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The Humanizing Power of Medical History: Responses to Biomedicine in the 20th-Century United States

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Abstract:

From the end of the 19th century through the present, the idea that medical history can and ought to serve modern medicine as a humanizing force has been a persistent refrain in American medicine. Focusing on the United States, this paper explores the emergence of this idea at precisely the moment when modern Western biomedicine became ascendant. At the same institutions where the new version of scientific medicine was most energetically embraced, some professional leaders began to warn that the same allegiance to science driving the professional technical and cultural success was also endangering humanistic values that were fundamental to professionalism, the art of medicine, and cultural cohesion. They saw in history a means for re-humanizing modern medicine and countering the risk of cultural crisis. The meanings attached to medical “humanism” have been changing and multiple, but, as this paper shows, some iteration of this vision of history as a humanizing force was remarkably durable across the 20th century. It was especially revitalized in the 1970s as part of a larger cultural critique of the putative “de-humanization” of the medical establishment, when some advocates promoted medical history as tool for fashioning a new kind of humanist physician and a source of guidance in confronting social inequities of the health care system. What has persisted across time is the way that the idea of history as a humanizing force has almost always function as a discourse of deficiency—a response to perceived shortcomings of biomedicine, medical institutions, and medical professionalism.

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My focus here is the idea that history can and ought to serve modern medicine as a humanizing force. Let me say clearly at the outset that most American historians of medicine today (and I include myself) would be very hesitant about any claim that medical history humanizes doctors, medical students, or the larger health care enterprise. As an historian, therefore, I find it all the more striking that the proposition that history should be a cornerstone of humanistic medicine first emerged at precisely the moment when modern Western biomedicine became ascendant; and that some iteration of this vision of history as a humanizing force has been remarkably durable. I want to recount the emergence of this idea, focusing narrowly on the U.S., then to lightly sketch its longer trajectory across the 20th century. The idea of history as a humanizing force has almost always functioned as a discourse of deficiency. There have been anti-science currents as well, but that is outside of my focus here. Instead, I want to look at this idea as a

revealing index of the changing ways in which biomedicine—while celebrated for its technical power—has been seen as insufficient in making good doctors, guiding good practice, and directing socially responsible health care systems.

By the start of the 20th century, the embrace of the new experimental sciences was transforming American medical knowledge, practice, and institutions. This new version of Western scientific medicine—biomedicine—privileged reductionism, specialization, standardization, precision, technology, and a confident faith in the laboratory as the leading wellspring of medical progress. Experimental science offered both a technical tool physicians could use at the bedside and a powerful cultural tool they could use in the marketplace. The identification of the medical profession with this new scientific medicine, reinforced in the 1910s by the thoroughgoing reformation of medical education, helped propel the remarkable elevation of the status and standing of the profession in American society that ensued.

Seen in this context, it is all the more remarkable that at precisely those medical institutions where the new version of scientific medicine was most prominently entrenched, some doctors began to warn that the same allegiance to science driving the profession's technical and cultural success was also endangering humanistic values that were fundamental to professional identity, the art of medicine, and cultural cohesion. Western medicine, more powerful than ever before, was at risk of cultural crisis. This was not a lament from the mass of general practitioners, but was voiced instead by some of the most eminent leaders of the profession, who welcomed—not resisted—the new scientific medicine. They looked to medical *history* as vehicle for re-humanizing modern medicine, 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. History was to be the cornerstone of a “new humanism” in medicine that would promote a cross-cultural dialog between the sciences and the humanities—a platform for addressing apprehensions about cultural distinegration sparked by the new dominance of biomedicine.

During the final decades of the 19th century, as more and more Americans traveled to German centers to study the new experimental laboratory sciences and clinical specialties, many had returned consecrated to the vision of a new kind of scientific medicine. The laboratory, as they depicted it, stood for exactness, rigor, precision, and uniformity. And these ideals informed a plan to free medicine from its tedious preoccupation with the idiosyncrasies of individual patients. The “exact method”—the embrace of reductionism and mechanical objectivity—would make clinical medicine an exact science. What was new was the call to liberate medicine from the doctor’s individual observation and personal judgment. Each new technology was lauded for its promise of “eliminating the personal equation of the observer.”ⁱ

This program for a new scientific medicine also rendered the role that history had long played in medicine irrelevant. For centuries before the mid-1800s, history had been an integral part of Western medicine—a source of authority and vehicle for articulating theory. But in the new order of things, it was experimental science, not history, that was to confer authority. Indeed, a deliberate break with the past was part of the creation of a modern professional identity. However, first in Germany, where the experimental laboratory sciences had become central to medicine earlier than in the rest of the West, the very end of the 19th century witnessed a renaissance in the history of medicine—but history of a new sort, accorded a different function. The sheer success of the reductionist program in reshaping medical knowledge and culture prompted many leading physicians to worry that the epistemological and technical gains of the new science may have been bought at a very high price. Theodor Puschmann, for example, professor of medical history in Vienna, called in 1889 for a rehumanization of the physician in an age of scientific ideals. He argued the medical history could play a crucial role in a medical education—that it would broaden future physicians, ennoble their character, prevent them from slipping into “superficial materialism,” and lay a sturdy foundation for professional knowledge. He particularly argued that the need for the unifying influence of history was greater than ever before, bridging the growing gap between the laboratory and the clinic and across the fragmenting specialties.ⁱⁱ

In the U. S., there were no academic positions in medical history and the institutions of the new scientific medicine were much less developed than in Europe. However, as some doctors who had studied in Germany began to proselytize for the new scientific medicine rooted in the experimental laboratory, other (often older) doctors vigorously opposed such a plan as not only simplistic but dangerous. A newly urgent celebration of the art of medicine expressed their anxieties about reductionist hubris. As one Philadelphia physician protested, “There is an art of medicine [that] completely eludes, or flatly contradicts science, by means of empirical facts, and gives the palm to sagacity and commonsense over laws formulated by experiment.”ⁱⁱⁱ The proposal that experimental science could make clinical practice certain and exact—make it merely an applied science—jeopardized professional identity. Moreover, it seemed to redefine professional responsibility in terms so narrow as to be doubtfully ethical. In the 1880s, battles over the proposition that the new experimental sciences could make medicine an exact science split the American medical profession apart, with opponents rallied around an older conception of medical science and a new celebration of art, asserting, as one New York doctor did, that “medicine is a science of which the pervading principle is humanity.”^{iv}

Medical history, as some American doctors came to see it, offered a middle path in conceptualizing medical professionalism—a framework that promised to accommodate the new sciences while preserving older values. It was at precisely those institutions where the new vision of scientific medicine was most ardently institutionalized, especially the German-modeled medical school opened in 1893 at Johns Hopkins University, that history began to be invoked as one means of harmonizing science with art. Physicians like John Shaw Billings and William Osler—both active in founding the Johns Hopkins Hospital Historical Club in 1890—called for a rehumanization of medicine. Representing medical history as a partial antidote to excessive reductionism, specialization, commercialism, and cultural disintegration, they cultivated an ideal of the “gentleman-physician” well versed in the classic liberal arts. Billings urged that while the kind of “average” practitioner trained at most American medical schools could get along without formal instruction in medical history, for graduates of the Johns Hopkins Medical School—the cadre of teachers and researchers in the new scientific medicine he expected to lead the profession—a course on medical history would be indispensable as “a means of culture.” From the moment he started working at the Johns Hopkins Hospital in 1889, Osler integrated medico-historical issues and problems into his clinical instruction, using the examples of past physicians as a tool to inspire and exemplars of professionalism.^v

The larger plea for history as a means of cultural reintegration was lucidly captured in an address Osler titled “The Old Humanities and the New Sciences.” Osler was speaking in 1919, just after the end of the First World War and a year after the German sociologist Max Weber had gloomily proposed that science was systematically stripping the world of all spiritual mystery, emotional color, and ethical significance, leading to what he famously called “the disenchantment of the world.”^{vi} “The extraordinary development of modern science may be her undoing,” Osler warned. “Specialism, now a necessity, has fragmented the specialties themselves in a way that makes the outlook hazardous.”^{vii} He asserted that “the salvation of science lies in recognition of a new philosophy,” citing 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 combination of the scientific and humanistic spirit.”^{viii}

Osler was not protesting against the rise of reductionist science—quite the opposite—but he was calling 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, on clinical judgment not subordinated to laboratory findings, and on an ideal of the clinician who embodied not only the precision of scientist but also the sensibility of the gentleman. The new humanism, as he conceived it, engaged with the classics of science and medicine and veneration of their authors to counter fragmentation—offering connectedness across time, place, and specialist communities. There is a distinct resonance here with the wider interwar movement for holism, even the program for cultural “reenchantment” mounted under the banner of

Wholeness.^{ix} It was a very bookish kind of humanism—inward looking, often tied to historical libraries, elite and exclusively male.

A decade later, in 1929, for the first time at an American university, a professorship in history of medicine was established—tellingly at Johns Hopkins, which remained the leading bastion of the new scientific medicine. Osler's mantle had fallen to the neurosurgeon Harvey Cushing (who studied at Hopkins before spending his career at Harvard and Yale). "Medicine has become so scattered and subdivided," Cushing declared at the dedication ceremony, that "there is crying need for someone to lead it from the wilderness and bind it together." In his vision, medical history and historical libraries had a "binding influence" on a "subdividing profession," a place "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." As 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*."^x

Other speakers at the dedication ceremony, including 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."^{xi} Abraham Flexner, architect of the educational reforms that infused the new scientific medicine into American medical schools, cautioned that "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." Medical history, as Flexner put it, would have to "pull against, not with. . . the current."^{xii}

Cushing was aware that the professionalization of history of medicine had the potential to draw it away from the kind of integrative, humanizing function that he, Osler, and their cohort envisioned for it. He asked in a tone of caution, "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?"^{xiii} He also recognized that even as he proselytized for "amore humanistic attitude" in medicine, the very terms humanism, humanities, and humanization could be vague and their meanings fluid. Humanism, he noted elsewhere, "has become a word people conjure with."^{xiv}

The idea that history represented a means of counterbalancing the reductionist, splintering tendencies of biomedicine never vanished, but by the late 1930s this kind of medical humanism was fading from the rhetoric of leading American medical figures. It had always been elite and inward looking, and fewer doctors had the broad-based liberal education (in Latin and Greek, for example) required for engagement with the medical classics. The soaring prestige of the medical profession as a whole also fostered some measure of complacency with the biomedical status quo. In the mass media, medical history was more widely disseminated than ever before, but it was chiefly a triumphal celebration of experimentalism with little hint that the rewards of reductionism came with any price.^{xv}

Ironically, the portrait of the doctor that professional leaders most widely circulated during this period was an older image, presented not as history but as a smug affirmation that humanistic values suffused the doctor patient relationship. This was English artist Luke Fildes's 1891 painting "The Doctor," a sentimental depiction of an upper-class doctor watchful at the side of a sick child in a working-class cottage, devoid of any reference to the scientific and technological armamentarium of modern medicine. In the 1940s, this was the image the conservative American Medical Association (AMA) chose as the

banner under which to rally its campaign against national health insurance. “There is something in that picture which represents one of the most priceless possessions you men of medicine have in your whole fight against assembly line medicine,” a designer of the campaign told AMA leaders.”In that doctor's face there is compassion, there is personal concern for the welfare of his patient, there is personal loyalty to the patient as a human being.”^{xvi} The image was displayed on millions of AM pamphlets and posters circulated in doctors’ waiting rooms across the country—along with the caption, “Keep politics out of this picture.” This was not history, but a romanticized, wishful image of humanistic medicine that served the AMA in battling what it denounced as “socialized medicine.”^{xvii}

The one important new current in medical history during the 1930s and 1940s was allied with social medicine, pursued by physician-historians like Henry Sigerist, Erwin Ackerknecht, and George Rosen. This program for “humanistic medicine” tried to pull attention outward from the individual doctor and patient to the wider health care system and social determinants of health. Sigerist, as professor of the history of medicine at Johns Hopkins, shifted his own scholarly attention to the social dimensions of medicine, to the history of public health, and to the economic conditions that shaped health services. Instead of engagement with the medical classics to cultivate a “physician-gentleman,” he turned toward a sociologically-influenced historical focus on social, political, and economic problems and issues of social justice.^{xviii}

In the U. S., though, the social medicine movement remained weak compared with, say, the U. K. Sigerist grew impatient with American physicians who cultivated a romanticized image of the doctor rather than assuming responsibility for bringing the fruits of scientific medicine to the entire population. “Trained as highly specialized and efficient scientists, they are unprepared to grapple with problems that are primarily social and economic. They have built for themselves a legendary, sentimental, and romantic history of their profession to which they cling desperately.”^{xix} His history advocated what he called “a new—a socialist—humanism.”^{xx} But by and large, other Americans at the time did not follow his lead, and the Cold War went far toward suppressing a social medicine impulse. Indeed, in 1947, with the rise of anti-communist McCarthyism and the persecution of left-wing intellectuals, Sigerist resigned from Johns Hopkins to return to his native Switzerland.^{xxi}

When in the 1970s the idea of history as a humanizing force in modern medicine prominently reemerged, its nature and animus had altered fundamentally. During the 1960s, “de-humanization” had become a key watchword in the radical critique of the medical establishment, one ingredient in the larger cultural critique of established authority. And this, in turn, involved a new, skeptical attitude toward the role and worth of science in medicine.^{xxii}

Biomedical authority became one target for assaults upon the American healthcare system's social and economic ills. The modifiers “de-humanizing” and “de-humanized” became commonplace, applied to students and practitioners hardened by medical institutions and to a health-care system that made health and access to care a function of socioeconomic class. Health professionals and students, through organizations such as The Medical Committee for Human Rights, assailed the AMA for ignoring racism in medicine and blocking moves to make health care a right—countering the AMA's claim to be “the voice of American medicine” by claiming themselves to be “the voice of humanistic medicine.”^{xxiii}

By the mid-1970s, medical ethicist and educator Edmund Pellegrino could rightly assert that “medical humanism has achieved the status of a salvation theme, which can absolve the perceived ‘sins’ of modern medicine.” “Humanism,” he noted, “has become a slogan, evoking a multitude of images of what we find good or lacking in the modern spirit,” a beacon to “lead physicians, patients, and all of us back from the brink of dehumanization.”^{xxiv} This again was a discourse of deficiency. Pellegrino warned fellow doctors to heed the charge that “we neglect the teaching of human values and the art of medicine; that in our zeal for science we ignore liberal studies; and, most telling of all, that the patient care we provide in our teaching hospitals and clinics is itself dehumanizing.” To counter “the dehumanization of the student and the depersonalization of the patient,” he called for medical schools to train a new kind of “humanist physician.”^{xxv}

It was in this context that medical history gained a new salience as a platform for the cultivation of medical professionalism. Two overlapping but divergent programs emerged for a history-based humanistic intervention: one focused inward on the individual practitioner and doctor-patient encounter, and the other outward on the larger medical system.

On the one hand, history joined a larger constellation of disciplines in the “medical humanities” movement. In the U. S., this was closely tied with the emergence starting in the 1960s of biomedical ethics and expressed in organizations such as the Society for Health and Human Values.^{xxvi} Clinicians and ethicists suggested that biomedical science and the technology it informed could strip medicine of important dimensions of healing, and sought to instill in medical practitioners the “human values” they held to be wanting. As in the turn to history a century earlier, the “medical humanities” were portrayed as an antidote to mechanistic reductionism, with the aim of fostering empathic patient care and providing guidance to students in squaring their course as good doctors within the system more than on honing critical skills as citizens prepared to confront the larger failings of health promotion and medical care.^{xxvii}

Concurrently, the activist “new social history” that emerged in that in the 1960s and 1970s sought to reveal the historical roots of medical “de-humanization.” Instead of exploring the medical classics, it aimed at looking “beyond ‘the great doctors’”—the title young historians Susan Reverby and David Rosner gave a 1979 programmatic essay widely seen as a manifesto for this program in the U. S.^{xxviii} Historiographically and politically, this was a very different vision of medical history as a humanistic force, propelled in part by a much harsher critique of biomedicine and professionalism alike. The contrast was expressed by the founding of the American Osler Society in 1970 as a conservative reaction against the new medical history, countered by the creation of another new society that took Sigerist as its namesake—the Sigerist Circle—and celebrated medical history as an activist social and political tool.^{xxix} Based in departments of history, history of science and medicine, or social medicine, this strain within history tended to look outward to the larger health care system more than inward toward individual medical students and practitioners. It less often explicitly invoked the language of humanism, but was especially well calculated to counterbalance the splintering tendencies of reductionist medicine by showing medical ideas, technologies, institutions, economics, and values interacting in a world in which race, class, ethnicity, and gender are inseparable from understandings of health, illness, and health care.

A new sense of crisis in American medicine at the turn of the 21st century has again revitalized discourse about medical history as a catalyst for humanization. Institutionally, it is expressed in overlapping programs in medical history, social medicine, and medical humanities. In medical teaching, the humanizing mission of medical history is now rarely rooted in engagement with the medical classics and inspirational “great doctors” of the past. Instead, it looks both inward, offering the individual student a source of reflection on his or her own professional formation, and outward, offering a forum for discussing how values, prejudices, and inequalities came to be built into the current medical enterprise. For American medical students in particular, who seem more idealistic than their counterparts of a generation ago, an ideal of humanistic medicine can also provide a sustaining sense of purpose in negotiating a health care empire in which the tremendous technical power of biomedicine often seems jarringly disconnected from inequities in access to health care.

The term “humanism” remains hugely imprecise, encompassing a whole host of meanings that are multiple and pliable. It is also easy to see that voiced commitments to health and human values, humane health care, and medical service to humanity sometimes can be little more than a facile rhetorical flourish. Nor is there assurance that medical history—any version of medical history—will actually succeed in inculcating humanistic qualities: the Yale physician-historian George Rosen long ago offered the sobering reminder that “medical history was being taught in practically every university in Germany before World War II and apparently had little effect on the medical students at the time.”^{xxx} Nevertheless, biomedicine and the idea that history might offer one means of humanizing it continue to be intertwined. Perhaps the multiple and changing meanings of “humanism” are less suggestive than the heartening persistence of the

conviction that somehow humanistic medicine—something beyond the raw, extraordinary power of biomedicine—is an aim worth pursuing.

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^{iv} Austin Flint, “The President's Address: American Medical Association, Thirty-Fifth Annual Meeting, Washington, 1884,” *Medical News*, 44 (1884): 523 -536, p. 527. On the larger rift in conceptions of professionalism, see Warner, “Ideals of Science and Their Discontents.”

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^{xiii} Cushing, “Binding Influence,” p. 38.

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^{xx} Henry E. Sigerist, *Socialized Medicine in the Soviet Union*, New York: W. W. Norton, 1937, p. 306; Henry E. Sigerist, with the cooperation of Julia Older, *Medicine and Health in the Soviet Union*, New York: The Citadel Press, 1947, p. 285.

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^{xxv} Edmund D. Pellegrino, “Educating the Humanist Physician: An Ancient Ideal Reconsidered,” *Journal of the American Medical Association*, 227 (1974): 1288-1294, p. 1288.

^{xxvi} Daniel M. Fox, “Who We Are: The Political Origins of the Medical Humanities,” *Theoretical Medicine*, 6 (1985): 327-342; David J. Rothman, *Strangers at the Bedside: A History of How Law and Bioethics Transformed Medical Decision Making*, New York: Basic Books, 1991, pp. 141 -142. The Society for Health and Human Values proposed “to identify explicitly the human values that are lacking or inadequately represented in the study and practice of medicine and to begin to remedy the deficit” (quoted in Fox, “Who Are We,” p. 334).

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