Medical Records and History

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IT IS with some diffidence that I approach a group of archivists and historians to talk about records. I have nothing new to tell you about technical processes for preserving and cataloging manuscripts and papers, and it would be superfluous for me to urge upon the members of the two associations meeting here this week the importance of manuscripts for historical research. Moreover, at the 23d annual meeting of the Society of American Archivists just 4 years ago Philip D. Jordan spoke very ably on "The Challenge of Medical Records." Many of you, I am sure, heard him speak or have since read his paper in the *American Archivist* (23:143-151; Apr. 1960). If there is any excuse for exposing this subject to you again, other than its intrinsic importance, it is perhaps that Jordan placed particular emphasis on the value of medical records for general history and that his estimate of the value of private papers was in my opinion too low.

Much interest has been shown of late in science manuscripts. This is part of the remarkable flowering in recent years of academic interest in the history of science. It is perhaps a misnomer or misleading to talk of scientific records in reference to the history of medicine because the scope of the medical historian's interest in manuscripts is really much greater than the term implies. Medical history is a broad subject with bearings not only on science but also on medical practice, on economics, on the social structure, on education, and on government. I should like first to say something about the scope of medical history and then discuss the types of records and other source materials that are likely to be of interest to medical historians. Many source materials will be familiar to you, because they are often the same types of records that historians have long used. Others are rather more specialized.

Medicine today, as you all know, is based on a number of different

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sciences—biological, chemical, and physical—ranging from human anatomy and physiology to the physics of radiology and the chemistry of enzymes. Developments in the basic sciences and the application of knowledge gained there have made the practice of medicine what it is today. This has not always been the case. Harvey's discovery of the circulation of the blood in the seventeenth century, for example, or Sanctorius' research on metabolism had relatively little effect in its time on the actual treatment of patients. Nevertheless, the work of Harvey and Sanctorius, like that of many other less famous investigators, is clearly of deep concern to the historian of medicine for two very good reasons: first, their scientific research has had in the long run a tremendous effect on medical practice, and, second, the research was carried out by medical men with a fundamentally medical purpose in mind.

The practice of medicine, no less than the biomedical sciences, is also the stuff of medical history. Broadly conceived, this covers a multitude of activities. There is the type of treatment the physician gives his sick patient—or even his healthy patient in this day of preventive inoculations and periodic health examinations. There are various social and economic factors that must be taken into account: the position of the physician in the structure of society, for example, or the arrangements that are made to pay for medical care, which may include individual fee-for-service, government insurance, private insurance, contract practice, or salaries for physicians. Historians must be concerned also with the different types of practitioners: today we are familiar in this country with general practitioners and specialists of varying kind and degree, but all physicians have a common basic training and are subject to fundamentally the same licensing laws; this system has not prevailed in all times, nor does it hold true in all countries today. Nor can historians forget the various allied professions such as nursing, pharmacy, and veterinary medicine.

Another aspect of medicine of great importance to the historian is that of the education and training of the physician, both premedical and professional. Quite obviously this must be seen in its relationship to the entire educational system of a society. When the basic education of all practitioners is not the same, there may result the organization of a hierarchy of practitioners and different types and qualities of treatment or other service available to different groups in the general population.

One of the largest areas of medical history is public health. In a narrow sense, this may be thought of as those activities of govern-

ment or of other organized groups in a community designed to protect or improve the health of the public. Historically, in Western European civilization, this has included quarantine and sanitary activities since the Middle Ages and a host of other services developed in the past century. From a broader point of view we may say that the health of the public—a proper concern for the medical historian as well as for historians generally—embraces a very broad spectrum of human activity. The health of the public may be, and indeed is, influenced in many ways by political structure and economic activities. The historian of medicine who is interested in the health of the public may be interested in the agricultural system, the mechanics of food distribution, the price structure, the division of the income, and other characteristics of an economy. He will be interested in the prevailing governmental structure and political philosophy, for these may have their effect on human health and well-being directly and indirectly. Fortunately, the medical historian is usually able to rely on the researches of the political, economic, and social historian for most of these data. But the subject of medical history can be immensely broad. In one way or another human health affects, or is affected by, nearly all aspects of human activity.

Considering the broad scope of medical history, it is hardly surprising that a wide variety of records are—or should be—of interest to medical historians. These may be divided into three main groups: governmental records; the records of nongovernmental associations, societies, and other organized groups and institutions; and the private papers of individuals.

Governmental records may conveniently be divided into executive, legislative, and judicial groups. In the first we have the records of health departments and other branches of the government with primarily a health activity—hospital departments, sanitary departments, medical licensing boards, and so on. These may be useful both for the development of policy and the extent and direction of its implementation. In the absence of a well-developed governmental structure, these same functions, so far as they exist, may inhere in more general bodies. Increasingly during the past three-quarters of a century selected health departments and other governmental agencies have been engaging directly in medical and scientific research. This means that we may expect to find produced in government laboratories as well as in private ones the primary records of research efforts and the type of correspondence between individual medical scientists that may do so much to illuminate the barebone record of a scientific paper.

Obviously, legislative records as well as administrative ones may be of interest to the medical historian whose investigations impinge on the relations between government and medicine. He will want to know not only the text of published laws but also what else may be learned of debates, committee reports, and the like. Fortunately, much of this is published.

Similarly, judicial records may help in determining how the laws were interpreted and to what extent they were enforced. U. S. Supreme Court cases may establish the constitutional powers of local government as regards the protection of the public health, but daily enforcement—or nonenforcement—is still primarily a local responsibility. If I may be permitted a personal example, I found the few remaining records of the Suffolk County Court in Massachusetts extremely valuable when working on the history of eighteenth-century public health in Boston, and I could hardly have done the job without five volumes of manuscript records of the first Boston Board of Health.

The second group of records that I wish to speak about is the records of private—that is, nongovernmental—institutions and societies. As you well know, Alexis de Tocqueville long ago pointed out that the United States is preeminently a country of voluntary associations. This holds true in the field of health and medicine no less than in other activities on the American scene. I know of no statistical study on the subject, but it would not surprise me to learn that medicine has produced more voluntary institutions and societies than any other field of endeavor except religion, education, and perhaps organized charity. However this may be, the record is extensive. Local medical societies have existed in the present United States at least since the 1730's, and certainly one State society, that of New Jersey, antedates the Revolution. Besides the hierarchy of county, State, and national societies making up the American Medical Association complex, there have long been numerous societies devoted to special interests as well as general societies with limited fellowship. In the present century we have seen a plethora of so-called voluntary health organizations, familiar to you nationally through such examples as the American Heart Association and the American Cancer Society. Many of the older charitable organizations also devoted their energies to the health of their less fortunate fellow citizens. The New York Association for Improving the Condition of the Poor, for example, which passed its 100th anniversary a few years ago and which is now known as the Community Service Society, was a leader in the drive to improve health conditions

among the slum dwellers of the metropolis long before a real municipal health department existed. Besides societies and associations, moreover, there are many institutions of a medical nature whose records can be of great historical value. Here, as prime examples, we should include hospitals, medical schools, and research institutes.

The third large group consists of the private papers of individuals. These may include both nonmedical figures—politicians, philanthropists, and sometimes even patients—and medical ones—administrators, scientists, teachers, and practitioners. For example, the future historian of medical research in this country, if he is at all concerned with anything more than the strictly internal history of scientific theory and knowledge, will certainly hope that some library or archive will have on hand the papers of Senator Lister Hill and Congressman John E. Fogarty, along with those of many of their congressional colleagues. The future historian of pharmacy will want to see the files of the late Senator Estes Kefauver. One need think only of the Rockefeller Institute for Medical Research and the Rockefeller Foundation to be reminded how significant the private papers of a philanthropist may be for the medical historian. Nor does it, I think, take much imagination to add to the list medical administrators and organizers in government and in private organizations. I have no doubt that the papers of Dr. Morris Fishbein, if he has kept them with care and should he deposit them in a suitable repository, will some day prove illuminating to the historian of "organized medicine," even in this day of the telephone and fast travel.

I need have, I think, no fear that any of you would hesitate to agree with the suggestion that the Kefauver papers should be preserved even had he not investigated the pharmaceutical industry. The question may become more acute and judgment more difficult when you evaluate for preservation the papers of a man whose career has been devoted solely to scientific research or to medical practice. It is traditional to keep the papers of statesmen and diplomats. Moreover, members of these professions quite frequently have a deeper sense of history and a more lively concern with their public image than does the scientist or the medical man. It comes as no surprise to political figures that libraries vie for their literary remains. Ask a scientist for his papers, on the other hand, and you are likely to get a sheaf of reprints. These may be good to have, but they are probably not what you had in mind. Quite often it may be that the scientist has preserved little of interest in the form of manuscript records. In this field especially you may have to play an active missionary role. A second difficulty—perhaps somewhat more acute in

forming judgments of scientists than of political figures—is deciding which scientists will interest posterity. It is rare that an obscure politician is later seen to be a figure of major significance. It is difficult—especially for nonscientists like librarians and archivists—to foresee the interests of medical historical scholarship a hundred years from now. I have no simple solution to this problem—only the suggestion that guidelines such as public and professional recognition by honors and position be used for estimating the prospective importance of a scientist to the history of his discipline.

Earlier in this paper the point was made that medicine is far more than a science and that the historian of medicine is interested in medical practice as well as biomedical science. For this reason, I would urge also the preservation—selectively, lest you be overwhelmed—of the papers of at least some inconspicuous men. As Dr. Richard H. Shryock pointed out in the Conference on Science Manuscripts held in Washington, D.C., 3 years ago, physicians do not always apply in their practice the latest findings of science or even the teachings of the most recent textbooks. Since the latest findings may turn out to be erroneous, this is not necessarily a bad thing. But it does mean that the printed work—too often, it must be confessed, the only source material used by medical historians—does not always give a true picture of actual practice. This is especially likely to be the case if one takes his views of practice from the best texts or the great classics of medicine instead of the quiz-compends and other library fillers that bibliophiles and collectors generally neglect. I therefore commend to the particular care of those among you who are associated with local historical societies the daybooks, case records, commonplace and recipe books, and lecture notes, as well as the correspondence and diaries, of selected local physicians; and to the care of archivists the selected records, including some case histories, of hospitals and other institutions, which will help give the historian a picture of medicine as it has actually been practiced.

So far, I have appeared simply as a medical historian who has done a little research in manuscript materials. As a representative of the National Library of Medicine, I may say that we wish to cooperate with other libraries and archives of the Nation in seeing to it that important historical materials are preserved by us or by any other appropriate institution, that they are made available for research, and that potential users are guided to them. We are collectors, but in a spirit, I hope, of friendly cooperation. We do, of course, concentrate quite strictly on material having a direct relationship to medicine and the biomedical sciences.

The main burden of my theme, however, has been to point out the variety and scope of manuscript records that may be of interest to medical historians. I urge you, should such urging be necessary, to take an active role in preserving such papers from heedless destruction, to be aware of the potential value of medical records, and to help the innocent and floundering medical historian find his way to and through the materials that may be of interest to him.

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