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For a recurrent history of medicine, health and illness

The conception of recurrent history of medicine and its close spin-offs imposes from the beginning a challenge to the historiographical currents that are in basis of the practice of science historians. The notion of recurrent history appeared specifically in the French academic environment as a reaction to the positivism that was the foundation of the early stages of research in this area.

Beginning with the innovative proposal made by Auguste Comte in 1832, the need for a historical perspective of sciences entered into a controversial arena, subject of vigorous debates. In 1864, almost as an exception, the Collège de France integrated in its curriculum a subject called History of Medicine, but only eighteen years later this institution approved a Chair of History of Sciences[1].

The Positivist assumption postulated that the historical process was one and the same as the positive development of reason. This basis allowed them to conclude that the field related to the history of Medicine should be built creating a list of progressively added rational knowledge, which in turn ensured the scientificity and efficacy of such knowledge, and consequently of the medical practices in the end of the 19th Century. Following this path, history under Auguste Compte's principles was conceived as a linear process, with a chronology and a presupposition of the triumph of reason, thus placing in science the only source of social progress and human improvement, both individually and collectively.

Logical empiricism, as the ideal type foreseen by positivists incorporated scientific innovation as a standalone product, not related to the social context. Scientists were celebrated in biographies as geniuses and heroes of a new age for mankind. This perspective put the historian in the position of a journalist with the mission of putting together the facts that proved the relentless forward movement of science in the direction of the so-called "definite truths"[2]

As a result, Positivism promoted a teleological history geared towards supplying intellectual contents for the erudite culture, with a mythological dimension of Medicine and its agents. Indirectly it also created symbolic elements that gave legitimacy to the positive identity and the fluid bio-power as a monopoly field for the Hippocratic community. Those characteristics allowed the History of Medicine to be accepted as a scientific expression and generated a plethora of publications that are still attractive nowadays, even though they have been revisited basically in terms of format and not in their foundations. Worth of note is the fact that the Positivist historiography is still used as a required reading in several medical schools, having the classical book from Arturo Castiglione [3] still as a reference.

The European culture flourished after the First World War (1914-1918) and fostered a strong reaction to the positivist foundations and to the intellectual production of its members. In the context of History of Medicine, Henry Sigerist[4-6] launched an academic production that opposed dogmatic positivism by postulating that the historical pathway of Medicine could not be understood without linking it to the wider structures of societies.

This was the starting point for a social history of Medicine, and it also opened the ground for a debate that would be later analyzed as a confrontation between two movements. The internalist historians postulated that medical knowledge was an autonomous creation, independent from society. On the other side, the externalists placed the medical knowledge and practice as dependent on their social contexts. This debate is still current and we can find in Kuhn[7] and Latour[8]

examples of researchers that postulate that external forces intervene in the scientific production.

During the 30's Gaston Bachelard, a Physic and Chemical expert that later was interested in philosophy gained relevance as a promoter of the criticism to positivism, using as a starting point the framework of phenomenology. By joining together epistemology and history, Bachelard[9-11] showed that history of science is not a linear timeline of events. Instead it is a process characterized by discontinuity and drawbacks of the scientific practice and required the historians and science philosopher to exercise a dialectic stance.

Concepts such as the "epistemic obstacle" and "epistemic rupture" are basic tenets of Bachelard's proposal. Epistemic obstacle is in this conception "the resistance of thinking to thinking itself", a situation where scientific traditions act as inhibitor of the reflective posture that may lead to innovation. Opposite to this concept, the epistemic rupture is the moment when there is a break up of the previous order of research, allowing for new possibilities to process scientific queries. Both concepts are well exemplified by Darwinian evolutionism in the mid 1800. As may be seen in his personal notes, Darwin was genuinely concerned because he was daring to think in a way that opposed Christian dogma; later on when his ideas were presented and gather positive peer reaction, opened the possibility for a wider redefinition of many scientific postulates.

Under Bachelard inspiration (even though not fully faithful to Bachelard ideas), Georges Canguilhem, a philosopher and physician, made the ultimate criticism to the positivist history of Medicine. In his doctoral thesis, in 1943[12] he proposed a draft project of recursive history, even when this name was only coined later on by Bachelard himself[11].

Canguilhem used the term "historic regression" and through the use of the concepts of what was normal and pathologic at that time, and in terms of homogeneity, continuity and quantitative relation, directed his attention to research the past, not as a way to redraw the mythological origin of the medical thought, but to privilege instead the "reflective origin" of the selected topic.

Departing from this process his objective was to analyze the systems of thought that, in each conjuncture, gave sense and scientific legitimacy to what was understood as normal and pathological. Canguilhem's path proved to be full of pitfalls, since he himself found that discussions on both concepts were often labyrinthine and almost unrecognizable, and the study of the "origins" of a debate was fundamental to the understanding of the point where the "scientific truth" of the present time was. In this sense, and probably unknowingly, Canguilhem pursued a parallel track to that of the Polish scholar Ludwik Fleck. Fleck had developed in 1935 a historical study of the path of medical representations of a scientific fact, taking as an example syphilis[13].

The theoretical-epistemological perspective of recurrent history was not accompanied by texts dedicated exclusively to shed light on the central points of Cangulhem´s project. Instead, the medical philosopher disseminated "clues" in his prolific intellectual output on how to craft such a story. In addition, Canguilhem corrected and perfected his study on the normal and pathological, successive times, under the influence of his most outstanding student, Michel Foucault[14,15]. Foucault was instrumental in helping Canguilhem to review the strategies of search of the origin of a medical question as well as the mechanisms of discursive science production. It should be remembered that, because of his approach to Foucauldian ideas, from the 1960s on, Canguilhem was automatically labeled as a structuralist intellectual, an evaluation he rejected in regard to himself and his conception of the history of science.

As an initial fruit of this enterprise, Canguilhem reiterated under new methodological bases, what had already been warned by Bachelard[9] regarding the urgency of the researcher to operate the dissociation between the object of scientific research, the "given fact", and the product of scientific effort, the "constructed fact", emphasizing the analysis of scientific discourse. He then urged medical historians to stick to documentary sources that favored the composition of "microscopic" approaches, valuing the medical debates held at specific junctures and, until then, scarcely surveyed by the traditional historians. Those historians were hostages of the analyses that contemplated the events referring to the "great discoveries" and the life trajectories of the "great characters" of medicine[16-18].

In addition, he also stressed that the history of medicine should not be exclusively articulated with the official knowledge of the specialized community. The "museums of horrors", remembered by the positivists as "curiosities" attesting to the ingenuity of the spirit of ancient Asclepius scholars, have gained the status of significant elements for the researcher. The potential limits and insufficiencies of the intellectual positions reproved within the medical universe would also play an important role if science were to achieve internal coherence and be able to shape contemporary medicine.

The founder of the recurrent history of medicine also taught that, in parallel with the Bachelard´s epistemological ruptures, the researcher should recognize the group affiliations to a set of principles, giving concrete form to the schools of thought in the field of sciences. Probably inspired by the philosopher Lucien Goldmann[19], Canguilhem adopted as implicit in his studies the concept of "possible consciousness", referring to the limits imposed to the thinking process at each historical moment.

From these bases, it was possible for Canguilhem to elaborate the notion of "life sciences ideology,"[20] which, unlike Marx's postulates (in fact, as a reaction to discussions with another of his former pupils, the Marxist Louis Althusser), was defined as explanatory systems that have become hegemonic in the medical sciences for a relatively long period of time. Moreover, this concept contributed to the author's advocacy of the relative autonomy of the sciences, finding a point of balance between the advocates of internalism and externalism. For Canguilhem, science was produced by its own rules, but these rules were interfered by cultural, institutional, and sociopolitical environments.

Anchored in the concepts of epistemological ruptures and continuities, microhistory and ideology of the life sciences, among others, Canguilhem forged a theoretical nucleus and a set of methodological orientations for the production of a recurrent history of medicine, health and disease. In the epistemological space of the making of sciences, other researchers expanded the scope of recurrent history, turning their attention to other topics, among them: the circulation of discourses centered on institutional pathways, therapeutic, medical teaching and individual and group experiences of living under the sign of disease[21,22].

The importance of such a proposal makes more sense when searching for the possible functions of recurrent history in the field of medicine. If, on the one hand, it allows a more accurate understanding, because it moves apart from dogmatic positions, the conditions of existence of medicine and its institutions, on the other hand it opens up opportunities for teaching as a humanizing pedagogical act for all those involved: institutions, health practitioners and patients.

Under this editorial idea about the history of medicine, Interface summons researchers from the area of Collective Health as well as from History and other Human Sciences to submit their texts for publication. By embracing the

perspective of recurrent history, researchers, the community of readers and our own journal will open up one more possibility for understanding the complex universe we commonly call "medicine of our time."

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