

Study Guide #8, 11/01-11/03: Creating a Medical Profession

- Louis, Pierre. *Recherches on the Effects of Bloodletting in Some Inflammatory Diseases* Boston: C.G. Putnam, 1836. pp. 1-23, 55-71.
- Drake, Daniel. *Practical Essays on Medical Education and the Medical Profession in the United States*. Cincinnati: Roff and Young, 1832. pp. 5-19, 45-59.
- Starr, Paul. *The Social Transformation of American Medicine*. New York: Basic Books, 1982. 30-59, 79-112.

Over the past two weeks, we have been discussing therapeutics in the colonial period. Several issues related to therapeutics have come up. First, the medical marketplace was an unregulated, complicated, mess. A wide range of practitioners, with different levels of education, different medical theories, and different therapeutic systems all co-existed side by side. Although states occasionally considered regulating medical practice, none did so in a meaningful way. Second, there was considerable uncertainty about the value of medical treatments, with traditional remedies (bloodletting, purgatives) steadily losing favor over the 19th century. By the middle of the 19th century the medical profession was in a crisis: highly educated doctors, highly competent doctors, charlatans, experienced self-taught healers, and incompetent misanthropes all existed side by side, claiming the title “doctor.” As a result, the profession had little privilege, respect, or reward. The readings this week explore a series of responses by doctors to the crisis in medicine. Louis tried to improve the science of therapeutics, Drake tried to improve medical education, and Starr described the range of efforts made to strengthen the profession.

Louis, *Recherches on the Effects of Bloodletting*: During the Napoleonic Wars, France faced an appalling and unprecedented number of wounded soldiers. As a result, it rapidly increased the size of its hospital system, building hospital after hospital that could each house thousands of patients. To impose some order on the chaos, some of the hospitals, especially in Paris, began to dedicate different hospital wards to different diseases: one ward for pneumonias, another for throat problems, another for abdominal pain, etc. The doctors on these wards quickly gained experience treating hundreds of patients who all had presented with the same problem. This contributed to the rise of a new kind of medical empiricism in France, one that applied quantitative methods to the study of disease and treatments. The most famous advocate of this numerical method was Pierre Charles Alexandre Louis (1787-1872), who worked at the La Charité Hospital in Paris. Although he was not the first to perform quantitative analysis of treatments (e.g. Boylston did with inoculation), Louis was the most influential, in part because dozens of doctors from the United States came to Paris to study

with him. The excerpt includes two chapters from his book about bloodletting. The first chapter presents some of his data about bloodletting for pneumonia, erysipelas (a bacterial infection of the skin), and angina tonsillaris (a bacterial infection of the tonsils). What rhetorical maneuvers does he use to win readers over (e.g. p. 1)? How does he interpret and explain the data? How does he acknowledge and attempt to explain away variability in the patient population? What is his overall assessment of the efficacy of bloodletting? Although he is skeptical, look carefully at p. 23, where he continues to support the use of bloodletting in some cases. The second chapter in the excerpt is a more general defense of the numerical method. What complaints did his critics have with his methods? How does he argue against them? How does he acknowledge the individuality of patients and still defend his method? Would you have been convinced?

Drake, *Practical Essays on Medical Education*: Daniel Drake (1785-1852) was one of the most prolific and influential doctors practicing in the Midwestern United States in the first half of the 19th century. Born in New Jersey and raised in Kentucky, he was apprenticed to a doctor in Cincinnati, graduated from the University of Pennsylvania (where he studied under Benjamin Rush), and moved to Ohio in 1805. He dedicated himself to improving science, medicine, and conditions in the American west (the Ohio and Mississippi River valleys). His most influential book, *Principal Diseases of the Interior Valley of North America* traced the links between disease and environment (much like the reading by Flint a few weeks back). He founded a medical journal, medical societies, and a medical school (see Starr, p. 93). An active social reformer, he campaigned against immoderate consumption of alcohol. This excerpt includes two chapters from his book on medical education. The first chapter describes both the terrible quality of medical students in American schools, and the ideal attributes of a medical student. How does the situation compare to today: would Drake support the current pre-med requirements? The second chapter describes the many problems with medical schools, why they got so bad, and how they could be reformed (e.g. changes in size and quality of faculty; clinical training; thesis requirements; student behavior; improving dull lectures). How do you think his comments would have been received by most doctors? By medical school professors? Do you think his suggestions were followed?

Starr, *Social Transformation*: Paul Starr received his Ph.D. in sociology from Harvard; this book, adapted from his dissertation, won the Pulitzer Prize in 1984. *Social Transformation* has been very influential, read widely by historians, physicians, and policy wonks. Although the level of historical detail is low (he is a sociologist, not a historian; e.g. contrast with *Midwife's Tale*), it is detailed enough to be credible, and Starr develops sophisticated frameworks that explain major developments in medical practice, education, prestige, and finance from

the 1760s through the 1980s. The most impressive accomplishment of the book is chapter 5 (not assigned), in which he predicted how medicine would develop after 1980: his predictions proved to be remarkably astute and accurate. The two assigned excerpts trace the history of the medical profession in the late eighteenth and nineteenth centuries. How did the principles of Jacksonian democracy (anti-privilege, anti-elite, anti-monopoly) influence the status of organized medicine and the growth of the other medical sects (e.g. p. 37)? Why were medical societies so unsuccessful at improving professional status (e.g. p. 46)? What happened when people tried to reform medical schools? Why did homeopathy emerge, and how did the AMA combat it (pp. 97-98)? Why did the situation begin to improve (pp. 106-110)?