

CHAPTER SIXTEEN

*Sleuthing and Science: How to Research a Question in Medical History**

I love these little things, this pointillist approach to verisimilitude, the correction of detail that cumulatively gives such satisfaction ... Like policemen in a search team, we go on hands and knees and crawl our way towards the truth.

— Ian McEwan, *Atonement* (Toronto: Vintage Canada, 2001), 359

History as a simple recitation of names and dates is dusty, boring stuff. But questions about why we do what we do, or think what we think, are compelling. So is the search for answers to questions about why people *used to* think or do certain things, especially if those thoughts or deeds are now considered wrong. Historians can enjoy all the excitement and intrigue of detective work with a much lower risk of getting shot.

Bad medical history gives the entire enterprise an undeservedly poor reputation; it may explain why teaching history to health-care students seems to require self-justification. Anatomy, physiology, and pharmacology do not apologize for their presence in the curriculum. Good history is directly relevant to health-care education. It revolves around a fundamental truth: things change – at different rates in different times and places, and for different reasons. Exploring the dimensions of past changes in any aspect of health care, in any culture at any time, is meaningful for the present. Historical investigation

relates to the much-touted goals of lifelong learning and evidence-based choice, which are essential for competent practice. Furthermore, good historical research resembles the scientific enterprise in many ways; it is about questions and answers.

This chapter contains my advice for conducting historical research. It is a subjective product of personal trial and error. I make no claims for originality. A history project can be approached in countless other ways. My method was and still is being shaped by my professors in medicine and history, and by colleagues, writers, editors, and especially students. Since I am unable to perceive its weaknesses and biases, I advise you to use these ideas with care.

Framing a Clear Question

The question is like the hypothesis in a scientific experiment.

The would-be investigator of history must understand exactly what she is looking for and why. Presenting rounds, preparing a report or an after-dinner speech, contemplating a change in practice, developing a policy, or simply being curious are some of the many reasons that lead students and practitioners to ask historical questions. The question will be refined by the available sources of information, by the results, and by the individual conducting the investigation. The final form of the question may bear little resemblance to the original. In other words, you may find an answer to an entirely different question – one you had not imagined at the outset.

At all times, the investigator should have in mind an honest and concise statement of the current question. Sophisticated questions take into account theoretical explanations generated by other scholars for similar problems; however, simple questions are not intrinsically boring, nor does anything preclude creating a new theory.

Throughout the process, the historian must acknowledge his or her role as a participant in the project – in matters of taste pertaining to the selection of subject, in the choice of research avenues that appeal, and in the neglect of pathways that seem less promising.

*Learning objectives for this chapter are on p. 458.

Identifying Sources

Sources are like the materials in a scientific experiment.

The evidence for statements about the past are the sources. In general, sources are of two types – primary and secondary – but they may overlap. Sometimes it is simpler to begin with the secondary sources, histories already written, where you may quickly find an answer to your question. The webpage on resources and research tools introduces general secondary sources on various subjects. But answers derived from secondary sources should be handled with caution. The best evidence comes from primary sources.

Primary Sources

Primary sources are documents or objects produced during the period under investigation or by the subject of the study. Sometimes – for example, in the case of a newly discovered manuscript – they become the question, because their origin and purpose are unknown. If the project focuses on a person, the primary sources encompass that individual's publications and manuscript papers, including diplomas, practice records, laboratory notebooks, diaries, letters written and received, and scrapbooks. Primary sources also include other collections of manuscripts, contemporary books, journals, and newspapers. If the subject is a disease, a treatment, or a technology, the primary sources might include original descriptions, subsequent modifications, commentary, and possibly extant artefacts used in treatment and care. If the subject is an institution, a period, or a place, the primary materials are found in anything emerging from that institution, period, or place. To learn about the health of populations, it is essential to consult government documents, census statistics, and agency surveys.

In defining primary sources, context is important. A historian must strive to situate the topic in time and place. No medical subject – be it a person, a practice, an institution, a technology, or an idea – can

be fully explored without also studying its political, social, economic, and cultural environment. Sometimes, the environmental conditions are revealed by comparing them with those elsewhere. For example, revolution or famine in one country will influence its medicine, while the medicine of another country that is enjoying peace and prosperity will be different.

History – itself made up of writing – has traditionally placed a special value on the written word as the ultimate form of evidence. But this practice can obscure or skew the past by excluding the testimony of those who were not able to publish, read, or write – women, children, patients, and illiterate or disadvantaged peoples. Moreover, just because something was written does not make it accurate. Historical documents are powerful witnesses, but they have certain problems: only some survive; they reflect the authors' priorities; and their contents may be flawed. In recent decades, historical emphasis shifted away from great men, great discoveries, and great nations. Consequently, primary sources have become more eclectic and include 'oral histories' (the result of interviews), paleopathology, pictures, films, novels, art, music, comic books, and objects.

In the search for printed primary sources, the historian must rely on libraries – the bigger the better – and on bibliographies and indexes; happily, most are now online and many early works are digitized. For example, when dealing with a subject from antiquity, claims and quotations found in a secondary source must be verified with scholarly editions (e.g., the Loeb Classical Library or the *Corpus Medicorum Graecorum*). Do not cite Hippocrates or Galen from *JAMA*. With electronic resources, it is possible to stay at home and browse the catalogues of great institutions, such as the Wellcome Library, the National Library of Medicine (NLM), or McGill's Osler Library. Online catalogues of most national libraries – for example of France's Bibliothèque Nationale, the British Library, the Vatican Library, and the United States Library of Congress can be searched individually and collectively.

Books can be found through the online catalogues, and Medline helps to trace articles back to 1950. But finding historical journal articles prior to 1950 can be a challenge. A useful tool is the *Index Catalogue of the Library of the Surgeon General's Office*, in several multi-volume

series from 1880, it listed the holdings of what is now the NLM, providing references to a host of journal articles dating back centuries to the earliest periodicals. Since the first edition of this book, it has been digitized and is available on the internet (<http://www.indexcat.nlm.nih.gov>). At the time of writing you may be obliged to go to a library or use interlibrary loans to obtain the actual articles cited there; however, no study of topics in nineteenth- or early twentieth-century medical history can be considered complete without use of this resource.

For recent topics, both Medline and periodical literature indexes, including newspaper archives, provide a start (such as *The New York Times Index*, *The Times Index*, and *Canadian Periodical Index*). But they have limitations (see below). Morton's *Bibliography* is an attempt to list the most significant contributions to Western medicine, and several other recent books feature great medical works, fewer in number but with more commentary. (See Resources, 2, at the bibliography website <http://histmed.ca>.)

Tracing unpublished primary sources is usually more complicated. Historians are rarely confident that they have examined every scrap of paper that could be seen. Archives exist in a surprising variety of forms and places. National and institutional archives are good places to begin. Published and online catalogues of holdings are helpful, but the Web – though extremely useful – is insufficient for conducting this work. Only a tiny fraction of holdings and search tools are digitized (at least so far), and the selection is inevitably skewed towards someone's version of a tale to be told. Specific collections are often indexed in unpublished guides called 'Finding Aids.' Archivists will usually respond to questions by mail or email. But the scholar must know (or imagine) that an archive exists in order to find it. Again, local archivists can be of assistance.

In a perfect world, all important papers would be kept in archives. Government and institutional documents are ordered by law to be preserved. Every country, every province or state, many cities, all universities, and most hospitals, organizations, and associations maintain records. In reality, however, complete preservation is rare. Even when you are confident that the papers must reside in a particular archive, locating them there through a baffling classification system can be

daunting. Having found the 'official' government records, you must remember that they are precisely that – official. They tell the story of a bureaucrat. Unknown quantities of papers may have been lost or deliberately destroyed. Indeed, the most salacious, controversial, and intriguing aspects in the life of an individual or institution can be forever excised in this way. Some papers may belong to friends, relatives, or descendants who refuse to open them to historians. Still others are withdrawn from scholarship, having become the property of private dealers and investors. Occasionally, an obituary or an entry in a biographical or national dictionary will indicate where the papers of an individual are kept. Looking for papers is time-consuming and frustrating, but it is also deeply rewarding. For this kind of discovery – a small piece of evidence to support an idea – the historian shouts, 'Eureka!' (Okay, we don't get out much.)

Secondary Sources

Secondary sources are produced by fellow historians, living or dead. Like a scientific review of the literature, the historian must find all attempts to explore the same or similar questions. The authors may be other practitioners, historians, sociologists, or philosophers; they may also be contemporaries of the subject, such as colleagues, eulogists, and descendants.

Sometimes, the secondary source will provide an immediate and satisfying answer to your question; however, before accepting such information at face value, it is wise to contemplate the nine tasks described in the box below.

When I am asked for help with a research question, like everyone else, I now start with the amazing Web-based resources like Google or Wikipedia. But it is important to emphasize that nothing found in this manner can be accepted without consideration of the list of tasks in the box. Things have changed rapidly. In direct contrast to just a decade ago, historians are now confronted with far too much information rather than too little. But most of this information is not peer-reviewed. Students sometimes seem unable to distinguish between scholarship and junk: if it crops up at the top of a Google search, they think it must be true. But truth is not decided by

On Secondary Sources: Beware!

- 1 Assume someone else has already asked (and answered) your question.
- 2 Find out who, when, and where, and do not neglect books.
- 3 If you find no predecessors, be creative and search in tangential fields.
- 4 Exploit others' footnotes for leads to additional primary and secondary sources.
- 5 Be aware that you are not obliged to agree with your predecessors.
- 6 Find reviews of the sources on which you rely heavily. Is your opinion shared by experts? Is your confidence well placed?
- 7 Do not trust history without references, aka 'scholarly apparatus.'
- 8 Believe nothing you read if it does not refer to primary sources.
- 9 Believe nothing you read if you cannot understand why it was written.

majority. As a result, it is important to cross-check all information gathered in this way with scholarly work lurking in the less visible peer-reviewed literature. How do we find that?

Medline (or Pubmed) is an excellent guide to peer-reviewed secondary sources (as well as primary sources for topics since 1950). The Medical Subject Heading (MeSH) system includes many subject headings for 'History,' organized by century and period. But separate entries on the history of *any* MeSH topic can be located simply by adding a '/hi' subheading (e.g., 'nursing/hi'). To narrow a search, a strategic combination with keywords must be made. However, do not rely on Medline alone. It indexes thousands of periodicals, but only a handful of those that cover history. It does not always assign historical subject headings or keywords to articles with historical information. It contains very little published

prior to 1950. And above all, it ignores books and edited volumes (unless they happen to have enjoyed essay reviews in journals). It is extremely embarrassing for a would-be historian to do a thorough Medline search and fail to notice a key book on the very topic under study. It happens.

The literature review should extend beyond the obvious health-care tools. Relevant information may have appeared in periodicals devoted to philosophy, anthropology, history, sociology, literature, economics, geography, political studies, women's studies, law, and public administration. Databases similar to Medline are available for the scholarly literature in the humanities and social sciences, and for newspapers and other periodicals. More reliably than Medline, these tools will include books. Ask a reference librarian for help.

The distinction between primary and secondary sources can blur in several situations. For example, an obituary can be both a primary and a secondary source. Similarly, a history written at the time of the subject under study can be a primary as well as a secondary source. A survey of several volumes of a journal counting the frequency of articles on a certain topic through time will turn a primary source into a secondary source, or vice versa, as the numerical results raise new questions. Analysis of what other historians have said about a topic transforms secondary sources into primary sources, as part of the fascinating enterprise of historiography. Historiography examines trends, problems, methods, gaps, and interpretive styles. It can help to orient confused enthusiasts (again, see the online Suggestions for Further Reading at the bibliography website <http://histmed.ca>).

Method and Interpretation

For figures in the past, including other historians, the most important question is this: How did writers come to know what (they thought) they knew? In other words, how did they justify their beliefs?

— Mirko Grmek, physician and historian

Analysis of the sources reveals the evidence, or 'argument,' to support the answer to your question. Historical methods are the direct cognate of methods in scientific experiments. Reading may be their basis, but this work also entails selection, interpretation, and manipulation – actions strongly influenced both by the taste and imagination of the investigator and by current standards and fashions of historical practice (see 'History Has Its Own History' p. 440).

In gathering evidence, it is ideal to examine all relevant primary and secondary sources. Sometimes, however, an overwhelming abundance of information – for example, in the case of hospital records – can be dealt with only by devising a sampling system. Microcomputers have revolutionized historical research and enhanced the potential of voluminous collections, but this technology demands selection. Decisions to rely on some data and reject others must be made with care, as you confront any biases that you the historian may introduce.

Secondary sources must be analysed too. Just as in a scientific literature review, this analysis connects your research – questions and answers – to other histories. Being human, historians like to see their work cited – but citation is much more than a sop to vanity or a homage to reputation. It distinguishes good history from bad. Here's how it works:

Good historical product is not only information about the past; it situates itself within the domain described by historian predecessors. It may support existing ideas with new data, or, even better, it may introduce original ideas to explain the past. Exciting new theories about why and how things came to be, or to change, can be applied and tested in future projects. In other words – and still drawing parallels to science – a thorough history project may conclude with more questions to guide future research.

The political and philosophical leanings of an investigator colour the interpretation of data, just as they enter into framing the research question. Marxists, capitalists, socialists, feminists, chauvinists, racists, creationists, scientists, Baptists, atheists, deconstructionists, midwives, nurses, physicians, surgeons, and patients will find radically different explanations to account for the same past (see chapter 11).

We are forever slaying old paradigms. Instead of standing on the shoulders of our predecessors, we take an ax to their knees. As each new approach goes after its precursors with an ax, the social sciences have come to resemble, as Eric Wolf so poignantly phrased it, "a project in intellectual deforestation." The problem, of course, is that while knowledge is socially produced, to launch professional careers, it must be individually appropriated.

–J.B. Greenberg and T.K. Park, 'Political Ecology,'
Journal of Political Ecology 1 (1994): 1

The laudable, positivistic aim of controlling all subjective variables, which dominates laboratory work, is simply not attainable in history, nor may it be in science. Unlike scientists, however, historians admit it – although, for a short time earlier in the twentieth century, they too strove for elusive objectivity. Instead, historians deal with interpretive bias by recognizing it and by bolstering their arguments with convincing evidence comprising a swathe of sources chosen by complete and/or systematic sampling in an openly reproducible fashion. An eclectic array of sources, selected simply because it supports an investigator's hypothesis, does not inspire confidence. A project that ignores mainstream historical thought may be entertaining, stimulating, plausible, and well written, but it is simply not history; it is journalism, editorializing or proselytizing. These principles are reflected in the writing process.

Writing It Up

Acknowledge your biases, but do not judge the past by the standards of the present.

Even if publication is not your goal, recording your findings in summary notes or a bibliography is a good idea. Names and dates are eas-

ily forgotten or confused; sources are tricky to recall; and ideas – even brilliant ones – prove evanescent. Retracing one's steps in historical research should be unnecessary, but all too often historians come to check their references and find holes or mistakes. A passage which seemed trivial on first reading can suddenly loom crucially large after further research sparks a related idea. Finding it again can be daunting. Even if your work was only for an introduction to case rounds, keep your notes and slides; you have become an expert, but you are no good without your evidence.

For health-care professionals, writing history is inhibiting. Like scientific reporting, however, the best composition is not a solid, seamless block of narrative – it needs a structure. The 'steps' included in the box outline the process I generally use, its sequence, and the reasons for it. Many other procedures exist, but starting at the beginning and writing to the end is perhaps the least popular approach.

An original idea. That can't be too hard. The library must be full of them.

– Stephen Fry, *The Liar* (1991)

Publication of historical research, just like that of scientific research, demands originality. A rehash of other work is not usually very interesting. Again as in science, there is vast scope for originality in topics, questions, sources, methods, analysis, and conclusions.

New topics are constantly being discovered. For example, the rise of feminism brought women practitioners and patients to the fore; shifts in political views revealed gaps in knowledge about alternative medicines, postcolonial relationships, and the experience of patients. Even well-studied topics merit re-examination in the light of new sources, histories, methods, theories, and questions. Because questions about the past emerge from the present, it is often said that all history needs to be rewritten in each generation.

Historical writing is distinguished from scientific writing by the relative permissibility of the first person and the active voice. By conven-

Steps for Writing History

- 1 Start in the middle with the results of your research, i.e., the evidence and argument, a description of primary sources, method, and interpretation.
- 2 Next, draft the conclusion. Once you have set down the argument in step 1, the conclusion (hopefully) becomes obvious. It contains the answer to the question used to guide the work. Sometimes the question is (re)discovered at this point.
- 3 Next, write the introduction. In it, review the secondary literature and present the final version of your question. In other words, (re)compose your question *after* you have decided on its answer. Sometimes, the most intriguing version of the question will not have been discovered until after the research is done and the answer (conclusion) found.
- 4 You may then return to the conclusion, modifying it with commentary on how your question and your findings differ from those of your secondary-source predecessors. Historians are often excited by the unanticipated discovery that their research on a tiny topic challenges existing ideas about the past on a much broader scale. Another historiographic 'Eureka!' is possible here too.
- 5 Document by leaving traceable references to the sources for everything you write.

tion, scientific reports use the passive voice and the third person to reflect the positivistic ideals of experimentation: 'The blood was let, then it was boiled.' In clinical reports, patients become 'cases' who do not take pills but are passively 'treated.' Rarely, and usually only in the conclusion, does the first person 'I' or 'we' appear.

Here, history is different from science. Modesty and style may dictate sparing use of the first person and the active voice, but their relative acceptability reminds authors of their own creative role at each

step of the project: 'I took the blood, then I boiled it.' This acknowledged subjectivity is the open recognition that history is not limited to information about the past: history is also made up of the writing that expresses it, thereby marking it as a humanities discipline akin to art, music, and literature.

History Has Its Own History

Periodicals devoted to the history of medicine and science go back to the early twentieth century. At first they were edited by erudite physicians, scientists, and librarians. Journals devoted to history of medicine as opposed to science began to appear in the 1930s and 1940s; various national and international societies gradually founded their own as vehicles for research on their specific parts of the world. A burst of social history activity in the late 1960s transformed medicine into a cultural topic for 'professional' (PhD) historians – people who are paid for doing history. The 1970s and 1980s resulted in the creation of new journals to accommodate their work because older periodicals rejected it for missing the science or displaying hostility to doctors. By 1993 the *Journal of Medical Biography* was founded almost as a reaction to the social turn, because life writing was being excluded from established journals as passé; now in a process of rediscovery, scholars warn not to throw the biographical baby out with the social tide.

Every new journal is the solution to a (perceived) problem. The founding editorial of the journal tells a story about why.

Pitfalls of Crossing Boundaries

The meetings of the national and international societies for the history of medicine are sometimes dominated by two artificial solitudes: doctors (generally older and often male) congregating in one room, historians (generally younger and more often female) in another.

Sometimes plenary sessions will force one group to listen to the other, and much mutual grumbling will follow. Editorials proclaim who should be doing history and how. This particular dichotomy – a woeful intellectual apartheid – is not the only controversy in a fractious field, but it is perhaps the most counterproductive. It derives, I believe, from intolerance and a failure to communicate. If I could bestow one gift on my discipline, I would choose to heal this rift. Neither group functions well without the other.

Doctors complain that historians are boring, abstract, divorced from clinical reality, absorbed with minutiae, and too frequently hostile to the medical profession. They know that medicine is not perfect, but they respect it, and like generations of their predecessors, they strive to do no harm. They resent history being used for political purposes; for them, history is a collection of 'facts' or 'truths.' They do not salivate over effete references to obscure historians. At the mention of Foucault – or, worse, his cognate adjective, Foucauldian – their eyes glaze over.

Historians are not boring to each other; theory turns them on. They celebrate the creativity of humanities writing, thinking, and speaking. They love convincing arguments and imaginative yet well-reasoned interpretations anchored in detailed examinations of sources, inevitably constrained by time and space. For them, 'facts' do not exist and 'truth' is relative. They are suspicious of a medical preoccupation with what has survived, misinterpreting it either as unwillingness to face up to past mistakes or as a desire to glorify present practice. Trained in, and by, 'the word,' historians are baffled by doctors' love of images, which they find distracting, especially when the 'pictures' are made up entirely of bullet points on a screen. For them, images trivialize communication, turning history into entertainment, a slide show, a travelogue; worse, they convey their own messages that may distract from or destroy the argument. And if historians do not mention Foucault, some clever listener, reader, or editor will punish them by archly pointing out the omission. The trick is to refer to important theorists first – nod in the direction of common ground – and carry on. Some historians dislike the medical profession – a few may even be motivated by hatred for it – but editors try to assess quality by evidence and argument, not by opinion.

Historians complain that doctors who attempt history are bumbling amateurs or devout antiquarians, dabbling in a professional discipline that they neither respect nor understand. They invoke an obvious analogy – that retired historians do not take up brain surgery. How dare these rich interlopers think that age and experience alone can turn them into historians?

On either side of this useless debate, the criticisms are both valid and unjust. Beyond jealousy and intolerance, there is a happy mean. From practitioners, historians could learn how to challenge their hostile assumptions and communicate their findings – indeed, far more historians now deign to use slides at conferences than in the past. Here, however, I will concentrate on the problems of health-care providers who want to write history. How do you convince an anonymous, sceptical, academic historian that your work is worth publishing?

History is ... fiction with footnotes.

– Roderick A. Macdonald

Common Problems and How to Avoid Them

With pressures stemming from the 'publish-or-perish' mentality, editors of quality medical journals turn increasingly to professional historians for advice on submissions. Rejection letters can be baffling as well as disappointing. The criticisms cite 'problems' that appear to be inconsequential or mysterious to clinicians. Yet these faults are rarely insurmountable. To overcome them, the first step is to understand them. The second step, accepting them, is often more difficult, but it helps to set aside the readers' reports for a few weeks before responding. Whether or not you agree with the comments, it is foolish to ignore them. If you hope to carry on with this editor (or another), you are obliged to reframe your work in a manner that addresses the criticisms with respect. The most common faults of doctor-written history are summarized as follows:

1 Failure to ask a question. An assemblage of names, dates, and

events set out in chronological 'thick description' is not history. The editor will wonder, 'Why should I or the readers care?' Enthusiastic historians who have done their research well should have no difficulty supplying a question, but they must remember to write it. Sometimes, the problem is remedied with a simple statement of why you yourself are interested in the topic, or why others ought to share that interest, or why now. More attractive questions will feature the originality of your work.

- 2 Failure to use primary sources or to reveal the method used to exploit them – a serious flaw in much of the history once published in medical journals. One variation of this ubiquitous problem is the exclusive use of translations, something many of us are obliged to do when it comes to using ancient, medieval, or Asian sources. It may be unavoidable, but it should be acknowledged with humility. Translations inevitably contain interpretations.
- 3 Failure to contextualize a subject in time or place. Research that ignores social factors is often called 'internalist.' The topic is examined from within – inside the boundaries of medical knowledge – a narrow process that is inappropriately equated with history of ideas (intellectual history). As a result 'external' issues or social factors, which may be of equal importance, are overlooked, leading the author into anachronistic assumptions. The reverse criticism, 'externalist,' could be applied to some social history writing, although critical doctors do not resort to that word because they don't know it. Instead, they deride it as 'medical history without the medicine.' Just as doctors and historians need each other, historical accounts either of an idea or of a social phenomenon are incomplete without the context provided by the other.
- 4 Failure to cite relevant secondary literature. This failing has two vast dimensions. The first relates to the nature of history; situating the work within the body of ideas defined by fellow historical writers is an important part of the process. The second is common sense; the reader who is invited to assess your work will most likely be a person who has already published on the same topic or a related one. How would you react if you were asked to evaluate an essay by some young upstart (or old codger) who proposed to publish in your area of expertise without having read your brilliant book?

- 5 Overreliance on secondary literature. Why should any article be printed if it merely rehashes what has already been published elsewhere? Explicitly state the originality of your work. Be honest. If it is not original, why do you think it deserves to be published? It may be difficult, though not impossible, to justify its publication. For example, perhaps you are the first to bring two bodies of secondary literature together; or maybe you can enhance your research by going back to primary sources to test the claims of the secondary sources that you used. Sometimes such an exercise may surprise you by showing errors made by the other historians on whom you relied. It may also provide you with a new question. Do not allow yourself to perpetuate the mistakes of others. Expert readers will notice and trace the genealogy of your research to a certain second-rate history rather than to a credible primary source.
- 6 Journal mismatch (see 'History Has Its Own History' above).
- 7 Presentism and whiggism (see below).

Presentism and Whiggism

We are not obliged to forget what we know, if we use it with care.

Presentism and whiggism are serious flaws from a historical perspective – they could even be called sins or crimes. Presentism is the tendency to judge the past by the standards of the present. It is unfair and anachronistic to blame predecessors for not saying, seeing, or knowing what could not yet be said, seen, or known. It is better history (and more interesting) to understand why they saw things as they did. 'Whiggism,' a term directly related to the progressive political philosophy of the British Liberal Party, is similar; it portrays the past as a series of events progressing to a better present. The assumption is that things change by improving and that progress has brought us to where we are now.

Historians are wary of 'progress.' The very word sets off mental alarms and shrieking whistles. Are things *really* getting better? Many technologies and treatments were once touted as miracle cures only to be rejected because of unforeseen side effects. Even the most ingenious discovery may have negative ecological considerations when the passage of centuries is taken into account. Not only is it premature to judge our own practices, but it is simplistic to reduce the past to a mere preparation for the future (a.k.a. our own glorious present). For postmodern scholars, progress, like facts, may no longer exist. Progress, in the sense of desirable improvement, is certainly problematic when those doing the labelling are also its proponents. We can be curious about the present without believing in its immutable superiority.

What to do? Never use the word 'progress.' If you feel an urge to do so, ask yourself why you think it is necessary and what you might really be avoiding. Take a deep breath, and if that doesn't work, take a Valium. Think carefully before you resort to words like 'advance' or 'setback' – they bespeak agendas that may have existed only in retrospect.

For health-care professionals, presentism and whiggism are the most difficult problems to avoid, since our questions emerge from a present anchored in clinical practice. Since we work in that present, it is appropriate that we believe it is better than the past and that we lapse into 'medicalese' as a vehicle for our ideas. We cannot suppress our awareness of current medicine. Pretending that we do not know what we do know is dishonest posturing. To that extent, Marxists, feminists, deconstructionists, and a host of other theoreticians also use questions, interpretations, and language that emerge from their present. Indeed, their works are presentist too. But somehow they manage to avoid the charge. I think the key is language. Medical verbiage should be kept to a minimum, because words convey ideas – and words that did not yet exist at a certain time will inevitably convey ideas that did not yet exist too, making your statements seem anachronistic. For non-practitioners, it is exclusionary jargon, a red flag; and even for fellow practitioners, it can mask a superficial understanding of the past.

An Example: Hypothetical Histories of Bloodletting

All authors below have carefully researched how and when bleeding was done, when it worked, failed, or appeared to work in situations that we might now think of as disastrous. But individual writers produce different histories, some better than others.

The presentist history suggests that some applications were more 'rational' than others, because bleeding 'works' or is still used now in a few cognate conditions (e.g., polycythemia, hemochromatosis, or heart failure) – none of which were diagnosed in the period under study.

The whiggish account of bloodletting is governed by the assumption that less bleeding is better. It extols a noble (but non-existent) crusade marching into the present, intent on eradicating phlebotomy.

A pseudo-historian may trot out numerous entertaining examples of famous people who died after being bled – without looking for the many who survived, or the reasons doctors and patients thought that it worked.

Here's where it gets tricky. A medically trained historian might explain the popularity of bleeding by appealing to neurovascular responses to depletion – a red-faced, hot individual turns pale, cool, and clammy – thus providing immediate positive feedback for the practice. Such use of modern concepts is neither presentist nor whiggish, but it makes some non-medical reviewers nervous.

Sometimes accusations of presentism are unjust. They are inspired by the ideas we use or the way we write. If you must resort to current medical ideas or terminology, provide a footnote to explain your choice and deal directly with the potential criticism of presentism or whiggism. Make it clear that you understand the flaw and explain why you think it does not apply in your case. Show that you know what you are doing.

The Last Word

Have fun. Remember that these ideas are far from infallible. I have a drawer full of unpublished papers. If you know an editor who might like to see them, please let me know.

Suggestions for Further Reading

At the bibliography website <http://histmed.ca>.

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