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HISTORY OF HEALTH CULTURE AND *ACTA* RENEWAL: NEW PRESUMPTIONS IN THEORY AND RESEARCH*

Taken in wider context, the history of health culture encompasses research of factual development and knowledge application and, simultaneously, of ignorance and misapprehensions on medicine and medical science; history of mentality related to the physical and mental health; structures of everyday and private life; history of demography and epidemical diseases; human biology in its historical framework; the culture of human survival. In the Western Balkans and Southeast Europe a history of borders is specially noticeable: society, institutions, international contracts, people trafficking, flow of goods and microorganisms, regulations and their breaching. Relations to boundaries and state, national and religious demarcations are important features of culture and mentalities implying production of differences and invention of collective identities.

History of health culture reveals duality of rational influences and traditional skills where positive experiences are interwoven with rituals and magical perception of life and reality. If assumption that human individuals are generally rational and responsible when their health and lives are at stake, history of medicine and related sciences usually reveal that exact characteristics of reality are more often than not overshadowed by ideas and “events”.

The development of health culture depicts finest threads of social interaction. The

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medicine is a path of acceptance of own and foreign ideas, knowledge and technologies, and of their consequent rechecking. The health culture shapes reveal realities of a society and its values: health and disease, abundance and poverty, births, deaths, physical and mental capabilities, empathy and social solidarity. The medicine is a regulator of the human biological evolution that made this species so special. That makes important a correlation between history of medicine and its application on one hand, and a history of social protection, an category immanent to human communities from their beginnings. Human race is the first biological group distanced from a naturally regulated biological development. Human society is an exception, for it became the first one to enable development and reproduction of those individuals that would be dismissed as less vital and capable in a natural environment. Opinions are divided if medicine is a positive or negative factor in that.

Debates on medicine in recent history are also related to important issues of the science, or medicine and social ethics. Biological history of the Southeast Europe sometimes reveals phenomena of simultaneous surplus and shortage of people in an area having deficient resources for unhindered economical and social progress.

The dialogue of medicine and humanistic sciences is based on the need for mutual support in facing challenges of social dynamics. Humanistic sciences are focused on the future. They are aware that science development is unpredictable, its dynamics keep on surprising its contemporaries with a scope and richness of its discoveries.

The medicine was never capable to answer on its own the questions related to collective social disorders. On the other hand, the history of sanitary culture was probably neglected while development of fundamental medicine sciences was prioritized.

Medical concepts and praxis reveal a complex, sometimes even hidden network of reciprocal social influences. Level of sanitary culture reflects development of science, technology and social relations. Medical issues affect basic topics of social situation and dynamics: health and disease, abundance and poverty, demography, ageing and old age, suffering and death, the history of births, deaths, diseases, pain and delight, stance towards unprotected social categories and individuals, stance towards social minorities, introduction, spreading and transformation of new and imported foreign ideas and skills. If most developed and recent cultures are ignored, history of humanity consisted of children dying, pain, traumatic injuries, chronic and acute incurable diseases, short, unhappy and incomplete human life. At the same time, through medicine and social protection, human race was the only one in biological

world that wittingly shaped natural evolution or made it very special. The control, changes and development of those species targeted for nutrition and other human needs also contribute to the conclusion that human society diverged from natural development and its spontaneous praxis and logic.

History of medicine simultaneously follows pattern changes regarding health and diseases and increased application of medical knowledge and skills, professionalization, institutions, education, diagnostics, therapeutics. Use of biomedical discoveries since late 19th century sometimes overpowered complex social, ethical, economy and politics aspects of disease and its cure. Modern debates overshadowed fundamental issues of medicine science and ethics. Today, priorities are treatment costs, their availability, economic sustainability. Medicine is under pressure of global demographic explosion and discussions over treatment costs, human equality or equality within health care system. Government institutions, private sector, analysts and professionals take part in discourse on system adaptation to changed economy and political conjuncture. Health care system is one of the most complex challenges, an almost insoluble controversy of modern politics, economy and ethics: the role of the state, private or mixed institutions and companies, solidarity of rich with poor one and its regulative, the role of education system (another controversy), public, media, religious and other non-governmental organizations. Medicine never made a lonely, isolated system, and never was the only response to all social diseases. Social questions usually don't bring unique answers. Regulation of social evolution in particular, especially ethical sense is correlated to attempts of evolution regulation in the nature. Specificity of man in comparison to the rest of the nature is in specificity of its evolution regulated by society, state, science, technology, and in its ability to destroy the whole species or biologically change them according to his needs, either spontaneously or deliberately.

Demography and epidemiology are priorities that contribute towards erasing borders between medical and social systems and traditions. Structure of diseases is being changed. In development systems those are not anymore communicable diseases, but chronic and degenerative as a result of new lifestyles. It is as if new diseases (almost as in paradox paradigm of Achilles and the tortoise) elude new scientific research and answers. In developed communities, due to low natality, low death rate of children and increase in average life span, social and economic circumstances are being radically changed.

Development of global civilization, together with progress of all sciences, enabled new approaches to the history of human communities that developed on the margins, or out of reach of European influences. If Eurocentrism is disposed of, an insight can be achieved into tides of that global history where certain human communities were physically isolated or far from values that became general in the spreading of that civilization. Gradual democratization of the science, especially of its application, and removal of social barriers to education and scientific studies that happened in time, were the big step of Western civilization that made its example particular and made its influence common asset of global community.

From historical perspective, medicine is one of exact sciences that link their interest, method and application to moral doctrines. Each sanitary culture reveals complex structure of social relations, economy, political establishment and cultural links. History of sanitary culture also has specific origin. In European history, it was researched by physicians or by historians that glorified their national cultures and their important figures.

Each cultural group in history had its own system of disease categorization. History of diseases and their cure is one of proofs of differences between historical experiences. Disparities in sanitary culture were not annulled by modern global development, institutionalized on the bases from WWII. Moreover, specific experiences, approaches, economic resources and ethical codes reveal their diversity. According to data by World Health Organization, regarding life conditions and health status, one fifth of humanity is in no better position than 2000 years ago.

The history of medicine, human biology in its social context and sanitary culture is especially recognizable in breaking periods, in civilization history discontinuities. One of such discontinuities, also the first event that united Europe and made it for the first time a community linked by identical feelings of fear, horror, despair and panic, was The Black Plague (The Black Death) in the mid 14th century. It was the beginning of common general history of fear, but also a profound quake that changed important social relations in the long run. The next discontinuity of that kind was the World War One, followed by influenza pandemic. The “total” World War Two was a total global turning point. It was the most intensive, the most tragic political, social, cultural and therefore health cataclysm in entire known human history. On the margins of human drama made of dying and suffering, it left strong moral questions regarding weapons of mass destruction, medical experiments and

ideological redirection of human genetics.

Modern scientific medicine based on biological research is being tracked only since late 1860s. Biomedicine was a concept with no historical precedents, based on certain discoveries that diseases with similar symptoms are being caused by different pathogens acting independently of conditions, like mental condition of a victim or its economic status. But even at the beginning of the 21st century old communicable diseases (sometimes in mutated forms) are still the most widespread causes of global mortality. Only a fraction of the world is in postmodern times, the ones that overcame premodern challenges. Large proportion of planet's citizens still have no available everyday sources of clear water and sanitary preconditions; these people are still devoid of devised and permanent care in control of communicable diseases.

History of the medicine, especially modern scientific medicine, encompasses complex processes starting in laboratories and continuing their development in ever wider social strata. Modern science and medicine are based on deep historical roots, but their direct influence on society and life quality are evident only in the last century and a half. Regardless of circumstances in which a global success of scientific medicine coincides with global spreading of the Western civilization, distant medicine history is related to rich human experience that managed to overcome cultural and political borders.

The Western science was successful primarily due to its ability to apply foreign experiences and establish continuity based on rational philosophy. Modern scientific medicine, biomedicine, emerged in the West, but in the other parts of the world before 1860 attempts were made to face real causes of disease and to define a disease. History of the medicine enables understanding aggregative nature of human experience. Medicine is both cultural and moral in character. In the period since mid 17th century when traders from Europe and later from North America got in touch with them, progressive medicines of premodern times, Chinese, Indian, the one from Pacific islands, can be understood only in their cultural context, with their logics and integrity.

Medicine implies dominant cultural characteristics of each community and each period. Stance towards health and disease is a part of complex system of behavior and values. Medicine is a part of a culture, has its role in mentality structure. Revelation of interaction between medicine and general culture phenomena opens an insight into genomes of human behavior and standing norms. Ideas on health and disease

followed cultural revolution, taking over heritage of precedent knowledge. Medicine was one of human activities that relatively early showed rational tendencies.

Primitive cultures are pessimistic towards goal and essence of a life, they nurse empathic feeling of individual and collective guilt regarding invisible supernatural force that rules the world. Primitive approach to religious belief is timid and skeptical, so distrust towards each knew knowledge and crucial change make important attribute of primitive cultures. Historical character of sanitary culture is reflected in respecting achievements of primitive medicine that was successful in fracture repositioning, wound treatment, use of massage or natural pharmacotherapy, including specific relation between a physician and a patient. Cults followed development of medicine sciences and their application for a long time.

Despite its spectacular development since mid 19th century, medicine kept and further improved the ethical character that could not necessarily be exactly verified. In certain sectors and certain cases medicine kept codices, written or unwritten customs and rituals. Medicine is historical by its basic character. It goes without saying that medical science and practice use historical knowledge and experience. History, on the other hand, reminds on human aspect of medicine, the one neglected in science-based medicine that focuses on technology.

History is being rewritten. There is no "final history". Each generation emphasize revisionist tendencies, not only because of new facts. Questions raised by new generations are changing. Interpretations and syntheses are being changed. History of the science is in itself a source on knowledge, thinking, stances, sometimes even on prejudices of each shift or even stagnation.

History research is also a dialogue with present. History of medicine made some achievements that are final in sense that facts are established through reconstruction of development of medical research, knowledge and its application, institutions, personalities. Not coincidentally, focus had shift towards social context revealing role of disease and cure and, in general, human biology including prevention, ethics and mentalities. In both medical and historical, i.e. general sense, each individual patient remains specific example. Nature of ethical systems in medical practice reveals the essence of cultural codes, customs, beliefs, prejudices, misapprehensions and characters. Research of history of women, gender and sexuality, also are transferred to medicine and sanitary culture. Study of a family, population changes and material conditions of living provoked research of disease historical patterns.

Diseases are key factor in the nature of a society, material conditions and institutions. Experiences with epidemics reveal almost all aspects of a society, politics and culture. The disease is a metaphor important in understanding morality, values and beliefs of each culture.

During history all the way to modern times, medicine had limited impact on a life and death patterns. The development of modern medicine opens very practical question of costs to results ratio. Changes in nature of natality and mortality interpret important characteristics of each human community. Time delimitations of different epochs, marked by demographic changes, indicate changes in profound and usually complex ratios of births and deaths, implying understanding of life and death. Even when “real people” experienced “real diseases” in history, medicine was not a crucial factor in changes of relations, prevention, cure and health.

Sciences are, roughly, divided to physical and behavioristic ones. Elton Mayo (Harvard University) divided them into “successful” and “unsuccessful” ones. He put chemistry and physics into first group, psychology and economy into the other. Dr. Drake considers that medical sciences should also be put among unsuccessful ones, for despite the total scientific knowledge they remain individual skill. There are well established sciences, like biology, and those in fruition process, like political sciences. Human interactions do not let demarcation line to be put between biological and social ones. Medicine can also be put among behavioristic sciences, since people and their interactions are complex and unpredictable. Behavioristic sciences are key to understanding human society and individual behavior. Medicine seeks causes of human diseases even in human habits and social relations. It is hard to estimate, primarily due to lack of knowledge on relevant facts that remain lost in the past, to which extent study of history or current social relations can contribute to improvement of living conditions, culture and healthy living habits. It should be noted that, in parallel with that, those cultures that understood history and turned it into useful heritage and general human experience, also investing into research and interpretation of history, at the same time had more success in developing performance of science, technology, economy, living conditions and social relations, also of science on human health.

Research of the past of sanitary culture, primarily the one reflecting on present, can have ethical or political implications. Sometimes they are desirable. Science has a right to offer answers to modern challenges: issue of abortion, euthanasia, family

planning, smoking and tobacco manufacturing and consumption regulation, research ethics, nuclear and genetic research and their application, stem cell research, systematic regulation of health care. These are all, at the same time, political issues. Covering question of peace and peace building is also considered very political, but violence in different forms is identified as a prime global problem related to public health. The violence is simultaneously one of the most important subjects of historical research. Some very heated debates in medical journals were focused on issues like war, political repression, terrorism and response to it, violation of human rights, to issues of collective violence in general. International Physicians for the Prevention of Nuclear War (IPPNW) received a Nobel prize in 1985 for their work in spreading reliable information of possible catastrophic outcome of a nuclear war. IPPNW and BMJ Publishing Group were publishing *Medicine and Global Survival*, an international medical journal focused on issues of war, disasters, human rights and environment protection from medical and sanitary perspective.

If considered in the light of methods and macro-history cognizance, history of sanitary culture could also offer answers to questions of how European civilization, for centuries before taking over Eastern knowledge and experience, could achieve global dominance after sailing seas of the world, and how it could its experience and standards make a general, global asset? From that point of view, the success of European, and on the same fundamentals based American medicine could be partially explained by European discovery of systematic economical development. That discovery is also linked to technological innovations and their ever wider use in everyday life. Application of technological research and its permanent exhortation belong to basic characteristics of modern Europe. Scientific development became detached, personal and personalized form of intellectual research that contributed to liberation from social clamps imposed by organized religion and from political pressures of centralized government. Like a rational return to neglected and ideologized ancient heritage, the Renaissance opened new paths to researchers, seafarers, adventurers, merchants, economy and science development.

Value of work, initiative and investments made obvious need to rationalize and specifically apply scientific knowledge. Due to accepted practice of economy planning that affected culture of future planning, the one that brings significant changes, Europeans learned from both their own and foreign experience. They learnt how to use knowledge. Systematic resistance towards learning from other cultures was the biggest disadvantage of Chinese at the beginning of modern times. Arabs were

hamstrung by dogmatized, unreformed religion, while their unity, the one that made Europeans in advance share the world and start their conquests, was broken by schisms and tribal disputes.

Faster development of medicine since mid 19th century was based on Western civilization's ability to take over foreign knowledge and experience and make new space for research, experiments and science application. Global success of European civilization made prominent a role of scientific and technological development that, through sped-up history and all structural changes, inspired feeling and understanding of freedom. Freedom is since ancient times an original ingredient of Western culture, but the most significant stimulus to new freedom development that bolstered scientific revolution in 19th century and its long-term historical heritage, came from emancipation from organized church and its state aspirations. Separating church from a state was an initial shift towards conquering individual freedom. Otherwise, organized religion forced ethical and epistemological limits to medicine and all those sciences that highlighted man's ability and need to control processes that used to be exclusive domain of divine and other supernatural forces. Individualism became a factor of long-term economical success. Scientific medicine and its wide use also came within scope of intensive economy development that resulted from technology revolution in 18th and 19th century. Parallel development of economy and medicine since beginning of 20th century could be noticed in ever shorter, sped-up cycles. In time, Westerners mastered vocation and skill to think in quantitative terms. Introduction of inductive method further led to noticing specificities, personal character features, diverseness and specific details. Reflexive acceptance of knowledge became a feature of global civilization. Science, technology, communication and market economy were even lately considered some kind of "last", posthistorical ideology.

Sciences are turned towards both past and future. Future is impossible to predict on the basis of acquired knowledge on the past. It is impossible to exactly predict future development of human knowledge, therefore a future of complex social relations and individual events (Karl Popper). In the historical development including current time, accelerated growth of human knowledge is facing accelerated changes in human society. Extreme growth of population is linked to extreme environment pollution generated by outdated technologies. Industrialization and globalization connote not only social, economical and technological changes, but also appearance of new diseases and quest for methods to prevent and cure them. Southeast Europe

is still occupied with migration problems, the ones that from WWII till recent events of forcible disintegration of Yugoslavia initiated wars, forced migrations, ethnic and religious animosity or extreme poverty. Migrations connote moving not only of social values and customs, but also of a lifestyle, and each lifestyle hides within itself healthy and unhealthy inclinations.

Historical knowledge and experience are important footing for future challenges. History of sanitary culture can actively communicate with challenges of today. Global urbanization that erratically turn cities into conglomerates of rural population and migrants surrounded by endless suburban dormitories brings about facing new challenges in order to preserve and improve public health correspondent with public space conditions. Prime questions brought by this context are related to organization of urban space, protection of environment and cultural historical heritage, technological development, infrastructure efficiency, structure and efficiency of public services, public transport system development, regional integration between a city and its surroundings, ergonomics and institution integrity. Planning of urban future is limited by traditional difficulties to project future, primarily by inability to predict social dynamics and historical incidents and by inefficiency of government services. These proved unable to adapt to market challenges, prone to corruption and self-willed arbitration and finally, inferior to private sector. Similar questions arise in each individual health care system.

European integration of Western Balkans anyway connotes serious and rational facing with historical heritage that slowed down development of institutional, economic and social performances. In the last decades, for the first time, majority of global population lives in cities. Such primacy was achieved even by cities in historically predominantly rural and nomadic Southeast Europe. The improvement of living conditions in cities depend on development of complex public institutions structure. Public health, both physical and mental, is directly dependent on health sector efficiency, infrastructure and urban public space development. Urban history of Southeast Europe is still seeking interesting and rewarding answers: how cities adapted to geo-climatic conditions, resources of water, food, energy sources or manpower; how urban day-to-day life and presence or absence of institutions affected public health; did urban planning paid attention to improvement of social contacts and, indirectly, of public health; what was availability of clean water; what diseases were urban dwellers facing and what diseases are linked with urban development problems; how citizens dealt with challenges of diseases, bad nutrition, poverty and

social inequality? How much was invested into public education, development of professional skills, basic health care, accessibility and preservation of clean water, waste disposal, public hygiene, recreation and amusement, transport and communication, energy, banks and parks regulation, childcare? The issues of anthropology and urban poverty culture are also important. They make interesting the role and destiny of ethnic communities, enclaves and ghettos.

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Journal Acta will remain focused on those issues that made its contents since establishing in 1960. At least two epochs passed since: two thirds of the Cold War and another one that started in 1989. Breakdown of Yugoslavia in early 1990s interrupted this journal which was Yugoslav journal. It was its advantage and explains the success of its continuity, the one reestablished by its revival.

Acta is nowadays published in a global era. Not by chance, Acta will devote some of its content to issues related to protection of peace, stability, human rights, urban regulation and public health. Acta will remain devoted primarily to past and future of Southeast Europe, a region once covered by Association of scientific societies for history of sanitary culture of Yugoslavia. The Association was active in a long period 1955-1990 and left mark that is precious and indelible. It was one of the most important independent scientific institutions that came into being and developed primarily due to enthusiastic individuals and inner communication within then joint Yugoslav cultural space. In two decades between disappearance and revival of the Association (1990-2010), the context changed dramatically: Yugoslav community was disintegrated with dreadful consequences: loss of more than 100,000 lives, injured and mutilated people, deported and devoid of human rights. Dominant discourse, logic and culture in past two decades were in every way contrary to overall engagement of professors Vera Gavrilović and Slobodan Đorđević that led the Association and journal Acta. Heritage of their humanism and vision made it possible and useful to revive both the Association and Acta, with adaptation to the times that passed by and to the needs of science in current social context.

This project came up also from belief that revival of mentioned performances of Yugoslav society and its place in European and global framework is actually an imperative to future development of Southeast Europe en bloc, despite all real or

contrived differences within. Confident that they would support and enrich this idea through their huge experience, competence and benevolence, this paper and revived journal Acta I devote to Vera Gavrilović and Slobodan Đorđević.