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## Using the History of Pediatrics

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The world of medical history is often a chaotic one, concentrated around the twin attractors of the professional historian and the physician historian. This 'oppositional clustering' as Charles Rosenberg calls it, has developed over the past forty years from a new interest in the social and cultural past of medicine, health and healing, increasing interest in gender relations in medicine, and changes in the relative status of physicians and historians, together with the widespread critique of social institutions evident since the 1960s.<sup>1</sup> This polarisation is particularly evident in the history of medicine for children, where recent social historical and sociological interest in the child welfare movement, the meaning of childhood and gender relations, have produced a new species of histories that challenge the more traditional stories of the development of pediatric medicine.

This confusing multiplicity of histories is often difficult to negotiate, even for professional historians. In particular, the newer social historical approaches are frequently hard for physicians to understand or relate to. The aim of this short paper is to give a brief overview of the current historiography of the field, with particular reference to America, and to suggest ways in which doctors might find social historical approaches useful.

The new histories of child health are the products of changes in historical scholarship over the last twenty years. One of their messages

1. Charles E. Rosenberg; 'Why Care About the History of Medicine?', in Charles E. Rosenberg, *Explaining Epidemics and Other Studies in the History of Medicine*, Cambridge University Press, Cambridge, 1992, pp. 1-6.

is that pediatrics —medicine for children—is merely one part of the wider child health and welfare movement, and that medicine and medical advances are often peripheral to improvements in the welfare of children in the last two centuries. These works by social historians, historians of women, historians of childhood, and sociologists, have sought to introduce the voices of mothers, children, lay reformers, non-medical health professions and other previously marginalised historical actors into historical narrative. Notable examples in America include Richard Meckel's *Save the Babies* (1990), Janet Golden's *A Social History of Wet Nursing in America* (1996), and Rima Apple's *Mothers and Medicine* (1987), each of which focuses upon the changing relations between physicians, mothers and infants in the area of infant feeding.<sup>2</sup> Examples from Britain include Deborah Dwork's *War is Good for Babies and Other Young Children* (1987) and the edited collections such as Roger Cooter's *In the Name of the Child*, neither of which offers an examination of the development of pediatric medicine in the United Kingdom.<sup>3</sup>

Yet another version of the origins of child medicine and welfare has come from sociologists interested in the development of specialist professions within medicine. This historical strand is best represented by Sydney A. Halpern's recent examination of the rise of pediatric medicine in America, *American Pediatrics: The Social Dynamics of Professionalism, 1880-1980* (1988), which examines the development of pediatrics as a specialty segment within the rapidly changing medical milieu of the late nineteenth and twentieth centuries.<sup>4</sup> Seeing pediatrics as a novel professional collectivity driven by new labour configurations and career tracks, the development of child health structures is understood to be determined by wider social, economic and professional forces that drove the professional regulation of childhood.

It is not surprising that doctors, particularly pediatricians, can find

2. Richard A. Meckel, *Save the Babies: American Public Health Reform and the Prevention of Infant Mortality, 1850-1929*, Johns Hopkins University Press, Baltimore, 1990; Janet Golden, *A Social History of Wet Nursing in America: From Breast to Bottle*, Cambridge University Press, New York, 1996; Rima D. Apple, *Mothers and Medicine: A Social History of Infant Feeding, 1890-1950*, University of Wisconsin Press, Madison, 1987.

3. Deborah Dwork, *War is Good for Babies and Other Young Children: A History of the Infant and Child Welfare Movement in England, 1898-1918*, Tavistock, London, 1987; Roger Cooter, *In the Name of the Child: Health and Welfare, 1880-1940*, Routledge, London, 1992.

4. Sydney A. Halpern, *American Pediatrics: The Social Dynamics of Professionalism, 1880-1980*, University of California Press, Berkeley, 1988. Other similar works include Kathleen W. Jones, 'Sentiment and Science: The Late Nineteenth Century Pediatrician as Mother's Advisor', *Journal of Social History*, 17, 1983, pp. 79-96.

these new histories difficult to accept, particularly as they conflict with the traditional histories of medicine that place medical advances at the centre of developments in child welfare. These histories of pediatrics date back to 1904, followed by a surge of histories written by pediatricians from the 1920s onwards, including those by Sir Frederick Still (1931) and Isaac Abt and Frederick Garrison.<sup>5</sup> The finest and most extensive of these histories in the *History of American Pediatrics* by Thomas E. Cone (1979), who traces the development of medicine for children from "perplexing obscurity" to modern scientific pediatrics.<sup>6</sup> Short versions of these histories often appear in journals and at professional gatherings of pediatricians, such as in the annual Abraham Jacobi lectures of the American Academy of Pediatrics.<sup>7</sup>

In these histories, pioneers such as Abraham Jacobi in America and Sir Frederick Still in Britain are celebrated as struggling to bring the fruits of modern science to the sick children of their nations. The true nature of the diseases of children—so perplexing to the nineteenth century physician—are made clear by careful observation and the progress of medical technology, and therapeutic advances are deployed by humanitarian physicians to defeat the age-old nemeses of diphtheria, cholera infantum, fevers and convulsions. Child health and welfare, we are told by these histories, was the result of a long struggle to find the correct medical answers to infant mortality and death and disease in childhood.

To the great majority of professional historians, these traditional 'medical' histories are seen as little more than hagiographic celebrations of physicianly conduct. They are historiographically unsophisticated,

5. Abraham Jacobi, 'The History of Pediatrics and Its Relation to Other Sciences and Arts (1904)', in William J. Robinson (ed.), *Collectanea Jacobi*, Vol. I, Critic & Guide Co., New York, 1909, pp. 92-93; F.H. Garrison & Isaac Abt., *Abt-Garrison History of Pediatrics*, W.B. Saunders, Philadelphia, 1965; Sir Frederick Still, *The History of Paediatrics: The Progress of the Study of Diseases of Children up to the End of the XVIII Century*, Oxford University Press, Oxford, 1931.

6. Thomas E. Cone, *History of American Pediatrics*, Little, Brown & Co., Boston, 1979, quote from p.69; L.E. LaFetra, 'The Development of Pediatrics in New York City', *Archives of Pediatrics*, 36, 1932, pp. 36-50; John Ruhräh, *Pediatrics of the Past: An Anthology*, Hoeber, New York, 1925; F.H. Garrison & A.F. Abt, *Abt-Garrison History of Pediatrics*, W.B. Saunders, Philadelphia, 1965; *History of Pediatrics, 1850-1950*, *Nestle Nutrition Workshop Series*, Vol. 22, B. Nichols, A. Ballabriga, N. Kretchmer (eds.), Raven Press, New York, 1991.

7. E.g. James E. Strain, 'Jacobi Address - Pediatrics: Where Do We Go From Here?' *Pediatrics*, 1995, 95, 924-27; and C. William Daeschner, 'Education for Primary Care of Children: A Report to Abraham and Mary Jacobi - Abraham Jacobi Lecture, 1982', *American Journal of Diseases of Children*, 1983, 137, 566-71.

privilege biomedical science as an objective undertaking separate from the remainder of human activity, assume that social and economic factors have little relevance to the operation of medical progress, and provide little or no analytic insight into the relations of physicians with other historical actors or the operation of medicine for children within society. In these histories, the accumulation of knowledge and progress itself are understood as historical forces. Only the voices of medicine and science are heard, and all other elements of the political and social discourse are tacit.

But however historically flawed, we must acknowledge that these primarily biographical histories serve useful historical and professional purposes within medicine. In their enthusiasm for dates and personages and scientific advances, the traditional pediatric histories provide examples of what good or bad pediatricians are and have been. While professional historians have little interest in these judgements about saints and sinners in medicine, these histories do provide models of desirable personal and professional practice, illustrating the kinds of role models pediatricians are told they should emulate. These histories also provide useful evidence of the contributions of professional pediatrics associations, from local medical groups to the American Pediatric Society or the American Academy of Pediatrics.

Stories that portray valiant physicians striving against sickness and disease also provide validation for the practice of medicine for children in both scientific and moral terms. For example, the success of efforts such as the fight against infant mortality is used to help construct a beneficent identity for the pediatrician within the medical profession and within society. Figures such as Abraham Jacobi, Benjamin Spock and Frederick Still provide pediatricians with models of good physicianly behaviour, combining scientific practice with child advocacy and the pioneering of new techniques. Traditional pediatric histories are therefore valuable for the pediatric profession, encouraging productivity, ethical behaviour and professional bonds among individual practitioners. In contrast, the newer histories actively subvert these professional functions for history. Instead, they reveal the economic and status agenda lying behind profession-building, specialisation and the formation of professional bodies. Rather than focusing on pediatric biomedicine, they move the pediatrician to the periphery of the child welfare discourse and challenge traditional notions of the objectivity of biomedicine and the nature of medical progress. Thus it is not surprising that social and sociological

approaches to history are often unpopular with pediatricians interested in the history of their profession.

How then do we reconcile practising doctors to these newer approaches to history? Debate on the merits of social historical interpretation over traditional approaches is probably of little interest to the majority of physicians. One way for doctors to engage with non-traditional historical approaches is once again through the professional usefulness of these histories. Historical narratives that place pediatrics within the wider child health discourse may be useful in understanding the relations of pediatrics and pediatricians to other elements of the multi-faceted child health movement, and the place of pediatric medicine within wider society.

Social histories tell of the world outside pediatrics and therefore complement the internal histories of the pediatric world written by pediatricians. They address the wider social, political, and cultural movements that contributed to the formation of the child welfare movement, and which continue to have a great impact on children, families and other health professionals. Their main actors are mothers and (occasionally) fathers, nurses and midwives, therapists, volunteers and lay reformers, hospital administrators, and children—as well as doctors—the same groups that pediatricians today must constantly interact with in the treatment of their patients. Histories that tell of the place of these groups within health-care can therefore provide models for the relations of pediatricians with the outside world.

In today's world of multidisciplinary health teams and co-ordinated clinics, few pediatricians would see themselves as lone operators, able to provide for all of a child's health needs without reference to other disciplines and workers. If traditional histories have a role in providing appropriate models of professional conduct for doctors, then social histories too may have a use in demonstrating ways for doctors to relate to parents, children and non-medical health professionals.

These histories also demonstrate the necessity of non-medical groups in achieving reform of health care for children in the past—achievements usually credited solely to doctors by traditional histories. The rise and fall of maternal and child health services in the early twentieth century is a useful example. Traditional histories tell of the 'defeat' of infant mortality through the deployment of medical bacteriological weapons (disinfection, pasteurisation of milk, diphtheria antitoxin, and later antibiotics) by pioneering doctors aiming to neutralise the infective perils of child-birth and the first year of life. Yet recent historical and epidemiological work shows clearly that the

reduction in infant mortality of the early twentieth century was the result of a combination of many social economic and political factors that worked together with public health and medical initiatives.<sup>8</sup> Prime among these were efforts to reform the urban environment that were driven by social and economic changes rather than by advances in biomedical science—e.g. campaigns to improve urban sanitation, reduce working hours, reform tenement housing and reduce urban crowding, together with the development of milk stations, well-baby clinics and young mothers' clubs.<sup>9</sup>

The new approaches to the history of pediatrics also reveal the extent to which reform activity by pediatrics in the past was motivated largely by political and professional ideology. For example, Richard Meckel in *Save the Babies*, and Rima Apple in *Mothers and Medicine*, show how pediatricians made use of the new authority of medical science to institute new feeding and mothering practices for infants in the early twentieth century. Whilst Meckel and Apple see much of this activity as motivated by attempts to portray pediatricians as necessary scientific guides for American women in the perilous seas of motherhood, they also emphasise the political and cultural motivation of these reforms, noting that pediatricians were part of wider movements in the Progressive Era to Americanize new immigrants. Similarly, the strong element of eugenic ideology in the early American child welfare movement is stressed by Alisa Klaus in *Every Child a Lion*.<sup>10</sup> In enforcing safe and scientific American mothering practices on immigrant mothers, both pediatricians and non-medical progressive reformers believed that they were saving the nation from 'race suicide'. In some senses, child health reform in the Progressive Era can be regarded as a useful model for modern pediatricians, in that it demonstrates the adroit political activity of pediatricians in pursuing their aims within a larger movement with disparate objectives and motivations.

8. E.g. see Thomas McKeown, *The Modern Rise of Population*, Edward Arnold, London, 1976.

9. Deborah Dwork, 'Childhood' in *Companion Encyclopaedia of the History of Medicine*, Vol. 2, W.F. Bynum and Roy Porter (eds.) Routledge, London & New York, 1993, pp. 1072-91; Viviana Zelizer, *Pricing the Priceless Child: The Changing Social Value of Children*, Basic Books, New York, 1985, Chapter 1, pp. 22-55.

10. Alisa Klaus, *Every Child a Lion: The Origins of Maternal and Infant Health Policy in the United States and France, 1890-1920*, Cornell University Press, Ithaca, 1993.

Many historians have traditionally been suspicious of notions of the usefulness of history, although few would now maintain that their writings and readings of history are not explicitly positioned within larger social and political discourses. Perhaps the issue of usefulness might help to break down some of the oppositional clustering in the history of medicine noted in the first paragraph. The traditional forms of medical history writing are now largely discredited by professional historians, yet they retain favour within medical circles because they fill necessary professional roles. However, as a pediatrician and historian, I believe that the most desirable professional models for pediatricians can now be found in the social histories of pediatrics—in those histories that depict the pediatrician as one of many voices in the discourse of child health.

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