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 *into* 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 todays 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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medicine in America - how the history of medicine is being conceptualized and written at the end of this eventful century, by saying the field is not only alive and well, but is growing and generally flourishing.[1] As discussions about medicine, its costs, availability, and effectiveness have become ever-more prominent in all Western societies, so has the history of medicine begun to intrigue a much greater number and variety of scholars.

There is, then, a new history of medicine, in its present form only about three to four decades old. What does it mean to say there is a new historiography of medicine? Historians of medicine are coming into the field from a wider variety of disciplines, asking new questions, with new emphases, using new sources, all with greater scholarly sophistication. There has been much wider use of social science techniques and concepts, and more use of quantitative methods. The anthropologist Clifford Geertz, has called this the blurring of genres, by which he means that there has been ... *an enormous amount of genre mixing in intellectual life in recent years*.[2] There is indeed something happening to the way we are thinking about our medical past. We have also been shaped, after all, by the social trends of the 1960s when a new stress on the rights of women, civil rights, concern for the environment, and for the rights of consumers, all helped in a very profound way to change not only our sensibilities but to force us to change the way we conduct our everyday affairs. This change has reached into many parts of the world, but is especially prominent in North America and Western Europe.

As is true for the new social history, the new history of medicine is more problem oriented, more interdisciplinary, and is much more concerned with aggregates of people, more with private matters rather than with public figures and public affairs. As a glance at the notes for this paper will readily confirm, there is a turn in our work toward a greater emphasis on the culture of medicine and to the meaning of medicine to cultural history. Simply put, in the words of that very wise Dutch historian, Johan Huizinga,

> *Only when the scholar turns to determining the patterns of life, art, and thought, all taken together, can there actually be a question of cultural history.*

That we in the history of medicine are beginning to concern ourselves increasingly with the meaning of health and illness in the broad patterns of life, there is little doubt.[3]

When did this new historiography begin? In America of the 1940s, Henry Sigerist, Richard Shryock, George Rosen, and a handful of others already were calling for a broader approach to the history of medicine, and even more important, were practicing what they preached. But two or more decades elapsed before more historians followed their lead.[4]

I want to begin my discussion in the early 1960s. 1962 was a vintage year because it was the year in which two landmark books were published. Much has been written about both, but they deserve mention here. One is a study of the social response to three nineteenth century cholera outbreaks. The author was a young historian, Charles Rosenberg, the title of his book, *The Cholera Years*.[5] This was truly a landmark work because it so graphically described the social as well as the medical response to the outbreaks of cholera, and so clearly set the stage for what has been called the new social history of medicine. It is probably safe to say that no other single work has been as influential in the years since its appearance.

The second book of 1962 was Thomas Kuhn's, *The Structure of Scientific Revolutions*.[6] Although Kuhn used no medical examples and has not influenced the history of medicine to the extent that he did the history of science, (particularly the social sciences), the book did reach our field as well.

Kuhn's widely discussed book had an influence on the way all scholarly disciplines thought about the genesis and the role of their formal knowledge. After Kuhn there tended to be less awe and mystery surrounding the genesis of scientific facts. The resulting demystification of science and of medicine has played an important role in how medicine has come to be viewed in contemporary society. What Kuhn has shown us is not just that we think and work under the cover of paradigms and their shifts, but he has also offered the much more prosaic yet no less profound observation that we can better understand how scientists work by taking a careful look at their history.

Traditionally medical historians have focused their main attention on doctors, their organizational behavior, their ideas,

and the process of education and training. In 1967, Erwin Ackerknecht made a plea for a behavioral approach to our work.[7] He urged medical historians to look more closely at what doctors actually did, not just what they wrote about or said they did. This call for change, coupled with similar calls by Henry Sigerist and George Rosen, found a ready acceptance in the climate of social history in the 1970s and beyond. Thus by the mid 1980s, when Judith Leavitt was writing about the history of childbirth, she explicitly said that she was not studying the history of obstetrics based just on medical materials. She wanted to uncover the experiences of women giving birth - their fears of dying, their pain and suffering, as well as their joys.[8]

So also has such a behavioral approach been the basis for much of the newer writing about the history of disease, in itself not a new topic. It was Hippocrates who said that the subjects of medicine were the patient, the doctor, and the disease. And since the time of Hippocrates, study of health and disease has been a fruitful way to understand medicine in both its biological and social roles. It is but a little more than a century since we have achieved a better understanding of the biological nature of diseases. Only in more recent decades have we rediscovered their broad social and cultural implications, although it has become a cliché to say that disease and epidemics must be studied in their political, social, and economic contexts, the status of that cliché is of recent vintage.[9]

The new historiography of medicine has greatly enlarged the scope of the study of epidemics beyond the usual focus upon medical ideas, medical practices, and the role of medicine. Disease outbreaks have now been used as convenient means to sample a wide variety of socio-economic, political, and cultural responses and conditions. Historians have begun to view epidemics as causative agents in historical developments, as mirrors of societies, as well as a means of studying changing ideas and practices of medicine and public health.

In the last two decades, spurred on, no doubt, by a worldwide AIDS epidemic, the history of disease has become a veritable historical industry. Many monographs and a very large collective work now grace our shelves. What in the last century

were multi-volume works by individual authors such as Hirsch and Creighton, now more than one hundred forty authors were needed to complete the thousand page *Cambridge World History of Human Disease*.[10]

The titles of some works on the history of disease by North American scholars in the last dozen years: *Dirt and Disease*,[11] *Disease and Class*,[12] *Framing Disease*,[13] *Explaining Disease*,[14] *The Dread Disease*,[15] and *Disease and Representation*,[16] barely begin to suggest their contents. But all use disease, in the words of Charles Rosenberg, as a sampling device or a vehicle for saying much more about American culture than the mere epidemiology of disease would lead one to expect.

Noteworthy too is how closely the work of historians has been related to contemporary medical developments. Thus, just as effective therapy for many infections was at hand, C. E. A. Winslow in 1943 used the bold title of *The Conquest of Epidemic Disease*.[17] Four decades later, Robert Hudson was far more circumspect when he chose to call his book *Disease and Its Control*.[18] Also indicative of how the problems around us shape our historical perspective may be seen in the opening sentence of David Barnes's recent, *The Making of a Social Disease: Tuberculosis in Nineteenth-Century France*, in which he said, simply, *Tuberculosis is back*.[19] The advent of drug resistant cases, the high risk of tuberculosis among the poor, the homeless, and the immunologically impaired patients with HIV infections, are again a striking instance of historical focus shaped by current concerns.

While cholera was the historical disease of the 1960s, tuberculosis has clearly dominated the 1990s. Nearly a dozen monographs on various aspects of this long-dreaded disease have greatly strengthened the depth and the breadth of our understanding of what it was like *to live under the shadow of death* or to live a *fevered life*, to borrow from two of the many recent titles.[20] That many of these recent books about disease are by women makes the vivid point about another way our field has changed in the last few decades.

Issues of women's health and of women in the professions, and the workplace more generally, have also been current since

the 1960s. It should not surprise us, then, that issues of feminism and the history of women have been equally prominent in the recent history of medicine. High infant mortality, care for the elderly, and care for the poor, all greatly affect women in our society. Furthermore, as Diane Herndl, a literary scholar, has pointed out, in the nineteenth century as medicine began the process of professionalization in earnest, it was through the women in the household that physicians gained access to the American family.[21]

Many writers have by now commented on the changing nature of the history of women's health and the role of women as healers. The year 1973 was a landmark in the revival of a feminist approach to the history of medicine. It also marked the centennial anniversary of S. Weir Mitchell's proposal of his famous rest cure for neurasthenic patients - men and women. In 1973, a new publisher, The Feminist Press, issued a reprint of *The Yellow Wallpaper* by Charlotte Perkins Gilman, originally published in 1892.[22] The Feminist Press also published a pamphlet of 94 pages entitled *Complaints and Disorders* by Barbara Ehrenreich and Deirdre English.[23] And Ann Douglas Wood published an essay about women and their fashionable diseases.[24] Thus what was widely known as the *woman question*, now had a medical side as well.

Complaints and Disorders is an important work because it drew attention to a long neglected subject of women's illness. For raising this issue to a much higher level of discussion, these authors deserve our thanks. But we can hardly praise them as historians. Aside from errors of fact, their tone is so heavily weighted by a conspiracy theory of history that claims doctors, almost always men, not only brutally abused their patients, but helped to subjugate women by defining them as weak and sickly. As in most polemical works, part of what the authors said was true, but as is also true for many polemics, they conveniently ignored what did not fit their theory.

Two important books in the new history of women and medicine appeared in the mid-1980s. Judith Leavitt's book on childbirth I have already mentioned. In *Sympathy and Science*, Regina Morantz-Sanchez deftly explores women's careers in medi-

cine, their successes, as well as the obstacles they faced in their training and in their practices.[25]

Historiography of women's issues in medicine and in health and disease is readily visible in two excellent collections of articles edited by Judith Leavitt and by Rima Apple, both at the University of Wisconsin.[26] These books are available in paperback editions, hence especially useful for the increasing number of courses related to the history of medicine now being taught in many colleges and universities in the United States and Canada. Health encompasses food and appetite, and anorexia nervosa and bulimia have thus, along with many other behaviors, become medicalized in our time. Joan Brumberg addressed the topic of food, appetite, and disorders surrounding eating behavior to show not only that eating disorders have varied from one historical period to another, but that even the language of food and eating vary. She takes the disorder of anorexia from saint-hood in the middle ages to patienthood in the late twentieth century. The strength of her book, *Fasting Girls,* lies in the excellent discussion of the various ways a society can shape and view such disorders. Thus for anorexia we may pose three main theoretical models: biological, social, and cultural.[27]

Fasting Girls is yet another example of the broadening of the history of medicine into the realm of culture. As Brumberg shows, eating habits are tied to notions of beauty, which in turn are closely monitored by a burgeoning advertising industry. As Brumberg notes, the customs and rules of beauty have changed. Where once the face was the focus of feminine beauty, in the latter twentieth century it has shifted to the body.

In a wonderful informative and provocative recent book on the history of cosmetic surgery, Elizabeth Haiken has linked a traditional medical-historical subject, plastic surgery with the broader cultural topics of the role of beauty and the practices of how we present ourselves in everyday life. Clearly her work brings together the cultural and the medical context.[28]

Another new trend in the writing of medical history is the increasingly sophisticated use of clinical records to reconstruct the medical practices of the past. As Barbara Craig has pointed out, the use of hospital records can tell us not just about prac-

tices, they can inform us about working conditions in hospitals as well as what patients experienced.[29] Guenter Risse and John Warner have noted that until fairly recently historians did not avail themselves of such sources. The patient record may help us forge, Risse and Warner wrote,

> *... a cultural history of medicine that seeks to integrate a social history of ideas with an intellectual history of experience.*[30]

Risse's, *Hospital Life in Enlightenment Scotland*[31] and Warner's, *The Therapeutic Perspective*,[32] both of which were awarded the Welch Medal by the American Association for the History of Medicine, are excellent examples of use of clinical records.
Another important example of this new trend is Martin Pernick's, *A Calculus of Suffering* in which he uses hospital and physician records to describe the use of anesthesia in the decades after its discovery in 1846. He broadens the discussion in an imaginative way to describe cultural views of pain, linking medical and surgical practices to the process of professionalism in later nineteenth century medicine.[33]

Brief summaries hardly do justice to these particularly rich studies, nor can I include many more that deserve our attention. Suffice it to say that we must agree with Risse and Warner: the challenge of the medical record as an important historical source is to explore the relationship of what doctors actually did to what they said they did - the rich relationship of ideology and behavior.

Related to the use of clinical or practice records is the use of laboratory records and notebooks. Frederick L. Holmes, particularly, has written about this and has amply demonstrated their utility in his biography of Sir Hans Krebs.[34] Gerald Geison, in a prize-winning study of Pasteur in his laboratory has shown that the laboratory record does not always correspond to the published work.[35] While some have objected to the anti-heroic stance of Geison's detailed study of Pasteur, others have praised the book as yet another example of a behavioral approach to our work for which Ackerknecht called three decades ago. Studies such as Geison's further the demystification of science and medicine. My Baltimore colleague, Daniel P. Todes, has done the same for Ivan Pavlov's physiology laboratory in St. Petersburg around the turn of the century.[36]

The history of psychiatry, in the last three decades, has become a particularly fertile field of scholarship. Interest in the history of hysteria has undergone a renaissance among scholars of many countries and several disciplines. The history of hysteria, Mark Micale has written,

> *... is at once highly important and hopelessly fashionable.*[37]

By the 1980s, monographs and conferences have begun to multiply - part of the explosive growth in the history of psychiatry. Micale separates the recent work on the historiography of hysteria into five categories: 1) intellectual histories; 2) Freud and the history of hysteria; 3) feminist historical criticism; 4) Charcot and the history of hysteria; 5) non-feminist social and political accounts.

Micale also nicely illustrates the evolution of the historiography of medicine in the last decade and a half. As he himself noted in the preface to his recent book, *Approaching Hysteria*, he tells us that in his review articles of a decade ago that comprise the first part of his book, he conceptualized hysteria in medical-historical terms. He viewed it, then, in terms of symptoms and responses. What remained unexamined until quite recently, and is contained in the second half of his book, is the cultural history of hysteria. It is here that disease as metaphor enters. That it becomes clear that there are at least two histories of hysteria - one the more traditionally medical, the other a popular or cultural history written by scholars from other disciplines, particularly literature.

One of the first general histories of hysteria in what I have called the recent period of the history of medicine was Ilza Veith's, *Hysteria, The History of a Disease*, that she finished in 1965 despite the obstacle of a severe stroke she suffered the year before.[38] As she notes, hysteria has been a disease that has interested medical writers *since medical writing began*. Veith was correct in saying that despite its very long history and its importance, its history was too largely ignored.

Hers was a timely and useful book and it also is fair to say it was a book of its time. It was a book in the older tradition of the history of ideas - what people in early times said and thought about the disease. In many ways the half of the book devoted to the period prior to the nineteenth century is a mini - history of general medicine and medical thought.

Disentangling of neurasthenia from hysteria has been the work of recent historians, particularly Charles Rosenberg, Barbara Sicherman, Edward Shorter, and Tom Lutz.[39] All but the last of these may be called historians of medicine, while Lutz's academic affiliation is a Department of English.

The term neurasthenia was used in its modern sense by George Beard, a New York physician, with a series of writings beginning in 1869. As Shorter and others have noted, neurasthenia was more closely related to depression than was hysteria, and at any rate it had an emphasis on physical symptoms thought to have a neurological basis. That it affected the same middle and upper class patients as did hysteria, and that it could and did prove as incapacitating as hysteria, all make it quite clear why the more recent studies of hysteria pay much more attention to related syndromes than did earlier works.[40]

The recent reappearance of concern about neurasthenia has interesting historical implications, as well as current epidemiological relevance. What for instance, are we to make of Sick Building Syndrome, Chronic Fatigue Syndrome, Fibromyalgia, or Multiple Chemical Sensitivity? To their sufferers they are real, to their doctors they are often an enigma, and to the historian they rekindle interest in an earlier well known disorder.

As we at the end of this century are confronted with what Elaine Showalter has somewhat unkindly called Hystories, or hysterical narratives that include such disorders as Post-Traumatic Stress Syndrome, Multiple Personality Disorder, and Chronic Fatigue Syndrome, at the end of the last century American doctors and their patients were negotiating about neurasthenia, hysteria, and hypochondria.[41] As Barbara Sicherman noted, in an astute discussion of, *The Uses of Diagnosis*, the relationships between symptoms and diagnosis, disease and culture, doctors and patients, are inevitably complex. They were so

a century ago and are so now. But because of productive historical work along the lines I have only barely sketched, our understanding of the 1890s has increased and that bodes well for understanding the 1990s.

It is true for the history of psychiatry as it is for other aspects of the history of medicine that much of the provocative and productive work of the last three or four decades has come from scholars in other fields. A medical anthropologist, Allan Young, has written the most complete account of Post-traumatic Stress Disorder, though not a full history of the subject.[42] An art historian, Laurinda Dixon, has provided us with a beautifully illustrated history of hysteria in the seventeenth and eighteenth centuries, with a good discussion of the earlier roots of hysteria as well.[43] Literary scholars such as Elaine Showalter, Julia Epstein, Tom Lutz, Lawrence Rothfield, Claire Kahane, and Diane Price Herndl, have provided us with analyses of disorders of women using particularly rich sources that are literary and artistic.[44]

Sander Gilman, an expert in German comparative literature has been amazingly productive in the realm of the visual representation of mental disease and in books about Freud and about Jews.[45] Finally, Andrew Scull, a sociologist with a keen historical eye has written extensively about the care of the mentally ill, particularly in Britain.[46] The list could go on and I cite additional works in the notes, but the point has been made, I trust, that there is now a greatly expanded field of scholarly endeavor that we can claim to be work in the history of medicine, using the old Hippocratic definition of medicine as comprised by the patient, the physician, and the disease. Add to this the cultural milieu in which they must exist and we have an exciting new field indeed.

Another good example of what the newer approaches to the history of medicine can tell us may be seen in a recent book by another professor of English, Peter Logan. In his book, *Nerves and Narratives*, he calls attention to the importance of story and voice. Our colleague, Roy Porter, in the forward wrote that,

> *One of the most exciting developments in the humanities has been the interaction between literary criticism and the history of medicine, mediated through studies of the body.*[47]

The blurring of disciplinary lines can now be demonstrated in the work of many scholars who have adopted the way of approaching medicine's past by way of what has been called cultural history. By this I mean to imply a broader view of society than a more traditional view of politics, economics, and the leading ideas of the times being studied may warrant. The cultural historians bring to their studies an ethnographic approach as well as an emphasis on language or discourse. A prime example of the latter is the work of Mary Poovey, a Professor of English, who brings to the study of mid- nineteenth century England the skills of close reading of texts and the broad knowledge of British history and society in which these texts were written and read. In two remarkably astute books Poovey discusses the medical treatment of women in Victorian times and the public health reforms that would serve as models for subsequent efforts at sanitary reforms in the United States.

In *Uneven Developments,* published in 1988, Poovey explores the uneven ways that representations of gender were constructed in the middle of the last century.[48] She views this complex cultural process by discussing a broad range of issues affecting women, some of them clearly in the province of the history of medicine such as how natural process of childbirth was medicalized by disputes over the use of anesthesia during labor. The anesthesia debate, as Poovey deftly describes it, reflected far more than strictly medical issues. At stake was a battle for authority between two major social institutions - the Church and medicine. Poovey further argues that the division of opinion among the doctors about the nature of women and their difference from men, was an important component in the Victorian image of women more generally.

In her most recent book, *Making A Social Body, British Cultural Formation, 1830-1864,* Poovey writes extensively about the sanitary reformers, particularly James Kay and Edwin Chadwick. Her goal, she tells us, is to study

> *... the dynamics of British cultural formation in the first half of the nineteenth century, and to show that it makes a difference to treat history-writing and textual analysis as facets of a single enterprise.*[49]

Poovey's sensitive reading of the classic public health reports, her discussion of what they say, as well as what they leave unsaid, and her juxtaposition of the metaphors of society that view it as a body or as a machine, provide a fuller understanding of the great complexity of what was called sanitary government. She drew on both literature and the mode of the social reformers to show how a mass culture came about by showing that the use of anatomical ideas and statistical thinking helped to forge the notion of a social body. If this is the new approach to the history of medicine and public health, we should all wish for more of it.

The subtitle of Peter Logan's book *Nerves and Narratives,* is *A Cultural History of Hysteria in Nineteenth Century British Prose.* It tells us that this is no mere history of psychiatry nor simply a literary history either. Culture is the important guide here, so that we need to think in terms of ethnography, of values, beliefs, and attitudes, not merely symptoms, signs, diagnoses, and treatments. The emphasis is clearly on the patient. In one of Logan's chapters he provides for us an interesting analysis of Thomas Trotter's 1807, *View of the Nervous Temperament,* an early text, that along with George Cheyne's *The English Malady* of 1733, sets the stage for much discussion of women's health as well as the history of psychiatry around the turn of the twentieth century. In another chapter Logan provides us, like Poovey, a sensitive reading of Edwin Chadwick's famous 1842 *Report.*

It is important here to point out, however, lest we get overly involved or too much enamored of these new ways in the history of medicine and public health, that such excellent earlier works by Anthony Wohl,[50] George Rosen,[51] John Eyler,[52] and Christopher Hamlin,[53] and the superb introduction by Michael Flinn[54] for the reprint of the Chadwick *Report,* are still the first places to which we should turn for the history of British public health.

For lack of space and time I have left out many themes and new directions that the recent historiography of medicine has taken. Demography is one, a new biological and ecological history as so clearly demonstrated by the work of Alfred Crosby is another.[55] Nor have I had time to describe new ventures in the history of public health or of what we used to call tropical med-

icine. Significant work on the history of health and disease and the role of colonialism in Africa, Asia, and Latin America has come from American scholars.[56] I have also had to pass by a newly flourishing field in North America, that of medical anthropology. The anthropologists have been much involved in the resurgence of interest in health and disease in the Third World, and their ethnographic methods have increasingly been found useful for the history of medicine.

I should also stress that the history of ancient, medieval, and early modern history of medicine is no longer the sole province of European scholars. The work on ancient medicine by Paul Potter, Heinrich von Staden, and Owsei Temkin; on the Middle Ages and the Renaissance by Nancy Siraisi, Michael McVaugh, and Katharine Park; and on the seventeenth century by Jerome Bylebyl and Harold Cook, merely begins to tell the story.

Biography, the old standard approach to the history of medicine, has fallen on hard times. Relatively few scholars are presently so engaged, so that Thomas Bonner, writing about Abraham Flexner, Michael Bliss at work on a new biography of William Osler, Alan Kraut working on the life of Joseph Goldberger, Saul Benison completing his life of Walter B. Cannon, and Jacalyn Duffin's just published life of Laennec are notable exceptions.[57]

Finally, as we approach the end of a century, what is the state of medical historiography in America? I hope I have already said, it is alive and well, branching in new directions, asking new questions, and even speaking to new audiences. Change always is accompanied by some stress, and as we have attracted whole new groups of scholars to our field, we must, nevertheless, ask ourselves whether we are still speaking to our oldest audience, our medical colleagues. As we have studied history from below, as for instance from the patient's point of view, we encountered a far more mundane world than when our focus was upon the great doctors and their important ideas. The result of our changing focus led us to the grinding everydayness so well portrayed by Dr. Walker Percy in his 1961 novel, *The Moviegoer*. One obvious result of this changing focus was that our work began to have more appeal to social historians, but less appeal to the medical part of our natural audience.

Dr. Pazzini and Dr. Sigerist, both directors of Institutes for the history of medicine, firmly believed that the history of medicine was a part of medicine. At the end of centuries people tend to reflect on the past as well as on the present. In North America today many physicians, especially those in the active practice of medicine, see a profession under siege. But think for a moment about the momentous changes that were occurring just a century ago and take heart. We too shall survive to help build a better world. While we need to welcome changes in the history of medicine as we welcome many changes in medicine, it would be a tragic mistake for the history of medicine to turn away from medicine. I, for one, have faith that this will not happen.

We need to emphasize more than just the scientific threads of the story. The notion of progress is not sufficient, and the social and cultural contexts need to be understood and to be an integral part of how we approach our historical studies. All of this is as true for the practice of medicine as it is for its history. The complexities of modern medicine and modern society are such that probably the richest history will come from a collaborative effort of many different kinds of scholars, some of them physicians, some not, some of them historians, some from other fields in the humanities and the social sciences. The common goal, after all, is to achieve a better understanding, both of what we have done and what we are doing.

BIBLIOGRAPHY AND NOTES

1. I have written about this before and shall not repeat what I have said. See BRIEGER G. H., *The Historiography of Medicine*. In: BYNUM W. F. and PORTER R. eds., *Companion Encyclopedia of the History of Medicine*. 2 vols. London Routledge, 1993, pp. 24-44. BRIEGER G. H., *History of Medicine*. In: DURBIN P ed., *A Guide to the Culture of Science, Technology, and Medicine*. New York, Free Press, 1980, pp. 121-193. See also BECKER C., *What is Historiography?* Am. Hist. Rev. 1938; 44: 20-28.
2. GEERTZ C., *Blurred Genres: The Reconfiguration of Social Thought*. In: *Local Knowledge. Further Essays in Interpretative Anthropology*. New York, Basic Books, 1983, pp. 19-35.
3. HUIZINGA J., *The Task of Cultural History. Men and Ideas, History, the Middle Ages, the Renaissance*. Princeton, Princeton University Press, 1984, pp. 17-76; originally published 1959, translated from the Dutch.
4. See especially, SIGERIST H. E., *The Historical Approach to Medicine*. In: SIGERIST H.E., *A History of Medicine*. New York, Oxford University Press, 1951, pp. 3-37. For the immense effect of Sigerist on the history of medicine, see especially FEE E. and

BROWN T. (eds.), *Making History, The Life and Times of Henry E. Sigerist*. Baltimore, Johns Hopkins Press, 1997. See especially, ROSEN G., *People, Disease, and Emotions: Some Newer Problems in Medical History*. Bull. Hist. Med. 1967; 41: 5-23.
5. ROSENBERG C. E., *The Cholera Years, The United States in 1832, 1849, and 1866*. Chicago, University of Chicago Press, 1962, 1987.
6. KUHN T. S., *The Structure of Scientific Revolutions*. Chicago, University of Chicago Press, 1970, first published in 1962. See also, FLECK L., *Genesis and Development of a Scientific Fact*. BRADLEY F. and TRENN T. (trans.) Chicago, University of Chicago Press, 1979. Kuhn admitted that the book, in its original German edition of 1935, influenced his own thinking.
7. ACKERKNECHT E. H., *A Plea for a Behavioral Approach in Writing the History of Medicine*. J. Hist. Med. 1967; 22: 211-214.
8. LEAVITT J. W., *Brought to Bed, Childbearing in America, 1750-1950*. New York, Oxford University Press, 1986.
9. GROB G. N., *The Social History of Medicine and Disease in America: Problems and Possibilities*. J. Social Hist. 1977; 10: 391-409.
10. KIPLE K. F., *The Cambridge World History of Human Disease*. New York, Cambridge University Press, 1993.
11. ROGERS N., *Dirt and Disease, Polio before FDR*. New Brunswick, Rutgers University Press, 1992.
12. FELDBERG G. D., *Disease and Class: Tuberculosis in the Shaping of Modern North American Society*. New Brunswick, Rutgers University Press, 1995.
13. ROSENBERG C. E. and GOLDEN J. eds., *Framing Disease, Studies in Cultural History*. New Brunswick, Rutgers University Press, 1992.
14. ROSENBERG C. E., *Explaining Epidemics and Other Studies in the History of Medicine*. Cambridge, Cambridge University Press, 1992.
15. PATTERSON J. T., *The Dread Disease, Cancer and Modern American Culture*. Cambridge, Mass., Harvard University Press, 1987.
16. GILMAN S. L., *Disease and Representation, Images of Illness from Madness to AIDS*. Ithaca, Cornell University Press, 1988.
17. WINSLOW C. E. A., *The Conquest of Epidemic Disease*. Princeton, Princeton University Press, 1943.
18. HUDSON R. P., *Disease and Its Control, The Shaping of Modern Thought*. Westport, Greenwood Press, 1983.
19. BARNES D., *The Making of a Social Disease: Tuberculosis in Nineteenth-Century France*. Berkeley, University of California Press, 1995.
20. ROTHMAN S., *Living in the Shadow of Death*. New York, Basic Books, 1994, reprinted Johns Hopkins University Press, 1995.
OTT K., *Fevered Lives, Tuberculosis in American Culture Since 1870*. Cambridge, Mass., Harvard University Press, 1997. See also BATES B. and JOHNSON W. BATES B., *Bargaining for Life, A Social History of Tuberculosis, 1876-1938*. Philadelphia, University Pennsylvania Press, 1992. JOHNSON W., *The Modern Epidemic: A History of Tuberculosis in Japan*. Cambridge, Mass., Council on East Asian Studies, Harvard University.
21. HERNDL D. P., *Invalid Women, Figuring Feminine Illness in American Fiction and Culture, 1840-1940*. Chapel Hill, University of North Carolina Press, 1993.
22. GILMAN C. P., *The Yellow Wallpaper*. ERSKINE T., and RICHARDS C. L. (eds.), New Brunswick, Rutgers University Press, 1993. See also POIRIER S., *The Weir Mitchell Rest Cure: Doctors and Patients*. Women's Studies 1983; 10: 15-40.
23. EHRENREICH B. and ENGLISH D., *Complaints and Disorders, The Sexual Politics of Sickness*. Westbury, N.J., The Feminist Press, 1973.

24. WOOD A. D., *The Fashionable Diseases, Women's Complaints and Their Treatment in Nineteenth-Century America*. J. InterDisciplinary Hist. 1973; 4: 25-52, reprinted along with an important correction of some of the interpretations by Regina Morantz, *The Lady and Her Physician*. In: HARTMAN M. and BANNER L. W. (eds.), *Clio's Consciousness Raised, New Perspectives on the History of Women*. New York, Harper Torchbooks, 1974, pp. 38-53. See also SMITH-ROSENBERG C., *Disorderly Conduct, Visions of Gender in Victorian America*. New York, Oxford University Press, 1985, esp., *The Hysterical Woman: Sex Roles and Role Conflict in Nineteenth Century America*, pp. 197-216, first published 1972.
25. MORANTZ-SANCHEZ R., *Sympathy and Science, Women Physicians in American Medicine*. New York, Oxford Univ. Press, 1985.
26. LEAVITT J. W. (ed.), *Women and Health in America*. Madison, University of Wisconsin Press, 1984. APPLE R. D. (ed.), *Women, Health, and Medicine in America, A Historical Handbook*. New Brunswick, Rutgers University Press, 1992.
27. BRUMBERG J. J., *Fasting Girls, The History of Anorexia Nervosa*. Cambridge, Mass., Harvard University Press, 1988.
28. HAIKEN E., *Venus Envy: A History of Cosmetic Surgery*. Baltimore, The Johns Hopkins University Press, 1997.
29. CRAIG B., *The Role of Records and Record-Keeping in the Development of a Modern Hospital in London, England and Ontario, Canada, c. 1890 - c. 1940*. Bull. Hist. Med. 1991; 65: 376-395.
30. RISSE G. B. and WARNER J. H., *Reconstructing Clinical Activities: Patient Records in Medical History*. Social History of Medicine 1992; 5: 183-205.
31. RISSE G. B., *Hospital Life in Enlightenment Scotland, Care and Teaching at the Royal Infirmary of Edinburgh*. Cambridge, Cambridge University Press, 1986.
32. WARNER J. H., *The Therapeutic Perspective, Medical Practice, Knowledge, and Identity in America, 1820-1885*. Cambridge, Mass., Harvard University Press, 1986, reprinted Princeton University Press, 1997.
33. PERNICK M. S., *A Calculus of Suffering, Pain, Professionalism, and Anesthesia in Nineteenth-Century America*. New York, Columbia University Press, 1985. For two other recent examples of the imaginative use of patient and experimental records, see HOWELL J. D., *Technology in the Hospital, Transforming Patient Care in the Early Twentieth Century*. Baltimore, The Johns Hopkins University Press, 1995, and MARKS H. M., *The Progress of Experiment, Science and Therapeutic Reform in the United States, 1900-1990*. Cambridge, Cambridge University Press, 1997.
34. HOLMES F. L., *Hans Krebs*. 2 vols. New York, Oxford University Press, 1991.
35. GEISON G. L., *The Private Science of Louis Pasteur*. Princeton, Princeton University Press, 1995. See also COLEMAN W. and HOLMES F. L. (eds.), *The Investigative Enterprise, Experimental Physiology in Nineteenth-Century Medicine*. Berkeley, University of California Press, 1988; and GEISON G. L., *Research Schools and New Directions in the Historiography of Science*. In: *Research Schools: Historical Reappraisals*. Osiris 1993; 8: 227-238.
36. TODES D. P., *Pavlov's Physiology Factory*. Isis, June 1997; 88: 205-246.
37. MICALE M. S., *Approaching Hysteria, Disease and Its Interpretations*. Princeton, Princeton University Press, 1995.
38. VEITH I., *Hysteria: The History of a Disease*. Chicago, University of Chicago Press, 1965. See also GILMAN S. L., KING H., PORTER R., ROUSSEAU G. S., and SHOWALTER E, *Hysteria Beyond Freud*. Berkeley, University of California Press, 1993.
39. ROSENBERG C. E., *George M. Beard and American Nervousness*. Bull. Hist. Med. 1962; 36: 245-259. SICHERMAN B., *The Uses of Diagnosis: Doctors, Patients, and*

Neurasthenia. J. Hist. Med. 1977; 32: 33-54. GOSLING F. G., *Neurasthenia in Pennsylvania: A Perspective on the Origins of American Psychotherapy, 1870-1910*. J. Hist. Med. 1985; 40: 188-206. LUTZ T., *American Nervousness, 1903*. Ithaca, Cornell University Press, 1991. SHORTER E., *From Paralysis to Fatigue, A History of Psychosomatic Illness in the Modern Era*. New York, The Free Press, 1992. SHORTER E., *From the Mind into the Body, The cultural Origins of Psychosomatic Symptoms*. New York, Free Press, 1994.

40. MICALE M. S. and PORTER R. (eds.), *Discovering the History of Psychiatry*. New York, Oxford University Press, 1994, *Introduction*, pp. 3-38; TOMES N., *Feminist Histories of Psychiatry*. In: *Discovering the History of Psychiatry*. pp. 348-383; and GROB G. N., *The History of the Asylum Revisited: Personal Reflections*. In: *Discovering the History of Psychiatry*, pp. 260-281.
41. SHOWALTER E., *Hystories, Hysterical Epidemics and Modern Media*. New York, Columbia University Press, 1997.
42. YOUNG A., *The Harmony of Illusions, Inventing Post-Traumatic Stress Disorders*. Princeton, Princeton University Press, 1995.
43. DIXON L. S., *Perilous Chastity, Women and Illness in Pre-Enlightenment Art and Medicine*. Ithaca, Cornell University Press, 1995.
44. EPSTEIN J., *Altered Conditions, Disease, Medicine, and Storytelling*. New York, Routledge, 1995; ROTHFIELD L., *Vital Signs, Medical Realism in Nineteenth-Century Fiction*. Princeton, Princeton University Press, 1992. KAHANE C., *Passions of the Voice, Hysteria, Narrative and the Figure of the Speaking Woman, 1850-1915*. Baltimore, The Johns Hopkins University Press, 1995; SHOWALTER E., *The Female Malady, Women, Madness, and English Culture, 1830-1980*. New York, Pantheon, 1985.
45. GILMAN S., *Seeing the Insane*. New York, Brunner/Mozel Publishers, c. 1982.
46. SCULL A. ed., *Madhouses, Mad Doctors, and Madmen, The Social History of Psychiatry in the Victorian Era*. Philadelphia, University of Pennsylvania Press, 1981.
47. LOGAN P. M., *Nerves and Narratives, A Cultural History of Nineteenth-Century British Prose*. Berkeley, University of California Press, 1997.
48. POOVEY M., *Uneven Developments, The Ideological Work of Gender in Mid-Victorian England*. Chicago, University of Chicago Press, 1988.
49. POOVEY M., *Making a Social Body, British Cultural Formation, 1830-1864*. Chicago, University of Chicago Press, 1995.
50. WOHL A. S., *Endangered Lives, Public Health in Victorian Britain*. London, J. M. Dent, 1983.
51. ROSEN G., *A History of Public Health*. Expanded edition. Baltimore, The Johns Hopkins University Press, 1993, originally published in 1958.
52. EYLER J. M., *Victorian Social Medicine, The Ideas and Methods of William Farr*. Baltimore, The Johns Hopkins University Press, 1979.
53. HAMLIN C., *State Medicine in Great Britain*. In: PORTER D. (ed.), *The History of Public Health and the Modern State*. Amsterdam, Editions Rodopi, 1994, pp. 132-164.
54. CHADWICK E., *Report on the Sanitary Condition of the Labouring Population of Great Britain*. FLINN M. W. (ed.), Edinburgh, Edinburgh University Press, 1965, originally published in 1842.
55. CROSBY A., *The Columbian Exchange, Biological and Cultural Consequences of 1492*. Westport, Greenwood Press, 1972; CROSBY A., *Ecological Imperialism, The Biological Expansion of Europe, 900-1900*. Cambridge, Cambridge University Press, 1986. See also DIAMOND J., *Guns, Germs, and Steel, The Fates of Human Societies*. New York, W. W. Norton, 1997 in which a physiologist beautifully describes how human societies have developed in such different ways on different continents.

56. CURTIN P., *Death by Migration, Europe's Encounter with the Tropical World of the Nineteenth Century*. Cambridge, Cambridge University Press, 1989.
57. DUFFIN J., *To See with a Better Eye, A Life of R. T. H. Laennec*. Princeton, Princeton University Press, 1988.

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