



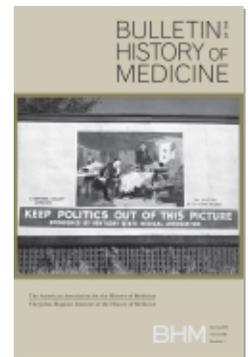
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The Fielding H. Garrison Lecture: The Aesthetic Grounding of Modern Medicine

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The Aesthetic Grounding of Modern Medicine

JOHN HARLEY WARNER

SUMMARY: This article focuses on visual choices that American physicians made in representing their profession, their work, and themselves during the decades when modern medical culture was set in place, the 1880s through the 1940s. Historians have emphasized the role that image played in the formation of modern medicine, but the visual images they have explored in connection to this process have tended to take a reductionist aesthetic identified with experimental laboratory science as emblematic of medical modernity. Explored here instead are several counterexamples—genres of self-representation in which medical students and physicians did not seek to link their identity with the laboratory and in some ways distanced themselves from the image and ideals of experimental science. The cultivation of these images invites us to see the cultural grounding of modern medicine as vastly more complex than a story scripted around the biomedical embrace of a stripped down, reductionist aesthetic.

KEYWORDS: medical photography, medical book collecting, medical libraries, national health insurance, Whitaker and Baxter, Luke Fildes's *The Doctor*, Harvey Cushing, William Osler, aesthetics, medical history

For nearly three decades now, historians have widely contended that late nineteenth-century doctors first took up an ideal of experimental science not so much as a technical tool they could use at the bedside, but

An early version of this article was presented as the Fielding H. Garrison Lecture at the annual meeting of the American Association for the History of Medicine, Rochester, New York, April 11, 2008. I am grateful to the many colleagues who have shaped my thinking about this project, and have particularly benefited at key junctures from the critical insights of Eva Áhrén, Lisa Cardyn, Lorraine Daston, James Edmonson, John Forrester, Bruce Fye, Rana Hogarth, Julia Irwin, Ludmilla Jordanova, Beth Linker, Dorothy Porter, Ruth Richardson, Janet Tighe, Nancy Tomes, Laura Wexler, and most especially Naomi Rogers. For invaluable and patient help with visual images, I am particularly indebted to Toby Appel, Florence Gillich, Melissa Grafe, Laura Travis, and Susan Wheeler.

as a powerful cultural tool they could use in the marketplace. It was the image of science, this revisionist consensus has held, the verbal and visual languages of science, more than its clinical payoff that initially propelled the remarkable elevation of the profession that ensued.¹ This interpretation moved us beyond an earlier functionalist account of the relationship between science and professional authority. But it has also gone far toward making a reductionist aesthetic emblematic of medical modernity in ways that would have made early twentieth-century doctors—including many working at the scientific avant-garde—profoundly uneasy.

Aesthetic choices in turn-of-the-century American medicine often were couched in terms of marketplace strategies. When in the 1880s Daniel W. Cathell urged his fellow physicians in his widely read advice book to prominently display a microscope “and other aids to precision” in their offices, it was to better succeed in business by exhibiting the emblems of science.² By the 1920s, novelist Sinclair Lewis satirized the doctor as salesman by having a professor of otolaryngology tell a gathering of physicians, “I don’t care whether a doctor has studied in Germany, Munich, Baltimore, and Rochester. . . . From a scientific standpoint . . . [he must] go far below the surface of this matter into the fundamental philosophy and esthetics of office-furnishing.”³ And he proceeded to assess warring approaches to decorating the doctor’s waiting room.

The cultural turn redoubled attention to the performative character of medicine—to how displaying the trappings of science, putting on a good show, led physicians individually and collectively to professional success. Yet, in the growing and important historiographical preoccupation with show, theater, and calculated display, there is some risk of reducing aesthetic choices to *mere* show, whereas I want to suggest that they were constitutive elements of medical culture and crucial to private constructions of self, important in telling doctors who they were in ways that anchored their identity as practitioners of “modern medicine.”

1. See Gerald L. Geison, “‘Divided We Stand’: Physiologists and Clinicians in the American Context,” in *The Therapeutic Revolution: Essays in the Social History of American Medicine*, ed. Morris J. Vogel and Charles E. Rosenberg (Philadelphia: University of Pennsylvania Press, 1979), 67–90; S. E. D. Shortt, “Physicians, Science, and Status: Issues in the Professionalization of Anglo-American Medicine in the Nineteenth Century,” *Med. Hist.* 27 (1983): 51–68; John Harley Warner, “Science in Medicine,” *Osiris* ser. 2, 1 (1985): 37–58; John Harley Warner, “Grand Narrative and Its Discontents: Medical History and the Social Transformation of American Medicine,” *J. Health Polit. Policy Law* 29 (2004): 757–80.

2. D. W. Cathell, *The Physician Himself and What He Should Add to His Scientific Acquirements in Order to Secure Success* (Baltimore: Cushings and Bailey, 1885), 11.

3. Sinclair Lewis, *Arrowsmith* (1924; repr., New York: Signet Classic, 1961), 84–85.

I never set out to explore medicine and visual culture. My attention was inadvertently drawn to aesthetics in the course of another project, on the transformation of the hospital patient chart. Early nineteenth-century patient records consisted of pages full of words. We are often invited to read a picture like a text, but I came to look at these texts like pictures—records that, like calligraphy, were not only read but also viewed and experienced. By the 1860s densely wordy clinical narratives began to be abbreviated in graphs and in diagrams of the body. And by the 1880s charts often had shrunk, becoming terse in the extreme. By the late nineteenth century, the formal aspect of the patient record had been transfigured, reflecting a narrative preference for precision and exactitude, quantification and visualization, impersonality and detachment, uniformity and standardization, and an aspiration to universalism. In trying to explain these changes and what they meant for clinicians, I was on familiar ground thinking about technical, social, and epistemological choices (including emulation of the experimental laboratory). But what took me by surprise was confronting the extent to which they embodied a new aesthetic preference.⁴

Choices like these resonated with an imagery of medical modernism familiar to all of us: the gleam of new clinical technologies, or medical students posed in laboratories with factory-like regimentation, depicted with the instruments of precision of the experimental sciences. Possibly no visual medical image circulated so widely in America as Wilhelm Röntgen's pioneering 1895 German X-ray of his wife's hand—quintessentially stripped down. It would later be expressed in the sleek, straight lines of hospital architecture, increasingly styled as the clinician's laboratory, and in American medicine's self-fashioning as the white profession, a widely disseminated image embodied in Hollywood films such as *Arrowsmith* (1931) and *Men in White* (1934).⁵

American doctors, collectively, did anchor their identity in images that cited the hallmarks of aesthetic modernism, especially the laboratory and all they made it stand for. And much work remains to be done exploring precisely how physicians enlisted experimental laboratory science in making and expressing a new kind of professional identity, as well as the processes through which this image was translated into cultural authority. Here, however, instead of pursuing images that cited the laboratory and

4. This is the focus of a chapter in a book in process that develops themes I begin to explore in this article.

5. On public image, see especially Bert Hansen, *Picturing Medical Progress from Pasteur to Polio: A History of Mass Media Images and Popular Attitudes in America* (New Brunswick, N.J.: Rutgers University Press, 2009).

hallmarks of aesthetic modernism associated with it, I want to focus on several counterexamples, that is, on genres of self-representation in which medical students and physicians did *not* seek to link their identity with the laboratory, and, more than this, in some ways distanced themselves from the image and ideals of experimental science.

The focus here is narrowly on North America, principally the United States, and chiefly on the period when a distinctly modern medical culture was set in place, the 1880s through the 1940s. I cite just three examples that go against the grain: a particular genre of photographic group portraiture, book collecting and historical medical libraries, and one late Victorian painting. These are visual images that a satisfying history of the aesthetic grounding of modern medicine must not dance above, but seriously interrogate as parts of an image-making, meaning-making process constitutive of modern medical culture. The aesthetic values explored here have little to do with the role of aesthetics in medical creativity, theory choice, or model building; notions of the “beautiful” experiment; or a particular sensibility to organic form and function. Rather, the concern is with aesthetic choice and the images in which physicians rooted their identity.

Posing with the Cadaver: Dissection Room Photographic Group Portraiture

The small group of medical students in Figure 1 gathers around a dissecting table at Yale circa 1910, posing for the camera. Five of the six look directly at the photographer. Each of them holds a scalpel, and some seem poised to continue dissecting, but no one looks at the cadaver. All wear smocks; none wear gloves. Instrument cases and a book have been laid out on stools, positioned for the camera. One leg of the dark, partly dissected body is propped up on a block and one arm is pulled upright by a cord attached to the overhead light fixture. Two of the dissectors sport pipes.

Seen in isolation this photograph might appear to be an oddity, perhaps a macabre curiosity, but seen in the context of many hundreds like it the image can be recognized as a visual commonplace. It is one example of a genre of commemorative photography—group portraits of American medical students in the dissecting room posed with their cadavers—that arose in the 1880s and flourished into the 1920s, precisely the period when the embrace of the new experimental sciences was growing ardent.⁶ Part

6. I draw heavily in this section on John Harley Warner and James M. Edmonson, *Dissection: Photographs of a Rite of Passage in American Medicine, 1880–1930* (New York: Blast Books,



Figure 1. Medical students posed with their cadaver in a dissecting room at Yale, ca. 1910. Photograph courtesy of the Harvey Cushing/John Hay Whitney Medical Library, Yale University, New Haven, Conn.

of what makes this genre significant is its sheer ubiquity, and throughout these decades this may have been the most common way American medical students chose to depict themselves at work. To be sure, other photographs placed students alongside such emblems of experimental science as the microscope and kymograph, and those images are much easier to accommodate to an historical story in which modern medicine and the imagery of laboratory science go hand in hand.⁷ Nevertheless,

2009), and John Harley Warner and Lawrence J. Rizzolo, "Anatomical Instruction and Training for Professionalism from the 19th to the 21st Centuries," *Clin. Anat.* 19 (2006): 403–14. See also James S. Terry, "Dissecting Room Portraits: Decoding an Underground Genre," *Hist. Photography* 7 (1983): 96–98.

7. On photographic images of doctors, see Daniel M. Fox and Christopher Lawrence, *Photographing Medicine: Images and Power in Britain and America since 1840* (Westport, Conn.: Greenwood, 1988); Daniel M. Fox and James Terry, "Photography and the Self Image of American Physicians, 1880–1920," *Bull. Hist. Med.* 52 (1978): 435–57; and Janet Golden and Charles E. Rosenberg, *Pictures of Health: A Photographic History of Health Care in Philadelphia, 1860–1945* (Philadelphia: University of Pennsylvania Press, 1991).

for nearly half a century, dissection room photographic portraiture was quite possibly the most vigorously cultivated convention medical students elected in having themselves photographed together at work.⁸

These survive from medical schools in all parts of the United States, including institutions where all of the students were European American men and others where all the students were women, as in Figure 2 from the Women's Medical College of Pennsylvania, or all African American men, as in Figure 3 from Howard in Washington, D.C. Sometimes these tableaux include only a couple of students, and sometimes they depict a large assembly or school photo in which over a hundred students and faculty are gathered around a dozen cadavers. In some scenes the anatomy professor or demonstrator appears with students, while others include the porter or dissecting room custodian—often African American—who was tasked with procuring bodies, preparing them for dissection, and disposing of the remains.⁹ But by far the most common composition presents a small group of students posed together with a single cadaver, looking stiffly at the camera or simulating dissection.

We can be positive about little concerning why these photographs were made. A penciled note on the back of an 1899 photograph from Yale says that it was “Taken by Wm. Blackwood, Janitor,” but that tells us virtually nothing about who made the creative compositional choices, let alone why.¹⁰ Taken at a time when photography was becoming an accepted means of establishing identity in many spheres of American life, though, the photographs frequently include a key, with every individual numbered and identified. Often the students appear with the initials of their states painted on their smocks, as in Figure 4, or with their names either recorded around the matting or written along the side of the dissecting table, sometimes with the name of their school and year of their class. Many of the early photographs were composed and taken by professional

8. The best starting point for human anatomical dissection in nineteenth-century America is Michael Sappol, *A Traffic of Dead Bodies: Anatomy and Embodied Social Identity in Nineteenth-Century America* (Princeton, N.J.: Princeton University Press, 2002); and see Helen MacDonald, *Human Remains: Dissection and Its Histories* (New Haven: Yale University Press, 2006), and Ruth Richardson, *Death, Dissection and the Destitute*, 2nd ed. (Chicago: University of Chicago Press, 2000).

9. See, for example, photographs of Chris Baker, janitor at the Medical College of Virginia in Richmond, in Warner and Edmonson, *Dissection* (n. 6), 63, 69, 139. On one such figure at the Medical College of Georgia in Augusta, see Tanya Telfair Sharpe, “Grandison Harris: The Medical College of Georgia’s Resurrection Man,” in *Bones in the Basement: Postmortem Racism in Nineteenth-Century Medical Training*, ed. Robert L. Blakely and Judith M. Harrington (Washington, D.C.: Smithsonian Institution Press, 1997), 206–24.

10. Warner and Edmonson, *Dissection* (n. 6), 12.



Figure 2. Medical students in the dissection room at the Women's Medical College of Pennsylvania, ca. 1900–1909. Hanging between the door and the skeleton is a small framed copy of Rembrandt's *The Anatomy Lesson of Dr. Nicolaes Tulp* (1632). Corbis Images, photograph reproduced with permission.

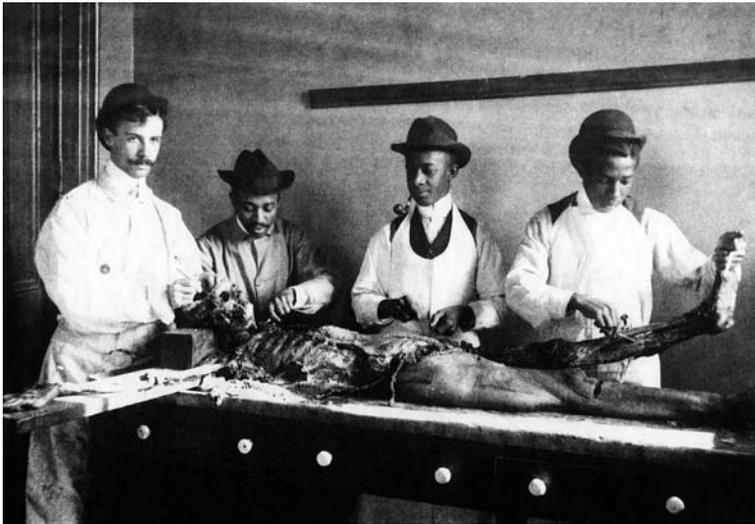


Figure 3. Medical students at Howard posed in the dissecting room, n.d. but between 1890 and 1920. Photograph (MC11056) courtesy of the Maryland Historical Society, Baltimore.

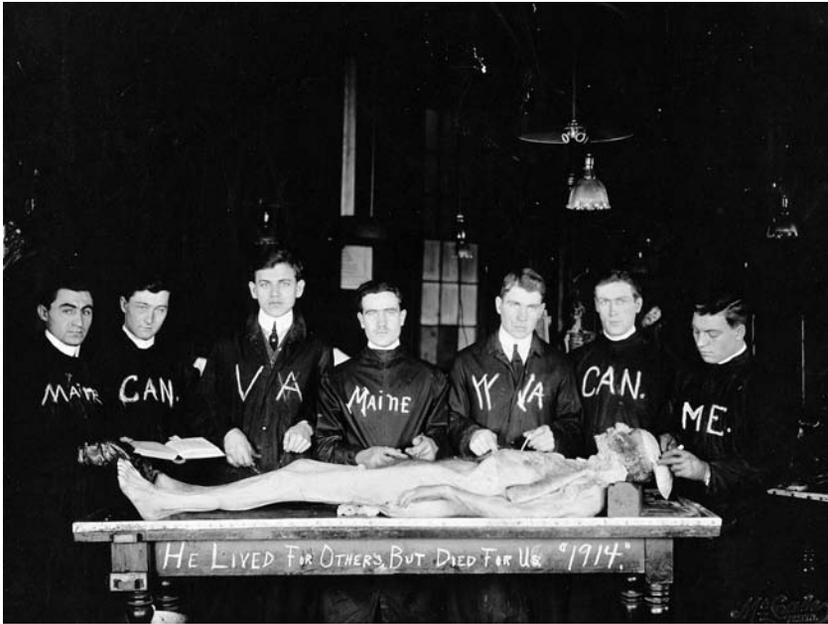


Figure 4. Medical students at unknown school (possibly in Maine), 1914, chalked on the side of their dissection table, “He Lived For Others, But Died For Us.” Like their counterparts at many other schools, they identified themselves by writing the names of their home state or country on their smocks. Photograph courtesy of the Harvey Cushing/John Hay Whitney Medical Library, Yale University, New Haven, Conn.

photographers, but as amateur photography became more accessible (especially with Eastman Kodak’s introduction of the Brownie in 1900) and as doctors grew to be what one Texas physician described as “photo-mad,” increasingly the images tend to be less formal, amateur productions.¹¹

These photographs clearly drew upon earlier visual traditions, including painting conventions established by the early seventeenth century and religious idioms common in the early modern anatomy theater. Rembrandt’s *The Anatomy Lesson of Dr. Nicolaes Tulp* (1632), which depicts eight figures gathered around the supine cadaver, is but the most famous of Dutch Surgeons’ Guild group portraits, and American doctors and medical students knew it well. In Figure 2, a small copy hangs on the wall of a Philadelphia dissecting room in the 1890s, between the skeleton and the door. Skeletons and books, established elements in artistic

11. William Keiller, “The Craze for Photography in Medical Illustration,” *New York Med. J.* 59 (1894): 788–89, quotation on 788.

depictions of the anatomy theater since the Renaissance, recur in the photographs partly as workaday reference tools that would be found in most dissecting rooms, but at the same time they are iconographic links connecting students with long-standing visual conventions. The skeleton invoked mortality in medical and popular culture alike and commonly represented the cadaver revived, the horizontal corpse made vertical again, joining the dissectors. The book—held by a student or set alongside the cadaver—underscored the interplay between book knowledge and experiential, hands-on body knowledge, reading the book of nature. Many of the photographs include epigraphs associated with the early modern anatomy theater, including the rites of Christian mystery. In Figure 4, “He Lived For Others But Died For Us,” an ironic linking of the dissected cadaver to the crucified Christ, is inscribed on the table, as it was at Howard around 1900, the Atlanta Medical College in 1911, and in Louisville and other cities.¹²

Other recurring motifs seem more specific to the experience shared in the American dissecting room. The pervasiveness of cigars, pipes, and cigarettes, for example, reflects the fact that the stench could be all but overpowering, and it was an established convention in (male) student culture that at least one member of the dissecting team was expected to smoke to help mask the smell. “Those of us who could neither smoke nor chew began to envy those who could, and some began taking lessons on the use of the weed,” one physician in 1905 recalled of his studies.¹³

The images themselves often included verbal, not just visual, commentary. Students wrote epigraphs on the side of their dissecting table, facing the camera, and on blackboards. Sometimes the tone was reverential, but more often the epigraphy expressed a macabre irony or gallows humor. “He lived for others but died for us” in the hands of some students became “He lived for himself but died for us.” Or their words pointed to the

12. For examples, see Warner and Edmonson, *Dissection* (n. 6), 11, 15, 20, 97, 100. Helpful in understanding the longer trajectory of links between the body of Christ and the body of the dissected is Mitchell B. Merback, *The Thief, the Cross and the Wheel: Pain and the Spectacle of Punishment in Medieval and Renaissance Europe* (London: Reaktion Books, 1999). Among the best starting points on early modern anatomical dissection are Andrea Carlino, *Books of the Body: Anatomical Ritual and Renaissance Learning* (Chicago: University of Chicago Press, 1999); Cynthia Klestinec, *Theaters of Anatomy: Students, Teachers, and Traditions of Dissection in Renaissance Venice* (Baltimore: Johns Hopkins University Press, 2011); Katharine Park, *Secrets of Women: Gender, Generation, and the Origins of Human Dissection* (New York: Zone Books, 2006); and Jonathan Sawday, *The Body Emblazoned: Dissection and the Human Body in Renaissance Culture* (London: Routledge, 1995).

13. Coy C. Carpenter, *The Story of Medicine at Wake Forest University* (Chapel Hill: University of North Carolina Press, 1970), 9.

realities of their labor: “Her loss is our gain”; “Rest in Pieces. A martyr to science”; “His time was bad, but ours is WORSE.” Sometimes students used the inscriptions to comment on themselves: “Jack the Ripper,” reads an 1891 dissecting table; and, at another school, “Such the vultures love.” Or, at the College of Physicians and Surgeons of Baltimore, at a time when records of another medical school in that city reveal that two-thirds of the cadavers were African American, students in the class of 1902 chalked on their table the sardonic inscription, “All coons smell alike to us.”¹⁴

Why this choice in self-representation? What made it so *attractive*? What in particular does this stand to tell us about identity and aesthetic preference during the decades in which modern medicine was set in place?

To begin with, these images are not entirely at odds with the representational preferences associated with the laboratory, and it would be a mistake to set them up as bipolar opposites. A sense of detachment, for example, of self-abnegation, which by the 1880s characterized the ethos of the laboratory, is also conveyed by many of these photographs.¹⁵ Posed in settings that ordinary men and women might find horrific, the dissectors often seem resolute in their restraint from expressing emotion, of betraying subjective reaction. We have no way of knowing from the photographs alone whether this was deliberate self-restraint or the outward signs of a hard-won inner transformation in character. But diaries and letters in which medical students confided their dissection room experiences suggest that elements of both were at work.

The photos documented above all a rite of passage to a new identity. Privileged access to the body marked a social, moral, and emotional boundary crossing, an ordeal that conferred not only new knowledge but reformed sensibilities. “Know thy Self” inscribed on the dissecting table in Figure 5—the Delphic injunction *nosce te ipsum*—could refer to the shared corporeality of dissector and dissected. But it most certainly referred to knowing the new sense of self acquired through this ritual of initiation. As visual memoirs of a transformative experience, the photographs were autobiographical narrative devices by which the students placed themselves into a larger, shared story of becoming a doctor.

The embrace of a new identity certainly is clear in photographs that show pranks being played with the cadaver—images that were sometimes

14. Photographs reproduced in Warner and Edmonson, *Dissection* (n. 6), 101, 100, 24, 106–7, 121, 26; the inscription “He lived for himself but died for us” appears on a dissecting table at an unidentified medical school (probably in Kentucky) in a 1906–7 photograph in the author’s possession.

15. Helpful here is Lorraine Daston and Peter Galison, *Objectivity* (New York: Zone Books, 2007).



Figure 5. Students at the University of Maryland School of Medicine, Baltimore, J. Henfield, photographer, ca. 1890. On the side of their dissecting table they have written, “Know thy self.” Photograph in author’s possession.

whimsical, sometimes darkly sardonic. Hazing was not uncommon. Induction rituals at one school involved, as a graduate recalled, “ordering new students to shake hands with a cadaver, to waltz with a body, even to eat meat of uncertain origin.”¹⁶ Photographs staged in dormitories or lecture theaters often depicted clowning with the *skeleton*; but joking with the *cadaver* was confined to the separate space of the dissecting room. The act of staging such tableaux was both a display of collective identity and a vehicle for emotional release. Role reversal was common: the cadaver propped up, joining the dissectors, or a student draped out on a table, posing as a corpse. In the 1906 photograph in Figure 6, titled *A Student’s Dream*, cadavers prepare to dissect a sleeping medical student. Such self-conscious play on identity, this deliberate, carnivalesque inversion, perhaps spoke of the young dissector’s uneasy confrontation with death, but it certainly dramatized the distinctive identity of the new student–doctor.¹⁷

16. Quoted in Lucie Robertson Bridgforth, *Medical Education in Mississippi: A History of the Medical School* (Jackson: University of Mississippi Alumni Association, 1984), 62.

17. On dark humor in these photographs, see Warner and Edmonson, *Dissection* (n. 6), 140–61.

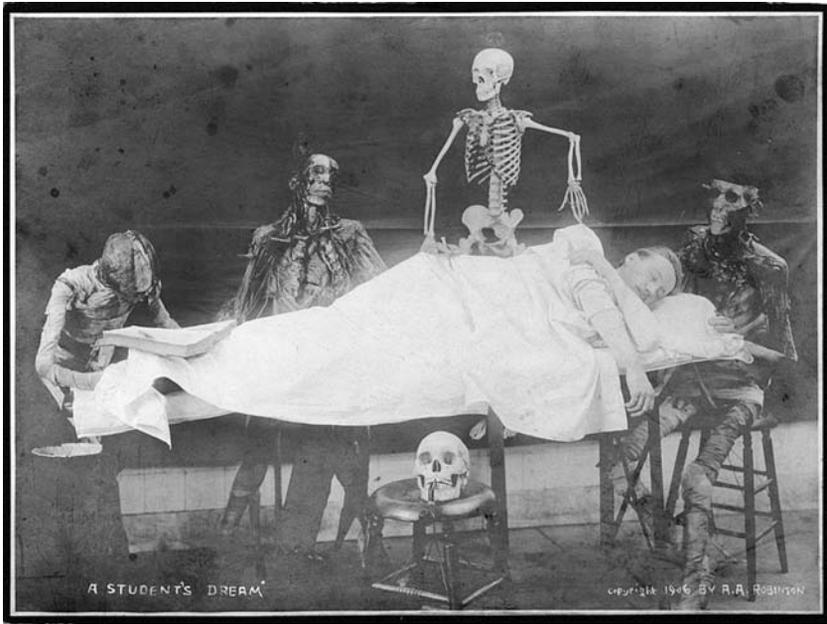


Figure 6. A standing skeleton and seated cadavers prepare to dissect a sleeping medical student in this 1906 composition titled *A Student's Dream*. Photograph with copyright marked A. A. Robinson, courtesy of the Dittrick Medical History Center, Case Western Reserve University, Cleveland, Ohio.

What is most important for my purposes is to stress that the vast majority of these photographs are of groups. Like other group portraits, they captured not only particular moments (however staged) but also social relationships between the dissectors and the corpse; the lay community they have in some ways left behind; and the professional fraternity or sorority they are joining. Most of all, though, it is the relationship among the dissectors that the photographs commemorate.¹⁸

Photographs of the dead had grown common and accepted in post-bellum America, and the dissection photographs were in dialog with the larger genre of postmortem photography. During the early decades of photography, professional photographers had concentrated on the likeness of the deceased. But in the 1880s a new kind of image grew more

18. See Peter Hamilton and Roger Hargreaves, *The Beautiful and the Damned: The Creation of Identity in Nineteenth Century Photography* (London: National Portrait Gallery, 2001), and Ludmilla Jordanova, *Defining Features: Scientific and Medical Portraits, 1660–2000* (London: National Portrait Gallery, 2000).

common that depicted the entire body laid out in a casket, with mourners standing around the horizontal cadaver. In this convention, which persisted into the early twentieth century, attention was drawn away from the deceased to the family members and to the funeral or viewing as a social event. Like the dissection photographs, these group portraits commemorated the gathering of people drawn together by their shared relationship to the corpse.¹⁹

What remains remarkable is the fact that the image medical students so routinely enlisted in representing themselves at work was gross anatomy. That is an intriguing choice, and for this moment in American medicine a surprising one that works against the prevailing historiographical grain. This was the most antiquated of the basic medical sciences, on that everyone agreed—the most distanced from the experimental laboratory. The dissecting room was a site, if not of crisis, then at least of epistemological exhaustion, and in the curriculum gross anatomy was under siege. Far from being on the forefront of medicine, it was, as a Cleveland doctor insisted in 1902, “fixed and unchangeable.”²⁰

The antiquity of anatomy, like the visceral power of human dissection, provided compelling hallmarks of authenticity. If part of what made these photographs *attractive* was the image of intense, authentic experience, then the aesthetic maneuvers enacted here resemble those of the antimodernist quest for an invigorated sense of self animated by anxieties about overcivilization and the enervation of modern life. That search was characterized by a yearning for immediate experience; a fascination with the primal, aggressive, and violent; and the overarching conviction that intensely lived existence required a certain indifference to conventional morality.²¹

If this interpretation is even partly true, then the darker side of human dissection enhanced rather than detracted from the cultural power and utility of these images. When the students in Figure 7 painted on the side of their table, “He lived for others, He was Killed for us,” surely it was not a confession to crime but rather a sardonic, intense embrace of the transgressive nature of their pursuit. “We know only too well,” a

19. Jay Ruby, *Secure the Shadow: Death and Photography in America* (Cambridge, Mass.: MIT Press, 1995), esp. 75, 97; and see Stanley Burns, *Sleeping Beauty: Memorial Photography in America* (Altadena, Calif.: Twelvetreets Press, 1990).

20. C. A. Hamann, “The Teaching of Anatomy in Medical Schools,” *Bull. Amer. Acad. Med.* 5 (1900–1902), 511–21, quotation on 511.

21. T. J. Jackson Lears, *No Place of Grace: Antimodernism and the Transformation of American Culture, 1880–1920* (New York: Pantheon Books, 1981); John Pettegrew, *Brutes in Suits: Male Sensibility in America, 1890–1920* (Baltimore: Johns Hopkins University Press, 2007). And see Joshua Landy and Michael Saler, eds., *The Re-enchantment of the World: Secular Magic in a Rational Age* (Stanford, Calif.: Stanford University Press, 2009).

Harvard professor told the 1896 meeting of the Association of American Anatomists, “that dissection is an abomination to the popular mind.”²² It was also conducted at the legal margins. Anatomy laws varied state to state, and into the 1910s in some states there was no legal way to obtain a cadaver. In Baltimore, burking—murdering in order to sell the body for dissection—was documented as late as 1886.²³ And when the medical school at Johns Hopkins opened there in 1893 as avatar of the new scientific medicine, for some years grave robbers continued to provide over half the bodies used in anatomical instruction.²⁴



Figure 7. In this postcard that was never sent, medical students at an unknown school chalked on the side of their dissecting table, “He lived for others, He was Killed for us,” ca. 1905. Photograph courtesy of the Dittrick Medical History Center, Case Western Reserve University, Cleveland, Ohio.

Professional resurrectionists operated at least into the 1920s. When legalization came, it did not profoundly alter the social origins of cadavers or disrupt the confiscation of the dead. The pervading sense of dissec-

22. Thomas Dwight, “Our Contribution to Civilization and to Science,” *Sci.* n.s. 3 (1896): 75–77, quotation on 75.

23. Jacob Frey, “The Story of Emily Brown,” in *Reminiscences of Baltimore* (Baltimore: Maryland Book Concern, 1893), 301–10; and see Alan F. Guttmacher, “Bootlegging Bodies: A History of Body-Snatching,” *Bull. Soc. Med. Hist. Chicago* 4 (1933): 400–402, 401, and Howard A. Kelly, “The Barred Road to Anatomy,” *Johns Hopkins Hosp. Bull.* 19 (1908): 196–201, 198.

24. Franklin P. Mall, “Anatomical Material—Its Collection and Its Preservation at the Johns Hopkins Anatomical Laboratory,” *Johns Hopkins Hosp. Bull.* 16 (1905): 38–42, 39.

tion as somehow illicit, profane, dangerous, should make us listen closely when a Georgetown graduate recalled in 1916 of his own experience that “there were pleasures and fascinations and excitements and risks attending it that were not found in any other phase of the study of medicine,”²⁵ or when a Chicago graduate proudly reminisced, “To prove that I could do it, I went one dark night and procured a subject all alone. I did it.”²⁶

Ludmilla Jordanova has rightly argued that “the relationship between anatomist and anatomized is quintessentially gendered,” pointing to overarching themes of mastery, control, conquest, and possession associated with the masculine anatomist particularly in relation to the feminine corpse, its secrets unveiled.²⁷ Yet various groupings in these photographs were also gendered in ways that did different culture work. At a time of crisis for masculinity, amid anxieties about the feminization of American culture, some images in which the dissectors all are men—reminiscent of hunting photos, posing with trophies—seem calculated to convey a sense of robust, vigorous manhood. Other compositions suggest the kind of crossover identity energetically debated at the time, women confidently engaged in an activity conventionally coded masculine.

But whatever else draws our notice, we must attend closely to power relations and violence. It is possible that the words medical students wrote onto their tables sometimes echoed a much older association between doctor and executioner: “We have shuffled off his mortal Coil,” students at the Medical College of Virginia in Richmond chalked on their table in 1898, while Louisville, Kentucky, students in 1909 propped up a blackboard to face the camera and inscribed on it, “The Lord giveth, we taketh away.”²⁸ But most certainly the idea of penal dissection, even if not the legal practice, persisted—dissection as retribution, as punishment. The violence of these scenes suggests the wider longings for regeneration through violence that ran as a thread through turn-of-the-century middle-class culture and sensibilities, the celebration of martial virtues Jackson Lears has characterized as “the romance of fierce emotions and

25. Quoted in John B. Blake, “Anatomy and the Congress,” in *Medicine, Science, and Culture: Historical Essays in Honor of Owsei Temkin*, ed. Lloyd G. Stevenson and Robert P. Multhauf (Baltimore: Johns Hopkins University Press, 1968), 169–83, on 180.

26. Quoted in Leslie B. Arey, *Northwestern University Medical School, 1859–1959: A Pioneer in Educational Reform* (Evanston, Ill.: Northwestern University, 1959), 128.

27. Ludmilla Jordanova, *Sexual Visions: Images of Gender in Science and Medicine between the Eighteenth and Twentieth Centuries* (Madison: University of Wisconsin Press, 1989), 104. And see Susan Wells, *Out of the Dead House: Nineteenth-Century Women Physicians and the Writing of Medicine* (Madison: University of Wisconsin Press, 2001), 212–26.

28. See Warner and Edmonson, *Dissection* (n. 6), 104, 97.

manly action.”²⁹ Enacted in these photographs are what Theodore Roosevelt called for as “barbarian virtues” that would be a regenerative salve to overcivilization and the enervation of modernity, resonant with aesthetic maneuvers enlisted at the time by the “savage realists.”³⁰

The violence of these scenes, like the practice of human dissection itself, was not just classed but racialized. Most (but not all) of the dissectors are European American, while a very large proportion (though again, not all) of the dissected are African American. The practices represented in photographs of this other “strange fruit” involved not just dismemberment of dead bodies but also constant threat to certain black communities of postmortem violation, actual trauma inflicted on those still living. The scenes must be seen against the backdrop not only of the vulnerability of African American burial grounds to resurrectionism, but also the growing specter of the figures known in African American communities as interchangeably “night doctors,” “body-snatchers,” or “Ku Klux doctors.”³¹ Racial violence became increasingly spectacular in the 1880s, often outside the law but sanctioned by white communities and inflicting what W. E. B. Du Bois described as a “fiercer violence” over African American communities and lives.³²

And such racial violence could bind students together. One Virginia student at the Winchester Medical College took evident satisfaction recounting the terror with which African American inhabitants of the town regarded student doctors like himself, and boasted of his midnight raids on the graves of his black neighbors.³³ Or, in 1882, after the demonstrator of anatomy at Jefferson Medical College in Philadelphia was indicted on charges of conspiring with body snatchers to steal cadavers from Lebanon Cemetery, the principal African American burial ground, it seemed only to redouble student solidarity. Newspaper headlines proclaimed, “‘Subjects’ for the Scalpel Snatched from the Grave” and “Thousands of Bodies Taken for Dissection,” while reporting on the “Indigna-

29. Lears, *No Place of Grace* (n. 21), 102.

30. Matthew Frye Jacobson, *Barbarian Virtues: The United States Encounters Foreign Peoples at Home and Abroad, 1876–1917* (New York: Hill and Wang, 2000), 1; David E. Shi, *Facing Facts: Realism in American Thought and Culture, 1850–1920* (New York: Oxford University Press, 1995), 212–22.

31. Gladys-Marie Fry, *Night Riders in Black Folk History* (Chapel Hill: University of North Carolina Press, 1975), 170–211. And see Harriet A. Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (New York: Doubleday, 2006), 115–42.

32. Kidada E. Williams, *They Left Great Marks on Me: African American Testimonies of Racial Violence from Emancipation to World War I* (New York: New York University Press, 2012), 86.

33. Franny Nudelman, *John Brown’s Body: Slavery, Violence, and the Culture of War* (Chapel Hill: University of North Carolina Press, 2004), 41.

tion Meeting” African American citizens called in protest.³⁴ For their part, medical students marked the resumption of classes by breaking into a parodying chorus of “Johns Brown’s Body,” calling with racist epithets for black subjects to be brought in for anatomical demonstration, and demanding that the reporter who had broken the scandal be lynched. “We might have some fun,” the *Philadelphia Press* quoted one student. “We might make a few fresh stiffes too.”³⁵

Created during an era of unprecedented racial violence, the dissection room photographs resonate with another genre of commemorative photograph that also flourished between the 1880s and 1920s, namely, lynching photography. One African American doctor, Louis T. Wright, drew the connection explicitly, recalling the jolt that seized him when in 1912, as a medical student at Harvard, he first walked into the anatomy class to be confronted with the sight of a black male cadaver hanging by a pair of ice tongs. As a teenager, Wright had witnessed the Atlanta riots of 1907, when he escaped the threat of lynching, and he would go on to join picket lines protesting the 1915 film *Birth of a Nation*.³⁶

Lynching photographs also were an established form of group portraiture. Posing with the corpse was a declaration of identity—testimony to shared social, racial, and political ideals. The photographs were not necessarily hidden. Many were made into postcards—advertised in newspapers and sold in stores—then sent through the mail to relatives and friends, and copies were circulated to black communities as instruments of intimidation.³⁷ Some professional photographers worked both trades: G. H. Farnum of Okemah, Oklahoma, for example, made both dissection room portraits and copyrighted photographic postcards of lynchings.³⁸

34. “Graveyard Ghouls Arrested with a Cargo of Corpses,” *Philadelphia Press*, December 5, 1882; “The Ghouls Denounced,” *Philadelphia Press*, December 8, 1882.

35. “More Ghouls Caught,” *Philadelphia Press*, December 6, 1882. And see Alan C. Braddock, “‘Jeff College Boys’: Thomas Eakins, Dr. Forbes, and Anatomical Fraternity in Postbellum Philadelphia,” *Amer. Quart.* 57 (2005): 355–83; and on such maneuvers in group identity formation, see Peter Stallybrass and Allon White, *The Politics and Poetics of Transgression* (Ithaca, N.Y.: Cornell University Press, 1986).

36. P. Preston Reynolds, “Dr Louis T. Wright and the NAACP: Pioneers in Hospital Racial Integration,” *Amer. J. Public Health* 90 (2000): 883–92, 884–85.

37. Dora Apel and Shawn Michelle Smith, *Lynching Photographs* (Berkeley: University of California Press, 2007); James Allen, Hilton Als, John Lewis, and Leon F. Litwack, *Without Sanctuary: Lynching Photography in America* (Santa Fe, N.Mex.: Twin Palms, 2000); Philip Dray, *At the Hands of Persons Unknown: The Lynching of Black America* (New York: Random House, 2002); Amy Louise Wood, *Lynching and Spectacle: Witnessing Racial Violence in America, 1890–1940* (Chapel Hill: University of North Carolina Press, 2008), 71–111.

38. See Warner and Edmonson, *Dissection* (n. 6), 25, 200; Allen et al., *Without Sanctuary* (n. 37), 178–80 and plates 37 and 38.

The dissection photographs were not widely public, yet neither were they closely hidden. Sometimes they too were made into postcards and sent through the mail. Others were published in medical school yearbooks, such as the photograph that appeared in Wake Forest's 1926 *The Howler* along with the inscription, "Sliced Nigger."³⁹ Or they appear in family photo albums, amid scenes of domestic life. And on occasion students had dissection room scenes made into greeting cards for Christmas and for Easter.⁴⁰ Ordinarily, though, we have the photograph alone, set within the enclosing space of the dissecting room. This was not the public face of modern medicine.

Bibliophilic Professionalism: Collecting Books, Making Libraries

Book collecting and the creation of medical historical libraries are medical practices that most recent historians have tended to bypass. In part, this is perhaps one reaction against practitioners of an older kind of medical history who lavished rapt attention on medical bibliophiles. And in part, historians' lack of interest may stem from the fact that this earlier hagiographic fervor promoted the sort of medical history that professional historians in the late 1970s labored hard to escape. Like dissection photographs, book collections and libraries were produced partly for display—as a statement about professional identity. But, again like those group portraits, they were not produced chiefly for *public* display, for exhibition in the marketplace.

In North America, the very same decades when dissection room photographic portraiture flourished witnessed an unprecedented engagement with the history of medicine at precisely those places—like the German-modeled medical school that opened in 1893 at Johns Hopkins—where the embrace of the new experimental sciences was most ardent. The sheer success of the reductionist program in reshaping medical knowledge and culture prompted many leading physicians to worry that their transformation was being bought at a high price, endangering humanistic values that were fundamental to professional identity, the art of medicine, and cultural cohesion. Bibliophilia was not a passion of the masses of general practitioners alienated from the emergent version of scientific medicine. Rather, it was the project of an elite who celebrated book collecting and

39. *The Howler*, vol. 24 (Wake Forest, N.C.: Wake Forest College, 1926), 254.

40. On the circulation of these images, see Warner and Edmonson, *Dissection* (n. 6), 109–25.

engagement with medical history as an antidote to narrowness, and who cultivated an ideal of the gentleman–physician as a means of rehumanizing medicine. They looked to medical history as a counterbalance to reductionist hubris in the individual physician and a cohesive force binding medicine together in the face of the splintering tendencies of an increasingly specialized medical world.⁴¹

William Osler was but one who spearheaded this movement, yet both at the time and much more in later memory he was made to stand for the whole. From the moment he started working at Johns Hopkins in 1889, Osler, a passionate book collector, integrated historical issues into his clinical instruction, and with others like John Shaw Billings, head of the Surgeon General’s Library, in 1890 he founded a medical history club.⁴² They held that while the “average” practitioner could get along without instruction in medical history, for Hopkins graduates—who were expected to lead the profession—medical history was indispensable as what Billings called “a means of culture.”⁴³

For physician, librarian, and historian Fielding Garrison, the historical library was “not only a plant for research work but also a seed-plant for medical culture.”⁴⁴ While Garrison reflected privately that “I have never been wealthy enough to become a bibliophile,” he saw the making of medical historical collections for institutions as the foundation for a bibliocentric cultivation of medical history. The history of medicine was for him “an agency of humanistic culture” that gave the medical student “an enlarged view of the *humaniora*, the nameless, unremembered things which help to make him a gentleman in his profession.”⁴⁵

41. I draw here on Frank Huisman and John Harley Warner, “Medical Histories,” in *Locating Medical History: The Stories and Their Meanings*, ed. Frank Huisman and John Harley Warner (Baltimore: Johns Hopkins University Press, 2004), 1–30, and John Harley Warner, “The Humanising Power of Medical History: Responses to Biomedicine in the 20th-Century United States,” *Med. Human.* 37 (2011): 91–96.

42. See Michael Bliss, *William Osler: A Life in Medicine* (Oxford: Oxford University Press, 1999); Gert H. Brieger, “Fielding H. Garrison: The Man and His Books,” *Trans. Stud. Coll. Physicians Philadelphia* s. 5, 3 (1981): 1–21; and Leona Baumgartner, “Harvey Cushing as Book Collector and Litterateur,” *Bull. Hist. Med.* 8 (1940): 1055–66, 1056.

43. Quoted in Alan M. Chesney, “Two Papers by John Shaw Billings on Medical Education, with a Foreword,” *Bull. Inst. Hist. Med.* 6 (1938): 285–359, quotation on 343.

44. Fielding H. Garrison, *An Introduction to the History of Medicine*, 3rd ed. (Philadelphia: W. B. Saunders, 1924), 866.

45. F. H. Garrison to Burton Chance, 1928, quoted in Brieger, “Fielding H. Garrison” (n. 42), on 15; F. H. Garrison, “Developmental Possibilities in Medical History as a Branch of the Medical Curriculum,” *Bull. New York Acad. Med.* 5 (1929): 741–56, quotation on 741; Fielding H. Garrison, *An Introduction to the History of Medicine* (Philadelphia: W. B. Saunders, 1913), 12.

Such quintessentially bookish culture-making moves today often are seen as not merely antiquarian but conservative. Yet, this particular professional valuation of books and medical history, at least in North America, was in some ways radical. Nineteenth-century medicine had been suffused with a rhetorical animus against the book. Early in the century, reliance on books was assailed by American disciples of the Paris Clinical School. Rebelling against rationalistic systems, they denounced books as beguiling but misleading inventions of art, and called instead for strident empiricism and education of the senses at the bedside and autopsy table. The books of libraries were a foil in their celebration of reading the book of nature. Later in the century, while the clinic endured, the library was even further supplanted by the laboratory as the central institution of medical knowledge. Those who proselytized for experimental medicine cast in a newer German tradition also denigrated books as a symbol of a didactic, stagnate medical past.⁴⁶

Yet, while printed words were ceding much of their epistemological credit, books and libraries gained new power for some physicians in knowing about themselves. In 1898, Osler was a founder, then president, of the Medical Library Association. The profession needed more “bibliomaniacs,” he asserted in 1901, “particularly in this country, where every one carries in his pocket the tape-measure of utility.” The “higher education” that bibliophilia could bring “is not to be bought in the marketplace, but in it is the silent influence of character on character.”⁴⁷ As one admirer of Osler’s bibliomania asserted, “No one in our time has done more to lead the doctor to the library.”⁴⁸

The doctor infected with “the febris bibliophilis chronica,” Kansas physician and medical book collector Logan Clendening quipped, had fallen prey to “a fever far more enduring than undulant, that will last all his life, and to which he will cling while breath remains.”⁴⁹ It was a gender-bound affliction—what Yale neurosurgeon Harvey Cushing called “commonly a masculine ailment.”⁵⁰ At social gatherings celebrating both books and

46. See John Harley Warner, *Against the Spirit of System: The French Impulse in Nineteenth-Century American Medicine* (Princeton, N.J.: Princeton University Press, 1998).

47. William Osler, “Books and Men,” *Boston Med. Surg. J.* 144 (1901): 60–61, quotations on 60, 61.

48. John Ruhräh, “Osler’s Influence on Medical Libraries in the United States,” *Ann. Med. Hist.* 2 (1919): 170–83, quotation on 182. On Osler and libraries, see Thomas E. Keys, “Sir William Osler and the Medical Library,” *Bull. Med. Libr. Assoc.* 49 (1961): 24–41, 127–48.

49. Logan Clendening, “The Lure of Old Medical Books” (unpublished address to the Academy of Medicine of Cleveland, 1933), quoted in G. S. T. Cavanagh, “The Clendening Collection,” *Bull. Med. Libr. Assoc.* 48 (1960): 190–94, quotation on 192.

50. Harvey Cushing, “‘Apologia’ from an Unfinished Bibliography of Vesalius,” *Bull. Hist. Med.* 8 (1940): 381–91, quotation on 384.

history—virtual gentlemen’s clubs—the trappings of the laboratory and modern hospital alike were set aside. The aesthetic choices that characterized these medical humanists’ bibliophilia involved show, but it was not *mere* show, just as libraries served (and serve) ornamental roles, without being *mere* ornament.

This cohort of bibliophiles often depicted communing with old books as an aesthetic experience. California physician–collector Elmer Belt, recalling an early purchase as a medical student in 1916, wrote, “Rebellious and self-indulgent, *this* medical student turned his back on dissection for an afternoon to spend it on a high stool smelling the sweet-scented dust of books in an old book shop on a back street in Berkeley. Here the precious hours passed like minutes. Suddenly a dignified, tall, vellum-bound volume lay open. . . . The eyes swept on and as stiff pages turned, anatomy came to life. . . . Here was what the study of anatomy could be . . . a thing of beauty.”⁵¹

Aptly, the photograph of Osler in Figure 8 that appeared as frontispiece to what would be his final address pictures him standing with a rare anatomical treatise from his collection. That address, *The Old Humanities and the New Science*, spoke to the larger themes of cultural narrowness and breadth, fragmentation and wholeness, isolation and connectedness, that preoccupied many of the cosmopolitan doctors who, during the interwar period, turned to old books, book collecting, and historical libraries.⁵²

Osler spoke in Oxford in the spring of 1919, delivering the presidential address to the Classical Association, a body made up of Latin and Greek teachers from across Britain, and his lecture was followed by an exhibit of rare books from his collection. Every other year the lecture was given by a nonclassicist, and Osler was speaking in his role as a physician and Regius Professor of Medicine.⁵³ To the classicists, Osler’s plea was that they learn about ancient Greek science and infuse attention to the “Greats” into public schools, not just university. But more than this, science (including medicine) needed the humanities. “The extraordinary development of modern science may be her undoing,” Osler declared. “Specialism, now a necessity, has fragmented the specialties themselves in a way that

51. Elmer Belt, quoted in Max Marmor, “The Elmer Belt Library of Vinciana,” *Book Collector* 38 (1989): 321–42, quotation on 322.

52. William Osler, *The Old Humanities and the New Science*, with an introduction by Harvey Cushing (Boston: Houghton Mifflin, 1920), 49.

53. On the British context of his remarks, see Anna-K. Mayer, “‘A Combative Sense of Duty’: Englishness and the Scientists,” in *Regenerating England: Science, Medicine and Culture in Inter-war Britain*, ed. Christopher Lawrence and Anna-K. Mayer (Amsterdam: Rodopi, 2000), 67–106.

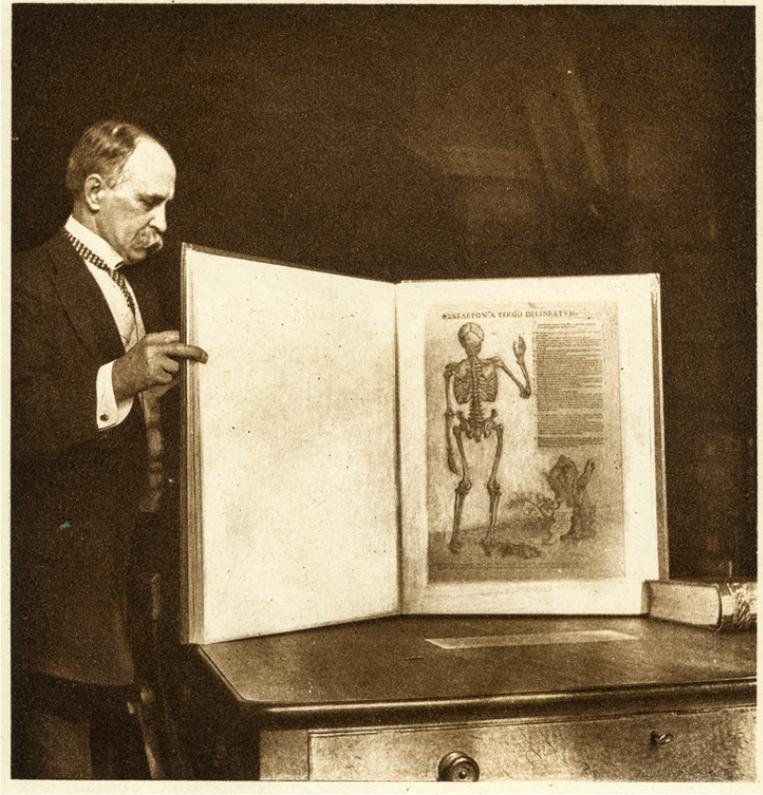


Figure 8. William Osler with an anatomical text from his collection of rare books. Frontispiece to his final address, William Osler, *The Old Humanities and the New Science* (Boston: Houghton Mifflin Company, 1920). Courtesy Historical Medical Library, Harvey Cushing/John Hay Whitney Medical Library, Yale University, New Haven, Conn.

makes the outlook hazardous.”⁵⁴ He asserted that “the salvation of science lies in a recognition of a new philosophy,” with history as a wellspring of connectedness and a sense of cultural belonging.⁵⁵ And he cited the programmatic call for a “new humanism” issued a year earlier by George Sarton, who believed that the discipline he was pioneering, the history of science, would be the vehicle for “a humanization of science, a combi-

54. Osler, *Old Humanities* (n. 52), 49. And see Auckland Geddes, “Social Reconstruction and the Medical Profession,” in *Contributions to Medical and Biological Research Dedicated to Sir William Osler* (New York: Paul B. Hoeber, 1919), 70–79.

55. Osler, *Old Humanities* (n. 52), 54.

nation of the scientific and humanistic spirit.”⁵⁶ It was an elite clinician’s protest against the numbing potential of specialization—the insistence that expert knowledge, however essential, was no substitute for judgment informed by humanistic generalism.⁵⁷

Cushing’s copy of Osler’s address is bound with ephemera related to the volume, including a letter Robert Gunther wrote Cushing in 1920. Gunther, at Magdalen, would later help found and curate the Museum of the History of Science at Oxford and write the fourteen-volume *Early Science in Oxford*. At the time Osler was planning his address, though, he was just beginning to assemble a list of old scientific instruments from various Oxford colleges. “When Sir William heard of the scheme,” Gunther told Cushing, “he at once took it up heart & soul, begged me to hurry on the presentations so that the Exhibition might be ready for the Meeting of the Classical Association, saying that it would show the classical men that men of science are not negligent of their subject and that the early quadrants and astrolabes could be tangible links between the present and the past and thus serve as illustrations to his Presidential Address.” Gunther’s instruments, like Osler’s books, all put on exhibit, were material relics connecting past and present and the “humanities” with the “sciences.” “There are many enduring monuments to the intensity of his love of the past, or rather of the beginnings of the Present in the Past, and of his piety in preserving the early records of past Science,” Gunther wrote to Cushing. “His beloved library, containing the collections of a lifetime will serve as a new link between the Old World and the New, and in its new home at McGill University, tell future generations of students the stories Osler would have wished them not to forget.”⁵⁸

Osler was not resisting the rise of reductionist science, but he was making a plea for the retrieval of something else being lost to medicine in the process. It was a protest against cultural impoverishment—an insistence on art as well as science, clinical judgment not subordinated to laboratory findings, and an ideal of the clinician who embodied not only the

56. *Ibid.*, 54, 55; George Sarton, “The New Humanism,” *Isis* 6 (1924): 9–42, quotation on 32 (which extended a paper with the same title, but in French, published in *Scientia* in 1918).

57. See Christopher Lawrence, “Incommunicable Knowledge: Science, Technology and the Clinical Art in Britain 1850–1914,” *J. Contemp. Hist.* 20 (1985): 503–20, and Lawrence, “Still Incommunicable: Clinical Holists and Medical Knowledge in Interwar Britain,” in *Greater Than the Parts: Holism in Biomedicine, 1920–1950*, ed. Christopher Lawrence and George Weisz (New York: Oxford University Press, 1998), 94–111.

58. R. T. Gunther to [Harvey Cushing], Oxford, August 21, 1920, inserted in [Cushing’s copy of the British edition of William Osler, *The Old Humanities and the New Science* (Oxford: John Murray, 1919), Historical Medical Library, Harvey Cushing/John Hay Whitney Medical Library, Yale University, New Haven, Conn.

precision of scientist but also the sensibility of the gentleman.⁵⁹ In this particular vision of the new humanism, books—engagement with the classics and veneration of the men who had written them—represented one means of countering cultural fragmentation.

That sense of connectedness across time, place, and specialist subgroups was one of the most persistent refrains among medical bibliophiles, collectors, and historical medical library makers throughout the interwar decades. The year before Osler's address, just after the Great War, sociologist Max Weber had gloomily proposed that science was (in Ann Harrington's words) "systematically stripping the world of all spiritual mystery, emotional color, and ethical significance and turning it into a mere 'causal mechanism'"—that the ascendance of reductionist, mechanistic thinking in the natural sciences had led to what Weber famously called "the disenchantment of the world." There is a distinct and important resonance here between the medical bibliophiles and the wider interwar holism in the life sciences and medicine, even the interwar program for cultural reenchancement mounted under the banner of wholeness.⁶⁰

Cushing, writing the introduction for the American edition of Osler's Oxford address, insisted that the call for a "new humanism" was as relevant in the United States as in Europe, and rightly underscored how bibliophilia anchored this vision.⁶¹ When in 1926 Cushing spoke to the Cleveland Medical Library Association at the dedication of the Allan Memorial Library, he chose as his title *The Doctor and His Books*. "The recent tendency has been to lavish gifts on our laboratories and to neglect our libraries," he told those assembled, "but Medicine needs both if we are to uphold our vaunted reputation of being a scholarly profession."⁶² What he called a "book-conscience" was "the best possible measure of the status of the profession."⁶³ But for Cushing, as for others, the meaning was not just professional. There was more at stake. That spring his son Bill, a

59. See Charles Rosenberg, "Holism in Twentieth-Century Medicine," in Lawrence and Weisz, *Greater Than the Parts* (n. 57), 335–55, esp. 343.

60. Anne Harrington, *Reenchanted Science: Holism in German Culture from Wilhelm II to Hitler* (Princeton, N.J.: Princeton University Press, 1996), xv; Max Weber, "Science as a Vocation" (1918), in *Essays in Sociology*, trans. and ed. H. H. Gerth and C. Wright Mills (New York: Oxford University Press, 1946), 129–56, quotation on 155. And see Lawrence and Weisz, eds., *Greater Than the Parts* (n. 57), and John Harley Warner, "The Art of Medicine in an Age of Science: Reductionism, Holism, and the Doctor-Patient Relationship in the United States, 1890-1960," *Senri Ethnolog. Res.*, forthcoming.

61. Harvey Cushing, "Introduction," in Osler, *Old Humanities* (n. 52), v–xxii, v.

62. Harvey Cushing, *The Doctor and His Books: An Address at the Opening of the Allen Memorial Building of the Cleveland Medical Library Association, November 13, 1926* (Cleveland, Ohio: n.p., [1926]), 22.

63. *Ibid.*, 5.

Yale undergraduate, had died in a car crash after celebrating the end of term drinking heavily.⁶⁴ When Cushing spoke in Cleveland a few months later, he depicted the library as above all a source of solace, absorption, and renewal. “When a doctor feels himself lost or astray over some difficult problem there’s just one thing for him to do—to betake himself to a library, a place whence knowledge radiates, there to get a fresh start.” Old books, he told the association, were for the doctor “his greatest solace in times of trouble.”⁶⁵

As these physicians pondered their legacies and wrote their wills, private collections became brick-and-mortar “shrines” (a term often used at the time), places of memory that embodied, displayed, and perpetuated a particular cluster of cultural values. Osler, in his sixties, had made plans by 1912 to leave his library to McGill, though the Osler Library did not actually open until a full decade after his death—built with a niche in the paneling to hold his ashes (Figure 9).⁶⁶ As this cohort of men died, the 1920s and 1930s became the heyday of the opening of medical history libraries, and by midcentury virtually every North American medical school had at least a medical history room or alcove, usually built around doctors’ bequested private collections.⁶⁷

64. Michael Bliss, *Harvey Cushing: A Life in Surgery* (New York: Oxford University Press, 2005), 403–04.

65. Cushing, *Doctor and His Books* (n. 62), 4, 25.

66. Bliss, *Osler* (n. 42), 487–88; W. W. Francis, “The President’s Address at Osler’s Shrine,” *Bull. Med. Libr. Assoc.* 26 (1936–37): 1–8; Keys, “Sir William Osler” (n. 48), 146; Lloyd G. Stevenson, “Prologue,” in *Bibliotheca Osleriana: A Catalogue of Books Illustrating the History of Medicine and Science Collected, Arranged, and Annotated by Sir William Osler, Bt. and Bequeathed to McGill University* (Montreal: McGill-Queen’s University Press, 1969), ix–xiv, xi; William Sydney Thayer, *Osler and Other Papers* (Baltimore: Johns Hopkins University Press, 1931), 42–50.

67. A longer and chronologically broader roster of collectors and collections inviting exploration might begin with, for example, Logan Clendening, Le Roy Crummer, Howard Dittrick, Howard A. Kelly, William Snow Miller, Charles F. Moon, Lawrence Reynolds, Josiah C. Trent, and Owen Wangensteen. See Gertrude L. Annan, “The Rare Book and History of Medicine Department in the New York Academy of Medicine,” *Bull. Med. Libr. Assoc.* 39 (1951): 6–8; William B. Bean, “Logan Clendening and Medical Books,” *Arch. Internal Med.* 116 (1965): 161–63; Cavanagh, “Clendening Collection” (n. 49), 190–94; Howard Dittrick, “Josiah Charles Trent,” *Bull. Hist. Med.* 23 (1949): 95–100; John F. Fulton, “Edward Clark Streeter, 1874–1947,” *Yale J. Bio. Med.* 20 (1947): 203–11; John F. Fulton, “Josiah C. Trent, 1914–1948,” *J. Hist. Med. Allied Sci.* 3 (1948): 467–72; William S. Middleton, “Doctor William Snow Miller and His Seminar,” *Bull. Hist. Med.* 8 (1940): 1067–72; John B. de C. M. Saunders, “The Crummer Room for the History of Medicine at the University of California Medical School, San Francisco,” *Ann. Med. Hist.* n.s. 8 (1936): 270; Henry Schuman, “The Josiah C. Trent Collection in the History of Medicine,” *Bull. Med. Libr. Assoc.* 46 (1958): 352–66; “The Rudolph Matas Medical Library,” *Bull. Med. Libr. Assoc.* 26 (1937–38): 259–61; and John L. Thornton, *Medical Books, Libraries and Collectors: A Study of Bibliography and the Book Trade in Relation to the Medical Sciences* (London: Grafton, 1949), esp. 171–90.



Figure 9. A niche behind the plaque to the right set in the wooden paneling of the Osler Library at McGill's medical school was built to hold Osler's ashes. Photograph reproduced by permission of the Osler Library of the History of Medicine, McGill University, Montreal, Quebec, Canada.

In 1929, both the Osler Library at McGill and the Welch Library at Hopkins opened. Cushing chose as his topic for the Baltimore dedication "The Binding Influence of a Library on a Subdividing Profession." "Medicine has become so scattered and subdivided," Cushing told the gathering, "there is crying need for someone to lead it from the wilderness and again bind it together."⁶⁸ He envisioned the library as "a laboratory," a workplace "where an interest in the history of our great profession will so flourish as to permeate into all departments of a much-divided [medical] school."⁶⁹ And he posed a hopeful question: "Can separating departments again be brought together by the tie of a library shared in common, and by the renewed consciousness of a common ancestry and a noble history?"⁷⁰ As

68. Harvey Cushing, "The Binding Influence of a Library on a Subdividing Profession," *Bull. Johns Hopkins Hosp.* 46 (1930): 29–42, quotation on 30.

69. *Ibid.*, 30, 41–42.

70. *Ibid.*, 39.

he told the gathering, “In the modern development of the physician into a scientist, have we not lost something precious that may without risk of pedantry be brought back to Medicine? Not only has the art of healing, *die Heilkunst*, come more and more to be lost sight of as the doctor arrives at his diagnosis in the laboratory rather than at the bedside, but less and less does he care to be reminded that poetry, history, rhetoric and the humanities once had close kinship with natural philosophy when *Doctores Medicinae* took the lead among the *Artisti*.”⁷¹

The following day, the ceremonies in Baltimore continued with the inauguration of a department of the history of medicine set up adjacent to the historical library with the aspiration that they would fuse into an institute. Here again, the hope was for a whole greater than its parts. The speakers, who included some of the principal movers of the new scientific medicine, echoed Cushing. William Welch, the first dean of the medical school at Hopkins and the leading American spokesman for experimental laboratory medicine, depicted the new arrangement as “a center for medical culture,” suggesting that the history of medicine was “the one subject of humanistic study properly falling within the scope of medical teaching.” He asserted that “the need for emphasis upon this cultural, humanistic aspect becomes all the greater as medicine becomes more scientific and materialistic.”⁷² Welch then introduced Abraham Flexner, architect of the educational reforms that infused the new scientific medicine into American medical schools, who cautioned, “While science has widened our vision and increased our satisfactions, it has its dangers. We can become so infatuated with progress in knowledge and control that we lose our perspective, lose the sense of relative cultural values,” leaving young doctors “culturally thin and metallic.” Both medical history and the historical library, as Flexner put it, would have to “pull against, not with, the current.”⁷³

During the 1930s, Cushing would find many occasions to reiterate the concern that despite exhilarating gains, medicine was at risk of losing something important in a too exclusive embrace of the experimental sciences and image of the doctor as scientist. “I don’t for a moment mean to imply that we should go back, for there’s no going back,” he told the Congress of American Physicians and Surgeons in 1933; but “the practice of

71. *Ibid.*, 38.

72. William Welch, “Inauguration of the Department of the History of Medicine at the Johns Hopkins University, Baltimore, October 18, 1929,” *Bull. Johns Hopkins Hosp.* 46 (1930): 91–94, quotation on 92.

73. Abraham Flexner, “Remarks on the Inauguration of Dr. William H. Welch as Professor of the History of Medicine,” *Bull. Johns Hopkins Hosp.* 46 (1930): 95–99, quotation on 96, 97.

medicine is an art and can never approach being a science.”⁷⁴ He dwelled on the virtues of the general practitioner or “family doctor,” and lamented that in teaching medical students, “from first day, . . . the prevailing system points toward that very thing which we now decry—overspecialization.”⁷⁵ Cushing, who despised the Paul de Kruif/Sinclair Lewis reverence for the laboratory researcher, wrote in a private letter that he hoped his 1925 biography of Osler would “be a sort of antidote to ‘Arrowsmith.’”⁷⁶

In 1934, not long after he had moved from Harvard to Yale (his alma mater), Cushing gave the keynote address at the opening of a neurological institute in Montreal, and again visited the Osler Library at McGill. At age sixty-five, he was putting his affairs in order and redrawing his will, planning to leave enough to start a professorship at Yale in the history of medicine. On the train back to New Haven, he told his colleague, Yale physiologist John F. Fulton, that he intended to leave his books to Yale and suggested that Fulton might consider doing the same. Several days later, as Cushing wrote to the Swiss physician and book collector Arnold Klebs, “I woke up in the middle of the night with the thought—why not a Klebs-Fulton-Cushing collection so that we three could go down to bibliophilic posterity hand in hand.”⁷⁷ A flurry of letters and meetings ensued in which the trio shaped what they called the “trinitarian plan” to combine their collections and create a medical historical library.⁷⁸ They would donate their collections if Yale would build a suitable place to house them. Plans for the historical library were finalized five years later in 1939 (Cushing learned a day before his death that the university had approved the final plans), and the library was dedicated in 1941.⁷⁹

74. Harvey Cushing, “Medicine at the Crossroads,” *JAMA* 100 (1933): 1567–75, quotations on 1572, 1571.

75. *Ibid.*, 1573.

76. Harvey Cushing to Edgar H. Wells, May 12, 1926, in John F. Fulton, *Harvey Cushing: A Biography* (Springfield, Ill.: Charles C Thomas, 1946), 469.

77. Cushing to Klebs, [New Haven, Conn.], October 4, [1934], in *The Making of a Library: Extracts from Letters 1934–1941 of Harvey Cushing, Arnold C. Klebs, and John F. Fulton* (New Haven, Conn.: Yale University, 1959), 11–12, quotation on 11.

78. Klebs to Fulton, April 1, 1935, in *Making of a Library* (n. 77), 26–27, quotation on 26; J. F. Fulton to W. W. Francis, [New Haven, Conn.], June 1, 1939, and J. F. Fulton to Henry E. Sigerist, New Haven, Conn., June 1, 1939, both in Henry Ernest Sigerist Papers (MS 788), Manuscripts and Archives, Yale University Library, New Haven, Conn., box 5, folder 172.

79. Toby A. Appel, “A ‘Trinitarian Plan’: The Historical Library, Cushing/Whitney Medical Library, Yale University,” *Watermark* 25, no. 4 (2002): 65–69; Bliss, *Cushing* (n. 64), 496–97; “Dedication Ceremony of the Yale Medical Library, June 15, 1941,” *Yale J. Bio. Med.* 13 (1940–41): 863–89; John F. Fulton, “Harvey Cushing and Arnold Klebs: Their Friendship and Their Libraries,” *Bull. Hist. Med.* 21 (1947): 512–23; John F. Fulton, “The Library of a Scholar: Arnold C. Kelbs,” *Yale Univ. Libr. Gazette* 22, no. 2 (1947): 1–6.

Several themes common to medical history library makers during this period emerged as persistent in their exchanges. One was that the space consecrated to humanistic study should have a distinctive look, conveying what Cushing told Klebs would be “a certain humanistic flavor.”⁸⁰ Klebs agreed, writing from Switzerland that the historical collection should offer “what is not so rare here as it is in America, a center of study with an atmosphere.”⁸¹ Not least of all, it would express physically a link between New World medicine and the *old* Old World. Cushing, Klebs, and Fulton all referred to the space as a “laboratory,” but this was no place for visual modernism.⁸² “A long hall with a balcony, the walls covered by books, is just what one wants,” Klebs wrote to Cushing, approving the design proposed by the Cushing’s Yale classmate, architect Grosvenor Atterbury. Anchored by the tangible authenticity of old books, the plan provided “the aesthetic background for comparative and individual work that will take place in the center.”⁸³

Second, the library had to be consecrated by use—humanistic study and scholarly work, not just cultural embellishment. That is part of what they meant in referring to the library as a “laboratory.” They repeatedly cautioned against what Klebs called “the danger that our collections might one day form nothing but piously maintained cemeteries of books.”⁸⁴ They emphasized that the library could not be just a matter of *show*—perhaps because they recognized that to be a risk; its function had to be more than what they looked down upon as the merely antiquarian, *merely* bibliophilic.⁸⁵ “To love books merely because they are old or rare or expensive seems to me primitive sentimentality,” Klebs wrote to Cushing.⁸⁶ Klebs later told his son-in-law that Cushing, like Osler, “started out with the naïve transatlantic love for ancient lore and he collected like a true bibliophile,” but he moved beyond that, unlike Osler, who, in Klebs’s appraisal,

80. Cushing to Klebs, [n.d. but after June 21, 1939], in *Making of a Library* (n. 77), 47–49, quotation on 48. See Peter Pennoyer and Anne Walker, *The Architecture of Grosvenor Atterbury* (New York: Norton, 2009), esp. 249–51.

81. Klebs to Cushing, April 1, 1935, in *Making of a Library* (n. 77), 21–26, quotation on 23.

82. E.g., Klebs to Fulton, March 12, 1940, in *Making of a Library* (n. 77), 64–65, quotation on 65.

83. Klebs to Cushing, August 30, 1939, in *Making of a Library* (n. 77), quotation on 50.

84. Klebs to Cushing, April 1, 1935, in *Making of a Library* (n. 77), 21–26, quotation on 25.

85. “The ‘swell bibliophile’ on the whole is a pretty sterile individual,” Klebs told Cushing, “and bibliography after all ought to be only a means to an end, broad embracing thought and all-understanding humanity” (Klebs to Cushing, Les Terrases, Nyon en Suisse, October 14, 1934, in *Making of a Library* [n. 77], 12–17, on 14).

86. *Ibid.*, 15.

“deliberately remained the amateur.”⁸⁷ Their aim was an “Institute” binding together the historical collections with teaching and research.

And finally, to be a unifying cultural force in a splintering medical world, engagement with old medical books could not devolve into yet one more specialty. Cushing had cautioned against that risk at the opening of the Welch Library and establishment of a chair of the history of medicine at Hopkins, asking those assembled, “Will this foundation merely mean still another group of specialists having their own societies, organs of publication, separate places of meeting, separate congresses, national and international, and who will also incline to hold aloof from the army of doctors made and in the making?”⁸⁸ Klebs suggested perhaps “an endowed institution of medical booklore (medical history sounds so much more formal and pretentious),”⁸⁹ but from the outset Cushing was intent on endowing a professorship in the history of medicine. Still, in making plans for Yale, they lamented that the creation of a new specialty was precisely what was happening elsewhere, and agreed they could not pattern their vision for Yale on Henry Sigerist at Johns Hopkins or George Sarton at Harvard, where the new professional fields of history of medicine and history of science were being forged.⁹⁰

The image of modern medicine conveyed by such libraries was very different from that identified with the experimental laboratory, and performed different work in anchoring medical culture. At Yale’s history of medicine library (Figure 10), typical in atmosphere if not scale, the reading room was a distinctly themed space where some imagined English gentleman of an earlier era might have felt at home—a cosmopolitan link between 1940s New Haven and the Old World that can confer on the reader a wider sense of aesthetic belonging. Just as it was to be a cultural antidote to excessive reductionism, specialization, and cultural fragmentation, it was to be a counterpoint to a reductionist aesthetic. Certainly it is a space that leads away from our most engrained images of stripped down medical modernism.

The historical medical libraries created during these decades were not spaces chiefly designed for broad public display. Indeed, their inward-

87. Klebs to George Stewart, February 12, 1940, in *Making of a Library* (n. 77), 55–64, quotation on 57.

88. Cushing, “Binding Influence” (n. 68), 38.

89. Klebs to Cushing, Les Terrasses, Nyon en Suisse, October 14, 1934, in *Making of a Library* (n. 77), 12–16, quotation on 14.

90. Klebs to Cushing, April 1, 1935, in *Making of a Library* (n. 77), 21–26, quotation on 25–26; Cushing to Klebs, July 1, 1939, in *Making of a Library* (n. 77), 47–49, quotation on 47–48.



Figure 10. Opened in 1941, the Medical Historical Library at the Yale University School of Medicine eschewed the trappings of aesthetic modernism. Photograph (undated but taken not long after the dedication) courtesy of the Harvey Cushing/John Hay Whitney Medical Library, Yale University, New Haven, Conn.

looking, private, clubish character was part and parcel of the ethos they embodied. There was nothing intrinsically antimodernist about these collections or the aspirations that drove their creation. We see here instead early elite strivings to reenchant the art of healing in the age of medical science. At the very moment when American medicine so successfully linked its image to the laboratory, historical libraries attained a new significance in shaping, nurturing, and rooting elite professional identity.

The Doctor in the Early Cold War

Such countercurrents to a reductionist aesthetic pervaded modern American medical culture during its formative decades. And as a final example, I want to take an image that was as public as the dissection photographs could be private: English painter Sir Luke Fildes's well-known 1891 canvass *The Doctor*. Experimental laboratory science is conspicuous only in its absence from this sentimental late Victorian work. Yet it would be too easy to dismiss the American embrace of this image as merely a nostalgic gesture to an imagined medical world that modern Americans had lost. And doing so would miss the point that this is the kind of against-the-grain image we need to make sense of as constitutive of modern medicine, one ingredient in doctors' sense of belonging, their identity.

The Doctor was commissioned by Henry Tate and first exhibited in 1891 at the Royal Academy in London.⁹¹ In the United States, engravings quickly appeared in parlors and doctors' waiting rooms; the scene was recreated in tableaux vivant; in 1911 it was the subject of a Thomas Edison film; and reproductions were printed on sheet music and displayed at Bloomingdale's. At the 1933 Chicago World's Fair, Petrolager Laboratories (renowned for its best-selling laxative) exhibited in Science Hall its life-size "Sculpticolor" of the scene Fildes had created in *The Doctor*—like a diorama but full size. The souvenir brochure, shown in Figure 11, told visitors that it celebrated "the ideal relationship between physician and patient—"The Human Touch." The outside of the exhibit was styled after an English thatched-roof cottage, evocative of an earlier age. Set in a cottage rather than a hospital, the composition stood in stark contrast to the modernist architectural design and celebration of progress through science and technology that characterized the rest of the Century of Progress Exhibition. The exhibit then went on tour around the country, viewed by at least five million people.⁹²

91. It might have been inspired by the death of the painter's eldest son in 1877, and by some accounts it might also depict Queen Victoria's physician Sir James Clark, sent by her to care for the daughter of a game keeper on her Balmoral estate. See G. Edmund Gifford, Jr., "Fildes and 'The Doctor,'" *JAMA* 244 (1973): 61–63. On *The Doctor* in Britain, see Y. Michael Barilan, "The Doctor by Luke Fildes: An Icon in Context," *J. Med. Human.* 28 (2007): 59–80. The version of the story that Whitaker and Baxter would promote is in National Education Campaign, American Medical Association, "Immediate Release" (Chicago, n.d.), Whitaker and Baxter Campaigns, Inc. Records (C134), Office of the Secretary of State, California State Archives, Sacramento (hereafter Whitaker and Baxter Papers), box 10, folder 25.

92. On the early circulation of *The Doctor* in the United States, see Susan E. Lederer and Naomi Rogers, "Media," in *Medicine in the Twentieth Century*, ed. Roger Cooter and John Pickstone (London: Harwood, 2000), 487–502, on 496; Gifford, "Fildes and 'The Doctor'"

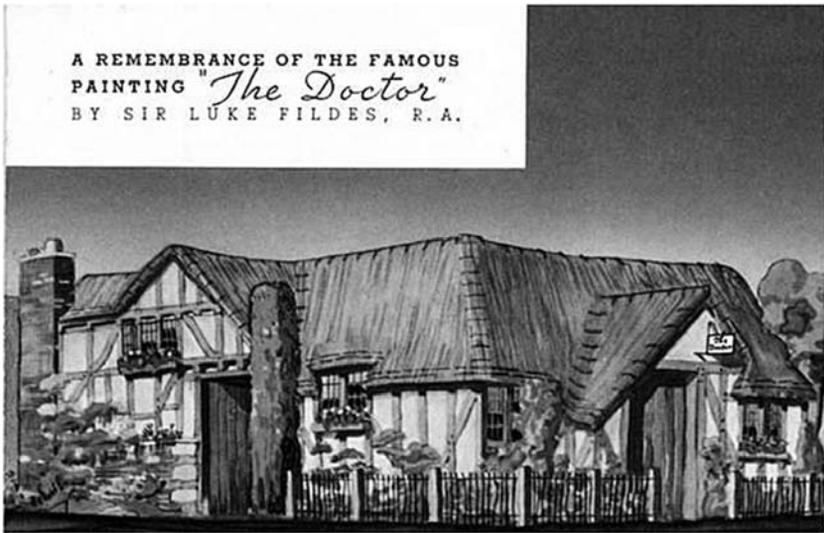


Figure 11. Cover of a souvenir brochure from the Petrolager pharmaceutical company's exhibit on *The Doctor* at the 1933 Chicago World's Fair, featuring a thatched roofed English cottage. The brochure told visitors that the life-size "sculpticolor" of the painting, on display in the Hall of Science, "impressively emphasizes the ideal relationship between physician and patient—THE HUMAN TOUCH." Original in author's possession.

During the Depression *The Doctor* appeared widely in popular media that lamented the passing of the family doctor. "Ideally," the *New York Times* commented in 1932, "the family physician is a somewhat godlike person, impressively dignified, yet radiating sympathy; serenely aware of his power over ills, his suave word a mystical benediction, his very presence brings hope and confidence. . . . Such is the central figure in the famous painting 'The Doctor.'"⁹³

Between 1943 and 1950, a series of bills were debated in the U.S. Congress that would have established national health insurance, and the American Medical Association (AMA) mounted a massive lobbying

(n. 91). And see Homer Tourjée (music) and W. Murdoch Lind (words), "Save Our Little Nell" (New York: Homer Tourjée Music, 1896), Yale University, Harvey Cushing/John Hay Whitney Medical Library; "To Honor Sir James Clark," *New York Times*, December 31, 1933; "Sculpticolor of Fildes's Masterpiece 'The Doctor' Goes to Rosenwald Museum," *New England J. Med.* 218 (1938): 1116.

93. L. H. Robbins, "The Family Doctor's Shingle Stays Up," *New York Times*, January 17, 1932; and see "Dr. Moorhead Dies: Aided 2,000 Births," *New York Times*, September 20, 1935.

campaign against that move. In 1947 *The Doctor* appeared on a postage stamp (Figure 12) commemorating the AMA's centenary, released with fanfare as a depiction of "that kindly friend and benefactor of humanity, the Family Doctor."⁹⁴ AMA activists went on to deploy *The Doctor* as emblematic of all that would be lost if the state were to impose what they called socialized medicine and, in the same breath, fascist health care. *The Doctor* appeared in pamphlets like the one shown in Figure 13, in print advertisements and posters, and at medical conventions, on gigantic banners, all with the slogan "Keep politics out of this picture."⁹⁵



Figure 12. To mark the centenary of the American Medical Association, the U.S. Postal Service issued this commemorative stamp in 1947 depicting *The Doctor*. Original in author's possession.

94. "The Doctor," *JAMA* 134 (1947): 460–61; "The Centennial Stamp," *JAMA* 134 (1947): 530.

95. I begin to explore this in John Harley Warner, "The Doctor in Early Cold War America," *Lancet* 381 (2013): 1452–53. On the political battles over health reform, see David Blumenthal and James A. Morone, *The Heart of Power: Health and Politics in the Oval Office* (Berkeley: University of California Press, 2009); Frank D. Champion, *The AMA and U.S. Health Policy since 1940* (Chicago: Chicago Review Press, 1984), 128–51; Jonathan Engel, *Doctors and Reformers: Discussion and Debate over Health Policy, 1925–1950* (Columbia: University of South Carolina Press, 2001), 275–309; and Monte M. Poen, *Harry S. Truman versus the Medical Lobby* (Columbia: University of Missouri Press, 1979).

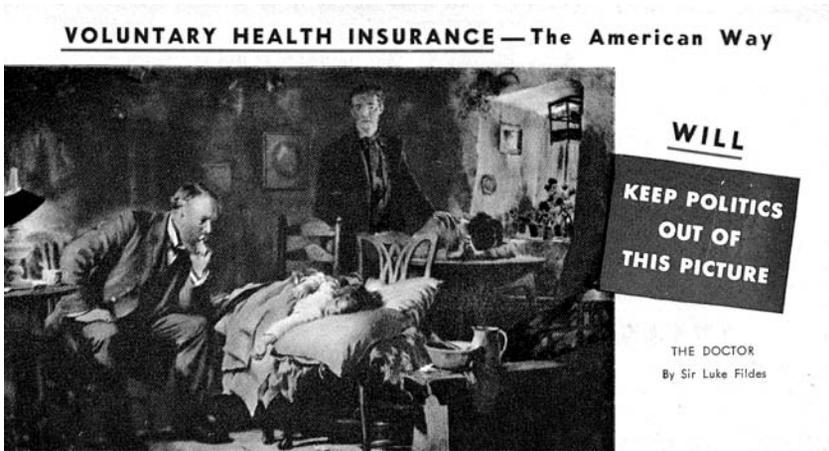


Figure 13. Cover of 1949 pamphlet from the Whitaker and Baxter campaign, featuring *The Doctor* with the caption “Keep politics out of this picture.” Courtesy of the American Medical Association Archives, Chicago.

To sell that message, late in 1948 the AMA created the National Education Campaign and engaged the public relations firm Whitaker and Baxter to take its case to the American people. Clem Whitaker and Lenore Baxter (Figure 14), a husband and wife team of journalists-turned-political-consultants, had founded in 1933 Campaigns, Inc. as the first firm devoted entirely to the management of political campaigns, and had been launched to prominence by their defeat of novelist and socialist Upton Sinclair in his 1934 bid as Democratic candidate for governor of California. They worked exclusively with Republican candidates, and from the mid-1940s had been fighting for the California Medical Association against Governor Earl Warren’s plan for state health insurance. “Your profession is in the front lines in one of the most critical struggles in the history of this Nation,” Whitaker told California doctors. “This is a *cold war*, right here in America, which is the prelude to an all-out war that will determine whether this country goes the way of England and most of Europe.”⁹⁶

96. Clem Whitaker, “Report to the House of Delegates of the California Medical Association,” typescript, April 11, 1948, Whitaker and Baxter Papers, box 5, folder 6.

On Whitaker and Baxter, see Stanley Kelley, Jr., *Professional Public Relations and Political Power* (Baltimore: Johns Hopkins University Press, 1956), and Jill Lepore, “The Lie Factory: How Politics Became a Business,” *New Yorker*, September 24, 2012, 50–59. A good synopsis of the public relations campaign for the California Medical Association is in John Hunton to William Prosser, San Francisco, July 15, 1947, Whitaker and Baxter Papers, box 6, folder 5.



Figure 14. Lenore Baxter sitting with her husband and business partner, Clem Whitaker, under a poster of *The Doctor* bearing the ubiquitous slogan, “Keep politics out of this picture.” Photograph by George Skadding, December 31, 1948; reproduced with permission, Time Life Pictures, Getty Images.

For the AMA, Whitaker and Baxter proceeded to launch one of the great public relations campaigns of modern American politics, with *The Doctor* as its centerpiece. They placed *The Doctor*—with the ubiquitous message, “Keep politics out of this picture”—on roadside billboards (Figure 15) and provided stickers for doctors to use on correspondence and statements.⁹⁷ They distributed pamphlets at conventions and county fairs (Figure 16) and provided large batches of them to any physician who

97. Clem Whitaker and Lenore Baxter, “AMA’s Plan of Battle: An Outline of Strategy and Politics in the Campaign against Compulsory Health Insurance,” February 12, 1949, Whitaker and Baxter Papers, box 9, folder 27; National Education Campaign, American Medical Association, “Calling Y-O-U: Bulletin from Whitaker & Baxter,” June 16, 1949, Whitaker and Baxter Papers, box 10, folder 25; “Second National Conference, National Education Campaign, American Medical Association, February 12, 1950,” Whitaker and Baxter Papers, box 9, folder 31; Alton S. Cole, “Capitol Mail Reflects AMA Campaign,” *Medical Economics*, October 1949, Isidore Sydney Falk Papers (MS 1039), Manuscripts and Archives, Yale University Library, New Haven, Conn. (hereafter Falk Papers), box 174, folder 2652; “Plan of Campaign for 1950. Transcript of Policies, Procedures, Objectives as Discussed at the Second National Conference, National Education Campaign, American Medical Association, February 12, 1950, Drake Hotel, Chicago,” Falk Papers, box 174, folder 2657.

placed an order through his or her state or county medical society. On request, they also sent large color reproductions of the Fildes painting—nineteen by twenty inches for office display, thirty-five inches square for hospital and office building lobbies.⁹⁸ By the end of first year, Whittaker and Baxter had distributed one hundred million pieces of literature. They provided scripts for radio “interviews” with doctors, written in a way that would sound like they were taking questions from an audience (but which were entirely scripted). They acted as a news service, providing thousands of newspapers with ready-made feature stories, templates for editorials, and cartoons.⁹⁹ And they sponsored talks from disgruntled British doctors they called “exiles” or “refugees” from socialized medicine, and made sure the press got their message that in the National Health Service, doctors could spend only three minutes with each patient.¹⁰⁰

At the time, this was the most expensive lobbying effort in American history, but Whitaker and Baxter strategically cultivated the image of a grass roots campaign. They coached county and local medical societies on how to proselytize within their communities and provided them with lavish packets of campaign literature. “Our Association has never had a Public Relations program because we were not able to afford it,” the executive director of the North Dakota State Medical Association wrote to them. “But with the aid of this material we are now undertaking a modest program.” He added that “the stuffers with the picture of The Doctor on the cover have been sent to all drug stores in North Dakota,” and that druggists had agreed to send them out with monthly statements to all their customers.¹⁰¹ Whittaker and Baxter persuaded thousands of

98. Whittaker and Baxter, “Analysis of Pamphlet Distribution in Relation to Population,” National Education Campaign, American Medical Association, [1950], Whittaker and Baxter Papers, box 9, folder 35; Printed postcard for ordering campaign materials, Whittaker and Baxter Papers, box 11, folder 2; Whittaker and Baxter to Seymour G. Clark, June 14, 1949, Whittaker and Baxter Papers, box 9, folder 38.

99. Whittaker and Baxter to John Hunton, February 10, 1949, Whittaker and Baxter Papers, box 11, folder 7; “What Will We Do with the Doctor’s \$25.00? The National Campaign Plan of Procedure,” reprinted from *Dallas Med. J.*, April 1949, 57–62, circulated by Clem Whittaker and Lenore Baxter, for the Conference of State Medical Societies, Chicago, February 12, 1949, Falk Papers, box 174, folder 2654; Whittaker and Baxter to Andrew J. Signorelli, June 23, 1940, Whittaker and Baxter Papers, box 9, folder 38.

100. E.g., Ralph J. Gampell, “Socialized Medicine as I Saw It in England,” composite transcript of recent addresses by Dr. Gampell (October 1949), and flyer for talk, “An Exile from Socialized Medicine,” meeting of the Chicago Accident and Health Association, November 22, 1949, Whittaker and Baxter Papers, box 10, folder 29.

101. E. F. Engebretson (executive director, North Dakota State Medical Association), Bismarck, North Dakota, to Whittaker and Baxter, May 25, 1949, Whittaker and Baxter Papers, box 9, folder 38.



Figure 15. Billboards depicting *The Doctor* and the slogan “Keep Politics Out of This Picture,” like this one sponsored by the Kentucky State Medical Association, appeared along American highways across the country. Photograph (n.d. but 1949 or 1950) in Whitaker and Baxter Campaigns, Inc. Records (C134), Office of the Secretary of State, California State Archives, Sacramento, box 10, folder 19, reproduced with permission.



Figure 16. Booth for Whitaker and Baxter’s National Education Campaign at the 1950 Catholic Press Association Convention. Photograph in Whitaker and Baxter Campaigns, Inc. Records (C134), Office of the Secretary of State, California State Archives, Sacramento, box 10, folder 19, reproduced with permission.

businesses to buy advertising space for them in local newspapers. “This support did not come from ‘big business,’” they assured the AMA House of Delegates; “it came, with real grass roots strength, from tens of thousands of small advertisers along the Main Streets of America—from drug stores, groceries, dairies, hardware stores, insurance agents, banks, movies, utilities, churches, medical care plans, dry goods stores, hospitals and clinics, restaurants, laundries and plumbers.”¹⁰² And they also worked through women’s auxiliaries to sponsor lectures, to display the poster version of *The Doctor* in hospitals, and to hold luncheon and dinner parties with a copy of the pamphlet placed on each plate. Writing with her request for an additional ten thousand copies of the pamphlet, the president of the Woman’s Auxiliary to the Kentucky State Medical Association added that “we have also tried to stamp all mail with the AMA commorative [*sic*] stamp ‘The Doctor’[;] it carries out your theme.”¹⁰³ As Whitaker and Baxter urged, “Even the busiest housewife can hand the printed material to her butcher or grocer.”¹⁰⁴

The pivot on which the campaign turned, though, was the individual doctor’s office. Distributing pamphlets from the doctor’s waiting room was a technique Whitaker and Baxter had developed in their earlier work for the California Medical Association: “See that they are kept in your waiting room where your patients can read them, or take a copy home with them,” Whitaker had counseled physicians. “Mail them to your friends.”¹⁰⁵ Now it was the pamphlet bearing Fildes’s *The Doctor* on its cover that was to fill doctors’ offices: “We want every doctor to become a campaigner—and every doctor’s office to function as part of a Nation-wide pamphlet distribution system.” The poster version, prominently hung in the waiting room, was “the keynote of our campaign,” Whitaker told Illinois

102. “65,000 Advertisers Supported AMA Theme,” *Editor & Publisher*, December 9, 1950, in Whitaker and Baxter, Memorandum to State and County Medical Societies, Whitaker and Baxter Papers, box 10, folder 33; “1949 Campaign Report by the Coordinating Committee National Education Campaign, American Medical Association to the Board of Trustees and House of Delegates of the American Medical Association” (December 1949), Falk Papers, box 174, folder 2657; “Plan of Campaign for 1950” (n. 97); Clem Whitaker and Lenore Baxter, “Display Advertising Schedule,” memorandum to Advertising Director, Chicago, August 1, 1950, Whitaker and Baxter Papers, box 10, folder 31.

103. Helen Barr (Woman’s Auxiliary to the Kentucky State Medical Association) to Whitaker and Baxter, Owensboro, Ky., May 16, 1949, Whitaker and Baxter Papers, box 9, folder 38.

104. “It’s Your Crusade Too! The Work of the Woman’s Auxiliary to the American Medical Association Is of Nationwide Significance in the National Education Campaign to Preserve the American System of Medical Care and Medical Progress,” printed pamphlet, [1951], Whitaker and Baxter Papers, box 10, folder 22.

105. “Pamphlets for Your Waiting Room,” in California Medical Association, *Legislative News*, March 19, 1945, 3, Whitaker and Baxter Papers, box 6, folder 5.

physicians. “When that poster is on display, it should mean that no patient will leave that office before the doctor has taken a minute or two of his time to tell the story of Compulsory Health Insurance—and the disastrous results it would bring, if enacted in this country.”¹⁰⁶ One Ohio physician reported to Whitaker and Baxter in his handwritten thank-you note, “‘The Doctor’ arrived. He is in my waiting room witnessing effectively against the socialization of the practice of medicine.”¹⁰⁷

By the June 1949 AMA annual convention in Atlantic City, Whittaker and Baxter could plausibly claim that the poster version of *The Doctor* was on display in more than one hundred thousand doctors’ offices. Billboards displaying the picture and the campaign theme—“Keep politics out of this picture”—lined both the highways leading into the city and the Boardwalk. Most prominently, the backdrop to the Convention Hall stage was a huge reproduction of the painting—twenty-one by thirty-one feet. “The Fildes painting,” a convention press release declared, “portrays a relationship between doctor and patient which would be destroyed by politically-controlled medicine.”¹⁰⁸

To our eyes, precisely what is going on in this image may seem open-ended. Is what comes next the child’s death, or the start of recovery? Is the doctor powerless, or will his vigilant care restore her to health? The contexts of display, however, left little doubt about how viewers were intended to read the narrative: it was only through this kind of personal, unmediated doctor–patient relationship that hope was possible. It was to conjure up the character and professional virtues associated with both the family doctor and the physician–gentleman. The setting is a small cottage, not a hospital; this is quintessentially the solo general practitioner, not one among a team of specialists; save for a medicine bottle, there is no medical technology in sight; money is not an issue (this is an act of charity); and there is time. One physician, celebrating “the personal physician–patient relationship” he discerned in the painting, tellingly

106. Clem Whitaker, “The Battle for Survival,” *Illinois Med. J.*, September 1949, 180–86, quotation on 183, Falk Papers, box 174, folder 2658; H. P. Freyer, Milwaukee, Wisc., November 11, 1949, to American Medical Association, Whitaker and Baxter Papers, box 9, folder 39; “Campaign Coordinating Committee Report to the House of Delegates, American Medical Association,” December 4, 1951, Whitaker and Baxter Papers, box 10, folder 16.

107. H. K. Shumaker to Sirs, Bellevue, Ohio, July 11, 1949, handwritten note on the bottom of a form letter (Whittaker and Baxter to Dear Doctor, Chicago, [1949]) sending a print of *The Doctor*, Whitaker and Baxter Papers, box 9, folder 38.

108. “Famous Painting Dramatizes A.M.A. National Education Campaign,” National Education Campaign, “Immediate Release,” Chicago, June 6, [1949], Whitaker and Baxter Papers, box 10, folder 25.

asserted, “The modern personal physician—in just the same way as the old-fashioned family doctor of the horse-and-buggy days—takes care of the whole man.”¹⁰⁹

Other visual images in the larger campaign reinforced a particular reading of *The Doctor* and what it stood against. “Often human life depends upon a physician’s skill—shall he be made subservient to politicians?”¹¹⁰ Or state intrusion appeared as a claw, a common Cold War image of communism. Cartoons depicted doctors reduced to *mere* technicians—to puppets or to robots.¹¹¹ The patient became a nameless unit on a factory line, a machine, not a person—mechanistic reductionism run amuck. Whitaker held up the specter of doctors transformed into “scientific robots,” while the chairman of the AMA Board of Trustees railed against the “government herding of patients and doctors into assembly-line medical mills [that] would lower the standards of healthy America to those of sick, regimented Europe.”¹¹² The consequences for the child in Fildes’s picture, her parents, and other American families would be grave. *The Doctor* would not have the time, commitment, or option of lingering watchful at his patient’s side. Instead, one advertisement depicted a frail woman confronted by an overbearing doctor telling her, “Make it snappy, sister.”¹¹³

While it is not possible here to explore the wider visual repertoire of audiences that viewed *The Doctor*, there is one salient picture that the vast majority of Americans in the late-1940s would have known well, namely, Norman Rockwell’s 1943 painting *Freedom from Fear*. As a mother tucks in two young children snuggled safely in their bed, a father, newspaper in hand with headlines proclaiming the horrors of war, looks down with an

109. H. Gordon MacLean, “California Medical Association, Inaugural Broadcast,” typescript of radio address, Los Angeles, May 15, 1951, Whitaker and Baxter Papers, box 6, folder 8.

110. “What Political Medicine Will Do to Your Physician,” advertisement sponsored by the Natrona County Medical Society, *Casper Herald*, Casper, Wyoming, September 10, 1945, Falk Papers, box 174, folder 2666.

111. Whitaker and Baxter perpetuated many of the images that had been circulated earlier by the National Physicians Committee in its fight against national health insurance; e.g., National Physicians Committee for the Extension of Medical Service, “An Editorial to Editors: Political Health Conference,” *Editor and Publisher*, March 13, 1948, in Falk Papers, box 174, folder 2662, and *Priceless Heritage* (Chicago: National Physicians Committee for the Extension of Medical Service, 1940).

112. Clem Whitaker to Greer Williams, March 22, 1951, Whitaker and Baxter Papers, box 10, folder 4; Elmer L. Henderson, “American Medicine Replies to President Truman: A Doctor’s Diagnosis of the President’s Compulsory Health Insurance Program,” Chicago, n.d., Falk Papers, box 174, folder 2655.

113. National Physicians Committee advertisement described in Campion, *AMA and U.S. Health Policy* (n. 95), 136–37.

intent but tranquil gaze, knowing that his children are protected from the dangerous world outside. Rockwell was already popular for his lighter works, including sentimental pictures of jovial family practitioners. In 1941, President Franklin Roosevelt had declared in his New Year's address to Congress—part of his effort to rally support for entering the war—that “at no previous time has American security been as seriously threatened from without as it is today,” and urged a world refounded upon four essential freedoms. Rockwell resolved to capture these Four Freedoms on canvass—freedom of speech and religion, freedom from want and fear. First published in the *Saturday Evening Post*, his images became the centerpiece of a massive war bond drive. The paintings were made into posters captioned “OURS . . . to Fight For,” store window displays, and billboards, and their display became the occasion for parades, concerts, and appearances by Hollywood stars.¹¹⁴ Thus, by the time the AMA first took up *The Doctor*, most Americans would have been well acquainted with Rockwell's image of parents watchful over their children in bed. Just how this informed the ways they viewed *The Doctor*—regarding the watchful physician as a source of freedom from fear, or supporting the AMA as part of battling totalitarianism—is hard to say. Certainly Whitaker and Baxter played upon the imagery, evident, for example, in a 1946 pamphlet for their battle against state health insurance they titled “The Fifth Freedom”¹¹⁵ But in any event, Americans were primed to view *The Doctor* as vastly more than just a picture of a sick room.

There were physicians—a small minority—who protested against the use of this painting to represent their profession. They regarded it as a nostalgic celebration of the doctor–patient relationship that masked both the social and technological realities of modern medicine and the economic problems of health care distribution. Yale medical professor John P. Peters resigned his AMA membership in protest against the Whitaker and Baxter campaign and “the personal innuendo, misrepresentation, indecency, and the generally undignified nature of the propaganda put out by this firm.”¹¹⁶ Such “dissident doctors,” as Whitaker called them,¹¹⁷

114. Stuart Murray and James McCabe, *Norman Rockwell's Four Freedoms: Images That Inspire a Nation* (Stockbridge, Mass.: Berkshire House, 1993), 3.

115. *The 5th Freedom, Yours for the Asking* (San Francisco: California Committee for Voluntary Health Insurance, [1946]), and Ed Clancy to Dear Friend, May 15, 1946, both in Earl Warren Papers (F3640), Miscellaneous Papers, Health Insurance File, Office of the Secretary of State, California State Archives, Sacramento.

116. John P. Peters to Connecticut State Medical Society, [New Haven, Conn.], June 1, 1950, John P. Peters Papers (MS 897), Manuscripts and Archives, Yale University Library, New Haven, Conn. (hereafter Peters Papers), box 1, folder 8.

117. Clem Whitaker to George F. Lull, January 16, 1950, Whitaker and Baxter Papers, box 10, folder 4.

concurred with a labor leader who charged in a 1950 radio address that “the little black bag kind of medical care portrayed in the AMA’s poster entitled ‘Keep Politics Out of This Picture’ showing a doctor, in despair, bending over a dying child with his black bag closed and valueless, is not modern medicine. It is as obsolete today as the old Model T Ford.”¹¹⁸ A Harvard medical professor asserted that “its selection well betokens the naïveté and obscurantism of the high command of organized medicine. Under the picture is the slogan ‘Keep politics out of this picture.’ Public places have been as thoroughly beplastered with this chestnut as with the advertisements of a popular toothpaste.” He quipped that “a proper legend for this picture would be: ‘Keep this picture out of medicine.’ It has nothing to offer. This child is entitled to be in a modern hospital receiving the most up-to-date treatment that medical art and science have to offer, under a prepayment plan its parents can afford.”¹¹⁹

Among the most prominent medical critics of what he called “the ultra reactionary stand of the A.M.A.” was New York cardiologist Ernst P. Boas, head of the Physicians Forum, a group that styled itself as the “voice of the liberal doctor.”¹²⁰ Arguing that the advances of modern medicine had rendered some of the traditional relations between doctor and patient anachronistic, Boas charged that “the day of the horse and buggy doctor who, with his unaided hands and eyes and little black bag, can cure all of the ills of mankind is past.”¹²¹ He insisted that “it is high time that the organized profession stopped worrying about the doctor–patient relationship, and gave attention to the relationship between the profession and the people of this country,” asserting that “America is no longer a small town and . . . small town methods of solving big town problems must give way to streamlining.”¹²²

118. Interview with Harry Becker, Director of the UAW-CIO Social Security Department, [Detroit radio broadcast], October 13, 1950, Whitaker and Baxter Papers, box 9, folder 42; and see John P. Peters, “The Need for a Comprehensive National Health Program,” typescript of talk given at YWCA, Hartford, Conn., November 20, 1946, Peters Papers, box 11, folder 336.

119. James Howard Means, “The Doctors’ Lobby,” *Atlantic Monthly*, October 1950, 57–60, quotation on 58, in Whitaker and Baxter Papers, box 10, folder 33.

120. Ernst Boas to Milton [I. Roemer], July 17, 1950; and see [Ernst Boas], draft typescript, “To the Editorial Board of New York Medicine,” October 24, 1952, and [Ernst Boas] to Leo Davidoff, February 1, 1952, all in Ernest P. Boas Papers (MS 10), American Philosophical Society, Philadelphia (hereafter Boas Papers). See also Jane Pacht Brickman, “Medical McCarthyism: The Physicians Forum and the Cold War,” *J. Hist. Med. Allied Sci.* 49 (1994): 380–418.

121. Ernst P. Boas, “Medicine for All,” *P.I.C.* 15, no. 8 (1944): 48–49, quotation on 49, in Boas Papers.

122. [Ernst Boas] to G. M. Smith, February 12, 1949, and Ernst P. Boas to the Editor, *New York Medicine*, typescript, November 5, 1948; and see Ernest P. Boas, Statement before the Committee on Medicine and the Changing Order, January 26, 1944, all in Boas Papers.

One response to such critics was to invite American physicians to see themselves in *The Doctor*, reassured of their claim to the lineage and enduring virtues that image embodied. “We agree, of course, that the picture is ‘dated,’ if viewed literally,” Whittaker wrote in a private letter to a North Carolina physician critical of the choice; “but on that basis a great many things are ‘dated,’ including the Hippocratic oath [and] the Bible. The Fildes painting of ‘The Doctor,’ even though it is old fashioned, portrays something which is beyond value to the medical profession. To the public, let me assure you, it makes sense to say ‘Keep Politics Out of This Picture.’” As Whittaker concluded, “‘The Doctor’ isn’t just an out-dated painting. It is a vivid portrayal of the vitally important physician–patient relationship which has made doctors something more than medical technicians. And that relationship is out-dated only in countries which have adopted socialized medicine.”¹²³

But the AMA’s main rejoinder to critics was red-baiting. Elmer L. Henderson, for example, the Kentucky physician who chaired the AMA committee that coordinated the Whitaker and Baxter campaign, warned in 1949 that the coming congressional debate over socialized medicine was to be “the Battle of Armageddon—the decisive struggle which may determine not only medicine’s fate, but whether State Socialism is to engulf all America.”¹²⁴ The following year, delivering his inaugural address as incoming AMA president from a San Francisco convention hall stage backed by a huge reproduction of Fildes’s *The Doctor* captioned “Keep politics out of this picture,” Henderson proclaimed to assembled doctors and to listeners of the coast-to-coast radio broadcast that “American medicine has become the blazing focal point in a fundamental struggle which may determine whether America remains free, or whether we are to become a Socialist State.”¹²⁵ The AMA campaign, the science editor of the *San Francisco Chronicle* would reflect in 1952, “contained some of the finest and most high-sounding phrases I have read in many a day. But stripped

123. Clem Whitaker to Elbert L. Persons, March 14, 1950, Whitaker and Baxter Papers, box 11, folder 8.

124. Elmer L. Henderson, “Address” to the AMA House of Delegates, [1949], Whitaker and Baxter Papers, box 10, folder 28.

125. “News Release from the American Medical Association,” Chicago, June 27, 1950, Whitaker and Baxter Papers, box 10, folder 31; and, on the staging of *The Doctor* in the convention hall, see Committee for the Nation’s Health, Bulletin 12, “Doctors in Politics,” June 30, 1950, White House Central Files: Official File, OF 286–A, Harry S. Truman Papers, Harry S. Truman Library, Independence, Mo.

of those glowing phrases, or the tub-thumping, and the flag-waving, and all the fancy semantic gimmicks, it means only one thing: It meant that if you were opposed to the AMA, then you were automatically a socialist, you were almost a communist, and you were un-American."¹²⁶

To understand the multiple meanings of *The Doctor* in early Cold War America is beyond the scope of this article. What I have tried to suggest here is this: It matters that in the image the AMA and its publicists selected, it was not the scientific and technological armamentarium of modern medicine through which freedom from fear would be won. Whitaker and Baxter sought to rebrand the medical profession. Like the dissection room photographic portraits, like historical medical libraries, *The Doctor* played on longings for authenticity—not antimodernist, yet far from any simple, streamlined rendering of visual modernism. Fildes's painting was an enticing fantasy, a comforting fiction that bore little resemblance to the relationship between most doctors and patients. But it captured yearnings many Americans shared, just as it played upon anxieties about the depersonalization of modern medicine and replacement of the general practitioner by teams of anonymous specialists. Whatever we make of images such as *The Doctor*, they and the image-making work they performed are elements in the formation of modern medicine to be reckoned with.

Conclusion: The Image of Modern Medicine

It might be tempting to dismiss the kind of images I have cited here as reactionary—especially when, as with *The Doctor*, they were placed in the service of not only conservative but reactionary political agendas. To do so, though, would explain away rather than explain precisely why they mattered to doctors at the time and how they took part in shaping and expressing the complex identities of physicians who saw themselves as full participants in modern medicine. All these cultural moves involved some measure of longing for authenticity that went beyond what the ethos of experimental science alone could provide.

This is about dissonance, not dissent. I have not been looking at the adversaries of experimental laboratory science, at hostile critics of reductionism, or at antiorthodox alternative healers. My concern has been

126. Milton Silverman, "A Newspaperman Views Medicine's Public Relations Policies," Guest Editorial, *L.A. County Medical Association Bulletin*, June 5, 1952, Whitaker and Baxter Papers, box 11, folder 9; and see [Ernst Boas] to Leo Davidoff, February 1, 1952, and [Ernst Boas] to John P. Peters, June 5, 1953, Boas Papers.

with mainstream strivings for something more as well—in addition to, not instead. Even the disparate examples I have cited here underscore the fact that these choices in image making cut across what remained an intellectually and socially diverse profession—from medical students at proprietary schools to eminent professors at the bastions of the new scientific medicine.

Nor have I been able to touch here on the social consequences of the kinds of cultural gestures I have been exploring, consequences American doctors and patients alike live with today. To do so one might pursue the legacy of distrust still harbored by many people of color against medical professionals, a distrust rooted in practices like those depicted in the dissection photos and one persistent ingredient in racial disparities in health care. Or the gendered character of the elite homosocial professionalism so pronounced among turn-of-the century medical bibliophiles and its persistence in elite medical culture. Or at the deeply entrenched American conviction that somehow good health care would be forfeited by having a single-party payer, a powerful and stunningly successful specter that has undermined public support for a national health care system.

What is clear, though, is that the cultural grounding of modern medicine cannot be captured by any single, linear narrative that traces the growth of biomedicine and a stripped down, reductionist aesthetic. It needs to accommodate images and image-making maneuvers that may seem to work against the grain. The cultivation of these images by doctors invites us to see the cultural constitution of historically modern medicine as vastly more complex than a story scripted around the embrace of the language and image of experimental science: the image of modern medicine was never that monolithic. Any compelling account needs to be expansive enough to encompass projects of self-representation in which the new sciences and their cultural and moral correlates were ostentatiously missing.

The notion that doctors hitched their identity to the image of experimental science and that initially this was a key to the remarkable rise in cultural authority that ensued has become part of a story that oftentimes has assumed the dimensions of a structuring grand narrative for the coming of modern medicine. I do not want to jettison this story. But its very success has deflected attention away from other images and image-making projects that were intensely important to some physicians. Historiographical attention to the image of science and its power in the medical marketplace came to the fore at the same moment in the late 1970s when ethicists, sociologists, and historians all were engaged in a radical critique of the dehumanizing tendencies of reductionist, high-tech medicine, a

transformative impulse that may itself have played an important role in prescribing somewhat narrowly which images of modern medicine warranted historical scrutiny. In any event, having made so much of image, and having assigned to it such a strategic role in the formation of modern medicine, historians ought to more aggressively and more critically investigate the processes of image making, looking hard, not least of all, at the choices doctors made in crafting representations of themselves, their profession, and their work that were at once compelling, satisfying, and attractive.



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