

## Essay Review

# Reconstructing History

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**Owsei Temkin**, *“On second thought” and other essays in the history of medicine and science*, Baltimore and London, Johns Hopkins University Press, 2002, pp. x, 272, £29.00 (hardback 0-8018-6774-6).

This second collection of essays—a sequel to *The double face of Janus* (1977)—brings together some of the most influential articles written by the late Owsei Temkin, one of our most distinguished medical historians. The first two chapters are new, the first biographical in character, and the second a new translation and commentary of the Hippocratic Oath. Temkin lived long enough to become his own critic and revisionist, allowing himself to have “second thoughts” about some of the work he penned decades ago. In fact, he strongly recommended old age to historians, a reassuring advice for someone like myself, just recently retired. Removed from the hustle and bustle of academic life—meetings, deans, and students—we have much more time for reflection and “second thoughts”. As the author observes, we also become sought-after witnesses to history, primary sources for younger historians delving into events and personalities we have been intimately acquainted with. Here too I empathize with Temkin’s stated apprehension: are they getting it “right?” Agreeing with current trends regarding the value of narratives, the author asserts that “a few telling anecdotes can do more for our empathy, our feeling for the period,

than a closely argued thesis”. Often a historical reconstruction appears to miss its mark and if present, we indignantly attempt to rectify perceived mistakes or provide the “real” context to embarrassed speakers, particularly if they seem to suggest that we may no longer linger among the living!

In reviewing various aspects of his long professional life, Temkin discusses historiographical issues and also returns to a subject he was always very interested in: the utility of medical history and its teaching in schools of medicine.<sup>1</sup> Without specific references to current trends—especially the “constructivist” view of science—Temkin recommends the study of medical practices over appeals to generalizations and abstractions. He stresses the importance of research in patient/physician relationships, the interaction of professional duty and compassion as gleaned from mutual expectations, behaviours and feelings. In fact, medical events can be examined as experiences and actions grounded in particular settings and their context properly explored and analysed. This broader effort demands an understanding of time, geography, culture, disease ecology, ethics, technology, institutions, as well as social, political and

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<sup>1</sup> O Temkin, ‘An essay on the usefulness of medical history for medicine’, *Bull. Hist. Med.*, 1946, 19: 9–47.

economic conditions.<sup>2</sup> Here Temkin gives credit to his former mentor Henry Sigerist in making him aware that medicine was part of cultural and social life, although he soon doubted that they could be always strictly “coordinated”. As he worked in the 1970s on an essay about ‘Science and society in the age of Copernicus’, Temkin realized more than ever “the untidiness of human affairs”, an expression he had borrowed from an unknown author.

With respect to utility, Temkin—originally trained as a physician—retained his former loyalty to medicine, already displayed at the Leipzig Institute. Throughout his career, Temkin’s goal was to use historical insights for improving medicine. This responsibility which he himself recently characterized as the “romantic Kyklos spirit”<sup>3</sup> permeated the Johns Hopkins Institute in Baltimore. For more than half a century it similarly guided other academic departments and professorships of medical history on both sides of the Atlantic. Established within schools of medicine and headed by physician-historians, many of these units were often successful in their battles for required curriculum time. Dual training and professional authority were essential, especially given the dramatic expansion in medical knowledge after the Second World War. In fact, the Hopkins Institute in the early 1960s was able to receive several training grants from the National Institutes of Health to provide the necessary historical expertise to trained physicians. When I was looking for opportunities to study medical history towards the end of my medical residency and visited Temkin in the fall of 1962, he was emphatic in his belief that the new generation of medico-historical leaders had to possess medical credentials as well as

PhD degrees in history. Well into the 1980s, several physician-historians—me included—continued our attempts to find “relevance” for history in an increasingly contested medical curriculum.<sup>4</sup> At the same time, we tried to mediate the growing rift between history and medicine by selecting clinical topics for further research.<sup>5</sup> In his essay, Temkin expressed disappointment and admitted that “medical history is on the verge of becoming a historical specialty”, a consequence of its rapid professionalization outside the medical realm since the 1960s. Today, many of the earlier academic programmes no longer exist, abolished or merged with other humanistic disciplines— notably medical ethics—as well as integrated with the social sciences. In the US, medical history’s home is shifting from schools of medicine to history departments.

Yet, as I have argued elsewhere, medical history can and should continue to provide valuable perspectives to medicine in the future. Since the Enlightenment, history has organized, validated, and defended medicine, presenting new advances in knowledge as triumphs of the human spirit. Celebrated doctors from ancient times to the present were linked to create a progressive path, their writings enshrined as medical “classics”. Together they form a master narrative that continues to authenticate today’s medical professional identity. After the past ceased to provide practical lessons more than a century ago, history lost its professional authority and its role became reduced to a service mission to legitimate scientific epistemology and clinical morality. Should medical historians simply be cast into archival roles to preserve medical tradition, emerging periodically to enhance the celebration of

<sup>2</sup> G B Risse, ‘Reflected experience in medicine, science and technology: the example of hospital history’, *Nachrichtenblatt der Deutschen Gesellschaft für Geschichte der Medizin, Naturwissenschaft und Technik*, 2000, **50**: 200–15.

<sup>3</sup> O Temkin and G Brieger, ‘Two institutions and two eras: reflections on the field of medical history’, an interview, *N.T.M.*, 1999, **7**: 2–12.

<sup>4</sup> G B Risse, ‘Teaching medical history in the 1970s: new challenges and approaches’, *Clio Medica*, 1975, **10**: 133–42.

<sup>5</sup> R C Maulitz, ‘Medical history as an introduction to clinical reasoning’, *J. Med. Education*, 1983, **58**: 427–9.

contemporary achievements? Or should we become entertaining oracles often brazenly exceeding our historical expertise by predicting better futures or laying out doomsday scenarios?<sup>6</sup>

Here Temkin enters into an imaginary dialogue with the dean of a medical school who demands to know why he should support a course in the history of medicine. We all have gone through this ritual at one time or another, and the arguments presented are familiar: students exposed to history will achieve a measure of perspective and vision, scepticism and humility, all leadership qualities essential for understanding and coping with constant change.<sup>7</sup> But there is something more. Temkin speaks about the need to bolster the professional confidence of future physicians, challenged in an era of radical transformations in medicine that impact more on their social than scientific authority. He mentions the total transformation of medicine into a business, the regulation of medical practice by outside interests and the expansion of research dictated largely by market forces. If anything, history provides opportunities to understand the complexities of human lives and how the world has worked. Temkin viewed history as a “humanistic counterweight” capable of illuminating the goals, aims and problems of a profession currently under siege.<sup>8</sup> In that vein, we recently organized in San Francisco an experimental seminar that focused on the process and struggles involved in becoming

a physician. By entering past worlds of medicine and learning to appreciate how problems were created and solved, we argued that students would be better equipped and reassured to orient their own lives and understand their professional world.<sup>9</sup> While the preliminary feedback was encouraging, the project eventually failed to gain official approval within the confines of an official curriculum that continues to stress the mere acquisition of knowledge and skills, not thoughtful reflection and debate.

With regard to the Hippocratic Oath, Temkin acknowledges that this text remains a “puzzling document” open to multiple interpretations. He takes issue with the views of Ludwig Edelstein, one of his early colleagues at Hopkins. Mainly interested in philosophy and culture, Edelstein had narrowly conceptualized ancient medicine as closely dependent on ideas, theories, and ethics elaborated by Greek natural philosophers. Edelstein’s widely accepted 1943 interpretation of the Oath as a “Pythagorean manifesto” rather than “an expression of an absolute standard of medical conduct” ignored—in Temkin’s view—the fact that such a group of philosopher/practitioners was never historically located.<sup>10</sup> Much has been written in recent times about the social context of ancient Greek healing practices, its tradition of self-help and the appearance of families of healing craftsmen in Cos, Cnidus, Rhodes, as well as Crotona (Sicily) and Cyrene (Libya).<sup>11</sup> Given their rivalry and

<sup>6</sup> G B Risse, ‘Teaching history: medicine’s expanding universe’, in *Proceedings 37th International Congress of the History of Medicine*, Galveston, Texas, University of Texas Medical Branch, 2002, pp. 223–7.

<sup>7</sup> J T Hart, ‘The teaching of medical history and education for change’, *Soc. Hist. Med.*, 1989, 2: 391–8.

<sup>8</sup> See also A S Relman, ‘Education to defend professional values in the new corporate age’, *Acad. Med.*, 1998, 73: 1229–33.

<sup>9</sup> R Bartz and G Risse, ‘Becoming a doctor: reflections on the art and practice of medicine’, 1997 seminar, University of California, San Francisco.

<sup>10</sup> Ludwig Edelstein, *The Hippocratic Oath: text, translation and interpretation*, Baltimore, Johns Hopkins Press, 1943.

<sup>11</sup> See V Nutton, ‘Healers in the medical market place: towards a social history of Graeco-Roman medicine’, in A Wear (ed.), *Medicine in society: historical essays*, Cambridge University Press, 1992, pp. 15–58, and H W Pleket, ‘The social status of physicians in the Graeco-Roman world’, in P J van der Eijk, et al. (eds.), *Ancient medicine in its socio-cultural context*, 2 vols, Amsterdam, Rodopi, 1995, vol. 1, pp. 27–34.

competition, ethical standards were useful weapons in the struggle for acquiring a select clientele. Given the social standing and wealth of some of the patients seeking medical advice, reputation for good conduct could also have been financially rewarding.

After completing his own translation, Temkin believes that Edelstein's need for a hypothetical philosophical affiliation is no longer necessary for interpreting the Oath. For Temkin the goal of this document was three-fold: to uphold a covenant between teachers and apprentices designed to keep the communicated knowledge contained within extended families, to place some limits on medical practice, and to declare that these activities needed to be subjected to a moral code. By making the Greek healing gods witnesses of this pledge, the vow assumed a solemn, even religious quality akin to an initiation into some mysteries. This approach was consonant with the view that knowledge about healing retained a certain sacred quality—it was a gift of the gods—restricted to individuals who promised to guard their life and craft “in a pure and holy way”. This phrase suggests a moral pledge that covers both professional conduct as well as the prospective physician's private life.<sup>12</sup>

The Oath continues with a covenant designed to preserve the interests and privileges of the family possessing medical knowledge. It illuminates a key transitional moment in the development of the new “*techne iatrike*” when this knowledge was to be shared with outsiders. In joining the clan, the new pupils pledged moral and financial guarantees to the teacher and his direct descendants. In exchange, the new disciple had the privilege of receiving and

transmitting this “medical custom” to his own sons. Here Temkin's translation employs the vague term “custom” instead of “law” that recognizes the historical pluralism of the extended medical clans.

The next portion of the Oath places a number of strictures on medical practice together with a statement regarding the overall healing approach: protection against doing harm. A preference for dietetic medicine follows, together with a prohibition to provide, if asked, advice and deadly drugs as well as vaginal suppositories expected to act as abortifacients. As Temkin observes, the prospective craftsman taking this Oath thus renounced his participation in murder, suicide and abortion, again a position that could only solidify his future *doxa* or reputation as a moral person. While this approach was later interpreted as an uncompromising respect for life, Temkin subsequently discusses the ancient and modern ambiguities involved in another article found in the collection.<sup>13</sup> Finally, the Oath issued a ban on cutting for bladder stones, then considered a risky surgical procedure best left to practitioners who presumably specialized in this dangerous surgery.

Rules to regulate contacts with patients also form part of the Oath. They define a rather problematic physician/patient relationship fraught with dangers.<sup>14</sup> Given the social position of patients, they demanded respect and consideration, especially since they were expected to become willing partners in the therapeutic process. On the other hand the craftsmen had their own power based on a superior knowledge of health matters that created the potential for abuse of vulnerable

<sup>12</sup> H von Staden, “‘In a pure and holy way’: personal and professional conduct in the Hippocratic Oath”, *J. Hist. med. Allied Sci.*, 1996, 51: 404–37.

<sup>13</sup> Owsei Temkin, “The idea of respect for life in the history of medicine”, in “*On second thought*” and other essays in the history of medicine and science, Baltimore, Johns Hopkins University Press, 2002, pp. 29–48, and

D W Amundsen, ‘The physician's obligation to prolong life: a medical duty without classical roots’, *Hastings Center Rep* 8, 1978: 23–30.

<sup>14</sup> Robert Bartz, ‘Hippocratic practice: context and ethos: lessons for contemporary patient-physician relations’, MA thesis, University of California, San Francisco, 1997.

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patients. Aware of the intimacy created by the relationship, the Oath forbade new recruits to have sexual relations with patients and members of their households. This injunction should be seen in the context of a growing moral awareness about the integrity of married relationships, as well as enactment of laws—in Athens—against the seduction and rape of free women. The prohibition also makes sense within the ritualized framework of Greek hospitality or *xenos* with its reciprocal obligations and respect between hosts and guests. At the same time, healing craftsmen were enjoined to keep silent about the personal information obtained during their encounter with patients. Such a promise of confidentiality remains one of the ethical backbones of modern medicine.

The Oath has a final statement proclaiming that the reward for upholding its principles will be the practitioner's enjoyment of life and the art as well as earning eternal praise. Transgression will be punishable by condemnation with presumably the healing gods as enforcers of what they have been asked to witness. For

all the pragmatic image-building motives to improve the healing craftsman's reputation included in the Oath, Temkin recognizes the solemnity of this document. While careful not to read something into the text that is not clearly mentioned, he nevertheless believes that this tract expresses some important ethical principles. He is not sure whether the Oath was a religious creed, philosophical belief or social understanding demanded of new initiates into the craft. Perhaps all three motives were involved. The text is not explicit on this and we do not know if it was ever used or just a proposal drafted by medical teachers for the purpose of ensuring that new candidates for apprenticeship from outside the immediate family would adhere to their traditional values. The Oath's survival suggests that embedded in this document are human values that have inspired healers of all ages.<sup>15</sup> In sum, Temkin's collection is to be highly recommended. Each selection reflects the work of a thoughtful medical historian with broad interests and a great ability for asking the tough questions. His perspective and wisdom will be sorely missed.

<sup>15</sup> V Nutton, 'Beyond the Hippocratic Oath', in A Wear, J Geyer-Kordesch and R French (eds), *Doctors and ethics: the earlier historical setting of professional ethics*, Amsterdam, Rodopi, 1993, pp. 10–37.