

SYMPOSIUM

WRITING THE HISTORY OF DISEASE

Introduction

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In September 1997, La Trobe University's annual North American Studies Symposium consisted of a one-day seminar on 'Writing the History of Disease'. The seminar was held in honour of the visit to La Trobe by James T. Patterson, Professor of History at Brown University. The other participants in the symposium were Associate Professor Warwick Anderson, Centre for the Study of Health and Society, and Dr Siobhan Nelson, School of Postgraduate Nursing, both located within Melbourne University, and Dr Kay Torney Souter of the English Department at La Trobe University.

The papers presented at the seminar, published here, illustrate the stimulating discussion arising from different disciplines within the study of health and culture. All the papers examine disease as a social, cultural and therefore historiographical phenomenon, as well as a biological condition. Disease is not limited to the body afflicted, but stretches to the medical profession through discourses of embodiment and through the theoretical frameworks within which cultures and their constructs are analysed. Thus, the study of disease has a significant place in many different areas of research.

Recent critiques of modern biomedicine form the background to all the papers. But, with the exception of Kay Torney Souter's essay, they are not concerned with actual medical discourses. Instead, these

papers focus on the narration of the history of medicine and examine how we write the history of disease. They emphasize the need for fluidity in understanding the nature and variability of the topic. Anderson, Nelson and Souter examine the assumptions implicit in new historiography and the inadequacies of existing disciplinary frameworks, suggesting tensions with the history of disease. Each also indicates important new perspectives.

Professor Patterson's answer to the question, 'How should we write the history of disease?' is the most specific. He examines key issues in the history of disease within American scholarship, highlighting the emergence of historiographical concerns out of late twentieth-century political and social circumstances. History of disease narratives within the US, he claims, have been moulded by popular disillusionment with the failure of post-World War 2 utopian expectations. In tandem with the perceived failure of political and civil principles, the self-evident and neutral status of science (and scientific medicine) have been questioned. Patterson thus traces a historiographical concern from deeper social, political and economic foundations.

Patterson's overview of contemporary critiques of the epistemological status and cultural specificity of biomedicine provides a backdrop for the Australian scholars. The scepticism which Patterson identifies also characterises Australian historiography. Perhaps we might benefit from a comparable overview of Australia's history of medicine to explain our scepticism towards biomedicine's neutrality and self-evident status. Yet this would seem to imply a kind of national historiography, which would be undercut by the diversity of concerns within these papers, and which would obscure the more interesting angles which characterise different disciplines. The Australian papers from this seminar reveal a diversity of concerns, while illustrating the prevalence of certain key foci: the relations between the notions and treatment of disease and broader cultural and professional assumptions. Do we have to generate our own scepticism regarding biomedical expectations? Or is Australia responding to broader international critiques of the nature of knowledge and the hegemony of medical institutions (not just from America but also notably the UK and France)? Anderson, Nelson and Souter take the question, 'How do we write the history of disease?' in a broader sense, tackling issues of current medical historiography beyond national borders. Their papers illustrate that Australian scholars are participating in a second wave of historiography: they do not merely identify the inadequacies of the

biomedical framework, but examine some of the new perspectives which have developed in the wake of scepticism. Far from restricting themselves to criticism, they suggest new areas for development and offer new approaches to the field.

Warwick Anderson acknowledges the debt of the history of disease to anthropological methods. He identifies the working model of culture invoked by many current cultural histories of disease as rooted in a rather dated anthropological tradition. He examines the relationships between the ways in which different disciplines construct their models of 'disease' and 'culture'. Historians of disease, he demonstrates, invoke particular theoretical frameworks to account for the cultures within which disease models develop. The history of disease has necessarily historiographical, as well as medical, implications.

Biomedical explanations of disease, Kay Torney Souter claims, are only half the story. Another crucial dimension is the perception of the sufferer in making sense of the disjuncture between personal experience and biomedical discourse. This lacuna, she argues, must be attended to in order to develop a deeper understanding of the disease experience, both for sufferers and the persons close to them. Critical assumptions about embodiment underlie biomedical discourses about the disease state and the individual. Disease is not bounded by individual bodies, but spreads throughout the social networks around afflicted individuals. The nature of disease is therefore physical in only one sense. More importantly, perhaps, it is experiential. The important interpersonal relationships are not only between patient and practitioners, but also between them both and the family or carers of the ill. The history of disease, therefore, cannot be seen as restricted to individual diseases, or even to disease sufferers. Understanding of disease implies a complex network of social relations and requires the examination of culturally constructed notions of embodiment.

The history of medicine, according to Sioban Nelson, has ignored the unique concerns of the nursing profession. Existing historiography of disease neglects views of causation which differ from the central scientific paradigm. The assumptions which informed nursing, Nelson reveals, were different from (and even contrary to) those which informed scientific medicine. The sanitarian movement, on which nursing was founded, arose out of a quite different impetus from that of scientific treatment. Scientific epistemological assumptions are therefore inapplicable in the history of nursing. The history of medicine, consequently, has not provided an adequate understanding of the his-

tory of nursing. Nelson's paper highlights the need to develop further frameworks within which the history of disease can be understood. The history of disease is the history of disease models, which must be studied in the context of specific ideological traditions.

These papers reveal a number of answers to the question, 'How do we write the history of disease?' Patterson's paper outlines the origins of particular historiographical concerns within American scholarship. The founding themes of these concerns are not universally recognised, as the other papers illustrate. Few histories have been written of the way in which Australia's medical and scientific developments have generated its approach to the history of disease. Yet these papers suggest how some Australian scholars have chosen to write the history of disease. The central issues identified by Patterson, and other international theoretical contributions, inform the work of Australian historians of medicine.

The participants in this symposium indicate that to write the history of disease we must be conscious of the assumptions within medical history narratives, and must analyse both history and historiography. Rather than fixing upon the failures of biomedicine these papers illustrate the way Australian historians of medicine, across several disciplines, respond to the revised narratives which have emerged from the decline of faith in contemporary biomedicine's particular eternal verities. They analyse the ways in which the history of disease can benefit from multi-disciplinary perspectives, but also highlight the need for awareness of the assumptions contained within these newer interpretations. The question, 'How do we write the history of disease?' continues to be answered within a multiplicity of Australian disciplines, with vitality, rigour and critical awareness.

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