

Introduction

This book is a case study of the way in which the writing of history was affected by a systematic concept. The case focuses on those who wrote medical history, and the specific systematic thinking that caused changes took the form of the idea of profession. The case study is cast as a narrative that reaches back to the late seventeenth century, when a tradition of medical history began to develop. I then proceed to show what happened to that tradition in the nineteenth and twentieth centuries—and particularly the twentieth century.

Interest in the Idea of Profession

By the second half of the twentieth century, historians of society in general, not just medical historians, were devoting special attention to the professions. Indeed, a whole group of interpreters of modern history made members of professions the main, even the determining, actors in the general movement toward organization and bureaucratization—a process that these scholars identified as the central social dynamic in mass societies of the late nineteenth and twentieth centuries. “Everywhere”, wrote Kenneth S. Lynn in 1965, “the professions are triumphant”.¹

Especially after World War II, educated people in Western countries looked on professionals as an ideal type who exercised power and embodied authority without holding property. Among historians, many scholars celebrated the professionals in the professionals’ own terms. Other writers came to portray professionals as a source of social injustice and malfunction—or at least as the effective instrument through which middle classes dominated society. Regardless, professionals moved to the centre stage of history.²

¹ Kenneth S. Lynn, ‘Introduction’, in *The Professions in America*, ed. Kenneth S. Lynn (Boston: Houghton Mifflin Company, 1965), p. ix; Lynn was referring to just one mass society, the United States, but he might just as well have spoken of them all. See, for example, the sweeping interpretation of Harold Perkin, *The Rise of Professional Society: England Since 1880* (London: Routledge, 1989), which I shall mention in Chapter 6.

² Warren I. Susman, *Culture as History: The Transformation of American Society in the Twentieth Century* (New York: Pantheon Books, 1984), especially pp. xxi, 46. Richard Wightman Fox and T. J. Jackson Lears, ‘Introduction’, in *The Culture of Consumption: Critical Essays in American History, 1880–1980*, ed. Richard Wightman Fox and T. J. Jackson Lears (New York: Pantheon Books, 1983), p. xi, provide a succinct contextualization and statement. One of the instigators but without the sophistication of later writers was Richard Hofstadter, *The Age of Reform: From Bryan to F.D.R.* (New York: Alfred A. Knopf, 1955), especially pp. 148–163, where he suggested the professionals’ centrality to a supposed “status revolution” around the turn of the twentieth century. See, for example, Wayne K. Hobson, ‘Professionals, Progressives and Bureaucratization: A Reassessment’, *Historian*, 39 (1977), 639–658. A German version is noted in Chapter 5, below. The recognition of the impact of the historians of professions is explained most incisively, in a context of the organizational synthesis in modern American history, by Louis Galambos, ‘Technology, Political Economy, and Professionalization: Central Themes of the Organizational Synthesis’, *Business History Review*, 57 (1983), 471–493. One continuation of the idea of the historical impact of professionals is Brian Balogh, ‘Reorganizing the Organizational Synthesis: Federal-Professional Relations in Modern America’, *Studies in American Political Development*, 5 (1991), 119–172, who limned the idea that professional functioning could substitute for the centralized state.

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In moving professionals into the spotlight, historians treated medicine as the model profession.³ For this reason, much medical history of the late twentieth century was being written by general historians as well as by specialists in the field.

Such sudden attention from general historians came as a surprise to specialists in medical history. They of course were delighted that others had finally discovered what had long appeared to be a well-kept secret, namely, that within the realm of scholarship, medical history was the most fascinating subject of all. But traditional medical historians also found themselves a bit overwhelmed, for the new votaries of the subject accelerated the ingress of new emphases and new ways of viewing the history of medicine.

One reason for medical historians' disquiet in the late twentieth century was the work of a group of social critics (including some historians) who called attention to what they designated the medicalization of modern society—and they deplored it. For these critics, the profession of medicine represented, not knowledge and healing and even civilization itself, but power—meaning political power, not the power of medical expertise and technology. To make their point, these critics focused on the ways in which professionals functioned in society. So effective and pervasive was this critical focus that by 1991, sociologist Andrew Abbott could observe that it was ironic that scholars had reached such a stage that they could find “the structural form of professions . . . more interesting than the work they do”.⁴

These late twentieth-century perspectives represented a change from those of earlier historians of medicine. Generations of historians of medicine had written about medical knowledge and also about the body of practitioners who identified themselves as the medical profession. The historians' writings had aggregated into a growing body of literature that by consensus constituted the history of medicine. Within that historical tradition, the idea of profession assumed only a small place. But it grew.⁵

The Development of an Idea of Profession in Medical History

Profession, as it turns out, is a phenomenon that can be understood and appreciated fully only when set in the whole history of the writing of medical history. For this reason, I take note of the way in which medical history of the past differed from the current writing of medical history—not to suggest that predecessors were in any way inferior, but to explain that our predecessors had priorities different from those of later writers. This book may therefore interest medical historians who have an interest in their craft, even though my concern is those who, in their everyday scholarship, even without intending to, run across the phenomenon of profession.

³ Medicine was arguably the model profession only in the twentieth century. Why it became the model profession in the twentieth century is suggested systematically in Bruce A. Kimball, *The “True Professional Ideal” in America: A History* (Cambridge, MA: Blackwell, 1992). Or, in general terms, as the definition of profession came in the twentieth century to involve both altruism and “power”, as is argued below in Chapters 3, 4, and 5, medicine, of all professions, had the most of both. Another factor, too, is noted in Chapter 6: the actions of members of the medical profession came to have more significant and concrete effects, involving life and death, than did the actions of members of other professions.

⁴ See, for example, *La médicalisation de la société française, 1770–1830*, ed. Jean-Pierre Goubert (Waterloo, Ontario: Historical Reflections Press, 1982). Andrew Abbott, ‘The Order of Professionalization: An Empirical Analysis’, *Work and Occupations*, 18 (1991), 355–356.

⁵ I use the term “idea” as equivalent to “working concept”, which I usually abbreviate to “concept”.

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It should also be recognized that, as a case study of how scholarship can go in one direction or another, the story recounted here is potentially of concern to anyone trying to write history—beyond the direct interest of general social historians and historians of professions other than medicine. The particular pattern in the way medical historians learned about and resisted a particular concept illuminates the general historical process of change and innovation in ideas. Those with expertise in any historical field, including the history of medicine, will be able to adduce further examples of the phenomena that I shall be describing.

I recognize that other scholars, non-historians, might also benefit from hearing about the experience of medical historians who had to grapple with the appearance of the concept of profession. Yet my account is not intended for specialists in the theory or sociology of the medical profession or of some other profession, however instructive those scholars might find the historical record that will appear below. I have therefore not attempted an exhaustive survey or philosophical discourse but simply sought to sketch high points and main currents. Nor, I should add, is this a history of the medical profession. Others have written that history.⁶ I have simply written about the ideas of medical historians—their accounts of the medical profession in earlier times and, briefly, the context in which their ideas of profession appeared.

Histories, like this one, that start with an important subject in the present and trace the roots back in time are implicitly presentist. Tracing the roots of a recent interest and showing how the present came into existence, however, need not lead to justifying any particular current viewpoint (an approach referred to usually as Whig history) nor to suggesting that current developments were inevitable.⁷ In the present inquiry, then, my goal is to answer as open-mindedly as possible the question, how did the idea of profession in the work of late twentieth-century historians develop from the work of earlier writers?

In pursuing the answer to this question, it is necessary to describe the main streams that emerged in, and persisted or faded from, the medical history matrix in which the history of the medical profession appeared. Beyond the immediate intellectual matrix, many medical historians were of course aware of, and interested in, the work of their colleagues who were not particularly medical historians but who took up the subject of the history of professions. And, beginning in the mid-twentieth century, medical historians also became aware of the work of another group of scholars who were relatively new on the scene, the sociologists, both sociologists of medicine and sociologists who studied occupations.

These, then, are the three groups who figure importantly in this history: historians of professions, sociologists of professions, and, as the major characters, medical historians.

I define as medical historians those who published works about the history of medicine. To draw more precise boundaries or make complicated distinctions among works about the past of medicine would make my task impossible. After all, any scholar doing a

⁶ Excellent recent survey histories of the medical profession that will be noted below in an appropriate place are Toby Gelfand, 'The History of the Medical Profession', in *Companion Encyclopedia of the History of Medicine*, ed. W. F. Bynum and Roy Porter (2 vols., London: Routledge, 1993), II, 1119–1150, and Gert Brieger, 'Medicine as a Profession', in *Encyclopedia of Bioethics*, ed. Warren T. Reich (2nd ed., 5 vols., New York: Macmillan, 1995), III, 1688–1697.

⁷ Stephen G. Brush, 'Scientists as Historians', *Osiris*, 10 (1995), 215–231, takes this question up in a balanced way.

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literature search has to take into account every work on his or her subject, whether or not the author was a full-time scholar in that field. So in this narrative, medical historians are those who published medical history, even if they also published on other subjects.⁸

This definition reflects the fact that scholarly writers have always been able to write in more than one field and hold more than one “identity”, just as Arthur Conan Doyle, the medical professional who wrote about Sherlock Holmes, was a bona fide author of works of fiction as well as a physician. Being a medical historian was an identity that a person could take on, and abandon—but while functioning as a medical historian, he or she partook in an endeavour that was definable, and he or she for at least a time was, for better or worse, a historian of medicine.

But this operational definition also reflects another special character of medical historians of the twentieth century, which will be alluded to again below: the openness of physicians, who for so long monopolized interest in the subject of the history of medicine, to other scholars who began to come into the field. Those of us who were not MDs and therefore not part of the well-established medical community were continually amazed by the welcome we received from an otherwise tightly exclusionary group—just as long as we took an interest in and wrote about some aspect of medical history. It may have been because the medical profession per se was so well established that this openness was possible. Whatever the reason, the pattern common then to accept all writers on any aspect of medical history necessarily shapes the pragmatic definition of the chief characters on which my narrative focuses.

Establishing a Narrative

A major goal of this book is, therefore, simply to establish a narrative of how medical historians used the idea of profession. I invite the reader to share my experience in trying to understand this experience of historians of medicine in the past. Implicit in the narrative, as I have suggested, is the question of how any historian of medicine (indeed, any historian) might benefit from the experience of earlier writers and thinkers who confronted the subject—or any aspect of the subject, such as professional autonomy, expertise, ethics, and relations with patients and other physicians.⁹

In tracing the idea of profession, it becomes clear that changes in meaning reflected more than a narrow internal history of ideas. As will be remarked later, the idea involved physicians’ struggles for recognition within their societies. The term came also to involve the whole idea of progress, particularly in the guise of modernization theory. For the most part, meanings were added. Few dropped out, although emphases changed.

When the historian Burton J. Bledstein reviewed the status of the idea of profession in 1985, he concluded that it involved numerous “cultural ambiguities”—in part because time did add so many meanings. But few people, Bledstein found, doubted the importance

⁸ As will be noted below, eventually enough medical historians appeared that they developed a sense of community, as reflected, for example, in formal organizations. And while they may have written about standards in the field, yet medical history was not usually conceptualized as a discipline as such until, perhaps, the second half of the twentieth century, and even for that period, discussions about “discipline” do not enlighten the history of this subject matter field.

⁹ Readers will recognize that another approach implicit in making a narrative is tracing the diffusion of ideas, much as anthropologists once traced the diffusion of cultural elements.

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of the idea of profession. Already by the mid-1980s, he reported, there were 250 books on the subject of profession, including “professional imperialism in the Third World, and a professional guide for living with children”. He even found a 1910 book on *The Professional Aunt*.¹⁰

What I propose, then, is to describe the way in which this important concept and the history of the medical profession itself became a traditional subject for historians of medicine and for a variety of other scholars. I do not intend to review the history of the history of medicine as such, but in order to do my job, I shall be recalling to my audience, by way of background, much that is already familiar.

Indeed, the core of the sample upon which the first part of my narrative is based consists of the well-known Garrison-Morton listings under medical history.¹¹ And my hope is to mention a variety of both better-known and less-known works and writers to give my narrative substance and markers—but not to make this work an exhaustive catalogue: many more works, the existence of which I hope to suggest but not describe, could be mentioned.

I shall often name writers who carried and exemplified the ideas to which the narrative is devoted. I do this not to suggest that the history of medicine is best conceived as a series of biographies (the irony of this will soon become evident) but simply to make clear that real, palpable scholars did actually express ideas about profession. For many readers, in fact, the names will serve as familiar points of reference, and so I have gone ahead and mentioned the names, even if it may suggest a kind of history that is not intended. Many writers who are mentioned more than once—sometimes landmarks but usually because they are exemplary of one point or another—are identified with conventional birth and (where appropriate) death dates.¹²

To obviate the need for a bibliography, the index includes entries for authors cited in the notes.

The Ubiquity of the Idea of Profession

Most medical historians working with primary sources have run across references to the profession of medicine. The word *profession* is found with varying frequency in all of the published records of Western medicine from medieval times to the present.

All of the European languages have equivalent expressions for “profession”. Other languages do not. After failing to find an appropriate Japanese expression for the concept,

¹⁰ Burton J. Bledstein, ‘Discussing Terms: Professions, Professionals, Professionalism’, *Prospects: An Annual of American Cultural Studies*, 10 (1985), 1–15.

¹¹ In its current manifestation: *Morton’s Medical Bibliography: Annotated Check-List of Texts Illustrating the History of Medicine (Garrison and Morton)*, ed. Jeremy M. Norman (5th ed., Aldershot: Scolar Press, 1991).

¹² I hope that it is not necessary to point out that where a figure is incidental in my narrative, it may be of interest to other historians pursuing one course of research or another to see where that particular figure may fit into the history of the idea of profession. One of my readers warned me against the “encyclopedic coverage” of authors, “always doomed to omit and offend those left out”. In fact, I have not mentioned many leading historians of medicine, usually because their writings were not relevant to the narrative or because someone else, for one reason or another, served to make a general point. My coverage of scholars, I emphasize, is for purposes of illustration and the sense of authenticity that instances convey. Nevertheless I also am aware that even the essay that constitutes this book may serve an occasional scholar as a reference tool, and I think it is useful to leave tracks for the reader in case he or she wishes to follow up some point or other; this is a courtesy that mentioning authors can accomplish in part.

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Shigeru Nakayama commented, “All this implies . . . ‘profession’ is quite a parochial term, only making sense in European history since late medieval times”.¹³

Within the Western tradition that I shall be exploring, several scholars have written on the definition of the word and changes in the definition. In 1992, for example, Bruce A. Kimball structured a whole history around the changing understandings of the word in one culture, that of the United States.¹⁴ I do not intend to repeat the work of such scholars on the definition of the term, but I allude to it briefly here to provide a general setting for my narrative of the work of medical historians.

Often the word has been a simple cognate in different languages. It may, of course, have been an imperfect cognate and may still be so (in French nowadays, the term is very general, referring to the civil status of having an occupation, such as artisan or even unemployed; it has never been limited to the liberal professions but always referred to vocation).

Further, it should be recognized at the outset that in the Anglo-American world, where professions functioned largely through voluntary associations, they were different from professions operating in societies with different traditions. At a conference in Paris in the 1980s, reported Gerald Geison, “French participants repeatedly insisted that the American occupational category ‘professionals’ was ‘completely meaningless’ to them”.¹⁵ In German, the terms have been so variable and ambiguous that only context could at any time indicate the meaning; one theretofore common term, *Stand*, apparently did not survive after the Nazis used it.¹⁶

As the concept developed over the centuries, sometimes the term used was “learned profession”, to distinguish special occupational groups from ordinary callings. One of the German words, *Beruf*, can mean calling more literally than do other terms, and it may be closer to the Latin-based word, “vocation”, which also refers to a calling—as opposed to

¹³ See the summary and comparative section contextualizing the evolving meaning of the Italian term in Maria Malatesta, ‘The Italian Professions from a Comparative Perspective’, in *Society and the Professions in Italy, 1860–1914*, trans. Adrian Belton, ed. Maria Malatesta (Cambridge: Cambridge University Press, 1995), pp. 5–9. Shigeru Nakayama, ‘Scientization of Medicine’, in *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), p. 19.

¹⁴ Kimball, *The “True Professional Ideal”*, gives an extensive discussion of the definition and rhetoric of the English word, pointing out (p. 3) that the *Oxford English Dictionary* is misleading even about the English usage. Bledstein, ‘Discussing Terms’, pp. 7–9, provides another perspective. Gerald L. Geison, ‘Introduction’, in *Professions and the French State, 1700–1900*, ed. Gerald L. Geison (Philadelphia: University of Pennsylvania Press, 1984), pp. 2–3, discusses the limitations of the term in French scholarship, and Charles E. McClelland, *The German Experience of Professionalization: Modern Learned Professions and Their Organizations from the Early Nineteenth Century to the Hitler Era* (Cambridge: Cambridge University Press, 1991), pp. 11–27, discusses German understandings of the idea in the further context of sociological definitions; cf. Werner Conze, ‘Beruf’, in *Geschichtliche Grundbegriffe: Historisches Lexikon zur politisch-sozialen Sprache in Deutschland*, ed. Otto Brunner, Werner Conze, and Reinhart Koselleck (Stuttgart: Ernst Klett Verlag, 1972), I, 490–507. Discussion of conceptualization as well as definition is also in *Professions in Theory and History: Rethinking the Study of the Professions*, ed. Michael Burrage and Rolf Torstendahl (London: Sage Publications, 1990).

¹⁵ Geison, ‘Introduction’, p. 11n.

¹⁶ Konrad H. Jarasch, *The Unfree Professions: German Lawyers, Teachers, and Engineers, 1900–1950* (New York: Oxford University Press, 1990), pp. 4–8, offers another discussion of the German understanding of profession. McClelland, *The German Experience of Professionalization*, p. 238. Annette Drees, *Die Ärzte auf dem Weg zu Prestige und Wohlstand: Sozialgeschichte der württembergischen Ärzte im 19. Jahrhundert* (Münster: F. Coppenrath Verlag, 1988), a modern work, uses “Profession”, which must be accounted an Americanism at that stage, as well as “Beruf” and, very seldom, “Stand”, as in “Arztstand”.

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the more neutral “occupation”. In the early history of the church, one was called to a religious vocation, and one responded by professing it.

The term was related at different times not only to calling but to the idea of expertise and, concurrently, to the idea of public declaration and teaching.¹⁷ Ultimately, then, the term came commonly to have two connotations. The first was that of a learned and high-status calling, practised by someone who was, or aspired to be, “a gentleman”.¹⁸ The second was carried in the English word, “profess”, which suggested declaration and the responsibility to teach.

As will be noted, however, from ancient times, medical and other writers on occasion referred to the medical profession as abstract expertise. For a long time, therefore, writers made the idea an abstraction so that profession referred to the teachings that were professed. In a second, but closely connected, usage, it was also possible to term experts in healing who embodied the expertise as members of a profession. This embodied version of expertise became the more common idea by the nineteenth century.

Despite this modern usage, generations of writers continued to use “profession” to refer to a body of knowledge. Classically educated physicians liked to cite Celsus, who in one passage reviewed the writings on medicine up to his own time (thus constituting himself a forerunner of medical historians). Celsus there distinguished the special knowledge that characterized medicine. In doing so, he repeatedly used the term “profession” and related terms to show that medicine was an inherited body of knowledge that practitioners followed and professed—that which was professed. Hence in the classical tradition, well known in the seventeenth and eighteenth centuries, medical profession had a fundamental meaning: the teachings upon which the practice of medicine depended.¹⁹

As the classical tradition waned in the nineteenth century, medical historians turned the idea of expertise and the body of experts in medicine into medical practice—a practice that was based on the growing body of medical knowledge, eventually and particularly including discoveries in scientific medicine. Slowly, therefore, the idea of expertise became only one element in the common conception of profession. Curiously enough, however, toward the end of the twentieth century, the connection of expertise to the functioning of professionals attracted further study (thanks in part to the writings of Michel Foucault) as professionals were equated to experts. But this late connection to expertise involved a focus on the people, the professionals, rather more than on knowledge as such. Indeed, writers could even focus on social structures based on the idea of experts, the ironic shifting of which Abbott the sociologist took note, as scholars wrote about social structure—rather than actual expert functioning.²⁰

¹⁷ 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), pp. 111–113, used the idea of professing to indicate, among other things, the public nature of functioning as a professional in the early modern period.

¹⁸ Steven Shapin, *A Social History of Truth: Civility and Science in Seventeenth-Century England* (Chicago: University of Chicago Press, 1994), has of course, added a whole dimension to the identities of professionals aspiring to gentlemanly status.

¹⁹ The classic example is Celsus, *De medicina*, trans. W. G. Spencer (3 vols., Cambridge, MA: Harvard University Press, 1935–1938), I, 4–9. I am deeply indebted to Jerome Bylebyl for pointing out to me the importance of this tradition and the way in which Celsus used *professio*. The modern term, expertise, which society recognizes as possessing knowledge that guides actions, is close to the way writers used the classical idea, as will be suggested below.

²⁰ This movement was explicit in *The Authority of Experts: Studies in History and Theory*, ed. Thomas L. Haskell (Bloomington: Indiana University Press, 1984). Abbott is quoted above.

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Parallel to the idea of the medical profession as knowledge and expertise, however, and building on the conception of profession as an embodiment of knowledge, a second definite meaning developed: the medical profession was a collectivity of those who defined themselves as experts who were following the vocation of medicine. And very commonly this collectivity could mean just all of the physicians in one particular geographic area. Many historians used the word in that sense and still do—as a collective noun.²¹

Yet—as recent social and even political historians have suggested—the identity of professional, as part of a significant and influential social aggregation, took on important historical and social meanings. Around such a social collectivity of physicians, a number of ideas developed. It is those meanings and ideas, so important in very modern discussions, and the accompanying spirit of what came to be called professionalism, that I particularly wish to trace in the writings of medical historians who used the idea and term, “profession”.

Indeed, in 1983, the Canadian medical historian, S. E. D. Shortt, had come to believe that “the historian’s definition of professionalization . . . is at present best left deliberately vague”. Symptomatic of the change that was taking place then (see Chapter 5, below), he concluded that a measure of vagueness did not make the idea less useful to historians.²²

It is true that, over the years, particularly in the nineteenth century, many scholars in fact viewed as a distraction, to be ignored, any allusion to profession in a collective social sense. Eventually, however, a few historians of medicine did take note of the idea, and by the 1990s, writers were using the modern concept of profession routinely: a profession was a group of people who functioned as a social entity.²³

Roots in the History of Medicine

This book is, then, about roots. It is, as I have noted, at least partly a presentist search for origins. But the author takes on two additional responsibilities: to suggest where research on the idea of profession may lead in the future, and to suggest perspectives and conclusions that may come out of the narrative—the moral to the story.

Writing of the history of professions in general, in 1990 Geoffrey Cocks and Konrad H. Jarausch distinguished three waves of analysis in the historiography. The first wave was self-congratulatory and presentist, as the practising professionals (mostly) wrote their own accounts of what they viewed as their triumphal progress to the present. This progressive

²¹ See, for example, John Watson, *The Medical Profession in Ancient Times. An Anniversary Discourse Delivered Before the New York Academy of Medicine, November 7, 1855* (New York: New York Academy of Medicine, 1856), p. 206, and numerous other examples cited below in the text. From one point of view, of course, just using the term, profession, as a collective noun suggested the success of practitioners in creating a category by drawing boundaries.

²² S. E. D. Shortt, ‘Physicians, Science, and Status: Issues in the Professionalization of Anglo-American Medicine in the Nineteenth Century’, *Medical History*, 27 (1983), 52. See the similar conclusion of J. B. Morrell, ‘Professionalisation’, in *Companion to the History of Modern Science*, ed. R. C. Olby, et al. (London: Routledge, 1990), pp. 980–989.

²³ See the masterful essay by Gelfand, ‘The History of the Medical Profession’. In the mid-1990s, the concept of profession was conspicuous, for example, not only, as might be expected, in the British-based *Social History of Medicine* but in the more general U.S. journal, the *Bulletin of the History of Medicine*. In some issues, the concept appeared very noticeably in at least a third of either or both articles or reviews.

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version of the rise of professions synchronized with other accounts of modernization to show professionals as the vanguard of the modern. “Not surprisingly”, the second wave of historians, Cocks and Jarausch comment, “sought to sweep away such self-serving accounts by exposing the baser motives of individual and collective professional behavior”. Service ideals, glorified in the first wave, in the second turned out to be covers for economic and social advantage.²⁴

Scholars of the third wave, with whom Cocks and Jarausch identified, “provide carefully documented histories while avoiding gratuitous polemics. Current scholarship places the history of professions in specific political, cultural, and social contexts, thus laying the basis for comparative studies”, they concluded.²⁵

In general, the work of medical historians conformed to those three waves in the history of all professions. But, as I shall be explaining, the history of the medical profession had origins before the first wave even was in place, and my narrative, which follows below, therefore falls naturally into five different periods of change, each represented by a chapter.

In the first period, from the beginnings of the history of medicine as such in the 1690s, until about 1900, the basic patterns came into place: historians emphasized individual authorities from the past who wrote about the medical knowledge of their times and then, by the late nineteenth century, individual innovators in medical science and practice. In this period, only occasionally did a historian take up professional issues (typically the professional autonomy, expertise, ethics, and relations with patients and other physicians mentioned above), and in such cases, the history reflected specific contemporary concerns of physicians at that time.

By the early twentieth century (Chapter 2), the pattern of great doctors and great ideas was even more firmly in place in the work of medical historians. But then two streams of social history began slowly to infiltrate the field. One focused on themes of social epidemiology and the distribution of health care. The other stream brought with it interest in physicians as professionals but, as yet, only a few accounts of the professional existence of physicians. Meantime (Chapter 3), as medical history flourished in the middle of the twentieth century, a whole new area of knowledge appeared: the sociology of professions. A few general historians of professions appeared who used these new insights, along with other perspectives from the social sciences. Yet medical historians did not do so—for almost a generation. Another chapter therefore describes what happened when medical historians in one tradition of social history finally began incorporating the work of sociologists—along with other new kinds of thinking that began appearing in the last decades of the twentieth century.²⁶

The narrative concludes with a description of the establishment of a flourishing field in the history of professions in general and the history of the medical profession in particular.

²⁴ Konrad H. Jarausch and Geoffrey Cocks, ‘Introduction’, in *German Professions, 1800-1950*, ed. Geoffrey Cocks and Konrad H. Jarausch (New York: Oxford University Press, 1990), p. 4.

²⁵ *Ibid.* It is, of course, somewhat hopeful to say that “gratuitous polemics” were entirely avoided.

²⁶ Georg G. Iggers, *Historiography in the Twentieth Century: From Scientific Objectivity to the Postmodern Challenge* (Hanover, NH: Wesleyan University Press, 1997), uses the incorporation of social science viewpoints as a defining trend in general history; historians of medicine did not follow that general periodization. This view is further contextualized in Dorothy Ross, ‘The New and Newer Histories: Social Theory and Historiography in an American Key’, *Rethinking History*, 1 (1997), 125–150, to which I shall recur later.

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Indeed, the historians of medicine ended up emancipated from the leadership of sociology and, with the help of other historians, in charge of a field that was sustaining itself. By the 1990s, in short, scholars had raised many questions about the history of the medical profession even as the boundaries of the field of medical history weakened and the subject matter of profession became more important than the particular identification or focus of the historian who wrote about it.

Why was the idea of profession so special to historians of medicine? The conclusion explores the extent to which the historical record of generations of medical historians can answer that question. At least a beginning can be made by pointing out that the concern of medical historians with the profession of medicine brought special and unique agendas into their writings. And the category of profession was not just another part of social history but a subject properly examined in and of itself.

Clearly, the place of the idea of profession in medical history did change. At first, using the idea functioned as part of the professionalizing process in medicine. The concept came, however, to assist historians as they attempted to gain an enlightening external view of the social processes within which medicine was operating. The first historians were physicians who tried to use the authority of science and then later the symbolism of discovery in science to legitimate their own process of professionalization—particularly at a time when physicians were struggling for authority, even in such institutions as hospitals. Later historical writers, both physicians and non-physician historians, turned away from using the history of medicine as part of the professionalization process. Instead, they were seeking both enlightening perspective and conceptual tools that would help them understand the place of physicians in a highly medicalized society.

Except for a few notes, I have not attempted to deal with special cases, particularly those generated by psychiatrists. The identity of members of that speciality as professionals has a long history. Moreover, their professional status itself has been the target of a whole tradition of anti-psychiatric and ultimately anti-medical attacks that are better treated in a separate place.²⁷

It is only fair to observe, in addition, that this focused account of an idea in a narrow scholarly field provides an instrument with which to illuminate historiographical issues at the end of the twentieth century. In a time when historical understanding in general has become a matter of public as well as scholarly contention, the experience of medical historians with an organizing concept provides enlightening perspectives for writers as they try to learn how to frame ideas about the past.

²⁷ See, for example, William F. Bynum, Jr., 'Rationales for Therapy in British Psychiatry, 1780–1835', in *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era*, ed. Andrew Scull (London: The Athlone Press, 1981), pp. 35–51, who shows how moral treatment, a reform, threatened the professional status of the physicians carrying it out.