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Health, Medicine and Cultural History

Over the past two decades, cultural analysis has influenced the work of historians of medicine in many ways. Surprisingly, however, debates and studies on the status of "the cultural" in medicine, and on the theoretical and methodological offerings of a cultural history for the history of medicine, have remained in the background of medical history. This may have to do with the established, strong status of "the social" in the history of medicine, but also with a certain feeling of uncertainty vis-Ã -vis the growing thickets of cultural studies, resulting in a kind of "wait-and-see" attitude.

"Health, Medicine and Cultural History", a workshop organised by Lutz Sauerteig from the Centre for the History of Medicine and Disease (CHMD) at Durham University, took up the relationship between history, medicine and culture more explicitly. Five speakers and 20 participants from the UK, the United States, Germany and Austria came together for a stimulating afternoon to discuss questions such as: What can cultural history offer to medical history? Which key issues can be identified? How can a cultural history of medicine contribute to a better understanding of today's medical discourses and to a critical understanding of medicine? The event was sponsored by the Wellcome Trust and the Society for the Social History of Medicine.

Following the welcome address of the CHMD's director, Holger Maehle, an introduction by Lutz Sauerteig gave an overview of the more recent readings of the notion of culture. He emphasized the heterogeneous and encompassing character of cultural analysis, but outlined precisely some of the key vectors within a cultural history of medicine. These key vectors - images, material culture, experience and medical knowledge - turned out to be useful for the workshop's subsequent discussions.

Bertrand Taithe (Manchester) started the line of presentations with a paper on the cultures of the colonial body in French Empire and historiography. Critically assessing some of the recent epistemological approaches to politics in culture (e.g. Foucault and his concept of governmentality), Taithe discussed the history and historiography of tropical diseases in terms of a two-way transfer. Diseases not only represented the import-export trade routes between the "sick" empire and the nation's health, but were also vicious commodities and signifiers of colonial domination. For this reason, Taithe argued, it is important to look at the hybrid character of transfer and interchange in the colonial spaces. The cultural alienation of French medical practitioners abroad produced varied discourses of fragility and difficulties of acclimatising over there and assimilating those from over there. Consequently, these discourses were crucial for a 'colonial setting', a mix of knowledge, practices and artefacts, which not only shaped the construction of colonial bodies but also deeply influenced French national narratives and their representation in the metropolis.

While Taithe's analysis concentrated on processes of cultural transfer, Steve Sturdy (Edinburgh) called the workshop's attention to cultural differences. Sturdy pre-

sented a case study by focusing on Edinburgh and Cambridge as two different cultures of modern medicine. How is scientific knowledge produced in different local settings, spaces and practices? How can the methodological views of the science studies, such as Karin Knorr-Cetina's concept of "epistemic cultures", be used for a cultural history of medicine? And what, then, is new in cultural history of medicine? Starting from here, Sturdy's intention was not to raise the question what culture *is*, but how culture is *done*. Between 1880 and 1930 Cambridge and Edinburgh provided two different medical cultures. In Cambridge, a widely research-orientated medicine, led by physiologists, tried to develop new experimental methods and tools in laboratories. These researchers aimed at defining systematic and general forms of scientific knowledge that were separate from clinical practice. In contrast, physiology was marginal in the Edinburgh medical school. Much more prominent were the pathologists, who had a strong interest in teamwork with clinicians. Therefore, the production of medical knowledge was more collaborative, involving the whole range of research carried out by several medical disciplines, and representing a diffuse spectrum of social relations. By analysing the particular styles of research at different locations, Sturdy was able to make it clear that a cultural history of medicine is very much indebted to the sociological studies of scientific knowledge.

Without doubt, another central issue for a cultural history of medicine is the realm of material culture. From ancient times onward, a great many of medical technologies and instruments have been associated with certain norms, values and signifiers. Julie Anderson (Manchester) presented a further case study showing how contemporary medical technology becomes part of our lives. In her paper, entitled "The Cultural Significance of the Artificial Hip", Anderson looked at hip replacement surgery and its representation in popular magazines. During the 1970s, this technology has become a routine surgical practice in western societies and is now often taken for granted as an invisible metal-plastic implant. The hip replacement surgery raised a broad spectrum of responses in the mass media. What makes the story of the artificial hip so successful? Here again, one of the workshop's main issues, the acting and doing of cultures, was of utmost interest. The question is not what an artificial hip is, but what it does: it keeps elderly people in motion, making them mobile and socially flexible. It is only the capability of moving that makes an "active life" possible, thus changing the notion of what old age is and when it starts. This metal-plastic object tells stories about how women and men can experience and reinvent their ageing bodies as active ones.

The relationship between patients' experience and medical discourses has recently gained much attention in body history. How did early modern women and men experience and construct their bodies? How did traditional and new medical knowledge influence them? Michael Stolberg (WÃ¼rzburg) has studied these questions by looking into a vast number of patients' letters and autobiographies. Taking nervous disorders as an example, Stolberg pleads for a microhistoric, patient-orientated approach within a cultural history of medicine. New medical theories might have captured the scientific discourses rapidly but hardly affected the way people explored their bodies. In fact, letters written by patients reflected multifaceted and individual narratives of bodily experience, mixing a broad range of popular and medical depositories of knowledge. For this reason, there is much evidence to suggest that the acceptance of a new medical paradigm very much depends on how people perceive and construct themselves in times of social change, looking for sense-making, trust-inspiring explanations. It was also here that the workshop encountered the problem of the material presence of the body. Discussions circled around some open questions of body history, such as: if only language can constitute the very possibilities of experiencing and conceptualising the body, what about its material existence, what about the flesh, the nerves and the bones? How do ideas and knowledge become flesh? Do we really have to limit ourselves to saying that there remains a gap between discourse and experience?

Mark Jenner (York) closed the circuit of the speakers by picking up again the problem of the multiple notions of "culture" and the "boundary drawing" that each methodological turn claims for itself. What is, for example, the status of public health in a cultural history of medicine? Based on his research into 16th- and 17th-century English conceptions of cleanliness and dirt, Jenner approached the invention of modern sanitation from an anthropological perspective. A culturally inspired history of public health has to involve the "cultures of dirt", analysing the cultural construction of pollution, environmental problems, medical policies, urban civic orders, norms of behaviour, and social reforms in terms of overlapping discourses. Clearly, this approach should not lead into an arbitrary understanding of culture, producing a huge, shapeless rubbish heap of symbols, signifiers, figures, and images. In other words, it will not do to understand culture as a cacophony of discourse effects.

Only different models of culture, Jenner emphasized in view of his example, are able to deconstruct the linear, teleological story of public health in modernity.

In this sense, Jenner's paper was the connecting piece to a summing-up of the workshop's results. I became clear that cultural history challenges the history of medicine in many ways. The workshop demonstrated how historians of medicine have grappled with the issues raised by cultural analysis and gave strong evidence of the deep entanglement of medicine with culture(s). What next? What are heuristically useful approaches to a cultural history of medicine? Speakers and participants agreed that there is neither a single notion of culture nor a key concept which historians can synthesize by looking into the past. Moreover, to claim a cultural "turn" in the history of medicine seems inappropriate. Doing cultural history is not to suspend the more recent approaches and results of social history, simply substituting "the social" by "the cultural". Instead, cultural history continues, amplifies and intertwines what historical, sociological and anthropological studies of medicine have offered. Culture is context and contingent, culture is eclectic and heterogeneous, and culture always demands emphasis on encompassing perspectives. Precisely because of this, however, a cultural approach in the history of medicine should be careful to generalisations of its approaches and results. The term and notion of culture differ strikingly depending on what one is looking at. By looking at the self-construction and self-experience of bodies, the production of medical and scientific knowledge and its socio-political consequences, and by looking at the significances of medico-technical artefacts, we see different notions and understandings of culture. For this reason, a cultural history of medicine is probably at its best when it is done in case studies - keeping the rich offerings of cultural analysis in view, but referring to a specific approach and understanding of culture.

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