FROM THE EDITOR'S DESK

From the Editor's Desk: Medicine Past and Present

Kristen Ann Ehrenberger, MD PhD[1], Scott Podolsky, MD[2], and Carol K. Bates, MD[2]

[1]University of Pittsburgh School of Medicine, Pittsburgh, PA, USA; [2]Harvard Medical School, Boston, MA, USA.

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There are various ways to apply the history of medicine to contemporary medical practice. It can serve as a source of inspiration as we recognize, for example, the enduring nature of self-sacrifice and dedication to patient care. Or it can serve as a source of consternation and self-reflection, as we consider the limitations of healthcare providers and institutions in contributing to past and present inequities. At the very least, it can be an antidote to our own hubris, and perhaps help us consider current blinders. Take the example of Dr. George E. DeWitt (1842-1924), who penned "Some References to the Practice of Medicine, Then and Now" in 1916, toward the end of his career as medical health officer and mayor of the small Canadian town of Wolfville.[1] "Fifty years ago," he wrote, a physician could perhaps help a single patient at a time. Then came the bacteriological revolution, with its diagnostic, preventive, and early therapeutic changes that protected whole communities at once. Cell culture and microscopy enabled the testing of local water supplies; anti-septic technique reduced maternal mortality from puerperal fever; and the arsenical compound "606" (salvarsan) promised a treatment for syphilis. The simplistic arc DeWitt crafted from medicine as the domain of individual healers to one of communally minded infectious disease experts was not entirely wrong, but it did preferentially showcase his own life's work in public health, including a short stint at the head of a tuberculosis sanatorium.

"Progress" was DeWitt's watchword, and he looked to the past as a foil for positive scientific developments. Unfortunately, his optimism about the ability of human ingenuity to solve problems also fueled his enthusiastic support of eugenics,[2] which we regard today as a misguided, deterministic, simplistic, and harmful application of "science" for the apparent sake of the common "good." His hope that salvarsan would "[rid] the race of the physical and mental defects which visit the children of syphilitics from generation to generation, thus hastening the day which the practice of eugenics is endeavoring to produce, viz., a race of the mentally and physically fit" rings offensive to our ears. These sentiments mark DeWitt as a man of his times, which were ripe with the possibilities of the Progressive Era, when reformers sought to alleviate poverty and illness with child-labor laws and workplace-safety regulations but also restrictions on marriage and reproduction. Medical history contains cautionary tales as well as episodes that are worth celebrating, so we will use DeWitt as an inspiration to look back—with curious but critical eyes—at the kinds of narratives that can be told about science, medicine, health, and bodies.

In 2020, the epidemics of SARS-CoV-2 and of violent, institutionalized racism ignited interest in the "forgotten" 1918–1919 influenza pandemic[3] and in the history of race and racism in medicine.[4] An elderly Dr. DeWitt almost certainly took care of pandemic influenza patients in rural Nova Scotia. We now know about its devastating toll among young people; the effects of climate and the Great War on its spread[5]; and that nursing often proved more rewarding than doctoring, because there was no cure. There have even been attempts to model the circulation of the respective viruses in order to predict whether public health measures such as closing school are effective.[6,7] While pandemic influenza appeared to have affected Black Americans less severely than their White counterparts 100 years ago,[8] non-White race is an independent risk factor for infection, severe COVID-19 disease, and mortality today.[9] To answer why this is, we must look to history. As Professor Sabrina Strings wrote in the *New York Times* in the spring, "The era of slavery was when white Americans determined that black Americans needed only the bare necessities, not enough to keep them optimally safe and healthy. It set in motion black people's diminished access to healthy foods, safe working conditions, medical treatment and a host of other social inequities that negatively impact health."[10] Systemic racism only deepened in the eras of Jim Crow, redlining, and mass incarceration. The current "syndemic"[11] is the result of accreted social forces that, like other human phenomena, can be studied from a comparative perspective of "then and now."

It is in this moment that the *Journal of General Internal Medicine* introduces a new submission category in the history of medicine. There are many established and potentially burgeoning medical historians in our midst in academic general medicine, and much to learn in this space. We have previously published short pieces on the continued impact of Tuskegee[12] and on the impact of health issues of American presidents.[13] This issue features a full-length essay by Dr. Danielle Fine and colleagues on the background of the opiate crisis, a topic that frequently appears in *JGIM* due to the magnitude of the national problem in opiate use disorder and overdose deaths.[14] We hope to publish scholarly articles that

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inform our understanding in a variety of domains: how systemic racism has pervaded medical institutions; the role of government in spaces of inquiry and sickness; how the pharmaceutical and device industries have shaped practice patterns; the influence of both famous and unsung individuals and organizations; how representations of healers, patients, and diseases affect public discourses and private decisions; and more. Retrospection is as important a component of lifelong learning as innovation is, and an appreciation for the history of our profession is a great tonic for overconfidence in narratives of unidirectional progress. Like Dr. DeWitt, we look to the past for perspective. Yet like Dr. DeWitt, we are also products of our own times. The editors hope that, among other things, this series will help us use the past to better understand the present and to frame the future of medicine.

Corresponding Author: *Kristen Ann Ehrenberger, MD PhD; University of Pittsburgh School of Medicine, Pittsburgh, PA, USA (e-mail: ehrenbergerka@upmc.edu).*

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