

The Development and Present State of History of Medicine in Britain(*)

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SUMMARY

Introduction. 1.—Institutional histories. 2.—Map of Intellectual Developments. 2.1.—Inputs from history and sociology of science. 2.2.—Social history. 2.3.—Demography, Sociology of medicine, Sociology, radical Psychiatry etc. 2.4.—From the 1980s. 3.—Now and hereafter? 4.—Conclusions?

ABSTRACT

This is a personal account of scholarship in the history of medicine in Britain, from the 1960s onwards, drawn from recollections and knowledge of the literature. The institutional development of the subject is reviewed, emphasizing the contributions of the Wellcome Trust; the various modes of historical research and writing are surveyed and assessed. Modest suggestions are made for renewing the historiography of medical sciences and technologies—to contribute to the politics of knowledge and to wider histories.

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I am asked to review the present state of scholarship in history of medicine in Britain. The account must inevitably be a personal one. I shall be speaking from a mixture of recollection and knowledge of the literature; I cannot even claim that degree of objectivity which might be attained by submitting this text to a wide variety of my British colleagues (1).

Simply to survey the practice of history of medicine in the present would mean little. To understand, you must see the way in which the components of this discipline have been assembled, and the ways in which they have interacted, and continue to interact. Essentially this is a story which much go back at least to the 1960s. I propose to tell it in two versions which I hope are complementary:

First I shall give an account of the institutional development of the subject and the various kinds of departments and units in which it has been nurtured. Then afterwards I shall try to give an intellectualist account of the various modes of historical research and historical writing which have been developed in Britain in the past 40 years.

1. *INSTITUTIONAL HISTORIES*

Until the 1960s, history of medicine in Britain was a very small activity. Of course, doctors had long practised a kind of history for their own purposes. This tradition of celebrating institutions, great doctors, particular theories, or particular surgical operations continues to the present and will doubtless continue for the foreseeable future; but it has had relatively little contact with professional history or indeed with any of the humanities or social sciences as they have been practised within universities.

For history of medicine as a university discipline, the first professional in Britain was Charles Singer, appointed to Oxford by William Osler, and then to the anatomy department of University College London

(1) I have however benefited from the comments of Anna Mayer, HPS, Cambridge, who is researching the history of history of science in Britain. And see her «Moralizing science; the uses of science's past in national education in the 1920s», *British Journal for the History of Science*, 30, 1997, 51-70.

under Grafton Elliot-Smith, whose vision of the subject included archaeology and Egyptology, in which fields he was a major proponent of the «diffusion theory». He was also a major advocate of clinical uses of anatomy, and of links with physical anthropology, psychology and religious studies. He was interested enough in medicine's history (in diffusion and in revolutionary geniuses) to appoint a historian to the department (2).

One of the many people accustomed to call on Grafton Elliot-Smith at Gower Street was Sir Henry Wellcome, the American born pharmacist and chemical manufacturer, who by the 1930s had made his fortune in Britain. Wellcome had been briefly and unhappily married; he devoted most of his spare time and money to amassing huge collections of medical books and artefacts. Crateloads were shipped to London; many were unpacked only after Sir Henry's death in 1936. His legacy set up a Trust and required that some of the continuing profits from his pharmaceutical company should go to the support of history of medicine (alongside the much larger amount which supported medical research.) Wellcome had already built an Institute on Euston Road, initially to house his company as well as his laboratories and his collections. The importance of that Institute and of Wellcome's legacy for the history of medicine can scarcely be over estimated (3).

In a later section of this paper, I shall return to the influence of the Wellcome Trust, and especially its rapid expansion since the 1970s, but first I want to discuss some of the other institutional and social factors which have allowed and encouraged the development of history of medicine in Britain since the Second World War.

Almost all historical disciplines depend very heavily on universities, and the 1960s and early 1970s saw a great expansion of British universities. History of medicine was NOT developed as a special field, but it benefited considerably from new provision for history of science. The majority of

(2) Singer lectured at UCL from 1919. See SMEATON, W.A. History of science at University College London: 1919-47, *British Journal for the History of Science*, 1997, 30, 25-28. I am also grateful to Anna Mayer and to Andrew Bell for information about Singer and Grafton Elliott-Smith respectively.

(3) See HALL, A.R; BEMBRIDGE, B.A. *Physic and philanthropy. A history of the Wellcome Trust, 1936-1986*, Cambridge, Cambridge University Press, 1986.

professional historians of medicine now active in Britain have trained in history of science groups, and until recent years they came largely from backgrounds in biomedical sciences—though only a handful were trained in medicine, and medical schools have not been an important support of the subject (though that too is changing). These structural features are partly shared with American history of medicine, but contrast strongly with the patterns in most of continental Europe.

Between the wars there had been only one department of history of science, founded at University College London in 1921-22 (4). At Cambridge a department of history and philosophy of science was started in the 50s, from four roots—the social and historical interests of certain scientists and doctors (eg. the Marxists Joseph Needham and J. D. Bernal, and the émigré Walter Pagel), the collection of scientific instruments supported by Robert Whipple of Cambridge Scientific Instruments Ltd, the excursions into history of science by the general historian Herbert Butterfield and some of his protégés, and the interest in philosophy of science among professional philosophers, notably Braithwaite (5). Butterfield and the theologian Charles Raven took control from the scientists and the first appointment in the subject went to a historian, Rupert Hall (6). At Leeds, the philosopher Stephen Toulmin and the historian Asa Briggs set up a group within the Philosophy Department. Later, at Lancaster and at Sussex, history of science groups were created within the history departments/schools of new universities; but most of the new groups were set up as independent departments in existing universities. Especially in technical universities such as Imperial College London (under Rupert Hall) and UMIST in Manchester (from 1963, under Donald Cardwell), they were meant to give a *liberal education* to scientists and engineers who might thereby be expected to play larger roles in business, administration and politics. Here we recall that very English debate over the so-called *two cultures* that was conducted in the early 1960s

(4) See SMEATON (fn. 2).

(5) See BENNETT, J.A. Museums and the establishment of history of science at Oxford and Cambridge, *British Journal for the History of Science*, 1997, 30, 29-46.

(6) I am guided here by the ongoing work of Anna Mayer.

between the scientist-politician-novelist C. P. Snow and the puritanical literary critic F. R. Leavis (7).

A few years later, from the mid 60s, this same concern with the place of science in economic and political life was to give rise to a second generation of university initiatives, including the Science Studies Unit at Edinburgh, directed by David Edge (where Barry Barnes, David Bloor and Steven Shapin developed the «strong programme» in sociology of scientific knowledge), the department of Liberal Studies in Science in Manchester University (F.R. Jevons), the Science Policy Research Unit at Sussex University (Chris Freeman), and to some extent the proliferation of the sociology of science in sociology departments, notably at Bath (Harry Collins) and York (Michael Mulkey). In general, medicine was marginal to these activities, though the new departments included a few historians of biology and/or medical sciences.

There was no corresponding move to give a liberal education to medical students and no historians of medicine were appointed to medical faculties. The British medical schools, unlike those in the USA, select their students at age 18, and until the 1990s they subjected them to intensive training programmes which were largely isolated from the rest of the university. Until the 1990s, attempts to broaden the curriculum largely failed. There was however some expansion of social medicine and of medical sociology, which provided jobs for a few public-health doctors and/or sociologists with critical and historical interests. Notable examples were Thomas McKeown, Professor of Social Medicine at Birmingham, who from the 1950s developed a persistently influential argument about the marginality of clinical medicine to the mortality decline in the 19th and early 20th centuries: and more recently, David Armstrong at Guy's Medical School London, whose accounts of modern general practice are deeply Foucauldian. From the 1970s there has been some useful synergy between medical history and medical sociology section of the British Sociological Association, partly at the level of temporary researchers (common in social sciences), and also because

(7) On C.P. Snow see the article by David Edgerton, forthcoming in the *British Journal for the History of Science*, special number, *Presenting Science's Past*, 1999.

several key sociologists in the generation now retiring used medical history in their books (especially Margaret Stacey and Margot Jeffreys). This tradition continues in the excellent textbooks produced by the Open University, which have included very useful chapters by historians, notably by Charles Webster and his colleagues at the Oxford Wellcome Unit (8).

But far more important for the history of medicine than any of the developments so far enumerated, was the expansion of the Wellcome Trust support, partly through scholarships but especially through the development of the five key institutions. Here I refer to the Wellcome Institute in London, which links the Wellcome Library and the Academic Unit at University College London, and also to the four Wellcome Units outside London—in Cambridge, Oxford, Glasgow (Scotland) and Manchester. In giving brief histories, it is useful to begin with the Units in Cambridge and Oxford; from there I will go on to discuss the Wellcome Institute in London and the developments in Scotland and in Manchester.

About 1970, the Wellcome Trust explored the possibility of setting up University Units: Cambridge and Oxford took up the offer. The Cambridge Wellcome Unit was set up within the department of History and Philosophy of Science which was already well known for its work in an intellectualist tradition oriented to epistemological and methodological questions. The first head of the Wellcome Unit, Robert Young, had different ambitions; he was a psychologist turned historian of science and a political radical. Through his early work on the history of cerebral localisation, and especially through his work on Darwinism, Young stressed social context and the analysis of ideas as part of political cultures. It is difficult to overestimate the intellectual importance of Young's presence in Cambridge, short though it was. In alliance with a

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- (8) STACEY, Margaret. *The sociology of health and healing: A textbook*, London, Routledge, 1991; BLACK, N.; BOSWELL, D.; GRAY, A.; MURPHY, S.; POPAY, J. *Health and disease. A reader*, Milton Keynes, Open University Press, 1984 (revised edition 1993); WEBSTER, C. (ed.) *Caring for health: history and diversity*, Milton Keynes, Open University Press, 1993; BEATTIE, A.; GOTT, M.; JONES, L.; SIDELL, M. *Health and well-being: a reader*, Basingstoke, Macmillan Press in association with Open University Press, 1993.

number of other Cambridge historians working especially in the history of politics, Young showed how to develop a history of science which would be critical and contextualist (9). It was very much a 60s development, but to list Young's pupils and associates in Cambridge is to enumerate a substantial proportion of the most productive and original scholars who have worked in British history of science and in medicine since the 70s. Some of them reacted against, or bore lightly, the impress of Young's radicalism—here one might count Bill Bynum (10), who went on to build the Academic Unit of the Wellcome Institute in London; John Durant, now a senior figure in the (London) Science Museum; and Roy Porter, a Cambridge history graduate who did his PhD on the history of geology. Closer to Young were Karl Figlio (11), who followed Young into psychotherapy; Ludmilla Jordanova, who has since contributed substantially to studies of gender and representation in the history of medicine (12); Roger Smith, who continues to work on the history of behavioural sciences and on forensic medicine at the University of Lancaster (13); Roger Cooter, who wrote his PhD on phrenology and

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- (9) YOUNG, R. M., *Darwin's metaphor. Nature's place in Victorian culture*, Cambridge, Cambridge University Press, 1985.
- (10) BYNUM, W.F. *Science and the practice of medicine in the nineteenth century*, Cambridge, Cambridge University Press, 1994.
- (11) FIGLIO, K. The metaphor of organization: an historiographical perspective on the bio-medical sciences of the early nineteenth century, *History of Science*, 1976, 14, 17-53; FIGLIO, K. Chlorosis and chronic disease in nineteenth-century Britain: the social constitution of somatic illness in a capitalist society, *Social History*, 1978, 3, 167-197; FIGLIO, K. How does illness mediate social relations? Workmen's compensation and medico-legal practices, 1890-1940, in WRIGHT, P.; TREACHER, A. (ed.) *The problem of medical knowledge. Examining the social construction of medicine*, Edinburgh, Edinburgh University Press, 1982, 174-224.
- (12) JORDANOVA, L. *Sexual Visions: Images of gender in science and medicine between the eighteenth and twentieth centuries*, London, Harvester Wheatsheaf, 1989.
- (13) SMITH, R. *Trial by medicine: insanity and responsibility in Victorian trials*, Edinburgh, Edinburgh University Press, 1981; SMITH, R. *Inhibition: history and meaning in the sciences of mind and brain*, London, Free Association Books, 1992; SMITH, R. *The Fontana history of the human sciences*, London, Fontana Press, 1997. Roger Smith was the seminal figure for a series of excellent studies on forensic medicine, for example, the recent collection by Michael Clark and Cathy Crawford, and Mark Jackson on infanticide: CLARK, M.; CRAWFORD, C. *Legal medicine in history*, Cambridge, Cambridge University Press, 1994; JACKSON, M. *New-born child murder:*

popular science in early nineteenth-century England before moving to Oxford (fringe medicine) and Manchester (orthopaedics, children, accidents, labour, and war) (14); Maureen McNeil who worked on cultural history of 18th century science and more recently on topics related to reproduction (15); and Edward Yoxen, who did important work on the history and sociology of molecular biology and genetics when in the 1970s and 80s he lectured in Manchester in Liberal Studies in Science (16).

In 1974 Roger French became director in Cambridge where he worked on medieval and early modern medicine (17), ably and persistently supported by Andrew Cunningham (18). Latterly, Harmke Kamminga (19) has helped establish research on biomedical sciences, especially on the Cambridge research schools which have been central to British physiology, biochemistry and molecular biology.

women, illegitimacy and the courts in eighteenth-century England, Manchester, Manchester University Press, 1996.

- (14) COOTER, R. *The cultural meaning of popular science: phrenology and the organization of consent in nineteenth-century Britain*, Cambridge, Cambridge University Press, 1984; COOTER, R. *Phrenology in the British Isles: an annotated historical bibliography and index*, Metuchen, N.J., Scarecrow Press, 1989; COOTER, R. (ed.) *In the name of the child; health and welfare, 1880-1940*, London, Routledge, 1992; COOTER, R. *Surgery and society in peace and war: orthopaedics and the organization of modern medicine, 1880-1948*, Basingstoke, Macmillan, 1993.
- (15) MCNEIL, M. *Under the banner of science: Erasmus Darwin and his age*, Manchester, Manchester University Press, 1987.
- (16) YOXEN, E. *The gene business: who should control biotechnology?* London, Free Association Press, 1986; YOXEN, E. Constructing genetic diseases, in WRIGHT, P.; TREACHER, A. (ed.) *The problem of medical knowledge. Examining the social construction of medicine*, Edinburgh, Edinburgh University Press, 1982, 144-161.
- (17) FRENCH, R. *William Harvey's natural philosophy*, Cambridge, Cambridge University Press, 1994.
- (18) CUNNINGHAM, A.; GRELL, O. P. (ed.) *Medicine and the Reformation*, London, Routledge, 1993; CUNNINGHAM, A.; FRENCH, R. *The medical enlightenment of the eighteenth century*, Cambridge, Cambridge University Press, 1990; CUNNINGHAM, A.; WILLIAMS, P. (ed.) *The laboratory revolution in medicine*, Cambridge, Cambridge University Press, 1992; CUNNINGHAM, A.; ANDREWS, B. (ed.) *Western medicine as contrasted knowledge*, Manchester, Manchester University Press, 1997.
- (19) KAMMINGA, Harmke; WEATHERALL, M. (ed.) *Dynamic science: biochemistry in Cambridge, 1898-1949*, Cambridge, Wellcome Unit for the History of Medicine, 1992; KAMMINGA, Harmke; CUNNINGHAM, A. (ed.) *The science and culture of nutrition, 1840-1940*, Amsterdam, Rodopi, 1995.

The central figure at the Oxford Wellcome Unit was Charles Webster, who had trained as a biologist and school teacher, and taken up history partly as an extra-mural lecturer. He had been closely associated with the innovative history of science group at Leeds in the 60s, including Steven Toulmin, Jerry Ravetz, Pyo Rattansi, Maurice Crosland, Donald Cardwell, Jack Morrell and Robert Olby; indeed, Webster initiated the Northern Seminar which, into the 1980s linked Leeds, Lancaster, and UMIST. After moving south to Oxford, Webster continued his studies on 17th century science and medicine (20). But for many years, before and since leaving the Directorship of the Wellcome Unit, he has also been the major historian of the politics of British medicine in the 20th century and the official historian of the National Health Service (21). He developed a notable group of historians, who between them shared the spread of his chronological interest from the Renaissance through to the 20th century. Margaret Pelling is now best known for her detailed studies of early modern healers (22); Paul Weindling as the British expert on German biology and medicine since 1870 (23).

At this point we might turn to the Wellcome Institute and to University College London, still a very small operation in the early 1970s when Bill Bynum took over from neurologist turned historian, Edwin Clarke (24). Since then, the London Wellcome has grown enormously, sharing in

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- (20) WEBSTER, C. *The great instauration: science, medicine and reform, 1626-1660*, London, Duckworth, 1975.
- (21) WEBSTER, C. *The health services since the war. Volume 1: problems of health care: the National Health Service before 1957*, London, HMSO, 1988; *Volume 2: Government and health care*, London, HMSO, 1996.
- (22) PELLING, M. *Cholera, fever and English medicine, 1825-1865*, Oxford, Oxford University Press, 1978; and *The common lot: sickness, medical occupations and the urban poor in early modern Europe*, London and New York, Longman, 1998.
- (23) WEINDLING, P. (ed.) *The social history of occupational health*, London, Dover, 1986; WEINDLING, P. *Health, race and German politics between national unification and Nazism, 1870-1945*, Cambridge, Cambridge University Press, 1989; WEINDLING, P. (ed.) *International health organisations and movements, 1918-1939*, Cambridge, Cambridge University Press, 1995.
- (24) CLARKE, Edwin (ed.) *Modern methods in the history of medicine*, London, Athlone Press, 1971; CLARKE, E.; JACYNA, S. *Nineteenth-century origins of neuroscientific concepts*, Berkeley, University of California Press, 1987.

the prosperity of the Wellcome Trust. One of Bynum's master-strokes was to draw to London his Cambridge friend, Roy Porter, who converted to the history of medicine, especially of the 18th Century, and has since achieved a reputation as large as his literary output (25), not least in the history of psychiatry. As the central resource for the subject, the Wellcome Institute also includes librarians and scholars working on a wide range of cultures; Vivian Nutton, the present Director, is a classicist, and there are notable authorities on Sanskrit and Islam (Lawrence Conrad), as well as experts in western medicine from the 16th century to the present (26). Chris Lawrence is known for his pioneering work on medicine in Enlightenment Edinburgh and *modern* London (27), Michael Neve for studies of Bristol (28), Andrew Wear for science and medicine in early modern Britain (29), Anne Hardy for studies of public

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- (25) PORTER, R. (ed.) *Patients and practitioners: lay perceptions of medicine in pre-industrial society*, Cambridge, Cambridge University Press, 1985; PORTER, R. *In sickness and in health: the British experience 1650-1850*, London, Fourth Estate, 1988; PORTER, R. *Health for sale: quackery in England, 1660-1850*, Manchester, Manchester University Press, 1989; PORTER, R. *Disease, medicine and society in England, 1550-1860*, Hampshire, Macmillan Press, 1993; PORTER, R. (ed.) *Medicine in the Enlightenment*, Amsterdam, Rodopi, 1995; PORTER, R. (ed.) *The popularization of medicine, 1650-1850*, London, Routledge, 1992.
- (26) CONRAD, L.I.; NEVE, M.; NUTTON, V.; PORTER, R.; WEAR, A. *The Western medical tradition: 800 B.C.-1800 A.D.* Cambridge, Cambridge University Press, 1995.
- (27) LAWRENCE, C. Incommunicable knowledge: science, technology and the clinical art in Britain, 1850-1914, *Journal of Contemporary History*, 1985, 20, 503-520; BYNUM, W.F.; LAWRENCE, C.; NUTTON, V. (ed.), *The emergence of modern cardiology*, London, Wellcome Institute for the History of Medicine, 1985; FOX, Daniel M; LAWRENCE, C. *Photographing medicine: Images and power in Britain and America since 1840*, New York, Greenwood Press, 1988; LAWRENCE, C. (ed.), *Medical theory, surgical practice: studies in the history of surgery*, London, Routledge, 1992; LAWRENCE, C. *Medicine in the making of modern Britain, 1770-1920*, London, Routledge, 1994.
- (28) NEVE, M. The objects of science and medicine, *History Today*, 1982, 32, 50-52; NEVE, M. Orthodoxy and fringe: medicine in late Georgian Bristol, in BYNUM, W. F.; PORTER, R. (ed.) *Medical fringe and medical orthodoxy, 1750-1850*, London, Croom Helm, 1987, pp. 40-55; NEVE, M. Medicine and literature, in BYNUM, W. F.; PORTER, R. (ed.) *Companion encyclopedia of the history of medicine*, London, Routledge, 1993, volume 2, pp.1520-1535.
- (29) WEAR, A.; FRENCH, R. K.; LONIE, I. M. (ed.), *The medical renaissance of the sixteenth century*, Cambridge, Cambridge University Press, 1985; FRENCH, R.; WEAR, A. (ed.), *The medical revolution of the seventeenth century*, Cambridge, Cambridge

health history (30), and Tilli Tansey for studies on 20th century medicine, including the creation of the Witness Seminars (collective oral history). Among the many research fellows who have worked there (and elsewhere), Stephen Jacyna is perhaps best known, for history of anatomy and physiology, especially of the nervous system. Bynum has continued to publish on 19th century medicine, and with his colleagues developed a substantial programme of seminars, visiting fellows and post-graduate education. Their symposia bring history of medicine to a wide range of scientific, medical and historical audiences; and the outreach has been further increased by the many monographs, edited volumes and textbooks produced by the Institute over the last decade, not least by Bynum and Porter.

The history of the Scottish Wellcome Unit has been more uneven. It was initially established in the Department of History at Edinburgh University. The first Director was Eric Forbes, an intellectualist historian of astronomy, aided by Malcolm Nicholson, who had trained in the Edinburgh Science Studies Unit. After the death of Eric Forbes, the Unit was refounded in Glasgow under a clinician turned historian—an experiment which did not turn out well; it was refounded when Johanna Geyer-Kordesch was appointed as Director. She has continued her work on German medicine and established a programme of research on Scottish medicine (31). Her supporting staff are drawn from social history (Marguerite Dupree—Scottish medical practitioners and institutions), and from science studies (Malcolm Nicolson, now known especially for his work on medical technologies).

University Press, 1989; FRENCH, R.; WEAR, A. (ed.), *British medicine in an age of reform*, London, Routledge, 1991; PORTER, R.; WEAR, A. (ed.), *Problems and methods in the history of medicine*, London, Croom Helm, 1987; WEAR, A. (ed.), *Medicine in society: historical essays*, Cambridge, Cambridge University Press, 1992.

- (30) HARDY, A. *The epidemic streets: infectious disease and the rise of preventive medicine, 1856-1900*, Oxford, Clarendon Press, 1993.
- (31) GEYER-KORDESCH, J. Georg Ernst Stahl's radical Pietist medicine and its influence on the German Enlightenment, in CUNNINGHAM, A.; FRENCH, R. (ed.), *The medical enlightenment of the eighteenth century*, Cambridge, Cambridge University Press, 1990; WEAR, A.; GEYER-KORDESCH, J.; FRENCH, R. *Doctors and ethics: the earlier historical setting of professional ethics*, Amsterdam, Rodopi, 1993.

The Manchester Unit, uniquely, was built on a pre-existent research team, developed from mid 70s in the History of Science Department of UMIST, Manchester's technical university. In 1986, the group moved to the Victoria University of Manchester, where John Pickstone established the Centre for the History of Science, Technology and Medicine and the research group achieved formal recognition as a Wellcome Unit. At that time and since, its twin research foci have been the social history of medicine in industrial society (including regional history) and the study of 19th-20th century bio-medical sciences and technologies (32). Pickstone is known for his work on Manchester medicine (33), Roger Cooter for his study of orthopaedics and the many offshoots thereof (war, children, accidents, scientific management) (34), Jonathan Harwood for history of genetics, especially in Germany (35). New staff include specialists in early modern medicine (Penelope Gouk) (36) and science-clinic relations (Mark Jackson) (37). Most Unit staff share interests in

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- (32) PICKSTONE, J. V. (ed.), *Medical innovations in historical perspective*, Basingstoke, Macmillan, 1992.
- (33) PICKSTONE, J. V. *Medicine and industrial society: a history of hospital development in Manchester and its region, 1752-1946*, Manchester, Manchester University Press, 1985.
- (34) COOTER, R. Bones of contention?: orthodox medicine and the mystery of the bone-setter's craft, in BYNUM, W.F; PORTER, R. (ed.), *Medical fringe and medical orthodoxy, 1750-1850*, London, Croom Helm, 1987, pp. 158-173; COOTER, R. The meaning of fractures: orthopaedics and the reform of British hospitals in the inter-war period, *Medical History*, 1987, 31, 306-332; COOTER, R. War and modern medicine, in BYNUM, W. F.; PORTER, R. (ed.), *Companion Encyclopedia of the History of Medicine*, London, Routledge, 1993, volume 2, pp. 1536-1573; COOTER, R. The Moment of the accident: culture, militarism and modernity in late Victorian Britain, in COOTER, R.; LUCKIN, B. (ed.), *Accidents in history: injuries, fatalities and social relations*, Amsterdam, Rodopi, 1997, pp. 107-157.
- (35) HARWOOD, J. *Styles of scientific thought: the German genetics community, 1900-1933*, Chicago, University of Chicago Press, 1993.
- (36) BURNETT, C.; FEND, M.; GOUK, P. *The second sense: studies in hearing and musical judgement from antiquity to the seventeenth century*, London, Warburg Institute, 1991; GOUK, P. Performance practice: music, medicine and natural philosophy in Interregnum Oxford, *British Journal for the History of Science*, 1996, 29, 257-288; *Music, science and natural magic in seventeenth-century England*, New Haven, Yale University Press, 1999.
- (37) JACKSON, M. Images of deviance: visual representations of mental defectives in

popular science and medicine, and in the historical sociology of science, technology and medicine. The Manchester Unit now acts as a focus for history of medicine in the North of England, bringing together a range of historians in other universities, many of whom were once members of the Unit—Michael Worboys and Mark Harrison (Sheffield Hallam), Steve Sturdy (Edinburgh), Mark Jenner (York), Bertrand Taithe (Huddersfield), Paolo Palladino (Lancaster), Helen Power (Liverpool), David Cantor (Manchester Metropolitan) and Jordan Goodman (UMIST).

Most of the Units expanded significantly in the late 1980s, but for the past few years their development has been somewhat *bumpy* (see the Postscript to this section) because of political changes within the Wellcome Trust and the establishment of medical history posts outside Units. This very successful programme of «University Awards», masterminded by David Allen as the Trust's history of medicine co-ordinator, has facilitated the establishment of historians of medicine in about 20 British universities, mostly in history departments. Though this period of proliferation may now be coming to an end, historians of medicine can count themselves extremely fortunate as they view the progress of their own subject over the last 25 years, compared to the relatively small gains of many other humanities and social science disciplines, including history of physical sciences.

And indeed new opportunities continue to appear—one of them in connection with medical education. As I mentioned above, relatively little professional history had been admitted to British medical schools before the 1990s. Medical curricula were always under pressure—I was told frequently in the 1980s that there was room only for large muscles and small molecules! Since then, of course, large muscles have loomed small and molecules have loomed ever larger, but for complicated reasons, the last few years have seen revolutionary changes in medical curricula, not least in Manchester—moving from lectures to project

early twentieth century medical texts, *British Journal for the History of Science*, 1995, 28, 319-337; JACKSON, M. *New-born child murder: women, illegitimacy and the courts in eighteenth-century England*, Manchester, Manchester University Press, 1996; ATKINSON, D.; JACKSON, M.; WALMSLEY, J. *Forgotten Lives. Exploring the history of learning disability*, Plymouth, BILD Publications, 1997. PS: in summer 1998, Mark Jackson moved to a Wellcome post at Exeter University.

work, and from disciplines to problem-centred learning. This has not created much space for *lecturing* in the history of medicine, but it has created a great deal of space where historians along with other teachers in the medical school, can offer *short research projects*. In Manchester, my Unit colleague Mark Jackson has been very successful in running such projects, especially for fifth year medical students who have chosen to spend three months on a history research project, rather than a clinical or laboratory study. Moves are now afoot to increase collaboration between the various medical schools and their associated medical historians, so as to support teaching and especially project work (38). Such ventures will depend on the nurturing of mutual regard between the professional historians of medicine and the medical scientists/teachers.

P.S. In 1998 the Wellcome Trust closed the Cambridge Unit and opened one in Norwich (headed by Roger Cooter, and hoping to specialise in rural medicine); they also closed the Oxford Unit, replacing it there with a Unit that assigned to the History of Infectious Diseases and Tropical Medicine. The reasons given for these changes seemed to be political rather than intellectual.

2. MAP OF INTELLECTUAL DEVELOPMENTS

In this second part of my survey, I want to review three historical currents which have fed into history of medicine between the late 1960s and the 1980s, and which continue to be important. All three, for example, could be found in the Wellcome Units.

— Intellectualist and sociological approaches—chiefly from the history and sociology of science.

— Social history (including urban history, oral history, and critical studies of medical and welfare services)—chiefly in history departments.

— Approaches from cognate disciplines including demography, sociology of medicine, psychiatry etc.

(38) General Medical Council, Education Committee, *Tomorrow's Doctors: Recommendations on Undergraduate Medical Education*, London, General Medical Council, 1993.

I will then go on to discuss the tendencies which have become more prominent from the 1980s, and the way I see the present and future.

2.1. *Inputs from history and sociology of science*

As I indicated above, one of the major supports to history of medicine in Britain has been the history of science. Most of the people who were active in the history of medicine in the early 1970s, and who saw themselves as professionalising that field, had been trained in history and philosophy of science, often with a prior background in science rather than history.

By the seventies, British history of science had developed a strong tradition of social history, extending internal history into studies of social context, rather than simply to questions of scientific method. In this respect British historiography led America, though there were important links especially via Arnold Thackray in Philadelphia. Studies of British science and medicine around the Industrial Revolution were particularly important—for example the work of Arnold Thackray on Manchester, Jack Morrell on Edinburgh and the North of England, Steve Shapin on Mechanics Institutes and on Edinburgh, Ian Inkster on provincial lecturers and societies, and Roger Cooter on phrenology (39). That set of studies was an important nursery for the social history of medicine, and it drew on and contributed to much wider developments in social history, to which I shall return below.

Another interplay between intellectual and social history of medicine came from more theoretical debates. Here I am thinking of the

(39) THACKRAY, A. Natural knowledge in cultural context: the Manchester model, *American Historical Review*, 1974, 79, 672-709; MORRELL, J. *Science, culture and politics in Britain, 1750-1870*, Aldershot, Variorum, 1997; INKSTER, I. Marginal men: aspects of the social role of the medical community in Sheffield, 1790-1850, in WOODWARD, J.; RICHARDS, D. (ed.), *Health care and popular medicine in nineteenth century England*, London, Croom Helm, 1977; SHAPIN, S.; BARNES, B. Science, nature and control: interpreting mechanics' institutes, *Social Studies of Science*, 1977, 7, 31-174; COOTER, R. J. *The cultural meaning of popular science: phrenology and the organization of consent in nineteenth-century Britain*, Cambridge, Cambridge University Press, 1984.

historicisation of philosophy of science summarised in the sequence—Karl Popper, Thomas Kuhn, Imre Lakatos and Paul Feyerabend. This series seemed Anglo-American (though manifestly rooted in Central Europe); the French equivalent was Gaston Bachelard, Georges Canguilhem, Louis Althusser and Michel Foucault. The work of Canguilhem and Foucault was influential among British historians of medicine from the early 1970s, first among those with an interest in French medicine (the wider-fame of Foucault followed the translation of the works on prisons and on sex). Among historical sociologists of science the work of the anthropologist Mary Douglas on natural symbols and on grids-and-groups seemed to provide a formal framework linking intellectual with social structures in the manner pioneered by Durkheim (40). The Edinburgh Strong Programme in sociology of knowledge drew on Douglas, Mary Hesse (41) and Thomas Kuhn to set out the philosophical basis for a kind of history of science which would be non-presentist and thoroughly contextual; it would be symmetrical between science-later-judged-true and science-later-judged-false; it would concentrate on scientific disputes as a means of demonstrating the ways in which the rival programmes could be understood sociologically. The strong programme was to become a prescription for important later work, but for most historians of science who were already writing in the early 1970s, this was not so much a foundation programme, as one which pulled together a series of insights they had already learned—about discontinuities, about context, and, from R.G. Collingwood and /or Canguilhem, about the importance of understanding scientific results as answers to questions (42).

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- (40) DOUGLAS, M. *Natural symbols: explorations in cosmology*, Harmondsworth, Penguin Books, 1973; OLDROYD, D. R. Grid/group analysis for historians of science, *History of Science*, 24, 1986, 145-171.
- (41) HESSE, M. Changing concepts and stable order, *Social Studies of Science*, 1986, 4, 714-726.
- (42) CANGUILHEM, G. *Ideology and rationality in the history of the life sciences*, Cambridge, Mass., M.I.T. Press, 1988; DELAPORTE, F. (ed.), *A vital rationalist: selected writings from Georges Canguilhem*, New York, Zone Books, 1994; COLLINGWOOD, R.G. *An autobiography*, Harmondsworth, Penguin Books, 1944.

2.2. *Social history*

Here, I begin with a personal anecdote. I moved from physiology into history and philosophy of science by taking a Masters course at University College London in 1968-69. There I heard Popper, Lakatos, and Feyerabend, and I read Canguilhem as a historian of biology, but I learned little history of medicine and no social history. I then did a PhD in (Chelsea College) London, on the development of general physiology in France in the early 19th century, and while researching in Paris I discovered the early books of Foucault. But it was not until I was a post-doctoral Fellow in the University of Minnesota (USA) from 1971-73, that I studied the social history of medicine and began to understand that history of science could be part of general history or, more specifically, part of social history. The divisions were less marked in America, because of the way in which American history of medicine (much more than history of science) had been integrated into history departments and indeed into courses in *American civilisation*. The pioneers of this social history of medicine included Richard Shryock (43), and by the 1970s there was a substantial amount of published work—often studies of particular cities or regions—which simply assumed that history of medicine was to be written as part of American social history. I learned a similar lesson by indirect contact with the Johns Hopkins School—my Minnesota colleague, Toby Gelfand, a student of Owsei Temkin, was then exploring the surgeons of the 18th century and saw his work as part of the social history of France (44).

Back in England, I tried to use these revelations, when from 1974 I began to study the history of hospitals in the Manchester region. In many cases this application was rather direct, because for 19th century plebeian movements such as medical botany or certain kinds of homeopathy, there were strong connections between American culture and the culture of Victorian Britain, especially for industrial regions such as Manchester.

(43) SHRYOCK, R. H. *The development of modern medicine: an interpretation of the social and scientific factors involved*, New York, Knopf, 1947 and Madison, University of Wisconsin Press, 1979.

(44) GELFAND, T. *Professionalizing modern medicine: Paris surgeons and medical science and institutions in the eighteenth century*, Westport, Conn., Greenwood Press, 1980.

In any case, my fellow historians at UMIST (especially Donald Cardwell and Wilfred and Kathleen Farrar) (45) were keen on local and social history. Like their Mancunian subjects, they relished the practical contexts and viewed philosophical history as rather effete. One need only compare the work of Cardwell and of Arnold Pacey (46) with recent studies in the history of energy physics to see how far they anticipated present concerns with practice and industrial contexts.

As mentioned above, historians of science and medicine, perhaps especially those in and from the North of England, were also open to social history as it was then being developed in Britain, partly through urban history (by Jim Dyos at the University of Leicester), partly through oral history, *History Workshop Journal*, and other forms of *history from below* capturing the historical experiences of the under-privileged. Pioneers here were Paul Thompson, at the University of Essex, and Raphael Samuel at Ruskin College, the British Trade Union Movement's College at Oxford. Social history was also being developed as a formal subspeciality of British history departments—leaders included Harold Perkins (University of Lancaster) and his associates in the Social History Society, which often focused on *sociological* themes such as professionalisation or elites (47).

Related to this social history within history departments, was the historiography of welfare or public administration, some of the best of which had been written by political scientists—for example, the classic books on the history of the British Poor Law, especially the studies on

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- (45) See the series of six articles by W.V. Farrar, K.R. Farrar and E.L. Scott on the Henrys of Manchester appearing in various volumes of *Ambix* from 1973 through to 1977.
- (46) CARDWELL, D.S.L. Some factors in the early development of the concepts of power, work and energy, *British Journal for the History of Science*, 1967, 3, 209-224; CARDWELL, D.S.L. *James Joule: a biography*, Manchester, Manchester University Press, 1989; PACEY, A. *The maze of ingenuity: ideas and idealism in the development of technology*, London, Allen Lane, 1974; PACEY, A. *The culture of technology*, Cambridge, Mass., M.I.T. Press, 1983.
- (47) PERKIN, H. *The origins of modern English society, 1780-1880*, London, Routledge & Kegan Paul, 1969; PERKIN, H. *The rise of professional society: England since 1880*, London, Routledge, 1989.

Edwin Chadwick, John Simon and public health (48); or to works on the development of the welfare state by historians teaching social administration and social policy, for example Brian Abel-Smith on hospitals. From about 1970 progressivist histories of welfare were being challenged by more critical accounts which used theories of social control, and later drew on Foucault. I will return to these traditions in relation to the history of psychiatry, but here also mention the work of Jane Lewis on women's history and history of the family, as well as on public health in the 20th century (49). Most of her work was written in the Department of Social Administration at the LSE, long the intellectual headquarters of the British welfare state.

2.3. *Demography, Sociology of medicine, Sociology, radical Psychiatry etc.*

I have already mentioned the contributions of social medicine, including Thomas McKeown, whose work proved seminal for debates on mortality, public health measures and nutrition which have linked history of medicine with demography (50). British demographers, especially the Cambridge Population Group under Peter Laslett and Tony Wrigley, have been notable for new and authoritative approaches to long standing conundrums, for example, the components of the boom in British population from the late 18th century through to the 19th (51). Younger demographers such as Richard Smith and Simon Szreter continue to contribute to a lively interplay between historical demographers and historians of medicine, including recent studies of the means by which population statistics were produced —on the workings of the Office of the Registrar General, on changing classification of diseases, on the

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- (48) LEWIS, R. A. *Edwin Chadwick and the public health movement, 1832-1854*, London, Longmans, 1952; FINER, S. E. *The life and times of Sir Edwin Chadwick*, London, Methuen, 1952; LAMBERT, R. *Sir John Simon, 1816-1904: and English social administration*, London, MacGibbon & Kee, 1963.
- (49) LEWIS, J. *The politics of motherhood: child and maternal welfare in England, 1900-1939*, London, Croom Helm, 1980.
- (50) MCKEOWN, T. *The modern rise of population*, London, Edward Arnold, 1976.
- (51) WRIGLEY, A.; SCHOFIELD, R. S. *The population history of England, 1541-1871, a reconstruction*, London, 1981.

processes by which causes of death were given on certificates, etc., etc. Oxford and Cambridge have both made important contributions to this field (52).

This work links with that of David Armstrong, mentioned previously as an exponent of a Foucauldian historical sociology of medicine. Though he often seems to assume that you can deduce the history of medicine from a series of official classifications of disease, his work has been very stimulating.

Most medical sociology on Britain was much more empirical, linked to departments of public health or social medicine, or to nursing or paramedical training. Relatively little medical historical work came from the rapid expansion of (general) sociology departments, excepting the Leicester school of historical sociology, where Nicholas Jewson (53), Ivan Waddington (54) and Sidney Holloway (55) analysed professionalisation—not as a set of traits, but as battles over the divisions of labour and status, etc. The work of Waddington on hospitals and British medicine around 1800 was exemplary. It is worthwhile noting here that Leicester was one of the few British departments to include, from the 1960s, the *interwar* European historical sociology which we associate

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- (52) SZRETER, S. The importance of social intervention in Britain's mortality decline c.1850-1914: a re-interpretation of the role of public health, *Social History of Medicine*, 1988, 1, 1-37; see also the special issue of *Social History of Medicine*, 1991, 4, on «The General Register Office of England and Wales and the public health movement 1837-1914, a comparative perspective»; SMITH, Richard M. Demography and medicine, in BYNUM, W. F.; PORTER, R. (ed.), *Companion encyclopedia of the history of medicine*, London, Routledge, 1993, volume 2, pp. 1663-1692; HIGGS, E. The statistical big bang of 1911: ideology, technological innovation and the production of medical statistics, *Social History of Medicine*, 1996, 9, 409-426.
- (53) JEWSON, N. Medical knowledge and the patronage system in the eighteenth century England, *Sociology*, 1974, 8, 369-385; JEWSON, N. The disappearance of the sick-man from medical cosmology, 1770-1870, *Sociology*, 1976, 10, 225-244.
- (54) WADDINGTON, I. *The medical profession in the industrial revolution*, Dublin, Gill and Macmillan, 1984.
- (55) HOLLOWAY, S. W. F. The apothecaries act, 1815: a reinterpretation, *Medical History*, 1966, 10, 107-129, 221-236; HOLLOWAY, S. W. F. *Royal Pharmaceutical Society of Great Britain 1841-1991: a political and social history*, London, Pharmaceutical Press, 1991.

with Norbert Elias. This approach only attracted general attention in Britain from the 1980s, when its original proponents had reached the end of their lives.

But perhaps it was for Psychiatry that historical studies were most intimately related to developments within medicine and medical services. The anti-psychiatry movement, and the sociological critique of asylums by Goffman *et al.*, helped fuel a series of historical studies on British asylums, especially the work of Andrew Scull (56). We should also note here the important work on prisons by Michael Ignatieff (57) (which preceded the Foucauldian boom), the pioneering studies of asylum populations by the social historian John Walton (58), the later work by Roy Porter (59), and the studies of psychiatric science by Bill Bynum (60) and by clinicians such as German E. Berrios (61).

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- (56) SCULL, A. *Museums of madness: the social organization of insanity in nineteenth-century England*, London, Allen Lane, 1979; SCULL, A. (ed.) *Madhouses, mad-doctors and madmen: the social history of psychiatry in the Victorian era*, Philadelphia, University of Pennsylvania Press, 1981; SCULL, A. (ed.) *The asylum as Utopia: W.A.F. Browne and the mid-nineteenth century consolidation of psychiatry*, London, Routledge, 1990; SCULL, A. *The most solitary of afflictions: madness and society in Britain, 1700-1900*, New Haven, Yale University Press, 1993.
- (57) IGNATIEFF, M. *A just measure of pain: the penitentiary in the industrial revolution*, London, Macmillan, 1978.
- (58) WALTON, J. Casting out and bringing back in Victorian England: pauper lunatics, in BYNUM, W. F.; PORTER, R.; SHEPHERD, M. (ed.), *The anatomy of madness: essays in the history of psychiatry*, London, Tavistock Publications, 1985, volume 2, pp.132-146.
- (59) PORTER, R. *A social history of madness: stories of the insane*, London, Weidenfeld and Nicolson, 1987; PORTER, R. *Mind-forg'd manacles: a history of madness in England from the Restoration to the Regency*, London, Penguin, 1990; PORTER, R. (ed.), *The Faber book of madness*, London, Faber and Faber, 1991.
- (60) BYNUM, W. F. Rationales for therapy in British psychiatry: 1780-1835, *Medical History*, 1974, 18, 317-334; BYNUM, W. F. Theory and practice in British psychiatry from J. C. Prichard to Henry Maudsley, in OGAWA, T. (ed.), *History of Psychiatry*, Osaka, Tangiguchi Foundation, 1982, pp.196-216; BYNUM, W. F.; PORTER, R.; SHEPHERD, M. (ed.), *The anatomy of madness: essays in the history of psychiatry*, London, Tavistock Publications, 1985, 3 vols.
- (61) FREEMAN, Hugh; BERRIOS, German E. *150 years of British psychiatry*, London, Gaskell, 1991.

As will be clear by now, medical history from the 1970s was able to draw on the new history of scientific ideas (eg Bob Young), on the new social histories of welfare and professions (eg the Leicester group), and on studies of science in the industrial revolution (eg Thackray and Morrell). Indeed, part of the excitement of the 1970s was a feeling of synergy and outreach—of topics and methods coming together to illuminate questions which also mattered in worlds beyond the historical profession.

2.4. *From the 1980s*

I want now to deal with some of the tendencies which came to prominence in the history of medicine during the 1980s, especially issues of gender and of representation.

The study of women's history helped open up areas of social history which previously had received relatively little attention—the studies on maternity by Jean Donnison (62), Jane Lewis (63), Ann Oakley (64), Irvine Loudon (65), Hilary Marland (66), and others have been very profitable. The work of Ludmilla Jordanova, has sought to link history of medicine with bodies of theory on gender and on representations—for example her work on wax models and on William Hunter's depictions of pregnancy (67). There is also a growing literature on masculinities,

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- (62) DONNISON, J. *Midwives and medical men: a history of the struggle for the control of childbirth*, London, Historical Publications, 1988 (2nd edition).
 - (63) LEWIS, J. *The politics of motherhood: child and maternal welfare in England, 1900-1939*, London, Croom Helm, 1980.
 - (64) OAKLEY, A. *The captured womb: a history of the medical care of pregnant women*, Oxford, Basil Blackwell, 1984.
 - (65) LOUDON, I. *Death in childbirth: an international study of maternal care and maternal mortality*, Oxford, Clarendon Press, 1992.
 - (66) MARLAND, H.; RAFFERTY, A. M. (ed.), *Midwives, society and childbirth: debates and controversies in the modern period*, London, Routledge, 1997.
 - (67) JORDANOVA, L. Gender, generation and science: William Hunter's obstetrical atlas, BYNUM, W. F; PORTER, R. (ed.), *William Hunter and the eighteenth-century medical world*, Cambridge, Cambridge University Press, 1985, pp. 385-412; JORDANOVA, L. *Sexual Visions: Images of gender in science and medicine between the eighteenth and twentieth centuries*, London, Harvester Wheatsheaf, 1989.

to which British-based scholars have contributed. Studies on women doctors and scientists (and on the possibilities of feminist epistemologies in science) are less developed than in the USA, but Mary Ann Elston has made notable contributions on women's medical schools and on antivivisection (in which England led the world, not least because of the prominent role of women in these campaigns) (68).

Over recent years there has developed a huge literature on *the body*, which has (sometimes) proved a useful meeting point for scholars from a wide range of older disciplines—from literary studies, art history, anthropology, sociology, geography, and various kinds of history, as well as from new kinds of departments such as cultural studies. Most historians of medicine have interests which they can present as *body history*, by moving their focus from the historical *knowers* (eg doctors) to the representations which the knowers produced. That reframing is most useful when it allows different representations to be brought together and/or contrasted. By drawing on a wide range of sources, historians can outline synchronic configurations of understandings (eg various professional and popular understandings of menstruation), or they can highlight transformations of understandings (eg of male-female anatomical differences).

Over questions of representation, historians of medicine link with historians of art and of literature—partly with the British tradition of cultural history, eg Raymond Williams, partly with the newer European forms of literary study for which the standard reference is Derrida, and partly through the American studies of *rhetoric* which draw on these European sources. The European tradition, directly or via the USA, has been especially influential among recent history graduates who see cultural history as discontinuous with, and in some sense superseding, social history. In as much as historians of science and medicine are now long-practised in the art of situating varieties of knowledges within analysable social configurations, they may prove a useful resource for

(68) ELSTON, M. A. Women and anti-vivisection in Victorian England, 1870-1900, in RUPKE, N. A. (ed.), *Vivisection in historical perspective*, London, Croom Helm, 1987, pp. 259-294.

such other scholars as may wish to bridge this needless fracture in the historical profession.

My own preference is to add these newer perspectives to the methodological armamentarium already surveyed. Let me illustrate that point from studies on visual representation, pioneered among British historians by Martin Rudwick, the historian of geology (69). In the recent work of my colleague in Manchester, Marcia Pointon, on 18th century portraiture, one can see very nicely the synergy which could be achieved between social history of medicine and the social history of art. Pointon, for example, provides a great deal of material on the changing market for portraits—the extension of the portrait-buying-classes, as it were, and how they chose to be represented (70). The link with social history of medicine is inviting, since we have learned from Nicholas Jewson and others that much of the elite medicine of the eighteenth century might be regarded as patient-dominated, and that patients who were in a position to choose their doctor may have done so partly because they approved of the philosophy of the doctor or his readiness to adapt himself to the lifestyle preferences of the patient. Here medicine appears, in part, as an individual relating with a technical advisor to affirm a particular identity and a particular representation of the self. How did such medical choices relate to the choice of portrait artist, and to the mode of depiction; how were such relations gendered; and how did they vary with social- class-position and the increased access of the middle-classes to forms of expertise previously restricted to their *bettors*?

In addition to gender and representations in art and in language, we might also mention the turn to study *practice* and non-literary behaviours which has been prominent in the sociology of science and carried over to some extent, especially in the States, into a kind of historical sociology of medicine which often focuses on particular machines, techniques or

(69) RUDWICK, M. Caricature as a source for the history of science: De la Beche's anti-Lyellian sketches of 1831, *Isis*, 1975, 66, 534-560; RUDWICK, M. The emergence of a visual language for geological science, 1760-1840, *History of Science*, 1976, 14, 149-195.

(70) POINTON, M. *Hanging the head: portraiture and social formation in eighteenth century England*, New Haven, Yale University Press, 1993.

experimental materials —the sociology of the medical record or the laboratory mouse. These historical techniques, like the scientific techniques they describe, are usually most interesting when applied to wider questions; to my mind they are less satisfying (because relatively obvious) as ends in themselves.

Studies of laboratory life, for example, are not very good at situating these laboratories in wider worlds, or of systematically distinguishing between different kinds of laboratories (the pioneering studies of VARIETIES of science, by Richard Whitley (71) and Terry Shinn (72), are widely neglected). It is perhaps rather odd that we continue to accept an undifferentiated *sociology of science*, slipping easily from Robert Boyle to CERN, though we would not think much of a sociology of manufacturing which failed to distinguish systematically between crafts, workshops, mass-production, and automated plants. As I have argued at length elsewhere, the informal distinctions which historians of medicine make between bedside medicine, clinical medicine and laboratory medicine afford a useful means of *placing* case studies and of developing analytical frameworks which can also be extended to other aspects of science and technology. By such means we may hope to create historical *big pictures* that link the literary and non-literary practices of medicine with practices outside medicine, in ways that are open to historical explanation (73).

During the 70s, most historians of science and medicine felt that they were constantly learning new methods and approaches without discarding the older ones. Some of the historians importing new tools from *cultural studies* seem also to acquire a tendency to sectarianism and the pursuit of fashion. Such tendencies should be resisted, not least because they limit scholarly debate.

(71) WHITLEY, R. *The Intellectual and Social Organisation of the Sciences*, Oxford, Clarendon Press, 1984.

(72) SHINN, T. Scientific disciplines and organisational specificity: the social and cognitive configurations of laboratory activities, in Norbert Elias, Herminio Martins and Richard Whitley, eds, *Scientific establishments and hierarchies. Sociology of the Sciences, vol 4*, 1982, 239-264.

(73) PICKSTONE, J. V. Ways of knowing: towards a historical sociology of science, technology and medicine, *British Journal for the History of Science*, 1993, 26, 433-458.

3. NOW AND HEREAFTER?

In some ways it is already demonstrable that historians are returning to wider issues and to the integration of cultural and social history. Here too, history of medicine is privileged because changes in medicine and in society revivify the political questions which have always motivated much of the best history—questions about gender, patients' rights and environmental politics here take their place alongside questions of professional power, of equity in welfare and of international relations, which themselves have changed very substantially since the 1970s. Let me give some examples:

Partly from concern with the *post-colonial*, and partly from interest in anthropological approaches and comparative perspectives, there is increasing interest in third-world history of medicine (74), and in the international organisations round the League of Nations and the United Nations (75). Comparative studies of *western* medical systems are also needed—politically, because of the EU and because of the rapid transfer of medicine and welfare-models across the *developed* world. But there is also a scholarly need here: existing studies of medical services are almost always nation-based, and we now need to interrogate these histories, and to dig beneath them, so as to make explicit the national characteristics which have been presumed in the single-nation accounts. For example, Pasteur looms enormously large in French histories of

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- (74) ARNOLD, D. *Famine: social crisis and historical change*, Oxford, Basil Blackwell, 1988; ARNOLD, D. (ed.), *Imperial medicine and indigenous societies: disease, medicine and empire in the nineteenth and twentieth centuries*, Manchester, Manchester University Press, 1988; ARNOLD, D. *Colonizing the body: state medicine and epidemic disease in nineteenth-century India*, Berkeley, University of California Press, 1993; ARNOLD, D. (ed.), *Warm climates and western medicine: the emergence of tropical medicine, 1500-1990*, Amsterdam, Rodopi, 1996; HARRISON, M. *Public Health in British India: Anglo-Indian preventive medicine, 1859-1914*, Cambridge, Cambridge University Press, 1994; HARRISON, M. «The tender frame of man»: disease, climate and racial difference in India and the West Indies, 1760-1860, *Bulletin of the History of Medicine*, 1996, 70, 68-93.
- (75) WEINDLING, P. (ed.) *International health organisations and movements, 1918-1939*, Cambridge, Cambridge University Press, 1995.

French public-health, whereas he scarcely enters British histories of British public health. That is not because British historians fail to acknowledge his name, or attribute germ-theory to other scientists; germ theory generally is much less central in British histories. I would like to investigate how much of this difference in national narratives may be related to differences in what happened (if you will excuse the expression), or to differences in how sciences and services were categorised and understood by the various *actors* in the two countries, or thirdly to differences in the historiographical traditions, which might in part, arise from the second set of differences. As historians of medicine become more European, we shall see many such challenges.

One of the ironies of historical studies around 1990 was the common focus on *micro*-politics just when global politics were taking radically new forms and welfare politics were being reframed. Whatever the costs that patients may experience from the recent changes in medicine and welfare, such reframings are a huge gift (and challenge) to historians; and not only to those who work on the twentieth century.

One may thus be encouraged by the renewal of interest in the large themes of *general* and political history—in part the contribution of younger scholars trained in general history and now working as historians of medicine in history departments. I am thinking here not just of work on gender, but work on popular medicine (76), militarisation and war (77),

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- (76) BYNUM, W. F.; PORTER, R. (ed.), *Medical fringe and medical orthodoxy, 1750-1850*, London, Croom Helm, 1987; COOTER, R. (ed.), *Studies in the history of alternative medicine*, Basingstoke, Macmillan, 1988.
- (77) SUMMERS, A. *Angels and citizens. British women as military nurses 1854-1914*, London, Routledge & Kegan Paul, 1988; COOTER, R. Medicine and the goodness of war, *Canadian Bulletin of Medical History*, 1990, 7, 147-159; COOTER, R. War and modern medicine, in BYNUM, W. F.; PORTER, R. (ed.), *Companion Encyclopedia of the History of Medicine*, London, Routledge, 1993, volume 2, pp.1536-1573; HARRISON, M. The medicalization of war: the militarization of medicine, *Social History of Medicine*, 1996, 9, 267-276; HARRISON, M. Medicine and the management of modern warfare, *History of Science*, 1996, 34, 379-410; COOTER, R.; HARRISON, M. (ed.), *Medicine and the management of modern warfare*, Amsterdam, Rodopi, forthcoming 1998.

medicine and nationalism (78), the economic history of medicine (79) and on medical businesses (80).

Equally encouraging, is the proliferation over recent years of text books, encyclopaedias, and collections of essays. One thinks especially of Bynum and Porter's various productions, including the *Routledge Companion Encyclopaedia to the History of Medicine* (1993, 2 volumes) or the recent text book from the Wellcome Institute on *The Western Medical Tradition* (up through the 18th century) (1995), Roy Porter's *Cambridge Illustrated History of Medicine* (1996), and Irvine Loudon's *Oxford Illustrated History of Medicine* (1997), the Leeds volume edited by Robert Olby *et al*—*Companion to the History of Modern Science* (1990) or individual text books like Chris Lawrence's *Medicine in the Making of Modern Britain* (1994). (There is more to come: Roger Cooter and I are editing a *History of Twentieth Century Medicine*, for Harwood Publications, and Cambridge University Press are preparing a multi-volume history of science). All these have opened up scholarship to wider audiences than previously had access.

In ending this section, I would point to what appears to me to be an increasingly important frontier of history—the present: history as it is happening. We live in an age where medical services are changing faster than they have done for decades. It was very easy during the 1960s and 70s to write histories of medicine about (for or against!) the progress of a *troika*—the state, professional power and science. Since about 1990, not least in Britain, these mid-century expectations have been disrupted. Comparable remarks might be made about Eastern Europe, China, and the poorer countries of Africa (where medical

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- (78) Eg Bertrand Taithe, forthcoming, on Medicine and the Franco-Prussian war.
- (79) DIGBY, A.; BOSANQUET, N. Doctors and patients in an era of national health insurance and private practice, 1913-1938, *Economic History Review*, 1988, 41, 74-94; DIGBY, A. *Making a medical living: doctors and patients in the English market for medicine, 1720-1911*, Cambridge, Cambridge University press, 1994.
- (80) BLUME, Stuart S. *Insight and industry: on the dynamics of technological change in medicine*, Cambridge, Mass. M.I.T. Press, 1992; DAVENPORT-HINES, R. P. T.; SLINN, J. *Glaxo. A history to 1962*, Cambridge, Cambridge University Press, 1992; TWEEDALE, G. *At the sign of the plough: 275 years of Allen and Hanburys and the British pharmaceutical industry, 1715-1990*, London, Murray, 1990.

systems modelled on the colonial past are often in decay, no longer supported by the rivalries of the Cold War, and facing new medical challenges). The history of the near-present is developing (see for example the work of Virginia Berridge and Jennifer Stanton (formerly Beinart) at the London School of Hygiene and Tropical Medicine (81), or the Twentieth Century Medical Science *witness seminars* at the Wellcome Institute), but maybe we also need historians to record, investigate and analyse these changes *as they happen*, whether at the level of national or international organisations, or at the level of particular towns or hospitals where one could investigate in detail the interplays between *policy* and all the other determinants (technical, economic and social) of change in medicine. *Public history* has been supported by the American government for *big science* projects such as the space telescope. Its dangers are obvious, but we may nonetheless welcome the acknowledgement that good professional history helps implement the public's *right to know*, a right which surely extends to medical sciences and services.

4. CONCLUSIONS?

Overall, I would be optimistic. British universities have been restructured in ways unforeseeable 10 years ago, just as British medicine has been restructured, and the Wellcome Trust has also changed remarkably. Thanks largely to the Trust, there is now a substantial body of historians of medicine with more or less permanent appointments and medical history is seen as a profitable area for history departments.

Intellectually, my own feeling is that after the major, cumulative advances of the 60s and 70s, the subject in some (post-modernist) aspects became a little *shallow*, or it became a little too solid—here I

(81) BERRIDGE, V.; STRONG, P. (ed.), *AIDS and contemporary history*, Cambridge, Cambridge University Press, 1993; BERRIDGE, V. *AIDS in the UK: the making of a policy, 1981-1994*, New York, Oxford University Press, 1996; BEINART, J. Problems and sources in the history of anaesthesia, in ATKINSON, R. S.; BOULTON, T. B. (ed.), *The history of anaesthesia*, London, Royal Society of Medicine Services, 1988, pp. xxviii-xxx; BEINART, J. *A history of the Nuffield department of anaesthetics, Oxford, 1937-1987*, Oxford, Oxford University Press, 1987.

refer to the main-line articles on social history of medicine which sometime seem less exciting than professional.

But, there is much still to do which will be methodologically innovative as well as politically important. We need to renew the historiography of medical sciences and technologies, as vital contributions to the politics of knowledge. We must incorporate gender perspectives and the history of representations, but link them back to our abiding concern and central expertise—interpreting medicine, in all its varieties and technicalities, as part of wider histories. We can thereby expect continuing, lively interactions with the many scholarly, professional and political communities to which medicine is now crucial.