

## Chapter 1

# From the Beginnings of Medical History to the Turn of the Twentieth Century: Establishing a Tradition

The narrative begins with the ways in which historians of medicine established a recognizable way of writing about the past of medicine. Implicitly this writing of history took place within institutions, intellectual and medical, that showed substantial continuity within a context of social and intellectual change. And the early writers came to represent the legacy of a category of learning: they were figures who for generations were symbolic of a conventional field of learning and scholarship, the history of medicine.

The narrative is, further, about how those historians used the term, *profession*, from the late seventeenth century almost to World War I. It is, still further, about how, in the broader context of medical history, the idea of profession—implicit as well as explicit—changed as a sense of institution and society came, however superficially, into a discourse about “the physician”. And this chapter is, finally, about how and why writers on medical history, who had an interest in physicians’ professional existence, did not write about it and yet sometimes did.

### Establishing an Identity and Using the Past

It should come as no surprise that historians of medicine reflected their times and cultures. Nor should it be any more surprising that they also simultaneously followed traditions internal to the history of medicine. Physicians appeared in the West in a collective social role continuously at least from medieval times, and eventually a number of physicians wrote the history of medicine to try to define and understand better what medicine was and what it meant to function as a physician.

The beginnings of the history of medicine came at a time when social arbiters did not clearly distinguish the category of physician, much less of medical groups. “In these days of increasingly narrow professionalism and of rigid statutory regulation of the right to practise”, writes Arthur Rook, “it is difficult to conceive of an age in which some knowledge of medicine formed part of the general education of a gentleman, and in which he could and often did practise as a physician at least on occasions, without the sanction of university, College or bishop”.<sup>1</sup> Nor were “gentlemen” the only types of persons who acted as healers, and even as “doctors”: a variety of empirics, wise people, and quacks could be called in to attend the ill.

Under those circumstances, examining the history of medicine helped physicians claim social distinctiveness. It also helped them conceptualize medicine as a unit. With that unit, they were better able to ask the public to recognize their special identity and, they hoped, grant them a correspondingly elevated social status.

The early generations of medical historians did have precedents they could use as they formed a narrative. In the course of thinking about the history of medicine, writers were guided by the scholars who in other fields had already constructed three models for

<sup>1</sup> Arthur Rook, ‘Medicine at Cambridge, 1660–1760’, *Medical History*, 13 (1969), 107–122; the quotation is from 108.

ordering historical thinking: political eras; the development of philosophical schools; and, ultimately, the progressive and cumulative history of science.

### The Beginning of a Tradition of the History of Medicine

From at least the late medieval period, medical writers began consistently to conceptualize the past of medicine in terms of great antecedent physicians, starting with Hippocrates. By the middle of the seventeenth century, Hermann Conring, in harmony with other historical writers of the time, was able to establish a periodization in the development of medicine in the form of successive ages. But later writers depicted the history written by Daniel Le Clerc (1652–1728), first published in 1696, as the model that established firmly a format for the history of medicine. Le Clerc was a very eminent and well-educated Swiss physician who helped found the first medical society in Genf, where he was born and where he practised.<sup>2</sup>

Le Clerc made clear what he was doing in his history. Unlike his predecessors, he wrote, he was not just compiling a chronology of physicians and their writings in different time periods; instead, he noted, he intended “to set forth the opinions of the Physicians, their Systems, and Methods and to trace step by step all their discoveries”. (His account, however, in fact, did not go past the ancient Greeks.)<sup>3</sup>

When Le Clerc wrote, medical ideas such as those about which he proposed to write a history had a direct bearing on current practice. The history of medicine therefore initially served to filter out the practical knowledge base for medical practice. Although this use of history to teach the art and science of medicine later dropped out, a history-of-ideas model continued to dominate the writing of medical historians into the twentieth century.

But writing the history of ideas had the incidental effect, within medical history, of marginalizing any discussion of the medical profession—at least as it would have been understood by historians of the late twentieth century. Not that Le Clerc failed to mention the profession. He did use the term. He noted that some ancients made physick “their sole

<sup>2</sup> Edith Heischkel, ‘Die Geschichte der Medizingeschichtschreibung’, in Walter Artelt, *Einführung in die Medizinhistorik: Ihr Wesen, ihre Arbeitsweise und ihre Hilfsmittel* (Stuttgart: Ferdinand Enke Verlag, 1949), pp. 202–237, especially 204–213. Charles Webster, ‘The Historiography of Medicine’, in *Information Sources in the History of Science and Medicine*, ed. Pietro Corsi and Paul Weindling (London: Butterworth Scientific, 1983), pp. 29–43, provides an unusually incisive summary of major formative publications, and he notes, p. 31, that Le Clerc’s book was similar to Thomas Stanley’s 1685 *History of Philosophy*. Early American publications are described in Genevieve Miller, ‘In Praise of Amateurs: Medical History in America Before Garrison’, *Bulletin of the History of Medicine*, 47 (1973), 586–615. P. Röthlisberger, ‘Daniel Le Clerc (1652–1728) und seine *Histoire de la médecine*’, *Gesnerus*, 2 (1964), 126–141. As late as 1925, it was considered an interesting surprise that by antedating Freind (see below) by many years, Le Clerc “was justly entitled to be considered the father of the history of medicine”; see *Annals of Medical History*, 7 (1925), 302. F. H. Garrison, ‘The First Authentic Periodical of Medical History’, *Bulletin of the New York Academy of Medicine*, 8 (1932), 421–422, scathingly denied Le Clerc’s place: “A wholly uncritical approach, portentous ignorance or of indifference to the basic sources of fact, an overweening assumption of omniscience and, in consequence, a facile tendency to improvisation are outstanding traits of Leclerc [sic] and of most of his immediate followers”. Garrison went on to make fun of errors and extravagances of other writers prior to the mid-eighteenth century, such as identifying the exact year of 1247 B.C. as the date of the Aesculapian cult. The point that Garrison missed was that, regardless of specifics, Le Clerc’s general narrative constituted a point of departure for other writers.

<sup>3</sup> Daniel Le Clerc, *The History of Physick, Or, An Account of the Progress of the Art, and the Several Discoveries Therein from Age to Age. With Remarks on the Lives of the Most Eminent Physicians*, trans. James Drake and Andrew Baden (London: D. Brown, 1699), unpaginated preface.

profession”, and he observed that Hippocrates was able to “support the reputation of his profession by his works as well as his words”. Le Clerc apparently meant to use the term as in modern French, as an equivalent to occupation or vocation—that is, calling—as the term was understood in the 1690s, and it already could (as it did in the contemporary English translation) suggest an occupation that was not of low status. At the same time, he continued to use the older sense of expertise found in Celsus. Philosophy and physick, he wrote, had grown to the point that “men were forced to separate these two professions, since either of them was enough to employ a man’s time entirely”.

Le Clerc could have written about institutions that later historians included as part of the idea of a profession, such as education and ethical self-policing. But in fact the only professional institution that he discussed was schooling, to which he imparted an established institutional character, more reminiscent of instructional establishments of the late seventeenth century than of customs later writers attributed to the Greeks.<sup>4</sup>

Physicians, in the writings of Le Clerc as well as other early historians of medicine, rarely appeared as part of a collectivity but, rather, maintained individual identities—what would later be characterized as “the great doctors”. If early historical writers generalized, they tended to do so in terms of The Physician—the ideal practitioner who was the end product of the history of medicine. These writers, along with other medical writers of the time, used the ideal physician as a rhetorical device for what succeeding scholars could have understood as professional ends. The use of the term, “the physician”, was compatible with commonplace Aristotelian thinking as well as an atomistic interpretation of society. In historical writing, the term did not immediately lead to any sense of a social collectivity of physicians.

### **A Second Major Figure: John Freind**

In 1725–1726, John Freind (1675–1728), a member of the English medical elite, published another landmark medical history, tracing the past of medicine down through the sixteenth century. Freind used the term “profession” somewhat more frequently than did Le Clerc, but without adding to it any new meaning. Freind noted, for example, that in 1310, Robert, King of Naples, “had in his service *two* Physicians, who made a considerable figure in their Profession at that time . . .”. Freind spoke of “professing medicine” and also used the term in the classic sense as the knowledge base of medicine: “. . . in other branches of the profession there were some advances made: for instance, the Physicians began to make more curious inquiries into the qualities of *Mineral waters* . . .”.<sup>5</sup>

Yet Freind in one place or another also described many of the later hallmarks of a profession but without using the word. He spoke of ethics and described institutions such as the Royal College of Physicians and even implied that a community existed among practitioners. He noted the phenomenon of licensing that hopefully distinguished between real physicians and “illiterate *Monks and Empiricks*”. But, like Le Clerc, Freind

<sup>4</sup> *Ibid.*, especially pp. 149–150, 361. Le Clerc used the term “profession” in the French original just as it was translated into English; Daniel Le Clerc, *Histoire de la medecine ou l'on voit l'origine & le progrès de cet art, de siècle en siècle, depuis le commencement du monde* (Geneve: J. A. Chouët & D. Ritter, 1696), pp. 240–241.

<sup>5</sup> J. Freind, *The History of Physick, From the Time of Galen to the Beginning of the Sixteenth Century. Chiefly with Regard to Practice, In a Discourse Written to Doctor Mead* (2 vols., London: J. Walthoe, 1725–1726), especially II, 264, 266, 297, 389.

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concentrated on the development of ideas in medicine, deploring the fact that “It is an arrogance peculiar to some of our age and nation, to despise the most learned and celebrated Writers in their own Profession . . . ”.<sup>6</sup>

In the pioneering works of both Le Clerc and Freind, then, their use of the literal term, profession, often harkened back to Celsus and to the idea of profession as an aggregation of knowledge. At the same time, both Le Clerc and Freind used “profession” to refer to the idea of a learned occupation (as it was understood in early modern Europe).

How the idea of profession as a body of expertise persisted can be seen clearly in a 1732 work containing much history of medicine. The author, Francis Clifton (d. 1736), avowed that he depended upon Le Clerc and Freind. Clifton often spoke of “The Physician”, and he told for example of “noted Physicians . . . that practis’d Physick, and got immense fortunes by it”. But Clifton mostly restricted the term profession to sections on ancient medicine, in which profession still meant expertise, as when he spoke of “the great mischief physick does in the hands of those, whose education is inferiour to the profession”.<sup>7</sup>

For generations, then, through the eighteenth and into the nineteenth century, scholars writing the history of medicine continued to use the term “profession” to mean a body of learning. Like Le Clerc, these historians sometimes still cited Celsus along with other classic texts that emphasized that their writings bore the cachet of the ancients. Moreover, the body of learning that incorporated the ancients and constituted a “profession” continued to serve as the basis for their current practice. The idea of a profession that grew as a collectivity of practitioners was as yet merely embryonic. And so it remained for generations, except, as with Clifton, the knowledge base served to distinguish qualified physicians.

### A Hundred Years After the Beginning: Kurt Sprengel

At the end of the eighteenth century, another founding classic, written by the most prestigious academic in Germany, Kurt Sprengel (1766–1833) of Halle, helped narrow even more the tradition within which the history of medicine was written. In the process, Sprengel and his successors further diminished opportunities for writers of histories to talk of physicians in any collective sense, including “the profession”.<sup>8</sup>

<sup>6</sup> Ibid., especially II, 410–415, I, 305.

<sup>7</sup> Francis Clifton, *The State of Physick, Ancient and Modern, Briefly Considered: With a Plan for the Improvement of It* (London: W. Bowyer, for John Nourse, 1732), especially unnumbered preface and pp. 67, 69–70. Heischkel, ‘Die Geschichte der Medizingeschichtschreibung’, pp. 213–219, cites Clifton as just one of a number of Enlightenment physicians who wrote medical history but used it to advocate certain types of practice (“Back to Hippocrates!”).

<sup>8</sup> Webster, ‘The Historiography of Medicine’, pp. 32–33, emphasizes Sprengel’s sense that the history of medicine was part of the history of civilization as understood by those under the influence of the Hegelian idea of the unfolding of history. Kurt Sprengel, *Versuch einer pragmatischen Geschichte der Arzneikunde* (5 vols., Halle: Johann Jacob Gebauer, 1792–1803); (2nd ed., 5 vols., Halle: Johann Jacob Gebauer, 1800–1803) (the two editions had identical volumes V). *Allgemeine Deutsche Biographie*, 35, 296–298. Guenter B. Risse, ‘Sprengel, Kurt Polycarp Joachim’, *Dictionary of Scientific Biography*, XII: 591–592. Paul Diepgen, ‘Zur Geschichte der medizinischen Historiographie’, *Janus*, 29 (1925), 173–175, contended that Johann Heinrich Schultze, who wrote a medical history in Latin in 1728, was the first really learned historian of medicine. Hans-Heinz Eulner, *Die Entwicklung der medizinischen Spezialfächer an den Universitäten des deutschen Sprachgebietes* (Stuttgart: Ferdinand Enke Verlag, 1970), pp. 427–439, for his purposes starts his history with Sprengel.

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With no doubt commendable discipline, Sprengel declared that the “learned and celebrated writers” to whom Freind referred constituted in all ages the correct subject matter of the history of medicine. Moreover, Sprengel wrote explicitly in the tradition of German pragmatic history, in which events were set in a causal sequence, with attention to practical outcome. Outcome in medicine, he showed, meant the evolution of practice.

Sprengel stated that he was not reviewing the literature of medicine but was instead writing medical history. Sprengel’s history was therefore an account of the development of medical theory and medical practice. His narrative had as actors not a profession as such but individual physicians. The only collective groups conspicuous in his history were schools of thought and teaching, exactly akin to the philosophical schools of thought that were commonplace in teachings about high culture in that day. These schools were abstract intellectual, not social, collectivities—reflecting the ways in which Sprengel grouped ideas. The context of the categories in Sprengel’s work was also intellectual, not social: he wrote of physics and chemistry as well as such things as *materia medica* and obstetrical techniques.

Sprengel’s purpose was, after all, still didactic, to teach the medicine then current through a developmental account of medical ideas. It is true that at one point, early in his narrative, he noted the circumstances of practice, such as what he believed was the legal regulation of physicians in ancient Rome. But after that, he stuck to the history of ideas, and any content that much later scholars might recognize as the history of the profession tended to disappear.

It was not that Sprengel was unacquainted with some version of the concept. Reflecting in volume five on how he had had trouble finding time to write the book, he spoke of the “*Berufspflicht*” between his duties as teacher and his efforts to write. But the influence of Sprengel’s model constrained successors for a century or more to continue to try to make the history of medicine the history of ideas. He spoke of organs, of diseases, of therapies—and always of individual physicians.<sup>9</sup> In such an abstract intellectual history, there was little place for a collective profession or for social institutions.

As in other primary sources from that day, an occasional writer on the history of medicine spoke of the well-understood meaning of profession as a collectivity, actually defined by one such writer in 1804 who believed medicine to be “a profession, generally distinguished for liberal knowledge, and honourable from the rank assigned it in society”.<sup>10</sup> But this writer and others in their medical histories wrote about their predecessors’ ideas and practices, not their professional activities.

Some writers subsequent to Sprengel who did use the term *profession* continued sometimes to refer to the body of ideas about the art and science of medicine that existed at any point. John Bostock, for example, writing a *Sketch of the History of Medicine* in 1835, noted that Hippocrates effected “a complete revolution in the profession”, meaning that available knowledge or expertise changed, not that sociocultural relationships or personnel did. For Bostock, and for others, all of whom knew their classics, the body of knowledge was the profession: the physician’s “profession is a deposit placed in his hands for the benefit of mankind . . .”.<sup>11</sup>

<sup>9</sup> Sprengel, *Versuch einer pragmatischen Geschichte der Arzneikunde*, especially I, 4, 9, 12; II, 159; 2nd ed., especially I, 3; II, 215–227; V, ii.

<sup>10</sup> W. H. Williams, *A Concise Treatise on the Progress of Medicine Since the Year 1573* (Ipswich: J. Bush, 1804), p. v.

<sup>11</sup> John Bostock, *Sketch of the History of Medicine* (London: Sherwood, Gilbert, and Piper, 1835), especially pp. 25, 240.

## Great Figures and Progress as Medical History

With Sprengel, whose narrative progressed from one thinker to another, a model was therefore set for the history of medicine to consist of the history of teachings embodied in the writings of individual physicians of the past—what George Rosen later called “iatrocentric” history of medicine.<sup>12</sup> Implicit in it, too, was an emphasis on Hippocratic and other classical writings, suitable for generations of readers who were trained in the classics.

Also implicit was the evolutionary model of the history of scientific thinking, in which the cumulative efforts of investigators brought steady progress. Indeed, Le Clerc at the end of the seventeenth century used the word “progress” in the title of his book, and just after the turn of the nineteenth century, W. H. Williams of Cambridge University wrote explicitly *A Concise Treatise on the Progress of Medicine*, meaning of course intellectual progress.<sup>13</sup> The history of medicine, in short, during the nineteenth century and after, embodied commonplace Enlightenment attitudes as well as the history of ideas. The possibility that practitioners of medicine might operate as a social collectivity or profession did not usually play into this scenario of intellectual improvement, either.

The basic progressive, intellectual model of the history of medicine did not change greatly for many decades and was not modified even as, during the romantic period and after, developmental and historical thinking grew among Western educated elites.<sup>14</sup> What did come in was an extension of the model in which, increasingly during the nineteenth century, learned writers connected medical thinking of the past with not only the science of the particular time but with literature and especially philosophy. This high culture framework still did not change the narrative line: the great figures and their writings. Eduard Morwitz, for example, produced two volumes in the middle of the nineteenth century—one an intellectual narrative, and one a chronological list of the famous doctors and their writings. Francesco Puccinotti of Naples in the 1860s produced three volumes that were frankly philosophical in orientation, including—in theoretical, not institutional, terms—the relation of medicine to religion, morals, and law.<sup>15</sup>

By the fin de siècle, it was commonplace for historians of medicine to speak specifically of the place of medicine in “the history of civilization”. In so doing, and in establishing for themselves and for a broader public a legitimating history for medicine, they were performing an important service in developing—and implicitly recognizing—

<sup>12</sup> Owsei Temkin, ‘The Historiography of Ideas in Medicine’, in *Modern Methods in the History of Medicine*, ed. Edwin Clarke (London: The Athlone Press, 1971), p. 3, cites George Rosen for the term “iatrocentric”. George Rosen, ‘Levels of Integration in Medical Historiography: A Review’, *Journal of the History of Medicine*, 4 (1949), 465. George Rosen, ‘People, Disease, and Emotion: Some Newer Problems for Research in Medical History’, *Bulletin of the History of Medicine*, 41 (1967), especially p. 8.

<sup>13</sup> Williams, *A Concise Treatise on the Progress of Medicine*.

<sup>14</sup> Guenter B. Risse, ‘Historicism in Medical History’, *Bulletin of the History of Medicine*, 43 (1969), 201–211, puts the shift to a genetic viewpoint in the history of medicine into a general context of the development of medical history.

<sup>15</sup> E. Morwitz, *Geschichte der Medicin* (2 vols., Leipzig: F. A. Brockhaus, 1848–1849). Where Morwitz did speak of the founding of medical schools, pp. 398–399, for example, he merely made encyclopedic listings. Francesco Puccinotti, *Storia della Medicina* (3 vols., Naples: Agostino Pellerano Librajo-Editore, 1860–1870). The history of ideas clearly could concern practice, and often did; Julius Rosenbaum, *Kurt Sprengel's Versuch einer pragmatischen Geschichte der Arzneikunde* (Leipzig: Gebauersche Buchhandlung, 1846), p. xvi, for example, spoke explicitly of the history of physicians’ “kunst”, or art, as in the usual phrase, the art and science of medicine.

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the professional identity and authority of physicians. Heinrich Rohlfs, in presenting the classics of German medicine in 1879, explicitly stated that in calling attention to the history of medicine, he hoped that he would help keep physicians from being excluded from the list of learned professions (*Gelehrtenstande*).<sup>16</sup>

For generations in the nineteenth century, German-language writers dominated the field of medical history. Part of the reason was the fact that, at least from the mid-nineteenth century up to the 1870s, there was some instruction in the history of medicine in most of the German universities. The number of lectures in different medical schools declined precipitously after about 1870, but the earlier activity, along with numerous publications such as I have noted, sufficed to establish the history of medicine as a largely German enterprise.<sup>17</sup>

The authors in particular confirmed the model and standard of the history of medicine as the history of ideas and schools of thought as they appeared in the writings of individual physicians—an approach not only “iatrocentric” but more precisely “biobibliographic”. Now and again, most writers, German or otherwise, showed some awareness of possible professional concerns in the past, as had their predecessors, typically in connection with the grades of physician found in Roman law. But usually such deviations were fleeting, if not indirect. D. Ludwig Choulant, for example, in 1822 published tables of the history of medical doctrines, and the only sign in his work that physicians functioned as professionals was a section on legal medicine.<sup>18</sup>

A typical, and widely-cited, example of early nineteenth-century history of medicine was the work of Justus Friedrich Karl Hecker (1795–1850), an eminent academic who is sometimes described as the founder of historical pathology. His history of medicine was published in the 1820s and was influential for a long time afterward. The subject was indeed *Heilkunde*: the narrative line consisted of the evolution of the knowledge base of healing. The main character in Hecker’s narrative was not a physician or physicians, but knowledge. Hecker did speak briefly about the status of physicians (and noted particularly expressions of anti-physician sentiment). Furthermore, he expressed his belief that a profession of “scholarly and learned physicians” had been established by law in the Roman period, although he portrayed Roman times as, for physicians, a declension from

<sup>16</sup> See, for example, Theodor Puschmann, *A History of Medical Education from the Most Remote to the Most Recent Times*, trans. Evan H. Hare (London: H. K. Lewis, 1891). Johann Hermann Baas, *Grundriss der Geschichte der Medicin und des Heiligen Standes* (Stuttgart: Verlag von Ferdinand Enke, 1876), pp. viii–x, described the history of medicine as part of cultural history [this section is not in the English translation]. Julius Pagel, *Grundriss eines Systems der Medizinischen Kulturgeschichte* (Berlin: Verlag von S. Karger, 1905); Pagel did (pp. 51–52) discuss medical ethics in the context of medicine and religion, but otherwise his work was remarkably free of explicit considerations of what would later be considered a profession. Sander L. Gilman, *Picturing Health and Illness: Images of Identity and Difference* (Baltimore: The Johns Hopkins University Press, 1995), p. 21, confirms explicitly that a broad history of medicine played an important role in elevating the status of the profession. Heinrich Rohlfs, *Die medicinischen Classiker Deutschlands* (2nd ed., Stuttgart: Verlag von Ferdinand Enke, 1880 [1879]), p. vii.

<sup>17</sup> Johann Hermann Baas, *Outlines of the History of Medicine and the Medical Profession*, trans. and ed. H. E. Handerson (New York: J. H. Vail & Co., 1889), p. 657, described medical history as “a peculiarly German department of science”. The teaching of medical history in Germany is portrayed dramatically in a chart adapted from the work of Franz Goette by Eulner, *Die Entwicklung der medizinischen Specialfächer*, p. 435. What happened after 1880 is taken up in the next chapter.

<sup>18</sup> D. Ludwig Choulant, *Tafeln zur Geschichte der Medizin nach der Ordnung ihrer Doctrinen. Von den ältesten Zeiten bis zum Schlusse des achtzehnten Jahrhunderts* (Leipzig: Leopold Voss, 1822), especially pp. 37–40.

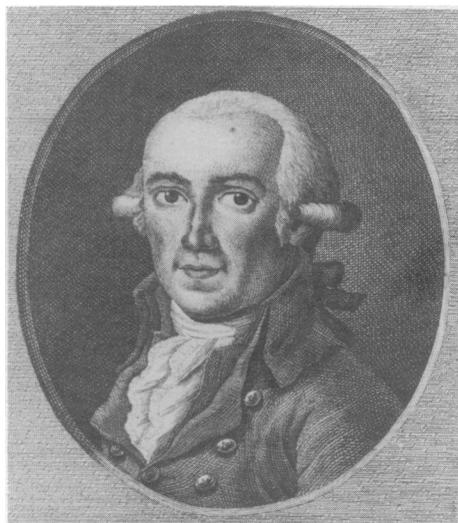
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*Figure 1: Daniel Le Clerc (1652–1728).*



*Figure 2: John Freind (1675–1728).*



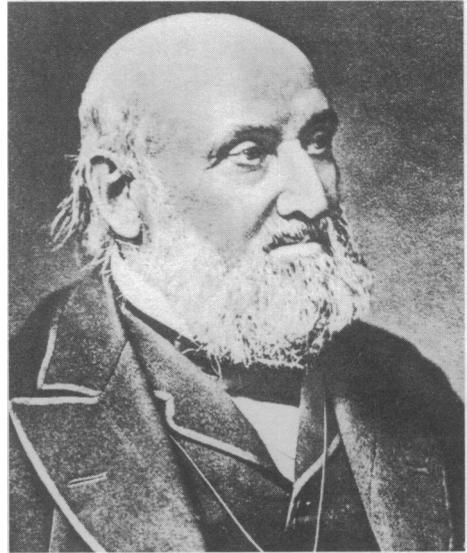
*Figure 3: Kurt Sprengel (1766–1833).*

A portrait gallery of founding medical historians, in the style of classic iatrocentric biobibliography. (Le Clerc, from C. G. Cumston, *An Introduction to the History of Medicine*; Freind, from B. W. Richardson, *Disciples of Aesculapius*, vol. I; Sprengel and Baas, courtesy of the National Library of Medicine; Haeser, from W. von Brunn, *Kurze Geschichte der Chirurgie*; Farr, from W. M. Frazer, *History of English Public Health, 1834–1939*)

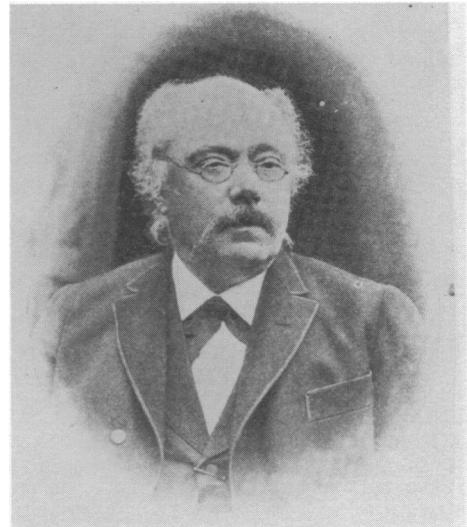
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**Figure 4:** Heinrich Haeser (1811–1884).



**Figure 5:** William Farr (1807–1883).



**Figure 6:** Johann Hermann Baas (1838–1909).

the Hippocratic era. But Hecker did not bring the subject of profession up again in the rest of his history.<sup>19</sup> Implicit in his writing and in the work of other nineteenth-century writers was the idea that once a profession of medicine was established in ancient times, that identity sufficed thereafter for physicians—those who shared the knowledge base of medicine.

### The Ideal Physician as an Expression of Professionalism

Only occasionally in the nineteenth century did someone writing about medical history have occasion to spell out the whole rationale of the enterprise. In 1838, Rudolph Wagner of Erlangen pointed out that in theology, jurisprudence, and philosophy, recent thinkers had adopted a historical or genetic approach to their disciplines. He proposed to do the same for medicine in the context of the development of botany, zoology, anatomy, physiology, and pathology. Such knowledge for the physician, Wagner compared to the compass that guided a ship. That guidance enabled the physician, wrote Wagner, to bear the burden of the medical calling (*Beruf*). Physicians aware of the calling possessed “an almost religious disposition”, according to Wagner, as they followed the guidance of *Heilkunde*.<sup>20</sup>

For Wagner and for all of the others, the profession still operated through the individual physician. When they wrote about “the physician”, they were aware of the relationship of the physician to other physicians and to society. Wagner, for example, at one point expressed concern for the profession (*Beruf*) as each individual physician won favour or disapprobation from the public. The physicians were all supposed, in the standard phrasing of that time used by Wagner and many others writing in many languages, to honour their profession. Honouring the profession meant that each physician should follow standards of what was later labelled professionalism.<sup>21</sup>

The historical writers’ individualistic approach to the idea of profession merely reflected typical discussions of professional behaviour in the medical literature of the period before the twentieth century—as well as physicians’ continuing quest for a special social status. Both duty and status, these writers presumed, operated through each individual practitioner. The ideal of “the physician” continued to serve to convey proper disposition toward patients and particularly toward one’s professional colleagues. Both relationships were part of the public face of those sharing the calling and the art and science of medicine. Medical writers knew about “the liberal professions”—one writer

<sup>19</sup> Justus Friedrich Karl Hecker, *Geschichte der Heilkunde* (2 vols., Berlin: Theodor Christian Friedrich Enslin, 1822–1829), especially I, 361–363, and II, 1–23. A recent treatment, with references, is Richard Hildebrand, ‘Bildnis des Medizinhistorikers Justus Friedrich Karl Hecker (1795–1850)’, *Medizinhistorisches Journal*, 25 (1990), 164–170, and see Johanna Bleker, ‘Die historische Pathologie, Nosologie und Epidemiologie im 19. Jahrhundert’, *Medizinhistorisches Journal*, 19 (1984), 33–52, who spells out the other context in which Hecker’s history of medicine can be read: the history of disease as well as the history of medical knowledge. Another well-known example of the history of medicine as the history of *Heilkunde* is the work of Ludw. Herm. Friedlaender, the very title of which, *Vorlesungen über die Geschichte der Heilkunde* (Leipzig: Leopold Voss, 1839), spells out this approach.

<sup>20</sup> Rudolph Wagner, *Grundriss der Encyclopädie und Methodologie der medizinischen Wissenschaften nach geschichtlicher Ansicht* (Erlangen: J. J. Palm und Ernst Enke, 1838), pp. v–xiv.

<sup>21</sup> *Ibid.* For a French example, see Maurice Raynaud, *Les médecins au temps de Molière—moeurs, institutions, doctrines* (Paris: Didier et Cie, 1863), chap. 2, especially pp. 69–74.

even referred to medicine as “une profession social et civilisatrice”—but historians of medicine usually took the subject up only as “the physician” or otherwise indirectly.<sup>22</sup>

### Medical History as Scientific Discovery

The iatrocetric framework, emphasizing individual physicians of the past, was therefore appropriate, and it persisted. But in the hands of a new generation, usually known as the positivists, who flourished in the late nineteenth and turn-of-the-century period, the model set by Hecker and others early in the nineteenth century did change.

These positivist writers still wrote from within medicine, and here and there a few were able to offer within medical schools courses in the history of medicine. According to one claim, the first teaching had been at Paris in 1795, but there was no chair there until 1870. In 1841, there were but two chairs in the subject anywhere: one in the medical school in Berlin and one in St. Petersburg. Only in 1850 did the faculty at Vienna agree to a position—and then because of the competition of Berlin (the Vienna faculty had turned down the proposal in 1849). Elsewhere any teaching of the subject was largely personal and fortuitous and was not necessarily carried out by those who wrote medical history. Many faculties assumed that no special instruction was necessary because history would be included appropriately in any medical course.<sup>23</sup>

But among those who wrote on the subject, the positivist generation changed medical history in two ways. The first innovation was that physician writers no longer used the history of medicine to teach contemporary medical practice.<sup>24</sup> Instead, and in the second place, the purpose of the history of medicine became to show that medical teachings were altered by scientific discoveries. The great doctors now became the great innovators and discoverers, who bravely took up some new idea and discarded the old. Science at this time included what later would have been both clinical and laboratory science; these narratives of discovery did not privilege either one above the other.

This emphasis on scientific and clinical innovation intensified medical historians' focus on the history of ideas even more than before. Heinrich Haeser (1811–1884), an important figure writing at mid-century, was rigorous in focusing exclusively on the history of ideas as they appeared in individual medical writers of the past. He served other writers as an important model for putting those ideas into the more general context of the progressive

<sup>22</sup> A particularly apt example is Ludwig Wilhelm Sachs, *Ueber Wissen und Gewissen: Reden an Aerzte* (Berlin: G. Reimer, 1826), professor of medicine at Königsberg, who along with his exhortations and appeals to physicians' professionalism included many chapters on the history of medical knowledge and spoke particularly of “cooperating with professional colleagues” (p. 47, chap. 13). G. Le Borgne, *Le médecin* (2 vols., Paris: J. B. Baillière, 1846), II, 157, 179, 192.

<sup>23</sup> See, for example, Johann Gromer, *Julius Leopold Pagel (1851–1912): Medizinhistoriker und Arzt* (Köln: F. Hansen, 1985), p. 23. Owsei Temkin and C. Lilian Temkin, ‘Wunderlich versus Haeser: A Controversy over Medical History’, *Bulletin of the History of Medicine*, 32 (1958), 97–104. R. Blanchard, ‘L'Enseignement de l'histoire de la médecine à la faculté de Paris’, *Janus*, 8 (1903), 584. Erna Lesky, *The Vienna Medical School of the 19th Century*, trans. L. Williams and I. S. Levij (Baltimore: The Johns Hopkins University Press, 1976), especially p. 564, which corrects Max Neuburger, ‘Über den Unterricht in der Geschichte der Medizin in Oesterreich-Ungarn’, *Janus*, 8 (1903), 583.

<sup>24</sup> Paul Diepgen, ‘Das Schicksal der deutschen Medizingeschichte im Zeitalter der Naturwissenschaften und ihre Aufgaben in der Gegenwart’, *Deutsche medizinische Wochenschrift*, 60 (1934), 66–67, portrayed the shift from medicine to history as the goal of the history of medicine, a shift that he noted came particularly with Haeser and Wickersheimer (see below), particularly in terms of the introduction of the goal of objectivity.

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history of science. He was therefore instrumental in establishing for generations a positivistic tone as a standard in the history of medicine.<sup>25</sup>

The shift to science appeared most transparently in a classic French history of medicine, completed in 1870 by an eminent academic, Charles Daremberg (1817–1872), two years before his death. He not only relentlessly restricted his account to intellectual developments but actually called it a history of “sciences médicales” and established a chronology on the basis of medical science. His work, too, served as a model for many later textbook writers who believed that the history of medicine was a narrowly intellectual history of the science and doctrines of medicine.<sup>26</sup>

It is true that, as I have suggested, even among accounts focused strongly on ideas and individual discoverers—the great innovators—awareness of what would later be called professional concerns crept in occasionally. In 1858, C. A. Wunderlich (1815–1877) at the beginning of his history noted explicitly the importance of the profession and of changes in institutions that mediated the relationship between physicians and society, particularly government. Yet in his work, the only section that might possibly be construed as social history rather than intellectual history was a brief passage on the rise of specialization. Wunderlich, like many other writers, simply did not consider professional history part of the history of medicine.<sup>27</sup>

By the late nineteenth century, then, writings on the history of medicine tended to fall into a pattern. Authors portrayed medicine as much as possible in terms of a chronological, developmental series of progressively aggregating scientific discoveries, including those in clinical science, such as the perfection of auscultation. In that tradition, discussions of the history of the medical profession found little place—except, of course, in so far as writers still referred to “the profession” as a body of expert knowledge. But now the idea of medical expertise and knowledge had been transformed into the cutting edge of scientific and clinical discovery.

<sup>25</sup> H. Haeser, *Geschichte der Medicin* (2nd ed., Jena: Druck und Verlag von Friedrich Mauke, 1853); the first edition appeared in 1845. Haeser is particularly intriguing because he also published an oration, H. Haeser, *Ueber das Sittliche im Berufe des Arztes: Eine Rede zur Feier des Allerhöchsten Geburtsfestes Seiner Majestät des Königs Friedrich Wilhelm IV am 15. October 1860 gehalten* (Greifswald: F. W. Kunike, 1860), on professional ideals—exemplified by innovators Vesalius and Jenner—but of course this was popular discourse. Heischkel, ‘Die Geschichte der Medizingeschichtschreibung’, pp. 227–233, emphasizes Haeser’s focus on scientific medicine. Haeser’s context and revolt against philosophical history is noted in Ludwig Edelstein, ‘One Hundred Years Ago’, *Bulletin of the History of Medicine*, 21 (1947), 508–510, and his additional context in historical pathology is noted in Bleker, ‘Die historische Pathologie’, especially pp. 43–44, 46. See also *Biographisches Lexikon der hervorragenden Aerzte aller Zeiten und Völker*, ed. E. Gurlt, et al. (2nd ed., 6 vols., Berlin: Urban & Schwarzenberg, 1931), III, 9–11.

<sup>26</sup> Ch. Daremberg, *Histoire des sciences médicales, Comprenant l’anatomie, la physiologie, la médecine, la chirurgie et les doctrines de pathologie générale* (2 vols., Paris: J.-B. Baillière et Fils, 1870; reprinted Graz: Akademische Druck- u. Verlagsanstalt, 1974). Paule Dumaître, ‘Charles-Victor Daremberg (1817–1872) médecin helléniste’, *Clio Medica*, 20 (1985), 45–57. Webster, ‘The Historiography of Medicine’, pp. 35–36, points out that Daremberg’s chronology was a departure from the conventional one based on politics that was used, for example, in Sprengel’s work. Daremberg was self-consciously trying to establish a French history of medicine, as opposed to the German domination noted already and below. See, for another example of this new emphasis on science, E. Bouchut, *Histoire de la médecine et des doctrines médicales* (2 vols., Paris: Librairie Germer-Baillière, 1873), who really did stick to his announced subject, the history of medical doctrines.

<sup>27</sup> C. A. Wunderlich, *Geschichte der Medicin. Vorlesungen gehalten zu Leipzig in Sommersemester 1858* (Stuttgart: Verlag von Ebner & Seubert, 1859), especially pp. 1–2, 322–323.

## **The History of the Medical Profession**

In the wide variety of writings on medical history in the two centuries before World War I, it did happen that occasionally professional matters in a more modern sense obtruded, although no sustained tradition of this kind of history of medicine developed. That it did not develop was to some extent remarkable, for other kinds of writers on the subjects of medicine and the physicians of their own day by the nineteenth century were using the idea and even the term with increasing frequency—beyond the usual appeals to the interests and dignity of practitioners. (These non-historical writers indeed served as primary sources for historians who much later did write about the professional aspects of medicine.)

Some historical writers, here and there, therefore did discuss the collective actions and social relations of physicians. What was distinctive about these authors who wrote about the medical profession was that they were physicians who were involved in immediate professional struggles and found that they could enlist the historical record to further their arguments about the current professional functioning of themselves and their colleagues.

As early as 1769, on the occasion of the opening of the medical school of King's College, New York, the American, Peter Middleton (d. 1781), used a partial recounting of the history of medicine as a device with which to comment on his immediate circumstances, particularly the need for both governmental and popular recognition of properly qualified practitioners. He, as was customary, linked the word "honour" to the word "profession", typically in the phrase, "the honour of the profession". And he still tended to use the term, profession, to refer to occupation—poets, for example, constituted a profession.<sup>28</sup> Middleton, however, in many places went beyond the "eminent writers" and took up explicitly what later became elements in the conception of a profession: the knowledge base, perpetuated in educational institutions; the question of ethics; and, above all, as noted, competition from unqualified practitioners.<sup>29</sup>

Other medical writers, too, invoked the history of the medical profession when they believed that they and their physician colleagues needed outside support or needed to upgrade internally—typically to protect themselves from disestablishment or competition. Perhaps the best example of using the history of the profession in professional struggles is the first work that I have located that was written explicitly on the subject of the history of the medical profession. This was the long article of William Farr (1807–1883), 'History of the Medical Profession, And Its Influence on Public Health, in England', which appeared in 1839 in a reform medical journal. Farr was then a young physician connected with the journal, and he later became famous in the history of public health and epidemiology. Farr made clear at the very beginning what was distinctive about his work:

The History of Medicine is strictly the history of the facts and principles which have been successively discovered in that science; the History of the English Medical Profession is here understood to imply the history of a social institution, established to preserve the health and to alleviate the physical sufferings of the nation. The state of Medical Science

<sup>28</sup> Peter Middleton, *A Medical Discourse, Or an Historical Inquiry into the Ancient and Present State of Medicine* (New York: Hugh Guine, 1769), especially, pp. 30, 39, 40, 50–51, 69. For general background and details, see David C. Humphrey, 'The King's College Medical School and the Professionalization of Medicine in Pre-Revolutionary New York', *Bulletin of the History of Medicine*, 49 (1975), 206–234, especially 208–215.

<sup>29</sup> Middleton, *A Medical Discourse*, pp. 50–51 and *passim*.

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is only one of the elements of the inquiry; for the problem is—given a certain quantity of science, how has that science been brought into contact with the people, by what class of persons, by what institutions, and with what effect? It is interesting, as an object of philosophical research, to investigate the state of health, to follow its progress through centuries of transition from barbarism to civilisation, to ascertain how the life of the race has been affected, for good or evil, in changing circumstances; and, to examine the rise, education, and efficiency of the men set apart to prolong life and to increase vigour . . .

Here, then, was recognition of a social side of medical practice. In fact, except for passages of antiquarian chronology, the subject matter of Farr's essay foreshadowed the broad social histories of medicine that appeared more than a century later—including, for example, not only descriptions of innovations in knowledge and practice—the progress of medicine—but extensive descriptions of women practitioners and the political and economic conflicts between the physicians, surgeons, and apothecaries.<sup>30</sup>

Farr's motive to use the history of the profession as a way to agitate for medical reform in his own day shows up clearly as his narrative moves to the centuries just before his own. He made fun of the pomposity of the great, for example: "As physicians originally belonged to the Church, they preserved something of the ecclesiastical pomp; the gold-headed cane, the gold chain, the wig, and the scarlet robe ministered to the wearer's vanity, and had an imposing effect upon the populace". He noted with a barb the way in which the Royal College of Physicians had operated to impair meritocracy in the sixteenth and seventeenth centuries: "It is in the nature of self-elected corporations to be at war with genius; to be influenced by self-interest; to be led away by envy; and to mislead public opinion by disturbing the level which men have a natural tendency to find in society".<sup>31</sup>

In controversies involving physicians in their social roles, other writers, too, invoked historical data to buttress their arguments. William Macmichael (1784–1839), in his charming early nineteenth-century classic, *The Gold-Headed Cane* (to which Farr alluded), used medical history to set up, in the face of reform accounts such as Farr's, an ideal of the individual practitioner that diminished the importance of social structure. Although he brought in many details about institutions and such matters as fees, Macmichael used a strongly individualistic and personal approach to physicians as a group and, in setting the individual against a collective focus, made an implicit defence of the medical hierarchy that reformers were attacking.<sup>32</sup>

Examples of writings explicitly about the profession, although not as direct as Farr's, continued to appear here and there after his. In a medical history written in 1899 in another professional struggle, an American sectarian physician, Alexander Wilder, denied that the American Medical Association represented the whole profession, that is, all physicians. In

<sup>30</sup> William Farr, 'History of the Medical Profession, and Its Influence on Public Health, in England', *The Medical Annual, or, British Medical Almanack*, 1839, 113–178; the quotation is from 113. "Philosophical" today would probably be understood to mean "scientific". Farr's interest in public health was obvious in this work, and I forbear remarking here on the way in which making the history national worked to focus it on the profession *per se*; see comments at the end of this chapter. A promised continuation of Farr's narrative never appeared.

<sup>31</sup> *Ibid.*, pp. 150, 173, 174. John M. Eyler, *Victorian Social Medicine: The Ideas and Methods of William Farr* (Baltimore: The Johns Hopkins University Press, 1979), especially pp. 2–3, puts this work in context and suggests that Farr used at least the language of political reform (as against the monopolies of corporations) in his medical reform campaigns.

<sup>32</sup> William Macmichael, *The Gold-Headed Cane* (New York: Paul B. Hoeber, 1926 [first published 1827, 2nd ed. 1828]).

the face of new licensing laws, Wilder portrayed instead a profession as one that did not need extensive legal protection. He used such phrases as “learned profession” and “professional hostility” and noted that “The true professional man is a gentleman in speech as well as in deportment”—a belief common in the nineteenth century, regardless of sectarian identity.<sup>33</sup>

Indeed, as the example of Wilder shows, some idea of profession as a social category, even by the name profession, was commonplace by the end of the nineteenth century. A Kansas City practitioner, for example, deplored some tendencies he saw among his colleagues in 1894 and complained that “medicine, once a profession, is now a trade . . .”.<sup>34</sup> Since, as such evidence suggests, the idea was so available, when historians of medicine did not bring the category of profession in or pay attention to it, their focusing was deliberate.<sup>35</sup>

### **Medical Science, Reform, and Professional Boundary Drawing**

One may, then, generalize that the history of medicine, as it crystallized during the nineteenth century, was the product of a mix of motives. Direct clinical concerns, although sometimes present in the early decades of the century, did not furnish dominant motifs in the work of medical historians. Rather, the usual history of medicine came to be that of writers who featured the history of the science of medicine and the struggle for recognition of the authority of science. Writers of a much later era would construe “improvements” in medicine and the establishment of expertise to be means by which physicians continued and extended the authority of medicine, by the last part of the nineteenth century understood as a science. And some such commentators a century after would speak of a medicalizing society in which the “power” of physicians was enhanced.

Yet in the nineteenth century, writers who cast the history of medicine as the history of progressive medical science thought of themselves as reformers. They were trying, within society, to improve the status of scientific medicine and the practitioners who embodied it. With their history of medicine, the reformers were practising what later would be characterized as an exclusionary strategy within the intellectual, not the social, realm, however much the ultimate goal might be social. As reformers, they were trying to establish modern scientific, primarily laboratory and experimental, authority within medicine. Indeed, literature stressing the history of science, as opposed to the history of the practice of medicine, has long been recognized as part of a campaign to increase the new role of science in the healing arts, at the expense of more traditional practice.<sup>36</sup>

<sup>33</sup> Alexander Wilder, *History of Medicine. A Brief Outline of Medical History and Sects of Physicians, From the Earliest Historic Period; With an Extended Account of the New Schools of the Healing Art in the Nineteenth Century, And Especially a History of the American Eclectic Practice of Medicine, Never Before Published* (New Sharon, ME: New England Eclectic Publishing Co., 1901 [c. 1899]), especially pp. 471, 879, 882–883.

<sup>34</sup> Theodore W. Schaefer, ‘The Commercialization of Medicine; Or, The Physician as Tradesman’, *Boston Medical and Surgical Journal*, 131 (1894), 501.

<sup>35</sup> For example, Walter Rivington, *The Medical Profession: Being the Essay to Which Was Awarded the First Carmichael Prize of £200 by the Council of the Royal College of Surgeons, Ireland* (Dublin: Fannin & Co., 1879), p. 6, noted the struggle for hierarchical position among the professions, using physicians, apothecaries, and chemists as the obvious examples that would be familiar to his readers: “There is a remarkable tendency in classes of individuals to encroach upon the provinces of other classes higher in the scale”, using the term, “classes of individuals”, to differentiate professional groups by status.

<sup>36</sup> Ludwig Edelstein, ‘Medical Historiography in 1847’, *Bulletin of the History of Medicine*, 21 (1947), 495–511, surveys the literature of the history of medicine of the mid-nineteenth-century period. See also Miller, ‘In Praise of Amateurs’, pp. 586–615.

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When P. V. Renouard, for example, in 1846 in his history invoked the idea of reform, he spoke of the introduction of new thinking into such areas as physiology, therapy, and nosography, not the upgrading of the status of the profession. And others, too, stressed reform in the realm of ideas, not institutions—although many medical figures, such as Rudolf Virchow, in their social roles argued for reform in both institutions and knowledge. Edward H. Clarke of Boston, reviewing the hundred years after the American revolution, believed that “medicine has been enfranchised from superstition, quasi-charlatanism, bold empiricism, and speculation, and has developed into a symmetrical science, affiliated with the other natural sciences, studied by the same methods and the same appliances as they are, and, like them, has been planted upon the solid basis of fact and demonstration . . .”<sup>37</sup>

In this limited way, social considerations could therefore intrude even into accounts of intellectual progress. In concentrating upon the scientific knowledge base of medicine, these great-ideas writers were often aware that they were serving a professional purpose in society, and often explicitly so. Haeser, who a generation earlier had pioneered the history of medicine as the history of scientific innovation, in the 1870s edition of his history, for example, wrote frankly that in his own day he was trying with his history to win recognition for qualified practitioners (as opposed to unqualified) much as Galen had, in Roman times. That was reason enough that he emphasized medical knowledge that implicitly discredited the ill-qualified.<sup>38</sup> Historians of medicine were thus ever more frequently using accounts of the development of scientific medicine to protect well-educated orthodox practitioners.

By the end of the nineteenth century, moreover, positivist and reductionist physicians were openly employing progressive accounts of the past to praise the act of innovation itself so as to undermine belief in any but what they considered the most up-to-date beliefs and practices. “Experimental research,” wrote one who exemplified the attitude, “which all enlightened spirits since the time of Aristotle had cherished as the unique source of knowledge, became gradually the order of the day, and men looked askance at the invention of medical systems in which facts had the smallest, hypotheses and speculations the largest, share”. Indeed, such accounts could slip into polemicism; the outstanding American physician and teacher, Robley Dunglison, wrote that

although the healing art was cultivated by the Egyptians, it never attained with them any degree of importance. Confined to the priests, forming an essential part of their divine worship, and not being permitted to be freely exercised by every one, its progress was necessarily insignificant. No scientific plan, no union of observation with theory, formed the basis of their studies, and medicine, therefore, became nothing more than the art of prophesying, and was confined to a blind adherence to rules for a long time adopted.<sup>39</sup>

<sup>37</sup> P. V. Renouard, *History of Medicine from Its Origin to the Nineteenth Century*, trans. Cornelius G. Comegys (Cincinnati: Moore, Wiltstach, Keys & Co, 1856, published originally in 1846 in French). Edward H. Clarke, ‘Practical Medicine’, in Edward H. Clarke, *et al.*, *A Century of American Medicine, 1776-1876* (Brinklow, MD: Old Hickory Bookshop, 1962 [originally published 1876]), pp. 10–11.

<sup>38</sup> Heinrich Haeser, *Lehrbuch der Geschichte der Medicin und der epidemischen Krankheiten* (3rd ed., 3 vols., Jena: Verlag von Hermann Dufft and Verlag von Gustav Fischer, 1875–1881), I, 425–426; in his narrative, Haeser used both *Stand* and *Beruf*, I, 390–426 and 821–827, but in the second volume, covering the modern period (from Vesalius on), his grouping categories were limited to specialities, and, overall, the history of ideas in medical science dominated the account—with even some discussion of formal philosophy.

<sup>39</sup> Puschmann, *A History of Medical Education*, p. 463; punctuation altered slightly. Robley Dunglison, *History of Medicine from the Earliest Ages to the Commencement of the Nineteenth Century* (Philadelphia: Lindsay and Blakiston, 1872), p. 35.

Late nineteenth-century accounts of physicians through the ages thus presented a contrast to those earlier in the century. Histories no longer pretended to teach the traditional practices. Rather they seconded attempts to discredit many ideas from the past of medicine (often, in this view, ideas characteristically maintained by less-qualified practitioners) and to underline the value of constant innovation and empirical investigation. The high place that physician innovators deserved in society had to be inferred, while their implicit boundary drawing—between them and quacks and empirics—was an important corollary of the main narrative of scientific progress.<sup>40</sup>

### **Awareness of Profession: Present But Marginal**

As the twentieth century approached, any accounts of the social history of medical practitioners tended to appear at most as an enriching, usually brief, addition to narratives of medical discoveries and chronological accounts of medical publications and the “schools” of medical science. Some writers did deal with medical education, with licensure and regulation, with fees and social standing. (“Investigating the social position of their predecessors has always fascinated the historians of a profession or trade”, writes Urs Boschung.) But all such matters appeared strictly as background to the evolution of medical ideas.<sup>41</sup>

The best known example is the work of Johann Hermann Baas (1838–1909), published in German in 1876 and revised and edited with H. E. Handerson (1837–1918), who translated the work into English in 1889. Baas, a practitioner near Worms in the Rhineland, as a medical student at Giessen read Sprengel and became intrigued with medical history. In his book, Baas did provide the customary, compulsively thorough account of names and schools of medical thinkers from the ancients to the nineteenth century. But in connection with each age, Baas introduced, in addition, a substantial section discussing the condition of members of the profession and some of the social relations of physicians. Drawing upon literary accounts or legal codes, he described the status and legal standing and hierarchies of practitioners in each age. He also accorded institutions of education and collegial organizations detailed treatment, along with accounts of the dignity and fees of physicians and surgeons.<sup>42</sup>

Baas thus showed how people of his time construed the social functioning of physicians as a social group. In writing about institutions and social functioning, Baas emphasized official and legal statements—reflecting concerns with physicians’ relations to governmental regulation in his own time and society. Although he spoke about the profession and covered much of what would later be considered under that topic, still Baas

<sup>40</sup> Boundary drawing was more than implicit, for example, in Siegmund Frankenberg, *Geschichte der Heilkunst und Aufklärung für alle Stände* (Leipzig: Christian Ernst Kollmann, 1848; reprinted Wiesbaden: Dr. Martin Sändig, 1972).

<sup>41</sup> Renouard, *History of Medicine*, especially pp. 245–253, 271–279, 376–378, 597, for example, took up the establishment of institutions relevant to medicine, from archiaters and the legal regulation of practice to universities and hospitals—but his treatment was brief and only an add-on to the basic history of writers and ideas. Urs Boschung, review of Simon, *Die soziale Stellung der Apotheker in der Zürcher Stadtgesellschaft*, in *Medical History*, 29 (1985), 227.

<sup>42</sup> Baas, *Grundriss der Geschichte der Medicin*, especially p. 589. Baas, *Outlines of the History of Medicine*. W. R. Bett, ‘Johann Hermann Baas’, *Annals of Medical History*, ser. 3, 1 (1939), 97. P. Biedert, ‘Johann Hermann Baas, zu seinem 70. Geburtstag’, *Muenchener medizinische Wochenschrift*, 55 (1908), 2237–2238.

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emphasized physicians as individuals and did not make profession, as such, much more than the usual collective noun. (*Stand*, profession, as noted before, is ambiguous, and Handerson sometimes translated it, perhaps more appropriately, in the sense of the conditions under which physicians practised. The emphasis of Baas on the legal standing of the profession, as opposed to professional sense, is underlined, for example, by Handerson's gratuitously adding at one point in the English version a passage about "colleagueship" that was not in the German original).<sup>43</sup>

Baas's description of the various difficulties of physicians of the past in gaining professional recognition did give him the opportunity to introduce colourful material (which relieved a narrative heavy with lists of names and summaries of ideas) and to comment more directly on circumstances of the profession in his own day. Baas told, for example, how in the middle ages a famous physician, Thaddaeus of Florence, "received from Pope Honorius IV 100 gold pieces daily, and, in addition thereto, 10,000 pieces after the completion of the cure. The chief part of practice of this period", Baas continued, "was, however, generally of the worst kind. Uroscopy, mysterious feeling of the pulse, mystery in general . . . Moreover old wives, like those of the present day, shepherds, jugglers, flayers and especially executioners, with all similar gentry, dabbled in medical practice". Centuries later, "A barber or a surgeon who dressed the wounds of him who had been tortured on the rack, or who aided him in any other way, was regarded as disreputable". The colourful antics of medical school rowdies likewise enlivened Baas's detailed accounts of institutions and curriculums and licensing. And "The physicians proper (*medici puri*) of the seventeenth century", he wrote with gall,

were still persons of the profoundest gravity, with fur-trimmed robes, perrukes, cane and sword (when matters were prosperous), who for their life would do nothing more than write prescriptions in the Galenic, iatro-chemical, iatro-mathematical or spagyric style. Everything else they considered beneath their dignity—as they do in England even at the present day.<sup>44</sup>

Several years after the English-language edition appeared, Baas wrote another book, this time entitled, *Die Geschichtliche Entwicklung des ärztlichen Standes und der medicinischen Wissenschaften* [*The Historical Development of the Medical Profession and of Medical Knowledge*]. In the new book, inspired in part by scholarship that had recently become available, Baas told essentially the same story as before except that now he began each chronological section with the account of the circumstances under which physicians practised, including the general cultural history of that time. Only after he had described the institutions of education and licensing and fees did he proceed to a conventional narrative of medical innovation and innovators in each era. In this work, Baas was particularly concerned with alternative types of healers and, again, overwhelmingly, the legal establishment and regulation of medicine. Despite Baas's now even using the word "professionelle" (perhaps he was corrupted into this anglicism by his working with Handerson), he paid little attention to subjects other than education,

<sup>43</sup> Baas, *Grundriss der Geschichte der Medicin*, especially p. 589. Baas, *Outlines of the History of Medicine*, especially p. 733.

<sup>44</sup> *Ibid.*, pp. 333 (punctuation altered slightly), 460, 564–565.

licensing, and fees and status. Physician organizations, for example, did not appear frequently or prominently.<sup>45</sup>

Another well-known example of the incidental description of professional institutions and circumstances is the classic work by Theodor Puschmann (1844–1899), on the history of medical education. Puschmann, at the University of Vienna, held one of the very few teaching posts in the history of medicine, a post turned into a professorship in 1888. In his book, Puschmann portrayed medical schools as instruments in the development of the science of medicine, and so he put them in the conventional context of doctrines and schools of thought and, of course, the major writers, or “great doctors”. “The changes and improvements in medical teaching . . . are not less important than the results which have been achieved in the prosecution of medical science”, Puschmann declared. But he also included, ancillary to his concern with instruction, extensive descriptions of the educational institutions, the learned societies, and the status of the medical profession from ancient times to the nineteenth century—largely paralleling Baas’s work but focusing it differently, that is, on education.<sup>46</sup>

The detailed accounts by Baas and Puschmann exemplify the dual streams that ran through nineteenth- and early twentieth-century histories of medicine. They included, but separated, the two streams: the history of ideas, on the one hand, and the social and cultural setting of practice, on the other. And their work, as well as that of other authors of medical historical writings, was nevertheless designed to emphasize medicine as a science. Social concerns of the day appeared only to a very limited extent.<sup>47</sup>

One important additional example (important particularly because cited for decades afterward) was a book on French medicine and physicians in the Renaissance, by a then-young historian of medicine, Charles Adolphe Ernest Wickersheimer (1880–1965)—indeed, it was his graduation thesis. Following a pattern very much like that of Baas’s second book, this one began with a very brief summary of the social setting of medicine and especially physicians’ relations with the state—the dress, status, and fees of physicians; the official royal and town physicians; physician organizations and boundary maintenance; and physicians’ struggles against harsh critics. Then Wickersheimer took up medical education and licensing. Only after that did he launch into a lengthy, conventional detailed history of medical teachings. What was particularly notable about this treatment was that Wickersheimer, unlike many writers, avoided even the term, profession, but instead rigorously restricted himself to “the physician” or “the physicians” even while describing professional matters.<sup>48</sup>

<sup>45</sup> J. Hermann Baas, *Die Geschichtliche Entwicklung des ärztlichen Standes und der medicinischen Wissenschaften* (Berlin: Verlag von Friedrich Wreden, 1896); “professionelle” appears on p. 111. As in Baas’s 1876 book, the proportion of material on medical institutions was much greater earlier in the narrative than in the sections on more recent centuries. This work was almost never cited by later historians—perhaps because it was too repetitious of his own and Puschmann’s.

<sup>46</sup> Puschmann, *A History of Medical Education*, especially p. 495. The German version appeared in 1889.

<sup>47</sup> Again, nineteenth-century physicians were well aware of the struggle of groups or “classes” for hierarchical status as noted in Rivington, *The Medical Profession*.

<sup>48</sup> C. A. Er. Wickersheimer, *La médecine et les médecins en France à l’époque de la Renaissance* (Paris: A. Maloine, 1906). Later Wickersheimer was just Ernest Wickersheimer. See Arthur N. Tasker, ‘Dr. Ernest Wickersheimer, Librarian of the University of Strasburg’, *Annals of Medical History*, 4 (1922), 389–394, and Chapter 2, below.

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Wickersheimer's language thus reflected the attitude of virtually all medical historians of his time: profession was not an important concept. The concept of an ideal physician defined behaviour without having to bring in social relationships. That such an idea lasted so long suggests how satisfactorily it described a social category.

### Profession as a Static Reflection of the Present

Such accounts as there were from the end of the century tended to portray the medical profession in static terms, which helps to explain further what profession meant in history written then. That is, authors assumed the existence of professionalism and occupational hierarchy. Historical writers in that day did not raise the question that was later to become so important: the process of development of a medical profession. Instead, they implied that medical education, medical ethics, and some legal standing—in short, professional institutions—were standard parts of medicine—both permanent and natural, as if telling how the profession had developed might suggest that it was not a part of the natural order of things or might not constitute a permanent social phenomenon.

One little book, published in 1907, underlined the turn-of-the-century approach to the history of the medical profession because it was exceptional—within specific limits. This was a Jena *Habilitationschrift* by Theodor Meyer (1873–1936) on the history of the ancient Roman medical profession. Addressing a generation to whom the classics and events in the classical world were still vividly real, Meyer, like many other authors in medical history, discussed freely the social history and circumstances of practitioners in ancient times. What emerged from his narrative was a Roman medical profession that had an uncanny structural resemblance to that of Germany and the West in general at the time he was writing. Meyer was even able to describe how a medical profession grew out of folk and slave medicine with the coming of Greek physicians. Meyer saw in Rome (as in his own day) a struggle between “real” physicians, liberally educated, against quacks and ignorant practitioners. He particularly noted the importance of the Roman state in recognizing qualified physicians and regulating them and establishing official physicians. Those so recognized, Meyer noted, had a special bond and formed, so Meyer believed, medical organizations based on their relationship to worship of Asklepios and Hygeia or to leadership of the state-appointed archiater. Meyer even had sections on medical education and physician status. Altogether, it is likely that Meyer demonstrated what a profession looked like to a resident of Germany in 1907 rather than to someone in Rome at any time before the nineteenth century.<sup>49</sup>

Meyer also illustrates vividly the continued willingness of medical historians to discuss the profession (however understood) in ancient times at the same time that they avoided the subject or treated it, as Baas did, unsystematically in accounts of later periods. And while Meyer (not unlike later writers) illustrates how remarkably scholars read back into the past the professional concerns and institutions of their own times, yet his persisting

<sup>49</sup> Theodor Meyer, *Geschichte des römischen Ärztestandes* (Kiel: Graphische Kunstanstalt L. Handorff, 1907). The extent to which there was a medical “profession” in Rome was a matter of great controversy a half century or so later; see below, Chapters 4–5. Meyer, later Meyer-Steineg, maintained an ophthalmological practice but taught medical history and was one of the first generation of academic historians of medicine, along with Sudhoff, with whom he later collaborated (see below). He also had a law degree. See Suzanne Zimmermann, ‘Meyer-Steineg’, *Neue Deutsche Biographie*, XVII, 385–386.

interest in the question of profession appeared again later, in another form, as part of further change in the history of medicine (see Chapter 2).

### **Continuing Concern for Professional Status**

Clearly, in the decades before World War I, among the great number of publications on the history of medicine that appeared, only very rarely did contemporary professional concerns inspire a work focused on the medical profession as such. In 1907, for example, Christoph Marx wrote specifically about how the medical profession had developed in Germany. He described the steps by which medical practitioners in the various principalities of Germany gained recognition and identification and by which they were organized into groups. He recognized in his account the importance of science, the women's movement, and economic aspirations, but, as was appropriate for his time and culture, he measured professional development by official enactments, regulations, and charterings. The work appeared to be directed to lawyers and, in fact, was almost never cited in the literature of medical history. Marx wrote largely in the present tense and included many legal references and documents; his book was indeed, to a substantial extent, a description of the legal status of physicians at that time.<sup>50</sup>

This same emphasis on legal establishment and regulation and present-minded interpretation, so frequently found in turn-of-the-century authors, typically in Germany, appeared also in a chapter explicitly on the history of the medical profession published in 1905 by Wolf Becher, a distinguished internist of Berlin. His account was restricted to events of the preceding century. But it was, like Marx's, overwhelmingly legal, dealing with the way in which physicians had become legally recognized, organized, and regulated, most notably in Prussia and Germany but also in other jurisdictions. A distant further concern was economic, the compensation structure. Becher's theme was that the profession had become unified so that the concept of the physician could become modern, that is, based on a unitary body of knowledge—and obviously could exclude those outside medical science. He credited governmental action in Germany with establishing what he believed was an admirably unitary profession there. Becher thus succeeded in associating official sanctioning with scientific discovery.<sup>51</sup>

As Becher's work suggests for Germany, in the late nineteenth century and at the turn of the twentieth century, physicians writing about parts of medical history that touched on the profession continued to be concerned, as were their non-historical medical colleagues, about conditions within which physicians practised and about their relationship, as a social category, to the rest of their culture. Julius Pagel (1851–1912) in 1898 placed in his history of medicine a long bibliography on professional concerns. He included a wide variety of materials on the legal and social standing of physicians in various countries, on the

<sup>50</sup> Christoph Marx, *Die Entwicklung des ärztlichen Standes seit den ersten Dezennien des 19. Jahrhunderts* (Berlin: Verlag von Struppe & Winkler, 1907). Marx was not identified on the title page as holding any degree or position, and I have not been able to identify him further; the book carried an ad for another legal monograph from the same publisher, written by a Dr. Jur. Marx included on pp. vii–ix a bibliography of works relevant to his subject, a few of which were histories of local areas or institutions.

<sup>51</sup> Wolf Becher, 'Geschichte des ärztlichen Standes', in *Handbuch der Geschichte der Medizin*, ed. Max Neuburger and Julius Pagel (3 vols., Jena: Gustav Fischer, 1902–1905), III, 1001–1022. Becher had earlier written biographies of Koch and Virchow.

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physician in art and literature, on specialization, on medical ethics, on quackery, on controversies over women physicians, on medical education, and other such institutional and social matters. What is striking about the list is the extent to which it was not clear that the material was historical: many of the cited works were out of late nineteenth-century contemporary debates. Moreover, the actual text of Pagel's book—characterized as an introduction to the history of medicine—did not reflect these professional concerns as such but instead, like those of other writers, focused on the written record of medical thinkers: “die grossartigen Fortschritte und Ergebnisse der Medicin”. Again, what was missing (that might later have appeared in such a work) was a sense of the development of physician identity and groupings and social functioning. When Pagel generalized about physicians, he was writing about the medical theories they held.<sup>52</sup>

By the early twentieth century, then, when medical historians wrote about the medical profession, they tended to picture physicians constrained by official forces, forces that had their origin in the secular state, the authorities of which could establish and regulate the activities of individual practitioners. In this context, medical history emphasized the knowledge that could gain official recognition.

### National and Local Histories

With this focus on government, it is not surprising that in so far as medical historians did take up the subject of the medical profession, and a number of examples like Wickersheimer have been noted already, they tended to do so in terms of national or even more local events. This trend was of course reinforced by the growth of national histories of politics and other social categories.<sup>53</sup> When Thomas A. Wise in the nineteenth century wrote of the history of medicine in South and East Asia, for example, he paid particular attention to the ways in which practitioners of various approaches to medicine were established by governmental authorities in each jurisdiction—along with the ancillary question of the status of physicians: what fees they received, how prestigious their means of transportation were, how much deference they received in the ceremony of

<sup>52</sup> Julius Pagel, *Einfuehrung in die Geschichte der Medicin: fuenfundzwanzig akademische Vorlesungen* (Berlin: Verlag von S. Karger, 1898), p. vii; the bibliography is on pp. 731–739. A similar list of publications on conditions of the medical profession from that period can be found in the *Index-Catalog of the Surgeon General*. As Irina Winter, ‘Über J. L. Pagels Verhältnis zur Sozialmedizin’, *NTM*, 14 (1977), 99–103, shows, Pagel in other places, too, was well aware of the contemporary importance of professional issues, including the exclusion of irregular practitioners, and he wrote especially about ethics, but his concerns proceeded within the framework of social medicine (see below). See, in general, Gromer, *Julius Leopold Pagel*. There is also an entry in *Arztlexikon* (1995), p. 272.

<sup>53</sup> Webster, ‘The Historiography of Medicine’, p. 31, traces national histories of medicine back to Melchior Adam's *Vitae germanorum medicorum* (1620) and specifies “the patriotic motive” in medical history, which others might label simple provincialism. A particularly good example of discussion of the profession with an emphasis on actions of the government, but within a local setting, is B. Vicuña Mackenna, *Los medicos de Antaño en el reino de Chile: La ciencia, la caridad, la beneficencia, la hijiene, los hospitales, los asilos, las maravillas i las barbaridades de nuestros mayores in materia de medicas i de medicina; Reseña histórica i crítica que comprende desde la fundacion del Hospital del Socorro (1556) hasta el establecimiento del Tribunal del Protomedicato en 27 de abril de 1830* (Santiago: Rafael Jover, 1877). The 1905 volume of the *Index-Catalogue of the Library of the Surgeon-General's Office* listed about one-third more geographical histories than those devoted to more general medical history topics.

consultation.<sup>54</sup> A British popular book on the history of medicine, advertised as “in all ages and countries”, was in fact deeply distorted by Anglocentrism in the section on the modern period. Because of the British focus, matters of local interest, such as organization (the Royal College of Physicians) and licensing in England, therefore more naturally came into the more conventional history of ideas, schools of thought, and individuals.<sup>55</sup>

National and local focuses of course served other interests. By tying science to nationalism, as did many historians, they were in part making a case for local recognition of the authority of trained practitioners. As early as 1841, when physicians suffered political reverses in Spain, Anastasio Chinchilla responded by compiling an annotated list of Spanish contributions to medicine to show that the profession there deserved better in world reputation and, consequently, should be officially recognized and protected as an established profession.<sup>56</sup> Perhaps the extreme example was a *History of Medicine* composed by an American who in 1907 not only emphasized institutions and contributions in his native United States, including a code of medical ethics that he was advocating, but who also wrote his own scientific contributions into the historical biobibliographic record!<sup>57</sup>

Some writers in fact conformed to the standard model of the intellectual history of medicine and took up writers and teachers of a particular district or nation; August Hirsch, for example, in 1893, like Daremberg and other authors of the positivist age, explicitly entitled his book a history of medical science—in this case restricted to Germany.<sup>58</sup> But much more usually, geographically restricted works were catalogues of names of local practitioners: the physicians of Aberdeen or Paris or wherever in Europe or the New World.

By the turn of the twentieth century, increasing numbers of medical history works of a local or national character were appearing. As the instances of scholars who emphasized the relationship of physicians to political entities suggest, authors focusing on practitioners in a geographical area had the potential to write vividly about professional functioning of physicians. Yet, in execution, this type of medical historian did not do so—or at least in any systematic way so that an idea of profession might emerge. At most, such local historians described the growth of local institutions, such as licensing.

<sup>54</sup> Thomas A. Wise, *Review of the History of Medicine* (2 vols., London: J. Churchill, 1867). Much of Wise's account turns from history into contemporary observation.

<sup>55</sup> Edward Berdoe, *The Origin and Growth of the Healing Art: A Popular History of Medicine in all Ages and Countries* (London: Swan Sonnenschein & Co., 1893). I am overlooking the large amount of copying and even outright plagiarism that went on so that the accounts sometimes sound remarkably alike; one embarrassing example is Roswell Park, *An Epitome of the History of Medicine* (2nd ed., Philadelphia: F. A. Davis Company, 1901).

<sup>56</sup> Anastasio Chinchilla, *Anales históricos de la medicina en general, y biográfico-bibliográficos de la Española en particular* (4 vols, Valencia: López y Compañía; D. José y Mateu Cervera, 1841–1846), especially I, 3–7. The translator of Renouard's *History of Medicine* justified his work because “no history of Medicine commensurate with the dignity and extent of our profession has yet been written in our tongue . . .” (Cornelius G. Comegys, ‘Translator's Preface’, p. vii).

<sup>57</sup> Nathan Smith Davis, *History of Medicine, With the Code of Medical Ethics* (Chicago: Cleveland Press, 1907).

<sup>58</sup> August Hirsch, *Geschichte der Medicinischen Wissenschaften in Deutschland* (München: R. Oldenbourg, 1893); on pp. 369–373, after describing medical organizations and journals in the eighteenth century, Hirsch did write explicitly of the political and social recognition of the profession (*Stand*), but this abbreviated passage was an isolated exception in a long intellectual history.

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While any explicit awareness of professional forces was unusual, then, local histories sometimes incidentally contained information about the conditions of medicine in the past (including, for example, lists of women practitioners). William Caniff, in his history of *The Medical Profession of Upper Canada* (1894), used “profession” to mean all of the practitioners in the area, but he also used it to apply to medical institutions. Indeed, he included a detailed account of the working of licensing, of other attempts at boundary drawing, of medical organization, and of both formal and informal medical education. Caniff described not only official legislation but accounts of spurious diplomas and a case of attempted bribery and libel involving the Medical Board. Particularly in biographical sketches, Caniff also documented the difficulties of establishing and maintaining a practice under frontier conditions: one MD, for example, forded a flooded river on horseback as part of professional duty—and, of course, for the remuneration.<sup>59</sup>

At most, however, such local chroniclers as Caniff or national historians like Wickersheimer presented descriptive rather than focused or analytic accounts of boundary drawing and ethical policing. More frequently, an author’s motive was to create a historical record in which the author, typically a senior physician, would have a place in some secular immortality or be part of a tradition or institution passed down—and hopefully honoured—by descendants. Since histories of medicine emphasized individual figures, national and local accounts with lists of names were provincial but did not deviate from the model set by those more general histories.<sup>60</sup> Because writers did not flag their findings or use categories more common at a later time, for a long time the rich institutional history that appeared incidentally in regional accounts did not make its way into the work of more general histories of medicine.<sup>61</sup> And historians who were

<sup>59</sup> Wm. Caniff, *The Medical Profession of Upper Canada, 1783–1850: An Historical Narrative, With Original Documents Relating to the Profession, Including Some Brief Biographies* (Toronto: William Briggs, 1894). A different kind of book, but one that also gave attention to the collective activities of physicians conscious of their common goals and identities, was E. L. B. Godfrey, *History of the Medical Profession in Camden County, N. J., Including a Brief Review of the Charitable Institutions within the County* (Philadelphia: The F. A. Davis Co., 1896).

<sup>60</sup> A typical example might be Gabriel Pino y Roca, *Breves apuntes para la historia de la medicina y sus progresos en Guayaquil* (Guayaquil: Im. y Papelería Sucre, 1915), which mentioned when royal regulations licensed various categories of health practitioners and when individuals were “licensed to practise their profession”. A curious exception was Frederick P. Henry, *et al.*, *Standard History of the Medical Profession of Philadelphia* (Chicago: Goodspeed Brothers, 1897), which was, in addition to a basic account in terms of individuals’ biographies and discoveries, what would later be designated an external history, a largely undynamic “description of events and of institutions”, as Henry, in the ‘Preface’, p. 5, described it. Both the events and the institutions covered much material, such as the group actions of the College of Physicians and conflicts over ethics, that would later be considered part of the subject matter of the history of professions.

<sup>61</sup> But medical writers who spoke about the profession as such were almost always thinking in national terms, spurred by the controversies of the time and place in which they wrote. When Jules Roger’s historical essays appeared, *La vie médicale d’autrefois* (Paris: J.-B. Baillière, 1907), most of them dealt with the French medical profession. He described the struggles between the physicians, the surgeons, and the barbers, and he spoke of “discipline and confraternity” within medical groups and described the way in which the Faculty of Paris exercised discipline and power and drew boundaries within the group and between the group and outsiders. Roger’s medical history included the idea of a profession—even at one point the word “professionnel”—but only as a particular phenomenon of the French setting and French medicine. Paul Brouardel of Paris, for example, writing specifically about *La profession médicale au commencement du XXe siècle* (Paris: Librairie J.-B. Baillière et Fils, 1903), with only a small amount of comparative material from other countries, laid out the conditions of practitioners in France and suggested what their needs as a group were at that time. See, very similarly, M. Foster Reamy, *The Medical Profession* (Dublin: Browne and Nolan Limited, 1905), who took up British conditions in detail.

emphasizing the development of mainline medical ideas drew the line at merely local events and personalities, further guaranteeing that local histories were marginal to the growing recognized body of medical history.<sup>62</sup>

### **Summary: The Profession, Present But Missing**

One of the model “iatrocentric” general histories of the early twentieth century was written by the American, Fielding H. Garrison (1870–1935), and appeared in 1913. He created a narrative from both standard accounts and an admirable amount of reading in the primary sources. So deft was his synthesis that his work was, justifiably, cited for generations. But it also stands as a summary of the place of a concept of profession at the beginning of the twentieth century.

Garrison’s history was largely an elaborated list of names of past medical writers and practitioners, and he had a special affinity for biography. He showed a lively sense of schools of thought, both ancient and modern, and his lists of which teachers trained which pupils rival the lists of begat’s in the Bible. Like other writers, he tried to place medical activities in the context of Western civilization. In connection with sections on art, Garrison ingeniously introduced the idea of the image of the physician. Like Baas, Garrison also included special sections to provide some context for his history of medical thinkers, sections in which he discussed not only medical education but boundary drawing—especially in connection with quackery and surgery—and the status and fees of physicians of the past. As more institutions appeared in the historical record, so did they show up in Garrison’s narrative, especially hospitals and medical schools. For the more modern period, the categories of discussion became more national, with appropriate attention to national groupings of physicians and the governmental conditions under which they laboured.

What was missing from Garrison’s book—and the work of other medical historians? As did his predecessors, he still implicitly approached practitioners in terms of “the physician”—an ideal. Garrison did not take up professional organizations like the Royal College of Physicians. “Ethics” appeared only as a subject on which some figure had written, a biographical fact, not a part of a group struggle or an occupational concern. For Garrison, as for his contemporaries also writing medical history, the “profession” was still a collection of individual practitioners and researchers, not a collective entity, much less one with any particular significance, social or otherwise.<sup>63</sup>

<sup>62</sup> In the first volume of the *Annals of Medical History*, 1 (1917), 217, the editor (presumably Francis Packard) noted, with some specific detail, the existence of local histories but indicated that his journal would focus on the great doctors and that he would consider local material only if it were “of exceptional national and historical importance”.

<sup>63</sup> Fielding H. Garrison, *An Introduction to the History of Medicine, with Medical Chronology, Bibliographic Data and Test Questions* (Philadelphia: W. B. Saunders Company, 1913). Gert H. Brieger, ‘Fielding H. Garrison: The Man and His Book’, *Transactions and Studies of the College of Physicians of Philadelphia*, ser. 5, 3 (1981), 1–21, gives a very full account of the circumstances in which Garrison’s work was produced. Historians of other professions were not more forward than were historians of medicine. Richard Brown, *A History of Accounting and Accountants* (Edinburgh: T. C. & E. C. Jack, 1905), for example, described the development of professional organization, with some attention to ethics, and especially noted the growth of education and qualification—but there was no sense that what was being described in 1905 was other than a static portrait of a group who had managed for internal reasons to reach a natural, if imperfect, plateau in society.