

WHERE HISTORY OF MEDICINE IS GOING?

Consider four clinical cases:

i. A sick carpenter goes to the physician because suffering and asking for a quick cure; if the doctor prescribes complex cures and a long period of rehabilitation, the carpenter come back to his job, because he cannot quit his shop and the Insurance company does not cover expenses.

ii. A sick man has been admitted to St. Luke Hospital at for acute abdominal pains. After he was registered, by the filling the form for personal covering expenses, doctor speaks with him about the disease and the different chances of cure and discusses also with his family and friends, whereas they discuss quickly if the patient is supported by the *Medicare* program.

iii. When someone suffers of a well defined disease and the doctor attributes an unscientific or *personal* character to this disease and prescribes an unofficial therapy, he may be assimilated to purifiers, charlatans and quacks....

iv. And how is it in the art of medicine? Isn't the mind which does harm to the patient's body voluntarily the more scientific one?

Do you believe that these cases are taken from the last issues of *New England Journal of Medicine*, or *The Lancet*, or *Nature Medicine* or *La Presse Médicale* or *The Journal of Alternative Medicine*? No, because they are cases 2,300 years-old. In fact, they are adapted, respectively:

- i. from Plato, *Respublica* 406d;
- ii. from Plato, *Leges* 720 c-e;
- iii. from Hippocrates, *De morbo sacro* 2;
- iv. the last case again from Plato, *Hippias minor* 375b.

Thus, many problems of the humanity are out of the age and their knowledge as everytime debate may be of help for the present time; but we need also to consider that today's medicine is

drammatically changed. The *Hippocratic triangle* (physician, patient, disease) is now a *quadrilater* (physician, patient, disease, *third payer* i.e. State, Insurance, etc.), whereas ageing, new technologies, rights of citizens-consumers are driving forces conditioning medicine and discussion of the derived problems, e.g. deontology, ethics of medical choice, health economics, etc. Again the experienced-based medicine of humours and qualities of Hippocrates and Galen has been revolutioned by the quantitation of natural events of Galileo and the experimental medicine of Claude Bernard, thus applying the *quantitative* method to both experimental and clinical medicine. This epistemological revolution is now partially *broken* by the molecular medicine of this end of Century, because it searches a point mutation as *qualitative* event, whereas gene therapy and xenotransplantations promise modifications not *around* the man, but directly *in* to the man.

We have taken the chance of the centennial of the birth of **Adalberto Pazzini**, the founder of the Institute and Museum of History of Medicine of the University of Rome *La Sapienza*, to discuss the role of history of medicine and allied sciences, between past and future, between science and practice, between epistemology and ethics, between social issues and economics.

The Meeting was held in February 20-21, 1998 in the Institute (now Section of the Department of Experimental Medicine) and papers presented by historians coming from different countries are published in this issue of *Medicina nei Secoli*.

We hope that this debate may aim the development of teaching history of medicine as related to the needs of today's medicine and health systems. We offer our efforts to the memory of Adalberto Pazzini and to those who believe that the knowledge of the past is the stone to understand the present and to face with consciousness the future.

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Articoli/Articles

THE HISTORIOGRAPHY
OF MEDICINE IN AMERICA

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SUMMARY

What is the state of medical historiography in America? This discipline is now asking new questions, branching new directions and speaking to new audiences. The social and cultural contexts in which medicine moved and moves needs to be an effective integral part of approaching the historical studies. There is today, in U.S.A., a new history of medicine more problem-oriented and interested in the culture of medicine and in the meaning of medicine to cultural history. This new interdisciplinary field of interest deals with the study of epidemics, seen as causative agents in historical developments and as means of studying changing ideas; it deals also with the history of women, of their medical professionalization and of their diseases. American medical history, over the last thirty years, has reconstructed the medical practices of the past by using clinical records; between other fields of research, the history of psychiatry has become a particularly fertile field of scholarship, especially in its studies about hysteria and neurasthenia; finally, medical anthropology and the history of ancient and medieval medicine, has flourished and contribute today in a high significant way to the critical reconstruction of a cultural past of medicine, quite far away from the mere biographical historiographical researches.

I am taking the topic assigned to me quite literally, that is I am to discuss the historiography of medicine, not the state of medical history as a discipline nor the health of medical historians. The problem is, of course, that it is hard to keep them separate. I can begin to tell you a little about the historiography of

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