

Doctor or Quack: Legal and Lexical Definitions in Twentieth-Century Sweden

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Introduction

THE MEDICAL PROFESSION HAS ALWAYS been subjected to open competition from those who have claimed that they can make diagnoses and treat and cure patients at least as well as formally educated and authorised doctors. Doctors have been placed in opposition to quacks in the battle for the good graces of patients. However, the aspiration for social recognition on the part of Swedish doctors, which arose during the 1890s, did not receive support in all respects. For example, in 1915 doctors lost their previous monopoly on the art of doctoring, and it was not until 1960 that they obtained a protected professional title. Political, legal and rhetorical contention has prevailed throughout the twentieth century concerning authorisation, licensing and, last but not least, legitimacy, in the area of health care. Discussions have dealt not only with who has the right to call himself/herself 'doctor', but also with what distinguishes a doctor's activities from those of a quack, and what the criteria are for the legitimate practice of the art of medicine. What is it then that distinguishes the doctor from the quack? What characterises a doctor and a quack?¹

It should be possible to answer these questions easily by referring to a dictionary, a reference book, or legislation concerning authorisation in the health care sector. The problem, however, is that neither the lexical nor the legal definitions of the concepts of doctor and quack can be used as definitive

categories. The purport of the concepts has been the topic of discussions and deliberations in differing contexts during the course of centuries, and no consensus has ever been reached concerning this issue. The terminology itself can change, but shifts also occur in the meaning of the concepts, depending on the context in which they are used and who is presiding. The application of modern terminology to past phenomena can be hazardous, and the concepts are of both relative and normative character.

In jurisprudence a distinction is made between lexical definitions, which are said to describe actual usage, and definitions in legal texts, which prescribe how a certain expression should be given a particular meaning.² These two types of definitions do not simply involve different explanations of the meaning of the concepts. Definitions also change with time, which even applies to the possible connection between what is written in dictionaries and law books, respectively. Furthermore, the lexical definitions are not objective descriptions of a reality; someone writes the text in dictionaries and in reference books, and does so within a particular frame of reference.

The fact that the legal definitions are of stipulative character is a clearer point of departure. Like all other legislation, the laws about authorisation in the health care sector do not constitute a precisely formulated and unambiguous set of regulations concerning actual circumstances that the courts need only apply directly; instead they are generally rules that are drawn up and then subjected to negotiations, interpretations and judgements in applications of the law. Laws result from political negotiations in the *Riksdag* and the Ministry and are not only aimed at regulating circumstances in reality. They also express a political will that at times can actually signify a wish not to establish strict limitations lasting far into the future, but instead to create room for changing categories. As Toby Gelfand has pointed out, they have not only a functional significance but also a symbolic significance.³

A recurrent theme in the history of the medical profession has been the endeavours to define who is a member of the profession and who is not. The medical profession's specific structure, its relationship to the state and its legal right to a monopoly vary according to the political culture of each country. National differences in how the doctor and the quack are defined, both legally and lexically, are prevalent, as well as whether they are defined at all in the legal texts or only through legal usage, depending, among other things, on different legal traditions, the variations in which result in differences in the application of the law and the significance attached to different sources of law. In the culture of civil law which prevails in Sweden, the popularly elected legislative bodies formulate the laws and regulations

that constitute the decisive sources of law.⁴ Variations in legal systems imply diverse possibilities for the organised medical profession to influence definitions and decision-making in both the political and legal arenas. In Sweden laws in the health care sector during the twentieth century have reflected a significantly more tolerant position toward unauthorised practitioners than the medical profession has considered proper. Lastly, different perceptions can prevail among different actors and groups in society about whether the legal definitions and the boundary line drawn between the doctor and the quack are legitimate. What is legally correct does not have to be in accord with what is considered morally correct.

Researchers studying professions point out that a debate about the power of the medical profession must begin with the jurisdictional discourse. According to Andrew Abbot, it is 'the history of jurisdictional disputes that is the real, the determining history of the professions'.⁵ This article will deal with the issue of the doctor and the quack in their political-legal and lexical contexts in twentieth-century Sweden, with difficulties concerning the different definitions and with the relationship between the legal and lexical definitions. Consequently, it deals not only with the doctor and the quack *per se*, but also with the involvement of legislative and legal authorities in the definitions. Via the different legal sources – studies made to prepare the law, the text of the law, legal usage and doctrine, that is, the jurisprudential examinations of the possible interpretations of the law – the actors are discussed to varying extents. An overview of the legislation concerning authorisation that regulated the activities of doctors and quacks during the twentieth century will be followed by a number of examples of the lexical definitions during the same time period. The question of who is speaking through the definitions applies to both the legal definitions and the lexical definitions. Changes in the law and in reality have left their traces in dictionaries and reference books throughout the century. A comparison of Swedish, British and German terminology and explanations of the concepts also reveals national differences and similarities, and provides an idea of the importance of legislation with respect to the stated meanings of the concepts.

Early Regulations concerning the Medical Profession and Quackery

UNTIL THE TWENTIETH CENTURY the doctor has been differentiated from the quack in Sweden by formal authorisation to practise medicine. This circumstance can be traced back to the Medical Act of 1688, which stipulated that only doctors who had formal academic medical training and

were organised in Collegium Medicum were entitled to work as doctors. According to these regulations, doctors alone had the right to supervise those engaged in other occupations within the health care field and to control quackery. In practice, however, these regulations did not have the deterrent effect that was intended. The fines for engaging in undesirable professional quackery were considered too light. Unauthorised medical practices flourished in spite of the regulations. Doctors with medical education were especially critical of homoeopaths and vendors of so-called patent and humbug panaceas. The state also found ways to sidestep the monopoly held by qualified doctors by authorising skilled medical practitioners who lacked formal medical training.

In both 1895 and 1896 proposals were submitted to the Swedish *Riksdag* demanding stronger restrictions concerning quackery and more effective protection for the work of authorised doctors. On both occasions the proposals were rejected. In 1907 a new bill was submitted that proposed means for protecting the public from unauthorised medical practices, but it also demanded the enactment of laws that would make it possible to revoke the licence of an unsuitable doctor, a measure for which no provision had been made in the old regulations. The first part of the bill was rejected, just as the previous ones had been, but the proposal to create means for revoking the licence of an unsuitable doctor was taken up by the *Riksdag*. It requested that the proposal be studied, and thus the bill actually resulted in demands for stricter measures against authorised doctors, and not against unauthorised medical practitioners.

This development aroused the doctors. They wrote articles and official letters to push their claims and arguments for stronger restrictions against quackery. The Board of Medicine drafted its own bill proposing the prohibition of all professional quackery and claiming that only authorised doctors could call themselves physicians or doctors. However, the act that was finally passed by the *Riksdag* contained no such regulations.⁶

The Authorisation Act of 1915

IN JANUARY 1916 THE SEVENTEENTH-CENTURY ACT which regulated medical affairs was replaced by what could be translated as the 'Act Regarding Authorisation to Practise the Art of Doctoring' (*Lag om behörighet att utöva läkarkonsten*), or the Authorisation Act, as it was more commonly called. It was in force for 45 years before new laws in the field of health care took its place.

In the beginning of the twentieth century, the breakthrough of

parliamentarism meant that the majority in the *Riksdag* obtained more power over government and thereby also over legislative matters.⁷ The legislators, the Ministry and the *Riksdag* expressed the view that even unauthorised practitioners of the art of doctoring were doing a lot of good, especially in sparsely populated areas of the country where authorised doctors were rare. Therefore it was considered unwise to prohibit all professional quackery. One member of the *Riksdag* also pleaded for the right of foreign doctors educated in homoeopathy to practise in the country, but this idea was not accepted by the majority.⁸

With the new act, the medical profession actually lost the monopoly it previously had enjoyed, at least theoretically. The unauthorised practice of medicine became legal, with only a few restrictions. Unauthorised treatment of venereal disease, tuberculosis and cancer was made punishable, as was the unauthorised treatment of contagious diseases, which were subject to special regulations. Treatment by hypnosis or under general anaesthesia was also included in the latter category of offences, and fines could be imposed if unauthorised treatment endangered the patient's health or life. If the risky treatment was given professionally – the criterion being in return for payment – the practitioner could be sentenced to imprisonment. If damage to health or life had occurred, criminal law was applicable. The text of the law did not use the word quackery at all, but spoke of 'unauthorised practices in the field of the art of doctoring', which could create the impression that the only factor that distinguished a doctor's practice from a quack's was formal authorisation. The act also listed the conditions for authorisation and revocation of a doctor's licence.⁹

Thus, until 1960 the Authorisation Act regulated both authorised and unauthorised medical practices in Sweden. The boundary line between the two seemed to be clear: formal authorisation. In practice, however, the law caused a great deal of concern and indignation in the medical profession.

The Authorisation Act of 1915 made a distinction among four different variants of authorisation, the licentiate of medicine and a doctor's licence (*legitimation*) being the highest form. The government was free to authorise a doctor and so was the Board of Medicine. Most interestingly, the government could give a person special permission to work within certain limits as an authorised practitioner; theoretically, even a layman could be granted this kind of authorisation. Several persons who were engaged in practising the healing arts applied for such authorisation, but none of them received such permission, as this particular clause of the act was applied very restrictively. After 1943 it dealt with foreign doctors, who were then granted the right to provide care to other foreigners in Sweden, and later even to

Swedish citizens.¹⁰ But the mere idea that even a layman and a quack, without medical education, could, by means of a simple resolution, be made an authorised practitioner was most unsatisfactory to those who had formal medical training.

Furthermore, difficulties arose in the application of the law. In order to know what constituted unauthorised practice of the art of doctoring, it was necessary to have a clear definition of what the 'practice of the art of doctoring' really meant. Likewise, it was important to have a clear definition of 'treatment' in order to decide whether or not a punishable offence had been committed. Neither the 'art of doctoring' nor 'treatment' were defined in the draft of the act or in the act itself. The expression 'the art of doctoring' came from *Instructions for Physicians*, published in 1911 and in 1930, but the term was not defined there either. The legislators were of the opinion that 'treatment' was synonymous with the 'practice of the art of doctoring' and that such practice included diagnosis, even if its result was that no disease could be detected. The failure to take necessary action was also to be included in the concept 'treatment'. According to the act, the work of dentists, physiotherapists and nurses was not the 'practice of the art of doctoring', but what quacks did was.¹¹

Doctors, jurists and the quacks themselves discussed the courts' interpretations of the law in articles in their respective journals. While doctors demanded clear and unambiguous definitions of the concepts 'treatment' and 'practice of the art of doctoring',¹² juridical experts thought that, in the application of the law, the courts should remain free to interpret these expressions in each individual case. As legal definitions could lead to difficulties,¹³ doctors were also unhappy about the fact that nothing except formal authorisation differentiated the practice of qualified medicine from quackery. But what then was considered to be treatment and the practice of the art of doctoring?

Quacks before the Supreme Court

DURING THE PERIOD 1916 TO 1960, when the Authorisation Act was in force, several persons were indicted, sentenced or acquitted for offences with respect to different articles in the act. Nine of these cases were brought before the Supreme Court, whose decisions created precedents in the application of the law. Three of the quacks who were sentenced to fines for different violations of the act will serve as examples.

The first example concerns a preacher, Mr Åhlén, who in 1918 was charged with having treated people suffering from lung tuberculosis. He said

his treatment consisted of prayer, the laying on of hands, and ointment, which proved to be ordinary cooking oil. He also claimed that he had not asked for payment but had accepted what was freely given. He described his treatment as religious missionary activity and referred to Jesus and the apostle Jacob. Mr Åhlén's solicitor claimed that 'treatment' must involve prescription or administration of some kind of remedy or the use of hypnosis, none of which Mr Åhlén had done. Furthermore, the solicitor said it would defy all reason if Swedish law punished the practice of healing, which was recommended in the Bible, while in other instances it punished any utterance of disrespect towards the Word of God or disrespect during a religious service.

The town's physician was of the opinion that Mr Åhlén was guilty of unauthorised medical treatment. The patient had subsequently thought it unnecessary to consult a doctor, and the treatment had therefore endangered the patient's health and life. He also claimed that the 'exaltation' caused by the treatment was a danger to the patient's emotional balance and even to his mental health. Mr Åhlén was sentenced to fines in the court of first instance. The Court of Appeal and the Supreme Court both confirmed the sentence.¹⁴

A second case concerned a cottager, Mr Jonasson, born in 1847 and known as 'the Hamneda doctor', who in 1925 was accused of practising the art of doctoring without being authorised. He claimed he was born under a planet that gave him the power to heal, and that he was not responsible for the fact that many people came to him for help. According to witnesses, he did not examine the persons who went to his home, but prescribed the same thing to each and every one of them, even to those who suffered from diseases whose treatment was prohibited by unauthorised practitioners according to the Authorisation Act. His one and only prescription was water from a brook that ran near his cottage and sweet cream for those who suffered pains in their legs. He did not ask for payment, but accepted gifts.

The local police superintendent claimed that Mr Jonasson's treatment was dangerous to the patients' health and life, while Mr Jonasson's representative in court said there had been no treatment at all. Nor had his prescriptions been paid for, which were in any case completely harmless.

The court sentenced Mr Jonasson to heavy fines for having practised the art of doctoring. As a result, the court contended, he had caused patients to postpone consultation with a doctor or to discontinue their doctor's orders, which in turn had jeopardised their health and lives. Mr Jonasson appealed against the court's decision, and the Court of Appeal subsequently confirmed the sentence but reduced the fines by half. Mr Jonasson appealed

again, but in 1927 the Supreme Court confirmed the sentence.¹⁵

The third example from the Supreme Court concerns a healer, Mrs Wallin, who had once been a Salvation Army officer. In 1932 she was prosecuted for giving unauthorised treatment and for using hypnosis in several cases. She said that when she was still a child she had discovered that a special energy flowed through her body and her hands and that sick people were healed when she touched them. She saw herself as a tool in the hands of a mightier power.

The first court acquitted her, stating that it could not be proved that she had used hypnosis and thus committed a punishable offence. The prosecutor appealed the court's decision. The Court of Appeal asked the Board of Medicine to decide whether or not hypnosis had been involved in the treatment. According to the law, unauthorised practitioners were prohibited from using hypnosis in their treatment, while religious healing, according to the wording in the drafting of the Act, was not considered a punishable offence. The Board of Medicine stated that the method practised by Mrs Wallin could be used to induce a hypnotic state in the patient, and therefore the treatment should be regarded as involving hypnosis, whether or not the process of healing had resulted in a real hypnotic state. The board consequently considered her practice to be the kind of hypnotic treatment referred to in the law texts. Taking into consideration the board's statement, the Court of Appeal sentenced Mrs Wallin to fines. She filed an appeal, but in 1934 the Supreme Court confirmed the sentence.¹⁶

It was obvious that Christian love and the personal obligation to help one's neighbour, if one thought that possible, could not hold its own against the reason and rationality that dominated the application of the law. As pointed out by Max Weber, in modern society the state has monopolised the sources of law and established for itself the absolute right of determination over the 'valid state of affairs', and traditions and beliefs no longer constitute legitimate instruments of power.¹⁷ Nor could modern medical authorities accept the legitimacy of carrying out the practice of the art of doctoring on the basis of traditions and belief; formal education and then subsequent legal authorisation were the criteria not only for a legitimate practitioner of the art of doctoring, but also for the legitimate art of doctoring. The religious legitimacy claimed by these quacks for their activities was not accepted by the medical profession nor by worldly justice.

New Laws and Regulations and Fundamental Changes in 1960

AS A POLITICAL LOBBY GROUP, the organised medical profession has not been very successful during the twentieth century.¹⁸ This lack of power has also affected doctors' chances of influencing legislation concerning quackery. The more stringent regulations that, with time, have been introduced concerning unauthorised activities in the area of health care, cannot be unequivocally attributed to the demands of the medical profession. The investigations and demands on the part of the organised medical profession and the Board of Medicine for more stringent measures against quackery during the period between the two world wars and during the 1940s did not result in any measures. A parliamentary investigation whose report was delivered in 1956 finally resulted in an official government report, including a legislative proposal that was presented to the *Riksdag* in 1960.¹⁹

In 1961 the Authorisation Act of 1915 was replaced by two new acts: one that regulated the authorisation of physicians, and another, named the 'Act Concerning Unauthorised Practices in the Health Care Sector' but commonly known as the Quackery Act, which established that certain practices in the health care sector were subject to penalty under the law. By subdividing the legislation into two separate acts, the legislators stressed the differences between authorised and unauthorised practices.

However, the structure of the Quackery Act was essentially the same as in the articles of the Authorisation Act of 1915, although the new law contained a few more restrictions. The term 'quackery' was invested with new meaning in the legislative proposal. Previously it had denoted treatment by unauthorised practitioners in general; now the word was used in a more derogatory sense, meaning unqualified treatment of the sick. Any treatment that violated the regulations of the act was called 'health-endangering quackery'. Furthermore, the concept of 'the art of doctoring' was abolished in the new law texts – instead, a physician practised 'the profession of medicine' (*läkaryrket*). These changes were motivated in the legislative proposal by the Minister of Public Administration:

In older times the term 'the art of doctoring' was clearly a relevant description of the practice of a physician, as his treatment of the sick was based not only on intuition, the skilful use of his hands and factual knowledge, but also on a fair number of superstitious beliefs; in our time, however, when treatment is based on science and proven experience, the terms the 'art of doctoring' (*läkarkonst*) and the 'art of healing' (*läkekonst*) are no longer relevant denominations for what the medical profession is all about. Nor can those who devote themselves to practices within health care be said to practice the art of doctoring or of

healing without making use of accepted methods of treatment. In many cases their methods are obviously completely useless or even harmful. Their activities should therefore not be called the 'practice of the healing art' in the law texts.²⁰

At long last the protected occupational title for professional doctors was introduced. From then on, no one but a qualified doctor was allowed to call himself physician or doctor. But as the proper name of the 1960 Quackery Act reveals, the standard against which unauthorised practices were measured was no longer the authorised doctor; it was authorised health care as a whole. This field had grown to encompass a number of different occupations, several of which had also been granted licences against the wishes of the medical profession. A law proposed in 1989 regarding what was called 'the practice of alternative medicine' was never passed.²¹ Instead, in January 1999 a new act dealing with professional activity in the field of health care – the Act concerning the Practice of Medical and Health Care Professions – replaced the various earlier regulations, including the latest versions of the Authorisation Act and the Quackery Act, which had undergone only minor changes since 1960. This new act still made it possible for the National Board of Health and Welfare (*Socialstyrelsen*) to grant a doctor's licence to a person if he or she had obtained comparable competence in some way other than through education and practical training.²²

Lexical Definitions

BY WAY OF INTRODUCTION, it was pointed out that lexical definitions are not objective descriptions of either the actual state of affairs or of real linguistic usage. They can be normative and change over time, and there are national differences in the definitions. Examples from English, German and Swedish reference books show that the law is of importance in defining the concepts used and the meaning of the terms doctor, quack, proper medicine and quackery, but with different results.

The 1911 edition of *Encyclopaedia Britannica* states that a quack is 'one who pretends to knowledge of which he is ignorant, a charlatan, particularly a medical impostor'. To further explain the word it is stated:

The often-quoted legal definition of a 'quack' is 'boastful pretender to medical skill', but a 'quack' may have great skill, and it is the claim to cure by remedies which he knows have no efficacy which makes him a 'quack'.

It is also pointed out that English law does not allow any medical practitioner to be called a quack, whether he can be proved to have caused

damage to a patient's health or not. In addition, according to the more contemporary *Oxford Reference Dictionary* from 1986, printed in 1990, a quack is a 'person who falsely claims to have medical skill or to provide remedies which will cure disease, a charlatan'.

This explanation of a quack is not the one given in German dictionaries. The 1893 *Meyers Konversations-Lexikon*, printed in 1896, states that a quack (*Quacksalber*) is a *Kurpfuscher*, anyone who practises as a doctor without authorisation. There is a reference to the word *Charlatan*. A doctor (*ein Arzt*) was 'originally a man professionally engaged in treating disease'. At that time, the German *Gewerbeordnung* allowed anyone to practise medicine without having to prove his or her competence; the earlier prohibition against quackery no longer existed. Ninety years later things had changed. According to the *Brockhaus Enzyklopädie* from 1987, the term doctor is now the denomination for the profession of men or women who, after medical education, practise the profession of healing (*Heilberuf*), and who are entitled to use this title following licensure. The word quack is no longer listed in the encyclopaedia, whereas 'alternative medicine' is.

The British definition of a quack as a person who is ignorant, who falsely pretends to have knowledge he does not have, and who engages in fraudulent activities, did not find its way into Swedish reference books until very recently. Instead, they seem to have utilised the terminology found in German reference works, where the decisive question has been whether or not a person is formally authorised to work within the medical profession.

In the 1880s neither the doctor nor the quack was mentioned in the Swedish encyclopaedia *Nordisk familjebok*. In the 1911 edition – the same year as the above-mentioned edition of the *Encyclopaedia Britannica* – the Swedish encyclopaedia briefly explains the word 'quack' as a person who practises medicine without authorisation to do so, and who sells medicines without permission. Following this, there are complaints about the old-fashioned and ineffective legislation concerning quackery. This text is signed with the initials of two persons, one of whom was a medical advisor at the Board of Medicine. The issue of quackery had not yet landed in the political agenda during the 1880s, but in 1911 it was of great interest, as doctors and the Board of Medicine had gone on the offensive so that legislators would set about working with the issue of quackery.

The word 'doctor', on the other hand, is not mentioned at all during the 1880s, nor is it mentioned three decades later. This silence can be interpreted in light of the legislation. At this point in time the authorised doctors still had a monopoly on their professional branch, and the border line between them and quackery was in a way clearer than after 1915, when

unauthorised medical activities were permitted with certain restrictions. At the beginning of the century, the concept of doctor did not need a more precise definition. The problem was quackery, and this was what needed to be defined in more detail.

The 1937 edition of *Svenska Akademiens Ordbok* explains that the word 'quack' originally referred to 'a person travelling around selling medicines and practising as a doctor', but that 'nowadays' it is used as a disparaging term applied to a person who works as a medical practitioner without the necessary knowledge and without legal authorisation. According to a later edition of the same dictionary published in 1942, the word 'doctor' (*läkare*) applies to 'a person who engages professionally in treating the sick, the wounded or the injured', but that 'nowadays' the term is 'particularly' used to indicate a person who has had specialised training, obtained his degree and thereafter been authorised to engage in such activities.

Today there is less doubt about how doctor is to be defined. The 1993 edition of *Nationalencyklopedin* states that physician or doctor (*läkare*) is a 'denomination of the occupation of a person who is authorised to practice the medical profession, that is, a person who had been granted a licence to practise the profession or who is especially authorised to practise it.' Quackery is said to be an 'old-fashioned and popular denomination for practising the art of healing without medical training and without authorisation to engage in such practice.' Furthermore, the word 'quack' is no longer commonly used, and is said to be an 'earlier denomination for practitioners of folk medicine and alternative medicine'. The encyclopaedia goes on to say that, in common parlance today, the word 'quack' also applies to a bad physician as well as to anyone in general who dabbles in something he or she does not master. As is the case in German reference books, 'alternative medicine' has instead become an established concept. In the Swedish *Nationalencyklopedin* the concept is explained in a longer article written by a medical doctor whose thesis dealt with unconventional types of therapy.

New Laws, New Concepts, New Meanings – Old Discussions?

THUS, BOTH THE DOCTOR AND THE QUACK are types of medical practitioners. 'Licensed doctor' (*legitimerad läkare*) is a distinguishing characteristic in the meaning of the word doctor that has been added in later years. A doctor might be considered a quack in the derogatory sense of the word, and a quack can be a doctor in the positive sense of the word. The 'art of doctoring' no longer exists as a lexical or a juridical concept; the

new concept now found in dictionaries is the 'science of doctoring' (*läkarvetenskap*). Furthermore, since the 1980s new concepts such as 'alternative medicine' have replaced the 'old-fashioned' term quackery in Swedish dictionaries and reference books – although not in medical dictionaries – as a denomination for practices in the health care field that have not gained official recognition or authorisation by the state. Today these practices are defined not only by being located outside the official health care sector, but also by their non-scientific nature. Previous discussions about what constitutes 'the art of doctoring' have been replaced by a differentiation between medical practices that are scientific and those that are not scientific.

But this scientific criterion is not definitive, and opinions differ as to how it should be applied. Several occupational categories that were previously defined as quacks – unauthorised practitioners such as psychotherapists, chiropractors and naprapaths – are today able to obtain authorisation and be licensed as a result of political decisions made contrary to the will of the organised medical profession. Authorisation today has been officially recognised as being equivalent to competence: the formal English translation of the latest Authorisation Act is the Competence Act. Nevertheless, formal authorisation and licensing are not unambiguous criteria for competent and legitimate medical practice as far as official representatives of the medical profession are concerned. Laws in the health care sector have not simply followed the demands of the medical profession, but reflect instead a more open attitude among legislators regarding what practices should be included in official health care, and also in relation to practices that are still unauthorised, but to a great extent tolerated. The medical profession has not had the power to define the concepts that are used, and the borderline between a doctor and a quack is still not very clear cut.

The question of what constitutes a doctor or a quack can be answered in many different ways, depending on the point of departure and the social context. The conceptual apparatus has a normative function that must be heeded from both a historical as well as a modern perspective. This study of the legal and lexical definitions of the concepts doctor and quack in twentieth-century Sweden provides a picture of how semantics is culturally determined and subject to continual renegotiation.

Notes

- 1 The literal translation of the Swedish word *läkare* is actually 'healer', which in a way would provide the correct association to the topic under discussion. However, I have chosen to use the English word 'doctor', which is also used in Swedish, instead of 'physician'.
- 2 Stig Strömholm, *Allmän rättslära. En första introduktion*, 5th edn. (Stockholm, 1984), pp. 26–30.
- 3 Toby Gelfand, 'The History of the Medical Profession' in W.F. Bynum and Roy Porter (eds.), *Companion Encyclopedia of the History of Medicine* (London and New York, 1997), pp. 1119–50.
- 4 Kjell Å. Modéer, *Historiska rättskällor. En introduktion i rättshistoria*, 2nd edn. (Stockholm, 1997), pp. 17–18.
- 5 D.M. Frankford, 'Professions and the Law' in Bynum and Porter (eds.), *Companion Encyclopedia*; Andrew Abbott, *The System of Professions. An Essay on the Division of Expert Labor* (Chicago, 1988), p. 2.
- 6 *Bihang till Riksdagens Protokoll*. 1915 Första Samlingen, Fjärde Bandet, Proposition No. 85. 'Förslag till förordning om behörighet att utöva läkarkonsten'.
- 7 Modéer, *Historiska rättskällor*, pp. 170–80.
- 8 'Riksdagsdebatten om kvacksalverilagen', *Allmänna Svenska Läkartidningen* 12 (1915), 837.
- 9 *Svensk Författningssamling* 1915:362, 'Lag om behörighet att utöva läkarkonsten'.
- 10 Georg Engstrand, 'Om kvacksalverilagen', *Svenska Läkartidningen* 21 (1924), 905–10, 936–42, especially 936–37; *Bihang till Riksdagens protokoll*. 1960. Första samlingen, Fjortonde bandet. 'Proposition nr 141 med förslag till lag om behörighet att utöva läkaryrket', p. 38.
- 11 Gunnar Hedrén, 'Obehörigt utövande av läkarkonsten jämlikt lagen den 21 september 1915 om behörighet att utöva läkarkonsten', *Svenska Läkartidningen* 30 (1933), 609–20.
- 12 Hedrén, 'Obehörigt utövande', p. 616; Georg Engstrand, 'Historik över kvacksalverilagstiftningen i Sverige samt lagstiftningens ståndpunkt å nämnda område speciellt hos grannländerna', *Svenska Läkartidningen* 32 (1935), 1223–34, especially 1230.
- 13 Sture Brück, 'Tillämpningen av straffbudet mot lekmäns utövning av läkarkonsten', *Svensk Juristtidning* (1935), 336–49.
- 14 'Obehörigt utövande av läkarkonsten?', *Nytt Juridiskt Arkiv, Avd. 1 Tidskrift för lagskipning* (1919), 500–04.
- 15 'X., som ej förvärvat behörighet till läkarkonstens utövande men yrkesmässigt utövar denna konst (...)', *Nytt Juridiskt Arkiv, Avd. 1 Tidskrift för lagskipning* (1927), 343–47.

- 16 'Åtal mot kvinna, som ej är eller varit behörig till läkarkonstens utövning, för hypnotisk behandling', *Nytt Juridiskt Arkiv, Afd. 1 Tidskrift för lagskipning* (1934), 273–75.
- 17 Margareta Bertilsson, 'Om legitimitet' in Ulla Bergryd (ed.), *Den sociologiska fantasin – teorier om samhället* (Stockholm, 1989), pp. 333–35.
- 18 Ellen M. Immergut, *Health Politics. Interests and institutions in Western Europe* (Cambridge, 1992), ch. 5: 'The Swedish case: Executive dominance'.
- 19 'Proposition Nr 141', *Bihang till Riksdagens protokoll*. 1960.
- 20 'Proposition Nr 141', *Bihang till Riksdagens protokoll*. 1960, p. 34.
- 21 *Statens Offentliga Utredningar* 1989:60, *Huvudbetänkande från alternativmedicinkommittén*, Socialdepartementet.
- 22 *Bihang till Riksdagens protokoll*. Regeringens proposition 1997/98:109, *Yrkesverksamhet på hälso- och sjukvårdens område*, p. 13.

