

t JOHN V. PICKSTONE

WAYS OF KNOWING: THE HISTORY OF MODERN MEDICINE AND
the mstory of modern culture

In memoriam
John V. Pickstone

The late Professor John V. Pickstone (died 12 February 2014, after a short and sudden illness) was invited to speak at Ioannina university in May 2013. He gave two plenary talks to a full theatre before a spirited audience of scholars, academics and students, who engaged with the speaker in stimulating discussions after each of his presentations. During the first event, titled “The History of Modern Medicine and the Ristory of Modern Culture”, Professor Pickstone analyzed his proposals for a new conceptualization of medicine, science and technology (henceforth STM). His model seeks to change the way in which the histories of these disciplines are written while, more importantly, enhancing the way in which their present impact is understood. For more about this aspect of Prof. Pickstone’s much celebrated contribution in the history of STM, the reader must consult the transcripts of his lecture included in this section as well as the postscript added to it. (This talk had been recorded at the time, and is now transcribed and properly adjusted below)¹.

Here, I would like to celebrate another lesser-known aspect of his work -namely the historical and critical interest Prof. Pickstone developed vis-a-vis the history of art and art practices at large. Towards the end of his life, he was particularly intrigued by the new possibilities that art and its messy but lively histories opened for the model he had successfully evolved for STM. This interest was sustained via his involvement with world-renowned contemporary artists such as Mark Dion, Artist-in-Residence at Manchester Museum (2002-2005)²; art historians like Prof. David Lomas in the Dept. of Art History and Visual Studies, University of Manchester, as well as with the strong

1. Transcribed from an oral paper and edited by Aris Sarafianos and Anastasia Kalaitzidi.

2. The collaboration with Mark Dion, an artist known for his work on institutional critique and the history of collections, was initiated by AHRC Centre for the Study of Surrealism and its Legacies and it led to a much acclaimed installation-cum-bureau at the Museum - an ideal environment for surrealist contemplation, thinking and research, which was recently, in 2014, permanently purchased by the institution. The collaboration also generated a sellout publication analyzing Dion’s installation: *The Bureau of the Centre for the Study of Surrealism and its Legacy*, essays by Anna Dezeuze, Julia Kelly and David Lomas, Book Works Opus Projects (Opus, 4), (Manchester 2005).

team of research fellows working in the same department³; or, again, via his close collaborations with historians of science who specialize in the impact of bio-physiological models on modernist art. Prof. Robert Michael Brain's recent book *The Pulse of Modernism* is an excellent example of the radical perspectives on art history generated by creative interaction with Pickstone's remodeling of the history of "knowing and working"⁴.

In this respect, his second talk "Understandings and Depictions: Towards a Shared History of Modern Science and Modern Art" is fraught with original potentialities. In fact, it marks a rare public statement about ways in which his essentially cross-disciplinary and inter-historical model of four ways of knowing/working, explained below, could be extrapolated to the history of art. The fact that Prof. Pickstone thus envisaged new ways of including yet another discipline into his expanding model is superior testament to his much acclaimed ability to cover and synthesize an incredibly wide range of subjects. Ironically, in numerous assessments and celebrations of his work's versatility, references to his advanced plans to make a significant contribution to art history are scarce or entirely missing⁵. The following report on Pickstone's art talk is intended as a brief preamble towards another more systematic discussion that may, in the future, explain his approach to the synergy between art, history, knowledge and STM.

The lecture revisited landmark moments in art practices and institutions (including museums, collections, the applied arts and architecture) by way of demonstrating the central thesis that tectonic rearrangements in the history of STM could be advantageously synchronized with groundbreaking changes in the history of art. Such a perspective aims to undercut chronic divisions between the so-called "two cultures" of the sciences and the arts (or the humanities, more broadly), and the ways in which their histories are routinely told⁶. The speaker shrewdly located the paradox that, despite the growing number of case studies documenting in detail historical interfaces between the fine arts and STM, institutional divisions between them remain endemic

3. Prof. David Lomas's work negotiates the same boundaries between the history of medicine, psychoanalysis, vision and art, and he became John's much valued friend and collaborator. See his book *The Haunted Self: Surrealism, Psychoanalysis, Subjectivity*, (New Haven and London 2000); as well as his essays "A Canon of Deformity: Les Demoiselles d'Avignon and Physical Anthropology", *Art History* 16/ 3 (1993), pp. 424-446, and "Remedy or Poison? Diego Rivera, Medicine and Technology", *Oxford Art Journal* 30/3 (2007), pp. 454-483.

4. Robert Michael Brain, *The Pulse of Modernism: Physiological Aesthetics in Fin-de-Siecle Europe*, (Seattle and London 2015). Similar collaborations led to the international two-day conference *Experiment-Experimentalism* organized by the *Research Centre for Studies of Surrealism and its Legacies*, University of Manchester, 11-12 March 2005.

5. His forthcoming essay "The Analytical Revolutions and the Syntheses of Modernism", in *Histoire des sciences modernes*, ed. H. Otto Sibum and Kapil Raj, vol. II *Moternite et Globalisation (1770-1914)*, (Paris, 2015), is yet another proof of Prof. Pickstone's turn to art history.

6. I am referring to C. P. Snow's seminal book *The Two Cultures and the Scientific Revolution* (1959) which sparked a vibrant debate regarding the grave social and academic implications of this separation between the sciences and the humanities. For a fascinating look at the state of play during the 1990s, see Michel Serres and Bruno Latour, *Conversations on Science, Culture and Time*, (Ann Arbor 1995).

and unperturbed. for Prof. Pickstone, such dysfunctions are explained by the lack of more ambitious and sophisticated frameworks of analysis that would engender a firmer theoretical grasp on this intricate subject of discursive transmigration.

This is precisely the gap that this lecture tried to fill via a fascinating series of examples where reconfigurations of the fine arts are examined in coordination with contemporary developments in the sciences. Thus, it was suggested that, from c. 1800 to 1850, the analytical paradigm in STM -explained below- had already consolidated itself in art through various permutations, ranging from German naturalism-cum-romanticism to mid-century realism or impressionism and other movements. Even more provocatively, it was shown that new types of “synthetic modernism” come to the fore c. 1900: from post-impressionist “calls to order” to cubism, constructivism, de stijl or Bauhaus, a new kind of “Techno-art” emerges which in correspondence to “synthetic techno-science” -Pickstone’s fourth way of knowing/working analyzed in his plenary talk- leads to the fabrication of novel orders of objects, sensations and man-made environments. Rising above facile analogies, the art talk thus explored synapses and contemporaneities between the histories of divergent realms of practice in order to draw attention to the fact that, since at least the early modern period, landmark divisions of scientific labour and technology have been caught in complex feedback loops with crucial divisions in the arts.

In conclusion, the fine arts must be included in STM because they all belong to the same heterogeneous category of technics, namely, of *crafted products*. Explaining the complexity of this category, Prof. Pickstone considered the products of fine arts to be crafted objects, first, in their capacity as physical objects made according to certain rules and methods, and, secondly, as artifices or rather material *re-presentations* of emotions, sensations and world relations. Moreover, he noted, the fine arts have been historically *defined* as such via systematic reference to changing understandings of science and knowledge. Lastly, and this is perhaps Pickstone’s most original point, art is actually raised into a paradigm for his overall project in STM. In this respect, the speaker emphasized art’s role in actually *“putting STM together”* through formations that reveal the interplays between the different layers of practices in STM: in fact, the speaker emphasized his belief that, in contrast to the “linear, verbal prose” of the historian or the critic, the fine arts are much better suited to the purpose of revealing the overlaps examined by his history writings. Still more fascinatingly, the reason for this seems to relate to the compelling idea in accordance with which art is now redefined as a *historically specific mode of meditating between ways of knowing and ways of working in STM*. Art in its various historical transformations is thus presented as an active mediator, or as an agent of interference, enabling otherwise impossible exchanges, unions and communications between *heterogeneous* realms.

By throwing light on the treacherous connections between art, science and their histories, Pickstone reaffirmed his intention to treat *history* and *theoretical modeling* as mutually enhancing and complementary practices. In other words, he found in art and its history ample material to reinstate his view of history (i.e. *historical method*) as a *mobile structure* with enough force and agility to bring together different disciplines as well as historical periods, while also fleshing out the vital distinctions between them⁷.

7. The one-hour discussion that followed the art talk included fascinating questions by students and staff that led Prof. Pickstone to crucial refinements and elaborations that are worth further research.

Prof. Pickstones two talks at the University of Ioannina must have been among the last he had given to an international audience. His lectures as well as his liveliness and generosity throughout his stay in Ioannina continue to be warmly remembered by students and academics, who study his work in an undiminished spirit of inquiry and intellectual excitement. To all of them, this section is dedicated.

(Aris Sarafianos)

I thank Aris for the introduction and thank you for the invitation to this beautiful town and this very exciting university. What I am going to do today is present the kind of schematic history to show that medical history is much more than a peculiar interest, cultivated exclusively in medical schools and limited to the routine praise of old doctors -or, if it's on television, to the adulation of modern medical technology. My claim is that medicine is actually a wonderful standpoint from which to look at various aspects of western culture.

My talk today is the fruit of a long academic journey, much of which, like most academic j ourneys, was a matter of accident rather than planning. Let me start with a few remarks that may help you understand where I come from. I now work as a historian in a Centre for the History of Science, Technology and Medicine (CHSTM, University of Manchester), which is located within a Faculty of Life Sciences that, in turn, is closely linked with the Faculty of Humanities and with social sciences. However, I began in medical sciences and specifically in physiology. Interesting though this field was, it was one of my great fortunes that I decided to study history and philosophy of science in London, in 1968. London was very much the centre of enormously important discussions in philosophy of science: two key figures in these debates, Karl Popper (1902-1994) and Imre Lakatos (1922-1974), were teaching in London at that time; the third, Thomas Kuhn (1922-1996), was in America⁸. When I started my PhD, I did it on early nineteenth-century French science: I am now the world expert on the discovery of osmosis and I hold that title because there were only ever two people, who really knew about the discovery of osmosis, and the other one, alas, has died. Part of the joy of being in France was us-

8. Karl Popper was an Austrian-British philosopher of science, an important figure not just in philosophy of science but also in the field of politics where his ideas on liberal democracy and his notion of "open society" proved particularly influential. Imre Lakatos, Hungarian philosopher of science and mathematics, worked in England from the late 1950s on. Thomas Kuhn was an American physicist, historian and philosopher of science, writer of the landmark book, *The Structure of Scientific Revolutions* (Chicago 1962), where his highly influential concept "paradigm shift" was first launched to explain periodic historical change in the field of science.

ing the archives and when the archives closed at lunch time, I used to go to the bookshop. This is where I discovered two authors, Georges Canguilhem (1904-1995) and Michel Foucault (1926-1984), not because they were famous -in fact, they were hardly known in Britain-, but because they wrote about the topics of my research, which were early nineteenth-century biology and medicine⁹. I read Foucault with great pleasure and it has been a formative influence behind quite a lot of what I do, especially early Foucault because most of his early work dealt with the period around 1800 and such fields as biology, economics, language studies, medicine and psychiatry, which have since remained at the centre my interests.

I then went, more or less again by accident, to the University of Minnesota and found myself in the department of the history of medicine in a very famous medical school. In fact, the department has been paid for by a surgeon called Owen H. Wangensteen (1898-1981), who spent his life operating and developing a surgical school in Minnesota. In his long career, Wangensteen had operated on numerous members of most of the rich families in Minneapolis, and, at the end of his career, he came round to these families and said "Do you remember your appendix that I removed? I'm trying to develop a library for the history of medicine. Would you like to give me a significant donation?" In this way, the department managed to build up a really wonderful research collection in the history of medicine. It was there that I got to know about history of medicine as a subject, especially the high tradition of the discipline that derives from German historians, some of whom, in the 1920s and the 1930s, had emigrated or were forced to emigrate to the States. In Baltimore, in particular, they established a tradition, which, among other strands, also introduced the study of classical Greek and Roman medicine. This was a very important experience for me, because, in London, I had heard nothing about that tradition in medical history. Then, in 1974, I came back home to Manchester, by accident again -though I like to present it as a matter of fate. In Manchester, I spent my career developing a programme in the history of medicine, but I also learned a great deal about technology and its history, since people were focused very much on the history of technology, as one might easily expect in a city which is famous for the Industrial Revolution, as well as for various other forms of technology, including the artificial hip.

9. Georges Canguilhem was French philosopher and physician. His most significant treatises include *Le Normal et le pathologique*, (Paris 1943/1968) and *La Connaissance de la vie*, (Paris 1952). His work on the combined histories of concepts, thought and life exerted a formative influence on Michel Foucault's hugely important notions of bio-power and bio-politics, as well as discourse and genealogy.

To think of similar phenomena from the technological point of view rather than thinking simply about theoretical science proved very important. Equally vital was the push to think about the ways in which all these aspects came together in particular localities: this need was especially strong in a place like Manchester, where, in the early nineteenth century, there was no university, only an evening college for working men, and people were not particularly worried about the difference between science and technology. Rather, they were just getting on with things, building up industry and using or developing certain kinds of science. The two big names in Manchester from that period was John Dalton (1766-1844), known for his atomic theory in chemistry¹⁰ and James Prescott Joule (1818-1889) for the mechanical value of heat and the beginning of thermodynamics as the systematic study of laws of energy and its conservation. Fascinatingly enough, they were both essentially working in their spare time, neither had a university education, neither were connected with a university.

Expectedly, therefore, in this special setting, I worked a lot on local histories and on recent histories as well¹¹. From about 1990, however, I started working on a quite different idea, what I call "Big Pictures¹²". That was partly from a certain kind of frustration with the way in which people presented history of science. When they gave a lecture on the topic, historians would always say "This is what the scientists say that history is, but this isn't proper history": for example, they would continue, it assumes that things were bound to go the way that they went in a pre-determined fashion, so "I will tell you what proper history is." And then they stop ... I thought that, after twenty years of this, there may be alternative ways of doing things: maybe, for example, we ought to have our own way of saying what the framework is, and not constantly to depend on, what I call in English, "straw men," namely, model se-

10. Dalton was one of the most successful and honoured Mancunian men of science, chemist and natural philosopher. His atomic theory changed the philosophy of chemistry, making it more amenable to simple arithmetic. His physical studies, published in the *Memoirs* of Manchester's Literary and Philosophical Society had made it possible for chemistry to develop a quantitative self-consistency which it had lacked before Dalton had introduced the concept of atomic weight. Portraits of Dalton were executed by some of the most competent and celebrated artists of the time, including the painter Thomas Phillips (1835) and the sculptor Francis Chantrey (1837).

11. The most significant among John Pickstone's many local historical studies is his book on Manchester's hospitals as they evolved from old types of charity hospitals in the eighteenth century to the NHS in the twentieth century; see J. V. Pickstone, *Medicine and Industrial Society: A History of Hospital Development in Manchester and Its Region, 1752-1946*, (Manchester 1986).

12. Pickstone's groundbreaking book *Ways of Knowing: A New History of Science, Technology and Medicine* (see bibliography) was the first ripe fruit of this project.

tups simply to be argued against. I thus tried to work from a model which was already there in history of medicine, not least stemming from the Baltimore scholars and to extend it by using Foucault and what I knew about the Industrial Revolution and the French Revolution. At the same time, I concentrated on looking into the possibility that this medical history model may actually work for other sciences and technology.

My argument today is that scholars are too fond of creating oppositions of this sort. They like doing it because they always like to have somebody to argue against. Some friends of mine are incapable of writing a sentence that is not oppositional in that sense. Perhaps we should try and be a little more constructive sometimes. This will still leave us plenty of things to argue about, but better to argue about medicine, public health or art, than to argue simply about methods within historical or social disciplines. In fact, my claim is that one can try and transcend most of those disciplines -social history, cultural history, history of ideas etc. Evidently, such a project attracts a lot of opposition from people who maintain that a) this is impossible, b) it's pernicious and c) it takes all the fun out of history. Well, I don't believe any of these things. To create a kind of road map, to create an overall map or, as Aris said, a kind of bird's eye view is a way of enriching particular studies by showing how they can be related to others, and how you can construct history as a kind of *mobile structure* that changes over time, rather than simply as a lot of case studies. I know that this is a bit ambitious but that is my claim and I want to pursue this argument today by focusing, first, on history of medicine.

My way of doing these things derives from medical history and studies the basic ways of knowing as well as key modes of *working with* knowledge. Such ways include the *reading of meanings*, which might take the form of an appreciation of a text or a disease or even a setting, and their symbolic and cultural importance¹³. Particularly relevant, in the same respect, is how that kind of symbolism, that kind of cultural understanding is used in rhetoric. The obvious reference point here is early medicine, especially insofar as the main job of a high status physician in the seventeenth or eighteenth century was talking. The manual work could be left to somebody else and the drugs were, in fact, made by somebody else. The doctor's expertise was in this period almost like that of a counselor: he aimed to understand the patient and the disturbance, suggesting with the aid of the patient how life might be changed in a direction that the patient (especially if it's a rich patient) wishes it to be. That's absolutely central to the historical specificity of medicine in this period

13. This is what the author also calls *natural philosophy* throughout his lecture.

and I will come back to this. The second way of knowing is what I sometimes call *natural history*. It includes the kind of work in which Aristotle and Pliny excelled, and it involves processes of describing, cataloguing, displaying or finding things, in essence, processes of building up what is now often called *information*. This kind of information, though not just that, is the basis of many kinds of crafts. Effectively, the practical correlate of natural history or *historia*, to use a renaissance term, is cataloguing and using that knowledge to make things.

Thirdly, there is *analysis*, and this is the mode of knowing on which I will focus today. This can be mathematical analysis, of which the classic example is planetary astronomy from the ancients: what appeared at first sight to be enormously complicated movements of planets can be understood by breaking them down into circular motions. Then there are many other kinds of analysis, and if you can apply this procedure in every object or order of phenomena, you can also predict and rationalize in various ways. Finally, the fourth mode of knowing is *synthesis* -not in any old sense of making things but in a sense mainly of synthetic chemistry. Synthesis refers to that specific situation where if you understand and can analyze things, then potentially you can put them together again or, potentially, you can make new things. In this manner, one acquires the possibility of, quite literally, changing the world -of course, this is not the only way to change the world, but it's a very focused one. Synthesis can also take the form of mathematical synthesis, which surrounds us now in the form of computer modeling. I'll come back to the interplay between these things in modern biology later.

Now, how do these ways of knowing actually work? I know this is a bit technical, almost philosophical, but I think you will see the point. Partly by *adding*, you start with meanings (philosophy) and then you can 'naturalize' things - combine meanings with natural histories¹⁴. If you can naturalize things, then maybe you can analyze them. If you can analyze them, then maybe you can synthesize them. All these things are enormously difficult and you have to find ways of being effective in dealing with them. You get a kind of build-up over time, but, of course, all the old things continue as well: we still have lots of things which are basically symbolic and we still do natural history even when we are doing an analysis and synthesis. Therefore, the

14. At this juncture, the speaker interjected the related point that this "combination of natural histories and meaning" forms the basis of his notion of "biographical medicine". "Biography", he continued "is partly the sorts of things that you could say about an insect: how it grew and developed and moved to run, or made a home. Yet if it's a human being, biography is also about their purposes and their philosophy and their inner life. That's a good clue to certain kinds of medicine"

model I describe draws attention to the way in which historical change involves a kind of compounding things and partly a kind of mixing. In this process, very few things actually drop out completely. From this standpoint, it is wrong in a certain sense to perpetuate the pervasive misperception that in history it is first A and then it is B. By contrast, as I argue, it is, first, A, and then it is B+A in a new relationship. Still further, if you work quite hard, you can probably find something that corresponded to B in the earlier period, but again the relations between these parts have drastically changed. In effect, to think of something in terms of natural history or analysis, to deal with a micro/macro point: these are in a way -for people who know sociology- Weberian ideal types. Like bureaucracy, it is an enormously useful thing for explaining. It can explain the difficulties experienced on a bus station during the period of ten minutes, or it can help explain the nature of Chinese civilization over many centuries. It has that kind of scale independence.

Let me come back to the history of medicine, especially to a crucial moment in its development, which is considered at length in Foucault's landmark book *The Birth of the Clinic* (1963), a publication that made him really famous among medical historians. Why would the hospitals of Paris after the French Revolution become such an important topic of investigation? Because there, it became possible to establish a view of disease that we have since come to take for granted; namely, that most diseases are, in some sense, lesions or changes in the tissues of the body. As a result, the tuberculosis, or what was then known as phthisis, was to be attributed to the tubercles or little ulcers on the lungs. What was new about that? Why is it only then that people say it? Does this new view actually take over the world or not? Better still: what did they do before?

This is a picture of a physician, a famous Scottish physician, William Cullen, about 1750 [fig. 1]¹⁵. What is he doing? He is taking a pulse and he is talking to a patient who has gout. What, in my terms, are the *working knowledges* here? He's using a certain kind of *natural philosophy*. He may be talking about tensions in the fibers or the activity of the nerves or the balance of the blood. He has learned this at medical school from books and that is the framework with which he interprets these things, while also interpreting them to his patients as well. But, he is also using his knowledge of special cases, his knowledge of *natural history*: this includes both his personal knowledge, but also a substantial amount of material on medical cases

15. William Cullen (1710-1790) was a Scottish physician and professor at the Edinburgh Medical School. An intimate friend of David Hume, Adam Smith, Adam Ferguson and Lord Kames, Cullen remained a central figure in the Scottish Enlightenment.

available in books. This is because, from about 1600, people start collecting *historia*: these can be medical cases, political cases, legal cases, all kinds of cases. Underneath such pursuits lay the conviction that cases are worth knowing in themselves -not just as a preliminary to philosophy or to meaning- and, also, that we can socially benefit from accumulating similar cases. Almost certainly in mid-eighteenth century, he is talking about excesses or deficits -either excessension or not enough tension, too much blood or too little. The cures are either to stimulate or to deflate. This may seem rather familiar, not least in Greece, because it essentially reveals the same kind of structure underlying much of what is currently understood to be the job of political economy. People stand round, saying that what an economy requires is stimulants or, inversely, deflation. This is very important, leaving to other people the question of giving chemical cures or using manual therapies.

It is in this medical environment that the clinic after the French Revolution came into existence. But one needs to answer another pressing question: What makes it possible to move from the old kind of model to the 'revolutionary clinic'?

[The speaker spends a few seconds rolling a piece of paper into the shape of a stethoscope and continues.]

What kind of medical instrument is that? It is a stethoscope, which I put in my ear. It is not very difficult, as I just demonstrated, to make a stethoscope. But nobody makes stethoscopes before about 1800. Why not? Because, if you believe that the disease is a disturbance of the system, there's nowhere to point the stethoscope. It's like asking "Where in the Greek economy do I point my stethoscope to find the basis of the problem?" It doesn't make any sense. But if you view diseases like surgeons did, then a different scenario applies. Indeed, surgeons, in this period, deal chiefly with the outside of the body, with wounds and ulcers and scabs and break-ages. They can see things, they can work them with their hands and they can treat them with their hands. Unsurprisingly, their view of disease is well adapted to their practice, concluding that "diseases may well be like that": there are lesions not only on the outside of the body, but inside as well. Moreover, if we cannot see these lesions, then maybe we can listen to them: if the lung is full of tubercles, then we should be able to hear the sound when the patient breathes in and out. But the key to doing this kind of medicine is that medical men must also be able to dissect the patient afterwards, because what is really informative, and this was Foucault's big claim, is that the real centre in this new medicine is not the talking patient but the dead patient that can be opened up, dissected and fully described. Only in this way can the symptoms, you may hear or see in life, be co-related with the lesions that you may see in a dead body, and that gives you a whole new structure of medicine, built around clinical examination and pathological anatomy.

What made this change possible? Hospitals had not changed physically: it was the same old hospitals that continued to function after the Revolution. However, before the Revolution, to put it crudely, the hospitals were run by nuns, who wished to ensure that the patient had a comfortable life and died in the sight of the altar. When surgeons tried to bring their students into those hospitals, the nuns chased them out. Essentially, the Revolution chased out the nuns: the state now gives doctors part of the hospitals to arrange patients as if in a museum, to dissect them in death, to make a museum of them and to conduct these correlations between life and death, which make possible a whole new view of medicine. It is the same constellation of factors that gives rise to the very idea of tissues as the sort of unit of the body that has lesions.

One way of telling this story is by following a linear pattern: first there was biographical medicine, and then came Paris and clinical medicine. But anybody who has been to a doctor knows that this is a stupid way to tell the story: clearly, you were not dissected last time you went to the doctor; he probably didn't even use a stethoscope on you. Rather, he talked to you. He asked for histories. For many kinds of diseases, including mental diseases, this Paris model hardly works at all or hasn't worked at all, until really quite recently. Even in a Paris hospital you needed the patient to talk in order, minimally, to know whether the cause of the disease or its chronology, as the patient describes it, is compatible with the diagnosis of the disease that you think they have. It is like provenance in studying art objects: you can say what you think it is, but if it turns out that the story doesn't fit, then, maybe you will have to alter your judgment. Moreover, patients must talk because they are, unfortunately, complicated creatures. On the one hand, they don't necessarily suffer from one thing and it is not always in the same way that they suffer. On the other, since they are human beings, they have their own understandings, and any kind of medicine that deserves to be called medicine at all, must take that aspect into account as well. You cannot analyze diseases just because you want to: there were many diseases for which the so-called 'lesions' were bacterial and that is not known until after about 1880; or they are even molecular and these are very recent. As a result, medicine must, for all kinds of reasons, remain patient-centered. In fact, one of the things that gives my talk particular currency today is the increasingly important notion, at least in Britain, of the *expert-patient*. Insofar as patients become experts in certain aspects of their own condition, the expertises of doctor and patient are gradually becoming complementary. We are again on the edge of a new start, which comes along only if certain conditions apply. More importantly, this new start will *co-exist* with older forms and with *renewals* of older forms, depending on the context.

Practitioners could do Paris medicine in Vienna, a city that had a huge hospital of a similar sort. They could also apply similar approaches in military hospitals, because in such settings the patients don't have any say- in fact, in military hospitals, there was a certain amount of Paris medicine done before. But such new medical approaches could not be implemented in the big hospitals of London to any great extent, because these were charity hospitals and thus dependent on the good will of the public -not of the patients. If word got round that you were dissecting your patients, even after they were dead, this would not be very popular. Effectively, the fact that the hospital has a kind of duty of care to the patient rendered modern developments quite marginal in British medicine.

Once again it is clear that medical and scientific discoveries depend on the context. Better, by bringing up the example of Paris medicine, I would like to stress the crucial role played by *layers and accumulations of practices in history of medicine*. For example, there is a biographical medicine which is centered on meanings plus natural history¹⁶, but you can also add a layer of analysis, and those different layers will continue as *contested structures*. Still further, many other layers of analysis can be added: in a hospital laboratory, for example, specialists still do pathological anatomy, biochemical analysis, genetic analysis, immunological analysis, bacteriological analysis and so on and so forth.

How does all that relate to the rest of science? Can it be a model for other things, outside medicine? I want to suggest that it can, and that leads me back to the pre-modern model of physic *c.* 1750 [fig. 2]. What is the equivalent of the model physician *c.* 1750 with respect to other kinds of science during the same period? There is natural philosophy which would explain phenomena like the weather, there is *historia*, i.e. natural history of many kinds and crafts, and there is also mathematical analysis, which had been important in medicine for as long as astrology was important in medicine, namely until about 1700. Surely, a lot of planetary astronomy was developed for medical purposes, when it was still believed that the position of the stars and the planets was an important influence on people's life and on the luckiness of doing things.

To put it in a different way, right before the drastic changes *c.* 1800, there is a world which is still dominated by various kinds of natural philosophies. In the same world, there are also increasing places for mathematics, which is hugely important for time keeping and navigation, and, still further, there is more and more information about the things in the world, i.e. *historia*. One may still ask: "Well, what is this society? Is society still dominated by churches and church-going elites and by

16. See note 13.

philosophers in universities?" Perhaps so. But, it's also, basically, a trading society. And what do you need for trade? You need to know what there is in the world and who you can sell it to, and you need to be able to get it from A to B, which means you have to build and navigate. At best, this can be done by the natural history of the shore and that's exactly what they did before, but, eventually, they do it by navigation.

That is the old state of the field in medicine and other sciences. But, what are the groundbreaking changes that take place around 1800 in the broader scientific realm? Tissues and medical science again provide various useful clues: tissues were treated as things like nerves or muscles, or skin that appeared more or less homogeneous and irreducible. In other words, they are treated as the *elements* of the body, fundamental components of which the body is made. Where does that term 'elements' come from? It comes directly from the new chemistry of Antoine Lavoisier (1743-1794), when chemistry decided that instead of having the four classical elements of earth, air, fire and water, and working with various modifications of that scheme, an *element* would be something that man has not yet succeeded in decomposing. In a nutshell, if you cannot pull it apart, it is an *element*. Hence the job of chemistry is to think of the whole world of materials in terms of elements, just as the job of pathological anatomy or a certain kind of anatomy -e.g. general anatomy- is to think of the body as accumulations of tissues.

My main claim is that this new model is really very extensive, pertaining to many of the new sciences of that period like geology. Geology indeed is basically about working out strata: it did not have strata in 1750; they were invented, and once you have invented them, then you have a lifetime's work -actually, many many lifetimes' work- working out the relations of strata in different places: how they can be related in time or how they are related across places. The discipline of political economy works in the same sort of way, and so does the study of languages. You discover elements and these constitute new disciplines. Natural philosophy and natural history potentially are about everything. In contrast, chemistry now is about things made of chemical elements, just as geology is about things made of strata, and political economy is about things like marginal fertility or demography. Indeed, the political economy of Robert Malthus (1766-1834)¹⁷ tried to answer a *specific* ques-

17. Thomas Robert Malthus was a British cleric and scholar, writer of the controversial book *An Essay on the Principle of Population: as it affects the future improvement of society*, (London 1798). The appreciation of his influence on political economy, demography, even biology and later theories of natural selection continues to divide and stimulate scholars.

tion like “why are you gonna have a population problem”? Because, he said, populations tend to increase exponentially, whereas resources tend to increase arithmetically. That is an interesting example of a fantastic mathematical reduction: it may be completely wrong, it may be misleading and, in some ways, even pernicious, but you can see the intellectual ambition of looking at all these complicated human situations and stripping them down to something that looks like a later diagram in physical chemistry. Why did all these things come about? Well, the argument is they came about for much the same reasons as they do in medicine. For example, you have people in these sciences running new kinds of professional schools like the ones associated with the hospitals, and, therefore, they have to think up new curricula. They deliberately aim to avoid doing just natural history or just natural philosophy; they want to try and get to grips with the *principles* of a particular field. The important idea is that you should have a kind of basic intellectual structure for each of these sciences and it is that particular kind of context that helps produce it.

In this sense, natural philosophy tends to be pushed away a little and new kinds of domains, often modeled on chemistry, come to the fore inseparably from this special educational and professional context. A similar sort of thing happens in the Industrial Revolution, which is, basically, about analyzing processes, dividing labor, maybe mechanizing. Such processes may or may not actually link up with sciences in the strict sense. For example, Robert Bakewell (1725-1795) said “I am going to breed cattle and I am going to look essentially at the amount of meat and fat they produce per unit and pot of grass¹⁸”. According to this mode of analytical deconstruction, a sheep becomes a machine for turning grass into meat, into money, and, of course, people get carried away with this symmetrical arrangement and say “Well, once you’ve got the principles of a machine, you can easily mechanize things.” Not so. It requires endless fiddling about, endless craft skills, and many other things that you can’t really quantify or fully analyze. Areas like the steel industry depend very much on personal experience, on sensory experience, and that kind of phenomena throughout most of the nineteenth century. When people call these practices “applied sciences,” it’s propaganda. They are still, basically, *craft activities*, refined in various ways, with limited sorts of input from certain kinds of science.

One can argue the same kind of thing for humanities and the social sciences: new

18. Robert Bakewell is a pioneering figure in British agronomy and the agricultural revolution in Britain. As a farmer and stock breeder, Bakewell experimented boldly on land improvement as well as on feeding and housing stock, obtaining, in this way, better breeds of cattle and sheep.

kinds of what I call natural history in the humanities appear in this period. This is because people start making museums, and art history is an obvious case in point. Museums, in this period, are partly the royal collections, they are partly collections of things that have been ripped out of monasteries or taken out of Italy or brought back. They have been, in the most obvious sense, de-contextualized and they have been re-contextualized into an academic setup, put into a kind of historical series. In this way, people start making catalogues of them just as they made catalogues of books, and that kind of activity is enormously important. Moreover, when people decide that the gothic is part of the canon of art, then they can go around and strip monasteries and get further stuff of that sort from Italy into their art galleries and so on.

But, most significantly, that kind of natural history is still in dialogue with what people define as the meaning of these things. On top of that, you have people trying to develop new kinds of analysis that resemble weird mixtures of things like a 'comparative anatomy of languages' or even a 'comparative anatomy of architecture, so to speak. Likewise, they derive a sociology, which, for some of them, is a kind of extended biology that sees societies as organisms. Often, those analyses are very limited in terms of intellectual interest, but the natural history is almost certainly important and literally people join in through novels, realistic novels which frequently function as a kind of *natural history of society*. People like Balzac explicitly use such phrases to describe their books. Be this as it may, the important point is that the three levels of working knowledge mentioned above continue to apply in the humanities: you still have the levels of meaning or natural philosophy, of natural history and, finally, that of analysis.

There are many new forms of analysis developing. People try and push this paradigm from analysis by observation to analysis by experiment: rather than just doing comparative anatomy, medical men do comparative physiology by engaging with experimental processes. Where there is qualitative, they try to make quantitative. If you have an analysis of heat and light and motion, you begin to work at the things that link them and, in this way, a deeper level of analysis emerges including such aspects as energy, cell theory or evolution. Those are parts of the intention of the programs, and they lead to associated shifts of meaning. But, in addition, from about 1870, and again led by chemistry, phenomena that relate to what can be called *synthesis* make a forceful appearance. People are now saying quite explicitly "we know how to take things apart, let's see if we can put them together in new ways." For example, people start thinking of synthetic dyes not just as prepared or concocted substances but specifically as synthesized, because they know the structure and they can thus begin to work it out. Louis Pasteur (1822-1895) and vaccines or, again, Claude Bernard (1813-1878) and his experimental medicine belong to the same cat-

egory¹⁹. The idea which is enormously powerful in experimental science is that, once scientific operators can start making or, at least, controlling things in laboratories, then they would be able to do the same in the real world: that is Bernard's precise claim for experimental medicine.

Thus, in our present day, multiple forms of *biomedical analysis* co-exist. Genomics, for example, which is about transforming things; multiple forms of *biomedical synthesis* which is about, potentially, the creation of new organisms and certainly the modifications of new organisms; and, finally, new forms of mathematical synthesis, because we live in this astonishing age, where it is claimed, presumably correctly, that everything, at least all natural objects, could be described as sequences of dots and dashes, in binary codes through digital computers. So, instead of making things in the real, in vivo or in the test tube, one can make them 'in silicon'. The traffic of whole cities can now be modeled in real-time terms. But again, if we want a sensible approach to this technology, and especially from the viewpoint of *users* rather than the producers, we may be able to synthesize drugs rationally or genetically modify patients, but those things will still relate to many kinds of analysis, to the case histories of patients and, most crucially, to *what patients want or what we, as a society, want*.

This is my understanding of *medicine in the world today*, and this is why I believe it is both a useful and important model for science, technology and medicine *now*. In the same regard, the notion of *empowering patients* and, what is more, of expert patients is vital. Medicine now, as well as being more technical and sophisticated, looks a little less like Paris medicine than it used to do. This is to say that, like the older medicine, it is increasingly *asking* patients, either because patients now have a higher competence in medicine or because similar approaches form part of a new lucrative kind of medical consumerism. Those are tricky things. In the same respect, we have to ask ourselves in medicine "what is the precise content and lived experience of being part of a random controlled trial in medicine"? Being part of the trial is now part of, as it were, the 'natural history of the disease' or the experienced history of the disease: it follows naturally that the precise places for that kind of exercise must be clearly defined. It is equally interesting when issues related

19. Claude Bernard is one of the most important physiologists of the nineteenth century. His work on experimental physiology, in particular, had a broad cultural impact, proving extremely influential for French naturalist literature. The contribution of his quantitative experimentalism to the radical redefinition of medical practice and philosophy is discussed in Canguilhem's book on the normal and the pathological (see earlier note).

to climate change and sustainability, are raised in the same context. Such discussions tend to assume a very quasi-medical character, since what is being considered in these disciplines is, basically, the health of the planet: research revolves around norms and how you can adjust systems to either return to the norms or find new norms that one can live with.

Medicine is, therefore, such a good model for all these important endeavors in science, since it is, in one way or another, understood by people. If you ask people about public understanding of science, the questions most commonly asked can easily be reduced to the kind of 'pub quiz' or 'trivial pursuit' type of question such as "how many planets are there"? On one level, who cares about the answer to the question "does the earth go round the sun or the sun goes round the earth"? It is very useful to know which of those is true, but it doesn't radically affect public sensibilities, and the specialists, who started current projects that aim to map so-called 'public responses to science', know very well that many people are not interested in that kind of question, just as they would be relatively uninterested in the bare fact of accumulating information. But, ask them about the threat of pollution, ask them about responses to drugs and they are perfectly capable of understanding what they need to know in terms of natural history and analysis, and they have their own positions. Moreover, in order to deal with these things adequately you cannot very often do it at the most technical analytical level, because models of analysis are often not good enough to capture what, for example, the effects on trees will be of a chemical plant twenty miles away. Likewise, our understandings of drugs are never good enough to make it absolutely sure that they won't kill some people. In order to do that, you have to stick to doing natural history, namely, you have to have systems where people report adverse reactions to drugs, so that information can be collected together. It is thus demonstrated that what may look like an intellectually simple matter always proves to be quite complex and vital.

To conclude, these are the basic parameters of my story: it is useful, firstly, to think of medicine *in the world*, secondly, to think about the other sciences by comparison and, thirdly, to treat all of them as layered and operating in the same kind of way. In a similar vein, I argued that this is also, for intellectuals, a way of getting over some of the sillier arguments around questions like "is that cultural history or social history"? Well, is the birth of the clinic a phenomenon better affiliated to cultural history or social history? Who cares and it is obviously related to both. Is it micro-history or macro-history? Well, it is micro-history: in order to understand it, one would have to understand the politics of one single institution, but they would also need a much bigger picture that shows how the clinic comes to affect the whole world. Is it just medicine? No, it also relates to science, humanities and so on,

transcending these internecine or technical disputes about method.

In brief, I am trying to develop a kind of framework which shows you how a lot of problems are the same. The problems of knowing whether a technology can be understood in analytical terms or whether historians would have to resort to natural history and experience are very similar to many problems in medicine. Does the analysis adopted by historians tell them enough? What are the peculiarities of each case? Time and time again, this task can be carried out through the humanities where the same kinds of characteristic problems recur, namely, problems concerning the relations between different kinds of analysis or between analysis and natural history. Arguably, there is a certain economy in analyzing, and this economy leaves open the possibility of applying this kind of analysis to lots of cases in the history of medicine and in allied subjects. And with that I thank you very much. Thank you.

Postscript

Η παραπάνω ομιλία θα μπορούσε να διαβαστεί ως μια διάλεξη περί της μεθόδου και των τεχνικών της ιστορίας στη συγκεκριμένη ιστορική στιγμή της εξέλιξής της στη Δύση. Το περιεχόμενο του καλέσματος του ομιλητή για συνθετικές, πλατιές, αλλά καλοθακονισμένες ιστορίες δεν θα μπορούσε να βρει τη θερμή απήχηση που βρήκε από τους συναδέλφους του ιστορικούς χωρίς τον κορεσμό αλλά και τις ευκαιρίες που δημιούργησαν οι μικροϊστορίες και οι ιστορίες των ειδικών περιπτώσεων τις τελευταίες δεκαετίες.

Σε αντιπαράθεση με τις κατακερματισμένες ιστορίες των ειδικών περιπτώσεων, τα λεγόμενα case studies, ο καθηγητής John Pickstone πίστευε ακράδαντα ότι είχε φθάσει η στιγμή που χάρη ακριβώς στην επιτυχία αυτής της τάσης έχουμε πια ανά κλάδο έναν ικανό αριθμό μερικών εκατοντάδων μελετών υψηλής ποιότητας, ώστε να μπορεί να ξεκινήσει το σημαντικότερο εγχείρημα της σύνθεσής τους σε μεγαλύτερους, περιεκτικότερους και αποδοτικότερους σχηματισμούς. Τέτοιες συνθετικές μελέτες υπογραμμίζουν την ανάγκη για ιστορίες της «μεγάλης εικόνας», οι οποίες αφ' ενός μεν θα επιτρέψουν την κατανόηση των ευρύτερων ρευμάτων της ιστορίας, αφ' ετέρου δε θα μπορούν να αξιοποιηθούν για να αντιμετωπιστούν αποτελεσματικότερα τα πιεστικά στοιχεία του παρόντος.

Μια τέτοια αναδιάταξη των προτεραιοτήτων της ιστορικής προσοχής δεν αμφισβητεί διόλου τη χρησιμότητα των case studies, καθώς μάλιστα ο ίδιος ο Pickstone ξεκίνησε ως ένας εξειδικευμένος ιστορικός με έντονο ενδιαφέρον για τις μικροϊστορικές ιδιαιτερότητες των φαινομένων που κάθε φορά διερευνούσε. Αυτή πιστεύω ότι είναι και η σημαντικότερη συνεισφορά του καλέσματος του Pickstone στη συγκεκριμένη ιστορική στιγμή: δηλαδή, η δημιουργία εκείνων των προϋποθέσεων που είναι απαραίτητες για μια *ταυτόχρονη ιστορία*, η οποία θα είναι σε θέση, την ίδια στιγμή που ανασυγκροτεί τη μικροσκοπική λεπτομέρεια κάθε ειδικής περίπτωσης, να κάνει το άλμα στο άλλο άκρο προάγοντας τη χειρουργική και παραγωγική ένταξη αυτών των φορτισμένων λεπτομερειών σε ευρύτερα σύνολα. Το βλέμμα του Pickstone απαιτεί έτσι μια *bird's eye view of history*, μια ιστορία που διαθέτει την πανοραμική γωνία θέασης ενός πουλιού, μόνο που

το μάτι αυτού του birdman/ιστορικού πρέπει να είναι αυτό ενός γερακιού ή ενός αετού: να εντοπίζει με δεινότητα τις θέσεις, τις πυκνώσεις, τις ιδιομορφίες και τις συνάψεις καθενός από τα μικροσκοπικά αντικείμενα στο τοπίο αυτό. Με την ίδια λογική, στο κέντρο της ιστορίας που πρότεινε ο Pickstone βρίσκεται ένα μοντέλο στο οποίο ανάλυση και σύνθεση αποκτούν έναν συγχρονικό παλμό.

Όλες οι επίκαιρες προτάσεις του Pickstone για την πρακτική της ιστορίας χαρακτηρίζονται από τον ίδιο παραγωγικό διπολισμό: κινούνται μεταξύ φιλοσοφίας και ιστορίας, δομικής ανάλυσης και ιστορικο-κριτικής προσέγγισης ή, τέλος, θεωρητικής εκλέπτυνσης και εμπειρικής ακρίβειας. Η ίδια ταλάντωση μεταξύ αντιθετικών πόλων συναντάται μάλιστα σε όλα τα επίπεδα δραστηριοποίησής του: στη φανατική εντοπιότητα, αλλά και τον διεθνή αντίκτυπο των μελετών του· στην προτίμησή του για λαϊκές και τοπικές ιστορίες, αλλά και την ευρύτητα της ματιάς του στην παγκόσμια ιστορία· τέλος, στη θεωρητική του δεινότητα για αφηρημένη σκέψη και ταυτόχρονα στη σπάνια δεξιotechνία του σε πρακτικά ζητήματα, όπως η οικοδόμηση και διαχείριση ακαδημαϊκών ιδρυμάτων. Ισχύει και εδώ αυτό που ο Peter Linebaugh πρόσφατα έγραψε για τον εμβληματικό Αγγλο ιστορικό E. P. Thompson: «τέτοιες διπολικότητες δούλευαν μέσα του σαν δυναμό»²⁰. Μάλιστα, το διπολικό ιδεώδες αυτής της ιστορίας αναβιώνει ένα ξεχασμένο μοντερνιστικό γούστο για τις «ταυτόχρονες αντιφάσεις» και τα επικίνδυνα περάσματα μεταξύ αντιθετικών μορφών εμπειρίας ως κλειδιά για την ενίσχυση της πιστότητας και της πειστικότητας των αναπαραστάσεων της πραγματικότητας -είτε ιστορικής είτε καλλιτεχνικής. Από τον Georges Seurat και τους νεοϊμπρεσιονιστές έως τους κυβιστές, τους ορφιστές και τους νεορεαλιστές όπως ο Robert Delaunay ή ο Fernand Leger, οι μοντερνιστές χειρίστηκαν τις βίαιες αντιθέσεις μεταξύ αισθητηριακών και σωματικών διεγέρσεων ως μοναδικά εργαλεία μεγιστοποίησης της επενέργειας των αναπαραστάσεων (των έργων τέχνης, στην προκειμένη περίπτωση) και της εκφραστικότητας μέσω αυτών²¹. Το ότι το μεθοδολογικό ιδεώδες του Pickstone για το μέλλον της ιστορίας υπήρξε, υπό την παραπάνω έννοια, και ένας συγκεκριμένος ιστορικός τρόπος εμπειρίας και αναπαράστασης της νεωτερικής πραγματικότητας κατά την περίοδο της ακμής της στις αρχές του 20ού αιώνα αυξάνει παρά μειώνει την αποτελεσματικότητά του ως τρόπου ανασυγκρότησης και συγγραφής της ιστορίας.

Ανάμεσα σε αυτές τις αντιθετικές κινήσεις πρέπει να τονιστεί και μια ακόμη, που κορυφώθηκε προς το τέλος της ζωής του. Αναφέρομαι στην ευκολία με την οποία ξεδίπλωνε τις περίπλοκες διανοητικές απαιτήσεις της σκέψης του, ενώ ταυτόχρονα διατηρούσε τη μοναδική ικανότητά του να κάνει την ιστορία προσβάσιμη στο ευρύ κοινό. Από το 2009 και μετά ο Pickstone βρέθηκε στο κέντρο της δημόσιας προσοχής μέσα από τη σύλληψη και υλοποίηση του Manchester Histories Festival, τον πρώτο και μοναδικό στο είδος του τέτοιο θεσμό στη Μ. Βρετανία, που συ-

20. E. P. Thompson, *William Morris: Romantic to Revolutionary*, foreword by Peter Linebaugh, (Oakland 2011).

21. Βλ., για παράδειγμα, Linda Nochlin, "Mass Culture and Utopia: Seurat and Neoimpressionism," in *Nineteenth Century Art: A Critical History*, ed. Stephen F. Eisenman, 3rd ed., (London 2007), σσ. 368-381, (ιδ. 378-381) και Fernand Leger, "Contemporary Achievements in Painting", in *The Functions of Painting*, (New York 1973), σσ. 11-24.

νεχίζεται από τότε με εξαιρετική επιτυχία. Πρόκειται για μια ιδέα που συνένωνε στην ίδια πόλη κάθε χρόνο μια πλειάδα διακεκριμένων επαγγελματιών ιστορικών, ερασιτεχνών φίλων της ιστορίας, χιλιάδες μαθητές σχολείων, φοιτητές και άλλους επισκέπτες. Στο κέντρο αυτής της συγκέντρωσης βρισκόταν μια σειρά από καλοσυντονισμένα events και εξορμήσεις στα πολλά ιστορικά σημεία της εργατικής αυτής πόλης με σύμβολο τη μέλισσα και τις δικές της «Θύρες της Κολάσεως», το βιομηχανικό κέντρο του Ancoats. Το επόμενο project δημόσιας ιστορίας που συνέλαβε ο Pickstone, μια κριτική ιστορία του ίδιου του Πανεπιστημίου του Μάντσεστερ, δεν περατώθηκε: έτσι κι αλλιώς η *κριτική ιστορία* ενός ιδρύματος δεν γράφεται ούτε εύκολα ούτε γρήγορα, πολύ περισσότερο όταν κανείς σκοπεύει να τη συντάξει «από τα μέσα» εμπλέκοντας στην κριτική διαδικασία το ίδιο το ίδρυμα και τις δομές του ...

Όλες οι παραπάνω δεσμεύσεις περιστρέφονται γύρω από την κορυφαία ανάμεσα στις ταλαντώσεις του Pickstone -αυτήν ανάμεσα στην εξαντλητική μελέτη του παρελθόντος και τις παθιασμένες εμπλοκές με το παρόν. Πίστευε με θέρμη ότι, αν θέλουμε όχι απλώς να καταλάβουμε το παρόν αλλά να αναλάβουμε πλήρως την ευθύνη του, τότε η *ιστορία* κρατά το κλειδί αυτής της διαδικασίας- και ειδικότερα η ιστορία της ιατρικής λόγω της εγγύτητας, της συμπαθητικής αμεσότητας και της έμφιας υλικότητας των θεμάτων που επεξεργάζεται. Με μια αυστηρά γενεαλογική ευαισθησία που παραπέμπει απευθείας στις επιδράσεις του από τον Michel Foucault, ο Pickstone αντιλήφθηκε την ιστορία της ιατρικής ως μια προνομιακή είσοδο στο ναρκοπέδιο των «σύγχρονων ζητημάτων» και είναι υπό αυτήν την επιπρόσθετη έννοια που χαίροταν να τονίζει τη σημασία της ως «ενός τρόπου ζωής»²².

Η *ιατρική-μέσα-στον-κόσμο* και η *ιατρική-τώρα*, όπως δηλαδή λειτουργεί κάθε φορά σε συγκεκριμένα συμφραζόμενα και τοπικές συνθήκες, σε πραγματικό παροντικό χρόνο. Αυτό ήταν το σημείο σύγκλισης των διαφόρων πρωτοτυπιών του έργου του Pickstone και εδώ έγκειται η πολιτική και κοινωνική συνεισφορά του μοντέλου του. Το κάλεσμά του για ευρύτερες ιστορίες υπηρετεί αυτή τη μεγάλη φιλοδοξία μιας ιστορίας του παρόντος. Με αυτόν τον τρόπο, διατυπώθηκε ξανά το καίριο αίτημα να συλληφθεί το παρόν κατά τη διαμόρφωσή του ή να διαμορφωθεί επιτέλους το παρελθόν σύμφωνα με τις πανταχού παρούσες εκβολές του μέσα στο παρόν. Μιλήσαμε, μάλιστα, για την έννοια του real-time history και μου έλεγε πόσο ενδιαφέρον θα είχε να ξεκινήσει από το ίδιο το πανεπιστήμιο ένα real-time history της ίδιας της οικονομικής κρίσης που ζούμε. Πρωτότυπο, ίσως ριζοσπαστικό, σκέφθηκα και αμέσως το μυαλό μου πήγε στην ιστορία του Επταετούς Πολέμου (1756-1763) που δημοσίευε ο Edmund Burke στο *Annual Register*: αυτά τα κείμενα είχαν τον δικαιολογημένο τίτλο “The History of the *Present War*,” καθώς γράφονταν εν μέσω των εχθροπραξιών και παρουσίαζαν στο τέλος κάθε χρόνου την αναλυτική ιστο-

22. Σύγκρινε Michel Foucault, “Nietzsche, Genealogy, History”, in *Aesthetics, Method, and Epistemology*, vol. II, ed. James Faubion, Allen Lane, (New York 1998), σσ. 369-392. J. V. Pickstone, “Medical History as a Way of Life”, *Social History of Medicine* 18/2 (2005), σσ. 307-323. Από αυτήν ακριβώς την άποψη της ευαίσθητης -της γεμάτης κινδύνους, απώλειες, αλλά και ανταμοιβές- διαπλοκής της ιστορίας με τη ζωή, είναι καιρός να αρχίσουμε να αξιοποιούμε και πάλι το πλούσιο δοκίμιο του Friedrich Nietzsche, *On the Advantages and Disadvantages of History for Life*, (1874, repr. Indianapolis and Cambridge 1980).

ρία του πολέμου κατά τον προηγούμενο²³. Πράγματι, η προκλητική ιδέα για μια παροντική ιστορία της κρίσης είναι τόσο παλιά όσο και οι ίδιες οι απαρχές της επιστήμης της ιστορίας στη νεωτερική της μορφή κατά τον 18ο αιώνα, χωρίς αυτό να μειώνει στο ελάχιστο την επικαιρότητά της. Αντιθέτως, δικαιώνει για μία ακόμη φορά την απόφαση του Pickstone να διασχίσει τις 'βολικές' ασυνέχειες μεταξύ του ξεπερασμένου και του νέου, του παλαιού και του μοντέρνου' τελικά, μεταξύ του παρελθόντος και του παρόντος.

Η διάβαση αυτή από το παρελθόν προς το παρόν περνά, όμως, από πολλές ενδιάμεσες αλλά αναγκαίες στάσεις: για να έχει λόγο στο παρόν, η ιστορία της ιατρικής πρέπει να προχωρά με εξαπλώσεις και ενσωματώσεις, περνώντας πρώτα, όπως και ο Pickstone, μέσα από τις ιστορίες της τεχνολογίας και της επιστήμης, μετά της οικονομίας και του πολιτισμού και, προς το τέλος της ζωής του, μέσα από την ιστορία της τέχνης, της χειροτεχνίας και της τεχνικής. Ποιος ξέρει πόσες ακόμη ιστορίες θα συμπεριλαμβάνονταν σε αυτό πρόγραμμα, αν ο ιστορικός ζούσε περισσότερο; Πράγματι, οι προτάσεις του Pickstone φιλοδοξούν να γεφυρώσουν τις ιστορίες διαφόρων επιστημονικών χώρων που συχνά θεωρούνται είτε ασύνδετοι είτε αντικρουόμενοι μεταξύ τους. Αυτό δεν σημαίνει ότι ο Pickstone ήταν ένας ακόμη ζηλωτής της διεπιστημονικότητας: αντιθέτως ασκούσε συχνά κριτική σε αυτόν τον πολυδιαφημισμένο όρο, ο οποίος, απισχνασμένος από τις ιστορικές του διαπλοκές, παρουσιάζεται συχνά άδειος και αντιδραστικός. Αντί για ανταλλαγές 'θεωριών' ή μεθοδολογικών μοντέλων μεταξύ των διαφόρων κλάδων, ο Pickstone ξαναέδωσε στον όρο την ιστορική του σπιθαφότητα, εξασκώντας αυτό που θα ονόμαζα έναν «*δι-ιστορικό* διεπιστημονισμό». Υποστήριξε, δηλαδή, την αναγκαιότητα διεκπεραίωσης πολύ πιο κοπιαστικών συνδέσεων μεταξύ *πολλών διαφορετικών ειδών ιστορίας* - και ειδικά μεταξύ αυτών, όπως οι ιστορίες των φυσικών επιστημών και αυτές των ανθρωπιστικών κλάδων, που βρίσκονταν σε χρόνια απομόνωση.

Συνοψίζοντας, λοιπόν, οι βασικές έγνοιες αυτής της ιστορίας περιλαμβάνουν διευρύνσεις του πλαισίου αναφοράς (bigpictures) αλλά και συγκεκριμενικότητα (specificity), ευρύχωρα μοντέλα και ταυτόχρονα εξονυχιστικό εμπειρικό έλεγχο. Επίσης, αυτό το είδος ιστορίας ανασύρει από τις ανθρώπινες κοινωνίες και δραστηριότητες συσσωρεύσεις και μεταλλάξεις και όχι απορρίψεις' συμβιώσεις ή μετατοπίσεις υλικών και όχι συλλήβδην αντικαταστάσεις ή εύκολες ασυνέχειες (shifts και όχι replacements or facile discontinuities). Η επιστροφή του Pickstone στην έννοια της «μακράς διάρκειας» πρέπει να γίνει, λοιπόν, αντιληπτή ως έμφαση στον *μακρύ* χρόνο και τις πολλαπλές του εντάσεις και αταξίες και όχι στη ρητορική της «διάρκειας» ή της «συνέχειας», που συνήθως χρησιμοποιείται για να υποδηλώσει την υποτιθέμενη τάξη, ενότητα και ομαλότητα των κοινωνικών φαινομένων και της ιστορίας τους. Ακόμη σοβαρότερα, η έμφαση αυτή στα στοιχεία που εμμένουν, ανακυκλώνονται ή συμβιώνουν έχει ως στόχο να αναδειξει τις τριβές και τις αντιφάσεις, τον ετερόκλητο, διαφιλονικούμενο και συχνά συγκρουσιακό χαρακτήρα των ιστορικών σχηματισμών γνώσης ή αίσθησης. Ανάμεσα στα πολλά πλεονεκτήματα αυτής της γωνίας συγκαταλέγω και τον τρόπο με τον οποίο ξαναφέρει στο προσκήνιο τις συγχρονικές διαίρεσεις και αντιφάσεις που λειτουργούν στο εσωτερικό των ιστορικών ιστών: περισσότερο συχνά

23. Βλ., για παράδειγμα, E. Burke, "The History of the Present War", in *The Annual Register for the Year of 1758* (London 1759), σσ. 1-77. Το τελευταίο μέρος παρουσιάστηκε το 1764, έναν χρόνο μετά το τέλος του πολέμου.

από ό,τι χρειάζεται, εδραιωμένες μορφές ιστορίας προτιμούν αντιθέτως να μεταμφιέζουν τέτοια ρήγματα *μέσα* στο παρόν ως διαδοχικές φάσεις της ιστορίας, τακτοποιώντας τα κάτω από τις έννοιες είτε της προόδου είτε, πιο πρόσφατα, της ασυνέχειας. Μακριά από την ασφάλεια τόσο της διάρκειας όσο και της ασυνέχειας, η στάση του Pickstone εξυπηρετεί, συνεπώς, ένα αγωνιστικό γούστο για την ιστορία, προάγοντας την εριστικότητα και τον δυναμισμό ως βασικές ιδιότητες των οργανωμένων ανθρώπινων δραστηριοτήτων και κοινωνιών. Στους ιστορικούς της τέχνης, ειδικότερα, αυτή η προσέγγιση στην ιστορία της γνώσης και των αισθημάτων είναι εξαιρετικά χρήσιμη, καθώς βοηθάει να αντιληφθούμε την ιστορία των ανθρώπινων πρακτικών ως *bricolages* ή *assemblages*, μακριά από τα τελεολογικά, γραμμικά και υπέρ το δέον διανοητικά σχήματα του παρελθόντος. Τη θέση αυτών των αφηρημένων μοντέλων παίρνουν τώρα οι συγχρονικές συναρμογήσεις και τα απρόσμενα μονταρίσματα διαφορετικών ειδών γνώσης και αισθήσεων, τα οποία βρίσκονται όχι μόνον σε διαρκή αστάθεια και ανησυχία, αλλά και σε μια συνεχή παραγωγική διέγερση που οδηγεί συχνά σε ξαφνικές μορφές τάξης. Μέσα από τον πραγματισμό της, η προσέγγιση του Pickstone αποκαθιστά την υλικότητα και τη σωματικότητα των πολιτισμικών πρακτικών στο σύνολό τους, ανασύροντας τόσο την ενεργή συμμετοχή τους στη ζωή όσο και την υπόστασή τους ως μορφές ζωής αυτές καθαυτές -μορφές δηλαδή ζωικής εργασίας και δραστηριότητας με πλούσιες προεκτάσεις στη ζωή.

(Αρης Σαραφιανός)

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Fig. 1: [John Kay, formerly attributed to], *A physician (William Cullen?) taking the pulse of a gouty bachelor as he receives a paternity claim*, oil painting, 72 x 58.5 cm, "Wellcome Library, Iconographic Collection"



Fig. 2. *A doctor taking the pulse of a gouty bachelor surrounded by the consequences of his life style*, mezzotint, published by Carington Bowles, at his map & print ware-house London (69 St. Pauls Church Yard), platemark 35.2 x 25 cm, "Wellcome Library, Iconographic Collections"