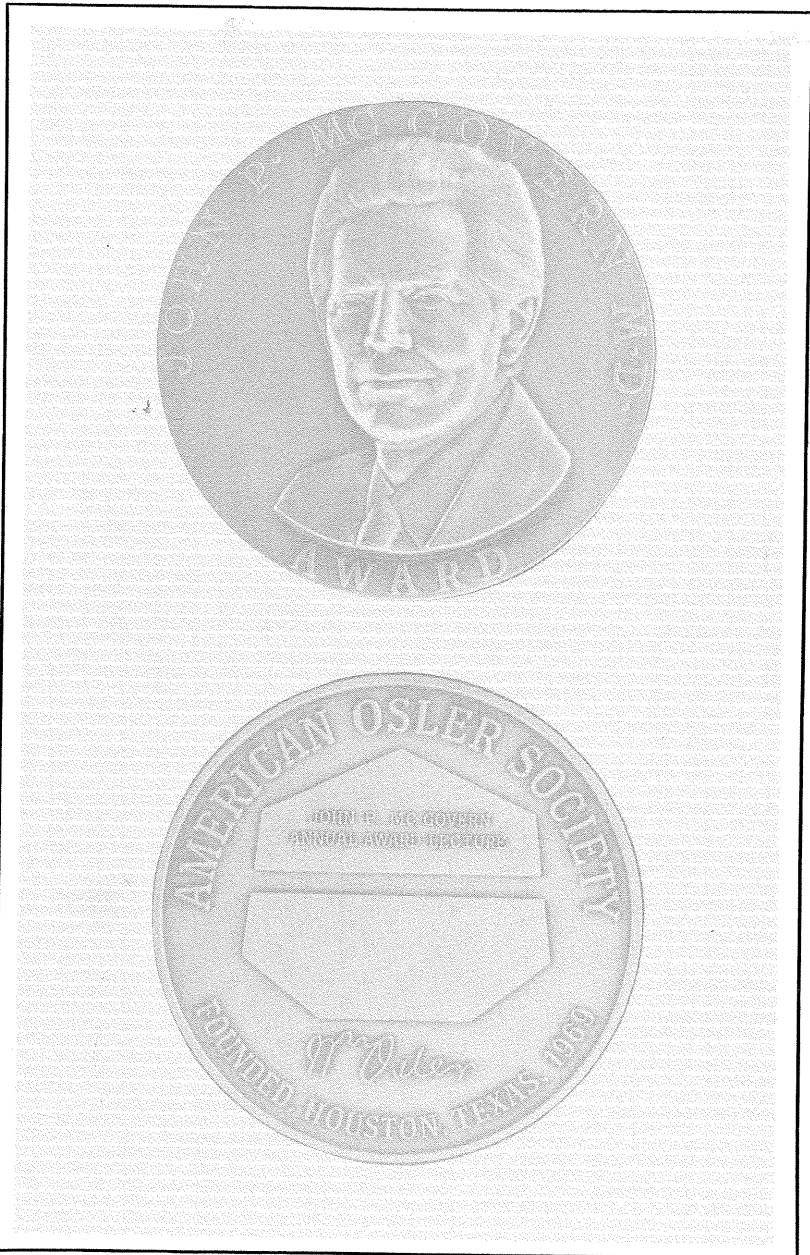


American Osler Society, Inc. - John P. McGovern Award Lectureship

# *Osler's Gamble and Ours: The Meanings of Contemporary History*

DANIEL M. FOX



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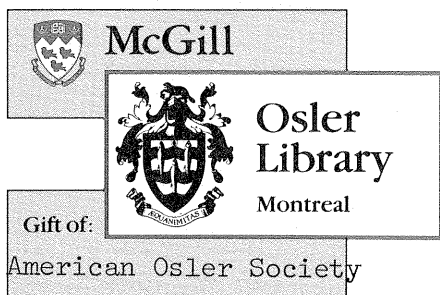
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AMERICAN OSLER SOCIETY, INC.

JOHN P. MCGOVERN AWARD LECTURESHIPS

1. *Our Lords, The Sick* presented by Albert R. Jonsen, Ph.D., April 12, 1986, in San Francisco, California
2. *To Humane Medicine: Back Door or Front Door?* presented by Edward J. Huth, M.D., April 29, 1987, in Philadelphia, Pennsylvania.
3. *Medicine and the Comic Spirit* presented by Joanne Trautmann Banks, May 3, 1988, in New Orleans Louisiana.
4. *The 'Open Arms' Reviving: Can we Rekindle the Osler Flame?* presented by Lord Walton, April 26, 1989, in Birmingham, Alabama.
5. *Rx: Hope* presented by E.A. Vastyan, May 8, 1990, in Baltimore, Maryland.
6. *Osler's Gamble and Ours: The Meanings of Contemporary History* presented by Daniel M. Fox, April 10, 1991, in New Orleans, Louisiana.

Cover—Obverse and reverse sides of John P. McGovern Award Lecture-ship commemorative medal which is presented to each annual lecturer.



*The Sixth*  
JOHN P. MCGOVERN AWARD LECTURE

♦ ♦

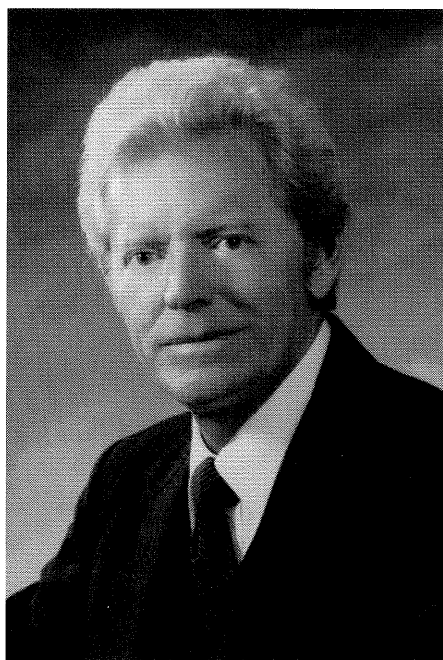
*Osler's Gamble and Ours:  
The Meanings of Contemporary History*

By

DANIEL M. FOX  
President, Milbank Memorial Fund

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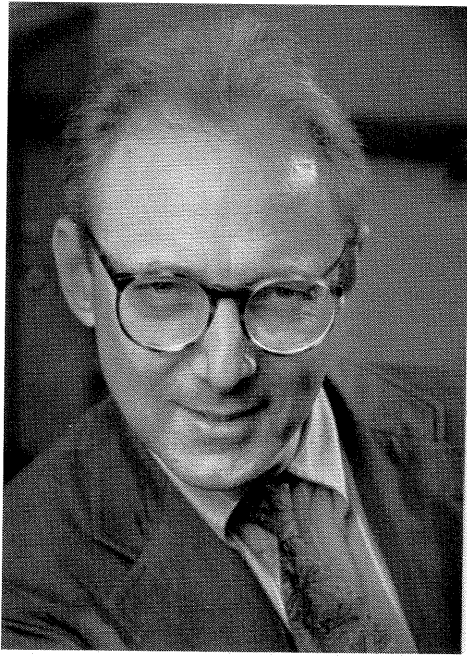
Delivered April 10th, 1991  
at the Twenty-first Annual Meeting of the  
AMERICAN OSLER SOCIETY  
New Orleans, Louisiana



JOHN P. MCGOVERN, M.D.

## JOHN P. McGOVERN AWARD LECTURESHIP

THROUGH the generosity of the John P. McGovern Foundation to the American Osler Society, a John P. McGovern Award Lectureship was established in 1986. The lectureship makes possible an annual presentation of a paper dedicated to the general areas of Sir William Osler's interests in the interface between the humanities and the sciences - in particular, medicine, literature, philosophy, and history. The lectureship is awarded to a leader of wide reputation who is selected by a special committee of the Society and is especially significant in that it also stands as a commemoration of Doctor McGovern's own longstanding interest in and contributions to Osleriana.



DANIEL M. FOX

DANIEL M. FOX

DANIEL M. FOX became President of the Milbank Memorial Fund in 1990. Prior to that he was Professor of Social Sciences and Humanities in Medicine and Director of the Center for Assessing Health Services at the State University of New York at Stony Brook. He holds A.B., A.M. and Ph.D. degrees in history from Harvard University, where he taught before coming to Stony Brook in 1971. He has also served in State government in Massachusetts and on the staff of several Federal agencies.

He has written numerous articles on public policy, the history of medicine, health affairs and photography and several books which include the prize-winning *The Discovery of Abundance* (1967), *Economists and Health Care* (1979), *Health Politics, Health Policies: The Experience of Britain and America 1911-1965* (1986), and *Photographing Medicine: Images and Power in Britain and America Since 1840* (1988). He recently co-edited and contributed to *AIDS: The Burdens of History* (1988), *Financing Care for Persons with AIDS: The First Studies, 1985-88* (1989), *Disability Policy: Restoring Social and Economic Independence* (1989) and *AIDS: The making of a Chronic Disease* (1992).

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OSLER'S GAMBLE AND OURS:  
THE MEANINGS OF CONTEMPORARY HISTORY

**O**SLER GAMBLE? Some members of the American Osler Society may be surprised at the title of this paper. How could a man who believed so strongly in the methods of science be a gambler? The answer is that what Osler did as a result of his belief in the power of science was a gamble, though many historians and admirers of Osler might prefer to call it an investment. (Some of them may also think that buying stock or awarding academic tenure is an investment.) Osler bet that the contemporary history of medicine, events that occurred during the last half of the nineteenth century, taught lessons about the future. He very deliberately used an interpretation of events in the recent past as the basis for advocating how his contemporaries ought to organize the practice of medicine, medical education and research. Osler, that is, demonstrated the practical value of studying the history of medicine.



The purpose of this paper is to address two questions that follow from this assertion. The first question is: What use did Osler make of the contemporary history of medicine? The second question is more controversial: What does Osler's use of his contemporary history suggest about how we should use our own?

Osler studied the history of medicine in the nineteenth century and used it as the basis for his predictions about medicine in the twentieth century. Then he worked hard to make what he had predicted happen. History became a basic science, in a sense, of his advocacy.

Contrast this to how most physicians, even distinguished physicians, approach the history of medicine in the late twentieth century. They do not study it. Their predictions about medicine in the twenty-first century, when they make them, are based on beliefs about recent events that are rarely based on systematic research and analysis. History, far from being a basic science of advocacy, is hardly noticed by most of the people I have met in the two decades during which I have been from time to time a medical school faculty member, a manager in an academic health center, a public official and a foundation executive.

Thus my story has a moral. Osler gambled that medicine in the twentieth century would be shaped by the lessons he chose to draw from the history of medicine in the nineteenth century. If we want to gamble on the shape of medicine in the twenty-first century we could improve our odds by drawing lessons from the history of medicine in the twentieth century.

This story has two parts. One is about Osler. The other is about us. Osler once neatly summed up the purpose of both parts: "It is one of the values of lectures on the history of medicine to keep alive the good influences of great men

even after their positive teaching is antiquated.”<sup>1</sup>

#### OSLER'S GAMBLE

Osler was quite precise about what he believed to be the most important theme in the history of medicine. Several times and famously in 1913 he said that this theme was the “progressive evolution of scientific medicine.”<sup>2</sup> He believed that the history of medicine before his own time was characterized by a lengthy “series of upward steps.” These steps, he also called them “stages,” were as follows. First, medicine “emerged from magic and religion into an empirical art.” Then the “natural character of disease was recognized and the importance of its study as a phenomenon of nature was announced.” Next the “structure and functions of the human body were worked out.” After that, the “clinical and anatomical features of disease were determined.” Then the “causes of disorders were profitably studied.” In sum, “science has completely changed man’s attitude toward disease.”<sup>3</sup>

He had earlier been quite precise about what he meant by science and about how science had changed attitudes toward disease. A convenient summary of his views was his talk in 1901 on “Medicine in the Nineteenth Century.” The nineteenth century was, he said, “wonderful” because the “phenomenal results which have followed *experimental investigations*” promised the “decrease of physical suffering in man, woman and child when stricken by disease or accident.” He then described, disease by disease, recent advances in medical knowledge and their practical consequences.<sup>4</sup>

In 1901, Osler asserted that the most important result of the recent history of science, especially of physiology and pathology, was “to emancipate medicine from routine

and the thralldom of authority.”<sup>5</sup> At the end of his life he extended the reach of this generalization to include the study of history. “History,” he wrote in 1917, “teaches us the growth and development of ideas.” Two sets of ideas, two “master thoughts of the race,” were centrally important to understanding history and its practical consequences. The first set of ideas was the history of religious thought. The other was ideas about “knowledge of things we see, patiently acquired by searching out the secrets of nature.” This knowledge was the “basis of our material civilization.” In particular the “new biology” had, in his lifetime, changed the “mental outlook” of thoughtful members of the human race.<sup>6</sup>

I have summarized this familiar Oslereana in order to emphasize four points that are central to my thesis about the relevance of Osler’s gamble to the gambles that we could make. The first point is the vast importance that Osler accorded to history as basic to an understanding of medicine. The second point is his commitment to a clearly articulated and systematic interpretation of the history of medicine. Not for Osler a view of history as whatever facts and anecdotes somebody remembers. Third, he was convinced that history was driven by ideas. Fourth, ideas, especially scientific ideas, could liberate medicine, and by extension other areas of life, from two tyrannies that Osler loathed—the tyranny of routine and the tyranny of authority.

Osler used these four points as the basis for his gamble. That is, he extracted from them an analysis of current events. Then he used this analysis to guide, prospectively, his behavior as a physician. In the language of my clinical profession of public administration, Osler used history as the basis for policy. By policy, I mean both his behavior as

a clinician and as a professor and his advice to the people who managed and subsidized medical education.

I call Osler's use of history for policy a gamble because it was prospective. Osler acted on what he took to be the lessons of history in what we now call real time. Osler described his gamble quite precisely. The task of subsequent historians is to evaluate it.

There are many primary sources for documenting Osler's gamble. I choose two of them to make my case. In one the gamble is implicit, in the other explicit.

The gamble is implicit in the second part of "The Fixed Period." This essay has been interpreted by scholars who know considerably more about Osler than I do. I simply want to suggest that, among his other goals in this essay, Osler was doing something that most policy makers do: he was trying to influence how his contemporaries and their successors would evaluate his gamble. Thus he describes the importance of the Johns Hopkins Hospital and medical school for contemporary history. He urges his listeners and subsequent readers to agree that, in its short history, these institutions had linked four important goals. The first goal was to emphasize the "importance of scientific investigation of disease." The second was to make explicit that the hospital was a place for the "study as well as for the cure of disease." The third, which followed from the first two, was to demonstrate that a teaching hospital required a "vital organic connection with a university." And the fourth was to exemplify the "advantages of well trained doctors to a community."<sup>7</sup>

In order to make Osler's gamble clear to you, I will translate these four goals into the language of late twentieth century health policy. In our language, Osler's goals sound something like this: Any rational health policy for

any country gives priority to academic medicine. It does so because improvements in the health status of any population or individual will be produced a) by laboratory research, b) by a teaching hospital that can provide both the material for laboratory research and the patients on which to test what is learned in laboratories, and c) by doctors practicing in community settings who have learned about diagnosis, treatment and prevention in teaching hospitals that are linked to modern scientific universities.

Now let us return to the early twentieth century, and therefore to the language of Osler and his contemporaries. About a year after he wrote "The Fixed Period," Osler was explicit about his policy gamble in the introduction to a multi-volume text he edited with Thomas McRae, *A System of Medicine: Its Theory and Practice*. Like any accomplished policy gambler, moreover, Osler used shrewd tactics to persuade his audience to accept his logic.

Osler begins his introduction by reciting his fundamental lessons of history. First, he insists that history changes as the result of ideas. This theme, that ideas are the motor of history, is, we know from other texts, Osler's code for asserting the virtues of analytical thinking against the tacky claims of routine and authority. He then reminds his readers that "scientific medicine," which began among the Greeks in the fifth and sixth centuries was the "product of a union of religion with philosophy." Now he moves to the scientific triumphs of the late nineteenth century. He describes how the new ability to detect the specific etiology of infectious diseases led to advances in "sanitary control," and in "vaccines, antitoxins and curative sera."<sup>8</sup>

Sanitary control? Osler seems to be placing at least a side bet on public health, or maybe he was making a different policy gamble than the one that was so close to the surface

of "The Fixed Period." But look more closely at his tactics of argument. He now says that "in the immediate future it is along chemical lines that we may look for the greatest advance..." in useful scientific knowledge.<sup>9</sup> He has embraced readers who believe that public health policy matters, but he has pushed them toward agreeing that sanitary control is driven by laboratory science.

He continues the same tactics on the next page. Again he seems to be hedging his bet when he says that "...upon diet more than upon any other single factor depends the health of the community."<sup>10</sup> He seems to be saying that good health policy includes social policy to improve nutrition.

But wait: A masterful gambler is working to make other people place the same bets that he has made. A few lines later, he flatters the people who do the "daily work in general practice," calling them the "hope of the profession."<sup>11</sup>

Suddenly he shifts the argument. He is ready to make his policy gamble explicit. Osler's transition to a full statement of his gamble requires him to make plain that he is a *physician scientist*. He and his allies will fail if they do not mould the general practitioners whom he has just flattered in their own image. Thus "our labors are in vain—all the manifold contributions of science...unless they result in making men better able to fight the battle against disease...."<sup>12</sup>

Now Osler is ready to state his policy gamble without qualification. "Gradually," he says, "almost insensibly, the practical advances of the *laboratory* and of the *hospital* reach the men with whom...rests the final testing of our efforts." Even public health and nutrition are within the scope of practice of general practitioners, not of public

health policy. Thus the “work in practical sanitation, the last word in the prevention of disease” as well as the “carrying out of new methods of treatment” rest with the “rank and file of the profession.”<sup>13</sup>

Making explicit the basis of his gamble on the meanings—the significance for policy—of contemporary history, Osler next says that because the “times are changing” policy must change. He explicitly calls this policy “a reorganization” of power and influence in internal medicine and declares that its basis must be the dominance of highly trained internists in teaching hospitals that are linked both to laboratory researchers and to community practitioners. Then he ends his argument by changing the tense of his appeal to historical analysis: the “times [he says] have changed.”<sup>14</sup>

#### OUR GAMBLE

Times have indeed changed yet again. Therefore I invite the members of the American Osler Society, and other colleagues, to address two questions, one retrospective, the other prospective. The historical question is this: How successful was Osler as a gambler? The prospective question is what principal bets, and what side bets would you like to place on health policy for the early twenty-first century? I will amplify these questions, and then encourage you to discuss them with me and then with each other.

First, how successful was Osler’s gamble? It is obvious that Osler and his allies were persuasive. There is a rich literature, some of it the work of members of this Society that describes how scientific physicians came to dominate medicine in the United States in the twentieth century. We know the familiar history of medical schools and teaching hospitals, of the specialties and the subspecialties, and of

the financing and structure of medical research. We have also heard the complaints, throughout the century, of many of the people who were relegated to secondary importance in the hierarchies of power and the hierarchies of values on which Osler and his allies placed their bets. I refer, for example, to several well-documented conflicts between town and gown, between generalists and specialists, between Oslerean gamblers and advocates of according high priority to primary care in medical education and health care financing, and between specialists on public health and almost everybody of influence in medicine.

How you will answer my first question, how successful Osler's gamble was, depends on how you evaluate these conflicts among competing claimants to power and authority in medicine. Would the health status of the American people in 1991 have been different if the Oslerean gamble had not paid off so well in funds for basic research, in the proliferation of teaching hospital beds and services, and in specialization? Would the health status of Americans be any different if the people who wanted to place different bets between 1890 and 1920 had been more successful in influencing the allocation of power and of moral authority in medicine and in health policy?

Evaluating the success of Osler's gamble also means evaluating his historiography. That is, might Osler have placed a different bet if he had read history differently. You will recall that, in Osler's historiography, ideas drive the events of history. To him, the central ideas in history are religion and science. In the nineteenth century the idea of science generated advances that promised to lead to vast improvements in the health of populations.

But what if different ideas drove history? Consider, for example, what we have learned since the nineteenth cen-



ture about the power of the idea of tribal loyalty in its modern form of nationalism or about the power of religious belief and ideology to put to dreadful uses the ideas of science and their translation into, for example, warmaking technology.

And what if history is not driven mainly by ideas at all?

What if it is driven by the conflicts of classes that are formed in response to the social relations of production? What if history is driven by greed, or fear, or hatred as well as by ideas? If history is, pardon the expression, multi-factorial, how would we have placed better bets than Osler's in order to reduce mortality and morbidity in our country, or in anybody else's?

I will be specific about the relevance of these questions to the history of medicine, and particularly to the history of the broad issues I am calling health policy. Osler's gamble was based on his conviction that a particular set of ideas that drove history in the past should be the principal determinant of health policy in the future. Thus he chose not to worry about how two other large matters would influence the results of his gamble. One of these matters was *interests*. One example of interests is how members of the medical profession have acted on what they took to be their economic and psychological needs during this century. Another example of interests is what employers and the elected representatives of the people have believed it is important to pay for in order to maintain and improve health.

*Illness* is, surprisingly, another large matter that Osler left out of his historiography and therefore out of the calculations that led to his gamble. Osler's gamble did not take account of potential changes in the epidemiological situation: changes driven by the advances of science, and

by changes in the economy, in demography and in living patterns. Shortly after Osler's death, chronic diseases became, for the first time in recorded statistics, the leading causes of death among Americans.<sup>15</sup> By the 1990s, managing disability attendant to aging, injury, and chronic disease had become, to many people, a more pressing problem for health policy than prolonging life or reducing pain. How would Osler have gambled if he had imagined that such a vast change would occur in the epidemiological and demographic situation over the next several generations?

Which, of course, leads me to ask my second question: What bets will you place, using what historical analysis that is grounded in what historiography. Osler gambled intelligently: that is, he was explicit about the analytical basis of his bet. Not for Osler a random walk either down Wall Street or into the future. Will we be so intelligent?

We have no choice about whether we will gamble. We place bets on health policy every time we take a political action, whether that action is in the relatively closed politics of professional practice or in the relatively open politics of health care financing and organization. The question is how to bet, not whether to bet.

Neither do we have any choice about whether we will use history in placing our bets on the future.<sup>16</sup> The only question is whether we will be more or less sophisticated than Osler in using it. Perhaps we cannot even aspire to Osler's level of historical sophistication.

The alternative to using history in our policy gambles is to assume naively that what is happening around us today is likely to continue to happen. This is the famous view that history is just one damn thing after another. Such a view would be inconsistent with being in this room, although I

suspect that each of us has colleagues who routinely act on it.

I hope that I have said enough to stimulate discussion. I would like to hear your views about both Osler's gamble and the gambles that we may make. Here is what I propose as a method of procedure. I will moderate a discussion that will, I hope, be so lively that I have to cut it off after twenty minutes. During the discussion I will make as few comments as possible—and those will be intended mainly to increase clarity in discussion. Then I will pause for a minute or two to collect my thoughts about what you have been saying about the uses of contemporary history and the sorts of gambles you are prepared to make. That is, I will behave like the contemporary historian that I am and use our discussion as my primary source material.

**[A vigorous discussion occurred among the members of the American Osler Society. During the discussion the author deliberately turned his back on the audience and took public notes on a large pad that he had placed on an easel below the lectern. The notes were in red marker. After twenty minutes, the author analyzed the notes, using a black marker to circle key words and concepts. Then he returned to the lectern to complete the talk.]**

Like Osler, most of the members of the American Osler society in 1991 are eager to use history prospectively: to gamble. But they read primary sources differently than Osler did and, therefore, reach conclusions that are more pessimistic than his. They draw three generalizations about the future from recent history. The first is that, contrary to what Osler and many of his contemporaries believed, progress in medicine is neither inevitable nor linear.

The second generalization is that the context of medi-

cine has changed. Osler gambled that physicians, and especially physician-scientists, could shape medical practice by the force of their ideas and their ability to control the dominant institutions of the profession. There are now more actors and interests. Events in economic and social life, in the environment and even in foreign affairs are shaping the future of medicine. As one person said, "social chips" are now part of the gamble; Osler could play only "scientific chips." Moreover, the relationship between science and technology, which Osler believed to be straightforward, is now seen as complicated, especially as a result of the mediating force of industrial interests. The future of technology and its influence on medicine often seems to be unpredictable.

The third generalization is that money matters in medicine, now and in the future, much more than it did for Osler. Of course physicians in the past, and Osler himself, took money seriously and enjoyed immensely earning a lot of it. But payment, more precisely the policies of payers, will increasingly determine physicians' behavior in the future in ways that were unthinkable in the past.

Finally, several members of the group voiced profound doubts about whether the future of medicine could be gambled on at all. One spoke of the "irrationality of man." Another wondered if "any historical system has meaning."

Bets having been placed and recorded, I stepped down from the lectern. Perhaps at some future date the gamblers will revisit the casino of prospective history.

The author thanks Drs. Richard L. Golden and Kenneth Ludmerer for assistance in locating primary sources generated by Osler.

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