

## 13. ON THE EARLY HISTORY OF MEDICINE pdf

### 1: History of Medicine

*The history of medicine shows how societies have changed in their approach to illness and disease from ancient times to the present. Early medical traditions include those of Babylon, China, Egypt and India. The Indians introduced the concepts of medical diagnosis, prognosis, and advanced medical ethics.*

Kalisch and Beatrice J. A History 4th ed. Health Care in America: A history , A standard comprehensive scholarly history excerpt Byrd, W. Michael, and Linda A. An American health dilemma: A medical history of African Americans and the problem of race: Beginnings to Routledge, The mentally ill in America-A History of their care and treatment from colonial times From Humors to Medical Science: A History of American Medicine 2nd ed. The politics of healing: Judd, Deborah, and Kathleen Sitzman. A history of American nursing 2nd ed. Sickness and health in America: Readings in the history of medicine and public health 3rd ed. Reverby, Susan, and David Rosner, eds. Essays in Social History Numbers, and Judith Walzer Leavitt, eds. Rosenberg, and Lawton R. New York University Press, Lotions, Potions, Pills, and Magic: Health Care in Early America. Michael and Linda A. An American Health Dilemma, V. Epidemics in Colonial America Duffy, John. The Development of American Medical Education Medicine in Colonial America Reiss, Oscar. Medicine and the American Revolution: The United States in , , and The Care of Strangers: Public Health and the State: Changing Views in Massachusetts, â€” The Invention of the Modern Hospital: Boston, Young. The Confederate Medical Service. Pharmaceutical Press, Freeman, Frank R. Medical Care during the American Civil War. Life and Death at Portsmouth Grove, â€” Madness, Malingering, and Malfeasance: Robertson, James I ed. Bleeding Blue and Gray: Years of Change and Suffering: Modern Perspectives on Civil War Medicine. Women at the Front: Hospital Workers in Civil War America. Chapel Hill, North Carolina: University of North Carolina Press, Medicine and Capitalism in America Science at the Bedside: Clinical Research in American Medicine, Medical Science and Medical Industry: The Social Transformation of American Medicine: History and Health Policy in the United States: Major Problems in the History of American Medicine and Public Health , pp; readings in primary and secondary sources excerpt and text search Historiography[ edit ] Bickel, Marcel H. What Is Medical History?

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### 2: Doctor of medicine profession (MD): MedlinePlus Medical Encyclopedia

*Early medicine and folklore. Unwritten history is not easy to interpret, and, although much may be learned from a study of the drawings, bony remains, and surgical tools of early humans, it is difficult to reconstruct their mental attitude toward the problems of disease and death.*

The History Learning Site, 17 Mar Medical knowledge in the Middle Ages must have appeared to have stood still. In Britain, as an example, most things linked to the Romans was destroyed – villas were covered up as the Ancient Britons believed that they contained ghosts and evil spirits. With this approach, it is not surprising that anything medical linked to the Romans fell into disuse in Britain. By the 14th Century, universities had developed in Western Europe that could be classed as medical schools where students could study under a master physician. The University of Montpellier was one such university. Dissections of human bodies were carried out in these universities so anyone wanting to study medicine in the Middle Ages was not totally ignorant of facts about the human body. Public debates were also encouraged about medical issues and it is known that some medical schools encouraged students to actually challenge the ideas of Galen and Hippocrates. As a result of this refusal to take what Galen and Hippocrates had stated at face value some progress was made in the medical world during this time. However, medicine became steeped in superstition and the Roman Catholic Church effectively dominated what direction the medical world took. Any views different from the established Roman Catholic Church view could veer towards heresy with the punishments that entailed. Therefore, when the Roman Catholic Church stated that illnesses were punishments from God and that those who were ill were so because they were sinners, few argued otherwise. Medical practitioners were also still heavily influenced by Galen years after his death. The diagnosis of disease No-one knew what really caused diseases. For the Roman Catholic Church they were a punishment from God for sinful behaviour. However, some progress was made in certain areas. The first authentic description of the symptoms of smallpox were recorded by Rhazes who lived from to AD. However, society was many centuries away from a cure. Urine charts were also used to help physicians diagnose illnesses. Certain coloured urine indicated certain illnesses. Combined with a table of the planets, these gave physicians enough information to diagnose a disease. Once the disease had been diagnosed, a treatment was decided on. Physicians still believed that an imbalance of humours played a major part in illnesses. These taken in due time, not overflowing each malady and infection is withstood. Blood letting was a popular treatment for many diseases. Many diseases were thought to be caused by an excess of blood in the body and blood letting was seen as the obvious cure. When a large quantity of blood was required, the appropriate vein was cut. If only a small amount was needed, a leech would be used. Diagnosis was also influenced by astrology. Medical charts informed physicians what not to do for people born under a certain star sign. Aries Avoid incisions in the head and face and cut no vein in the head. Taurus Avoid incisions in the neck and throat and cut no veins there. Gemini Avoid incisions in the shoulders, arms or hands and cut no vein. Cancer Avoid incisions in the breasts, sides, stomach and lungs and cut no vein that goes to the spleen. Leo Avoid incisions of the nerves, lesions of the sides and bones, and do not cut the back either by opening and bleeding. Virgo Avoid opening a wound in the belly and in the internal parts. Libra Avoid opening wounds in the umbilicus and parts of the belly and do not open a vein in the back or do cupping. Scorpio Avoid cutting the testicles and anus. Sagittarius Avoid incisions in the thighs and fingers and do not cut blemishes and growths. Capricorn Avoid cutting the knees or the veins and sinews in these places. Aquarius Avoid cutting the knees or the veins and veins in these places. Pisces Avoid cutting the feet. Some Greek and Muslim physicians believed that the moon and planets played an important part in good health and this belief was continued in the Middle Ages. They believed that the human body and the planets were made up of the same four elements earth, fire, air and water. For the body to operate well, all four elements had to be in harmony with no imbalances. It was believed that the Moon had the greatest influence on fluids on Earth and that it was the Moon that had the ability to affect positively or negatively the four elements in your body. Where the Moon and planets were – and a knowledge of this – was considered important when making a diagnosis and deciding on a course of treatment. Physicians needed to know when to

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treat a patient and when not to and where the planets were determined this. A so-called Zodiac Chart also determined when blood letting should be done as it was believed by some that the Moon and planets determined this as well. Remedies for diseases were still crude and based on herbs, potions or more drastic cures. There were people in the time of the plague the Black Death who believed that they had sinned. They believed that the only way to show their true repentance was to inflict pain on themselves. These were the so-called flagellants who whipped themselves to show their love of God and their true sorry at being a sinner. Clearly, this was no cure for the plague.

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### 3: A History of Medicine - History Learning Site

*The History of Medicine and Ancient Egyptian Medicine. Due to the hot and dry climate in Egypt, ancient papyrus have survived intact, allowing historians to study the sophisticated techniques employed by Ancient Egyptian physicians.*

Additional links to images of similar bottles are also frequently included. The array of references used to support the conclusions and estimates found here - including the listed dating ranges - are noted. Additional information and estimates are based on the empirical observations of the author over 50 years of experience; this is often but not always noted. Various terminology is used in the descriptions that may be unfamiliar if you have not studied other pages on this site. If a term is unfamiliar, first check the Bottle Glossary page for an explanation or definition. As an alternative, one can do a search of this website. The first recorded use of molded proprietary embossing on an American made bottle body was around on a Dr. This category is primarily based on age as reflected by the bottles exhibiting the manufacturing related features typical of bottles made in the U. The few shapes and styles briefly discussed here are just a small sampling of the shapes produced and are not usually exclusive to this period; bottles of very similar shapes were also made after the Civil War when the diversity of shapes was many times richer. This early medicinal bottles section is essentially an overview of the diagnostic features that typify bottles made during the first half of the 19th century; see the Mouth-blown Bottle Dating page for more information. Specifically, medicine bottles made during the period from about to the Civil War typically share most of the following diagnostic characteristics: All pontil types are possible on early medicinal bottles, though blowpipe and iron pontil scars are the most frequently observed. See the Bottle Finishes page for more information on bottle finishing techniques. Of course, many of these imperfections can be observed on later mouth-blown bottles and even some machine-made bottles in the 20th century. However, the earliest bottles will have a higher number of these traits present on the same bottle and usually the trait is more distinct, i. The early, dark olive green almost black glass medicine bottle pictured above left is embossed on four sides with C. This product was advertised between and as a cure for consumption tuberculosis, liver complaint, asthma, colds, coughs, and pains in the side and chest Odell This bottle has a crudely applied short oil finish, was blown in a two-piece "hinge" mold as indicated by the mold seam crossing diagonally across the entire base, has a sand pontil scar, and of course, no evidence of mold air venting as this bottle pre-dates the widespread use of that technology by many decades. The dark olive green color as well as the overall crudeness of manufacturing is very indicative of an early manufacturing date. Click on the following links for more images of this bottle: The last two pictures show some of the body crudeness typical of earlier mouth-blown bottles of all types. The large, dark olive green black glass square medicinal bottle pictured to the right most likely dates from the s or early s and is covered in the "Sarsaparilla" section later on this page. It is a bottle shape that was relatively commonly used for medicinal as well as other products particularly liquor during this early era. This bottle is rectangular with arched and indented panels on the three sides with embossing and a flat, non-indented panel on the reverse for the label which is often called the "label panel" on paneled bottles. The body is also several times taller than the neck height. These features rectangular with beveled corners and one or more indented panels are a very commonly repeated pattern of conformation for medicine bottles made between the s and the s, the latter period which would include machine-made bottles. Click the following links to view more images of this bottle: What was "searched" for in the blood is lost to history but does reflect the boundless creativity that patent medicine producers found in describing their products. It was advertised in the Hollidaysburg Register in as good for cancer, scrofula, scald head, liver complaint, low spirits, paralysis, syphilitic diseases, and other maladies Odell Sounds like it was high in alcohol which was very common. It has a crudely applied patent or extract finish, blowpipe pontil scar, was blown in a hinge mold as indicated by the mold seam crossing diagonally across the entire base, and has no evidence of mold air venting. Click on the following links to see more images of this bottle: The grouping of small 3" [8 cm] to 5" [13 cm] aqua bottles pictured to the left are an assortment of very typical pontil scarred "utility" type bottles that date from the s to mid s all were excavated in the West, have no embossing, and were most commonly used for medicinal products. All of

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these small bottles exhibit the characteristics noted earlier: The first from left to right, third laying down, and sixth bottles are sided which was a common configuration for utility medicinal bottles of the era. An example of one of these generic paneled bottles with the original label is described below. Five of the six bottles are molded, with one 5th being free-blown or possibly dip-molded. All have relatively thin glass which is a typical characteristic of these early type medicinal bottles. In fact, these bottles are most often only found as fragments. A few other images of early medicinal bottles, many of which are used and discussed elsewhere within this website, are available by clicking on the following links. This helps show a bit of the diversity of shape found in these bottles: An example of the "knock-off" competitor to the Dr. It dates from the same era as the bottle noted above, but was made in a deep emerald green color and has very heavy "whittle marks. The embossing is all on one side and as follows: It has a crudely rolled finish, crudely "whittled" aqua colored glass, and was made in a two-piece "hinge" mold as evidenced by a diagonal mold seam across the base. It is not pontil scarred though many are. Given these physical features which are very typical of medicinal bottles made during the mid 19th century and the context of where it was found this particular bottle likely dates from about 1840 to possibly the early 1850s which would be the later end of the "early" era discussed here. The company did, however, produce several other medicines for clearly internal use including a couple types of sarsaparilla, "Itch Ointment", "Kreosote Toothache Drops", and "Balm of X Thousand Flowers" - some of which could have been contained in this generic type bottle Odell This is another relatively common bottle from the same company as the bottle above but produced in a larger cylindrical shape. It also dates from the 1840s and is embossed vertically with G. It was produced in a post-bottom mold and exhibits the same general manufacturing characteristics as the example above including a lack of a pontil scar though many of these bottles are pontiled. It also could have held any of the products of this company. Click the following links for additional images of this bottle: Although this particular bottle is very uncommon, the oval in cross-section flattened shape is common to medicinal bottles made during the mid 19th century as well as later. This example has a blowpipe pontil scar, was blown in a key base mold, has an applied double ring finish, and the overall crudeness of an earlier mouth-blown bottle. It likely dates from the 1840s to possibly as late as the mid 1850s Odell These big early cylinder medicinal bottles are relatively commonly found on mid 19th century historic sites on the Eastern Seaboard and occasionally elsewhere. Earlier bottles are typically various shades of medium to dark green like the pictured example which is from the late 1840s or 1850s with later similar shaped ones later 1850s and early 1860s being shades of aqua. The pictured example is not pontil scarred but many are with both sand and iron pontil marks. However, the product was later found to actually contain sublimate - a mercury containing compound! Click on the following links to view more images of this early medicinal bottle: It is just over 6" tall, has a blowpipe pontil scar click side and base view, an early style thin flared aka wide prescription finish, and was blown in a non-air vented mold. These type aqua paneled bottles in various sizes are commonly encountered on historic sites from the noted period, though rarely encountered as pontiled bottles on post-Civil War sites. This bottle likely dates from a bit later than that time though could possibly date as early as 1840 Photos courtesy of www. The bottles noted above are just a sampling of the thousands of different medicine bottles produced during the "early" era from about 1840 through the Civil War. During this transition many or most of the manufacturing based diagnostic features apparent on the bottles would change with the times. Overall, the dating of these type bottles follows quite well the guidelines presented throughout this website and summarized on the Bottle Dating page; see that page for more information. Return to the top of this page. Very few 19th and early 20th century medicines were actually formally patented; thus, the use of the term "proprietary" as most of these products were simply the proprietary product of a particular individual or company AMA Although technically incorrect, the generic term "patent medicine" was and continues to be the most commonly used name applied to remedial agents sold without prescription and the term is still associated with this group of bottles Munsey ; Fike Incidentally, the first patent issued for a medicinal product in the U. Dozens of "categories" that could be covered separately are not simply because there are too many. Fike used over 40 categories in his classic medicinal book! Other references, like those noted above and on the References page, must be consulted to get a more complete picture of the scope of this group of bottles and the history behind them. Bitters and the related "tonics" were presumably originated during the 18th century in

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England as way to avoid the heavy taxes on liquor by adding various harsh tasting herbs to gin, claiming medicinal qualities, and calling it "bitters. The popularity of these products in the U. As that author noted - "The celebrated claims of a specific remedy and cure were always more enjoyed when one experienced a reassuring warm glow. Also, for many years women as well as men regarded whiskey as essential for health. The use of the word "tonic" in the name of these products was likely an enhanced attempt to imply medicinal qualities to basically the same product. Many used both terms in their name e. One example was the midth century product named Old Sachem Bitters and Wigwam Tonic which came in an attractive ringed "barrel" shaped bottle. By the s and beyond, driven by the increasing regulations prompted by the Pure Food and Drugs Act, bitters as a medicinal product diminished and the product became more of a flavoring for mixed drinks which is the primary use today e. A few tonics continue as medicines to this day, though they are not common empirical observations. It was made in an attractive log cabin shape early marketing savvy and is embossed on the different levels of the roof with S. Click on close-up view for an image of the upper half of the above bottle and the embossing. These bottles were always mouth-blown in post-bottom molds, have applied finishes tooled finishes are possible but never observed by the author , and have no evidence of mold air venting - all consistent with the era of popularity. Probably several hundred different molds were used to produce very subtly different versions of these bottles in an array of colors, though by far the most common glass colors are various shades of amber. The product was produced until at least Fike , though the cabin shaped bottles appear to not have been used after the s. The image to the right shows the two primary mold variations of the Plantation Bitters: The number of logs is the number above the label panel on the front of the bottle. There were probably upwards or over of a hundred different molds used to produce the "6-log" variety and at least some dozens of molds for the "4-log" variation. There is also an "5-log" mold version that is rarely encountered. The gentleman pictured in the ca. Dozens of cases were found on the Bertrand and the Republic, which were both steamships that sank in in widely separate areas of the country Switzer ; Gerth However, the company avowed its medicinal qualities in its advertising by stating: Bottle labels from that same period noted the following: A Most effectual Tonic, beneficial Appetizer and wholesome Stimulant; imparting tone to the stomach and strength to the system Click the following links to see images for images of a labeled example from the s:

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### 4: History of medicine in the United States - Wikipedia

*A BRIEF HISTORY OF MEDICINE. By Tim Lambert. MEDICINE IN THE ANCIENT WORLD. Medicine among Primitive Peoples. The first evidence of surgery is skulls from the stone age.*

Pickstone In the beginning, medical history was written by doctors. Most 19th-century medical history was meant to illuminate scientific or professional issues, to encourage the profession, or sometimes to celebrate the traditions of particular localities. These writings are not all to be dismissed as special pleading or for undue reliance on present-day perspectives. This brief essay, however, is mostly about authors who were professionals in history, whether or not they were qualified in medicine. The medical heritage was ceasing to provide tools for medical practitioners, but it could be a laboratory for philologists, and for some positivist historians, as well as for erudite doctors. As a doctor turned philologist, he linked the powerful academic establishment of linguistic scholarship with a pragmatic approach to the medical profession. A great organiser and fervent nationalist, his politics were to pose problems for his intellectual descendants, some of whom preferred to draw on the cultural history of Lamprecht which included social and economic history – though this was also nationalistic. Julius Pagel the father of Walter stressed both science and cultural history, emphasising the culture of medicine as an antidote to the bureaucratic regulation of German insurance medicine. Sigerist was politically radical, Temkin less so; both moved in to Johns Hopkins University in Baltimore, invited by William Osler, the erudite physician who already personified for Anglophone doctors the humanistic aspects of scientific medicine. For Sigerist, and especially Temkin, the new history of medicine was primarily a disciplined enquiry in the history of ideas, setting medicine in the context of wider culture histories. They founded the *Bulletin of the History of Medicine*, which has remained the leading journal. Their work has lasted well, and contrasts with the more positivist and progressivist history of science which the Belgian George Sarton was simultaneously trying to institutionalise at Harvard. His cause was not popular in Cold War America and he retired early to Switzerland, leaving Temkin as the sage of the field, greatly respected as a historian but keen that the discipline should continue to speak to doctors. He died in 1971, aged almost 80. By the late 1960s, American history of medicine and of science had become much more social and more critical – drawing inter alia on Thomas Kuhn, sociology of knowledge, the new social history, and Foucault. The key historian of medicine in this next generation was Charles Rosenberg, a disciple of both Temkin and Shryock, who taught at the University of Pennsylvania, where the Department of History and Sociology of Science was initially directed by the British social historian of science, Arnold Thackray; it also boasted Rosemary Stevens, a British historian of health policy, and Thomas Hughes, the leading American historian of technology. Their wide span and social approach tended to contrast with more intellectualist history of science, for example at Harvard. Rosenberg has remained the key American figure though now at Harvard, but associates such as John Harley Warner and Allan Brandt have provided exemplary contextual histories of medical knowledge in practice. In general, younger scholars have incorporated recent Anglophone innovations in science studies, cultural studies etc. Thus, the philosophical historical work of Georges Canguilhem and Michel Foucault has been internationalised but commands special attention in France. French historians have also contributed substantially to colonial history, especially where it concerned the Pasteur institutes. The work of Anne Marie Moulin is outstanding here, not least in its engagement with present-day medicine in North Africa. Their traditional pedagogical role of civilising medical students by explaining medical etymology has diminished, and in some medical schools history posts have been replaced by posts for medical ethicists. One consequence has been a migration to Britain, and especially to Newcastle and Durham, which now reflect the engagement with classics and with philosophy which was long characteristic of German medical history. Traditions in demography and epidemiology seem to retain special strength in Germany and Scandinavia, while in Britain the influence of the Cambridge Group and the Liverpool school seems, regrettably, to have declined. But of all the countries in the world, it is Britain which from the 1960s has seen the greatest expansion of medical history, largely as a result of funding from the Wellcome Trust. To these intriguing developments we now turn. The chief founder was Charles Singer, a medical scientist turned

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historian, with a secure private income. The immediate context was the UCL anatomy department, which under the Australian Grafton Eliot Smith spanned from radiology to anthropology. Eliot Smith had been professor of anatomy at Cairo and then Manchester. The rich bio-medical-historical culture of his UCL department provided a natural home for Singer and a great attraction, too, for a wealthy pharmaceutical manufacturer from America who was building his own collection of medicine-related artefacts. When Sir Henry Wellcome died in 1912, he left his company to a research Trust, which was instructed to spend a proportion of the profits on the history of medicine and allied sciences. Since the late 1950s, the spend in London has increased substantially, especially from the 1980s when the Trust sold the pharmaceutical company and derived even more money from other investments. It has funded the development of an academic unit for history of medicine in UCL, the Wellcome Galleries in the National Museum of Science and Industry at South Kensington, the continued growth of the Wellcome Library and Archives on Euston Road, and the recent creation there of major galleries and facilities for public engagement. But some of the activities have also been spread across Britain. All of these programmes were related to academic programmes in history of science. In a second wave of expansion, since the early 1980s, the Trust moved to five-year strategic awards rather than longer-term commitment, and spread funding across mainstream history departments. Groups at Warwick, Exeter and Oxford Brookes universities expanded notably under this second regime, while some of the earlier development was cut back at Cambridge, Glasgow and to some extent the University of Oxford. The first Wellcome Units were major centres of innovation, directed by charismatic, radical historians with a strong sense of intellectual purpose. Directing the Unit at Cambridge helped Robert Young to build a group of young scholars who have played major roles in the history of medicine and several related disciplines, including Karl Figlio, Ludmilla Jordanova, Roger Smith and Edward Yoxen. It was Bill Bynum, in the new Unit at University College London housed alongside the Library in the Wellcome Building, who brought his friend Porter back to London, where he did so much to develop the social history of medicine initially a contested venture. But intellectually, Bynum was much closer to the American traditions of history of medicine, not least to Erwin Ackerknecht, a member of the Sigerist generation who had returned from the US to teach at Zurich. The publications of the London Unit included excellent edited volumes, the many books of Roy Porter, the work of Chris Lawrence, especially on surgery, and of Vivian Nutton on classics. Walker was another pillar of this crucial development, as was the innovative History and Philosophy of Science department at Leeds University established by the Wittgensteinian philosopher Stephen Toulmin with help from the social historian Asa Briggs. His books on the 17th-century English millenarians, and then on the National Health Service, are products of monumental scholarship, colossal range and strong political commitment a new book on Paracelsus is about to appear. It was directed by Roger Cooter who had been at Manchester since 1970, but it fell victim to local academic politics and Cooter moved to London in 1980. When he moved to All Souls College in 1982 to focus on the NHS book, the new Director, Richard Smith, shifted the emphasis towards demography, and then Jane Lewis briefly tried to develop social policy. But in 1985, the Trust closed the Oxford Unit, to reopen with a new and rather narrow brief. In the Unit was demoted, but has now regrown thanks especially to Nicolson and its long-serving social historian Anne Crowther. If Manchester proved more stable it was in part because of better University support, and because the Unit developed incrementally. At UMIST from the mid 1980s, I built a team which focused on medicine and medical science since the industrial revolution. When, however, the Trust began to establish permanent posts in other universities, but not in Wellcome Units, some staff migrated to help build groups elsewhere. It has developed additional strengths in infectious diseases, animal histories, contemporary history and public engagement alongside its longstanding interests in medical sciences and technologies, medical services and regional history. An exception is the group developed by Virginia Berridge at the London School of Hygiene and Tropical Medicine, with its strong focus on recent health policy. What was less predictable, even 10 years ago, was the scale of the widespread growth of cultural and historical studies of the body and its diseases. In Britain, this growth has benefited from Wellcome funding; but the increase is world-wide, with major inputs from literary studies, a populous field characterised by rapid changes of fashion now sometimes recreating the history of disembodied ideas. In some quarters, concerns with representations seem to have substantially replaced

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concerns with knowledge and power, and the death is announced of social history. Of all historical disciplines, that which fought best to bridge between the cultural, social and material is the history of science and medicine. If medical historians downplay the technical aspects, the economic, the socially positioned or the explicitly political, they reduce their potential relevance to our contemporary debates about medical knowledge and medical services. Of course, there are gains, especially in our grasp of popular cultures of medicine, where literary studies can be wonderfully convergent with historical studies founded on sociology of knowledge; and these tools can, indeed, be turned on to present debates about genetics or germs. The worry is that fewer medical historians can now address question about research policy and practice, medical industries or service development, even for the West. It is not hard now to find good undergraduates in cultural history who will carry its concerns through graduate work to employment. It is much harder to get an education in science and history, and to add to your history of science the skills of demographics , business history and political history – but how else will you be best equipped to analyse recent medicine in the West or anywhere else? Present-day medicine is endlessly fascinating, as the media well know; but it is also problematic. Some areas of cultural history now seem overpopulated, even as many contemporary medical issues cry out for historical exploration. Britain has dozens of historical experts on 18th-century sensibilities, and scarcely any on late 20th-century medical industries. Is it time for some rebalancing – to find ways in which young historians can better engage with more technical and contemporary histories? For more on the French and German traditions, see the essays in the admirable *Locating Medical History*: Huisman and Warner, *Locating Medical History*, pt. Pietro Corsi and Paul Weindling London, Brandt, *No Magic Bullet: Allan Brandt, The Cigarette Century: Sickness and Health in America: Readings in the History of Medicine and Public Health*, ed. Judith Walzer Leavitt and Ronald L. For classics, see Philip J. *Examining the Social Construction of Medicine*, ed. *Gender, Science and Medicine – Essays* London, ; Roger Smith, *Inhibition: Stories of the Insane* London, ; and *Enlightenment: Britain and the Creation of the Modern World* London, The Western Medical Tradition: Jacyna, *Medicine and Modernism: Charles Webster, The Great Instauration: Anglo-Indian Preventive Medicine*, – Cambridge, Pickston, *Medicine in Industrial Society: Rabies in Britain – Basingstoke*, *Power, Medicine and the Body*, ed. *Debates and Controversies in the Modern Period*, ed. Anne Digby, *Madness, Morality, and Medicine: Poor Law Depositions and Letters*, ed. *Networks in Research and Policy after Amsterdam*, Also see the work of Dorothy Porter on public health history, initially from London and latterly from San Francisco. Pickstone, *Surgeons, Manufacturers and Patients*:

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### 5: Early Medicine | Wellcome Library

*Herbal medicine is the earliest scientific tradition in medical practice, and it remains an important part of medicine to this day - in a line descending directly from those distant beginnings. The early physicians stumbled upon herbal substances of real power, without understanding the manner of their working.*

Ayurvedic herbal medicines The Atharvaveda , a sacred text of Hinduism dating from the Early Iron Age , is one of the first Indian text dealing with medicine. The Atharvaveda also contain prescriptions of herbs for various ailments. The use of herbs to treat ailments would later form a large part of Ayurveda. Ayurveda, meaning the "complete knowledge for long life" is another medical system of India. Its two most famous texts belong to the schools of Charaka and Sushruta. The earliest foundations of Ayurveda were built on a synthesis of traditional herbal practices together with a massive addition of theoretical conceptualizations, new nosologies and new therapies dating from about BCE onwards, and coming out of the communities of thinkers who included the Buddha and others. Both these ancient compendia include details of the examination, diagnosis, treatment, and prognosis of numerous ailments. His medical treatise consists of chapters, 1, conditions are listed, including injuries and illnesses relating to aging and mental illness. The Ayurvedic classics mention eight branches of medicine: The teaching of various subjects was done during the instruction of relevant clinical subjects. For example, teaching of anatomy was a part of the teaching of surgery, embryology was a part of training in pediatrics and obstetrics, and the knowledge of physiology and pathology was interwoven in the teaching of all the clinical disciplines. But the physician was to continue to learn. It progressed during Indian sultanate and mughal periods. Unani medicine is very close to Ayurveda. Both are based on theory of the presence of the elements in Unani, they are considered to be fire, water, earth and air in the human body. According to followers of Unani medicine, these elements are present in different fluids and their balance leads to health and their imbalance leads to illness. Muslim rulers built large hospitals in in Hyderabad , and in Delhi in , and numerous commentaries on ancient texts were written. Traditional Chinese medicine Assorted dried plant and animal parts used in traditional Chinese medicines, clockwise from top left corner: Much of the philosophy of traditional Chinese medicine derived from empirical observations of disease and illness by Taoist physicians and reflects the classical Chinese belief that individual human experiences express causative principles effective in the environment at all scales. These causative principles, whether material, essential, or mystical, correlate as the expression of the natural order of the universe. The Jin Dynasty practitioner and advocate of acupuncture and moxibustion , Huangfu Mi , also quotes the Yellow Emperor in his Jiayi jing, c. During the Tang Dynasty , the Suwen was expanded and revised, and is now the best extant representation of the foundational roots of traditional Chinese medicine. Traditional Chinese Medicine that is based on the use of herbal medicine, acupuncture, massage and other forms of therapy has been practiced in China for thousands of years. In the 18th century, during the Qing dynasty, there was a proliferation of popular books as well as more advanced encyclopedias on traditional medicine. Jesuit missionaries introduced Western science and medicine to the royal court, the Chinese physicians ignored them. Because of the social custom that men and women should not be near to one another, the women of China were reluctant to be treated by male doctors. The missionaries sent women doctors such as Dr. Mary Hannah Fulton . Because Machaon is wounded and Podaleirius is in combat Eurypylus asks Patroclus to cut out this arrow from my thigh, wash off the blood with warm water and spread soothing ointment on the wound. View of the Askleipion of Kos , the best preserved instance of an Asklepieion. Temples dedicated to the healer-god Asclepius , known as Asclepieia Ancient Greek: Some of the surgical cures listed, such as the opening of an abdominal abscess or the removal of traumatic foreign material, are realistic enough to have taken place, but with the patient in a state of enkoimesis induced with the help of soporific substances such as opium. He argued that channels linked the sensory organs to the brain, and it is possible that he discovered one type of channel, the optic nerves, by dissection. Most famously, the Hippocratics invented the Hippocratic Oath for physicians. Contemporary physicians swear an oath of office which includes aspects found in early editions of the Hippocratic Oath. Hippocrates and his followers were first to describe many diseases and

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medical conditions. Though humorism humoralism as a medical system predates 5th-century Greek medicine, Hippocrates and his students systematized the thinking that illness can be explained by an imbalance of blood, phlegm, black bile, and yellow bile. For this reason, clubbed fingers are sometimes referred to as "Hippocratic fingers". His teachings remain relevant to present-day students of pulmonary medicine and surgery. Hippocrates was the first documented person to practise cardiothoracic surgery, and his findings are still valid. Some of the techniques and theories developed by Hippocrates are now put into practice by the fields of Environmental and Integrative Medicine. These include recognizing the importance of taking a complete history which includes environmental exposures as well as foods eaten by the patient which might play a role in his or her illness. Herophilus and Erasistratus[ edit ] The plinthios brochos as described by Greek physician Heraklas, a sling for binding a fractured jaw. Some of what we know of them comes from Celsus and Galen of Pergamum. Herophilus also distinguished between veins and arteries, noting that the latter pulse while the former do not. He and his contemporary, Erasistratus of Chios, researched the role of veins and nerves, mapping their courses across the body. Erasistratus connected the increased complexity of the surface of the human brain compared to other animals to its superior intelligence. He sometimes employed experiments to further his research, at one time repeatedly weighing a caged bird, and noting its weight loss between feeding times. Some of this vital spirit reaches the brain, where it is transformed into animal spirit, which is then distributed by the nerves. He dissected animals to learn about the body, and performed many audacious operations—including brain and eye surgeries—that were not tried again for almost two millennia. In *Ars medica* "Arts of Medicine", he explained mental properties in terms of specific mixtures of the bodily parts. Naples Dioscurides, 7th century.

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### 6: Ancient Medicine - The History of Medicine

*From digital humanities to web archiving, the National Library of Medicine is working today to collect and preserve tomorrow's history.*

India Indian medicine has a long history. Its earliest concepts are set out in the sacred writings called the Vedas, especially in the metrical passages of the Atharvaveda, which may possibly date as far back as the 2nd millennium bce. According to a later writer, the system of medicine called Ayurveda was received by a certain Dhanvantari from the god Brahma, and Dhanvantari was deified as the god of medicine. In later times his status was gradually reduced, until he was credited with having been an earthly king who died of snakebite. The period of Vedic medicine lasted until about bce. The Vedas are rich in magical practices for the treatment of diseases and in charms for the expulsion of the demons traditionally supposed to cause diseases. The chief conditions mentioned are fever, cough, consumption, diarrhea, edema, abscesses, seizures, tumours, and skin diseases including leprosy. The herbs recommended for treatment are numerous. The golden age of Indian medicine, from bce until about ce, was marked especially by the production of the medical treatises known as the Charaka-samhita and Sushruta-samhita, attributed respectively to Charaka, a physician, and Sushruta, a surgeon. Estimates place the Charaka-samhita in its present form as dating from the 1st century ce, although there were earlier versions. The Sushruta-samhita probably originated in the last centuries bce and had become fixed in its present form by the 7th century ce. Of somewhat lesser importance are the treatises attributed to Vagbhata. All later writings on Indian medicine were based on these works. Because Hindus were prohibited by their religion from cutting the dead body, their knowledge of anatomy was limited. The Sushruta-samhita recommends that a body be placed in a basket and sunk in a river for seven days. On its removal the parts could be easily separated without cutting. As a result of these crude methods, the emphasis in Hindu anatomy was given first to the bones and then to the muscles, ligaments, and joints. The nerves, blood vessels, and internal organs were very imperfectly known. The Hindus believed that the body contains three elementary substances, microcosmic representatives of the three divine universal forces, which they called spirit, air, phlegm, and bile comparable to the humours of the Greeks. Health depends on the normal balance of these three elementary substances. The seven primary constituents of the body—blood, flesh, fat, bone, marrow, chyle, and semen—are produced by the action of the elementary substances. Semen was thought to be produced from all parts of the body and not from any individual part or organ. Both Charaka and Sushruta state the existence of a large number of diseases. Sushruta says 1, Rough classifications of diseases are given. Phthisis, a wasting disease, especially pulmonary tuberculosis was apparently prevalent, and the Hindu physicians knew the symptoms of cases likely to terminate fatally. Smallpox was common, and it is probable that smallpox inoculation was practiced. Hindu physicians employed all five senses in diagnosis. Hearing was used to distinguish the nature of the breathing, alteration in voice, and the grinding sound produced by the rubbing together of broken ends of bones. They appear to have had a good clinical sense, and their discourses on prognosis contain acute references to symptoms that have grave import. Magical beliefs still persisted, however, until late in the classical period; thus, the prognosis could be affected by such fortuitous factors as the cleanliness of the messenger sent to fetch the physician, the nature of his conveyance, or the types of persons the physician met on his journey to the patient. Dietetic treatment was important and preceded any medicinal treatment. Fats were much used, internally and externally. Inhalations were frequently administered, as were leeching, cupping, and bleeding. National Library of Medicine, Bethesda, Maryland The Indian materia medica was extensive and consisted mainly of vegetable drugs, all of which were from indigenous plants. Charaka knew medicinal plants, and Sushruta knew But animal remedies such as the milk of various animals, bones, gallstones and minerals sulfur, arsenic, lead, copper sulfate, gold were also employed. The physicians collected and prepared their own vegetable drugs. Among those that eventually appeared in Western pharmacopoeias were cardamom and cinnamon. As a result of the strict religious beliefs of the Hindus, hygienic measures were important in treatment. Two meals a day were decreed, with indications of the nature of the diet, the amount of water to be drunk before and after the meal, and the use of

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condiments. Bathing and care of the skin were carefully prescribed, as were cleansing of the teeth with twigs from named trees, anointing of the body with oil, and the use of eyewashes. In surgery, ancient Hindu medicine reached its zenith. Operations performed by Hindu surgeons included excision of tumours, incision and draining of abscesses, punctures to release fluid in the abdomen, extraction of foreign bodies, repair of anal fistulas, splinting of fractures, amputations, cesarean sections, and stitching of wounds. A broad array of surgical instruments were used. According to Sushruta, the surgeon should be equipped with 20 sharp and blunt instruments of various descriptions. The instruments were largely of steel. Alcohol seems to have been used as a narcotic during operations, and bleeding was stopped by hot oils and tar. In two types of operations especially, the Hindus were outstanding. Stone in the bladder vesical calculus was common in ancient India, and the surgeons frequently removed the stones by lateral lithotomy. They also introduced plastic surgery. The results appear to have been tolerably satisfactory, and the modern operation is certainly derived indirectly from this ancient source. Hindu surgeons also operated on cataracts by couching, or displacing the lens to improve vision.

**China** The Chinese system of medicine is of great antiquity and is independent of any recorded external influences. Most of the Chinese medical literature is founded on the Huangdi neijing, and it is still regarded as a great authority. European medicine began to obtain a footing in China early in the 19th century, but the native system is still widely practiced. Basic to traditional Chinese medicine is the dualistic cosmic theory of yinyang. The yang, the male principle, is active and light and is represented by the heavens. The yin, the female principle, is passive and dark and is represented by the earth. The human body, like matter in general, is made up of five elements: With these are associated other groups of five, such as the five planets, the five conditions of the atmosphere, the five colours, and the five tones. Health, character, and the success of all political and private ventures are determined by the preponderance, at the time, of the yin or the yang, and the great aim of ancient Chinese medicine is to control their proportions in the body. The teachings of the religious sects forbade the mutilation of the dead human body; hence, traditional anatomy rests on no sure scientific foundation. One of the most important writers on anatomy, Wang Qingren, gained his knowledge from the inspection of dog-torn children who had died in a plague epidemic in ce. Traditional Chinese anatomy is based on the cosmic system, which postulates the presence of such hypothetical structures as the 12 channels and the three so-called burning spaces. The body contains five organs heart, lungs, liver, spleen, and kidneys, which store up but do not eliminate, and five viscera such as the stomach, intestines, gallbladder, and bladder, which eliminate but do not store up. Each organ is associated with one of the planets, colours, tones, smells, and tastes. There are bones and joints in the body. According to the physiology of traditional Chinese medicine, the blood vessels contain blood and air, in proportions varying with those of the yin and the yang. These two cosmic principles circulate in the 12 channels and control the blood vessels and hence the pulse. It may be compared to a circle without beginning or end. Traditional Chinese pathology is also dependent on the theory of the yin and the yang; this led to an elaborate classification of diseases in which most of the types listed are without scientific foundation. Conclusions are drawn from the quality of the voice, and note is made of the colour of the face and of the tongue. The most important part of the investigation, however, is the examination of the pulse. The pulse is examined in several places, at different times, and with varying degrees of pressure. The operation may take as long as three hours. It is often the only examination made, and it is used both for diagnosis and for prognosis. Not only are the diseased organs ascertained, but the time of death or recovery may be foretold. The Chinese materia medica has always been extensive and consists of vegetable, animal including human, and mineral remedies. This work, in 52 volumes, has been frequently revised and reprinted and is still authoritative. The use of drugs is mainly to restore the harmony of the yin and the yang and is also related to such matters as the five organs, the five planets, and the five colours. The art of prescribing is therefore complex. Among the drugs taken over by Western medicine from the Chinese are rhubarb, iron for anemia, castor oil, kaolin, aconite, camphor, and Cannabis sativa Indian hemp. Chaulmoogra oil was used by the Chinese for leprosy from at least the 14th century, and about the 19th century it began to be used for this purpose by Western physicians. The herb mahuang Ephedra vulgaris has been used in China for at least 4, years, and the isolation of the alkaloid ephedrine from it has greatly improved the Western treatment of asthma and similar conditions. The most

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famous and expensive of Chinese remedies is ginseng. Western analysis has shown that it has diuretic and other properties but is of doubtful value. Reserpine, the active principle of the Chinese plant Rauwolfia, has also been isolated and has been effectively used in the treatment of hypertension high blood pressure and some emotional and mental conditions. Hydrotherapy is probably of Chinese origin, since cold baths were used for fevers as early as bce. The inoculation of smallpox matter, in order to produce a mild but immunizing attack of the disease, was practiced in China from ancient times and came to Europe about 1700. Another treatment is moxibustion, which consists in making a small, moistened cone moxa of powdered leaves of mugwort, or wormwood Artemisia species, applying it to the skin, igniting it, and then crushing it into the blister so formed. Other substances are also used for the moxa. Dozens of these are sometimes applied at one sitting. The practice is often associated with acupuncture. Acupuncture consists of the insertion into the skin and underlying tissues of a metal needle, either hot or cold. The theory is that the needle affects the distribution of the yin and the yang in the hypothetical channels and burning spaces of the body. The site of the insertion is chosen to affect a particular organ or organs. The practice of acupuncture dates from before bce and is peculiarly Chinese. Little of practical importance has been added since that date, although there have been many well-known treatises on the subject. The needles used are 3 to 24 cm about 1 to 9 inches in length.

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### 7: The History of Physicians / Doctors - Soliant

*Medicine has two basic meanings, it refers to 1. The Science of Healing; the practice of the diagnosis, treatment and prevention of disease, and the promotion of health.*

Sitemap This paper is very peripherally related to West Boylston. I found reading "The History of West Boylston" published by the West Boylston Historical Society , to be extremely useful additional reading when I took a history of medicine and health care class. If you enjoy history as much as I do, you may be interested in finding out what medical treatment was like in the "olden days. Since America lacked long-settled cities, universities, formal medical training and hospitals were essentially unknown. Most were literate, but some, particularly those raised outside of New England where primary schools were a part of almost every town, were not. A man who wished to practice medicine did not need any type of certification. Most did have a period of apprenticeship with an established physician, but even this was not a requirement. Up until the late 19th century, very few doctors had a college education, though a few young men with wealthy parents did study medicine at the University of Edinburgh, University of London or University of Padua. Medical education declined to the point that only seven medical schools were open in the United States in Most patients were treated in their homes. However, even the smallest towns had poorhouses, where destitute people could live and receive limited medical care: The unfortunate who needed town aid If a pauper died, his funeral expenses were borne by the town. Frequently, the poor, medically untrained residents would care for one another since there were no other options. The few hospitals that opened in North America during the colonial period were opened in places like Quebec and New Orleans both cities dominated by the French. Finally, Benjamin Franklin and Dr. Thomas Bond raised money to open the Pennsylvania Hospital, the first hospital that was not also a poorhouse in America. This hospital did not permit people with infectious diseases in unless they were quarantined to special rooms and not housed in the wards. Towns and cities did not have boards of health except during times of epidemics or threatened epidemics. Most Americans got their water from pumps and used outhouses until well into the 19th century because most places did not have public water or sewer systems. There was no trash collection so the streets became a breeding ground for all types of disease. There were a few attempts to influence public health, but most of these were only local efforts. For example, when smallpox vaccinations were developed in the 18th century, many small town doctors, particularly in New England, ran "smallpox resorts" where groups of people were variolated and had to stay quarantined for a few days to make sure they only developed a mild case of smallpox. However, since New Englanders were used to the concept of inoculations, when the improved smallpox vaccination was introduced in the last s, it had widespread acceptance. The colonial and early federal periods marked the height of "heroic medicine," where purgings, bleedings, and high doses of toxic drugs like calomel constituted treatment for almost every condition. Since many diseases are self-limited, the "cures" may have killed more people than the diseases themselves. Between heroic medicine and a geographically very diverse population that demanded a high level of self-reliance, the public developed a very skeptical attitude towards regular doctors. In the early 19th century, the spirit of Jacksonian democracy was common across America, which further heightened the "do it yourself" attitude of many Americans. Irregular medical sects were popular worldwide in the 19th century, but they were particularly common in the United States. These sects, while they freely gave medical advice, emphasized the participant of the patient in his or her own treatment. One popular irregular medical sect, particularly in the rural areas, was the Friendly Botanical Society. Botanic Family Physician, it popularized taking herbs and drinking lots of herbal teas and wines. While Thomsonian medicine still preached the use of emetics lobelia , it was strongly opposed to both bleedings and calomel. In some ways, the Friendly Botanical Society was like the Amway of its day as it stressed the use of door-to-door sales people to peddle its books and herbal remedies. Another reaction against heroic medicine was homeopathy. It was started by a university-trained German doctor named Samuel Hahnemann. Hahnemann said that doctors were giving their patients too much medicine. He believed that tiny amounts of drugs should be diluted in water before being given to a patient and that practitioners should take very thorough medical histories of each

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patient. Homeopaths welcomed women as physicians at a time when women were not permitted to practice regular medicine. Andrew Taylor Still started the practice of osteopathy. Osteopathy incorporated bodily manipulations, similar to those seen in modern chiropractic. In osteopathy, these manipulations effected the magnetic flow of energy in the body. Osteopathy discouraged use of medicines, but did not forbid them. While most of the other irregular sects died out over time, doctors of osteopathy are still granted and often are trained in tandem with regular doctors. Quackery was basically a way to fool people into believing they were being cured while making money from them. Quackery had even been licensed in London, but it was completely ignored by the America government for hundreds of years. While some quackery did come from otherwise eminent physicians Dr. William Hammond, one of the first neurologists in America, developed the theory of isopathy, in which animal extracts were used to treat a number of diseases from impotence to a weak heart. Quackery could be deadly, since there was no regulation of what patent medicine could contain. Once the American Medical Association got started, it went after quacks and fought with the government over making the sale of quack medicine illegal. Eventually, with the banning of narcotics for non-prescription drugs, the impact of quack medicine was lessened. While quack medicines, particularly for "weight loss and stamina," are still commonly available in the United States, they must be safe even if they are not always genuinely effective. People respond to quacks now for the same reason that they always have; as P. The use of quack drugs for serious diseases appears to be on the wane, but they are as popular as ever for "lifestyle" issues. Health fads are tougher to characterize. Like the irregular sects, health fads tend to be indulged in by people who want to treat themselves. Some health fads moderate jogging, vegetarianism, hydropathy are not generally dangerous and have at least some health benefit. During the 19th century as a literate middle class blossomed in the United States, so did the number of faddish practices, particularly involving the diet. Vegetables, graham crackers, and cereals were all centerpieces of 19th century health fads. Hydropathy was something of a "special case. But more than the "healing power of water," hydropathy indicated the value of the rest cure, importance of having like-minded people around, the usefulness of light exercise and the fact that women who wore loose-fitting clothing generally felt better and had fewer physical complaints than the ones who did. So even if the water itself did not have special curative powers, the fact that middle-class people women in particular were allowed to get away from their normal routines and come home rested, made a positive impact on some parts of society. While empirical evidence in favor of faith-only healing is lacking, anecdotal evidence suggests that some people who pray do experience spontaneous remission of certain disease. However, some people who do not pray also experience similar spontaneous remission. Faith-only healing seems to be experiencing something of a resurgence, as a number of recent court cases have borne out. The late 19th century marked the incorporation of major changes in medicine around the world, but particularly in the United States. Between , medicine went from being a medieval art to incorporating many elements of modern science. The advances in chemistry, and biology had major impacts on medicine. As medical practitioners began to understand that the body was comprised of basic chemicals and not mysterious humors, effective treatments for diseases and injuries were developed. Purgings and bleedings went out of vogue. But as medicine became more scientific, it was clear that doctors needed both training and licensing. Nathan Davis founded the American Medical Association AMA in Philadelphia to help create professional standards for doctors and set minimal educational requirements. However, these colleges provided an extremely erratic level of medical education, with some of them being little more than diploma mills while others provided a high-caliber medical education. The erratic level of medical education in America continued to be a problem well into the 20th century when the Flexner Report made many suggestions for the improvement of medical education, most of which were implemented. As American cities exploded in size during the 19th century due to the massive immigrant migration from Europe, public health, particularly in the cities, became more of an issue. With many hundreds of thousands of people living in extremely crowded, unsanitary conditions, tuberculosis was often at epidemic levels in the cities. The Shattuck Report on public health was released before the Civil War and encouraged city governments to start cleaning up their acts, but the cities remained filthy until very late in the 19th century. During the 19th century, people started to understand that TB was not caused by miasma, but was caused by bacteria. People with TB were sometimes

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sent out of the city to sanitariums in the country, where the cleaner air seemed to help their recovery. The problem of cleaning the air pollution, particularly in the cities, was not really dealt with in an effective manner until the mid 20th century. As the importance of having clean water for drinking, bathing, and waste removal was understood, cities undertook massive sewer projects to help bring clean water into the cities while removing waste water from the city. Dead animal carcasses and garbage littered the street until the late 19th century when cities started sanitation crews to take the trash out of town and dumps to move the waste to. Many cities started walk-in dispensaries so the poor could receive treatment and medications for little or no cost. With the urban population explosion, poorhouses became even larger and harder to manage. With new medical advances, people needed to be in a special setting to receive certain types of treatment. Americans began to build hospitals across the country in the 19th century. The new hospitals were generally cleaner than the old poorhouses, since they were built at a time that people started to understand the importance of cleanliness to health. In the 20th century, the pace of technological change has made medicine an extremely expensive enterprise. Taking on an enormous burden of debt at the start of their professional lives seems to make new doctors choose the more lucrative specialties of medicine surgery, neurology, plastic surgery over the necessary but less lucrative specialties internal medicine, pediatrics, rural general practice. They are constantly looking for more funding from pharmaceutical and medical equipment companies to pay for studies that could be performed by the medical school. Enforcement of federal pollution and local sanitary laws have helped to keep the air and water cleaner. Children are required to have inoculations against common diseases such as mumps, measles and whooping cough. The WIC program helps to supplement the diets of many poor women and children. However, medical care for the working poor and mentally incapacitated are not currently viewed as governmental responsibilities. The working poor are often forced to use hospital emergency rooms as primary medical care. With the closing of many mental hospitals, the mentally ill are often homeless, in jail, or are not receiving any treatment for their conditions. These are areas in which the United States should try to improve its public health care delivery. Medical facilities improved as the federal government started giving money to build modern facilities after World War II. Additionally, the introduction of the Medicare and Medicaid programs to pay for treatment of the old and the poor brought an enormous influx of capital into the hospitals between and

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### 8: History of medicine - Wikipedia

*Early Medicine. Explore medicine and health in Europe before Read expert articles on disease, disability, wellbeing and other subjects, and learn about the rich holdings of the Wellcome Library.*

Medicine and surgery before Early medicine and folklore Unwritten history is not easy to interpret, and, although much may be learned from a study of the drawings, bony remains, and surgical tools of early humans, it is difficult to reconstruct their mental attitude toward the problems of disease and death. It seems probable that, as soon as they reached the stage of reasoning, they discovered by the process of trial and error which plants might be used as foods, which of them were poisonous, and which of them had some medicinal value. Folk medicine or domestic medicine, consisting largely in the use of vegetable products, or herbs, originated in this fashion and still persists. But that is not the whole story. Humans did not at first regard death and disease as natural phenomena. Common maladies, such as colds or constipation, were accepted as part of existence and dealt with by means of such herbal remedies as were available. Serious and disabling diseases, however, were placed in a very different category. These were of supernatural origin. They might be the result of a spell cast upon the victim by some enemy, visitation by a malevolent demon, or the work of an offended god who had either projected some object—a dart, a stone, a worm—into the body of the victim or had abstracted something, usually the soul of the patient. The treatment then applied was to lure the errant soul back to its proper habitat within the body or to extract the evil intruder, be it dart or demon, by counterspells, incantations, potions, suction, or other means. One curious method of providing the disease with means of escape from the body was by making a hole, 2. Trepanned skulls of prehistoric date have been found in Britain, France, and other parts of Europe and in Peru. The practice still exists among some tribal people in parts of Algeria, in Melanesia, and perhaps elsewhere, though it is fast becoming extinct. Magic and religion played a large part in the medicine of prehistoric or early human society. Administration of a vegetable drug or remedy by mouth was accompanied by incantations, dancing, grimaces, and all the tricks of the magician. The use of charms and talismans, still prevalent in modern times, is of ancient origin. Apart from the treatment of wounds and broken bones, the folklore of medicine is probably the most ancient aspect of the art of healing, for primitive physicians showed their wisdom by treating the whole person, soul as well as body. Treatments and medicines that produced no physical effects on the body could nevertheless make a patient feel better when both healer and patient believed in their efficacy. This so-called placebo effect is applicable even in modern clinical medicine. The ancient Middle East and Egypt The establishment of the calendar and the invention of writing marked the dawn of recorded history. The clues to early knowledge are few, consisting only of clay tablets bearing cuneiform signs and seals that were used by physicians of ancient Mesopotamia. In the Louvre Museum in France, a stone pillar is preserved on which is inscribed the Code of Hammurabi, who was a Babylonian king of the 18th century bce. This code includes laws relating to the practice of medicine, and the penalties for failure were severe. Greek historian Herodotus stated that every Babylonian was an amateur physician, since it was the custom to lay the sick in the street so that anyone passing by might offer advice. Divination, from the inspection of the liver of a sacrificed animal, was widely practiced to foretell the course of a disease. Little else is known regarding Babylonian medicine, and the name of not a single physician has survived. When the medicine of ancient Egypt is examined, the picture becomes clearer. Surer knowledge comes from the study of Egyptian papyri, especially the Ebers papyrus and Edwin Smith papyrus discovered in the 19th century. The former is a list of remedies, with appropriate spells or incantations, while the latter is a surgical treatise on the treatment of wounds and other injuries. The preservation of mummies has, however, revealed some of the diseases suffered at that time, including arthritis, tuberculosis of the bone, gout, tooth decay, bladder stones, and gallstones; there is evidence too of the parasitic disease schistosomiasis, which remains a scourge still. There seems to have been no syphilis or rickets. Ebers papyrus Ebers papyrus prescription for asthma treatment. Though the Bible contains little on the medical practices of ancient Israel, it is a mine of information on social and personal hygiene. The Jews were indeed pioneers in matters of public health.

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### 9: Medicine in the Middle Ages - History Learning Site

*The History of Medicine Division of the National Library of Medicine The Historical Medical Library of the College of Physicians of Philadelphia [7] The Ruth Lilly Medical Library of Indiana University has collections on the practice of medicine in the 19th century Indiana and other Midwestern states.*

Modern Medicine Medicine has two basic meanings, it refers to 1. The Science of Healing; the practice of the diagnosis, treatment and prevention of disease, and the promotion of health. Medications, drugs, substances used to treat and cure diseases, and to promote health. This collection of articles focuses on the science of healing, its history from prehistoric times until today, and the medications and healing methods used. Some people might call medicine a regulated patient-focused health profession which is devoted to the health and well-being of patients. Whichever way medicine is described, the thrust of the meaning is the same - diagnosis, treatment and prevention of disease, caring for patients and a dedication to their health and well-being. The art of preventing or curing disease; the science concerned with disease in all its relations. The study and treatment of general diseases or those affecting the internal parts of the body, especially those not usually requiring surgical intervention. Modern medicine includes many fields of science and practice, including: Healthcare science - a multidisciplinary field which deals with the application of science, technology, engineering mathematics for the delivery of care. A healthcare scientist is involved with the delivery of diagnosis, treatment, care and support of patients in systems of healthcare, as opposed to people in academic research. A healthcare scientist actively combines the organizational, psychosocial, biomedical, and societal aspects of health, disease and healthcare. It includes several areas of both physical and life sciences. Biomedical scientists use biotechnology techniques to study biological processes and diseases; their ultimate objective is to develop successful treatments and cures. Biomedical research requires careful experimentation, development and evaluations involving many scientists, including biologists, chemists, doctors, pharmacologist, and others. It is an evolutionary process. Medications - drugs or medicines and their administration. Medications are chemical substances meant for use in medical diagnosis, treatment, cure, or prevention of disease. Surgery - a branch of medicine that focuses on diagnosing and treating disease, deformity and injury by instrumental and manual means. This may involve a surgical procedure, such as one that involves removing or replacing diseased tissue or organs. Medical devices - instruments, implants, in vitro reagents, apparatuses, or other similar articles which help in the diagnosis of diseases and other conditions. Medical devices are also used to cure disease, mitigate harm or symptoms, to treat illness or conditions, and to prevent diseases. They may also be used to affect the structure or function of parts of the body. Unlike medications, medical devices achieve their principal purpose action by mechanical, thermal, physical, physic-chemical, or chemical means. Medical devices range from simple medical thermometers to enormous, sophisticated and expensive image scanning machines. The History of Medicine - humans have been practicing medicine in one way or another for over a million years. In order to understand how modern medicine got to where it is now, it is important to read about the history of medicine. In this series of articles, you can read about:

## 13. ON THE EARLY HISTORY OF MEDICINE pdf

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