BRILL

EUROPEAN JOURNAL FOR THE HISTORY OF
MEDICINE AND HEALTH 78 (2021) 33-37

European
Journal for
the History
of Medicine
and Health

brill.com/ehmh

Voices from the Editorial Board

Comments on the Diversity of Medical Histories

Karel Černý

Associate Professor; Institute for History of Medicine and Foreign
Languages, First Faculty of Medicine, Charles University,
U Nemocnice 4, 121 08 Prague 2, Czech Republic
karel.cerny@lfk.cuni.cz

The *European Journal for the History of Medicine and Health* is an ambitious project conceived as an inclusive, international endeavor. Perhaps in reflection of past two centuries of European historiography, which were dominated by large national traditions like those of the French, English and Germans, the idea behind the journal is to consciously embrace and support diversity. It plans to draw inspiration from smaller national schools as a means to complement, rather than compete with, the major historiographies. This will hopefully provide additional perspectives on the history of medicine which will ultimately be to the benefit of all of its readership.

Fulfilling such a mission while also maintaining high standards of academic publishing will be no easy feat. In the following paragraphs, I would like to briefly comment on the proposed scope and focus of the project, discussing primarily the role of diversity in the modern historiography of medicine, the history of medical establishments, and whether or not our discipline should assume a more active mantle in the postmodern world.

In recent decades the influence of the English language has made itself felt across the board in all of the humanities, but perhaps even more acutely in the history of medicine, due to its close relationship with the natural sciences. Biomedical disciplines, which chose English as the language of communication, strive for a certain degree of language neutrality. When researchers

successfully publish a new paper in a peer-reviewed journal, patients will benefit even though they may not understand the original text. In other words, the narrative is not the final product in medicine. In the history of medicine, however, it is. For historians, the readers are their 'patients', if they cannot read the historian's texts, the 'cure' will be ineffective; it will fail.

Historians therefore cannot talk only to their peers; it is their mission to have a dialogue with the general public. Writing for a double readership is a challenge which becomes even more complex when the historian is not a native speaker in English. While experts find common grounds and topics, the public remains culturally diverse with varying interests in different countries.

The use of English as the *lingua franca* for modern academia has proven to be both a blessing and a curse. While it facilitates communication with colleagues abroad, it also affects dominant narratives. Perhaps it does so not necessarily in favor of British history, but it surely benefits those nations where English became the widespread medium of communication decades, if not centuries, ago.

The language is both a source of unity and a shared experience, but it can cause confusion and misunderstandings on a fundamental level as well. Our thinking process is informed by the mother tongue, even when we search for common ground. Europe is the proverbial Tower of Babel where we can only hope to build something together by communicating in the same language. However, it should always be kept in mind that Europe is a linguistic melting pot, with each language bringing its own peculiarities. The *European Journal for the History of Medicine and Health* does not solve this problem directly, but by acknowledging linguistic and cultural diversity it might prove to be useful in bringing the disparate traditions of medical history just a little bit closer. Here is an opportunity to be more sensitive towards the European linguistic landscape. After all: history is more often about discourse than about data.

Language is strongly connected to notions of ethnicity and nationality. In this sense, diversity might simply be *necessary*, if the editors want to keep the journal vibrant and relevant. We are living in times of 'world history', when the past should be consciously constructed as a globalized, decolonized entity, striving to leave behind the – sometimes fanciful – old stories about empires.

Calling a new journal 'European' in this context raises questions, because Europe is often understood as the quintessential 'colonizer'. However, it is worth noting that eastern Europeans are often left out of this discussion as these countries rarely acted as a colonizing force (although some of them are, perhaps inaccurately or inappropriately, labeled former colonies). For example, those regions of the Balkans which were historically under the influence of the Ottoman empire could very well participate in a narrative of decolonization.

In this case, the traditional notion of European power and its overseas colonies is turned upside down. I wonder whether the discourse about decolonization which focuses exclusively on Western imperialism does not risk perpetrating an incorrect narrative because it ignores the experience of eastern European populations.

The themes of colony and metropolis relate to questions about the roles of center and periphery, which is particularly strong in the history of medicine, for obvious reasons. Health policies were mostly developed by the intellectual and political elites in capital cities, to be imposed upon 'provincial' populations. Knowledge about nature propagates from universities to areas with less developed infrastructures of learning. This is associated with the stereotypical idea of modernization spreading from the North-West towards the South-East. While I do not argue for a reversal of this trope, I would point out that sometimes the situation might be more complex than it first appears. I was reminded of this fact while reading an excellent collection of papers on the history of food in the Balkans by Jianu and Barbu.¹ The editors note that if we consider an intricate setup of regions like Transylvania with Romanian, Hungarian, Saxon, Ottoman, Jewish, and Slavic populations, we must acknowledge the centuries-old tradition of immense diversity (political, religious, ethnic, and linguistic). This means that themes like multiculturalism or globalization are not necessarily new, nor a feature of the West and consequently discussions centered on methodological concepts like hybridization, transfer and entanglement as opposed to a one-sided reception of cultural impulses should therefore be part of the journal's purview.²

Let me add one final remark to this topic. The inclusion of diverse voices from various historiographical traditions in the new journal should not be the final goal. On the contrary, it should serve as a starting point for their own reflections. Minorities are not social or cultural monoliths, they are internally diverse and consequently have their own pressing questions awaiting answers. The journal should therefore offer a fertile ground which allows these traditions to grow.

1 Angela Jianu and Violeta Barbu, eds., *Earthly Delights, Economies and Cultures of Food in Ottoman and Danubian Europe, c. 1500–1900* (Leiden–Boston, MA, 2018).

2 See, for example, a stimulating contribution by Leonhard, J., "Comparison, Transfer and Entanglement, or: How to Write Modern European History Today?" *Journal of Modern European History / Zeitschrift für moderne europäische Geschichte / Revue d'histoire européenne contemporaine*, 14 (2016), 149–163, or Philipp W. Stockhammer, "From Hybridity to Entanglement, from Essentialism to Practice," *Archaeological Review from Cambridge*, 28 (2013), 11–28.

My second point revolves around the discussion about the role of the history of medical establishments and why we, as historians, sometimes have a strained relationship with it. The history of medicine oscillates between two extremes. Borrowing Roy Porter's expression, the first one deals with "doing medical history from below", focusing on the perspective of the patient rather than on that of the medical professionals. The other is the history of medicine "from above", discussing patronage, medical education, research, clinical contexts, etc.

While the latter is naturally geographically clustered around the prominent centers of medical policies, the former cannot and should not show a similar geographical bias. Why should the suffering of, for example, a nineteenth-century citizen of London be more relevant than the feelings of someone living in a remote Wallachian village? Sure, they were the subjects of starkly different medical policies, but that does not make one more valuable than the other. Here lies an argument in favor of a truly *European* journal, which would publish topics from geographically diverse substrates. Who other than local historians can access linguistically intricate sources, putting the information they contain into context so that it provides comparative material for others? The challenge, of course, will be to make such writing compelling for a broad audience when "hyperprofessionalism", to use Steven Shapin's term, makes our perspective increasingly narrow with the passage of time.³

There is also the other side of the dispute, and readers of these lines are likely aware that I am not the first one to raise the question of the "valorization" of popular culture.⁴ In some countries, medical history since the nineteenth-century has been institutionally embedded in medical faculties. Where this status quo has survived, historians may be tasked with assignments which strongly favor the history of medical elites: among the topics thus foregrounded in the discipline, corporate identity and institutional memory take center stage. I would argue that there is an inherent value in these topics, but they also run the risk of emphasizing a parochial perspective and limiting the scope of research rather than broadening it.

What place should narratives about the medical elites have in a modern historical journal? The answer is likely the opposite of the original purpose of traditional medical history which was institutionally established a century ago. If medical elites are to be examined from a perspective which goes beyond

3 Steven Shapin, "Hyperprofessionalism and the Crisis of Readership in the History of Science," *Isis*, 96 (2005), 238–243.

4 William Beik and Gerald Strauss, "The Dilemma of Popular History," *Past & Present*, 141 (1992), 207–215.

national boundaries then it can provide valuable input. So rather than ‘centers of learning’ we should perhaps focus on ‘knowledge infrastructures’, the travel, exchange and local appropriation of knowledge.

My final point stems from the immediate experience of the COVID-19 pandemic which has highlighted global measures against disease but also the erosion of trust in both policy makers and medical professionals. There is no doubt that modern science is facing a credibility crisis. Sometimes this is used quite conspicuously as a blunt political weapon. One does not have to stray far away from day-to-day political discourse in recent years to see alarming cases; the dispute about hydroxychloroquine as a potential treatment for COVID-19 comes to mind as a prominent example.

The question therefore is how does the history of medicine fit into this situation, and whether it should somehow engage with either the public or the policy makers in support of the authority of biomedical sciences. This is not a call for our discipline to turn into an ideological vehicle, but medical history should not shy away from portraying the curiosity to learn more about nature as a fundamentally positive force in our past.

Medicine is a socially constructed protean discipline, capable of producing both welfare and misery on a large scale – the ambiguous role of medicine during World War II or the infamous Tuskegee Syphilis Study being prime examples. All these aspects should be examined and shared with the public.

Let me circle back to my initial point on language diversity. There are limits to what the *European Journal for the History of Medicine and Health* can do. It is primarily an English-speaking medium, even if it allows for online publication in other languages. It will therefore be destined mainly for experts and perhaps a limited audience of interested readers such as some physicians and journalists. However, it can and should ask questions about the objectives of our discipline, its scope, and the methodologies to achieve them.⁵ I would therefore suggest that apart from the history of medicine itself, the new journal should also pay attention to discussions about the role of medical history in policy making and communication with the public. With tongue in cheek, one could recommend that, in this post-Trumpian world, it might be time for the historians of medicine to finally develop an agenda.

5 Such inquiry would not be unique; the last decades have seen several contributions to this topic. See, for example, Virginia Berridge, “History Matters? History’s Role in Health Policy Making,” *Med. Hist.*, 52 (2008), 311–323; Katherine Pandora and Karen Rader, “Science in the Everyday World: Why Perspectives from the History of Science Matter,” *Isis*, 99 (2008), 350–364; Jane Maienschein, Manfred Laubichler and Andrea Loettgers, “How Can History of Science Matter to Scientists?” *Isis*, 99 (2008), 341–349.