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Voices from the Editorial Board

The Place of *EHMH* in a Changing Scholarly Landscape

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My wish list for the new-born *European Journal for the History of Medicine and Health* is long and full of hope. I will pick out some items on that list and discuss them against the backdrop of the current situation, as I see it, in the field of history of medicine and health (fully aware that the field may look different depending on the position of the observer).

European linguistic barriers are a complex matter, complicated not only by the number of different languages spoken on the Continent but also by different affinities and levels of permeability between linguistic boundaries. A boundary can be open in one direction but not the reverse. Finland, for example, stands behind a double linguistic barrier. It is a European country, but the majority language is spoken nowhere else in Europe. It is also a Nordic country, but the language is not spoken in the other Nordic countries either (except by immigrant communities in Sweden). With no Finnish-speaking populations large enough to sustain research communities outside the country, it is a truism that there is no one else but Finns themselves to study Finnish history or to integrate it into European and world history. At the same time, it is, of course, fully possible – and necessary – to write Finnish histories in a way that contributes to the international discussion that traverses national borders.

Indeed, we tell our postgraduate students to waste no time in tapping into 'the international discussion'. This requires them to know English and to learn what is on 'the international research agenda'. Meeting the first condition usually presents no difficulties, and the predominance of English is no problem as such – after all, we do need a common language for effective scientific and scholarly communication, and English serves the purpose just fine. It is the second condition that sometimes presents difficulties, for the strong dominance of English tends to skew the agenda of 'the international discussion' towards the Anglophone countries. Newcomers to *HMH* publishing quickly learn that it often takes an extra effort – and involves an extra risk – to convince reviewers that developments outside Anglophone countries are relevant topics of study, or that it can make more sense to compare them with, say, Swedish, Russian or German, than with UK or USA developments or to engage with secondary literature written in some language other than English.

The protean 'international discussion' is of course a constantly changing thing, whose shape is influenced by a variety of forces and factors, such as national and institutional traditions in teaching and research, research funding priorities and policies (and the politics behind them), and scholarly journals and publishers. The role of international journals is made more important by the fact that the other forces mainly operate on national or local (university) level. The role of any individual journal is necessarily limited, but, as I see it, *EHHM* can, first, provide a platform where phenomena currently on the agenda can be cross-examined and cross-exposed from different vantage points, leading to a more full-rounded understanding of them. Secondly, *EHHM* can exert some influence on what gets included in that agenda in the long run. It can be a means of 'internationalising the international'.

Since the late 1990s, there has sometimes been an undertone of resignation, even pessimism, when the status and future of *HMH* is discussed. Is the field vital enough to sustain yet another periodical? Seen from the perspective of the Nordic countries, *HMH* may be in dire straits in some respects, but it is thriving in others. Gloomy predictions about the future of the field have mainly been based on the erosion of its traditional institutional base in the medical faculties, on the fact that chairs and institutions have disappeared or been redefined, and that medical history has, in many places, vanished from the medical curriculum. Signs of such erosion can be seen on a small scale in Finland, too. There has never been a chair or an institution of medical history, but the museum of medical history has been amalgamated with the Helsinki University Museum, and compulsory courses of medical history have disappeared from the curriculum of medical schools. Only three of the five medical schools now offer an elective course in medical history. This is clearly not enough to provide a solid institutional basis for *HMH*.

However, HMH is going strong in at least four other respects. First, a lot of interesting teaching and especially research is taking place in other faculties, notably in the humanities and the social sciences. People engaged in these activities do not necessarily identify as historians of medicine and health; nor do they communicate with each other as intensively as they might. Traditional national medical history societies address this problem only partially and have indeed in many countries been complemented by more inclusive and informal research-oriented HMH networks. Here I see an opportunity for the *EHMH*: it can become a platform that connects scattered scholars, teams and networks, creating or enhancing a sense of community.

Secondly, major research funding agencies are increasingly favouring grand, cross-disciplinary research programmes and consortia that address pressing global issues. Inquiries into these issues often involve the examination of some aspects of the relationships between health and the environment, and between health and social justice. Historians of medicine and health can be valued partners in such collaborations. Such collaborations tend to have implications for the way that HMH is done, for their study designs favour the kind of longitudinal, *longue durée* perspective that Jo Guldi and David Armstrong advocated in their *History Manifesto*.¹ They also require a degree of presentism, which does not always come easily to historians trained in the constructivist and contextual traditions, but they do not, and should not, preclude social or political criticism. The *EHMH* can both provide an outlet to *longue durée* studies and sustain alternative research traditions.

Thirdly, interest in the social and historical dimensions of medicine and health can be seen in the way that medicine is gaining ground in the fields of history of science and science studies. As early as 2013, an editor of the *Isis Current Bibliography* noted that medicine had become the most prominent single thematic area in the bibliography, surpassing the traditionally dominant 'hard' natural sciences.² A similar trend can be seen in the field of science studies. *Social Studies of Science*, one of the leading journals in the field, testifies to the considerable interest among STS scholars involved in various aspects of biopower and governmentality, in the political, financial, legal and ethical ramifications of medical science, in medical and health policies, and in the uses and abuses of health data. The developments indicated by *Isis* or *SSS* are to be welcomed, providing as they do many points of contact and opportunities for useful cross-fertilisation between our partly overlapping fields.

1 Jo Guldi and David Armitage, *The History Manifesto* (Cambridge, 2014).

2 Stephen P. Weldon, "Recent trends in research in the field of the history of science," Collections Forum on Science, Technology and Engineering part 1, 64th annual meeting of the center for research libraries (webinar), 2013, at www.youtube.com/watch?v=IDmywUFD_IA, 46:54–48:00, last accessed 24 May 2021.

The fourth trend that underlines the relevance of HMH takes us beyond academia. Health might well be seen as a universal concern, but, as historians, we are well aware that the way health is conceptualised and valorised varies from one time to the next and from one culture to another. Our own time and culture is highly preoccupied – not to say obsessed – with maintaining, measuring, discussing and commercializing health. After the Second World War and especially since the 1980s, the task of maintaining health has been increasingly seen as the responsibility of the individual, identifying and fending off the risk factors of chronic and lifestyle diseases, while the threat of epidemic infectious diseases has been relegated to history or associated with the developing countries. The COVID-19 pandemic has put the threat of infectious disease back on the cultural horizon much more forcefully than AIDS or SARS did. This is clearly reflected in the media. Many HMH scholars have given much time during the past year to talking to journalists and non-academic audiences about historical epidemics. The ‘Thucydides index’ to which Jacalyn Duffin referred when discussing the way that acute health threats boost interest in the history of epidemics, soars much higher now than it did during the SARS epidemic, when Duffin made this observation.³ We may regard the way that the media speak about historical epidemics as shallow and misguided – focused as it is on finding straightforward analogies and learning concise ‘lessons’ – but it is nevertheless an indication of the continued need to understand the role of disease in human history, a need that goes beyond the academic community. Here, too, the *EHMH* has a role to play. Beyond the usual role of a scholarly journal, by publishing original, non-English papers electronically, it offers concrete support to HMH scholars’ outreach activities.

Founding a new journal now is thus not only a language-political gesture but also opportune in other respects. The journal has the potential to shed light on well-researched phenomena from new points of view, thereby bringing them out in fuller perspective; to introduce new phenomena to the agenda of international discussion; to operate as a platform linking together HMH scholars, research teams and networks, thus promoting a sense of community; to create new points of contact between different scholarly fields; and to support the members of that community when they interact with various stakeholder groups and with the general public.

3 Jacalyn Duffin, “Introduction: Lessons and Disappointments,” in *SARS in Context: Memory, History, Policy*, ed. Jacalyn Duffin and Arthur Sweetman (Montreal–Kingston, QC, 2006): 1–18, here 4.