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Few fields are in greater need of historical context than medicine, primarily because so few of the challenges we face today emerged de novo. Indeed, many of the ethical dilemmas that trouble the profession today have been with us since the days of Hippocrates. Recent advances in science and technology may have magnified these issues, but it is vital for physicians and biomedical scientists of the 21st century to reflect on our professional past as closely as we would a patient’s clinical history or the recent medical literature when designing an experiment.

To shed some light on the themes generated by an essay not obliquely titled “History Matters,” allow me to begin by recounting a personal experience. Several years ago in the twilight of my pediatrics residency training, my attending physician, a prominent immunologist who ranked after the Nobel Prize to the point that he could name each and every recipient by year and accomplishment, asked me, “Howard, what are you planning to do once you complete your residency?” Most of my colleagues at the high-powered children’s hospital where I labored were about to embark upon fellowships that blended subspecialization in the intricacies of particular diseases with cutting edge research in the molecular or genetic basis of those maladies and, hopefully, the discovery of the wherewithal to cure or entirely prevent them. As a result of this abnormal norm, the senior physician must have been surprised indeed when I confidently replied, “I am going across the street to the Institute of the History of Medicine in order to get a PhD so I can begin a career as a practicing physician and historian based in an academic medical center.” After the physician regained some composure, he asked in a very concerned tone, “Howard, why do you want to study history when you can make it?”

Now, if I had already had the training, and more important, the reading that the years of graduate school were to afford me, I might have been able to remind the good doctor that his thought was hardly a new one. Such sentiments have been uttered by many important persons who deliberately ignored the past, including the first Chancellor of the Modern German Empire, Otto Von Bismarck, who scorned historians and was not terribly shy about saying so. Most famously, Bismarck groused, “History is simply a piece of paper covered with print; the main thing is still to make history, not to write it.”

And while I had no snappy rejoinder that long ago evening, the physician did me a huge favor in his failed attempt to save me from academic oblivion because his was a question that has framed my career and thinking ever since. To put it more bluntly, the notion that history is merely something that happened and has no effect on us today is one I flatly reject. It is as blind an observation as one could ever make about human nature and activity. To be sure, no historian today would be so bold to publicly utter the famed axiom of the Harvard philosopher George Santayana who declared, “Those who cannot remember the past are condemned to repeat it.”

But there is a modicum of truth to such a statement, even if it needs to be somewhat tempered. History moves in cycles rather than in circles, and things do not simply happen over and over again as if guided by some physical law of nature. But the past is deeply embedded in our responses to the present and even the best-laid plans for the future.

For anyone skeptical of the power of the past has over the present, let me ask you to recall your participation in a chairman’s search committee or a clinical budget meeting a decade ago and reflect on how the decisions made in a stuffy boardroom hunched over badly made coffee had broad-reaching consequences, some good and some not, in the years to come. The actions and beliefs of our predecessors, like it or not, do have an influence on our decisions and actions today; and how this tangled web of good intentions or malevolent plans plays a role in the present is, I think, an essential task of interpretation for the historian. I use the word tangled decisively, because given no clear laws of human nature, it is not always an easy or even possible task. Yet to ignore the simple, but never simplistic, fact of humanity that we are made up of the collective beliefs, actions, and experiences of our predecessors is a patently ridiculous mode of thinking I like to call “Henry Ford’s worst idea.”

A bit of history may be required for those who are neither native-born Detroiter nor Ford aficionados. In 1916, Henry Ford was interviewed by a reporter for The Chicago Tribune and asked his opinion of the value of history. Ford confidently replied that “History is, more or less, bunk.” About a year later, incidentally, Mr Ford began construction on his monument to American history, Greenfield Village, where one can enter and exit such landmarks as the relocated Menlo Park, New Jersey, laboratory of Thomas Edison and the Dayton, Ohio, bicycle shop of the
Wright Brothers without ever leaving the museum’s Dearborn, Michigan, campus.3

In fact, there are numerous examples of how the actions of our predecessors have had a critical impact on those of us practicing today. Most obvious might be the great successes of medicine that occurred during the 20th century. Anyone treating a child with diabetes today hardly gives it a thought, but all of his or her actions are based decidedly on the 1921-22 Banting and Best discovery of insulin.5 The same could be said of the pediatrician who prescribes penicillin to treat the all-too-well that the blind waving of the banner of medical cure, penicillin, was developed—knows all too well that the many outrank those of the individual. Simply put, we cannot advance the conquest against disease without human soldiers willing to sacrifice themselves in the cause. Yet anyone with even a passing acquaintance with such medical disasters as the Tuskegee Syphilis Study—a long-term project conducted by members of the United States Public Health Service that examined the natural history of untreated syphilis in African American men and was continued long after an effective cure, penicillin, was developed—knows all too well that the blind waving of the banner of medical progress is not necessarily a good thing.6,7

Incidentally, although the Tuskegee study has been elevated to the level of a historical morality play, it is only the tip of the iceberg of the sometime egregious abuse of the doctor’s social contract with patients suffering as experimental subjects in the United States—not to mention other parts of the world. Human subjects who would not be capable of giving informed consent, even if such documents existed, have long been a part of human medical experiments in this country until relatively recently, including the original poliomyelitis vaccine trials conducted with handicapped boys,8 the Willowbrook hepatitis studies of retarded children,9 and the human radiation experiments during the Cold War.10 None of these trials date to the Middle Ages, obviously, or even the 19th century: they all occurred smack in the mid-to-late 20th century. Their widespread discovery by the American public is the reason behind institutional review boards, informed consent procedures, and other protections that help make human trials safer. But even these safeguards are not foolproof, as evidenced by the human gene therapy fiasco at the University of Pennsylvania a few years ago. Nevertheless, historical analyses of these events have helped our profession create safer means of both expanding medical knowledge of disease and protecting the noble men and women who participate in research but are rarely credited for such work, those who subject themselves to science.11,12

There are, of course, countless other examples drawn from the pages of medical journals and daily life in the hospital where history can and should inform the present. As President Harry Truman once admonished a journalist, “There is nothing new in the world except the history you don’t know.”13 The way I interpret this somewhat overarching statement is that we are surrounded by history and human experience, but to take advantage of these lessons, we must pay close attention to the past as we might, today, to a patient’s chest x-ray film or a particular laboratory value.

Historical context is required before we attempt to tackle dilemmas such as the turmoil over managed care and its impact on the relationships between doctors and their patients; how medical education should be supported and definition of the physician’s social contract with the society at large: the financial aspects of medicine both in terms of doctors’ fees and, more recently, the patenting of biomedical information and research paid for by government grants or the propensity for university-based scientists to own large stakes in for-profit biotechnology enterprises; the role of immigrants in American society and their relationship to public health crises; and the debates over medical philosophies ranging from what we now call alternative medicine to more orthodox methods. The critical question, then, is not whether history matters, but instead, are we academic physicians willing to listen to the lessons of history as we prepare for the new century’s challenges?

**Tuskegee is only the tip of the iceberg…**

Human subjects who would not be capable of giving informed consent, even if such documents existed, have long been a part of human medical experiments in this country.

### References

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