

Making Medical History

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Frank Huisman and John Harley Warner, eds. *Locating Medical History: The Stories and Their Meanings*. Baltimore: Johns Hopkins University Press, 2004. x + 507 pp. Ill. \$45.00 (0-8018-7861-6).

Reviewing volumes of collected essays is notoriously difficult, and this book is no exception: its twenty-one essays are uneven in quality and represent a considerable diversity of topics and approaches. The editors emphasize that one of the unifying threads of the volume is that medical history has never been a real discipline—it was and continues to be a pluralistic field made up of “widely disparate historical endeavors” (p. 4). Adding to the difficulty of writing about essays reflecting “widely disparate historical endeavors,” presented moreover in “widely disparate” ways, is the fact that these touch on my own career choices and those of close friends and colleagues. So in addition to “wide disparity,” there is emotional baggage with which to contend.

Nonetheless, I am delighted to have been given the opportunity to comment on this badly needed book. All academic fields require periodic self-reflection, and we medical historians have not done much of it in recent years. Furthermore, the position that it takes with respect to older work in the history of medicine is one that I share. For many years now, we have caricatured older work in the field (that of Henry Sigerist excepted)¹ in order to promote one or another agenda of social and/or cultural history of medicine; it is time to get past such intellectual simple-mindedness and develop a more subtle and interesting approach to our

1. Elizabeth Fee and Theodore M. Brown, eds., *Making Medical History: The Life and Times of Henry E. Sigerist* (Baltimore: Johns Hopkins University Press, 1997).

own history and practices. A further virtue of this book, and the reason everyone should buy it, is that it attempts to be international and makes visible the work of several scholars who are not known or read by many English-speaking historians.

Let me begin by giving a brief account of the book. It is divided into three parts, of which the first deals with early histories and historians of medicine. This section holds together quite well. International in scope, it presents material with which most readers will be unfamiliar. Essays in this section are written by scholars in Germany (Hans-Uwe Lammel, Heinz-Peter Schmiedebach, and Thomas Rütten), France (Danielle Gourevitch), the United Kingdom (Vivian Nutton), and the United States (Elizabeth Fee and Theodore Brown). The orientation of these illuminating papers is overwhelming biographical; except for Vivian Nutton's contribution, which masterfully deals with the historiography of the entire domain (small to be sure) of ancient medicine, most authors center their accounts on individual figures, or on two contrasting figures. So much for the much-touted disappearance of biography and "great doctors" from medical history.

The second section is harder to characterize. Titled "A Generation Revisited," it contains essays that examine developments during the past few decades. Some are highly idiosyncratic. The one by the late Roy Porter assumes the charming tones of an after-dinner speech in discussing some British work (chiefly demographic) that Porter found interesting. Susan Reverby and David Rosner offer a personal account of the emergence of the "New" social history in the United States circa 1980, and then present a very brief evaluation of how it has fared. The social history that they are tracking is a very specific current within the larger social history of medicine: it is American, highly politicized, and can be summarized by the trinity "gender, class, race" (sometimes with the addition of "sexuality")—a phrase that is repeated like a mantra throughout the essay. Three papers provide more-conventional accounts of specific historical domains: German and, to a lesser extent, French work in the social history of medicine (Martin Dinges); colonial and post-colonial medical history (Warwick Anderson); and the intellectual tradition of Georges Canguilhem and Michel Foucault (Christiane Sinding). Finally, there is a wonderful, albeit flawed, "scientometric" account of the field by two Dutch scholars writing out of the Science Studies tradition (Olga Amsterdamska and Anja Hiddinga) that I discuss below.

A final section, "After the Cultural Turn," is truly "widely disparate." It includes specific tendencies in medical history (presumably more future-oriented than those discussed in the previous section), like the "New" cultural history (Mary Fissell) or the social construction of medical

knowledge (Ludmilla Jordanova, in a reprinted article first published in 1995). Several essays treat the relationship between history and political movements such as intersex rights (Alice Dreger) or health policy and legal advocacy (Allan Brandt); the actual and possible links between history and current biomedicine (Alfons Labisch, Jacalyn Duffin); and history and the general reader (Sherwin Nuland). There is also an unclassifiable paper (Roger Cooter) that is both a requiem for social history of medicine, slain apparently by the forces of postmodernism, and a critique of the idea of “frame” coined by Charles Rosenberg.

In the face of so much diversity, I can do little but offer a number of personal reflections. Regarding the first section, it is striking how little we know about the history of medical history. There are a lot of general statements of the “it used to be dominated by doctors before the Ph.D.’s swarmed in” sort, but we know little about fundamental institutions in larger national or international settings. When were societies organized in each country? When were junior and senior teaching positions introduced in each nation? Who joined the societies, and who received academic posts? What were the subjects most commonly studied? In the United States, we now know quite a lot about Henry Sigerist but less about predecessors like Fielding Garrison and John Shaw Billings, or about things that went on outside Johns Hopkins. (The 1950s and 1960s seem to be a total blank.)² German historians have written a great deal on this subject, and one can find references to these and more fragmented pieces of the American puzzle in the endnotes to the editors’ introduction. But there is little in the way of synthesis. The French and British stories, in contrast, do not seem to be available even in a patchy form.³ This relative lack of attention to our past may well reflect the fact that medical history is, as the editors declare, not a real discipline but a collection of dispersed research and scholarly communities.

This point is well illustrated by the single paper (by Amsterdamska and Hiddinga) that seeks to portray the field as whole, at least in the United States and the United Kingdom, through a scientometric analysis of the

2. But see G. H. Brieger and O. Temkin, “Two Institutions and Two Eras: Reflections on the Field of Medical History. An Interview: Owsei Temkin Questioned by Gert Brieger,” *NTM: Zeitschrift für Geschichte der Naturwissenschaft, Technik und Medizin*, 1999, 7: 2–12; Gert H. Brieger, “Temkin’s Times and Ours: An Appreciation of Owsei Temkin,” *Bull. Hist. Med.*, 2003, 77: 1–11.

3. There are a few titles not mentioned in the endnotes, notably Isabelle Wohnlich-Despaigne, *Les historiens français de la médecine au XIXe siècle et leur bibliographie* (Paris: Vrin, 1987). For an odd strain of medical history dating from the 1930s, see George Weisz, “Hippocrates, Holism and Humanism in Interwar France,” in *Reinventing Hippocrates*, ed. David Cantor (Aldershot, U.K.: Ashgate, 2001), pp. 257–79.

four major journals in medical history. The first part is based on an analysis of authors and article titles—a tricky business in history, where books and collective volumes are the real gold standard, and where titles are rarely straightforward and frequently take the form [A catchy phrase] [colon] [An explanatory phrase that reveals how narrowly focused the subject really is]. Much of what Amsterdamska and Hiddinga find is unsurprising. Over the years, M.D.'s have been largely displaced by Ph.D.'s, although the process has occurred more gradually than some have assumed. Biographies of doctors and scientists (I assume the authors include studies of their writings and work) have declined sharply since the 1960s and 1970s. Accounts of professional practices now constitute the largest category of articles. There are still relatively few articles on public health, and even fewer on patient experiences. In sum, the changes that have occurred are “more like a process of diversification than a radical shift of attention” (p. 246). Other exercises—such as trying to determine the focus of articles from contexts explicitly mentioned in titles, or seeking to decide whether an article is on a traditional or innovative subject—strike me as more problematical; but again, the finding that social context has become most common, or that the majority of historians of medicine work along well-worn tracks, is not particularly surprising.

The most disturbing conclusions have to do with citation patterns. Briefly stated, each of the four journals has distinctive citation patterns and, by and large, history-of-medicine journals seem to be rather parochial: the most-cited authors in American journals are Americans, while the most-cited authors in British journals are British. (The British authors cited are more likely, however, to be historians of public health.) The authors are surely correct in suggesting that the field is highly dispersed, that it does not comprise “a well-integrated area with a well-defined theoretical core and a body of canonical literature” (p. 253). Worse, it “seems that individual articles stand each on their own and are not extensively . . . linked to other literature in the field or engaged in an explicit discussion with other historical work” (p. 255). The authors also suggest that the works most cited represent more “traditional approaches,” as opposed to such currently popular (trendy?) topics as colonial medicine, gender studies, and postmodernism. Worst of all, if citations are any indication, we are largely ignored by the wider general historical community. In contrast, the field of Science Studies not only has a theoretical core and vigorous internal debate but is taken seriously by general social science journals. Oof (as the French say)!

One can certainly dispute the methodology, and I personally do not know how one decides which subjects are traditional and which innovative. But overall, the characterization strikes me as accurate. Medical history is

made up of clusters of specialty groups that have emerged from or been inspired by work in other fields over the last few decades and that have, for one reason or another, become identified by someone as part of “medical history”—a term that has always been far too narrow to characterize this broad and amorphous field. These groups seem to have little to do with one another and are frequently more closely identified with specialized scholarship in social or cultural history than with the journals and associations of medical history. The field has few indigenous methodologies and concepts, and little in the way of theory (which may be a good thing, considering the ham-handed way in which many medical historians use concepts like “professionalization,” “social control,” “discipline,” and “interests”). There is no question in my mind that we do not play the central role in general history that medical sociologists and medical anthropologists enjoy within their own disciplines. And national parochialisms in our field are simply embarrassing.

Nonetheless, a bit of historical perspective and context are in order. Many of the traits I have just described are, I am fairly certain, characteristic of the larger field of history (which is also not a discipline in the classical sense). The myopia stemming from national and chronological divisions, the tendency to focus on narrow, specialized topics, the empiricism and lack of interest in theory are all endemic to many domains of history, which for the most part are not internationally oriented or theoretically informed. Unlike Science Studies, which grew out of sociology of science and which has followed the example of the physical and natural sciences in making English the lingua franca of international scholarship, historical studies remain sharply divided along linguistic lines. Historians of the French Revolution or of the American Civil War do not usually cite works devoted to the twentieth-century history of their own nation, let alone other nations. It is nice that theoretical concerns permit sociologists of physics to at least talk to sociologists of genomics—but how significant is this, really, if one does not understand the actual content of the other’s subject (which I am assured by colleagues is the case)? Finally, theory has its costs. Work in Science Studies these days often looks to me as though it has been produced by a cookie cutter; even works challenging particular theoretical claims are thereby forced into a standard mold. At least historians, atheoretical as most of them are, can find archives that allow them to ask new and even surprising questions from time to time.

If I do not see Science Studies as the solution, I do not mean to suggest that we historians of medicine do not face serious problems. Historians of the French Revolution or the American Civil War may not have much to do with their colleagues studying other subjects, but there are enough of them to create real communities of debate that advance knowledge.

There are so few of us in many fields of medical history that we frequently engage in monologues. There are, to be sure, small local debates: Erwin Ackerknecht on anticontagionism has shown sporadic but real staying power; Othmar Keel on the origins of anatomic-pathology has shaken things up; the current kaffuffle over lead poisoning engages public health researchers as well as historians, and political as well as scholarly commitments. The closest that we have to a broad professional debate is the one around the McKeown thesis, which combines a bold argument with wide applicability, political relevance, and the considerable advantage of being irresolvable with the current data and methodologies at hand, so that everyone can claim victory in debate.

Isolation may well grow less intense as the field expands and at least some specialty communities become large enough to sustain real debate. I am not sure that we are capable of handling more theory, but we could certainly use more general hypotheses of the McKeown/Ackerknecht/Rosenberg variety that cut across different specialist communities. Above all, we need more opportunities for specialist communities to interact and learn about one another's interests and commitments. Whatever happens, I am sure of one thing: we do not need more programmatic statements about what directions the field should take. What we need is more work that is significant and ambitious enough to inspire emulation and/or disagreement.

And we could use more self-reflection of the kind that this book provides. Physician-historians are not well represented in this volume. Jackie Duffin's engaging and artful essay suggests how fruitful it might be to hear more about how doctors feel about the relationship between medicine and medical history after the social turn: they might actually have some useful ideas about how we can be relevant to students of the health sciences. Another area that requires more reflection is the subject of political, and especially legal, activism. Allan Brandt provides a subtle and thoughtful analysis of the range of options that historians face and makes a plausible case that activism, including the provision of legal expertise, is good for the discipline in spite of certain pitfalls. I am less sanguine about the effects of turning the *interpretation* of complex historical issues into simple-minded forms of legal argument, and I would like to see more discussion on the subject. I am also deeply troubled by the apparently widespread assumption that those who do not share predominant academic views are somehow misguided or venal. If political and legal activism is a legitimate activity, then we must expect a variety of interpretations to emerge in the public arena, including some that seem wrong-headed; and we must assume, until proven otherwise, that those

who disagree with our views are acting with at least much good faith and self-awareness as we are.

In the end, I feel better about our field than I did before reading this book. I even take a somewhat perverse pleasure in belonging to a domain that is so undisciplined in character and that collectively shows healthy skepticism toward the newest intellectual fashions. This is perhaps my personal form of intellectual anarchism. If I have never felt that I was in a cutting-edge field (as *Annales*-style social history seemed in the 1970s, and Science Studies appeared in the 1980s), neither have I felt myself to be in an intellectual wasteland. And I have always been aware that we have the good fortune to be dealing with issues and institutions that have become increasingly central to any understanding of social structure, power relations, knowledge claims, and cultural values. For a field that is not a “real” discipline, this is not a bad place to start.



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