

Physicians, Quacks and the Field of Medicine: a Case Study of Quackery in Nineteenth-Century Sweden

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Introduction

The undersigned, who with his Royal Highness' most gracious permission, heals external complaints such as Gout, Pain, severe Swellings, all kinds of open Wounds to the head, Rashes on the body, contracted joints, like knees, and so on, would hereby inform those who are troubled by the mentioned complaints and therefore would like to seek my help, that they the sooner the better ought to be in attendance in person at my lodgings.¹

A 'DOCTOR FROM STOCKHOLM' signed this notice of medical services, printed in 1834. But, according to the records of the Medical Board, this doctor, named Abraham Larsson Alvin, was not a true physician. He was a former farm hand and a 'quack'.²

How is the concept of 'quackery' to be understood? The word itself implies some kind of dishonest behaviour within the medical field.³ Quackery cannot exist unless there is something that is not supposed to be quackery.⁴ Implicitly it refers to its antithesis, placing proper behaviour in contrast to improper. Nevertheless, it is not possible, or even desirable, to define such a vague and rhetorical term as quackery in general. It has to be defined in its own context.

Characteristic for Sweden is that from the sixteenth century onward the state had great impact on the health care system.⁵ A legal framework for control of unauthorised healers was early established which gave supremacy to licensed physicians educated at the universities. Legislation and formal education are criteria commonly used to define professional groups.⁶ However, no systematic investigation has yet been made of what these frameworks really meant in early modern times, that is, the period preceding the scientific establishment of scholarly medicine.⁷ Until 1915 Swedish legislation against quackery or the unauthorised practice of medicine was primarily found in late seventeenth-century Royal decrees. The most important principle in the Medical Act of 1688 was the confirmation of the physicians' exclusive right to practise internal medicine.⁸ However, exceptions to this principle were made.⁹ Even when the act was proclaimed, it declared that pharmacists, barbers and surgeons were allowed to treat internal injuries when required. Pharmacists were also permitted to prescribe medicines, if a sick person requested, under the condition that the customer in question was not also consulting a physician. This was especially the case in the countryside where there was a lack of physicians. The central subordinated instance responsible for preventing quackery was the Medical Board, located in Stockholm, and their Ombudsman, together with the authorities of the police.¹⁰ The Medical Board, originally a guild corporation (*Collegium Medicum*) created by the physicians themselves, was also made responsible for all medically authorised practitioners, that is both surgeons and pharmacists as well as midwives.¹¹ A national system of District Medical Officers was also established.¹² The District Medical Officers were given the responsibility of supervision, and one of their duties was to report on the state of quackery to the Medical Board.¹³

The medical profession has been regarded as the prototype for what constitutes a modern profession, and there is therefore comprehensive international literature on this subject.¹⁴ However, the practitioners who in the legal sense of the word were omitted when an officially approved national system of health care was established have seldom been put in focus.¹⁵ Although lacking the sanctioned professional criteria, these persons were of significance for professional practitioners as well as for their clients.¹⁶

How is quackery to be understood within this process of ongoing professionalisation? What did quackery mean in practice? As a result of their professional ambitions, it is clear that physicians made rhetorical use of the expression quackery in an instructional context.¹⁷ The concept thus served them as a means of stressing the distance from other practitioners within the medical field, while arguing for its exclusiveness and knowledge-based

skills.¹⁸ The treatment of quackery in practice was another thing.

To what extent did physicians use the law to prevent competition? To what extent was the relationship between authorised and unauthorised practitioners characterised by conflict? Is it possible to trace co-operation? What was the response by those lacking formal medical education? What significance did this relationship have for the establishment of the scholarly medical profession, and how did the relationship change over time?

The question of what people and what kind of healing the concept of quackery has been aimed at, as well as how the historical struggle over definitions has changed, is an empirical one. This is one reason why I have chosen to make use of the derogatory expression 'quack'. It does not mean that I judge persons accused of quackery as incompetent frauds.¹⁹ My purpose is rather to use this expression as a term of analysis and to interpret its meaning when used by different actors and in different situations.

If one considers the encounter between those called quacks and the medical authorities, the relationship seems more complex than first might be assumed. Between 1776 and 1858 48 persons, 14 women and 34 men, were listed under the heading 'quacks' in the records of the Medical Board.²⁰ Some of them had turned to the King with complaints of being legally accused of quackery; others had applied for permission to practise or to sell a remedy or, alternatively, had asked for financial support or a reward. These kinds of applications and complaints were remitted to the Medical Board before a final decision was made.²¹ The majority did not receive what they had requested. On the other hand, the Medical Board did not automatically initiate legal actions against them. Some of the so-called quacks were even granted their requests.²² The system was thus not as closed as it might seem. A channel for communication between the Medical Board and healers of different sorts existed as well as the possibility of receiving a special licence to practise or to sell a remedy.²³

The case of Abraham Alvin can illustrate important aspects of the actual relationship between the different parties involved. Of course, Alvin is not representative of all those regarded as quacks. In order to illuminate the complex relationship, the communication between Alvin and the authorities is analysed in detail and compared with other relevant cases.

The Authorities' View of Quacks

IN 1824 THE COUNTY GOVERNOR OF GOTLAND asked the Medical Board for its opinion on the remedies used by Abraham Alvin to treat external complaints.²⁴ The Medical Board replied that there was no reason to forbid

him from practising or using his remedies. On the contrary, he could be allowed to help those who sought his services. The decision was based on the conclusion that his remedies did not contain any dangerous ingredients if used for the stated diseases.²⁵ It was also regarded as important that Alvin had the confidence of the inhabitants in his village and that no one who had used his remedies became worse. A restriction was added, however. When required, Alvin should direct his patients to a proper physician and not prevent them from seeking skilful help.²⁶ Five years later Alvin applied for an extended permit which the Medical Board denied, but the King confirmed the validity of his previous approval.²⁷

There are examples similar to that of Alvin that are worth mentioning. For instance, in 1847 the Medical Board approved an application from a woman who 'owned' a remedy, which, according to her, was useful, both for external and internal treatments. The Medical Board concluded that, although the internal medicine was harmless, it was not suitable for treatment of the diseases specified by the woman, but it could be useful in treating other internal illnesses. However, a physician ought to decide when it should be used. The external remedies, the diet and the regime prescribed by the woman could, on the other hand, be left to her. One reason for this decision was that this female quack, by means of several testimonies, had convinced the Medical Board of her capability and her splendid care.²⁸ Four years later her daughter applied for the same kind of permission, which was also granted.²⁹

Instead of questioning quacks' competence to diagnose what their patients suffered from, it seems as though the Medical Board took their knowledge seriously and judged each case individually. Accordingly, opinions could vary about healers of different sorts who were collectively listed under the quackery heading in the records. This flexible attitude is expressed by the Ombudsman when replying to a complaint from a former applicant who argued for the usefulness of his practice. The healer questioned how persons like Abraham Alvin and the renowned female quack 'Kisa-Mor' could be authorised to practise their art of healing while he was condemned for quackery.³⁰ In response to this remark the Ombudsman replied that, although he did not want to defend Kisa-Mor, it should be said that she did not use such drastic cures, nor did she distribute her remedies in an 'arrogant' manner. Concerning Alvin's measures as a physician, the Ombudsman stressed that they were restricted to external complaints.³¹

Obviously, it was believed that the skills of a quack could be valuable. Accordingly, they could be allowed a limited practice. As we have seen, this was evident in the case of Alvin whose statement in his notice of medical

services was in a sense true; he did have a kind of licence to practise. In rare cases a kind of formally accepted co-operation between authorised physicians and so-called quacks did exist, but it was certainly a co-operation on the conditions of the Medical Board.

In 1835 Alvin's permission to practice was withdrawn, a decision which this time was also confirmed by the King.³² Repeated attempts to forbid him from practising and to have him convicted for quackery were made upon request of the Medical Board. According to the Medical Board, Alvin misused the confidence he had been shown. He had not confined his practice to the province of Gotland, which was the Medical Board's intention due to the possible lack of skilled physicians. The Medical Board argued that this had been implied in their response to the County Governor in 1824.³³

However, Alvin had practised both in the provinces of Östergötland and Kalmar as well as in the capital, Stockholm.³⁴ The impression is that he practised his skills on a wide scale and that he rather aggressively marketed his services while travelling around. The notice of medical services cited above, for instance, was read aloud in churches.³⁵ He also advertised in newspapers, thereby offering his 'useless', though not 'fatal', assistance to the public.³⁶ Nor did the Medical Board approve of the fact that he addressed himself as 'Doctor'.³⁷

Alvin had geographically transgressed his allocated rights, but it was his manner and his way of practising medicine that were the main reasons for the Medical Board putting an end to his business.³⁸ In his advertisement he promised cures for suffering not only from external but also from internal injuries. From the perspective of the Medical Board he then tried to seduce the public and obtain unworthy trust. His transgression of the professional borderline between internal and external medicine was thus regarded as much more serious than his spatial trespassing over geographical borders. He had not yet harmed anyone, but the Medical Board thought it might happen in the future.

One particular motive of the Medical Board for its repeated requests for legal intervention was that Alvin carried on with quackery with notable arrogance. Although forbidden to practise, he did not heed the warnings he received. Under the Medical Act, when suspicion of quackery was at hand, the person in question was to first receive a warning to discontinue his or her medical practice. Thereafter, a fine was to be levied upon those who continued their violations of the act. For a second violation the fine would be doubled.³⁹

The general impression is that the persons who came into conflict

with the legal system were those whose practice was considered to be dangerous and those who practised medicine, usually internal medicine, on a wide scale, thereby challenging the livelihood of physicians. This was what Alvin had done. On several occasions he himself pointed out that he had no other way to support himself and no other income than the one he received from his art of healing.⁴⁰ This was not an unusual statement. In several complaints from people accused of quackery, as well as in applications for permission to practise or to sell a remedy, both men and women claimed that this was the case.⁴¹

Alvin's Response

OBVIOUSLY, IT WAS IMPORTANT FOR ALVIN to have a permit to practise his skills. On several occasions he petitioned the King to have his permit returned.⁴² According to his own arguments, his practice was, however, primarily based on the confidence he received from his patients and not on the permit, although legal action interfered with his work. When the County Governor issued a warning to Alvin and had it proclaimed in church (thereby using the same channel of communication as Alvin), Alvin feared that opinion might turn against him and that his business would be harmed.

Besides requesting permission to practise without interference, another argument was also put forward in Alvin's complaints. He wanted to have his honour restored, to receive redress. Although not all his patients had recovered completely, many of them had, 'with the help of God', received relief. Point by point he repeatedly replied to the accusations made by the Medical Board, arguing for his honour and for the usefulness of his practice.

His arguments can be structured along two different, even opposing, lines. On the one hand he stressed that he did not compete with true physicians and argued that he had never violated the rights that had been given him. The purpose of his notice of medical services had been to make clear what he was entrusted to do. The reason why he had used the title of Doctor was that it had been awarded him as a result of what he was doing: doctoring was his profession.⁴³ However, he had never prevented anyone from turning to a skilled and licensed physician.

In his other line of argument, Alvin challenged the Medical Board. The people who had sought his help were those who had been diagnosed by physicians as incurable.⁴⁴ Even physicians had sent him patients whom they themselves could not help. In defence of his medical skills, which, according to a district medical officer, he had partly received from a 'wise man' and

partly from medical literature, Alvin argued that scholarly medicine and the progress of science was dependent on knowledge acquired by experience.⁴⁵

His focal point was to show the incompetence of the Medical Board by pointing out the weak points in its scientific reasoning. How was it possible, he asked, that these authorities first explained that he could be allowed to treat certain external diseases only, some years later, to say that just a few of these were external? Or that they even claimed that it could be dangerous to treat such conditions without internal remedies? Instead, in his eyes, the Medical Board should admit that the diseases he treated often required external remedies. They should thoroughly investigate whether his remedies were useful or not for this purpose, instead of claiming that his 'measures as a physician' would necessarily bring about harmful consequences. If it were true after all that his remedies were of no value, was it because he was an ignorant and careless quack who acted only with his own self-interest in mind, or was it due to the impotence of the art of science? In the latter case, he ought to be excused, because this was something even the most skilled physician experienced. If his remedies were effective, they should either be considered of the same value as those used by physicians or regarded as unknown to science. Anyhow, he reasoned, the Medical Board ought to be grateful because humanity had benefited from his business, even if the physicians had not received any monetary advantage.⁴⁶

In this manner Alvin also questioned the aim of the Medical Board, implying the existence of self-interest among physicians. He compared his own behaviour with theirs and defined what it meant to behave as a quack. He had always rejected the patients he could not help, while skilled physicians, irrespective of whether their patients received sufficient help or not, could charge their patients even double the amount that he did. Still, he noted, it was his creditability and reputation that were questioned, not those of the physicians.

As in similar cases, to strengthen his arguments Alvin attached several written testimonies in support of him and his skills.⁴⁷ His ability to cure was of course described positively. They testified that with his help, and by means of his remedies, his curing methods and his daily, sincere, and persevering care, patients had received lasting improvement. Or, as some of them testified, they had been completely restored to their former health. He was respected for his competence in treating and curing – always behaving with decency and in a Christian manner. He had also been shown confidence and trust because he treated the poor at no cost, and because his services were generally inexpensive.⁴⁸

Several of Alvin's patients confirmed that, before turning to Alvin, they had suffered from diseases for several years despite repeated attempts of proper physicians to cure them, and these physicians had often concluded that their illnesses were incurable.⁴⁹ It is interesting that both Alvin and his witnesses, as in similar cases, claimed that the patients had first turned to physicians, while physicians, on the other hand, complained that people did not turn to them until it was too late to cure them.⁵⁰ Historical research has shown that, even after the firm establishment of the medical profession, common people often chose to turn to other healers rather than to skilled physicians, as they felt the healers understood them and shared their values.⁵¹ Judging from these testimonies the contradiction rather mirrors the frequent difficulty in receiving sufficient help. The reputation of the healer was of importance, not scientific claims based on formal education.

It is obvious that it was easier for Alvin to practise when he could refer to official approval. It is also clear that he wanted to call himself a doctor. However, whether the title 'Doctor' facilitated his practice in the eyes of the local authorities, or whether it helped him receive confidence from patients is difficult to judge. In the testimonies, Alvin is sometimes referred to as a doctor. We will probably never know whether people thought he was a licensed physician or not. On the other hand, there were others, including a vicar, who referred to his practically acquired skills in the art of healing external injuries. As far as this clergyman was concerned, Alvin had not treated illnesses that would have required scientific knowledge.⁵² The clergyman made a clear distinction between the medical knowledge held by physicians and that of Alvin – a distinction coloured by the accepted view of surgery as a handicraft, encompassing external treatments, in contrast to scientifically-based internal medicine.⁵³

Concluding Discussion

THE RELATIONSHIP BETWEEN THE MEDICAL BOARD and people singled out by the expression 'quack' can be described in several different ways. A well-known theme, especially in the older literature, is the description of physicians heroically fighting against charlatans and humbug medicine, trying to replace ignorance and superstition with the rational reasoning of scholarly medicine. In accordance, the law against quackery has been described as lame and ineffective, and indeed the Medical Board complained on numerous occasions that it did not receive sufficient help from the police or local authorities in implementing the law.⁵⁴ However, in practice, it seems too simple to conclude that the main purpose of the Medical Board was to

combat different kinds of so-called folk healers. The focus was rather on what grounds laymen should be permitted to practice medicine and what medical knowledge laymen would mediate. The Medical Board was aware of that there was a possibility of gaining new knowledge even from unauthorised practitioners. It was also aware of the need for medical assistance, especially in provinces that lacked skilled physicians. Occasionally, it let formally unauthorised persons remain in the system but only on certain conditions.

How, then, is quackery to be understood during the first half of the nineteenth century, a period preceding the firm establishment of scholarly medicine? It does not seem as though the expression primarily referred to medical incompetence, but rather to the practice of medicine in competition with authorised healers. This is indicated in the arguments of the Medical Board as well as in the arguments of the so-called quacks. On the other hand, being accused of quackery was experienced as insulting, implying medical incompetence as well as dishonest behaviour. It is evident that, when a situation of conflict was at hand, the controversies between the Medical Board and quacks sharpened. Even though the different parties may have used their arguments purely rhetorically, they do tell us something about their views and expectations of what it was possible to achieve.

Both parties argued for their right to practise medicine – for its need and use – emphasising that this would also be the most favourable solution, and in accordance with the nation's economic interests. They also implied that nature needed a helping hand and that good health was both important and possible to achieve. They defended people's rights to some kind of health care, honestly contending their wish to relieve sufferers of their pain without endangering anyone, and argued that the possibility existed of receiving sufficient help. Arguments that people should only put their trust in God and accept their destinies are absent, even in the testimonies of the witnesses, although reference was often made to Christian values in order to strengthen a person's credibility.⁵⁵ Nor are accusations of superstitious beliefs or methods in the art of healing advanced in the arguments presented by the Medical Board. Legal accusations of quackery were primarily based on interference in the business of physicians. The accusations were then complemented with medical arguments that were questionable according to the accused quacks, as in the case of Alvin. Both parties argued for their medical competence within the framework of the existing medical field. The quacks and their methods were not considered an alternative to physicians; nor did they claim this was the case. Rather, they were considered as a possible complement.

Within the given context, physicians and the so-called quacks in a sense spoke the same language. Even these quacks tried to participate in the same discourse and acted within the given framework of the system, while at the same time questioning it and expecting that their arguments would be considered. When quacks argued against the Medical Board and about the preposterousness of the legal actions taken against them, the Medical Board was forced to formulate its view and defend its competence. In the long term this served to shape a professional attitude among physicians. When the Medical Board was challenged, it was also forced to argue for the rationality of scholarly medicine and to clarify in what sense a quack lacked the necessary knowledge. Thus, a stereotype of a 'quack' was formed and, as we have seen, quacks were not afraid of answering with the same rhetoric.

The difference between the actors whose arguments are related in this paper was due to the fact that there was an imbalance of power. The quacks lacked the formal authorisation and the organisational strength which physicians had already received, even if it sometimes must have been an advantage to be able to adapt their behaviour to their patients' needs, unencumbered by a uniform standard. After all, it was the representatives of the Medical Board who possessed the officially approved theoretical medical knowledge and who were authorised to determine what kind of healing and which healers should be officially approved. The Medical Board had the opportunity of understanding the nature of the cures by examining the ingredients and observing the effects. Those accused of quackery, on the other hand, put their trust in experience, arguing that they possessed a harmless remedy or a healing method which obviously improved the health of sick and suffering people. Instead of arguing by means of reference to scientific observations and claiming that they had discovered the secrets of nature, they offered proof in the form of written testimonies wherein confidence in their skills was expressed – testimonies in which sometimes even the Medical Board put its trust.

Notes

Abbreviations used in the notes:

CM: Collegium Medicum (The Medical Board, 1663–1812)

CM t. KM: Collegium Medicum to Kunglig Maj:t

Ekldep.: Ecklesiastikdepartementet

JR: Justitierevisionen

Ka.: Konseljakt

RA: Riksarkivet (Swedish National Archives, Stockholm)

SK: Sundhetskollégium (The Medical Board, 1813–77)

- 1 (My translation.) The announcement is kept at the RA, enclosed 28 September 1835, CM t. KM, RA.
- 2 See Alvin, Abraham under the heading quacks (*kvacksalvare*), Register, Kungliga brev (1800–84), SK, RA.
- 3 According to a Swedish dictionary a quack is, in short, a derogatory term for persons who practise the profession of a physician without necessary knowledge and without legal permission to do so (see also ‘charlatan’, ‘impostor’ and ‘cheater’). See the word *kvacksalvare* and *kvacksalva* in *Ordbok över Svenska språket* (SAOB), published by the Swedish Academy, Lund.
- 4 Roy Porter, ‘The language of quackery in England, 1660–1800’ in Peter Burke and Roy Porter (eds.), *The Social History of Language* (Cambridge, 1987), p. 94.
- 5 Karin Johannisson, *Medicinens Öga. Sjukdom, medicin och samhälle – Historiska erfarenheter* (Stockholm, 1990), pp. 53–56, 62–64; Rolf Å. Gustafsson, *Traditionernas Ok – Den Svenska hälso- och sjukvårdens organisering i historie-sociologiskt perspektiv* (Solna, 1987), pp. 72, 83–85, 124–25, 302.
- 6 See e.g. Magali Sarfatti Larson, *The Rise of Professionalism. A Sociological Analysis* (Berkeley, 1979), p. 208; Ingemar Nilsson, ‘Om läkarens yrke’, *Socialmedicinsk tidskrift* 65:7–8 (1988), 311–14; Staffan Selander, ‘Förvetenskapligande av yrken och professionaliseringsstrategier’ in Staffan Selander (ed.), *Kampen om yrkesutövning, status och kunskap – Professionaliseringens sociala grund* (Lund, 1989), pp. 11–18.
- 7 At certain periods during the second half of the nineteenth century the border between scientific and folk medicine was closed. See Karin Johannisson, *Kroppens tunna skal – sex essäer om kropp, historia och kultur* (Stockholm, 1997), p. 183; Alf Sagnér, *Livets tjänare.- en bok om läkekonstens historia* (Malmö, 1980), pp. 337, 418–43, who dates the turning point to 1860 as a consequence of important scientific discoveries within the medical field; Nilsson, ‘Om läkarens yrke’, p. 311.
- 8 A physician who wanted to receive permission to practice had to prove that he possessed the necessary knowledge, which included having a medical degree from a university and swearing an oath before the Medical Board. For the Medical Act of 1688, see A. Hilarion Wistrand, *Författningar angående medicinalväsendet i Sverige* (Stockholm, 1860), pp. 2–18; ‘Lag om behörighet att utöva läkarkonsten den 21 september 1915’, *Svensk författningssamling* (1915:362), p. 895.

- 9 Exceptions from this main principle have led to different interpretations of the sanctioned role of laymen in carrying out health care measures, e.g. bloodletting, inoculation and vaccination. See e.g. Peter Sköld, *The Two Faces of Smallpox – A Disease and its Prevention in Eighteenth- and Nineteenth-Century Sweden* (Umeå, 1996), pp. 318–19, 401–05; Johannisson, *Medicinens Öga*, p. 49. Concerning the medical care provided by priests, see also Christina Romlid, *Makt, motstånd och förändring – Vårdens historia speglad genom det svenska barmorskeväsendet 1663–1908* (Stockholm, 1998), pp. 131–41, 148–66.
- 10 Otto E.A. Hjelt, *Svenska och Finska Medicinalverkets historia, 1663–1812*, vol. I (Helsinki, 1891), p. 11. The first Ombudsman was appointed in 1739, Wistrand, *Författningar angående*, p. 4.
- 11 Collegium Medicum is generally viewed as the origin of the Swedish National Medical Board. In 1813 it was altered into a civil service department, named Sundhetskollegium. In 1877/78 it changed its name to Medicinalstyrelsen and in 1968 to Socialstyrelsen.
- 12 Gustafsson, *Traditionernas Ok*, p. 232; Karl Ahlberg, *Den Svenska farmaciens historia* (Stockholm, 1908), p. 115; Romlid, *Makt, motstånd*, pp. 42, 100. From 1797 both surgeons and physicians were represented in the Medical Board. In the same year Collegium Medicum also received the right to condemn authorised practitioners within their supervision in accordance with the Medical Act. Hjelt, *Svenska och Finska*, vol. I, p. 39.
- 13 In 1773 the system of District Medical Officers was nationalised and they received an annual wage from the state. The medical officers were obliged to give reports about the state of health in their districts, including the state of quackery. Successive instructions for the format of the report (the first one being issued in 1744) became more formalised. From 1851 the medical officers were required to report about 'quackery' under a special heading. Hilding Bergstrand, 'Läkarekåren och provinsialläkarväsendet' in Wolfram Kock (ed.), *Medicinalväsendet i Sverige 1813–1962* (Stockholm, 1963), pp. 121–22; Hjelt, *Svenska och Finska*, vol. II (Helsinki, 1892), p. 61; Sten Landahl, 'Provinsialläkarnas årsberättelser i Medicinalstyrelsens arkiv' in *Archivistica et mediaevistica Ernesto Nygren oblata*, Samlingar och studier utgivna av svenskt arkivsamfund (Stockholm, 1956), pp. 244–45. See also 'Kungliga Sundhetskollégii cirkulär 5 juni 1851' in Wistrand, *Författningar angående*, pp. 437–38, 441.
- 14 Larson, *The Rise of Professionalism*, p. XI; Mary Lindemann, *Health and Healing in Eighteenth-Century Germany* (Baltimore, 1996), p. 75. See also Lisa Öberg, *Barmorskan och läkaren – kompetens och konfliktområde i svensk förlösningsvård 1870–1920* (Stockholm, 1996), p. 78.
- 15 An exception is Eva Palmblad, *Sanningens gränser – Kvacksalveriet, läkarna och samhället, Sverige 1890–1990* (Stockholm, 1997), concerning alternative medicine and its relation to physicians during the twentieth century. The concept of quackery has also been related to the Swedish development of midwifery. See Romlid, *Makt, motstånd*, pp. 114–24, 197–200, 213–23; Öberg, *Barmorskan och*

- läkaren*, pp. 256–59, 263–66. In studies where the main focus is on either authorised healers, such as physicians, or unauthorised healers, the relationship has been touched upon, although these cannot be taken up here.
- 16 See e.g. Carl-Herman Tillhagen, *Folklig läkekonst* (Stockholm, 1977), pp. 3–4, 46–47; Roy Porter, *Health for Sale – Quackery in England 1660–1850* (Manchester, 1989), pp. 31–34.
 - 17 Sofia Ling, 'Kvacksalvare och medicinska "snillen" – synen på kvacksalveri i medicinska tidskrifter utgivna i 1700- och 1800-talets Sverige' (unpublished paper, Department of History, Uppsala University, 1997). For other examples on how the concept of quackery has been rhetorically used in published writings by physicians, see also Romlid, *Makt, motstånd*, pp. 129–32; Palmblad, *Sanningens gränser*, pp. 71–90; Porter, 'The language', p. 74.
 - 18 Concerning occupational and knowledge-based groups in professionalisation theories, see e.g. Rolf Torstendahl, 'Professionalisering, stat och kunskapsbas. Förutsättningar för en teoribildning' in Selander (ed.), *Kampen om yrkesutövning*, pp. 31–32; Staffan Selander, 'Associate strategies in the process of professionalization: professional strategies and scientific occupations' in Rolf Torstendahl and Michael Burrage (eds.), *Professions in Theory and History – rethinking the study of the professions* (London, 1990), pp. 140–42.
 - 19 For definitions of what the expression 'quack' usually implies in contrast to terms such as folk healer and physician, see e.g. Mathew Ramsey, *Professional and Popular Medicine in France, 1770–1830 – the social world of medical practice* (Cambridge, 1988), p. 129; Birgitte Rörbye, 'Allmän etnomedicinsk översikt', *Botare – en bok om etnomedicin i Norden* (Stockholm, 1980), pp. 155–56, 160–62. There will be no extended discussion here about quackery in relation to the terms such as folk, scholarly, orthodox, traditional or alternative medicine, etc., as well as conventional and unconventional medicine. For further reading, see e.g. W.F. Bynum and Roy Porter (eds.), *Medical Fringe and Medical Orthodoxy 1750–1850* (London, 1987); Johannisson, *Kroppens tunna skal*, pp. 183–84; Lindemann, *Health and Healing*, pp. 12–15.
 - 20 Register, Kungliga Brev, CM/SK, RA; Kungliga Brev CM/SK, RA.
 - 21 This procedure began when Collegium Medicum was given instructions, according to Hjelt, *Svenska och Finska*, vol. I, p. 130.
 - 22 The majority (29) of the applicants were denied what they asked for and 14 of them had their requests more or less granted. Information is lacking concerning the remaining five. Register, Kungliga Brev CM/SK, RA; Kungliga Brev CM/SK, RA. During the second half of the nineteenth century the possibility of receiving a special permit from the Medical Board seems to have disappeared. According to a list made by the Ombudsman, none of the applications for similar kinds of permission were granted between 1858 and 1905, Ombudsmannens övriga register och liggare 1808–1905, SK, RA.

- 23 However, to my knowledge, it was not stated that persons who were not true physicians, but distinguished by their excellent knowledge in the art of healing, could receive a permit to practise within the district where they lived. By way of comparison, this was the case in Denmark, as can be seen in the quackery regulations of 1794. Gerda Bonderup, 'De kloke folk og det danske samfund – Kvaksalverforordningen af 5/9-1794 og de första 30 år derefter', *Historisk tidskrift* (1997), 281.
- 24 According to a letter from Sundhetskollégium to the King, Alvin had been accused of unsanctioned practice of 'physicians' measures' (*läkare åtgärder*) by the local court on the island of Gotland, 6 July 1829, CM t. KM, RA.
- 25 Investigations of remedies were conducted by the Medical Board, based upon a written prescription or on a sample of the remedy concerned. In the 1815 instructions for Sundhetskollégium it was clearly stated that this authority was responsible for the prevention of all kinds of quackery and the sale of useless drugs. See Kungliga Sundhetskollégii Instruktion år 1815, Wistrand, *Författningar angående*, pp. 132–33, 137–38.
- 26 See the Medical Board's statement on Alvin's remedies (25 November 1824) and a letter to the County Governor in Visby, Gotland (20 January), enclosed 28 September 1835, CM t. KM, RA. See also Konseljakt. (Ka.) 6 May 1843, Ecklesiastikdepartementet (Ekldep), RA.
- 27 Royal letter to Sundhetskollégium, 15 August 1829, SK, RA.
- 28 Royal letter to Sundhetskollégium, 23 or 28 December 1847, SK, RA.
- 29 Royal letter to Sundhetskollégium, 8 April 1851, SK, RA.
- 30 According to a biography, Kisa-Mor was a famous Swedish folk healer in her time. Her civilian name was Maria Jansson (1788–1842). Pia Höjeberg, *Kisa-Mor – en läkekvinns levnadshistoria* (Hedemora, 1990).
- 31 Letter by the Ombudsman to the Court of Appeal (Svea Hovrätt), 18 February 1832, enclosed Besvärs- och ansökningsmål 1836, Utslagshandlingar Justitierrevisjonen (JR), RA.
- 32 Royal letter to Sundhetskollégium, 6 October 1835, SK, RA.
- 33 See remarks made by Sundhetskollégium, 28 September 1835, CM t. KM, RA; 7 March 1836, CM t. KM, RA; 16 March 1843, enclosed Ka. 6 May 1843, Ekldep, RA.
- 34 This is confirmed in several letters. The correspondence between the County Governor in Linköping, the police authorities in Stockholm (*Överståthållarämbetet*), Sundhetskollégium and the King are a result of this. See e.g. letters from the County Governor of Linköping, 4 July, 26 August, enclosed 28 September 1835, CM t. KM, RA; and an excerpt from a protocol by the police authorities in Stockholm (Protokollsutdrag Överståthållarämbetet för Polisärenden), 1842, enclosed Ka. 6 May 1843, Ekldep, RA.

- 35 Sundhetskollégium, 28 September 1835, CM t. KM, RA. The churches were used for communicating different health services, which for instance the District Medical Officer reports bear witness to. See e.g. Årsberättelser från provinsialläkare (30 March) 1801 CM, RA; (16 March 1801) *Läkaren och Naturforskaren*, vol. XIV, 1805, 308. This way of spreading knowledge of unauthorised practitioners' services was not appreciated by the Medical Board. In 1799, for example, the consistory in Växjö was informed by the Medical Board that it was improper to allow such announcements, Konzept 18 February 1799 CM, RA.
- 36 Sundhetskollégium, 20 October 1842, enclosed Ka. 6 May 1843 Ekldep, RA. According to the Ombudsman Alvin advertised in such papers as *Gefle Weckoblad* and *Stockholms Dagblad*, 4 June 1835, enclosed 28 September 1835, CM t. KM, RA; 15 August, 12 September 1842, enclosed Ka. 6 May 1843, Ekldep, RA.
- 37 Sundhetskollégium, 16 March 1843, enclosed Ka. 6 May 1843, Ekldep, RA. See also 28 September 1835, CM t. KM, RA, where a certificate from 1831, confirming that Alvin had paid his taxes, shows that he was titled 'Practical Physician' (praktisk läkare).
- 38 On request of the Medical Board, through their Ombudsman, actions were taken against Alvin and his practice several times. In 1835 he was accused of quackery in Linköping. In 1837, 1839 and 1842 the police authorities (*Översthällarämbetet*) took actions against him in Stockholm, and in 1851 he was fined. The last year he is mentioned in the records of the Medical Board was 1861, see e.g. Ombudsmannens korrespondens, SK, RA.
- 39 Hjelt, *Svenska och Finska*, vol. I, pp. 11, 14.
- 40 See for example a letter from Alvin to the King (undated, enclosed 7 March 1836, CM t. KM, RA), and the answer Alvin gave the police authorities in Stockholm, 20 October 1842, enclosed Ka. 6 May 1843, Ekldep, RA.
- 41 Sofia Ling, 'I dialog med "kvacksalvare" – en analys av ansökningar och besvär underställda Collegium Medicum och Sundhetskollégium 1773–1858' (unpublished paper, Department of History, Uppsala University 1998), pp. 29–31.
- 42 See e.g. Besvärskarier 1835, 1842, JR., RA; 7 March 1836, CM t. KM, RA; Ingående diarium 1843, Ekldep, RA.
- 43 Letter from Alvin, 17 July 1835, enclosed 28 September 1835, CM t. KM, RA.
- 44 Other 'quacks' also often made similar statements, which was confirmed in written testimonies on their behalf. For such an example, see also Ingegerd Wedin, *En benbrottsläkarläkt – Lundakvinnan Elna Hansson – femte generationen* (Stockholm, 1991), p. 107.
- 45 Report from a District Medical Officer in Visby, province of Gotland, 15 March 1825, Årsberättelser från provinsialläkare 1824, SK, RA. The medical literature referred to is said to be about parish pharmacies (*socken-apotek*). *Socken-Apothek och några Hus-Curer* (1760), written by Joh. Andr. Darelius and distributed by Collegium Medicum, was for example one of the most famous books on medicine.

- See Sten Lindroth, *Svensk Lärdomshistoria – Frihetstiden* (Stockholm, 1978), pp. 444–46; Tillhagen, *Folklig*, pp. 15–16.
- 46 Letter from Alvin (undated, enclosed 7 March 1836, CM t. KM, RA).
- 47 Not all of the testimonies remain. According to a note made in the margin of a letter from Alvin, some of them were returned to him (undated, enclosed 7 March 1836, CM t. KM, RA). Along with the written testimonies, Alvin also attached letters to show that he had not travelled without a valid passport and that he had paid his taxes, assuming that it would serve the purpose of showing that he was a trustworthy citizen. See the letter from Alvin with an attached passport (undated, enclosed 28 September 1835, CM t. KM, RA). For similar cases, see e.g. Wedin, *En benbrottsläkarläkt*, pp. 63, 66–68, 108; Bonderup, 'De kloke folk', pp. 282, 284.
- 48 Testimony signed in Stockholm, 2 February 1836, enclosed Ka. 6 May 1843, Ekldep, RA.
- 49 Diseases mentioned included different fevers, wounds and damages, gout and toothache.
- 50 For one such statement made by Alvin, see letter (undated), enclosed 7 March 1836, CM t. KM, RA; for similar statements made by his witnesses see following transcriptions, 18 November 1835, 1 February 1836, 15 August 1839, enclosed Ka. 6 May 1843, Ekldep, RA.
- 51 See e.g. Tillhagen, *Folklig*, pp. 3–4, 18, 88; Bengt af Klintberg, 'Hejnumkåringen', *Botare – en bok om etnomedicin i Norden* (Stockholm, 1980), p. 46. See also Sköld, *The Two Faces*, p. 294, about district medical officers not having the same prestige among peasants.
- 52 Testimony signed in Motala, 24 November 1835, enclosed Ka. 6 May 1843, Ekldep, RA.
- 53 Hjelt, *Svenska och Finska*, vol. I, pp. 326, 335; Sten Lindroth, *Svensk Lärdomshistoria. Stormaktstiden* (Stockholm, 1975), p. 383; Romlid, *Makt, motstånd*, pp. 97–100. The decision (in 1810) to establish the Karolinska institute was an important step towards integrating the education of surgeons and physicians, even though that education remained partly separate until the late nineteenth century, Gustafsson, *Traditionernas Ok*, p. 240; Bergstrand, 'Läkarekåren och', pp. 107–10; Hjalmar Sjövall, 'Vem skulle få vårda vad? Fackliga strider i 1600-talets Sverige', *Nordisk Medicinhistorisk Årsbok* (1980), 69.
- 54 Sofia Ling, 'Medicinskt möte – kvacksalveriets villkor åren kring sekelskiftet 1800' (unpublished paper, Department of History, Uppsala University 1995), pp. 36–38. See also Hjelt, *Svenska och Finska*, vol. I, p. 146.
- 55 See also Linda Oja, *Varken Gud eller Natur – Synen på magi i 1600- och 1700-talets Sverige* (Eslöv, 1999), pp. 189–92, 224, 228–29, who shows that healers of different sorts often referred to Christian values when accused of magical healing methods.