

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.

References

1. Freidson E. *Profession of Medicine: A Study of the Sociology of Applied Knowledge*. Chicago: University of Chicago Press; 1970.
2. Sigerist HE. *A History of Medicine. Volume I: Primitive and Archaic Medicine*. New York: Oxford University Press; 1951.
3. Kahn SS. Disease and Destiny and the postcard from Athens. *Pharos Winter* 2004; 67: 4-9.
4. Major RH. *Classic Descriptions of Disease: With Biographical Sketches of the Authors*. Springfield (IL): Charles C. Thomas; 1932.
5. Clendening L. *Source Book of Medical History*. New York: Paul B. Hoeber; 1942.
6. Haskell HC. Scanning the arts. *Kansas City Star* 1967 Jul 2; D1.
7. American Association of the History of Medicine Twenty-Fifth Annual Meeting. Kansas City and Lawrence, Kansas, May 1-3, 1952. *Bull Hist Med* 1952; 26: 554-602.
8. American Association for the History of Medicine Preliminary Program. May 1-4, 2003, Boston, Massachusetts. Baltimore (MD): Johns Hopkins University Press; 2003.
9. American Association for the History of Medicine, Inc. *Membership Directory*. Summer 2001. Canton (MA): Academic Services; 2001.
10. Hudson RP. Goals in the teaching of medical history. *Clio Medica* 1975; 10: 153-60.
11. Fletcher J. *Morals and Medicine*. Princeton (NJ): Princeton University Press; 1954.
12. Galdston I, editor. *On the Utility of Medical History. Monograph I: Institute on Social and Historical Medicine*. The New York Academy of Medicine. New York: International Universities Press; 1957.

The author's address is:

12925 South Frontier Road

Olathe, Kansas 66061

E-mail: rhudsonKU@aol.com

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*

Jan Young, M.D.

Dr. Young (AQA, Tulane University, 1972) is medical officer of the day at Sonoma Development Center in Santa Rosa, California. Her address is: 2627 Spring Oaks Drive, Santa Rosa, California 95405. E-mail: jannermd@yahoo.com.

