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Reflections on the place of medical history

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Résumé. On donne une vue à vol d'oiseau de l'historiographie de la médecine, des temps de l'*Encomium artis medicae* d'Erasmus jusqu'aujourd'hui. Il est débattu que l'intention traditionnelle de l'histoire médicale, définie par son origine et sa culture persévérante au sein des institutions de la médecine, était d'établir la place de la médecine dans la société en fournissant de l'ennoblissement généalogique et des éloges Erasmiens. Eu égard aux succès glorieux de la médecine d'environ le demi-siècle passé, il n'y est plus besoin de ce service. L'histoire médicale a désormais la fonction primordiale d'une évaluation critique du rôle dans la société de cette puissance colossale que représente la médecine. Par conséquent le domicile de choix pour l'historien de la médecine est devenu le Département d'Histoire plutôt que la faculté ou l'école de médecine, et on devait entreprendre des déplacements où que ce soit possible.

Abstract. A bird's eye view is presented of the historiography of medicine, from the time of Erasmus' *Encomium artis medicae* till the present day. It is argued that the traditional purpose of medical history, defined by its origin and long-time cultivation inside the institutions of medicine, was to mediate medicine's place within society by providing genealogical ennoblement and Erasmanian praise. In view of the glorious successes of medicine of the past half century or so, there no longer is a need for this service. Medical history now has the primary function of a critical evaluation of the place in society of the colossal power that is medicine. As a result, the optimal home for the medical historian has become the history department rather than the medical faculty/school, and wherever possible a rehousing should be undertaken.

At the inauguration of a newly endowed chair of the history of medicine - the first such chair at Vanderbilt University - it would seem appropriate to reflect on the purpose and place of medical history. One way of doing this is to consider the development of medical history itself ; not - I should stress - the development of medicine, but of the historical study of medicine. Whereas medicine is as old as human civilization and goes back to prehistoric times, the historiography of medicine is of a much more recent date. It has been said that doctors have studied medical history for over 2000 years [Temkin 1946, p. 9 ; see also Heischkel 1938] ; and indeed histories of medicine were written in Graeco-Roman times and in the Middle Ages [Shyrock and Temkin 1952, pp. 277-278]. Yet one could plausibly argue that the historical study of medicine *sensu stricto*, in which contemporary medical knowledge is no longer uncritically equated with the sum total of the classic literature from the past, is restricted to post-mediaeval, modern times. Histories of medical history, in turn, date for the most part from the second quarter of the

* A slightly different version of this paper was presented on 14 April 1997 at the inauguration of the Nelson O. Tyrone Jr. Chair of the History of Medicine at Vanderbilt University.

twentieth century [Shyrock and Temkin 1952, p. 287].

An early appraisal of medicine written from an historical perspective flowed from the pen of the humanist scholar Desiderius Erasmus. His *Encomium artis medicae* (*Encomium medicinae* ; *Declamatio in laudem artis medicinae* ; *Oration in Praise of the Art of Medicine*), belatedly published in 1518, and written some 23 years earlier [Erasmus 1518a, p. 33], was a panegyric of medicine, citing historical rather than contemporary sources. Dedicated to the physician Henricus Afinius, its stated purpose was the encouragement of students to pursue the art of healing : "embrace medicine with all your heart, apply yourselves to it with every nerve and fibre of your being, since it will win you distinction, glory, prestige, and riches ; by its agency you in turn will confer no mean blessing upon your friends and country, nay more - upon all mankind" [translation of revised text of 1529, Erasmus 1518a, p. 50].

Erasmus characterized medicine as a 'nearly divine subject' [following a Dutch translation, Erasmus 1518b, p. 5, and departing from Brian McGregor's rendition into English, Erasmus 1518a, p. 37]. Life being a gift from God - so his eulogy ran - the physician stands in relation to us like a god, helping us acquire life at conception and birth, sustaining and lengthening a healthy life by means of dietary advice, or resuscitating us from the brink of death with the help of herbs and other medicines. The Greeks - he continued - had turned the founders of their medicine into gods, particularly Aesculapius ; and Christ, too, had professed to be, not a lawyer, nor a rhetor or a philosopher, but a physician. Moreover - and here Erasmus, author also of the *Praise of Folly*, may have gently mocked his readers - the practice of medicine is a lucrative profession of international currency.

Medical history, considered as a body of literature written in the vernacular, is generally considered to have begun with the Genevan physician Daniel Leclerq. Member of an illustrious family of medical men, philologists and politicians, Leclerq published towards the very end of the seventeenth century the first part of his *Histoire de la médecine* (1696), expanded into a second (1702) and third edition (1723 ; republished in 1729). It discussed the origins of medicine, in considerable detail for antiquity, up to Galen and the second century AD, and sketchily from there till the beginning of the sixteenth century [Diepgen 1925]. The cursorily treated part of Leclerq's work was dealt with in greater detail by the London physician John Freind, in his *History of Physick* (1725-1726).

What motivated Leclerq to compose such an extensive historical retrospective on medicine ? His design, it would appear, was altogether Erasmanian. He is said to have been an idealist among

the medical practitioners of his day, who excelled in diagnostic ability, prescribed simple and tested remedies, and was much concerned to distance himself from charlatans and quacks. In the beautiful frontispiece, which was added to the second edition of 1702 (a slightly different, laterally extended version accompanied the third edition of 1723), one can discern a summary of Leclerq's purpose (figure 1). Let us briefly consider its main features. In the centre is seated Aesculapius, the founder-god of medicine, holding in his right hand the symbol of his divine art ; further to his right, we see the greats of classical medicine, such as Hippocrates and, behind him, Galen, the former holding a major tome and standing next to a glass distillation vessel ; on Aesculapius' left there are his three daughters (Hygieia, Panacea, Iaso), each associated with a particular therapeutic method. At the feet of Aesculapius a rooster looks up, emblem of vigilance shown by exemplary physicians. The whole scene is set in a botanical garden, and on Aesculapius' lap lies an open herbal. Towards the top-left corner of the frontispiece, we see Aesculapius' father Apollo, the sun-god, patron of music and poetry, ready to sing the praises of medicine. And this may have been the very point : Leclerq's history was written to sing Erasmian praise of doctors and their medical art, a subject sanctified by its divine origin, based on a grand and progressive tradition of learning, combining male mind with female nursing. The history was written to establish and trace the noble ancestry of medicine, in a concerted effort to confer prestige, and set apart from quackery's disrepute.

From approximately the middle of the eighteenth century, teaching of medical history as part of the medical curriculum gradually took root, for example at Göttingen and in Paris [Heischkel 1931 ; Rosen 1948, pp. 594-597 ; von Seemen 1926]. At this time, there still existed no clear line of demarcation, separating historical sources from contemporary medical literature, because medical expertise remained to a large extent doxographical, based on the opinion of traditional authorities, from as long ago as Hippocrates. Also, when the more recent philosophical systems of iatrophysics or iatrochemistry were being put forward, doxography continued to be in vogue [Temkin 1946, pp. 15-17]. Medical history could therefore be of direct, practical use to the aspiring physician, guiding him around the errors of the past, along the proven path of authoritative medical experience, whether in respect of prevention, diagnosis or therapy. This genre of medical history, which lets the past teach us useful lessons, has been called by Temkin [1946 p. 25] and others 'pragmatic history', a term derived from Kurt Sprengel's enormously successful, eighteenth-century treatise *Versuch einer pragmatischen Geschichte der Arzneykunde* (1792-1794) [see also Haller 1776-1788 and Blumenbach 1786].

Interest in the history of medicine increased on the coat-tails of German Romanticism [Rosen 1948 p. 598 ; see also Heischkel 1933 and Shryock and Temkin 1952 p. 284]. By the middle of the nineteenth century, however, medical historiography took a sharp turn, when various medical reforms led to, among other things, the placing of medical education on a scientific footing. As Rosen [1948 p. 601] commented : "When it became painfully obvious that more useful and sounder knowledge could be garnered faster by looking through a microscope than by studying older medical literature, the pragmatic argument lost its force." It was then that 'modern medicine' and 'history of medicine' became fully distinct, separate bodies of literature, and that a new genre of medical history began to be written, exemplified by the *Geschichte der Medizin*, containing the lectures on medical history, delivered during the summer semester of 1858, by the professor-director of the Leipzig University Hospital, Carl A. Wunderlich. This kind of medical historiography shared with the older literature a progressivist perspective on the past. It served to underpin, in the case of Wunderlich's lectures, the medical reform movement of the middle of the nineteenth century by establishing for it an ancestry of great men and eminent scientific minds. The central purpose of his lectures - Wunderlich maintained - was to demonstrate the progress through the centuries that inexorably had led to the scientific revolution of medicine that was taking place in his own days [Wunderlich 1859, pp. 1-2].

Wunderlich and other medical historians at the time established the standard periodization of the development of medicine, following the chronological divisions of world history and constructing as its culmination the 'scientific medicine' of the mid-nineteenth century. This periodization, which subsequently was amended but not fundamentally changed until such recent works as *The Cambridge History of Medicine* [Porter 1996], became the framework for the teaching of medical history and for demonstrating that the new medicine was at the forefront of a glorious 'march of mind' in the fight against disease. In a connected development, the historical cult of the 'great physician' was epitomized by the monumental *Biographisches Lexicon der hervorragenden Ärzte aller Zeiten und Völker*, which helped establish an illustrious genealogy for the medical profession, investing it with considerable social prestige.

At this time, a further role was given to medical history, helping it stay a branch of medical education. Historical pathology, which had flourished during the early decades of the nineteenth century [e.g., Schnurrer 1823-1825 ; see also Bleker 1984] became, in several prominent instances, hitched to medical geography and the history of medicine [e.g., Rohlf's 1878-1885 ; see also Rupke 1996].

The Greifswald professor of medicine, Heinrich Haeser's *Lehrbuch der Geschichte der Medizin und der epidemischen Krankheiten* (1845), which via a series of new editions grew into a major, three-volume classic, exemplified the new purpose of medical history as a source of historical data for epidemiology. It was believed that the historical knowledge of diseases, where they had occurred, how they had spread, or in what ways they may have changed would form a significant source of information in combating epidemics. The entire third volume of Haeser's textbook was devoted to the history of epidemic diseases. August Hirsch, famous for the two editions of his classic *Handbuch der historisch-geographischen Pathologie* (1860-1864 ; 1881-1883), in 1864 was made professor of the history of medicine in Berlin [Bleker 1984, p. 46]. This additional role given to medical history explains the at first sight somewhat puzzling subtitle of *Janus*, the first international journal of the history of medicine, which ran : *Archives internationales pour l'histoire de la médecine et pour la géographie médicale*. An earlier, German-language *Janus* [Bretschneider et al. 1851-1852], too, combined medical history with medical geography. Thus the history of medicine in part became historical-geographical medicine, using the written records of diseases, especially of epidemics, in an effort to solve problems of origin and spread.

By the end of the nineteenth century, massive, multi-volume and multi-author medical history textbooks appeared, especially in the German-speaking world, marking German leadership if not hegemony in the subject. The early high point of medical historiography, only recently equaled by the *Companion Encyclopedia of the History of Medicine* [Bynum and Porter 1993], may well have been the thirty-four author *Handbuch der Geschichte der Medizin* (1902), founded by the Vienna professor of medicine Theodor Puschmann, in which, in addition to the successive periods of medical history, from antiquity to nineteenth-century reform, also eighteen individual branches of medicine, such as surgery and obstetrics, were separately described in their historical development [Neuburger and Pagel 1902].

Collectively the authors bemoaned that medical history was being treated as the neglected foster child of medical education, that the lectures in the subject were given by people whose chair was in a different subject, and that only in Vienna there existed a proper professorship of the history of medicine. And indeed, throughout the nineteenth century, medical history had remained largely a body of literature, in some instances connected to lecture course, written/delivered as a sideline activity. Increasingly, however, in the early decades of the twentieth century, chairs and institutes of medical history were established ; also societies and journals of

medical history. Although Vienna had been the most prominent center thusfar, Leipzig now took the lead as the result of a major private donation : the will of the in 1901 deceased widow of Puschmann stipulated that the Puschmann fortune should go to Leipzig for the promotion of medical history. This led to the establishment there of the chair-cum-institute of medical history, of which the first incumbent was the 'father of medical history', Karl Sudhoff, who in 1925 was succeeded by the Swiss Henry Sigerist. These new forms of institutionalization spread [Eulner 1970, 427-439], and the subject did well under the Nazis. In 1938, medical history became an obligatory part of the medical curriculum in Germany [Roelcke 1994, p. 195-196].

Some of the intellectual leaders of the subject, however, did not flourish under the Nazis - to put it euphemistically - and Sigerist, for one, in 1932, moved to the USA, to take up a position at Johns Hopkins, transplanting in the process the leadership of medical history from German to America soil. It should be pointed out that the Johns Hopkins soil was by no means barren, as there existed in its school of medicine a society of medical history, founded as early as 1890 under the aegis of William Osler and subsequently furthered by William H. Welch [Temkin 1946, p. 35]. Yet as one of Sigerist's American admirers later commented, Sigerist became 'the central figure in inspiring, organizing, and guiding those Americans who were interested in medical history' [Shyrock 1948, p. 19].

For our purpose it is crucial to consider that the new chairs and institutes of medical history were part of medical faculties, and the institutes' directors were physicians, holding MDs. As late as 1969, in a major survey of 'The status of medical history in the universities of North America and Europe', medical history proved based, without any noticeable exceptions, in medical schools [Miller 1969 ; Cassedy 1969 ; see also Sigerist 1927]. By this time, the particular purpose of medical history that consisted in its being part of historical pathology had been lost in the wake of the success of bacteriology and other biomedical-scientific spectaculars. Sigerist's attempt to revive the connection [Sigerist 1933] came to nothing. The question of the usefulness of medical historiography - its aim and methods - was regularly addressed [Artelt 1949 ; see also Ackerknecht 1957 ; Galdston 1957 ; Temkin 1957]. The stated purpose of medical history remained defined by its medical niche, and members of the Johns Hopkins group, along with many others, continued to maintain that the primary purpose of medical history was to direct medical research : 'It teaches what and how to investigate'[Rosen 1948 p. 614, quoting Cordell 1904 p. 281] ; the history of medicine was for the medical profession [Temkin 1946].

Whereas the successes of biomedical science may have robbed medical history of one of its *raison d'être*, it offered a new justification for its existence, too. From early in the twentieth century onwards, the argument was being put forward that medical history could function as a bridge to close the gap which had begun to separate the now scientifically orientated branches of medicine from the humanities [Sigerist 1922 ; see also Rosen 1948, p. 621]. Thus the very turn towards science provided medical history with a fresh aim, namely to 'humanize' the medical student and counterbalance his drift towards specialization. Again after World War II, the history of medicine was put forward as an important link to connect medical practitioners with the humanities, in a concerted effort to keep medical history tied to medicine and to the education of its students [Rosen 1957 ; Temkin 1946]. The Puschmann notion that medical history would ennoble a physician's character [Rosen 1948 p. 617], however, no longer was publicly entertained.

Then, in the course of the 1960s, a crisis in medical history began to develop and a metamorphosis of its purpose and the academic background of its professional practitioners took place. This occurred in the wake of the phenomenal successes of medicine itself, attained in the course of and following World War II. As recounted by Porter [1996, pp. 6-10], medical triumphs now saved more lives than they had done during any previous epoch since medicine began. A series of revolutionary innovations took place : in pharmacology, in surgery, particularly in transplant surgery, or with high-tech tools for diagnosis and therapy. Biomedical research deciphered the genetic code and created the possibility of genetic engineering. Nobel Prizes turned medical researchers into national or even international stars. In the process, vast financial resources were made available to medicine, and the architectural facilities provided for medical research and teaching have, in many instances, been palatial. Who among today's students needs to be told that medicine is a successful and glorious profession with a prestigious social status and an illustrious history ? No longer is there a need for Erasmian praise.

Yet a certain malaise has taken hold of medicine. In Porter's words, medicine has become the prisoner of its own success. 'Once medicine grew mighty, it drew critics. And once it proved effective, the scourge of pestilence was forgotten, and the physician became exposed to being viewed primarily as a figure of authority, the tool of patriarchy or the servant of the state' [Porter 1996, p. 13]. The many medical advances have been accompanied by well-known setbacks, notably the thalidomide disaster. The very increase in life expectancy has led to increases in old-age diseases, such as certain cancers or Alzheimer's. The high-tech possibilities in the areas of

organ transplantation or genetic engineering have caused public concern that the medical elite may, in some instances, be 'primarily interested in extending its technological prowess', at the expense of patients' interests and ethical values [Porter 1969 p. 13].

With these and various other sobering developments in medicine, the aim of medical history changed. Approximately from the middle of this century, medical history began leaving the service of the physicians, and placing itself increasingly in the service of the patients by looking at their plight. The social history of medicine, the doctor-patient relationship, popular medicine, alternative medicine, the role of women in medicine, the financial clout of the pharmacological industry and the control of the state - these and similar topics have become the cutting edge of medical history. The subject now has the function of a critical evaluation of the place in society of the colossal power that is medicine. Scientific medicine has been recast from a manifestation of progress to an ideological tool, wielded by medical elites 'for exercising power and control' [Warner 1995, p. 167]. In the process, medical historians have adopted the method of the historian, the social historian, the demographer and, more broadly, have begun to treat medicine as part of socio-cultural history (something for which Puschmann [Rosen 1948, pp. 609-610] and others long ago had made an appeal, but without much effect), allying themselves more closely than was the case before the 1950s with the history of science.

In a candid essay on 'The history of American medicine', Ron Numbers pointed out that the new medical history in the USA was not spearheaded by medical historians proper, occupying chairs in medical schools, but by a rearguard of non-physicians [Numbers 1982]. They became in the course of the 1960s the major force of American medical historiography. Only in rare instances did they occupy positions in medical history or teach in medical schools, yet they became the ones who set the standards of historical scholarship and redefined the boundaries of the field. Physician-historians - Numbers observed - continued to produce local, institutional, and biographical studies, but they increasingly found themselves outside the mainstream of American medical history.

As we have seen, the chairs and institutes/departments of medical history were founded within medical faculties/schools. After all, given the traditional purposes of medical history to establish a grand genealogy for the medical profession, and given the fact that the subject was started by medical practitioners, the institutional setting of medicine appeared its natural home. However, now that the unexampled success of medicine as a practice and as a profession no longer is in need of genealogical ennoblement and medical history

has acquired a different and broader horizon of goals, the question should be posed : are medical faculties/schools still the appropriate home for medical history ? In spite of all the literature spawned by the recent changes in the historiography of medicine - many articles and half a dozen books have appeared on the subject [e.g., Brieger 1993 ; Numbers 1982 ; Porter and Wear 1987 ; Tröhler 1981 ; Völker and Thaler 1982 ; Warner 1995] - this question has hardly been posed. There is much written on the intellectual turn taken by medical historians - virtually nothing on the issue of their institutional belonging ; and yet, these are two closely related issues.

If medical history no longer works in the immediate service of medicine, why should it stay in its employment ? The flourishing of the new medical history outside the walls of medical schools would appear to question the desirability of an abiding, unbroken institutional dependence on medicine. Where medical historians have continued to occupy chairs and other positions in medical faculties they have found themselves under pressure to provide the old service of Erasmian praise. Moreover, in the former West Germany, where during the 1960s and 1970s, nearly all faculties of medicine started medical history institutes, the holders of the chairs were placed in the subservient role of having to offer medical terminology, i.e., the course that no self-respecting preclinical department wanted to teach. The reunification of Germany has produced no changes in this respect.

Just like the history of science has, in many instances, successfully cut the umbilical cord with one or other faculty of science and joined departments of history, so history of medicine should follow suit. Sigerist, in a remarkable open letter to George Sarton, argued that in an ideal world medical history would be part, not of a medical faculty, but of a central institute for historical research in which the history of mankind would be studied in all its aspects by highly qualified experts, working together in close cooperation [Sigerist 1936, pp. 12-13]. It is no coincidence that the institution that has come closest to Sigerist's ideal, London's Wellcome Institute for the History of Medicine, is now the undisputed Mecca of the subject.

Vanderbilt University, by attaching the newly founded Nelson O. Tyrone Jr. Chair of the History of Medicine to the History Department of its School of Arts and Sciences, is taking a lead in the necessary move of institutional home for medical history. This initiative recognizes that the questions asked by historians have become fundamentally different from the ones in which medical students and scientists primarily are interested. For example, and coming back to Erasmus' *Encomium*, whereas the medical student

might be intrigued by the place in the scheme of things given to the physician by Erasmus, the historian may well ask if his praise of medicine was not part of a stratagem of textual criticism, in opposition to the clerical orthodoxy of his day, among whom the belief reigned that medicine was in origin divinely inspired and should be learnt from canonical texts. Erasmus, while upholding the notion of the divine or nearly divine character of medicine, removed this from the foundation of inviolable texts, placing it instead on that of the physician's duties and beneficent accomplishments. What to think, for example, when Erasmus underpinned the divine skill of medical doctors by citing the case of an Italian, non-German-speaking patient, who had suffered from a unique mental illness which manifested itself in the fact that he spoke good German ; by the aid of a simple medicine the man was cured of worms and, having in consequence regained his sanity and mental faculties, he never spoke or understood German again [Erasmus 1518a, p. 43].

To recapitulate : the post-1950s change in the purpose of medical history should be followed by a change of institutional basis. The natural home for medical history is no longer the medical faculty/school, but the history department. The medical establishment made use of history as a way to negotiate its position within society at large - that was the purpose of Erasmian praise. Medicine still needs such mediation, but not in the area of genealogical self-legitimation, but in that of ethical concerns. What history used to do for medicine, now increasingly can and will be performed by biomedical ethics.

Admittedly, rehousing medical history is likely to lead to a loss of job opportunities for aspiring medical historians ; but such a loss of academic posts may take place willy-nilly, a fact demonstrated by the recent trend in Germany to cannibalize the institutional resources of medical history in order to meet the need for new teaching courses and positions in medical ethics. There has been a noticeable restlessness in German medical faculties to redeploy staff and facilities of medical history institutes for medical ethics. The universities of Göttingen and Tübingen, two trend-setting academic institutions, have already taken irreversible initiatives along that road. In other places of higher learning, historians of medicine themselves have turned to medical ethics in order to infuse their positions with new medical relevance and head off becoming marginalized [von Engelhardt 1993 ; Spinnler and Tröhler 1993].

The rehousing of medical history that is taking place today eliminates the Sisyphean task of having to formulate in what ways the subject is useful to aspiring physicians and why it ought to be included in medical education. Historians of medicine can drop the

pretence of being able to make a contribution to biomedical research. Also the claim that medical history contributes to the humanizing of doctors and the ennoblement of their characters - a claim which fell flat on its face in Nazi Germany - needs no longer be propped up. Historical knowledge is unlikely to make out of a medical student a better doctor or biomedical scientist. There is of course nothing wrong with encouraging medical students to join humanities students in attending medical history classes. Such instruction might help produce abler administrators or medical policy makers. Once again : little is to be gained from impressing upon the student the past glories and the road to present-day power and success of modern medicine. What the new medical history, from its place within the humanities, is ideally equipped to teach - in a way the opposite of what the old textbooks of medical history taught - is the multifaceted complexity of medicine's place in society. The expectations of a majority of the powerful clinicians and eminent biomedical scientists have been a constraining influence ; freed from these, historians of medicine will be able to explore tragical failures as readily as glorious successes - the plight of patients as much as the interest of physicians - alternative approaches as well as mainstream medicine - issues of physicians' professional self-interests in addition to altruistic beneficences to mankind ; in short, medical historians will acquire the intellectual space to step back from the vested interests of contemporary medicine and examine its past, warts and all, with the tools of today's historical scholarship.

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