

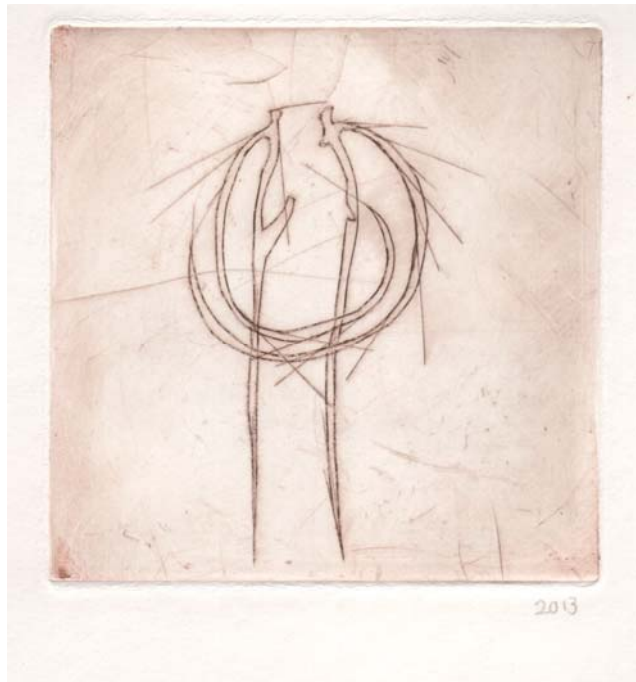
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SOCIAL HISTORY OF MEDICINE TODAY –

A CLASSIC APPROACH BEYOND THE TURNS OF THE TURNS*

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ABSTRACT: In the late 1960s, social history developed into an imperative approach in general historiography in Germany. Since the mid-1970s, also social history of medicine has been developed into a comprehensive research approach. But in the 1990s, all of a sudden, social history of medicine vanished. The constructivist history of science, the linguistic-constructivist theories in humanities and micro-historiographical approaches from general history prevailed. After the first decade of the 21st century, the innovative highlights of these developments exceeded. Just at this point, it is appropriate to ask for the genuine and permanent role of a social history of medicine. Seen from the peculiarity of medicine the social history of medicine has a genuine field of topics in the social environment of disease and health. These topics have to be treated with their own approaches and methods, derived from its reference disciplines sociology and economics.



1. Social History of Medicine as a Leading concept – Background and problem

The seemingly unstoppable rise of social history

Let us begin with a “social history of social history” – mainly in Germany, but also with some views on international developments.

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This is, to some extent, also my own history. And it is the history of all those who have shared the development of the social history of medicine in the past decades¹.

In the 1970s, the social history challenged historiography of post-war Germany, which was mainly focused on political history and history of great personalities. The protagonists of the new social history – though born before the Second World War, but not deeply influenced by National Socialism – would, however, not only widen the thematic and methodological spectrum of history. Instead, they aimed in a kind of father-son conflict also to break the silence about the largely ignored history of Nazi Germany.

After a delay of several years, this trend in general historiography influenced also history of medicine. Here is a national moment to bear in mind: in Germany, history of medicine is traditionally located in medicine. Most medical historians in Germany were – and still are – medical doctors, in part, with quite many years of experience as practicing physicians. Apart from few exceptions, the history of medicine in the early Federal Republic of Germany was a history of medicine by physicians for physicians. There was thematically, methodologically and theoretically hardly any connection to the reference discipline of general historiography. In the heady 1960s and 1970s, a new generation of medical historians grew up, mainly born after the Second World War. This generation would not be satisfied with neither the theoretical and methodological nor the thematic abstinence prevailing in medical history at that time. This

¹ Cf. initially A. Labisch, *Zur Sozialgeschichte der Medizin. Methodologische Überlegungen und Forschungsbericht*, in «Archiv für Sozialgeschichte», 20, 1980, pp. 431-469; as comprehensive survey see J. Vögele, ed., *Retrospektiven - Perspektiven. Das Institut für Geschichte der Medizin der Heinrich-Heine-Universität Düsseldorf 1991 bis 2011*, Düsseldorf University Press, Düsseldorf 2013. The social history of medicine is represented in Germany in particular also by Robert Jütte and his Institute of History of Medicine of the Robert Bosch Foundation in Stuttgart; see initially R. Jütte, *Sozialgeschichte der Medizin: Inhalte - Methoden - Ziele*, in «Medizin, Gesellschaft und Geschichte», 9, 1990 [1992], pp. 149-164. As a survey see the homepage of the Institute: <http://www.igm-bosch.de>.

generation was very well trained – usually two, sometimes three or more academic degrees, in addition to medicine usually history, sociology, and other humanities. Moreover, this generation was a representative of the so-called “68 generation” and thus also engaged politically. The hitherto almost completely overlooked history of medicine in Nazi Germany made an especially irritant stimulus. Nevertheless: the way of this generation into the profession of history of medicine was still dominated by chance. In Germany, the general social history matured in the 1980s up to an imperative model, in the 1990s to the hegemonic model of general history. Main field of work was no longer the classic area of social groups, predominantly social fringe groups – such as the emerging working class of the 19th and early 20th century. Rather the social history seemed to arise to the «only legitimate form of universal history» – as Jürgen Kocka (born 1941) put out 1977². Social history developed to the history of society and a comprehensive historical social science in general. In this hegemonic sense, intellectually driven by the “Arbeitskreis für moderne Sozialgeschichte”, lead by intellectual giants as Werner Conze (1910-1986) or Reinhart Kosellek (1923-2006)³, general social history also became more and more interested in issues that had earlier been reserved to the field of history of medicine. In a kind of “historiographic turn”⁴ an ever-increasing interest arose in both the general social history and in the history of medicine for issues that belong to the broader field of history of medicine. The general social history as well as the social history of medicine understood itself as a comprehensive history:

² J. Kocka, *Sozialgeschichte. Begriff, Entwicklung, Probleme*, Vandenhoeck und Ruprecht, Göttingen 1977.

³ U. Engelhardt, *Konzepte der "Sozialgeschichte" im Arbeitskreis für moderne Sozialgeschichte. Ein Rückblick*, Klartext, Essen 2007.

⁴ W.U. Eckart, R. Jütte, *Medizingeschichte. Eine Einführung*, Böhlau, Köln u.a. 2007, p. 156; it is not the task of this paper to give an overview of the development of social history or even the history of medicine in Germany in detail. For this purpose, the book by Eckhart / Jütte, *op. cit.*, is strongly recommended.

historical demography and epidemiology, socially relevant medical subjects and related fields, such as occupational health or social medicine, institutions such as public health, social security, hospitals, health insurance have now been addressed as well as plagues, disease and society, health and society, professionalisation of medicine, medicalisation of society and many other issues. In particular the history of medicine in the so-called Third Reich has been explored as well as its predecessors, such as eugenics and racial hygiene, and what has been lost during the Nazi Era - as e.g. social hygiene or community medicine.

Thus, the social history of medicine occurred to be an innovative approach in the history of medicine in the 1980s and 1990s. It may have offered a challenge to traditional history, but others may also have ascribed this kind of an imperative claim to social history of medicine. It was supportive that general and social historiography tackled formerly classical medical historical topics with a professional historiographical approach. Before this professional historiography the institutionalised medical history could no longer hide itself. Supportive was furthermore that also the international historiography discovered medicine. In the 1980s and 1990s, Britain became the Mecca of advanced medical historians. The reason was - and still is - the funding policy of the Wellcome Foundation, which spent massive resources for the history of medicine. So general historians got interested in the history of medicine this way. And finally this was due to extraordinarily productive groups of medical historians: at first in Oxford Charles Webster (born 1936) and Paul Weindling (born 1953), the long-lasting secretary of the «Journal for the Social History of Medicine», then in London, the charismatic figure of the unforgotten Roy Porter (1946-2002) - who, incidentally, was a staunch opponent of the social history of medicine for quite a long time. In sharp contrast to Germany, British medical

historians were and still are almost exclusively general historians and not physicians. So they have no personal experience in the issues of decision-making and action in medical practice. And this, decision and action, is the focus of medicine. And medicine is the focus of social history of medicine. I will refer to the meaning of the centre of our entire endeavour later.

The sudden decline of Social History: Problems and Outline

In the late 1990s / early 2000s, this seemingly unstoppable development turned over. The social history was put under intense pressure in general history. And social history of medicine seemed to disappear from the focus of possible topics and approaches from one day to the next. Meanwhile, now in the first decade of the 21st century, the new approaches in general and in medical history seem to have passed their peak. The 'turns' - to put it sarcastically - from the 'linguistic' over the 'pictorial' and 'spatial' through to 'performative turn' have almost run out - "getting slower and slower like a spun out humming top".

This raises the issue where social history of medicine stands today and how it might develop in the future. Exactly this issue will be discussed in this lecture.

The geographic focus of the discussion is on Germany. Which theories, which concepts, which methods, which thematic focuses dominated research in medical history in the last ten to fifteen years - this we must clarify in advance (= 1.). In order to find a reference point for our further considerations, the focus for all endeavours in the history of medicine, namely medicine, will be discussed as second point (= 2.). Then the question follows, what place a social history of medicine inexorably still has in the concert of current medico-historical approaches and what forthcoming collaborations may look like? (= 3).

2. “Social history of medicine just vanished” - Laboratory / science studies, the ‘linguistic turn’ and the turn from structures to humans

The Laboratory-/Science-Studies: Farewell to truth

A major impetus to reshape historical inquiries particularly in the field of science and medical history came in the early 1980s by the so-called “laboratory” or “science studies”, the underlying social constructivism and the later specified actor network theory. The laboratory studies are a scientific reflection on the work of Ludwik Fleck (1896-1961), who – although his masterwork on styles of thought and thought collectives has already been published in the 1930ies – replaced the discussion about the “paradigm” theory of Thomas Kuhn (1922-1996) in the 1980ies⁵. Thomas Kuhn destroyed the image of a hierarchical building of knowledge in logical steps and looked at the progress of sciences rather random – first conceived in the notion of a paradigm shift. In contrast, already previously in his studies on immunology the pathologist Ludwik Fleck had given up the idea that there is an objective knowledge for a given world that is generated by clear scientific procedures. Scientific knowledge is what a community of researchers as a thought collective agrees upon, and what is proven as an explanatory model for the derived techniques in everyday life. So the reference point of science shifts from a – maybe even transcendental given – truth to sheer acceptance by the community of scientists.

However, laboratory studies bound to an overall (social) constructivism – such as the famous book *Leviathan and the Air-Pump*⁶ – integrated the social prerequisites, conditions and consequences of producing scientific knowledge constitutively in

⁵ L. Fleck, *Entstehung und Entwicklung einer wissenschaftlichen Tatsache. Einführung in d. Lehre vom Denkstil u. Denkkollektiv. Mit e. Einl. hrsg. von Lothar Schäfer u. Thomas Schnelle*, Suhrkamp, Frankfurt a.M. 1980; T.S. Kuhn, *Die Entstehung des Neuen: Studien zur Struktur der Wissenschaftsgeschichte*, Suhrkamp, Frankfurt a.M. 1977.

⁶ S. Shapin, S. Schaffer, *Leviathan and the air-pump. Hobbes, Boyle, and the experimental life*, Princeton University Press, Princeton 1985.

their studies. A generation earlier Charles Webster already did this in his famous book *The Great instauration*, published in 1975⁷.

For further discussion should be noted:

The idea is gone, that there is a truth independent of man which depicts a reality on its own right. Instead of an objective truth before human perception, construction, and interpretation the reference point of science is the acceptance of a thought collective.

The 'linguistic turn': Farewell to reality

Just as in the considerations of the so-called hard sciences in the 1980ies und 1990ies profound changes also took place in those sciences that deal with actions and remains of people. In the area of reference disciplines related to medical history the 'linguistic turn' was of particular importance. This turn came first from philosophy, especially the critique of knowledge, and then spread on to linguistics and semiotics in literature and later in almost all the humanistic, cultural and social sciences. The basic assumption is that any knowledge – from everyday to the laboratory – must follow the logic of language. The linguistic structure forms both the precondition and the boundaries of the knowable – or, as some representatives of this turn put it to the extreme: Really is not reality; really is only the mediation of reality through language. So only the medium is real.

This theoretical approach is complemented very well by the simultaneous developments in philosophy and history of science. At this point those works gained their importance, which resulted from structuralism and post-structuralism. For the scientific and medical history from the multitude of heroes, of course, the work of Michel Foucault (1926-1984) and Judith Butler (born 1956) were particularly important.

It should be noted for further discussion:

that the idea of an ever given historical reality was abandoned. Thus, there is no reality independent from the people in their time and in their life contexts that is not constructed in a specific way and

⁷ C. Webster, *The great instauration: science, medicine and reform, 1626-1660*, Duckworth, London 1975.

would have to be deconstructed and reconstructed by historical analysis and presentation.

From the social history of the structures to a history of men in their natural and social world

Finally another impetus to revise social history came from historiography itself. In opposition to social history from the start, reinforced by the dominance of social history in the early 1990s, arose the question of whether a history focused on the transformation of structures could capture the history of people in their time. This fundamental question developed a huge impact – as well overlooking the emerging objects and then also looking at the methods and forms of representation that are required by this new view points. Gradually the focus shifted from the macro-history of sociological entities to the micro-history of individuals or groups of people in their everyday lives.

This type of analysis has been significantly influenced by the French historiography of the “Annales School” and later by the Anglo-American cultural history and cultural anthropology. Accidentally by this development also the “Volkstumskunde”, the science of folklore, in Germany became again respectable, which has been a taboo subject since the Nazi era. As reference disciplines of history in general, the social sciences and economics gradually were replaced by ethnology, linguistics, literature and media studies. Finally, these different directions led to modern cultural history and historical anthropology. At the centre of these broad disciplines prevails the story of people in their everyday life – in the way that is given by the biological and social realities of their time. In research practice this means that the social environment still plays an important role, but not as the primary object of study rather as a potential space for the clear and historically tangible actions of people. Besides society, nature plays an important role: both nature within

people's own bodies as well as nature as their environment, which has to be handled by every-day-work.

From this turn a veritable explosion of topics followed: the history of women and men, gender history in general, the history of birth, childhood and youth, aging and age, the various stages of life in general, the history of practices and experiences - particularly dealing with challenging demands of social change, such as by forms of labour, such as in the encounter with new medical procedures, e.g. as forced vaccination, the social construction of concepts and their social impact - such as the infiltration of modern societies by physiology or psychiatry and almost abundant, the history of the body in all its necessities and attributions - from nutrition to sexuality and the construction of seemingly gender-specific behaviour. From this perspective, it is only logical that the history of the patient was perceived completely new and is now systematically investigated with a considerable gain in historical expertise and knowledge⁸.

For further discussion should be stated:

The new cultural history widened the scope of possible objects dramatically. The fields of study were concentrated in time and space, so that the individual actors or processes could be taken into view. In contrast to the abstract 'macro-histoire', in which the social world was conceptualised as acting independently from men, the 'micro-histoire' required a thick description. Methodologically, it was necessary to switch from generalising sociological conceptualisations to the analysis of ego-documents and letters, from quantitative methods to qualitative case descriptions. So also the methodological repertoire of history widened considerably and was adjusted in intense discussions - such as the initially too highly rated 'oral history', including the also overrated source of witnesses.

Science studies, deconstruction, historical anthropology, cultural history, and a de novo conceived social history of medicine - what is the common question?

This is not the place to give an overview of the entire panorama of the philosophical and historical concepts of the historiography

⁸ See as outstanding example M. Stolberg, *Homo patiens: Krankheits- und Körpererfahrung in der Frühen Neuzeit*, Böhlau, Köln u.a. 2003.

of science of the past four decades – seen from the perspective of the social history of medicine. The literature is abundant. Such an endeavour could be led to a success only with great effort. It should be noted that

- the idea that every knowledge given at a time was constructed, and therefore must be reconstructed in historical perspective,
- the idea that all the realities of human behaviour are realities, which are constructed in their time and are primarily conveyed by the media,
- the new look at man in his tangible life practice in dealing with his social and biological environment, together with the fact of his own nature given in his body

have given space for many new issues, concepts and methods in the history of medicine, which previously have occurred in the history of science, in language and cultural studies and in historiography in general.

Since the 1990s appeared a number of books, in which again another younger generation of medical historians, born in the 1960s, dealt with these new directions. This is the first generation of German medical historians who – although still mainly physicians – have from the outset and therefore decidedly opted for an academic career in medical history. The theoretical and methodological discussion in recent decades has brought a new world and a rich toolbox of historical methods. In these discussions the social history disappeared ‘en passant’ in shades of oblivion. This change of concepts was not even raised to a particular issue: “Social history of medicine just vanished” – as it can be said in English so nicely.

What, this is the question to ask here and now, characterises a social history of medicine today in the concert of differing historiographies of science, cultural studies and historical and anthropological questions, methods and approaches?

To answer this question, it is advisable to consider the “own”, the “peculiar”, the centre of a history of medicine. What at all is the issue in the history of medicine?

3. *What is medicine? Medicine as a subject of historical analysis – reflection on the nature of the reference point*⁹

A person or group of people who are defining themselves as “sick” will look at people who are attributed with a particular expertise, an art of healing, which generally results from experience. The aim is to find relief, to be healed, and thus to achieve the previous state of normality. Once the healer is related to a knowledge, which is defined by the society as a science, we talk about medicine in its narrow sense. Thus medicine is a special form of a generally given art of healing. In medicine, the suffering person gets as a patient into an object of scientific intervention. The doctor as a healer becomes to someone who acts with respect to an expertise that is perceived as scientific knowledge. But nevertheless this expertise is influenced widely by experience and so ultimately influenced by non-scientific aspects.

What can we learn from these considerations on “What is medicine?”:

- Medicine is a form of decision-making and action. The elementary relations are science and experience.
- Medical action is characterised by a unique form of decision-making: the general statements – the “laws of nature” – of the reference system science are turned into a singular person in a singular situation; this step from a general scientific statement to an individual personal decision of a doctor given in the individual encounter with a patient may be called a ‘hiatus theoreticus’¹⁰.
- All of this takes place at a given time and a given historical context, which are given for all persons involved.

⁹ See A. Labisch, N. Paul, *Medizin: 1. Zum Problemstand*, in W. Korff et al. (Eds.), *Lexikon der Bioethik*, 3 Bde., Gütersloher Verlagshaus, Gütersloh 1998, Bd. 2, 631-642; A. Labisch, *Medicine, History of Western*, in J.D. Wright (editor-in-chief), *International Encyclopedia of the Social & Behavioral Sciences*, 2nd edition 2015, Vol. 15, Elsevier, Oxford, 118-125; Id., *Moderne und Medizin*, in F. Jaeger, W. Knöbl, U. Schneider (Eds.), *Handbuch der Moderneforschung. Interdisziplinäre und internationale Perspektiven*, Meiner, Stuttgart 2015 (forthcoming).

¹⁰ N. Paul, *Der Hiatus theoreticus der naturwissenschaftlichen Medizin. Vom schwierigen Umgang mit Wissen in der Humanmedizin der Moderne*, in C. Borck (Ed.), *Anatomien medizinischen Wissens. Medizin, Macht, Moleküle (= Philosophie der Gegenwart)*, Fischer, Frankfurt a.M. 1996, 171-200. In general see Labisch, Paul, *Medizin, 1. Zum Problemstand*, cit.

- So doctor and patient are involved both in an individually-bipersonal as well as in a social and historical and finally in a bio-physical context.

We cannot go into the details of the beginnings of medicine in Western culture before 500 century BC. What is unfolded here is the main message of the 1. Aphorism of the Corpus Hippocraticum¹¹. It can be stated that

- the historicity and
- contextuality

of medicine is self-evident from its beginnings. In a broader interpretation, we can say that

- all involved people and groups,
- their respective systems of thought and forms of activity and
- their personal and bio-physical conditions

do all have their own temporality and their own context. Context and historicity get manifest in a given process of decision and action in the encounter between doctor and patient. This is exemplified for instance in the “anamneses”, the patients’ history – which is called in English: medical history. And for sure – also the doctor has a history of his experience; so we could also speak about a doctor’s history.

Furthermore, it is clear that the subject of the history of medicine opens a two-fold perspective from the outset:

- most of the incidents and actions which happen in the area of medicine are singular events as well for the affected people and the actors (e.g. birth, serious possibly life-threatening illness, death and dying);
- exactly this fundamental, always individual events of human life require a cultural classification and ultimately an institutionalisation in the sociological and anthropological sense.

From these circumstances follows that

- views directed to individuals or single events and
- views directed at collective actors or processes

are approaches of equal right and importance. As a result we can say that related by the object as well as by observation, medicine

¹¹ See the wonderfully self-speaking translation of the first aphorism in Hippokrates, *Aphorismen, übers. von Georg Rudolph Lichtenstein* (= Reprint of the original edition Helmstädt, Kühnlin, 1778) Leipzig s.a. (1997).

and history are closely connected. Likewise, we can say, that related by the object as well as by observation, medicine and sociology are closely connected. This means finally that both approaches – either historically directed at individual people and events involved or sociologically directed at general events and their social meaning – are equally possible and equally necessary. So we finally can conclude: History, social history, historical sociology, the humanities are a genuine part of medicine in the large¹².

4. “Social history of medicine beyond” – how could a social history of medicine look among other recent research approaches?

Social history of medicine is essential on its own right
Result of our analysis is: there is a genuine area of work for a social history of medicine based on the social implications and facts of medicine itself. These areas of work arise from the difference of historical and sociological analysis. Not the singular actions congealed in time, but rule-like behaviour, social action that results in manners, organisations and ultimately the entire society supporting medically relevant institutions are and remain the genuine subject matters of a social history of medicine.

This statement results in a variety of classic areas of work for a social history of medicine, which are indicated here not even remotely complete, but only as an example:

- historical demography and epidemiology, population policy, together with the relevant social groups as e.g. mothers and infants
- socially relevant acute and chronic diseases, in particular infectious diseases and other diseases threatening the social system

¹² See also J. Duffin, *History of medicine. A scandalously short introduction*, University of Toronto Press, Toronto 1999; J. Duffin, *A Hippocratic Triangle: History, Clinician-Historians, and Future Doctors*, in F. Huisman, J.H. Warner (Eds.), *Locating Medical History. The Stories and their Meanings*, Johns Hopkins University Press, Baltimore 2004, 432-449; A. Labisch, *Transcending the Two Cultures in Biomedicine. The History of Medicine and the History in Medicine*, in Huisman / Warner, *Locating Medical History (op.cit.)*, 2004, 410-431.

- health-related and by risks or social strata specified living conditions, including the medical observation and intervention: social medicine in a broad sense, occupational medicine, etc.
- organisation of health care:
 - outpatient medical care, medical practice
 - inpatient medical care: hospital
 - public health services at different levels of society: communities, cities, states, international health services
- groups, organisations, organised forms of health care
 - lay - / self-help
 - doctors, nurses, professions
 - associations
 - health administrations at various levels of society
 - health policy
- health, illness, death and dying, as social institutions
 - definitions, interpretations and effects of disease and health
 - medicalisation.
- asf., asf.

Social History of Medicine as part of differing approaches and as part of a forthcoming global history of medicine

Earlier we said that the social history of medicine has disappeared quietly without any further discussion. This is surely a consequence that from the late 1990ies onwards the new theories, methods and issues of a cultural approach found appeal: here were bound the interest and enthusiasm of a younger generation of medical historians born in the 1960ies. Nevertheless, social history of medicine “disappeared” in a particular way. Because many of the new research approaches cannot be managed without implicit or even explicit references to classic social history of medicine.

In fact, the combination of different approaches to a history of medicine, including socio-historical approaches result from the different aims of a special endeavour. We can observe by many examples – which can unfortunately not be discussed here – , that in the new integrative approaches the external effects of the processes of science in question are to be analysed only with classical sociological and thus socio-historical issues and methods¹³.

¹³ See as good examples V. Hess, *Der wohltemperierte Mensch: Wissenschaft und Alltag des Fiebertessens (1850 - 1900)*, Campus, Frankfurt a.M. 2000; V. Balz,

From these partly genuine, partly integrated approaches of a social history of medicine results also the most recent approach: a world history or a global history – including a world or global history of medicine. This, too, results in part from the genuine object of a history of medicine: plague, cholera or recently influenza or malaria were and still are global events. This results from the history of past millennia, reinforced from the history of the past centuries: the spread of knowledge and the following rational and scientific activities of societies and individuals around the world. Finally, it seems appropriate under the proviso of globalisation to unite global historical processes in a united approach across national cultures. This was for example the aim of the workshop “Medicine as a medium of Multiple Modernities” 2011 in Halle¹⁴. New efforts also serve to this aim, to join social history of medicine from Europe and from Asia into a closer cooperation. To this aim e.g. serves the coordinated research, which gets together historians of science and medicine from Japan, China and Germany in the history of medicine and health at the newly founded Leopoldina Study Center for the History of Science in Halle.

5. Summary and Outlook

Over the past decades, the range of theories, methods and objects of the history of medicine have greatly expanded. History of medicine has become both in medicine and in general historiography a broad and colourful field of work. Moreover, historiography of medicine has professionalised in hitherto unknown dimensions.

Social history of medicine has a genuine matter of subjects of medicine, which has to be worked out with its own methods derived

Zwischen Wirkung und Erfahrung - eine Geschichte der Psychopharmaka: Neuroleptika in der Bundesrepublik Deutschland, 1950 - 1980, Transcript, Bielefeld 2010.

¹⁴ G. Franken, A. Labisch, *Internationaler Workshop "Medizin als Medium multipler Modernitäten - Transaktionen und Kontingenzen zwischen China, Deutschland und Japan im 19. und frühen 20. Jahrhundert" vom 10. bis 12. März 2011 in Halle (Saale)*, in «Leopoldina-Jahrbuch», 2011 (2012), pp. 485-501.

from the reference disciplines of the social and economic sciences. Rule-like behaviour, social action resulting in manners, organisations and ultimately the entire society supporting medically relevant institutions are and remain the genuine subject matters of a social history of medicine.

Moreover, in integrative approaches social history of medicine is necessary when it comes to represent the socio-historical background of the topics.

A future all-encompassing field of work provides a global history of health and disease.

So finally: Social History of Medicine is alive and well - partly in its genuine field of work, partly integrated into other areas of work. And it has a great future in a forthcoming global history of medicine.