Chapter 5

Medical Historians Take Over the Concept: The Late Twentieth Century

As I have suggested, it would have been difficult for anyone observing the deprofessionalization of physicians and changes in scholarly work to have foreseen that, from the late 1970s to the late 1980s, the history of the profession of medicine would have thrived, indeed, blossomed. With sociology turned elsewhere, with new and different emphases in social history and in the world of intellect in general, that the idea of profession should flourish within medical history comes as a surprise.

But in fact the historians of medicine took "profession" and pushed the subject further—indeed, made it their own. And the main writers who did this came from what John Harley Warner describes as a recognizable "generation of historical scholarship" in the history of medicine.[1]

Moreover, the history of medicine was no longer an isolated subject. In this context, the history of the medical profession acquired additional dimensions as scholars added new ways of viewing ideas such as expertise and community and as more and more investigators wrote about the history of all professions—including medicine.

As early as 1982–1983, several eyewitnesses commented on the new activity in the history of professions. Matthew Ramsey (1948–), a historian of medicine with a keen interest in the history of all professions, labelled the history of professions a "vogue" within the discipline of history. One sign that he cited was a special programme led by Lawrence Stone (1912–) at Princeton University in the United States, a programme later commemorated by two volumes edited by Gerald Geison (1943–).[2] Another was a special issue of *Geschichte und Gesellschaft* on 'Professionalization in Historical Perspective'.[3] Such investigations into the history of professions, Ramsey observed, already were showing that further empirical studies could advance a number of scholarly dialogues in which the idea of profession was involved: Marxist versus non-Marxist interpretations of professionals' functioning; science versus the market as the determining factor in the history of expertise; bureaucratic imperatives; and social hierarchy as a fundamental force in human activity.[4]

[1] John Harley Warner, 'The History of Science and the Sciences of Medicine', *Osiris*, 10 (1995), 164–193; the phrase is on 185. Warner, despite his avowed focus on science, provides a general overview of writings in the history of medicine beginning in the last half of the 1970s. An example of the growing number of publications using the concept of profession was Terence D. Murphy, 'The French Medical Profession's Perception of Its Social Function Between 1776 and 1830', *Medical History*, 23 (1979), 259–278.

[2] Matthew Ramsey, 'Review Essay: History of a Profession, *Annales* Style: The Work of Jacques Leonard', *Journal of Social History*, 17 (1983), 319–338. *Professions and Professional Ideologies in America*, ed. Gerald L. Geison (Chapel Hill: The University of North Carolina Press, 1983). *Professions and the French State, 1700–1900*, ed. Gerald L. Geison (Philadelphia: University of Pennsylvania Press, 1984). Ramsey had participated in this programme, as had another eyewitness, Wilfrid Prest, 'Why the History of the Professions is Not Written', in *Law, Economy and Society, 1750–1914: Essays in the History of English Law*, ed. G. R. Rubin and David Sugarman (Abingdon: Professional Books Limited, 1984), p. 300, who commented: "Certain institutional manifestations and a growing volume of published work indicate that historians are paying increased attention to the professions".

[3] *Geschichte und Gesellschaft*, 6 (1980), 311–402.

[4] Ramsey, 'Review Essay: History of a Profession'. Still another eyewitness who commented on the upsurge in historical interest, and particularly in medical history, was S. E. D. Shortt, 'Medical Professionalization: Pitfalls and Promise in the Historiography', *HSTC Bulletin*, 5 (1981), 210–219. That the interest in an essentially

Figure 23: Matthew Ramsey and his family, while he was participating in the Princeton programme.

The History of Professions in General

In the scholarly world that was in place by the opening of the 1980s, the work of general historians of professions had a changed relationship to the history of medicine. As noted above, in the earlier period, from the mid-1960s to the mid-1970s, general historians of various professions and of professions in general, like Lubove and Calhoun, had sometimes ignored sociological conceptualizations, sometimes used them implicitly, and sometimes used them openly and with profit—before historians of medicine did. For example, military historian Allan R. Millett in 1975 had not only mastered and synthesized the literature of sociology but had applied sociological conceptualizations in nuanced ways to the history of the process of professionalization of the American army at the turn of the twentieth century.[5]

Moreover, general historians of professions used the alternative source of ideas about profession that was also already noted in previous chapters: the numbers of histories of professions, including the medical profession, that were appearing. By the 1980s, the amount of publication on the history of professions had reached a point such that writers

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social science approach to one aspect of medical history came in just as the social sciences were being replaced in general history is a reflection of, if nothing else, the fact that fads tended to affect medical history more slowly than they did other kinds of history; see especially Georg G. Iggers, *Historiography in the Twentieth Century: From Scientific Objectivity to the Postmodern Challenge* (Hanover, NH: Wesleyan University Press, 1997).

[5] Allan R. Millett, *The General: Robert L. Bullard and Officership in the United States Army, 1881–1925* (Westport: Greenwood Press, 1975), especially pp. 3–10.

on the subject could therefore, even more completely than before, turn to other historians, rather than to sociologists, for conceptual enrichment.[6]

This complementary work in the history of professions took on special importance to medical historians because, to a growing extent, the history of medicine became at times part of the general history of professions, and what happened in that field affected writings in medical history. In conferences and collections of papers about the history of professions, historians of medicine found their work physically adjacent to that of historians of the law and of many other professions far removed from the delivery of health services.[7] Medical historians were therefore exposed to new themes in the history of professions, particularly a growing emphasis on the expertise of professionals and the idea that professional groups might be conceptualized in terms of communities.

The opening of a new era in the general history of professions can perhaps be set at 1976, when three widely-praised books were published in which the historian authors, all Americanists, gave little or no recognition to their sociological colleagues—but in which, however, at least some concepts showed up that were identical to those of historians who did use the literature. One, writing about lawyers from 1776 to 1879, did not cite sociologists but did write about the growth of professionalism in the form of ethics, objectivity, and idealism. Another, attempting to use historical accounts to remove the mystique of profession from lawyers, also did not cite the writings of sociologists, and he used basically a commonsense view of professionals' status, responsibilities, and ethics. His index included the idea of professionalization, but he used it to refer to the socialization of individuals into the law (just as medical students, in sociologists' studies, were socialized into medicine), not to changes that affected lawyers as a group. And a third historian, in discussing the growth of professionalism among American scientists, cited Daniels' work as well as that of other historians—but no sociologists.[8]

Reservations Among General Historians of Professions

As these and other publications showed, by the late 1970s, a growing number of writers, chiefly Americans, were producing histories of professions that differed from earlier works not so much in subject matter as tone. Parallel to the revisionist sociologists, these historical scholars were beginning to express scepticism that earlier self-serving accounts of the rise of one profession or another was an unmitigated tale of altruism (although by

[6] One bibliography suggestive of material already available before the mid-1970s is found at the end of Samuel Haber, 'The Professions and Higher Education in America: A Historical View', in *Higher Education and the Labor Market*, ed. Margaret S. Gordon (New York: McGraw-Hill Book Company, 1974), pp. 237–280; at this point, Haber himself was not yet citing sociologists, but he did use the themes of authority and dependence of professionals.

[7] As earlier, numerous histories of one professional group or another continued to appear, often those written as an act of piety by a member of the group, or produced as justification for aspirations of the group to professional status. Such "inside", typically amateur, histories did not greatly contribute to more general historical discourse.

[8] Maxwell Bloomfield, *American Lawyers in a Changing Society, 1776–1876* (Cambridge, MA: Harvard University Press, 1976). Jerold S. Auerbach, *Unequal Justice: Lawyers and Social Change in Modern America* (New York: Oxford University Press, 1976). Sally Gregory Kohlstedt, *The Formation of the American Scientific Community: The American Association for the Advancement of Science, 1848–60* (Urbana: University of Illinois Press, 1976), chap. VI; among works she cited were those by Calhoun and Calvert. Both Auerbach and Kohlstedt alluded to sociological work on other subjects.

this time, such hagiography was largely a straw man). Professionals' concerns about status, frequently found in primary sources, were an especially easy target for scholars of a later period. Carlo M. Cipolla of the University of Pavia (whose 1976 work was noted in Chapter 4) in 1973, for example, found in traditional modes of inquiry, not sociology, harsh questions about the status and privileges of professions in early modern Europe. He found professionals motivated by "the selfish interest to restrict competition", and he also noted their self-justifying claims that "restrictions and controls . . . were needed to maintain a high standard of competence and ethics in the profession . . . ". Unlike some scholars, however, Cipolla was balanced enough to note that "In fact both motives [selfish and public] were at play and reinforced one another . . . ".[9]

In addition, as among the historians of medicine described in the last chapter, in this expanding literature on the development of professions in general, a number of historians were using, here and there, consciously or, sometimes, indirectly and unconsciously, the conceptualizations that sociologists, mostly in the 1950s and 1960s, had furnished. And, again parallel to the historians of medicine, some general historians of professions explicitly expressed reservations about utilizing conceptualizations that came ultimately from sociology. Some expressed their reservations by ignoring the work of sociologists, and they showed that it was possible to produce good history using alternative ways of conceptualizing professionalism.[10] "The constructs of sociologists are fundamentally ahistorical", noted a historian of professions, William R. Johnson, in 1975. They "construct analytical categories that appear to transcend the experience of particular professions", he went on, but these ideal typologies "ultimately lead sociologists away from an examination of the experience of professionals themselves" and create a scholasticism, he said, in which there was "methodological debate . . . carried on far above the historical field on which professional development takes place". Several years later, Wilfrid Prest, an Australian historian of the legal profession, also denounced ahistorical accounts of professionalization and identified the distorting influence of sociological portrayals of "professions" as the reason 'Why the History of the Professions Is Not Written'.[11]

[9] Carlo M. Cipolla, 'The Professions. The Long View', *Journal of European Economic History*, 2 (1973), 37–52. That is Cipolla made no explict references to sociologists in this work as he did later.

[10] As late as 1979, an American writer dealing with the legal profession in Massachusetts took from his turn-of-the-nineteenth-century primary sources ideas of a professional class and elite and did not, at least in an obvious way, suggest that he was using the term "profession" in any sense much beyond a collective noun; Gerald W. Gawalt, *The Promise of Power: The Legal Profession in Massachusetts, 1760–1840* (Westport, CT: Greenwood Press, 1979); a possible exception, in a passage on legal education, was p. 131.

[11] William R. Johnson, 'Professions in Process: Doctors and Teachers in American Culture', *History of Education Quarterly*, 15 (1975), 185–200, especially 186–187. Johnson clearly was familiar with the work of sociologists, but he did not cite any in his 'Education and Professional Life Styles: Law and Medicine in the Nineteenth Century', *History of Education Quarterly*, 14 (1974), 185–207. In his book, *Schooled Lawyers: A Study in the Clash of Professional Cultures* (New York: New York University Press, 1978), Johnson spoke out even more strongly, not about the elements in sociological conceptions of a profession but about the way "almost all sociological investigation . . . treats the concept of the professional as a static entity" (p. 182). Johnson himself portrayed changes in legal history in terms of the clash of two different types of professional. Prest, 'Why the History of the Professions Is Not Written', pp. 300–320. Nathan Reingold, 'Definitions and Speculations: The Professionalization of Science in America in the Nineteenth Century', in *The Pursuit of Knowledge in the Early American Republic: American Scientific and Learned Societies from Colonial Times to the Civil War*, ed. Alexandra Oleson and Sanborn C. Brown (Baltimore: The Johns Hopkins University Press, 1976), pp. 33–69, was an important example of scepticism based on his analysis of historians' biases. Americans, he wrote, were absorbed with the question of elites in a democracy, bringing to the history of science a preoccupation with

Reservations and scepticism about sociological formulations of professions and professionalization were compounded by the modish anti-institutional attack on all professions that intensified in the 1970s. One historian of professions, for example, focusing on the early twentieth century, concluded that "many professionals supported public bureaucratic reforms which served upper-class or capitalist interests, either by removing effective decision making from the lower levels of society or by rationalizing social and economic relationships to the benefit of the upper levels of society". Professional status, he said, permitted professionals to fool themselves into supporting the powerful.[12] Another historian, Henrika Kuklick, writing about boundary maintenance, noted the then-current anti-institutional trends explicitly and the fact that "in the 1970s the traditional learned professions—doctors and lawyers—became suspect, as lawyers abused high government offices and doctors seemed increasingly irresponsible to patients ill-served by a depersonalized and expensive health care system". But more serious, she found, were suspicion and denigration of expertise. Even "within the scientific community there has been a loss of faith in the merits of their expertise . . . ", she concluded.[13] Whether avowed or not, clearly such thinkers as Illich were finding an audience among historians.

1970s Harbingers of a Wave of New Historians of Professions

It was in such a context of doubts and criticism among historians of all professions that various scholars attempted, like the medical historians, to devise some method that would use, but go beyond, sociological insights in ways especially suited to the materials and tasks of historians of professions.[14] In particular, three books, all dealing with American professionals in the nineteenth century, suggested that historians might have something fresh to say about the professions as a historical subject.

Mary Furner in 1975 examined the professionalization process among late nineteenth-century American social scientists, in the end emphasizing the knowledge base of professions. She found all approaches to the sociology of professions helpful, but in her material she, like other scholars, found that the very process of professionalization changed over time in the nineteenth century, shifting from a basis in social position to one of expertise.[15]

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professionals. The record showed past scientists' concern with practical occupational ties and roles more than with status and exclusion of amateurs. Because Reingold's paper targeted the work of certain other historians of science, not necessarily named, Reingold's argument was not as directly aimed at the professionalization question as the title promised.

[12] Wayne K. Hobson, 'Professionals, Progressives and Bureaucratization: A Reassessment', *The Historian*, 39 (1977), 639–658; the quoted material is from 656.

[13] Henrika Kuklick, 'Boundary Maintenance in American Sociology: Limitations to Academic "Professionalization"', *Journal of the History of the Behavioral Sciences*, 16 (1980), 215n.

[14] Looking back at the struggles of investigators of the mid-1970s trying to accommodate to their empirical findings the conventional sociological literature of the 1950s and 1960s, it is easy to find forerunners of the surprisingly independent history of the professions of the 1980s. Often cited was Laurence Veysey, 'Who's a Professional? Who Cares?, *Reviews in American History*, 3 (1975), 419–423; Veysey, for example, repudiated the sociological model, which he believed self-serving to Kennedy-era technocrats, and, like an increasing number of historians, he called for a new model that was historical.

[15] Mary O. Furner, *Advocacy & Objectivity: A Crisis in the Professionalization of American Social Science, 1865–1905* (Lexington: The University Press of Kentucky, 1975), especially pp. 2n, 127–128, 306. Calvert, noted above, had earlier been a precursor of this viewpoint.

The next year, Burton J. Bledstein (1937–), in a major historical work on the history of professionalism, brought sociological ideas into history in the context of the idea of cultures and an organizational, service society. He redefined the function of professional ideals and aspirations in terms of historical circumstances. Professions, Bledstein showed, in the nineteenth century came to substitute loyalty to their own "vertical" group for a broad community loyalty: "For middle-class Americans, the culture of professionalism provided an orderly explanation of basic natural processes that democratic societies, with their historical need to reject traditional authority, required".[16]

Finally, in 1977, Thomas Haskell, writing, like Furner, about social scientists, reinforced the emphasis on community that he and others identified with Thomas Kuhn. "Communal values", Haskell wrote, were the device that permitted professionals to act together to protect and develop interests in a rapidly changing social environment. The motives of career and intellectual explanation of the world combined, Haskell reported, noting the emotional energy that this combination harnessed—a version of that spirit of profession that medical historians had identified. Haskell, moreover, showed how that spirit worked in specific individual cases.[17]

It was, then, possible, by the end of the 1970s, to write a history of a profession or group of professions and, by citing only historians' works, to make the work informed by sociological formulations as well as the wisdom of historians—as, for example, Donald Scott did in 1978, writing about the New England ministry from 1750 to 1850.[18] Such writings reflected the growing prominence of scholarship concerning the history of professions. By 1982, historian Geoffrey Holmes (1928–1993) was interpreting a whole age, England from 1680 to 1730, in terms of the rise of professional men. It was they, he argued, who worked effectively to maintain order and still leave a relatively open society.[19]

[16] Burton J. Bledstein, *The Culture of Professionalism: The Middle Class and the Development of Higher Education in America* (New York: W. W. Norton & Company, 1976); the quotation is from p. 90. Sociologists who wrote about vertical professional communities were noted in Chapter 3. Thomas Bender, 'The Cultures of Intellectual Life: The City and the Professions', in *New Directions in American History*, ed. John Higham and Paul K. Conkin (Baltimore: The Johns Hopkins University Press, 1979), pp. 181–195, in a similar way pictured the shift of professions from being city-based to discipline-based, but he brought some Foucaultian language in, referring to structures that conveyed ideas, and he transferred the community idea to communities of discourse.

[17] Thomas L. Haskell, *The Emergence of Professional Social Science: The American Social Science Association and the Nineteenth-Century Crisis of Authority* (Urbana: University of Illinois Press, 1977), especially p. 236.

[18] Donald M. Scott, *From Office to Profession: The New England Ministry, 1750–1850* (Philadelphia: University of Pennsylvania Press, 1978); and see Oliver R. Whitley, review of ibid., in *Contemporary Sociology*, 7 (1978), 805–806. It was still possible also to ignore the historians' writings and draw directly on the sociological literature; see, for example, L. Houser and Alvin M. Schrader, *The Search for a Scientific Profession: Library Science Education in the U.S. and Canada* (Metuchen, NJ: The Scarecrow Press, 1978).

[19] Geoffrey Holmes, *Augustan England: Professions, State and Society, 1680–1730* (London: George Allen & Unwin, 1982). It is extremely difficult to determine the extent to which Holmes was influenced by standard sociological ideas about profession, but a case could be made that it was, however little acknowledged, considerable. He spoke, for example, of professional independence rather than autonomy—but he could just as well have used the customary term and the conceptual material that went with it. He also could have characterized the transition in his period in terms of modernization, but he did not use that term. Nor were his bibliographical references revealing at all.

The Princeton Programme

Historians did have one major artificial stimulation for their interest in the history of professions: the programmes for 1978–1979 and 1979–1980 at the Davis Center at Princeton University in the United States. More than a hundred academics participated at one point or another. Thus in a short period of time, a large number of scholars were exposed to questions and analysis from the literature of both sociology and history. Moreover, historical scholarship stimulated by the programme continued to appear for years afterward, and the number of scholars involved was so great that the programme constituted a shaping force.

By the end of the seminar series, participants, as Geison reported, had moved beyond viewing professionalization "as a beneficial and virtually inevitable part of an increasingly complex and interdependent world . . . Yet", Geison continued,

> the resulting literature is sometimes strident or conspiratorial in tone and too sweepingly critical of Parsons and Parsonians . . . In fact, the "anti-Parsonian" literature itself often deploys Parsonian categories, if only to deny that professions and professionals actually conform to the model. Similarly, in the course of rejecting Parsonian teleology, the critics often merely substitute one of their own.[20]

Clearly, the Princeton programme not only increased historical work on the professions but showed those interested in the subject that they could expect to find their work subject to searching—and informed—analysis.

Participants found their intellectual interactions stimulating as they worked explicitly on the interface between sociological ideas and historical approaches. "When the topic of the professions was chosen", wrote the director, Lawrence Stone,

> we assumed that the definition of a profession and professionalization given to us by the sociologists was a sound one . . . Within a few weeks, it . . . became clear that what a profession is . . . and what the process of professionalization implies, are vastly more complicated questions than any of us had thought . . . By the end of the year some of us were beginning to have doubts about the validity of the concept as a useful historical tool.[21]

After the second year, Stone announced that the seminar had confirmed that the sociologists' lists of definitions did not fit historical material, and that the "fashionable" conspiracy theory of professional development was not tenable, either. It was the impression of an English visitor in the programme, Harold J. Perkin (1926–), that in addition to valuable comparative dimensions in the Center discussions, there was a "stand-off" between the sociological and historical viewpoints:

> "If only historians would accept a stipulative definition (ideal type) and let us see how far it fits," the one discipline seems to say. "If only the sociologists would see that stipulative

[20] Gerald L. Geison, 'Introduction', in *Professions and Professional Ideologies*, ed. Geison, pp. 4–5. There was a contemporary but much smaller summer programme at Ohio State University dealing with the history of the medical profession; that programme was directed to health professionals and sponsored by the National Endowment for the Humanities.

[21] Lawrence Stone, in Shelby Cullom Davis Center for Historical Studies, *Annual Report*, 1978–1979, pp. 5–6. I am extremely grateful to Gerald Geison for making available to me copies of the relevant annual reports of the Center.

> definitions do not change reality but only prevent one['s] seeing what it meant to contemporaries," says the other.

But clearly the seminar both affected and stimulated the study of the histories of many professions from many countries—albeit most of the participants did not focus on medicine.[22]

The Extension of Interest to Continental Europe

American scholars in particular published about the history of professions in general.[23] Why had this interest not generated a counterpart elsewhere in the world? How could Freidson in 1983 refer to professionalism as an Anglo-American "disease"? One reason was that Continental scholarship, at least, continued to reflect the fact that Weber and Marx had neglected the "liberal professions" that were, in any event, much less important as a social category in non-Anglophone polities.[24]

All of this was by way of explaining why sociological interest in the state and bureaucracy, noted above, made an opening for historians of the professions on the Continent. But that interest was very recent: almost all of the works Geison cited in introducing the Princeton programme volume on the professions in France dated from the mid-1970s or later.[25]

One of Ramsey's conspicuous evidences of change at the end of the 1970s and the beginning of the 1980s in fact came from Germany: the special issue of *Geschichte und Gesellschaft*. Papers in the issue included a discussion of the theoretical problem of professionalization, a study of chemists in Wilhelmian Germany (with the suggestion that a profession of chemists was socially constructed by changing social perceptions, rather than developing inevitably through a natural process of professionalization); a study of semi-professionals' education; and a discussion of changes in the profession of medicine by social historian Claudia Huerkamp (1952–).[26]

[22] Lawrence Stone, in Shelby Cullom Davis Center for Historical Studies, *Annual Report*, 1979–1980, p. 5. Harold J. Perkin, in ibid., p. 10.

[23] In the United States, there was another artificial stimulant to interest in the history of professions: a series of Supreme Court cases culminated in 1982, denying that organizations in law and medicine, the best-established professions, could enforce their professional ethics against advertising. In the end, the courts held that the professionals were instead to be treated equally before the law as business people. This confrontation of a new status for professionals raised basic questions as to what a profession was, and the National Humanties Center at Triangle Park in 1982 convened a conference around this problem. By that time, scholarship had developed so that historian Anthony J. La Vopa could suggest to the conference the importance of the history of professions and tell the participants with considerable confidence, "The ideology of professionalism . . . is a legacy of the nineteenth century". *A Conference on the Humanities and the Profession of Medicine, April 16-17, 1982*, ed. Allen R. Dyer (Working Paper #4, Research Triangle Park: National Humanities Center, 1982). Matthew Ramsey was kind enough to bring this publication to my attention.

[24] Eliot Freidson, 'The Theory of Professions: The State of the Art', in *The Sociology of Professions*, ed. Robert Dingwall and Philip Lewis (New York: St. Martin's Press, 1983), p. 26. Gerald L. Geison, 'Introduction', in *Professions and the French State, 1700–1900*, ed. Geison, pp. 2–3.

[25] Ibid., pp. 11–12n. Paul Weindling, 'Medicine and Modernization: The Social History of German Health and Medicine', *History of Science*, 24 (1986), 277–301, emphasizes the impact of social medicine on German historians.

[26] Huerkamp's work is discussed below.

Dietrich Rüschemeyer, the sociologist who wrote the theoretical paper, denied that interest in the history of professions was limited to American scholars. Moreover, the variety of papers in the collection suggested that German historians were by that time, at least, abreast with the English-language literature and aware of the history of professions as a subject for investigation. But the American link was still evident: two of the papers, including the theoretical discussion, were written by scholars teaching in the United States. A similar collection of papers, on educational systems and professionalization, published in Germany in 1985, showed a similar American link. That group did, however, manage a local orientation: despite a number of comparative contributions (some in English), the collection centred around a very non-American theme, the stratification process of elite education in Germany and the way that professionals, as a consequence, differentiated themselves.[27]

General History of Professions Fully Established

By the mid-1980s, then, general historians of professions had moved well away from ideal sociological models of professions and were exploring where historical material would take them in different cultural settings. Their work received an additional boost from other questions that came from within history and from outside of it as well.[28] Among such writers, the relationship between profession and specialization, which could include both bureaucratic and knowledge categories, became significantly more conspicuous as a theme. A second notable theme was expertise—again with both a social aspect and an intellectual aspect, intensifying the concern shown by earlier historians about the place of expert knowledge in a democracy. In 1984, a widely-cited collection of essays (edited by Haskell, the historian) markedly conflated the idea of professional and expert.[29]

[27] Dietrich Rüschemeyer, 'Professionalisierung: Theoretische Problem für die vergleichende Geschichtsforschung', *Geschichte und Gesellschaft*, 6 (1980), 311–325, especially 311–312; Lothar Burchardt, 'Professionalisierung oder Berufskonstruction? Das Beispiel des Chemikers im wilhelminischen Deutschland', ibid., 326–348; Claudia Huerkamp, 'Ärzte und Professionalisierung in Deutschland: Überlegungen zum Wandel des Arztberufs im 19. Jahrhundert', ibid., 349–382; Douglas R. Skopp, 'Auf der untersten Sprosse: Der Volksschullehrer als "Semi-Professional" im Deutschland des 19. Jahrhunderts' (trans. Ute Frevert), ibid., 383–402. *Bildungsbürgertum im 19. Jahrhundert. Teil I. Bildungssystem und Professionalisierung in internationalen Vergleichen*, ed. Werner Conze and Jürgen Kocka (Stuttgart: Klett-Cotta, 1985).

[28] Don S. Kirschner, *The Paradox of Professionalism: Reform and Public Service in Urban America, 1900–1940* (Westport, CT: Greenwood Press, 1986), for example, followed up on the organizational interpretation of American history, but he incidentally included the bureaucratization theme while explicitly and empirically rejecting the doctrinairely negative connection between reformist social control and professionalization/professional power.

[29] See, for example, Rosemary Stevens, 'The Changing Idea of a Medical Specialty', *Transactions & Studies of the College of Physicians of Philadelphia*, ser. 5, 2 (1980), 159–177, who had recourse to the concept of institutionalization. *The Organization of Knowledge in Modern America, 1860–1920*, ed. Alexandra Oleson and John Voss (Baltimore: The Johns Hopkins University Press, 1979). *The Authority of Experts: Studies in History and Theory*, ed. Thomas L. Haskell (Bloomington: Indiana University Press, 1984). Burton J. Bledstein, 'Discussing Terms: Professions, Professionals, Professionalism', *Prospects*, 10 (1985), 3, writing in this period, could date the importance of the idea of expert in the professions only to the 1930s in the United States, and, unlike Haskell, he differentiated experts and professionals sharply. See also *Government and Expertise: Specialists, Administrators and Professionals, 1860–1919*, ed. Roy MacLeod (Cambridge: Cambridge University Press, 1988). Ulfried Geuter, *Die Professionalisierung der deutschen Psychologie im Nationalsozialismus* (Frankfurt am Main: Suhrkamp Verlag, 1984), although starting with standard sociological categories and literature, extended the inquiry to the ways in which a subject and discipline became a profession. The influence of Foucault's ideas of course helped shape thinking about experts; see below.

That historians were inclusive was a strength of their work on the history of professions. They brought a variety of wisdoms to the subject. They could use standard models to elicit interesting results, as Terry Reynolds, for example, found that American chemical engineers set up boundaries first and established a knowledge base for their profession only later, while Donald Napoli found that "applied psychologists were the first occupational group to start the journey to professionalism directly from the university".[30]

And these historians could by that time not only recognize the field but the fact that historians had something special to contribute. Rosenberg, doubling as a general historian, tried to goad his colleagues by noting that "Historians of organized knowledge have often accepted sociological ideal-type descriptions as given—rather than using their special competence to evaluate the adequacy of such formulations". Bledstein, too, criticized the narrowness of many approaches to professions as he urged historians, as historians, to consider the influence of the society within which professionals functioned.[31]

Historians of Medicine

What, then, were historians of medicine doing in this late 1970s/early 1980s context of declining influence of sociologists and a growing and vigorous interest in the history of professions among general historians? Among historians of medicine, the history of the medical profession began to flourish to an extent that was totally different from any previous interest.[32] And by this time, the audience of scholars was prepared. Already in 1978, for example, the editor of the *Journal of the History of Medicine and Allied Sciences*, Leonard G. Wilson, commented on the professionalization of people working in the history of medicine and also described professional boundary drawing among them. Clearly he assumed that anyone reading his editorial would be acquainted with these concepts.[33]

The number of publications in medical history touching on profession became formidable in part because of the many PhDs in the history of medicine and, in addition, PhDs in other fields of history who were joining the field. Where at the end of the 1960s medical historians had shown concern for instruction in medical history in the medical schools, in the mid-1980s, surveys in North America and Britain focused on graduate training in the history of medicine outside medical schools, often in connection with the history of science. In less than twenty years, the number of doctoral programmes in North America had increased from ten to twenty-eight. In Britain, not only were there four

[30] Terry S. Reynolds, 'Defining Professional Boundaries: Chemical Engineering in the Early 20th Century', *Technology and Culture*, 27 (1986), 694–716. Donald S. Napoli, *Architects of Adjustment: The History of the Psychological Profession in the United States* (Port Washington, NY: Kennikat Press, 1981); the quotation is from p. 8.

[31] Charles Rosenberg, 'Toward an Ecology of Knowledge: On Discipline, Context, and History', in *The Organization of Knowledge in Modern America*, ed. Oleson and Voss, p. 452n. Bledstein, 'Discussing Terms', pp. 1–15, especially 4-5.

[32] Again, see the overview in Volker Roelcke, 'Die Entwicklung der Medizingeschichte seit 1945', *NTM*, n.s. 2 (1994), 193–216.

[33] [Leonard G. Wilson], 'History Versus the Historians', *Journal of the History of Medicine and Allied Sciences*, 33 (1978), 127. See, similarly, James H. Cassedy, 'Diversity and Professionalism in American Medical History: The AAHM in the 1980s', *Bulletin of the History of Medicine*, 59 (1985), 390–394, especially 392–393, where he wrote specifically of the professionalization of medical history.

Wellcome Units, for the history of medicine, at different universities, but a total of fifteen institutions offered doctorates in the subject.[34] In Europe as a whole, the number of centres for the study of medical history (100 or more by 1996) expanded, but these institutes were in substantial part attached to medical schools.[35]

Because of the wide dispersion of historians of medicine among a multiplicity of institutions, all of these numbers no longer could suggest adequately the size or even the complete configuration of a history of medicine community. Not only MDs and PhDs but those holding both degrees claimed a place in that community.[36]

In 1983, S. E. D. Shortt (1947–), a scholar with an MD, was already able to call upon a great many publications in the field when he surveyed what historians had written about

Figure 24: Samuel E. D. Shortt in the early 1980s.

[34] Ann G. Carmichael and Ronald L. Numbers, 'Graduate Education in the History of Medicine: North America', *Bulletin of the History of Medicine*, 60 (1986), 88–97. Christopher Lawrence, 'Graduate Education in the History of Medicine: Great Britain', *Bulletin of the History of Medicine*, 61 (1987), 247–252.

[35] *Institutes for the History of Medicine and Health in Europe: A Guide*, ed. Robert Jütte (Sheffield: European Association for the History of Medicine and Health Publications, 1997), includes 84 institutes in twelve countries, but the returns were quite incomplete (many less that 75%); the number may well be far more than 100, even eliminating institutes that exist largely on paper.

[36] There were especially good eyewitness reports on one important but provincial scene: Cassedy, 'Diversity and Professionalism', and Ronald L. Numbers, 'The History of American Medicine: A Field in Ferment', *Reviews in American History*, 10 (1982), 245–263, who emphasized what he saw as conflict among the groups as the social and intellectual historians increasingly appeared to be the most conspicuous publishers. In the end, the balance among the groups held up remarkably well through the end of the century in the United States, especially as MDs came to dominate an important new subcategory: the history of specializations.

the profession of medicine in the Anglo-American medical world, and he could supplement those works with material from social history and the history of science.[37] As in general histories of the professions, this flood of history of medicine publications touching on the subject crested noticeably in the mid-1980s, although a very high level of interest continued afterward, as will be noted again below.

Everywhere, then, interest in the subject of "profession" developed a recognizable momentum among medical historians—an interest that may or may not have been disproportionate to the expanding literature on all aspects of the history of medicine.[38] This lively interest contrasted markedly with the substantial dissipation of attention to the subject among sociologists—but, as I have indicated, what happened in medical history did parallel developments in the history of professions in general.

And observers at the time, in medical history as in the general history of professions, sensed that—beyond quantitative growth—qualitative differences were becoming evident as well in the recent literature.[39] Moreover, a new tone emerged in the writings of medical historians, a tone that became unmistakable at the high tide of the mid-1980s: self-confidence. Historians of medicine dealt with the subject of profession certain that they and their historical methods were taking possession of the field.

The many writers who addressed the idea from the mid-seventies to the mid-eighties did not follow any single direction of development in subject matter. As a group, they varied in the ways in which they synthesized arrays of theories with primary sources and came up with distinctive narratives and analyses that were insistently historical. Of course, under the impact of influences from many areas of thought and scholarship, medical historians did, on the whole, become more sophisticated in their approaches to all problems, including that of profession. But their historical consciousness was what made their work interesting and significant.

Internationalization

One feature that was to some extent special in the field of the history of the medical profession was the breaking of the Anglo-American near-monopoly of the subject, beginning in the 1970s—a development, again, parallel to that in the history of professions generally, noted above. Indeed, interest in the history of the medical profession continued to proliferate all over the world—sometimes arising independently, sometimes by imitation. In addition to the Princeton programme covering the professions in general, as early as 1978 the Taniguchi Foundation held a comparative East-West symposium specifically on the history of the professionalization of medicine (published in English by 1987).[40]

[37] S. E. D. Shortt, 'Physicians, Science, and Status: Issues in the Professionalization of Anglo-American Medicine in the Nineteenth Century', *Medical History*, 27 (1983), 51–68.

[38] For a general overview, see Roelcke, 'Die Entwicklung der Medizingeschichte seit 1945'.

[39] Details and context are furnished, for example, in 'Introduction', in *Problems and Methods in the History of Medicine*, ed. Roy Porter and Andrew Wear (London: Croom Helm, 1987), pp. 1–3. Daniel M. Fox, 'The New Historiography of American Medical Education', *History of Education Quarterly*, 26 (1986), 117–118.

[40] *History of the Professionalization of Medicine: Proceedings of the 3rd International Symposium on the Comparative History of Medicine—East and West*, ed. Teizo Ogawa (Osaka: Division of Medical History, The Taniguchi Foundation, 1987).

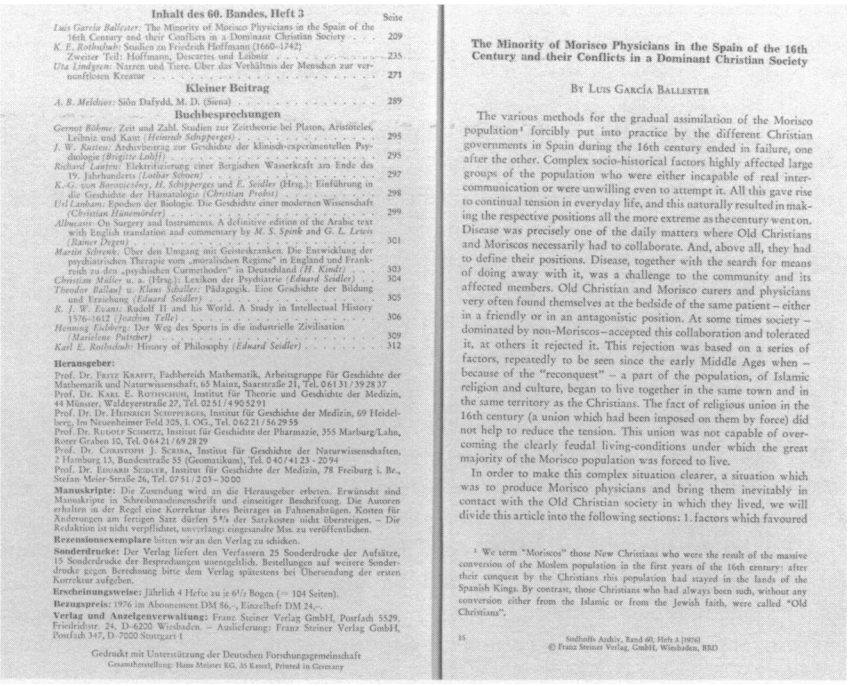
Rudolf Braun (1930–), professor of history at the University of Zürich, provides a revealing example of the spontaneous appearance of interest in the history of the medical profession in still another geographical area. In 1979, Braun and his assistant devised for a seminar theme, 'Academic Medicine and Professionalization of the Medical Profession

Figure 25: Rudolf Braun about 1979.

[*Beruf*] in the Nineteenth Century'. The seminar was held in the winter of 1981–1982, with four main readings, two sociological (by Freidson) and two historical (by Huerkamp and by Reinhard Spree). The syllabus focused the seminar on the relationship between expertise and the social operation of a profession, with special attention to the comparative histories of the medical profession and the non-academic paramedical professions. The units of study particularly covered boundary drawing from the eighteenth century on in Switzerland in specific settings, including hospitals and public health. Three books came out of the seminar, and Braun himself published a summary history of the professionalization of the physicians in Switzerland.[41]

Initially, the general internationalizing of medical historians' interest in profession came chiefly from Anglo-American scholars who looked at professions on the continent, especially

[41] Syllabus and "Liste" from the Historisches Seminar, Universitaet Zuerich, Seminar WS 1981, plus information kindly furnished by Rudolf Braun. Rudolf Braun, 'Zur Professionalisierung des Ärztestandes in der Schweiz', in *Bildungsbürgertum im 19. Jahrhundert*, ed. Conze and Kocka, pp. 332–357. Rudolf Braun, 'Heilen und Herrschen', *Schweizerische Ärztezeitung*, 68 (1987), 462–467, in which he described both the professional ideal type and the specific historic events that structured the profession.



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Manuskripte: Die Zusendung wird an die Herausgeber erbeten. Erwünscht sind Manuskripte in Schreibmaschinenschrift und einseitiger Beschriftung. Die Autoren erhalten in der Regel eine Korrektur ihres Beitrages in Fahnenabzügen. Kosten für Änderungen am fertigen Satz dürfen 5% der Satzkosten nicht übersteigen. – Die Redaktion ist nicht verpflichtet, unverlangt eingesandte Mss. zu veröffentlichen.

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Erscheinungsweise: Jährlich 4 Hefte zu je 6½ Bogen (= 104 Seiten).

Bezugspreis: 1976 im Abonnement DM 86,–, Einzelheft DM 24,–.

Verlag und Anzeigenverwaltung: Franz Steiner Verlag GmbH, Postfach 5529, Friedrichstr. 24, D-6200 Wiesbaden. – Auslieferung: Franz Steiner Verlag GmbH, Postfach 347, D-7000 Stuttgart 1

Gedruckt mit Unterstützung der Deutschen Forschungsgemeinschaft
Gesamtherstellung: Hans Meister KG, 35 Kassel, Printed in Germany

The Minority of Morisco Physicians in the Spain of the 16th Century and their Conflicts in a Dominant Christian Society

By Luis García Ballester

The various methods for the gradual assimilation of the Morisco population[1] forcibly put into practice by the different Christian governments in Spain during the 16th century ended in failure, one after the other. Complex socio-historical factors highly affected large groups of the population who were either incapable of real intercommunication or were unwilling even to attempt it. All this gave rise to continual tension in everyday life, and this naturally resulted in making the respective positions all the more extreme as the century went on. Disease was precisely one of the daily matters where Old Christians and Moriscos necessarily had to collaborate. And, above all, they had to define their positions. Disease, together with the search for means of doing away with it, was a challenge to the community and its affected members. Old Christian and Morisco curers and physicians very often found themselves at the bedside of the same patient – either in a friendly or in an antagonistic position. At some times society – dominated by non-Moriscos – accepted this collaboration and tolerated it, at others it rejected it. This rejection was based on a series of factors, repeatedly to be seen since the early Middle Ages when – because of the "reconquest" – a part of the population, of Islamic religion and culture, began to live together in the same town and in the same territory as the Christians. The fact of religious union in the 16th century (a union which had been imposed on them by force) did not help to reduce the tension. This union was not capable of overcoming the clearly feudal living-conditions under which the great majority of the Morisco population was forced to live.

In order to make this complex situation clearer, a situation which was to produce Morisco physicians and bring them inevitably in contact with the Old Christian society in which they lived, we will divide this article into the following sections: 1. factors which favoured

[1] We term "Moriscos" those New Christians who were the result of the massive conversion of the Moslem population in the first years of the 16th century: after their conquest by the Christians this population had stayed in the lands of the Spanish Kings. By contrast, those Christians who had always been such, without any conversion either from the Islamic or from the Jewish faith, were called "Old Christians".

35

Sudhoffs Archiv, Band 60, Heft 3 (1976)
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Figure 26: An article in English in the German journal, *Sudhoffs Archiv*, 1976, by the Spanish historian, Luis García-Ballester.

in France and Germany. Soon continental scholars like Huerkamp and Braun were involved in the movement, and the stage was set for an additional comparative dimension in the field. Among continentals, Spanish medical historians continued to take a leading position. Teresa Ortiz, for example, writing about the history of medicine in Andalucía, asserted in 1982 that use of the sociology of the professions was necessary to capture "the complete reality of Spanish medicine". And it is symbolic, perhaps, that the first major use of systematic conceptions of the medical profession in the venerable German journal, *Sudhoffs Archiv*, came in 1976 in an article (on sixteenth-century Moorish physicians) that was written by a Spanish scholar, Luis García Ballester, and published in the English language.[42]

Medical Historians Who Did Not Need the Recent Literature

As publications in medical history increased throughout the world, many authors, it is true, did not give any signs that they were aware of the work of either their colleagues in

[42] Michael Burrage, 'Introduction: The Profession in Sociology and History', in *Professions in Theory and History: Rethinking the Study of the Professions*, ed. Michael Burrage and Rolf Torstendahl (London: Sage Publications, 1990), pp. 4–5. Outstanding examples who will appear here and there in the following pages include Gelfand, Ramsey, and Huerkamp. Teresa Ortiz, 'El profesional médico en Andalucía: evolución y distribución de los médicos en la provincia de Granada (1901–1981)', *Dynamis*, 2 (1982), 325. See the bibliography of Spanish works on professional organizations in Teresa Ortiz Gomez, 'Nota acerca del inicio frustrado de la colegación médica obligatoria en España (1898–1902)', *Dynamis*, 3 (1983), 303n. Luis García Ballester, 'The Minority of Morisco Physicians in the Spain of the 16th Century and Their Conflicts in a Dominant Christian Society', *Sudhoffs Archiv*, 60 (1976), 209–234.

social and general history or in what had now become traditional sociology of professions. Of course, in many publications, the concept of profession was not relevant. Purely intellectual historians, particularly, did not necessarily demand a professional context for their narratives.[43]

Many social historians, too, did not need the idea. Some continued the stream of social history based on medical reform, and, as before, their focus on disease, epidemiology, and social justice did not require use of a concept of profession. This number included most noticeably George Rosen, who at the time of his death was still using the word as a collective noun, writing of the "social composition of the profession".[44]

The reform tradition, however, no longer furnished a dominant framework in the history of medicine. Most of those working within the social history of medicine viewed the history of the profession as a significant category.[45] Even so, many medical historians writing social history, whatever their awareness, still did not incorporate the idea of profession into their work in any important way. Institutional histories, most notably, to which the subject might well have been relevant, often were simply restricted in focus, as were, still, many works on institutions that were relevant to profession, such as medical education, the authors of which did not use the idea of profession analytically. In 1977, Frederick F. Cartwright's *A Social History of Medicine*, although taking up such subjects as guilds, education, and licensing, included the idea of profession just once, as the end product of nineteenth-century reform that by legislation "transformed the medical trade into the medical profession and benefited the doctors as much as the public". The concept otherwise was not useful to him.[46]

Many writers continued, like Rosen, to use the term, profession, as a collective noun. In some cases, profession was identified as organized medicine or, in the French version, "le corps médical". In the persistently anti-professional atmosphere of the last decades of the century, one variation on the collective noun did, however, appear conspicuously: the profession aggregated into an agent, usually with motives ascribed to it. This use of profession essentially anthropomorphized a collectivity (the problem noted years before

[43] General histories largely untouched by awareness included Esther Fischer-Homberger, *Geschichte der Medizin* (2nd ed., Berlin: Springer-Verlag, 1977), although there may be an allusion on p. 46, and Albert S. Lyons and R. Joseph Petrucelli II, *Medicine: An Illustrated History* (New York: H. N. Abrams, 1978).

[44] George Rosen, *The Structure of American Medical Practice, 1875–1941* (Philadelphia: University of Pennsylvania Press, 1983), especially p. 66; Rosen did treat various relevant institutions and, briefly, the idea of status. The editor of this posthumous work, Charles E. Rosenberg, 'Bibliographical Note', in ibid., pp. 142–144, called attention to recent literature on the medical profession but in the context of a socioeconomic approach, and in 'George Rosen and the Social History of Medicine', pp. 1–5, pointed out that Rosen's indirect influence—his approach to medical history—might have been more significant than particular writings. The difference between Rosen's personal knowledge and what he published is noted elsewhere in my narrative.

[45] See, for example, Gerald N. Grob, 'The Social History of Medicine and Disease in America: Problems and Possibilities', in *The Medicine Show: Patients, Physicians and the Perplexities of the Health Revolution in Modern Society*, ed. Patricia Branca (New York: Science History Publications, 1977), pp. 9–11, or even the self-consciously revisionist Susan Reverby and David Rosner, 'Beyond "the Great Doctors"', in *Health Care in America: Essays in Social History*, ed. Susan Reverby and David Rosner (Philadelphia: Temple University Press, 1979), pp. 3–16.

[46] For example, Martin Kaufman, *American Medical Education: The Formative Years, 1765–1910* (Westport, CT: Greenwood Press, 1976); *The Education of American Physicians: Historical Essays*, ed. Ronald L. Numbers (Berkeley: University of California Press, 1980); Abdul Hameed, 'Medical Ethics in Islam', *Studies in History of Medicine*, 5 (1981), 133–159; Farid Sami Haddad, 'Arab Medical Ethics', ibid., 6 (1982), 122–136. Frederick F. Cartwright, *A Social History of Medicine* (London: Longman, 1977), especially p. 57.

by Rothstein, quoted above).[47] One historian in 1980 observed that "The medical profession recognized that it [could] promote better and safer infant nutrition through commercial infant foods . . . ". Another asserted that "the profession thought it could destroy" the friendly societies. Paul Starr in his well-known history of American medicine used the term interchangeably with "physicians" and wrote that "the profession has been able to turn its authority into social privilege, economic power, and political influence".[48]

But what is most striking, of course, are the many examples from the other end of the continuum along which medical historians distributed themselves in terms of the use of the idea of profession. As all the evidence noted above shows, a whole constellation of ideas helped configure the concept of profession within medical history, and many scholars in the field were using part or most of that constellation, rather than profession in a restricted sense.

Although use signalled a trend, use, as might be expected, varied even within the writings of a single historian. In 1977, for example, Gerhard Baader, in revisiting the continuing debate over the professional status or lack of it in ancient Greece and Rome, rehearsed, in by then traditional ways, such questions as the extent to which medical education was institutionalized and the extent to which state recognition signified the social standing of a recognized group of physicians. Yet two years later, in writing about the medical profession in medieval times, he simply described bare facts, typically legal provisions, and he used the term profession only to refer to physicians in a collective sense, not conceptually.[49]

Implicit and Explicit Use of Writings About Profession

Yet another group of medical historians of the 1980s—for my narrative, the central group—continued to adopt systematic ideas about professions. Like general historians of professions, these historians of medicine drew from previous scholars but now, as was suggested above, historians as well as sociologists were included as sources of conceptualizations of profession. Surrounded by so many thinkers who spoke in terms of professions and professionalization, medical historians experienced an intellectual osmosis, with the result that many times they did not know or did not think that they had

[47] See, for example, *La médicalisation de la société français, 1770–1830*, ed. Jean-Pierre Goubert (Waterloo, Ontario: Historical Reflections Press, 1982), *passim*.

[48] Rima D. Apple, '"To Be Used Only under the Direction of a Physician": Commercial Infant Feeding and Medical Practice, 1870–1940', *Bulletin of the History of Medicine*, 54 (1980), 417. Frank Honigsbaum, *The Division in British Medicine* (New York: St. Martin's Press, 1979), p. 125. Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982), pp. 5, 19, etc.; Starr was a sociologist, but his work was treated as medical history. Or see James G. Burrow, *Organized Medicine in the Progressive Era: The Move Toward Monopoly* (Baltimore: The Johns Hopkins University Press, 1977), *passim*, or Edward Shorter, *Bedside Manners: The Troubled History of Doctors and Patients* (New York: Simon and Schuster, 1985), p. 259.

[49] Nor did he show any awareness of Bullough's 1966 work. Gerhard Baader, 'Der ärztliche Stand in der Antike', *Jahrbuch der Universität Düsseldorf*, 1977–1978, 301–315. Gerhard Baader, 'Gesellschaft, Wirtschaft und ärztlicher Stand im frühen und hohen Mittelalter', *Medizinhistorische Journal*, 14 (1979), 176–185. Compare, for example, Darrel W. Amundsen, 'Medical Deontology and Pestilential Disease in the Late Middle Ages', *Journal of the History of Medicine and Allied Sciences*, 32 (1977), 403–421, who did cite Bullough. Joanne H. Phillips, 'The Emergence of the Greek Medical Profession in the Roman Republic', *Transactions and Studies of the College of Physicians of Philadelphia*, ser. 5, 2 (1980), 267–275, did not use any but historical sources.

to avow any sociological or other sources for ideas that were becoming commonplace. Braun, for example, in his paper on the professionalization of the physicians in Switzerland, cited the work of many scholars—but no sociologists, even though he wrote about guilds, state regulation, professional autonomy, status, fees, and many other subjects common in the sociological and historical literature on professions with which, as previous evidence shows, he had been acquainted for some time. Clearly Braun assumed that by that time his readers would understand his category and his empirical material so that he did not have to give elaborate definitions, explanations, and theories.[50]

Scholars also might not, on some occasion, use the entire constellation of ideas about profession but only, for example, autonomy, or social and legal recognition, or a process of professionalization.[51] Nevertheless, the total influence of the constellation within the history of medicine was unmistakable.

Indeed, the constellation of ideas about profession, particularly when mixed with primary sources, was intellectually seductive to medical historians. Colin Jones (1947–), then of the University of Exeter, taking off from Toby Gelfand's portrayal of surgeons in terms of profession, wanted in turn to apply the constellation to the history of hospitals. Jones could see how, for historians, the idea held promise to make Foucaultian insights useful, to place physicians in the context of all health care workers, and to bring understanding of medicine and medical institutions into another interpretation, "in the *longue durée*".[52]

A Useful Concept in the 1980s

A number of leading historians of medicine from the mid seventies to the mid eighties were, like many predecessors, very open in the extent to which they borrowed from sociologists and historical colleagues in order to develop ideas about profession to guide their inquiries. Paul U. Unschuld, for example, writing about the history of medical ethics in China, worked directly from the sociological literature and included "nine dimensions" of professionalization.[53]

[50] Braun, 'Zur Professionalisierung des Ärztestandes in der Schweiz', pp. 332–357.

[51] See, for example, Heinrich Schipperges, 'Zur Bedeutung von "Physica" und zur Rolle des "Physicus" in abendländischen Wissenschaftsgeschichte', *Sudhoffs Archiv*, 60 (1976), 354–374; Darrel W. Amundsen, 'The Liability of the Physician in Classical Greek Legal Theory and Practice', *Journal of the History of Medicine and Allied Sciences*, 32 (1977), 172–203; Ann G. Carmichael, review of Park, *Doctors and Medicine in Early Renaissance Florence*, in *American Historical Review*, 91 (1986), 1232.

[52] Colin Jones, review of Gelfand, *Professionalizing Modern Medicine*, in *Medical History*, 26 (1982), 341–349, especially 349. Gelfand's work will be taken up in the next section.

[53] See for an example of the persistence of classic sociological formulations, however ambivalently approached, Ian Inkster, 'Marginal Men', in *Health Care and Popular Medicine in Nineteenth Century England*, ed. John Woodward and David Richards (London: Croom Helm, 1977), especially pp. 151–152. Paul U. Unschuld, *Medical Ethics in Imperial China: A Study in Historical Anthropology* (Berkeley: University of California Press, 1979), especially p. 5; this was based upon the author's earlier German-language work. Other examples include Chester R. Burns, 'Richard Clarke Cabot (1868–1939) and Reformation in American Medical Ethics', *Bulletin of the History of Medicine*, 51 (1977), 353–368, and Ulrich Brand, *Ärztliche Ethik im 19. Jahrhundert: Der Wandel ethischer Inhalte im medizinischen Schrifttum, Ein Beitrag zum Verständnis der Arzt-Patient-Beziehung* (Freiburg: Hans Ferdinand Schulz Verlag, 1977), which did focus on the doctor-patient relationship, not the idea of profession. An excellent example of major exploitation of sociological formulations—centrally professionalization—applied to rich historical specifics emphasizing the traditional questions of status and wealth is Annette Drees, *Die Ärzte auf dem Weg zu Prestige und Wohlstand: Sozialgeschichte der württembergischen Ärzte im 19. Jahrhundert* (Münster: F. Coppenrath, 1988).

Gelfand was one of the most effective figures to exploit the sociological constellation in a context of rich primary source material. His book, summarizing his work and thinking, appeared in 1980 and immediately became very influential among medical historians. Gelfand used sociological constructions to interrogate his material and advance his communication with a presumably well-informed audience. But he also showed that historical inquiry that used sociological interrogations need not be ahistorical but could instead make a compelling narrative of change.

Gelfand described how the Paris surgeons at the end of the eighteenth century transformed from a "monarchical profession" into a recognizably modern profession by co-opting medical education. The latter idea was central in the sociological constellation; the former, monarchical profession, was Gelfand's own historical adaptation:

> a professional structure, one which differed radically from that of a modern profession . . . inclusive rather than exclusive or elitist. Professional coherence arose from the administrative and legal initiatives of a single central authority supported by royal patronage, not from the collective action of practitioners unified around a shared body of theoretical knowledge and standardized educational institutions.

In actual historical events, Gelfand continued, professionalization and professional organization did not follow "breakthroughs in knowledge . . . the reverse sequence in fact occurred. Social and institutional reorganization of the profession was the fundamental innovation that provided the context within which new kinds of knowledge could be received and diffused". Altogether, Gelfand provided an enlightening, revisionist narrative by departing from the sociologists' models and yet focusing on features in their theories that were also obvious in the primary sources.[54]

Another major work, published in 1985, was Huerkamp's summary of much of her writing on the history of the medical profession in Germany. Huerkamp's basic concern in the book was the relationship between German physicians and the development of health insurance. But she found that the question of professionalization intruded on her inquiry, and so as she set up her narrative, she forthrightly included discussion of the factors in the sociologists' theories. Like Gelfand, Huerkamp identified a marked transformation in the medical profession (in this case in Germany), although it took place a few decades after that which Gelfand described in France. She found government actions very important in this process and, far more than in the Anglo-Saxon cultures, medical organizations. But she also discovered that technical developments were extremely important in determining physicians' professional relationships with patients.

Huerkamp opened her book with a penetrating summary and critique of sociological theory, based on both sociologists' writings and her own historical evaluation of sociological ideas about profession. Drawing on recent writings by sociologists, Huerkamp, like other historians, wrote of the shortcomings of classical functionalist formulations: Parsonians neglected the factors of power and sociocultural change as well as overestimating the rationality of physician behaviour. She herself used a multidimensional model of professionalization, one that included the ideas of both market

[54] Toby Gelfand, *Professionalizing Modern Medicine: Paris Surgeons and Medical Science and Institutions in the 18th Century* (Westport, CT: Greenwood Press, 1980), especially pp. 8, 189. Terry Reynolds' parallel finding in the case of chemical engineers, noted above, did not appear until several years later.

and monopoly along with older attributes of professionalism. She tested this model against the evidence in German history and used it to frame the changes in institutions and relationships that she described.[55]

Also writing in 1985, and also having an underlying interest in the doctor-patient relationship, Martin S. Pernick (1948–) used the story of the introduction of anaesthetizing patients and controlling pain in American medicine in the nineteenth century to explore a

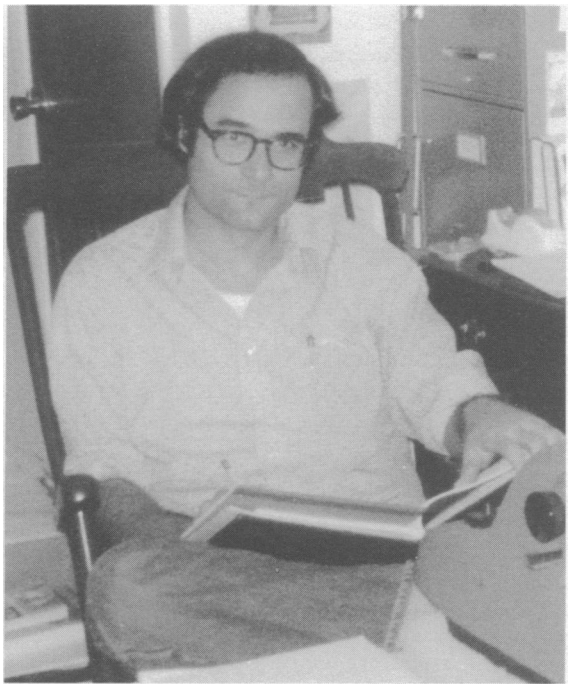

Figure 27: Martin S. Pernick at work on his book in 1977.

topic in which he had long had an interest, the medical profession as profession. Although he used concepts from the sociological literature that were based on recent observations of professional behaviour, Pernick's concern was, primarily, the professional standards that physicians followed in the past. And, as an historian, he was particularly interested in the ways in which physicians shifted their ideas of professionalism; instead of a static concept, Pernick focused on change.

In dissecting change, Pernick described how anaesthesia caused professional role conflicts, and he went even further as he suggested how historical details could enlarge the concept of professional behaviour:

[55] Claudia Huerkamp, *Der Aufstieg der Ärzte im 19. Jahrhundert: Vom gelehrten Stand zum professionellen Experten: Das Beispiel Preussens* (Göttingen: Vandenhoeck & Ruprecht, 1985), especially pp. 14–21, 303–309. Huerkamp had previously published several important reports of her work on the history of the medical profession in Germany, including the one, noted above, in the special issue of *Geschichte und Gesellschaft* in 1980.

> Professionalism may have divergent, even opposite, effects on the discovery, recognition, diffusion and application of new therapies; competing varieties of professionalism may produce still further complications . . . Thus, in nineteenth-century America, conservative professionalism both speeded the diffusion, and limited the application, of the new painkillers.[56]

The Field Firmly Established

Again and again, then, medical historians of the 1980s could run across well informed, extensive treatments of the idea of profession in their own professional historical literature. In 1986, Shortt, the Canadian medical historian, in the course of reviewing a national history, betrayed the impatience of those historians who had become aware of the explanatory power of a well thought out concept of profession. Professionalization, noted Shortt, did not depend upon conspiracy theory: "No occupational group professionalizes by a unilateral seizure of privilege; it is the result of a negotiated interaction in which the group persuades society of its unique merit". Writing in the midst of the flood of publications containing the idea of profession, clearly Shortt believed that beyond being aware of the subject, historians of medicine could and should know some of the complexity and usefulness that their historical colleagues had found in the idea.[57]

Shortt himself had written two papers that contributed to the flood. In 1981, he reviewed the historiography on the professionalization of medicine and concluded that an "analytical vacuum" existed in history that had compelled historians to turn to the sociologists. But, warned Shortt, sociology is not "the final arbiter of conceptualization or definition". Indeed, he declared, it was because they were wary of becoming ahistorical that wise historians had left the definition vague. Shortt himself had strong reservations about pat formulations, noting the diversity within the medical profession and the usual gap between ideals and practice. But current scholarship, he concluded, had brought up four specially interesting historical questions:

> First, is it productive to view the medical profession as a monolithic structure or must the historian isolate within this grouping significant subdivisions for closer scrutiny? Secondly, is it appropriate to assume an intimate correlation between alterations in medical practice and the process of professionalization? Thirdly, does a growing corpus of medical knowledge necessarily suggest an increase in the aggregate status of physicians? Finally, to what degree do external factors unrelated to the internal dynamics of the profession mold and shape its collective character?[58]

[56] Martin S. Pernick, *A Calculus of Suffering: Pain, Professionalism, and Anesthesia in Nineteenth-Century America* (New York: Columbia University Press, 1985), especially pp. 234, 241–248. For evidence of Pernick's long-standing interest in the topic of the medical profession per se, see Martin S. Pernick, 'Medical Professionalism', in *Encyclopedia of Bioethics*, ed. Warren T. Reich (New York: Free Press, 1978), III, 1028–1034.

[57] S. E. D. Shortt, review of Hamowy, *Canadian Medicine. A Study in Restricted Entry*, in *Medical History*, 30 (1986), 369–370.

[58] Shortt, 'Medical Professionalization: Pitfalls and Promise', pp. 210–219. See also Shortt, 'Physicians, Science, and Status', p. 52.

These questions, as has been suggested, summarized much of the thinking of informed medical historians as interest in the subject of profession grew—including interest that grew out of sociologists' work as well as that of historians.

Altogether, then, medical historians like Ramsey, Gelfand, Huerkamp, Pernick, and Shortt by the 1980s had established a recognizable area of interest within medical history: the history of the medical profession and professionalization.

Critiquing Sociological Formulations

As the writings just summarized suggest, in the works of medical historians, two activities in particular had become distinctive in the mid-seventies to mid-eighties period: critiquing older sociological formulations (often with the help of sociologists like Freidson[59]), and openly, now, asserting that historians had to view the development of the professions, and the medical profession in particular, in an independent way.

Going beyond having reservations about sociological models was more than just passing through a necessary stage in the development of an idea. It was a de facto declaration of independence for medical historians (as with historians of professions generally). They found the work of the sociologists inadequate for medical history on several different grounds. One, which has been noted repeatedly before, was that the sociological formulations were static and did not adequately capture actual historic change. As Pernick put the historical view in 1978, professionalism was "an evolving set of solutions to changing problems".[60]

Another problem in sociological formulations was an implicit quantification that historians found inappropriate or irrelevant to historical analysis. In the midst of a historiographically complicated discussion of late Hellenistic physicians, Fridolf Kudlien in 1979, for example, wondered what the point was in trying to assign motivation for the acceptance of physicians in a society, suggesting that it was not possible to measure such matters. A few years later Irvine Loudon (1924–) was asking, perhaps a bit sarcastically, about determining the point at which medicine became a profession:

> . . . how many points should be awarded for state licensing *per se*? How many for a formal system of medical education in university or hospital . . .? How many for changes in income? And, not least, how many for the standard of care provided for the population as a whole?[61]

Many historians, like Huerkamp, found particular problems with functionalist formulations of profession, and, adding historical considerations to the later sociologists' critiques of Parsonians and their successors, they underlined the inadequacies of functionalist formulations such as the teleology that Geison, for example, mentioned as he questioned that present professional arrangements were necessarily the desirable end point

[59] See, for example, *The Sociology of the Professions: Lawyers, Doctors and Others*, ed. Dingwall and Lewis; Robert Dingwall, 'Introduction', in ibid., p. 11, could still say, "The sociology of the professions stands at some kind of a turning point".

[60] Pernick, 'Medical Professionalism', p. 1029.

[61] Fridolf Kudlien, *Der griechische Arzt im Zeitalter des Hellenismus: Seine Stellung in Staat und Gesellschaft* (Wiesbaden: Franz Steiner Verlag GMBH, 1979), pp. 116–118. Irvine Loudon, *Medical Care and the General Practitioner, 1750–1850* (Oxford: Clarendon Press, 1986), p. 4.

of the process of professionalization (quoted above).[62] Pernick believed that the Parsonian opinion that commonly-held values could explain professional behaviour glossed over many internal conflicts in professional groups, and both Ramsey and Shortt asked for a more explanatory and dynamic examination of medical professionalism than was suggested by the functionalists.[63]

The historians were not ungrateful to the sociologists, whose work they often acknowledged. Nor was their work merely a part of the shift in historiography away from the social sciences that Dorothy Ross has described.[64] But the historians were making the history of the medical profession their own topic.

Making the History of the Profession Historical

Historians were therefore not—it should be clear—just reacting against the sociology that had been, and continued to be, useful. They wrote specifically of making the history of professionalism a distinctively historical venture. Philip Cash in 1980, writing on late eighteenth-century Boston, for example, insisted on a definition that matched his historical material:

> The use of the term "professionalization" in this paper may not conform to some contemporary sociological models. It is used as a term of practicality or convenience. By it I mean an increased sense of awareness of common goals and common aspirations on the part of Boston's trained medical practitioners (physicians) of this era. This was demonstrated primarily in increased cooperation, attempts to improve medical training, and in attempts to gain greater control over the dispensing of medical services. It also involved the founding of two medical societies and a medical school.[65]

Pernick finally summarized what historians found themselves doing, and they were not, he wrote, avoiding a theoretical approach to the study of professions: "Rather, it is simply returning the horse to the front of the cart—by insisting that any theory of professionalism be based on, rather than imposed on, historical and crosscultural empirical data".[66]

What Cash and Pernick made explicit was spelled out in other ways by many scholars, particularly Huerkamp. They compared the sociologists' theories with what they found in their historical sources. Many of the historians' critiques of functionalism grew out of specific historical material from a variety of centuries and countries.[67] While historians

[62] For example, E. Richard Brown, *Rockefeller Medicine Men: Medicine and Capitalism in America* (Berkeley: University of California Press, 1979), especially pp. 68–70, quotes Freidson and other sociologists to question the benign portrait of a professional in the older functionalist literature, which Brown believed hid the true economic motives of physicians.

[63] Pernick, *A Calculus of Suffering*, pp. 244–245. Ramsey, 'Review Essay: History of a Profession', pp. 319–320, 329–330. Shortt, 'Physicians, Science, and Status', pp. 51–52.

[64] Dorothy Ross, 'The New and Newer Histories: Social Theory and Historiography in an American Key', *Rethinking History*, 1 (1997), 138–140.

[65] Philip Cash, 'The Professionalization of Boston Medicine, 1760–1803', *Publications of the Colonial Society of Massachusetts*, 57 (1980), 69n.

[66] Pernick, *A Calculus of Suffering*, p. 247.

[67] Margaret Pelling, 'Occupational Diversity: Barbersurgeons and the Trades of Norwich, 1550–1640', *Bulletin of the History of Medicine*, 56 (1982), 486–488, for example, contended that focusing on the stages of professionalization of physicians in early modern Europe obscured the occupational and economic relationships of physicians with other groups in their society.

were using questions such as autonomy and monopoly out of recent sociological scholarship, yet they believed that the general concept of profession, and especially the process of professionalization, had to be reformulated in terms of events from the past.

The Specific Contributions of Historians

What were the special contributions that historians made as they appropriated the field? The most obvious were periodizing the history of the profession, emphasizing institutions and institutional history, letting primary sources shape the narrative, featuring instead of suppressing comparative material, and contextualizing the profession in society and culture. Various scholars disagreed with at least some of their colleagues, but altogether their work, reflecting the special contributions of history, gave a historical spin to questions and conceptualization.

As might be expected from the long history of medical historians who provided accounts of institutions, one of the obvious biases of those who wrote about the medical profession was to approach the subject of profession through institutions. As has been noted, particularly with local histories, preoccupation with institutional history could easily obscure an interest in "profession".[68] But it did not need to, as Bullough showed conspicuously by initially finding the history of the medical profession in institutional development. In one of the more important social histories of the late twentieth century, for example, M. Jeanne Peterson used sociological definitions to deny that a profession existed as such in mid-Victorian London and then went on to describe institutions through which status, power, and image operated.[69]

Ramsey in 1984 pointed out that one of the major contributions of historians had been to emphasize that professional power could develop independently of technical effectiveness (a theme already noted in the works of several scholars described above). One of the keys to this argument, he pointed out, lay in the histories of institutions. Sociologists had missed the signposts, he said, in part because "institutional history has fallen out of favor"—to the point that the very elementary history of public legal enactments was unknown. Ramsey proceeded himself to unearth an astonishing number of histories of institutions related to the medical profession in France—which, when used with other contextualizing factors, could go far toward explaining the modern history of the profession as profession.[70]

A couple of years later, George Weisz of McGill University, like Ramsey struck by events in the history of the French medical profession, shifted attention from the "collective appropriation of power" by physicians to, again, the actual institutional history of the hierarchy within the profession. The social institutions of medicine, Weisz found, were not the by-products "of the professionalization process but, rather, one of its central features". And this detailed institutional history permitted Weisz to conclude that in

[68] See, for example, the comments of Jacqueline Jenkinson, 'The Role of Medical Societies in the Rise of the Scottish Medical Profession 1730–1939', *Social History of Medicine*, 4 (1991), 253–255, on the failure of conventional histories of societies to address the problem of the profession at any time.

[69] M. Jeanne Peterson, *The Medical Profession in Mid-Victorian London* (Berkeley: University of California Press, 1978), especially p. 37. Or see, for example, Burrow, *Organized Medicine in the Progressive Era.*

[70] Matthew Ramsey, 'The Politics of Professional Monopoly in Nineteenth-Century Medicine: The French Model and Its Rivals', in *Professions and the French State, 1700–1900*, ed. Geison, pp. 225–305, especially 227.

France, state actions were major determinants of professionalization (in contrast to the sociological model of self-determining groups built on an Anglo-American experience).[71]

Such accounts as Ramsey's and Weisz's underlined the potential of institutional history to modify mid-century models taken from sociology. But other traditional historical approaches also shaped medical historians' perceptions of profession.

Periodization, usually one of the most controversial areas in history, brought a wide range of views as scholars attempted to discover phases of professionalization, quite apart from the traditional controversies over eras in the modern world. Margaret Pelling and Charles Webster, for example, denied that the educated elite of physicians in the sixteenth century constituted a health profession; instead, Pelling and Webster found other deliverers of health care securely in place in a health care marketplace. J. V. Pickstone described "a decline in the traditional authority of the doctor" in the eighteenth century, followed by a resurgence and professionalization under new circumstances in the nineteenth. Loudon, writing about Britain, in 1986 contended that the term "medical profession" could not be used to describe the "fragmented groups of practitioners that existed" in 1750.[72]

Implicit in both institutional history and reconfiguring periodization was the fact that historians who spent time with primary sources from the past repeatedly emerged seeing trends and generalizations that were different from those of sociologists (or, often, previous historians). Katharine Park, for example, building on Bullough, concluded that "the consolidation of medicine as an academic discipline may have been a necessary condition for the development of medicine as a profession, [but] it was not a sufficient one". She discovered that institutional bases of health care existed in northern Italy before the profession consolidated, and she contrasted this finding with the usual assumption that the sequence of events was the other way around—profession before system—another revision of the kind parallel to that which Ramsey, Weisz, Gelfand, and many other historians were making. Moreover, in the course of her argument, Park introduced other socioeconomic factors—just as Pelling and Webster and Cipolla had.[73]

Discoveries of such developmental patterns and variations on patterns provided much of the mounting excitement for empirical scholars probing the past of medicine in the mid-seventies to mid-eighties period. Even accounts that were only slightly revisionist had an edge that betrayed the enthusiasm that primary sources can generate in historians—whether revisionist of sociologists or revisionist of other historians. "The professional development of physicians in Russia's bureaucratized and stratified society followed an entirely different course than medical professionalization in the West", wrote Nancy M. Frieden provocatively in 1977. In the United States, concluded Edward C. Atwater, the

[71] George Weisz, 'Constructing the Medical Élite in France: The Creation of the Royal Academy of Medicine 1814–20', *Medical History*, 30 (1986), 419–443, especially 442–443.

[72] Margaret Pelling and Charles Webster, 'Medical Practitioners', in *Health, Medicine and Mortality in the Sixteenth Century*, ed. Charles Webster (Cambridge: Cambridge University Press, 1979), especially p. 235. J. V. Pickstone, 'The Professionalisation of Medicine in England and Europe: The State, the Market and Industrial Society', *Nihon ishigaku zasshi*, 25 (1979), 520–550, especially 524–525. Loudon, *Medical Care and the General Practitioner, 1750–1850*, p. 3.

[73] Katharine Park, *Doctors and Medicine in Early Renaissance Florence* (Princeton: Princeton University Press, 1985).

major factor in shaping the medical profession "between the Civil War and World War I was the centralization of professional power in the hospital staff".[74]

Comparing and Contextualizing

Another claim of the historians of medicine in making the subject of profession their own was that they introduced comparative social dimensions. Of course, all history implicitly compares the past with the present—as sensitivity to presentism and anachronism recognizes. But what the history of medicine in the late 1970s and 1980s brought was the major shift away from an Anglo-American basis for the concept of profession, a basis that has been conspicuous in the narrative so far. Where Bullough had taken the modern American model back to medieval Europe, with the coming of European historical material, first by American scholars and then by European scholars, the concept of profession was now greatly expanded. Examples noted above showed historians writing about not only France, Germany, and Spain but Switzerland, Russia, and one could add such areas as Norway and, in the Taniguchi Foundation symposium, East and South Asia (where Francis Zimmerman tantalizingly characterized the professionalization of medicine as "a process of secularization" in the modern period).[75]

But comparison took historians even further. They not only wrote explicitly of the history of the medical profession in different geographical areas but of the need to compare. In 1978, Weisz was deliberately comparing professionalization in Britain, the United States, and France—with the intention of bringing France into the discourse. As late as 1981, when Frieden was still using the Anglo-American model as normal, she was pushing comparison when she characterized "the Russian process" as "an atypical development". As Ramsey concluded by 1983, when he pointed to the startling growth of the history of professions, the comparative element was one of the chief stimulating factors in that growth.[76]

[74] Nancy M. Frieden, 'The Russian Cholera Epidemic, 1892–93, and Medical Professionalization', in *The Medicine Show*, ed. Branca, p. 259. Several papers in this book had a revisionist tone. Edward C. Atwater, 'The Physicians of Rochester, N.Y., 1860–1910: A Study in Professional History, II', *Bulletin of the History of Medicine*, 51 (1977), 106. The continuing concern, noted repeatedly above, that historians had to avoid "whiggish" ahistorical constructions of profession in times past, was a facet of the scholars' deference to primary sources. Particularly writers dealing with events in the eighteenth century or earlier were moved again and again to point out that modern theories of the professions could not be applied directly to materials from earlier times. See, for example, Juanita G. L. Burnby, *A Study of the English Apothecary from 1660 to 1760, Medical History*, Supplement No. 3, (London: Wellcome Institute for the History of Medicine, 1983), or Irvine Loudon, 'The Nature of Provincial Medical Practice in Eighteenth-Century England', *Medical History*, 29 (1985), 1–32.

[75] Even Franz Rosenthal, 'The Physician in Medieval Muslim Society', *Bulletin of the History of Medicine*, 52 (1978), 475–491, was aware of the category of profession as an element in his special subject matter. See, for a further example, Oivind Larsen and Fritz Hodne, 'Health Conditions, Population and Physicians in Norway 1814–1986. Notes on the Development of a Profession', in *Society, Health and Population During the Demographic Transition*, ed. A. Brändström and L. G. Tedebrand (Stockholm: Almqvist & Wiksell, 1988), pp. 331–341. Francis Zimmerman, 'From Tradition to Profession: Intellectual and Social Impulses Behind the Professionalization of Classical Medicine in India', in *History of the Professionalization of Medicine*, ed. Ogawa, p. 73. By 1986, there was even a volume on *The Professionalisation of African Medicine*, ed. Murray Last and G. L. Chavunduka (Manchester: Manchester University Press, 1986), which, although aimed at contemporary policy, contained much historical material.

[76] George Weisz, 'The Politics of Medical Professionalization in France 1845–1848', *Journal of Social History*, 12 (1978), 3–4. Nancy Mandelker Frieden, *Russian Physicians in an Era of Reform and Revolution, 1856–1905* (Princeton: Princeton University Press, 1981), especially p. 14; Frieden's earlier publication was

Local and national histories, as has been noted, had ever since the mid-nineteenth century provided information about aspects of the history of the profession, chiefly through accounts of professional institutions. But now, as historians made comparisons between ideas of profession in different areas, provincial histories took on a further aspect. "The general reason for being parochial, for paying attention to the workings of medicine in society at the level of the known community", observed Pickstone in his 1979 paper on professionalization of medicine, "is that there we may find material for comparisons which transcend national boundaries".[77]

Finally, what historians brought to the idea of profession was sociocultural contextualizing. Not all scholars followed Bledstein's demanding example of contextualizing the professions in a culture, although many cited his work. Sociocultural contexts could range from anti-monopoly movements that inhibited the development of a medical profession to the Enlightenment elements that Goubert found in professionalism. Starr, reflecting at least some of the modernization tradition, believed that "the acceptance of professional authority was, in a sense, America's cultural revolution . . . ". Rosenberg in 1979, in considering the history of American hospitals, reconstructed the way in which the symbiosis between medical culture and professional demands worked out in the conduct of individual physicians.[78]

This variety of approaches to putting the medical profession into sociocultural context suggests the multifarious ways in which historians of medicine moved the abstract idea of profession into the larger world of concrete historical change. They could, like Hilary Marland, bring in the influences of the lay social context, or community, to modify the narrative thread of specific "intra-professional developments in training, qualifications, and ethics". At the very least, as Pernick pointed out, contextualizing allowed historians, once again, to escape presentism. They could embed theoretical questions in the untidy dynamics of past times.[79]

Changes in Historians' Own Intellectual Context

While claiming the idea of profession for their own, historians of medicine of course themselves continued to operate in a sociocultural context. In particular, scholars continued, from the late 1970s on, to be affected by intellectual currents that had their origins in the preceding years and have been alluded to in Chapters 3 and 4, above. Historians as well as sociologists continued in the late twentieth century to explore, for example, the interrelations

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noted above in this chapter. Ramsey, 'Review Essay: History of a Profession', pp. 319–320. Comparison was showing up everywhere in the history of professions generally; see, for example, Peter S. Cleaves, *Professions and the State: The Mexican Case* (Tucson: The University of Arizona Press, 1987).

[77] Pickstone, 'The Professionalisation of Medicine', p. 550.

[78] Bledstein, *The Culture of Professionalism*. Ginnie Smith, 'Prescribing the Rules of Health: Self-Help and Advice in the Late Eighteenth Century', in *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society*, ed. Roy Porter (Cambridge: Cambridge University Press, 1985), pp. 249–282, especially 259–260. Jean-Pierre Goubert, 'The Art of Healing: Learned Medicine and Popular Medicine in the France of 1790', in *Medicine and Society in France*, ed. Robert Forster and Orest Ranum, trans. Elborg Forster and Patricia M. Ranum (Baltimore: The Johns Hopkins University Press, 1980), pp. 1–23. Starr, *The Social Transformation of American Medicine*, p. 17. Charles E. Rosenberg, 'Inward Vision & Outward Glance: The Shaping of the American Hospital, 1880–1914', *Bulletin of the History of Medicine*, 53 (1979), 346–391.

[79] Hilary Marland, *Medicine and Society in Wakefield and Huddersfield, 1780–1870* (Cambridge: Cambridge University Press, 1987), especially p. 3 and chap. 8. Pernick, *A Calculus of Suffering*, pp. 245–246.

of professional behaviour with bureaucratic functioning. But only just before and during the 1980s did the full force of some of the new trends appear in medical history publications.[80]

Historians of medicine at the time were aware of the ferment in scholarship. "Traditional history of medicine", wrote Loudon in 1987, "has recently come under a barrage of attacks. It has been too whiggish, too scientistic, too iatrocentric and narrow in outlook. Counter-attacks have been mounted to promote new ways of exploring and demystifying the discipline. Iconoclasticism is in".[81]

The radicalism of the seventies had already sensitized some historians to the idea of criticizing the medicalization of all of society, with particular emphasis on the presumed economic motives of physicians who operated through professional institutions. This sensitivity continued to spread. Referring to market and monopoly became commonplace in historical as well as sociological discussions of professionalism and professionalization. By 1987, Colin Jones, for example, tried to shift the focus of commercial motives by suggesting that popular demand for medical services in France forced physicians to respond in a combination of commercial and professional ways—a circumstance showing that the medicalization of society was not imposed through pre-existing professional institutions acting as instruments of greed but came from the actions of consumers.[82]

The general movement to portray history "from the bottom up", as, typically, in the *Annales* school, continued to appear. In some versions that blossomed in the 1980s, scholars attempted to examine and re-examine the doctor-patient relationship. Such writers as Huerkamp and Pernick worked with considerable success to develop a narrative in which professional functioning was integrated with patient functioning—a dynamic interrelationship that gave their accounts an important added dimension. At an extreme, a number of writers wanted to switch historians' attention away from physicians, or even other health care providers like midwives, but certainly to keep the focus of the historical narrative away from the great doctors. Such an essentially anti-physician approach subordinated any professional sense or behaviour to accounts of the ways in which patients used medical personnel.[83]

[80] See especially the summary in Roelcke, 'Die Entwicklung der Medizingeschichte seit 1945'; Warner, 'The History of Science'; and for general background, Randall Collins and David Waller, 'Did Social Science Break Down in the 1970s?', in *Formal Theory in Sociology: Opportunity or Pitfall?*, ed. Gerald Hage (Albany: SUNY Press, 1994), pp. 15–39. Even scholars who wrote traditional history of ideas found unsettling the new context in which general intellectual history appeared to be changing rapidly; see, for example, the summary in John E. Toews, 'Intellectual History after the Linguistic Turn: The Autonomy of Meaning and the Irreducibility of Experience', *American Historical Review*, 92 (1987), 879–907.

[81] Irvine Loudon, review of *Patients and Practitioners*, ed. Porter, in *Medical History*, 31 (1987), 104.

[82] See, for example, Huldrych M. Koelbing, review of *Medizinische Deutungsmacht im socialen Wandel*, ed. Labisch and Spree, in *Gesnerus*, 48 (1991), 103–107. Goubert, 'The Art of Healing'. Jean-Pierre Goubert, 'The Medicalization of French Society at the End of the Ancien Régime', in *A Celebration of Medical History*, ed. Lloyd G. Stevenson (Baltimore: The Johns Hopkins University Press, 1982), pp. 157–172. Ute Frevert, 'Akademische Medizin und soziale Unterschichten im 19. Jahrhundert: Professions-interessen—Zivilisationsmission—Sozialpolitik', *Jahrbuch des Instituts für Geschichte der Medizin der Robert-Bosch-Stiftung*, 4 (1985), 41–59, claimed that medicalization benefited bourgeois physicians directly. Brown, *Rockefeller Medicine Men*. I. Waddington, *The Medical Profession in the Industrial Revolution* (Dublin: Gill and Macmillan, 1984). Waddington's work, like that of Starr and Rothstein, was generally cited as historical even though technically he was a sociologist. Colin Jones, 'Montpellier Medical Students and the Medicalisation of 18th-Century France', in *Problems and Methods in the History of Medicine*, ed. Porter and Wear, pp. 57–80.

[83] The classic statement was Roy Porter, 'The Patient's View: Doing Medical History from Below', *Theory and Society*, 14 (1985), 175–198. Huerkamp, *Der Aufstieg der Ärzte*. Pernick, *A Calculus of Suffering*. Adrian

By 1987, Pelling, like Jones and other scholars, was able to move the bottom-up perspective to a broadened range of healing personnel. Picturing early modern practitioners operating among established guilds, Pelling made the case that it was a mistake to focus on elite physicians, that in early modern times practising medicine was a public act carried out by all of those caregivers who professed some practice. This shift, from the College of Physicians and the private doctor-patient relationship to the public and popularly recognized aspects of healing, she wrote, permitted a historical, not anachronous, view of pre-nineteenth-century professional functioning.[84]

The Force of Theory, The Force of Empiricism

In addition, because so many more medical historians were becoming conscious of the writings of Foucault, in the 1970s and 1980s the questions and viewpoints associated with his name came to constitute a fresh and substantial dynamic in medical history. In 1977, the *Bulletin of the History of Medicine* ran a historiographical article explaining some of Foucault's ideas, and in a widely-cited article published in 1984, medical historian Jan Goldstein spelled out for historians some of Foucault's impact. Signs of the impact were all around them. Foucault's work, even years after it first appeared, continued to popularize the idea of medicalization. Even more than earlier, many medical historians followed Foucault and moved beyond the mere economic motivations of physicians to the motivation of power in the operation of professionalism—the "realm of ideology, legitimation and persuasion", as the American, JoAnne Brown, put it. And such Foucaultian ideas as discipline now showed up unmistakably: professionals, in this scenario, were the ones who administered "discipline" to the masses. In some historians' hands, professional discipline (and the term was ambiguous) was thus an instrument, not a force in itself. In these accounts, the discipline was as effective as—and sometimes the same as—that administered by the state and bureaucracies.[85]

One other major new element was of course women's history. It is curious that women's historians and feminists who began enriching the history of medicine in the 1970s did not—until substantially later—contribute significantly to the history and understanding of

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Wilson, 'Participant or Patient? Seventeenth Century Childbirth from the Mother's Point of View', in *Patients and Practitioners*, ed. Porter, pp. 129–144. Christopher Lawrence, 'The Meaning of Histories', *Bulletin of the History of Medicine*, 66 (1992), 638–639, credits as a point of departure articles by N. D. Jewson in 1974–1976 that led to "history from below". N. D. Jewson, 'The Disappearance of the Sick Man from Medical Cosmology, 1770–1870', *Sociology*, 10 (1976), 225–244, acknowledged the assistance of Terence Johnson, the sociologist whose work was discussed in the previous chapter.

[84] Margaret Pelling, 'Medical Practice in Early Modern England: Trade or Profession?', in *The Professions in Early Modern England*, ed. Wilfrid Prest (London: Croom Helm, 1987), 90–128.

[85] Jean Claude Guédon, 'Michel Foucault: The Knowledge of Power and the Power of Knowledge', *Bulletin of the History of Medicine*, 51 (1977), 245–277. Caroline Hannaway, 'Commentary', in *A Celebration of Medical History*, ed. Stevenson, pp. 173–179, summarized how *Annales* and Foucaultian strands were coming together. See especially Jan Goldstein, 'Foucault Among the Sociologists: The "Disciplines" and the History of the Professions', *History and Theory*, 23 (1984), 170–192. JoAnne Brown, 'Professional Language: Words that Succeed', *Radical History Review*, 34 (1986), 33. In 1987, Pelling, 'Medical Practice in Early Modern England', especially pp. 94, 120, observed that Foucaultian approaches had brought back to life the idea of institutions as the centre of professions—a point of view she believed ahistorical. Again, often historians emphasized only pieces of Foucault; see, for example, Starr's particular use of power and the diverse views in an even later work, *Foucault and the Writing of History*, ed. Jan Goldstein (Oxford: Blackwell, 1994).

the medical profession. Mostly, like other historians, such scholars did not make the term and concept of profession central but used it casually, as a collective term, in the course of their histories. Explicitly feminist historians tended, when appropriate, to identify not professionals, but men, regardless of status or organization, as the unsympathetic agents. Mary Roth Walsh, writing in 1977, went so far as to argue that factors other than systematic professionalization explained the long record of discrimination against women physicians.[86]

But eventually some writers such as Jean L'Esperance were pointing out how professional solidarity had worked to exclude women from medicine. And there was another type of question, noted by Shortt in 1981: "In many respects female practitioners may have differed from male physicians, but our present knowledge of their response to professionalization does not serve to distinguish between them".[87]

Ultimately, enough work was done to begin to make the distinction. In 1985, Regina Markell Morantz-Sanchez, surveying the story of women physicians in the United States, emphasized the interaction of their history with the history of the medical profession—a book in which she identified "subtle gender biases embedded in the ideology of professionalism". And Gloria Moldow, on the basis of a local study, concluded in 1987 that "professional consolidation at the turn of the century aided women's entry into the professions in some ways . . . [but] ultimately hindered their progress" as they found themselves segregated into separate organizations and networks. While such gender awareness extended the uses and implications of the idea of profession, historians using gender continued to employ versions of the idea of profession that were already well established.[88]

[86] Some early examples of careful scholarship were Judy Barrett Litoff, *American Midwives, 1860 to the Present* (Westport, CT: Greenwood Press, 1978), and Jane B. Donegan, *Women & Men Midwives: Medicine, Morality, and Misogyny in Early America* (Westport, CT: Greenwood Press, 1978). Mary Roth Walsh, *"Doctors Wanted: No Women Need Apply:" Sexual Barriers in the Medical Profession, 1835–1975* (New Haven: Yale University Press, 1977). At best, professions appeared as an arena within which, as sociologist Judith Lorber, *Women Physicians: Careers, Status, and Power* (New York: Tavistock Publications, 1984), p. 28, suggested, women struggled with men for professional recognition. (I am of course not dealing with the history of nursing, which embodies a special narrative of the struggle for professional recognition.) Works such as Penina Migdal Glazer and Miriam Slater, *Unequal Colleagues: The Entrance of Women into the Professions, 1890–1940* (New Brunswick: Rutgers University Press, 1987), tended to portray professions as givens that functioned to confirm standard sexisms of the past.

[87] Jean L'Esperance, 'Doctors and Women in Nineteenth-Century Society: Sexuality and Role', in *Health Care and Popular Medicine in Nineteenth Century England*, ed. Woodward and Richards, pp. 118–122. Shortt, 'Medical Professionalization', p. 212. Jean Donnison, *Midwives and Medical Men: A History of Inter-Professional Rivalries and Women's Rights* (London: Heinemann, 1977), did deal with at least legal professionalization but in the context of the professionalization of midwifery.

[88] Regina Markell Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine* (New York: Oxford University Press, 1985); the quote is from p. 356. It is instructive to contrast her 1985 book with an earlier essay, Regina Markell Morantz, 'Introduction, From Art to Science: Women Physicians in American Medicine, 1600–1980', in *In Her Own Words: Oral Histories of Women Physicians*, ed. Regina Markell Morantz, Cynthia Stodola Pomerleau, and Carol Hansen Fenichel (Westport, CT: Greenwood Press, 1982), especially pp. 23–24. Gloria Moldow, *Women Doctors in Gilded-Age Washington: Race, Gender and Professionalization* (Urbana: University of Illinois Press, 1987); the quotation is from p. xii. Another good example is Ellen S. More, '"A Certain Restless Ambition": Women Physicians and World War I', *American Quarterly*, 41 (1989), 636–660. See, for example, Glazer and Slater, *Unequal Colleagues*. It is quite possible that the development of a sociological literature was essential to historians in formulating questions and approaches to historical relations between gender and professions; see, for example, *Gender, Work and Medicine: Women and the Medical Division of Labour*, ed. Elianne Riska and Katarina Wegar (London: Sage Publications, 1993), the references in which implicitly display the profile of the literature.

As time passed, one particular force that had waxed and waned in history a generation earlier was coming to have new and lasting effects on historians who used the idea of profession. This was the *Annales* school, which has already appeared repeatedly in my narrative. *Annaliste* investigators were slow to turn to the subject of the history of medicine, but by the 1970s and 1980s, increasingly often they included the subject explicitly. And *annaliste* historians affected other scholars. By 1987, Gelfand could observe that "In some measure . . . social historians of medicine everywhere are Annalistes".[89]

Given that the *annalistes* themselves were not fundamentally sensitive to the idea of profession, much less professionalization, yet they continued in the 1980s to reinforce the tendency of historians of medicine to take up social and economic history and especially the local history of disease and medical institutions (see Chapter 4, above). Despite the *annaliste* emphasis upon very minute local events, they kept raising questions of not only the experience of disease but of broader patterns of physician-patient interaction. It was this social history that increasingly played into the history of the medical profession. More important, even, the emphasis of the *annalistes* upon empirical evidence and detailed documentation pushed social historians of medicine everywhere to shift their focus away from theory, whether Foucaultian concepts of power and discipline or sociological models, and toward specific and often local events in the past—events that, as has been noted, often pertained to professionalism and professionalization, for it was the insight of the *Annales* school that local history can transcend its provincial base.[90]

Historians of medicine as a whole therefore were noticeably focusing more than ever on specific instances of professional functioning in the past. Olivier Faure, for example, in 1977 showed how physicians in Lyon started out as a "corps or community" in the old regime and then rose through sociopolitical connections but ultimately withdrew from society—a trajectory that threw into doubt the role of medical science and the idea of the profession alike.[91]

Furthermore, as I have suggested, historians of medicine were particularly enriching their accounts with comparisons between times and places. And as evidence accumulated to sustain a historical viewpoint, historians, confronting theoretical approaches, widened their claims. "When comparativists tried to apply professionalization terminology", wrote Konrad H. Jarausch in 1990,

> it soon became evident that categories derived from an Anglo-American model hardly fit the bureaucratic German pattern. Only recently have some sociologists come to realize that

[89] Hannaway, 'Commentary'. Toby Gelfand, 'The *Annales* and Medical Historiography: *Bilan et Perspectives*', in *Problems and Methods in the History of Medicine*, ed. Porter and Wear, pp. 15–39, especially 15, and, similarly, Caroline C. Hannaway, 'Historiographical Trends in the History of Medicine: An Editor's Perspective', in *New Perspectives on the History of Medicine*, ed. H. Attwood, R. Gillespie, and M. Lewis (Melbourne: University of Melbourne, 1989), pp. 81–82. See, for example, *Medicine and Society in France*, ed. Forster and Ranum.

[90] See, for example, *Medicine and Society in France*, ed. Forster and Ranum; Jacques Léonard, 'La restauration et la profession médicale', in *La médicalisation de la sociéte française*, ed. Goubert, pp. 69–81; and Jean-Pierre Goubert, 'The Medicalization of French Society at the End of the Ancien Régime', in *A Celebration of Medical History*, ed. Stevenson, pp. 157–172; Goubert acknowledged the impact of Foucaultian approaches. Ramsey, 'Review Essay, History of a Profession'.

[91] Olivier Faure, 'Physicians in Lyon During the Nineteenth Century: An Extraordinary Social Success', in *The Medicine Show*, ed. Branca, pp. 243–258.

there might be a continental variant of professionalization with different dynamics from the British original.[92]

Actually Reversing the Relationship with Sociologists

In 1988, some striking evidence appeared of the extent to which medical historians, operating under all of these varied influences, had appropriated the history and idea of profession. That year two high-quality books appeared, written by American sociologists who used the accounts of medical historians in order to write sociology—dramatically reversing the relationship of years before when historians were borrowing inspiration from sociological writings.[93]

One book was in historical sociology, Sydney A. Halpern's account of American paediatrics from 1880 to 1980. Halpern found that in successive periods, "practitioners formed a collectivity and constructed a new tier of professional institutions". Those professional institutions, she argued, formed the basis for later developments and provided understanding of subsequent configurations of the profession—meaning in this case, a specialist group.[94]

Halpern tried to avoid functionalist points of view and the traditional definitions of an earlier generation of sociologists of professions. "Professions do not appear as full-blown occupations and then acquire a set of attributes or institutions", she wrote. "They come into being through the efforts of practitioners who build new types of careers amid changing social and economic circumstances". Yet she went on to argue that there were isomorphisms between professions, based in part on similar conditioning forces in the histories of each one and in part on recognized structural differentiation as professionals grappled with growing social complexity: "professions . . . adopt strikingly uniform institutional forms and are greatly influenced by contemporaneous professions . . . ". And history, which she learned from medical historians, led her to advocate this developmental explanation for sociological phenomena.[95]

The other book was Andrew Abbott's attempt to resurrect the sociology of professions by recasting it as systems theory. Abbott focused on the history of boundary drawing in professions as professionals claimed jurisdiction over one or another social function and struggled with members of other professions or occupations. In this way he established the study of "an interacting system, an ecology". Moreover, his ecology embraced the interactions between, on the one hand, dynamic events internal to each profession, which had previously been conceptualized as the forms of professions, with, on the other hand,

[92] See, for example, Roy Porter, review of Holmes, *Augustan England*, in *Medical History*, 27 (1983), 320-321. Konrad H. Jarausch, 'The German Professions in History and Theory', in *The German Professions, 1800-1950*, ed. Geoffrey Cocks and Konrad H. Jarausch (New York: Oxford University Press, 1990), p. 10.

[93] That same year, another book appeared that took many sociologists even further from the traditional conceptualizations of profession: Raymond Murphy, *Social Closure: The Theory of Monopolization and Exclusion* (Oxford: Clarendon Press, 1988). Murphy focused on social exclusion and "a system of monopolization by the credentialled and the exclusion of the uncredentialled" (p. 2). Murphy's formulation was widely cited by sociologists in subsequent years.

[94] Sydney A. Halpern, *American Pediatrics: The Social Dynamics of Professionalism, 1880–1980* (Berkeley: University of California Press, 1988), especially chaps. 1, 8; the quotation is from p. 149.

[95] Ibid., especially pp. 21–25, 159–160.

dynamic external events, which embraced the power and economic interpretations of professions.[96]

What was striking about Abbott's model was the fact that he, too, used historical evidence—in substantial part the work of medical historians—to make his points about the complexity of the systems and the ways in which internal and external events in professionalization interacted and played off each other. He easily shifted from past tense to the present, explaining that the effects of "the great cultural and social forces felt by many to determine the current history of professions . . . are idiosyncratic, mediated by the system structure . . . ". Indeed, his whole ingenious model was designed to accommodate structural models to historians' depiction of past events.[97]

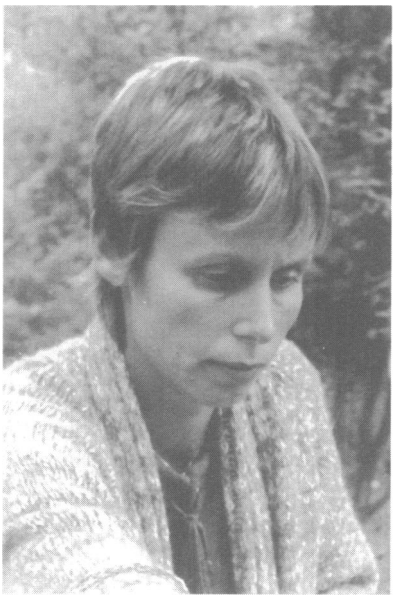

Figure 28: Claudia Huerkamp in 1985.

The idea of profession had thus come full circle. A new generation of historians of medicine—with the help of interested general historians—had reclaimed from sociologists the idea of profession as part of the history of the actual work of physicians, of physicians as experts, of physicians as social and economic figures. And yet medical historians' versions of profession at the end of the 1980s were quite different from the first tenuous ideas of medical expertise and medical institutions discussed by their forebears of the seventeenth to the nineteenth centuries.

[96] Andrew Abbott, *The System of Professions: An Essay on the Division of Expert Labor* (Chicago: University of Chicago Press, 1988); the quote is from p. 33.

[97] Ibid., especially chaps. 1, 11, pp. 279, 343n. Like Halpern, Abbott stressed the actual work done by professionals. And see, for example, the avowedly historical approach in Elliott A. Krause, 'Professions and the State in the Soviet Union and Eastern Europe: Theoretical Issues', in *Professions and the State: Expertise and Autonomy in the Soviet Union and Eastern Europe*, ed. Anthony Jones (Philadelphia: Temple University Press, 1991), 3–42, especially p. 4.