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issues which really concerned past philosophers.

In sum, I believe that through concentration on questions the intellectual historian can overcome the divide between context and content, between 'external' and 'internal' history. For such a question-oriented historiography, the coming-into-being and passing-away of disciplines can be understood only through the history of practices—practices of education and learning, of composition and persuasion, of the making and reading of books.

Medicine and Intellectual History

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Although sometimes regarded as a self-contained specialism, adventitious to the interests of intellectual history, medicine has played an integral role in the formation of Western culture. Subjects falling within the traditional scope of medical education are a substantial slice of intellectual history, and those trained as doctors have played an important role in intellectual affairs, extending well beyond the confines of their discipline. Medicine has constituted one of the main avenues for the advancement of higher education and for the creation of an educated élite.

Medicine has therefore been one of the main vehicles for the cohesiveness of European culture, and accordingly it must figure in any project concerned with the balanced appraisal of intellectual history. It is scarcely necessary to provide specific examples to demonstrate the importance of medicine, but the Hippocratic

school in Greek antiquity, Galen in the Hellenistic period, the Galenism and Aristotelianism of the medical schools of the Renaissance, medical humanists and polymaths such as Conrad Gessner, the many doctors participating in the first permanent scientific academies of the seventeenth century or in Parisian intellectual affairs during the Enlightenment or the French Revolution, and finally Freud and Jung in the present century, are sufficient to indicate the futility of excluding medicine from intellectual history. They also suggest that the perspective of intellectual history is fundamental for the success of the history of medicine.

The case for the intellectual history of medicine is unquestionable, but realism forces us to conclude that this subject has not advanced in line with other facets of intellectual history to the extent that might have been expected. This shortcoming is particularly notable in the Anglo-Saxon world. This conclusion is unexpected and perhaps surprising, especially considering that in the course of the last twenty-five years the history of medicine as an academic discipline has advanced from virtually nothing to becoming one of the most fashionable areas of historical research. However, all of this has happened without bringing about a proportional contribution to the field of intellectual history.

Prevailing fashions are now very different from in the past, but from point of view of intellectual history, it is arguable that the situation is no better than in 1960. By that stage the foundations for the intellectual history of medicine had been laid by such scholars as Sigerist, Edelstein, Temkin, Ackerknecht, Rosen, and Pagel, most of whom were then nearing the end of their academic careers. Under Temkin's editorship, the *Bulletin of the History of Medicine* was an impressive vehicle for the intellectual history of medicine.

In the 1960s there was no shortage of recruits wanting to cultivate and indeed expand the broader conception of the history of medicine, which was still at that time in Britain at least dominated by the narrow, technical, and positivistic approach absorbed from the history of science. This next stage in the development of the history of medicine was inevitably influenced by some of the powerful ideological forces of the day, the effect of which was to promote much greater attention to social and contextual factors, and relate the history of medicine to social movements or the wider process of economic and political change. The history

of medicine was thereby brought into closer alignment with cultural history, and it was recognized for the first time as an important, constituent part of historical studies.

The new social history of medicine proved productive, and resulted in much wider appeal for the history of medicine both in academic and non-academic circles. However, social history has ultimately become the vehicle for an approach to the history of medicine that has tended to place intellectual history at a discount. There is indeed now a profound danger that the history of medicine will become a minor adjunct of economic history or historical demography. This reflects a general shift towards devaluation of anything in the history of medicine not reducible to quantification, statistics, or econometric analysis. Such moves towards a scientific construction of historical studies are not founded on success in the intellectual marketplace; they are rather a reaction to outside political pressures, which are causing academics to employ specious means to convince their paymasters of the greater relevance and usefulness of the humanities. The current fashion for the history of medicine is to some extent associated with its utility in pandering to the values of an age dominated by economic and materialistic considerations.

Journals in the history of medicine are therefore coming to look like more parochial ver-

sions of the *Economic History Review*. Instructions for contributors relate to presentation of data, and they assume quantitative methodologies. Postgraduate training, which now exists for the first time on an organized basis, is dominated by economics and statistics, and is likely to contain nothing relating to intellectual history. The history of medicine accordingly displays many symptoms of disease. It is becoming trivial, technical, and insular. It is losing its cosmopolitanism; there is declining concern with events before 1800, and with ideas, intellectual aspirations, and collective mentalities. If this trend is replicated in other spheres of history, the prospects for intellectual history as a whole must be extremely bleak.

The tyranny of the history of science is therefore being replaced by an alternative ascendancy possessing many of the same deficiencies. This trend is eroding the capacity of the history of medicine to contribute to intellectual history. Now is the time for re-establishing the importance of the intellectual history of medicine. The ISIH could be a crucial asset in any mission to prevent the final elimination of the robust tradition of the history of medicine established by Sigerist and his followers, and this new organization will of course unify efforts to protect other areas of intellectual history from suffering the fate that has befallen the history of medicine.