

Chapter 2

The Classic Configuration and the Advent of Social History in the Early Twentieth Century

By the beginning of the twentieth century, writers like Garrison had established a field of scholarship, medical history. In the intellectual realm, they had made it their chief function to describe the tradition of learning about which later analysts would speak even more explicitly as the basis of a profession. Within this unifying theme of knowledge that they had established, these traditional historians emphasized individuals and the history of ideas of what had become mainstream allopathic medicine. Furthermore, these historians tended to emphasize also a tradition of learning in medicine that was heavily positivistic and even reductionistic/scientistic. In this way they continued to work to upgrade medical practice by emphasizing how the ideal physician would honour and absorb innovation.¹

At first, as suggested in the last chapter, these historians tended to be isolated academics and practitioners. But slowly they grouped together as scholars with common interests and developed a variety of institutional bases for the history of medicine. The institutions and the publications together identified the field of medical history, and such signals intensified remarkably in the years before World War I. Furthermore, after the interruption of the war, this expansion of interest and activity resumed.²

Publications did constitute the most noticeable signals. Beginning in the second half of the nineteenth century, and particularly in the early decades of the twentieth century, not only books but articles in medical journals proliferated, and authors of medical textbooks often included historical sections in relevant places. The number of organizations that appeared and finally the amount of formal instruction in the history of medicine confirmed the impression that the history of medicine was establishing itself as an identifiable and distinctive activity in Europeanized societies.³

Institutions for the History of Medicine

From time to time after 1790, an occasional medical journal devoted largely to medical history appeared—and expired.⁴ Finally, in 1896, *Janus*, covering the history and

¹ Charles Webster, 'The Historiography of Medicine', in *Information Sources in the History of Science and Medicine*, ed. Pietro Corsi and Paul Weindling (London: Butterworth Scientific, 1983), especially pp. 37–39, is dismissive of these histories in the bibliographic tradition because they did follow the patterns established earlier; Webster finds the social history that he traces particularly to the 1930s and Sigerist and Shryock (see below) more interesting.

² A striking eyewitness account covering both sides of the Atlantic before World War I is Arnold C. Klebs, 'The History of Medicine as a Subject of Teaching and Research', *Bulletin of the Johns Hopkins Hospital*, 25 (1914), 1–10. The volume and variety of publications is suggested especially by the successive series of the standard *Index-Catalogue of the Library of the Surgeon-General's Office, United States Army*. Arturo Castiglioni, *A History of Medicine*, trans. E. B. Krumbhaar (2nd ed., New York: Alfred A. Knopf, 1947), pp. 1108–1109, noted, for example, the sudden appearance of activity in the history of medicine in Italy just at the end of the nineteenth century.

³ See, for example, *Annals of Medical History*, 4 (1922), 394; Henry E. Sigerist, 'Medical History in the Medical Schools of the United States', *Bulletin of the History of Medicine*, 7 (1939), 627, who referred to the expansion as a "renaissance", when in fact, as I have suggested, it was quite new.

⁴ See, for example, F. H. Garrison, 'The First Authentic Periodical of Medical History', *Bulletin of the New York Academy of Medicine*, 8 (1932), 421–427.

geography of medicine, started up. In 1902 appeared both the *Bulletin* of the newly founded French society for the history of medicine and the *Mitteilungen* of the German society for the history of medicine, natural science, and technology. The record of English-language journals was typical. *The Medical Library and Historical Journal*, later *The Aesculapian*, started in 1903 but ceased in 1909. When the *Annals of Medical History* began in 1917, the editors noted that “There is at present no periodical published in the English language devoted exclusively to the medical historical literature, although at no time has more interest and assiduity been displayed in such studies”.⁵

The outstanding journal of the early twentieth century was in fact founded in 1907. It was the *Archiv für Geschichte der Medizin*, published by the history of medicine institute at Leipzig and edited by the holder of the chair there, Karl Sudhoff (1853–1938). *Sudhoffs Archiv*, as it later came to be known, lasted continuously the rest of the century. Other, often local, journals appeared (although not necessarily permanently), especially in the 1920s and again around the middle of the century. Some combined the history of medicine with the history of science.

The most notable early organizations of medical historians tended to be local interest groups or some formal group attached to a university. In 1890, a medical history club was formed at Johns Hopkins in America. Adalberto Pazzini founded the Istituto and Museo di Storia della Medicina at the University of Rome in 1898. But, more typically, interest groups formed around regular medical academies and societies. Sections for the history of medicine within medical associations were in fact the most usual preparatory groups for independent medical history organizations. Many such sections as well as independent societies kept coming into existence from the late nineteenth century on. In 1917, the editors of the *Annals of Medical History* hoped to publish material from “the societies which have been so active in recent years in historical work in medicine”.⁶

The pattern of localized grouping only slowly gave way to the national or international affiliation of medical history enthusiasts. While local organizations often produced journals, as was typical of all kinds of specialists, journals sometimes appeared first, and the members of local groups or those who previously had been isolated, used the journals as means with which to identify themselves with a speciality, in this case, the history of medicine.⁷ Such was explicitly the hope, for example, of the editors of the *Annals of Medical History*. And this drive to identify as specialists, or experts, was typical of the organizational, bureaucratic society of that period: the process of identifying with a special field of learning, the history of medicine, was an appropriate reaction.

On the local level, the specifics of organizations within which devotees of medical history encouraged each other are difficult to trace. But national and international

⁵ R. Blanchard, ‘Le mouvement médico-historique actuel’, *Bulletin de la Société française d’histoire de la médecine*, 6 (1907), 239–280, surveyed all activity in the history of medicine in the Western world, with an emphasis on collections and museums. *Annals of Medical History*, 1 (1917), 102. The *Bulletin of the Society of Medical History of Chicago* had been publishing since 1911 and continued intermittently until 1948, but the East Coast figures who founded the *Annals* had trouble recognizing it as a general medical history publication; rather it was considered local (see below).

⁶ Theodor Meyer-Steineg, ‘Die Entwicklung der medizinischen Geschichts-Wissenschaft in den letzten Dezennien’, *Reichs-medical-Anzeiger*, 35 (1910), 321–325, gives an eyewitness report emphasizing the special sections of existing organizations. *Annals of Medical History*, 1 (1917), 102.

⁷ M. Jeanne Peterson, ‘Specialist Journals and Professional Rivalries in Victorian Medicine’, *Victorian Periodicals Newsletter*, 12 (1979), 25–32.

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institutions were more conspicuous, and those in France and Germany particularly notable. In the English-speaking countries, the many-faceted (and legendary) William Osler (1849–1919) through his personal influence did much to advance the identity of the medical history speciality. In 1902, he sent the *British Medical Journal* a description of the teaching of medical history at Johns Hopkins and the activities of the Johns Hopkins Historical Club—aware that in France, Italy, Germany, and Austria, instruction in medical history, largely absent in Anglophone countries, had some presence among the medical schools.⁸

On the international plane, organization provided an important vehicle of identity and directly galvanized interest in the history of medicine. A Belgian physician, Joseph J. G. Tricot-Royer (1875–1951), was the leading figure in organizing an “independent” congress of the history of medicine (as opposed to sections on the history of medicine in connection with other medical meetings). The first meeting was announced at a gathering of the French Society of the History of Medicine in 1919 and was held in 1920 in Anvers, where Tricot-Royer practised. At the second congress, in 1921 in Paris, the International Society of the History of Medicine was founded to provide a permanent body to organize international congresses. By forming national sections and recognizing national groups through official delegates, the International Society greatly encouraged—not least through cultural nationalistic rivalry—formal activity and identity of medical historians throughout the world. (The report in an American journal in 1922 included: “Although a national section has not yet been organized in this country, it is hoped that one will be formed in the near future”—and the American Association for the History of Medicine did eventuate from this international initiative.) Moreover, activities by elites at the national and international levels had the implicit effect of setting up a hierarchy of excellence in medical history. Francis R. Packard noted of one journal, for example, “its more or less local character lessens its importance to the profession at large”.⁹

The numbers of people involved in the International Congresses revealed not only growth but how fragile the medical history endeavour was. Only eleven countries were represented at the fifth Congress in Geneva in 1925 (down five from the previous meeting), but in 1927 eighteen countries sent delegates. In 1930 in Rome, approximately a hundred people attended the official banquet. Other signs of fragility came in the disappearance or suspension of organizations under unfavourable conditions such as war and depression—Packard, for example, in reporting that the *Société française d’histoire de la médecine* had started up again in 1919 after World War I, showed his relief that a country that had a tradition of medical history writing once again had a functioning national organization.

By the 1930s, the number of people who identified enough with the history of medicine not only to join organizations but to attend meetings had reached a point that the history of medicine had at least a framework of self-perpetuating organizations in many major

⁸ William Osler, ‘A Note on the Teaching of the History of Medicine’, *British Medical Journal*, 2 (1902), 93. ‘The Teaching of Medical History’, *Annals of Medical History*, n.s. 9 (1937), 281.

⁹ The origins of the international group are generally traced to the formation of a section for medical history in the International Congress of Medicine in 1913. J.-P. Tricot, ‘The History of the “International Society for the History of Medicine”’, presented at the meetings of the International Society for the History of Medicine, Kos, 3 September 1996. Edward B. Krumbhaar, ‘Report on the Third International Congress of the History of Medicine’, *Annals of Medical History*, 4 (1922), 389. Francis R. Packard, in *ibid.*, p. 395.

countries. In 1935, 300 people attended the International Congress in Madrid, and in the United States that same year, 80 people were at the banquet of the national organization, which had a nominal membership of 315.¹⁰

Teaching the History of Medicine

The history of medicine continued to be practised exclusively within medicine until the middle decades of the twentieth century. As Henry Sigerist (1891–1957) wrote in 1931, “The history of medicine is not just history but is also medicine . . . The history of medicine is written by physicians because of the need of medicine”—which Sigerist identified as the need to understand medicine by knowing the past of medicine. Editors of the few journals of the history of medicine, for example, identified their journals as medical journals, written by and for physicians.¹¹ Therefore the early journals and organizations were understood to signal the enthusiasts’ aspiration specifically to form another medical speciality—typically one that would have a professorship in each medical school and, at least in the German model, an attached research institute.

The speciality, as Hans-Heinz Eulner shows, was slow to crystallize. In Germany, the heartland of medical history, the decline of teaching in the subject in the 1870s and 1880s set the stage for the advent of a new generation of medical historians in the 1890s, a generation that, irregular step by irregular step, reestablished medical history in Germany and worked elsewhere as well to have the subject introduced into medical instruction. Thus in the early twentieth century, each new teaching post appeared to supporters of the history of medicine as an important sign, as, for example, was the readership at University College, London, created for Charles Singer (1876–1960) after World War I.¹² The chairs at Paris, Vienna, Berlin, and Leipzig were noted above, but Vienna did not have an institute to go with the teaching position until just before World War I; Sudhoff’s chair at Leipzig was probably the first to have an institute attached. All over Europe, one figure or another even before World War I would from time to time offer some instruction in the history of medicine. But each funding of a teaching position was a local event, and it is therefore difficult to discern in teaching more than an imprecisely general pattern.¹³

¹⁰ The foregoing is based largely on the running accounts in *Annals of the History of Medicine*; Packard’s comments appear in *ibid.*, 2 (1919), 209–210.

¹¹ Henry E. Sigerist, ‘Probleme der medizinischen Historiographie’, *Sudhoffs Archiv für Geschichte der Medizin*, 24 (1931), 16. See, for example, *Annals of Medical History*, 10 (1928), 504, and n.s. 7 (1935), 92. Ronald L. Numbers, ‘The History of American Medicine: A Field in Ferment’, *Reviews in American History*, 10 (1982), 245–246, emphasizes the exclusiveness of the physician historians even in the United States.

¹² See the chart, adapted from Franz Goette, noted in the last chapter, and the comments in Hans-Heinz Eulner, *Die Entwicklung der medizinischen Spezialfächer an den Universitäten des deutschen Sprachgebietes* (Stuttgart: Ferdinand Enke Verlag, 1970), pp. 435–437. *Annals of Medical History*, 3 (1921), 195. Singer of course continued in his post at Oxford at the same time. Before his own appointment, Charles Singer, ‘The Teaching of Medical History’, *British Medical Journal*, 2 (1919), 141–142, believed Britain to be the most backward major country in supporting medical history; the only teaching post he could identify was a part-time lectureship at Edinburgh.

¹³ Blanchard, ‘Le mouvement’. Eulner, *Die Entwicklung der medizinischen Spezialfächer*, pp. 437–439. See, for example, Wm. Pearce Coues, ‘Early Teaching of Medical History in the United States’, *New England Journal of Medicine*, 200 (1929), 287. A. Levinson, ‘Professor Neuburger and His Institute for the History of Medicine’, *Bulletin of the Society of Medical History of Chicago*, 3 (1923), 293–298, provides one report from the 1920s, and another is Arthur N. Tasker, ‘The Vienna Institute for the History of Medicine’, *Military Surgeon*, 57 (1925), 608–609. R. Blanchard, ‘L’Enseignement de l’histoire de la médecine a la faculté de Paris’, *Janus*, 8 (1903), 584, and editor’s note appended.

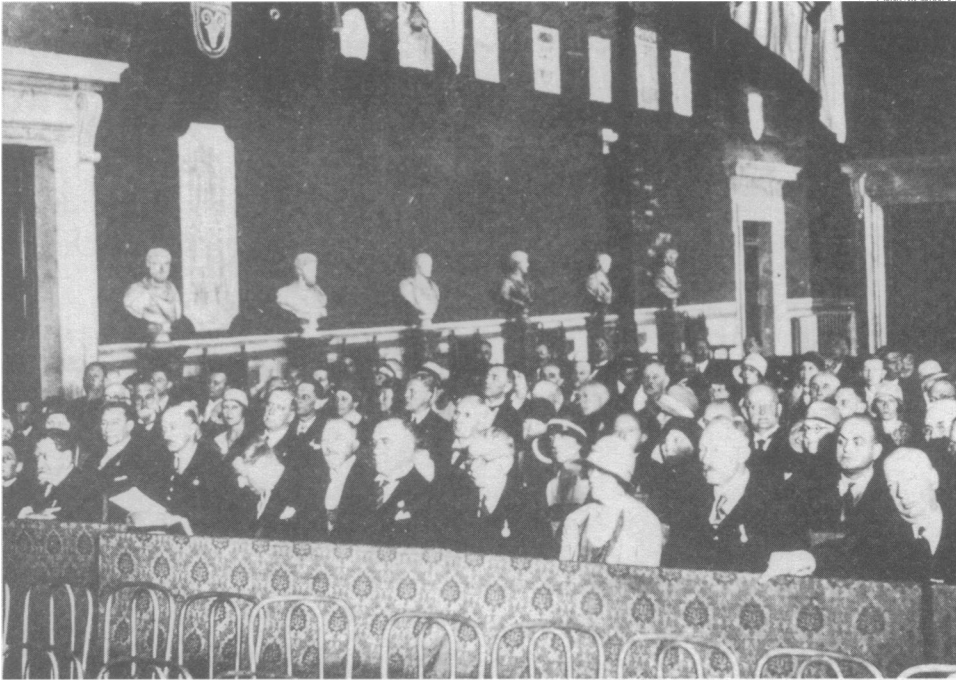


Figure 7: Historians of medicine at the opening meeting of the 1930 International Congress of the History of Medicine, in Rome. (*Annals of Medical History*, 1931.)

A relatively steady increase in courses offered, however, was easily observable, and after World War I, instruction in medical history eventually appeared in Argentina, China, India, Mexico, and Venezuela. In countries reorganized after that war, for example, proponents of medical history were notably successful in getting medical history posts established in medical schools. Poland set up—but did not necessarily fund—institutes for the history of medicine in all five Polish universities. In Germany, where instruction had not been required but had been carried out—with the exception of the professorship at Leipzig—by *Privatdozenten*, the promise in 1919 was a future of required instruction, and in fact during the 1930s medical history was finally included in the medical examination syllabus.¹⁴

¹⁴ Wyndham B. Blanton, 'The Teaching of Medical History', *Annals of Medical History*, n.s. 9 (1937), 281. Volker Roelcke, 'Die Entwicklung der Medizingeschichte seit 1945', *NTM*, n.s. 2 (1994), 195–196, 199. W. Haberling, 'Zur Frage des Unterrichts in der Geschichte der Medizin an den Universitäten', *Deutsche medizinische Wochenschrift*, 45 (1919), 1420–1421. Paul Weindling, 'Medicine and Modernization: The Social History of German Health and Medicine', *History of Science*, 24 (1986), 279. When Paul Dieppen, 'Die Geschichte der Medizin als akademischer Unterrichtsgegenstand', *Medizinische Klinik*, 16 (1920), 193–194, argued for the inclusion of medical history in the medical curriculum in 1920, he invoked the contribution that he believed history would make to improving the profession as profession: by studying the history of medicine, practitioners would better appreciate both culture and science. His wish was fulfilled, however, only under the administration of the Nazis.

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The Americans of that period did some counting, and their surveys confirmed the steady increase in courses in the history of medicine that foretold continuing expansion of the field. In 1900, after the death of Puschmann, the University of Maryland claimed, briefly, to have the only active chair in the history of medicine in the world, and in 1904, three out of fourteen leading U.S. schools of medicine offered instruction in medical history. In another survey, made just before the United States entered World War I, five out of thirty did so. By the late 1930s, twenty-four of the thirty offered a course, if not a chair, in the history of medicine, and in still another survey, reported in 1939, 54 out of 77 schools had some kind of such instruction. The Americans were substantially ahead of the British, but Canadian medical schools were even better supplied with instruction in the history of medicine than those of the United States.¹⁵

The institutional aspect of the history of medicine could of course be misleading. Despite textbooks, handbooks, journals, and even professorships, the history of medicine continued to be overwhelmingly an activity of amateurs and part-time workers. As late as 1922, Singer was reported to have “the unique distinction of being (as far as we know) the only English speaking medical man devoting all his time to this subject”.¹⁶ The local organizations and institutes were not only fragile, typically the products of the enthusiasm of only one or a few people, but often existed largely on paper. In 1929, William H. Welch of Johns Hopkins wrote scathingly, “Of the number of existing institutes of medical history, the one at Leipzig is the only one really worthy of the name”. He did add that there was “an unparalleled opportunity for medical history research at the Wellcome Museum in London if their acquisitions could perhaps be weeded out somewhat and especially made more available for study”. The output of the Leipzig institute Welch attributed to the drive to produce doctoral dissertations, and while he also noted activity at the Warburg Library in Hamburg, his own best hope for medical history was the institute founded at his own medical school, Johns Hopkins.¹⁷

Generations in the History of Medicine

The institutions and the numbers did indicate the existence of two generations of medical historians in the early twentieth century. The first generation appeared in the flood of publications and “foundings” between 1890 and World War I, and the conspicuous leader of not only the Leipzig institute but, with his *Archiv*, of the world of medical history, was Sudhoff. Sudhoff pioneered and embodied in himself the slow change from amateur to professional. He had begun as a practitioner of medicine in 1878, like Baas, in small German towns. Each morning Sudhoff rose early and wrote before going out to see patients, and he won renown for his writings on Paracelsus. In 1901, as an amateur, Sudhoff helped found and became president of the German Society for the Study of the History of Medicine and Science. After Puschmann’s widow and estate funded the chair at Leipzig, Sudhoff gave up his practice (with some considerable reluctance) and became

¹⁵ See *Janus*, 8 (1903), 504, 537. Sigerist, ‘Medical History in the Medical Schools’, especially pp. 627, 649–657. Klebs, ‘The History of Medicine’, pp. 1–2. Henry E. Sigerist, ‘Medical History in the Medical Schools of Canada’, *Bulletin of the History of Medicine*, 8 (1940), 303–308.

¹⁶ Krumbhaar, ‘Report on the Third International Congress of the History of Medicine’, p. 386.

¹⁷ William H. Welch, ‘Institutes of Medical History’, *Annals of Medical History*, n.s. 1 (1929), 731–733.

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a medical historian full time and the leading figure in the new generation in medical history.¹⁸

Others in the first generation were younger than Sudhoff, who was 52 years old when he assumed his chair in 1907, and a number had some sort of place in academia by that time (thirteen in German-speaking countries by one count). In France, a typical member of this generation was Ernest Wickersheimer (whose early book was noted in the previous chapter). He was medically qualified and had studied briefly with Sudhoff, but he remained a librarian, finally with the French Academy of Medicine and then the University of Strasbourg. He was denied the chair in medical history in the Faculty of Medicine in Paris even though many honours came to him for his work in the history of medicine, but his occupation as librarian did enable him to become more than an amateur historian.¹⁹

Leaders of this new generation outside of academia as well as those in it self-consciously upheld a new standard of excellence. Most important, they were conscious that they were a part of a history of medicine community, however small it was. As early as 1903, the editor of *Janus* denied that the chair in Paris had the same status as that in Vienna occupied by Puschmann because Puschmann was “a historian, devoted to that branch of knowledge exclusively”. The lecturers in Paris obviously taught the subject only as a sideline. In 1910, Theodor Meyer (now Meyer-Steineg) published a short paper that reflected what members of the history of medicine group (many of whose names he carefully mentioned) were saying to each other. He not only described the institutional basis for the history of medicine community—publications, university teaching, museums—but he went on with denigrating treatment to marginalize the pre-positivist writers and those of any period who wrote narrow local and biographical histories. Meyer-Steineg and his colleagues knew that the history of medicine was an established enterprise and discipline (*Fach*). Or, to cite another example of consciousness of a community, in paying tribute to Baas in 1908, a Hungarian historian of medicine spoke of Baas as “the Nestor of our medical history profession [*Beruf*]”.²⁰

¹⁸ Nikolaus Mani, ‘Sudhoff, Karl Friedrich Jakob’, in *Dictionary of Scientific Biography*, XIII, 141–143. Karl Sudhoff, *Essays in the History of Medicine*, ed. Fielding H. Garrison (New York: Medical Life Press, 1926). The setting and extensive bibliography on the chair and institute at Leipzig are in *575 Jahre Medizinische Fakultät der Universität Leipzig*, ed. Ingrid Kästner and Achim Thom (Leipzig: Johann Ambrosius Barth, 1990), *passim*. ‘Inauguration of the Department of the History of Medicine of the Johns Hopkins University. And the Opening of the William H. Welch Medical Library’, *Annals of Medical History*, n.s. 2 (1930), 122–124; the *Archiv* resumed publishing after World War I only because Sudhoff was sufficiently a world leader that his American friends could help finance it. In the United States, the first generation was called the “Osler-Cushing-Garrison wave of 1900”; Lloyd G. Stevenson, ‘The “New Wave” in the History of Medicine’, in *Education in the History of Medicine*, ed. John B. Blake (New York: Hafner Publishing Company, 1968), p. 11.

¹⁹ Blanchard, ‘Le mouvement’. See, for example, the defining professional *Handbuch der Geschichte der Medizin*, ed. Max Neuburger and Julius Pagel (3 vols., Jena: Verlag von Gustav Fischer). Arthur N. Tasker, ‘Dr. Ernest Wickersheimer, Librarian of the University of Strasbourg’, *Annals of Medical History*, 4 (1922), 389–394.

²⁰ For the sense of a community of medical historians, see Karl Sudhoff, ‘Richtungen und Strebungen in der medizinischen Historik’, *Archive für Geschichte der Medizin*, 1 (1907), 2. Meyer-Steineg, ‘Die Entwicklung der medizinischen Geschichts-Wissenschaft’. Tiberius v. Györy, ‘Aus der Frühgeschichte der medizinischen Fakultät in Nagyszombat (Tyrnau)’, in *Zwanzig Abhandlungen zur Geschichte der Medizin: Festschrift Hermann Baas in Worms zum 70. Geburtstag* (Hamburg: Verlag von Leopold Voss, 1908), p. 90. And see, for example, L. Cowlishaw, ‘The Development of the Study of the History of Medicine’, *Medical Journal of Australia*, 1 (1938), 321–326, who traced the founding of chairs all over the world.

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All the institutions, both permanent and fragile or evanescent, encouraged people to write medical history. And there is evidence that the amount of medical history increased greatly from the late nineteenth century to World War II. The actual writings of course still survive in libraries, but people at the time, too, were aware of the increase, especially by the 1930s. In 1929, for example, for the annual meeting of the American Association for the History of Medicine, the members had to add to their usual evening dinner meeting another paper session, in the afternoon. At the same time, at the *Annals of Medical History*, after ten years of sometimes precarious existence, manuscripts were coming in “abundantly”, and in fact another major English-language medical journal was founded in 1934 at Johns Hopkins; it became the *Bulletin of the History of Medicine*.²¹

This greatly increased volume of writings in the 1920s and 1930s therefore signalled the advent of the second generation, an event symbolized by the retirement of Sudhoff, who was succeeded at Leipzig by Sigerist, who very soon after went to Johns Hopkins. Thus by the 1930s, the turn-of-the-century generation of founders had given way to a generation of practitioners of medical history who were secure in the existence of their community and at least some institutions. Sigerist in 1929 identified 69 figures who were actually teaching medical history, and he noted that “the only European states which today have no medico-historical instruction are Bulgaria, Esthonia, Finland, Jugoslavia, Lettland and Sweden”.²²

Change in Content in the Early Twentieth Century

Throughout the early decades of the twentieth century, members of both generations in the medical history community typically wrote and taught using the traditional great-doctors approach. As Charles Rosenberg has pointed out, as Eurocentric societies became more organized and bureaucratic, they utilized and applied science, however they understood it.²³ Hence the emphasis that medical historians put on discovery and innovation that affected medical ideas and the consequent practice of medicine was appropriate for the early twentieth century: the application of medical science was what medicine offered society.

As the twentieth century proceeded, however, a number of authors in the history of medicine introduced additional ways of viewing physician forebears. The inspiration for these additions, as I shall explain, came from two areas: concern with social reform and a broadening of the views of general historians to include far more from the past than just politics. These two approaches had sources in surprisingly separate streams: the history of human disease and the distribution of health services, on the one hand, and, on the other, the cultural history of the healing professionals in their societies.

By the end of World War II, it was clear that the history of medicine had acquired a second aspect. In the eyes of scholars of that time, the aspect that dominated publications was the familiar biobibliographical profile that mid-century historians considered traditional. The new aspect was a social history of medicine that had started at least by the

²¹ *Annals of Medical History*, 10 (1928), 505; *ibid.*, n.s. 1 (1929), 729–730.

²² Henry E. Sigerist, ‘History of Medicine in Academic Teaching’, *Medical Life*, 36 (1929), 41–55, translated by Emilie Recht from *Kyklos*.

²³ Charles E. Rosenberg, *The Care of Strangers: The Rise of America’s Hospital System* (New York: Basic Books, 1987).

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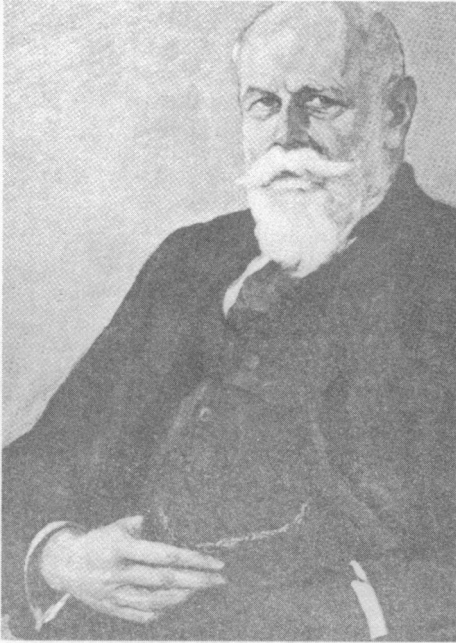


Figure 8: Karl Sudhoff (1853–1938).

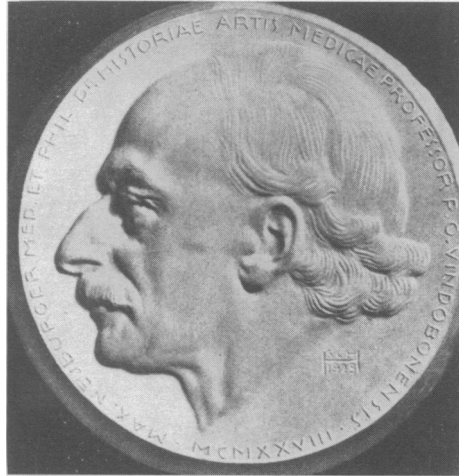


Figure 9: Max Neuburger (1868–1955).



Figure 10: Richard Shryock (1893–1972).

Another portrait gallery: major figures from the early twentieth century. (Sudhoff and Neuburger, *Medical Life*, 1929; Shryock, *Bulletin of the History of Medicine*, 1972.)

1930s. Curiously, however, the special subject of the history of the medical profession as such was still not a conspicuous element in any part of the literature of medical history. Where, for example, the index of the *Annals of Medical History*, covering 1917 to 1942, had many entries under the term, “physician”, there were not any under the heading of “profession” or “medical profession”.²⁴

The whole field of medical history changed, moreover, because of the impact of the two World Wars, each of which markedly diminished the relative place of European historians of medicine: relative, that is, to writers in North America.²⁵ Between the wars, moreover, important figures such as Sigerist moved from the Old World medical history community to that of the New World, both changing and even further increasing the amount of activity in the history of medicine in America.²⁶ And all of the time, the number of writings that brought in social reform and the new cultural history continued to increase in visibility in writings about the history of medicine.

Biobibliography at Flood Tide: The Set Format

Regardless of the other material that was coming into the literature, the history-of-ideas and great-doctors tradition reached its fullest development in the early twentieth century. It had been some time, as Owsei Temkin has emphasized, since historical writers used the history of medicine to teach medicine. Sudhoff, for example, at the time he founded the *Archiv* just after the turn of the century, claimed that the study had reached a point of maturity such that the past of the healing arts was to be studied and valued for itself and for the lessons that could be learned from earlier struggles of the profession (*Stand*) for proper recognition of what physicians stood for. Medical history, Sudhoff maintained, would make physicians better innovators by helping them understand that medicine was a part of general knowledge and how the world benefited from physicians’ idealism and ethical behaviour.²⁷

²⁴ The choice that historians made to ignore the idea of profession, it should be reiterated, was deliberate. Albert H. Buck, for example, in *The Growth of Medicine from the Earliest Times to About 1800* (New Haven: Yale University Press, 1917), referred repeatedly to “the physician” or sometimes “practitioners” or “physicians”, but not “profession”. Yet that word appeared in one of the primary sources that he quoted (p. 527). A typical article was T. W. Todd, ‘The Medieval Physician’, *Annals of Medical History*, n.s. 1 (1929), 615–628.

²⁵ One dramatic suggestion of the change that took place in the first half of the twentieth century is in citations to medical publications in general; the decline of Europe, especially of the Continental publications outside Switzerland, is described in John C. Burnham, ‘The Transit of Medical Ideas: Changes in Citation of European Publications in USA Biomedical Journals’, in *Actas del XXXIII Congreso Internacional de Historia de la Medicina, Granada-Sevilla: 1–6 septiembre, 1992*, ed. Juan L. Carrillo and Guillermo Olagüe de Ros (Sevilla: Imprenta A. Pinelo, 1994), pp. 101–112. See, for example, the combination of historical summary and declaration of independence of American dermatology in the first sustained medical history journal in the United States, Walter James Heimann, ‘The Evolution of Dermatology’, *Annals of Medical History*, 1 (1917), 427–428. See, too, for example, the discussion in Eliot Freidson, *Professionalism Reborn: Theory, Prophecy, and Policy* (Chicago: University of Chicago Press, 1994), pp. 16–19, in a broadly contextualizing section on the definition and use of the idea of profession. George Weisz, ‘The Politics of Medical Professionalization in France 1845–1848’, *Journal of Social History*, 12 (1978), 3–30, explains and contrasts the meaning of the history of the medical profession in France with that in America.

²⁶ Webster, ‘The Historiography of Medicine’, p. 39, takes notice from a different perspective of the sudden conspicuousness of North American historians of medicine.

²⁷ See, for example, Owsei Temkin, *The Double Face of Janus and Other Essays in the History of Medicine* (Baltimore: The Johns Hopkins University Press, 1977), pp. 91–92. Karl Sudhoff, *Skizzen* (Leipzig: F. C. W. Vogel, 1921), pp. 1–9; Karl Sudhoff, *Essays in the History of Medicine*, trans. and ed. Fielding H. Garrison (New York: Medical Life Press, 1926), pp. 45–52. I am indebted to George Haddad for pointing out to me the

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Contemporary and consonant with this approach, some writers were beginning to express an outlook not only self-consciously progressive and scientific but socially sensitive, typical of many thinkers early in the century who wished to improve all of society and not just medicine. Such authors further recast accounts of the development of medicine to encourage contemporary modernity—and, not so predominantly, to marginalize quacks and sectarians as earlier historians had. David Allyn Gorton of New York, for example, in 1910 described the change in the traditional approach:

The history of medicine is not a biography of men who have distinguished themselves in the science and art of curing disease and the discovery of its natural history; nor is it an account of diseases and their remedies. It is rather a study of the progress of the science and art of caring for living beings in health and disease, and of ideas fundamental to them, and only incidentally of men who distinguished themselves in their advancement.²⁸

In 1906, in a landmark publication (which, however, covered only ancient and medieval times), Max Neuburger (1868–1955), who eventually headed the Institute at Vienna, suggested that medical history was not only intellectual history, but a particular kind of intellectual history (what would later be called internal history). He would write, he said, the history of ideas, but not philosophical ideas. He was interested in ideas that had had practical results in medicine—in effect going beyond the traditional intellectual history to claim a special intellectual place for physicians and for orthodox medical practice.²⁹

Despite such subtle shifts in perspective as those represented by Gorton and Neuburger, with their positivism and emphasis on practical medical ideas as such, the format of presentation in medical history did not change. A particularly graphic demonstration of the individual-and-idea, biobibliographic approach was Pagel's construction of a summary table of the history of medicine, along the lines of what would later be called a timeline. At one point, Pagel even made explicit what the subject of the history of medicine was: authors and ideas. And so they appeared in his table. Pagel was so consistent that his table had to omit the usual discussion of prehistoric healers—because there were no famous authors to be listed!

Where Pagel did break the ideas and authors down into categories, he utilized two categories that were commonplace already in the literature: regions of special knowledge, such as pathology and obstetrics, and, for more recent times, national identities. Even this latter category gave no direct hint that such a thing as a profession existed, however. Pagel's interest was discoveries and teachings.³⁰

Writers did think it permissible to modify the classic formulation with additions, as long as the ideas and major figures remained as the core of the narrative. Arturo Castiglioni

significance of the original German version. Sander L. Gilman, *Picturing Health and Illness: Images of Identity and Difference* (Baltimore: The Johns Hopkins University Press, 1995), pp. 24–25, gives a somewhat different reading of Sudhoff's departure.

²⁸ David Allyn Gorton, *The History of Medicine: Philosophical and Critical, From Its Origin to the Twentieth Century* (2 vols., New York: G. P. Putnam's Sons, 1910).

²⁹ Max Neuburger, *Geschichte der Medizin* (2 vols., Stuttgart: Verlag von Ferdinand Enke, 1906–1911), especially I, v. 1. Neuburger was a student of Puschmann, and his impact in the 1920s, as indicated in notes earlier in this chapter, was substantial.

³⁰ J. L. Pagel, *Zeittafeln zur Geschichte der Medizin* (Berlin: Verlag von August Hirschwald, 1908), especially p. 7.

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(1874–1953) in 1927 produced a general history of medicine that set a standard sufficient that it was translated into several languages. He varied the formula by introducing in addition to ideas and biography what he called “facts”, by which he meant epidemics, hygienic practices, and social legislation. Later chapters he organized according to the convention of specialities, but the existence of a profession as such was not even a part of the setting for medical practice that he discussed.³¹

Resistance to Writing About the Profession

The more rigorous scholars writing histories of medicine therefore published unrelenting lists of writers and thinkers, often within a single paragraph describing several figures briefly. Viktor Fossel, writing in 1909, for example, was typical in following the customary history-of-ideas and great-doctors approach. He did take up one professional function, medical education, but when he did so, he still spoke of the individual physicians and surgeons connected with each institution and then immediately went to a description of the content of their teaching—which brought him safely back to the history of ideas.³² Léon Meunier in 1924, in his lists of physicians through the ages, likewise stuck closely to discoveries and teachings (especially theories), and when he did take up, for example, another professional matter, forensic practice, it was not only in a separate section but still rendered in terms of individual physicians’ teachings. When Meunier mentioned the profession as such, he was still thinking of the classic meaning of expertise, as in “learning one’s profession” (“apprendre sa profession”).³³

Osler in his widely-read essays on medical history, first published posthumously in 1921, also followed the biographical-intellectual history model. He almost never used either the term or the concept of profession; indeed, why should he? At one point he used the classical meaning of the word: “The profession was literally ravaged by theories, schools and systems—iatromechanics, iatrochemistry, humorism, the animism of Stahl, the vitalistic doctrines of Van Helmont and his followers . . .”. Elsewhere, he commented that controlling typhoid fever “was no longer in the hands of the profession” because it depended upon political and social actions by the community, certainly a restricted social definition of profession. Osler instead reinforced the conventional idea of the profession as a body of knowledge and physicians as individuals.³⁴

The traditional approach had developed so well that purists could even refine it—and one way that they did so was by not discussing professional developments, as such, at all. Singer, in 1928 in his widely read general history, wrote that

The history of Medicine, here treated, is essentially a history of ideas. The personal element has been kept wholly in the background and very little space has been allotted to

³¹ Arturo Castiglioni, *Storia della medicina* (Milano: Società Editrice “Unitas”, 1927), especially pp. 3–12.

³² See, for example, Karl Sudhoff, *J. L. Pagels Einführung in die Geschichte der Medizin in 25 akademischen Vorlesungen* (Berlin: Verlag von S. Karger, 1915). Viktor Fossel, *Studien zur Geschichte der Medizin* (Stuttgart: Verlag von Ferdinand Enke, 1909), for example, pp. 111–113.

³³ L. Meunier, *Histoire de la médecine, depuis ses origines jusqu’ à nos jours* (Paris: Librairie E. Le François, 1924), especially p. 625.

³⁴ William Osler, *The Evolution of Modern Medicine: A Series of Lectures Delivered at Yale University on the Silliman Foundation in April, 1913* (New Haven: Yale University Press, 1921), especially pp. 183, 189, 231; on p. 23, Osler did very briefly take up the status of the profession in connection with the Code of Hammurabi.

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biographical matter. Nor do the limits of the book permit any discussion of the status of medical men, and very little even of their training.³⁵

Indirect Awareness of the Medical Profession

Yet in so far as the traditional intellectual and biographical approach furthered the idea of the unity of the body of knowledge that identified the profession, historians writing in this tradition were continuing (even if indirectly) to serve in their own day the important professional function identified by Haeser and others in the nineteenth century: reinforcing the exclusion from the profession of marginal practitioners, whether sectarians or quacks, who did not subscribe to and master the knowledge. Sudhoff, for so long a dominating figure in medical history, once wrote that the appearance of universities in medieval times made the existence of traditional, competing schools of thought in medicine unnecessary, a development that he counted as progress. In the modern period, he noted, instruction in medicine from the point of view of a particular school was inferior instruction—an opinion that he based on the then-common view that science was unitary and universal.

That was the science that he and others believed was the stuff of medical history. Many writers used verbal constructions from self-consciously objective science, such as “It was discovered . . .”, to emphasize the impersonal authority of medicine. Moreover, as specialization became more characteristic of medicine, writers from different countries modified their narratives (as Pagel and a number of nineteenth-century figures had) to organize the history of discoveries by the developing speciality groupings, including anatomy, bacteriology, gynaecology, etc. Such divisions, these writers understood, still were merely constituent parts of the one body of knowledge, medicine. Organizing by speciality, it should be observed incidentally, was very effective in excluding the need for, and even the possibility of introducing, any social history, including the history of the profession.³⁶

Within the context of this unified body of professional knowledge, the idea of progress became, in the twentieth century even more than earlier, crucial to accounts of the history of medicine. As later historians wrote more about the scientific discoveries of the nineteenth century, they could more easily show how progress had led up to the orthodox body of teachings of their own day. Moreover, historical narratives continued to contain sarcastic references to earlier superstitions or “absurd” teachings. Bichat, wrote M. G. Seelig in 1925, “fell into the error of theorizing to the degree that he called to his aid the occult principles of vital force, animal spirits, and organic spirits to explain some of the basic phenomena of life”.³⁷

³⁵ Charles Singer, *A Short History of Medicine, Introducing Medical Principles to Students and Non-Medical Readers* (New York: Oxford University Press, 1928), p. viii.

³⁶ See, for example, René Fülöp-Miller, *Kulturgeschichte der Heilkunde* (Hamburg: Chemischen Fabrik Promota G.M.B.H., 1935). Sudhoff, *Essays in the History of Medicine*, pp. 99–120. And see, for example, Eduardo García del Real, *Historia contemporánea de la medicina* (Madrid: Espasa-Calpe, S.A., 1934), and the very well known various editions and translations of Castiglioni. Writers of the nineteenth century, who also organized in part by speciality (or medical school subject), were noted above. A particularly clear later example is Cecilia C. Mettler and Fred A. Mettler, *History of Medicine: A Correlative Text, Arranged According to Subjects* (Philadelphia: Blakiston, 1947).

³⁷ See, for example, *Archiv für Geschichte der Medizin*, 1 (1907), *passim*. M. G. Seelig, *Medicine: An Historical Outline* (Baltimore: Williams & Wilkins Company, 1925), p. 142. Or Gorton, *The History of Medicine*, II, 125: “The rule of ‘the more violent the disease the larger the dose,’ a vicious and mistaken notion, was still in vogue”.

But beyond the progressive account of a unifying body of knowledge implicit in the history-of-ideas structure, the accompanying great-doctors format carried additional implicit material on the history of the medical profession. As ideals and exemplars, the great doctors embodied not only what it meant, in the early twentieth century, to be a physician and/or a scientific investigator; the great doctors also exemplified what it meant to be a professional and to operate within professional institutions (this would later be called professionalism). Neuburger in the first years of the century, for example, by emphasizing ideas that might guide the individual practice of medicine was led finally to a discussion of what it meant to be a professional (using standards of his own day), what functioning as part of a profession meant, as he described medical education, licensing, competing with other healers, and, again, especially laws that touched on physicians as a group.³⁸

Such accounts of the great doctors helped set up a prototype of high character—part of what then and later would also be considered part of the professional's role. Sigerist in 1931, slipping from past to present tense, described his great doctors as

animated by the sacred fire of their mission, self-sacrificing in their daily doings, they helped numberless suffering fellow-creatures in bitter need . . . all, from the shamans of primitive tribes down to the scientific physicians of our own day, are inspired by the same will. They seek the same goal and are guided by the same idea.³⁹

As the great-doctors approach flourished throughout the twentieth century (but especially in the first half), then, the heroic framework brought indirect suggestions about how professionals—because they had good character—should behave. In 1900 appeared the first volume of Benjamin Ward Richardson's *Disciples of Aesculapius*, and other such accounts followed. *Pathfinders in Medicine*, by Victor Robinson (1886–1947), had extensive sales, and in 1929 a second edition appeared, seventeen years after the first.⁴⁰

Possibilities in Biography

What appeared in great-doctors works also marked biographies, a category that included the not-so-great as well as the usual cast of outstanding figures. Biography as such flourished in medical history in the twentieth century in both book and article form. In particular, admirers attempted to perpetuate the memories of innumerable physicians, and these accounts of lives and achievements in biographies were included as medical history, along with great-doctors works. The quality of the biographical material varied to

³⁸ Neuburger, *Geschichte der Medizin*, II, 457–481. Neuburger used the term *Beruf* mostly and wrote also of the *Berufsklasse*.

³⁹ Henry E. Sigerist, *The Great Doctors, A Biographical History of Medicine* (2nd ed., New York: W. W. Norton & Company, 1933), p. 17. The first edition was signed in Leipzig, the second in Baltimore. This book had also a Spanish translation and a third German edition as late as 1954.

⁴⁰ Benjamin Ward Richardson, *Disciples of Aesculapius* (2 vols., London: Hutchinson & Co., 1900–1901). Victor Robinson, *Pathfinders in Medicine* (New York: Medical Review of Reviews, 1912; 2nd ed., New York: Medical Life Press, 1929). As late as 1966, Hans Schadewaldt, in the introduction to *Die berühmten Ärzte*, ed. René Dumesnil and Hans Schadewaldt (Köln: Aulis Verlag Deubner & Co KG, 1966), p. 7, a German edition of a 1947 French account, reaffirmed his belief in the heuristic value of the great doctors tradition, even in the face of what he recognized as strong currents of sociological analysis and critical history; the French edition was *Les médecins célèbres*, ed. René Dumesnil and Flavien Bonnet-Roy (Genève: Lucien Mazenod, 1947).

an extreme, but, regardless, the authors of both lengthy and shorter biographical writings were not concerned with the idea of profession except, at best, incidentally.⁴¹

While stipulating, then, that scientific and technical discovery continued to provide much of the narrative power of the standard accounts, as well as the bulk of the exposition, it is necessary to go on and observe that the great-doctor authors nevertheless did deal with individual physician's encounters with at least some of the demands of being a professional—including the experiences of heroic figures who were on occasion professionally sanctioned, formally or informally (there were often-repeated stories about Paracelsus or John Hunter or Semmelweis, among many others).

The biographical approach therefore confused individual character with professional attributes. Robinson, for example, in his colourful vignettes of great physicians of the past clearly was setting up a portrait of what an ideal physician should be: he or she would have a persistently inquiring mind and should work hard, put up with adversity, and treat the poor without charge. Corvisart, for example, Robinson pointed out, was careful to give credit to his predecessor, Auenbrugger, for introducing percussion. Robinson denied that these accounts constituted hagiography, however; one of the professional actions that Robinson especially praised was reporting unfavourable as well as favourable results of one's practice.⁴²

When the great-doctor biographers did describe the details of professional functioning of one of the heroes, not only was the account incidental but the author usually did not explore the significance of the incident or circumstance or connect it to anything beyond whatever affected the subject of the sketch—most colourfully, fees and income or discovering and covering up incidents of other physicians' incompetence and malpractice. Authors thus tended to discuss a physician's relationships with other physicians on a personal, not a collective level. And when incidental information did come out about professional courtesy or deference or "professional quarrels" among practitioners, the significance, in terms of the professional processes in place at any time, were not spelled out by the author and would have had to be inferred by the reader. In 1928, Howard Dittrick observed explicitly 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".⁴³ Very few indeed of his colleagues, however, explored the implications of such specific matters for whole medical communities. One historian, writing of Henri de Mondeville's book, noted that "Many readers have been repelled by the introduction, which stresses the subject of fees with a certain callousness that seems unworthy of a professional man".⁴⁴

Writings in medical history contained plenty of such material—for example in the relationship of a physician to his or her community and colleagues in attempting to build a practice—but the usual insight simply did not go beyond the biographical level. The term "profession" did not usually appear except to indicate, in the old sense, individuals in an occupational group. Jenner, wrote one author, was the object of "the usual jealousy

⁴¹ One contemporary comment was 'A Group of Books Dealing with the History of Medicine in England', *Annals of Medical History*, 2 (1919), 391–392.

⁴² Robinson, *Pathfinders*.

⁴³ Howard Dittrick, 'Fees in Medical History', *Annals of Medical History*, 10 (1928), 90.

⁴⁴ Ralph H. Major, *A History of Medicine* (2 vols., Springfield, IL: Charles C. Thomas, 1954), I, 320–321.

of members of his profession". Neuberger on a more theoretical level asserted that the existence of the social identity of "physician" that was applied to individuals in ancient Rome proved the existence of an indigenous medical profession ("einheimischen Aerztstandes") in those times—certainly a very restricted meaning for the term.⁴⁵

The History of Medical Institutions

One additional focus of professional concerns was professional institutions, most commonly medical societies. During the twentieth century, medical associations of various kinds proliferated, and, in addition, older groups celebrated anniversaries, each of which called for an account of origins and growth. Medical societies appeared frequently, too, in histories with a national or local focus—a category that also continued to proliferate. Medical history as a whole therefore came to include, besides history of ideas and biography, a growing amount of institutional history.

And in institutional history, as in biography, authors included a great deal of incidental material relevant to the history of the profession, even though not necessarily conceptualized as such by the author. Archibald B. Kerr's 1939 survey of the history of the Royal Medico-Chirurgical Society of Glasgow provided incidentally the following example. He noted, as merely an instance of divided opinions among members, that in the early days attendees at one meeting informally—in discussion—condemned Dr. John Reid's breaking of a medical confidence (which consisted of telling an employer his maid was pregnant), an action that brought Reid a fine in civil court. And at the same meeting, the members censured another colleague for giving a very strong opinion in the case "when the interest and repute of a medical brother were at stake!" Kerr's presentation showed that he knew that the issue was conventionally a professional one, but as a historical writer, he situated it in a context of a restricted institutional history, not the functioning of a profession.⁴⁶

National and more local histories continued to suggest the development of professional institutions, if not a profession as such. For example, when Y. Fujikawa wrote the history of Japanese medicine, he, too, used biography and the history of ideas and discoveries as his subject matter. But in the national setting, he nevertheless had to suggest the existence of medical educational institutions, publications, and societies as well as governmental relations in order fully to make sense of the existence of medicine in one country.⁴⁷

Much of both local and institutional history was in fact devoted simply to making a record, and it is understandable why the more "professional" medical historians, such as

⁴⁵ The example is from Samuel W. Lambert and George M. Goodwin, *Medical Leaders, From Hippocrates to Osler* (Indianapolis: The Bobbs-Merrill Company, 1929), p. 325, but see previously cited works also. Neuberger, *Geschichte der Medizin*, I, 290.

⁴⁶ Archibald B. Kerr, 'The Royal Medical-Chirurgical Society of Glasgow', in *British Medical Societies*, ed. D'Arcy Power (London: The Medical Press and Circular, 1939), p. 67. Power, the editor of this book, in the 'Preface', pp. vi–ix, showed himself remarkably insensitive to the idea of a profession, even though he was aware that medical societies "have done much good by appeasing curiosity, by distributing professional knowledge and by destroying the odium medicum . . .", by, presumably, presenting a respectable collective activity, although Power did not make that explicit.

⁴⁷ Y. Fujikawa, *Japanese Medicine*, trans. John Ruhräh (New York: Paul B. Hoeber, Inc., 1924, reprinted 1978). The chronology appended to the book, pp. 75–92, especially constituted a subtext history of the profession in Japan.

those represented by Sudhoff and Meyer-Steinig at the beginning of the century, had a low opinion of narrowly local histories and biographies. Edwin Seaborn, for example, in 1944 wrote about *The March of Medicine in Western Ontario*. His publication was essentially a collection of biographical sketches and unsystematic personal anecdotes. He counted as part of the march of medicine anyone who practised, and any sense of collectivity or profession appeared in his book strictly in personal terms, not in terms of any sense of profession, not even a medical society (which appeared only briefly). Many other books and articles from all over, and of various grades of excellence, could duplicate this subordination of social institutions to antiquarianism and biography.⁴⁸

Some histories of institutions were of course at once local and of world significance. Vienna physicians and their institutions attracted historians repeatedly (and down to the present), because Viennese teachings reverberated everywhere. Intellectually central institutions often appeared conspicuously in what would later have been considered history of the medical profession. Harold Wellington Jones, for example, in 1939 was attracted by the professional developments that led to the decline and dissolution, during the French Revolution, of the Faculty of Medicine of Paris. Historians of other institutions that were not in Paris or Vienna also attempted through the use of history to suggest that local organizations deserved to be recognized—whether simply because of the physicians who were members or participants, or because of the role of the group in the traditional steady progress of medicine. Within local history, that progress clearly could include professional establishments and professional actions as well as the science and art of medicine.⁴⁹

A Scattering of Interest in Professional Functioning

An occasional history of a medical institution dealt with professional matters in a major way. Although he did not use the term very often, Walter L. Burrage's 1923 history of the Massachusetts Medical Society was, despite much biographical material, in large part a history of the profession in the Commonwealth of Massachusetts, with great attention to the way in which the medical society worked with governmental authorities to establish and protect the members in their professional capacities. His narrative ranged from

⁴⁸ Edwin Seaborn, *The March of Medicine in Western Ontario* (Toronto: The Ryerson Press, 1944). An example of local and institutional history that actually contained information about the history of the medical profession but turned into biography is Hans Viktor Bühler, 'Das Ärztegeschlecht der Occo, Ein Beitrag zur Geschichte des Collegium medicum Augustanum', *Archive für die Geschichte der Medizin*, 28 (1935), 14–31. It is curious that Karl Sudhoff himself, in *Die medizinische Fakultät zu Leipzig im ersten Jahrhundert der Universität* (Leipzig: Johann Ambrosius Barth, 1909), began (p. iii) by saying that "the dangers of local history are well known" and then went on to write in the narrowest way with virtually no contribution to what would later be thought of as the history of the profession. There were many other examples, such as Carlos Martínez Durán, *Las ciencias médicas en Guatemala: Origen y evolución*, (Guatemala: Tipografía Sánchez & de Guise, 1941).

⁴⁹ See, for example, Max Neuburger, *British Medicine and the Vienna School: Contacts and Parallels* (London: William Heinemann, 1943). Harold Wellington Jones, 'The Faculty of Medicine of Paris', *Annals of Medical History*, ser. 3, 1 (1939), 1–29. Thomas H. Bickerton, *A Medical History of Liverpool from the Earliest Days to the Year 1920* (London: John Murray, 1936), used the term "profession" only casually but had a clear sense of "groups" of physicians and of professional activities. Philip Van Ingen, *The New York Academy of Medicine: Its First Hundred Years* (New York: Columbia University Press, 1937), took up many types of professional activities, from status to ethics, in the strictly chronological and miscellaneous narrative; the index contains over 50 entries under "medical profession".

examinations for licensure to recognizing sectarians and passing anti-vivisection laws. Burrage defended the actions of the society as “constant efforts by the society to uphold the standards of medicine, and not, as alleged by certain politicians at the State House, to maintain the ‘medical trust’ and prevent the generality from practising as they please”. Or, he wrote, the society opposed “the ambitions of unworthy cults, unworthy because not founded on education and training”.⁵⁰

For the (still) few general medical historians who wanted to write about the medical profession as such, local and provincial and institutional accounts continued to offer a substantial amount of raw material. Albert H. Buck, a New York otologist, who in 1920 described “the dawn of modern medicine” from 1750 to 1850, did write about the great doctors, it is true. But he also wrote about “the state of medical affairs”, noting, for example, that “little by little, the medical profession of Germany gained increased standing and respect from the community”. Buck went on to note the legal recognition accorded physicians in various German states, citing as his source a geographically-focused history, that of Hirsch, the scholar who wrote about the history of medical science [*sic*] in Germany. Buck also took account of the institutional setting of practice, and particularly education, in France—again using accounts of local institutions and circumstances.⁵¹

One excellent example of a local history that included a great deal about the profession of medicine was James J. Walsh’s five-volume history of medicine in New York (1919). In addition to biographies, Walsh provided accounts of a whole series of medical institutions, not only schools but medical societies and licensing and ethics. Indeed, he entitled one chapter, ‘New York as a Pioneer in Professional Movements’.⁵²

The Impact of Illustrations

There was also one small but suggestive technical change that helped move the idea of a profession in a slight way into mainstream medical history. That was the increasing use of illustrations. Perhaps the most striking example was a short illustrated history by Meyer-Steineg and Sudhoff, published in 1921. Here one could read not only about great doctors but about professional developments in every age—and more systematically presented than by Baas earlier—and with the term *Beruf* used more frequently to mean profession. The authors recognized explicitly the power of illustrations to convey an idea of medicine as an endeavour involving groups of people and institutions (as opposed to just medical knowledge).⁵³

⁵⁰ Walter L. Burrage, *A History of the Massachusetts Medical Society, With Brief Biographies of the Founders and Chief Officers, 1781–1922* (Privately Printed, 1923), especially p. 207. Burrage had additional special chapters on membership and licensure.

⁵¹ Albert H. Buck, *The Dawn of Modern Medicine: An Account of the Revival of the Science and Art of Medicine which Took Place in Western Europe During the Latter Half of the Eighteenth Century and the First Part of the Nineteenth* (New Haven: Yale University Press, 1920), especially pp. 15–16. Hirsch appears above in Chapter 1.

⁵² James J. Walsh, *History of Medicine in New York: Three Centuries of Medical Progress* (5 vols., New York: National Americana Society, Inc., 1919), especially I, 135–145, 310–323, and III, 653–693.

⁵³ Th. Meyer-Steineg and Karl Sudhoff, *Geschichte der Medizin im Überblick mit Abbildungen* (2nd ed., Jena: Gustav Fischer, 1922), especially pp. iii–v. Meyer-Steineg, writing under the name Theodor Meyer, had in 1907 produced the history of the medical profession in Rome noted in the previous chapter. A much fuller treatment of the use of illustrations in medical history, exploring epistemology and a variety of nuances is found in chap. 1, ‘How and Why Do Historians of Medicine Use or Ignore Images in Writing Their Histories?’ in



Abb. 111. Bogenhallen in der alten Universität, dem Archiginnasio zu Bologna.

Figure 14: From Meyer-Steineg and Sudhoff, 1921: The courtyard in the medical school at Bologna.

Figure 15: From Osler, 1921: A hospital in Venice.



FIG. 63.

Hospital frequented by Vesalius at Venice.

Aside from this striking association of content with the profession by means of illustrations, Osler in his very conventional text of the same period included illustrations with captions that told a great deal more about the profession than the text did. In a similar way, Castiglioni's 1927 *Storia della medicina*, which was very heavily illustrated, had in numerous illustrations and their captions what could appear today as a subtext, with many depictions of groups of physicians or physician-patient interactions. In these and similar works, illustrations serendipitously provided a dimension to the history of medicine beyond major figures and intellectual history.⁵⁴

When Garrison came to revise his classic textbook for the fourth edition, published in 1929, he acknowledged some of the changes that were occurring in the history of medicine. He admitted that his survey of the history of medicine still would not include "the history of the American College of Surgeons, the Royal Society of Medicine and other important medical societies, the intimate history of medical education, medical ethics and medical journalism . . .". Instead, he wrote, he had attempted to trace the coming of new ideas and changed viewpoints among medical thinkers. Nevertheless, he did comment briefly on the growth of social interests within medicine, and, like some European medical historians of that day, he quoted Virchow on the social responsibilities of physicians. But Garrison in the end described "the socialization of medicine" as part of "medical philosophy" and, presumably, therefore, not history. For him, and for most of his generation and the one after it, medical history still consisted of individual writers and ideas.⁵⁵

Nevertheless, a slow transition had begun. In 1925, G. Honigmann of Giessen, a part of the twentieth century's second generation of historians of medicine, wrote explicitly about the history of the medical profession in a brief article. Honigmann spoke repeatedly of the social and economic relationships of physicians, describing how the university degree had created for medicine an ethical basis other than church doctrine, and how medical science had further differentiated physicians. Although Honigmann spoke of collegiality and many other aspects of professional functioning, including independent professional judgment, his entire narrative was still cast in terms of the individual practitioner: The Physician. Furthermore, the burden of the article, in the end, was to suggest improvements

Gilman, *Picturing Health and Illness*; Gilman, found that from his point of view, too, the work of Meyer-Steineg and Sudhoff marked a point of critical departure. A good sample that confirms the trend away from individual portraits between the world wars is found in the table of contents of the *Annals of Medical History*, where portraits were listed separately from other illustrations and constituted a fairly steadily diminishing proportion of all illustrations.

⁵⁴ Osler, *The Evolution of Modern Medicine*; this posthumous work had the captions supplied by editors, but the illustrations were Osler's and contrasted with his great-doctors narrative. Castiglioni, *Storia della medicina*. The appreciation of the impact of illustrations is possible only in the context of the illustrative material used by other contemporary historians of medicine who were not drawn much, if any, into the social history of medicine, much less the medical profession. Two excellent examples are Fielding H. Garrison, *An Introduction to the History of Medicine, With Medical Chronology, Bibliographic Data and Test Questions* (Philadelphia: W. B. Saunders Company, 1914), who explicitly (p. 10) utilized portraits of each of the great innovators, exactly reflecting his approach, and Singer, *A Short History of Medicine*, who in 1928 mostly used for illustrations diagrams of experiments and pictures of apparatus—exactly reflecting his emphasis on scientific ideas.

⁵⁵ Fielding H. Garrison, *An Introduction to the History of Medicine, With Medical Chronology, Suggestions for Study and Bibliographic Data* (4th ed., Philadelphia: W. B. Saunders Company, 1929), especially pp. 6, 10. A fuller context appears, again, in Gert H. Brieger, 'Fielding H. Garrison: The Man and His Book', *Transactions and Studies of the College of Physicians of Philadelphia*, ser. 5, 3 (1981), 1–21.

in conditions of practice in the Germany of his day. In Honigmann's history of the profession, almost unique between the wars, the traditional reform concern and focus on the individual physician, first seen many generations earlier, continued, but now alongside a practical recognition of how and when various elements of professional functioning came into the lives of physicians.⁵⁶

Social Reform and a Social History of Medicine

The historians who constituted the tiny new social medicine stream in medical history writings very often quoted Virchow with much more consequence than did Garrison. Within the history of medicine, social medicine was a basically Continental phenomenon, most conspicuous in the small group around Henry Sigerist.⁵⁷ Sigerist's 1934 syllabus of medical history, for example, was largely traditional history of ideas except for some attention to medical institutions. But under the heading of 'The physician's profession', he listed the changing status of the physician, the court physicians and hospital work, and then: "Trends toward socialization (German social insurance, 1883). Medicine in Soviet Russia". Sigerist, in short, skipped over what would later have constituted the idea of profession and went directly to connecting professional development with social reform campaigns. A few years later, in a published lecture, Sigerist did give a short account of the history of the medical profession as such, but the account became unsystematic after a conventional description of medieval conditions and ended up with an injunction to physicians to take part in current affairs.⁵⁸

Altogether, Sigerist was more interested in the doctor (as an ideal figure, such as "the worker") than in the phenomenon of profession—even though he was aware of then-current ideas of what it meant to be a professional. On the basis of historical literature, not sociological theory,⁵⁹ he brought into his account not only social status, government recognition, physician associations, medical education, licensing, altruism, and fees: he

⁵⁶ G. Honigmann, 'Die Hauptperioden der geschichtlichen Entwicklung der Medizin. XI. Entwicklungsgang des ärztlichen Berufs', *Münchener medizinische Wochenschrift*, 72 (1925), 270–273. Honigmann was particularly concerned with the effects of third-party payments on both the economic and the ethical bases of the doctor-patient relationship, and, like most German writers, the relationship of the physician to the state. The article was one of a series on different topics.

⁵⁷ Historian of medicine Erna Lesky, 'Einleitung', in *Sozialmedizin: Entwicklung und Selbstverständnis*, ed. Erna Lesky (Darmstadt: Wissenschaftliche Buchgesellschaft, 1977), pp. 1–4, traces the lineage of social medicine even into her own day and discipline. 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. 17–61, notes that social medicine by the 1930s was greatly diminished and that the sociology of medicine that arose then and subsequently did not have the same roots except a general concern with the social causes of health and illness; Rosen connected social medicine to the profession only, and briefly, in terms of attempts to develop a unified profession in the nineteenth century, p. 35. A recent interpretation is Elizabeth Fee and Edward T. Morman, 'Doing History, Making Revolution: The Aspirations of Henry E. Sigerist and George Rosen', in *Doctors, Politics, and Society: Historical Essays*, ed. Dorothy Porter and Roy Porter (Amsterdam: Rodopi, 1993), pp. 275–311.

⁵⁸ Henry E. Sigerist, 'On the Teaching of Medical History, A Tentative Syllabus for a Course in the History of Medicine', *Bulletin of the Institute of the History of Medicine*, 2 (1934), 138. Henry E. Sigerist, *Medicine and Human Welfare* (New Haven: Yale University Press, 1941), pp. 105–145; 'The Physician's Profession Through the Ages', in *Henry E. Sigerist on the History of Medicine*, ed. Felix Martí-Ibáñez (New York: MD Publications, Inc., 1960), pp. 3–15.

⁵⁹ Although he considered it sociology—see 'The Social History of Medicine', pp. 25–33 in the same volume. See also the discussion of sociology below, in this chapter and in succeeding chapters.



Figure 16: Henry Sigerist (1891–1957) at his desk in the Institute of the History of Medicine at Leipzig in 1927. (Ingrid Kästner and Achim Thom, 575 Jahre Medizinische Fakultät der Universität Leipzig.)

went on to comment on the priestly identity of physicians and the power awarded by society (“chemical, physical, biological forces of high potency are given freely into his hands . . . secrets are divulged to him, which also gives him power over the patient”). As late as 1943, in writing about “civilization and disease”, Sigerist spoke of many social relations of medicine, but only a short passage on licensing suggested any idea of profession.⁶⁰

The early twentieth-century social reform historians of medicine often used class-conflict and dialectical terminology, and, as I have suggested, their distinctive concern was, first, with poverty and other social problems as causes of disease and, second, with getting medical attention furnished to the poor. There were nevertheless two outstanding examples of reform historians who gave special attention to the history of the profession, Kurt Finkenrath (1894–) and Erwin Ackerknecht (1906–1988). In both cases, however, they wrote about the medical reformers who flourished in the period around 1848 and

⁶⁰ Henry E. Sigerist, *Civilization and Disease* (Chicago: University of Chicago Press, 1962 [c. 1943]), pp. 100–103. There is a substantial literature on Sigerist, not least including Owsei Temkin, *The Double Face of Janus and Other Essays in the History of Medicine* (Baltimore: The Johns Hopkins University Press, 1977), chap. 1. Sigerist was in the tradition that combined the history of culture with current political concern; it was in that way that he bypassed much of the social science of his day. Erwin H. Ackerknecht, ‘Introduction’, in Genevieve Miller, *A Bibliography of the Writings of Henry E. Sigerist* (Montreal: McGill University Press, 1966), 1–7, explains how Sigerist himself changed and why he was not citing Durkheim, Weber, and Simmel.

those reformers' roles in trying to improve the standing of the profession. Finkenrath, particularly, was obviously delighted to be able to point out the existence of a reform precedent: a time when major figures in medical science had social vision and in 1848 participated in revolutions. Physician reformers of that period, Finkenrath and Ackerknecht showed, pursued two goals at one time: to gain independence for an organized and unified medical profession, and through political action to extend the benefits of medical knowledge and medical care to the entire population. Finkenrath and Ackerknecht were additionally both notably concerned, like the Continental writers who earlier touched on the subject of profession, with governmental recognition of practitioner groups and of professional status.⁶¹

These two historians used the term "profession" (*Beruf*) more directly than had their predecessors, suggesting the growing significance in their minds of physicians as an organized group. Moreover, as Ackerknecht especially observed, it was the sense of professional duty that moved the nineteenth-century reformers to speak out about their social reforms. Linking medicine to other professions, he pointed out that as secularization and social change proceeded in the nineteenth century, physicians replaced the clergy in ministering to the people under their care—hence the MDs' broad-gauged approach to professional responsibility. But still Ackerknecht maintained also that the reform of science went along with professional and social reform and especially with the expansion of education on all levels. Altogether these two writers' focus on reform continually obscured their awareness of the profession of medicine.⁶²

The Irrelevance of Social Approaches

The medical reform tradition was close to other movements in European learning in pre-World War II Europe. Conceivably, another discipline, sociology, might have called historians' attention to the idea of profession, at least as a social institution, but, instead, European "sociologists" were more likely to try to stimulate social reform or even to focus on what in America became called "social philosophy".

Sigerist in 1931 noted the link between the social approach to illness and a sociological approach to the ideals of physicians. He even himself took on the identity of a "sociologist of medicine", although it would not have been recognizable in the sociology of medicine that developed after World War II.⁶³ Instead, it was sociology in the European manner—

⁶¹ Kurt Finkenrath, *Die Medizinalreform: Die Geschichte der ersten Deutschen ärztlichen Standesbewegung von 1800–1850* (Leipzig: Johann Ambrosius Barth, 1929). Erwin H. Ackerknecht, 'Beiträge zur Geschichte der Medizinalreform von 1848', *Sudhoffs Archiv für Geschichte der Medizin*, 25 (1932), 61–109, 113–183; this was a doctoral dissertation written in Sigerist's institute. Temkin, *The Double Face of Janus*, comments on the romantic elements in the work of this group. Background is in Robert Jütte, 'Die Entwicklung des ärztlichen Vereinswesens und des organisierten Ärztestandes bis 1871', in *Geschichte der deutschen Ärzteschaft: Organisierte Berufs- und Gesundheitspolitik im 19. und 20. Jahrhundert*, ed. Robert Jütte (Köln: Deutscher Ärzte-Verlag, 1997), pp. 15–42.

⁶² See previous note.

⁶³ His work was not documentably grounded in any sociological literature. George Rosen, 'Toward a Historical Sociology of Medicine: The Endeavor of Henry E. Sigerist', *Bulletin of the History of Medicine*, 32 (1958), 509, concluded that neither in the New World nor the Old did Sigerist cite social thinkers or sociologists; Rosen came up with only the names of Max Scheler, Hans Freyer, and L. Lévy-Bruhl from Sigerist's publications.

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reform and philosophy. Moreover, Sigerist believed that a social interpretation was compatible with the great-doctors schema:

My approach is sociological, that is, I am studying the various civilizations of the world in their socio-economic structures, discussing their health problems, what they did to promote health once it had broken down, and possibly to rehabilitate the sick. Then I discuss those who the chief actors were in this drama, their training, their contributions, and the ideals that guided their actions.⁶⁴

Even in the New World, however, Sigerist encountered an occasional scholar who also approached sociology as social reform and contributed what passed for medical history. One obvious example was Bernhard J. Stern, a marginal figure in academic sociology who used historical material to write in favour of social reform. Although Stern added nothing to ideas about the profession of medicine, it is notable that he alluded to the idea of profession more frequently as the years went on—but profession in the sense of an entity that had to be convinced—in some collective sense—of new ideas, for example. Stern did not depict the profession as a social phenomenon. Like other writers, Stern referred to “the profession”, using the expression in place of an earlier collective term, “medical men”.⁶⁵ In any event, historians did not learn about the idea of profession from Sigerist, or from Stern, or from other historians and reformers in the tradition of social medicine.

The inevitable exception was a New York physician who had a passionate interest in social medicine but who trained in addition as an American sociologist—George Rosen (1910–1977). Rosen’s thesis, written under the direction of sociologists at Columbia University, on specialization in medicine, became a classic in the history of medicine after it was published in 1944, and he himself became one of the pillars of medical history. Despite his sociological training, however, Rosen, too, used “profession” largely as a collective noun, although he described some activities such as organizing physician groups and fighting quackery that he assumed were part of professional functioning, and he did apply contemporary sociological ideas (not only division of labour but depersonalization and social interaction) to the specific phenomena involved in specialization in medicine.⁶⁶

⁶⁴ Henry E. Sigerist: *Autobiographical Writings*, ed. Nora Sigerist Beeson (Montreal: McGill University Press, 1966), pp. 216–217; the date of 1948 for this statement is suggested by the placement in the collection. This compatibility with the great doctors model differentiated Sigerist’s social history from that of the New History group, who had a more consistent orientation; see below.

⁶⁵ Henry E. Sigerist, ‘Probleme der medizinischen Historiographie’, *Sudhoffs Archiv für Geschichte der Medizin*, 24 (1931), 14. See especially Leslie A. Falk, ‘Medical Sociology: The Contributions of Dr. Henry E. Sigerist’, *Journal of the History of Medicine and Allied Sciences*, 13 (1958), 214–228, and Henry E. Sigerist on *the Sociology of Medicine*, ed. Milton I. Roemer (New York: MD Publications, Inc., 1960); the latter illustrates Sigerist’s use of the physician and profession as ideals in the same way as in the works of nineteenth-century scholars. See, for example, Bernhard J. Stern, *Society and Medical Progress* (Princeton: Princeton University Press, 1941), and Bernhard J. Stern, *Historical Sociology: The Selected Papers of Bernhard J. Stern* (New York: The Citadel Press, 1959). Some background, with bibliography, is in Samuel W. Bloom, ‘The Intellectual in a Time of Crisis: The Case of Bernhard J. Stern, 1894–1956’, *Journal of the History of the Behavioral Sciences*, 26 (1990), 17–37.

⁶⁶ George Rosen, *The Specialization of Medicine, With Particular Reference to Ophthalmology* (New York: Froben Press, 1944). He continued to use profession as a collective noun in George Rosen, *Fees and Fee Bills: Some Economic Aspects of Medical Practice in Nineteenth Century America* (Baltimore: The Johns Hopkins Press, 1946). His interest in social medicine, still without sociology except of the European variety, is found for example in George Rosen, ‘Toward a Historical Sociology of Medicine’, *Bulletin of the History of Medicine*, 32 (1958), 500–516.

The Classic Configuration and the Advent of Social History

For the most part, then, the published literature did not reveal that historians of medicine outside Sigerist's circle were making much use of the European tradition in philosophical and reform social science in order to conceptualize professions. Indeed, Stern's increasing use of the word, even without the concept, suggests that in the United States, at least, there was another influence that much more directly was bringing medical historians' attention to the question of the profession as such.⁶⁷

The "New History"

That influence came from within general history. It was the "New History".⁶⁸ In practice in the 1930s, the New History led to a substantial amount of attention to the social history of medicine and specifically the history of the medical profession. Practitioners of this history believed that they were extending the usual political history approach to additional areas of human functioning, including medicine. As one mid-1930s scholar quoted his colleague, Richard Shryock (1893–1972), "Harvey's papers are just as accessible as Cromwell's—those of Benjamin Rush as readable as the outpourings of his friend Thomas Jefferson".⁶⁹

Conventional medical historians sometimes were hostile to the New Historians and their work, ignoring any material that deviated from the biobibliographical approach. Other established medical historians, however, adopted and absorbed the writings of the New Historians, often with great cordiality. The editor of the *Annals of Medical History*, for example, in 1936 called attention to Shryock's work and noted that "those who write on medical history too often are ignorant or neglectful of important social or political conditions bearing on their subject".⁷⁰ And because they were well trained, the New Historians over time made a substantial impact as they influenced and joined the small community of MD medical historians.⁷¹

In the years before World War II, the history of the medical profession became, therefore, the subject of the work of a number of these general, if "New", historians, particularly national historians of the United States. That interest in the professions should flourish in the United States was in part recognition of the continuing Anglo–American legacy of voluntary organizations. But there was also a second factor, the reform

⁶⁷ See Bernhard J. Stern, *American Medical Practice: In the Perspective of a Century* (New York: The Commonwealth Fund, 1945), for example, pp. 29–30.

⁶⁸ There is an enormous literature on the "New History"; it is of interest here only in the most obvious and unobvious ways. See, for example, Robert Allen Skotheim, *American Intellectual Histories and Historians* (Princeton: Princeton University Press, 1966), chaps. 2–3. A general context is furnished by Ernst A. Breisach, *American Progressive History: An Experiment in Modernization* (Chicago: University of Chicago Press, 1993), especially chap. 7, which suggests how sociological ideas were insufficient and ineffective in the interwar period. Another account is offered by Dorothy Ross, 'The New and Newer Histories: Social Theory and Historiography in an American Key', *Rethinking History*, 1 (1997), 125–150.

⁶⁹ Courtney Robert Hall, 'Doctors and the Practice of Medicine in Early Nassau County, N.Y.', *Annals of Medical History*, n.s. 9 (1937), 168.

⁷⁰ 'Medical Sources and the Social Historian', *Annals of Medical History*, n.s. 8 (1936), 466–467. See for example the anonymous review of Shafer, *The American Medical Profession*, in *Annals of Medical History*, n.s. 8 (1936), 566–567. Although historians of the United States were conspicuous in this effort, historians of Europe, too, contributed, such as Loren C. MacKinney, *Early Medieval Medicine, With Special Reference to France and Chartres* (Baltimore: The Johns Hopkins Press, 1937).

⁷¹ See especially Numbers, 'The History of American Medicine', pp. 246–247.

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atmosphere noted earlier in this chapter. During the Progressive era of the early twentieth century, the altruistic service ideal of the professions played an important part in reformers' thinking. This enthusiasm reached a peak at the Interprofessional Conference held in Detroit in 1919, during which participants advocated the nonprofit and ethical aspects of professional identity and spoke in favour of a professional exceptionalism.⁷² This type of thinking eventually showed up in scholarly work, not only in sociology but in the work of writers in the New History tradition who initially viewed physicians and others as vehicles through which to comment on reform.

Devotees of the New History were self-proclaimed "intellectual and social historians". In bringing in the usual intellectual context of medicine, they followed not just the sketches of cultural milieu already traditional in older histories of medicine but the new studies in the history of science. They also wished to introduce the social context within which medical thinking and practice existed, and they particularly extended the types of sources that historians of medicine might consult, including newspapers and popular literature and especially a wide range of government documents. This broad approach attracted their attention to the history of professions and the medical profession. Moreover, professions were already prominent in the American cultural landscape familiar to historians. Shryock, in one of his manifestoes for the New History in medicine, noted specifically that "the history of the medical profession as a social group" was "the most obvious" of neglected subjects. Also, one of his classic papers from this period was on the public relations of the medical profession, by which he meant the image and recognition of physicians as a collectivity in their societies.⁷³

In *The Development of Modern Medicine*, published in 1936, Shryock gave a reading to medical history as practitioners of the New History saw it. Shryock found professional institutions, and physicians in groups, as actors in many scenarios: restricting numbers and resisting innovation in medicine in the eighteenth century; deeply involved in government-physician-public health relations in the nineteenth century; failing in public relations and collegial policing in the nineteenth century but later regaining public confidence; and of course as usual concerned with medical education, fees, and ethics. These passages were all, however, only part of a major conventional narrative of progressive discoveries in modern medicine.⁷⁴

Further Accounts of the Medical Profession as Such

Perhaps the outstanding example of the pure New History was a history of the American medical profession from 1783 to 1850, written by Henry Burnell Shafer (1906–). This doctoral dissertation, completed under two social historians in the

⁷² See particularly the entire issue of *Annals of the American Academy of Political and Social Science*, 101 (1922).

⁷³ Richard H. Shryock, 'The Historian Looks at Medicine', *Bulletin of the Institute of the History of Medicine*, 5 (1937), 887–894; the quote is on 891; this is a very informative description of the status of the New History in medical history at the time. Richard H. Shryock, 'The Public Relations of the Medical Profession', *Annals of Medical History*, n.s. 2 (1930), 308–339.

⁷⁴ Richard Harrison Shryock, *The Development of Modern Medicine: An Interpretation of the Social and Scientific Factors Involved* (Philadelphia: University of Pennsylvania Press, 1936). There was another edition in 1947.

department of history at Columbia University and published in 1936, provides an inventory of the way in which historians could conceptualize the medical profession just before World War II.⁷⁵

Here and there Shafer spoke of the profession as an abstract group, as others did: by 1850, “it could no longer be said of the profession that it was ignorant of its own ignorance”. But he also went systematically through physicians’ relations with the public, with their attempts to organize, and with their relations with each other. He also noted more intangible professional functioning, not only “professional morale” but broader social interests of organized physicians, as in temperance reform and the regulation of apothecaries. Shafer devoted much attention to physicians’ organizations and to their self policing efforts (successful and, mostly, unsuccessful) in ethical and economic matters and to all types of medical institutions. Sections on medical science were included, but Shafer did not make the relevance of medical science to profession explicit. At one point, Shafer wrote, “While the medical profession was developing its professional spirit in schools and literature, it was also organizing medical societies”. He thus identified some professional dynamic, “professional spirit”, but he did not expand on the idea beyond this casual recognition.⁷⁶

Shafer was not the first historian of medicine to notice that physicians had shown a significant tendency to group together. Wickersheimer, by this time in Strasbourg, in 1924 had written a summary essay on the medical profession in medieval times. Much more than in his 1906 essay on Renaissance physicians (Chapter 1, above), Wickersheimer described how various social groups took up the practice of medicine, and he furnished an incisive account of the shift from monastery practice to recognized classes of practitioners in a context of professional functioning. In that essay, Wickersheimer called attention to a powerful “esprit corporatif” that had mobilized physicians to associate together at about the same time that university faculties of medicine were beginning to influence governing authorities to grant them licensing privileges.⁷⁷

Then in 1935, another medical historian in France, Paul Delaunay (1878–1958), supplemented Wickersheimer’s essay with a book, a detailed impressionistic account of medical life in France from the sixteenth to the eighteenth century, placing the history of the profession in a context of broad social-institutional history. Like Shafer, Delaunay described the growth of specific medical institutions and particularly spoke of medical education and medical guilds and organizations such as the Collège des médecins de Rouen. Also like Shafer, Delaunay wrote about the civic activities of physicians, in this case in politics and religion. The different kinds of offices that physicians could hold, as personal physicians to royalty and the great and to institutions such as hospitals and government agencies, appeared prominently, as was appropriate for French society in the early modern period. Delaunay also included the circumstances of practice in the past and

⁷⁵ Henry Burnell Shafer, *The American Medical Profession, 1783–1850* (New York: Columbia University Press, 1936). Burnell curiously did not, except in one place indirectly, cite existing secondary material on the history of the medical profession. He did cite numerous biographies and a stunning array of primary materials. Although Packard read a chapter for him, Burnell does not cite Packard or, for example, the *Annals of Medical History*, nor the work of other medical historians of any variety.

⁷⁶ *Ibid.*, especially pp. 95, 174, 200.

⁷⁷ Ernest Wickersheimer, ‘L’évolution de la profession médicale au cours du moyen âge’, *Scalpel*, October–November 1924, pp. 42–44.

of course the problem of fees. All of this evidence was oriented toward explaining how both practitioners and the profession were able to succeed in French society.

The basis for Delaunay's portrait was a great deal of local history and biography that had already appeared, but Delaunay imposed a national point of view and in his material saw tendencies of early modern medicine to move toward a configuration familiar in later centuries. In particular, Delaunay noted the physicians' (and also surgeons') continuing attempts to establish a monopoly, an attempt that was based on educational qualifications as well as political power. Delaunay, much like Wickersheimer, observed that a degree was not just a licence for an individual to practise but an admission to a self-conscious and often organized community.⁷⁸

The Potential for History of the Profession

Just before World War II, then, in addition to the new social-intellectual history of the Americans, from France came Delaunay's approach, through local institutional history—what would eventually look like what became known as the *Annales* school—but in this case applied to medical history. Meanwhile, in England, two social scientists, Alexander M. Carr-Saunders and Paul A. Wilson, took a similar institutional approach, and their work was afterwards cited by sociologists but also sometimes by historians. All of these institutional historians detected the existence of not only formal institutions but among physicians some sense of community that carried them beyond bare organizational operations.⁷⁹

A number of writers in the interwar years, both physician and lay, thus expressed some sense, however inchoate as yet, that in past materials lay a story about physicians as professionals. To cite another of these isolated instances, in 1925, William Browning, a New York neurologist who was tracing the children of physicians, incidentally also noticed this additional dimension to the history of medicine: “professional accomplishments in a more collective sense—the general personnel of the profession, its relation to affairs, educational value, intimate life, and contributions of every sort . . .”, which, Browning observed, perhaps more prophetically than he knew, “may be called the sociology of the profession”.⁸⁰

These scattered forerunners, however substantial their contributions, did not generate a distinct tradition or gain any special attention before World War II. The convention that German scholars dominated the field of medical history may have sidelined trends originating in France and the English-speaking countries. The preoccupation of younger German-speaking scholars with social reform, as has been suggested, did not contribute to developing a concept of profession. But everywhere, one form or another of social history was encouraging medical historians to consider further at least some of the elements that later would appear to be part of professional functioning.

⁷⁸ Paul Delaunay, *La vie médicale au XVIe, XVIIe et XVIIIe siècles* (Paris: Éditions Hippocrate, 1935), especially pp. 289–290. Although Delaunay's narrative was about France, he did include some comparative material from other European countries, especially Italy and Spain.

⁷⁹ Carr-Saunders and Wilson are discussed below, in Chapter 3.

⁸⁰ William Browning, *Medical Heredity: Distinguished Children of Physicians (United States, to 1910)* (Baltimore: The Norman, Remington Company, 1925), p. 9.

Traditional Elements as Yet Disconnected

By the time of World War II, then, medical historians were writing both implicitly and, occasionally, explicitly about what was more often becoming referred to as the medical profession. Yet there was a certain logic to much of their treating independently the separate elements that, united, might have identified the profession.

In the eyes of medical historians, the most conspicuous element upon which the profession depended was, clearly, the body of knowledge. The perpetuation of that knowledge, through medical education, was a special subject, which most historians did not usually find necessary to discuss in the context of any sense of profession. In 1944, for example, a landmark history of American medical education appeared, by W. F. Norwood. He included introductory material about early legislation, publications, and organizations so that he could then move on to talk about the importance of another institution—medical schools. His contribution, like so many others, however, was to write the history of institutions, not a profession.⁸¹

Another traditional aspect of the profession, the idea of medical ethics, also generated a body of literature.⁸² Closely related was not only the endless preaching about high character as a requirement for each of those entrusted with medical knowledge but the actual spelling out of ethics and group enforcement of ethical and professional behaviour—and, sometimes, the most explicit professional ethic, collegiality.⁸³ Past evidences of professional self-policing, however, as has been suggested, appeared mostly indirectly in local and biographical accounts.

One curious social history theme that showed up, usually without any explicit context, was the place of women in the profession and the professional barriers that had been placed in their way. In the great-doctors accounts, it was customary to mention Trotula and the female practitioners in the Salerno school, at the least. But to a surprising extent, historians of medicine, beginning in the nineteenth century, but particularly in the twentieth century, considered this special aspect of professional history a subject to discuss. Very often the writers were directly or indirectly advocating that women be encouraged to become physicians (on the basis, wrote one typical historian, of women's demonstrated success in medicine in the previous thirty or forty years). Clearly this was a professional issue that remained unresolved, to the point that it even intruded into otherwise largely monolithic accounts of medical science.⁸⁴

A really fresh and growing emphasis in the early twentieth century was the physician as part of an organized group, typically an institution or voluntary association. But the idea of profession still embraced the notion of a collection or category of individual, very

⁸¹ William Frederick Norwood, *Medical Education in the United States Before the Civil War* (Philadelphia: University of Pennsylvania Press, 1944).

⁸² C. N. B. Camac, *Imhotep to Harvey: Backgrounds of Medical History* (New York: Paul B. Hoeber, Inc., 1931), p. xiv, for example, believed that he had to discuss "medical ethics and matters pertaining to the professional life of a physician and scientific investigator", however little he followed through in the text.

⁸³ See, for example, Rudolf Creutz and Johannes Steudel, *Einführung in die Geschichte der Medizin in Einzeldarstellungen* (Iserlohn: Silva Verlag, 1948), pp. 320–330.

⁸⁴ Walsh, *History of Medicine in New York*, I, 310–323. Buck, *The Growth of Medicine*, p. 236. Julius Pagel, *Grundriss eines Systems der Medizinischen Kulturgeschichte* (Berlin: Verlag von S. Karger, 1905), pp. 43–45, opposed the movement and hoped it would soon be a thing of the past, but he already could cite four works on the subject. See, for example, Werner Fischer-Defoy, 'Die Promotion der ersten deutschen Ärztin, Dorothea Christiana Erxleben, und ihre Vorgeschichte', *Archiv für Geschichte der Medizin*, 4 (1911), 440–461.



Figure 17: Karl Sudhoff in clinical service during World War I. (Ingrid Kästner and Achim Thom, 575 Jahre Medizinische Fakultät der Universität Leipzig.)

independent, practitioners. It was still possible to speak, as was commonly done in medicine outside of medical history, of the “organized profession” and not have anyone find the expression redundant but rather see that the loose collection of those in the profession, perhaps within a geographical area, could be organized. The many works on physician groups, even if executed without the view of Shafer and others that a profession functioned when organized, testified to the (as yet untapped) potential of this line of historical investigation.⁸⁵

The better developed new subject of investigation was in the general area of the external social relations of physicians—relations to government, to civil institutions such as the law, and to the public in general. Medical historians had been writing about licensing and relations of practitioners to government for a long time. But in the first part of the twentieth century, what later would be called boundary drawing attracted much more attention and persistent focus among historical writers. Physicians had in fact often campaigned against sectarians and quacks, using the power of the state whenever possible,

⁸⁵ See, for example, Chauncey Leake, ‘What Was Kappa Lambda?’ *Annals of Medical History*, 4 (1922), 192–206. N. Senn, ‘The American Medical Association; Its Past, Present and Future’, *Journal of the American Medical Association*, 28 (1897), 1049, spoke of “the organization of the profession” in this sense. Or, to cite another example, Douglas Guthrie, *A History of Medicine* (Philadelphia: J. B. Lippincott Company, 1946), pp. 150–151, mentioned medieval guilds but only very incidentally, not as a subject deserving attention in and of itself.

and the number of later historical descriptions of these actions was very substantial—as were those like Shafer’s, that dealt with the more concrete form of boundary drawing, licensing.⁸⁶

While a number of earlier historians had written about the public standing of the physician in the community (including the endlessly fascinating topic of fees), not only were pre-1950 scholars commenting on the respect accorded to learned and caring doctors, but they began, like Shryock, to conceptualize public relations in a bureaucratic if not instrumental way. Just as in the nineteenth century, some of this attention to the reputation and “honour of the profession” grew out of historians’ concerns, at various times, about the standing of physicians of their own day. Those who were writing history worried about ideals and character and etiquette as a basis for professional standing and no doubt agreed with one author, who, writing in 1923, believed there was a connection between the Greeks’ concern with medical etiquette and “the decline in the dignity of the profession”.⁸⁷

When one of the New Historians, Whitfield J. Bell, Jr. (1914–), in 1945 drew up a conspectus of what topics the history of medicine should cover, he included a large amount of social history, and he had a long section on “the physician”. His approach to the profession was, thus, still in terms of the individual doctor. But under this head he listed community relations, “the medical ideal” (ethics), and “control of the profession”, meaning control of individual practitioners by associations as well as government. Contemporaneously, the eminent Italian scholar, Pazzini, included in his general history of medicine sections on professional life (“La vita professionale”) that covered the usual education, fees, and licensing and also material on professional conduct.⁸⁸

As medical historians faced the postwar world in the late 1940s, then, the subject of the history of the medical profession, ignored by some, had become an important intrinsic and occasionally avowed element in a number of scholars’ expositions. In introducing teaching (ironically a part of what later could be considered professionalizing), especially, medical historians continued to justify medical history in part because it helped students develop a professional personal identity. Sudhoff had long before bemoaned the difficult conditions facing physicians of his day that had “forced the medical profession to take its own affairs into its hands and to organize in defense of its own economic status”. In the

⁸⁶ Random examples include Harry Friedenwald, ‘On the Giving of Medical Degrees during the Middle Ages by Other than Academic Authority’, *Annals of Medical History*, 3 (1921), 64–66; Julius Schuster, ‘Leonhart Rauwolff als Kämpfer gegen das Kurfürschertum 1593’, *Archiv für Geschichte der Medizin*, 14 (1922), 125–126; Herbert Silvette, ‘On Quacks and Quackery in Seventeenth-Century England’, *Annals of Medical History*, ser. 3, 1 (1939), 239–241.

⁸⁷ A particularly transparent example is H. Burger, ‘The Appreciation of the Medical Profession and the Divine Origin of Medicine’, *Annals of Medical History*, n.s. 1 (1929), 37–49. Shryock, ‘Public Relations of the Medical Profession’. W. H. S. Jones, ‘Greek Medical Etiquette’, in *Sidelights on the History of Medicine*, ed. Zachary Cope (London: Butterworth and Co., 1957), pp. 13–15; the talk was presented in 1923.

⁸⁸ Whitfield J. Bell, Jr., ‘Suggestions for Research in the Local History of Medicine in the United States’, *Bulletin of the History of Medicine*, 17 (1945), 468–475. A. Pazzini, *Storia della medicina* (2 vols., Milano: Società Editrice Libreria, 1947), which was based substantially on many local histories. Adalberto Pazzini, *Bio-Bibliografia di storia della chirurgia* (Roma: Edizioni Cosmopolita, 1946), a bibliography of the history of surgery, contained sections on legal medicine, on the relations of medicine to high culture, on medical education, and even on medical institutions—even though Pazzini did not discuss the explicit category of the profession of medicine.

history of medicine, however, Sudhoff, as noted above, wanted instead to emphasize individual idealism and science.⁸⁹

The Idea of “Profession” Still in Utero in Medical History

Despite such a conscious emphasis on “the physician”, clearly forces existed that were making the history of the profession as such, as it was conceived then, increasingly attractive to historians as a subject of investigation and discussion. At the same time, they were building up other social history materials that would go into later writings on the profession.⁹⁰

What was new was the first hesitant steps toward connecting all of the disparate aspects of physicians’ social functioning. Unlike the historians of the late nineteenth century, the new social historians were not treating, for example, social status and legal establishment as independent, disjunct subjects. They were making it possible to conceptualize the medical profession as such: ultimately that professional consciousness that in some way developed into a professional spirit, something more than the sum of its components, an independent dynamic. But among medical historians at the time of World War II, this sense was still only embryonic as they continued to develop their well-understood biobibliographic tradition.⁹¹

⁸⁹ See, for example, Singer, ‘The Teaching of Medical History’. Paul Diepgen, ‘Das Schicksal der deutschen Medizingeschichte im Zeitalter der Naturwissenschaften und ihre Aufgaben in der Gegenwart’, *Deutsche medizinische Wochenschrift*, 60 (1934), 66–70, also spoke of the connection of medical history with the idealism of the physician and the importance of the medical profession (although with a twist, in the end, peculiar, apparently, to the politics of 1934). Sudhoff, *Essays in the History of Medicine*, especially p. 48.

⁹⁰ One would not want to exaggerate the place in medical history of the subject of the profession. The bulk of the writing was on modern specialties and subject matter (44.91%), biography and memorials (12.5%), and journalism (6.2%), according to Claudius F. Mayer, ‘Research and Medical History’, *Bulletin of the History of Medicine*, 20 (1946), 177. Walter Artelt, *Einführung in die Medizinhistorik: Ihr Wesen, ihre Arbeitsweise und ihre Hilfsmittel* (Stuttgart: Ferdinand Enke Verlag, 1949), p. 20, listed only three references for the history of the profession: Shafer’s book and two nineteenth-century works on education by Puschmann.

⁹¹ It is of course possible to conceptualize the biobibliographic tradition as a Kuhnian paradigm in medical history.