

Editorial

Twenty Years of *Social History of Medicine*

The first issue of *Social History of Medicine* was published in 1988. The first editorial defended the decision to create a new academic journal 'in a climate of academic retrenchment and severely trimmed library budgets ...'.¹ Ten years later, the editorial that marked the tenth anniversary noted that despite 'severe cutbacks in higher education, which dig deeply into library budgets and which have led to a difficult climate for academics and students', the journal had grown stronger. This was evidenced by rising subscriptions and an ever-improving quality of scholarly contributions.² Now, on our twentieth anniversary, a broadly similar scenario may be detected. Despite successive waves of senior academic retirements, universities continue with the cost-saving tactic of employing part-time or non-permanent teachers. Simultaneously, library budgets continue to languish. But *Social History of Medicine* remains robust and continues to receive an outstanding supply of original scholarship. Membership and subscriptions continue to rise. The on-line version of the journal and its archives have generated intriguing statistical information on the relative popularity of different topics over the years.

Twenty years of scholarship have given the Society for the Social History of Medicine and the discipline it represents much to celebrate, contemplate and cite. The journal has pioneered new approaches to medical history and stimulated lively debate about how best to understand historical change in morbidity and mortality rates, the development of medical practices and institutions, the health of patients and populations, and the relationship of these topics to social, political, economic and cultural concerns.

As Ilana Löwy points out in her survey of twenty years of contributions to *Social History of Medicine* ('The Social History of Medicine: Beyond the Local'), certain themes and scholarly interests have endured. The much cited first article in the first issue of the journal, Simon Szreter's critique of Thomas McKeown's thesis on the decline in mortality in Britain from 1850–1914, is an excellent example. Further discussion of this venerable debate is carried in this anniversary issue by Robert Woods. In 'Medical and Demographic History: Inseparable?', Woods cites *Social History of Medicine* authors such as Mary Dobson, Sumit Guha, Bernard Harris, James Riley and others. He urges that health impact assessment (HIA) methods be used in the examination of topics, such as the effect of medical intervention on life chances. Woods also underlines the importance of an 'evidenced-based medical history' to integrate quantitative and qualitative research methodologies. A key message is that, while each approach has its merits, both require 'critical and sceptical interpretation'.

Issues of evidence and interpretation relating to the reassessment of the 'epidemiologic transition' and the toll of infectious diseases on the health of the population of Victorian

¹Bryder and Smith 1988, p. v.

²Fee and Weindling 1997, p. 1.

Britain are addressed by Graham Mooney in his contribution to our recently inaugurated 'Second Opinions' section ('Infectious Diseases and Epidemiologic Transition in Victorian Britain? Definitely'). Replying to the first of these articles by Flurin Condrau and Mick Worboys,³ Mooney challenges the historical nosology which these authors used to determine what constitutes an infectious disease. Mooney concludes that the thorny issues of classification have profound repercussions for the interpretation of the course and pattern of mortality decline in the nineteenth century. Perhaps no larger challenge to nosologies or classification systems presents itself than in the quest to identify the origins of a disease. Often, a variety of competing stories seek to establish a single explanatory framework that purports to encompass the total history of a disease. But, as Anne Kveim Lie explores in 'Origin Stories and the Norwegian Radesyge', origin stories are 'but one element in the "surface of emergence" [to use Foucault's archaeological metaphor] that allows something to be called a disease'.

Another key topic relating to the McKeownite paradigm draws on scholarship investigating long-term changes in maternal and infant mortality. This theme, together with related research on the training of and attitudes towards midwives, has also been refined over the years in *Social History of Medicine*, in the form of case studies from Europe, America, Australia and Asia.⁴ In our anniversary issue, Vincent De Brouwere's 'The Comparative Study of Maternal Mortality over Time: The Role of the Professionalisation of Childbirth' draws on the work of scholars already well known to our readers, including Irvine Loudon, Hilary Marland, Anne-Marie Rafferty and Ulf Högberg.

Thematic development has been a constant in *Social History of Medicine*. Thus the editorial introduction to the first issue made a commitment to 'an academic study of all aspects of the social history of medicine ... having reference to the patient as well as the practitioner and to health as well as disease'. No innovation has been more influential than the promotion of the 'patient's point of view' by writers such as David Armstrong, Edward Shorter, Lucinda Beier, Dorothy Porter and Roy Porter. As Flurin Condrau reminds us in his essay in our twentieth anniversary issue, 'The Patient's View Meets the Clinical Gaze', this approach helped to set a new agenda of research 'from below' while at the same time depicting a dialectic between producers and consumers in the medical marketplace. Condrau contends that the methodology has yet to reach full maturity.

In her contribution already mentioned above, Ilana Löwy advocates yet another broadening of the field. *Social History of Medicine* has long published articles with a wide geographical, chronological and thematic spread. However, the majority have tended to be case-based with a focus on the local, regional or national. But Löwy contends that the history of medicine constitutes a grand narrative involving trans-national development and the international circulation of people, ideas, tools and techniques. She reminds us of the importance of taking a broad historical view of the emergence of modern science and medicine, a theme reinforced recently with the appearance of Hal Cook's analysis of the scientific revolution viewed within the history of global economic

³Condrau and Worboys 2007.

⁴For example, on maternal mortality: Loudon 1988; Loudon 1991; Lang 2005; Earner-Byrne 2006. On midwifery: Harley 1990; Fox 1993; Woolcock, Thearle and Saunders 1997; McIntosh 1998; Thomas 2003; Tuchman 2005; Homei 2006.

imperialism of the Dutch Republic during its golden age of 1581–1795.⁵ By comparing a number of articles on popular topics such as the history of public health and mortality,⁶ professionalisation and occupational health, Löwy assesses the benefits of drawing on local studies as a basis for arriving at convincing comparative interpretation. She notes that ‘Trans-national comparisons may display unexpected differences and/or surprising similarities; questions initially studied in one context can acquire a different meaning when transposed to another situation; a juxtaposition of developments in several sites can provide information impossible to obtain from single-site studies.’

Löwy’s call for the more active promotion of comparative historical analysis makes an appeal linked to earlier pleas to move beyond the closed circle of western history of medicine. In her review of ‘The Mission of Social History of Medicine’ in the 1995 jubilee celebrations of the foundation of the Society, Dorothy Porter identified new directions including ‘the social, economic, and environmental influences on health, involving the examinations of how medicine has contributed to general levels of the health of populations, exploring the reasons for patterns of professional practice, and the discussion of forces driving the evolution of public health services’.⁷ Whether in histories of health policy, complementary and alternative medicine, or the politics of medical practice, there has been considerable development in these fields. Indeed, the journal has moved well beyond the three areas which John Pickstone identified in his semi-autobiographical narrative of the history of the discipline: ‘social medicine, medical sociology, and the history of public health’.⁸

One area in particular that has developed during the last 20 years and which embraces the move toward the comparative and the global has been the history of colonial medicine. Ten years ago, Shula Marks, then President of the Society for the Social History of Medicine and commentator at the Society’s 1996 conference ‘Medicine and the Colonies’, noted that theoretical and methodological innovations in our discipline, coupled with global consciousness of the rise of new infectious diseases such as AIDS and the re-emergence of old ones such as tuberculosis and chloroquine-resistant malaria, had provided an impetus for historical work in these fields.⁹ In the present anniversary issue, Waltraud Ernst further reflects on the history of colonial medicine in ‘Beyond East and West: From the History of Colonial Medicine to a Social History of Medicine(s) in South Asia’. She notes that interdisciplinary post-colonial and post-modern theory have redirected the research focus from western hegemonic medical practice to a multiplicity of indigenous medicines and the remapping of social, political and economic networks that connect ‘localities’ to ‘globalities’. Ernst sees the future of the history of colonial medicine (HOCM) in terms of the examination of diverse cultural sources, drawing on ever more diverse analytic methods, and rendering it ever more interdisciplinary and more akin to social history.

⁵Cook 2007.

⁶Bernard Harris’s article ‘Public Health, Nutrition, and the Decline of Mortality: The McKeown Thesis Revisited’ (Harris 2004) was the number one-ranked downloaded PDF in 2005 and 2006.

⁷Porter 1995, p. 349.

⁸Pickstone 2005, p. 316.

⁹Marks 1997.

Does this conceptual shift, which invites integration with the work of colleagues in medical anthropology, science studies, history of science and the like, spell 'the end' (in Roger Cooter's recent use of the term) of the 'social history' of medicine?¹⁰ In his contribution to this issue, 'After Death/After-'Life': The Social History of Medicine in Post-Postmodernity', Cooter argues that recent trends in the history of medicine reflect changing methodologies and conceptual preferences and that these self-same processes have culminated in an identity crisis. Purportedly devoid of the intellectual charge that stimulated the discipline in the 1970s, social history of medicine is now 'politically and intellectually sterile'. However, for others, attention to the scholarship of and dialogue with scholars in other disciplines has involved engaging with empirical results and theoretical frameworks that may well reshape and reinvigorate the field in the future. As Ernst points out, one consequence may be that social history of medicine will again connect to the constituency that it was close to in its youth but has moved away from over the last 20 years—the medical profession. Interestingly, Cooter appears to arrive at a broadly similar conclusion from a different starting point.

Recent reflections on the history of the discipline, including a number of contributions to this issue, suggest that the legacy of Foucault has much to answer for in terms of current anxieties about disciplinarity and the operations of medical power and politics.¹¹ Foucault's claims about the ways in which somatic experiences and medical epistemologies have been shaped by biopower and its discursive practices have set much of the agenda for 'the cultural turn' in the history of medicine and its allied disciplines during the last two decades. Foucault also paved the way for cross-disciplinary knowledge and critique of 'the body'. However, according to Cooter, Foucault provided 'no formulaic political solutions' to the problems he identified. Now may be the time to move beyond Foucaultian studies which privilege 'governmentality' as applied to norms and deviations of medical discourse and attempt a more nuanced approach to the teasing-apart of the 'entanglements of biomedicine' and its post-postmodern 'biospheres'—*bio-* power, politics, terrorism, identity, ontology, and so on.¹²

We are, in other words, faced with new loci of investigation definable in terms of what might be labelled a 'globalizing biomentality'. There is now an established and rich corpus of research analysing the ways in which somatic experience, medico-scientific knowledge and the philosophy of 'life itself' have been historically (re)constituted. Scholarship from humanities as well as social science-based disciplines—much of which has appeared in our pages over the previous 20 years—has provided the tools to investigate the complex commercial, political and public arenas that biomedicine has come increasingly to occupy. Questions about the organisation of medical knowledge and epistemological foundations of 'evidence-based medicine', how best to practise medicine in a globalizing marketplace, the logistics and ethics of technology transfer and the transparency and accountability of research and development in public/private biocapital ventures: all these are now questions for researchers acting outside as well as inside the worlds of 'bio-x'. According to Cooter, rethinking the position of social history of medicine can

¹⁰Cooter in Huisman and Warner (eds) 2004.

¹¹Sinding in Huisman and Warner (eds) 2004.

¹²Foucault in Burchell *et al.* (eds) 1991.

yield 'new and more positive ways [in which] historians might even deepen their engagement with practitioners of contemporary medicine, appreciating (while savouring the irony) that, like historians, they too have been destabilised and now search for new ways to intellectualise'.

The topics briefly mentioned here, and more fully developed by contributors to this anniversary issue, generate a number of conclusions. First, the number of internal citations and replies to our articles that we publish demonstrate that *Social History of Medicine* has developed into an even more lively forum for scholarly debate. Second, the journal remains receptive to different methodological approaches, quantitative as well as qualitative history, synthetic as well as case-study approaches to documentary analysis. Third, the journal has become increasingly interdisciplinary—geographers, social scientists, anthropologists, public health and medical researchers, art and literary scholars, as well as every category of historians contribute to *Social History of Medicine*. This adds to the diversity of theoretical and methodological approaches to the interpretation of health, disease, therapies and nearly everything else in the biomedical universe.

Noting the fact that *Social History of Medicine* receives a higher 'impact factor' than the *Bulletin for the History of Medicine* or *Medical History*, a recent *Times Literary Supplement* reviewer praised our authors for pursuing their subject 'with omnivorous verve'.¹³ It is surely an accolade for a peer-reviewed academic journal that an evaluation of this kind proclaims that our copy—some 600 pages a year presenting roughly 30 original articles and 60 book reviews—is *readable*: in fact, 'enjoyable and approachable enough to nudge its way out of a library and on to a coffee table'. Since the last 20 years have not seen much improvement in library budgets, this is a reassuring evaluation. It is also reassuring that our membership and authors represent the international scholarly community, with growth in North America, Asia and Europe. We are in every way moving 'beyond the local'. Whatever the level of our future readership, it is to the magnificent diversity and talent of our contributors that we owe our success over the last two decades.

Brian Dolan
Co-editor

Bibliography

- Burch D. 2007, 'Social History of Medicine', *Times Literary Supplement*, 30 March.
- Bryder L. and Smith R. 1988, 'Editorial Introduction', *Social History of Medicine*, 1, v–vii.
- Condrau F. and Worboys M. 2007, 'Epidemics and Infections in Nineteenth-Century Britain', *Social History of Medicine*, 20, 147–58.
- Cook H. 2007, *Matters of Exchange: Commerce, Science and Medicine in the Dutch Golden Age*, New Haven: Yale.
- Cooter R. 2004, "'Framing" the End of the Social History of Medicine', in Huisman F. and Warner J. H.(eds), *Locating Medical History: The Stories and Their Meanings*, Baltimore and London: The Johns Hopkins Press, 309–37.
- Earnar-Byrne L. 2006, 'Managing Motherhood: Negotiating a Maternity Service for Catholic Mothers in Dublin, 1930–1954', *Social History of Medicine*, 19, 261–77.
- Fee E. and Weindling P. 1997, 'Editorial', *Social History of Medicine*, 10, 1.

¹³Burch 2007.

- Foucault M. 1991, 'Governmentality', trans. Rosi Braidotti and revised by Colin Gordon, in Burchell G., Gordon C. and Miller P. (eds), *The Foucault Effect: Studies in Governmentality*, Chicago: University of Chicago Press, 87–104.
- Fox E. 1993, 'An Honourable Calling or a Despised Occupation: Licensed Midwifery and its Relationship to District Nursing in England and Wales before 1948', *Social History of Medicine*, 6, 237–59.
- Harley D. 1990, 'Historians as Demonologists: The Myth of the Midwife-witch', *Social History of Medicine*, 3, 1–26.
- Harris B. 2004, 'Public Health, Nutrition, and the Decline of Mortality: The McKeown Thesis Revisited', *Social History of Medicine*, 17, 379–407.
- Homei A. 2006, 'Birth Attendants in Meiji Japan: The Rise of a Medical Birth Model and the New Division of Labour', *Social History of Medicine*, 19, 407–24.
- Lang S. 2005, 'Drop the Demon *Dai*: Maternal Mortality and the State in Colonial Madras, 1840–1875', *Social History of Medicine*, 18, 357–78.
- Loudon I. 1988, 'Maternal Mortality: 1880–1950. Some Regional and International Comparisons', *Social History of Medicine*, 1, 183–228.
- Loudon I. 1991, 'On Maternal and Infant Mortality 1900–1960', *Social History of Medicine*, 4, 29–73.
- Marks S. 1997, 'What is Colonial about Colonial Medicine? And What has Happened to Imperialism and Health?', *Social History of Medicine*, 10, 205–19.
- Mcintosh T. 1998, 'Profession, Skill, or Domestic Duty? Midwifery in Sheffield, 1881–1936', *Social History of Medicine*, 11, 403–20.
- Pickstone J. V. 2005, 'Medical History as a Way of Life', *Social History of Medicine*, 18, 307–23.
- Porter D. 1995, 'The Mission of Social History of Medicine: An Historical Overview', *Social History of Medicine*, 8, 345–59.
- Sinding C. 2004, 'The Power of Norms: Georges Canguilhem, Michel Foucault and the History of Medicine', in Huisman F. and Warner J. H. (eds), *Locating Medical History: The Stories and Their Meanings*, Baltimore and London: The Johns Hopkins Press, 262–84.
- Thomas S. 2003, 'Midwifery and Society in Restoration York', *Social History of Medicine*, 16, 1–16.
- Tuchman A. M. 2005, '"The True Assistant to the Obstetrician": State Regulation and the Legal Protection of Midwives in Nineteenth-Century Prussia', *Social History of Medicine*, 18, 23–38.
- Woolcock H. R., Thearle M. J. and Saunders K. 1997, '"My Beloved Chloroform". Attitudes to Child-bearing in Colonial Queensland: A Case Study', *Social History of Medicine*, 10, 437–57.