

WHITHER MEDICAL HISTORY?*

BY

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TWENTY years ago, in this very hall, I had the honour of delivering the Presidential Address to the Section of Otology. I chose as my subject the Renaissance of Otology, and I reminded my audience that diseases of the ear, having attracted attention since the earliest time, had been reborn as a separate branch of surgery. Astley Cooper was one of the last of the general surgeons who also cultivated the field of Otology, and he was followed by pioneers such as James Yearsley, Joseph Toynbee and Sir William Wilde; men who were determined to rescue Otology from its inferior status and to place it upon a sound and scientific basis.

At a later stage, Otology became linked with Laryngology, a specialty, originally within the scope of the physician rather than the surgeon, which also underwent a process of renaissance when Manuel Garcia, the singing master, eager to see his own vocal cords in action used a dental mirror for this purpose, and so in 1854 discovered the laryngoscope and, to his surprise, founded a new medical specialty.

This recollection of the foundations of Oto-Laryngology, a specialty little more than a century old, born as the vogue for specialism was gaining hold, has led one to reflect on the question of whether the History of Medicine is also, perhaps, in process of renaissance, striving to take its place as an essential part of medical education.

Are we in fact, at the present time, witnessing a renaissance of medical history, and, if this is so, what can we, in this section of a great Medical Society, do to assist and to guide the process of rebirth? These are the questions I shall try to answer.

Let me recall those early days when Sir William Osler founded this Section of the Royal Society of Medicine in 1912. He himself was the first President, and the Secretaries were Raymund Crawford and D'Arcy Power. Osler wrote to a friend on 20 November that year: 'We made an excellent start with our new historical Section at the Royal Society of Medicine. We have nearly 160 members, and there were between two and three hundred at the first meeting, so I hope it may be a success.'

History not a medical specialty

Perhaps the time has come when we may profitably indulge in a little stocktaking. I began by drawing an analogy from Otology, one of the

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numerous 'specialties' of today. In one noteworthy respect, this analogy is misleading. It should be clearly understood that Medical History is not, in any sense or in any respect, a special branch of Medicine. The History of Medicine is Medicine itself; permeating every specialty, binding together all the many and varied branches and forming a foundation and basis for the entire body of medical education. Only when this important fact is forgotten does the History of Medicine become lightly esteemed, as an occupation for elderly doctors, an array of curious and amusing facts, now absurd and obsolete; an account of the follies of our medical forefathers; at best, a story of some great discoveries and dramatic episodes, at worst, a new specialty, developed by a small band of people known as medical historians, with an outlook academic, rather than clinical, and forging no close link with modern medical practice.

Please do not misunderstand me at this point. Many of those who pursue historical research, and whose outlook is, in the main, academic, are worthy of the highest praise and confidence. But if we wish to initiate or to foster an interest in the History of Medicine, we should commence at a lower level and adopt a simpler approach. Above all, we should avoid regarding the History of Medicine as a branch of knowledge to be studied by itself, having no close link with everyday medical practice.

No, the History of Medicine is not a special branch of medicine. It is a means, perhaps the only means, of reuniting a profession now so fragmented by many specialties, a means of reviving the wide outlook of former times, of supplying the stimulus which comes from a study of the lives and methods of the great pioneers, and, above all, of focusing attention upon the ethical and cultural aspects of medicine, very prone to be neglected in an era so scientific and so technical as the present. Never before, in the long evolution of medicine, has there been a time when there was greater need for retro-spection—for looking back, in order that we may be better qualified to look forward.

The neglect of medical history in Britain

The need for a knowledge of the origin and growth of one's profession is surely self-evident. It is obvious that history supplies an essential basis to medicine. It gives us ideals to follow, inspiration for our work and hope for the future.

History makes the student feel that he is an heir to a great tradition: it widens his horizon by linking medicine with other branches of knowledge, and, above all, it counteracts the present tendency of medicine to become more and more specialised, more and more technical. All those facts are now clearly appreciated on the Continent and in America, where almost every medical school has its Department of History of Medicine.

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Britain is strangely backward in failing to recognize the importance of the historical aspect of medicine. Only by one or two English medical schools is the Hippocratic oath recognized, only in a few schools is there any teaching of the History of Medicine. It was not always so, but in recent years the advance of specialism has left little room to spare in a curriculum already overcrowded. The art of medicine is apt to be forgotten. Such an omission is surely unwise policy, and we, as historians, ought to plead more earnestly than we do for a closer attention to medical history in our medical schools and universities.

Before discussing how the History of Medicine should be taught, let us glance at the various means of approach to the subject, in order that we may decide how to arouse and to stimulate interest in it.

The need for commentary

History is not simply a record of the events of the past, an account of the activities of the human race. No longer can history be regarded as a plain statement of facts, 'a science, no less and no more', although this view was held by some distinguished historians of last century who refused to accept history as a branch of literature. A more commonsense opinion is now generally held, and history has been saved, at least from becoming a specialized study, for scholars only. Of course, the basis of history is factual, but to the facts, there must be added some commentary and interpretation.

These views of general history apply very intimately to medical history which, like Medicine itself, is both science and art. Science supplies the data, art is needed for the exposition: a mere chronicle of happenings is not enough. Reason must be added to experiment and experience.

Now, having decided that the History of Medicine is an essential discipline, let us ask ourselves, what are the more important aspects of history in relation to Medicine?

The graph of progress

In approaching the History of Medicine, one is very prone to lay too much emphasis on the great discoveries and inventions; on the dramatic episodes: it is only natural that in a first survey we should be impressed by such prominent features—the peaks of history, rather than the dull valleys, the milestones rather than the weary miles between.

Moreover, we are inclined to depict the graph of medical progress as an ever-mounting curve; with a few hesitant phases, but always climbing. Our Victorian ancestors held this view at a time when George Eliot wrote in *Middlemarch* that 'the growing good of the world is partly dependent on unhistoric acts'. She did well to emphasize the 'unhistoric' or forgotten acts, and to praise the pioneers whose deeds were never recorded.

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As Sir Thomas Browne remarked two centuries earlier, there may be 'more remarkable persons forgot, than any that stand remembered in the known account of time'. The deeds of numerous unknown practitioners form the material out of which the history of medicine is fashioned. They were the men who made possible the work of the famous discoverers.

So much for the 'unhistoric' acts: but what of the 'growing good'? The advance of medicine has not always been in the direction of goodness. Although the word 'progress' denotes movement, such movement has not always been in a beneficial direction: no definite pattern of steady and graceful growth may be discerned in history. Medicine has reached its present position by a very rough and tortuous path, with many pitfalls and many backslidings. There is much to praise, but also much to deplore in our heritage.

The changing attitude

Even though we do possess a record of all the facts of history, be they dramatic or dull, arresting or boring, nevertheless the attitude of mankind towards the facts is constantly changing. That is why it is essential that history should be rewritten at intervals. The facts may remain static, but the interpretation of the facts undergoes changes to meet the needs of each succeeding generation. History does not, and can not, repeat itself. It becomes quite a different story, even within a lifetime.

If it were possible for each of us to have a second life, would the result be better or worse? Who has not asked himself this question? Yet the idea is a complete delusion and foolish fantasy, because, during the first lifetime, environmental conditions have altered so vastly that all our problems would be new. The new life would follow an entirely different pattern.

In the same way, the appeal of history changes, as each new chapter is added to the age-long tale. The story must be constantly retold in the language of today and in relation to the outlook of today.

History expanding at both ends

Thus, history, being never static, demands retelling. But the tale is not simply the old tale in a modern version. New facts are being constantly revealed by those engaged in historical research. Besides, there is much to be added, because history is expanding at both ends as well as in the middle. Not only are there new interpretations of existing knowledge; new knowledge is being added, as the events of each century and even of each year pass into history. Strictly speaking, the events of yesterday are already historical and every journalist is a historian, as he relates what is happening each day.

Modern history, however, is dangerous ground. Events do not at once fall

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into the correct perspective. Medical history takes at least half a century to mature.

At the remoter end too, the prehistoric end, history is expanding. Our knowledge of ancient medicine is growing steadily and this also must be added to complete the picture. History is being made each day as time goes on; it is also being made by a fuller knowledge of recorded history and even prehistory, and by a modern interpretation of facts already known.

The writing of history

It is necessary to bear all this in mind, because many people, even today, have a schoolboy idea of history as a vast collection of kings and queens and their respective dates. A mere record is not enough, and the essential commentary or exposition is the difficult part of the historian's task.

Robert Louis Stevenson wrote of Dr. John Brown, the author of that immortal tale, *Rab and his Friends*:

Ye didnae fash yoursel' to think,
Ye stapped your pen into the ink,
An' there was Rab!

We may be sure that Rab did not come into being as easily as that. Writing is a toilsome business, even for such professional writers. It is not easy to comment upon the past. What to emphasize, what to contradict, how to project oneself into the period under discussion, when to avoid 'debunking' great figures of history (a favourite occupation of some authors who seldom 'whitewash' the villains, a kindlier task), how to resist the temptation of perpetuating historic fictions for the sake of a good story—these are problems which confront every historian.

Biography as history

Of course history is largely composed of biography and for most of us an interest in medical history began as a form of hero-worship. An impersonal account of history becomes very dull indeed. There can never be too many good medical biographies and autobiographies; life histories such as Cardan's *Book of My Life*, Paré's *Voyages in Divers Places*, Paget's *Memoirs and Letters*, to mention only a few.

Sir William Osler never tired of showing his library to students and of urging them to commune with the saints of humanity, and my teacher and predecessor, Dr. John D. Comrie, a man whose genius was never fully recognized, used to lay stress upon the biographical approach to medical history.

Biography is not the whole story, however. There is a history of ideas as well as a history of persons. The trends and fashions of practice, the blind

search for an easy system of treatment, the history of medical ethics, the attitude of patient to doctor, and vice versa, the rise of what is now called socialized medicine—all are needed to compose the complete view.

Importance of the individual

Still, human personality is a dominant factor. What ideology has ever survived without a strong leader? The individual is more significant than the crowd. An impersonal attitude to medical history is not possible because, however scientific medicine may become, it will always remain to some extent an art, because it deals with human beings and because the medical man is also a human being. This elusive aspect of medicine is difficult to explain, but the study of history helps us to understand it, though there are many unsolved problems.

Thus we see how the ethical, cultural and humanistic aspects of medicine can be approached only by the historical route. Art must be added to science. At the beginning of the present century, discoveries in medicine were multiplying so fast that it was thought that very soon science would solve every problem. A minority imagined that psychology, which was still among the humanities, might remain there, to save the art of medicine from extinction. Unfortunately even psychology became engulfed in science, and, in an effort to explain what remained obscure, the word 'psychosomatic' was coined by those who did not know, or did not remember, that psychosomatic medicine was used by primitive man long before the dawn of science.

The supernatural in medicine

At last, however, we are beginning to realize that science cannot have the final word in medicine. There is a subtle 'something else' which still defies analysis. History may provide an answer, at least it will guide our quest. It would appear that the wheel has turned full circle, and that we may be driven back to a study of the supernatural, the starting point of medicine. Perhaps Hippocrates went too far when he attributed disease to nature, and alleged that there was no 'sacred disease', no disease which owed its cause, or cure, to the supernatural. A closer study of the primitive mind may yet supply the key to some of the deepest problems of the present day.

The first phase of medicine was supernatural, the second was scholastic, the third scientific. Just as there may still be a place for the supernatural in modern medicine, so also we may learn something of value from the scholastic or medieval approach.

Philosophy and medicine

The School of Salerno demanded of its medical students a preliminary course of logic, lasting for three years. In later times, John Locke found in

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medicine an excellent introduction to philosophy, and others have followed the converse route, passing from philosophy to medicine. In the Middle Ages, medicine and philosophy had much in common, and closer attention to philosophy might bring great benefit to modern medicine. Although the day of argumentative medicine is past, and the patient is no longer, let us hope, merely the test-tube containing the disease, deeper thought and more study of logic might assist many a medical scientist to pursue research with greater accuracy.

That great teacher, William Cullen, was wont to say to his students: 'I wish to make you philosophers as well as physicians.'

Of course no one can deny that the application of scientific methods, from the sixteenth century onwards, gave to medicine an enormous forward impetus. Surgery could not advance until Vesalius and others had reformed anatomy. Medicine could progress only after Harvey had demonstrated the circulation of the blood, diagnosis became exact only when Morgagni located the seats and causes of diseases, and therapeutics could be applied intelligently only after Ehrlich expounded the laws of chemotherapy. Nevertheless, in spite of the great contribution of science, it may be that the earlier forces, supernatural and scholastic, have each some contribution to make to modern medicine, which, in the meantime, is often called Medical Science.

Before passing on to discuss the teaching of medical history, let me refer very briefly to the twin subject, the History of Science. Philosophy is sometimes linked with science, and we speak of the history and philosophy of science, forgetting that history should include philosophy. I confess that I am a little puzzled by this nomenclature, but of one thing I am convinced, namely, that the history of medicine should remain separated from the history of science. Of course the two were one not so very long ago, but they have now widely diverged, and each has its own peculiar application to the needs of modern education.

Perhaps the history of medicine and the history of science should both be classified as humanities, and regarded as aspects of general history. Indeed one might argue in favour of transferring the history of medicine from the medical curriculum to the arts curriculum, laying the emphasis upon the word history instead of upon the word medicine. Certainly the history of medicine can be properly studied only against a background of general history, or rather, of what is now called 'social history', which Trevelyan defines as 'history with the politics left out'.

The teaching of history

All that I have said up to this point may be an old story to many members of this audience. Nevertheless it is important that we should realize afresh the

need for more thought and attention to the basic principles, as opposed to the details, of medical history. The time has come when we ought to consider carefully how we may promote deeper interest in the essential historical basis of medical education. Under the heading 'we' are included, not only medical historians, but the entire medical profession, and particularly those who are concerned in the teaching of students, both undergraduate and post-graduate.

Some reference has already been made to the neglect of the History of Medicine in British universities and medical schools. What is the cause of this neglect, and how may it be remedied? Perhaps the chief cause is not a lack of interest, nor yet a dearth of funds, but rather, a shortage of available teachers. Even if chairs or lectureships were created in every medical school, where could the staff be found to fill them? The truth is, that medical history is a career for only a very few. Only rarely is it a whole-time occupation or source of livelihood, even in the United States of America where the importance of medical history is widely recognized.

Garrison was an Army colonel, Welch was a bacteriologist, and Packard a laryngologist. Frequently, as in Britain, the teaching of medical history is undertaken by a retired physician or surgeon. At times, the problem is solved, and solved very well, by appointing a medical librarian, or a general historian with an interest in medicine, but in this country the difficulty will continue until the need is more widely recognized.

What is the present position of medical history in the medical schools of Britain? So far as I am aware, Edinburgh University is the only medical school which, during the past half-century, has included history of medicine in the curriculum. The annual course of lectures has always been optional and free to all students and graduates.

During his thirty years of office, my predecessor Dr. John Comrie gave an annual course of twenty lectures. For my own part, I found that a smaller number of lectures attracted a larger number of students.

Naturally one could not cover the entire ground in eight or ten lectures, but the interest was retained by altering the route of approach each year, and laying the stress on some new aspect of history, such as discoveries, trends and systems, attitudes to disease, literature: retaining throughout each course a sufficient background of biography and social history. Those few lectures demand little of the student's valuable time, yet they serve to arouse a curiosity and interest which may be satisfied later by reading.

In addition to this separate course of lectures which, being optional, is not attended by every student, arrangements are made for occasional historical lectures in the statutory classes of medicine, surgery, pathology, etc., so that every student may know something of the history of the subject. The historical lecture ought not to be an introductory one. It is best introduced into the

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middle of the course, so that the student may know at least a part of the subject before learning its history.

History taught in this manner is best taught by the professor or lecturer concerned, and this method of infiltration is perhaps a better way of introducing history into medical education than by a special course of lectures. If the authority responsible for the subject does not feel competent or sufficiently interested to undertake the historical lecture, he may call upon the services of the medical historian as a guest-lecturer.

The essentials of medical history

Of course the history of the various components of medical knowledge is only a partial history, and it is therefore desirable that a few lectures of more general nature should be available.

Furthermore, there are two other aspects of medical history which ought to be introduced into every medical curriculum. One is the story of medical ethics, so strangely omitted in many medical schools. In each of the four Scottish universities the student, on graduating, gives a promise to follow the precepts of the Hippocratic oath, modified to meet the needs of modern medicine. Only in one or two English Universities is this practice followed: the majority seem to ignore ethical history and ethics.

A second need is, that every student should learn something of the history of his own medical school, of how it was founded, and of the pioneers who were the early teachers. The history of hospitals may prove equally inspiring.

This instruction is best imparted at the very commencement of the course: during the first year or even as a pre-medical lecture. One lecture is usually sufficient and it should be made as attractive as possible, by a lecturer who can infuse enthusiasm into the novices. Nevertheless the lecture is not the only means of exciting an interest in medical history. Every medical school ought to make use of exhibits of early books, manuscripts, photographs, portraits, instruments, drug-jars, etc., arranged in show cases or even on the walls of corridors, and not always in museums, so that even he who runs from classroom to classroom may spare a moment sometimes to stand and stare. Furthermore, each large centre of medical education should have an Institute, or at least the nucleus of an institute, of the History of Medicine; and, of course, no medical library is ever complete without a section devoted to medical history and biography, and to early medical works.

The interest is further fostered by Societies of History of Medicine such as those already existing and flourishing. Their membership need not be confined to those who happen to possess a medical qualification. Chemists, nurses, librarians, and general historians have all made their contributions to the subject. After all, medical history deals, not only with medicine but also

with history, in all its aspects; and, when viewed as a whole, and not merely as a branch of specialized knowledge, it promotes that wide and liberal outlook which is so greatly required today by the entire medical profession.

The popular aspect of history

This leads one to say that the academic approach to the history of medicine may not always be the best. The 'popular' attitude is often the more interesting, so long as it retains historic accuracy. What does at times become misleading is the dramatizing of history; the introduction of imaginary conversations or of scenes not founded upon fact, into novels or plays or films.

The popular interest in science, which has recently become prominent, has spread to medicine. Patients, or potential patients, like to hear about doctors, past and present, and we must see that correct information is supplied, and presented in a manner which will neither offend nor shock, even with a flavour of humour at times, sufficiently academic to be correct in facts and dates, and at the same time sufficiently popular to appeal to the average intelligent person.

It is good to know that the leading medical journals in Britain appreciate historical contributions. Up to the present, there has been no journal of Medical History, but the new publication which commenced in January 1957, promises to meet this long-felt need. There are other means of arousing interest in history besides the spoken or written word; museums, for example.

The visual approach to history

A visual appeal is supplied by museums, of which the Wellcome Historical Medical Museum is the leading example. Would that the entire field of medical history could still be covered, as in former times, at the Wigmore Street Museum. Perhaps that is no longer possible and certainly the selected exhibits now available are of great value and interest. Furthermore, we ought to favour the visual method even more than we do, by occasional demonstration at our meetings of rare books, early instruments, prints and photographs, and other exhibits, appointing a definite time so that members may study them, and not merely glance at them. Also, we should miss no opportunity of commemorating anniversaries of great men or their discoveries; and of marking, in appropriate fashion, their former homes or their last resting places. One may learn much from reading epitaphs of former times, although the practice of cremation is adversely affecting this historical record. At Edinburgh, we have a wonderful open-air museum of medical history in Greyfriars Churchyard where so many medical pioneers lie buried, and every summer we conduct a pilgrimage to their shrines. Last year two hundred medical men and women attended 'the pilgrimage' as we call it.

Each medical centre has its own history, but every town and even village

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throughout this country also has its contribution to make to medical history. There is still a vast field awaiting exploration, the field of local medical history. Numberless books have been written on local lore: topographical works, guide-books, and local histories. Many of them give full accounts of industries, churches, and all manner of human activity, but in very few does one find any mention of health and disease, of hospitals or doctors. What a wonderful story would emerge if some of the deeds of country doctors could be recalled. A few are still remembered in their own districts, but most are forgotten and unrecorded. This aspect of medical history deserves attention before it is too late.

The only intelligible aspect of medicine

Medical History is perhaps now the only aspect of medicine which has not adopted a new and special vocabulary, or set of initials. It still speaks a language which all can understand, and thus it is perhaps the only remaining common ground on which medical men can meet, and speak the same tongue as non-medical people do. Even those who possess a medical qualification cannot always understand what they read in medical journals.

History has the inestimable advantage of being intelligible to everyone, and many non-medical writers have made valuable contributions to the history of medicine. Long may they continue to do so: their collaboration is essential if we are to reap the full benefit from all that the subject has to offer, and if we are to pass on to others the advantages which it has brought to ourselves.

In pleading for a more widespread application of the historical aspect of medicine in medical education, and for a closer attention to history by all who, of necessity, have become specialists in one or other of the numerous branches of medicine, may I suggest, in conclusion, that we in this Section of the History of Medicine, the only 'un-specialized' Section in the Royal Society of Medicine, should regard ourselves, not as specialists in early medicine who derive interest from a contemplation of the past, but rather, as the leaders of modern medicine, helping to carry the past over into the future, emphasizing the need for the cultural and ethical basis of our profession and showing that even in this age of science and specialism, Medicine should ever remain 'The Art', as Hippocrates called it so long ago.