

Cui Bono?

BETWEEN THE mid-1860s and the mid-1880s, some American physicians began to articulate an expansive program for reconstructing medicine on the foundation of experimental science. The claim of laboratory science to practical relevance in medical therapeutics did much more than challenge the reign of empiricism: it urged a thoroughgoing rearrangement of the relationships among therapeutic practice, knowledge, and professional identity. As the proponents of the newly laid basis for treatment teased out the implications of physiological therapeutics, they portrayed it as an integral part of a new medical ethos gradually taking shape.

A few practitioners fully gave their hearts and minds over to the new science and its enticing therapeutic promise. Other intellectually prominent physicians, firm in their commitment to clinical empiricism, vocally opposed the new plan's epistemological heresy. The vast majority of American physicians, though, remained ambivalent—but not indifferent. The proposition that experimental science should govern therapeutic practice had fundamental implications for professional identity; the doctor-patient relationship; the professional meanings of the hospital, medical education, and codes of ethics; therapeutic practice; and the very definition of professional orthodoxy. Hence the notion that medical therapeutics should be grounded upon experimental science unavoidably entered into the everyday concerns of practitioners to whom epistemological disputes might otherwise have seemed arcane if not frivolous. Furthermore, the lingering suspicion that too firm an allegiance to science could distract the physician from the care of patients, that the "medical speculator" might be bargaining away moral behavior for expert knowledge, made many practitioners uneasy.

Often the epistemological concerns about experimental therapeutics that some elite physicians explicated—concerns about empiricism