical practice and the medical profession. "The study of the history of medicine by medical men," we are told by the editor of the *Journal of the History of Medicine*, "derived from a deep interest in medicine itself, an interest that made them want to learn how medicine had arrived at its



Attack on Quarantine Hospital, Staten Island, New York, September 1, 1858. Harper's Weekly, September 11, 1858.

modern state through the course of history." In keeping with the concerns and beliefs of physicians, medical historians have devoted themselves to the documentation of a progressive and, generally, linear development of medical science. These medical historians have seen themselves as "members of a long succession of physicians, scientists and teachers that extend back to antiquity in a continuous tradition of learning, teaching, and writing. In the study of their historical predecessors they have tended to look for those traits of medical character and quality of achievement which they respected and valued among their medical contemporaries—acuity of clinical perception and scientific observation, clarity of reasoning, and depth of scientific insight—in short, skill, ability, and accomplishment as physicians or scientists."² Consequently, the field historically has been organized around the needs and interests of physicians. Even its professional association is called the American Association for the History of Medicine (AAHM); medicine, in this case meaning those activities which doctors do.³

In recent years, there has been a rapid growth in the number of medical historians who received their training in graduate departments of history rather than in schools of medicine. Reflecting their training, these historians have tended to pay a greater amount of attention to the role of

medicine in society, to the relationship between general social and economic changes and the incidence of disease, to the development of institutions for caring for the ill, to the development of cities and their effect on health, and to the relationship of minorities and women to medical practice. As these topics suggest, these historians are more attuned to the changing currents which have buffeted the historical profession during the last decade and have sought to approach the history of medicine more as a social enterprise than as a purely scientific or celebratory one. While professionally trained medical historians have explored the history of the laboratory and clinic, they tend to be less interested in narrow experimental and clinical questions and more interested in the process and conditions of scientific inquiry. As Dr. Leonard Wilson, editor of the *Journal of the History of Medicine*, has pointed out, "their training has been focused on historical courses and seminars. They see little of the laboratory and less of the clinic."⁴

The different approaches to medical history have, until recently, not created open hostility or antagonism within the AAHM. Both groups of historians, the older physicians and the somewhat younger "professionals" (as they are called by some of the physician-historians) have lived in relative harmony, each with its own set of questions and groups of interested persons. But, in recent years, a rather strong and, at times, vituperative debate has broken out between the physicians and the Ph.D's. At the annual meetings of the AAHM as well as in the pages of the two major American journals, the younger historians and the "professionals" have faced a fairly bitter set of attacks by the editors of the journals as well as by physicians writing book reviews and commentaries. Underlying the anger which is emerging are, not surprisingly, demographic factors such as the differences in age, relative numbers, institutional affiliation, employment status, and sex. Political differences have also arisen between doctors and those historians who are working on women's health issues or public health topics. Lastly, some of the attacks have verged on the kind of red-baiting tactics used in academic circles earlier in the 1950s.

A brief summary of one controversy may well illustrate the tensions that have been building in the field. In January, 1979, two books, one by Judy Litoff entitled *American Midwives: 1860 to the Present* and another by Richard and Dorothy Wertz called *Lying-In: A History of Childbirth in America*, were reviewed in the *Journal of the History of Medicine*.⁵ The books might well have escaped many readers' attention were it not for the anger and hostility with which the reviewer, Dr. Gordon Jones, an obstetrician from Fredericksburg, Virginia, attacked the books. The physician began his review of the first book by saying that "the bias of this lay historian is obviously pro-midwife, pro-home delivery and

against the obstetricians who, she believes, have for mercenary reasons obliterated midwifery in the United States." Dr. Jones' review of the Wertz volume began by sarcastically suggesting that the book would be of interest only to "those who think socialized medicine is the ultimate and ideal solution to every imagined shortcoming of American medicine."⁶

If this were an isolated incident, one might say that there was little to the issue other than a not-very-important intra-professional dispute. But this is not the case, for the appearance of a number of explicitly radical and revisionist works have created even deeper divisions both between the doctors and the Ph.D.'s and even among the Ph.D.'s themselves. The editors of the two major journals in the field have encouraged those who would like to purge the professions of Ph.D.'s, and also have written a series of editorials and commentaries which attack any progressive change within the profession. Over the past few years, editorials have appeared in the *Journal* attacking critics of modern medicine, affirmative action within medical schools, and Ph.D.'s who write history. Meanwhile, Lloyd Stevenson, editor of the *Bulletin* has openly attacked a number of books, most directly the volume *Rockefeller Medicine-Men* by E. Richard Brown, and has invited others to reject this left critique of medicine and philanthropy. On the one hand, the attacks have been aimed at the Ph.D.'s. On the other hand, a distinct thread of red-baiting has emerged from both the M.D.'s as well as some more traditional social historians who would like to prove to the profession that only some of the Ph.D.'s should be excoriated.

In the *Bulletin of the History of Medicine*, the official organ of AAHM, a telling escalation of the conflict occurred after one reviewer gave a generous and positive review to three new books—two of them by left historians—on social themes in the history of health. The affirmative nature of the review (perhaps more than the books themselves) so clearly offended Dr. Stevenson, the *Bulletin's* editor, that he took it upon himself to write an unprecedented five-and-a-half page response to the review as well as to the books. As he put it, "since the authors and editors of the three books dealt with here are probably sufficiently sceptical of modern medicine to value a second opinion . . . they (and their reviewer) ought to welcome a second opinion in book reviewing."⁷ In his "second opinion," Stevenson accused the various writers of a number of professional crimes. These writers, it seemed, were not sufficiently respectful of physicians and, as a result, misjudged the movers and shakers of medical history. Not only was left history suspect in this light, but social history as well, for both diminished the importance of individuals while enlarging the importance of broader social currents and conditions.

According to Stevenson, the professionalization of the field by Ph.D.'s had intimidated "amateur" historians, and he worried that "physicians intimidated by 'professionals' should remember that two quite distinct professions are involved and should consider taking action." Whether or not this meant purging the "professionals" or leaving the Association and starting another "amateur" association was never made entirely clear.⁸

Underlying the controversy over the contours of medical history—who should do it, what questions it should address, what political or social content it should have—are more basic questions regarding the very definition of medicine itself. The M.D.'s believe that medicine is defined by physicians and their activities. Although there is a place for the story of other types of professionals and activities in the history of medicine, their importance or interest stems primarily from how they reflect the values, activities, assumptions and interests of medical personnel. For M.D.-historians, as Leonard Wilson explains, "in a strict sense the social history [of medicine] may not even be medical history. If such social history be considered medical history, it is medical history without basic medical science and clinical methods and concepts; that is, it is history of medicine without medicine."⁹ The history of medicine in its most purified form, then, is the activities of the doctor—at least this is the sense that one gets when one reads the editors of the two major medical journals.

But this is clearly not the only view to be had on the issue. For many involved in health policy, planning, and other fields such as the sociology of health, and especially for those who come out of public health backgrounds, the dimensions of health and health care are significantly broadened. The line between what is a medical condition and what is the product of social, cultural and political dislocation is hazy at best. One only has to look at the varied problems of aging, chronic disability, alcoholism, psychiatric disturbance, occupational illness, environmental health and a host of other conditions which are of increasing concern and attention (even during the present administration), in order to realize that there is a tremendous range of conditions which transcend any narrow definition of medicine. To limit medical history only to the lab and bedside is extremely arbitrary and misses many of the most interesting issues which during the last twenty years have transformed medicine itself. Over half a century ago, Henry Sigerist, himself both a physician, a historian, and the founder of the *Bulletin of the History of Medicine*, wrote that the history of medicine was "much more than the history of doctors and their books." He called for a sociological approach to medicine, an understanding of medicine as a cultural and social enterprise. The late growth of interest in "the social

history of medicine" is not a rejection of physicians, or of medical history, rather, it is an affirmation that the clinic and the lab are only one part of a larger story.¹⁰ □

Notes

1. See Susan Reverby and David Rosner, "Beyond the Great Doctors" in S. Reverby and D. Rosner, (eds) *Health Care in America, Essays in Social History*, (Philadelphia, 1979), 1-12.

2. Editorial, "Medical History Without Medicine," *Journal of the History of Medicine*, 35 (January, 1980), 5.

3. Editorial, "Schizophrenia in Learned Societies: Professionalism vs. Scholarship," *Journal of the History of Medicine*, 36 (January, 1981), 5-8.

4. Editorial, "Medical History Without Medicine," *Journal of the History of Medicine*, 35 (January, 1980), 6; see also an earlier editorial, "History vs. the Historian," *Journal of the History of Medicine*, 33 (April, 1978), 127-128.

5. See these reviews in *Journal of the History of Medicine*, 34 (January, 1979), 112-114.

6. Gordon Jones, M.D. (review) in *Journal of the History of Medicine*, 34 (January, 1979), 114.

7. See Howard Berliner and Lloyd Stevenson, "Book Reviews" of E. Richard Brown, *Rockefeller Medicine-Men*; Judith Leavitt and Ron Numbers (eds.) *Sickness and Health in America*; and Susan Reverby and David Rosner (eds.) *Health Care in America, Essays in Social History* in *Bulletin of the History of Medicine*, 54 (Spring, 1980), 131-141. Stevenson makes what appears to be a sexist slip concerning one of the books under review. Complaining that the work paid little or no attention to Drs. Marion Sims, W.T.G. Morton, or Ephraim McDowell, all engaged in nineteenth-century gynecological surgery, Stevenson drily protests: "Dr. Leavitt, that not all gynecological surgery was (or is) evidence of male villainy, and if it were should the fact be suppressed?" Given that there were two editors of the volume under Stevenson's consideration—one male and one female—it seems curious that he should have chosen to identify only the female author.

8. See Lloyd Stevenson, "Second Opinion," *Bulletin of the History of Medicine*, 54 (Spring, 1980), 135-136.

9. Editorial, "Medical History Without Medicine," 7.

10. Susan Reverby and David Rosner, "Beyond the Great Doctors," in Reverby and Rosner (eds), *Health Care in America*, 1-2.