Chapter 4

The Incursion of Sociology and a New Intellectual Context: The Mid-Sixties to the Late Seventies

In the decades after mid-century, historians of medicine finally began their major encounter with the idea of profession. The event occurred amidst the striking and apparently steady quantitative increase in medical history writing that has been alluded to in the previous chapter—and which paralleled the well-known increase in both medical and scholarly publications in general in those years. In the history of medicine, all of this growth was often connected to research universities more than to medical schools and was not just a continuation of earlier trends. Moreover, by the mid-1960s, other major new forces in historiography had begun to affect every field of learning, including, eventually, even the history of medicine.

The History of Medicine in Prosperous Times

It was not just the number of workers and the number of publications that kept growing—although both did. The resources available for medical historians also increased dramatically, at least into the 1970s, and, simultaneously, a new availability of published primary sources and bibliographical tools upgraded the quality and standards of the field. In Canada, five Jason A. Hannah chairs in the history of medicine were introduced. In the United States, the Macy Foundation provided important funding, and in Great Britain and parts of the Empire, the Wellcome Trust slowly began to have a major impact, reflected in part during 1964–1965 in the formation of a British national medical history group and a new international—but essentially European—academy founded by a self-appointed elite of the better scholars concerned about "high standards of scholarly and scientific research"—and limited to fifty fellows and fifty associates.[1]

In the late 1960s, surveys of the state of medical history teaching in Europe and the United States showed many crosscurrents, but they existed within a general expansion, although instruction in medical history did not keep pace with the growth of publications. Medical history institutes were established across West Germany, and everywhere medical historians were to be found both inside and outside medical history institutes and departments, most of which were in medical schools. The increasing number of medical historians included those, as James H. Cassedy reported, "tucked away in various parts of the universities, quite apart from those in either history departments or medical history institutes". The situation in North America was particularly revealing. In a census of the medical schools, Genevieve Miller (1914–) found that from the period before World War II, instruction in medical history declined in medical schools in the United States and

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[1] *Medical History*, 8 (1964), 86–87; 9 (1965), 390–391. See, for example, James H. Cassedy, 'History of Medicine and Related Sciences in Europe: Notes on Teaching and Study', *Bulletin of the History of Medicine*, 43 (1969), 270–271, and an early report, Vernon W. Lippard, 'The Josiah Macy, Jr. Foundation Program in the History of Medicine and the Biological Sciences', ibid., 268–269. *Education in the History of Medicine*, ed. John B. Blake (New York: Hafner Publishing Company, 1968), contains much specific evidence of the support for the history of medicine. Volker Roelcke, 'Die Entwicklung der Medizingeschichte seit 1945', *NTM*, n.s. 2 (1994), 193–216, presents the institutional base of the discipline clearly and identifies major intellectual trends.

Canada (in the United States from 60 per cent of the schools offering courses in 1939 to 47 per cent in 1952 to 45 per cent in 1967).[2]

This evidence confirmed a general impression that medical history was flourishing in some centres, but now not necessarily in medical schools. The fact that medical historians instead were to a significant extent based outside medical schools brought new dimensions and new problems to the field. Within the American Association for the History of Medicine (which included Canadians), by the 1970s, tensions between the MDs and the PhDs (generally PhDs in history) were a matter of common remark.[3] Nevertheless, a group of leaders in both groups emerged who were determined not to have the two groups split. They had observed that each one brought expertise and new ideas that together raised the standards of the medical history both produced. The American Association already in the 1970s consisted of about half physician and half non-physician members, a balance that continued to the end of the century as the two groups continued to associate with each other. In other countries, the proportions varied, but a distinctively social history of medicine group, the Society for the Social History of Medicine, based in Britain but with members from many geographical areas and decidedly not closely tied to medical schools, was founded as early as 1970.

Early Signs of Interest in Sociology

It was in this expansionary and changing context, then, that a number of mid-twentieth-century medical historians did finally recognize the emerging field of the sociology of professions—even as the field of sociology itself underwent basic changes. But it was a slow process. As late as 1958, the historian of medicine George Rosen complained that, with the exception of such investigators as Robert Merton, the work of sociologists tended to lack a historical dimension. At the same time, Rosen noted, "historians in general and medical historians in particular have equally small knowledge of social science, particularly in terms of the advances of the past two decades".[4]

Yet one could observe that there were premonitory signs that historians might start using insights from the sociological literature to see additional significances in the primary sources from which they wrote. It would be hard, for example, to miss the frequent use of the idea of the process of professionalizing. As early as 1957, in his history of medical education in Britain, Charles Newman wrote about the natural development of the profession (albeit without any attribution to sociology): "At the beginning of the nineteenth century, the medical profession had reached the stage at which three kinds of doctor were recognized: physicians, surgeons, and apothecaries". And Newman closed his book with a recognition of at least another vague sign of professionalism, appealing to

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[2] Cassedy, 'History of Medicine and Related Sciences'. Genevieve Miller, 'The Teaching of Medical History in the United States and Canada: Report of a Field Survey', *Bulletin of the History of Medicine*, 43 (1969), 259–267; details appear in ibid., 344–375, 444–472, and 553–586.

[3] See especially *Education in the History of Medicine*, ed. Blake.

[4] George Rosen, 'Toward a Historical Sociology of Medicine', *Bulletin of the History of Medicine*, 32 (1958), 515–516. Rosen mentioned only two sociologists, Stern and Merton; how much he may have known of recent work is not clear—the only historian he cited hopefully was himself, in his book on specialization. I have already suggested that Rosen may have known more than he showed in his writings. Again, many, especially younger, medical historians knew the social sciences but did not, at that point, appreciate how they might profitably apply them to their work in medical history.

"the old professional spirit which has always underlain the practice of medicine in England, about which we never speak . . . ".[5]

In a similar way, Barnes Riznik opened an article in the *Journal of the History of Medicine* in 1964, "The literature of medical history today reflects both the physician's greater understanding of the doctor in American society and the historian's wider knowledge of scientific subjects and his growing interest in the development of professional classes". Riznik himself was interested in exactly what doctors did—not only in their practices but also how they drew occupational boundaries using their educational and professional organizations. Although he, again, cited no work by sociologists, clearly he was interested in some of the same questions, including professionalization, that they were.[6]

And, to mention another example, in 1962, a young American medical historian, Charles Rosenberg (1936–), wrote an article about the state of the medical profession in the middle
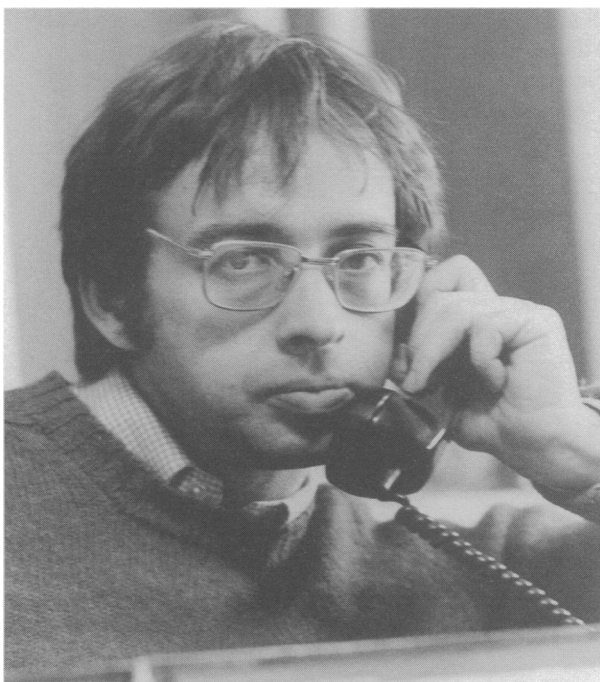

Figure 20: Charles E. Rosenberg in 1975.

of the nineteenth century. He, too, cited no sociological literature, but his systematic presentation there and in his well-known book on *The Cholera Years* took up the questions of status, dignity, and the "traditional prerogatives of a learned profession". Not only dubious ethics and questionable educational institutions had contributed to the decline of the

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[5] Charles Newman, *The Evolution of Medical Education in the Nineteenth Century* (London: Oxford University Press, 1957), pp. 1, 310. The idea about which no one spoke is taken up further, especially in Chapter 6.
[6] Barnes Riznik, 'The Professional Lives of Early Nineteenth-Century New England Doctors', *Journal of the History of Medicine and Allied Sciences*, 19 (1964), 1–16.

professional status of physicians in the nineteenth century, Rosenberg noted, but apparent lack of therapeutic effectiveness was robbing physicians in the United States of their fundamental professional attribute, a claim to superior knowledge. "Despite its often heroic exertions, the medical profession could ill afford the burden of its own pretensions", he wrote, still, however, using the term "profession" only in an aggregate sense. Rosenberg might have picked all of these topics up from nineteenth-century primary sources, of course, for there was much discussion of the dignity of the profession in the earlier medical literature, but his exposition, like that of Riznik, shows at least that questions such as the sociologists had been raising were timely in the field of the history of medicine.[7]

Writers on medical history nevertheless continued to be very shy, even when they did know what the sociologists were writing. The English historian, Sir George Clark (1890–1972), in 1964 cited Carr-Saunders' and Wilson's old work as he began his discussion of how the Royal College of Physicians had taken the "first steps toward professional organization". Indeed, Clark used the authority of Carr-Saunders and Wilson to justify, as they had, declining to define a profession. But Carr-Saunders and Wilson may also have influenced the questions that Clark asked in writing his distinguished institutional history. Clark commented, for example, that "the ascent of the apothecaries" as a profession was an important and untold story. Nevertheless, in the absence of detailed citations, it is hard to know how much he took from Carr-Saunders and Wilson and how much from primary sources and what would have passed for common sense in mid-century (or even something of Hamilton's 1951 paper suggesting that professional groups embodied professional feeling). Clark wrote:

> . . . once a profession exists and is aware of itself, it ceases to be a mere product of social forces outside it. Its own ambitions and its own self-restraint, the discussions and the mutual criticisms of its members endow it with an independent social power. As an organized whole, by persuasion or merely by example, it works upon the other professions, or upon statesmen or upon the general public. So in the dynamic process of society professional organizations have become receivers and transmitters of power . . . [8]

Clark's anthropomorphizing of a profession and the dramatic agency that such wording gives suggest the active process of professionalization. More analytic sociologists and, possibly, other historians could have used other and more precise terms of analysis. Nevertheless, even to cite Carr-Saunders and Wilson represented a change.

The Status of Sociological Influence in 1966

By the year 1966, it was obvious that historians from a variety of backgrounds were writing about the medical profession as such, giving the idea of profession substance and

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[7] Charles Rosenberg, 'The American Medical Profession: Mid-Nineteenth Century', *Mid-America*, 44 (1962), 163–171. (Rosenberg later came to believe that criticism of the state of the profession was part of a reform programme by elite physicians.) Anyone who knew Rosenberg at that time would have been surprised had this stimulating scholar not been well informed on current publications in the sociology of medicine and the sociology of professions. Charles E. Rosenberg, *The Cholera Years: The United States in 1832, 1849, and 1866* (Chicago: University of Chicago Press, 1962), especially pp. 70, 72, 152–153, 222; there Rosenberg cited particularly the work of Richard Shryock.

[8] George Clark, *A History of the Royal College of Physicians of London* (2 vols., Oxford: Clarendon Press, 1964), especially I, 19n, 21; II, 437–438.

not using it as just a collective noun.[9] Most of such authors wrote in the tradition of social history, but it was a social history now sensitive to the importance of professions and explicitly to the importance of the ways in which people divided and organized themselves. Clark, in an article explicitly on 'The History of the Medical Profession', summarized one point of view, much more attuned to the question of profession than his book had revealed him to be only a few years earlier—but this time, curiously, without direct reference to any sociological inspiration:

> In recent years the study of medical history has been very active in England. Not only medical historians have contributed to it but others whose interest is in more general social history . . . One after another, great medical institutions have found their historians: the hospitals, the London corporations, and one of those national institutions which provide their own medical services, the navy. Charity and charitable institutions have been studied with a new thoroughness and insight. For some periods we have learnt much about medical education and about the recruiting of the different branches of the profession. Statisticians have tried to discover from the census returns how the numbers and geographical distribution of the medical men were related to the economic development of the country. So in monographs and articles, and a few major books, materials are accumulating from which we can now begin to piece together the outline of something we have never possessed, a history of the medical profession in its various branches.[10]

In this view from 1966, Clark used the term, profession, in an ambiguous way: in the old sense of all medical practitioners as a class, about whom one could generalize, but in addition this time as a collective with "various branches" and aspects that interacted with the rest of society in set ways, chiefly through institutions.

In a very similar way, in a collection published the next year, Edith Heischkel-Artelt wrote of the medical profession in terms of the many ways in which physicians functioned, noting how Baas and other historians who preceded her had spoken about the legal basis of professional functioning, physician organizations, and other aspects of the world in which the doctors practised. But she went on to ask rhetorically, "Who was the physician in the nineteenth century?" The answer she found initially in the doctors' boundary-drawing, as they asserted that the physician was not a surgeon or a quack. Heischkel-Artelt also verified that German society contained a hierarchy of medical practitioners. In addition, she noted that local histories had revealed ways in which the relationship of practitioners of various kinds to each other and to the state varied. And over time, too, she observed (citing, for example, Finkenrath), social and political movements involved physicians individually and collectively. Historians, she observed, had already identified all of these factors that distinguished the physician in his or her society.[11]

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[9] For example, the author of the standard Yugoslavian history of medicine, first published in 1953, added in the second edition in 1962 a chapter on the history of medical profession; see Ferdinand Wagenseil, review of Stanojevic', *Istorija Medicine*, in *Sudhoffs Archiv*, 47 (1963), 506.

[10] George Clark, 'The History of the Medical Profession: Aims and Methods', *Medical History*, 10 (1966), 213.

[11] Edith Heischkel-Artelt, 'Die Welt des practischen Arztes', in *Der Arzt und der Kranke in der Gesellschaft des 19. Jahrhunderts*, ed. Walter Artelt and Walter Rüegg (Stuttgart: Ferdinand Enke Verlag, 1967), pp. 1–15; the quotation is from 1. The change from her 1956 article, noted in the previous chapter, was obviously substantial in the extent to which points of view from social history influenced her exposition.

These two strikingly similar statements published at about the same time from quite different national bases did not stand alone in using social history terms in calling attention to the history of the profession. The Canadian-American medical historian Lloyd Stevenson, who on some occasions was hostile to any "external" history, likewise in 1966 declared that scholars could and should ask about the medical profession—not only status and divisions but who were they, in what numbers, how were they distributed, and what did they do?[12]

Surveys of the state of the field by historians like Clark and Heischkel-Artelt were, thus, for the most part, written without any reference to the work of sociologists except where scholars like Carr-Saunders and Wilson had provided historical material rather than conceptualization. Sociologists increasingly were in fact furnishing, besides conceptualization, raw materials for social history, materials that would not necessarily introduce the kind of discussion that would change any traditional sense of what the medical profession was or was not. That is, social historians had viewed the profession not only as an aggregate of individuals but as a collection of institutions, particularly medical schools, organizations, journals, and of course the governments that set the rules for practice. Sociologists, as well as historians, were interested in institutions, it turned out, including the historical development of institutions.

Indeed, sometimes a sociologist ended up functioning as a medical historian. Still in the same year, 1966, two outstanding examples of historical sociology appeared. An English sociologist, S. W. F. Holloway, wrote a lengthy reinterpretation of the Apothecaries' Act of 1815, pointing out how apothecaries and physicians used the Act to establish themselves as professionally distinct in society. Like several historians, Holloway cited Carr-Saunders and Wilson for historical material, not for conceptualization. And Rosemary Stevens brought out the first of two volumes on another kind of boundary drawing, specialization, a subject that was becoming of great interest to all medical historians.[13]

The Breakthrough

But something else happened in 1966.

It was in that year that there came into the history of medicine the first unmistakable incursion of the sociology of professions. In a paper at the International Congress for the History of Medicine—the second ever in that group to use the word "profession" in a title—and in a book published simultaneously, the historian Vern L. Bullough (1928–) examined the very origins of the medical profession as a profession. He concluded that because the teaching of medicine became institutionalized in the medieval universities, medicine thereby became established as a profession at that time.[14]

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[12] Lloyd Stevenson, in a review of several books in *Journal of the History of Medicine and Allied Sciences*, 21 (1966), 314.

[13] S. W. F. Holloway, 'The Apothecaries' Act, 1815: A Reinterpretation', *Medical History*, 10 (1966), 107–129, 221–236. Rosemary Stevens, *Medical Practice in Modern England: The Impact of Specialization and State Medicine* (New Haven: Yale University Press, 1966). Frances E. Kobrin, 'The American Midwife Controversy: A Crisis of Professionalization', *Bulletin of the History of Medicine*, 40 (1966), 350–363, used the term and concept of professionalization applied to the speciality of obstetrics, but she cited no sources for the concept—historical or sociological. When she wrote this paper, Kobrin was an undergraduate in a class at the University of Pennsylvania taught by Charles Rosenberg.

[14] V. L. Bullough, 'The Emergence of Medicine as a Profession', in *Verhandlungen des XX. Internationalen Kongresses für Geschichte der Medizin, Berlin, 22.–27. August 1966* (Hildesheim: Georg Olms Verlagsbuchhandlung, 1968), pp. 605–610. Vern L. Bullough, *The Development of Medicine as a Profession:*

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Bullough was not the first scholar to associate the formation of a medical profession with the medieval medical schools. In standard histories of medicine such as P. V. Renouard's in the nineteenth century, this point had been made in very general terms. What Bullough did that was different was to use the sociology of professions of his day to show convincingly how and why, in the thirteenth and fourteenth centuries, medicine changed decisively and relatively suddenly to become a profession that people of the twentieth century recognized as somehow modern—"professional recognition in the sense that the term is now used", as Bullough put it.[15]

Figure 21: Vern L. Bullough (photograph taken about 1966).

Bullough cited Carr-Saunders and Wilson, of course, and even Flexner's 1915 address to the social workers, but he also used the work of Parsons, Goode, Hughes, and collections on the sociology of professions published in 1963–1965—essentially much of

The Contribution of the Medieval University to Modern Medicine (Basel: S. Karger, 1966). Bullough had written a dissertation on medical education in the thirteenth and fourteenth centuries and published out of that dissertation as a social historian of medicine: Vern L. Bullough, 'Training of the Nonuniversity-Educated Medical Practitioners in the Later Middle Ages', *Journal of the History of Medicine and Allied Sciences*, 14 (1959), 446–458; Vern L. Bullough, 'The Medieval Medical University at Paris', *Bulletin of the History of Medicine*, 31 (1957), 197–211; and Vern L. Bullough, 'Medieval Bologna and the Development of Medical Education', *Bulletin of the History of Medicine*, 32 (1958), 201–215. Then in 1963 he published 'The Term "Doctor"', *Journal of the History of Medicine and Allied Sciences*, 18 (1963), 284–287, the origin of which he attributed to physicians' occupational boundary drawing in the medieval period. Bullough was married to a sociologist and particularly after 1960 interacted significantly with sociologist Eliot Freidson—as both of them were developing their ideas about the profession of medicine.

[15] Bullough, *The Development of Medicine*, p. 3. P. V. Renouard, *History of Medicine, From Its Origin to the Nineteenth Century*, trans. Cornelius G. Comegys (Cincinnati: Moore, Wilstack, Keys & Co., 1855), especially p. 275; the date of publication of the French original edition was 1846.

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the sociologists' work described above, in Chapter 3. Moreover, Bullough denied that the then current definition of professional functioning was adequate for history. Instead, he said, the process of professionalization could be viewed in terms of the order in which professional attributes actually appeared. In short, he undertook to study the process of professionalization in medicine and what made the end product a profession. It was in the course of tracing this process that Bullough came upon the place of the universities. Moreover, he showed in the case of medicine that professionalization involved a series of institutionalized practices. The process of institutionalizing gave this historical definition of a profession a concrete developmental dimension that the sociologists in their turn had missed.[16]

The ancients, Bullough found, were unable to institutionalize their medical education, that is, their claim to superior knowledge that sociologists held was the basis of any profession. Nor could other professional claims, either of ethics or official and unofficial status and recognition, be maintained without the base of institutionalized education. Therefore no profession as such had developed. Bullough also noticed that after the middle ages, the universities survived, even though the various political and ecclesiastical authorities, such as local princes, who first licensed university-graduated physicians, eventually did not (although at times university survival was a struggle, for example, in the case of Montpellier). As the universities survived, so the profession as such, once established, itself survived over the centuries. In particular, the separation first made from surgery on the basis of the physician's university education persisted and extended to the familiar invidious distinction of learned physicians above other occupational groups in the health field.[17]

In the end, then, Bullough established a sequence through which members of a professionalizing occupation passed: there was a body of knowledge, the body of knowledge was passed on through institutional means (the university), the members of the group increasingly set their own standards so as to exclude others, they used organizations and political or ecclesiastical authority to enforce the standards and exclusions, and they employed ethical formats further to exclude other groups. At that point, they were able to claim the status and income that sociologists later marked as characteristic of professions. Medicine, Bullough said, was a model for others who wished to professionalize (one of his chapters was called 'Professionalization'), and they learned implicitly that, like the physicians, the first step was to institutionalize knowledge and then institutionalize boundary drawing and licensing and ethics. His final definition of a profession was much the same as that of the sociologists, only now it had the developmental dimension:

> a profession is a high prestige occupational group, with considerable power over self regulation, and a special style of life . . . its chief motivating factor is enlightened self interest which can also be justified for the sake of public welfare. In the process of emerging as a profession, an occupational group tends to delegate many of the more mundane tasks to other groups or individuals . . . [18]

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[16] Bullough, *The Development of Medicine*, especially pp. 4–5, 110–111, 112.
[17] Ibid., especially pp. 31, 59, 60, 87.
[18] Ibid., especially pp. 4–5, 93, 110–111.

Historians did not at once follow Bullough into this general frame of reference, which had first been explored by the sociologists. As Bullough recalled, ". . . several of my colleagues have told me that if I had entitled my book *Medicine in the Medieval University: The Development of Medicine as a Profession,* instead of *The Development of Medicine as a Profession: Medicine in the Medieval University*, it would have sold better [i.e., been more widely cited]. Apparently physicians and others were not so much interested in the professional aspects". Evidence that medical historians did not want to leave traditional ways of viewing the history of medicine was provided, for example, by a review in *Medical History*, by C. H. Talbot, who ignored the question of profession and concluded that the book was "a simple and straightforward introduction to medical development during the middle ages".[19]

Continuing Use of Sociology: After Bullough

Gradually over the next ten years or so, although still slow to respond to the literature of sociology, a number of other medical historians also explicitly used a contemporary sociological concept of profession to enrich their accounts of the development of medicine and physicians' institutions. Even as Bullough's book was being published, Rosenberg finally showed in print his knowledge of the sociological literature by criticizing Calhoun (described in Chapter 3) for not using the work of Parsons, Merton, and Hughes. In 1967, another American, Shryock, who for a generation had been writing medical history that included social contextualization but, as noted above, not sociological literature, brought out his history of medical licensing in America. This time Shryock spoke right from the beginning of the literature on professions and noted that

> those writing on the professions point out [that] occupational groups have exhibited common forms of behavior when they arrived at similar levels of development. Thus, a vocation which evolved specialized skills and aspired to higher status would seek to limit membership to those who attained such skills and employed them in an ethical manner.

Shryock cited not only Carr-Saunders and Wilson and such standard American sociologists as Hughes and Merton but a number of historians of professions such as Calhoun. Finally, Shryock pointed out that Genevieve Miller, in her bibliography of the history of American medicine from 1939 to 1960 (published in 1964), had a whole section on 'Professional History'.[20]

While sociological viewpoints did not shape Shryock's basic social history account, yet they sharpened and refined his analysis, as suggested by his use of such terms as "intra-professional", his constant awareness of status, and his raising the question of

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[19] Letter from Vern Bullough, 22 May 1994. C. H. Talbot, review of Bullough, *The Development of Medicine*, in *Medical History*, 12 (1968), 106. Compare the more appreciative reviews by E. A. Hammond, in *Bulletin of the History of Medicine*, 42 (1968), 579–580, and Eduard Seidler, in *Sudhoffs Archiv*, 51 (1967), 373–374. Hammond's review includes the first use of the term "professionalization" that I found in the *Bulletin of the History of Medicine*.

[20] Charles Rosenberg, review of Calhoun, *Professional Lives in America*, in *Science*, 151 (1966), 439–440. Richard Harrison Shryock, *Medical Licensing in America, 1650–1965* (Baltimore: The Johns Hopkins Press, 1967), pp. viii–x. *Bibliography of the History of Medicine of the United States and Canada, 1939–1960*, ed. Genevieve Miller (Baltimore: The Johns Hopkins Press, 1964), pp. 343–349; Miller's category was very broad, including not only licensure and organizations but sects and women physicians.

whether in the case of medicine the process of professionalization did not go into reverse in the nineteenth century.[21]

Into the mid-1970s, other scholars raised questions and sometimes set historical evidence against sociological definitions of profession. Samuel Ramer used sociological literature to point out that by modern, sociological standards, the Russian feldshers had not been fully professionalized. Or, to cite another instance, in 1972 Roy M. MacLeod traced the thread of professionalization of physicians through the development of state medicine in Britain in the late nineteenth century, citing Marshall explicitly at the beginning.[22]

In 1974, in a symposium honouring Shryock shortly after his death, it is striking the extent to which his former colleagues focused on the medical profession. Certainly they were aware of some basic concepts; indeed, in an ironic twist, Whitfield J. Bell, Jr., opened his paper by observing that "Richard Harrison Shryock was a principal figure in the professionalization of medical history which occurred in this country in the second third of the century". But even in discussing the history of the medical profession, at least one paper was very explicit in framing questions suggested by sociologists' writings, especially the way in which physicians drew boundaries between themselves and groups that were attempting to professionalize— even as MDs kept those groups in a paraprofessional position.[23]

Nor was this new awareness limited to Anglophone scholars. In the seven-volume *Historia universal de la medicina* (1973–1975), edited by Pedro Laín Entralgo, "profession" appeared in the index 71 times, which would simply not have occurred in an earlier era. Moreover, authors in these volumes specifically referred to sociological literature, including, for example, the work of Eliot Freidson (1923–; see below) and of Parsons. Pedro Marset Campos and Elvira Ramos García, for example, described the rise of new professions in one place, and in another volume, they described the condition of the medical profession in different countries in the early nineteenth century, observing that the status and institutions in France served as a model for physicians in other countries who were attempting to establish professional conditions for practice. Altogether Laín Entralgo's authors wrote extensively on medical organization and the place of physicians in a wide variety of societies and time periods—and the work even contained a special essay on 'Social Medicine, Medical Sociology, and Sociology of Health'.[24]

The Italian scholar, Carlo M. Cipolla, writing in 1976 on the medical profession in Renaissance Italy, also showed his awareness of sociological questions and categories. Of course, since he was citing and in part showing an exception to the pattern of

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[21] Shryock, *Medical Licensing*. His collected papers, Richard Harrison Shryock, *Medicine in America: Historical Essays* (Baltimore: The Johns Hopkins Press, 1966), contain much material on the social history of the medical profession but without the additional awareness that appeared in the volume on licensing.

[22] Samuel Ramer, 'Who Was the Russian Feldsher?', *Bulletin of the History of Medicine*, 50 (1976), 224–225. Roy M. MacLeod, 'The Anatomy of State Medicine: Concept and Application', in *Medicine and Science in the 1860s*, ed. F. N. L. Poynter (London: Wellcome Institute of the History of Medicine, 1968), pp. 199–227.

[23] Whitfield J. Bell, Jr., 'Richard H. Shryock: Life and Work of a Historian', *Journal of the History of Medicine and Allied Sciences*, 29 (1974), 15; and other papers in this same issue, including John C. Burnham, 'The Struggle between Physicians and Paramedical Personnel in American Psychiatry, 1917–41', ibid., 93–106. It never occurred to the author of this latter paper that well-read historians did not know the sociological literature on professions, and none of them, as far as he can recall, ever mentioned to him that his use of such ideas was in any way exceptional.

[24] *Historia universal de la medicina*, ed. Pedro Laín Entralgo (7 vols., Barcelona: Salvat Editores, 1972–1975), especially Pedro Marset Campos and Elvira Ramos García, 'Medicina y sociedad en el romanticismo', V, 340–344; idem, 'Sociología y asistencia médicas', VI, 372–373; Primitivo de la Quintana, 'Medicina social, sociología médica, y sociología de la salud', VII, 414–425.

professionalization that Bullough had set forth ten years earlier, it would have been difficult not to allude to sociological ideas.[25]

By the mid-1970s, then, well-informed medical historians knew that sociologists had interesting and relevant conceptualizations of a profession and professionalization. In a review in 1972, Gert H. Brieger, for example, as a small criticism of Rosemary Stevens' otherwise excellent new book on specialization in American medicine offered his regret that she did not use "the work of medical sociologists such as Eliot Freidson, Joseph Ben-David, and David Mechanic".[26]

Acceptance Still Very Limited

Yet many excellent medical historians were still able to ignore the work of sociologists. Some continued to use "profession" to speak collectively of physicians in a geographical area. Others, particularly local, regional, and national historians, wrote institutional history of varying levels of quality and sophistication without referring to any systematic idea of profession as such, however much the concept was implicit as, in their accounts, institutions formed and grew.[27] Some such authors, apparently using primary sources only, described such phenomena as boundary drawing and self policing that might have been suggested as well by sociological awareness—but usually were not.[28]

One outstanding example was a book by Luis S. Granjel, the Spanish medical historian, on the history of the practice of medicine in Spain. Granjel took up guilds, licensing, fees, status, dignity, and the professional hierarchy among medical professions. But he cited no sociological literature. By contrast, Barbara Rosenkrantz, an American writing on the medical profession in the United States in the nineteenth century, "borrowing the tools of the sociologist", as she put it, sketched the transformation of medicine as the profession passed from one based on prestige to one based on technical competence. Rosenkrantz was able to use sociological categories to show that economic motivation was only part of the story of transformation and that professionalism was a larger part.[29] And of course there were those who got as far as citing Carr-Saunders and Wilson, but not much further.

[25] Carlo M. Cipolla, *Public Health and the Medical Profession in the Renaissance* (Cambridge: Cambridge University Press, 1976).

[26] Gert H. Brieger, review of Stevens, *American Medicine and the Public Interest*, in *Journal of the History of Medicine and Allied Sciences*, 27 (1972), 459.

[27] Random examples might include Fred B. Rogers and A. Reasoner Sayre, *The Healing Art: A History of the Medical Society of New Jersey* (Trenton: Medical Society of New Jersey, 1966); H. E. MacDermot, *One Hundred Years of Medicine in Canada* (Toronto: McClelland and Stewart Limited, 1967); Steven J. Novak, 'Professionalism and Bureaucracy: English Doctors and the Victorian Public Health Administration', *Journal of Social History*, 6 (1973), 440–462

[28] Examples include Martin Kaufman, *Homeopathy in America: The Rise and Fall of a Medical Heresy* (Baltimore: The Johns Hopkins Press, 1971); Gert H. Brieger, 'Therapeutic Conflicts and the American Medical Profession in the 1860s', *Bulletin of the History of Medicine*, 41 (1967), 215–222; Frank N. Egerton III, 'Richard Bradley's Illicit Excursion into Medical Practice in 1714', *Medical History*, 14 (1970), 53–62; George Clark and A. M. Cooke, *A History of the Royal College of Physicians of London* (3 vols, Oxford: Clarendon Press, 1972), III; Peter D. Olch, 'Evarts A. Graham, The American College of Surgeons, and the American Board of Surgery', *Journal of the History of Medicine and Allied Sciences*, 27 (1972), 247–261.

[29] Luis S. Granjel, *El ejercicio médico y otros capítulos de la medicina Española* (Salamanca: Universidad de Salamanca Instituto de Historia de la Medicina Española, 1974). The whole spirit of Granjel's exposition was dynamic, in contrast, for example, to Pierre Huard, *Sciences, médecine, pharmacie de la Révolution à l'Empire (1789–1815)* (Paris: Les Éditions Roger Dacosta, 1970), in which there is a section, pp. 277–293, very much like Baas in the nineteenth century, on the legal and social standing of the physician, including fees, etc. Barbara G. Rosenkrantz, 'The Search for Professional Order in 19th Century American Medicine', *Proceedings, XIVth International Congress for the History of Science*, 1974, IV, 113–124.

In 1971, a book on *Modern Methods in the History of Medicine* suggested the place of the history of the profession in medical history in general. The editor, Edwin Clarke of University College London, at one point called for more work on the history of the medical profession. But the only other contributor who paid attention to the history of the medical profession as such was an American, Rosenberg, who wrote specifically on 'The Medical Profession, Medical Practice and the History of Medicine'. Rosenberg believed that social history could contextualize medical history, and he advocated studying the actual operations of institutions as the best way to understand the social functioning of physicians. Altogether he suggested a complex and sophisticated approach to the history of the medical profession, including "education, access to practice, ethical relationships, [and] the conduct of institutions".[30]

Like Rosenberg and Clarke, still other medical historians in the 1960s and 1970s worked on or at least knew about the subject of the medical profession. As in the preceding examples, some avowed their knowledge of the work of sociologists, and some did not. But among them there existed a substantial level of awareness, even if many writers did not directly discuss the subject—again, often conditioned by strong statements concerning professional issues that appeared in primary sources. Toby Gelfand (1942–), for example, was surprised to find, over a period of years, that in his work on French surgeons he was in fact writing the history of professions. While his awareness was still dawning, in 1974, he published an article, 'From Guild to Profession', and George Rosen wrote to him asking him what "model" of profession he was using. Gelfand denied having a model, for, as he recalled, he "was just an historian, not a sociologist, which shows where I was . . .". But most curiously, as noted elsewhere, Rosen in his own published work did not reveal that he was aware of sociological models.[31]

Moreover, by the beginning of the 1970s, enough historians had used the work of sociologists that simply by citing historical secondary sources, they could introduce sociological conceptions (as more general historians of professions had already begun doing, as noted in Chapter 3).[32]

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[30] Edwin Clarke, 'The History of Scientific and Social Medicine', in *Modern Methods in the History of Medicine*, ed. Edwin Clarke (London: The Athlone Press, 1971), p. 203; Charles E. Rosenberg, 'The Medical Profession, Medical Practice and the History of Medicine', in ibid., pp. 22–35. Charles Rosenberg, review of Layton, *The Revolt of the Engineers*, in *Science*, 174 (1971), 280–281, had already used the sociological attributes of professions in considering Layton's work.

[31] Toby Gelfand, personal communication, 8 August 1996. Toby Gelfand, 'From Guild to Profession: The Surgeons of France in the 18th Century', *Texas Reports on Biology and Medicine*, 32 (1974), 121–134. See next note also.

[32] In 1975, Nancy M. Frieden, 'Physicians in Pre-Revolutionary Russia: Professionals or Servants of the State?', *Bulletin of the History of Medicine*, 49 (1975), 20–29, assumed that her audience was familiar with the concept of profession and did not cite the sociologists whom she discussed when the material later was put into book form. Or see, for example, two papers from the same journal, one avowing sociological knowledge and the other, even though using such categories, did not: Theodore M. Brown, 'The College of Physicians and the Acceptance of Iatromechanism in England, 1665–1695', *Bulletin of the History of Medicine*, 44 (1970), 12–30; Toby Gelfand, 'Empiricism and Eighteenth-Century French Surgery', ibid., pp. 40–53. Another example of awareness, if not use, is Charles Lichtenthaeler, *Geschichte der Medizin: die Reihenfolge ihrer Epochen-Bilder und die treibenden Kräfte ihrer Entwicklung, ein Lehrbuch für Studenten, Ärzte, Historiker und geschichtlich Interessierte* (2 vols., Köln-Lövenich: Deutscher Ärzte-Verlag, 1975), II, 624. Among those who cited Bullough but not the sociological literature were Edward C. Atwater, 'The Medical Profession in a New Society, Rochester, New York (1811–60)', *Bulletin of the History of Medicine*, 47 (1973), 221–235; W. S. Craig, *History of the Royal College of Physicians of Edinburgh* (Oxford: Blackwell Scientific Publications, 1976), especially p. 28; and Vern Bullough and Bonnie Bullough, 'The Causes of the Scottish Medical Renaissance of the Eighteenth Century', *Bulletin of the History of Medicine*, 45 (1971), 13–28.

And of course many medical historians had open reservations about using the sociologists' work. Some of the scholars' reservations represented narrowness, and some reflected their preoccupation with other subjects. But some of the reservations constituted informed and reasoned caution. At one point, the young English scholar, Vivian Nutton, for example, expressed the desirability of knowing about sociologists' writings concerning the distinction between formal and informal organizations, ideas that had informed his writing on Roman medicine. Nutton had, after all, spent a term as a graduate
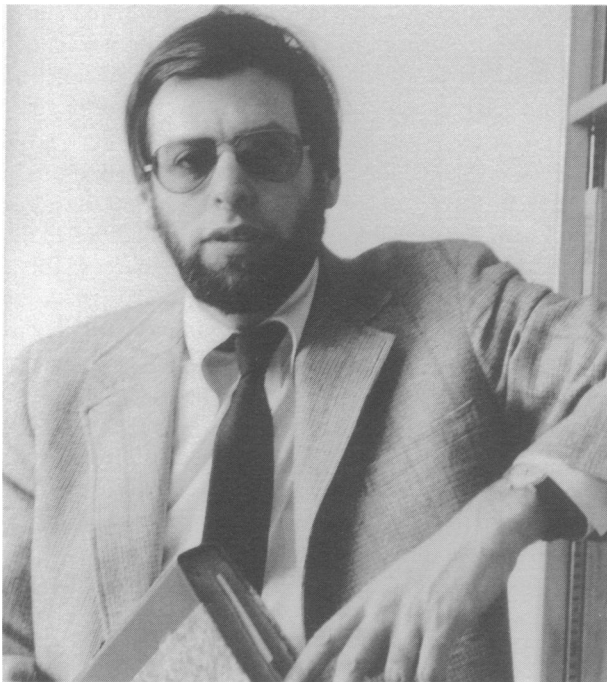

Figure 22: Toby Gelfand, as a young historian.

student studying sociology at the London School of Economics. Nevertheless, Nutton hesitated to apply modern sociological ideas directly to times as far back as ancient Rome. Such conceptualization, too directly applied, he feared, would be "anachronistic". He then proceeded to describe how society had recognized physicians, along with other aspects of professionalization, but he carefully did not use the term.[33] As Nutton indicated, the question of whether physicians in ancient Greece and Rome were professionals or not continued to be argued, but it took on additional meaning as other scholars became aware of the work of the sociologists.

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[33] *The Bulletin of the History of Medicine*, 42 (1969), 391, listed as "received" David Mechanic's *Medical Sociology* (1968), but I cannot find that it was ever reviewed. Vivian Nutton, 'Medicine and the Roman Army: A Further Reconsideration', *Medical History*, 13 (1969), 260–270. As early as 1967, Rosenberg had expressed his reservations that sociologists' categories were too schematic: Charles Rosenberg, review of Calvert, *The Mechanical Engineer in America*, in *Science*, 157 (1967), 1546–1547.

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It should of course still be stipulated that the bulk of the writings in the history of medicine in the 1960s and 1970s did not address the question of profession at all. Nor, given either the traditional or the reformist agendas of historians, should it have. Even in the stream of the social history of medicine, in places where the concept might well have shown up, it often did not.[34]

Historical Sociologists

One problem in applying sociological insights to medical history was, naturally, that historians had a variety of sociologists' work from which to choose. Historians were directly challenged, for example, by the work of historical sociologist Holloway, who not only wrote on medical reform but also wrote about mid-nineteenth-century English medical education, using mostly primary sources and very few sociological citations. Another challenge came from another historical sociologist, William G. Rothstein, who wrote a history of the American medical profession in the nineteenth century, focusing particularly on the medical sects that flourished then.[35]

Rothstein's work was clearly historical. But the reason for the book, Rothstein explained, was to modify the model of a profession as sociologists had developed it. This book therefore served to expose historians both to the model and to Rothstein's dissection of events in terms of economics and of specific beliefs and institutions (practitioners, organizations, medical schools, and licensing). He explicitly tried to avoid, he said, treating "professions as historical actors when in fact professions per se cannot undertake the actions attributed to them".[36]

Because medical historians were often specialized, only a fraction of them had to confront Rothstein's book on just American medicine in one century, much less Rothstein's own conceptualization of profession and the one that he was modifying. But for those who read the book, Rothstein provided a succinct statement of the concept of profession as it appeared in sociological scholarship at the beginning of the 1970s:

> a community held together by shared norms and values which emphasize self-denying service to others and loyalty of professionals to their professional community . . . professional institutions serve to strengthen the communal aspects of professions by making professionals dependent on their colleagues, rather than on their clients, for the major rewards of professions, which are considered to be prestige and career advancement. Because professions practice service to others . . . and because they regulate themselves through their own institutions, society gives them a greater degree of autonomy than it gives to other occupations.[37]

[34] There was, of course, particularly a continuing stream of medical history writers, not unlike Baas in the nineteenth century, who continued to take up matters that pertained to professions, such as status, fees, organization, etc., but in a general social history or otherwise undefined context; see, for example, Kurt Pollack and E. Ashworth Underwood, *The Healers: The Doctor, Then and Now* (London: Nelson, 1968), first published in German in 1963.

[35] S. W. F. Holloway, 'Medical Education in England, 1830–1858', *History*, 49 (1964), 299–324. William G. Rothstein, *American Physicians in the Nineteenth Century: From Sects to Science* (Baltimore: The Johns Hopkins University Press, 1972).

[36] Rothstein, *American Physicians in the Nineteenth Century*, especially chap. 1. Another example might be Stephen J. Kunitz, 'Professionalism and Social Control in the Progressive Era: The Case of the Flexner Report', *Social Problems*, 22 (1974), 16–27.

[37] Rothstein, *American Physicians in the Nineteenth Century*, p. 7. Years later, William G. Rothstein, 'Professions in Process', *Bulletin of the History of Medicine*, 70 (1996), 692, characterized his view as "a seldom-used perspective", which he described as portraying "professionals as groups of workers who earn their livelihood in the marketplace by using their distinctive skills to satisfy the demands of clients".

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This statement was consonant with the characteristics of professions that sociologists had elucidated up into the 1960s, including the wisdom that, as professionals, physicians could depend upon their colleagues more than upon their patients.

A Changing Intellectual Context

In subsequent years, therefore, historians who were going to use sociology for insight about the profession might have to account for a great deal beyond the pioneer works of Carr-Saunders and Wilson and also go beyond Parsons and his immediate successors, as new viewpoints in sociology were in the process of challenging their functionalist perspective. In 1972, for example, Philip Elliott of the University of Leicester in a widely cited book on the sociology of the professions attempted to shift his focus from adaptive functioning to the internal contradictions of the professions such as the conflicts between individual responsibility and group loyalty or between capitalist and non-economic motivations. Medical historians who were still working to absorb (or to ignore) mid-century sociological writings on professions now faced such a continuing development of the sociological literature, particularly beginning about 1970.[38]

In the 1970s, then, historians of medicine could still draw from sociology for the attributes of a profession and the concept of professionalization—and many did. But this just-established relationship between the sociology of professions and medical historians could not be permanent, since the sociology of professions was changing so rapidly. Indeed, in the end, within sociology, interest in professions lost momentum and diminished markedly.

One reason for changes in sociology by the 1970s was a substantially transformed intellectual atmosphere in the Western world. The new atmosphere also influenced the work of historians of medicine, for intellectual and social currents that sometimes were carried in the work of sociologists simultaneously affected the work of medical historians directly, without the intermediation of sociological formulations. It therefore becomes difficult to sort out how some of the new work of sociologists affected that of historians of medicine, as opposed to changes that historians were picking up simply from contemporary scholarly discourse.

And as other kinds of thinkers, besides sociologists, affected historians' work, medical historians who were writing about the history of the profession not only introduced conceptual shifts but shifted the tone of their discussions of profession. Beginning especially in the 1960s, medical institutions and medical professionals (not to mention

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[38] See especially the account of Uta Gerhardt, *Ideas about Illness: An Intellectual and Political History of Medical Sociology* (Basingstoke: Macmillan, 1989). While she focuses on the sociology of illness, her chronology of major sociological contexts is helpful in showing the approaches that were in place in the 1970s (explicitly on p. xxvi). Talcott Parsons' essay, 'Professions', *International Encyclopedia of the Social Sciences* [1968], XII, 536–547, which is very general and historical, emphasizing Parsons' distinction between learning and the applied learning of the professionals, is therefore a look backward. Major changes in sociologists' ideas with which historians had to deal were to be found elsewhere and afterward. William J. Goode, 'The Theoretical Limits of Professionalization', in *The Semi-Professions and Their Organization: Teachers, Nurses, Social Workers*, ed. Amitai Etzioni (New York: The Free Press, 1969), pp. 266–313, tied much of the attribute and professionalization thinking together. Philip Elliott, *The Sociology of the Professions* (London: Macmillan, 1972). The idea that functionalism was necessarily conservative was of course not accurate, however commonplace; see W. Paul Vogt, 'Political Connections, Professional Advancement, and Moral Education in Durkheimian Sociology', *Journal of the History of the Behavioral Sciences*, 27 (1991), 56–73, especially 59–60.

professionals in general) came under attack from various kinds of "revisionist" thinkers. Sociologist Freidson later reported his impression of the transition that took place in the 1960s: "The mood shifted from one of approval [of the professions] to one of disapproval . . . one which emphasized failings over virtues".[39]

There had, of course, been precursors of this attack on the professions. An earlier mid-century commentator, for example, noted that "It is regrettable that the public has to be on its guard whenever an occupation sets out to establish its status as that of a profession . . . pounds are automatically converted into guineas . . . the occupation almost invariably lays claims to powers of self-regulation which insensibly or deliberately entail monopoly privileges".[40]

The New Negative Tone

Attacking professions in the 1960s and 1970s, however, was different, and it came in part out of the general assault on authority, in part out of the consumer movement, and in part out of criticism aimed at making the world a better place. In 1976, for example, sociologist Marcia Millman published in a popular form the results of her investigation of medical errors and disagreements, a book that was in effect an exposé of physicians' "professional" behaviour. Many professionals in that era felt doubt, if not betrayal, because of such attacks on the profession, for their self images and images of their professions were basically interconnected. "Professional institutions have been most severely affected because the commitment of their membership is so dependent on the plausibility of the belief system supporting the institution", reported a group of sociologists in 1974.[41]

Others at the time noticed that it was not just in sociology that the usual positive, approving attitudes toward professionals seemed to be under attack. Historians of medicine did not need sociologists to express hostility to the elitism of professionals such as was becoming commonplace. The general historian, Samuel Haber, whose book was noted above, recalled, "When I first began to take an interest in the professions, back in the late sixties and early seventies, it seemed that the traditional notions about them were nearing collapse". Haber observed that young physicians, lawyers, and priests were surrendering their traditional professional perks and denigrating their special status. "I

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[39] See Burton J. Bledstein, review of Kimball, *The "True Professional Ideal" in America: A History*, in *Journal of Interdisciplinary History*, 25 (1995), 747. Eliot Freidson, 'Are Professions Necessary?', in *The Authority of Experts: Studies in History and Theory*, ed. Thomas L. Haskell (Bloomington: Indiana University Press, 1984), p. 4.

[40] George Schwartz, quoted in Roy Lewis and Angus Maude, *Professional People* (London: Phoenix House, 1952), 53. There were even earlier examples of attacks on the motives of professionals, such as F. H. Hayward, *Professionalism and Originality* (London: George Allen & Unwin Ltd., 1917), but those in place by the 1970s were notable because of their quantity and theoretical sophistication.

[41] Marcia Millman, *The Unkindest Cut: Life in the Backrooms of Medicine* (New York: William Morrow and Company, 1976). R. Richard Ritti, Thomas P. Ference, and Fred H. Goldner, 'Professions and Their Plausibility: Priests, Work, and Belief Systems', *Sociology of Work and Occupations*, 1 (1974), 26. Background appears in John C. Burnham, 'American Medicine's Golden Age: What Happened to It?', *Science*, 215 (1982), 1474–1479, and Charles E. Rosenberg, 'Science in American Society: A Generation of Historical Debate', in *The Scientific Enterprise in America: Readings from* Isis, ed. Ronald L. Numbers and Charles E. Rosenberg (Chicago: University of Chicago Press, 1996), pp. 4–14, gives an account of new forces that parallels and reinforces the following paragraphs while focused on the history of science rather than the history of medicine more specifically; Rosenberg's account suggests, nevertheless, both explicitly and implicitly how he himself adapted and grew as a scholar.

thought", Haber continued, "that it would be a good time to study the professions, for if they were not going to disappear, then surely an era in their history must be coming to a close".[42]

Particularly in the 1970s, one method of undermining the place of professionals in society was debunking the authority of experts—that is, attacking expertise, traditionally the major basis for professionals' claims to authority. Jethro K. Lieberman in 1970 in a well-known book called attention to *The Tyranny of the Experts: How Professionals Are Closing the Open Society*. Lieberman took a consumerist stance as he described the self-governing private interests that he believed professional groups represented. Those private interests, he asserted, unnecessarily operated beyond public control, control that was desirable precisely because of professionals' knowledge and skills. And by 1979, Randall Collins (1941–) could make fun of "the credential society" in which formal qualifications replaced accomplishment as a basis for an honoured place in society—a critique that would apply especially to professionals, whose product was intangible.[43]

Professionals, in the eyes of many of these reformers, were therefore no longer the cutting edge of modernizing society or the conscience of reform. Instead, professionals and their institutions embodied economic exploitation and abuses of power—a viewpoint later dubbed by Deborah Lupton as "the political economy perspective" in which "health care under capitalism is perceived as largely ineffective, overly expensive, under-regulated and vastly inequitable".[44]

Since scholars like Parsons had once argued that professionals represented the opening wedge for altruism in an organizational society, it was particularly jarring that, in the new point of view, professionals' selfish motives became the focus of authors. As two revisionist writers of the time asserted, "The failure of the professions has become increasingly apparent . . . The professions justify themselves as organized efforts to assure that society's vital needs are met . . . Vital needs are unmet, and the organized professions seem perversely or arrogantly opposed to change".[45]

Structures, Power, Construction, Medicalization

Contemporaneously with the rise of negative interpretations of professionalization came another distraction in the 1960s and 1970s—one that had equally political constructions: a shift in discourse to focus on the underlying structures of the place of medical practice in society. The impact of the philosopher, Michel Foucault (1926–1984),

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[42] See, for example, Gerald E. Markowitz and David Karl Rosner, 'Doctors in Crisis: A Study of the Use of Medical Education Reform to Establish Modern Professional Elitism in Medicine', *American Quarterly*, 25 (1973), 83–107. Samuel Haber, *The Quest for Authority and Honor in the American Professions, 1750–1900* (Chicago: University of Chicago Press, 1991), p. 359.

[43] See, for example, Nathan Glazer, 'The Attack on the Professions', *Commentary*, 66 (1978), 34–41. Jethro K. Lieberman, *The Tyranny of the Experts: How Professionals Are Closing the Open Society* (New York: Walker and Company, 1970). Randall Collins, *The Credential Society: A Historical Sociology of Education and Stratification* (New York: Academic Press, 1979).

[44] Deborah Lupton, *Medicine as Culture* (London: Sage Publications, 1994), p. 8.

[45] For background here and below, again, see Burnham, 'American Medicine's Golden Age'; and especially the incisive summary in Nelli-Elena Vanzan Marchini, 'Surveys of Developments in the Social History of Medicine: II. Italian Scholars and the Social History of Medicine, 1960–1990', trans. Brian Pullan, *Social History of Medicine*, 4 (1991), 103–104. Ronald Gross and Paul Osterman, 'Introduction', in *The New Professionals*, ed. Ronald Gross and Paul Osterman (New York: Simon and Schuster, 1972), p. 10.

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on the history of medicine came relatively rapidly. Particularly on the Continent, medical historians responded to his combination of anti-establishment and anti-elite accounts of the practice of medicine. In accounts of the medical profession, they identified the issue of power and ways in which physicians could misuse power.[46]

And already in that same period, that is, beginning in the 1960s and 1970s, a number of scholars in addition applied the concept of social construction to the very idea of the professions. As the sociologist Richard Hall described the new view, professions as entities

> construct a reality about themselves which they hope will be accepted by their environments. The environments in turn do their own constructing. This social construction is at more than the symbolic level, however, since survival involves the development of an economic and political niche in the social system.[47]

Even before the appearance of Foucault's work, sociologists and, somewhat later, in the 1960s, historians had begun to emphasize the bureaucratic structures within which modernized societies operated (some early work along this line, such as that of Lubove, was noted above). Two elements of the bureaucratic society, specialization of function and social roles, had particular relevance to medicine. But in the 1970s, as sharply critical intellectuals examined the health care delivery system, bureaucracy took on additional attributes. Sociologists, especially, came to ask directly how bureaucracies shaped the functioning of medical professionals. Indeed, one of the ways of attacking medicine as part of the establishment was to reconceptualize the positively-toned concept of an independent professional into the negatively-toned bureaucracy of medical organizations.[48]

Beyond the medical bureaucracies such as professional organizations and hospitals, many scholars of the 1970s and after asserted, all bureaucratic aspects of society constituted sources of power that were outside the profession and yet affected professional functioning. In tracing professional strategies, wrote the sociologist Douglas Klegon, there was an external dynamic, "typically neglected in studies of professions, [that] involves relating professional organization and control to other institutional forces and arrangements of power"—and these social and economic forces and arrangements typically appeared in the form of bureaucratic functioning. "All professions depend to a certain extent on large organizations and on the state . . . All professions are, today, bureaucratized to a greater or lesser extent", wrote another sociologist, Magali Sarfatti Larson, in 1977 in a very influential book on professionalism.[49]

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[46] Marchini, 'Surveys of Developments', pp. 103-104. See, for example, Werner Leibbrand, 'Das Geschichtswerk Michel Foucaults', *Sudhoffs Archiv*, 48 (1964), 352–359. The later influence of Foucault, who changed somewhat over the years, will be taken up in the next chapter.

[47] Richard Hall, 'The Social Construction of the Professions', *Sociology of Work and Occupations*, 6 (1979), 125. A survey of the development of social constructionism in medical sociology does not deal with the professions per se: M. R. Bury, 'Social Constructionism and the Development of Medical Sociology', *Sociology of Health and Illness*, 8 (1986), 137–169.

[48] The classic historical work introducing the concept of bureaucratic society was Robert H. Wiebe, *The Search for Order, 1877–1920* (New York: Hill and Wang, 1967). See, for example, Eliot Freidson, 'Dominant Professions, Bureaucracy, and Client Services', in *Organizations and Clients, Essays in the Sociology of Service*, ed. W. R. Rosengren and Mark Lefton (Columbus, OH: Charles E. Merrill Publishing Co., 1970), pp. 71–92.

[49] Douglas Klegon, 'The Sociology of Professions, An Emerging Perspective', *Sociology of Work and Occupations*, 5 (1978), 270-274. Magali Sarfatti Larson, *The Rise of Professionalism: A Sociological Analysis* (Berkeley: University of California Press, 1977), p. 179.

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One particular twist with which both historians and sociologists had to contend often appeared as an extension of the concept of the bureaucratic society: the "medicalization" of society. Scholars in general assumed that medicalization was a product of the same constellation that fostered professionalization: modernization. Foucault formulated a mid-century version of the idea of medicalization, and the chief popularizer of the point of view was the social critic, Ivan Illich (1926–), who wrote about "the destructive power of medical overexpansion" into what he considered inappropriate areas of human existence. Professional opinion and control of people by professionals brought many evils, Illich held, such as iatrogenic illnesses. According to such writers as Illich, physicians—often represented as an anthropomorphized medical profession (as Rothstein had noted)—sought to exercise social control over others, chiefly through bureaucratic institutions, extending the jurisdiction of medicine to areas that previously had come under other categories such as child rearing and morals, not medicine. The French historian, Jean-Pierre Goubert, traced to the eighteenth century the growth of the prestige, power, and influence of physicians—professionalization—that gave rise to "medical imperialism", as, in his words, "the enlightened segment of the medical profession shared a certain number of desires, feelings, and attitudes that contributed to giving it a certain cultural unity".[50]

Exploring the concept, Renée C. Fox in 1977 put the idea of medicalization together with other trends obvious at the time and extracted key terms—in addition to "social control"—that marked the work of many scholars in several different disciplines:

> The great "power" that the American medical profession, particularly the physician, is assumed to possess and jealously and effectively to guard is another component of the society's medicalization. In the many allusions to this medical "power" that are currently made, the organized "autonomy" and "dominance" of the profession are frequently cited, and, in some of the more critical statements about the physician, these attributes are described as constituting a virtual "monopoly" or "expropriation" of health and illness. The "mystique" that surrounds the medical profession is part of what is felt to be its power . . . [51]

Deprofessionalization and Proletarianization

Still one more element in the new intellectual atmosphere in which both historians and sociologists worked was a growing concern about, if not enthusiasm for, "deprofessionalization". Physicians were concerned that criticism of MDs and the health care bureaucracy was undermining the standards as well as the authority of the profession.

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[50] The connection to modernization is made explicitly in Robert Jütte, 'Socialgeschichte der Medizin: Inhalte—Methoden—Ziele', *Medizin, Gesellschaft und Geschichte: Jahrbuch des Instituts für Geschichte der Medizin der Robert Bosch Stiftung*, 9 (1990), 155–157. Francisca Loetz, *Vom Kranken zum Patienten: "Medikalisierung" und medizinische Vergesellschaftung am Beispiel Badens 1750–1850* (Stuttgart: Franz Steiner Verlag, 1993), especially chap. 2, cites especially Foucault's *The Birth of the Clinic* and also notes that Goubert localized the convergence of political ideology and medical technology in a region. Ivan Illich, *Medical Nemesis: The Expropriation of Health* (New York: Pantheon Books, 1976), especially pp. 219–220. Ivan Illich, *et al.*, *Disabling Professions* (Boston: Marion Boyars, 1978 [c. 1977]). See, for example, Peter Conrad and Joseph W. Schneider, *Deviance and Medicalization: From Badness to Sickness* (St. Louis: The C. V. Mosby Company, 1980), which contains much historical as well as theoretical argument. Jean-Pierre Goubert, 'The Medicalization of French Society at the End of the Ancien Régime', in *A Celebration of Medical History*, ed. Lloyd G. Stevenson (Baltimore: The Johns Hopkins University Press, 1982), 157–172.

[51] Renée C. Fox, 'The Medicalization and Demedicalization of American Society', *Daedalus*, 106 (1977), 9–22; the quote is from p. 12.

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Deprofessionalization was the political solution that Illich was advocating for overcontrolled, overmedicated people, whom he urged to take back active control of their health. As he wrote, "Deprofessionalization of medicine means the unmasking of the myth according to which technical progress demands the solution of human problems by scientific principles, the myth of benefit through . . . multiplication of arcane manipulations, and the myth that increasing dependence of people on the right of access to impersonal institutions is better than trust in one another".[52]

Not only sociologists but many contemporary observers wrote about the trend toward deprofessionalization. The American writer and literary figure, Max Lerner, in 1975 noticed among professionals distinct declension in the areas of legal recognition and public belief in high standards of personal character and professional ethics. F. J. Ingelfinger, writing in the *New England Journal of Medicine* in 1976, observed that the process of deprofessionalization affected medicine "when suspicion and distrust replace its fiduciary image, and when commercialism supersedes other, less selfish motives".[53]

Ingelfinger was particularly concerned that loss of the medical monopoly would bring not only competition but commercialization. Even more threatening to the ideal of professionalism, however, as other writers pointed out, was professionals' loss of autonomy.[54]

Another version of deprofessionalization grew out of fears that professional workers would lose their status if their autonomy, ethics, and/or claims to knowledge reduced them to controlled tasks—dependent on others—so that they would end up just like other workers within the bureaucratic society. Some writers spoke ominously of the *proletarianization* of the medical profession, for example. And the actual process of proletarianizing professionals did gain some attention in sociology, at least. Originally the model was classical: as Charles Derber wrote, "the shift from self-employment to employee status among professionals parallels the proletarianization of craft workers in the last century". But in the 1970s, what Marxist analysts, especially, saw, was ideological proletarianization, in which the workers—professionals in this case—were increasingly subject to management control, even while retaining some status differentiation.[55]

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[52] Illich, *Medical Nemesis*, p. 256. The term, like "professionalization", had a long history of use. In 1888, for example, a clergyman, J. Anderson, quoted in *Journal of Social Science*, 25 (1888), 21–22, in bemoaning the lack of place of the professions of medicine, law, and theology, noted that "to-day there are many professions or semi-professions, and the lines are not drawn so distinctly as they were; and there are tendencies at work in all these to lower them, to *deprofessionalize* the men who belong to them" [italics in original]. This citation was suggested by Thomas J. Haskell, *The Emergence of Professional Social Science: The American Social Science Association and the Nineteenth-Century Crisis of Authority* (Urbana: University of Illinois Press, 1977), p. 223.

[53] Max Lerner, 'The Shame of the Professions', *Saturday Review*, 1 November 1975, pp. 10–12. F. J. Ingelfinger, 'Deprofessionalizing the Profession', *New England Journal of Medicine*, 294 (1976), 334–335. Nor was the concern over deprofessionalization limited to the American or Anglophone countries; see, for example, Arnold J. Heidenheimer, 'Conflict and Compromise Between Professional and Bureaucratic Health Interests 1947–72', in *The Shaping of the Swedish Health System*, ed. Arnold J. Heidenheimer and Nils Elvander (New York: St. Martin's Press, 1980), pp. 119–142.

[54] Some sociologists saw in professional autonomy self-actualization, in the modish postwar phrasing, especially the ability to work on and participate in significant decisions; see, for example, James L. Koch, 'Technicians: Need-Environment Congruity and Self-Investment in Organizational Roles', *Sociology of Work and Occupations*, 1 (1974), 182–183.

[55] Charles Derber, 'Managing Professionals: Ideological Proletarianization and Mental Labor', in *Professionals as Workers: Mental Labor in Advanced Capitalism*, ed. Charles Derber (Boston: G. K. Hall and Co., 1982), pp. 168–190, and other essays in this volume.

Deprofessionalization could and should have meant reversing the process of professionalization, but there was little systematic scholarship about that version of the concept. Instead, writers focused on external factors: "social, economic, demographic, and political trends undermining the claims to autonomy, monopoly, and social privilege of previously well-entrenched professions", as one sociologist summarized it. But the major issue in deprofessionalization/proletarianization remained, as Marie R. Haug (1914–) wrote in a widely-cited paper, the status of professionals. The new age of accountability moved to reduce professionals to an equality with everyone else so that traditional differentiating factors could be eliminated. In this new world, physicians no longer had decisive advantages over their clients in knowledge, technology, and authority.[56]

The Decline of the Sociology of Professions

At one time, sociologists were helping historians clarify how a profession might develop and function. But now, in the wake of the whole new departure throughout high culture, historians of medicine who might have used the idea of profession began to have a different relationship with sociology. In the end, all historians of professions, including medical historians, substantially decoupled their work from that of recent sociology.

The fact was, that the sociology of professions came onto hard times. Just at the time that some historians were still learning about the distinguishing attributes of professions, sociologists repeatedly declared this old approach to be dead or dying. One 1972 reviewer, for example, referred contemptuously to "the endless proliferation of lists of attributes". And as early as 1970, two California scholars had noted that an area "that strains the limits and worth of available concepts is the study of the sociology of the professions". The field of the sociology of professions in fact moved into what the most conspicuous student of professions of his generation, Freidson, later called "the critical period", beginning in the 1970s.[57]

Freidson later recalled that ideas from other areas in sociology had encouraged him to reconceptualize his own generally functionalist approach to the sociology of professions. He found that deviancy and labelling theory illuminated the concept of illness, but that same theory also suggested having a look at the people who did the labelling, the physicians. At the same time, Freidson was distinguishing more clearly how occupational groups used knowledge (the sociology of knowledge) in the culture of the workplace to differentiate various groups. The result was a series of publications by Freidson in and just

[56] Nina Toren, 'Deprofessionalization and Its Sources', *Sociology of Work and Occupations*, 2 (1975), 323–337. Paul U. Unschuld, 'Professionalisierung und ihre Folgen', in *Krankheit, Heilkunst, Heilung*, ed. Heinrich Schipperges, Eduard Seidler, and Paul U. Unschuld (Freiburg: Verlag Karl Alber, 1978), pp. 549–553. Robert A. Rothman, 'Deprofessionalization: The Case of Law in America', *Work and Occupations*, 11 (1984), 183–206, especially 184–185. Marie R. Haug, 'The Deprofessionalization of Everyone?', *Sociological Focus*, 8 (1975), 197–213.

[57] Eliot Freidson, *Professionalism Reborn: Theory, Prophecy, and Policy* (Chicago: University of Chicago Press, 1994), pp. 2–3. Virginia Olesen and Elvi W. Whittaker, 'Critical Notes on Sociological Studies of Professional Socialization', in *Professions and Professionalization*, ed. J. A. Jackson (Cambridge: Cambridge University Press, 1970), p. 181. Judith Lorber, review of *Professions and Professionalization*, ed. Jackson, in *Contemporary Sociology*, 1 (1972), 534. A frequently-cited negative paper, repudiating functionalist attempts to differentiate professions, was Julius A. Roth, 'Professionalism, The Sociologist's Decoy', *Sociology of Work and Occupations*, 1 (1974), 6–23. Robert Dingwall, 'Introduction', in *The Sociology of the Professions: Lawyers, Doctors and Others*, ed. Robert Dingwall and Philip Lewis (New York: St. Martin's Press, 1983), pp. 1–12, provides one summary of the history of the sociology of the professions, including this period.

after 1970 that, with publications of a number of other scholars, imposed new (and, as no doubt discouraged historians discovered, very much more complicated) patterns on the field of the sociology of professions. Because so much of Freidson's scholarship, in particular, was based on the idea of historical development, historians of medicine over the years often found it, despite complexity, understandable.[58]

But the historians found sociology a shrinking as well as changing resource. During the 1970s especially, within the specialized area of the sociology of occupations, the previously high level of interest in professions began to diminish—to the point that the question could be raised in the mid-1980s, 'The Sociology of the Professions, Dead or Alive?' Of course the study had not died out, and a number of publications had appeared in the 1970s to demonstrate the fact (the question grew out of a survey of the incidence of journal articles limited to that subfield of occupations). But sociologists definitely published relatively very much less on the subject after the middle 1970s.[59]

The field of the sociology of medicine helps illustrate what happened. The sociology of medicine developed in other directions, away from interest in professionals and toward the sociology of illness (which did affect the work of historians in areas other than the history of the profession). The standard handbook of medical sociology, with editions running from 1963 to 1979, contained in each edition progressively less material on professions. At first, most of the attention to the concept came through articles on medical paraprofessionals and patient-practitioner relations. By the second edition, in 1972, the word "profession" was not even indexed (although in 1979 the reader was referred to the heading, "physicians").[60]

[58] Eliot Freidson, 'The Development of Design by Accident', in *Medical Sociologists at Work*, ed. Ray H. Elling and Magdalena Sokolowska (New Brunswick: Transaction Books, 1978), pp. 122–128. The most conspicuous of the new publications, Eliot Freidson, *Profession of Medicine: A Study of the Sociology of Applied Knowledge* (New York: Dodd, Mead & Company, 1970), had a long historical introduction. Among Freidson's acknowledgements appeared the names of Vern and Bonnie Bullough. I have emphasized Freidson because he published a very great deal in the 1968–1978 period and was riding the crest—or close to it—of most innovations in the sociology of professions; even the widely-cited article by the French sociologists, H. Jamous and B. Peloille, 'Changes in the French University-Hospital System', in *Professions and Professionalization*, ed. Jackson, pp. 111–152, acknowledged the innovative influence of Freidson. See, for example, Steven Brint, 'Eliot Freidson's Contributions to the Sociology of Professions', *Work and Occupations*, 20 (1993), 259–278. Freidson, *Profession of Medicine*, pp. 370, 200, for example, showed his sensitivity to the general social criticism that was appearing at that time. See also Eliot Freidson, *Professional Dominance: The Social Structure of Medical Care* (New York: Atherton Press, Inc., 1970), especially, for example, p. 48. An example of examining the underside of the professionalizing process is James Leo Walsh and Ray H. Elling, 'Professionalism and the Poor—Structural Effects and Professional Behavior', *Journal of Health and Social Behavior*, 9 (1968), 16–28. Freidson's implicit critique of professionals—and scholars continued to use the medical profession as the model—was a mild symptom of a broad tendency among sociological writers, not least, for example, Wilbert E. Moore, who wrote in his 1970 book, on *The Professions: Roles and Rules* (New York: Russell Sage Foundation, 1970), an exhaustive scholarly evaluation of the way in which professionals functioned: 'The self-confidence that professionals display is either a pretense or a mark of self-delusion' (p. 243).

[59] See especially Richard H. Hall, 'Theoretical Trends in the Sociology of Occupations', *Sociological Quarterly*, 24 (1983), 5–13; Keith Macdonald and George Ritzer, 'The Sociology of the Professions, Dead or Alive?', *Work and Occupations*, 15 (1988), 251–272. Keith M. Macdonald, *The Sociology of the Professions* (London: Sage Publications, 1995), argues that the interest was diffused into other problems that sociologists were addressing and that interest in the subject did not, in fact, decline, just the way in which it was identified.

[60] As early as 1970, one book on medical sociology, for example, had only one chapter out of thirteen on the sociology of the professions: Rodney M. Coe, *Sociology of Medicine* (New York: McGraw-Hill Book Company, 1970). *Handbook of Medical Sociology*, ed. Howard E Freeman, Sol Levine, and Leo G. Reeder (Englewood Cliffs, NJ: Prentice-Hall, Inc., 1963); ibid. (2nd ed., 1972); ibid. (3rd ed., 1979).

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The Shift to Theory

At first glance, even the ever-fewer publications in the sociology of professions continued to have potential for medical historians. By the 1970s, neo-Marxists were taking an interest in professionals and calling attention to conflict in and around the professions. Writers on the flourishing area of organizational theory absorbed some of the fresh research. So did experts in general social status. Together, sociologists who focused on the organizational context of professional functioning and those focused on the power of professionals had a sense that they were reestablishing the sociology of professions in the 1970s, and that it was not yet in finished form. The field, as one group of investigators noted, "is rich in theoretical discussions and survey material but relatively poorly served with more detailed data".[61]

From a later viewpoint, it was possible to see what was happening in sociology. The discipline as a whole became more and more theoretical. And the idea of profession simply had no major place in the two great theoretical schemes that powered sociological thinking: those of Marx and those of Weber. Hence when sociologists tried to fit professions into economic and bureaucratic frameworks, they were subordinating the idea of profession to larger theoretical trends in the discipline, indeed, moving professions once again to a marginal status in the discipline.[62]

In this substantially abstruse discipline, then, two streams developed parallel to each other. One consisted of sociologists' examining the relationship of professional groups to the organizations within which they operated. The other stream was what later sociologists referred to as the power paradigm, but it first appeared as the "monopolist" school (noted above), emphasizing the aspirations of professionals to exploit their occupational monopolies.[63] Foucault's approaches, too, were important in modifying functionalist approaches. In 1976, for example, Jeffrey Lionel Berlant published a book called *Profession and Monopoly*, suggesting in the title his approach. He indeed treated physicians as a selfish interest group rather than a collection of altruistic self-regulating practitioners. And his work, based on historical material and focusing on the institutional development of the medical monopoly, gained wide attention among sociologists and also among some historians (including reviews in journals on the history of medicine).[64]

The "power" version of this approach in sociology was a little more subtle in that the scholars characterized the motives of the professionals not in economic terms but in terms

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[61] Hall, 'Theoretical Trends', pp. 12–13. Douglas A. Klegon, 'The Sociology of Professions: An Emerging Perspective', *Sociology of Work and Occupations*, 5 (1978), 259–283. Paul Atkinson, Margaret Reid, and Peter Sheldrake, 'Medical Mystique', *Sociology of Work and Occupations*, 4 (1977), 244.

[62] I am here following particularly Michael Burrage, 'Introduction: The Profession in Sociology and History', in *Professions in Theory and History: Rethinking the Study of the Professions*, ed. Michael Burrage and Rolf Torstendahl (London: Sage Publications, 1990), pp. 1–5. See, for example, Magali Sarfatti Larson, 'Professionalism: Rise and Fall', *International Journal of Health Services*, 9 (1979), 607–627, cleverly attempting to fit the professions into a Marxist analysis of contemporary society. An even broader perspective is provided in Randall Collins and David Walter, 'Did Social Science Break Down in the 1970s?', in *Formal Theory in Sociology*, ed. Gerald Hage (Albany: SUNY Press, 1994), pp. 15–39.

[63] See, for example, Andrew Abbott, review of Eliot Freidson, *Professional Powers*, in *Science*, 234 (1986), 766.

[64] Jeffrey Lionel Berlant, *Profession and Monopoly, A Study of Medicine in the United States and Great Britain* (Berkeley: University of California Press, 1976). See, for example, the review by Edwin Layton in *Journal of the History of Medicine and Allied Sciences*, 32 (1977), 449–450, and the anonymous review of Berlant, *Profession and Monopoly*, in *Medical History*, 20 (1976), 342, which, although brief, noted very plainly the shift away from functionalism.

of power—the tyranny of experts. The landmark publication in this tradition was a 1972 book by a British scholar, Terence J. Johnson, *Professions and Power*. Johnson argued that the conditions under which professionalism developed no longer obtained in advanced industrialized societies. Within modern bureaucracies, professionals in the course of professionalizing developed relationships that put others in a position of "social and economic dependence" and freed the professional from any such constraints as much as possible.[65] Like Ben-David earlier, Johnson was calling attention to the interaction of professionals with other kinds of organizations, in this case, bureaucracies.

Of course most of the monopolist and power approaches had been implicit in previous writing. What was striking, into the 1980s, was the dominance of the two, and especially the power paradigm, in sociological writings about professions and particularly the medical profession.[66] The external dynamic of professionalization, wrote Douglas Klegon, "typically neglected in studies of professions, involves relating professional organization and control to other institutional forces and arrangements of power"— usually conceptualized as bureaucracies. Moreover, as the institutional environment was changing, according to these sociologists, so was the nature of a profession and a professional.[67]

Even in their negative, power/monopoly approach to professions, sociologists like Berlant and Johnson were tending to turn to history. One outstanding work establishing and marking the dominance of the power paradigm in sociology and also using historical material was Magali Sarfatti Larson's *The Rise of Professionalism* (1977) (mentioned above).[68] Noel Parry and José Parry, to cite another influential example, in 1976 traced the history of the medical profession down to their own day in terms of the way in which professionals could be read as middle class. Indeed, professionals' fulfilled aspirations were examples of "collective social mobility", however tied to economic struggles and occupational strategies.[69] In so far as such sociologists as Larson and the Parrys used historical material well, mere empirical performance attracted the attention of historians. Nevertheless, these works were not reviewed in history of medicine journals.

The New Problem of Using Sociological Insights

Even if historians often did not listen, the sociologists of the late 1960s and 1970s had much to offer them.[70] The sociologists used historical materials.[71] They had substantially liberated themselves from always taking the point of view of professionals. They had refined the concept of profession and suggested how rich was the complex history of high-

[65] Terence J. Johnson, *Professions and Power* (London: Macmillan, 1972); the quote is from p. 41.
[66] This dominance was reinforced by the Marxist as well as Weberian emphases of a new British literature on sociology of the professions. See the summary in Macdonald and Ritzer, 'The Sociology of the Professions'.
[67] Douglas Klegon, 'The Sociology of Professions', *Sociology of Work and Occupations*, 5 (1978), 259–283; the quote is on 271. One of the early works in this tradition was *Professions and Professionalization*, ed. Jackson.
[68] With the rise of a bureaucratic society, she contended, professionals had to operate within organizational constraints such that their autonomy and professional ideology were subordinate to power and market forces. Larson, *The Rise of Professionalism*.
[69] Noel Parry and José Parry, *The Rise of the Medical Profession: A Study of Collective Social Mobility* (London: Croom Helm, 1976).
[70] See, for example, *Health Care and Popular Medicine in Nineteenth Century England: Essays in the Social History of Medicine*, ed. John Woodward and David Richards (London: Croom Helm, 1977).
[71] There was a general impression by the 1970s that sociologists of all kinds, not just those concerned with professions, were using markedly more historical material.

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status workers who grouped together for professional purposes, purposes that included gaining and maintaining status and, particularly, power. And they could also still show that some of the professionals' functioning involved the rest of the traditional attributes. Finally, the sociologists had elucidated the relationship between professions and other social groupings, including bureaucracies, so that it was possible to inquire into the interactions of bureaucratization and professionalization or deprofessionalization. Sociologists could no longer examine professional events that were exclusively internal or external to medicine.

But clearly it was another question how far historians might go in using the insights that had brought sociologists to their late 1970s synthesis and viewpoint. The synthesis was very complex, and it was not at all clear that application of sociological theory to factual reality would be either valid or possible. Historians, after all, were notoriously resistant to theory. Professional functioning could appear to be wheels within wheels or, more precisely, institutional processes (professionalizing) operating within institutional processes (bureaucratizing), with other processes added to either end, and conflict going on at all levels. An English sociologist, Robert Dingwall, in 1976 argued that the theory had moved too far from fact and suggested instead that everyday understanding of what a profession was and how it operated, using participants' "own commonsense knowledge of their society and its structure", might serve better for a sociology of the professions.[72]

How historians would react to the problem of theory in writing about the professions and the medical profession was yet to be established. And it may just have been too late for the sociologists to capture the attention of their historical colleagues. Historians were well aware that the sociology of the professions appeared to be unraveling. An anonymous reviewer in *Medical History* in 1983, taking note of "the wreckage of the old 'sociology of the professions'", observed that

> The idea of the "professions" has taken quite a hammering of recent years, not just from radicals such as Illich who regard the professions as "disabling" rather than "enabling", but also from sociologists who have contended that "professionalization" is an empty analytical category, being over-embracing, normative, and teleological.[73]

Alternatives to Sociology

It was therefore not foreordained that after 1966 other medical historians would follow the example set by Bullough and actually consider and cite the work of the sociologists who studied professions. And in fact most medical historians did not. Some of the best work of that period had many other virtues but just happened not to include the idea of profession as a dynamic or explanatory concept. Erwin Ackerknecht's outstanding history of *Medicine at the Paris Hospital*, almost contemporary with Bullough's work, for example, mentioned the demography of physicians, their fees and incomes, their associations and publishing institutions, and even medical reform and ethics—all without

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[72] An example of overly complex theorizing, however intelligent, would be Larson, 'Professionalism: Rise and Fall'. Robert Dingwall, 'Accomplishing Profession', *Sociological Review*, 24 (1976), 331–339.
[73] Anonymous review of *The Sociology of the Professions*, ed. Dingwall and Lewis, in *Medical History*, 27 (1983), 459.

betraying any sense that the idea of profession as such might have been important. His focus simply was on other matters.[74]

Like Ackerknecht, many of those who might have taken up the sociology of the professions followed other available lines of the social history of medicine that were traditional or developing at the time.[75] It is true that at least the term, profession, showed up with continually increasing frequency in medical historians' publications. But many writers continued to use the term simply to refer to all physicians in some area collectively. Others construed profession in different ways.

There was another reason that sociological insights did not more often inform historians' work. The fact is, that medical historians of the 1960s found a number of distractions and diversions that often insulated scholars from the sociologists' lively—if diminishing—interest in professions. These not necessarily parallel but nevertheless alternative ways of approaching the history of medicine competed with the sociological approach, often with great success.[76]

One alternative was conceptualizing medical practice in terms of functioning specialities—a growing alternative, as has been mentioned briefly above. The history of specialization, about which Stevens, for example, was writing, grew easily out of the history of intellectual developments in medicine. Traditional histories, as I have noted, were often organized by speciality—surgery, cardiology, pediatrics, neurology, etc.—in order to cover the whole variety of scientific and clinical discoveries, thus building into the very intellectual basis of medicine the idea of complementary areas of knowledge and practice that had developed historically. By the 1960s, the proliferation of specialists and the diminished proportion and prestige of general practitioners in most countries of the world had become a problem of acute contemporary general interest—and generated among historians a concurrent interest in the organization of specialities.[77]

The history of specialization, then, along with the history of medical education and the history of other institutions, filled up the history of medicine and even spilled over into sociology so that it would have been very easy for any variety of historian of medicine to have avoided the history of the medical profession as profession. Because specialization was an integral part of the Weberian concept of a bureaucratic or organizational society, viewing medical practitioners as model specialists rather than model professionals in a modernizing society was natural for historians affected by this view of society.[78]

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[74] Erwin H. Ackerknecht, *Medicine at the Paris Hospital, 1794–1848* (Baltimore: The Johns Hopkins Press, 1967). This is the same Ackerknecht discussed in Chapter 2.

[75] See Roelcke, 'Die Entwicklung der Medizingeschichte'.

[76] For example, see Thomas McKeown, 'A Sociological Approach to the History of Medicine', *Medical History*, 14 (1970), 342–351; J. F. Hutchinson and Thomas McKeown, in *Medical History*, 17 (1973), 423–431.

[77] Hans-Heinz Eulner, *Die Entwicklung der medizinischen Spezialfächer an den Universitäten des deutschen Sprachgebietes* (Stuttgart: Ferdinand Enke Verlag, 1970), treated specialization as a university subject and as expertise, explicating the institutional context of the definition and development of specialized subjects.

[78] An interesting example is a Marxist approach that used the theme of specialization in a traditional framework of great writers and major discoveries: *Geschichte der Medizin: Einführung in ihre Grundzüge*, ed. Alexander Mette and Irena Winter (Berlin: Veb Verlag Volk und Gesundheit, 1968). Sociologists of the profession saw the possibilities of specialization but seldom pursued it in terms of the concept of profession; see, for example, Irving Kenneth Zola and Stephen J. Miller, 'The Erosion of Medicine from Within', in *The Professions and Their Prospects*, ed. Eliot Freidson (Beverly Hills: Sage Publications, 1973), pp. 153–172. The historical sociologist Andrew T. Scull, *Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England* (New York: St. Martin's Press, 1979), utilized the work of Freidson and other sociologists to portray a medical speciality, nineteenth-century psychiatry, with negative attributes of a group seeking professional status.

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Moreover, the New History—now several decades old—continued to flourish. A number of social and intellectual historians found in the history of medical institutions material that was fresh and exciting. Joseph Kett, for example, late in the 1960s wrote about "the role of institutions" in the formation of the antebellum American medical profession. He cited no sociologists, and he utilized primarily the traditional categories of "licensing, medical organization, medical education, and sectarianism" (i.e. boundary drawing) in medicine to judge how and why the profession ultimately emerged from disorganization into an important and recognizable social entity. Kett thus started his narrative with traditional history of institutions and ended it with the appearance of a viable amount of self-regulation and status as a recognizable profession. Without explicitly using modern sociological material, then, institutional history produced for Kett a dynamic social history that won wide recognition.[79]

Beyond exciting institutional history, based often in local history, from the Continent came the *Annales* school, members of which celebrated the history of the unremarkable. Through *Annales* scholars, who started out with disease as part of everyday life and came to medical practice and physicians from an interest in disease and in the patient's experience, still other varieties of the social history of medicine gained the attention of many historians.[80]

At first, historians of the *Annales* school were remarkably provincial in their approaches. They recognized little work outside France. They did not even recognize that of Delaunay. When they did come to the idea of the medical profession, they tended to interpret their data in Foucaultian or even later terms, emphasizing the physicians' drive for power.[81] But the greater impact of the empirical tendency of the *annalistes* did not come until the end of the century (as will be noted below). In the 1970s, the approaches embodied in their work still constituted something of a fad.

The Outlook at the End of the 1970s and
Beginning of the 1980s

The momentum of the ever-enlarging medical history enterprise had continued through the 1960s also to produce traditional iatrocentric accounts and histories of ideas as well as more social history of every kind. Certainly for historians of medicine working in the 1970s and into the early 1980s, the history of the health care professions offered many opportunities. Sociologists writing about the concept of profession very frequently used historical material: Freidson, Rothstein, and Johnson were anything but exceptional, and this outpouring of one version of medical history begged for attention. In addition, because of the writings of reformers and of new kinds of intellectuals such as Foucault and

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[79] Joseph F. Kett, *The Formation of the American Medical Profession: The Role of Institutions, 1780–1860* (New Haven: Yale University Press, 1968), especially p. ix and chap. 6.

[80] Georg G. Iggers, *New Directions in European Historiography* (Middletown, CT: Wesleyan University Press, 1975), chap. II, provided a contemporary history. See, for example, R. S. Roberts, 'Epidemics and Social History', *Medical History*, 12 (1968), 305–316. Roelcke, 'Die Entwicklung der Medizingeschichte', and Paul Weindling, 'Medicine and Modernization: The Social History of German Health and Medicine', *History of Science*, 24 (1986), 277–301, note repeatedly the influence of the *Annales* school, and the later influence of the school comes up in Chapters 5 and 6, below.

[81] See especially Caroline Hannaway, 'Commentary', in *A Celebration of Medical History*, ed. Stevenson, pp. 173–179.

Illich, the medical profession in particular became an object of exposés as well as attracting the interest that power (or supposed power) always attracts. Finally, the sociologists were refining the concept of profession systematically and producing high quality intellectual material relevant to accounts of historical development—even though Freidson believed even in the early 1980s that "scholarship concerned with the professions is in an intellectual shambles". And more to the point, Haug, another competent sociological witness, asserted "that societal trends, both technological and ideological, are rendering the concept of profession obsolete".[82]

A well-informed historian of medicine at the end of the 1970s and beginning of the 1980s might well, therefore, have tried to avoid straying into the history of the medical profession.[83] Colleagues were distracted by other interesting questions in the social history of medicine. Those scholars who thought most about the concept, the sociologists, were at best dubious. In short, the last quarter of the twentieth century was no time for historians to choose the profession of medicine as a subject for investigation.

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[82] Freidson, 'Are Professions Necessary?', p. 5. Haug, 'The Deprofessionalization of Everyone?, p. 211.

[83] It is true that defenders of the idea of profession still appeared. Santiago Lorén, a Spanish historian of medicine, in his *Manual de historia de la medicina y de la profesionalidad médica* (Zaragoza: Anatole, 1975), especially pp. 9–13, 271–273, without reference to sociology used the idea of profession precisely as a counterbalance to what he considered excessive specialization and fragmentation in medicine. The history of professionalism, wrote Lorén, would remind practitioners of the professional nature of their relationships with patients, families, and society and show that medicine was a humanistic endeavour. Although he did not explicitly describe a spirit of profession, Lorén used the term, profession, to suggest a consciousness of a special quality in the doctor-patient relationship.

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