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IS THERE A MEDICAL COUNTERPART TO THE KULTURGESCHICHTE CONTROVERSY?*

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HE study of medical history is inevitably resolved into that of medical biography, especially if of times when the science of medicine hardly as yet existed"—so says Gould¹; and the accomplished editor of this JOURNAL privately expresses the view that it is simply a narrative of striking achievements, such as the discovery of the circulation of the blood, vaccination, antitoxin, anesthesia, etc. For the appearance of completeness, it might also be in order to dignify with mention

*Some months after the manuscript of this article lay in the Editor's hands awaiting publication, there appeared in Germany a monograph by the distinguished Prof. Dr. Pagel, of Berlin, entitled "Grundriss eines Systems der Medizinischen Kulturgeschichte," which is reviewed on another page of this issue of the JOURNAL. It is a curious and interesting coincidence that simultaneously in Germany and in America, two men, unknown to each other, should have taken up and pursued what is practically an identical trend of thought. Such coincidences are not as rare as might be thought, and in commenting on their occurrence in general literature the editor of *Harper's Monthly* recently remarked that it would seem as if there was almost a suggestion of telepathic correspondence. "Some ideas," he said, "however novel, are sometimes, so to speak, 'in the air.' There is a progressive course of scientific development, and it does not seem strange to us that the idea of the origin of species as advanced by Darwin in one quarter of the globe should correspond with that conceived at the same time and so soon after advanced by Wallace in another." In the present instance, Dr. Pagel's monograph was probably placed in the hands of his German publisher at about the same time that the JOURNAL received Dr. Browning's original manuscript, so it safely can be stated that the observations of neither were influenced in the slightest degree by a knowledge of the work of the other.—Ed.

¹Editorial note in: *Amer. Med.*, 1903, vi, p. 298.

the occluding and shop-worn fetich that the patriarchs and vagaries of ancient days are still paramount.

The usual view of medical history, as thus expressed, is that it describes with varying amount of detail some few of the medical lights and epochal discoveries. To disturb all this serenity with the suggestion that medicine is a built-up discipline and rests on far wider foundations than a few persons or posts, or that there is a possible enlargement of the theory and scope of its history, is like waving the red flag of heresy.

A better view has been held by some of our German confreres, and may have had to do with the high standing of medical science in the Fatherland. Rather, they say, toll credit to him whose fruitless quest has cleared some tedious path, than bow only to the meteors. It is advantageous to pay some heed to this principle of granting recognition—though following it absolutely might lead to intolerable dulness. Next to original work, nothing contributes so much to progress as due and generous recognition. In this way, written history has open to it here a franchise of no mean order.

WHAT CONSTITUTES MEDICAL HISTORY?

Are there any accepted opinions or any differences of opinion on this matter? Is this branch of history but a chronology of medical men, at the most with a mere plus of brilliant episodes? Has it any relation to other currents of knowledge? And if so, what are its contributions? Is medicine an art merely, or is it a learned and noble profession? Are the great men of medicine the whole thing? Or is each but a climax, the crest of a wave?

In addition to the primary or technical side, and still more including it, is there not basis for a medical *Kulturgeschichte*? A multitude of questions come up, similar, apparently, to those about which the Lamprecht-Ranke controversy hinged, and which in themselves picture a parallelism with other things.

Neither a positive nor a merely negative answer suffices. There can be no question as to the interest and importance of the old standards. Only, are they sufficient? To put a few dots irregularly here and there, or sketch a few mountain peaks, or fill up with unclassified small things and imagine it an intelligible and complete map must be as much a mistake here as elsewhere.

It might be thought that the technique of medicine could be separated from its other relations, but this does not prove practicable.

One fault with most historical accounts—a great reason why the lessons they should teach prove somehow half failures—is that rarely do they show us the true sources of action. How did the spirit of a given movement arise? Who was the original thinker? What gave the impetus? Where lay the power behind the actors? How were the details worked out? What group has advanced this, what school classified and disseminated that? Whence came allied aid? These factors are as important as the actors themselves, and more so. In such plain things as progress in the mechanic arts, how often do we learn that the poor inventor dies unknown and in poverty, while the grasper flourishes!

Associate closely with some wise practitioner of a former period and learn that he has made observations and hit upon methods that have passed on to the common good (or, alas! too often have been lost). In any community of active medical men, some branches will be found more advanced, some points better understood, some diseases more familiarly studied, some methods in a higher state of perfection, than anywhere else. Thus we see knowledge develop by a multitude of increments.

Some day history may become, more than is now apparent, a positive and actually productive science (indicative rather than inductive). With a sufficient and mapped-out perspective of the past, it may then be possible to recognize more clearly what constitute the ideals of life, the purposes of our activity, to see the lines and aims of progress in all knowledge, and more effectually to direct our efforts towards advancement. Yet, of course, it is an old and disputed question whether there is such a thing as a philosophy of history. The answer may come from some unexpected side—or rather, it may be that in the unregulated affairs of men there is none, but as we approach the scientific world some harmony of development is discernible.

There is a neglected point of view that might have a saving influence towards work of merit. If mankind were freed from disease and accident, and medicine was a closed calling, would there not remain much in the medical world of the past that would still have a bearing on life, an organic interest? As medical history is now written, can it claim more than a slight relation to things outside itself, to the wider world? As an utilitarian introduction exclusively for its own followers, this may suffice for the time being. In various special courses and treatises some reference is often made to the growth of these particular special-

ties. To this limited extent it is recognized that the human mind, after all, usually develops original knowledge along the easiest lines (first in the main, later in detail)—the same path being consequently the easiest also for the learner. If not always arriving at new views or principles, the minimum standard should require that medical history at least should be available for verification and control of conclusions derived from other phases of life. How closely do the facts of medical conform to the same lines as do those of general history?

MEDICINE AS A LEADING FACTOR IN PROGRESS.

Has not the medical profession been a great primary source of liberal, independent and progressive thought? Have not many important fields of study, activity, and usefulness had their origin in minds medically trained? Medicine has certainly been the great fosterer of science, and without it we may query whether there would have been any science, or at least without a far longer wait. Law has its normal sequence in justice, Theology in religion, and Medicine in hygiene. But Medicine has done distinctly more; it has not merely preserved its mite with interest, but can cast a paternal glance at the child offspring progeny called Science. In the knowledge of electricity, the theory of light, the skill of chemistry, etc., most of the important initiative work and a larger share of the incentive originated with medical men. From these radical beginnings have grown vast benefits other than medical to the world at large. Yet, is there a medical history that hints at these grand things? Our men at the writing-history stage seem to become afraid of themselves, to forget their heritage, to talk platitudes, to turn mere purveyors of dilettantism and daily gossip. If the facts are not at hand they should be searched for, if unknown then unearthed; but anecdotes and biography, however entertaining, need not be palmed off as history.

The closer relation of science and medicine in Germany is of vast advantage to both. Science, for its part, needs the sympathetic audience and intellectual backing that the medical profession gladly affords it—and we see evidences of a greater rapprochement. The relation should be, in part, as the Rev. Dr. Lyman once expressed it, in his address (*N. York M. J.*, 1884, xxxix, pp. 681-5) before a graduating class, "The Modern Physician the Mediator of Science."

Of recent times, has the profession become entirely absorbed in its own problems, or is it not now transpiring that these in turn reach out as widely?

To meet these demands on the historian, doubtless requires an unusual training. Where the medical man possesses this he is apt to be drawn, like Dr. Draper, into the scientific arena to the loss of his own special field.

ANCIENT VERSUS MODERN MEDICINE.

Ancient means practically foreign. This makes our material, except for a few choice collections, mostly second-hand. That branch of the subject has limited value at best, and it has been worked over so much that, except as a background for later studies, little more can be made of it. Reasons enough why we in America, anyway, should waste little time in its study. The whole face of medical affairs, moreover, may be said to have changed. The great endowments and the widening of special knowledge make a more philosophical treatment of the subject imperative. Compilation industry and science itself are all barren of the highest value in this connection unless there is also devoted to the subject something more on the part of a writer than routine cerebral activity. The mere accumulation of data, unrelieved by any imagination, deduction, insight or thought—that would be but more cumbering of the ground. We see it illustrated—great schools founded with much money. That in itself is not science and may easily shade into deified pedantry. The various attempts on every hand to put a mortgage on posterity, even in the domain of research, must in time create an encumbrance; and certainly will do so unless devised with a wisdom and elasticity not yet sufficiently in evidence.

Some matters are of too recent date to admit of certain investigation. The more need of following as far as experience permits, lest immature ventures mislead and so discourage. The calm domain of history should offer the opportunity for dispassionate survey.

BIOGRAPHY.

We are over-inclined to regard mere personalities as history. The true devils of literature must gloat over the history-shelves bulging only with personal memoirs. Biography is, however, one of the main sources of material for the writing of medical history. It should always be entertaining and may be inspiring; of

itself it can hardly be instructive in the widest sense, while history, on the contrary, should primarily be instructive, and then, if possible, interesting as well.

Whatever our ideals, there is no question that the desire of accomplishment is the great incentive to individual work. Histories of leading men are consequently both fascinating and a stimulus to personal effort. There is a vast uncertainty, however, in biographies, most of which might better be dubbed apologies. One Marion Sims life-sketch³ is worth an auto-load of biographies such as are ordinarily juggled together. It is hardly imaginable, for instance, that one could be prepared giving the mental springs of action in the case of the large-modern-business man. In the educational and scientific world such a biography is likewise uncertain, though sometimes possible to a greater degree.

Take the work of George Huntington—most simple and short, but resting on three generations of medical observation, and constituting one of the most important of American medical contributions. Not alone was a new disease established, but, of still greater importance, the first foundation on a firm basis of the family forms of disease which now have a recognized large place in neurology. The method of development of this condensed and wonderfully accurate knowledge appears clear. Yet, in the thirty-three years since it was published, Huntington gains no place in our medical histories, no official recognition beyond his native Island, and now must see attempts made to introduce a wrong spelling of his name! In Colonial days you could not be much medically unless leagued with the prominent families—and not vastly more nowadays unless with the dominant clique.

The matter of the family, social and public relations of medical men as a class may come within the scope not only of biography but of general medical history as well. There have also been local features of professional life, of interest not only in themselves but in their bearing on the community. Take, for instance, the peculiar prominence of Philadelphia physicians (and, to some extent, of those of Boston) in public affairs up to recent times; the reason therefor seems to be understood, but never written of.

Medicine is a warfare. Devotion, heroism, and sacrifice have been common, rarely wanting when needed, and might find an

³"The Story of My Life." By J. Marion Sims. N. Y., 1884.

unabashed chapter somewhere (towards which Schroeder³ and Russell⁴ have made contributions).

Apparently, there has also been an almost radical change in the relation of the medical man to this time—a narrowing of his participation in affairs to departmental lines; and we are continually advised by our betters to eschew all other claims upon us. The tendency seems more pronounced in this country (and in towns) than elsewhere, and urgently challenges thought. Such matters are of importance to the public as well as to the profession.

MEDICAL HISTORY IN AMERICA.

Some ask: Can anything good come out of America? Have we any history? Is there anything to be gleaned from our young life?

Recall the artist's axiom, that too near an inspection of his canvas prevents the grasp of its message; yet, on the contrary, too great a distance leaves but blurred lines, the life taken out of the picture. There remains the middle range best suited for recognition. We are old enough now to give an ample field of this mature middle range. All up to the most recent is in need of exploitation. Furthermore, for the period of its existence and for various problems the American field offers special opportunities.

Medically, as well as politically, we can conveniently speak of: 1. The Colonial Period. 2. The Post-Revolutionary Period (up to about the end of the nineteenth century). 3. The Present (a time of great endowments, monumental buildings, state boards, specialties, etc.). Multitudes of topics calling for earnest treatment arise here on every hand—Education and its methods are increasingly guided by medical knowledge; centralization of medical study and investigation; the difference in state control as compared with other learned professions; medicine in America; the different results from state, endowed, and private medical schools (for, however bad any one may be, each has some advantages). Many old customs call for investigation, as that, for instance, of studying with some doctor (study of law formerly pursued in like manner); time taken; direct money outlays, if any; licensing; age requirement or custom; where copied from;

³"Honors that have come to the Medical Profession in America." *Brooklyn Med. J.*, 1905, xix, pp. 297-306.

⁴"The History and Heroes of the Art of Medicine." By J. R. Russell. *London*, 1861.

where kept up longest; has the modern examination for admission to our medical colleges served to increase or decrease the proportion of college trained men in the profession; comparison of present and past remuneration in city and country, in view of the greatly increased time and money cost of education, to see how fairly the physician is now compensated. Another interesting topic is a consideration of physicians as collectors of medals, pictures, libraries, historical material, old china, birds, special medical books, papers and articles, and in fact of about everything but money. Probably no class in the community, aside from the subsequent professionals, has done as much in this direction or been as important a factor in forwarding this saving work. In our own country, the names of Storer, Emmet, Fisher, Toner, Purple and a multitude of others will readily suggest themselves in this connection to any one. Attention has recently been called to medical men as explorers.

Some of these themes need to be handled by those with no axe to grind; and if we are to preserve a true and advancing medical science in America, there must be a willingness and care to recognize valuable work from whatever source—a spirit of fairness, a freedom from faddishness and from the hysterical idea that a thing is greater when gilded with *éclat*, a strong sentiment against snobbishness in general and scientific dudism in particular, that inclination to justness which is perhaps the most distinguishing characteristic of our late fellow-voyageur, Osler. For if justice be not above science, it is at least below it as the implied foundation of all science. To quote a sentence from a program of Prof. Moore, of the United States Weather Bureau, "There we shall look only for the truth, and shall not despise its source or the means of its conveyance."

It is surprising how exactly cause and effect may sometimes be worked out even in medical history. Some time since, in looking over the possible causes for the falling off of homeopathic practitioners in this part of the country, it seemed at first that a number of the causes might be equally responsible—the introduction of tablet triturates whereby even many city practitioners dispensed a considerable part of their prescriptions; the code break, especially in New York, and the change in relations; the wide introduction of state examinations for license to practice, etc. A comparison of facts, however, for New York, Connecticut and perhaps another state, showed beyond question, and quite against expectation, that the last of the three causes mentioned

was the essential if not the exclusive one; and, furthermore, that it was not necessary to have any strenuous scheme—the mere fact that some kind of an examination was to be demanded by a certain date sufficed to turn a far larger share of candidates than ever before since the pathy-split into the ordinary and regular channels. This does not gainsay the fact that a corresponding portion of the public, on its part, has sought in the various faith-schemes an even more ultra-nihilistic resource than homeopathy itself.

EMPIRICISM AND QUACKERY.

In the technical matters of medicine we can distinguish: 1. Those resting on pure science. 2. Those scientific more or less—probably a major part of present medicine. 3. The empirical—such as von Graefe's discovery of iridectomy for glaucoma, the first knowledge of quinine for malaria, etc. While science has given invaluable aid on the curative side to medicine, empiricism as yet possibly may claim more.

It may well be queried whether accounts of quackery have any legitimate place in medical annals, barring some special reason such as the unusual instances where it has led to improved methods. Empiricism, on the contrary, needs the monument of a kindly defence. For a long period now, no method or agency has been able to gain more than fleeting notice unless, or until, resting on an apparently scientific basis; and as there is always a strong temptation for someone to take a shy at the science of it, methods of cure are continually changing and being relegated to the limbos. This is practically unfortunate, and in itself ludicrous beyond laughter. Empirical aids, when tabooed, soon become the weapon of the outsider. It should be recognized that good things may start thus, and that until somewhat recently all curative medicine had its origin in this manner. Comparatively speaking, it is the robust son of the frontier, and seems worthy of more careful study than some one brief chapter. Science is excellent, but for the medical man it is not yet everything.

VARIED SOURCES.

There is also a vast field to be worked over in the more immediate matters of practice. The chemist's aid, the far and near hunt for curative agencies, the successful methods that often come from no one knows where, the developed executive that is so important and decisive a factor in our modern institutions, the extensive system of medical societies, the unlimited journalism,

the new library movement (and no one thing is more favorable to the development of this general subject than the increasing expansion of medical libraries), the advanced care of the insane, the education of the feeble-minded, dentistry, preventive and legal medicine (too often but 'litigious medicine'), nursing and its training, even so plain a matter as modern anatomical knowledge—all these things, and many more, represent the training, observation, labor, and devotion of thousands in all parts of the world. Theories change but these things remain, in direction at least, constant. To understand all such matters historically, requires the examination and sifting of much more than the old classics, on the one hand, or of epochs and stars, on the other.

FINALLY.

As a preliminary to the final writing of medical history, it would appear that in addition to *original sources* we must have worked-up material bearing on: 1. Particular discoveries. 2. Personal biographies. (These two have received some little attention in this country, yet with shortcomings.) 3. Relations to civilization and general progress. (Untouched, except an occasional querisome reference.) 4. Technical and special departments. Some of these latter, as surgery or obstetrics, are not without fair summaries, indices, and bibliographies; but on a multitude of more specialized topics and on combined points, careful studies should yield much. Some examples of the last are to be found. The work of Jonathan Wright on the history of laryngology and rhinology, Keen's articles (and Hartwell's) on the history of anatomy, and Cardwell's serial on physiology now appearing in this JOURNAL, may be mentioned as of recent date. The number of separate branches and topics requiring such individual treatment is much larger than would be guessed off-hand. After all this, some genius large or small may be able to sweep the whole field for the material that his construction demands. The final verdict is that of history.

The tendency of what has been said, an imperfect outline, may be seen to be not only towards a more comprehensive and purposive conception of medical history, but towards a more open medical life, a closer general relation of medicine to the public, an enlargement of the cultural side. As an essential rugged and complementary part of the so-called body politic, medicine has and should maintain a ranking position. Many realize the need of this, and some act, while others fear the threatened inroad

of trumpeting elephants should the gates be carelessly lifted. Medical things and the medical view and relation of affairs are as much the property of the public and subject to its review as is any other department of life; and, conversely, the medical man on a newer basis should have a larger mission than ever.

Quackery gains its foothold by a peculiar publicity and the positiveness of its claims. While preserving standards, the profession as a whole must be advertised on the one hand, and on the other welcome the fullest inspection of its knowledge, institutions and departments. These latter are too largely run as bureaucracies, with all that the name implies. There are plenty of intolerances in all of them, and yet no open channel for their discussion, or an unwillingness to interfere. For reasons advanced in a former paper (and perhaps, in the past, for the safety of the *esprit* of a calling evolved amidst superstitious and jealous opposition), it once may have been warrantable for medicine to cultivate a certain *apartness*. Although jealousy enough still exists, as shown, for example, by the English antivivisection raids, still this secretiveness can now be viewed as a left-over incubus. Even its younger children look askance at the parent (*vide* Meltzer's St. Louis address⁵). The natural prominence of the profession and its hold on the consideration of the people should be put to use in its own interest. An opportunity to inaugurate advanced work for the common good is clearly open to the Journal of Medical History.

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