

Introduction

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IN SEPTEMBER 1998 the Department of Health and Society at Linköping University and the Institute for the History of Medicine of the Robert Bosch Foundation in Stuttgart organised a three-day conference in Norrköping, Sweden that brought together the various contributors to this volume. The aim of the conference organisers in selecting the historical theme was to provoke a general rethinking of the causes and origins of the formation of boundaries between regular and unconventional medicine and marginalisation in medicine. Specific topics were proposed in five thematic sections and workshops: approaches, science, politics, professions and patients. After the meeting the editors faced the difficult task of selecting papers for this volume, which focuses on the historical aspects of unconventional medicine. Inevitably a number of excellent studies on the present situation in alternative medicine had to be excluded, but they are finding their way into print elsewhere.

The objective of the organisers of the meeting in Norrköping was to investigate the rise to power of a unified medical profession which subscribed primarily to a biomedical approach, a development accompanied by the consequent marginalisation of a wide range of medical practices. The intent was also to shed more light on the era prior to the nineteenth century, by which time the medical profession had gained its monopolistic position. The various Scandinavian papers on quackery included here show, for example, how diverse the pre-modern health care system was and what kind of boundaries were drawn to regulate the medical marketplace even before the nineteenth century.

The conceptual framework of this conference was more or less

analogous to what Pierre Bourdieu calls the field of cultural production, which is circumscribed by boundaries under steady attack and thus comprises a site of constant struggle.¹ The application of the concept of such a field of medical history produces the heteronomous principle (which supports the dominant political sphere, i.e. the state) and the autonomous principle (professional, scientific) and other relatively independent interests.

Many essays in this volume show that the 'other' (the 'quack', the homoeopath, the seller of patent medicine, the mesmerist, etc.) was made visible through political and professional control. Some of the papers in this collection provide strikingly fresh insights gained by the coupling of exhaustive archival research with intimate familiarity with current medical sociology. Several studies in this volume also reflect the greater attention medical historians have paid since the 1980s to local or specific contexts, thus representing a definite shift in concern from long-term developments to a focus on events as a means of elucidating those changes.

The Burgeoning Interest in the History of Alternative Medicine

THE SEMANTIC FIELDS OF ALTERNATIVE MEDICINE are polyvalent; the literature on these subjects is dispersed and varies in quality. This introduction is not the place for an extensive discussion of even the most important or the most recent research. Rather, I would like to restrict myself to a brief outline of some of the historiographic 'landmarks' during the past two decades. There can be no doubt about the considerable expansion of interest in the history of the 'medical fringe' since the 1980s. This medico-historical research has been paralleled by the development of strong popular support for the inclusion of unconventional therapies in mainstream public sector medicine. Seen in this light, it is not surprising to note that, although alternative medicine still does not receive significant support from the medical establishment, and, despite that fact, that the legal situation in regard to those alternative healers continues to be precarious in some European countries, growing numbers of medical and social historians are showing an interest in the historical and contemporary dimensions of unconventional medicine.

During the 1980s scholarship on the past and present of alternative medicine was dominated historiographically by Anglo-American researchers. The three books which garnered the most attention and left their imprint on the debate during that decade are collections of essays edited by leading British and American medical historians.² To a certain extent they helped to redress the balance in medical history by developing a kind of revisionist

argument: that professionalisation of medicine seems to have had critical influence on the conceptual boundaries and on the destiny of alternative medicine in many western societies. These studies are a kind of counter-history, pointing out that, until recently, most medical historians and social scientists of medicine have assumed that unorthodox movements such as homoeopathy and naturopathy were of comparatively minor significance in the study of medicine and society.

The first book on this subject, not restricted to a particular country or period of time, was the collection of essays edited by two eminent British medical historians, William Bynum and Roy Porter. Many of the papers in the volume were first presented at a symposium entitled 'Medical Orthodoxy and Medical Fringe' held at the Wellcome Institute for the History of Medicine in 1985. In the words of the editors, the essays 'are not just about the positioning and nature of the divide between medical orthodoxy and medical fringe, but are about its very creation, or at least the crystallisation of it as part of the public domain of medicine' (p. 2). The introduction concludes with an important statement which future historians working on this subject were supposed to keep in mind: 'They [orthodox medicine and alternative therapies] must be studied in their mutual, dynamic relations, as a whole' (p. 4). The volume covers not only the various attempts in British medical history to brand competitors on the medical marketplace as 'quacks', but also deals with rather specific forms of deviation within the official health care system, starting with an essay by Roger Cooter on the practice of bone-setting and ending with an important note by John Harley Warner on the contribution homoeopathy made to the shaping of the American medical profession in the second half of the nineteenth century.

In *Other Healers*, published in 1988, Norman Gevitz and eight other authors investigate the most significant alternatives to orthodox medicine that gained places in American society from the early nineteenth century to the present. They discuss various unconventional therapies, ranging from Thomsonism, the early botanical system that was progenitor of the first native American medical sects, to the faith healing of contemporary pentecostals and charismatics and from hydropathy or the water cure movement, which gained support from female patients and reformers, to osteopathy, whose practitioners are now licensed in the United States to offer almost the same range of services as medical doctors.

In contrast the collection entitled *Studies in the History of Alternative Medicine*, edited by Roger Cooter, has a slightly broader geographical focus, including case studies from Great Britain, the United States and Italy. The papers deal with a whole range of therapies which at one time or

another were labelled 'irregular': quackery, medical botany, Paracelsianism, hydropathy, homoeopathy, osteopathy and mesmerism. Most authors focus mainly on the late nineteenth century and use biographies and case studies rather than straightforward accounts of the genesis and organisation of these alternative therapeutical practices. As the editor states quite rightly in his introduction:

... although these studies offer only a sampling of 'the many mansions of irregular medicine', they indicate some of the variety of historical approaches that become possible when concerns with healing and well-being are considered from other than the single perspective of orthodox medicine.

(p. xvii)

The 1990s witnessed not only the first full-fledged monograph and systematic study on the history of alternative medicine in a western country (Germany),³ but also the appearance of some important collections of essays complementing earlier studies. In 1992 Mike Saks⁴ edited an important collection of readings on alternative medicine which draws together both previously published and commissioned original work on historical and contemporary aspects of alternative medicine in Britain, covering therapies such as acupuncture, homoeopathy, osteopathy and spiritual healing. This book prompted three Canadian scholars to produce a similar anthology for Canada, which deals not only with the present status and characteristics of alternative medicine in that country, but also provides some historical perspectives on the evolution of health care in Canada in the nineteenth and twentieth centuries.⁵

In the same year (1997) collaboration among social and medical historians (with one anthropologist thrown in for good measure) resulted in the publication of a stimulating collection of essays which profitably comment on the relationships between healing, magic and religious belief in Europe from the sixteenth to the twentieth century.⁶ A central issue of this book is not professionalisation, but the question concerning the extent to which approaches to illness and healing have become 'disenchanted' (to use a phrase coined by Max Weber) during the past 400 years.

It does not come as a surprise that medical historians thus far have preferred compiling anthologies rather than writing books on the history of alternative medicine. For most countries there is not sufficient research available to contemplate a comprehensive synthesis.

One particular problem is the marked national, regional and cultural differences that compound the extraordinary diversity of alternative practices in Europe. This makes it almost impossible to offer firm

generalisations about the wide array of unconventional therapies which once existed or are still practised in western countries. Therefore, the present collection of essays, which focuses on northern and western Europe, can only constitute another attempt to reveal the complexity of factors both favouring and undermining the roles for alternative medicine in industrialised countries and modern health care systems.

Problems of Definition

IN 1858 THE AMERICAN AUTHOR DAN KING, who wrote a diatribe entitled *Quackery Unmasked*, noted: 'If we search the history of quackery, we shall find that it consists of a multitude of -pathies and -isms – of pretended discoveries and great improvements'.⁷ Indeed, even in the present collection of historical essays we often touch upon those collective nouns (e.g. homoeopathy, mesmerism, hydrotherapy) which have served both then and now as catchwords for patients and healers alike.

The papers by Eklöf, Bonderup and Ling, for example, explicitly challenge the validity of medico-historical approaches taken from the perspective of the nineteenth- and twentieth-century professionalisation of the medical core. Roy Porter has shown for England that the reality of what was labelled 'quackery' in the *ancien régime* was more in collusion than in collision with regular medicine. Eklöf, for instance, raises the question of how quackery is to be understood and interpreted in the Swedish context, pointing out that therapies formerly labelled 'quackery', such as chiropractics and psychotherapy, have in the meantime become authorised and registered. Sofia Ling provides another fascinating case study, showing how in 1824 the Swedish Medical Board was forced to argue for the rationality of regular medicine and to clarify in what sense a 'quack' (in this case, a certain Abraham Albin, a seller of remedies) differed from the officially endorsed concept of medicine. Gerda Bonderup refers to the famous Danish anti-quackery law of 1794 and analyses its impact on the persecution and tolerance of folk healers in late eighteenth- and early nineteenth-century Denmark.

There can be no doubt that language has become an important weapon in the long struggle of physicians for medical authority and competence since the nineteenth century. In particular, as they strove to establish their credibility as experts, doctors developed linguistic criteria for defining the boundaries of science and 'official' medicine. Awareness of nineteenth-century debates on terminology is important when considering modern medical discourses, as standard terminology for describing those who

deviated from mainstream medicine is often suffused with ideological assumptions. Taking language in general and semantics in particular as its central theme, the essay by Robert Jütte explores ways in which physicians and health authorities used linguistic means to police the boundaries of their profession. By investigating various linguistic aspects of this topic, the discussion exposes the power of language to shape disciplinary and professional practices in medicine and health care.

In her more general essay dealing with the 'multiple logics of caring and healing', the French sociologist and medical historian Claudine Herzlich also refers to semantic strategies. In France, for instance, one finds a rather idiosyncratic terminology for what is normally called alternative or unconventional medicine, such as 'médecines parallèles' or 'médecines douces'. Both terms hardly disguise the underlying ideology.

Problems of Concepts

PHILLIP NICHOLLS'S ESSAY entitled 'The Social Construction and Organisation of Medical Marginality – the Case of Homoeopathy in Mid-Nineteenth-Century Britain' offers not only a fascinating case study, but also challenges the view that alternative medical practices are socially and politically marginal. Nicholls argues that 'instead of seeing the social structure of organisation of "fringe" or "marginal" or "irregular" practice as the result of any epistemological break with "conventional" knowledge, it is rather the case that therapeutic deviance is a product of the social organisation of an (occupationally) active orthodoxy.' Barbara Wolf-Braun's essay deals with another example of 'fringe medicine': hypnosis and mesmerism. In her opinion there can be no doubt that, in contrast to the image created by a more traditional history of science, social and cultural factors determined the research and the interest of late nineteenth- and early twentieth-century scientists to differentiate between hypnotism, occultism and mesmerism. This development can be explained with the high public profile and public appearances of professional 'media' and with the foundation of scientific societies for psychological research.

By the beginning of the nineteenth century, treatises on Chinese medicine had been repeatedly published in Europe, mostly by Jesuits who had worked at the Imperial Court in Peking or by travelling doctors of the Dutch East India Company, who witnessed its practice in China and Japan. The essay by Elisabeth Hsu compares the rendering of Chinese pulse diagnostics in works written by these European missionaries and travellers in the seventeenth and eighteenth centuries with the current presentation of

sphygmology in twentieth-century treatises, thereby highlighting different approaches to traditional Chinese pulse diagnostics. That therapeutic practice and personal experience are just as important as an intricate knowledge of texts and concepts is shown by Gry Sagli, who has studied the process of establishing acupuncture in the Norwegian health care system and focuses in particular on the reception of Chinese medical concepts. Among the many questions addressed in these papers is the problem of how alien or traditional concepts of the body and its function are made familiar to western, biomedically trained practitioners.

Problems of Sources

MICHAEL STOLBERG'S CASE STUDY from nineteenth-century Bavaria is a plea for putting medical practice on the agenda of medical historians interested in healing alternatives. He thinks that it is high time to write this counter-history from 'below', focusing on the average patient, his sickness behaviour and his perceptions of illness and health. Writing medical history from the patient's perspective is, of course, a difficult task. Much depends on what the sources can tell us about why patients chose folk medicine, homoeopathy or water cures when sick, instead of consulting the local barber surgeon or physician. Availability and economic considerations are important factors, but they cannot explain all cases of patients looking for 'alternatives'.

In this context one should also take into account the role played by gender in this decision-making. Marijke Gijswijt-Hofstra addresses such questions, probing, for example, the historical validity of current research which indicates that women tend to be more inclined to alternative medicine than men. She comes to the conclusion that 'notions of masculinity and femininity with respect to health care have changed and are still changing'.

The essay by Riitta Oittinen contains a chapter on the reasons why patients used patent medicine in early twentieth-century Finland. Drawing on a number of different sources (advertisements, letters, court records, etc.), this study reaches the conclusion that the demand for patent medicine was motivated by general discontent, resentment and distrust towards regular medicine. The consumers, according to Oittinen, 'did not think they were ignorant or superstitious but rather that they behaved rationally by their own logic'.

The letters written by patients to an Icelandic missionary and homoeopathic practitioner by the name of Arthur Charles Gook (1883–

1959) are the main source for Sigríður Pétursdóttir's study on the practice and status of homoeopathy in late nineteenth- and early twentieth-century Iceland. In assessing this correspondence we gain rare insight into the everyday life of patients searching for the best solution to their health problems.

Problems of Synthesis

HISTORIOGRAPHIC WORK ON ALTERNATIVE MEDICINE in general and homoeopathy in particular still lacks a comparative perspective. A comparative approach has many advantages, as Martin Dinges points out in his evaluation of recent research in the history of homoeopathy:⁸ 'It may and can, first, lead to a sufficient consideration of the necessary contexts, particularly the proportions between alternative medical systems and the dominant system. Secondly, short-sightedness may be avoided in questions concerning the number of actors, the duration of periods under observation and the size of the geographical units.'

Although some of the essays in this book are more or less explicitly comparative (e.g. that by Claudine Herzlich), on the whole the volume does not systematically approach comparative history of alternative or unconventional medicine. The purpose is rather to stimulate further comparative research efforts on the topics discussed: in light of the current state of research in the field, a modest methodological proposal for starting points for further work is probably all that can be offered. As a consequence, this book investigates the cases derived from various national histories rather than comparing them.

However, this volume does not just constitute a prolegomenon for comparative studies. Taken together, the essays in this collection also illustrate the compatibility of cultural studies and the methodologies of traditional medical history, history of science, cultural studies and social history. Most important is that the contributors have employed a variety of theoretical approaches to medico-historical problems, but avoid assuming doctrinaire positions as was, and still is, the case in what may be called a partisan or apologetic medical history.⁹

These brief introductory remarks provide only highlights and can hardly do justice to the richness of the essays that follow, which in fresh and provocative ways suggest the variety of research going on today in the social history of unconventional medicine. As a whole, these essays illustrate the productivity of the recent juncture of medical and social history.

Notes

- 1 See Pierre Bourdieu, 'The Field of Cultural Production, or, The Economic World Reversed' in Randal Johnson (ed.), *The Field of Cultural Production: Essays on Art and Literature* (New York, 1993), pp. 29–73, especially pp. 40–43.
- 2 W.F. Bynum and Roy Porter (eds.), *Medical Fringe and Medical Orthodoxy* (London, 1987); Roger Cooter (ed.), *Studies in the History of Alternative Medicine, 1750–1850* (London and New York, 1988); Norman Gevitz (ed.), *Other Healers. Unorthodox Medicine in America* (Baltimore and London, 1988).
- 3 Robert Jütte, *Geschichte der Alternativen Medizin. Von der Volksmedizin zu den unkonventionellen Therapien von heute* (Munich, 1996).
- 4 Mike Saks (ed.), *Alternative Medicine in Britain* (Oxford, 1992).
- 5 J.K. Crellin, R.R. Andersen and J.T.H. Connor (eds.), *Alternative Health Care in Canada. Nineteenth- and Twentieth-Century Perspectives* (Toronto, 1997).
- 6 Marijke Gisjwijt-Hofstra, Hilary Marland and Hans de Waardt (eds.), *Illness and Healing Alternatives in Western Europe* (London and New York, 1997).
- 7 Dan King, *Quackery Unmasked* (Boston, 1858), p. 17.
- 8 Cf., for example, Martin Dinges (ed.), *Weltgeschichte der Homöopathie. Länder, Schulen, Heilkundige* (Munich, 1996); Robert Jütte, Guenter B. Risse and John Woodward (eds.), *Culture, Knowledge and Healing. Historical Perspectives of Homeopathic Medicine in Europe and North America* (Sheffield, 1998).
- 9 Cf., for example, Robert Jütte, 'The Historiography of Nonconventional Medicine in Germany: A Concise Overview', *Medical History* 43 (1999), 342–58.

