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The Oxford Handbook of the History of Medicine

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The Oxford Handbook of the History of Medicine appears at a critical moment for medical history; in a period when its practitioners are being forced to re-evaluate their aims and agendas in the face of shifting funding priorities and disciplinary angst. Just a few years, one leading medical historian publicly declared that medical history was ?dead?, or was at least heading that way. Puzzled critics of this opinion mostly dismissed it as unnecessarily alarmist, although what the announcement did encourage was a rethinking of the potential directions that medical history could pursue, or should be pursuing. Many of the contributions to the handbook are framed in relation to these concerns. The contributions to Jackson?s impressive volume offer introductory accounts of key areas in the history of medicine, as well as providing accessible and informative overviews of historiographical research undertaken. Yet they also identify the historiographical trends that have characterised and shaped scholarship in the area and then utilise these as platforms for discussing the questions, sources and methods which, in the opinion of the individual contributors, should direct future scholarly research and potentially rescue the field from an anticipated untimely death. In consequence, the handbook will have a broad appeal, speaking to both non-specialists and established practitioners of the history of medicine.

Medical history is a uniquely diverse discipline that incorporates a range of methodological approaches. Academic medical historians loosely unite themselves around an agenda of critically assessing past medical

behaviour, practices and identities as a means of replacing the positivistic accounts of medical history typically penned by practising medical professions some decades ago. Beyond this remit, however, medical historians have free reign to draw upon whichever intellectual and methodological resources they choose. Whether the diversity that this produces benefits or inhibits the discipline remains a matter of debate. However, what does become clear from the intellectually rich chapters offered in this volume is that medicine and health have proven central to virtually all areas of human existence, be they political, social, cultural or intellectual; a scenario that allows historians to connect their research to various different ?types? of history. This makes the frequent side-lining of medicine by ?mainstream? history all the more puzzling. As a discipline, medical history regularly encourages research that is policy driven, of relevance to modern day bodily concerns, and, importantly, of public interest.

In recent decades, medical history has changed dramatically. It therefore comes as little surprise to find that Jackson?s volume differs dramatically from its closest predecessor: William F. Bynum and Roy Porter?s impressive *Companion Encyclopaedia of the History of Medicine* published in 1992.(1) Rather than restricting the structure of his volume to the themes which the non-specialist reader might expect to discover (e.g. humoralism, hospitals, pathological anatomy, laboratory medicine and so on), Jackson responds to shifting historiographical trends by incorporating chapters that cover important historical topics including the medicalisation of death (an area impressively developed in recent years by contributor Julie-Marie Strange); the interdependence of animal and human medicine (an exciting research area discussed here by Robert G. W. Kirk and Michael Worboys) and health and sexuality (as demonstrated by Gayle Davis), among many other themes.

The volume is split into three distinct sections. The first of these, entitled ?periods?, traces the development of medical ideas and practice chronologically over time. The reader?s attention is drawn to the surprising diversity of ancient medicine, medical practice at the medieval bedside, the emergence of colonial medicine as western societies expanded geographically, and the rise of modern forms of biomedicine and biopolitics as governmental intervention and medical professionalisation began impacting profoundly upon how we manage our bodies and how they are socially regulated. Virginia Berridge concludes the first section with an insightful discussion of contemporary medicine, an area that directly addresses modern concerns such as HIV/AIDS and smoking. All of these contributions provide a useful chronological backdrop, equipping readers with an overview of key developments and themes in medicine across an expansive timeframe.

After establishing this broad chronology of medical history, Jackson?s contributors continue by inviting the reader to consider how medicine has developed and varied geographically. The scope of global medicine covered here is impressive. Alongside expected areas such as the rise of western medicine and colonial medicine, the volume?s contributors draw attention to less familiar areas. These include Eastern European medicine, expertly discussed by Marius Turda who suggests that the liberation of eastern scholarship from ideological manipulation and biased interpretations has engendered a rich tradition of investigations into that region?s medical past; Chinese medicine, portrayed by Vivienne Lo and Stanley Michael-Baxter as a fruitful area of historical inquiry whose influence continues to extend beyond China itself; and Australian medicine which, as Linda Bryder demonstrates, developed in relation to notions of ?whiteness? and ?purity?, racially-charged concepts that had important implications for public health and social hygiene campaigns in Australia. Various forms of medicine are shown to have developed globally and interacted in complex ways. It was not always the case that western colonisers sought to supplant non-western medical practices. Instead, discrete regional medical traditions intersected in diverse and intricate ways; sometimes integrating with one another, sometimes clashing. All of the contributions in this section make clear that the history of medicine in non-western regions should not be written from western perspectives or be concerned only with the diseases and practices recognised by the west. Indigenous traditions also need to be assessed on their own terms.

The third section, entitled ?themes and methods?, adopts a more thematic approach and opens with fascinating contributions on the medicalisation of age by Alysa Levene and Susannah Ottaway. As a meaningful category, childhood has had an extremely fluid history, whilst it is only relatively recently that specialisms such as paediatrics have emerged in a form familiar to us today. Levene demonstrates how youth

became compartmentalised into discrete categories of infanthood, childhood and adolescence in the modern period; a development with important medical implications as physicians and paediatricians began approaching diseases and complaints specifically associated with childhood from around the 19th century, while simultaneously delineating ?normal? conditions of parental care and nurturing. Ottaway, meanwhile, approaches the issue of age from the other end of the spectrum: old age. As life expectancy rose from the late 19th century, new questions were raised regarding how best to care for an ageing population. Contemporaneously, medical and scientific investigators strove to ascertain the biology of ageing, as well as conditions such as the menopause. Bodies do not remain temporally static but are constantly changing and ageing. How these processes have been understood, and how particular medical complaints at different stages of the life cycle, form a fascinating area of historical study.

Further contributions in this section suggest that chronic illness should occupy a more important position within medical history, a discipline often dominated by efforts to map the history of contagious epidemic diseases such as tuberculosis and cholera. Although not always life-threatening, an array of other bodily complaints has impacted detrimentally upon personal well-being whilst shaping the day-to-day work of physicians. As Carsten Timmermann persuasively argues, in many ways chronic disease emerged as a distinct medical category only in the early 20th century, a scenario that fostered inaccurate presumptions that those living in earlier periods were more prone to suffering from acute, infectious diseases. Modernity itself has been cited as a prime cause of chronic illnesses including peptic ulcer disease, diabetes and constipation. Yet complaints such as these have a much longer history, whilst their impact upon quality of life demarcates them as important areas of historical inquiry. Public health, meanwhile, is expertly dealt with by Christopher Hamlin, who demonstrates how, from the 19th century, public health officials and medical investigators became convinced of the personal and social benefits of cleanliness, sanitation and health policing. Their views were, to a certain extent, cemented by the gradual acceptance of germs theory later that century. Developments such as these had ramifications for virtually all aspects of personal and communal life including domestic life, workplace activity and the regulation of cities and towns. Public health was one means of rendering infectious disease more manageable, the successes of which partially explain why chronic illness became emphasised during the 20th century.

Public health was, of course, not the only arena in which medical authority expanded historically. For instance, working life became increasingly regulated by new standards of health and risk prevention over the last two centuries. The Industrial Revolution spawned a new set of workplace hazards and health concerns, allowing members of the medical community to extend their authority over working lives, a theme discussed in Christopher Sellers? contribution on health, work and the environment. Medicine has also increasingly intervened in more private arenas such as sexuality. This is astutely demonstrated by Gayle Davis who maps a range of debates including late 19th-century medical responses to prostitution, which notoriously investigated the bodies of female prostitutes through harsh routines of medical inspection whilst neglecting to target the bodies of men who used their services. Davis also discusses how medicine framed homosexuality as a dangerous and pathological state until relatively recently. New sciences of sexuality emerged in the early 20th century and contributed to this discourse by further delineating the boundaries between ?normal? and ?abnormal? sexual behaviour. Over the last 200 years or so, medical thought and practice clearly came to provide a pervasive framework that structured working life and intimate behaviour. Society, in many ways, became medicalised, whilst our lives became increasingly impacted upon by that shift.

Physical medicine is mostly awarded preference over psychiatric and psychological medicine within Jackson?s volume. From the 19th century, large publicly-funded asylums were constructed in many western countries designed to house those deemed as suffering from ever expanding categories of mental disorder. During the following century, new psychological sciences emerged that forced a consideration of how abstract psychological processes might influence personalities and behavioural patterns. Mental illness crops up relatively infrequently within this volume. However, an important chapter on medicine and the mind is offered by Rhodri Hayward, who points to the uneasy positioning of the mind sciences in modern medicine; an area of medical activity where reputations have been notoriously tarnished by concerns over electric

shock therapy, indiscriminate institutionalisation and psychosurgery. Psychiatry and psychology are disciplines where knowledge has often proven less certain and less concrete in comparison to physical medicine. As chapters such as Hayward?s suggest, medical knowledge is not produced in an isolated vacuum. Instead, it is very much shaped by the society, culture and political environment within which it is produced. This is especially the case when the causes of physical or psychological sickness are unclear and hard to pin down. Instead, investigators look for causative factors outside of the body when attempting to comprehend illness and bodily disorder. Although clearly diverse, all of the contributions to this final thematic section collectively establish medical history as a vibrant area of enquiry which has much to say about present-day concerns relating to health and medicine.

Overall, Mark Jackson?s *The Oxford Handbook of the History of Medicine* provides an ambitious, up-to-date and thought-provoking overview of the key themes, methodologies and debates in medical history. It offers a large-scale review of the field expertly penned by leading international scholars, providing introductory chapters to 34 different topics as well as offering suggestions to other researchers as to some of the directions that future research could productively pursue. As a guide to medical history, it is virtually flawless, meaning that the volume?s contributions will remain on academic reading lists for decades to come. It would be easy, given the limitations of space in volumes such as these, to pick out inevitable omissions, so I will refrain from doing so. But I did wonder, given recent shifts in medical history, what future the editor foresees for some of the categories of analysis most commonly associated with medical history but not discussed in specific chapters in this volume, such as medical reform, or the development of medical sub-disciplines such as pathological anatomy, nutrition, nursing, hospitals, medical technologies, and so on.

Notes

1. *Companion Encyclopaedia of the History of Medicine*, ed. William F. Bynum and Roy Porter (London, 1992).Back to (1)

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