

## **The Origins of the History of Medicine and their Relevance to Protecting its Future**

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The history of medicine is a fascinating subject which continues to provide limitless research opportunities for students from both medical and historical backgrounds, as well as attracting an ever-increasing following from those with a general interest in matters relating to different aspects of healthcare across the centuries. Yet despite such a positive picture, the history of medicine continues to have to account for its existence in ways which other subjects manage to avoid. The reasons for this are complex yet they must be identified and addressed if the history of medicine is to retain its position as a valuable and relevant academic study. The following discussion therefore draws on my experience of having taught the subject to both medical and history students and identifies some of the key issues which require further consideration, particularly in terms of the way in which they have the potential to provide a robust defence in response to allegations that the history of medicine is little more than an academic luxury which in the current economic climate can be put to one side without any significant response.

It is a humorous though somewhat concerning misapprehension held by many that the history of medicine is a modern subject created by Roy Porter (1946-2002) in his work *The Greatest Benefit to Mankind*.<sup>1</sup> While there can be no denying the influence of this work and the interest it generated by refocusing attention away from the medical profession and back on the patient, it is important to remember that the history of medicine is one of the oldest branches of history with a complex and varied origin and purpose. For centuries, historic accounts of practitioners and their methods played a major role in providing instructional medical models of learning and as such were presented as unquestionable voices of authority. This interpretation only began to be challenged in the eighteenth century when the emergence of the scientific method led to a new paradigm of medical learning, and from this time onwards, the triumphs of the past were increasingly used as a historical comparison to illustrate the progress now being made.

Three books in particular exemplify this transition and as such mark the origins of the history of medicine as a discreet historical interpretation. In 1725 John Freind (1675-

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<sup>1</sup> Porter R. *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present*. London: Harper Collins; 1997.

1728) wrote the first history text entitled *The History of Physick*,<sup>2</sup> followed in 1782 by *An Historical Sketch of Medicine and Surgery*,<sup>3</sup> written by William Black (1749-1829). Although both works continued to celebrate the work of the great names of the past, the emphasis was on presenting the reading of the history of medicine as a mark of an educated and suitably well-read physician, rather than as an instructional text. The year 1792 saw the publication of the work of the Pomeranian botanist and physician Kurt Sprengel (1766-1833). His impressive five-volume work the title of which is translated as *Essay on Pragmatic History of Medicine and its Lasting Influence*,<sup>4</sup> led to generations of historians acknowledging Sprengel as the father of the history of medicine.

Sprengel's work not only developed an interdisciplinary approach by including discussions on medicine and its relationship with history, philosophy and culture but clearly outlined what the history of medicine as a discrete subject was able to achieve. In particular he identified specific aims which included the subject's ability to instil in students the confidence to recognise how events of the past would help them appreciate the significance of the medicine they were currently studying and promote a sense of modesty by acknowledging how much they owed to what had gone before. Sprengel's model therefore not only provided a purpose for the history of medicine but one which allowed for professional growth and transferability of purpose in ways which had not yet been considered as a viable model of professional learning.

Despite such a promising beginning based on texts such as these, for much of the nineteenth century the subject failed to find an institutional voice amongst the medical profession and was forced to rely on individual interest. This situation was finally reversed in 1904 when funds provided by the endowment capital of the Viennese psychiatrist and medical historian Theodore Puschmann (1844-99) were bequeathed by his family to establish an institute and Chair to promote the history of medicine to be based at the University of Leipzig. The aim was not only to create a centre of excellence in terms of knowledge but one which would present the subject as an essential element of medical education. Karl Sudhoff (1853-1938) was duly appointed as the first Professor and under his directorship the Leipzig Institution and its staff produced a vast body of work which endorsed the history of medicine. Sudhoff also increasingly came to believe that the subject was nothing less than an essential antidote to the increasing specialisation of modern medical training, a view he continued to promote even after he retired from Leipzig in 1925. Such was his influence that there appeared to be little need or opportunity to challenge the reputation of either the man or his institution, although this was challenged from 1933 when Sudhoff became an active supporter of the Nazi Party.

At this time Henry Sigerist (1891-1957), who had succeeded Sudhoff at the Institute, had been successful in continuing Sudhoff's legacy in terms of promoting the history of

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<sup>2</sup> Freind J. *The History of Physick; From the Time of Galen, To the Beginning of the Sixteenth Century. Chiefly with Regard to Practice In a Discourse Written to Doctor Mead*. London: Printed for J. Walthoe, jun. over against the Royal-Exchange in Cornhill; 1725.

<sup>3</sup> Black W. *An Historical Sketch of Medicine and Surgery from their Origin to the Present Time, and of the Principal Authors, Discoveries, Improvements, Imperfections and Errors*. London: Printed for J. Johnson, No. 72, in St. Paul' Church Yard; 1782.

<sup>4</sup> Sprengel K. *Versuch einer pragmatischen Geschichte der Arzneikunde, Vols. 1-5*. Halle: J.J. Gebauer; 1792-1803.

medicine. However, in 1932 he took the decision to leave Leipzig as he failed to share Sudhoff's support for the Nazi party and was aware of its growing power in Germany. He had previously been approached to succeed William Welch (1850-1934) as director of the Johns Hopkins University Institute of the History of Medicine and with the position still available he now took the opportunity to move to the USA despite the fact that he was effectively transferring to what was considered to be an inferior institution compared to Leipzig. However, under his direction the history of medicine began to thrive at Johns Hopkins, where he took every opportunity to promote the subject including the introduction of a new specialist journal *The Bulletin of the History of Medicine*. From this time onwards the history of medicine became an increasingly respected subject in North American medical schools, building on the reputations of those who had long recognised its value, led by early proponents such as William Osler (1849-1919), and later Erwin Ackerknecht (1906-88) and George Rosen (1910-77), to name but a few.

While it is understandable to focus on Germany and North America in terms of the immense influence they exerted, there were other less well-known initiatives found in other countries. In England, a particularly interesting example was the ideas of Alexander Henry MD. Detailed biographical details have unfortunately long been lost, and little is known of his life other than he was a medical practitioner but his efforts in promoting the subject are worthy of further research at a later date. As early as 1860 Henry designed a course of lectures specifically on the history of medicine which he delivered at the Grosvenor Place School of Anatomy and Medicine, London. He emphasised that these were to be accessible to both medical staff and the general public, aware of the opportunity this afforded him to promote the many advances made in medicine over the centuries. In the same year his lectures were also published in the *British Medical Journal*,<sup>5</sup> thereby reaching a far wider audience. Henry appears to have made no further contribution to the subject, although his interest, however brief, provides a valuable addition to the existing historiography.

Fragmented actions such as this suggests that for much of the nineteenth century there was a lack of sustained interest in Britain in terms of establishing an academic centre of excellence as seen elsewhere. This only changed in 1908 when the University of Edinburgh created the first lectureship in the History of Medicine. This was awarded to Dr John Dixon Comrie (1875-1939) who was in many ways an ideal appointment. As a highly respected physician, medical author and established medical historian there was little opposition from the medical school and his enthusiasm and knowledge of the subject generated an immense interest amongst the student body.<sup>6</sup>

In England, the history of medicine only found a similar university setting in the interwar period when Charles Singer (1876-1960) introduced the subject in the Anatomy Department at University College London. The courses he designed attracted the personal interest and subsequent financial support of Sir Henry Wellcome (1853-1936), thereby establishing a link which is still retained between the university and the

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<sup>5</sup> Henry A. Lectures on the History of Medicine. *British Medical Journal*. 1860; 1: 219-223, 262-264, 282-284, 299-301, 354-356, 389-390 & 411-413.

<sup>6</sup> Collection of John Comrie Dixon, Royal College of Physicians of Edinburgh. DEP/COJ. <http://archives.rcpe.ac.uk/calmView/Record.aspx?src=CalmView.Catalog&id=DEP%2fCOJ> (accessed 16 August 2024).

Wellcome Trust.<sup>7</sup> Since this early intervention, the Wellcome Trust as opposed to the university sector, has notably taken the lead in promoting the history of medicine in the UK supported by a world class library and centre of learning. It has also funded specialist history of medicine units across the country to promote the subject not just in medical schools but in other relevant university departments, thereby ensuring a new generation of medical historians. Although the Wellcome funding no longer plays the significant role it once did, the history of medicine as an established academic subject is now firmly ensconced in British universities due in no small part to its involvement.

In recent years one of the most interesting achievements of the history of medicine has undoubtedly been its ever-increasing presence in history departments within the higher education sector. A significant number of universities now offer the subject as part of the undergraduate and postgraduate degree programme in response to its popularity amongst students. Many are attracted to the subject for a variety of reasons including a sense of familiarity gained from having previously studied the subject at GCSE and A level where for the past 35 years the history of medicine has been a very successful part of the history syllabus.

Unfortunately, the picture is nowhere near as positive in UK medical schools where the history of medicine is in danger of disappearing from the curriculum. This is in response to a reversal of policy by the General Medical Council relating to their earlier report *Tomorrow's Doctors* published in 1993. This highly innovative report called for a widening of medical education which was to be achieved through a programme of special study components. Many of these included subjects such as the history of medicine and medical humanities and were well received by students who valued the opportunity to assess and better understand the nature of medicine from varying perspectives. The decision by the GMC in 2016 to rescind this directive has effectively led to the disappearance of subjects such as the history of medicine in the undergraduate medical curriculum with little consideration as to the wider benefits of the subject. While it cannot be denied that there is a genuine problem of finding ways to accommodate the ever-increasing undergraduate syllabus which has to be delivered within a defined number of years, the outcome, if not closely monitored, will in all likelihood be little more than an over-burdened curriculum with few opportunities for a more innovative approach.

The history of medicine is therefore facing a number of difficulties, the most significant being the implications arising from the fragmented nature of how and where it is delivered. Hence, while it thrives under the guardianship of historians, we should all be concerned that the current trends in medical schools will effectively exclude future generations of the medical profession from fully appreciating and evaluating past events which define their professional identity. It is at least fortunate that many established medical practitioners are actively involved with promoting the history of medicine and are increasingly acknowledged as experts in a range of specialist areas. However, unless they are also given opportunities to share this knowledge in the most appropriate setting, the true value of their achievements will be limited.

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<sup>7</sup> Clarke E. Charles Joseph Singer. *Journal of the History of Medicine and Allied Sciences*. 1961; 16(4): 411-419.

It is also important to remember ways in which the history of medicine has evolved under the sole direction of the medical profession. One of the most significant examples of this has been the emergence of the social history of medicine. In the USA the public health physician and epidemiologist George Rosen was an early advocate in promoting an understanding of the sociological, economic and cultural aspects of health as the most effective way of understanding the nature of sickness and health.<sup>8</sup> Similarly in Britain the physician, epidemiologist and social historian Thomas McKeown (1912-88), who was the first recipient of the newly created Chair of Social Medicine at the University of Birmingham, achieved much throughout his career in terms of promoting the social history of medicine. Leading by example, McKeown's own work analysing British population growth over the eighteenth and nineteenth centuries, led him to argue this was the result of economic conditions as opposed to the sole effects of public health and medical intervention. The 'McKeown Thesis',<sup>9</sup> as it became known, continues to provide a fascinating example of the complex nature of the social history of medicine while also encouraging a truly interdisciplinary approach to researching and understanding factors which impact on disease and its associated problems.

The social history of medicine is therefore a vital development of the wider subject known as the history of medicine. It also provides a more relevant body of work which is not only more inclusive but ultimately allows a more appropriate understanding of the historical development of healthcare in ways which older texts were unable to discuss. The early textbooks which I first read as a student are now in themselves recognised as an interpretation of medicine which no longer holds relevance. However, they are testimony to the fact that the subject is far from being trapped in its own past but rather has developed in ways which should be commended to a far greater extent.

The history of medicine is one of the most inspirational subjects and as a medical historian it has been a privilege to share its content with students and fellow academics from a variety of backgrounds. The enthusiasm for the subject remains inspiring, be it within societies or university departments, and the research which continues to emerge from all quarters is testimony to just how much has still to be discovered in terms of attempting to accurately chart the history of the human condition. To this end it is a highly complex subject, but as this discussion highlights, it has still found ways to evolve and incorporate the many different aspects which have to constantly be taken into consideration when interpreting past responses to sickness and health. However, for it to remain successful, it is essential that it attracts historians and healthcare professionals alike, as only then will an accurate, meaningful and balanced interpretation be assured.

## **Keywords**

History, Medicine, Academic, Professional, Training, Education, Social medicine

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<sup>8</sup> Rosen G. *A History of Public Health*. New York: MD Publications; 1958.

<sup>9</sup> McKeown T. *The Modern Rise of Population*. London: Edward Arnold; 1976.

## **Biographical Details**

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