"Framing" the End of the Social History of Medicine

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Apart from involving me in something close to writing my own obituary, framing the end of the social history of medicine is difficult for the simple reason that the subdiscipline's roll into the grave was far from obvious or straightforward. The end was more in the manner, literally, of a passing—a sluggish, uneventful meltdown, nowhere much noticed or commented on. Indeed, the walking dead are still many among us: explicitly "social" histories of medicine continue to be written, and undergraduate courses in the social history of medicine (not to mention a journal by the name) continue to be subscribed to. This is odd because, in somewhat more than literal fashion, the end was heralded over a decade ago when Charles Rosenberg—the acknowledged doyen of the field—proposed the banishment of "the social" in the social history of medicine and its replacement with "the frame."[1] The substitution was widely endorsed.[2] However, the expressed motives for it (as well as the unexpressed ones I will come to) were different from the historiographical ones that *might* have been posed. Thus, the actual ending of the social history of medicine was obscured at the same time as the literal ending was (in that other sense of the word) "framed." Such is my contention. This chapter, therefore, is mainly concerned with the wider context

for the demise of "the social" in the history of medicine—with what might be styled (though I wish to imply no conspiracy) the framing of the framing.

That our concern has to do with more than merely the substitution of words first became apparent to me in the mid-1990s when I was approached to write a social history of medicine. The prospect was enticing. Here would be a chance to pull together some of the many different themes that had come to comprise the field: the politics of professionalization, alternative healing, the study of patient narratives, welfare strategies, constructions of sexuality and gender, madness, deviance, diseases and disability, public health and private practice, ethics, epidemiology, experimentation and education, tropical medicine and imperialism, along with the various actual and rhetorical relations between medicine and war, medicine and technology, medicine and art, medicine and literature, and so on. More than that, the book would afford an opportunity under such headings, chapter by chapter, to review how, over the past two or three decades, historical and historiographical understandings had broadened, sharpened, and deepened. There was need for such a book, and there probably still is. But when pen came to paper, paralysis set in. The problem wasn't the survey of the literatures involved, formidable though they had become. Rather, it was more the nature of, and need for, the overall packaging. A *social history of medicine?* In 1992, Andrew Wear proudly declared that it had "come of age," to which Ludmilla Jordanova roundly responded that it was "still in its infancy."[3]

What caused my pen to falter, though, was the realization that somehow, somewhere along the way in the 1980s and 1990s, all the key words had lost their certainty of meaning, and some (*pace* Rosenberg) had even been threatened with excision. No longer could they be taken for granted: "history" and "medicine," no less than "the social," had become deeply problematic. The hinges of the triptych were rusting up and coming unstuck; historiographically, the whole was no longer the sum of its elemental parts. Such a realization was more than a little worrying politically, inasmuch as the implied loss of disciplinary coherence could only disable the critical, if not socialist, thrust of an enterprise that had been honed over the previous quarter-century in alliance with social medicine, medical sociology, and social history—an unusual mix of radical politics and policy, critique and theory, and empirical practice, represented by Thomas McKeown, Ivan Illich, and E. P. Thompson, respectively.

I have no desire to defend the use of "the social" in the social history of medicine. It might be as well to admit that the subdiscipline has had its day, done its bit, much in the manner of older forms of political and economic history. Given that much social history of medicine has been intellectually flatfooted and theoretically unreflective—at best revisionist, at worst dominated by empiricism and even scientism (if a vast number of demographic contributions are taken into account)—moving on may be no bad thing. The intention here is more modest: merely to capture something of the wider intellectual context that has in fact necessitated this moving on and ought, I believe, further to inform it. Thus, this chapter has been conceived mainly as a record of what happened, a chronicle of an "ending" insofar as history (the business of history writing) ever has closure.[4] It seems worth doing, for while the history wars have been conducted over the past few decades as vigorously as the culture wars and the science wars of which they are a part, it is not at all clear what exactly has changed, or how and why. Least of all is this clear to new entrants to the history of medicine.

Admittedly, exactitude is easier called for than accomplished, given the almost ineffable (for being so recent, radical, and multifaceted), inevitably partial, and certainly very messy nature of the context within which the meaning and practice of history writing has been challenged. For these reasons, among others, it is not possible to provide anything like a social constructivist account of the historiography of the end of the social history of medicine—an analysis, that is, in terms of a situated body of knowledge mediating socioeconomic and political interests. (The subdiscipline was never "schooled" enough for that; indeed, it was always in tension with the aspiration to de-ghettoize itself by merging into the historical mainstream.) Nor, for essentially the same reasons, is it possible to provide either an analysis of the discourse of the historiographical body or a deconstructivist, semiotic account of "the text," since neither the infrastructural body nor the text as such exist. We can, however, lay out some of the features of the subject's problematization with reference to its wider intellectual and, to some extent, sociopolitical context. This is easiest done by focusing first on the key words, starting with "medicine" itself. We can then turn to an analysis of Rosenberg's article on framing, locating it within the politics of historiographical change. Finally, by way of a postscript on the postmortem, as it were, some observations can be tendered on the possible place of "the social," "the political," and "the medical" in history now.

"Medicine," "History," and "the Social"

"Medicine" has always been troublesome, if one stopped to think of it. Recently described by John Pickstone as a convenient omnibus term, resembling in this respect "agriculture," or maybe "engineering" or "electronics,"[5] it invariably consists of more than merely the professional practice of licensed healers in all

their economic, political, and social settings. It is more, too, than just the knowledge of diseases and processes affecting the body in sickness and health and the prevailing technologies for corporeal intervention.[6] Worldviews and ideologies like humoralism, evolutionism, and environmentalism or Christianity, communism, and fascism have necessarily been as much a part of it as more specific sets of shifting discourses, rhetorics, and representations. "Cultures of healing" and "healing in culture" as objects of study can be as conceptually broad or narrow as the analyst chooses to make them. As knowledge and as practice, medicine (like religion) can be experienced at the most intimate level of being and politics, as well as, simultaneously, through precipitates from the highest reaches of global ideology and economics. And not just "experienced" in any simple sense; as Foucault appreciated, medical sites and personnel historically have been bound up with mutations of political thought into their modern governmental form. In the course of such processes, individuals have come to describe themselves in the languages of health and illness, and to accept the norms of "the normal" and "the pathological" as the basis for circumscribing their mortal and moral existence.[7] Obviously, then, as Jordanova has insisted, we cannot treat medicine simply as knowledge, or merely as "another form of science."[8]

At root, medicine is about power: "the power of doctors and of patients, of institutions such as churches, charities, insurance companies, or pharmaceutical manufacturers, and especially governments, in peacetime or in war."[9] Recently, however, there has been a seismic shift in the nature and exercise of the powers that constitute "medicine." Whether our gaze is on the disarray of health services in post–cold war Eastern Europe, China, and the poorer countries of postcolonial Africa, or on the fast-changing reorganization of medical systems in the West, things look far different from what they did ten or twenty years ago. Crucially, welfare medicine has been felled. National health services now embrace the logic of private, multinational corporations.[10] In Britain's National Health Service this thinking is evident in the adoption of private finance initiatives for the building of new hospitals and the turning of general practitioners into NHS "fund holders" operating according to the rules of internal markets. The shift is further made apparent and exercised through the emphasis since the 1980s on "evidence-based medicine," the mechanism enabling the state to pay only for treatments for which there is statistical evidence of benefit—a concept and practice of particular appeal to managers and accountants. Many of these changes have been pioneered in the United States, where doctors now queue to obtain degrees in business administration in order not to be irrelevant in the so-called medical reform process.[11] As this suggests, fears by the medical profession (especially in Britain and

the United States) of losses of autonomy no longer stem directly from the state, as they were thought to in the past, but from the rationalizing forces of business management, albeit encouraged by governments. In the United States, more than one-half of all doctors are now salaried employees of medical corporations, and the consequent rhetoric of an "embattled profession" has been taken as compelling evidence of the decline of professional authority in general.[12]

Professional authority—power—in medicine has also been seriously challenged by outside interference in the hitherto professionally sacrosanct area of clinical decision-making. Both cost-calculating managers and evidence-weighing governments now act as third parties in such decisions, even though doctors remain the principal targets of complaint in what they perceive as a "culture of blame." Through sensational exposure of medical malpractice and incompetence, further reason is found for withdrawal of the state's former compliance in the profession's self-regulation (existing in Britain since the Medical Registration Act of 1858). Now, the profession's ethical governance is increasingly given over to the courts through legal regulation.

Such redistributions in the power around medicine are reflected in, and inseparable from, equally profound changes in doctor-patient relations—to the extent that the word "patient," too, has lost much of its certainty of meaning and has become open to contestation.[13] In the face of fragmentation, depersonalization, and multiprofessionalization in the delivery of medical care, calls have been made for "narrative-based medicine," the ethics of which allege "the primacy of the patient's voice."[14] Meanwhile, increasing numbers of "health consumers" have turned to untested therapies by unregulated practitioners while at the same time demanding more evidence-based regulated medicine. Many of the same health consumers (wealthy, white, and Western for the most part) partake in what Roy Porter once dubbed the "MacDonaldization of medicine."[15] They demand as a "right" the freedom to shop unfettered in the "supermarkets of life," picking and choosing reproductive technologies as readily as vaccines, kidneys, hearts, and assisted suicides. Much of the laity has also been medically reskilled and empowered through web sites and illness support-groups, and it now comes to act as a jury for a medicine on trial.[16] Clearly, in the pluralized medical marketplace there is not one but multiple sources of authority, and the idea of the passive patient is noticeably passé.

This rearrangement of power is further reflected in the refutation by some medical ethicists of the very existence and operation of a universalistic morality, such as that purported for the late twentieth century by the philosopher John Rawls. The idea of a moral consensus (Rawls's "reflective equilibrium") presup-

posed social homogeneity. But this has become increasingly difficult to imagine and decreasingly desirable to sustain in liberal democracies where multiculturalism and multifaith are hyped as politically correct. Hence, in theory at least, different, equally "rational," interpretations of what is medically ethical have come to coexist based on religion, culture, and ethnicity.[17] Alongside, and not entirely separate from, this development has been the undermining of the instrumental rationality of modern medicine. Models of linear progress, and belief in rational control over the processes of medicine, have been seriously eroded by the manifestation of previously unforeseen risks and the negative side-effects of biomedical "progress"—erosions that mark, in Ulrich Beck's terms, the shift from "simple" to "reflexive modernity."[18] Once these risks began to be registered in the minds of insurance companies, medical professionals, medical management teams, the state, and potential individual "clients," the would-be rationality of biomedical research began to be demystified and demonopolized. (Contributing to this view was a heightened awareness of how multinational and monopolistic-tending pharmaceutical companies controlled much of the research, as well as the allocation of products.) Increasingly, the public began to decide between different plausible or probable scientific claims. In this situation, as has been pointed out in reference to the pressures for redefining brain death, political groups came to make use of scientific expertise and counter-expertise in order to push forward their own favorite practical and legal solutions.[19]

Unsurprisingly, such fundamental change in the relations, organization, consumption, and overall conception of modern medicine has had an impact on how medicine is thought about historically. Specifically, the notion of the social control of docile bodies, which was basic to the social history and historical sociology of medicine as it developed in the 1970s and 1980s, has come to seem dated as an analytical imperative. No longer is it quite so obvious to regard medicine simply as a powerful means of imposing social order though "disciplinary normalization." Perhaps in the past as in the present, the relationship between medicine and the laity entailed wider interactions between self, society, and knowledge, all according to competing priorities and the different material constraints of everyday life.[20] To arrive at this conclusion in no way necessitates discarding Foucault's insights on the crucial role of modern medical language and practice as a medium for the policing and self-policing of bodies and desires. Required, rather, is discarding crude or vulgar histories of medical surveillance, social control, and the deskilling of patients—1970s and 1980s contributions to the historical narratives of professionalization and medicalization. In part, these narratives were hoist on

their own petard in the 1980s and 1990s when the self-serving antiprofessionalism of radical feminists and critics came to support dialectically the interests of free market ideologues and antiabortionists, along with eco-activists, neofascists, ravers, "hacktivists," and the others who now make up "do-it-yourself" culture.[21]

Although medicine as an epistemological and discursive concern should not be conflated with medicine in the service of professional power, it is fair to say that the very idea of "medicine" or "the medical" has been destabilized. As Nikolas Rose has pointed out, "What we have come to call medicine is constituted by a series of associations between events distributed along a number of different dimensions, with different histories, different conditions of possibility, different surfaces of emergence."[22] Medicine is no longer the self-contained entity that it once seemed; as it is technically more complex, so it is correspondingly more multifocal and multivocal in its material relations. Its boundaries less clear and more porous than formerly thought, it consequently has become less sharp a category for analysis. In extending everywhere, it might be seen as everything and nothing—like Foucauldian "power," everywhere and nowhere. What, then, is the thing to which the analytical tool of history is to be applied? And how can medicine be an analytical tool for the history of society? Not only were all the assumptions that historians made about medicine in the 1960s and 1970s with respect to the state, professional power, and science called into question by the realities of the 1990s,[23] so too was the very object or category of study.

And "history"? While it may be true that "from the time of Herodotus and Thucydides, historians have vehemently disagreed about the purposes, methods, and epistemological foundations of the study of the past,"[24] before the 1980s and 1990s these debates were never so extensive or intensive. Echoing Marx, Robert Putman in 1993 insisted that "history matters" because "individuals may 'choose' their institutions, but they do not choose them under circumstances of their own making, and their choices in turn influence the rules within which their successors choose."[25] Of course. What was new in the 1980s and 1990s was the urgency to defend this commonplace—not against an old, reactionary right, or against a perceived-to-be overdeterministic ("choice"-denying) Marxist left, but against a radically iconoclastic postmodern avant-garde of philosophers, literary theorists, and cultural critics. According to these, history was nothing more than the "invention" of historians dealing in images and representations of the past to which they could not possibly have any direct access. Further, the much-loved periodization of historians was nothing more than a strategy for narrative closure. Thus, historical "truth" and historical practice were to be regarded as no less

contingent and subjective ("shaped not found") than the scientific "truth" discerned by sociologists of scientific knowledge. In new and more extreme ways than in the past, the old hoary question of objectivity was back on the agenda.[26]

Professional historians were stunned and deeply threatened by such attention to their methods and assumptions. A torrent of defensive publications were issued by (to name but a few) Arthur Marwick; Bryan Palmer; Joyce Appleby, Lynn Hunt and Margaret Jacob; Richard Evans; Geoff Eley; Eric Hobsbawm; Raphael Samuel; and Gareth Stedman Jones.[27] Despite the very different political orientations of these historians, they all shared some of the same professional and political suspicion of "postmodern postures,"[28] while to differing degrees confessing to their own complicity in the old rationalist and increasingly demoralized Enlightenment search for objectivity. As the political culture veered to the right, confusion, apathy, and uncertainty set in.

Nor was the "postmodern challenge"[29] the only cause for concern. In new and far more extensive ways than in the past, "history" (like medicine) was being "managed" in both crude and subtle ways by contending communities of opinion—a feature of the present to which, in fact, postmodern writers drew attention. In the museum in the bowels of the Statute of Liberty, as in countless other public sites, political battles for control over representations of history were fiercely fought.[30] Allied to this (again not unlike in medicine), history was increasingly subject to naked market forces, both within the academy (for example, though assessment exercises linked to research funding), and outside it in the expanding commercial heritage and leisure industries.[31] Ideologically hand-in-hand with the "rationalization" of history departments went the global expansion of capital-intensive "Disney history," the latter providing the new discipline of museology with an unlimited supply of case studies in the manipulation of historical representation. Forces of a slightly different nature, more sinister for being less public, were also at work in the history panels of grant-giving bodies, not least in the history of medicine. Increasingly, the tendency of such bodies was away from humanities-style appraisals to more science or social science models, with emphases on practical applicability, "relevance" (to short-term political interests), directed goals, and publicly accessible outputs. In Britain especially, the idea of the historian as a devoted, critically minded intellectual was increasingly derided as a relic of ivory-towered times. The fetid breath of managerialism hung heavy.

As for "the social," by the mid-1980s it was deemed by Francophone semiologists as absorbed into "the cultural."[32] A decade later, the prospect of an "end of social history" had not only been raised, it had been realized.[33] In what superficially appears in retrospect as an intellectual parody of the thinking of the

then dominant political parties, Francophone poststructuralists thoroughly underpinned Margaret Thatcher's would-be class consensual claim that "there is no such thing as society." Although Thatcher and her free market cronies were scarcely like Jean-François Lyotard and his disciples in their quest to deprivilege the economic and the political, the effect was much the same: "a loss of political appetite for the old frameworks of social analysis"[34] and, in particular, for the validity and relevance of Marxism.[35] While the new political elite effected their ideological cleansing in the name of a new "end to ideology,"[36] poststructuralists put to flight all notion of structure, agency, and social determinism. Operating from the aesthetic critique of modernity first elaborated by Nietzsche in the late nineteenth century, the French "new philosophers," as they were often called in the English-speaking world (notably, Jacques Derrida, Giles Deleuze, Lyotard, and Jean Baudrillard)—or the "young conservatives" as Jürgen Habermas referred to them because of their abandonment of all hopes of social change[37]—demanded freedom from political forms of life and the rejection of the "tyranny of reason," technocratic rationality, and the old emphasis on the economic.[38]

Although the pre-"postmodern" Foucault—the Foucault concerned with liberating the revolutionary process from ritualized and dogmatized Marxism[39]—had only invited *consideration* of whether power was "always in a subordinate position relative to the economy,"[40] Derrida and other linguistic deconstructivists argued forcefully for the impossibility of reducing technologies of violence to instrumental political power, economic interests, and social control.[41] The Foucault of *Surveiller et punir: Naissance de la prison* who appeared to offer a critique of capitalism ("it is largely as a force of production that the body is invested with relations of power and domination")[42] was increasingly refashioned as an *avant-garde* literary theorist.[43] This other Foucault, identified largely with the *Histoire de la sexualité*, doubted that power was always in the service of, and ultimately answerable to, the economy. Instead, he insisted on the grandiloquence and rules of discourse as *constructing* bodies.[44] Here, as everywhere in what became the flight into cultural studies, sociological categories were dust-binned in favor of semiotic ones, which were often inflected psychoanalytically, as in the bogey of "narrative *fetishism*." The master narratives of modernity provided by Marx, Durkheim, and Weber were shed through the literary turn to the discursive—what Bryan Palmer dubbed the "descent into discourse."[45] Although sophisticated Marxist theoreticians, such as Ernesto Laclau, were as involved as anyone in deconstructing "society" as an intelligible and essentialist totality,[46] it was above all literary and linguistic theorists who compelled Western intellectuals to problematize the relationship between discourse, structure, and knowledge and to question whether "structure"