

# The Challenge of Medical Records

By PHILIP D. JORDAN \*

University of Minnesota

THE RECTOR of Philadelphia's Christ Church and St. Peter's Church died on January 2, 1798, in the sixty-second year of his life. Later that day a distinguished physician spread the pages of his commonplace book and wrote thus of the deceased:

He sometimes laughed and cried alternately all day. His disposition to laughter was natural to him, so much so that he was obliged when a young man to pinch himself in the pulpit to prevent his laughing when he was preaching. He had likewise diabetes and gravelly complaints. For all these complaints he took quack medicines constantly, by which means he probably shortened his life. His table was spread for physic every night, as regularly as the supper table of his family.<sup>1</sup>

Then Dr. Benjamin Rush laid his quill aside. Fortunately, his candid commentary was not published until the worthy but neurotic clergyman had rested in his grave for a century and a half.

This slight episode reminds one of the intricate and complicated problems that confront both the archivist and the historian when they come face to face with the collection, evaluation, and proper use of medical papers and records. It matters not whether these literary and professional remains are manuscript diaries, holographic case records, hospital ledgers, recordings of clinical symposia, reports of committees, letter files and official correspondence of local and State health departments, reports of almshouses and county homes, letters of military physicians or of United States Public Health surgeons, or papers and documentary accounts of departments of public welfare. All such sources must be laid against the yardstick of both medical and historical ethics, and every one of them must be guarded against improper and prying use. I do not refer to official reports and edited correspondence prepared and released for public use, for these normally are relatively impersonal and innocuous. No archivist need fear to collect them and no historian to use them. I could wish that more libraries would exert

\* Paper read at the annual meeting of the Society of American Archivists in Philadelphia, Oct. 7, 1959. The author is professor of history at the University of Minnesota and has written articles and studies in the history of medicine and public health.

<sup>1</sup> George W. Corner, ed., *The Autobiography of Benjamin Rush*, p. 240 (Princeton, 1948).

themselves to add to their holdings more material of this type, for much of it is indispensable to the social historian whose concern is with the new science and the new humanitarianism.

But the case of the personal, professional papers of physicians is entirely different. I know of no objective criteria by which to evaluate such documents. And there are other difficulties. The physician-surgeon of the eighteenth and nineteenth centuries was garrulous indeed as compared with the man who practiced the trade of healing after 1890 and continues to do so today. For one thing, medicine in this earlier age was eclectic, so that competitive systems loudly proclaimed their respective superiority. Dr. Thomas Low Nichols, who fled the United States in 1861, described as well as anyone the condition of the profession:

There are allopaths of every class in allopathy; homœopaths of high and low dilutions; hydropaths mild and heroic; chrono-thermalists, Thomsonians, Mesmerists, herbalists, Indian doctors, clairvoyants, spiritualists with healing gifts, and I know not what besides. . . . Every one may do what is right in his own eyes. As each of the thirty-seven sovereign and independent States has power to charter as many medical colleges as its legislature may consider necessary, every school or sect in medicine may have its colleges, professors, and diplomas.

I emphasize the differences among medical systems because both archivists and historians must realize that the usefulness of a source depends upon an awareness of the school of practice it represents. Indeed, not all gentlemen who wrote diaries or letters or documents and who placed the magical "M. D." after their names were doctors of medicine at all. Before basic science laws were passed and State qualifying examinations were required, almost any man who wished could take the title of doctor of medicine, hang out a shingle, and treat patients. Not only did these knights of the lancet prescribe, but they also compounded their peculiaristic drugs, pills, ointments, and salves.<sup>3</sup> And such a materia medica need meet no standard such as that later determined by the Pure Food and Drug Act, nor need it subscribe to criteria set by the United States Pharmacopoeia.<sup>4</sup> Thus

<sup>2</sup> Thomas L. Nichols, *Forty Years of American Life, 1821-1861*, p. 226 (New York, 1937); see also Madge E. Pickard and R. C. Buley, *The Midwest Pioneer; his Ills, Cures, and Doctors* (Crawfordsville, Ind., 1945).

<sup>3</sup> Philip D. Jordan and Robert Rosenthal, "Rare Prescription Book of Frontier Minnesota," in *Journal of the History of Medicine and Allied Sciences*, 12:258-263 (Apr. 1957).

<sup>4</sup> Medical Societies and Colleges, *The Pharmacopœia of the United States of America* (Boston, 1820). This, however, merely listed and did not set standards. See also A. C. Wooton, *Chronicles of Pharmacy* (2 vols.; London, 1910); Frederick J. Wulling, *Pharmacy Forward* (La Crosse, Wis., 1948); Philip D. Jordan, "Purveyors to the Profession," in *Ohio State Archæological and Historical Quarterly*, 54:371-380 (Oct.-Dec. 1945).

the archivist must also consider pharmacology as playing an important role in the life of the physician in the horse-and-buggy days of yesteryear.<sup>5</sup> Doctors and drugs cannot be separated, and this was recognized not only in the United States but also in Mexico and Canada.<sup>6</sup> Therefore, to evaluate medical manuscripts, it is necessary to know something of pharmacy.

Plague is no respecter of political boundaries.<sup>7</sup> This was as true in sixteenth-century England as on the American frontier 300 years later. The carefully preserved reports of individual physicians and Army surgeons are the best possible guides to an understanding of great epidemics that could — and did — halt migration as effectively as a towering mountain range or the guns of a hostile army.<sup>8</sup> Remember that the fearful milksick uprooted western communities and was the disease that killed Nancy Hanks Lincoln.<sup>9</sup> No student of the American frontier can afford to overlook Dr. Daniel Drake's monumental *A Systematic Treatise, Historical, Etiological and Practical, on the Principal Diseases of the Interior Valley of North America, as They Appear in the Caucasian, African, Indian, and Esquimaux Varieties of Its Population*. The first volume was published in 1850 and the second four years later. No medical manuscript found today will add anything to this work. Indeed, I doubt if the letters of any physician of the nineteenth century will today contribute much, except trivia, to the history of the period.

Drake's volumes contain more than descriptions of diseases and methods of treatment; in reality, they are social history. They are social history because, as the result of direct observation — the empirical method — throughout the western country, Drake writes of pioneer clothing, of the American diet, of different types of architecture, of the national character. This brings to focus a primary point I wish to make: medical records, personal papers, books by surgeons

<sup>5</sup> Arthur E. Hertzler, *The Horse and Buggy Doctor* (New York, 1938), and his *The Doctor and His Patients* (New York, 1940); Lewis J. Moorman, *Pioneer Doctor* (Norman, Okla., 1951); Philip D. Jordan and Paul M. Davis, "The Ohio Frontier Doctor — a Portrait," in *Ohio State Medical Journal*, 37:49-52 (Jan. 1941).

<sup>6</sup> Charles Cullen, ed., *History of Mexico*, 1:426-431 (London, 1807); H. P. Biggar, ed., *Voyages of Jacques Cartier*, p. 212-215 (Ottawa, 1924).

<sup>7</sup> Charles E. Mullett, "The Bubonic Plague in England; a Problem in Public Health," in *Bulletin of the History of Medicine*, 20:299-309 (July 1946), and his "Some Neglected Aspects of Plague Medicine in Sixteenth Century England," in *Scientific Monthly*, 44:325-337 (Apr. 1937).

<sup>8</sup> See, for example, J. S. Chambers, *The Conquest of Cholera* (New York, 1938); also, Richard H. Coolidge, comp., *Statistical Report on the Sickness and Mortality in the Army of the United States, Compiled From the Records of the Surgeon General's Office, January, 1839 to January, 1855* (34th Cong., 1 sess., S. Ex. Doc. 96).

<sup>9</sup> Philip D. Jordan, "Milksickness in Kentucky and the Western Country," in *Filson Club History Quarterly*, 19:29-40 (Jan. 1945), and his "The Death of Nancy Hanks Lincoln," in *Indiana Magazine of History*, 40:103-110 (June 1944).

do not always pertain exclusively to practice and are not of interest only to members of the profession. Here we make a distinction between medical history and the history of medicine. The archivist who believes that a collection pertaining to the history of medicine will be used by practitioners is greatly mistaken. It is probably safe to say that today more nonphysicians utilize sources in the history of medicine than do men of science. The physician generally concerns himself with medical history.

What laymen need material in the history of medicine and avidly seek it? The historical novelist, who seeks to learn how gunshot wounds were treated, needs it. The political scientist, writing a history of municipal functions, needs it. The professor of home economics, preparing a study of the national diet, needs it. The student of veterinary science, studying the relationships between diseases of animals and of men, needs it. The sociologist, concerned with the socioeconomic condition of the American Indian, needs it. The social historian demands it. It is an imperative for the military historian, for disease has played a decisive role in the winning or losing of battles. The biographer must have it, for his hero was subject to the frailness of the human body. The social worker cannot do without it, for he knows only too well the relationship of poverty and maladjustment to health and disease. No historian can pen the history of a remote frontier post without reference to the work of the surgeon stationed there. The economist goes to medical sources to determine the effect of pandemics and plagues upon transportation. The writer of religious history, investigating the home missionary movement, finds time and again mention of the part played by climate and disease in the formation or destruction of a congregation.

Who can tell adequately the story of the immigrant without relying upon sources that reveal, for example, the health conditions not only on human cargo ships but also in the tenements at ports where strangers took up their residence? The investigator cannot even produce a history of traffic on America's inland waterways without coming into contact with the United States Marine Hospital Service. The engineering student seeks to find information concerning the history of sanitation and of water supply. Only a few weeks ago an association of butchers and meat packers requested information concerning the history of legislation that established standards for shops and plants. A history of lumbering and of railroading is not complete unless attention is given health conditions in camps. And a score of researchers, devoted to histories of cities, learn that they must not overlook aspects of the history of medicine. Bessie L.

Pierce, for example, did not overlook health, hospitals, and medicine in her narrative of Chicago.<sup>10</sup> And, more recently, Richard C. Wade exploited the theme in his discussion of the rise of western cities.<sup>11</sup>

The plain truth is that, within the past 35 years, a tremendous interest in the history of medicine has been developing among an astonishingly large number of groups and individuals. This is true not only in the United States but also abroad. I receive requests for reprints from Russia to India. In this country the interest is manifested by the publication of histories of schools of medicine, of histories of medicine in the several States, of histories of nursing, of a history of the American Red Cross.<sup>12</sup> The story of the United States Army Medical Department appeared in 1929.<sup>13</sup> A biography of the Doctors Mayo was published, as were two volumes of the letters of Benjamin Rush.<sup>14</sup> Scholars have produced pioneering works on the development of modern medicine and on the history of medical education in the United States before the Civil War.<sup>15</sup> A history of public health in Minnesota, sponsored by a grant from the Mayo Properties Foundation and published in 1953, was the first full-length account for any of the States.<sup>16</sup> A new field was opened in 1958 with a history of industrial medicine in western Pennsylvania.<sup>17</sup>

Such illustrations only sample what is occurring in the field. It would be impossible, of course, even to begin to inventory the periodical literature — articles appearing in the *Annals of Medical History*, *Bulletin of the History of Medicine*, *American Historical Review*, *Mississippi Valley Historical Review*, *Journal of Southern History*, *Military Affairs* — *Journal of the American Military In-*

<sup>10</sup> Bessie L. Pierce, *History of Chicago*, vol. 2, *passim* (New York, 1940); Thomas N. Bonner, *Medicine in Chicago, 1850-1950* (Madison, 1957).

<sup>11</sup> Richard C. Wade, *The Urban Frontier; the Rise of Western Cities* (Cambridge, 1959).

<sup>12</sup> The following are type examples: Frederick C. Waite, *Western Reserve University Centennial History of the School of Medicine* (Cleveland, 1946); Lucius H. Zeuch, *History of Medical Practice in Illinois* (Chicago, 1927); James H. and Mary Jane Rodabaugh, *Nursing in Ohio* (Columbus, 1957); Foster R. Dulles, *The American Red Cross* (New York, 1950). A distinguished recent contribution is John Duffy, ed., *The Rudolph Matas History of Medicine in Louisiana* (Baton Rouge, 1958).

<sup>13</sup> P. M. Ashburn, *History of the Medical Department of the United States Army* (New York, 1929).

<sup>14</sup> Helen B. Clapesattle, *The Doctors Mayo* (Minneapolis, 1941); Lyman H. Butterfield, ed., *Letters of Benjamin Rush* (2 vols.; Princeton, 1951).

<sup>15</sup> Richard H. Shryock, *Development of Modern Medicine* (Philadelphia, 1936); William F. Norwood, *Medical Education in the United States Before the Civil War* (Philadelphia, 1944).

<sup>16</sup> Philip D. Jordan, *The People's Health; a History of Public Health in Minnesota to 1948* (St. Paul, 1953).

<sup>17</sup> T. Lyle Hazlett and William W. Hummel, *Industrial Medicine in Western Pennsylvania, 1850-1950* (Pittsburgh, 1957).



stitute, and the quarterlies of State and private historical societies. One exception, however, must be made and tribute paid to the long-sustained interest in the history of medicine demonstrated by the Ohio Historical Society. It would not be feasible here, of course, to list the many bibliographical and research aids for the history of medicine, but some years ago I did publish such an essay.<sup>18</sup>

The collecting of medical sources and personal papers is still an imperative if the historian is to have an adequate deposit on which to draw. We need the papers of nurses, dentists, researchers, and technicians, but I seriously question that the personal papers of contemporary physicians will give us what we need. Today's doctor is not much given to keeping a diary or to writing personal letters. If he expresses himself on a medical subject, he probably does so in a professional publication. If he keeps a journal or writes letters of a nonprofessional character, these should be evaluated like any other diary or collection of letters. There are of course exceptions, but I feel that they are few indeed.

This does not mean, however, that we have exhausted the innumerable facets of the sickness and health of Americans even for the period from colonial days to the close of the nineteenth century. A hundred studies should be done on the scientific interests of the States; we desperately need biographies of editors of medical journals and histories of their magazines; a void in general social history would be filled if someone would write a history of the rise and development of hospitals in the United States; there is room for specific studies of the rise of specialized disciplines and institutions. The history of nursing has been largely neglected, although a model volume was done for Ohio. We still need individual histories of the great killers of early days — smallpox, diphtheria, tuberculosis. We need a history of vice and prostitution and the control of venereal disease. One of these days an energetic graduate student is going to write the story of the United States Marine Hospital Service. I am glad to announce that this project already is under way.

I mention all this because I wish to underscore the necessity for libraries to collect and preserve medical sources of the earlier period. This era is not writing dry by any means; it continues to offer almost limitless opportunities to add to the scientific and social narrative of the United States. I mention this because I wish to point out that personal papers of physicians are not all-important as sources.

<sup>18</sup> Philip D. Jordan, "Some Bibliographical and Research Aids to American Medical History," in *Ohio State Archaeological and Historical Quarterly*, 50:305-325 (Oct.-Dec. 1941).

Let me now turn to a discussion of the possibilities of adding to archives recent and contemporary medical records and papers. Up to about the time of World War I the practice of medicine was largely an individual affair. Of course, there were the national organizations, such as the American Medical Association, and there were the State societies. The States themselves were operating departments of public health. Nevertheless, the practice of medicine was centered in the individual who carried the black bag. The bloodless revolution, coming during the administrations of Franklin D. Roosevelt, altered the traditional pattern. Social security, old-age pensions, prenatal care, hospital construction acts, Federal aid to public health, and an increasing trend toward the practice of group medicine — all these and more altered the picture dramatically and radically.

It would be a wonderfully helpful contribution if archivists would begin to bring together in systematic fashion sources which would provide the raw materials for the investigation of Federal and State policies for education, health, and social services. Mrs. Franklin D. Roosevelt put the problem crisply when she spoke of the "social responsibility for individual welfare."<sup>19</sup> Here is a challenge today for both archivists and historians. This is the story that, when properly documented, will show, for example, the relationships of milk and food sanitation to social change.<sup>20</sup> (I hesitate to use the word "progress.") This is the story that, based upon collected sources, will reveal a narrative not yet completely recited — the fight for fluoridation.<sup>21</sup> This is the astonishing tale of the Salk vaccine. This, in short, is a portion of the history of modern America. It is an appraisal of health insurance, medical costs, specialization. As one shrewd commentator has written,

Medical care for today and tomorrow has become an issue in all modern nations, a personal issue to millions of people. It has become a public issue to many organized groups — professions, unions, farmers, industries, governments. A hundred years ago, it was almost entirely a personal problem. . . . Today the sciences and arts of medicine can contribute so greatly to human well-being that millions who understand only a little of these achievements and potentialities wish to obtain them as personal benefits.<sup>22</sup>

The history of such an achieving must one day be written. It will,

<sup>19</sup> James E. Russell, *National Policies for Education, Health and Social Services* (New York, 1955). See also Jonathan Forman, *The Place of Medicine in the America of the Future*, reprinted from *Cincinnati Journal of Medicine*, 24:253 (1943).

<sup>20</sup> H. S. Adams, *Milk and Food Sanitation Practices* (New York, 1947).

<sup>21</sup> Donald R. McNeil, *The Fight for Fluoridation* (New York, 1957).

<sup>22</sup> Michael M. Davis, *Medical Care for Tomorrow* (New York, 1955).

I fear, be a rough-and-ready yarn, for there is as much dissension and dispute between rival and competitive programs now as there was a century ago, when it was not uncommon for an allopath to cane a hydropath. As a case in point, I quote from the inaugural address of the president of a State medical society. The words are gentle enough, but the determination seems clear:

We have, and we will continue to have, many problems to ponder and to attempt to solve. Always foremost among these is the control of our profession, and the policing of our own ranks; protection of the public from the ministrations of quacks and irregulars; watching that cooperatives, governmental boards, and private organizations do not work to the detriment of that which we, and those before us, have worked so hard to build; and survey of programs constructed and construed to cloud the issues.<sup>23</sup>

Perhaps I may mention briefly some materials that, I suggest, the archivist attempt to gather and evaluate: materials on medical legislation, medical economics, mental health, school health, Indian affairs, vocational rehabilitation, maternal and child welfare, the aged, public health, industrial health, crippled children, nursing and nursing education, cooperative medicine, sanitation, hospitals and hospitalization, the exceptional child, health education, local and state medical groups, group practice, and individual physicians and surgeons.

Always it must be remembered that the health of the public is an integral portion of social development and it is interrelated with other social changes in the community.<sup>24</sup> The archivist who adds these sources to his collections is automatically providing riches not only in the field of the history of medicine but also in the general area of social history. There is little need to bolster this assertion with excessive documentation. It is sufficient to point out that when Oscar R. Ewing, Federal Security Administrator, submitted his report on the nation's health to President Truman in 1948, the recommendations in the study were the result of the thinking of more than 800 professional and community consultants. Among these were representatives of such organizations as the Federal Council of the Churches of Christ in America, the National Association of Manufacturers, the American Federation of Labor, and the Chamber of Commerce of the United States of America. And if anyone thinks that medicine today is the sole concern of the physician and his medical society, all he needs to do is to glance casually at testimony given at regional public hearings on health. This testimony, forming a

<sup>23</sup> *Journal Lancet*, 79:430 (Sept. 1959).

<sup>24</sup> Wilson G. Smillie, *Public Health; its Promise for the Future*, p. 5 (New York, 1955).



portion of a five-volume report prepared by the President's Commission on the Health Needs of the Nation, was presented not only by physicians, dentists, nurses, and deans of medical schools but also by labor leaders, ministers, farmers, housewives, home demonstration agents, and just plain citizens.<sup>25</sup>

What I am saying is this: both the archivist and the historian must comprehend that the source tools for putting together contemporary histories of medicine are more numerous, more elaborate, and of a different type than those used for the same purpose only a handful of years ago. The personal papers of physicians have shrunk in importance. Today the scholar in the history of medicine utilizes not only the purely medical and scientific monographs but also leans heavily upon a vast collateral, semisocial, semiscientific literature.

I can almost hear already overworked archivists and librarians groan, for shelves are crowded and workers are too few. The problems of the control of manuscripts and of documentation increase, it seems, with each working day.<sup>26</sup> And it is worth while speculating on whether the general archives of a library or even the archives of a State historical society should attempt to develop and maintain sources in the history of medicine. It may be — I do not say it *should* be — that sources for the study of the history of medicine will be pooled in special libraries devoted to the history of medicine.

Such institutions, of course, already exist. One need only mention, for example, the Army Medical Library, the Library of the New York Academy of Medicine, the Library of the College of Physicians of Philadelphia, the Boston Medical Library, and the Cleveland Medical Library. Add to these the State Archives and the several libraries operated by State medical societies, and you have both national and regional depositories. It might be beneficial if smaller and less specialized institutions would transfer their holdings to larger collections. I am convinced that generally the history of medicine and medical history can best be written in the special research library.<sup>27</sup>

Thank heaven, it is not my obligation today to furnish a detailed blueprint of this idea. I was charged only with emphasizing the importance of collecting, evaluating, and using medical sources.

<sup>25</sup> President's Commission on the Health Needs of the Nation, *Building America's Health; a Report to the President* [Truman], vol. 5, *passim* (Washington, D. C., [1953]).

<sup>26</sup> Francis L. Berkeley, Jr., "History and Problems of the Control of Manuscripts in the United States," in American Philosophical Society, *Proceedings*, 98:171-178 (June 15, 1954).

<sup>27</sup> For a discussion of various types of library service, see Jesse H. Shera and Margaret E. Egan, eds., *Bibliographic Organization*, p. 239-249 (Chicago, 1951).