

Chapter 6

Perspectives from the End of the Twentieth Century

By the closing years of the twentieth century, great social forces were shifting physicians somewhat away from the privileged recognition that society had once accorded them. Deprofessionalization, proletarianization, and deinstitutionalization in general suggested that critics of “the medical profession” such as Illich had unwittingly (or otherwise) acted as agents of this trend to demedicalize Eurocentric societies.¹ And physician professionals were particularly unhappy as their collective social position eroded with demedicalization.

It would be hard not to notice that the retreat of professionals came just as historians had turned their attention conspicuously to the subject of professions. This timing may not have been just ironical coincidence. From the eighteenth century, at least, interest in boundary drawing characterized the work of historians who took up the subject of the medical profession when physicians were struggling for leverage in society.

But the timing may have had further significance. There is a tradition that historians write about social forces that are in decline. Cutting-edge historians are therefore like vultures circling society, waiting to swoop in and lay claim to any dying social movement. Hegel, in a much quoted passage, once expressed the more universal concept that a culture achieves philosophical understanding only when it has started to decline: “The owl of Minerva begins its flight only with the onset of dusk”.²

The idea did occur to some scholars of the late 1980s and 1990s that historians of professions were performing a post-mortem. They were aware that the retreat of professionals from their former place in society was continuing. Harold J. Perkin, for example, sensed that he was witnessing an end of an era, the era in which professionals dominated society, and he wrote of ‘The Backlash Against Professional Society’.³ Signs appeared everywhere. At the very least, physician autonomy—one of the consistent themes in accounts of professional struggles of the past—was a contentious issue all over

¹ The continuing tendency to deprofessionalization and proletarianization, with implications for professional autonomy especially, is described in *The Changing Medical Profession: An International Perspective*, ed. Frederic W. Hafferty and John B. McKinlay (New York: Oxford University Press, 1993). The erosion of the status of the expert was long recognized, for example in Thomas L. Haskell, ‘Introduction’, in *The Authority of Experts: Studies in History and Theory*, ed. Thomas L. Haskell (Bloomington: Indiana University Press, 1984), pp. ix–xviii. I owe to Janet Golden, ‘Doctors Can Discover Disease, But It Takes a Whole Society to Make a Syndrome: Some Reflections on Fetal Alcohol Syndrome’, paper presented at the meetings of the American Association for the History of Medicine, Buffalo, New York, May, 1996, the recognition that the reverse process of medicalization, in the phrase “demedicalization”, was proceeding rapidly and in new ways at the end of the century.

² G. W. F. Hegel, *Elements of the Philosophy of Right*, trans. H. B. Nisbet, ed. Allen W. Wood (Cambridge: Cambridge University Press, 1991), pp. 23, 392n. Historians as vultures appears in John C. Burnham, ‘How the Concept of Profession Evolved in the Work of Historians of Medicine’, *Bulletin of the History of Medicine*, 70 (1996), 22.

³ Again, for social background, John C. Burnham, ‘American Medicine’s Golden Age: What Happened to It?’, *Science*, 215 (1982), 1474–1479; the loss of social position by professionals was absolute, not relative, according to pollsters. Samuel Haber, *The Quest for Authority and Honor in the American Professions, 1750–1900* (Chicago: University of Chicago Press, 1991), p. 359; Signild Vallgård, ‘The History of Medicine in Denmark’, *Social History of Medicine*, 8 (1995), 118. Harold Perkin, *The Rise of Professional Society: England Since 1880* (London: Routledge, 1989), chap. 10.

the world and made the idea of profession seem of current interest to any number of scholars, not to mention the practitioners who believed that the recognition that society granted them was dissolving, particularly as consumer groups sought to control or displace medical authority.⁴

But in this chapter, I wish to stand back, as history sometimes permits us, and recall once more the terrain through which my narrative has cut, to reflect how doctors as a collectivity appeared in historians' writings through the historical line described in the previous chapters—and once again well-read historians of medicine can add into the evidence many examples beyond those I have assembled to suggest lines of development. Then I shall take up the story as it continued in the 1990s—the end product of three centuries of change.⁵ Finally, at that point, the narrative closes with a shift and an inquiry: what can be made of this long encounter of medical historians with the concept of profession?

The Roots and Beyond

For 300 years, medical historians at different times wrote about the separate functions that constituted, in varying proportions, medical professionalism. Distinct lines of their research traced the history of medical education, of medical ethics, of medical institutions and organizations, of physicians' efforts to win political, economic, and social recognition, and of attempts of the gatekeepers of society to award recognition. For many historians, these lines of research remained independent of each other, and such scholars could focus singlemindedly on, for example, ethics or other aspects of the patient-doctor relationship. Institutions could appear in the category of geographically localized history. Even the political and economic struggles of physicians could remain part of political economy, if not part of the class struggle.

Other historians, however, gradually gained an additional perspective. In their work, the elements of professional functioning not only had an independent existence but, in addition, operated within the context of a more general category. When these historians examined education, organizations, doctor-patient and doctor-public relations, hierarchical ordering, and the rest, what they saw were not isolated historical phenomena but dynamic elements in the process of professionalization, or at least historical dimensions in a system of professional functioning.

The sequence of events in the foregoing chapters shows that the idea of a profession can be identified and traced through the generations of writers on the history of medicine. It is true that it took some time for any historians of medicine to deal openly with the history of a professional collectivization as such—that is, a collectivization that went beyond a demographic unit or the unifying teachings on which medicine depended. But it is now

⁴ Some historians equated autonomy with the fashionable factor of "agency". Physicians' agency did suggest their autonomy; but more usually the idea of agency was used to show how professional functioning inhibited someone else's agency.

⁵ In his wide-ranging survey, David Harley, 'Anglo-American Perspectives on Early Modern Medicine: Society, Religion, and Science', *Perspectives On Science*, 4 (1996), 346–386, sets up a periodization in the writing of medical history similar to the one followed in this book: a period of new perspectives and theory beginning in the mid-1970s, and a new era, inclusive of many points of view, beginning at the end of the 1980s and the 1990s.

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possible to give an answer to the question, where did the field of the history of the medical profession come from?

The narrative of “profession” in the history of medicine can be construed into a combination heroic epic and Cinderella story. In the pioneering beginnings of the history of medicine around 1700, writers did not use the configuration of profession. Only occasionally was the history of professional functioning dusted off and brought out to be used as ammunition by physicians writing history in a context of their own struggles for professional recognition.

By the late nineteenth century—and for decades afterward—historians emphasized one particular aspect of the medical profession, the critical knowledge base as it was embodied in intellectual history and biography, the familiar emphasis that undergirded professionals’ claims to social recognition. But in such biobibliography, the subject of the profession per se tended to be more rigorously repressed than before, as if any discussion of social origins might suggest that the profession had not existed forever.

Despite the beginnings of attention to the profession from one stream of social historians (in the New History), the subject of historical change in the profession was captured by sociologists using the developmental idea of professionalization. Only after some years, well past the middle of the twentieth century, did some brave historians of medicine set out to redeem the subject. In a hostile environment of competing types of social history, but with the encouragement of historians of other professions, the *avant garde* recaptured disciplinary possession of the history of the medical profession by incorporating and subordinating the sociology of professions. Historians of medicine, using specifics, then established the history of the medical profession in empirical terms. They made the idea of a medical profession into a useful—but not monolithic—factor in explaining events of the past and in the process created a model for other historians to use.

This happy ending cannot paper over the fact that any search for roots is problematic. As I suggested in the introduction, the quest to find in the past the roots of the present is implicitly teleological. It is bound to end up with the present, even though the narrative is placed conscientiously in historical context.

Into the 1990s

Yet we can still ask: what happened, then, at the very end? The rise of writings on the history of the medical profession, as outlined in previous chapters, grew through the second half of the twentieth century so that the category was well developed by the 1980s. Ever more scholars introduced analytic, comparative, and fresh narratives. The 1990s therefore brought no change, but only continuity—in both quantity and direction of inquiry.⁶

It is true that in the history of the medical profession and the history of professions generally, by the end of the 1980s, it was obvious that the stimulation of the Princeton programme was waning. Books that had been inspired, in part, at least, by that programme had been published. It even appeared, at first glance, that in both general history and

⁶ Volker Roelcke, ‘Die Entwicklung der Medizingeschichte seit 1945’, *NTM*, n.s. 2 (1994), 193–216. An example of new insights and sharp questions—for instance about the relationship of profession to bureaucracy—that comparative history was bringing is found in *Professionen im modernen Osteuropa: Professions in Modern Eastern Europe*, ed. Charles McClelland, Stephan Merl, Hannes Siegrist (Berlin: Duncker & Humblot, 1995).

within the history of medicine, the number of publications that were focused on the idea of profession may have diminished slightly. *Historical Abstracts*, for example, in the 1975–1981 period carried each year about five entries under profession, professionalization, professionalism, and like headings. In the early 1980s, the number of items listed each year doubled and then increased again to 15–18 in the late 1980s, reaching a peak of 24 in 1990 before settling into a steady rate of 17–21 a year in the early 1990s. This rough sample of historical writings *explicitly* on the subject of profession illustrates in a graphic way the growth of interest during the 1980s as described by eyewitnesses quoted in the previous chapter who recorded their observations as they worked within the field. The sample also reveals the ultimate slight diminution in numbers after the 1980s. Nevertheless, those same numbers document a sustained interest in the subject in the years afterward—a very high plateau of interest relative to the few items on the subject even as late as the 1960s and 1970s.⁷

Moreover, from a more distant perspective, there may not have been any real decrease at all in attention to the subject in the 1990s, at least in medical history. The concept may just have been absorbed. For example, in 1992, medical historian Ann F. La Berge repeatedly used the term and concept of professionalization to explain events in the French public health movement in the nineteenth century, although her focus was the category of the public health movement, not the profession, however much the idea appeared in her book. So other medical historians of the late 1980s and 1990s like La Berge used and assumed the idea of profession.⁸

Medical historians of that period thus showed their awareness of the idea also by adopting it as just part of the expected background in accounts of the past of medicine. In, for example, W. F. Bynum's standard 1994 work on the science and practice of medicine in the nineteenth century, his index had 44 entries under "medical profession", and those entries did not include all of the passages in which the concept appeared in a substantial form.⁹ A 1997 book dealing with the history of organized medicine in Germany

⁷ The heading "professional education" was not included, but the results would probably not have been much different. Entries indexed in *America: History and Life*, the other major general index, showed a somewhat similar pattern of growing and sustained interest, but since they included many items from outside the field of history, particularly from sociology, the totals do not reflect fully the work of historians. And of course exactly how the idea of profession showed up in each entry varied; the figures simply exemplify in numerical form the general trend evident in the literature as a whole.

⁸ Ann F. La Berge, *Mission and Method: The Early Nineteenth-Century French Public Health Movement* (Cambridge: Cambridge University Press, 1992); see, for example pp. 2, 27, 44. Among many other examples were Robert N. Proctor, *Racial Hygiene: Medicine Under the Nazis* (Cambridge, MA: Harvard University Press, 1988), and James A. Gillespie, *The Price of Health: Australian Governments and Medical Politics 1910–1960* (Cambridge: Cambridge University Press, 1991), who concentrated on political economy but was well aware of the context, conceptualization, and questions provided by sociologists and historians of the medical profession. Still another type of evidence is found in Charles E. Rosenberg, *Explaining Epidemics and Other Studies in the History of Medicine* (Cambridge: Cambridge University Press, 1992), which is a collection of papers that had originally appeared during the twenty-five years preceding; the word profession (or professionalization) appeared more than fifty times, often as a collective noun, but often, also, with a much more sophisticated meaning, a meaning that the author usually expected the reader to understand without explanation.

⁹ W. F. Bynum, *Science and the Practice of Medicine in the Nineteenth Century* (Cambridge: Cambridge University Press, 1994); see especially pp. 2ff. In a companion volume, Lawrence I. Conrad, *et al.*, *The Western Medical Tradition, 800 BC to AD 1800* (Cambridge: Cambridge University Press, 1995), the concept likewise appeared, from a section that included "professionalisation" among the ancients to the appearance of "recognisably modern professional structures" by the nineteenth century (pp. 35, 447).

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encapsulated the way in which historians were absorbing the idea of profession. The editor, Robert Jütte, began by framing the history with a sociological definition and even a list of attributes of a profession. But then he—and the other authors—went on to describe actual events, drawing on contemporary observers and other primary sources. The contributors invoked the process of professionalization and the spirit of autonomous professionals along with economic motives, status aspirations, and the power of the state. Their narratives were all touched by awareness of conventional sociological elements and some consciousness of the physicians' continuing sense of their special professional identity.¹⁰

One of the curious demonstrations of the absorption of the idea of profession into the field is the collective memory of present-day historians of medicine who reminisce about the 1960s–1980s period. The outstanding books that they tend to recall as being important in bringing up the idea of profession were volumes such as Peterson's—in which the raw materials were present (descriptions of professional activity), but not the explicit conceptualization or even, necessarily, the term “profession”. The historians' conceptualizations came from other, probably later, scholars who wrote explicitly about the subject. But in memory, raw material and conceptualization were conflated.

Historians of medicine who used the idea of profession continued to work to emancipate themselves (perhaps demonstrating how all revisionists unconsciously try repeatedly to kill their predecessors) from ahistorical, rigid models of mid-century functional sociology and to assert the uniqueness of actual historical events in the history of a medical profession. Pursuing such a negative struggle as late as 1993, historian of medicine Thomas Broman still referred to old ideas and the need to go beyond sociological questions. “We need something new”, he insisted, and he recommended looking at “particular historical cases”.¹¹ And another trend noted in Chapter 5 was also still in place: medical historians continued frequently to use previous historical works, rather than those of sociologists directly, for generalized conceptualizations of professional functioning.¹²

The History of Professions in General

Historians of medicine continued notably, too, to write in close association with historians of professions in general, who themselves after the 1980s continued the

¹⁰ *Geschichte der deutschen Ärzteschaft: Organisierte Berufs- und Gesundheitspolitik im 19. und 20. Jahrhundert*, ed. Robert Jütte (Köln: Deutscher Ärzte-Verlag, 1997), especially p. 17.

¹¹ See, for example, Hilary Marland, review of Schepers, *De Opkomst van het Medisch Beroep in België*, in *Social History of Medicine*, 5 (1992), 155–156; Ian R. Dowbiggin, *Inheriting Madness: Professionalization and Psychiatric Knowledge in Nineteenth-Century France* (Berkeley: University of California Press, 1991), especially pp. 14, 167–170. Thomas Broman, review of McClelland, *The German Experience of Professionalization*, in *Bulletin of the History of Medicine*, 67 (1993), 190. Michael Jerome Carella, *Matter, Morals and Medicine: The Ancient Greek Origins of Science, Ethics and the Medical Profession* (New York: Peter Lang, 1991), is a notable exception in applying ahistorical functionalist definitions to historical material.

¹² See, for example, Jacqueline Jenkinson, ‘The Role of Medical Societies in the Rise of the Scottish Medical Profession 1730–1939’, *Social History of Medicine*, 4 (1991), 253–275. Charlotte G. Borst, *Catching Babies: The Professionalization of Childbirth, 1870–1920* (Cambridge, MA: Harvard University Press, 1995), wrote (p. 2) explicitly that together “Sociologists and historians have identified a number of criteria to judge the movement of an occupation toward professionalization”.

impressive momentum described in Chapter 5. In 1989, Perkin rewrote the history of England in the preceding century as the rise of a “professional society”, which was a society that “accepted in principle that ability and expertise were the only respectable justification for recruitment to positions of authority and responsibility”, a society, moreover, “in which every citizen had the right” to receive care from professionals, that is, the welfare state. Moreover, in 1996, he extended the argument to all of the modern world.¹³ This ingenious and often compelling interpretation demonstrated the important place that the history of professions, professionalism, and professionalization could play in the work of general historians by the 1990s—far beyond the conception of profession that was operating generations earlier with the historians of particular professional groups.

Writings on the history of professions as such varied. One could find accounts still affected by postmodern thinking alongside the works of scholars who conspicuously focused specifically on historical events within professions.¹⁴ Many historians (often those self-consciously differing with sociologists) continued to emphasize particularly that professions changed over time, which complicated the task of studying them. In 1993, Samuel Haber concluded that “the professions are a disputed category because they are not inert or passive objects, like preserved butterflies under a lepidopterist’s gaze . . . Rather, they are active changing, influential social groups that energetically classify, label, and consider themselves—they take an important part in their own definition”.¹⁵ Other scholars of the 1990s, too, noticed how people in the past both explicitly and implicitly defined professions and professionalism differently in succeeding periods—and such historical observations still further increased the gap between older, usually functionalist, views of profession and the ways in which more recent scholars reconstructed the past.

Finally, a series of basic issues continued to come up repeatedly. One, especially noted by Europeanists on both sides of the Atlantic, was the continuing concern with the relationship of professionals to the state—and to bureaucracies and bureaucratic organization in general. Another was the struggle for group autonomy.¹⁶ Still another was the relationship of any group of professionals to other groups in the society—especially clients and competitors. And, finally, particularly noticeable at the end of the twentieth century, as more detailed historical reconstructions became available, was scholars’

¹³ Perkin, *The Rise of Professional Society*; the quotation is from p. 405. A similar, but not so thoroughgoing, work was noted in Chapter 5: Geoffrey Holmes, *Augustan England: Professions, State and Society, 1680–1730* (London: George Allen & Unwin, 1982). Harold Perkin, *The Third Revolution: Professional Elites in the Modern World* (London: Routledge, 1996).

¹⁴ In the United States, JoAnne Brown, *The Definition of a Profession: The Authority of Metaphor in the History of Intelligence Testing, 1890–1930* (Princeton: Princeton University Press, 1992), for example, used the “linguistic turn” to enrich her depiction of profession building of psychologists.

¹⁵ Samuel Haber, ‘The Professions’, in *Encyclopedia of American Social History*, ed. Mary K. Cayton, Elliott J. Gorn, and Peter W. Williams (3 vols., New York: Scribner, Maxwell, 1993), II, 1573.

¹⁶ One example even in the Anglo-American world was Paolo Palladino, ‘Wizards and Devotees: On the Mendelian Theory of Inheritance and the Professionalization of Agricultural Science in Great Britain and the United States, 1880–1930’, *History of Science*, 32 (1994), 409–444. Autonomy had at one point been privileged by sociologists; see, for example, Ivan Waddington, *The Medical Profession in the Industrial Revolution* (Dublin: Gill and Macmillan, 1984), chap. 9. In practice, group autonomy could translate into allowing each individual professional person independence of action, a self-determination that was in harmony with the narcissistic trends that many commentators found among social leaders in the 1970s and after; see below in this Chapter and especially Bradford Evan Newfield, ‘Prescribing Autonomy: Physicians and the Professional Autonomy Ideal in American Culture’ (PhD dissertation, University of California, Los Angeles, 1991).

concern with the internal conflicts that appeared to be inevitable among any collection of professionals.¹⁷

To Revisionists Add: Counter Revisionists

And there were more dimensions still. In 1995, Bledstein identified two streams in the general historiography of professions. One stream consisted of the critical scholars, who emphasized the ways in which earlier professionals drew boundaries, asserted their expertise, and won recognition for specialized knowledge. In critical hands, depicting this drive for power could appear to be “revisionist” (and that term has been used in previous chapters in this book to denote the general anti-elitist and anti-institutional trend among many intellectuals).

But Bledstein went on to point out that now counter revisionist scholars had appeared as well (presaged, if not begotten, by the Princeton programme), scholars who asserted that, in important ways, the original basis for a profession persisted: “Vow, calling, office, rank, honor, character, public service”, and the like—based on “preindustrial, precommercial, nonadversarial civic values”. Indeed, Margareta Bertilsson pointed out that not only did professions stand as an ideal in the liberal state but that professions were essential to the idea of the extended rights of citizens in the later welfare state (a conclusion similar to Perkin’s).¹⁸

Among the major works in the counter revisionist tradition in the history of professions were those of two Americanists. Haber in 1991 described American professions from 1750 to 1900 in terms of the way in which pre-industrial patterns of social arrangements persisted, a continuing attempt to define and assert gentlemanly “authority and honor”. The other counter revisionist was Bruce A. Kimball, who analysed how one profession succeeded another in embodying the ultimate ideals of unselfish professional service: first the clergy, then lawyers, then educators—with the ascent of medicine, waiting in the wings, in the twentieth century. Both Haber’s and Kimball’s works constituted magisterial demonstrations of scholarship, with a full display of research and conceptualization from both history and sociology that would not have been possible a few years before. But both books, as Bledstein pointed out, also represented a reassertion that idealism was a force in the history of professions—even if in a context of hierarchical status claimed by professionals (though perhaps not fully achieved).¹⁹

¹⁷ This summary has benefited from the analysis of Robert E. Kohler, ‘History of Professions and Historians of Science’, an unpublished paper presented at the meetings of the Organization of American Historians in 1985 and kindly made available by the author.

¹⁸ Burton J. Bledstein, review of Kimball, *The “True Professional Ideal” in America: A History*, in *Journal of Interdisciplinary History*, 25 (1995), 747. William G. Rothstein, ‘Professions in Process’, *Bulletin of the History of Medicine*, 70 (1996), 691–698, identified this point of view as the “new synthesis”, a modification of Parsons’ original formulation of the function of professional behaviour and social status. In her 1995 survey of the work of social historians of medicine in Denmark, Vallgård, ‘The History of Medicine in Denmark’, p. 122, found that “the only controversy” was about “the history of the medical profession”—whether nineteenth-century physicians “mainly acted to promote their own interests in power and wealth or whether they acted from more altruistic motives”. Margareta Bertilsson, ‘The Welfare State, the Professions and Citizens’, in *The Formation of Professions: Knowledge, State and Strategy*, ed. Rolf Torstendahl and Michael Burrage (London: Sage Publications, 1990), pp. 114–133.

¹⁹ Haber, *The Quest for Authority and Honor*. Bruce A. Kimball, *The “True Professional Ideal” in America: A History* (Cambridge, MA: Blackwell, 1992). Bledstein also cited Anthony J. La Vopa, *Grace, Talent, and Merit*:

Empiricism and Comparison

Many signs confirmed the assertion, by general historians of professions as well as medical historians, that neither the celebratory nor the wholly critical approach to professionals of the past would dominate scholarship. Indeed, as Regina G. Kunzel noted, such dichotomization could be superseded by irony: the drive of American social workers and nurses to professionalize, she found, inadvertently and ironically pushed them into a subordinate role in a gender-driven overall hierarchy of professionals.²⁰

Toward the end of the twentieth century, then, the specifics in historians' accounts continued to modify any tendency they might have had to use a strongly schematic approach to professional functioning (a part of the same movement that Cocks and Jarausch identified as a third, i.e., non-tendentious, empirical, and comparative wave in the history of professions). In 1994, for example, R. D. Gidney and W. P. J. Millar wrote about the professions in nineteenth-century Ontario. They noted explicitly that "the concept [of profession] is not generic but rather historical and parochial, with ambiguous, contradictory, and varied meanings arising from a particular time and place".²¹

Beyond the sophistication of analysis based on the mixture of motives, selfish and unselfish, that moved earlier (and sometimes, by implication, present) professionals, and beyond the knowledge that sociohistorical contexts were strong determiners of events, scholars of the 1990s were continuing to apply a variety of comparisons to elucidate the uniqueness of the quest of different professionals and societies alike to foster and control the growth of professional personnel. These comparisons were particularly obvious in the format (increasingly popular among academics) of volumes of collected essays, such as a 1990 volume on the German professions from 1800 to 1990, or another collection of largely Swedish contributions in which the editors asked contributors deliberately to confront the issues raised by historical considerations and "rethink the study of the professions".²²

Portraying professionals—always including medical professionals—as central actors in liberalism and modernization developed a momentum that was particularly effective in pushing scholars to extend the history of professionals to non-Anglo-American societies. The professions were conspicuous in a whole literature in German sociology and history about *Bürgertum* (the context of middle class, and especially the educated part of the middle class, in which professionals operated). And in her history of the professions in Hungary, for example, Mária M. Kovács showed how change within the professions

Poor Students, Clerical Careers, and Professional Ideology in Eighteenth-Century Germany (Cambridge: Cambridge University Press, 1988).

²⁰ Regina G. Kunzel, *Fallen Women, Problem Girls: Unmarried Mothers and the Professionalization of Social Work, 1890–1945* (New Haven: Yale University Press, 1993), especially pp. 165–170.

²¹ See Introduction, above. R. D. Gidney and W. P. J. Millar, *Professional Gentlemen: The Professions in 19th Century Ontario* (Toronto: University of Toronto Press, 1994); the quoted material is from p. xii.

²² *German Professions, 1899–1950*, ed. Geoffrey Cocks and Konrad H. Jarausch (New York: Oxford University Press, 1990). *Professions in Theory and History: Rethinking the Study of the Professions*, ed. Michael Burrage and Rolf Torstendahl (London: Sage Publications, 1990). Both works were influenced by deliberate comparative efforts in Europe. A book collecting the history of American professions, *The Professions in American History*, ed. Nathan O. Hatch (Notre Dame: University of Notre Dame Press, 1988), was at the time it was published in 1988 still so pioneering that the contributions were largely unresolved empirical efforts. A number of earlier collections are cited in the notes to Chapter 5, above.

conditioned the actions of a state that for a long time denied autonomy to physicians and others—and, moreover, that when autonomy came, it had illiberal, not liberal, effects.²³

So even if they could abstract no simplistic and mechanical universals, in the most conspicuous publications of historians of professions in general writing after the late 1980s, two particular trends were evident. First, the remarkable turnabout continued: historians' work was powerfully affecting the configuration of sociological thinking about professions. It was not just the work of historians of medicine, but all historians of professions. "A major theme of the current work revitalizing the field" of the sociology of professions, wrote Randall Collins in 1990, "is to capture historical variation".²⁴

But, in the second place, medicine continued to hold a special place in the general history of professions.

The History of the Medical Profession

It is instructive that medicine persisted as the model profession within the field of the history of professions. Indeed, in the early 1990s, medicine was more, rather than less, the key and model profession. As Haber observed: in the history of professions, when professionals defined themselves in classic, possibly self-serving, twentieth-century terms, "the physicians, in particular, impend incognito in the background".²⁵ Other major writers of the time recognized the special prototypical nature of the medical profession—as Kimball sought the origins of the twentieth-century prestige of the medical profession

²³ *Society and the Professions in Italy, 1860–1914*, trans. Adrian Belton, ed. Maria Malatesta (Cambridge: Cambridge University Press, 1995), is striking for the well-informed comparative approach of the contributors and the continuing assumptions of a connection between industrial modernization and professionalization, including medicine. The *Bürgertum* connection was particularly encouraged by a programme in 1986–1987 at Bielefeld University, which resulted in, for example, *Bürgerliche Berufe: Zur Sozialgeschichte der freien und akademischen Berufe im internationalen Vergleich*, ed. Hannes Siegrist (Göttingen: Vandenhoeck & Ruprecht, 1988). Mária M. Kovács, *Liberal Professions and Illiberal Politics: Hungary from the Habsburgs to the Holocaust* (Washington: Woodrow Wilson Center Press, 1994).

²⁴ Randall Collins, 'Changing Conceptions in the Sociology of the Professions', in *The Formation of Professions: Knowledge, State and Strategy*, ed. Torstendahl and Burrage, pp. 14–15; this entire book is a dramatic demonstration of the impact of the work of historians, especially medical historians, upon sociologists. Another important work, published not many years later, claiming that the era of classic professions had ended, was also profoundly dependent upon the work of historians: Steven Brint, *In an Age of Experts: The Challenging Role of Professionals in Politics and Public Life* (Princeton: Princeton University Press, 1994). His negative stance is suggested by his summary (pp. 202–203): "From the beginning of the modern era of occupational professionalization, professions represented efforts to organize and protect markets, as well as to propagate values in relation to important services, and they were embedded in the hierarchies of large organizations as much as they were organized along the lines of occupational solidarity. The positive characterizations of professions have always focused in a one-sided way on one set of the relevant embeddings of professions". The negative approach and the emphasis Brint put on politics may not have been attractive to many types of social, much less medical, historians, and it may help explain the limited influence of some recent sociologists, writing with similar negative bents, on historians. *The Changing Medical Profession*, ed. Hafferty and McKinlay, suggests that sociologists in general tended to continue to adhere to a "professional dominance" model.

²⁵ Haber, *The Quest for Authority and Honor*, p. xiii. Some essays in *A Healthy Country: Essays on the Social History of Medicine in New Zealand*, ed. Linda Bryder (Wellington: Bridget Williams Books, 1991), exemplify particularly clearly a tendency to expand the exploration of boundary drawing into paralleling the professional development of other health professions with medicine on a more equal basis—but in these efforts, the concept of profession did not change; see particularly the heavily economic interpretation of Michael Belgrave, 'Medicine and the Rise of the Health Professions in New Zealand, 1860–1939', pp. 7–24.

in America and McClelland and others spelled out how exceptional was the medical profession in German society.²⁶

The history of the medical profession thus persisted and even grew as a subfield in the general history of professions as well as a subfield in the history of medicine. Summary surveys of the history of the medical profession kept appearing, written by leading historians of medicine such as Gelfand and Brieger.²⁷ The same questions came up as in writings on the history of other professions or of professions in general: physicians' relations with the state, with a variety of other social groups and structures, and with each other. But the medical profession was, clearly, special for historians in all fields.

The New Porousness of Field Boundaries

Moreover, as I have suggested, the history of medicine was no longer an isolated endeavour. Much of it was being written by historians who were not easily identified as medical historians, or at least not exclusively so. Usually they were social historians, like Huerkamp, who could at any time double as historians of medicine. Others, however, might come from any field. Jarausch, for example, came to the general history of professions—including medicine—from diplomatic history.²⁸

The uncertainty of disciplinary boundaries also appeared in increasingly numerous instances of sociologists whose work included the particular field of the history of the medical profession. Sociologists like Rothstein and Waddington, who found themselves preempted by historical material, have been noted repeatedly in previous chapters. "There are moves . . . towards a theoretical analysis of the professions that can accommodate both historical and comparative evidence", asserted three cross-disciplinary scholars in 1990. Ramsey, reviewing Abbott's book, observed that "Historians do not have . . . full jurisdiction over the study of professions . . . this is a strength rather than a weakness".²⁹

But the major boundary erosion occurred between medical historians and general historians. Beginning especially in the 1980s, dramatic instances of historians' crossing boundaries kept appearing. Medical historians had long written of the way in which medical factors had affected the performance of armies and of famous people who figured in traditional (usually political) historical narratives. MD amateur historians, especially, had traditionally exploited such subjects effectively in accounts of the incapacity of military

²⁶ Kimball, *The "True Professional Ideal"*. Charles E. McClelland, *The German Experience of Professionalization: Modern Learned Professions and Their Organizations from the Early Nineteenth Century to the Hitler Era* (New York: Cambridge University Press, 1991).

²⁷ Gert H. Brieger, 'Medicine as a Profession', in *Encyclopedia of Bioethics*, ed. Warren T. Reich (2nd ed., 5 vols., New York: Macmillan, 1995), III, 1688–1697. Toby Gelfand, 'The History of the Medical Profession', in *Companion Encyclopedia of the History of Medicine*, ed. W. F. Bynum and Roy Porter (2 vols., London: Routledge, 1993), II, 1119–1150. The contrast of the now vigorous interest in profession among historians with the formerly flourishing field in sociology is of course especially noticeable.

²⁸ Konrad H. Jarausch, *The Unfree Professions: German Lawyers, Teachers, and Engineers*, (Oxford: Oxford University Press, 1990), pp. vii–viii, explains a little of his transformation.

²⁹ William Rothstein, *American Medical Schools and the Practice of Medicine: A History* (New York, Oxford University Press, 1987), continued his work in medical history. Michael Burrage, Konrad Jarausch, and Hannes Siegrist, 'An Actor-Based Framework for the Study of the Professions', in *Professions and Theory in History: Rethinking the Study of the Professions*, ed. Michael Burrage and Rolf Torstendahl (London: Sage Publications, 1990), p. 203. Matthew Ramsey, review of Abbott, *The System of Professions*, in *Bulletin of the History of Medicine*, 66 (1992), 171.

Chapter 6

forces and the ill health of the great. In the late twentieth century, writers in medical history moved illness and health care systems into many areas of general history—migration, for example, or women's history. And I have also noted modern social historians who described the ways in which the medical and other professions shaped structural change in modern societies, particularly in England and early twentieth-century United States.

More striking still than medical historians' moving into the mainstreams of history, however, was the way in which general historians, for their part, moved into medical history. The instances are many and include, for example, books by general historians that were recognized by prizes awarded for work in the field of medical history.³⁰ By the mid-1990s, the boundaries between medical history and general history had become permeable to an extent that could not have been foreseen generations earlier when medical history was written almost entirely by physicians. And the social impact of medicine, particularly as embodied in the history of the profession, was particularly a field cultivated by general historians as well as medical historians. Indeed, distinctions between the two kinds of historians became increasingly difficult to draw. The hundreds of scholars and practitioners who chose formally to join one medical history group or another in the world (there were about 1500 members in the U.S. national organization alone) no longer represented medical history accurately, for many additional scholars were actively interested in the subject.

But if the definition of medical historian continued to be someone who published on the subject, it is still possible to observe that the history of the medical profession remained a subject of special concern among medical historians. Whatever their individual identities, medical historians continued after the 1980s along paths already established, contributing interesting extensions to the subject, but without notable departures. Some scholars were still arguing about whether or not there was a recognizable profession of medicine in ancient Greece and Rome. Others extended inquiries already familiar in modern Europe and America not only to other times but to other types of cultures, including those of colonized and developing societies.³¹

Close Alternatives: Education and Ethics

One perspective possible at the end of the twentieth century was seeing that the idea of profession had not only flourished in the context of medical history but had raised clarifying questions about close alternatives to the concept in historical narratives. The competitive alternatives that received the most attention in historical writings, and have been noted for earlier periods, were medical education (a theme well established from the first medical history writings) and medical ethics (of particular interest in the late twentieth century, and with a different, more social, emphasis than the ethics noted earlier, in Chapter 2).³²

In accounts of both medical education and medical ethics, historians usually took some notion of professional matrix for granted and referred casually to professional

³⁰ Richard J. Evans, *Death in Hamburg: Society and Politics in the Cholera Years, 1830–1910* (Oxford: Clarendon Press, 1987). Philip D. Curtin, *Death by Migration: Europe's Encounter with the Tropical World* (Cambridge: Cambridge University Press, 1989).

³¹ H. E. J. Hortmanshoff, 'The Ancient Physician: Craftsman or Scientist?', *Journal of the History of Medicine and Allied Sciences*, 45 (1990), 176–197. Amira el Azhary Sonbol, *The Creation of a Medical Profession in Egypt, 1800–1922* (Syracuse, NY: Syracuse University Press, 1991).

³² Another subordinate subject often treated in isolation was noted in previous chapters: licensing.

considerations. While such accounts of ethics and education could therefore serve as raw material for historians of the medical profession, the authors writing on education and ethics did not contribute to the history of the profession as they might have. In Thomas N. Bonner's landmark comparative history of medical education, published in 1995, for example, the idea of profession was assumed as background and showed up frequently in sources Bonner quoted—but his focus was ineluctably on education, and while his book could serve as background for the history of the medical profession, it did not contribute directly to the subject (nor was it intended to).³³

Usually historians of medical ethics used the term “physician” and focused on practitioners' individual ethical decisions rather than introducing the idea of collective professional identity. The continuing assumption that character was a professional trait, especially in the nineteenth century, was as close as the subject came to the history of professions. Most discussions centred, in the end, on philosophical issues. Indeed, a German historian in 1989 distinguished the social influence of colleagues, in defining ethical standards, as a category separate from ethical decisions of individual physicians—although he thereby still did not need to employ the concept of profession as such.³⁴

Iconoclastic sociologists of the 1970s and after were the first to explore at length the relationship between medical ethics and professional “power”. Historians—and then but a few—took up the relationship between professional functioning and ethical values only very late, in the 1980s and after, after the history of medical ethics on the individual level was well launched. And even then, those historians' focus was still on ethics, even if social ethics, and did not contribute to the concept of profession. Attention to “the moral challenges of the growing welfare state”, as Robert A. Nye described it, only slowly brought in the profession as such.³⁵

³³ Thomas Neville Bonner, *Becoming a Physician: Medical Education in Britain, France, Germany, and the United States, 1750–1945* (New York: Oxford University Press, 1995); see, for example, pp. 283, 286. Other histories of medical education have been noted in previous chapters.

³⁴ See, for example, Ulrich Brand, *Ärztliche Ethik im 19. Jahrhundert: Der Wandel ethischer Inhalte im medizinischen Schrifttum. Ein Beitrag zum Verständnis der Arzt-Patient-Beziehung* (Freiburg: Hans Ferdinand Schulz Verlag, 1977); Winfried Schleiner, *Medical Ethics in the Renaissance* (Washington: Georgetown University Press, 1995); Esther Fischer-Homberger, ‘Ärztliche Ethik und ärztliche Standespolitik—Ein Aspekt der Geschichte der ärztlichen Ethik’, *Bulletin der Schweizerischen Akademie der Medizinischen Wissenschaften*, 30 (1980), 395–410, who was interested in public interest, not profession as such; Stephen Toulmin, ‘Medical Ethics in its American Context, An Historical Survey’, *Annals of the New York Academy of Sciences*, 530 (1988), 7–15. Dietrich v. Engelhardt, ‘Entwicklung der ärztlichen Ethik im 19. Jahrhundert—medizinische Motivation und gesellschaftliche Legitimation’, in *Medizinische Deutungsmacht im sozialen Wandel*, ed. Alfons Labisch and Reinhard Spree (Bonn: Psychiatrie-Verlag, 1989), pp. 75–88, and other papers in that volume. Some ironic background is in Stephen Toulmin, ‘How Medicine Saved the Life of Ethics’, *Perspectives in Biology and Medicine*, 25 (1982), 736–750. The lively discussion that began in the late 1980s concerning Nazi medicine accelerated the development of the history of medical ethics with at least a little attention to the professional context; see, for example, Michael H. Kater, *Doctors Under Hitler* (Chapel Hill: The University of North Carolina Press, 1989). The arrangement of the entries in the *Bibliography of the History of Medicine* emphasizes the separateness of medical ethics and the history of that subject from profession as such. One scholar, Rebecca J. Tannenbaum, ‘Earnestness, Temperance, Industry: The Definition and Uses of Professional Character Among Nineteenth-Century American Physicians’, *Journal of the History of Medicine and Allied Sciences*, 49 (1994), 251–283, showed well a path not followed by others when she used the idea of professional character to demonstrate in a very specific setting the relationship between ethics and professional functioning.

³⁵ See especially Robert Baker, Dorothy Porter, and Roy Porter, ‘Introduction’, in *The Codification of Medical Morality. Historical and Philosophical Studies of the Formalization of Western Medical Morality in the Eighteenth and Nineteenth Centuries*, ed. Robert Baker, Dorothy Porter, and Roy Porter (2 vols., Dordrecht:

Specialization

Particularly beginning in the 1960s (see Chapter 4), historians sometimes turned to another mode in which physicians grouped and organized: specialization. It is possible to view physicians of the past in the throes of professional existence and struggle and then to shift perspective and see the same physicians, at least in the nineteenth and twentieth centuries, as principals in the process by which medicine divided into specialities and physicians came to operate in terms of that category—much as nineteenth- and early twentieth-century historians of medical science very customarily cast their narratives as developments in parallel special fields, so that their great doctors would be great in dermatology or surgery or legal medicine or whatever.

As numerous historians have pointed out, among physicians, specializing had two aspects, the intellectual and the socioeconomic (the socioeconomic sometimes characterized as practice or even as the equivalent of trade union activity as well as industrial division of labour). Ultimately it was possible for scholars to portray specialization as horizontal—an attempt to control markets—but at the same time as vertical—an attempt of professionals to control their work and establish an area in which they could exercise autonomy.³⁶

The intellectual basis for specialism grew out of the proliferation of knowledge and technology that called for physicians to limit their focus so as to have a deep competence in a restricted field—expertise. Late in the twentieth century, historians of science, some working in the history of medical science, especially emphasized the growth and communication (and sometimes construction) of knowledge within limited communities of people, who in medicine could constitute or characterize a specialization. Historians of medicine could speak of those who had or aspired to have their expertise recognized in terms of a “professional identity”.³⁷

Kluwer Academic Publishers, 1993–1995), I, 1–14, and the other essays in these volumes; the word “profession” hardly appears in the index to volume II, although various authors did refer to it. Edmund D. Pellegrino, ‘The Metamorphosis of Medical Ethics’, *JAMA*, 269 (1993), 1158–1162. Robert A. Nye, ‘Honor Codes and Medical Ethics in Modern France’, *Bulletin of the History of Medicine*, 69 (1995), 111. A confirming example is Diego Gracia Guillén, ‘Historia de la ética médica’, in *Ética y medicina*, ed. Francisco Vilardell (Madrid: Espasa Calpe, 1988), pp. 25–65. Much thoughtful work on the subject appeared; see, for an additional example, *Social Science Perspectives on Medical Ethics*, ed. George Weisz (Dordrecht: Kluwer Academic Publishers, 1990).

³⁶ See, for example, the clear exposition in Bonnie Ellen Blustein, ‘New York Neurologists and the Specialization of American Medicine’, *Bulletin of the History of Medicine*, 53 (1979), 170–183, and the general discussion in Rosemary Stevens, ‘The Changing Idea of a Medical Specialty’, *Transactions and Studies of the College of Physicians of Philadelphia*, ser. 5, 2 (1980), 159–177. Rosemary Stevens, *American Medicine and the Public Interest* (2nd ed., Berkeley: University of California Press, 1998), pp. ix–xxx, updated and expanded her discussion of specialization and gives special attention to the profession as such. A good summary of the specialization literature appeared in Barbara Bridgman Perkins, ‘Shaping Institution-Based Specialism: Early Twentieth-Century Economic Organization of Medicine’, *Social History of Medicine*, 10 (1997), 419–435.

³⁷ General background is suggested by John Higham, ‘The Matrix of Specialization’, in *The Organization of Knowledge in Modern America, 1860–1920*, ed. Alexandra Oleson and John Voss (Baltimore: Johns Hopkins University Press, 1979), pp. 3–18. Gerald L. Geison, ‘Scientific Change, Emerging Specialties, and Research Schools’, *History of Science*, 19 (1981), 20–40. Harry Marks, *The Progress of Experiment: Science and Therapeutic Reform in the United States, 1900–1990* (Cambridge: Cambridge University Press, 1997), explores the dynamic interactions of central groups of specialists of various kinds, often implicitly motivated by professional as well as social and scientific considerations. Such writers as Gerald Grob, *From Asylum to Community: Mental Health Policy in Modern America* (Princeton: Princeton University Press, 1991), repeatedly referred to competition between groups of medical specialists in terms of “interprofessional rivalry”. Charles E.

But many more historians employed the social or socioeconomic model of specialization, in which, as George Rosen noted in 1983, there were economic, social, educational, and institutional forces—beyond pride and interest in one's work—that operated to give MDs a drive to specialize. When using this social determinist model, historians (and other scholars) tended to portray specialization in terms of the process of professionalization. By the late 1970s, some scholars had even detected a set of stages through which specialization passed, comparable to the well-known stages of professionalization.³⁸ Others detected boundary disputes (typical of physicians' professional struggles) as one group of specialists attempted to claim territory from another—beyond, for example, dentists and optometrists.³⁹

One curious result of this kind of thinking, in which specialist groups united around their own self-awareness and common aspirations, was a growing tendency to label specialties professions, such as “the profession of obstetrics” or “the profession of psychiatry”. Such identifying of specialties as professions was particularly appropriate when the definition of both speciality and profession was essentially social—in Halpern's words, “a status and marketdriven phenomenon”.⁴⁰ At the very least, in the hands of some historians, internal struggles over specialization within the whole medical world became part of the more general history of professional definition and professional strategies and aspirations.⁴¹ In such accounts, the group spirit of professionalism overlapped the spirit of

Rosenberg, 'Afterword: Science from Below: The Next Generation', in *The Scientific Enterprise in America: Readings from Isis*, ed. Ronald L. Numbers and Charles E. Rosenberg (Chicago: University of Chicago Press, 1996), pp. 15–20, pictured an emphasis on specialization as an outgrowth of “from the bottom up” history so that physicians and scientists could be considered everyday workers. A work embodying and describing much late twentieth-century historical thinking on specialization is Keith Wailoo, *Drawing Blood: Technology and Disease Identity in Twentieth-Century America* (Baltimore: The Johns Hopkins University Press, 1997).

³⁸ George Rosen, *The Structure of American Medical Practice, 1875–1941*, ed. Charles E. Rosenberg (Philadelphia: University of Pennsylvania Press, 1983), especially p. 87. John M. Luce and Richard L. Byyny, 'The Evolution of Medical Specialism', *Perspectives in Biology and Medicine*, 22 (1979), 377–389. Even George Weisz, in 'Mapping Medical Specialization in Paris in the Nineteenth and Twentieth Centuries', *Social History of Medicine*, 7 (1994), 177–211, in dissenting from the general accuracy of the professionalizing model, used it as a point of departure. An early example of the application of the idea of profession to specialization is Courtney R. Hall, 'The Rise of Professional Surgery in the United States: 1800–1865', *Bulletin of the History of Medicine*, 26 (1952), 231–262.

³⁹ The primary literature on dentistry as a profession, not to mention other health professions, is extraordinarily abundant for the twentieth century. A more central example from medical history is Norman Gevitz, 'Autonomous Profession or Medical Specialty: The Stomatological Movement and American Dentistry', *Bulletin of the History of Medicine*, 62 (1988), 407–428.

⁴⁰ For example, William Rey Arney, *Power and the Profession of Obstetrics* (Chicago: University of Chicago Press, 1982). I have not systematically traced how far back it was customary to refer to a speciality as a profession (typically “our profession”) in the general contemporary medical literature. Sydney A. Halpern, *American Pediatrics: The Social Dynamics of Professionalism, 1880–1980* (Berkeley: University of California Press, 1988), p. 157. How this institutional development continued to appear in history is illustrated, for example, by George Weisz, 'Medical Directories and Medical Specialization in France, Britain, and the United States', *Bulletin of the History of Medicine*, 71 (1997), 23–68.

⁴¹ See, for example, Toby Gelfand, 'The Origins of a Modern Concept of Medical Specialization: John Morgan's *Discourse of 1765*', *Bulletin of the History of Medicine*, 50 (1976), 511–535; Lindsay Granshaw, '“Fame and Fortune by Means of Bricks and Mortar”: The Medical Profession and Specialist Hospitals in Britain, 1800–1948', in *The Hospital in History*, ed. Lindsay Granshaw and Roy Porter (London: Routledge, 1989), pp. 199–219; David P. Adams, 'Community and Professionalization: General Practitioners and Ear, Nose, and Throat Specialists in Cincinnati, 1945–1947', *Bulletin of the History of Medicine*, 68 (1994), 664–684; Rosa María Medina Doménech and Esteban Rodríguez Ocaña, 'Profesionalización médica y campañas sanitarias. Un proceso convergente en la medicina española del primer tercio del siglo XX', *Dynamis*, 14 (1994), 77–94. The

specialization hinted at by Rosen in his description of social determinants. And of course a physician could have more than one professional identity. But writing the history of specialization, like the histories of ethics and of education, had itself a distinct history, separate from the history of professionalism and professionalization.⁴²

The History of Institutions

Still another theme that has appeared consistently in the work of medical historians has been the history of institutions—both specific institutions, such as particular hospitals and bureaucracies (not least government ministries of health), and general institutions, such as the institution of the medical society or the medical school. Farr, the early nineteenth-century pioneer, wrote explicitly about the history of social institutions through which the medical profession operated. And, as noted in the previous chapter, other historians after Bullough continued to use institutions to chart and understand the history of the profession.

It is true, as my narrative suggests, that many scholars used the history of institutions to avoid writing about the profession by simply interpreting any professional behaviour as institutional functioning. Especially did local and national historians deal in detail with the functioning of medical institutions without taking up the idea of profession. And such an approach could even be extended to such processes as specialization, which, like professionalization, came to operate through organized institutions.

The history of the medical profession was thus entwined with, but often separate from, the history of institutions. Even the bureaucracies in late twentieth-century revisionist historical accounts were in fact institutions, but institutional history as such appeared to many scholars by that time to be old-fashioned.

At the beginning of the 1990s, however, this stream contributing to the history of the profession of medicine, institutional history, rather suddenly took on new life. Economists and sociologists began to use institutions as the means by which historical factors could be introduced into social choice and other contemporary theories. Medical historians, too, were seeing, as one of them, Dietrich Milles, reported in 1993, “the historical professionalisation of doctors . . . as, essentially, a form of institutionalisation”. One could focus on either subject, profession or institution, but, clearly, historians frequently used institutions—reported in old terms or new—as devices with which to ground the idea of profession in specifics from the sources. And as carriers of persistent patterns, institutional elements in the medical profession also accommodated the continuing conflict in historical narrative between continuity and discontinuity.⁴³

process involved could of course be refined further into the operation of bureaucratic forces, as in Arnold J. Heidenheimer, ‘Organized Medicine and Physician Specialization in Scandinavia and West Germany’, *West European Politics*, 3 (1980), 373–387. In general, specialties as professions did not have different clients or operate in a different society and so were understood as existing within the medical profession as a whole.

⁴² See, for example, Stevens, ‘The Changing Idea of a Medical Specialty’.

⁴³ See, for example, *Institutions in American Society: Essays in Market, Political, and Social Organizations*, ed. John E. Jackson (Ann Arbor: University of Michigan Press, 1990); *Explaining Social Institutions*, ed. Jack Knight and Itai Sened (Ann Arbor: University of Michigan Press, 1995). Dietrich Milles, ‘Institutionalization and Medical Viewpoints in Industrial Societies. An Historical Introduction’, *Dynamis*, 13 (1993), 19–28; the quotation is on 24.

The Subject of Profession Appears Persistently

After three centuries, what should medical historians have learned from their encounter with the idea of profession? Does the foregoing narrative have anything to teach scholars who currently or in the future may turn their attention to the history of the profession or any part of it? Clearly historians did not abstract any simplistic or mechanical universals. In following empirical specifics, scholars found history to be as untidy as usual, with different configurations of profession in one time and place or another.

Yet some generalizations do emerge from the record. First and foremost, the subject of profession persistently intruded into the work of all of the generations of medical historians. Indeed, in later relevant historical discussions, scholars ignored the literature on professions at their peril (“If the theory of professionalization had been applied . . .”, wrote one reviewer of an unalert author in 1994).⁴⁴ Historians ultimately had to recognize the idea of profession. And it was not likely to go away.

For medical historians, even if the professions died or were negatively transmogrified in their own societies, the evidence from the accumulated body of medical history would still show the phenomenon to be an important one. While historians could not know whether or not professions would continue in the future, the whole record of previous scholars’ discoveries of the subject in medical history suggested that in *written evidence from the past*, investigators would continue to find that the recorders of that evidence had described the medical profession. Indeed, a growing challenge came to be to explain the persistence with which scholars conceptualized professions in general and the medical profession in particular.⁴⁵

If the accumulated writings on the history of the medical profession did not produce simple answers or formulaic inquiries, nevertheless the evidence of historians’ encounters with the idea of profession did embody much wisdom about what questions historians might ask. For historians writing at the end of the twentieth century, predecessor scholars provided both wise and useful suggestions to fuel the eclecticism that was coming to dominate history.⁴⁶ From early writers’ concern with “the honour” or status of physicians, to nineteenth-century Germans’ emphases on both the knowledge/expertise and legal bases of their profession, came fundamentals. The developing line of investigating group reaction, from institutional to organizational, was obvious right into the 1990s. Sociologists’ concerns with professional ideals and cultures could stand alongside historians’ particularistic models of evolution and devolution of professionalism and autonomy. Altogether, the record of how historians worked with the idea of profession provided an unusually rich set of models for historians who were trying to resolve divergent narratives and combine different discourses.⁴⁷

⁴⁴ Paul Weindling, review of Osborne, *The Politics of the Body in Weimar Germany*, in *Social History of Medicine*, 7 (1994), 342.

⁴⁵ Haber, from his perspective, has also recognized this problem, in *The Quest for Authority*, pp. 359–361.

⁴⁶ Ironically, the contemporary sociology of professions, too, could be described as tending to be eclectic; see Keith M. Macdonald, *The Sociology of the Professions* (London: Sage Publications, 1995).

⁴⁷ Dorothy Ross, ‘The New and Newer Histories: Social Theory and Historiography in an American Key’, *Rethinking History*, 1 (1997), 125–150, provides an especially cogent explanation.

The Hard Fact: Profession in the Primary Sources

Altogether, then, the cumulated evidence, the record summarized in preceding chapters and in this chapter, of the way in which profession appeared in medical historical writing, shows an underlying reason why the subject was not going to go away: the idea obtruded itself in the primary sources. As Christopher Lawrence, a leading British scholar, observed at one point when he was using the concept of profession, “By the end of the nineteenth century we can legitimately talk of the medical profession, employing a term that would have been meaningful to contemporaries”.⁴⁸

It is true that the term and concept of profession appeared much more frequently in materials from the nineteenth century and after. In Augustín Albarracín Teulón’s account of medical organizations in Spain, to take one trenchant example, the term “profession” showed up with increasing frequency in his narrative as it passed through time, beginning in the mid-nineteenth century. He traced the medical profession, with specifics, from vague interests about the dignity of physicians to ideas of collegiality in a free profession. As in Albarracín Teulón’s work, so in other historians’ writings, recognitions of the idea clustered ever more densely in accounts of more recent periods. But by the end of the 1980s, many historians of earlier periods, too, were ready to lay their strong claims to the subject of the professions alongside the claims of historians of the post-1800 period.⁴⁹

Moreover, as discussion of the subject developed ever further, even at the end of the twentieth century, the primary sources suggested new ways of viewing professional functioning. Susan Lawrence, for example, found that eighteenth-century traditional medical institutions persisted in the new bureaucratic regulatory structures of nineteenth-century England. Another American historian of medicine, John Harley Warner, turned a microscope on changes in the special knowledge that distinguished physicians in the nineteenth century—“professional mystery”—and uncovered additional context for the history of science as well as medical practice.⁵⁰ Finally, the term and the idea were found not just in resources for narratives about doctors but also in materials that revealed the patients’ “voice”. As of the 1990s, primary sources seemed to contain no end of such inspiration for further ways of using the concept of profession.

Attractions of Using the Idea of Profession

Once it is observed that ideas of profession come out of the primary sources, it is possible to go on and inquire, what grand themes have historians seen that held together

⁴⁸ Christopher Lawrence, *Medicine in the Making of Modern Britain, 1700–1920* (London: Routledge, 1994), p. 68; profession as both social phenomenon and historical agent appeared prominently in Lawrence’s book.

⁴⁹ Augustín Albarracín Teulón, ‘Las asociaciones médicas en España durante el siglo XIX’, *Cuadernos de historia de la medicina Española*, 10 (1971), 120–186. See, for example, *The Professions in Early Modern England*, ed. Wilfrid Prest (London: Croom Helm, 1987).

⁵⁰ See, for example, Thomas Goebel, ‘American Medicine and the “Organizational Synthesis”’: Chicago Physicians and the Business of Medicine, 1900–1920’, *Bulletin of the History of Medicine*, 68 (1994), 639–663, especially 662. Susan C. Lawrence, ‘Private Enterprise and Public Interests: Medical Education and the Apothecaries’ Act, 1780–1825’, in *British Medicine in an Age of Reform*, ed. Roger French and Andrew Wear (London: Routledge, 1991), pp. 45–73, especially 47. John Harley Warner, ‘The Fall and Rise of Professional Mystery’, in *The Laboratory Revolution in Medicine*, ed. Andrew Cunningham and Perry Williams (Cambridge: Cambridge University Press, 1992), pp. 110–141. And see other essays in that same volume addressing the issue of professional authority and knowledge.

as a constellation in professional functioning? Such themes have been referred to repeatedly in my narrative, in one form or another: the assertion that medical professionals commanded special knowledge, that they tried to conduct themselves virtuously and not just commercially, and that they and others believed that they deserved some special status and recognition from society.

Among medical historians, from Farr to those a century and a half later, critics of the profession challenged each of these claims—and in doing so validated the working definition of profession of the time. Deborah Lupton as recently as 1994, for example, summarized the forces she knew—“As the effectiveness and benevolence of medicine began to be challenged, so too was its claim to inaccessible and arcane knowledge based on objectivity and political neutrality”. And she went on to describe how Marxists, poststructuralists, Foucaultians, and feminists all contributed to this challenge.⁵¹

Such revisionist writers suggested that even when historians participated in showing that physicians in different periods pretended to knowledge, claimed status before they developed a knowledge base, tried to impose monopoly and other personal claims when they lacked professional virtues—in making what appear to be critical evaluations, these same scholars were affirming the idea of profession from their own day and, very often in the case of good scholars, of the days about which they were writing. As was noted in Chapter 5 and elsewhere, criticizing betrayal of professional ideals implicitly recognizes the effectiveness of those ideals. In the last part of the twentieth century, it was not obligatory for medical historians to defend the physicians’ point of view—but the historians did find themselves indirectly, at the least, still recognizing the existence of a professional point of view in the past.⁵²

The idea of profession in medical history had additional facets that help explain why it attracted scholars. The knowledge base that was so essential to a profession (and it makes no difference whether that base was previous to or subsequent to monopoly and status) in the case of physicians differed from that of, say, lawyers or the clergy. By the late nineteenth century, if not earlier, physicians’ knowledge could have effectiveness of a visible, material kind, especially in the wake of physiological and germ theories of disease. It was this differentiation, particularly, that made medicine ultimately the model profession (and suggests how the model continued to operate, for example, in the realm of specialization, in which knowledge/expertise correlated with social functioning).

Another attraction of the idea of profession grew out of the fact that the idea of profession helped explain what occurred when the figure of the healer and his or her culture interacted—indeed, when medicine and culture interacted. The issues of power (even in the general, non-literal structural or systemic sense), of money (the doctor’s fee, or medicalization to the point of bankrupting whole societies), and of status and hierarchy all, for centuries, were contested issues.⁵³

⁵¹ Deborah Lupton, *Medicine as Culture* (London: Sage Publications, 1994), chaps. 1, 5, and Conclusion.

⁵² See, for example, Harold J. Cook, *Trials of an Ordinary Doctor: Joannes Groenevelt in Seventeenth-Century London* (Baltimore: The Johns Hopkins University Press, 1994), in which the author ably described professional struggles, chiefly in terms of science, but without invoking any particular concept of profession.

⁵³ All, too, it should be added, produced commentators who invoked the idea of professionalism, leaving records for medical historians to find.

Chapter 6

The problem of professional functioning was, most importantly, a universal problem. All cultures have healers, and those healers have to interact with society. The dramas of professionalization therefore involved fundamental and important human themes that affected all societies and all groups, not just physicians. Because of and beyond those interactions, the profession was also a symbol, as appeared in the whole literature on medicalization.

As my narrative has indicated, medical historians found that professional consciousness was implicitly based upon another symbol: The Physician—that is, an ideal type. In the nineteenth century, in various histories a bureaucratic or community overlay began to make the idea of profession convey a collectivity that embodied the ideal type of professional medical person. The ideal Physician who showed up in biography as well as social history was therefore a model professional as well as doctor. Using this ideal type enabled historians to organize the disparate aspects of physicians' collective behaviour and describe that behaviour sensibly—and in this way, the attributes of the ideal Physician functioned as did the mid-century sociologists' attributes of a profession. At the end of the twentieth century, the idea of profession still carried an implicit image of an ideal type of physician and continued to serve to frame historians' ideas about how health care workers functioned and ought to have functioned in a society in either the past or the present.⁵⁴

Altogether, the surprise should be, not that medical historians were attracted to the subject of the profession, but that for so long they approached it only indirectly.

Or perhaps they were wise to avoid it. Recent rhetoric has suggested that the issues of power, money, and status are akin to religious disputes over similar terrains, only in the late twentieth century the religion of the body, now a major territory contested with physicians, entered the fray. Certainly discussions of medicalization have a form like that of battles that are more openly sectarian. And the idea of profession lies just in the no-man's-land between the culture and the healer. It was not a concern of merely a small social group; it was part of a major saga in the West.

Unobvious Findings

One of the most interesting findings of the historians has been that the process of professionalization, even in the context of modernization, was not only not uniform in different countries and in different times, but was not inevitable. That post-colonial era rejections of modernization would affect the idea of professionalization is not surprising.

⁵⁴ And serves as a means, Eliot Freidson reminds me, for sociologists also to generalize in terms of a phenomenon that is comparable. Both historians and sociologists seem to want to avoid models that are incommensurable. The subject of the ideal physician has been of interest mostly to historians of medical ethics; see, for example, Eric J. Cassell, 'The Changing Concept of the Ideal Physician', *Daedalus*, 115 (1986), 185–208, and particularly Gerd Göckenjan, 'Wandlungen im Selbstbild des Arztes seit dem 19. Jahrhundert', in *Medizinische Deutungsmacht im sozialen Wandel*, ed. Labisch and Spree, pp. 89–102, who described how physicians changed the instrumental use of their self-image as the process of professionalization changed. Late-nineteenth-century medical dictionaries already were emphasizing how conceptualizing a profession involved working "in accordance with the duty devolving upon them as physicians"—this particular wording from Alexander Duane, *The Student's Dictionary of Medicine and the Allied Sciences* (Philadelphia: Lea Brothers & Co., 1893). Obviously the teleology of professionalization and the recapitulation of professionalization by medical students (mentioned in previous chapters) involved a model of an ideal physician.

But specific historical comparisons added a dimension to possible understanding of the process of professionalization.⁵⁵

Moreover, as at least some historians of the United States in the nineteenth century, and other historians, for example of Nazi Germany and of Egypt under colonization, demonstrated, the process of professionalization could actually be reversed.⁵⁶ Indeed, as I have suggested, such a reversal may have been well under way generally in the West in the 1990s as well, creating something for future historians to explore in specific contours.

Perhaps the most striking finding of all is the consistent theme, detectable at least since Bernice Hamilton wrote in 1951, that having a sense of being a professional involves some special spirit—some moving force that is so consistent that it appears to demand generalization. It is an impressive fact that over so many years, so many medical historians, with so many different backgrounds, detected that special spirit of profession.⁵⁷

The Spirit of Professionals

The spirit that Hamilton and other historians recognized was not a Hegelian or mystical determinant inherent in “History”. They were generalizing from professionals’ (and especially medical professionals’) behaviour. By the 1990s, students of professions in general were commenting on the way in which consciously professional ideals and organizations galvanized professionals. One sociologist in 1990 stated as a generalization what historians had collectively demonstrated: the essence of being a professional could flourish under either market conditions or could just as easily adapt to a heavily bureaucratized system. It was assuming a professional role that counted.⁵⁸

Historians in particular were now on occasion not only recognizing the force of the professional spirit but were attempting to describe how that spirit of professionalism worked and even what made it work. McClelland described the force as “self-actualization”. La Vopa explained that the process of professionalization was effective over a long period of time because professionals believed in their claims to exceptionalism and superiority, their belief in an Enlightenment “rational order of things . . . their

⁵⁵ Poonam Bala, *Imperialism and Medicine in Bengal: A Socio-Historical Perspective* (New Delhi: Sage Publications, 1991), especially chap. 3. As of the 1990s, it was far from certain that modernization models were excluded from the work of many historians.

⁵⁶ Sonbol, *The Creation of a Medical Profession in Egypt*, presents especially striking evidence. I have not attempted to review the immense literature on the medical professionals in the Nazi period in Germany, which has raised many questions; see the summary in Roelcke, ‘Die Entwicklung der Medizingeschichte seit 1945’, pp. 205–206, and such works as Kristie Macrakis, ‘Coming to Terms with Medicine and Eugenics in Germany: An Essay Review’, *Journal of the History of Medicine and Allied Sciences*, 46 (1991), 97–109, and, in a broader context, *Geschichte der deutschen Ärzteschaft*, ed. Jütte.

⁵⁷ As did other kinds of historians, such as Holmes, *Augustan England: Professions, State and Society*, whose writings have been cited in the narrative.

⁵⁸ Raymond Murphy, ‘Proletarianization or Bureaucratization: The Fall of the Professional?’, in *The Formation of Professions*, ed. Torstendahl and Burrage, pp. 71–96; Murphy went on to emphasize bureaucratization as an independent force. Elliott A. Krause, *Death of the Guilds: Professions, States, and the Advance of Capitalism, 1930 to the Present* (New Haven: Yale University Press, 1996), summarized previous sociological work and came close to positing a guild spirit to explain the appearance of professions—professions/guilds that he thought capitalistic forces were now overpowering. And it was possible to see the spirit in a very early stage of formation: Eric H. Christianson, ‘The Emergence of Medical Communities in Massachusetts, 1700–1794: The Demographic Factors’, *Bulletin of the History of Medicine*, 54 (1980), 64–77.

confidence that the self-interest of the group really does coincide with the public welfare". The historian of medicine Jenkinson in 1991 wrote of an "internal dynamic" that operated in local medical societies.⁵⁹

Historians of medicine had long recognized that physicians at different times were animated by some sense that being a physician, and being a member of a medical community, created a special attribute.⁶⁰ As early as 1978, Daniel M. Fox and James Terry wrote of "a culture of medicine distinct from normal life" that appeared by the end of the nineteenth century, and in his history of American hospitals, Rosenberg referred repeatedly to the force of "the culture of medicine".⁶¹ Even revisionist anti-elitists described how physicians acted in concert to benefit the collectivity of physicians. And, predictably, the general historians of all of the professions portrayed events in the medical profession as exemplary of the operation of the special spirit of professionalism.

At the height of the new interest in the history of professions in the early 1980s, the conservative physician/philosopher of medicine Edmund D. Pellegrino was moved to ask, "Is there something in the phenomenology of illness, healing, and promising to heal that is deeper than the sociological structure of the professions?"⁶² Medical historians kept saying that the consistent record showed that it might be so. Sometimes in spite of themselves, they found that physicians tended to act in what at any time appeared to be professional ways. It may well be that Pellegrino was correct, that there was something special about medicine, and that special factor showed up in physicians' sense of being not only exceptional but professional.⁶³

Just at the end of the twentieth century, medical historians were tending more intensely than ever to identify the medical profession as exceptional among professions and other groups. In spite of persistent concern about "power" and interest, the most sophisticated historians continued to write about the circumstances within which physicians operated—the doctor-patient relationship, the nature-human interface, and moral and cultural interstices. Thinking in terms of profession contributed to historians' narratives in which physicians as both medical and professional people were exceptional.⁶⁴

Given all of this testimony, it is prudent to assume that historians have, willingly or not, run across the spirit of professionalism because it actually existed in Western cultures.

⁵⁹ McClelland, *The German Experience of Professionalization*, pp. 13, 234–242, emphasized the medical profession. La Vopa, *Grace, Talent, and Merit*, p. 288. Jenkinson, 'The Role of Medical Societies', especially p. 272. It should probably be stated plainly that the spirit was never a metaphor but was interpreted quite behaviourally.

⁶⁰ It was possible that the special awareness of a spirit of profession could be translated into community awareness and the concept of a medical community be used to characterize what had been known as the medical profession. If that was indeed taking place in a major way, the process was still embryonic at the end of the twentieth century. Delaunay (see above, Chapter 3) in the 1930s had such an idea, but it was not taken up by other scholars. I return to the idea of community in another connection, below.

⁶¹ Daniel M. Fox and James Terry, 'Photography and the Self Image of American Physicians, 1880–1920', *Bulletin of the History of Medicine*, 52 (1978), 435. Charles E. Rosenberg, *The Care of Strangers: The Rise of America's Hospital System* (New York: Basic Books, 1987).

⁶² Edmund D. Pellegrino, 'What Is a Profession?', *Journal of Allied Health*, 12 (1983), p. 172.

⁶³ One can argue that the spirit appeared not only explicitly but implicitly in historians' works, particularly as a dynamic in the process of professionalization and, again, in the sense of community that attracted historians' comments beginning in the 1960s.

⁶⁴ Jack Pressman, *Last Resort: Psychosurgery and the Limits of Medicine* (New York: Cambridge University Press, 1998).

And medical historians of the future can build on the experience of their predecessors to expect to find a factor of professional spirit in sources from the past.⁶⁵

Mistakes for Historians to Avoid

What else did the experience of medical historians from the end of the seventeenth century to the end of the twentieth suggest for future scholars? Were there further lessons for medical historians as well as for society in general in this encounter with “profession”?

It is particularly pertinent to ask of the record if it contains the wisdom that would suggest mistakes to be avoided. Already one obvious mistake of students of the professions has been noted frequently in my narrative: anachronism. Particularly in the form of non-developmental presentism, anachronism afflicted the great-doctors writers as well as the functionalist sociologists. Pernick, recognizing the danger, explained why he did not refer to “‘professions’ or ‘professionalism’ in general”: “I have treated nineteenth-century professionalism not as the primitive precursor of modern professional values, but as an ideology with which nineteenth-century practitioners attempted to resolve nineteenth-century problems”.⁶⁶

Another error pointedly noted already would of course be to ignore the subject of profession. Scholars will continue to run into the problem of professional configuration and motivation despite any wish to avoid discussing the subject. Even anti-elitists hostile to the professions found themselves drawn back to the subject, as was Lee Anderson in 1991: “In the past two decades, historians have reconstructed the narrative of American medical history, moving away from the traditional focus on great men and scientific discoveries toward descriptions of the complex interplay of culture and politics with medical science and the professional ambitions of physician elites”.⁶⁷ The mere use of the adjective, “professional”, changed the entire context of the narrative line.

And certainly an additional caution, again noted repeatedly, has to be stated: historians found that the concept of profession had different facets that historical specifics could bring out. There was no one definition of profession and professionalism, even at a given time. By the end of the twentieth century, historians had made their point that circumstances elicit a variety of ways in which to understand professional functioning, and that adhering to a rigid or single-dimensional definition reduced understanding rather than enhancing it. Broman in 1995, for example, portrayed eighteenth-century German physicians’ professionalism as an adaptation to constantly changing circumstances—not a part of the process of modernization.⁶⁸

⁶⁵ Attempts to reduce (or deconstruct) the spirit of profession or professional sense, to economics, bureaucracy, power, individual ethics, or whatever have not had the explanatory power of the whole concept of profession.

⁶⁶ Martin S. Pernick, *A Calculus of Suffering: Pain, Professionalism, and Anesthesia in Nineteenth-Century America* (New York: Columbia University Press, 1985), pp. 246–247. In addition to instances previously noted, Margaret Pelling, ‘Occupational Diversity: Barbersurgeons and the Trades of Norwich, 1550–1640’, *Bulletin of the History of Medicine*, 56 (1982), especially 486–487, exposes the shortcomings of anachronistic views of profession. An especially cogent consideration of the anachronism/teleology problem is Rosemary O’Day, ‘The Anatomy of a Profession: The Clergy of the Church of England’, in *The Professions in Early Modern England*, ed. Prest, pp. 25–26.

⁶⁷ Lee Anderson, “‘Headlights Upon Sanitary Medicine’: Public Health and Medical Reform in Late Nineteenth-Century Iowa’, *Journal of the History of Medicine and Allied Sciences*, 46 (1991), 178.

⁶⁸ Thomas Broman, ‘Rethinking Professionalization: Theory, Practice, and Professional Ideology in Eighteenth-Century German Medicine’, *Journal of Modern History*, 67 (1995), 835–872.

One theme that became ever more conspicuous in the writings of late twentieth-century historians was, transparently, as I have noted, the theme of a community of physicians.⁶⁹ Often the use of community reflected a scholar's attempt to avoid the static implications of older sociological definitions of profession. But whether the community took the form of an organization or the groups embodying the culture of medicine or the vertical communities of experts, in practice historians used the idea of community to describe a means through which professional identity operated: members of a community shared values—typically professional values.

The History of Profession Separate from Social History

Still another type of error is somewhat unexpected: not recognizing that the history of the profession is different from the social history of medicine. That the profession in various times and places was social, even a social institution, was obvious. That the special spirit of profession had social consequences, if not social origins, was likewise obvious. What may not have been obvious was that the history of this social phenomenon was not always reducible to other varieties of social history but in multiple ways broke through as a historical subject in and of itself—a useful and informative category that helped historians understand what happened in medicine and in society in the past.

It is true that many aspects of professional functioning were legitimate and relevant parts of the social history of medicine, whether boundary drawing or institution formation or whatever else. Medical historians were correct both to use and to want to go beyond the sociologists.⁷⁰ In dealing with the idea of profession, however, they also went beyond social history.

As social history came more strongly into medical history in the late twentieth century, elements from that social history appeared prominently in explicit writing about the profession, and the two changed together (awareness of gendering, for example, and various forms of physician-patient interaction were such obvious elements). But, as the foregoing makes clear, regardless of both short-term and long-term changes and approaches among investigators, the idea of profession survived independently in writings on the history of medicine.

Numerous social historians of medicine of course did not need or use the concept of profession.⁷¹ Others tried to ignore or reject it—particularly when they could (with

⁶⁹ See the work of Haskell, Bledstein, and others described in Chapters 4 and 5 and the contextualizing summary in Ross, 'The New and Newer Histories', pp. 139–140.

⁷⁰ See, for example, Robert Jütte, 'Sozialgeschichte der Medizin: Inhalte—Methoden—Ziele', *Medizin, Gesellschaft und Geschichte: Jahrbuch des Instituts für Geschichte der Medizin der Robert Bosch Stiftung*, 9 (1990), 149–164, especially 152–153. Although sociologists came to depend on historians, they still helped stimulate cross-disciplinary writings—that were ever more sophisticated—about how professions might form and function. See especially Eliot Freidson, *Professionalism Reborn: Theory, Prophecy, and Policy* (Chicago: University of Chicago Press, 1994), and *The Changing Medical Profession*, ed. Hafferty and McKinlay. Andrew Abbott, *The System of Professions: An Essay on the Division of Expert Labor* (Chicago: University of Chicago Press, 1988).

⁷¹ George Weisz, *The Medical Mandarins: The French Academy of Medicine in the Nineteenth and Early Twentieth Centuries* (New York: Oxford University Press, 1995), p. xvii, explicitly rejected the professionalization model, noting that he had other significances to pursue. Weisz did use the concept, as was noted above, in other writings in other contexts.

perhaps inappropriate emotion) portray as outmoded history the writings of a previous generation of scholars who had learned from sociologists.

The most interesting of those who bypassed the idea of profession were a number of social historians of medicine who worked in the tradition of social medicine associated with Sigerist (see Chapter 3). In the closing decades of the twentieth century, this school of historians rather suddenly began to flourish again in the Anglo-American countries, stimulated initially by political-economic and medicalization critics out of the 1960s and 1970s. From their point of view, the subject of profession even in the history of medicine was outdated; as Allan Brandt described it, “No longer is medical knowledge and the rise of the profession at the center of attention; the focus has shifted decisively to the nature and meaning of disease and social responses to disease; to the world of the patient; to the nature of moral systems as they are exemplified in the practice of medicine”.⁷²

Yet such social medicine historians were no more able than the biobibliographers of earlier generations to avoid noticing the appearance of some concept of profession that they and their colleagues had developed over many generations. As the narrative in the foregoing chapters shows, if a scholar wrote about medicine, sooner or later in the primary sources some witness from the past would assert that medicine was embedded in a profession or would describe professional functioning as such.

If the focus of scholars writing social history was economic, they could perceive professional organizations as economic actors. If their focus was on bureaucracy, they could see in the professional spirit the effectiveness of organization and the force of influence. If they were interested in language and power, professional functioning in the past provided abundant raw material for scholarship. And in such ways all varieties of social historians could use the idea of profession. Michael R. McVaugh, for example, suggested that in medieval Aragon, not physicians but “the lay public”, including patients, took the lead in trying to create what later scholars might recognize as a medical profession; McVaugh was aware of modern historical and sociological writings but gave them a very different, from-the-bottom-up and statist twist.⁷³

Even When Subsidiary, the Idea Persists

At times, it is true, the history of the profession was a part or even a subset of social history, driven by social history questions. Social historians sometimes did recognize the

⁷² See, for example, Judith Walzer Leavitt, ‘Medicine in Context: A Review Essay of the History of Medicine’, *American Historical Review*, 95 (1990), 1471–1484. Allan M. Brandt, ‘Emerging Themes in the History of Medicine’, *Milbank Quarterly*, 69 (1991), 202. How much Brandt’s assertion was programmatic and how much descriptive was of course debatable. It was ironical that in a heavily Foucaultian age, medical historians were attempting to practise exclusion against earlier scholars who had tried to marginalize unconventional practitioners and the medicine of the inarticulate. See, for contextualizing historiographical comments, Rosenberg, *Explaining Epidemics*, pp. 1–6. A contemporary German movement that claimed roots in the old social medicine tradition marginalized the idea of profession while focusing directly on social inequality; see the summary of Paul Weindling, ‘Medicine and Modernization: The Social History of German Health and Medicine’, *History of Science*, 24 (1986), 277–301.

⁷³ See, for example, Donald L. Madison, ‘Preserving Individualism in the Organizational Society: “Cooperation” and American Medical Practice, 1900–1920’, *Bulletin of the History of Medicine*, 70 (1996), 442–483. An especially striking example from 1993 was James C. Mohr, *Doctors and the Law: Medical Jurisprudence in Nineteenth-Century America* (New York: Oxford University Press, 1993). Michael R. McVaugh, *Medicine Before the Plague: Practitioners and Their Patients in the Crown of Aragon, 1285–1345* (Cambridge: Cambridge University Press, 1993); the quotation is from p. 242.

importance of professionalism and professionalization, but from the social reformist writings of the early twentieth century to the from-the-bottom-up and bureaucracy histories of the late twentieth century, the idea of profession, while present, was nevertheless often subsidiary to other themes in social history, such as the doctor-patient relationship, the social construction of illness, or the details of the development of the knowledge base in professionals' identity.⁷⁴

Three centuries of medical historians' use of the concept of profession suggested that what scholars, including social historians, so often missed was not the existence but the power of the idea of profession among physicians of the past. The repeated evidences of the special spirit of being a professional, and a medical professional, gave a particular cast to the understanding and narratives of medical historians who did utilize the category of profession.

It is striking that when new historiographical trends came along, they extended but did not particularly change the usual concept of profession. As was noted especially in Chapter 5, historians could bring new contexts for the idea, but the idea itself remained standard. In 1994, for example, Ellen Singer More explored how gendering entered the ways in which professionalism was understood in the late nineteenth and twentieth centuries in the United States. Her approach, through the terms "sympathy" and "empathy", added to historians' understanding of the process of gendering. In so far as this process was applied to the process of professionalization, however, More did not change customary ideas about profession. Likewise when Penelope J. Corfield in 1995 used and adapted Foucaultian interpretations of power to write about physicians and other professionals, she took ideas of profession and professionalization that were conventional and worked them into her exploration of the relationship between power and knowledge. Such revisionist scholars, with concerns other than the profession, found profession a useful concept as it was.⁷⁵

The Future of the Idea of Profession in Medical History

The evidence suggests, then, that even though the circumstances of historians of medicine changed, they would continue to develop and use the idea of profession. And the circumstances at the end of the twentieth century were changing. A period was drawing to a close during which historians of all varieties, including many medical historians, had emphasized theory. That tendency, alluded to in previous chapters, went by many names, and was indeed various: postmodern, poststructuralist (albeit still heavily Foucaultian), and even "the literary turn".

⁷⁴ A particularly incisive example is *Medicine in Society: Historical Essays*, ed. Andrew Wear (Cambridge: Cambridge University Press, 1992), in which the term "professionalization" even appeared in the title of one essay; the subsidiary place of the idea of profession was particularly clear in Andrew Wear's introduction, pp. 1–13. In another example, Jens Lachmund and Gunnar Stollberg, 'Introduction', in *The Social Construction of Illness: Illness and Medical Knowledge in Past and Present*, ed. Jens Lachmund and Gunnar Stollberg (Stuttgart: Franz Steiner Verlag, 1992), pp. 9–19, frequently invoked the word and concept.

⁷⁵ Ellen Singer More, "'Empathy" Enters the Profession of Medicine', in *The Empathic Practitioner: Empathy, Gender, and Medicine*, ed. Ellen Singer More and Maureen A. Milligan (New Brunswick: Rutgers University Press, 1994), pp. 19–39. Penelope J. Corfield, *Power and the Professions in Britain 1700–1850* (London: Routledge, 1995). It is particularly striking that revisionist historians who translated profession into power moved directly from a simple collective noun to an entity with motive; in other words, they used the primitive meaning without adding to it any conceptual refinement.

Perspectives from the End of the Twentieth Century

By the 1990s, intellectuals in general, not just medical historians, were orienting instead toward a strongly empirical approach to research that I have already identified as “eclectic”. As Ross commented in 1997, “Most historians will be more interested in reaping the empirical harvest . . .”. In the new empirical eclecticism of history, scholars freely employed quantitative, narrative, linguistic, and all other types of history as each was appropriate. Moreover, the eclecticism enabled scholars not just to take different perspectives but to add dimensions of understanding to their narratives.⁷⁶

Historians of medicine, besides sharing this eclectic approach, continued to be especially affected in many ways by the resurgent *Annales* school, members of which, as noted before, emphasized concrete events and long-term trends. Among affected scholars, histories of the persisting phenomena of professional functioning were flourishing, and the idea of profession continued to appear in the history of Western medicine, regardless of the particular approach into which the term and idea could be translated or analysed or even “deconstructed”.⁷⁷ In 1996, Susan Lawrence, a scholar writing about medicine in the eighteenth century, explained, “. . . instead of looking at the overt movements for professional power, seen when medical men took up reforming activism within and against the traditional medical corporations, I concentrate on the underlying trends creating shared medical identities and values”.⁷⁸

One emphasis did differentiate the new *fin de siècle* from earlier times, however. Where once historians of medicine emphasized the special body of learning with which physicians could identify, and which they could use for professional boundary drawing against their competitors, at the end of the twentieth century, medical historians, sensitive to the relevance of current issues, brought into their history the new urgent concern that has been alluded to already: the autonomy of physicians. From either a revisionist or a counter revisionist point of view, the issue of the autonomy (or the autonomies) of the credentialed healer in a variety of societies at the end of the twentieth century gave a lively and sometimes unconventional additional interest to the subject of the history of the medical profession. In 1998, historian of medicine Rosemary Stevens wrote,

The interesting issues today are how the health professions create and exert power within the structure of organizations, how to define the jurisdiction of a “professional”, how far

⁷⁶ The new eclecticism is recognized in such commentaries as Philippe Carrard, *Poetics of the New History: French Historical Discourse from Braudel to Chartier* (Baltimore: Johns Hopkins University Press, 1992), and Luc Ferry, ‘A Future for Philosophy’, trans. Franklin Philip, *Common Knowledge*, Fall, 1994, pp. 163–181. Ross, ‘The New and Newer Histories’, p. 144. Georg G. Iggers, *Historiography in the Twentieth Century: From Scientific Objectivity to the Postmodern Challenge* (Hanover, NH: Wesleyan University Press, 1997), provides another historical account of how, in history in general, scholars of the 1990s came to embrace a broad, multifaceted approach to historical reconstructions. One widely-cited model of the way in which a multifaceted approach added depth was Steven Shapin, *A Social History of Truth: Civility and Science in Seventeenth-Century England* (Chicago: University of Chicago Press, 1994).

⁷⁷ Ross, ‘The New and Newer Histories’, also comments on the continuing importance of the *Annales* influence. Obviously, one of the strengths of the *annalistes* was their ability to utilize various other theoretical approaches. See, for example, the way in which John Harley Warner, ‘The History of Science and the Sciences of Medicine’, *Osiris*, n.s. 10 (1995), 164–193, integrated the concept of profession into his discussion of the most recent trends in the history of medicine.

⁷⁸ Susan C. Lawrence, *Charitable Knowledge: Hospital Pupils and Practitioners in Eighteenth-Century London* (New York: Cambridge University Press, 1996), p. 18; the whole work contains multi-dimensional treatment of events in a not always progressive history of professionalization.

Chapter 6

doctors act as corporate agents, and how far they are to be trusted by patients to behave as if they were *their* agents.⁷⁹

In the short run, then, the idea of profession seemed likely to flourish in the work of medical historians. In the long run, too, because of the persistent evidence that physicians had behaved so as to reveal in primary sources their sense of a special status and special responsibility in society and special kinship with each other, historians of medicine were likely, however unwillingly, to have to return to the subject. Not only had a collective sense of exceptionalism existed among physicians, but that sense of being a professional had profound social effects on patients and on societies in general.

Perceiving professions was, after all, one major way in which inhabitants of Europeanized societies ordered themselves.

⁷⁹ See Newfield, 'Prescribing Autonomy'. Jütte, 'Sozialgeschichte der Medizin', p. 153, suggested that for German-speaking scholars, professionalization was better conceptualized as professional groups' becoming autonomous. R. M. J. Schepers, 'Towards Unity and Autonomy: The Belgian Medical Profession in the Nineteenth Century', *Medical History*, 38 (1994), 237–254, spelled out the complex interrelationship between professional functioning, individual practitioner autonomy, and group autonomy as it developed in one country. Stevens, *American Medicine and the Public Interest*, p. xvii. Kenneth J. Lipartito and Paul J. Miranti, 'Professions and Organizations in Twentieth-Century America', *Social Science Quarterly*, 79 (1998), 301–320, suggest that recent historical and sociological evidence shows that professionals maintained their autonomy with a vengeance by purveying their expertise to large bureaucracies, both public and private, in the last half of the twentieth century.