Accounting is about how much. Healthcare today seems caught between too much and not enough. On the one hand, there are swollen national health budgets, massive hospital and medical technology costs, big pharma, and an ever-growing market of medical products and services; on the other hand, lack of access to healthcare can be found across the globe, as can political challenges of resource allocation, ethical dilemmas of “rationing,” and the search for solutions of cost reduction, more equal distribution, and efficiency between the poles of government regulation and market principles. Critics argue that “economization” of medicine limits the growth of medical knowledge and its benefits.

It is hardly noticed in current debates that some version of these patterns and problems of economy has been with health and medicine for centuries – not only in the modern sense of economic efficiency, but also in a traditional sense of good medical practice. Moreover, the perceived patterns, problems, and solutions have all been enabled by various forms of accounting – in the narrower sense of bookkeeping methods and in the broader sense of economic, political, and moral monitoring, calculating, and decision-making. And these, in turn, appear to have shaped medical knowledge and practice in ways too little understood. We invite scholars from a wide variety of relevant fields to join a working group to examine this longue durée of medicine and economy, focusing on practices and values of economic and medical knowing.

With this focus, the group will bring together related perspectives and lines of research that have been surprisingly disconnected hitherto: historical and social study of health economics, markets, and regulation or “economization”; history and sociology of accounting, including work specifically on hospital accounting; study of the rise of political arithmetic and vital statistics; of quantification in clinical medicine as well as in public health and epidemiology; of risk calculation and insurance. All of these will be brought together more broadly with historical and social studies of information, data, and paper technology.

Questions to be addressed include: What variety of roles have accounting and similar economic practices played in everyday medical knowing? In knowing what to do in health care institutions? Since when and why? How do such practices generate information about medical costs and in what ways are such data transformed into economic knowledge? How has this economic practice and knowledge affected medical knowledge and practice, whether in diagnosis and disease classifi-
cation, or human and animal physiology and its “applied” fields and uses, the conceptual and economic organization of medical research, the nature of prognosis and treatment, patients’ self-observation and self-medication, and so on? Or looking beyond such effects, have medical and economic knowing been more deeply integral to each other and, if so, exactly how? Under what conditions have these relationships and processes become visible and contested or consciously shaped by actors for specific ends? What changes can be observed over time, and what differences across countries or political and economic systems?

Accounting happened on paper, at least in the period of proposed study. It involved not only specific methods of counting and numerical calculation, but also wider practices of information and data, including note-taking and the keeping, organizing, and using of notebooks, files, and archives, reading and writing, tabularization and transfer among different kinds of tabular and narrative representation. Practices of data, writing, and information have become the subject of increasingly intensive historical and social research over the past 10 years. These are not the subject per se of the proposed working group, but they are its material focus. More concretely, in the sphere of accounting, information practices produce cost calculations for medical treatments (and indeed the very definition of units of medical care), tables of figures about the patient, construction of vital and medical statistics, the accounting of charges for insurance companies and their setting of rates, and classification of information and data about patients. Proposals for participation in the working group will therefore ideally specify the sorts of material to be studied: from practitioner notebooks to hospital ledgers; from files and tables to budgets, but also reports, charts, publications, records of meetings and debates. Research questions will go beyond revealing forms and practices to address what it has been at stake in them. Accounting looks both backward and forward in time, comprising both accountability and projection or forecasting; it puts a variety of values and expectations on paper in ways that operate immediately and long-term on disease and survival, always through the knowing that happens around these. Accounting and related practices thus shape what medicine is and, for actors in given times and places, ought to be.

The working group will convene three times in 2016–17 in Berlin with the purpose of producing a truly collective volume. The contributions will be discussed at the workshops, with feedback from participants and invited commentators. The working group is an initiative of the research project “Ways of Writing: How Physicians Know, 1550–1950,” funded by the ERC (for further information about the project see: http://papertechnology.org). This will be the third working group of the ERC project using this mode of collaborative work. Meetings will take place in June (17th–19th) 2016, in December (2nd–4th) 2016 and in late Spring 2017. Travel and accommodation will be reimbursed. Proposals of up to 300 words should be sent by 11th March 2016 to axel-caesar.huentelmann@charite.de.