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NARRATIVES OF THE HISTORY OF AMERICAN MEDICINE

Ellen S. More

James H. Cassedy. *Medicine in America: A Short History*. Baltimore: Johns Hopkins University Press, 1991. iii + 187 pp. Bibliographical essay and index. \$36.00 (cloth); \$11.95 (paper).

Albert E. Cowdrey. *War and Healing: Stanhope Bayne-Jones and the Maturing of American Medicine*. Baton Rouge: Louisiana State University, 1992. iii + 230 pp. Illustrations, notes, bibliography, and index. \$35.00.

The renaissance and redefinition of American social and cultural history during the past few decades sometimes occasioned concern among medical historians that their field would be resorbed into the larger narratives of American culture and society.¹ A glance at the field, prompted by the appearance of James Cassedy's accomplished survey, *Medicine in America: A Short History*, suggests another conclusion: while attracting (and benefiting from) the attention of scholars trained in fields other than medical history, the history of medicine nevertheless remains specialized, thematically distinctive, even somewhat self-contained. Judith Walzer Leavitt's review article in a 1990 *American Historical Review*, for example, described more than a dozen works in which major themes from cultural and social history, though prominent, mainly served to elucidate issues of longstanding in the history of medicine. The history of the medical profession, "alternative" practitioners, public health, hospitals, nursing, medical education, biomedical science, and therapeutics, always the core of medical history's central narratives, remain at the center of most recent work in the field.

These studies, nevertheless, incorporate many newer approaches to questions of social context and discursive boundaries: the social construction or "framing" of notions of health, illness, and disease; the significance of race and gender in the formation of professional practices and communities of knowledge; the interpenetration of politics and policy in public health. They describe what Charles Rosenberg has called an "ecology" of medical knowledge and practice, a culture of medicine formed through the interaction of ideas, values,

and social institutions.² Finally, these works return the “voice” of the patient to the center of the clinical encounter.

To what extent do the works under review construct their narratives of American medicine within the framework of these newer questions? James H. Cassedy’s brief but adept history of American medicine, with its explicit homage to Richard Shryock’s *Medicine and Society in America* (1960) and *Medicine in America: Historical Essays* (1966), draws on many, though not all, of these themes. In the tradition of Shryock’s influential survey, this is a work of “health-related history . . . more than the history of medical doctors and their professional concerns” (p. ix). Like Shryock, Cassedy locates practitioners and patients (individually and as aggregate populations) at the center of the story; even in discussions of medicine after 1940, medical education and medical science stand at the margins. Yet he is careful not to overlook the social topography of illness and health within and across geographic locales and population subgroups.

Cassedy brings a wealth of historical experience to the challenge of writing a broad survey. The author of well-regarded histories of public health and the development of medical statistics, he builds the present work on a foundation already reinforced by detailed knowledge of the emergence of modern public health, medical demography and epidemiology. And, as the editor of the annual *Bibliography of the History of Medicine*, he has appended a fine bibliographical essay highly recommended for anyone beginning serious study of the field. The publisher’s decision to quickly bring out an inexpensive paperback edition is also to be commended. (One wishes for chapter-by-chapter references, however.)

The book is divided into four chapters, beginning with the colonial era and ending with a chapter on medicine since 1940. Five subthemes structure Cassedy’s approach to the material: what he calls the medical “establishment”; “nonestablishment” health activities; health-related sciences; government and health; and what Cassedy refers to as health “environments” or “habitats.” Rather than implicit explanatory assumptions, a coherent interpretation of the relationship between health care and American culture, what emerges are a few recurrent themes and a tentative thesis about the relationship of political culture to health policy.

Cassedy, in keeping with current historical trends, acknowledges the place of health care as one strand within a complex cultural fabric. Indeed, he compares the absence of a national health policy in this country to its important role in the politics of many European nations. Cassedy rightly notices how our devotion to the ideals of personal individualism, regional autonomy, and laissez-faire capitalism fuels our resistance to government constraints on individual choice or competition. This reluctance was visible in the many years

between formation of the U.S. Sanitary Commission during the Civil War and the eventual creation of a Public Health Service in 1912. Certainly the rapid demise of the Sheppard-Towner Act for Maternal and Child Health during the 1920s bears him out.

Yet, government's role in the health care system burgeoned during the Depression and in the years following World War II. Social security legislation, federal financing of new hospitals, medical schools, Medicare, Medicaid, and the NIH represented a massive new commitment by the federal government to financing health care. Government authority, too, was exercised through the cultural power of its public health monitoring functions, most forcefully in the campaign to inform the public about the dangers of smoking.

Cassedy is well aware of, and carefully attendant to, the large role played by the public's interest in alternative theories of disease, therapies, and practitioners. He clearly signals his intention to leave behind the traditional intellectual and sociological model of medical history which clustered a select few "scientifically minded" physicians at the profession's core, scattering the rest at the periphery of scientific and professional legitimacy. By referring not to "regulars" and "sectarians," but rather to "establishment" and "nonestablishment" practitioners and by acknowledging at least some of the growing literature on the role of nurses and midwives, African Americans, and women physicians, he begins the process by which health care's multiple constituencies can be heard. Popular discontent with costly and depersonalized medical care also makes its way into his story, notably in well placed references to the changing customs and practices of childbirth.

Nevertheless, it cannot be said that this survey incorporates the insights of recent social and cultural history as fully as one might wish. While alluding, for example, to the effects of race, gender, and social class, Cassedy does not integrate these factors into an analysis of medical professionalism and health policy. He excels at narrating the history of disease, the relationship between the public's health and environmental stressors, and popular and governmental responses to ill health. Cassedy notices, for example, that the teaching of medical history and ethics (to which I will add medical humanities) in most medical schools is one response to public criticism during the 1960s of depersonalized, high-tech medicine. He occasionally misses, however, opportunities to integrate the findings of social history into the history of health care. Some examples: his discussion of the rise of the nineteenth-century popular health movement, especially its advocacy of temperance, would have been enriched by reference to the often parallel history of the "woman" movement. He does not directly relate the declining number of female and African American medical graduates after World War I to the reform of medical education at the turn of the century. In general, racism is given less acknowledgement than

one might wish, especially the absence of any reference to the Tuskegee syphilis study and its legacy of distrust among African American patients during the present epidemic of HIV infection.

The complicated effect of war on the organization of health care and medical science, especially in the twentieth century, is a common theme of both books under review. Cassedy is astute about the influence of wartime hospital administration and biomedical research on postwar health care and science, especially after World War II. But the relationship between medicine and the federal government also emerges clearly as one of the great problematics of twentieth-century medicine. If a profession defines itself in part by its choice of adversaries, then Cassedy portrays a nineteenth-century medical establishment in contention with competing practitioners while, in the twentieth century, at odds instead with government and the institutions of corporate capitalism. The figure of Stanhope Bayne-Jones, subject of an authorized biography by Albert E. Cowdrey, while of only moderate importance as an individual, exemplifies the significance of these larger questions.

In *War and Healing: Stanhope Bayne-Jones and the Maturing of American Medicine*, Albert Cowdrey, a historian with the U.S. Army's Center of Military History and the author of a medical history of the Korean War, is concerned less with the effects of war itself than with the widening influence of government on medical institutions initiated in response to the pressures of war. He begins with the following observation: "Spurred by the wars of the twentieth century, government became the greatest patron of science and medicine" (p. xiii). Yet Bayne-Jones's career stands as a testament to the advancing power of civilian, rather than military, government to organize, influence, and finance medical research after World War II. His idealized hopes for medicine (at least as depicted by Cowdrey), envisioning a profession "free of political control, devoted to the preservation of health, organized collectively, and divorced from entrepreneurial passions," reads as an ironic commentary on the actual evolution of post-World War II American medicine (p. xiii).

Enriched by a large array of manuscript sources supplemented by Bayne-Jones's private correspondence and a "marathon" oral history interview conducted by historian Harlan Phillips, Cowdrey had unusual access to the personal life of a very public figure. Often Bayne-Jones's voice dominates the narrative, but overall the portrait does not flatter. For example, Cowdrey illustrates his subject's lifelong "drive toward prominence" with the revelation that as a medical student at Hopkins, Bayne-Jones rented a room directly above quarters occupied by an early mentor, William Welch. Drawing on "B-J's" own oral history recollections, Cowdrey describes how Bayne-Jones "moved his bed over the doctor's in order to absorb any radiations of genius that might ascend in the night" (p. 36). (One wonders whether Bayne-Jones

intended that story as wry self-deprecation; one would need a less ambivalent guide than Cowdrey to tell.)

The reader, too, is ambivalent over a career which encompassed significant innovations in primary care medical education but did not shirk from participation in the Army's wartime development of biological weaponry. Educated as a medical bacteriologist at Johns Hopkins, Bayne-Jones became the first chair of Bacteriology at the University of Rochester School of Medicine and Dentistry in 1924 and Professor of Bacteriology at Yale in 1931. A decade into an academic career more notable for administrative than scientific achievement, Bayne-Jones became Dean of the School of Medicine at Yale until 1940, then a member of the U.S. Army's Typhus Commission during the war, President of the Joint Administrative Board of the New York Hospital-Cornell Medical College, and in the last decade of his career, chair of the advisory committee to establish funding priorities and policy at the National Institutes of Health. His last assignment, in 1962, placed him on the Surgeon General's Advisory Committee on Smoking and Health, a committee whose report on the hazards of cigarette smoking still shapes public health policy thirty years later. Cowdrey makes clear that Bayne-Jones's career was propelled not by the success of his research program, but by a combination of "old-boy" ties and a gift for farsighted, yet conciliatory, administration. His career in academia, the military and, finally, the federal government, thus responded to the same larger influences currently affecting biomedical and health care policymaking: the initiative for reform, once in the hands of the medical "establishment," has been passed on to government, large-scale employers, the insurance industry, and, to an extent as yet unknown, the electorate. These two books help us understand why the future of that initiative is clouded in so much uncertainty.

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1. John Burnham's review in the 1993 *Reviews in American History* (pp. 63-68) wryly refers to this issue in his introduction.

2. Charles E. Rosenberg, "Introduction," *Explaining Epidemics and Other Studies in the History of Medicine* (1992), p. 6.