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American Capital and the Reign of Biomedicine

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Abstract

The profession of medicine has been shaped by many historical forces. This article briefly exams the particular role of the medical philanthropies of the Carnegie and Rockfeller dynasties in the creation of biomedicine. Some observations are offered regarding the present status of the natural medicines.

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Key words: Medical history; Medical philanthropy; Complementary medicine; Alternative medicine; Biomedicine.

It is curious to reflect upon the possible origins of the style of biomedicine which has become virtually universalised during the course of the twentieth century. Does biomedicine represent a necessary evolutionary progression of the historical will towards healing, or has its movement, perhaps, been driven more by hidden institutional, economic and political forces? A number of commentators have drawn attention to the remarkable transformation undergone by medicine in the United States during the latter part of the nineteenth century and the early decades of the twentieth century. The crucial role of American capital in this transformation has tended to be overlooked in contemporary reflections on the present state of biomedicine.

The Matrix

Medical practice in the United States during the nineteenth century comprised an eclectic mix of styles which emerged organically from the matrix of a dispersed and growing population of new settlers in an old continent. European medicine was practised alongside native American herbalism, nutritional hygienism, homoeopathy, osteopathy, faith healing and Christian Science.

The training of most doctors at that time resembled to a surprising degree the training of practitioners of natural medicine in many parts of the world at the present time. Many colleges were privately owned; educational standards varied enormously; clinical training occurred incidentally, if at all, through an apprenticeship system or through teaching clinics associated with the colleges; curricula were modelled according to the inclinations of college founders and staff; and diplomas were available to all who were prepared to pay the prescribed fees and attend the lectures.

A small and eventually highly influential medical elite developed from a core group of newly-trained doctors from (usually) wealthy families who had obtained their qualifications in European medical schools. During the latter half of the nineteenth century, a few members of this group gravitated towards a small number of schools, particularly those at Harvard, Pennsylvania, New York and Michigan. The latest addition to this inner circle was the medical school at Johns Hopkins University in Baltimore which began in 1893. These schools founded an American version of scientific medicine modelled on the European forms which were at that time being shaped by the emergent disciplines of physiology, biochemistry and histology.

Another group of these European-influenced doctors turned their attention to the social and political development of their profession through working up the newly-formed American Medical Association (AMA). These upwardly mobile 'reformers' gradually transformed the AMA from a small, provincial assembly of dispersed and eclectic practitioners of low social status into a cohesive political body of great power and influence. Its power gained enormously from the support of the new

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philanthropies which were dispensing big slices of the newly acquired cake of American corporate wealth.

The Money

The American Civil War had accelerated the opening up of a new continent. The development of steel mills, petroleum refineries and coal mines generated the machinery and materials which transformed a nation. A vast rail and road network was created virtually overnight. Economic growth burgeoned at an unprecedented rate fuelled by the universal access to a rapidly expanding marketplace made possible by new roads and new means of transport. A century before Bill Gates began his own epochal ascent, Andrew Carnegie and John D. Rockefeller had already set the blueprint for American-style wealth creation. Carnegie's investments in iron manufacturing and coal mining paid off mightily as the American railroad system gathered steam in the wake of the Civil War. Similarly, Rockefeller's near monopoly of the American oil refining industry through his Standard Oil Company redefined the meaning of corporate capitalism. Between them, they founded new dynasties of unimaginable wealth and power.

Both Carnegie and Rockefeller directed a significant portion of their newly acquired wealth to the creation of philanthropic trusts that were to have a profound effect on many social institutions. The profession of medicine in North America lost no time in hitching an early ride with corporate wealth as dispensed by the new patrons of technocracy.

At the end of the nineteenth century, American medicine possessed multiple identities. It was characterised more by its eclecticism than by any unity or uniformity. A small number of schools were beginning to create new curricula based on the new understandings of an emergent scientific medicine. During the early 1870s, Harvard University developed a three year medical course. Over the following decade, similar programs were developed in Pennsylvania, New York and Michigan. In 1893, a program was developed at the Johns Hopkins University School of Medicine which was, in subsequent decades, to redefine the nature of medical education in the United States and much of the western world. The school was modelled strongly on German schools with their strong emphasis on research in the new medical sciences. Most of the newly created faculty at Johns Hopkins had been trained in Germany. In an unprecedented development, lecturers and laboratory researchers were employed on a full-time basis. This new program required entrants to possess a previous degree in order to enter the four year full-time program which was also linked to extensive laboratory studies and hospital internship. Within a few years, this style of medical education had been taken up by Harvard, Yale and Pennsylvania universities.

A unified model of medical education began to crystallise. This was not lost on the nascent American Medical Association which was established in 1847. Since its inception, the AMA had sought to gain greater public support for and to elevate the marginal status of American doctors. The development of these new educational forms offered the most powerful leverage available in its short history.

The Machinations

The American Medical Association set up its Council on Medical Education in 1904, as early cohorts of graduates began to emerge from these new schools. One of its first decisive acts of power was the systematic inspection and grading of every medical school in the country. The AMA then set itself the task of somehow eliminating what it considered to be inferior schools, and finding money to support the new medical schools which followed the favoured scientific model. In a remarkable feat of lobbying and persuasion, the AMA directly approached Henry S. Pritchett, President of the Carnegie Foundation for the Advancement of Teaching, with the findings of their survey of medical schools. They found a sympathetic ear in Pritchett, who consulted further with his influential friend Charles Eliot, President of Harvard University and a trustee of the Carnegie Foundation, the Rockefeller General Education Board and of the Rockefeller Institute of Medical Research. Pritchett further approached Dr Simon Flexner, Director of the Rockefeller Institute, who warmed immediately to the suggestion that a review be undertaken of medical education in North America. Flexner mentioned that his brother Abraham might be the perfect man for the job.

The rest is history. Towards the end of 1908, the Carnegie Foundation commissioned Abraham Flexner to undertake a visit to each of the 155 medical schools in the United States and Canada with a view to assessing their worth and potential. Before embarking on his adventure, Flexner was courted by both the AMA and by members of the Johns Hopkins faculty. Predictably, Flexner's findings echoed the desires of his mentors.

His report carried a three-fold recommendation which was to change the entire character of medical education in North America and, some would suggest, the western world thereafter. Flexner recommended that the very few 'first-class' schools be strengthened according to the Johns Hopkins model, that a few schools in the middle ranks be raised to a similar high standard, and

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that the remainder, which represented the great majority of schools, be closed down.

Flexner's report ushered in the transformation of American medicine from what E.R. Brown described as 'ignominy and frustrated ambition' into a profession of 'prestige, power and considerable wealth'. Paul Starr described this remarkable change in the following terms: 'In the nineteenth century, the medical profession was generally weak, divided, insecure in its status and income, unable to control entry into practice or to raise the standards of medical education. In the twentieth century, not only did physicians become a powerful, prestigious, and wealthy profession, but they succeeded in shaping the basic organisation and financial structure of American medicine'.

By hitching a ride on the philanthropies of Carnegie and Rockefeller, the American Medical Association secured its hegemonic role, and irrevocably changed the character of medical education in the western world.

Medical schools without extensive capital resources or generous emdowments were smothered in the wake of the implementation of Flexner's recommendations which were published in 1910. The AMA's initial review in 1905 had led to the consolidation or closure of a number of medical schools, but these merely foreshadowed the decimation which was to follow in the wake of the Flexner Report. The AMA's Council on Medical Education started up in earnest in 1905. Within five years, 30 schools had merged and 21 had closed down. Of the 166 medical schools operating in 1904, 133 were still operating in 1910. By 1915, this number had dropped to 104 schools. By 1929, only 76 schools of medicine remained in the United States.

During this decisive first decade of the twentieth century, the American Medical Association judiciously ensured its role as ruler of the profession by undertaking a massive recruitment of members. This saw an eightfold increase of membership within the short span of 10 years. At the turn of the century, the AMA sported a membership of 8,400. By 1910, its numbers had increased to a massive 70,000. This provided the necessary muscle needed to call the tune on medical education in the United States thereafter.

One of the inevitable consequences of the Flexner Report was that medical education increasingly became the privilege of the already wealthy. Flexner proposed a minimum entry standard of two years of college for admission to a medical school at a time when only 15% of the high school age population was enrolled in high school, and only 5% of the college-age population was enrolled at a college or university. Henry Pritchett was later to regret having so freely opened the doors of the Carnegie and Rockefeller philanthropies to the AMA. Within a few short years, he saw at first hand the fate suffered by many negro schools of medicine under the implementation of Flexner's so called reforms by the AMA. He feared the death of all medical education for blacks if the AMA had its way. In 1918, he publically protested the 'grave injustice done to the negro schools by the Council's de facto policy of not extending to them the same leniency given to white schools in the South'.

Flexner himself was also later to find cause for regret in the way the AMA imposed a fixed and inflexible model of education to all entering the portals of medical education. Flexner was himself an educator, and understood the great importance of diversity and flexibility in graduate education in the arts and sciences. Paul Starr reported: 'Flexner . . . felt that the uniformity of medical education stifled creative work. In the years after his report was published, he became increasingly disenchanted with the rigidity of the educational standards that had become identified with his name'.

But by that time, the AMA had achieved the aims of its lieutenants, and both medical education and practice cleaved to the singularly inflexible model of biomedicine.

The Making of Biomedicine

Carnegie's philanthropies had provided the initial funds which set the restructuring of American medical education into motion. Rockefeller's philanthropies ensured that the process would be carried through. Shortly after completing his report, Flexner urged the Rockefeller Foundation to make funds available to the Johns Hopkins School of Medicine for the establishment of clinical positions on a full-time salaried basis. The school was immediately given $1.5 million dollars of Rockefeller money. This was but the first small trickle of an eventual flood of funding which was to be poured into the new medical education. Over the following years, Rockefeller's General Education Board contributed a further $8 million to set up similar full-time positions at the medical schools at Washington University, Yale, and the University of Chicago. And this merely foreshadowed what was to come. Between 1919 and 1921, Rockefeller gave a further $45 million to the General Education Board specifically for medical education. E.R. Brown reports that philanthropic foundations contributed the staggering sum of $300 million for medical education and research in North America between 1910 and the early 1930s.

After these changes, progressive U.S.Governments picked up the tab and have been paying the bills ever since. Not surprisingly, most western governments have similarly acquiesced to a profoundly expensive medical system which is a major drain on the public purse in all the countries in which it forms the dominant style of practice. These governments continue to support a style of medicine which has its origins in the assumption that expensive medicine is necessarily good medicine.

The forms of medicine which existed alongside the emergent biomedicine of the late 1800s were severely marginalised, if not actively asphyxiated in the blind rush towards capital-supported scientific and technical medicine. Surprisingly, many of the same modalities which were practised then have been retained within the modalities which now make up the natural medicines. And this despite the fact that consultations and treatments receive no government rebates, the cost of medicines is not tempered by government subsidy and practitioners of such modalities are excluded from participation in the publically funded hospital system. The natural medicines have not only survived the rule of biomedicine, but begin to gather their own momentum in a counter movement which sees many within western communities choosing the natural medicines over biomedicine.

Let us remain mindful and vigilant, and observe carefully whether, in coming decades, the pursuit of status, power and professionalism by the modalities of the natural medicines, leads to a repetition of the excesses of a costly system which can sometimes be seen to serve more the interests of professional and corporate elites than the needs of the sick and suffering.

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A Humanitarian Plea

On page 105 of this edition you will read of the ATMS initiative of Community Clinics which will be trialed in Hobart with the idea to extend them Australia wide. The clinics will not only provide employment for ATMS practitioners, but profile the ATMS and its proactive role in health care.

Part of the early planning is contacting manufacturers, government departments and individuals who may be able to help finance the clinics so that administration costs can be met and practitioners paid. Perhaps this is where you come in. Are you of a philanthropic nature? Do you know of someone who is? If so perhaps you can donate a financial bequest to the clinics or talk with someone who may be able to assist. All monies, annually audited within ATMS, will be used to establish and run the clinics.

To work with members of the public who need our help, we need financial support in establishing the groundwork. Please call me, or write, if you can help.

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