The historian will see you now: introducing Case Histories

“I hope that Lord Grey and you are well”, wrote the Regency wit and clergyman Sydney Smith to his confidante Lady Mary Grey in February, 1836, “no easy thing, seeing that there are about fifteen hundred diseases to which man is subject”. Last year the editors of the Lancet journals announced the launch of The Lancet Clinic, a major online initiative which draws together an overview Seminar with the best current research from across the Lancet journals on 135 of the most globally important diseases.1 Smith and the Greys might have been deeply, even personally familiar with some of these conditions, but many others would seem bewilderingly new to them. In Case Histories, a new monthly column in The Lancet’s Perspectives section, I will take up this challenge by exploring the history of some of the diseases featured in The Lancet Clinic.

Case Histories is concerned with what the historian Charles Rosenberg a generation ago called the framing of disease—the complex, mutable, and often counterintuitive ways in which biological reality, biomedical knowledge and practices, and political, economic, and cultural power come together, marking out a set of symptoms and processes as a concrete, discrete diagnosis. Each column will be published in the journal before being added to The Lancet Clinic’s online resources. I will be drawing as often as I can on the themes discussed in the best recent historical scholarship (just as The Lancet Clinic aims to present the best current clinical research), and each column will be accompanied by a short bibliography.

Disease is nothing if not various, and my approach in Case Histories will be correspondingly diverse. One disease might prompt a reflection on the nature of the “case” as a form of clinical knowledge, or the way in which it became the fulcrum of a political or media campaign. Another might demand a venture into the networks of public health, state medicine, and big pharma within which so many modern diagnoses emerge. Some diagnostic categories are ancient, others barely a decade old in their present form, and yet more have been transformed radically by changing attitudes to race, gender, and sexuality. A short historical essay cannot possibly be the last word on an entity so protean as a disease, but it might, I hope, be a first word—an invitation to reflect on what an anthropologist would call the thoughtways and workways of modern medicine, and their changing place in the wider human world. Along the way, I want to show that there can be a mutually illuminating conversation between the clinical professions and the independent, diverse, and critically engaged discipline of medical history. Case Histories will be suggesting some avenues along which this conversation might proceed—and I’ll begin with a discussion of Parkinson’s disease.

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I declare no competing interests.


In appreciation of the peer-review heroes from 2015

The Lancet is responding to the increased volume of high quality research by not only expanding the number of specialty journals within our family, but also by publishing more research studies. In 2015, we published almost 20% more research papers than in the previous year. And we did this more quickly, by offering the possibility of 10 + 10 rapid publication for randomised controlled trials sent for peer review. We also launched The Lancet Clinic, published highly clinical and global health Commissions, and Series on topics as diverse as radiation and religion. In doing so, we asked much of our reviewers, calling on the time and skill of 1929 experts (appendix) who provided crucial comments to help ensure that important clinical messages were communicated as quickly, clearly, and robustly as possible. The Lancet echoes the feedback of many authors and thanks our peer reviewers wholeheartedly for their vital role in translating science into care.

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