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Voices from the Editorial Board



Transcending the Language Barrier

Medical History in a Globalizing World

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The European Association for the History of Medicine and Health (EAHMH) and the Swiss Society for the History of Medicine and Sciences (SSHMS) proudly present the first issue of a new medical history journal: the *European Journal for the History of Medicine and Health* (EHMH). Many people may be sceptical about this initiative and wonder: yet another journal? In this digital age? And also: yet another medical history journal, with so many fine journals around? They may be thinking of journals like *Medical History*, *Social History of Medicine*, *Bulletin of the History of Medicine*, and the *Journal for the History of Medicine and Allied Sciences* (a.k.a. 'the Big Four').¹

Of course, these are indeed excellent journals. In fact, they may be regarded as the leading journals in our field, giving much inspiration and providing an outlet to medical historians across the world. At the same time, however, they

1 This is, of course, not to ignore or deny the quality of journals such as *Medizinhistorisches Journal*, *Sudhoffs Archiv*, *Gesnerus*, *Dynamis*, *Medicina dei secoli*, *Virus*, *Dějiny věd a techniky*, *Hippocrates*, *Histoire des sciences médicales*, *Deltos*, *Medycyna Nowożytna*, *История медицины*, *Gewina*, or *Wonderkamer*. The point here is international (in)visibility due to the language used.

are collectively the embodiment of a global trend: the dominance of English as the *lingua franca* in science and the humanities. In itself, this need not be a bad thing. After all, until the nineteenth century, science was dominated by that other *lingua franca*, Latin. But there is an important difference to be noted between the use of Latin in the early modern era and the use of English today. The Roman Empire had fallen many centuries before, making Latin a language without territory, and perfectly suited to become the vehicle for international communication in the 'Republic of Letters'. The same is not true for English, a language that is very much alive, and that is spoken in the countries that came to define scientific standards: first in 'the West', then globally. This language bias has led to a situation in which medical history research coming from the UK and the US is rated more highly than that coming from elsewhere. The use of English has given an unfair advantage to scholars from English-speaking countries, which in turn has caused topics related to the English-speaking world to receive much more prominent scholarly coverage than topics related to other countries. Combined with the generous funding by the Wellcome Trust and the fine publishing infrastructure in Anglophone countries, this linguistic dominance has led to a methodological and historiographical bias to the extent that publishing about the history of medicine and health in English-speaking countries has become the norm. It is not much of an exaggeration to suggest that studies on the history of medicine and health in/from non-English-speaking countries are often declined publication because their subject matter is considered to be 'peripheral' and/or not up to 'international standards'.²

Of course, historical work should always be of quality, and the research being done in the UK and the US often constitutes a sophisticated body of knowledge, defining, inspiring and guiding the field. At the same time, however, measures of quality are often contingent on the question of whether a study is situated in the UK or the US.³ As a consequence, the Continental history of medicine and health is in danger of being ignored or left to 'local' researchers whose work remains hidden behind linguistic barriers: *Quod non est in lingua anglica non est in mundo*. This constitutes a loss, if only for comparative reasons. Medical historians around the world should be curious to know and understand different (regional or national) responses to shared or similar challenges. The only way to

2 Cf. Tessa Hauswedell, Axel Körner and Ulrich Tiedau, eds., *Re-mapping Centre and Periphery: Asymmetrical Encounters in European and Global Contexts* (London, 2019).

3 On the parochial character of much Anglophone medical history, see Olga Amsterdamska and Anja Hiddinga, "Trading Zones or Citadels? Professionalization and Intellectual Change in the History of Medicine," in *Locating Medical History: The Stories and Their Meanings*, ed. Frank Huisman and John Harley Warner (Baltimore, MD, 2004), 237–261.

accomplish this is to learn about the many different national styles of medicine and health care in continental Europe and across the globe.

With the new journal, we hope to complement and counterbalance the intellectual monoculture in our field.⁴ The new journal is not intended to be in competition with anything or anybody. Quite the contrary: we intend to bring new knowledge about ‘forgotten regions’ to the field. We seek to provide a platform to *all* medical historians living and working in Europe and beyond. By making Continental medical history available to the wider world, the new journal intends to show the sheer richness and diversity of *all* medical history.

1 The ‘Wellcome Effect’

For a discipline to thrive, infrastructure is key. In the case of medical history, this is shown by the wonderful work that the Wellcome Trust has done in the UK. From the 1970s onwards, the Trust has generously funded institutes, units, libraries, museum collections, research fellowships, and conferences on an unprecedented scale. Initially, there was a Wellcome Institute in London, and there were Wellcome Units scattered across the UK – in Cambridge, Glasgow, Manchester, Norwich, and Oxford. Both the Institute and the Units attracted some of the best (medical) historians in the country, who collectively shaped the field. Later on, the Wellcome Units were phased out and replaced by ‘Strategic Awards’, conferred upon centres or departments within universities, and by ‘Early Career Awards’, ‘Career Development Awards’ and ‘Discovering Awards’, presented to individual scholars working in the humanities and the social sciences. By engaging in the so-called social turn, the cultural turn, the somatic turn, the material turn, and many others, they were instrumental in changing the orientation of both general history and medical history forever. They published in high-ranking journals, they produced monographs which guided the field, and they put together encyclopaedias and handbooks to provide much needed synthesis. The well-known *Clio Medica* book series was edited in London, as were *Medical History*, the *Sir Henry Wellcome Asian Series* and the *Wellcome Witnesses to Twentieth Century Medicine* series. For a long time, *Current Work in the History of Medicine* provided bibliographical guidance to many of our colleagues. The Wellcome Library contains a wealth of manuscripts and books, while the Wellcome Galleries in the Science

4 Recently, a welcome shift in the publication policy of *Social History of Medicine* can be noted. Although articles on the UK remain dominant, every issue published over the last few years tends to contain one or two articles on a continental European country. The *EHMH* hopes to strengthen this trend.

Museum in London are the home to an extraordinary collection of medical artefacts. Last but not least: there are many fine medical history book series of well-regarded academic publishers. Examples include *Social Histories of Medicine* (Manchester University Press) and *The History of Medicine in Context* (Ashgate, Routledge). Although these publishers are not Wellcome funded, they do play an important role in the medical history infrastructure, providing an outlet to all the work being done in the UK. As a report evaluating Wellcome Trust funding concluded: “Over the last 30 years, the history of medicine has become a flourishing academic discipline in the UK, and is considered to be a leader in the international history of medicine community”.⁵ The Trust has every reason to be proud of the ‘Wellcome effect’.

As medical historians, we are very grateful for the wonderful work that the Wellcome Trust has done for our field. At the same time however, this success has created something of an imbalance in the field. For a discipline or a field to flourish, there needs to be diversity and productive tension. Even the jubilant 2000 report of the Wellcome Trust had to concede that although the field was thriving, there was also a strong tendency – verging on parochialism – to concentrate on UK issues. As one of the interviewees observed: ‘Most British history is English history, most English history is London history’. While the overall conclusion of the report was that British medical history was world leading, the only consistent point of criticism concerned the lack of international comparative analysis in the field.⁶ A decade later, this observation was corroborated by a survey of all the major medical history journals. It concluded that while American and British journals are noted internationally – even though they rarely mention articles from other medical history journals – continental European journals are hardly noticed, even though they carry much more awareness of international literature.⁷

2 Decolonising (Continental) Europe

There is a need for continental European medical historians to self-consciously present *their own* histories of medicine and health or, to put it differently: we

5 *Evaluation of the Wellcome Trust History of Medicine Programme* (London, 2000), 4; see also https://wellcome.ac.uk/sites/default/files/wtd003259_0.pdf. Since 2000, important changes have taken place in the Trust’s portfolio and funding schemes, which have led to a significant erosion of history of medicine funding as compared to the social sciences and bio-ethics. These developments are too recent to gauge their impact on the field.

6 *Evaluation of the Wellcome Trust History Of Medicine Programme*, 14 and 17.

7 Hubert Steinke and Yves Lang, “Parochialism or self-consciousness? Internationality in medical history journals 1997–2006,” *Medical History*, 55 (2011), 523–538.

should ‘decolonise our minds’ and come to our own. When writing about their own countries, continental European medical historians tend to refer to ‘the Big Four’. But although it is perfectly understandable that they should be impressed by the soundness of the methodology, the innovativeness of the historiography, and the eloquence of the work done in Anglophone countries, they should not fall into the trap of moulding their own stories to UK or US patterns of approach, argument or narrative. Each culture and each nation has a history of its own, and this should lead to *specific* historical narratives. Only when we reach a stage where Continental histories abound, are we capable of transcending those narratives, able to make real comparisons between national histories, and come to a deeper understanding of medicine and health in society. In this sense, the new journal is an attempt at enriching the infrastructure for medical history on the Continent.

How are national histories similar, how are they different? Is there, in fact, such a thing as national history? Or should we regard the concept as a historiographical bias in itself, created by nineteenth-century nationalism which accompanied the building of the nation state post-Congress of Vienna? Should we be content to characterise nineteenth-century developments by talking about the French clinic, English public health and the German laboratory? This not only entails a very Western-European bias, but is also highly selective. Surely there is a much more complex and sophisticated story to be told about the ‘modernisation’ of medicine and public health over the course of the nineteenth century. But this can only be done once we have thorough analyses of Continental developments, told in mature narratives.⁸ And this in turn can only happen when we develop regional and national self-awareness on the Continent, without relying on Anglospheric templates.

While we are striving for the ‘emancipation’ of Continental medical history, there is of course much more to the world than just Europe. The journal will use a broad understanding of ‘Europe’, ranging from Europe as a geographical and political space, to Europe as a narrative.⁹ As powerful as Europe may be (or may have been), narratives about ‘Europe’ are as parochial to the rest of the world as narratives about the UK are to continental Europe.¹⁰ Our plea for regional and national self-awareness in the European

8 See, for example, Joris Vandendriessche and Benoît Majerus, eds., *Medical Histories of Belgium: New Narratives on Health, Care and Citizenship in the Nineteenth and Twentieth Centuries* (Manchester, 2021).

9 Peter Rietbergen, *Europe: A Cultural History* (London–New York, 1998); Kiran Klaus Patel, *Projekt Europa: Eine kritische Geschichte* (Munich, 2018).

10 Peter Frankopan, *The Silk Roads: A New History of the World* (London, 2015).

context goes, *mutatis mutandis*, for regional and national self-awareness in Africa, Asia and South America. Indeed, if history is about contextualising the human condition in its time-and-place-specific context, this goes for *all* contexts across the globe. And although national stories abound – either real, historical or phantasized – there is no denying that some narratives are more influential than others. This is the reason why one story came to be regarded as the ultimate story about ‘the West’, or about ‘science’, or about ‘progress’: serving contemporary interests, using history as one of its rhetorical strategies. The new journal has no intention of being Eurocentric, but aspires to be open-minded and all-inclusive. As Chakrabarty phrased it: “No country is a model to another country, though the discussion of modernity that thinks in terms of ‘catching up’ precisely posits such models”.¹¹ Just as UK history does not need to be relevant to the rest of the Continent, Europe need not be relevant to the rest of the world – in terms of feeding into some manner of universalist narrative.

Journals can be important platforms for international intellectual exchange. But to make that happen, they must be organised accordingly. Submissions to the *EHHM* are therefore welcome in any European language, all of which the Editorial Board will aspire to represent. When a manuscript meets the standard for selection, it will be translated into English and submitted to the Editors-in-Chief. On acceptance, the manuscript will be published in English with a double abstract: one in English, and one in the language of origin. The manuscript will also be published in the original language on the journal’s website. Thus, two communities are served: the international community and the ‘local’ one, creating an international awareness of the medical history of *all* regions in Europe and beyond.¹² The *EHHM* intends to publish articles about the history of medicine and health in all European countries, including the UK, in the awareness that they are symmetrical stories – not just in a European sense, but also in a global context. Only then can we hope to redress the balance that has been uneven for so long; only then can we hope to find, describe and analyse – in sickness and in health, in life as in the face of death – the human condition across the globe.

11 Dipesh Chakrabarty, *Provincializing Europe: Postcolonial Thought and Historical Difference* (Princeton, NJ, 2000), xii.

12 For more information on the journal, visit: <https://brill.com/view/journals/ehmh/ehmh-overview.xml?language=en>.