

## *The Arbitration of Change*

TENSIONS BETWEEN the commitment to progress and loyalty to tradition became particularly acute in the discussions about therapeutic change that flourished in medical circles from the 1850s through the 1870s. The function of these discussions was at once explanatory and normative, for through them physicians sought to account for the dramatic transformation that had taken place in practice since the early decades of the century and to establish a consensus for current and future practice. Evaluation of past therapeutic change and disputation of present therapeutic truth were parts of a single endeavor. This endeavor is illustrated here by an analysis of the profession's discussions about the decline of the two treatments most securely linked with early-nineteenth-century therapeutics, general bloodletting and calomel, and about a drug brought forward to replace venesection, *veratrum viride*. Such discussions clearly exhibit physicians' reasoning about change and the range of factors they regarded as meaningful in explaining, judging, and advocating it.

The potential of therapeutic criticism to indict both professional tradition and current efficacy was high, and regular physicians observed certain tacit rules commensurate with the risk. Internal therapeutic criticism rarely drew into question the value in principle of established remedies. (In contrast, sectarians generally charged that orthodox therapies were in themselves damaging.) Discussion among regulars ordinarily dwelled instead on theory, the rationale for therapeutic beliefs, and the extent to which particular practices were or were not useful in certain defined conditions. Even if the actual use of a practice was modified or the theory sustaining it changed, its value could nonetheless be fully upheld in principle. Criticism of theory and practice could