Commentary

Medical history without medicine

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Outside forces continue their termitic gnawing at the foundation of medical professionalism. Medicine inching ever deeper into the world of business. Ethical medicine subverted by legal intrusion. Medicine, the profession, without the linchpin of professionalism—autonomy over the very nature of its work.[1] These forces are interlocked and widely deplored. Less noticed has been the virtual disappearance of physicians as historians of medicine, both as aficionados and as craftsmen. At a time when physicians desperately need a historical perspective, their waning active involvement in medical history is leading to a medical history without medicine.

More than religion and law, medical history as a discipline was born and reared by its practitioners. Its early twentieth-century pioneers attempted to restore the image of learned men that was lost during the legislative anarchy that ruled American medicine between the 1830s and 1870s. The medicine of those learned men was rescued from its erroneous theory and radical practices by the physician-scientists of Western Europe, who after 1850 were finally putting medicine on a scientific foundation.

By the early twentieth century, influenced by such literate physicians as the legendary William Osler, practitioners increasingly considered it *de rigueur* to engage medical history as part of their pursuit of complete professionalism.[2] The more dedicated wrote history, while the bibliophiles among them collected personal libraries that became the loci of academic centers of medical history such as Johns Hopkins, Yale, the University of Kansas, and others. In the preceding article, you encountered the two men who established medical history at the University of Kansas, Logan Clendening (1884–1945) and Ralph Major (1884–1970).[3]

Clendening was the bibliophile and popularizer, Major the linguist and scholar. Both laced their writings, including medical works, with the accomplishments of great men of the medical past. Each wrote a book still widely used in historical circles—Major's *Classic Descriptions of Disease*,[4] and Clendening's *Source Book of Medical History*[5]—that presaged the importance of general literature as a valuable source in writing history.

Henry Haskell, editor of the *Kansas City Star* and twice a Pulitzer Prize recipient, opined in 1967 that, aside from what he termed "birds of passage" (writers who left the region, such as Eugene Field and Ernest Hemingway), the two greatest writers Kansas City ever produced were Major and Clendening,[6] a defensible statement today. Sadly, for our purposes, the two can also now be seen as thriving late in the efflorescence and early in the decline of practicing physicians as leaders of medical history as an academic discipline.

As evidence for the last statement, fast forward to 1952. That year the American Association of the History of Medicine (AAHM) held its annual meeting in Kansas City under Dr. Major's presidency. Of the some 200 persons attending the lectures, about 100 were medical students who were excused from clinical duties to attend. Today a medical student at a meeting of the AAHM is a rarity. Of the 19 persons on the 1952 program, 16 were physicians.[7] Contrast that with the 95 presenters on the preliminary program for 2003, in which 81 were Ph.D.s, eight were M.D./Ph.D.s, and only four were M.D.s.[8]

In 2002, the president and secretary-treasurer of AAHM were Ph.D.s, and only two of 12 councilors were physicians. Most committees were chaired by Ph.D.s. Since 1991, the AAHM has annually honored a person for a Lifetime Achievement Award. The first three were M.D.s, but no others have been elected during the past 11 years.[9]

In 1952, there were 315 M.D.s and 29 Ph.D.s in AAHM.[7p171-85] In 2001, there were 430 M.D.s, 386 Ph.D.s or Ph.D. candidates, and 51 M.D./Ph.D.s.[9p108] Physicians have been a declining majority of AAHM members over the past several decades, a trend likely to continue.

	Active Members		Officers		Council		Program Speakers		Lifetime Achievement Award	
Year	M.D.	Ph.D.	M.D.	Ph.D.	M.D.	Ph.D.	M.D.	Ph.D.	M.D.	Ph.D.
1952	315	29	5	0	7	1	16	0	—	—
2002	430	386	1	2	2	10	4	81	3	10

Clearly, in the last half century, dominion over the writing, teaching, and politics of medical history has shifted from practicing physicians to Ph.D. historians, most of whom are based in traditional university history departments. Though a minority of AAHM membership, they control the discipline because they run the graduate programs, do the writing, and attend the meetings as active participants. In short, they are full-time historians.

Due to their lack of medical training and the fact that physician-historians have largely neglected the field, Ph.D.s concentrate on the social history of medicine. With reason, they decried as too narrow the physician-historians' emphasis on "great physicians." Gradually the Ph.D.s' emphasis argued that social forces, above all, not the talent and dedication of individuals, shaped the past and present course of medical history. In this process, one critical question was largely ignored: *Who but great men and women could shape the social forces themselves?*

For current medical students, who are fortunate to get any exposure to medical history, an inordinate social emphasis leaves large and important areas inadequately covered. There

training and practice can offer deeper insights. Among many other examples are the scientific nature of disease that often determines the social effects, the healing power of a humane physician at the bedside, and the patient's role in healing.

The reasons for the decline of physicians as historians are largely identifiable, but too complex for treatment here. Clendening and Major became historians because they believed the discipline enriched their lives and improved patient care. The rising Ph.D.s saw the writing of "scientific" history as beyond the formal training of ordinary physicians. They had a point, but the "scientific" history dominating AAHM literature and meetings holds little appeal for practitioners because its utility is elusive and the subjects generally narrow. Given the opportunity, medical students will seek out the history of their profession if it is taught in a way they see as useful to what they will be doing in practice.[10]

The rise of medical ethics is instructive at this point. For loose purposes, it can be said that modern medical ethics began with the 1954 publication of Joseph Fletcher's *Morals and Medicine*.[11] Thus, as medical history diminished in importance, life-and-death medical ethics exploded into the daily lives of physicians and the public. Highly publicized cases appeared immune to solution by the conflicting moral principles at hand, yet action was often imperative, leading to the courts for decisions. The inescapable utility of medical morality was quickly perceived by the public and health professionals.

The usefulness of the historical perspective is more subtle, more difficult to define in practical terms. A 1975 book by leading medical historians debated whether medical history had utility at all.[12] Yet, physicians rely heavily on history with each new patient. Medical researchers would not consider moving into a new area without searching past literature. Media instruments such as weekly newsmagazines are replete with history. Still, the odds are strong that most Americans could not give a coherent statement on the importance of history to them personally.

Medical history without medicine can only remove one more brick from the unstable edifice of today's medicine as a profession. Clendening and Major would never have understood.

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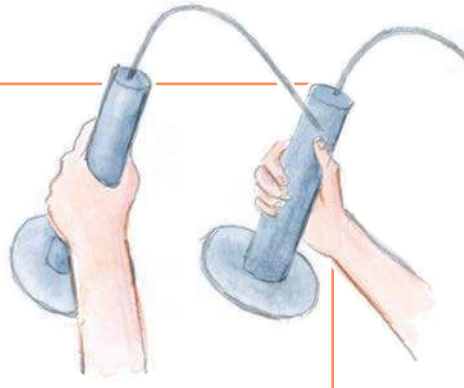

Code Blue

I stand before this moment
not thinking, not feeling

I stand in this moment
become the moment
execute crisp, clear action

I leave this moment

raven adrift against the sky
trembling leaf as it lets go
howl loose in the night air

the moment stands
I return
poised between
pendulum swings

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