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Article

The Right to Write the History: Disputes over the History of Medicine in France – 20th-21st Centuries

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Abstract:

This article reflects on the history of medicine as an academic discipline. It analyzes in particular the debates that took place in France between the second half of the 20th and the beginning of the 21st century. The first part recalls the main features of the discussions about the history of medicine since it was identified as an autonomous discipline up to the epistemological turn that, in the middle of the 19th century, opposed partisans of a “philological and scientific” to partisans of a “heroic” history of medicine. The second part deals with the debates that began in France in the 1960s-1970s over the legitimacy of a history of medicine written by physicians, and the foundation of a history of medicine written by professional historians. The third part proposes a reflection on the future of research and teaching in this field in France, and highlights the need for cooperation between physicians and specialists in the human and social sciences.

Keywords:

Historiography of Medicine; History of Medicine; History of Medicine in France; Epistemology

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Introduction

The history of medicine is a growing academic field. Traditionally investigated by physicians interested in their profession’s past, about 50 years ago it started to be enquired by the humanities and social sciences. Hence a profound renewal occurred, both in methodology and subject matters, involving a significant expansion of scholarly work. Debates on the boundaries of this discipline, its methods, its objectives began to spread among academics. This process was accompanied by increasing mediatization of health-related themes, and easier public accessibility to medical information.

In France the debate on the history of medicine is currently carried out by two categories of professionals: physicians on one side, historians on the other. The term

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“debate” may not be entirely appropriate because, in general, historians and physicians mainly tend to avoid dialogue, and publicize their arguments without engaging in real discussion with their colleagues. One question seems to divide them: Who can legitimately write the history of medicine?

This article proposes a reflection on debates on the history of medicine in France between the second half of the 20th and the beginning of the 21st century, and on the stakes related to these discussions. At first, I will recall the main features of the debates since the history of medicine was identified as an autonomous discipline. I will then summarize the characteristics of the discussions that have taken place in France since the 1960s, and I will end with some remarks on the future of research and teaching of the history of medicine in this country.

The Stakes of the History of Medicine

The debates on the history of medicine began at the very moment it was identified as a discipline in its own right. In the old days, the medicine of past centuries was a major element of the education of physicians. Their training was largely based on the study of ancient medical texts (Hippocrates, Galen, Avicenna). A physician was also supposed to have a broad humanistic culture, inclusive of history, philosophy and classic literature. This was an essential part of his identity as a doctor – that is to say, of a master of the *ars longa* (Cosmacini 1997) – and allowed him to distinguish himself from subordinate practitioners, such as surgeons.

At the beginning of the 19th century, the history of medicine began to be an independent discipline. Critical thinking about its objects, methods, and purposes began to proliferate. In Europe this reflection was mainly formulated in the Germanic area, in particular by Kurt Sprengel (1766-1833) and Emil Isensee (1807-1845), two Prussian physicians considered to be the founders of the modern history of medicine. They argued the importance of formal teaching of the history of medicine in medical school. According to them, topics should include the history of medical ideas and techniques, and the lives of the greatest physicians. A rigorous methodology needed to be observed, involving archival research and close philological analysis of sources. In the minds of these “founding fathers”, the aim of the history of medicine was not only to teach medical students the history of their future profession, but also to train their spirit. The knowledge of past medical ideas and practices would provide a better understanding of the true meaning of their profession, thereby making them responsible professionals (Huisman Warner 2004, 1-30).

In North America, these views were shared by John Shaw Billing (1838-1913) and William Osler (1859-1919). At the end of the 19th century, these two physicians inaugurated the first course in the history of medicine at the Johns Hopkins Hospital in Baltimore. Their purpose was to counteract two tendencies that were developing within the medical profession at the time: excessive specialization on the one hand, and increasing commodification on the other. Learning about the medicine of past centuries would be a way of preserving the “global vision” skills of the physicians as well as their humanistic sensibility.

Towards the 1850s, medicine experienced some major changes. Definitively imbued with the experimental method, it ceased to be considered as an art and became an empirical science. The history of medicine was directly affected by this process. Quickly identified as a potential device to legitimize this “new science”, it turned into a militant history. Works written at the time mainly focused upon great discoveries in medicine, and on the lives of the most prominent physicians. This literature presented medicine as the discipline that contributed the most to civilization, and its heroes as benefactors of mankind.²

This approach was quickly contested. Debates was particularly vigorous in German-speaking countries, where a violent controversy pitted the psychiatrist Carl Wunderlich (1815-

² Called “great-doctors-discovering-narrative”.



1877) – one of the main supporters of the new militant historiography – and his colleague Heinrich Haeser (1811-1885), professor at the University of Jena, the latter advocating that the history of medicine should not be devoted to the celebration of medical glories but should remain an independent discipline. Haeser's position was shared by Theodor Puschmann (1844-1899), holder of the chair in the history of medicine at the University of Vienna. He underpinned the need to adhere to a rigorous philological method, claiming that the purpose of the history of medicine was to train perceptive and responsible practitioners. Haeser's and Puschmann's arguments failed to find an audience. A positivist and triumphalist history became widely accepted, resulting in an abundant textual production.

A much more radical critique was formulated in the 1960s-1970s, when specialists in what would become known as the "human and social sciences" engaged with the history of medicine. The entry of the humanities into the arena led first to a proliferation of the subject matters of the discussion, which gradually expanded from physicians to medics in the broad sense (midwives, apothecaries, nurses, but also charlatans), institutions (hospitals, but also academies and universities), and diseases. New methodological approaches were also adopted, providing a considering epistemological renewal. This process went hand-in-hand with the rejection of the former medical historiography, which was criticized on multiple levels. First, for the narrow scope of its topics, selected from an internalist perspective that did not take into account the social, political, cultural, and economic dimension of medicine. Then, for its methodology, which was judged insufficiently rigorous. Finally, and most importantly, for its instrumental purpose, which aimed at establishing and enforcing the primacy of medicine. In conclusion, the history of medicine (or rather the history of health, as professionals in the humanities started calling it) should no longer be the business of doctors, who lacked the necessary competences and objectivity, and should belong to historians.

In France this debate took on the characteristics of an ideological battle. During the 1960s, several directions of research were opened up in this field. A group of scholars in medical ideas and philosophy formed around Mirko Grmek (philosopher) and Danielle Gourevitch (historian) at that time. Whilst composed of non-physicians, it shared the same perspective as the former (positivist) medical historiography. Another direction was inaugurated by philosophers such as Georges Canguilhem (1904-1995) and Michel Foucault (1926-1984), which aimed at apprehending the history of medicine from an epistemological perspective. A third path was forged by social history. Raising in the wake of the school of the *Annales* and pioneered by Jacques Léonard (1935-1988), it aimed to apprehend the history of medicine as a part of the global history. This approach was reinforced by the work of historians such as Olivier Faure, and philosophers such as Georges Vigarello, and chiefly shaped the thinking of scholars in the humanities and social sciences.³

The starting point of this current was the complete rejection of the physician-historians' historiography. Its proponents adopted an over-critical posture, aimed at withdrawing all scientific value from this literature, which was depicted as the work of amateurs. Thus, caricaturing the previous historiography was a mean by which professional historians could justify their appropriation of this field, which belonged to physicians by right of birth. In making such a break with the past, historians asserted at the same time that scientific skills were not essential to understanding medical topics from a historical viewpoint. This irrevocable rejection of a triumphalist and hagiographic historiography also went hand-in-hand with the heroic celebration of Jacques Léonard, the founding father of the "true" history of medicine.

Until this day, historians haven't done anything but scratch the surface of the medical constellation in the social, economic, cultural, and even political space that the brilliant

³ It is currently [carried] by historians such as Anne Rasmussen, Patrice Bourdelais, Anne Carol, Rafael Mandressi.



and fruitful advances of the discipline in France were traversing. [...] This object, hitherto elided or bypassed, Jacques Léonard took to the body, for a dive in deep water which allowed him, by the effect of his “obstinate” will, [...] to define approximately all aspects of the history of medicine of the last century. He did so with a seemingly quiet daring, which the context, however, could not fail to poison by disquietudes. (Peter 1992, 12)⁴

Léonard therefore, unveiled the history of medicine to itself. In spite of been surrounded by enemies and detractors, he was able to deliver the history of medicine from its captivity, paving the way for the work of future historians. Challenging a positivist historiography depicting the history of medicine as an uninterrupted series of accomplishments by great men, this literature produced the celebration of a great man who, alone and against all, put medical history on the path of progress. The point here is not to question the value of Léonard’s work or his influence, but to highlight the need for legitimation and the defensive attitude of the new historians of medicine. This kind of narrative is very frequent in – even recent – works on medical historiography.⁵ Historians seem to feel the urgency to constantly repeat the same statement: “The history of medicine is a hobby, the product of some amateur-practitioner or some retired hospital hero. It is done within the traditional spirit of a repetitive celebration of the great scientific progress of medicine, of a hagiography of the great figures” (Peter 1992, 12).⁶

The historian’s entrance on stage, as it were, has not prevented doctors from continuing to write. On the contrary, their production of books and articles has never been more abundant. Physician-historians are also actively engaged in promoting the history of medicine in medical schools. They recognize the contributions of the humanities to the history of medicine, and they are hospitable to the work of historians. They do not seem affected – or even interested – in the criticisms which have been raised by the field of the humanities and social sciences. This is easily understood. They do not perceive as a menace a work whose results will – eventually – expand knowledge of the medicine of the past.

The question that seems to concern physicians above all is how to structurally introduce the history of medicine in academic curricula. Physicians aim establishing a well-structured teaching of the discipline, preferably organizing it in several cycles, and leading to a final diploma. Aware that the history of medicine is not very popular among students – who seem not seeing its usefulness for their careers – physician-historians try to prove the contrary. For example, they emphasize that this discipline is held in the highest consideration

⁴ “Aucun historien jusqu’à nos jours n’avait fait autre chose qu’effleurer la réalité de la constellation médicale dans l’espace social, économique et culturel, voire politique, que parcouraient alors en France les avancées brillantes et fécondes de la discipline. [...] Ce objet, jusqu’alors élié ou contourné, Jacques Léonard le prit à bras le corps, pour une plongée en eau profonde qui lui permit, par effet d’une volonté “obstinée”, [...] de cerner à peu près tous les aspects de l’histoire médicale du siècle dernier. Il le fit avec une audace apparemment tranquille, que le contexte cependant ne pouvait pas ne pas empoisonner d’inquiétudes. Depuis toujours en effet, l’histoire de la médecine était un territoire plus ou moins explicitement réservé aux médecins eux-mêmes”.

⁵ “Jacques Léonard finally triumphed over the obstacles he suffered so much more than he was aware of. Refusing to proclaim himself the exclusive owner of the territory he had discovered, exercising no position of power, indifferent to the vain hierarchies, he knew, by the sheer force of his works and the multitude of his councils, how to encourage without constraining, to stimulate without controlling and finally give his work and himself a much richer posterity than that of many school heads” (“Jacques Léonard a finalement triomphé des obstacles dont il a tant souffert plus qu’il n’en a eu conscience. Refusant de se proclamer propriétaire exclusif du territoire qu’il avait découvert, n’exerçant aucune position de pouvoir, indifférent aux vaines hiérarchies, il a su, par la seule force de ses travaux et la multitude de ses conseils encourager sans contraindre, stimuler sans contrôler et finalement donner à ses travaux et à lui-même une postérité bien plus riche que celle de nombreux chefs d’école”) (Faure 1994, 59).

⁶ “L’histoire médicale est, à titre d’hobby, le fait de quelque praticien amateur ou de certaines gloires hospitalières à la retraite. Cela dans l’esprit traditionnel d’une célébration répétitive des grands projets scientifiques de la médecine, d’une hagiographie des grandes figures”.

in the most advanced countries in scientific research, such as Germany and the United States (Coury 1971, 100-106). Presented for the first time in France in the 1970s by Professor Charles Coury, chief doctor at the Hôtel-Dieu Hospital and holder of the chair in the history of medicine at Paris V University, this project is currently a central concern among several physicians- historians in France.

The French Exception

To provide a better understanding of the debates on the history of medicine in France, I believe it is necessary to draw attention to some characteristics, which are specific to the French case.

First, the lack of institutionalization of this discipline. The university chairs in the history of medicine that existed in the past have gradually disappeared. The oldest, created in 1870 at the University of Paris, disappeared in 1997 and it has never been re-established. If courses in the history of medicine exist in medical schools across the country, such as in Lille, Lyon or Tours, they struggle to survive, lacking of sufficient enrolments for these classes.⁷ In 2010 the history of medicine became a mandatory discipline for all students enrolling in the PACES (*Première Année Commune aux Études de Santé*), but medical schools struggle to organize the programs and find qualified instructors.

In the faculties of human and social sciences, a proper training in the history of medicine does not exist. There are some courses in adjacent disciplines, such as the history and philosophy of science or the history of technology, but normally they are only accessible to advanced students. A few Masters or doctoral seminars are also organized by some *grandes écoles*, such as the EHESS (*Ecole des Hautes Etudes en Sciences Sociales*) or the EPHE (*Ecole Pratique des Hautes Etudes*), but there are no chairs or departments specifically devoted to this discipline. The research centers carrying out a work in the history of medicine, such as the Centre Alexandre Koyré in Paris or the LARHA (*Laboratoire de Recherche Historiques du Rhône-Alpes*) in Lyon, cultivate much broader interests. Moreover, as we will see, the institutionalization of the history of medicine within universities does not appear to be a priority of scholars, even among those working on this subject matter.

The second French peculiarity is the absence of real dialogue between historians of medicine and physician-historians. The former are barred from the critical posture described above, and do not recognize physicians as legitimate interlocutors. The presence of a physician within a Ph.D. or HDR jury is therefore extremely rare, and for a physician-historian to be invited to participate in a seminar or symposium hosted by a faculty of humanities is exceptional.

By contrast, the opposite is not true. Historians, philosophers, and sociologists are welcome to events organized by physicians. However, if doctors show a sincere interest in the methodological and epistemological approaches of social scientists, they have no intention of “passing the baton”. To them, as it were, the history of medicine must remain in the hands of the physicians (Thillaud 2013, 53-59). I can provide two examples in this regard. The first comes from the University Degree in History of Medicine set out by Paris V University. Created in the early 2000s by Dr. Patrick Berche (Dean of the Faculty of Medicine) and Dr. Jean-Noel Fabiani (chef-surgeon at the Georges Pompidou Hospital),⁸ it provides nine

⁷ An even smaller teaching load is currently undertaken by the universities of Amiens, Rennes, Montpellier, and Marseille. In the universities of Reims, Clermont-Ferrand and Toulouse exist general courses in the history of medical disciplines and the history of science. See (Bouchet and Charlier, 2008 42, 2, 145-148).

⁸ “The aim of this degree is to restore the history of medicine, those teaching have practically disappeared from medical schools” (“Ce diplôme a pour objectif de restaurer un enseignement d'histoire de la médecine qui a pratiquement disparu des Facultés de médecine”), presentation form of the University Degree in History of Medicine.

<http://www.scfc.parisdescartes.fr/index.php/descartes/formations/medecine/divers/du-histoire-de-la-medecine>



months of training through weekly topical lectures. The approach is interdisciplinary, and open to contributions from a great variety of fields.⁹ About a quarter of the lectures are delivered by non-physicians (historians, philosophers, jurists). On the other hand, the organization and the management of this course remain solidly in the hands of physicians. They set the program of the lectures, choose the teachers, decide related activities, such as visits to Parisian scientific and medical museums.

Another example is provided by the French Society for the History of Medicine. Created in 1902, this venerable institution has shown over years a more and more marked opening towards the humanities. Professional historians are habitually invited to its monthly meetings.¹⁰ In recent decades, the annual prizes for the best Ph.D. dissertation were equitably shared between graduate students in medicine and in humanities.¹¹ However, 80% of the society's bureau is composed of physicians, who are therefore in charge despite its current President, Professor Jacqueline Vons, is Emeritus Professor-dame of Literature at the University of Toulouse.¹²

Another characteristic of the history of medicine in France – which I have already anticipated – concerns the general questions that doctors and historians respectively ask. The latter appear mainly to be interested in methodological issues. Faced with the new perspectives opened up by humanities, they enquire after the future directions of research, and about the most appropriate methodologies to adopt. This is borne out by several recent scientific symposia and publications focusing upon the need to take stock of the history of medicine from a methodological viewpoint.¹³

Physicians-historians, on the other hand, are more interested in the practical aims of the history of medicine, and to promote its diffusion within medical schools. Following the same argument as the founding fathers of the discipline, they insist on the benefits that it might bring to the spirit of the future doctors. In taking up the maxim of Auguste Comte, who in his *Cours de philosophie positive* stated that “We do not know entirely a science until we know its history”, and of Dr. Maxime Laignel-Lavastine¹⁴ who, some decades later, defined history as a “spiritual embryology”, they consider learning around the history of medicine as fundamental to new generations of practitioners. To them, the history of medicine is, first and foremost, a device for preserving the autonomy and professional identity of physicians in view of the dramatic changes that medicine has undergone in recent decades. If technology has led to impressive advances in medicine, doctors nowadays enforce a knowledge that has not been produced within the medical profession (Imbault-Huart 1994, 71-84). Technology has made medicine a hetero-direct profession, and doctors

[accessed August 14, 2016].

⁹ “The course will present the main themes of the history of medicine through a transversal and multidisciplinary approach, within the viewpoint of doctors, historians, anthropologists, sociologists, jurists, economists, philosophers” (“L’enseignement présentera les principaux thèmes de l’histoire de la médecine par une approche transversale et multidisciplinaire, avec le regard des médecins, historiens, des anthropologues, des sociologues, des juristes, des économistes, des philosophes”).

<http://www.scfc.parisdescartes.fr/index.php/descartes/formations/medecine/divers/du-histoire-de-lamedecine> [accessed August 14, 2016].

¹⁰As the symposium organized in May 2016 on Medicine and Literature

http://www.biusante.parisdescartes.fr/sfhm/pdf/meaux_2021052016.pdf [accessed August 14, 2016].

¹¹ For the complete list of awards given since 1995, recent years

<http://www.biusante.parisdescartes.fr/sfhm/prix.htm> [accessed August 14, 2016].

¹² For the complete list of participants at the monthly meetings of the society since 1995, see

<http://www.biusante.parisdescartes.fr/sfhm/prix.htm> [accessed August 14, 2016].

¹³ She was elected President in spring 2016, succeeding to Dr. François Trépardou, microbiologist.

¹⁴ Among others, Alexander Klein and Severine Parayre (2015) and the workshop “Writing the History of Medicine and Health from Antiquity to Today” organized by the House of Human Sciences and the University Paris-13 in 2013.

¹⁵ Maxime Laignel-Lavastine, (1875-1953), French psychiatrist, Professor of the History of Medicine in Paris from 1931 to 1939.



are increasingly reduced to the status of technician or health worker. If a part of the medical profession is happy with this because the returns in terms of professional and social recognition, another part feels increasing discomfort, and see technization being as a step towards dehumanization of the medical profession.

A second point concerns the role taken by political and economic players. Since health has become a state-guaranteed right, medicine has been gradually supervised and monitored by politicians, who manage a health system that needs simultaneously to be accessible, efficient, and compatible with the state budget. Players other than physicians, having mostly economic concerns, therefore control the national health system. In this context, physicians are involved from time to time as mere consultants.

But if technology, politics, and economics have taken medicine out of the hands of the doctors, looking back at the origins and the history of medicine could be a way of preserving the identity and significance of the medical profession. It could also put in perspective the current dynamics, hence providing a better understanding of them.¹⁵

Knowing the history of medicine could also teach physicians to be humble. The possibilities opened up by medical science can easily lead to a sort of intoxication of power. The history of medicine demonstrates that human knowledge is relative, that theories are fragile. Therefore, such expertise can make physicians aware of the limits of medical power.

Doctors also interact with patients who are today more and more informed and demanding. In our society, being in good health is paramount. Unlike the past, disease and pain are no longer accepted, but are considered as obstacles that medicine must overcome. The mediatization of the, sometimes spectacular, results obtained by modern medicine has spread belief in the omnipotence of medicine. Patients have easy access to medical information, and they often feel entitled to question the diagnosis and the therapeutic approaches envisaged by doctors. Learning about doctor/patient relationships in the past could be therefore a valuable tool for the practitioner, as it might facilitate communication with an audience that is sometimes not very docile.

A final point to emphasize is the varying attitudes of historians and physicians to scientific dissemination. Whilst both are aware of the increasing interest among the general public in medicine, historians seem not very keen with writing popular books. On the contrary, doctors show an authentic desire to address the general public,¹⁶ as they consider scientific dissemination a means to enable the society to develop better relationships with physicians (Thillaud 2013).

The French opportunity

Once a well-defined discipline exclusive to physicians, the history of medicine is now an eclectic field, open to a plurality of voices and influences. But the aspiration among many historians since Léonard for the history of medicine to become a “global history of health”¹⁷ has only partly been achieved. This unifying ambition has been diverted into a craze for the most diverse approaches. A growing number of disciplines have been called upon to

¹⁵ This risk has been felt by Pierre Thillaud (2013).

¹⁶ I mention just a few of the works published in the last 15 years: (Chastel 2004), (Fabiani 2011), (Askenasi 2011), (Halioua 2015).

¹⁷ This unifying ambition was formulated, among others, by Olivier Faure who, in his *Histoire sociale de la médecine*, wishes “to link as many approaches as possible to understand the relationships our society has with the body, health, disease and medicine” (Faure 1994, 6) (“lier le plus grand nombre possible d’approches qui permettent de comprendre les relations que notre société entretient avec le corps, la santé, la maladie et la médecine” and by Jean-Pierre Peter, who claims “a global history of health that would be both the social history of medicine, the intellectual history of medical sciences, the bio-history of physical and social states of health and history of representations of the body in pain, joy and work” (“une histoire globale de la santé qui serait à la fois histoire sociale de la médecine, histoire intellectuelle des sciences médicales, bio-histoire physique et sociale des états de santé et histoire des représentations du corps en peine, en joie et au travail”) (Peter 1992, 15).



contribute, as health issues are likely to be understood from a historical perspective as well as sociological, anthropological, philosophical and so on. Many other disciplines (demography, geography, literature, art history) are considered eligible to contribute to the understanding of medical issues. There is a risk that this “global history” will become a “disillusioned” history of health (Bénichou 1993, 40, 4, 115-117).

Research in the history of medicine now belongs to the humanities and social sciences, which ensure the most innovative and competitive scholarly production. But it remains almost invisible, dispersed within other more institutionalized disciplinary fields, and inquired after by researchers who probably would not define themselves as historians of medicine. In a study published in 1994 Jacques Poirier pointed out the absence of health issues in major history textbooks (Poirier 1994, 89-95). Prominent historians such as Robert Mandrou, Jean-Marie Mayeur, and Maurice Agulhon have been unable to find a place for medicine within French history (Mandrou 1989), (Mayeur 1973), (Agulhon 1990). If medicalizing the history seems to be so hard, is it due to the disciplinary vagueness that characterizes the history of medicine?

The fact is that, apart from some privileged institutions, such as the *Centre National de la Recherche Scientifique* – CNRS, it is difficult in France for scholars to dedicate themselves exclusively to the study of medical topics from a historical perspective. If a graduate student, with Ph.D. on a topic related to the history of medicine wishes to pursue an academic career, they need to find their place within a more institutionalized field, such as social history, sociology, anthropology etc.¹⁸ This situation makes France less competitive than other countries where the history of medicine has a solid institutional framework, and research projects which are capable of attracting considerable funding could be set up. Most importantly, in the not too distant future, the history of medicine could disappear or be absorbed by more established disciplines.

The history of medicine in France remains a discipline that is still seeking an identity, and is still uncertain about its future. The multiplication of official denominations (History of Medicine, History of Medical Sciences, History of Health, History of the Knowledge of the Body, etc.) is, I believe, a rather obvious sign of this. The fact that fundamental questions, such as periodization, the sources to be used and the best way to exploit them, are currently at the center of scholarly debates is not trivial either. The academy is expressing the need to lay the groundwork, to mark out this field. But if in France the history of medicine is struggling to find its place, it is not only because of the lack of an institutional framework. It is also because its guidelines have never been mapped out. All the time and energy historians have devoted to criticizing the positivist historiography has been devoid of constructive theoretical thinking about the principles, directions, and organization of the history of medicine as a scientific discipline. The *pars destruens* has long been completed. The *pars construens* is still to be done.

I believe that the need to institutionalize the history of medicine in France, to create departments, research centers, and university chairs within the faculties of the humanities and social sciences, to set up teaching programs, as they exist in other European countries and in the United States, is urgent. Far from representing, as some fear, an obstacle to research or a limit to the potential of this discipline, an institutional framework would provide the means to ensure its development. At the moment institutionalization represent a great opportunity for France. Almost everything is still to play for. This offers the chance to integrate all the developments that the history of medicine has experienced in recent decades. I think about the paths opened up by the Medical Humanities and Disability Studies, which have set in motion departments of the history of medicine abroad. The latter are experiencing difficulty integrating the perspectives opened up by the new directions of research, and proposals for “deinstitutionalization” have been advanced (Huisman and

¹⁸ See the relevant remarks of (Peter 1994, 85-88).



Warner 2004). These inputs could instead be easily integrated into an architecture that is created ex-novo. The low level of institutionalization of the history of medicine in France affords, therefore, an opportunity. Free from the burdens of the past, France could take advantage of its exceptional situation.

This brings to the second point, that is the importance of involving the physicians in this process, and of establishing ongoing dialogue and collaboration between medical historians and doctors. The history of medicine represents an ideal ground for bringing together professionals of the human and social sciences. The characteristics of this disciplinary field make it the perfect meeting place between historians of different fields (of sciences, techniques, economics, education, mentalities), as well as philosophers, sociologists, anthropologists, ethnologists, and demographers. Interdisciplinarity, constantly invoked as the *conditio sine qua non* for quality scientific production, would simply not be a label in this case. But would there be a place for physicians in this process? The question must be carefully considered. Given the hostility showed by the humanities to the medical community, the risk is that, if the institutionalization of the history of medicine were directed only by historians, doctors would be left out.

But is it possible to chart a history of medicine without doctors? Would being completely devoid of any medical skill and knowledge be a handicap for a historian of medicine? There needs to be serious reflection on this point, not merely because medicine is, as I emphasize above, a discipline increasingly based on scientific and technical skills (Bayet 1994, 49-55). The failure of the only current attempt to set up cooperation between doctors and professionals in the humanities and social sciences is a heavy precedent. I am thinking here of the working group created in the 1980s at the Collège de France under the impetus of Dr. Jacques Ruffié (haematologist) and Professor Jean-Charles Sournia (surgeon) to give an institutional existence to the history of medicine in France. This group, gathering together physicians as well as prominent historians (Jacques Léonard, Jean-Paul Aron, Jacques Roger, Marie-José Imbault-Huart, Jean-Pierre Peter) failed to propose a satisfactory project (Peter 1992, 13-14). The creation in 2015 of an Institute of History of Medicine, Surgery and Health at Paris-Descartes University does not appear, for the moment, to meet the ambitions of its predecessor, despite the statements of its promoters.¹⁹

Doubts also arise if we look at the activities carried out by Cermes3 (*Centre de Recherche en Médecine, Science, Santé, Santé Mentale, Société*)²⁰ and the IFRIS (*Institut francilien recherche, innovation, société*).²¹ Affiliated to the CNRS and working on medicine and health in a multidisciplinary perspective, they gather specialists in humanities (historians, sociologists, anthropologists, demographers, specialists in political science or economics) whose research focuses upon the current reconfiguration of the relationships between medicine and society. The question at the center of these institutions' project (the progressive technocratization and politicization of medicine, the impact of globalization on health policy) should imply the presence of physicians. Whilst they are not completely absent, they are so few that it is difficult to imagine that they could have a decisive influence.²²

Establishing a permanent collaboration between specialists in the humanities and physicians is nevertheless crucial. Pretending to penetrate medical issues without doctors is a paradox or a pointless presumption. They have to be included not just because of their scientific skills but, more generally, for the contributions they bring as professionals who know medicine from the inside and live it on a daily basis.

¹⁹ <http://ihmcs.fr> [accessed August 14, 2016].

²⁰ <http://www.cermes3.cnrs.fr/fr/> [accessed March 11, 2017].

²¹ <http://ifris.org> [accessed March 11, 2017].

²² The Cermes3 team includes a pediatrician and an epidemiologist; within IFRIS there is no doctor.



But how to achieve such a goal? The preliminary condition is to abandon any ideological posture, especially by scholars in humanities. Then to find a “consensual” topic as a common starting point. For example, the question of the contributions that the history of medicine could make to 21st century society. We have seen that this question has been partly addressed by physicians. It would be desirable that the social sciences undertake a similar reflection too. This would lead scholars in the humanities to open up to a public broader than the strictly academic one, and to engage in reflection upon the stakes of the scientific disclosure of the history of medicine. Physicians and historians could discuss these topics with minimal risk of hurting their respective professional sensibilities.

If all these conditions are fulfilled, the institutionalization of the history of medicine will go hand-in-hand with the creation of a space that would not be a citadel for scholars, but a place where the sciences (both human and medical) could be permeable to the real world.

Let us go back to the question I have chosen as the title of this article: The Right to Write History. Outside France, the question of the legitimacy of the writing of the history of medicine does not seem to arise anymore: “Disputes about who has the right credentials to pursue the history of medicine seem, at the moment, a thing of the past” (Huisman and Warner 2004). I hope that the same thing will soon occur in France and that, to quote the physician and historian Jacques Poirier, we will come to recognize that: “If it concerns everyone, the history of medicine belongs to no one; doctors, philosophers, ethnologists, anthropologists, demographers, sociologists, literary, historians (whether they are of science, technology, religion, mentality, culture or other) must consider themselves at home”.²³

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²³ “L’Histoire de la médecine, si elle concerne chacun, n’appartient à personne; médecins, philosophes, ethnologues, anthropologues, démographes, sociologies, littéraires, historiens (qu’ils le soient des sciences, des techniques, des religions, des mentalités, des cultures ou autre) doivent s’y considérer chez eux” (Poirier 1994, 95).



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