“BY THE HISTORICAL METHOD ALONE,” REMARKED WILLIAM OSLER IN 1901, “can many problems in medicine be approached profitably.”

By the time I started medical school, my program had abandoned its history of medicine course for a monthly lecture series. This made sense. Faced with the explosion in knowledge of molecular and clinical science, there was not enough time in the day to study the past. After all, history is not essential to the day-to-day practice of medicine. And, given that physicians used to treat fever with leeches and hysteria with surgery, our history is often embarrassing.

Yet I wonder if I would have been better served had I studied history in my preclinical years. Like most physicians, I have used the phrase “the patient is a poor historian.” I wonder if we should more accurately admit that we “took a poor history.” According to one poet, “One might say, though we are told not to, that the patient is a poor historian.”

One could argue that patients are never poor historians, only more or less reliable sources of information. It is the role of the physician to be a historian—to collect evidence and weigh competing sources of information against one another. The historical method is part of the craft of medicine. As Sapira puts it, “Simply to write down or to recite a gaggle of true statements is not to compose a history. The facts must be placed in a form that makes them informative. Many medical schools ‘teach’ by having the students memorize a large number of facts. But these schools do not teach the students how to decide what a fact is, or how to collect facts in a useful and informative manner.”

The purpose of this issue is to demonstrate the importance of the historical method in understanding current clinical problems.

In this issue of MSJAMA, David Schuster reviews the history of the diagnosis of neurasthenia—an illness that reminds us that medical diagnoses are shaped by cultural factors as well as by science. In an account that resonates with our current dilemma over vaccination against bioterrorism threats, Elise Lipkowitz describes the smallpox vaccination debate in 18th-century France. Continuing this discussion on the balance between public health and individual choice, George Joseph tells us about the legacy of the 1905 US Supreme Court case Jacobson v Massachusetts, which upheld the right of the government to order compulsory vaccination. All of these authors teach us something about how to interpret and narrate history.

REFERENCES