



## History, Context, and Gratitude

### Scott Podolsky

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The correspondence files of infectious disease expert Maxwell Finland, which I've researched intensely for my works on the history of therapeutics, are largely arranged alphabetically, over the course of correspondents' careers. One gets to watch a series of clinical and academic lifetimes unfold, and it's hard to come away from such files without an appreciation for the role of contingency in their unfolding. And I've been remarkably privileged and fortunate in my own pathway, a test case as both a clinician and historian for the exposure to our department over time.

As first-year HMS students, David Jones and I were two of the four students in the fall of 1993 in Robert Martensen's social history of medicine "selective," as David has noted in his own reflection piece. The course extended from the very course that Allan Brandt had created and later described in his own reflection piece. I was all in; and by the time Allan asked David and me to teach the course in 1999, I was on the one hand gladly drinking from a fire hose in order to learn enough to teach, and on the other receiving the most remarkable education in the social history of medicine. Over the next six years, I would get to teach alongside various combinations of David, Allan, Jeremy Greene, and Jeff Peppercorn. What a gift. By the 2006-2007 academic year, I had become the director of the Center for the History of Medicine at the Countway Library, working with our team to enable its unique holdings to inform contemporary medicine and society. And that spring, with the "selectives" transformed into a semester-long course, I started serving as a tutor in the Introduction to Social Medicine (ISM) course, alongside David, Allan, Paul, Jim, and an inspiring cohort of PIH pioneers. This time, it would be social medicine and global health more generally that I would learn about from the fire hose, and I'd go on to teach in the evolving course every year for the next 16 years, as we extended our faculty to many dedicated and remarkable clinicians in the HMS orbit, who have brought their own unique insights to the teaching of social medicine to HMS students.

As a primary care physician at MGH since before the course's inception, I've had the privilege to both engage in social medicine within my own practice, at the same time that I've hoped to demonstrate the applicability of such lessons – in Boston, as well as elsewhere – to my students. As Paul often said, Boston represents part of the "globe." And though it has been said by many others, I should note that Paul has been my own clinical/moral north star for at least the past 16 years. It's been easy to practice medicine and to teach when inspired by someone with such moral clarity (and frankly, by an entire group of colleagues in our department with such shared commitments). It becomes second nature to consider and to teach about how social forces shape our patients' lives and outcomes, and get into their bodies. To become reflective about the agency and responsibility we ascribe to our patients, and about our own responsibilities to augment such agency as we work together to achieve desired outcomes. And especially, to accompany our patients, with such accompaniment the moral center of our clinical relationships, while all sorts of bureaucratic forces swirl around us.

It's also been a privilege to ask students to consider the historical origins of our present social and medial structures, norms, and practices. My own research and writing have focused on the history of therapeutics and care delivery, and I've long and proudly acknowledged my indebtedness to colleagues like Allan, David, and Jeremy, who have shaped my historical thinking from the beginning. But it's also easy to empirically trace Paul's impact, and that of my departmental colleagues more generally, these past 16 years. My first solo-authored book, *Pneumonia before Antibiotics: Therapeutic Evolution and Evaluation in Twentieth-Century America*, came out in 2006, and focused on the tempo and mode of therapeutic change, shifting notions of therapeutic efficacy, and the relationship of private practitioners and public health infrastructure in the delivery of therapeutic specifics. In the book's introduction, I noted: "Methodologically, while I certainly admire historiographical efforts to place the use and evaluation of 'magic bullets' within much larger social and cultural realms, I have, in exploring the origins and limitations of the American medical profession's use of its antimicrobial 'magic bullets,' nevertheless largely focused on the scientists and practitioners themselves, though situating their evolving debate concerning the use of the specific among the changing social dynamics of their professions and fully aware that such actors are likewise continually engaged with larger social influences."<sup>1</sup> Having started teaching ISM that same year, there was no way I could maintain such a relatively internal focus on antimicrobial delivery. By the time I completed the long-unawaited 2015 sequel, *The Antibiotic Era: Reform, Resistance, and the Pursuit of a Rational Therapeutics*, I used it to demonstrate shifting notions of "rational" prescribing itself, from a focus on the admission of "rational" drugs onto the marketplace, to one on the relative contributions of regulation versus education in fostering "rational" prescribing, to a focus on the structural forces of care and drug availability that frame any efforts to ensure "rational" care.

Paul's and my departmental colleagues' influence is easily recognized in this personal transformation. And Paul exemplified such a historiographic approach himself, including (and perhaps most fully) in his *Fevers, Feuds, and Diamonds: Ebola and the Ravages of History*, where he located the "clinical desert" in which Ebola erupted in West Africa in 2013/2014 amidst centuries of the slave trade, the colonial and post-colonial extraction of resources (and the wars related to this), medical and public health neglect, and an enduring control-over-care ethos. His final book epitomizes a "social medicine" approach to how disease gets into the bodies of particular patients, and how historical forces and prevailing priorities and forces (including racism and socialization for scarcity) shape who lives and who dies.

At least, it epitomizes a particular form of "social medicine." This sesquicentennial has given us the chance to examine the origins and history of our own department, from George Derby's consideration of "the conditions under which people live, and the diseases associated with such conditions" through the evolving relationships among the labels and priorities of hygiene, public health, preventive medicine, and social medicine. And it has given us a chance to consider the parallel history of "social medicine" itself, globally, nationally, and here at HMS. Since Leon Eisenberg's transformation of the department in the 1980s, and through the leadership of Arthur, Byron, Jim, Paul, and now Allan, "social medicine" at HMS has meant the application of such diverse yet complementary approaches as anthropology, sociology, history, bioethics, economics, and epidemiology to the social production and meaning of disease, and especially the social response to disease, all grounded in an ethos of equity and social justice. As a clinician-historian delivering care and considering the history of such delivery more generally, one could not ask for a more informative and inspiring "context" in which to work and evolve.

<sup>1</sup> The book reviewer in NEJM noted a 93-word sentence from later in the book, but let this 84-word gem slide...