

To David,  
with thanks,  
Ron

## THE HISTORY OF AMERICAN MEDICINE: A FIELD IN FERMENT

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The term "medical history" has long meant different things to different people. To the medically trained scholars who founded the field, medical history involved primarily the study of what physicians, usually famous ones, did and thought. Although some of these pioneers also explored the cultural context of medical history, they jealously guarded their field against pretenders. For example, Erwin H. Ackerknecht, a physician-historian, once noted condescendingly that a history of antebellum medical schools was not *really* medical history because it did not deal with "the history of medicine proper, that is, the history of diseases and their treatment."<sup>1</sup> In recent decades, however, as more and more nonphysicians have entered the field, its scope has broadened to embrace health as well as sickness, patients as well as practitioners, behavior as well as belief, social relations as well as scientific change. In view of these developments, some historians have suggested substituting "history of health care" for "history of medicine."<sup>2</sup> My own feeling is that either label will do, as long as "medicine" is taken in its broadest sense to include both preventive and curative activities.

The designation "medical historian" has provoked similar dispute. The physician-historian Henry Sigerist, one of the first full-time medical historians in the United States, defined a medical historian as "a *physician*, trained in the research methods of history, who takes an active part in the life of his time and is in close touch with the medical problems of his time."<sup>3</sup> Because most historians of American medicine have not been physicians, they have often hesitated to call themselves medical historians, and a few of the leading contributors to the field scarcely think of themselves as such. Even the late Richard H. Shryock, one of the most respected medical historians of the century, did not regard persons like himself, trained only in history, as "professional medical historians." That title he reserved for those "*physicians* who have been enabled, by the establishment of special chairs and institutes, to give much or all of their time to historical studies."<sup>4</sup>

### The Intellectual Origins of American Medical History

Since the founding of the Institute of the History of Medicine at Johns Hopkins University in 1932, professional physician-historians have found

academic homes primarily within medical schools.<sup>5</sup> Consequently, they have oriented their research toward the interests and needs of the medical profession. Although some of them have occasionally written on American topics—see, for example, Sigerist's *American Medicine* (1934) and Ackerknecht's *Malaria in the Upper Mississippi Valley, 1760-1900* (1945)—they have tended to investigate less provincial affairs and to leave the American scene to scholars trained in American history.

At first, American historians questioned the legitimacy of medicine as a proper subject for study, an attitude illustrated by the experience of Shryock, the first American historian to write extensively about medicine. After serving as a technician in the Army Medical School during World War I, he enrolled as a graduate student in the University of Pennsylvania Department of History, hoping to write a dissertation on the history of public health in America. When he informed the professor of American history of his intentions, the professor coolly replied: "an interesting subject, Mr. Shryock, but not history."<sup>6</sup> Thus rebuffed, he selected a more conventional topic; but soon after receiving his Ph.D. in 1924, he shifted his attention back to medical matters. Throughout the middle third of the century he served as the principal model for nonphysicians aspiring to careers in medical history.

Fortunately for the growth of the field, the situation Shryock found at Pennsylvania did not long prevail in the leading departments of history. The change came about largely through the efforts of a small group of American social and intellectual historians led by Arthur M. Schlesinger and Dixon Ryan Fox, editors of the twelve-volume *History of American Life* (1927-1944), who in the 1920s launched a crusade "to free American history from its traditional servitude to party struggles, war and diplomacy and to show that it properly included all the varied interests of the people."<sup>7</sup> Neither Schlesinger nor Fox personally devoted much attention to medical history, but both helped to create a climate of opinion receptive to such innovations and encouraged their students to cultivate the field. Before leaving Columbia University for the presidency of Union College, Fox directed what appear to be the first two dissertations written on American medical history: Courtney Robert Hall's biography of Samuel Latham Mitchill and Henry Burnell Shafer's history of the medical profession in antebellum America.<sup>8</sup>

Schlesinger exerted an even greater influence on the field, perhaps second only to Shryock's. During his tenure at Harvard University, which lasted into the 1950s, at least three of his students—George W. Adams, John B. Blake, and Leonard K. Eaton—wrote dissertations on medical subjects that were later published as books, and a fourth, Donald Fleming, wrote a biography of William H. Welch after leaving graduate school. A number of Schlesinger's students, including several who never wrote about medicine themselves, in

turn trained a second generation of scholars interested in American medical history.<sup>9</sup>

Already by the early 1960s nonphysicians had thus emerged as the dominant force within American medical historiography. In addition to the Schlesinger school, there were over a half-dozen other American historians working on medical topics, among the most prominent of whom were Whitfield J. Bell, Jr., John C. Burnham, David L. Cowen, Horace H. Cunningham, John Duffy, and James Harvey Young. Indiscriminately lumped together as "social historians of medicine," they often wrote in the manner of cultural and intellectual historians. Although they rarely occupied chairs in medical history or taught in medical schools, they set the standards for acceptable scholarship and redefined the boundaries of the field. Physician-historians, most of whom were neither trained nor employed as historians, continued to produce local, institutional, and biographical studies, but they increasingly found themselves outside the mainstream of American medical history.

#### The Shape of the Field, 1962-1981

In order to identify as objectively as possible recent developments in the writing of American medical history, early in 1982 I sent a questionnaire to sixty-five members of the American Association for the History of Medicine, a voluntary society founded in 1925 and open to anyone interested in joining. All sixty-five had published books or articles on the history of medicine in America. I asked them to list the five books, excluding anthologies, published between 1972 and 1981 that had "made the greatest contribution to our understanding of American medicine (broadly conceived)" and to indicate which of the five they deemed most outstanding. To facilitate comparison, I asked them to do the same for books published during the previous ten years. By early March I had received thirty-three useable responses, the results of which are tabulated in Table 1. All but four of the respondents were non-physicians. Two of the four physicians held Ph.D.'s in history as well as M.D. degrees. Most of the respondents (64 percent) were in mid-career; 9 percent were under age thirty-one, 27 percent were over sixty. Although I applied no statistical tests, my impression is that neither age nor medical training made a significant difference in the responses given.

In a field widely thought to be dominated by physicians, it is striking that only one book listed in Table 1, George W. Corner's history of the Rockefeller Institute, was written by a physician. Sixteen of the authors on the list received their training in departments of history, and nearly half of these could trace their pedigree back to Schlesinger, four (Cassedy, Kett, Reed, and Ettl) through Donald Fleming. The remaining four authors did their graduate work in a variety of disciplines, ranging from epidemiology

Table 1. Leading Contributions to American Medical History, 1962-1981

	Ranked in Top 5 by:	Ranked Number 1 by:
<i>Published between 1962 and 1971</i>		
1. C. Rosenberg, <i>Cholera Years</i> (1962)	82%	42%
2. R. Stevens, <i>American Medicine and the Public Interest</i> (1971)	64	15
3. R. Shryock, <i>Medicine in America</i> (1966)	52	15
4. J. Kett, <i>Formation of the American Medical Profession</i> (1968)	39	3
5. J. H. Young, <i>Medical Messiahs</i> (1967)	33	0
6. T. Bonner, <i>American Doctors and German Universities</i> (1963)	27	0
7. J. Burrow, <i>AMA: Voice of American Medicine</i> (1963)	24	0
8. G. Corner, <i>History of the Rockefeller Institute</i> (1964)	18	0
9. J. Cassedy, <i>Charles V. Chapin</i> (1962)	15	0
9. G. Grob, <i>State and the Mentally Ill</i> (1966)	15	0
9. N. Hale, <i>Freud and the Americans</i> (1971)	15	0
<i>Published between 1972 and 1981</i>		
1. W. Rothstein, <i>American Physicians in the Nineteenth Century</i> (1972)	58%	15%
2. T. Savitt, <i>Medicine and Slavery</i> (1978)	33	9
3. M. Vogel, <i>Invention of the Modern Hospital</i> (1980)	33	3
4. G. Grob, <i>Mental Institutions in America</i> (1973)	27	0
5. B. Rosenkrantz, <i>Public Health and the State</i> (1972)	24	6
6. J. Etting, <i>Germ of Laziness</i> (1981)	24	0
7. E. R. Brown, <i>Rockefeller Medicine Men</i> (1979)	21	3
8. S. Strickland, <i>Politics, Science, and Dread Disease</i> (1972)	18	3
9. R. Numbers, <i>Almost Persuaded</i> (1978)	15	0
9. J. Reed, <i>From Private Vice to Public Virtue</i> (1978)	15	0
9. M. Walsh, "Doctors Wanted: No Women Need Apply" (1977)	15	0

(Stevens) to political science (Strickland) and sociology (Brown and Rothstein). Not one of the twenty-one came out of a graduate program in the history of medicine. Eleven of the nineteen living authors taught in departments of history, two (Rosenkrantz and Stevens) had primary appointments in history of science departments, and another two (Numbers and Savitt) worked in medical schools. Thus whatever arrangements prevailed for general medical historians, those working in American medical history have

received, and continue to receive, their greatest patronage from history departments, a situation that may help to explain the readiness with which they have strayed from physician-oriented history.

Forty books published between 1962 and 1981 appeared on three or more questionnaires. Of this number only six were written by physicians:

James Bordley, III and A. McGehee Harvey, *Two Centuries of American Medicine, 1776-1976* (1976)

George W. Corner, *A History of the Rockefeller Institute, 1901-1953* (1964)

Harry F. Dowling, *Fighting Infection: Conquests of the Twentieth Century* (1977)

Peter C. English, *Shock, Physiological Surgery, and George Washington Crile: Medical Innovation in the Progressive Era* (1980)

David F. Musto, *The American Disease: Origins of Narcotic Control* (1973)

George Rosen, *Preventive Medicine in the United States, 1900-1975* (1976)

The authors of three of these books—Corner, Dowling, Bordley, and Harvey—were eminent physicians interested primarily in chronicling the achievements of medicine. Rosen earned a doctorate in sociology as well as in medicine, Musto, a master's degree in history. Only one of the top forty books on American medicine published in the past twenty years, English's biography of Crile, was written by a person possessing both an M.D. and a Ph.D. in history.

It may be significant, although I am not sure, that all of these physician-authored books focus on the twentieth century. Even the Bordley and Harvey volume, an old-fashioned celebration of medical progress that begins with the American Revolution, devotes over half of its pages to the period after World War II and seven-eighths of its space to the past hundred years. But lest anyone conclude that physician-historians monopolize twentieth-century medical history because of their technical expertise, I should point out that half of the books listed in Table 1, all but one written by nonphysicians, also focus on the twentieth century. It may be true that nonphysicians writing about the twentieth century have shied away from discussing the internal history of medicine, but then so have physician-historians like Corner, Musto, and Rosen.

To determine if similar patterns of authorship existed for articles on American medical history as well as for books, I asked the historians receiving my questionnaire to list the most influential articles published during the past two decades. Although a number of respondents chose not to answer this question, the responses I did receive are, I believe, suggestive. Five of the six articles most frequently mentioned were by Charles Rosenberg:

- "The Practice of Medicine in New York a Century Ago," *Bulletin of the History of Medicine* 41 (1967): 223-53. [mentioned 11 times]
- "The Therapeutic Revolution: Medicine, Meaning, and Social Change in Nineteenth-Century America," *Perspectives in Biology and Medicine* 20 (1977): 485-506. [7]
- "Social Class and Medical Care in 19th-Century America: The Rise and Fall of the Dispensary," *Journal of the History of Medicine* 29 (1974): 32-54. [7]
- "Inward Vision and Outward Glance: The Shaping of the American Hospital, 1880-1914," *Bulletin of the History of Medicine* 53 (1979): 345-91. [4]
- "Pietism and the Origins of the American Public Health Movement: A Note on John H. Griscom and Robert M. Hartley," *Journal of the History of Medicine* 23 (1968): 16-35. Written with Carroll Smith-Rosenberg. [4]

This list and Table 1 suggest that Rosenberg now occupies the position once held by Shryock as the leading practitioner of American medical history. Trained as an undergraduate in history at the University of Wisconsin, where the physician-historian Ackerknecht introduced him to the history of medicine, he went on to study with Richard Hofstadter in the Department of History at Columbia University and to spend a year as a fellow at the Institute of the History of Medicine affiliated with the Johns Hopkins Medical School. His education thus embraced the best of both American and medical history. His first book, *The Cholera Years*, by far the most admired book in the field published since 1961, received the unqualified praise of both communities. In this, as well as in his other writings, he has convincingly demonstrated the interdependence of medical and cultural history. His insistence on situating medical developments within their cultural context and on exploring connections between ideas and institutions has helped to tear down the artificial barrier that an older generation had erected between the internal and external history of medicine. His work on the history of therapeutics, conceded by many to be the most perceptive analysis of this historically treacherous subject ever published, showed that lack of medical training need not deter an industrious and intelligent historian from tackling technical medical topics.

Of the eighteen "most influential" articles listed by more than one respondent, four were by physician-historians:

- Robert P. Hudson, "Abraham Flexner in Perspective: American Medical Education, 1865-1910," *Bulletin of the History of Medicine*, 56 (1972): 545-61. [mentioned 7 times]
- Edward C. Atwater, "The Medical Profession in a New Society: Rochester, New York (1811-60)," *Bulletin of the History of Medicine* 47 (1973):

- 221-35; and "The Physicians of Rochester, N.Y., 1860-1910: A Study in Professional History, II," *ibid.* 51 (1977): 93-106. [3]
- Gert H. Brieger, "American Surgery and the Germ Theory of Disease," *Bulletin of the History of Medicine* 40 (1966): 135-45. [2]
- George Rosen, "The First Neighborhood Health Center Movement—Its Rise and Fall," *American Journal of Public Health* 61 (1971): 1620-35. [2]
- Two features of this list are noteworthy. In view of the medical training and experience of the authors, it is curious that three of the four describe social, rather than technical, developments. It is also significant, I think, that all four earned graduate degrees in addition to their M.D.'s. Rosen, as mentioned earlier, held a Ph.D. in sociology; Brieger, Hudson, and Atwater studied at the Johns Hopkins Institute of the History of Medicine, with Brieger earning a Ph.D. and Hudson and Atwater M.A.'s. Does this suggest that the time has passed when a physician untrained in history or the social sciences is likely to make a meaningful contribution to medical history? If so, it would not be surprising. After all, medical history is one of the few remaining academic fields in which amateurs still expect to participate on an equal basis with professionals.

The predominance of nonphysicians in the history of medicine and the proliferation of studies on its socioeconomic aspects rather than on its internal development have lately provoked a strong reaction among physician-historians and sympathizers who worry, as the editor of the *Journal of the History of Medicine* put it, that academically trained historians are writing "medical history without medicine." He feared that scholars trained in historical seminars rather than in clinics and laboratories would tend to ignore "basic medical science and clinical methods and concepts."<sup>10</sup> Using more picturesque language, the editor of the *Bulletin of the History of Medicine* complained that the present generation of American medical historians was reducing the great doctors of the past to bits of "flotsam on a great economic or social current."<sup>11</sup>

Those for whom medical history was more of a hobby than a career especially resented the ascendancy of nonphysicians. "[T]he obvious fact that the history of medicine seems to be coming under the control of Ph.D.'s" has created a "malaise or exasperation among certain M.D.'s," observed an amateur physician-historian in 1979. The takeover by historians untrained in clinical medicine, he thought, boded ill for the field because nonphysicians, who learned about medicine from written sources rather than from experience, lacked the sensitivity to interpret the past correctly.<sup>12</sup> The Ph.D.'s, for their part, often showed little appreciation for the physician turned historian. To them, physicians practicing history made about as much sense as historians practicing medicine.

It would be inaccurate, however, to leave the impression that the com-

munity of medical historians is neatly divided between M.D.'s and Ph.D.'s. There have always been historians who encouraged the participation of physicians, as well as physicians who supported the professionalization of medical history. Besides, if anything, there are three, not two, distinct interest groups. On one hand are the practicing physicians for whom history is an avocation. Many in this group identify with the type of inspirational medical history written by Sir William Osler, who believed that the great doctors of the past could serve as positive models for the present. In 1969 some of these physician-historians formed the American Osler Society, an exclusive body that meets alternately with the American Association for the History of Medicine (AAHM) and the American College of Physicians.

On the other hand are the academically trained historians, including most of the historians of American medicine, who typically reside in departments of history. They write medical history not to inspire the present generation of health professionals but to understand the past for its own sake or, in some instances, to illuminate present concerns. They may or may not belong to the AAHM; if they do, it is often less central to their professional lives than the Organization of American Historians or the American Historical Association.

Between the practicing physicians and the academic historians is a comparatively small group of historians trained in both medicine and history. These scholars generally teach in medical schools in departments of medical history or medical humanities and attach a great deal of value to their role as medical educators. Although they may teach some nonmedical students, their primary pedagogic goal is to train "humanist" physicians, a task for which they believe themselves uniquely qualified. "[T]he physician-professional-historian is undoubtedly the best qualified person to teach medical history," declared one of them recently, at the same time acknowledging that non-physicians could probably do a competent job of teaching "in fields related to medicine, especially those areas related to the social history of medicine which do not require any professional medical training."<sup>13</sup> A few years ago these medical educators organized their own informal society, with admission by invitation only; they continue as well to provide leadership in the AAHM at a level disproportionate to their numbers.

#### New Directions

Critics of medical history, both inside and outside the field, have frequently complained that its cultivators place too much emphasis on heroic physicians and medical milestones and too little on the social context in which healing takes place. If these criticisms fairly reflect American medical historiography before the 1970s—and I suspect they do not—they certainly

are no longer valid, especially if we look beyond the cadre of self-proclaimed medical historians to the larger community of scholars who write about the history of health care in America.

If we compare the books on American medical history published during the ten years preceding 1972 with those published since, we see considerable continuity of interest. Medical historians continued to write biographies of famous doctors and nurses,<sup>14</sup> accounts of medical institutions,<sup>15</sup> studies of public-health reform,<sup>16</sup> and analyses of public-policy debates.<sup>17</sup> But in at least three traditional areas of research—physicians, hospitals, and public health—the scholarship of the 1970s and early 1980s markedly advanced our understanding of the past, in each instance by broadening the search for causal explanations.

According to Table 1, the most important book of the past decade was William G. Rothstein's *American Physicians in the Nineteenth Century: From Sects to Science*. In it the author, a sociologist, recast the entire history of the medical profession in the nineteenth century. Instead of focusing on professional leaders, he looked at "the behavior of the majority of the professionally trained physicians." Instead of explaining their actions in altruistic terms, he stressed their economic self-interest. And, most radical of all, instead of distinguishing between the body of orthodox practitioners (allopaths) and their sectarian competitors, he treated the allopaths as merely another sect, albeit the largest and most powerful one.<sup>18</sup>

Rothstein's work was not without its flaws—most notably its Whiggish distinction between medically valid and invalid therapies and its arbitrary definition of sects—but its blemishes were scarcely so offensive as to warrant the outrage and scorn with which some physician-historians greeted it. One, quoting Friedrich Engels, judged Rothstein's muted economic interpretation to be "almost identical to the materialist conception of history." Another belittled his book as "a provocative paradox of historiographical and medical naïveté." A third described it as illustrating "the point that a non-medical historian should be very careful before getting into technical concepts, practices and areas."<sup>19</sup> Such criticism smacked of a double standard: winking at the historical slips of physicians while damning nonphysicians for the most trivial of medical errors.

During the past century the general hospital emerged as the most visible symbol of modern medicine; yet historians until very recently overlooked this development. There were, to be sure, numerous chronicles of individual institutions, but no analyses of the unprecedented growth of hospitals between 1875 and 1925 or of their transformation from a marginal to a central role in the provision of health care. This dismal record improved dramatically with the back-to-back appearance of two landmark studies of the

general hospital: Morris J. Vogel's history of Boston hospitals in the late nineteenth and early twentieth centuries and David K. Rosner's study of hospitals in New York and Brooklyn.<sup>20</sup> Both authors treated the hospital more as a social than a medical institution, and both emphasized change rather than progress. In place of the prevailing notion that scientific and technological advances (e.g., anesthesia and the x-ray) gave birth to the modern hospital, they pointed to a host of equally important social, political, and economic factors and argued that institutional change often preceded technological innovation. Although neither Vogel nor Rosner denied the significance of medical science and technology, they left the impression that such influences were of secondary consequence. Such radical revisionism prompted Charles Rosenberg to warn historians not to let the glitter of socioeconomic interpretations blind them to the positive role played by scientific medicine.<sup>21</sup>

Mental hospitals, or insane asylums as they used to be called, attracted great historical attention during the 1970s, often on the part of persons disillusioned with institutionalized care for the mentally ill and convinced that such institutions served as agents of social control rather than human betterment. Although reassessment of the asylum—and the very notion of mental illness—began before the 1970s, American historians tended to remain outside the debate until 1971, when David J. Rothman published *The Discovery of the Asylum*, a widely read work that likened the antebellum insane asylum to the penitentiary. In contrast to those who viewed the asylum as a benevolent reform, Rothman portrayed it primarily as an instrument of social control.<sup>22</sup>

Foremost among the scholars who challenged Rothman was Gerald N. Grob, who in 1973 published a comprehensive history of mental institutions in America before 1875. There and elsewhere Grob maintained that the asylum represented a response to real social and medical needs and should not be seen simply as an agency "by which dominant elites restrained deviant groups . . . thereby ensuring their own hegemony." He agreed with Rothman that the asylums failed to fulfill their early promise but attributed this failure to temporary setbacks, not to "an inevitable consequence of institutional solutions."<sup>23</sup>

The rewriting of public health history in the 1970s closely paralleled that of hospital history. Although historians of public health had produced some useful biographical and community studies prior to the 1970s, much of the work in this area, like that dealing with hospitals, contained little analysis, overemphasized progress, and slighted the context in which reform took place. Glimmers of a more sophisticated approach to public health appeared in Stuart Galishoff's 1975 monograph on Newark during the Progressive era.<sup>24</sup> But it was Judith Walzer Leavitt's analysis of the politics of health

reform in Milwaukee that set the standard for studying public health at the local level. Rather than simply describing the activities of the city health department in fighting disease, improving sanitation, and regulating food, Leavitt (like Galishoff, an urban historian) examined the processes by which change occurred, paying as close attention to the activities and motivations of the opponents of reform as to those of the proponents.<sup>25</sup>

Despite the understandable inclination of public-health historians to concentrate on local communities—especially urban ones—some have produced valuable state and regional studies. The best examples of such works are Barbara Gutmann Rosenkrantz's history of the Massachusetts State Board of Health and John Eitling's splendidly written history of the Rockefeller Foundation's efforts to eradicate hookworm disease in the South. In a refreshing departure from the current fashion of emphasizing economic motivation, Eitling stressed instead the religious roots of the antihookworm campaign, cleverly drawing parallels between county hookworm dispensaries and southern tent revivals and describing hookworm as the medical equivalent of sin.<sup>26</sup>

Some of the most exciting—if not always the most reliable—medical history to come out of the past decade has focused on subjects previously on the periphery of medical history (e.g., blacks and women) and on relationships previously unexamined (e.g., between medicine and capitalism). Although medical historians writing before the 1970s occasionally wrote about the health care of black Americans, the civil rights movement and the resulting explosion of interest in Afro-American history directed unprecedented attention to the topic, particularly to the questions of whether blacks were biologically different from whites and how such differences, if they existed, affected black history. In the best-informed attempt to answer these questions, Todd L. Savitt, a medical student turned southern historian, examined the health status of slaves in antebellum Virginia. In addition to determining patterns of illness and access to health care, he looked at the ways in which diet, dress, housing, and labor may have affected their health. The result was not only the most comprehensive analysis of sickness and health among blacks, but perhaps the most comprehensive medicohistorical study of any segment of the American population.<sup>27</sup> The 1970s failed, however, to produce much in the way of scholarship about the role of blacks as providers of health care or about health care among other minority groups.

Like blacks, women remained on the margins of medical history until the 1970s, when the feminist movement discovered the ideological importance of the field. The first angry outburst at the way women had suffered in the past came from two radical scholars outside of history, Barbara Ehrenreich, a biologist, and Deirdre English, a social worker. In the early 1970s they col-

laborated on two widely circulated pamphlets that accused male physicians of actively suppressing women health workers and of fostering "sexist ideology and sexual oppression."<sup>28</sup>

Simultaneously with the publication of these accusations there appeared an influential essay by Ann Douglas Wood, a specialist in American literature, who described relationships between nineteenth-century physicians and their women patients in terms of "psychological warfare." Male physicians, she alleged, gave vent to their "aggressively hostile male sexuality and superiority" by subjecting their female victims to treatments with "injections, leeches, and hot irons." In contrast, women physicians, who were just entering the profession, sought to free their sisters from male control and to provide more humane treatment.<sup>29</sup> A few years later, G. J. Barker-Benfield, a historian, brought out a psychoanalytical study of the attitudes of nineteenth-century male physicians toward women, provocatively titled *The Horrors of the Half-Known Life*, and Richard and Dorothy Wertz published a history of childbirth in America in which they attributed the elimination of midwives to the strivings of male physicians to satisfy their economic and "psychosexual needs."<sup>30</sup> Although these early studies often read more like polemics than history, and frequently displayed a shocking disregard for the factual integrity of medical history, they nevertheless played a positive role in directing attention away from elites and in suggesting new directions for historical investigation.

One of the first women historians to call for an end to polemics was Regina Markell Morantz, who argued cogently that the medical experiences of women could be properly understood only when placed in historical context. Her own work demonstrated how this could be done. For example, to determine whether the medical practices of nineteenth-century women physicians differed from those of male physicians, she and Sue Zschoche compared the obstetrical records of two Boston hospitals, one run by female doctors, the other by males. Contrary to the assertions of Wood and others, they found striking similarities in both medical theory and practice.<sup>31</sup> In a similarly constructive way Carroll Smith-Rosenberg went beyond the rhetoric of sexual oppression to show how the sometimes negative beliefs of male physicians toward women helped to legitimize their professional role.<sup>32</sup>

The groundswell of interest in women's history produced a series of excellent studies of women as healers: doctors, nurses, and midwives. As indicated above, the demise of the midwife came, for some feminists, to symbolize the perversity of male physicians. However, in an illuminating monograph on the post-Civil War midwife, Judy Barrett Litoff, following a line of argument earlier suggested by Frances E. Kobrin, revealed a complex story in which social and cultural factors contributed as much to the decline of midwifery as did the arguments and activities of physicians.<sup>33</sup>

Mary Roth Walsh's history of women physicians, *Doctors Wanted: No Women Need Apply*, also corrected many myths. Using the Boston area as a case study, she showed that, contrary to almost universal belief, women enjoyed a "golden age" as physicians in the late nineteenth century, before sexual quotas reduced their access to medical schools. Surprisingly, rising professional standards for physicians seemed to have had little effect on the number of women doctors.<sup>34</sup>

For nearly a century the history of nursing was customarily written for nurses by nurses. In the 1970s, however, historians discovered the nurse and introduced critical analysis into nursing history. In a radical departure from traditional historiography, Barbara Melosh drew on the techniques of cultural, feminist, and labor history to rewrite the history of nursing since 1920. Generally ignoring professional leaders, who she believed represented a minority position among nurses, she emphasized instead the work experiences of "ordinary nurses" and their "shop-floor culture," giving us one of the finest examples of medical history written from the bottom up.<sup>35</sup>

Whereas Melosh came across as being more radical in method than tone, other historians have adopted an explicitly political stance in writing about American medicine. Linda Gordon's "Marxist-Feminist" analysis of the American birth-control movement, *Woman's Body, Woman's Right*, gives what one sympathetic reviewer has described as "a concrete picture of how certain economic and political forces within American capitalism have influenced the relationship of women and medicine."<sup>36</sup> According to their own account, Marxist historians of medicine see physicians "not as disembodied intellects, but as social products of a specific culture," and they view medical knowledge "as ideology in the service of an elite, with no more claim to objectivity than political or philosophical ideas." Thus, for example, they do not ask how medical scientists discovered a disease, but why they invented it.<sup>37</sup>

American medical historians of radical persuasion have tended to concentrate not so much on the invention of diseases as on the development of a medical system in the service of capitalism. In an influential 1973 essay on "the use of medical education reform to establish modern professional elitism in medicine," Gerald E. Markowitz and David K. Rosner argued that the much-applauded reforms of the early twentieth century "centralized, bureaucratized, modernized and expanded medicine and medical education in the interests of physicians' own professional needs and with little regard for the needs of the public." In a similar vein, Howard S. Berliner viewed the Carnegie-funded Flexner Report of 1910 as "an attempt by the capitalist class" to solidify the position of a medical elite, not as a praiseworthy effort to upgrade medical education and improve medical care.<sup>38</sup>

In *Rockefeller Medicine Men: Medicine and Capitalism in America*, the most controversial medical history of the past decade, E. Richard Brown, a

sociologist and health planner, gave this argument its fullest treatment to date. With an eye constantly on the present, he traced the roots of the current "crisis" in health care back to the turn of the century, when the Carnegie and Rockefeller foundations donated millions of dollars to develop "a medical system to meet the needs of capitalist society," specifically the maintenance of a healthy work force and the legitimation of the human misery they were creating. In Brown's hands, scientific medicine emerged "not as the determining force in the development of modern health care but as a tool developed by members of the medical profession and the corporate class to serve their perceived needs."<sup>39</sup>

Although much of the work of these radical historians has been too long on polemics and too short on evidence to suit my taste, they have, I believe, exposed some important ties between medicine and society, and they have forced some of the more timid of us to expand our historiographical horizons. They have also dragged medical history out of its ivory tower and thrust it into the public arena. If the recently published studies by Rosner (on New York hospitals) and Melosh (on nursing)—both long on scholarship and short on polemics—are harbingers of things to come, we can expect some of the most stimulating medical history of the 1980s to come from this quarter.

### Second Thoughts

In 1971 Charles Rosenberg called for a "new emphasis" in the history of medicine, a shift away from the intellectual life of physicians to their activities as healers and as members of a profession. Medical historians, he said, needed to place medicine in its social and cultural context and to explore the ways in which socioeconomic factors might have influenced medical developments.<sup>40</sup> Rosenberg's call, as we have seen, did not go unheeded. In fact, during the following decade American medical historians devoted so much attention to nonintellectual factors that even the social-history advocates began to express concern. As early as 1977 Gerald N. Grob noted "an excessive preoccupation with socioeconomic determinants" and an inability on the part of many social historians of medicine to deal intelligently with the history of disease. John B. Blake, a Schlesinger student, observed that the fascination of American medical historians with social issues and irregular healers was creating "a distorted view not only of scientific history but also of the professional history that is their central concern." And by 1979 even Rosenberg was urging medical historians not to underestimate the importance of medical science and other intellectual currents.<sup>41</sup>

To a certain extent these warnings are well taken. Compared with the abundance of first-rate studies on the social and cultural aspects of American medicine, the past decade produced few comparable accounts of theory and

practice, disease, or basic research.<sup>42</sup> I do, however, question the notion that regular physicians and their activities should be the "central concern" of American medical historians. Our primary goal, as I see it, is to explain the changing patterns of sickness and health in America, the part played by physicians in alleviating suffering and prolonging life being only one facet of the record.

The publications of the British physician-historian Thomas McKeown on declining mortality rates in England and Wales, as well as recent epidemiological studies, suggest that nutrition, sanitation, and personal lifestyle have had—and continue to have—a greater effect than curative medicine on health and longevity. If this is true, then we should be worrying far more about the historical neglect of diet, housing, and personal hygiene than about the temporary eclipse of physicians.<sup>43</sup>

Another glaring gap in the literature of American medicine is the absence of a critical survey that synthesizes existing scholarship. Since Francis R. Packard brought out his fact-filled *History of Medicine in the United States* at the turn of the century, few historians have had the courage to undertake such a task. Richard Shryock made an elegant beginning in *Medicine and Society in America*, but failed to carry the story beyond 1860. John Duffy marked the Bicentennial with a survey called *The Healers*, a convenient summary for the general reader, but left many areas unexplored and unanalyzed.<sup>44</sup> Thus we have no suitable interpretation of American medicine to offer students and other scholars interested in learning about the subject.

I began this essay by pointing to the long-standing difficulty of defining medical history and its practitioners. The developments of the past decade have, if anything, exacerbated the problem. The discovery of medicine by historians of women and blacks, professionals and laborers, urban society and southern culture, has all but erased any boundaries that may previously have distinguished the field of American medicine. Personally, I welcome the change. Medical history is too important to be left to "medical historians."

1. Erwin H. Ackerknecht, *Review of Medical Education in the United States before the Civil War*, by William Frederick Norwood, *Quarterly Review of Biology* 20 (1945): 96.

2. Susan Reverby and David Rosner, "Beyond 'the Great Doctors,'" in *Health Care in America: Essays in Social History*, eds. Reverby and Rosner (Philadelphia: Temple University Press, 1979), p. 3.

3. Quoted in Cert H. Brieger, "The History of Medicine and the History of Science," *Isis* 72 (1981): 538. Italics added.

4. Richard H. Shryock, "The Historian Looks at Medicine," *Bulletin of the Institute of the History of Medicine* 5 (1937): 890. Italics added. Ironically, Shryock later became the first, and only, nonphysician to direct the Johns Hopkins Institute of the History of Medicine.

5. On the preprofessional period of American medical history, see Whitfield J. Bell, Jr., "The Writing of American Medical History before Professionalization," *Transactions and Studies of the College of Physicians of Philadelphia* 42 (1974): 49-60.

6. Whitfield J. Bell, Jr., "Richard H. Shryock: Life and Work of a Historian," *Journal of the History of Medicine and Allied Sciences* 29 (1974): 18.
7. Arthur M. Schlesinger, Jr., *In Retrospect: The History of a Historian* (New York: Harcourt, Brace & World, 1963), p. 113. See also Dixon Ryan Fox, *Ideas in Motion* (New York: D. Appleton-Century, 1935), pp. 81-82, 87.
8. As far as I can tell, these are the first published dissertations on American medical history: Courtney Robert Hall, *A Scientist in the Early Republic: Samuel Latham Mitchell, 1764-1831* (New York: Columbia University Press, 1934); Henry Burnell Shafer, *The American Medical Profession, 1783 to 1850* (New York: Columbia University Press, 1936); Helen E. Marshall, *Dorothea Dix: Forgotten Samaritan* (Chapel Hill: University of North Carolina Press, 1973); St. Julien Ravenel Childs, *Malaria and Colonization in the Carolina Low Country, 1526-1696* (Baltimore: Johns Hopkins Press, 1940); William Frederick Norwood, *Medical Education in the United States before the Civil War* (Philadelphia: University of Pennsylvania Press, 1944), completed as a dissertation in 1939.
9. A. Hunter Dupree, "The History of American Science—A Field Finds Itself," *American Historical Review* 71 (1968): 867. A partial list of second-generation Schlesinger students who have written on medical history includes Thomas N. Bonner (Ray Allen Billington), James H. Cassidy (Donald Fleming), John Etting (Fleming), Nathan G. Hale, Jr. (Henry F. May), Joseph F. Kett (Fleming), Judith Walzer Leavitt (Richard C. Wade), William Frederick Norwood (Erik M. Eriksson), Ronald L. Numbers (A. Hunter Dupree), and James Reed (Fleming).
10. [Leonard Wilson], "Medical History without Medicine," *Journal of the History of Medicine* 35 (1980): 5-7. See also [Wilson], "Schizophrenia in Learned Societies: Professionalism vs. Scholarship," *ibid.* 36 (1981): 5-8.
11. Lloyd G. Stevenson, "A Second Opinion," *Bulletin of the History of Medicine* 54 (1980): 135.
12. Gordon W. Jones, Letter to the Editor, *Journal of the History of Medicine* 34 (1979): 457-58; see also Jones, Review of *Lying-in: A History of Childbirth in America*, by Richard W. Wertz and Dorothy C. Wertz, *ibid.*, pp. 113-14.
13. Guenter B. Risse, "The Role of Medical History in the Education of the 'Humanist' Physician: A Reevaluation," *Journal of Medical Education* 50 (1975): 463. For a recent opinion by a physician-historian of the qualifications needed for writing medical history, see Gert H. Brieger, "History of Medicine," in *A Guide to the Culture of Science, Technology, and Medicine*, ed. Paul T. Durbin (New York: Free Press, 1980), pp. 165-66.
14. See, e.g., Helen E. Marshall, *Mary Adelaide Nutting: Pioneer of Modern Nursing* (Baltimore: Johns Hopkins University Press, 1972); James O. Breeden, *Joseph Jones, M.D.: Scientist of the Old South* (Lexington: University Press of Kentucky, 1975); Gerald N. Grob, *Edward Jarvis and the Medical World of Nineteenth-Century America* (Knoxville: University of Tennessee Press, 1978); Peter C. English, *Shock, Physiological Surgery, and George Washington Crile: Medical Innovation in the Progressive Era* (Westport, Conn.: Greenwood Press, 1980).
15. On medical schools, see, e.g., Martin Kaufman, *American Medical Education: The Formative Years, 1765-1910* (Westport, Conn.: Greenwood Press, 1976); and *The University of Vermont College of Medicine* (Hanover, N.H.: University Press of New England, 1979); Ronald L. Numbers, ed., *The Education of American Physicians: Historical Essays* (Berkeley: University of California Press, 1980). On medical societies, see, e.g., James G. Burrow, *Organized Medicine in the Progressive Era: The Move Toward Monopoly* (Baltimore: Johns Hopkins University Press, 1977); Ronald L. Numbers, *Almost Persuaded: American Physicians and Compulsory Health Insurance, 1912-1920* (Baltimore: Johns Hopkins University Press, 1978).
16. See, e.g., John Duffy, *A History of Public Health in New York City, 1866-1966* (New York: Russell Sage Foundation, 1974).
17. On pesticides, see James Whorton, *Before Silent Spring: Pesticides and Public Health in Pre-DDT America* (Princeton: Princeton University Press, 1974); Thomas R. Dunlap, *DDT: Scientists, Citizens, and Public Policy* (Princeton: Princeton University Press, 1981). On drugs, see David F. Musto, *The American Disease: Origins of Narcotic Control* (New Haven: Yale

- University Press, 1973). On medical research, see Stephen P. Strickland, *Politics, Science, and Dread Disease: A Short History of United States Medical Research Policy* (Cambridge: Harvard University Press, 1972). On government health insurance, see Monte M. Poen, *Harry S. Truman versus the Medical Lobby: The Genesis of Medicare* (Columbia: University of Missouri Press, 1979); Ronald L. Numbers, ed., *Compulsory Health Insurance: The Continuing American Debate* (Westport, Conn.: Greenwood Press, 1982).
18. William G. Rothstein, *American Physicians in the Nineteenth Century: From Sects to Science* (Baltimore: Johns Hopkins University Press, 1972). On osteopathic physicians, see Norman Gevitz, *The D.O.'s: Osteopathic Medicine in America* (Baltimore: Johns Hopkins University Press, 1982).
19. Reviews of *American Physicians in the Nineteenth Century*, by William G. Rothstein: J. B. deC. M. Saunders, *Journal of Medical Education* 48 (1973): 298; Chester R. Burns, *Journal of the American Medical Association* 223 (1973): 1166; George Rosen, *Clio Medica* 9 (1974): 162.
20. Morris J. Vogel, *The Invention of the Modern Hospital: Boston, 1870-1930* (Chicago: University of Chicago Press, 1980); David K. Rosner, *A Once Charitable Enterprise: Hospitals and Health Care in Brooklyn and New York, 1885-1915* (Cambridge, England: Cambridge University Press, 1982). See also Charles Rosenberg, "And Heal the Sick: Hospital and Patient in 19th Century America," *Journal of Social History* 10 (1977): 428-47; and "Inward Vision & Outward Glance: The Shaping of the American Hospital, 1880-1914," *The Bulletin of the History of Medicine* 53 (1979): 346-91.
21. Charles Rosenberg, "The Origins of the American Hospital System," *Bulletin of the New York Academy of Medicine* 55 (1979): 17.
22. David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (Boston: Little, Brown, 1971). See also Rothman's sequel, *Conscience and Convenience: The Asylum and Its Alternatives in Progressive America* (Boston: Little, Brown, 1980).
23. Gerald N. Grob, "Rediscovering Asylums: The Unhistorical History of the Mental Hospital," in *The Therapeutic Revolution: Essays in the Social History of American Medicine*, eds. Morris J. Vogel and Charles Rosenberg (Philadelphia: University of Pennsylvania Press, 1979), p. 136; Gerald N. Grob, *Mental Institutions in America: Social Policy to 1875* (New York: Free Press, 1973). See also Richard W. Fox, *So Far Disordered in Mind: Insanity in California, 1870-1930* (Berkeley: University of California Press, 1978).
24. Stuart Galishoff, *Safeguarding the Public Health: Newark, 1895-1918* (Westport, Conn.: Greenwood Press, 1975).
25. Judith Walzer Leavitt, *The Healthiest City: Milwaukee and the Politics of Health Reform* (Princeton: Princeton University Press, 1982).
26. Barbara Gutmann Rosenkrantz, *Public Health and the State: Changing Views in Massachusetts, 1842-1936* (Cambridge: Harvard University Press, 1972); John Etting, *The Germ of Laziness: Rockefeller Philanthropy and Public Health in the New South* (Cambridge: Harvard University Press, 1981).
27. Todd L. Savitt, *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia* (Urbana: University of Illinois Press, 1978). See also Kenneth F. Kiple and Virginia Himmelsteib King, *Another Dimension to the Black Diaspora: Diet, Disease, and Racism* (Cambridge, England: Cambridge University Press, 1981). On blacks and human experimentation, see James H. Jones, *Bad Blood: The Tuskegee Syphilis Experiment* (New York: Free Press, 1981).
28. Barbara Ehrenreich and Deirdre English, *Witches, Midwives, and Nurses: A History of Women Healers*, 2nd ed. (Old Westbury, N.Y.: Feminist Press, 1973); and *Complaints and Disorders: The Sexual Politics of Sickness* (Old Westbury, N.Y.: Feminist Press, 1973). See also their later volume, *For Her Own Good: 150 Years of the Experts' Advice to Women* (Garden City, N.Y.: Anchor Press/Doubleday, 1978).
29. Ann Douglas Wood, "The Fashionable Diseases: Women's Complaints and Their Treatment in Nineteenth-Century America," *Journal of Interdisciplinary History* 4 (1973): 25-52.
30. G. J. Barker-Benfield, *The Horrors of the Half-Known Life: Male Attitudes Toward*

*Women and Sexuality in Nineteenth-Century America* (New York: Harper & Row, 1976); Richard W. Wertz and Dorothy C. Wertz, *Lying-in: A History of Childbirth in America* (New York: Free Press, 1977).

31. Regina Markell Morantz, "The Perils of Feminist History," *The Journal of Interdisciplinary History* 4 (1974): 649-60; and with Sue Zschoche, "Professionalism, Feminism, and Gender Roles: A Comparative Study of Nineteenth-Century Medical Therapeutics," *Journal of American History* 67 (1980): 568-88.

32. Carroll Smith-Rosenberg, "Puberty to Menopause: The Cycle of Femininity in Nineteenth-Century America," *Feminist Studies* 1 (1973): 58-72. See also Smith-Rosenberg, "The Hysterical Woman: Sex Roles and Role Conflict in 19th-Century America," *Social Research* 39 (1972): 652-78; and with Charles Rosenberg, "The Female Animal: Medical and Biological Views of Woman and Her Role in Nineteenth-Century America," *The Journal of American History* 60 (1973): 332-56; John S. Haller, Jr., and Robin M. Haller, *The Physician and Sexuality in Victorian America* (Urbana: University of Illinois Press, 1974); Sarah Stage, *Female Complaints: Lydia Pinkham and the Business of Women's Medicine* (New York: W. W. Norton, 1979).

33. Judy Barrett Litoff, *American Midwives: 1860 to the Present* (Westport, Conn.: Greenwood Press, 1978); Frances E. Kobrin, "The American Midwife Controversy: A Crisis of Professionalization," *The Bulletin of the History of Medicine* 40 (1966): 350-63. See also Jane B. Donegan, *Women & Men Midwives: Medicine, Morality, and Misogyny in Early America* (Westport, Conn.: Greenwood Press, 1978).

34. Mary Roth Walsh, "Doctors Wanted: No Women Need Apply": *Sexual Barriers in the Medical Profession, 1835-1975* (New Haven: Yale University Press, 1977).

35. Barbara Melosh, *The Physician's Hand: Work Culture and Conflict in American Nursing* (Philadelphia: Temple University Press, 1982). For other examples of the new nursing history, see Jane E. Mottus, *New York Nightingales: The Emergence of the Nursing Profession at Bellevue and New York Hospital, 1850-1920* (Ann Arbor, Mich.: UMI Research Press, 1980); Susan Reverby, "The Search for the Hospital Yardstick: Nursing and the Rationalization of Hospital Work," in *Health Care in America*, pp. 206-25.

36. Martha H. Verbrugge, "Women and Medicine in Nineteenth-Century America," *Signs* 1 (1976): 968; Linda Gordon, *Woman's Body, Woman's Right: A Social History of Birth Control in America* (New York: Grossman, 1976). For an excellent account of the birth-control movement that pays more attention than Gordon to the medical profession, see James Reed, *From Private Vice to Public Virtue: The Birth Control Movement and American Society since 1830* (New York: Basic Books, 1978). See also James C. Mohr, *Abortion in America: The Origins and Evolution of National Policy, 1800-1900* (New York: Oxford University Press, 1978).

37. Terry M. Parssinen and Karen Kerner, "Development of the Disease Model of Drug Addiction in Britain, 1870-1926," *Medical History* 24 (1980): 294-95. For a much-cited example of this type of history, see Karl Figlio, "Chlorosis and Chronic Disease in Nineteenth-Century Britain: The Social Constitution of Somatic Illness in a Capitalist Society," *Social History* 3 (1979): 167-97.

38. Gerald E. Markowitz and David Karl Rosner, "Doctors in Crisis: A Study of the Use of Medical Education Reform to Establish Modern Professional Elitism in Medicine," *American Quarterly* 25 (1973): 107; Howard S. Berliner, "A Larger Perspective on the Flexner Report," *International Journal of Health Services* 5 (1975): 573-92.

39. E. Richard Brown, *Rockefeller Medicine Men: Medicine and Capitalism in America* (Berkeley: University of California Press, 1979), pp. 4, 127. For typical responses to Brown, see Howard S. Berliner, *Review of Rockefeller Medicine Men and Other Books*, *The Bulletin of the History of Medicine* 54 (1980): 131-34; Lloyd G. Stevenson, "A Second Opinion," *ibid.*, pp. 134-40; E. Richard Brown and Daniel M. Fox, "Deuce-Ace Book Reviewing: A Third Opinion," *ibid.*, pp. 589-93; Harold Y. Vanderpool, Letter to the Editor, *ibid.* 55 (1981): 434-37; Saul Benison, "Ideology über alles: An Essay Review," *The Journal of the History of Medicine* 37 (1982): 83-90.

40. Charles E. Rosenberg, "The Medical Profession, Medical Practice and the History of

Medicine," in *Modern Methods in the History of Medicine*, ed. Edwin Clarke (London: Athlone Press, 1971), pp. 22-35.

41. Gerald N. Grob, "The Social History of Medicine and Disease in America: Problems and Possibilities," in *The Medicine Show: Patients, Physicians and the Perplexities of the Health Revolution in Modern Society*, ed. Patricia Branca (New York: Science History Publications, 1977), p. 2; John B. Blake, "Homeopathy in American History: A Commentary," *Transactions and Studies of the College of Physicians of Philadelphia*, 5, 3 (1981): 92; Rosenberg, "Origins of the American Hospital System," p. 17.

42. For exceptions to this generalization, see Elizabeth W. Etheridge, *The Butterfly Caste: A Social History of Pellagra in the South* (Westport, Conn.: Greenwood Pub. Co., 1972); Eitling, *Germ of Laziness*; Alfred W. Crosby, Jr., *Epidemic and Peace, 1918* (Westport, Conn.: Greenwood Press, 1976); Harry F. Dowling, *Fighting Infection: Conquests of the Twentieth Century* (Cambridge: Harvard University Press, 1977). For a pioneering effort to determine therapeutic practices, see J. Worth Estes, "Therapeutic Practice in Colonial New England," in *Medicine in Colonial Massachusetts, 1620-1820*, eds. Philip Cash, Eric H. Christianson, and J. Worth Estes (Boston: Colonial Society of Massachusetts, 1980), pp. 289-383.

43. Thomas McKeown, *The Modern Rise of Population* (New York: Academic Press, 1976); and *The Role of Medicine: Dream, Mirage, or Nemesis?* (Princeton: Princeton University Press, 1979). Several historians have explored the ideology of personal health reform: Stephen Nissenbaum, *Sex, Diet, and Debility in Jacksonian America: Sylvester Graham and Health Reform* (Westport, Conn.: Greenwood Press, 1980); James Whorton, *Crusaders for Fitness: A History of American Health Reformers, 1830-1920* (Princeton: Princeton University Press, 1982); Ronald L. Numbers, *Prophets of Health: A Study of Ellen G. White* (New York: Harper & Row, 1976). Among the few historical studies that touch on diet and health are Etheridge, *The Butterfly Caste*; Savitt, *Medicine and Slavery*; and Kiple and King, *Another Dimension to the Black Diaspora*. Leavitt's *The Healthiest City* represents one of the first attempts by an American medical historian to test the applicability of McKeown's thesis to America; see also, Judith Walzer Leavitt and Ronald L. Numbers, "Sickness and Health in America: An Overview," in *Sickness and Health in America: Readings in the History of Medicine and Public Health*, eds. Leavitt and Numbers (Madison: University of Wisconsin Press, 1978), pp. 3-10.

44. Richard Harrison Shryock, *Medicine and Society in America: 1660-1860* (New York: New York University Press, 1960); John Duffy, *The Healers: The Rise of the Medical Establishment* (New York: McGraw-Hill, 1976). John S. Haller, Jr., *American Medicine in Transition, 1840-1910* (Urbana: University of Illinois Press, 1981), is more a collection of discrete essays than a coherent overview. Unfortunately, I have not yet had the opportunity to read Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982), which covers the period from 1760 to the present.