

Commentary 02

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The history of the concept of 'medical police' is one of the major topics in the extraordinarily rich work of George Rosen (1910-1977), who is considered to be the 'great patriarch' of public health history to date (Rodríguez-Ocaña 2002: 3). Especially during the first two decades of his double career as medical historian and public health professional Rosen published several important articles on this issue, the one that appeared in *Centaurus* in 1957 surely being one of the most significant – both in regard to the topic as such as well as to the particular perspective and historiographic approach of its author.

By laying the focus on the *fate* of the concept of medical police Rosen manages to combine his (necessarily scant) overview about health related policies beyond the sphere of German cameralism with an instructive analytical approach for comparative studies both in a rather synchronic (international) and a diachronic dimension. Thus, notwithstanding a certain one-sidedness of Rosen's interpretation (see below), his conclusion is still remarkable. By arguing that the concept of 'medical police' would have already been 'hollow' (see p. 59 of this issue) at a time when his most important representative, Johann Peter Frank, was still writing on the last volumes of his corresponding opus, because of changes in the social, political, and ideological context, he exemplifies his general thesis most conclusively: that the fabric of public policy and action regarding issues of health and disease depends substantially on 'non-medical elements', which according to Rosen are principally 'economic and social factors' (Rosen 1953: 406). This basic assumption of the 'social history of medicine' was not yet a commonplace statement at the times when Rosen developed this perspective. Furthermore, it remains fruitful today, especially when including – similar to Rosen's approach regarding the concept of 'medical police' – an explicit attention to changes in the political context. Recently, this perspec-

tive has been employed in an even wider, international perspective for example to the study of the history of the World Health Organization (Brown/Cueto/Fee 2006) or of the concept of 'Primary Health Care' (Cueto 2004).

The relevance of Rosen's text can also be assessed by putting it in relation to his further works. Rosen himself provided the incentive to do so by including this article into a volume of selected papers published in 1974 (Rosen 1974). In general terms, this book with the meaningful title 'From Medical Police to Social Medicine' frankly reflects the 'somewhat old-fashioned air' (Fee 1993: xv) of Rosen's historiographic approach. His basic assumption, for example, of continuous progress in the field of social policy and action regarding health and disease since the emergence of the modern state has already become an issue for thoughtful considerations (Fee 1993; Porter 1994). However, this collection of formally independent articles from the years 1952–1959 provides an instructive comparative history of concepts related to 'medical police' in the varying sociopolitical contexts of Central Europe and North America from the seventeenth to the early nineteenth century (Rosen 1974:120–258). The exemplary character and the theoretical reflections of each of these writings make this collection interesting even today.

The geographic focus represented by the particular selection of countries points to a further issue that deserves attention: Similar to his influential 'History of Public Health' (Rosen 1993 [1958]), Rosen draws little attention to developments beyond the European countries and North America (cf. Fee 1993: xvii). He did not share, for example, the exceptionally wide vision of his mentor, colleague and friend Henry E. Sigerist (1891-1957), who was actually engaged in developing a truly 'global' perspective on medicine and public health (cf. Sigerist, 1940, 1945; de Asúa, 2005; Castañeda/Rodríguez 2007). However, against the background of his time even

Rosen's seemingly 'narrow' perspective must be acknowledged as rather progressive. And the framework he inspired proved to be productive worldwide (e. g. Porter, 1994; Rodríguez Ocaña, 2002; Estrella, 1982; Cueto, 2007).

A rather striking issue, that has to be mentioned, is the little attention that can be found in this article both to the strong paternalism and the all but absurd meticulousness of the German version of 'medical police' – especially in the version developed and applied by Johann Peter Frank, which Labisch called a 'totalitarian utopia of public health' (Labisch, 2002, p. 73). The conflict between public interest and individual autonomy is obvious throughout the whole history of this concept. At least from today's vantage point it is evident that this did not depend on the particular historical context of absolutism. Indeed, the equally intriguing and important question, whether ethically challenging aspects of past medicine have been due to the specific historical context or relate to general issues of modern medical practice and science, that are probably relevant until present, is not limited to the realm of public health (cf. Roelcke 2004).

One such 'general issue' may also be relevant to complement Rosen's interpretation of the final fate of Franks overwhelmingly comprehensive approach: The complexity of human disease both on individual and public levels eludes any attempt for an actual comprehensive or even 'holistic' approach (cf. Lawrence/Weisz 1998). And the unreflected claim to capture and even control health and/or disease 'totally' will necessarily fail – even independently of the problem of the historical and transcultural contingencies of the basic notions 'health' and 'disease'.

Theoretical questions of this kind are actually beyond the scope of the framework provided by George Rosen. However, his way of explaining the development and transfer (in space and time) of medical concepts by the relevant social, economic and political factors is still inspiring, especially in conjunction with two important aspects that have not been mentioned yet: the perception of the present as ongoing history (and thus part of the sphere of analysis for historians), and the conviction that historical analysis is important within contemporary public health. The recent

reemergence of similar approaches is a historical phenomenon that also needs explanation (cf. Labisch, 1998; Perdiguero et al. 2001), – but above all, success!

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