

### *Arrowsmith and the Ascent of an Industry*

*Arrowsmith* is a novel based on the dramatic portrayal of a man who passionately devotes his life to scientific research. Written by Sinclair Lewis, *Arrowsmith* takes place in America during the early 1920s. Through his depiction of the novel's main character, Dr. Martin Arrowsmith, and the actions of his colleagues and the general population, Lewis illustrates how this was an era in which the general population of America was enthralled with medicine and new scientific discoveries. Lewis also makes it clear that during this period of intense enthusiasm, medical practice had evolved into a commercial business. He develops doctors as characters who care more for money than anything else (Lewis, 272). In this same light, Lewis asserts that the commercial nature of medicine has made the practice immoral and contradictory to its honorable nature. Finally, out of Martin's depressing work as a physician, and his colleague's selfish motivations, comes the age-old adage: money doesn't buy happiness. Lewis demonstrates this by ending the novel with Martin abandoning his rich wife and their child to build a laboratory in a friend's home in the woods (Lewis, 444). There, they may be left alone to do the research they love without the commercial pressure imposed by the medical industry.

Lewis' novel fits in nicely to our class discussions and readings thus far. Both *Arrowsmith* and Paul De Kruif's book, *Microbe Hunters*, are sources that document intense enthusiasm for medicine throughout the early twentieth century. It is also useful to examine the storyline of *Arrowsmith* as an example of the rise of medicine as an industry – as portrayed in Paul Starr's book, *The Social Transformation of American Medicine*. Additionally, aspects of trustworthiness, ethics, and ethnocentrism in the

medical profession are important to discuss in relation to De Kruif's book. Lastly, these supplementary class materials help to evaluate the strengths and weaknesses of Lewis's novel: it succeeds in capturing the excitement of an era in American medicine, but is overly sardonic in its popularized portrayal of the profession.

As previously stated, *Arrowsmith* exemplifies the intense enthusiasm shown towards medicine throughout the early twentieth century. The novel opens with a young Martin sitting cross-legged in the doctor's office, reading Gray's Anatomy (Lewis, 1). Surely this is not how most boys spend their free time. Much later in the novel, a particularly commercial doctor named Almus Pickerbaugh goes on tour with his health reforms and becomes well known across America. He is so popular, in fact, that the Republican Party nominates him to run for congressman. Martin, who is now also a doctor, is shocked when told that he will have to take over while his colleague is away campaigning (Lewis, 236). De Kruif's book, a dramatization of the scientists who discovered microbes, also portrays these "microbe hunters" as celebrities. Pasteur and other scientists "were humanitarians; they were saviors," declares De Kruif (182). "Where are their monuments?" he later implores (317). In a sense, De Kruif, a friend and advisor to Lewis, is like Pickerbaugh, a great salesman of medicine. He thinks that the latest discoveries of science should be proclaimed and celebrated. Men like Pickerbaugh and De Kruif however, are the personifications of the "popularizers" of medicine that Lewis criticizes through his novel. Yet, with his publication of *Arrowsmith*, Lewis is popularizing the attempts to popularize medicine.

Another shared theme is that of medicine evolving into an industry. As Starr described in *The Social Transformation of American Medicine*, the practice of medicine

began as a philanthropic business (63). With the transportation revolution and rapid industrialization of the country, however, economic obstacles forced doctors to charge fees for their work (85). *Arrowsmith* clearly reflects this idea that in the early twentieth century, medicine became an industry. For example, at one point in his career, Martin is told by a fellow doctor to stop trying to tie up the remaining loose ends of his original research involving the streptococcus bacteria. Instead, if Martin were to engage in other, more practical research, he would then be eligible for a raise (274). Martin's fellow doctors know that publicizing research generates income and notoriety not only for the person responsible for the findings, but also for the hospital in which the research was conducted. Thus, if Martin were to publicize his research findings, the laurels would trickle down to his fellow doctors. This way of thinking exemplifies how the industrialization of medicine altered the motives of the profession: instead of doing research to save lives, doctors were trying to make a profit.

Lewis's novel also brings to light the issue of doctors' trustworthiness. As Starr points out in his book, mistrust of doctors was not uncommon throughout medical history. "The social position of the majority of doctors was not low, but it was insecure and ambiguous," he writes. "A physician's standing depended as much on his family background and the status of his patients as on the nature of his occupation" (Starr, 81). Indeed, this notion was especially true before medical schooling and licensing provided a standard upon which to evaluate doctors (Starr, 102). In *Arrowsmith*, when Martin moves to his wife's hometown to set up practice, he becomes a country doctor about whom the townspeople gossip (155). It is clear that the townspeople are not impressed by Martin's degree, and as an outsider, he will have to earn the trust of the community.

Matters are made worse, though, when a sick girl dies under his care (160). After this incident, the town loses what little faith they had in Martin and he and his wife are forced to move (163). It is interesting then, that townspeople were so slow to warm up to Martin, since he attended medical school and was based in his wife's hometown (Lewis, 6).

Among doctors themselves, there was also a growing mistrust in relation to their profession. Many became concerned that doctors' work was straying from its altruistic origins. For example, in *Arrowsmith*, Martin is encouraged to publish research that he has not yet authenticated in order to make money for his Institute (Lewis, 321). When Martin expresses need to validate his research, his director tells him: "Nonsense. That attitude is old-fashioned. This is no longer an age of parochialism but of competition, in art and science just as much as commerce – competition to the death!" (324). Martin is clearly upset by his director's attitude: not only does it demonstrate the commercialism of the medical industry, it affirms that certain doctors would cross ethical boundaries in order to make a profit. De Kruif recounts many unethical procedures in his book as well. In one such instance, he describes with vivid details a scene in which one of Pasteur's assistants suggests drilling a hole into the skull of a live dog – "without hurting him – without damaging his brain at all...it would be easy..." (De Kruif, 166). Upon hearing this idea, Pasteur was appalled, and no doubt many of his colleagues would share a similar feeling. In subsequent chapters in *Microbe Hunters*, De Kruif describes how Walter Reed struggles with the thought of human experimentation: "...give human beings yellow fever! In some epidemics – eighty five men out of a hundred died of it...it

would be murder!” (De Kruif, 309) Reed is unwilling to subject humans to certain death in an endeavor to find a cure for an already fatal disease.

Ethnocentrism also factored into ideas of medical ethics at the time. For example, De Kruif tells how the drug Atoxyl “had been tried on those poor darkies down in Africa” and how “an altogether embarrassing number of those darkies had gone blind” (339). It seems that although researchers in general were hesitant to experiment with humans, they considered trials on Africans to be an okay starting point. Elements of this ethnocentrism are visible in *Arrowhead* as well. Martin is sent to experiment on the “Negro” Caribbean island of St. Hubert, which was infested with the plague. While there, Martin displays an attitude of superiority towards Africans also. After consulting with an African-American man who obtained his M.D. from Howard, he remarks incredulously that he never thought a Negro had the intelligence to become a doctor (Lewis, 370).

There is one important difference to note between the unethical practices of the scientists in *Arrowsmith* and those of *Microbe Hunters*. In *Arrowsmith*, scientists are engaging in unethical activities for their own personal gain, be it monetary or status. But in *Microbe Hunters*, De Kruif depicts various scientists as savers of humanity. They are men devoting their lives (literally in the case of Dr. Lazear) to find the cure that could in turn save thousands more lives. Men like Pasteur and Koch are willing to uproot their families (113), live among the “stinking tanks” of society (289), and experiment on themselves (312) in search of a cure. Though they “stop at nothing,” in De Kruif’s mind they are heroes. And for Lewis, it is only when Martin retreats into the woods to do laboratory research – “true science” as he describes it (447) – that he is able to escape the

commercialism and unethical activities of the profession and feel like an authentic scientist.

Both *Arrowsmith* and *Microbe Hunters* are successful in their attempts to capture the excitement of an era in medicine. However, Lewis, in his usual sardonic manner, exposes many of the faults of the medical profession, from medical school through small town practice, public health work, and medical research. He accomplishes this through his numerous portrayals of doctors as greedy businessmen and by casting the medical profession in a negative light (324). In *Arrowsmith*, independent scientists like Martin are, for the most part, the only ones painted in a positive light. No doubt it was true that many doctors were greedy and the medical profession was becoming more of a private corporation, but surely a good majority of traditional, primary care doctors still entered the profession with altruistic motives.

Regina Morantz-Sanchez's book, *Sympathy and Science*, offers evidence of the notion that doctors still entered the profession with altruistic motives. Morantz-Sanchez chronicles the entry of women into the medical profession during the late nineteenth century. She describes how women like Elizabeth Blackwell believed that by becoming doctors, women could employ their natural charitable qualities and enhance what was already a moral profession (Morantz-Sanchez, 185). Additionally, Morantz-Sanchez uses the life of Mary Putnam Jacobi as a case study of a woman who entered the medical profession out of intellectual curiosity and a passion for research – akin to Martin Arrowsmith (194). Thus, Morantz-Sanchez's findings support the idea that in *Arrowsmith's* era, various women entered the profession with unselfish purposes. In light

of this, Lewis's rendering of the medical profession seems a bit too satirical, but perhaps it is within his right as a novelist to stretch the truth.

Indeed, *Arrowsmith* brings to life the history of medicine in the early twentieth century. It is an enthralling read, and the novel acts as primary evidence of the exciting nature of medicine in 1920s America. In a struggle against the societal forces of greed and corruption that accompany the growth of medicine, Lewis creates a heroic character that abandons the excitement of society in exchange for a quiet pursuit of scientific research. One cannot look at Lewis in the same light as Martin Arrowsmith, however. In his attempt to criticize the popularization of early nineteenth century medicine, Lewis seems to have forgotten that by introducing the public to the news of science in the 1920s, he is guilty of the same charge.

### Bibliography

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