

Chapter 3

The Sociology and History of Professions: A Path That Mid-Century Medical Historians Did Not Take

Major changes in the personnel and circumstances of historians of medicine had taken place by the middle of the twentieth century. Yet it is striking how little the classic configuration in writings on the subject had changed. General histories continued to stress the evolution of ideas and the individual figures who contributed to the development of innovations in science and clinical practice. Edith Heischkel (1906–), for example, in her history of the writing of medical history published in 1949, provided no suggestion that the history of medicine existed anywhere outside the world of pure intellect, defined by writers and ideas.¹

It is true that a subset of Americans, particularly, were introducing social history via the New History, with attention to the social functioning of medical practitioners. And generations of local historians, who had written about the physicians in any given locality, continued to provide many accounts of the actual groupings and social relations of specific practitioners.

While local interest gave rise to often vivid portrayals of health care in the past, such accounts continued after World War II to be almost entirely isolated from each other, and local history continued to suffer in prestige when the chief actors in it could not be connected to the mainstream narrative of medical discovery. A persistent interest in the local and specific did suggest that an audience existed for accounts of social groups and social functioning in the medical area. Whether or not this interest might go beyond the provincial, however, was still not clear. This chapter deals with the rise of the idea of profession as an organizing concept—and the curious way in which mid-century medical historians did not respond but, instead, continued to follow already-established patterns in focusing their narratives.²

The Medical History Community

The twenty years after World War II ended were good years for the history of medicine. At the beginning of the period, it is true, the number and product of medical historians still left much to be desired. Claudius F. Mayer, who was at the time responsible for the *Index-Catalogue of the Library of the Surgeon-General's Office*, conducted a survey that showed that in 1944–1945 more than 3000 “publications of medico-historical interest” appeared, about three-fourths written by North American authors. The quality of these publications, however impressive the number, was usually not high. Most were not based upon original research, and much was “local and superficial subject history of the 19th and 20th

¹ Edith Heischkel, ‘Die Geschichte der Medizingeschichtschreibung’, in Walter Artelt, *Einführung in die Medizingeschichte: Ihr Wesen, ihre Arbeitsweise und ihre Hilfsmittel* (Stuttgart: Ferdinand Enke Verlag, 1949), pp. 202–237.

² In identifying, in this chapter, among sociologists and historians of professions an alternative that medical historians did not choose, I am not just applying the inevitable presentist bias that I mentioned in the introduction. I am pointing out a path not taken that other thinkers at the exact same time utilized but that historians of medicine chose not to take.

century”. But what could one expect? Mayer continued: “there is no such thing in this country as a medico-historical career”; a medical historian had to earn a living by some other means. In Germany, he noted, the Leipzig institute was not visible any more, and others had uncertain fates. Even before the war, Mayer reported, in Würzburg, the quarters of the institute for medical history had become “the breakfast room of the medical faculty”.³

Yet in the United States, in 1946, there were 500 members of the national association and 25 local organizations. Mexico and Venezuela were establishing chairs, and medical history was announced as a part of the curriculum in medical schools in the USSR.⁴ Even before 1950, here and there, additional major medical history journals started to appear: *Gesnerus* (1943) and *Journal of the History of Medicine and Allied Sciences* (1946). Within another decade came *Centaurus* (1950), *Histoire de la médecine* (1951), and, finally, in England, *Medical History* (1957).⁵ And for many decades afterward, the remarkable trajectory of expansion in institutions and numbers continued, particularly as recovery or prosperity came to one society or another in all parts of the world.⁶ Yet despite the increasing number of full-time scholars, the bulk of the supporters of the history of medicine continued to be amateurs, including philatelists and book collectors whose interests and abilities were extremely variable.

Just as in other areas of economy and culture, so in medical history the United States appeared very prominently in the mid-century period—even more so than in the 1930s. Already in 1952, seventy-one Americans were teaching the history of medicine, mostly in medical schools. By the mid-sixties, a medical historian from the Netherlands reported significant financial and institutional support for the history of medicine in the United States but concluded:

medical history is becoming less and less a *medical* discipline in the United States, and increasingly more a part of general history and the history of science. This regrettable trend is primarily due to the physicians themselves: few are willing to embark upon a career in medical history, and those who do are sometimes insufficiently equipped with a general knowledge of linguistics and humanities.⁷

All this American activity, including the non-physician historians of medicine, could not help but have effects on the enterprise elsewhere.⁸ But meanwhile, even in the United States, the growing numbers of historians of medicine, with or without the MD, who might have been interested in the idea of profession, did not respond to a remarkable new interest in professions that came from other kinds of scholars.

³ Claudius F. Mayer, ‘Research and Medical History’, *Bulletin of the History of Medicine*, 20 (1946), 177–179.

⁴ *Ibid.*

⁵ ‘New Historical Journals’, *Medical History*, 1 (1957), 78–79, recorded, besides itself, journals founded in Poland, India, France, Hungary, and Israel.

⁶ More detail is found in Volker Roelcke, ‘Die Entwicklung der Medizingeschichte seit 1945’, *NTM*, n.s. 2 (1994), 193–216, especially 196–200.

⁷ *Bulletin of the History of Medicine*, 26 (1952), 576–578. D. De Moulin, ‘Medical History in the United States of America’, *Janus*, 54 (1967), 253–255; punctuation edited slightly.

⁸ Reports of activity from all over the world appeared in the various journals, especially the *Bulletin of the History of Medicine* and, later, *Medical History*; for example, in the latter, 4 (1960), 255, ‘Norwegian Society for the History of Medicine’: “The membership is steadily increasing and the Society enters upon its fifth year with great confidence”.

The Origins of Sociologists' Interest in Professions

The potential for a new conceptualization of profession had been building for decades, and, it must be stipulated again, particularly in the United States. Within the discipline of sociology, a slowly growing number of researchers were investigating the idea of profession and the social consequences of the existence of professions that they observed around them.

The roots of this interest are complex. Increasingly in the twentieth century, as noted in the last chapter, sociology meant one thing in Europe and another in the United States. Originally oriented toward social reform (applied sociology), sociologists in the United States moved away from that goal toward what they hoped was a more objective and scientific analysis of society and social phenomena. In the health field, already by 1921, in the American Public Health Association the reformist Section on Sociology had been disbanded. Members had been mostly social workers and physicians in the social medicine tradition. Within the general American version of sociology, which was increasingly empirical and quantitative, it took workers until the World War II era to develop a noticeable interest in either medicine or the professions. Yet eventually the transformed discipline of sociology did wield significant influence on medicine and on historians.⁹

As early as 1903, in one of his first publications, W. I. Thomas (1863–1947), a founder and pillar of the early-twentieth-century Chicago school of sociology, wrote on ‘The Relation of the Medicine-Man to the Origin of the Professional Occupations’. Thomas traced interest in this subject back to Herbert Spencer, who in the nineteenth century saw in the overseas “primitive” cultures of his own day the historical ancestors of the Europe that he knew. Thomas, however, disagreed with Spencer’s idea that the priestly medicine men had evolved directly into the practitioners of the professions. Thomas was much more empirical than Spencer, and he looked to the practical development of naturalism and social demand to explain the formation and growth of the medical profession in Europe and to similar historical (and functional) explanations for the appearance of other professions. The development of professions, he wrote, “must be regarded as a phase of the division of labor, dependent on economic conditions rather than on the presence in society of any particular set of individuals or any peculiar psychic attitude of this set”. Both church and state institutions provided patronage for embryonic professionals of all kinds (including musicians and historians), Thomas noted, and he added, ironically, that “With the division of labor . . . , particularly of ‘hard labor,’ there are always at hand a large number of men to do the less irksome work”.¹⁰

⁹ George Rosen, ‘The Evolution of Social Medicine’, in *Handbook of Medical Sociology*, ed. Howard E. Freeman, Sol Levine, and Leo G. Reeder (Englewood Cliffs, NJ: Prentice-Hall, Inc., 1963), pp. 48–49. As late as 1938, Michael M. Davis, ‘Social Medicine as a Field for Social Research’, *American Journal of Sociology*, 44 (1938), 274–279, writing in this older tradition, called for historians of medicine to broaden their approach beyond “biographies of physicians” but did not suggest much beyond political and economic factors in the relations of medicine to culture.

¹⁰ W. I. Thomas, ‘The Relation of the Medicine-Man to the Origin of the Professional Occupations’, *The University of Chicago: Investigations Representing the Departments, Political Economy Political Science History Sociology and Anthropology* (Chicago: The University of Chicago, 1903), pp. 239–256; the quote is from 256. Herbert Spencer, *The Principles of Sociology* (New York: D. Appleton and Company, 1896 ed.), II, 179–324, wrote twelve chapters about “Professional Institutions”, and the first chapter devoted entirely to one profession was on ‘Physician and Surgeon’. Of particular interest was Spencer’s idea that “No group of

Interest Sparked by Struggles for Professional Recognition

Thomas's suggestive essay lay fallow for a generation in the field of sociology. Meantime still another source of interest in the practical sociology of the professions appeared: those professionals outside medicine who were interested in the prestige that professional status—typically that of physicians—brought with it.

In 1915, Abraham Flexner (1866–1959), who had a major role in shaping American medical education and medicine in general, addressed a national social work group on the topic, 'Is Social Work a Profession?' While his answer to the no doubt disappointed audience was no, social work was not a profession, in the course of his remarks Flexner provided a twentieth-century definition of a profession that was quoted and cited for decades after, not only by those who, like the social workers, aspired to professional status, but by some sociologists as well. Using medicine as the primary exemplar, Flexner found that professions

involve personally responsible intellectual activity; they derive their material immediately from learning and science; they possess an organized and educationally communicable technique; they have evolved into definite status, social and professional; and they tend to become, more and more clearly, organs for the achievement of large social ends.

He therefore characterized professions as intellectual, learned, practical, a result of training, self-organized, and altruistic; and subsequent writers—including those other than social workers—often were able to use Flexner's criteria to judge whether or not an occupational group was a profession.¹¹

institutions illustrates with greater clearness the process of social evolution . . ." (p. 317), an underlying idea, as will become clear, in many later scholars' ideas about professions. Even before Thomas, Ch.-M. Limousin, 'L'Origine de la profession médicale', *Journal d'hygiène*, 23 (1898), 589–595, 601–608, challenged Spencer's account and referred in general terms to ancient medicine. In the twentieth century, others noted the medicine man's possible relationship to later medical professionals but did not follow the subject up; see, for example, Frank Hamilton Hankins, *An Introduction to the Study of Society: An Outline of Primary Factors and Fundamental Institutions* (2nd ed., New York: The Macmillan Company, 1935), pp. 496–497.

¹¹ Abraham Flexner, 'Is Social Work a Profession?', *Proceedings of the National Conference of Charities and Corrections*, 1915, 576–590, especially 583; punctuation corrected. Esther Lucile Brown, *Nursing as a Profession* (New York: Russell Sage Foundation, 1936), for example, relied on Flexner for fundamental conceptualization. Flexner, it turns out, continued to speak about what was involved in a profession, including, explicitly, the spirit that is one of the themes of my history. In 1929, in a draft of a speech, he said that

I do not believe that the leaders of American business have as a class a professional feeling towards their activities. What is a profession? I brush aside at once journalists, trained nurses, dancing masters, equestrians, and chiropodists, who speak of themselves as professional. One hears of professional baseball players and professional football players, but the word, professional, has no proper significance in any such connection. There are paid football players and unpaid football players. There are paid baseball players and unpaid baseball players; but whether paid or unpaid they are not professional in the correct sense of the term. Professions are intellectual in character. They derive their professional character from the free, resourceful, and unhampered play of intelligence. The application of a technique which has already been worked out is routine, not professional. To be sure, a profession is not entirely academic and theoretical; it is not only intellectual and learned but practical, but its essential processes are intellectual, whatever the kind of technique which may be employed. Finally, a profession is a brotherhood, almost a caste. Professional activities are so definite, so absorbing, so rich in duties and responsibilities that they tend to engage completely the time and interest of their votaries. Of course not all members of the accepted professions rise to the standards which I have set up; that is their personal failure. It is not the failure of law or medicine if a lawyer or physician is mercenary.

(Draft for a speech, 1929, Abraham Flexner Papers, Library of Congress, furnished through the great kindness of Thomas N. Bonner.)

Perhaps it was natural for sociologists to cite Flexner; they had few other descriptive sources to which to turn.¹² Moreover, the social analysis of occupations available in the first three decades of the twentieth century was extremely limited. Marxists occasionally wrote on the subject of professions, but they and others were preoccupied with professionals as one category of workers, or with the question of occupational differentiation—which would be a function of the organization of production—and with the more traditional concept of the specialization of function, under which professions were usually included. Because the Marxian analysts depended upon economic definitions, professionals were of interest to them chiefly as examples of a special class of functionaries under a capitalist system. Even Max Weber, while explicitly dissenting from Marx, accepted a fundamentally economic approach to professions and so did not see in them the significance that later scholars did.¹³

Carr-Saunders and Wilson and a Developmental Model

In 1933, the two British social scientists, Alexander M. Carr-Saunders (1886–1966) and Paul A. Wilson (1903–), published a volume describing British professionals (the book alluded to in the previous chapter). This became for thirty years the standard work on the sociology of professions and was the basis for their article on ‘Professions’, for example, in the *Encyclopaedia of the Social Sciences* in 1934. They surveyed the several professions, including medicine conspicuously, as those professions existed and had developed in the United Kingdom. The interest of Carr-Saunders and Wilson was primarily that of students of the labour movement: the Webbs’ work on labour was the immediate model for this investigation. Carr-Saunders’ and Wilson’s basic theme was “professionalism”—the standards that professionals should follow, standards that had developed at one point for one profession and at a later time for others. Medicine, in their account, was one of the earliest professions to materialize and to manifest group standards that could serve as models for other professionals.¹⁴

Carr-Saunders’ and Wilson’s developmental description inadvertently became the inspiration for a central part of later historians’ accounts: the idea of stages of evolution in professions, or the process of “professionalization”. J. B. Morrell in 1990, for example, traced to Carr-Saunders and Wilson the idea of historical change in which “various occupations gained the characteristics of a profession . . . an aspect of occupational development and strategy, in which the desire for higher status, autonomous control of conditions of work and control of the market in the interest of higher rewards (financial and honorary) were all prominent”. Yet in the 1930s, this developmental model inherent in Carr-Saunders’ and Wilson’s book did not immediately emerge into the understanding

¹² See, for example, Carl A. Dawson and Warner E. Gettys, *An Introduction to Sociology* (New York: The Ronald Press, 1929), pp. 101–102.

¹³ Examples include William MacDonald, *The Intellectual Worker and His Work* (New York: The Macmillan Company, 1924); Hubert Langerock, ‘Professionalism: A Study in Professional Deformation’, *American Journal of Sociology*, 21 (1915), 30–44. See Talcott Parsons, ‘Introduction’, in *Max Weber: The Theory of Social and Economic Organization*, trans. A. M. Henderson and Talcott Parsons, ed. Talcott Parsons (New York: Oxford University Press, 1947), pp. 54–55.

¹⁴ A. M. Carr-Saunders and P. A. Wilson, *The Professions* (Oxford: Clarendon Press, 1933).

of readers. Critics complained, and with good reason, of a lack of general viewpoint in the work.¹⁵

But the developmental arrangement of the materials could, as Morrell saw, eventually be suggestive. No profession existed, Carr-Saunders and Wilson noted, until practitioners of some occupation—the potential profession—formed bonds, “and these bonds can take but one shape—that of a formal association”. That happened in medieval times, they noted, as a result of a “powerful impulse towards association”. In the case of physicians, the Royal College of Physicians was formed to discourage unqualified competitors. The authors went on to trace the difficulties that physicians and other earlier professionals encountered in coming together “in the evolution of their professions” and noted that “some of the recent professions will have to face the same troubles” unless they learned from history. Clearly this exposition implied a process of stages of professionalization—even if Carr-Saunders and Wilson did not spell out and name it.¹⁶

The work of Carr-Saunders and Wilson and of other scholars shows clearly that—even ignoring Spencer—the idea of stages in professionalization as well as of the idea of stages in the behaviour that constituted professionalism were present in at least embryonic form in sociology and social analysis by the 1930s. In 1929, for example, the authors of a sociology textbook wrote of “the professional trend in many occupations” and described the persistent reluctance of society “to grant to new aspirants the legal and other prerogatives possessed by such an old profession as the practice of medicine”.¹⁷

It is also true that the use of the word “professionalization” and the obvious concept of development through stages that went with it had already appeared incidentally for many years. Citations in the Oxford Dictionary date from the nineteenth century. In 1936, in her monograph on *Nursing as a Profession*, Esther Lucille Brown quoted Homer Folks: “While society has usually taken centuries to develop a profession, this generation has seen two new professions—nursing and social work—become fully established”. Brown herself noted that “Some occupations developed into professions hundreds of years ago; others are only now in the developmental process and further growth will be necessary before they can be measured beside the older and better established ones”.¹⁸

¹⁵ J. B. Morrell, ‘Professionalisation’, in *Companion to the History of Modern Science*, ed. R. C. Olby, et al. (London: Routledge, 1990), pp. 980–989, especially 981. See, for example, ‘H.J.L.’, review of Carr-Saunders and Wilson, *The Professions*, in *New Statesman and Nation*, 5 (1933), 962. It is somewhat extraordinary that in 1928 in the Herbert Spencer Lecture, A. M. Carr-Saunders, *Professions: Their Organization and Place in Society* (Oxford: Clarendon Press, 1928), devoted much of his exposition to the development of professions and “the emergence of new professions” and “the evolution of the professions”, and “the growth of professionalism”. This concept of a process of development—so clearly explicated in 1928—was, as indicated in the text, very muted indeed in the larger book, which was widely cited, while the Spencer Lecture did not appear in the sociological or related literature (except when cited a couple of times by Carr-Saunders himself). Hence I focus on the work that was generally cited.

¹⁶ Carr-Saunders and Wilson, *The Professions*, pp. 298–304, especially 298 and 304.

¹⁷ Dawson and Gettys, *An Introduction to Sociology*, pp. 102–103. Another example, Sigbert Feuchtwanger, *Die Staat und die freien Berufe* (Königberg: Ostpreussische Druckerei und Verlagsanstalt, 1929), a lawyer rather than formally a sociologist, spoke of what professions had in common and also showed a clear sense of historical development, noting that some professions were younger than others. Although he cited Max Weber once (not on the direct subject of professions), Feuchtwanger’s sources were mostly works on the history of the legal profession.

¹⁸ *The Oxford English Dictionary* (2nd ed.), XII, p. 574. Brown, *Nursing as a Profession*, p. 10. This was designed to be one of a number of monographs on emerging professions in the United States. An example of implicit use of the idea is Howard Dittrick, ‘Fees in Medical History’, *Annals of Medical History*, 10 (1928),

Other Pioneers in the Sociology of Professions

Yet sociologists, as has been noted, simply did not quickly pick up the implications of the work of Carr-Saunders and Wilson or of anyone else. Instead, they tended to treat professions under two other analytic headings, and then only very briefly: occupational differentiation (the old division of labour, in the form, now, of social divisions rather than economic divisions) and status differentiation in society. Everett Cherrington Hughes in 1928 in a schematic essay claimed the study of professions as part of a sociology of occupations, and he noted not only the official establishment of professions and their self-regulation but the fact that other occupational groups “are attempting to gain for themselves the characteristics and status of professions”. Karl Mannheim some years later cited Carr-Saunders’ and Wilson’s work when he (only incidentally) mentioned the status of professionals.¹⁹ Status was, of course, the important theme that medical historians, too, in the nineteenth century and after, had, on their own, emphasized, albeit more often official status rather than the relatively intangible social status about which sociologists wrote.

In 1939, T. H. Marshall of the London School of Economics produced an essay, cited for years, that summarized much of social scientists’ casual thinking on the professions and drew substantially on Carr-Saunders’ and Wilson’s work, including the idea that people in various occupations were imitating members of the older professions and attempting to achieve professional status (the “new semi-professions”). Marshall believed that the professionals of England in his day, moreover, were moderating their individualism and were becoming ever more socially responsible as well as maintaining traditional professional ethics and ideals, such as technical distinction—even against a continuing background of status-seeking.²⁰

Writing independently, also in 1939, Talcott Parsons (1902–1979), a Harvard sociological theorist, took Marshall’s portrait of benign professional functioning one step further. In an often-cited paper, Parsons attempted to put professions into an explicitly functionalist framework. (Functionalists emphasized the ways in which various social structures such as institutions operate so as to maintain social equilibrium and stability.)²¹

90–101, who set up stages through which physicians passed, after he observed that “Medical fees constitute an index of the training of the profession at any given period, and of the standing of its members in the esteem and confidence of their own community”.

¹⁹ See, for example, Loran David Osborn, *The Community and Society* (New York: American Book Company, 1933), pp. 53–55, 322–324; Ernest R. Groves and Harry Estill Moore, *An Introduction to Sociology* (New York: Longmans, Green and Co., 1940), pp. 194–195, 225–226. Everett Cherrington Hughes, ‘Personality Types and the Division of Labor’, *American Journal of Sociology*, 33 (1928), 762; later sociologists cited this brief passage, no doubt because there was little else in the sociological literature on the subject of professions. Karl Mannheim, *Essays on Sociology and Social Psychology*, ed. Paul Kecskemeti (London: Routledge & Kegan Paul, 1969), p. 234.

²⁰ T. H. Marshall, ‘The Recent History of Professionalism in Relation to Social Structure and Social Policy’, *Canadian Journal of Economics and Political Science*, 5 (1939), 325–340. Marshall cited not only Carr-Saunders and Wilson but an essay by Harold Laski, ‘The Decline of the Professions’, *Harper’s Monthly Magazine*, November 1935, 656–685.

²¹ Samuel Haber, ‘The Professions’, in *Encyclopedia of American Social History*, ed. Mary K. Cayton, Elliott J. Gorn, and Peter W. Williams (3 vols., New York: Scribner, Maxwell, Macmillan International, 1993), II, 1574–1575, sees in Carr-Saunders’ and Wilson’s portrayal of the professions as a middle way—between laissez-faire and statism—the roots of Parsons’ portrayal of the function of professions. Later commentators usually traced functionalism mainly to Émile Durkheim and Robert Merton.

Parsons had two years earlier first signalled his interest in the nature of a profession in his published response to a discussion of higher education. There Parsons clearly identified the body of knowledge on which a profession was based and the non-commercial disinterestedness that made professions, he believed, a good influence in society. By 1939, he could describe much more fully the structure and current functioning of a profession, but his was a static model—ironically, for Parsons found professions particularly interesting precisely because they operated in the dynamic areas of society and were therefore especially important in social change. Like Flexner, who also noted the attributes of a profession, Parsons described a profession as universalistic in tendency and independent in society—that is, independent of other social groups such as kinship and neighbourhood aggregations. Again like Marshall, although Parsons observed that professionals had goals of reputation and honour, as in business, still it was the altruistic and disinterested strain that differentiated professionals.²²

The Attributes of a Profession Become Defined

Other sociologists of that period also attempted to describe how professions operated and to do so in such a way as to imply that the current phenomena that they were describing were universal. Logan Wilson, for example, in 1942 described a “behavior system” in which professionals had special training, were licensed, operated on their own interpretations of knowledge, worked without defined contracts, limited self interest, and had obligations to the profession and the clientele—a series of attributes that were similar to Flexner’s and, more particularly, to other functionalist descriptions.²³

Of particular relevance was the work of a Canadian sociologist of the 1940s, Oswald Hall, who in a series of articles described the actual informal functioning of the medical profession in a city on the East Coast of the United States. Hall noted that social scientists had given remarkably little attention to studying professions. “Undeniably”, he wrote, “professions play an extremely important part in our own type of society . . . in no other type of society have they developed in comparable fashion. In terms of the functions performed, the prestige accorded, the numbers involved, and the portion of the national income which they receive in our society, they are obviously important”. And he therefore proposed to study physicians’ institutional settings, their relations to clienteles, and their groupings—with an emphasis on informal practices that later would have been described

²² Later writers, as will be noted below, rejected the portrait that Parsons and Marshall presented of professionals as altruists—without necessarily rejecting other aspects of this classic characterization. Talcott Parsons, ‘Remarks on Education and the Professions’, *International Journal of Ethics*, 17 (1937), 365–369. Talcott Parsons, *Essays in Sociological Theory, Pure and Applied* (Glencoe: The Free Press, 1949), pp. 185–199. Context is in Howard Brick, ‘The Reformist Dimension of Talcott Parsons’s Early Social Theory’, in *The Culture of the Market: Historical Essays*, ed. Thomas L. Haskell and Richard F. Teichgraber III (Cambridge: Cambridge University Press, 1993), pp. 357–396.

²³ Logan Wilson, *The Academic Man: A Study in the Sociology of a Profession* (London: Oxford University Press, 1942), pp. 113–114. Wilson cited Parsons a few pages later but did not suggest any particular sources for his ideas.

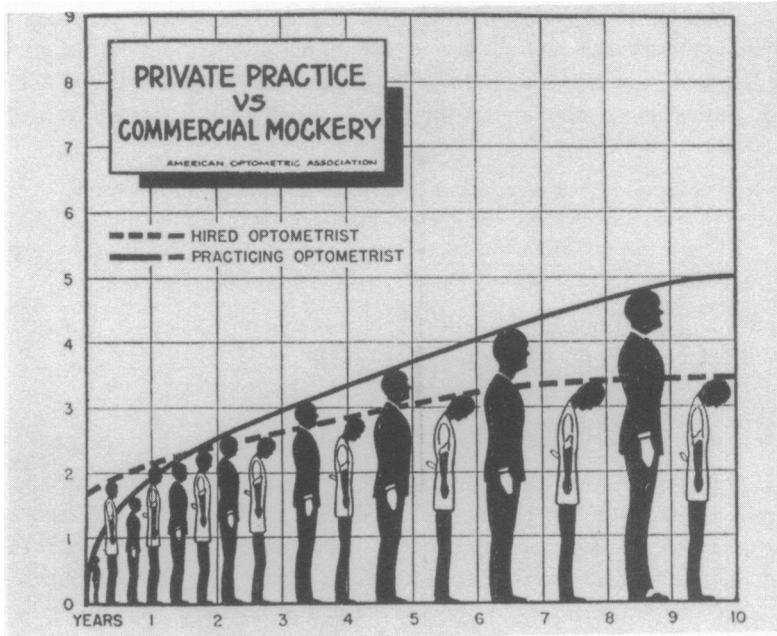


Figure 18: An attempt in 1948 to represent professionalism graphically. (Ralph Barstow, *How to Succeed in Optometry*.)

in part as the culture of the medical profession as well as the functional interrelationships of physicians with other social institutions.²⁴

By the 1950s, then, professions were beginning to appear in empirical sociology as a universal phenomenon of developed societies. A few investigators were attempting to describe how professionals actually functioned—and extending behaviours of their own day to timeless generalizations. Those who wrote more or less theoretically about professions had great difficulty because the formal definitions that existed were often contradictory and tendentious. Parsons in 1951, for example, using medicine as an example of his structural/functional sociology, described the ideal role of the physician mostly in terms of occupational demands.²⁵

²⁴ Oswald Hall, 'The Informal Organization of the Medical Profession', *Canadian Journal of Economics and Political Science*, 12 (1946), 30–44. This paper was based on a Chicago doctoral dissertation, and further papers appeared as Oswald Hall, 'The Stages of a Medical Career', *American Journal of Sociology*, 53 (1948), 327–336, and 'Types of Medical Careers', *American Journal of Sociology*, 55 (1949), 243–253. Hall viewed medical careers as typical, if not archetypal, professional careers.

²⁵ See especially Morris L. Cogan, 'Toward a Definition of Profession', *Harvard Educational Review*, 23 (1953), 33–50, and Mary Jean Huntington, 'Sociology of Professions, 1945–55', in *Sociology in the United States of America: A Trend Report*, ed. Hans L. Zetterberg (Paris: United Nations Educational, Scientific and Cultural Organization, 1956), pp. 87–93. Talcott Parsons, *The Social System* (Glencoe: The Free Press, 1951), especially chap. X. There Parsons made his own often-quoted new list of attributes of a profession: "achievement, universalism, functional specificity, affective neutrality and collectivity-orientation" (pp. 454, 475). Many sociologists, as well as members of the educated public, read C. Wright Mills, *White Collar: The*

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Sociologists generally took two approaches to studying the professions. Some, like Hughes, approached professions through the sociology of work—a traditional but growing field—and tried to find out how occupational differentiation affected societies. Such was Theodore Caplow, who in his pioneering textbook of 1954, *The Sociology of Work*, made professions exemplars for the kind of social analysis on which he based his description:

In the free professions, the determination of merit is entirely in the hands of fellow professionals, at least in principle. In practice, the judgment of clients and . . . the general public needs also to be taken into account. The professional society is therefore required to evolve special devices for limiting the effect of these outside judgments.

But in Caplow's long survey of occupational phenomena, professions in general held only a quite small place (fewer than six pages out of 300).²⁶

Professions as a Field in Sociology

Other sociologists viewed professionals as essential actors—often in the role of experts—in the functioning of bureaucratic societies, rather as Hall did in the passage quoted above. Carr-Saunders, writing in 1955, complained that professionals of his day had become narrow and specialized (a characteristic particularly obvious, others noted, in medicine). “No one speaks any more of the learned professions”, Carr-Saunders noted, wondering if the new, more technical professionals would be as influential in society as he believed they once had been.²⁷

For the most part, the idea of development implicit in Carr-Saunders' and Wilson's work in 1933 was still obscured by later sociologists' rush to discover just how professions were actually functioning in the mid-twentieth century (this primarily in the United States, at least for some years). The term and concept of professionalization, sometimes in the form of a description of “emerging professions”, continued to appear, but as a yet minor note in the sociological literature dealing with professions. Sociologists tended to overlook the implicitly historical aspect of the professionalization process and instead used the present tense rigorously. Harvey L. Smith of the University of North Carolina in 1958, for example, started out by asserting that “The modern professions are

American Middle Classes (New York: Oxford University Press, 1951), in which Mills cited the work of Oswald Hall and others, but Mills focused on the place of professionals in a bureaucratic society and on the issues of power and hierarchy, which did not pertain to the central interests of most sociologists, although they often cited this work.

²⁶ Huntington, ‘Sociology of the Professions’; she noted (pp. 92–93) that a group at Columbia had been studying the subject of the professions for several years. Theodore Caplow, *The Sociology of Work* (Minneapolis: University of Minnesota Press, 1954), p. 110.

²⁷ See, for example, Israel Gerver and Joseph Bensman, ‘Towards a Sociology of Expertness’, *Social Forces*, 30 (1954), 226–235; Walter I. Wardwell, ‘Social Integration, Bureaucratization, and the Professions’, *Social Forces*, 33 (1955), 356–359. Alexander Morris Carr-Saunders, ‘Metropolitan Conditions and Traditional Professional Relationships’, in *The Metropolis in Modern Life*, ed. Robert M. Fisher (New York: Russell & Russell, 1955), pp. 279–287, especially 286. Carr-Saunders may have had in mind particularly the description offered in Roy Lewis and Angus Maude, *Professional People* (London: Phoenix House Ltd, 1952). A paper widely cited later when bureaucratic constraints figured more prominently in sociology was J. Ben-David, ‘The Professional Role of the Physician in Bureaucratized Medicine: A Study in Role Conflict’, *Human Relations*, 11 (1958), 255–274; see below.

complex social institutions, which select people of varied skills, often from several social strata, and organize them into different levels of operation and diverse interest groups". Even when actually recognizing the process of professionalization, Smith continued to use the present tense: "The professionalizing occupation may also be involved in competition with other occupations . . .".²⁸ Ernest Greenwood, in 1958 in a widely-cited paper sketching for social workers the distinguishing attributes of a profession, set up five timeless attributes that "all professions seem to possess: (1) systematic theory, (2) authority, (3) community sanction, (4) ethical codes, and (5) a culture". Greenwood's functional description, drawing largely on work in the sociology of occupations, helped not only sociologists but other scholars conceptualize what it meant to be a profession and a professional—but his was still not an overtly developmental model.²⁹

Professionalization and Modernization

Despite their use of the present tense, sociologists' attention to the role of professions in modern, bureaucratic societies came to involve another idea that would condition the study of professions: modernization theory. Ideas of modernization affected both sociology and history. In both fields, scholars linked modernization to the appearance of bureaucratic modes of social organization. But in particular, professionalization took on meaning as part of the process of modernization. Indeed, thinkers in general believed that

the professions are as characteristic of the modern world as the crafts were of the ancient . . . Professions are more numerous than ever before. Professional people are a larger proportion of the labor force. The professional attitude, or mood, is likewise more widespread; professional status, more sought after. These are components of the professional trend, a phenomenon of all the highly industrial and urban societies; a trend that apparently accompanies industrialization and urbanization irrespective of political ideologies and systems [and] . . . is closely associated with the bureaucratic . . .³⁰

It was in such terms that the concept of a process of modernization came not only into sociology in a major way but also into general thought in the middle of the twentieth century. Sociologists critiqued and modified it, but many thinkers found compelling the idea that societies that were industrializing underwent a steady process of evolution toward the then current social structures and functioning. These intellectuals invoked ideal

²⁸ Harvey L. Smith, 'Contingencies of Professional Differentiation', *American Journal of Sociology*, 63 (1958), 410–411. Of course there were sociologists, other than Carr-Saunders, who were both very much aware of change and willing to note the historical dimension at least to some extent; see, for example, the sociologist of work, Everett Cherrington Hughes, *Men and Their Work* (Glencoe: The Free Press, 1958), who even wrote an essay, 'Professions in Transition', pp. 131–138.

²⁹ Ernest Greenwood, 'Attributes of a Profession', *Social Work*, 2 (1957), 45–55; only in the closing paragraphs did Greenwood bring up the process of professionalization.

³⁰ A general account is Dwight Hoover, 'The Long Ordeal of Modernization Theory', *Prospects*, 11 (1987), 407–451; another account is in David Harrison, *The Sociology of Modernization and Development* (London: Unwin Hyman, 1988), who emphasizes the persistent connection between ideas of modernization and of development (as in "developed country"). And see, for example, Kenneth Cmiel, 'Destiny and Amnesia: The Vision of Modernity in Robert Wiebe's *The Search for Order*', *Reviews in American History*, 21 (1993), 352–368. For the quotation, I have strung together the striking openings of three successive papers in a special issue of *Daedalus*, 92 (1963): Stephen R. Graubard, 'Preface to the Issue "The Professions"', p. 647; Kenneth S. Lynn, 'Introduction to the Issue "The Professions"', p. 649; and Everett C. Hughes, 'Professions', p. 655.

types, traditional and modern, for societies, and modern societies clearly included a major role for professions and professionalization. “Professions”, wrote a pioneer medical sociologist in 1958, “are characteristic of advanced societies, i.e. those in which specialization and formal relations are dominant and laws tend to replace mores and folkways as the framework of the culture”.³¹

William J. Goode in a widely-cited paper that opened, “An industrializing society is a professionalizing society”, made a list of the characteristics of a profession that he used to define just where an occupation was as it “becomes more professionalized” along “a continuum of professionalism”. Goode’s basic traits of a professional, aside from “prestige, power, and income”, were, first, length and abstractness of the knowledge base and, second, altruism—very much like Parsons’ earlier description. But Goode then went on to describe ten behaviours (not five, as in Greenwood’s similar list) that distinguish professional functioning—everything from “The profession determines its own standards of education and training” to “The profession is more likely to be a terminal occupation”, that is, members of the profession do not go on to other, presumably higher, occupations.³²

But even as the mid-century sociology of professions became a field of special study, refinements and variant perspectives were developing. Many scholars (still mostly American and often writing from a functionalist perspective) continued to be interested in the professions as an influential part of society in general. Still others began looking at new viewpoints, such as the idea of profession as process rather than social structure—which in practice could mean examining what the profession looked like from the inside—especially conflicts within professions—or examining how professional behaviour affected unorganized people, as opposed to the functioning of professionals in the power structure.³³

Medical Sociology

Meantime, one further realm of knowledge crystallized and, ultimately, claimed part of the work on the history of the medical profession: medical sociology, or, the sociology of medicine, and it developed with dramatic rapidity in the United States in the years after World War II. The mainstream of this field—with roots back into social medicine—was concerned with the social factors in illness. The underlying concern was illness as social pathology (later this would often be conceptualized as deviance), so that illness became a social problem parallel with crime and poverty, a problem that could be treated as a sociological problem. Indeed, many sociologists wanted to be accepted by physicians as “co-workers” in fields such as etiology and biostatistics, at least. At first, the work that sociologists had been doing on the medical profession often did not appear as part of medical sociology. But eventually the fact that, as two sociologists put it in 1961,

³¹ Norman G. Hawkins, *Medical Sociology: Theory, Scope and Method* (Springfield, IL: Charles C. Thomas, 1958), p. 227.

³² William J. Goode, ‘Encroachment, Charlatanism, and the Emerging Profession: Psychology, Sociology, and Medicine’, *American Sociological Review*, 25 (1960), 902–914.

³³ See, for example: William J. Goode, ‘Community Within a Community: The Professions’, *American Sociological Review*, 20 (1957), 194–200; Bernard Barber, ‘Some Problems in the Sociology of the Professions’, *Daedalus*, 92 (1963), 669–688; Rue Bucher and Anselm Strauss, ‘Professions in Process’, *American Journal of Sociology*, 66 (1961), 325–334.

“Medicine is usually considered the prototype of the professions, the one upon which current sociological conceptions of the professions tend to be based . . .” made some investigation of the healing process involve not only the healer but the healer’s profession as such.³⁴

By the 1960s, then, the sociology of medicine typically included attention not only to the patient but to the physician, and in this way existing literature on the medical profession was incorporated into the field of the sociology of medicine.³⁵ And one of the major avenues through which medical sociologists came to incorporate the medical profession within their purview was the intense interest that physician groups took in medical education and performance. To investigate these areas, sociologists undertook studies of medical students and of actual work on the wards, the latter largely involving interns and residents. Consequently, the attention to the profession as first included in medical sociology had a noticeable bias toward studies of the socialization of professionals. In the first major report of a long-term Columbia University study of medical education, for example, the editors spoke of the way in which “practitioners are first shaped by the profession” and explained their goal to study the “social environment in which the professional culture of medicine is variously transmitted to novices through distinctive social and psychological processes”. One vivid sociological portrayal of the process, *The Boys in White* (1961), became a minor classic well known to many informed people both in and outside medicine.³⁶

The sociology of medical students had a curious effect in reinforcing the idea that professions developed historically through standard stages. That is, investigators believed

³⁴ An early historical account is Hawkins, *Medical Sociology*, pp. 3–26. Uta Gerhardt, *Ideas about Illness: An Intellectual and Political History of Medical Sociology* (Basingstoke: Macmillan, 1989), pp. xi–xxix. David Armstrong, ‘Medical Sociology’, in *Companion Encyclopedia of the History of Medicine*, ed. W. F. Bynum and Roy Porter (2 vols., London: Routledge, 1993), II, 1641–1682. See, for example, E. Gartly Jaco, ‘Areas for Research in Medical Sociology’, *Sociology and Social Research*, 42 (1958), 441–445; George G. Reader and Mary E. W. Goss, ‘The Sociology of Medicine’, in *Sociology Today*, ed. Robert K. Merton, Leonard Broom, and Leonard S. Cottrell, Jr. (3 vols., New York: Harper & Row, 1959), I, 229–246. Bucher and Strauss, ‘Professions in Process’, p. 326. Howard E. Freeman and Leo G. Reeder, ‘Medical Sociology: A Review of the Literature’, *American Sociological Review*, 22 (1957), 73–81. *Probleme der Medizin-Soziologie*, ed. René König and Margret Tönnemann (Köln: Westdeutscher Verlag, 1958, Sonderheft 3, *Kölner Zeitschrift für Soziologie und Sozialpsychologie*), for example, contained almost nothing about the sociology of professions explicitly, apart from a chapter translated and reprinted from Talcott Parsons’ book and a very brief mention in the chapter by Ray H. Elling, ‘Die medizinische Soziologie in den Vereinigten Staaten’, pp. 283–284.

³⁵ The question of profession was a conspicuous element, for example, in Eliot Freidson, ‘The Sociology of Medicine’, *Current Sociology*, 10–11 (1961–1962), 123–192, but was subsumed under other headings in *Handbook of Medical Sociology*, ed. Freeman, Levine, and Reeder. Freidson pioneered in the area of the professions in medical sociology, as, for example, in Eliot Freidson, ‘Client Control and Medical Practice’, *American Journal of Sociology*, 65 (1960), 374–382.

³⁶ Robert K. Merton, George G. Reader, and Patricia L. Kendall, ‘Preface’, in *The Student-Physician: Introductory Studies in the Sociology of Medical Education*, ed. Robert K. Merton, George G. Reader, and Patricia L. Kendall, (Cambridge, MA: Harvard University Press, 1957), p. 7. Classics include Renée C. Fox, *Experiment Perilous: Physicians and Patients Facing the Unknown* (Glencoe: The Free Press, 1959); and, as noted, Howard S. Becker, *et al.*, *Boys in White: Student Culture in Medical School* (Chicago: University of Chicago Press, 1961). An important example, using some historical material, is Robert K. Merton, ‘Some Preliminaries to a Sociology of Medical Education’, in *The Student-Physician*, pp. 3–79. Samuel W. Bloom, ‘Some Implications of Studies in the Professionalization of the Physician’, in *Patients, Physicians and Illness: Sourcebook in Behavioral Science and Medicine*, ed. E. Gartly Jaco (New York: The Free Press, 1958), pp. 313–321, used the term professionalization in connection with medical students where others would have used socialization into medicine; the confusion is significant.

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that as medical students were socialized into the profession, they recapitulated the stages of professionalization. Not only did the students become oriented toward the ideal type professional, they did so through both formal and informal institutions of the profession.³⁷

Sociologists therefore for some years could approach the study of professions—and medicine as the model profession—as either a special problem in occupational sociology or, less prominently, as a subfield within the field of medical sociology. Moreover, many of them did: the literature in the field continued to increase greatly.

Further, as I have suggested, by the mid-1960s, the idea of development of professions through time was well established (at least among scholars in the United States) in the form of the now widely-used concept of professionalization—understood as a continuing process in presumably modernizing societies. And sociologists continued to refine the idea of defining attributes of a profession. By 1964, in one of the few major non-American contributions, Geoffrey Millerson could use British “qualifying associations” to demonstrate in concrete terms that the definition and meaning of profession was dynamic and changed through time.³⁸

In 1966, Howard M. Vollmer and Donald L. Mills edited a book explicitly on *Professionalization*, suggesting in their introduction that “profession” referred simply to an ideal type and that “professionalization” was the process by which, in the real world, people in various occupational groups moved toward an aspiration. The book was notable because the selections showed clearly the way in which profession was a concept generally understood within a modernizing model and that professionalization could be interpreted in terms of a substantial body of empirical research, chiefly on mid-century North American society. Indeed, the importance of the idea had gone so far that Harold L. Wilensky could write wittily in 1964 of ‘The Professionalization of Everyone?’ His essay was, in fact, a serious examination of the functional meaning of profession and to professionalize, with, again, much empirical generalization: Wilensky emphasized autonomous expertise along with the service ideal—a focus somewhat different from the professional status that many earlier writers had tended to stress.³⁹

The Resistance of Historians of Medicine

The development of a lively set of teachings and inquiries about professions in general and the medical profession in particular did not go unnoticed by scholars outside the field of sociology.⁴⁰ Not least of those who should have been affected were historians—historians of professions, and historians of medicine.

By and large, however, historians of any kind were very slow to take up the sociologists’ ideas in their work—validating the general rule (perpetuated in the oral

³⁷ See, for example, *Professionalization*, ed. Howard M. Vollmer and Donald L. Mills (Englewood Cliffs, NJ: Prentice-Hall, Inc., 1966), pp. 88–109.

³⁸ Geoffrey Millerson, *The Qualifying Associations: A Study in Professionalization* (London: Routledge & Kegan Paul, 1964).

³⁹ *Professionalization*, ed. Vollmer and Mills. Harold L. Wilensky, ‘The Professionalization of Everyone?’, *American Journal of Sociology*, 70 (1964), 137–158. Wilensky’s suggestion that everyone in society was moving toward professionalization was not wholly different from a similar point made in 1939 by Marshall; see above.

⁴⁰ See, for example, Myron Lieberman, *Education as a Profession* (Englewood Cliffs, NJ: Prentice-Hall, Inc., 1956), which was sometimes historical as well as sociological and which utilized sociological literature and conceptualizations extensively.

traditions of historians) that it takes a generation for any new development in the social sciences to affect the writing of history. Indeed, it was only in the ferment of trans-Atlantic exchanges in the 1960s that the impact of the exciting postwar social sciences on historians became evident.⁴¹

Occasionally one writer or another would reveal that some historians were aware of sociological ideas of professionalization. As early as 1937, an anonymous reviewer in the *Annals of Medical History*, for example, referred to the “emerging professions”.⁴² Political scientist Oliver Garceau wrote in 1941 a partly historical account of the American Medical Association as a political pressure group, a work well known among American medical historians and one in which there were several sections dealing with professions, and particularly the medical profession; he used a full array of sociological literature on the topic of professions as it existed then. There was no “accepted definition” of profession, Garceau wrote, but he went on to summarize a workable concept that dealt with social relationships within the group and with the community in which the group operated. Of course, he added, “the terminology of professionalism is fundamentally eulogistic”, introducing a Veblenesque critical tone that made the book very appealing to some scholars at the time.⁴³

Despite what appears to be their exposure, if not familiarity, historians’ writings nevertheless for a long time did not, in fact, reflect contemporary thinking in sociology. Looking back at the history of science—and he might just as well have spoken of the history of medicine—Charles Rosenberg recalled that “sociologists and political scientists who interested themselves in the field seemed weak allies in confronting a literature dominated by centuries before the nineteenth and problems largely intellectual”.⁴⁴ In 1960, for example, sociologist Joseph Ben-David, in a paper referred to frequently by a

⁴¹ Certainly there were attempts in the United States to expose historians to various of the social and behavioural sciences; see, for example, Thomas C. Cochran, *et al.*, *The Social Sciences in Historical Study: A Report of the Committee on Historiography* (New York: Social Science Research Council, 1954); *American History and the Social Sciences*, ed. Edward N. Saveth (New York: The Free Press of Glencoe, 1964) (neither of these early books included modernization or profession). Georg G. Iggers, *New Directions in European Historiography* (Middletown, CT: Wesleyan University Press, 1975), p. 93. L. J. Jordanova, ‘The Social Sciences and History of Science and Medicine’, in *Information Sources in the History of Science and Medicine*, ed. Pietro Corsi and Paul Weindling (London: Butterworth Scientific, 1983), especially pp. 81–84, 90–91, focused on the 1960s and after and tied the impact of the social sciences to the “externalist” point of view mentioned elsewhere in the present work. Still another perspective is offered by Dorothy Ross, ‘The New and Newer Histories: Social Theory and Historiography in an American Way’, *Rethinking History*, 1 (1997), 125–150.

⁴² Anonymous review of Brown, *Nursing as a Profession*, in *Annals of Medical History*, n.s. 9 (1937), 100.

⁴³ Oliver Garceau, *The Political Life of the American Medical Association* (Hamden, CT: Archon Books, 1961 [c. 1941]), especially the definition on pp. 5–10 and the bibliography on pp. 179–180; the quotes are from p. 5.

⁴⁴ General historians, especially followers of the “New History”, for years were attempting to integrate all the social sciences into historical conceptualization; sociology was not conspicuous in these efforts, and sociology of the professions was largely absent. See, for example, *Sociology and History: Methods*, ed. Seymour Martin Lipset and Richard Hofstadter (New York: Basic Books, 1968). Other social scientists had meantime focused occasionally on aspects of the idea of profession; see, for example, the special issue of *Administrative Science Quarterly*, 10 (June 1965); Elton Rayack, *Professional Power and American Medicine: The Economics of the American Medical Association* (Cleveland: The World Publishing Company, 1967); and Garceau, *The Political Life*. Charles E. Rosenberg, ‘Science in American Society: A Generation of Historical Debate’, in *The Scientific Enterprise in America: Readings from Isis*, ed. Ronald L. Numbers and Charles E. Rosenberg (Chicago: University of Chicago Press, 1996), p. 3.

variety of writers for many years, used historical material to describe the professionalizing of medical research. Historians, however, took their time before they joined sociologists in citing the work.⁴⁵

Nevertheless, still other forces meanwhile pushed some historians working outside the stream of medical history to consider the history of professions as a general subject.

Historians of Professions Other Than Medicine

A wide variety of authors had for many years written the histories of professional organizations and, finally, of a number of professions, particularly the law. By the middle of the twentieth century, authors working on any part of the history of professions tended to absorb the ideas of not only organization and training, as attributes of a profession, but the process of obtaining social recognition and status. At first, writers tended, as had earlier historians of medicine, to assert that these accomplishments embodied a static place in a static society. But with increasing frequency, writers on the history of professions also began to talk at least about the process of professionalization.

These writers typically did not use sociologists, however, to buttress the evidence of a developmental process. Instead, it was the primary sources from the past that spoke about developing professional status. Brian Abel-Smith, for example, writing in 1960, quoted advocates of British nursing who opposed compensation set by law in 1931 and assumed the evolution of every profession, saying, "Would doctors, artists, professors or university students call in the law to regulate their hours of study and service? Would they not rather evolve a code for themselves, and from within, as all professions have done before them?" Abel-Smith in fact held nursing up as a model of the process of professionalization—but without citing a single sociological source, not even Carr-Saunders and Wilson. Similarly, an educator writing in 1957 about American teachers, had a whole chapter on teachers' advancing toward or achieving professional status, and he spoke of the institutions that characterized a profession. "Normal schools, institutes, associations, and journals were unitedly striving to transform teaching into a profession", he noted. He even had a list of attributes of a profession that sounded much like those set up by the sociologists. But nowhere did he suggest explicitly that he had read any sociological literature.⁴⁶ It is possible that he had studied sociological writings, or, as a well read scholar, he had absorbed the ideas from common knowledge. It really matters little: ideas about professions and professionalization were general knowledge among scholars by the 1960s. Another example, from 1964, was a history of American scientific management, by Samuel Haber (1928–), in which he repeatedly drew on Progressive-era thinkers who talked about professionalism—but despite his frequent use of the term "professionalism",

⁴⁵ Joseph Ben-David, 'Roles and Innovations in Medicine', *American Journal of Sociology*, 65 (1960), 557–568; the citations (with noticeable gaps) are listed in the *Social Sciences Citation Index*.

⁴⁶ Brian Abel-Smith, *A History of the Nursing Profession in Great Britain* (New York: Springer Publishing Company, 1960), especially p. 138. Edgar B. Wesley, *NEA: The First Hundred Years; The Building of the Teaching Profession* (New York: Harper & Brothers, 1957), especially pp. 19, 342–352. There were numerous other examples in which the idea of struggling for professional status was explored at length in the author's primary sources; see such a modest example as Jane H. Wicksteed, *The Growth of a Profession, Being the History of the Chartered Society of Physiotherapy, 1894–1945* (London: Edward Arnold & Co., 1948).

Haber's only avowed theoretical source was Flexner's 1915 address to the social workers.⁴⁷

Histories of Professions in 1965

In 1965, two books explicitly on the history of professions appeared.⁴⁸ One was by Daniel Calhoun (1929–), *Professional Lives in America*, covering the period from 1750 to 1850. The other was Roy Lubove's (1935–1995) *The Professional Altruist*, dealing with social workers at the turn of the twentieth century. Although restricted to one profession, Lubove's work was cited very generally in later discussions of the history of professions. Together the two books showed that at least some historians had an interest in the development of professions and were setting out systematically to remedy the condition noted by Oscar Handlin in his foreword to Calhoun's book: "practically nothing is known about the history of the professions in the United States"—a condition he need not have limited to the United States.⁴⁹

Sticking closely to his primary sources, Calhoun used various local examples to show how members of the various learned professions, including engineers, worked for upward mobility and social recognition. While he, like others, did not suggest any special source, beyond commonsense general knowledge, about what it meant to be a professional, he spoke of specific types of social recognition and of the ways in which professional status institutionalized itself. In his conclusion, Calhoun revealed that he was exploring "the relation between the nature of professional science and the way a profession develops".

Physicians appeared in Calhoun's account only as exemplary of events that moved the ambitious individual professionals into corporate entities in which members existed equally and without distinction within that group. Ethics, status, and labour market all mixed together to produce professional bodies, and the members and officers of each one tried to defend their group against assaults on privileges and status in the society as a whole. This narrative made the development and practice of recognizably modern professionalism seem to come into existence naturally and empirically, step by step. Yet in a book on civil engineers alone, published in 1960, Calhoun revealed in the preface that he had talked with the sociologist Robert Merton (1910–), and so Calhoun must have known at least some of the existing sociological literature. In that earlier book, Calhoun asserted that specialization and bureaucracy as well as industrialization "helped to formalize the engineering profession", and he contrasted salaried engineers with the more independent "learned professions".⁵⁰

⁴⁷ Samuel Haber, *Efficiency and Uplift: Scientific Management in the Progressive Era, 1890–1920* (Chicago: University of Chicago Press, 1964), especially p. 172. Haber's later work appears in succeeding chapters, below.

⁴⁸ There was, in fact, a third work, Anton-Herman Chroust, *The Rise of the Legal Profession in America* (2 vols., Norman: University of Oklahoma Press, 1965); Chroust, who did not bring his narrative past the early nineteenth century, utilized mostly contemporary legal, not sociological, literature, plus his own general knowledge, for his definition of a profession (I, x–xiii), which was not much different from that of the sociologists: he spoke of learning, of service, and of organization.

⁴⁹ Daniel H. Calhoun, *Professional Lives in America: Structure and Aspiration, 1750–1850* (Cambridge, MA: Harvard University Press, 1965); the quotation is from Oscar Handlin, 'Foreword', in *ibid.*, p. vii. Roy Lubove, *The Professional Altruist: The Emergence of Social Work as a Career, 1880–1930* (Cambridge, MA: Harvard University Press, 1965).

⁵⁰ Calhoun, *Professional Lives*, especially chap. V. Daniel Hovey Calhoun, *The American Civil Engineer: Origins and Conflict* (Cambridge, MA: Harvard University Press, 1960), especially pp. vii, xii, 194.

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Lubove, by contrast with Calhoun, explicitly used and discussed the existing sociological literature to show how and why social workers worked to gain professional status and, more importantly, to function as professionals. As Lubove saw mid-twentieth-century sociological thinking,

The monopoly of a special skill is the essence of any occupational group's claim to professional status. But expertise alone fails to distinguish a profession . . . otherwise, plumbers, carpenters, and electricians would easily qualify. The professionalization of social work was associated not only with the quest for a differentiating skill, but also with the establishment of a subculture or community whose members shared a group identity and values which were maintained and perpetuated by institutional agencies of control such as associations and schools.

Lubove went on to speak of the internalization of values and norms, affective neutrality, and above all “a professional subculture, controlling career opportunities and personality”.⁵¹

Not only did Lubove employ professionalization as a central theme, but he synthesized much of the functionalist approach to the professions and then explored it with historical specifics and instances. He cited Hughes's work on the sociology of professions and Greenwood's list of attributes of a profession, and Lubove also made special mention of the general approach of Parsons. Lubove set all his narrative, including especially moves toward professionalization, in a context of uplift and the organizational society: “the bureaucratic imperative”.⁵²

Other historians' accounts of the evolution of professions appeared in the mid-1960s—enough to establish that such a field could exist. The authors were not, as they might have been, historians of medicine who had chosen to make comparative studies, but rather general historians, often social historians who chose to look at all or particular professionals in terms of the importance of the category of professional, a category that all of them could show was recognized in primary sources written at least as early as the nineteenth century.⁵³ One historian, W. J. Reader, who wrote about the professions in nineteenth-century England, quoted Carr-Saunders and Wilson from thirty years earlier about the lack of a history of professions. Yet Reader himself eschewed seeking any further sociological inspiration. He did not, he said, “attempt to define a profession in general terms, preferring rather to let the definition emerge rather hazily—as it does in real life—from the discussion of particular cases” from the past. And, indeed, his bibliography did not include any sociological work other than that of Carr-Saunders and Wilson.⁵⁴

⁵¹ Lubove, *The Professional Altruist*, especially pp. 118–121.

⁵² *Ibid.*, especially pp. 233–234, 262–263.

⁵³ Again, I trust that it is obvious that I am distinguishing between historians who used physicians and medicine incidentally and historians who focused some substantial scholarly work on at least some aspect of physicians and medicine: medical historians.

⁵⁴ W. J. Reader, *Professional Men: The Rise of the Professional Classes in Nineteenth-Century England* (London: Weidenfeld and Nicolson, 1966), especially pp. 1, 217–235. Reader does list Roy Lewis and Angus Maude, *Professional People*, in the bibliography, but he does not appear to have utilized it. K. Charlton, ‘The Professions in Sixteenth-Century England’, *University of Birmingham Historical Journal*, 12 (1969), 20–41, included a list that might or might not have come from the sociologists; in any event, historical details, the author noted (p. 23), modified any abstract criteria for what a profession or professional was.

Communities in the History of Science

These general historians of the professions did go beyond previous history and sociology as they reflected in their work the new intellectual currents that here and there were buffeting all scholarship. Even prior to the iconoclasm that became modish in the late 1960s and 1970s, one very important element came from the close cousin of the history of medicine, the history of science. In that field, Thomas Kuhn in particular focused much attention on the idea of a scientific community within which scientific thinking took place.⁵⁵ A number of scholars saw that knowledge-based professions, which abstracted people with a common intellectual tradition from society, bore an important resemblance to the scientific community, a juxtaposition that raised interesting questions around the process of professionalization in science—and once again tied the internal history of ideas to external social arrangements.

In 1967, George H. Daniels (1935–) wrote explicitly about ‘The Process of Professionalization in American Science’. He used additional terms, such as legitimation and self-policing, and a structure that showed his acquaintance with the sociological literature, although he did not include any explicit citations of the literature or allusions to it. Daniels simply assumed that the concept of professionalization was familiar, and he listed four stages through which science in the United States went in the nineteenth century: preemption, institutionalization, legitimation, and “the attainment of professional autonomy”.⁵⁶

That same year, Monte A. Calvert (1938–), another American historian, described the rise of the profession of mechanical engineer in terms of the conflict between shop culture and school culture over what was professional. Calvert found that external social factors, such as class, most determined historical patterns. Yet Calvert also knew and used the sociological literature to conceptualize the professional struggles of the engineers, however much he tried to distance himself from the schematic—and he believed inconsistent—details that he found in sociologists’ writings about professions.⁵⁷ Calvert was thus typical of many historians as they came to acknowledge sociologists’ ideas: attracted by the conceptualization but repelled by abstractions that did not necessarily fit the details in the primary sources.

Sociological Ideas Creep Further into Historians’ Works

With increasing frequency, historians in the 1960s and after who ventured into the history of professions, whatever their agendas and focuses, showed some awareness of the sociological literature—again, often a reflection of the incorporation of the social sciences into history that was general at that time. Sociologists were unmistakably providing ways

⁵⁵ Kuhn himself casually used the idea of professionalization to indicate the formation of communities of specialized knowledge; see Thomas S. Kuhn, *The Structure of Scientific Revolutions* (Chicago: University of Chicago Press, 1962), pp. 20, 50.

⁵⁶ George H. Daniels, ‘The Process of Professionalization in American Science: The Emergent Period, 1820–1860’, *Isis*, 58 (1967), 151–166; see, similarly, George H. Daniels, *American Science in the Age of Jackson* (New York: Columbia University Press, 1968).

⁵⁷ Monte A. Calvert, *The Mechanical Engineer in America, 1830–1910: Professional Cultures in Conflict* (Baltimore: The Johns Hopkins Press, 1967), especially pp. xv–xvi.

to think about and communicate about the idea of profession. John L. Carey, in a history of the accounting profession (1969–1970) mentioned nothing of the sociologists' work but still suggested, for example by a list of attributes of a profession, that he knew the basic ideas. Corinne Gilb, in her partly historical account of the relations of professions and government, in 1966 glancingly acknowledged sociological writings. Even though her focus was overwhelmingly on organizations and politics, her work was widely cited as evidence showing that organized professionals had obtained power by means other than meritocratic recognition.⁵⁸

As is common in the history of ideas, influence is sometimes hard to trace, and the influence of sociological concepts of profession among general historians of professions was not always clear, any more than it was among those specializing in the history of the medical profession. Where Hamilton Cravens, writing of 'The Impact of Academic Professionalization upon American Sociological Theory' in 1971, indicated that he used both Daniels' work and standard sociological literature on professions, John D. Holmfeld, writing on the 1853 conflict between amateurs and professionals in science, showed no source for his conceptualization of professional other than Daniels. Yet that was, of course, still to some extent sociology, even if second-hand.⁵⁹

Edwin T. Layton, Jr., in his classic 1971 book on the history of the engineering professions, admitted that he "gained a number of ideas from two branches of sociology, the studies of bureaucracy and of professions", and in his book he privileged the idea of autonomy of professionals. Yet definitions and other sociological points of view Layton maintained he found inapplicable to his material.⁶⁰

This all was influence—even if only partial influence. The record, therefore, was to some extent mixed. Some historians who wrote explicitly about professionalism and professionalization, like Calhoun and Haber, tended to cite formulations from their principal historical actors in the distant past, rather than sociological literature of their own day. By contrast, Calvert was as explicit as Lubove, naming many of the same sociological sources and setting his historical material against a contemporary sociological definition of professionalization, which he used as a major theme in his book.⁶¹

⁵⁸ John L. Carey, *The Rise of the Accounting Profession: From Technician to Professional, 1896–1936* (New York: American Institute of Certified Public Accountants, 1969); John L. Carey, *The Rise of the Accounting Profession: To Responsibility and Authority, 1937–1969* (New York: American Institute of Certified Public Accountants, 1970). Corinne Lathrop Gilb, *Hidden Hierarchies: The Professions and Government* (New York: Harper & Row, 1966).

⁵⁹ Hamilton Cravens, 'The Abandonment of Evolutionary Social Theory in America: The Impact of Academic Professionalization upon American Sociological Theory, 1890–1920', *American Studies*, 12 (1971), 5–20. John D. Holmfeld, 'From Amateurs to Professionals in American Science: The Controversy over the Proceedings of an 1853 Scientific Meeting', *Proceedings of the American Philosophical Society*, 114 (1970), 22–36; Holmfeld's contextualizing was not inappropriate—for his point, Daniels was sufficient.

⁶⁰ Edwin T. Layton, Jr., *The Revolt of the Engineers: Social Responsibility and the American Engineering Profession* (Cleveland: The Press of Case Western Reserve University, 1971), especially pp. 4 and 260n.

⁶¹ Edwin Layton, 'Frederick Haynes Newell and the Revolt of the Engineers', *Journal of the Midcontinent American Studies Association*, 8 (1962), 17–26; Edwin Layton, 'Veblen and the Engineers', *American Quarterly*, 14 (1962), 64–72. Layton had begun this work with a 1956 dissertation and finally published *The Revolt of the Engineers* in 1971. Calvert, *The Mechanical Engineer*, especially pp. xv–xvi. Calvert's model was not the only one available in the history of engineering: W. H. G. Armytage, *A Social History of Engineering* (London: Faber and Faber, 1961), subordinated the development of professional groups and their activities to an internal history of technical development.

Historians of Medicine Still Not Affected

The idea of profession was, therefore, well studied in sociology, and by the 1960s and 1970s systematic treatments in both history and sociology were available—as general historians showed in their work on the history of professions. Nevertheless, historians of medicine, although the most active of all historians of any profession or professions, and dealing with the model modern profession as they did, still were not pioneers in writing the history of professionalization or in drawing upon the sociological writings that were available.⁶² There were, as I have just suggested, special histories of the professionalization of engineers and social workers; why not of physicians?

Later memories of members of the history of medicine community suggest that part of the answer was institutional. As has been noted, the few full-time historians of medicine were, with virtually no exceptions, members of medical school faculties. The orientation of medical school teachers after World War II was toward scientific medicine, an orientation served by the traditional biobibliographical approach, emphasizing discovery or simple antiquarianism. The physicians who were interested in the history of medicine searched for ways of discussing the ideal physician or the model medical scientist, not physicians in their social capacities. Such scholars had no immediate reason to turn their attention to possibly problematic aspects of professional functioning.⁶³

The social historians who were finding a surprisingly ready acceptance among many conventional historians of medicine were busy writing about other subjects that were more pressing than those of professional functioning—such subjects as epidemiology, medical economics, and government regulation, all of which only tangentially addressed any idea of profession. Many of these non-MDs continued to view themselves as primarily social and intellectual historians and only slowly, even in the United States, did they take on any identity as medical historians. And, attracted by the excitement of medical science and practice, they tended to share the favourable view of the profession held by physician historians.

Historians of medicine as a whole, therefore, followed the momentum of existing lines of inquiry and presentation in their field. In 1956, for example, Edith Heischkel described briefly the history of the medical profession in the age of Goethe. German states, she wrote, had instituted official examinations and furthered medical education. They had set up state physicians in a hierarchy and distributed official physicians in each district. While the specifics in her account were informative, it represented little change from that of Baas and other German writers who emphasized the relationship of physicians to government.⁶⁴

For historians of medicine such as Heischkel, the concept of profession did not yet carry implications of professionalization, organization, and social relations. Parts of the concept

⁶² In one sense, historians of education may have been more active as historians of a profession than historians of medicine. Yet the literature of the history of education was so narrowly addressed that even the best of it tended to be ignored by historians in general, and it can be argued that the level of discourse was not the same as that used by historians working in the histories of other professions. The most obvious symptom was the substantial number of special journals in the field of the history of medicine, as opposed to the fewness of them in the history of education, the history of law, etc.

⁶³ This mentality—which can and could be viewed admirably—is described in part by Stephen Brush, 'Should the History of Science Be Rated X?', *Science*, 183 (1974), 1164–1172.

⁶⁴ Edith Heischkel, 'Der ärztliche Stand', *Ciba-Zeitschrift*, 7 (1956), 2663–2664.

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of profession continued to appear in medical history as independent subjects, such as ethics and education, as they always had, and yet a constellation of meaning, using these obvious constituents, was rare indeed among scholars in the field of the history of medicine.

But they could not long stay aloof. In addition to sociology and the New History, additional streams of thought swirled around them, streams that would make fresh demands on anyone who wanted to write about the past of medicine. The most demanding was the call to trace the origins of the modern organizational society, a call already influencing, as I have suggested, historians of professions such as Lubove. As Louis Galambos long ago pointed out, modern historians of all varieties in that period were moving away from the particular and were trying to place their materials in more general patterns such as sociologists could, and did, furnish—not least, obviously, in the sociology of professions.⁶⁵

Continued Resistance

Against all this background, then, historians of medicine in the years following World War II, even with the addition of social historians who were writing on medical subjects, were actually becoming distinctive in the extent to which their work, while affected, was still resistant to models from work in other fields. Rather, the bulk of the writings in the history of medicine represented an attempt to continue prewar trends.⁶⁶

Two standard general histories of medicine appeared in 1949, for example—one edited by Maxime Laignel-Lavastine, the other a work cited for many years, written by Paul Diepgen of Mainz. Although both works were essentially histories of ideas, both contained substantial treatments of the history of professional aspects of medicine. In the Laignel-Lavastine volumes, Delaunay, whose book on French medicine was noted above, had an entire chapter on the history of the medical profession in France. His account, from earliest times, followed the themes of governmental regulation of physicians and the organizations through which physicians functioned in a corporate way—showing how the changes in organization of medical personnel at the time of the French Revolution, for example, carried out primarily under duress by the state, determined the functional units within which French medicine operated thereafter (“le régime moderne”). Beyond the organizational and legal aspects of medicine, Delaunay noted along the way how physicians became resoundingly bourgeois even as, in the nineteenth century, laws opened the profession to everyone, including Jews and foreigners. In Delaunay’s narrative, such matters as ethics, fees, and educational requirements played but an incidental role, compared to the attention given to essentially bureaucratic organization.⁶⁷

⁶⁵ Louis Galambos, ‘The Emerging Organizational Synthesis in Modern American History’, *Business History Review*, 44 (1970), 279–290.

⁶⁶ A good example is Ralph H. Major, *A History of Medicine* (2 vols., Springfield, IL: Charles C. Thomas, 1954). Major included a little material on the status of the profession but very little else relevant to its history. The general institutional and historiographical context and the tension between the traditional and newer, particularly social historical approaches, is described in Roelcke, ‘Die Entwicklung der Medizingeschichte seit 1945’, especially pp. 200–201.

⁶⁷ *Histoire générale de la médecine, de la pharmacie, de l’art dentaire et de l’art vétérinaire*, ed. M. Laignel-Lavastine (3 vols., Paris: Albin Michel Éditeur, 1949); Paul Delaunay, ‘La profession médicale’, III, 713–733.

Diepgen, in his work, followed the tradition of inserting special sections into the conventional narrative of ideas and discoveries, sections labelled “ärztliche Leben”—physician life—a phrase that also appeared in the title of the book. Although he traced the beginnings of the profession to the earliest times and the “Priesterarzt”, Diepgen included most of his discussions of the profession within his later accounts of physician life. His approach was to present medical education and organization in a context of the history of medical institutions, including, for example, hospitals and specialities, rather than professional development as such. Like his predecessors, he also took the opportunity to situate medicine in general historical trends, including those in high culture, but he showed especially his loyalty to conventional history of medicine narrative by emphasizing, even in the essentially social history sections, the names of many medical figures, complete with birth and death dates, the format commonly used to indicate some intellectual contribution in accounts of the progress of medicine.⁶⁸

Also at mid-century, a Belgian writer, René Sand, writing in the tradition of social medicine (another pattern continued from the past), included in his plea for preventive medicine and a more democratic access to medical care a long chapter on the history of the medical profession. Starting with the ancients, Sand described physicians who grouped together and whom society, especially through government employment and insurance, recognized and regulated as a profession. Physicians, Sand insisted, had over the ages developed ethics and prestige and deserved, he thought, to be part of a rational health care system; his conception of profession was closely tied to physicians’ working with governmental authorities.⁶⁹

Still another mid-century publication, Walter Artelt’s 1949 handbook, which he labelled an introduction to medical history, reflected the state of the art. His advice to those entering the field was based on the standard intellectual history model. His subsections encompassed, however, the history of specialities, and his section on biography was relatively short. He did include one small mention of professional history, which came after the list of specialities and before the history of nursing and pharmacy and the history of the various special diseases. Artelt listed two relevant references. One was Puschmann’s history of medical education—a professional institution. The other was Shafer’s history of the profession in America.⁷⁰ As Artelt’s work suggested, the subject of the history of the medical profession was a specialized subject, but as a field it was still in a form as yet either stunted or undeveloped.

Tentative Signs of Change

Inexorably, however, changes appeared, even if chiefly still around the periphery of the history of medicine. Not only did the volume of publications in medical history generally

⁶⁸ Paul Diepgen, *Geschichte der Medizin: Die historische Entwicklung der Heilkunde und des ärztlichen Lebens* (2 vols., Berlin: Walter de Gruyter & Co., 1949–1955); examples are from I, 23–24; II, 275–292. Diepgen was a contemporary and rival of Sigerist—and of a different political colouration.

⁶⁹ René Sand, *The Advance to Social Medicine*, trans. Rita Bradshaw (London: Staples Press, 1952), especially pp. 7–64.

⁷⁰ Walter Artelt, *Einführung in die Medizinhistorik: Ihr Wesen, ihre Arbeitsweise und ihre Hilfsmittel* (Stuttgart: Ferdinand Enke Verlag, 1949), especially p. 20. Shafer’s work was, it was stipulated, “for the U.S.A.” It is not obvious why Baas’s works, for example, were not cited, even though Puschmann’s was.

increase substantially in the 1950s and into the 1960s, but the numbers of publications mentioning the history of the medical profession or some aspect of professional functioning or the history of institutions increased at least proportionally.⁷¹

At the same time, fresh approaches were modifying the momentum of the traditional men-and-ideas history of medicine. Historians of science now often differentiated explicitly between “internal history”—the history of ideas—and “external history”—how social factors modified not only institutions but scientific thinking itself (a distinction soon commonplace).⁷² In addition, anthropology, even more than sociology, was effective in making some physicians, at least, aware that disease might have a social context. Under such circumstances, it was to be expected that the history and sociology of professions would make an impact on medical history.

That it did not, in fact, do so right away, can be understood in part because the subject was obscured by the flourishing of the more general social history of medicine, especially in the United States. The first cumulated volume of the *Bibliography of the History of Medicine*, 1964–1969, for example, contained not only biographies, specialties, and diseases, but social groups and institutions (hospital headings went on for 22 pages, exactly the same as for surgery; there was as much on politics as on plague; and even before the modern women’s movement, entries on “women in medicine” matched those on “gastroenterology and digestive system”).⁷³

Neither medical nor social historians progressed steadily, step by step, toward a history of the medical profession such as appeared later. Along the way, their conceptualizations and applications were necessarily incomplete, relative to sociologists’, as they worked with and within the traditional narratives that persisted alongside innovation. Some very good historians dealt with subjects that pertained to the profession and professionalization, and yet the concept never came into play in their work. Donald Fleming, in his biography of the great leader of medicine, William H. Welch, gave no evidence of awareness of professional developments as such. And Roderick McGrew, to cite another example, dealt with cholera in Russia but shifted to intellectual history whenever professional considerations arose in his narrative.⁷⁴

Nevertheless, a long-term trend in the direction of explicit history of the profession as profession became detectable. For one thing, the very use of the term, profession, which I have remarked on above, became ever more common in medical history—even when “profession” was used simply to encompass the collectivity of physicians in any place at

⁷¹ Although the content still did not necessarily represent any change; Erwin H. Ackerknecht, *A Short History of Medicine* (New York: The Ronald Press Company, 1955), for example, did contain brief passages about the profession, but these add-ons paralleled the kind of material that Baas had included three-quarters of a century earlier, and while Ackerknecht at least mentioned ethics, education, and fees, his use of the term profession was still as a collective noun (e.g., pp. 200, 202).

⁷² Richard H. Shryock, ‘The Interplay of Social and Internal Factors in Modern Medicine, An Historical Analysis’, *Centaurus*, 3 (1952), 105–125.

⁷³ See, for example, Douglas Guthrie, ‘Whither Medical History?’, *Medical History*, 1 (1957), 307–317, who emphasized biography, history of ideas, and the history of science—but mentioned social history only in passing as background (p. 317). And see Roelcke, ‘Der Entwicklung der Medizingeschichte’.

⁷⁴ Donald Fleming, *William H. Welch and the Rise of Modern Medicine* (Boston: Little, Brown and Company, 1954). Roderick E. McGrew, *Russia and the Cholera, 1823–1832* (Madison: University of Wisconsin Press, 1965). And of course purely intellectual histories continued to appear, such as Werner Leibbrand, *Heilkunde: Eine Problemgeschichte der Medizin* (München: Verlag Karl Alber, 1953).

a given time. The first paper to be presented at an International Congress of the History of Medicine with the word in the title appeared in 1952, by M. E.-H. Guitard of Toulouse: 'Sur l'exercice de la profession médicale par les maîtres de Salerne vers 1200'.⁷⁵

Some of the very best scholars still used the word simply as a collective noun, as in John Blake's 'The Medical Profession and Public Health in Colonial Boston' (1952). (Blake was by no means narrow; elsewhere, he wrote about professional institutions). Others even used the idea of the collective profession to generalize about physicians by anthropomorphizing the profession, which became an entity that thought or acted ("the fine attitude of the medical profession . . . the medical profession itself reacted to the bitter animosities"). And some writers managed to use the term as a collective noun and yet spell out the institutions, such as organizations and journals, through which "the profession" acted.⁷⁶

Institutional and Local Histories

As before, not all history that might fall under the general heading of the history of the profession carried the label. Particularly noticeable in the post-World War II decades were histories of various medical institutions, a category that proliferated even more than in 1946, when Mayer (quoted above) commented that provincial accounts abounded. Sometimes authors showed their awareness of physicians' professional interests, and sometimes institutional histories contained only implicit contributions to the history of the profession.

Essentially local histories of all kinds continued often to include much description of professional activities and institutions. In the United States, under the influence of good social history, Thomas Bonner asked much about the education and organization and legal status of physicians in Kansas, and John Duffy did the same for Louisiana, for example. Or one could mention the history of medicine in Siena by Alcide Garosi, who, again, asked the same kinds of specific questions about institutions and professional functioning and relationships.⁷⁷

⁷⁵ The full title as listed was M. E.-H. Guitard, 'Le rayonnement des Ecoles de Salerne et de Montpellier: Sur l'exercice de la profession médicale par les maîtres de Salerne vers 1200', *Comptes Rendus du XIII^{ème} Congrès international d'histoire de la médecine* [1952] (Brussels: Le Scalpel, 1954), pp. 217–220.

⁷⁶ John B. Blake, 'The Medical Profession and Public Health in Colonial Boston', *Bulletin of the History of Medicine*, 26 (1952), 218–230. By contrast, John B. Blake, *Public Health in the Town of Boston, 1630–1822* (Cambridge, MA: Harvard University Press, 1959), pp. 44–45, explicitly spoke of physicians "striving to advance their standing as a profession". See, similarly, Myron F. Brightfield, 'The Medical Profession in Early Victorian England, As Depicted in the Novels of the Period (1840–1870)', *Bulletin of the History of Medicine*, 35 (1961), 238–256. Sanford V. Larkey and Janet B. Koudelka, 'Medical Societies and Civil War Politics', *Bulletin of the History of Medicine*, 36 (1962), 1, 12. David L. Dykstra, 'The Medical Profession and Patent and Proprietary Medicines During the Nineteenth Century', *Bulletin of the History of Medicine*, 29 (1955), 401–419. John Duffy, 'Medical Practice in the Ante Bellum South', *Journal of Southern History*, 25 (1959), 53–72. Among the more intriguing examples is an early anti-medical book, Richard Carter, *The Doctor Business* (Garden City, NY: Prometheus, 1959 [1958]), in which organized medicine and medical organizations were prominent actors, but not the medical profession, which at best was used simply as a collective noun.

⁷⁷ Thomas Neville Bonner, *The Kansas Doctor: A Century of Pioneering* (Lawrence: University of Kansas Press, 1959). Thomas Neville Bonner, *Medicine in Chicago, 1850–1950: A Chapter in the Social and Scientific Development of a City* (Madison, WI: American History Research Center, 1957), contained much material on "professional relations" and professional institutions, assuming known standards of professionalism and group goals at different times as professional problems were described, and additional material appeared in Thomas N.

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Social historians' interest in organizations showed up particularly frequently in the 1950s and early 1960s. The organizations were various: apothecary guilds, the American Medical Association, the Gloucestershire Medical Society.⁷⁸ And both social and more traditional medical historians dealt with professional issues but focused on other concerns. Erna Lesky, for instance, recounted the history of the Vienna medical school in part as an attempt of the teachers there to separate themselves from the practising medical profession and to specialize. Likewise, professional struggles, occasionally noticed, were but incidents in the dramatic story that James Harvey Young told about the proprietary drug merchants whom he called "the toadstool millionaires".⁷⁹

Indeed, a great deal more of what might have been history of the medical profession appeared—but without the authors' connecting their work to the concept as it developed in writings described above outside the history of medicine. Instead, there were accounts of medical education, medical ethics, fees, and vocational boundary drawing—that, if they had any context, were institutional and social history. The contents of some works—such as Sir Zachary Cope's history of the Royal College of Surgeons, were free from any social connections that were not formal. In other works, such as Jeanne L. Brand's very widely cited history of English physicians' struggles with their government, medical figures operated as professionals, but in events in which their professional status and existence were not appropriate objects of explicit discussion.⁸⁰

Finally, a number of historical accounts of the profession appeared that, intriguingly, covered some or all of the institutions of professionalization and yet did not convey the dynamic quality of professional functioning that later appeared in medical history. Louis Cohn-Haft, for example, found that in ancient Greece, "the physician was not classed with

Bonner, 'The Social and Political Attitudes of Midwestern Physicians, 1840–1940: Chicago as a Case History', *Journal of the History of Medicine and Allied Sciences*, 8 (1953), 133–164. *The Rudolph Matas History of Medicine in Louisiana*, ed. John Duffy (2 vols., Baton Rouge: Louisiana State University Press, 1958–1962). And see similarly, David L. Cowen, *Medicine and Health in New Jersey: A History* (Princeton: D. Van Nostrand Company, 1964), pp. 11–14, 121–132, covering briefly medical organizations, status, specialization, licensing, and boundary drawing. Alcide Garosi, *Siena nella storia della medicina (1240–1555)* (Firenze: Leo S. Olschki-Editore, 1958).

⁷⁸ T. D. Whittet, 'The Apothecary in Provincial Gilds', *Medical History*, 8 (1964), 245–273. James G. Burrow, *AMA: Voice of American Medicine* (Baltimore: The Johns Hopkins Press, 1963). Arthur Rook, 'General Practice, 1793–1803; The Transactions of a Huntingdonshire Medical Society', *Medical History*, 4 (1960), 236–252, 330–347.

⁷⁹ Erna Lesky, *The Vienna Medical School of the 19th Century*, trans. L. Williams and I. S. Levij (Baltimore: The Johns Hopkins University Press, 1976 [published in German in 1965]). James Harvey Young, *The Toadstool Millionaires: A Social History of Patent Medicines in America Before Federal Regulation* (Princeton: Princeton University Press, 1961).

⁸⁰ Examples include: Charles Singer and S. W. F. Holloway, 'Early Medical Education in England in Relation to the Pre-History of London University', *Medical History*, 4 (1960), 1–17; Thomas Neville Bonner, *American Doctors and German Universities: A Chapter in International Intellectual Relations, 1870–1914* (Lincoln: University of Nebraska Press, 1963); Loren C. MacKinney, 'Medical Ethics and Etiquette in the Early Middle Ages: The Persistence of Hippocratic Ideals', *Bulletin of the History of Medicine*, 26 (1952), 1–31; Donald E. Konold, *A History of American Medical Ethics, 1847–1912* (Madison: The State Historical Society of Wisconsin, 1962); E. A. Hammond, 'Incomes of Medieval English Doctors', *Journal of the History of Medicine and Allied Sciences*, 15 (1960), 154–169; Pearl Kibre, 'The Faculty of Medicine at Paris, Charlatanism, and Unlicensed Medical Practices in the Later Middle Ages', *Bulletin of the History of Medicine*, 27 (1953), 1–20. Zachary Cope, *The Royal College of Surgeons of England* (Springfield, IL: Charles C. Thomas, 1959). Jeanne L. Brand, *Doctors and the State: The British Medical Profession and Government Action in Public Health, 1870–1912* (Baltimore: The Johns Hopkins Press, 1965).

other craftsmen”, and many physicians were of relatively high status—but he did not succeed in suggesting that self-conscious professionals as such existed. Another example is W. S. C. Copeman’s 1960 history of medicine in England in the Tudor period. The first 82 pages were devoted to “the evolution of the profession”, the status and practice of physicians, and medical education. Under these headings he included the growth of organizations, boundary drawing, and licensure. By the evolution of profession, Copeman meant the rise in general social esteem and increased legal privileges that physicians enjoyed because they upgraded their levels of learning and technical skills. Copeman had a clear idea that organization and formal recognition constituted a cumulative process, for he noted that Scotland and Ireland were behind England in those regards. But then he was quickly off to the usual history of medical ideas. Another author, the New Historian Shryock, at about the same time produced a similar account of the appearance of a medical profession in America before 1860. Shryock also based his description on the development of professional institutions—education, licensing, fees, organization, and even journals.⁸¹

The Missing Element

What was missing from such accounts as Copeman’s and Shryock’s that later historians of the profession would have wanted? Mid-century historians’ ideas of evolutionary stages might fit roughly with the process of professionalization, even though it was based on the idea of progress (again, the model was the succession of scientific ideas, that is, intellectual progress). But neither Copeman nor Shryock showed a clear sense that professionalization was more than just institution building. Beyond status and some economic advantage, the idea of being a professional was not a theme of these and similar historical accounts.⁸²

It is tempting to think that by the early 1960s social historians had reached a limit to what they could contribute to the history of the medical profession or, perhaps, any profession. Institution building and even social stratification took them only so far.⁸³ But in fact the social history of the medical profession contained a way to contribute further, actually to show how the institutions of the profession were integrated.

The possibility appeared as early as 1951 in an important paper by Bernice Hamilton (1919–), a British social historian. She had already been working for some years on the history of professions, and in this article she focused on ‘The Medical Professions in the

⁸¹ Louis Cohn-Haft, *The Public Physicians of Ancient Greece* (Smith College Studies in History, No. 42, Northampton, MA: Smith College, 1956), especially p. 19. W. S. C. Copeman, *Doctors and Disease in Tudor Times* (London: Dawson’s of Pall Mall, 1960), especially pp. 1–83. Richard Harrison Shryock, *Medicine and Society in America, 1660–1860* (New York: New York University Press, 1960), especially pp. 1–43, 137–154.

⁸² See previous note. Similar examples might include F. N. L. Poynter and K. D. Keele, *A Short History of Medicine* (London: Mills & Boon, 1961); Byron Stookey, *A History of Colonial Medical Education in the Province of New York, With Its Subsequent Development, 1767–1830* (Springfield, IL: Charles C. Thomas, 1962); Benjamin Lee Gordon, *Medieval and Renaissance Medicine* (New York: Philosophical Library, 1959)—which was still a basic history of men and ideas; Joseph F. Kett, ‘Provincial Medical Practice in England 1730–1815’, *Journal of the History of Medicine and Allied Sciences*, 19 (1964), 17–29.

⁸³ See, for example, the limits reached in the high-quality paper, Shryock, ‘The Interplay of Social and Internal Factors in Modern Medicine’, in which Shryock showed awareness of the profession (for example the contacts between physicians and surgeons, and public confidence) but did not fit it into his historical schema.

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Eighteenth Century'. Science was of course necessary for the development of medicine, she wrote, but there was a second necessary factor: "a growth of professional feeling, which led to a struggle for improved status and for reform of the profession". In professional feeling, Hamilton combined both selfish and unselfish motives—and she described what happened in England in terms of the struggles of the organizations of



Figure 19: Bernice Hamilton (photograph taken about 1951).

physicians, of surgeons, and of apothecaries.⁸⁴ What Hamilton identified, then, was a psychological identity that had important effects on the social behaviour of professionals.

By focusing on organizations in the context of a dynamic process of the social development of professionals, Hamilton also helps to answer another question. Why was the growing interest in the history of the medical profession particularly noticeable among Anglo-American scholars? One reason, clearly, was the flourishing of social history in all the English-speaking world; Copeman, for example, was explicit that his interest was inspired by the new contemporary social historians.⁸⁵

⁸⁴ Bernice Hamilton, 'The Medical Professions in the Eighteenth Century', *Economic History Review*, 2nd ser., 4 (1951), 141–169. Hamilton at the time held a foundation lectureship in the University College of the Gold Coast; she had also worked on lawyers, architects, and engineers and had originally titled her PhD thesis in the London School of Economics, 'The Rise of the Professional Classes in 18th-Century England'. (I am indebted to Dr. Hamilton for this personal information.) As noted above, when Shafer had used the idea of spirit earlier, it did not have the dynamic force that Hamilton gave it in 1951.

⁸⁵ Copeman, *Doctors and Disease in Tudor Times*, p. xiv.

But there was another reason, namely, the large place of voluntary organizations in English and American society (the factor noted in the Introduction and elsewhere above). Continental writers were not recognizing the same quality of “professional feeling” that Anglo-American writers detected in the activities of organizations. The connection is reasonably obvious in works such as a social history of medicine in the nineteenth century, published by leading Spanish scholars in 1964. In the section written by Luis García Ballester (1936–), he had little to say about the profession per se because professional relations were set by the state. Instead, García Ballester discussed the medical hierarchy, physicians’ relations with their patients, the image of the physician, relations with paraprofessionals, and the popularization of medicine—all part of professional functioning, but without the unifying factor that was special to the meaning of profession in England and America.⁸⁶

There was yet one more influence, and it did affect the appearance of a history of the medical profession: the impact of the sociology of professions. This factor was, ultimately, most noticeable among medical historians in the United States, as will become clear as my narrative continues. The modern history of the medical profession developed in the mid-1960s when the New History social historians appropriated the body of learning produced by the sociologists. For in their formulations, particularly in the concept of professionalization, sociologists implicitly recognized that the identity of professional carried with it some special spirit and force.

Younger historians of the mid-century period often knew about ideas in the social sciences in general. Many historians of medicine and social historians certainly were familiar with the work of Calhoun and Lubove and other historians of the professions. Some scholars, particularly those of an empirical bent, knew enough sociology and anthropology to make fun privately of the inclusiveness of the social scientists’ theorizing. But for a long time, utilizing the work of sociologists and historians of the profession represented, for medical historians, a path not taken.

⁸⁶ José María López Piñero, Luis García Ballester, and Pilar Faus Sevilla, *Medicina y sociedad en la España del siglo XIX* (Madrid: Sociedad de Estudios y Publicaciones, 1964), pp. 209–283.