

## Second Opinion

# The Global Menace

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**Summary.** The history of medicine has gone ‘global.’ Why? Can the proliferation of the ‘global’ in our writing be explained away as a product of staying true to our historical subjects’ categories? Or has this historiography in fact delivered a new ‘global’ problematic or performed serious ‘global’ analytic work? The situation is far from clear, and it is the tension between the global as descriptor and an analytics of the global that concerns me here. I have three main concerns: (1) that there is an epistemic collusion between the discourses of universality that inform medical science and global-talk; (2) that the embrace of the ‘global’ authorises a turning away from analyses of power in history-writing in that (3) this turning away from analyses of power in history-writing leads to scholarship that reproduces rather than critiques globalisation as a set of institutions, discourses and practices.

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The history of medicine has gone ‘global.’ Alongside an increasing visibility of the term in popular and expert discourse, ‘global’ has emerged as the preferred descriptor within the historiography of medicine for phenomena that either occur across national borders, or simply take place outside our own.<sup>1</sup> On the one hand, this ‘globalisation’ of language might not require comment. Over the past decade and a half, the field of ‘international health’ has gradually reinvented itself as ‘global health’ and our descriptive language needs to address this.<sup>2</sup> On the other hand, even a cursory read of major medical history journals and monographs during this period suggests that this proliferation of the ‘global’ in our writing can be explained only in part as a product of staying true to our historical subjects’ categories. Although there have been a few edited volumes, as well as a few workshops and conferences organised around ‘the global’ in the history of medicine, these have, generally speaking, used ‘global’ as a straight swap for what we used to call ‘international’, ‘world’ or ‘colonial’. It is difficult to see how these collectively constitute an emergent or innovative field of the ‘global history of medicine’ in

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<sup>1</sup>Warwick Anderson (2009) has outlined a similar phenomenon in the disciplinary context of science studies.

<sup>2</sup>Brown et al. 2006; American Public Health Association 2003, p. 15; Williams 2010, pp. 1–3.

which the term 'global' either delivers a new problematic or does serious analytic work.<sup>3</sup> Nevertheless, the 'global' is increasingly mobilised as though it carries both descriptive and analytic freight. It is this tension between the global-as-descriptor and the analytics of the global that concerns me here.

I have three main concerns about this infusion of histories of medicine with a language of the 'global': (1) that there is an epistemic collusion between the discourses of universality that inform medical science and global-talk; (2) that the embrace of the 'global' authorises a turning away from analyses of power in history-writing in that (3) this turning away from analyses of power in history-writing leads to scholarship that reproduces rather than critiques globalisation as a set of institutions, discourses and practices.

### Tensions of Place and Difference

In 1988, with the establishment of the *Social History of Medicine*, the editors wrote an introduction that was, as would be expected of a first issue of a new journal, direct and programmatic:

What distinguishes the social history of medicine from the history of medicine is the approach to the subject—the belief that topics within the history of medicine can only be understood within the context of the society of which they are part.<sup>4</sup>

In many ways, this represented a challenge to a history of medicine that was universal and therefore placeless. Nevertheless, despite the inheritance of world systems theory in the history of medicine—from the Columbian exchanges of the world history of health and the subsequent slew of political economy of health micro-analyses—an insistence on 'difference', or on documenting the uneven histories of medicine across the world, remains an awkward guest at this table.<sup>5</sup> Consider for a moment the challenge faced by those of us who attempt to accommodate geographical difference into the history of medicine undergraduate survey class, beyond the whole-scale lobbing of all things colonial into the conventional week on 'tropical medicine' and the left-overs into a final week on AIDS and/or SARS.

One could argue that the 'global' is a more than apt term to embrace within a field that takes as its primary object of analysis not a nation, but a loosely unified set of institutions, discourses and practices. On closer investigation, however, although the social history of medicine founded itself on the study of the relationship between 'medicine' and its 'context', in practice, we struggle mightily with this unwieldy pairing. It cannot be 'framed' away. The history of medicine has never adequately developed strategies to integrate geographical difference, and the power relations that have inscribed meaning onto this difference, into what we otherwise have inherited as a unified narrative of the making of modern medicine.

<sup>3</sup>Here the comparison with the anthropology of medicine is instructive. After an initial bedazzlement in the early 1990s, much subsequent anthropological research focused on an anthropology of the body under neo-liberalism as a way of understanding the sinews that connected globalisation to its constitutive underside(s). There are more examples than it is

possible to list here. A sample includes the collections edited by Blom Hansen and Stepputat (2005) and Ong and Collier (2005).

<sup>4</sup>Bryder and Smith 1988, p. iii.

<sup>5</sup>Crosby 1972, 1986; Curtin 1989; McNeill 1976; Packard 1989.

We can all recognise a history of clinical medicine that happened to happen in France, a laboratory medicine that happened to happen in Germany, and a sanitary science that happened to happen in Britain. On the one hand, these tales are peppered with locations and are often the product of research in multiple languages. On the other hand, by dint of our collective enterprise that necessarily privileges the study of medicine, 'place', or national identity, rarely appears as a lead character in the unfolding of these histories. Indeed, the significance of the modern in the modern medicine of the clinic or the laboratory is not that they appeared in France or Germany. The story of the making of modern medicine is the story of the scientification of medicine. And this story of the making of the modern turns not on asserting any location for medicine, but rather on asserting its placelessness. Modern medicine became modern through signing up to an epistemology of universal principles—for an epistemology of medicine and an ontology of illness—of context-neutral verifiability and reproducibility.<sup>6</sup>

Despite the social history of medicine attempt to bring the history of medicine into dialog with national histories, the glue that holds the history of medicine together does so through performing a regular set of alchemical transformations. That is to say, the assertion of the ideas and practices of modern medicine as reproducible, context-neutral and above all, 'universal', transmogrify modern medicine's foundational ideas and practices into naturalised, placeless phenomena. The upshot of this for the social history of medicine—of the study of 'medicine in context'—is that it presents a difficult square to circle. The universal narrative of the modern within medicine presents a strange context; one in which we constantly have to manufacture commensurabilities between and across place and time for many of our medical history categories to bear analytic weight (*the hospital, the laboratory, the nurse, the doctor, the patient, the treatment, the experiment, the disease*).

But how does such a field produce epistemic unity whilst acknowledging that its manifold contexts have historically been sutured together through relations of domination and subordination? It goes without saying that the standard narrative of the making of modern medicine is all very much 'placed' (or, to use the context-talk of a few years later, 'framed').<sup>7</sup> Other historians have already asked: what good is the global for us?<sup>8</sup> If, among self-described global historians, the most intellectually compelling answer has been, broadly, that it 'redefines possible objects of study',<sup>9</sup> then what, exactly, is being redefined in the global history of medicine?<sup>10</sup> I remain deeply sceptical of the claim, advanced by some, that 'global history has challenged the old national histories and area studies'.<sup>11</sup> If global history has redrawn the map of historical enquiry, rather than challenging the nation as the basic unit of history-writing, global history has served as a cover under which to rein in the sites of historical enquiry to those of the global north whilst claiming to represent the so-called family of nations in its entirety.<sup>12</sup>

<sup>6</sup>The major exposition of this is to be found in Latour 1993.

<sup>7</sup>Rosenberg and Golden 1992.

<sup>8</sup>Cooper 2001; Eley 2007.

<sup>9</sup>Mazlish 1998, p. 390.

<sup>10</sup>Here I refer to a three-way conversation among citations: Subramanyam 2007, p. 332. The article is one in a series of responses to Eley 2007, and simultaneously engages with Cooper 2001.

<sup>11</sup>Berg 2007, p. 339.

<sup>12</sup>Pomeranz 2000.

By invoking the global, and its imaginary of 'global connections', now just about any place can be folded into a newly-globalised narrative of the history of medicine, as long as that place is somehow connected to some other place. And what place is unconnected to any other?<sup>13</sup> The question both unasked and unanswered, however, is: what exactly constitutes the 'global' that the history of medicine is weaving into its extant narratives? In other words, what, or who, connects these histories of medicine across diverse locations? Whilst giving an impression of being geographically and geopolitically inclusive, the deterritorialisation of global-talk sits comfortably alongside and re-legitimises a universalist narrative of modern medicine that had temporarily come under question by the challenge of post-colonial criticism within the history of medicine.<sup>14</sup>

### The Post-colonial Challenge

The challenge of place occasionally enters the epistemic fray as central, rather than peripheral, to the history of medicine. This is generally when the history of medicine leaves its traditional lands of whiteness. Then, distinct, quasi-spatialised categories appear through which we tidy up these loose ends: 'non-Western medicine', or, 'medicine in the colonial world'. But is 'medicine in the colonial world' a category apposite with 'laboratory medicine'? How do we make up or reconcile the physical and epistemic 'distance', as it were, between the two? Are these distances accounted for through differences of scale, of degree or of kind? Some attempts to write the history of colonial laboratory research, for example, do explicitly address location, but without bringing to bear the force of scholarship on empire (of which, more later).<sup>15</sup> What is gained, and what is lost, in such exercises of 'commensurability'?

Books and articles that addressed the mutually-sustaining relationship between colonialism and medicine began to appear regularly from the early 1990s.<sup>16</sup> As one prominent architect of this approach has recently argued, 'the study of colonial medicine illuminated how medicine was not only one of the principal organizing metaphors of colonial rule, it was equally one of the most powerful of colonialism's many interventionist and transformative agencies'.<sup>17</sup> Nevertheless, perhaps just as many, if not more, histories of medicine in colonial contexts continued to proceed as though colonialism did not really matter.<sup>18</sup> The difference between these two bodies of scholarship turns on what analytic work we ask 'context' to do, particularly as context informs an analysis of power and medicine. Is colonialism an historical background for the practice of medicine and experience of health, or is it a conditioning feature?

One of the striking features of this colonialism-as-incident-background body of work was its lack of engagement with the broader literature on colonialism. When a serious consideration of scholarship surrounding 'colonialism' per se does surface in these texts (which I must underscore is rarely), it generally functions as the prelude to a dismissal of 'Saidian oversimplifications' of colonial domination and oppression.<sup>19</sup>

<sup>13</sup>See Harrison *et al.* 2009.

<sup>14</sup>See Anderson 1998 and 2004.

<sup>15</sup>Haynes 2001. See also Hodges 2002.

<sup>16</sup>Vaughan 1991; Lyons 1992; Arnold 1993; Hunt 1999; White 2000.

<sup>17</sup>Arnold 2009, p. 6.

<sup>18</sup>There are too many authors here to note individually. For a selection, see Ernst 1991; Harrison 2005, 2006; Brimnes and Bhattacharya 2009; Jones 2004.

<sup>19</sup>See Ernst 2007; Harrison 1999.

Much polemic against Said, or for that matter, against Foucault (and particularly when used in combination, one of the central pairings of postcolonial scholarship), in the history of medicine is never explicitly developed, except via caricature. One recent account narrated: ‘scholars in Britain ... became enthused if not obsessed by Foucaultian frameworks relatively late, during the 1990s. All too often such writing was dangerously close to simplistically [sic] construing state power as monolithic, at best allowing indigenous subjects to assert agency through various kinds of “resistance”.’<sup>20</sup> This counter-discourse against theory or what was referred to as its ‘oversimplification’ of apparently more complex phenomena simultaneously and implicitly functioned to quiet the analysis of power within colonial contexts. Mark Harrison explained that ‘the rigid and rather simplistic dichotomies which Edward Said, and some historians of India, have claimed to find in orientalist texts are rarely to be found in Anglo-Indian medical topography.’<sup>21</sup> Particularly if one is not minded to look.

A decade later, we learn that we have become critically imperiled because the study of so-called dichotomies of power has not only persisted in postcolonial studies enclaves, but, in its uptake by historians of medicine in South Asia, has come to skew medical historians’ investigations completely. The solution to this impasse, according to Waltraud Ernst, lay not in further studies of power, but in studies of medical pluralism.<sup>22</sup> The logical conclusion to draw is that rather than indulging in a dangerous obsession with ‘theory’, medicine in colonial contexts could be better served by writing polyphonous, or dialogic, histories in which we might place colony and metropole within a single analytical field. Yet to claim that there is no ‘theory’ lurking within these formulations of ‘untainted’ empiricism is to overlook the complex histories in which empiricism itself (particularly its British strain) is entangled.

It remains unclear to me what it is about the history of medicine and empire that justifies ignoring the now extensive scholarship on colonialism that combines empirical analysis with conceptual rigour.<sup>23</sup> A scholarship that, rather than being propped up by Manichean categories, explores the locations of health and medicine, ‘materially and discursively, at the crux the complex and arduous labors of domination and subordination, centering and marginalisation, privileging and exploitation, that allowed empire to function.’<sup>24</sup>

This latter mode of engaging with difference—or rather of ignoring the relationships among difference, medicine, colonialism and power—effectively sets up an ideological convergence with a globalisation of the history of medicine that we see unfolding today. The global acts as a soothing balm through which difference can be incorporated into sameness.<sup>25</sup>

An embrace of the global in history writing works well for staging a retreat of the post-colonial; a deterritorialised global imaginary for the history of medicine attractively resolves the vexing problem of ‘difference’ that has long beleaguered the field. For the global in history performs both an epistemological and an ontological sleight of hand,

<sup>20</sup>Ernst and Mukharji 2010, p. 448.

<sup>21</sup>Harrison 1999, p. 150.

<sup>22</sup>Ernst 2007.

<sup>23</sup>Amrith 2006; Chakrabarti 2011; Pande 2009; Hodges 2008; Anderson 2006a, 2006b; Hunt 1999; Buckingham 2002; Sadowsky 1999; Keller 2007.

<sup>24</sup>Eley 2002, p. 21.

<sup>25</sup>Boal 2007.

bringing flows to the surface whilst submerging interruptions; claiming to represent difference whilst rendering it into sameness.

If health and medicine were central to the function and rhetoric of empire and colony, then it seems reasonable to suggest that health and medicine are likely to continue to be central to the functioning of a globalised order. If context is crucial to the history of medicine, the 'global turn' in history-writing has so far placed its subjects both everywhere and nowhere. In order to ask questions of the relationship between health and the global, we must also ask questions of our own locations, and account for, or keep track of, our shifting allegiances given that we inhabit both historical and historiographical moments.

### Towards a Critical Global History of Medicine

The global is upon us. But how will we, as critical thinkers, get on top of it? Rather than abandoning the term, I would encourage us to think carefully about how we might like to mobilise the 'global' towards producing critical, rather than complicit, histories of medicine. The first challenge is quite straightforward—to critique rather than reproduce the discourse of globalisation lurking in the global. By the mid-1990s, in both popular and expert writing, both 'global' and 'globalisation' had risen to prominence as terms of triumph and abuse; as both praise and epithet.<sup>26</sup> In light of this, it is remarkable that the mobilisation of the 'global' in the history of medicine has, for the most part, transpired as normative description and shed the attendant critique.<sup>27</sup> The net effect of this regular iteration of the 'global' has, therefore, been to import and normalise into our scholarship the ideology of globalisation (and particularly neo-liberal economic policies) as it emerged and became commonsensical over the course of the late twentieth century.<sup>28</sup>

It is a simple task to document the collusion of global health policy and globalisation with economic ideology. Indeed, scholars have done the spade work for such a critical global history of medicine. Environmental history has the scalar tools for thinking 'global,' yet has been one field in the history of medicine yet to be seduced by 'globe-talk'. Instead, in the work of James McCann on maize and malaria in Africa or in collections like the 2004 *Osiris* volume *Landscapes of Exposure: Knowledge and Illness in Modern Environments*, globalisation itself becomes an object of critical inquiry, not the lens through which we write history.<sup>29</sup> These accounts document the often unhappy health consequences of economic policies claimed to improve the human condition. As historians our critical gazes lead us to ask awkward questions of globalisation's so-called unintended outcomes.

<sup>26</sup>For understanding the contested contemporary provenance of the term, see Klein 2000.

<sup>27</sup>For example, Bhattacharya 2008; Packard 2007; Prentice 2010; Wilkinson 2000; Wilkinson and Hardy 2001. An investigation of the WHO global health histories seminars website suggests that many of the contributors frame their presentations in just this way. Further, in his critical review of Cook *et al.* 2009, Navarro (2009) notes that 'researchers too often analyze policy without studying the political context that determines it. The

topic of how political power (class, gender, race, and national power) is reproduced, and through what political forces, is dramatically understudied in this volume.' Exceptions include: Anderson 2008 and Bashford 2006.

<sup>28</sup>For a fuller explication of neo-liberal economic policies, see Harvey 2005. For an elaboration of this point about globalisation in the social sciences in general see Cooper 2001.

<sup>29</sup>McCann 2010.

Given that a great deal of research elsewhere in the social sciences of health steers clear of any acknowledgement, let alone critical examination, of the ideological underpinnings of this relationship between globalisation and health within the term 'global health', the questions that frame a critical history of medicine under globalisation are significant.<sup>30</sup> How does the global mediate health or medicine? And, more importantly, how do health and medicine mediate globalisation? Above all, rather than allowing the global to flatten out difference, let us write histories that attend to moments in which the unevenness of the governmentality of health under globalization become evident.

For example, globalisation has often been characterised as a privatisation of state welfare services alongside the rolling back of regulation. But this itself is a story that holds weight only in some places. In locations that did not have robust health structures to begin with, surely the 'impact' of globalisation looks different. The history of medicine has much work to do simply to document the myriad textures of such manifold and uneven change.

A critical global history of medicine is well-placed to trace the stumbles of globalisation, and to investigate instances in which we have cause to wonder if the elimination of poverty worldwide and corollary improvements in health outcomes can indeed be secured through free markets and free trade. A critical global history of medicine can engage critically not only with health phenomena, but with the endless emergences of scholarly documentation around proliferating forms of medical knowledge clamouring from the rooftops about its own unique 'newness'. One recent example of this is the frenzy of interest surrounding emergent forms of so-called 'bio-citizenship' and its preoccupation with the chaste life sciences.<sup>31</sup>

A critical global history of medicine is well-placed to question the selective vision such a category encourages. Given that so many people across the global south lack basic rights or recognition as citizens, how in fact might they be placed to enjoy (or endure) something called 'bio-citizenship'? Here, a post-global biopolitical analytic framework might engage more productively with the work of Giorgio Agamben (all bios and no citizen) or Roberto Esposito and his explication of immunity and life.<sup>32</sup>

My aim here has been to point out some of the implications of our scholarly choices, and to suggest that a more explicit reflexive engagement with the politics of these choices can lead to more robust scholarship. Let us embrace the global, whilst remembering that the colonial past casts a long shadow over both the modern and the medical in history. Let us embrace the global, but do so with an explicit set of expectations for what it might offer us in return. For a critical global history of medicine turns on analyses of difference and power, rather than sweeping it under a global carpet of sameness and connections.

Although the global has yet to deliver, what I am sure of is that there is no 'right' way to 'deal' with the awkward endurance of difference and place at the centre of our field, beyond grabbing hold of it with both hands to see to what formations of power it

<sup>30</sup>One example is the enthusiasm for the opportunity that a foreign policy of 'health security' now presents for informing academic research. See Adams *et al.* 2008; Koplou 2003; Fidler 2004.

<sup>31</sup>Rose 2007; Sundar Rajan 2006.

<sup>32</sup>Agamben 2004; Esposito 2007.

leads us. Instead, perhaps this is an article, or a set of problems or questions, to pose to students during the week in that survey course in the history of medicine in which we use the thematic header 'tropical medicine' to stand in for so much else.

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