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## Vaccines, Spas and Yellow Fever: Expert Physicians, Professional Honour and the State in the Mid-Nineteenth Century<sup>1</sup>

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**Abstract:** *The nineteenth century was a period when the modern sciences claimed they were the best way of improving the lives of the people and attaining useful knowledge about the world. At the same time, it was an era when the Ancien Régime, a plural world of hierarchically organised communities, was morphing into a capitalist society based on equality before the Law and the free competition of goods and ideas. Our article focuses on several aspects of the physicians' fight for professional consolidation in a changing world: the patterns of institutionalisation of medicine and healthcare as well as the dynamics of professionalisation of healthcare, including the masculinisation of authority and the public acknowledgement of expert authority in connection with the growing legitimacy – and politicisation – of scientific discourse, but also with practices reaffirming the honour and social status of physicians as a profession. We approach this vast topic from a European perspective, tracing trans-imperial and transnational trends and including the colonial dimensions, as well as the interaction of European powers and subjects with extra-European states and peoples.*

**Key words:** *medicine – expertise – institutionalisation – professionalisation – patients – honour*

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*“...decided in his stubbornness to demand the impossible, he (...) ends up ignoring the benefits of this saintly science, the friend of Humankind, and denies that its priests are heroic in their actions. How dark and constant is the ingratitude! How much virtue you need, son of Aesculapius, to pursue your destiny and your vocation! Continue, however, man of the man, your career, and do not be afraid of ingratitude, oh no; for it is written elsewhere that you will receive your reward”.*<sup>2</sup> (El Siglo médico, 1856)

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- 1 The article has been elaborated within the framework of two research projects: TRANSCAP: *The transnational construction of capitalism during the long 19<sup>th</sup> century. An approach from two peripheral regions: the Iberian World and the Mediterranean* [PGC2018–097023–B-100] (Darina Martykánová) and HONOR: *The culture of honour, the politics and the public sphere in Spain during the liberal period (1833–1890)* [PGC2018–093698–B-I00] (Víctor M. Núñez-García). Both projects are funded by the Spanish Ministry of Science and Innovation. This article was, in large part, written between Madrid and Huelva during the period of the 2020 Coronavirus quarantine, and is dedicated to all the health professionals, cleaners and volunteers that help combat the pandemic. We thank Milena Lenderová, Vladan Hanulík, Ainhoa Gilarranz, Ignacio García de Paso and Jaroslav Martykán for their useful comments.
- 2 *El Siglo médico*, 28<sup>th</sup> of September 1856, p. 311.

This quote from *El Siglo médico*, the most influential Spanish medical journal of the mid-nineteenth century, sets the tone for the professional discourse of medical doctors in Europe and beyond. This was a period when the modern sciences claimed they were the best way of improving the lives of the people and of attaining useful knowledge about the world. At the same time, it was an era when the Ancien Régime, a plural world of hierarchically organised communities, was morphing into a capitalist society based on equality before the Law and the free competition of goods and ideas. Physicians faced important challenges and dilemmas related to these transformations. They were torn between several contradictory processes and trends. There was, for example, a constant tension between their desire as experts to promote the notion of the superior healing powers of medical science vis à vis popular remedies and potions sold by unqualified “charlatans”, on the one hand, and their self-consciousness of the limits and provisional nature of current medical knowledge, which invited them to chastise the patients for their exaggerated expectations. Moreover, they fashioned themselves as altruist “lovers of the Mankind,” but at the same time they needed and desired remuneration for their work that would be sufficient for them to maintain their social standing as bourgeois gentlemen.

First and foremost, we have to be well aware of the fact that, until the twentieth century, physicians could not rely on the unquestioned respect either of their patients or of the public authorities. It was precisely in the nineteenth century when the great battle for public acknowledgement of their expert authority was raging most fiercely. Our article dwells on several aspects of the physicians’ fight for professional consolidation in a changing world. First, we examine the patterns of institutionalisation of medicine and healthcare, including the foundation of hospitals and public posts for medical professionals, government intervention in the training of medical professionals through a vigorous reform and expansion of institutions of education, as well as legislative activity regulating healthcare. Second, we outline the nineteenth-century dynamics of the professionalisation of healthcare, including the masculinisation of authority in what was called the art of healing. This process was intertwined with the last aspect we intend to address: public acknowledgement of expert authority in connection with the growing legitimacy – and politicisation – of scientific discourse, but also with practices reaffirming the honour and social status of physicians as a profession. We have opted to approach this vast topic from a European perspective, tracing trans-imperial and transnational trends and including the colonial dimensions, as well as the interaction of European powers and subjects with extra-European states and peoples. We stress the existence of common trends, but also interpret the differences within the context of the various political and cultural frameworks. This is obviously not an article based on original research, but rather an overview based on both classical and the latest literature on three trends in nineteenth-century medicine

as a profession, rather than as a scientific discipline and practice. This approach makes it possible for us to formulate certain hypotheses concerning these trends, while we also intend to provide an introduction useful for teaching purposes and for historians beyond the field of the history of medicine.

## The Institutionalisation of Healthcare and Medicine in Europe

In the late eighteenth century, governing elites all around Europe began systematically intervening in sanitation and healthcare, a realm that had traditionally been taken care of by church charity, private benefactors (such as Count Franz Anton von Sporck and his hospital in the Bohemian village of Kuks) and municipalities. The notion that public authorities should guarantee access of the people to basic healthcare had begun to spread earlier, in the late seventeenth and early eighteenth century. Modern economic theories that shaped the development of more robust and more interventionist institutions of government (physiocracy, classical economics of Adam Smith, Thomas Malthus, etc.) included the notion that the Crown – as well as municipal authorities – was accountable for the good health of an able-bodied population.

These concerns about the population and its health were closely linked to concerns about the health of the body politic itself, be it an absolutist monarchy or, since the last decades of the “century of Enlightenment”, a nation-state in the making. Therefore, a reorganisation of existing healthcare institutions and the creation of new ones took place in constitutional regimes such as revolutionary France and Spain, but also in lands that were part of absolutist monarchies such as Prussia, Austria and Russia.<sup>3</sup> There are examples of efficient intervention of state institutions in health-related issues, including the promotion of medical education in German states or successful management of epidemics in France, dating back to the early eighteenth century. However, in the late eighteenth and early nineteenth century, government intervention became more systematic, and the institutions put in place were built to last.

These initiatives launched by the ruling elites strengthened the position of medical professionals trained at universities and special schools such as surgery colleges. However, they had an unequal impact on the actual accessibility of healthcare in different regions.

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3 On the pioneering initiatives of the Prussian authorities see for instance Johanna GEYER-KORDESCH, *German Medical Education in the Eighteenth Century: the Prussian context and its influence*, in: William F. Bynum – Roy Porter (eds.), *William Hunter and the Eighteenth-Century Medical World*, Cambridge 2002, pp. 177–205; on France, Jean-Pierre GOUBERT, *The Medicalization of the French society at the end of the Ancien Régime*, in: Lloyd G. Stevenson (ed.), *A Celebration of Medical History*, Baltimore-London 1982, pp. 157–172; Daniela TINKOVÁ, *Zákeřná měfitis: zdravotní policie a veřejná hygiena v pozdně osvěcenských Āechách*, Praha 2012.

Urban areas, particularly large cities, benefited the most, while the effect of these measures and policies was barely felt elsewhere until the mid-nineteenth century. In fact, it could even result in worsening the situation in rural areas, as the restrictions imposed on the practice of non-certified healers led to less access of the rural population to certain treatments.<sup>4</sup>

Besides the shifts towards greater interventionism in the understanding of the role of public institutions in the management of people's health, public authorities had to implement and supervise sanitary measures linked to the outbreaks of epidemics that became more frequent within the interconnected and porous environment of worldwide imperial competition and of the increase in transoceanic trade and labour migration, forced or voluntary, in the middle decades of the nineteenth century.<sup>5</sup> It was not only their frequency that impelled the action of governments and municipalities, but also the very notion that public authorities could and should intervene efficiently in order to prevent, minimise and manage the spread of disease. There are examples of successful government intervention from as early as 1720, when the further spread of the plague in Provence was prevented, involving the consistent isolation of the city of Marseille. Nonetheless, by the mid-nineteenth century, the capacity of the government to handle similar situations was under the scrutiny of foreign governments, particularly of the neighbouring countries, and of international public opinion, an emerging force which governments had to reckon with. Managing outbreaks gradually became perceived as relevant to a country's image, as well as to its capacity to succeed in global imperial competition. It is no coincidence that many governmental sanitary measures were first introduced and tested in armies and navies already in the eighteenth century.<sup>6</sup> Outbreaks of diseases became an important argument in favour of broader intervention, including investment in public health. The first decades of the nineteenth century were marked by the threat of yellow fever, together with a resurgence of bubonic plague in North Africa, from where it could easily have spread to the northern coasts of the Mediterranean. Cholera, previously concentrated in India, began to spread globally due to the improvements in shipping and, later, the construction of railways. As a result of these modern technologies that transported people faster and

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4 Sabine SANDER, *Die Bürokratisierung des Gesundheitswesens. Zur Problematik der "Modernisierung"*, Jahrbuch des Instituts für Geschichte der Medizin der Robert Bosch Stiftung 8, 1987, pp. 185–218.

5 Peter BALDWIN, *Contagion and the State in Europe, 1830–1930*, Cambridge 1999; Nicholas B. MILLER, *Of dodos, cane, and migrants: networking migrant knowledge between Mauritius and Hawai'i in the 1860s*, Migrant Knowledge, 2019 June 17 [online]. URL: <<https://migrantknowledge.org/2019/06/17/of-dodos-cane-and-migrants/>>, [accessed 9<sup>th</sup> May 2020].

6 Jack Edward McCALLUM, *Military Medicine: From Ancient Times to the 21st Century*, ABC-CLIO, Santa Barbara 2008; E. DORSZ, *Opieka lekarska w armii pruskiej w czasie wojny interwencyjnej przeciwko Francji 1792 roku*, Wiad Lek 27, 1974, vol. 12, pp. 1129–1131; Mary GILLET, *The Army Medical Department, 1775–1818*, Washington 1981 [online]. URL: <[https://doi.org/10.1016/S0140-6736\(02\)76288-0](https://doi.org/10.1016/S0140-6736(02)76288-0)>, [accessed 15<sup>th</sup> April 2020].

in greater numbers, cholera-inducing bacteria (*vibrio cholerae*), which due to the rapid manifestation of severe symptoms had previously had a limited radius of impact, were now able to infect people well beyond their original scope.<sup>7</sup> As Ainhoa Gilarranz shows in her article in this special issue, the rapid spread of the “new” disease, as well as the fact that it affected humans of all social strata particularly quickly and spectacularly, made it a terror that found its way into the social imagination and was widely represented in paintings and the press.<sup>8</sup> As had been the case with past epidemics such as the plague, the panic cholera caused was often manifested in outbursts of violence, the so-called cholera riots, directed towards stigmatised – though not always marginalised – groups of people (ethnic minorities, foreigners, political opponents).<sup>9</sup>

In fact, there are certain parallels between the past and the current pandemic of covid-19 in the collective actions and political attitudes vis à vis a disease that is understood as contagious. We may point, for instance, to the initial denial by the authorities (often including epidemiologists and other medical experts) of the seriousness of the threat until mortality reached levels that were obviously beyond tolerable for the society (i.e. Boris Johnson in the United Kingdom or Jair Bolsonaro in Brazil). Another typical pattern is the search for a group to blame for introducing or spreading the disease. The scapegoats vary according to the established socio-cultural attitudes and prejudices and their identification, and the levels of violence they suffer may be shaped by an active intervention or passive *laissez-faire* attitude of the governing elites. There are many nineteenth-century examples of scapegoating during outbreaks of a disease, directed toward ethnic minorities, but also towards political rivals. Thus, for example, European foreigners, mostly French and British, were attacked by the local population – with the tacit approval of the Spanish colonial authorities – during the cholera outbreak of 1820 in the Philippines that coincided with a constitutional revolution in peninsular Spain,<sup>10</sup> in which they were simultaneously accused of spreading both the disease and revolutionary ideas. In her work, Ros Costello shows how the Chinese were often blamed for outbreaks of disease in Manila throughout the nineteenth century<sup>11</sup>. During the current pandemic, a similar collective stigmatisation can be perceived both in political discourse, for instance when US president Donald Trump

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7 Christopher HAMLIN, *Cholera. The biography*, Oxford 2009.

8 Ainhoa GILARRANZ-IBÁÑEZ, *Disease, deformity and health terrors in 19<sup>th</sup>-Century cartoons: a cultural history of science*, *Theatrum historiae* 27, 2020, pp. 31–57.

9 Samuel Kline COHN, *Cholera revolts: a class struggle we may not like*, *Social History* 2, 2017, vol. 42, pp. 162–180, here pp. 163–164.

10 Ignacio GARCÍA DE PASO, *La Constitución en los tiempos del cólera: Epidemia y violencia popular en Manila (1820)*, (in press).

11 Ros COSTELO, *Epidemics, Death, and Sanitary Infrastructures in Nineteenth-Century Colonial Manila*, paper presented at Diseases and Death in Premodern and Modern Era International Interdisciplinary PhD Workshop, University of Pardubice, 10–11 December 2019.

blamed China for knowingly spreading the virus, and in the way local communities accuse certain groups of spreading the disease, for instance the Roma people in Europe, black people in China or homosexuals in South Korea.<sup>12</sup>

Besides all the death, violence and anguish, epidemics, together with the growing understanding that governments had a responsibility for managing them and ought to have a capacity to mitigate them, stimulated the creation of new institutions as well as the emergence of laws and measures, or a systematic imposition of traditional ones (quarantine). Formally trained physicians shaped these policies from the beginning and benefited from them, obtaining well-remunerated posts from which they exercised a major influence. Political use of epidemics, such as the French absolutist government's imposition of a *cordon sanitaire* to physically isolate revolutionary Spain during the outbreak of yellow fever in the early 1820s<sup>13</sup>, fostered a trend towards a "nationalisation" of medical science, in terms of the creation of temporary or permanent national health legislation and institutions such as parliamentary committees with medical experts among their members to handle disease and healthcare related issues. Moreover, it stimulated the "nationalisation" of the medical community, otherwise highly interconnected throughout Europe, the Mediterranean and the Americas. While international connections and circulation of knowledge continued and even intensified, many medical issues had now a "patriotic" dimension: i.e. debates over the contagiousness of yellow fever or medical assessment of the health and fitness of immigrant workers.<sup>14</sup> Katherine Arner and Pierre Nobi have shown how physicians

12 *Europe's marginalised Roma people hit hard by coronavirus*, The Guardian [online]. URL: <<https://www.theguardian.com/world/2020/may/11/europes-marginalised-roma-people-hit-hard-by-coronavirus>>, [accessed 11<sup>th</sup> May 2020].

*Chinese official claims racial targeting "reasonable concerns"*, The Guardian [online]. URL: <<https://www.theguardian.com/world/2020/apr/13/chinese-official-claims-racial-targeting-reasonable-concerns>>, [accessed 13<sup>th</sup> April 2020]

*South Korea struggles to contain new outbreak amid anti-gay backlash*, The Guardian [online]. URL: <<https://www.theguardian.com/world/2020/may/11/south-korea-struggles-to-contain-new-outbreak-amid-anti-lgbt-backlash>>, [accessed 11<sup>th</sup> May 2020].

13 Emilio LA PARRA, *Los Cien Mil Hijos de San Luis. El ocaso del primer impulso liberal en España*, Madrid 2007, pp. 71–73.

14 Gunther E. ROTHENBERG, *The Austrian sanitary cordon and the control of the bubonic plague: 1710–1871*, *Journal of the History of Medicine and Allied Sciences* 27, 1973, pp. 15–23; Andrew R. AISENBERG, *Contagion: disease, government, and the 'social question' in nineteenth-century France*, Stanford 1999; Barbara DETTKE, *Die asiatische Hydra: Die Cholera von 1830/31 in Berlin und den preußischen Provinzen Posen, Preußen und Schlesien*, Berlin – New York 1995; Roderick E. MCGREW, *Russia and the Cholera, 1823–1832*, Madison 1965. An example of when sanitary innovations took place hand in hand with political ones is the outbreak of yellow fever in the Spanish city of Cadiz in the tumultuous years of the Napoleonic wars. Most of Spain was under French domination, while the Spanish liberals from the Iberian Peninsula and from America gathered in Cadiz to put in place a constitutional monarchy by assembling a representative body. The disease spread in 1810, just when the parliamentary sessions were beginning, while the city was under the siege of the French troops.

from the American continent, whether they were colonial subjects or citizens of the new republics, used the medical debate on yellow fever to assert their expert authority *vis à vis* the perceived arrogance of their European colleagues, arguing that the fact they worked in areas where yellow fever was endemic made their hypotheses and observations of greater value than those of their colleagues from the scientific centres of that time, and that they should therefore be read and listened to as equals, instead of being ignored or patronised.<sup>15</sup> Interestingly enough, even the physicians who represented colonial power often handled “local” diseases such as yellow fever by integrating knowledge and practices of local healers, who were, in their turn, influenced by the knowledge and practices of formally trained physicians, giving rise to a co-construction of a creole medical knowledge.<sup>16</sup> Nonetheless, due to the growing professionalisation of medical discussions that spread across the Atlantic – a process that excluded not only Caribbean female healers, but also European ship captains and low-ranking colonial officials, these contributions were often marginalised and the issue stood as a battle for authority between European and American certified health professionals.

For one reason or another, be it the management of epidemics or the desire for healthy and robust soldiers and workers, the rulers’ ambition to rationalise healthcare and sanitary policies stimulated a dialogue between medical professionals and governing elites. The authorities called upon medical professionals for scientific advice, a practice that implied official acknowledgement of their expert authority. The influence of physicians on shaping political decisions concerning healthcare and introducing new measures was often exercised following the traditional practices of the Ancien Régime: proximity to powerful people and patronage. Not all cases were as extreme as that of the German physician and Enlightenment reformer Johann Struensee (1737–1772), who was able to introduce equalitarian measures

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The constitutionalist politicians felt the need for a dialogue between politics and medicine, and invited several physicians to take part in parliamentary commissions (mixed in terms of bringing together deputies and medical experts) to fight the yellow fever and to define and implement broader sanitary measures. See Darina MARTYKÁNOVÁ – Víctor M. NÚÑEZ-GARCÍA, *Luces de España. Las “ciencias útiles” durante el Trienio Constitucional*, Ayer [2022]; Pepa HERNÁNDEZ, *La Sanidad Pública y la influencia de la fiebre amarilla en torno al debate constitucional de 1812*, *Revista de Historiografía* 20, 2014, pp. 59–73, here pp. 61–64.

- 15 Katherine ARNER, *Making yellow fever American: The early American Republic, the British Empire and the geopolitics of disease in the Atlantic world*, *Atlantic Studies* 4, 2010, vol. 7, pp. 447–471; Pierre NOBI, *Rediscovering America, Rediscovering Yellow Fever. Alexander von Humboldt’s Study of the Vómito Negro of Veracruz in the Context of the Circulation of Medical and State Knowledge in the Atlantic World (1790s–1820s)*, paper on the Circulation of State Knowledge in Europe and Latin America. Alexander von Humboldt Konferenz, Berlin, 4–6 December 2019.
- 16 Pierre NOBI, *Officiers de santé et soignantes créoles face à la fièvre jaune. Co-construction de savoirs médicaux dans le cadre de l’expédition de Saint-Domingue (1802–1803)*, *Histoire, médecine et santé* 10, 2016, pp. 45–61.

and abolish an important part of the Ancien Regime institutions in Denmark, while at the same time promoting access to vaccination against smallpox, by becoming first of all the confidant of the mentally ill Danish king Christian, and subsequently the lover of the Queen (for which he was ultimately brutally executed).<sup>17</sup> Nonetheless, royal physicians did wield important power in many European countries, an influence that often outlasted absolutism and survived in constitutional monarchies, including the French Empire under Napoleon III. Thanks to their closeness to the ruler, they occasionally promoted the creation of new institutions and the introduction of new measures concerning the field of medicine.<sup>18</sup>

Constitutional regimes, with their parliaments and the notion of a vigilant public opinion, were particularly lively arenas where the public role of medical professionals was redefined and took on new dimensions. The parliaments in France, Great Britain, Spain and other countries created new forums for expert debate. They established committees where deputies mixed with experts who advised them, for instance, on sanitary measures when there was an outbreak of a disease. At the same time, several medical professionals gained public recognition by mobilising public opinion on medical issues, and this reputation ensured their election to parliament. In fact, though not as over-represented as lawyers, physicians abounded in parliaments of many European countries throughout the nineteenth century. As deputies they frequently intervened in designing and shaping new healthcare policies and sanitary legislation.<sup>19</sup>

There were also new trends in the circulation of medical knowledge, linked to institutionalisation and the emergence of new vehicles of communication. The medical knowledge had long circulated within the trans-imperial intellectual community of learned men and women known as the *République des Lettres*, which encompassed both Europe and America, but also integrated people from beyond. Sometimes, popular practices such as inoculation against smallpox practised by Ottoman women became known to European public via the memoirs and travelogues of learned Europeans, in this specific case Mary

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17 Stephan WINKLE, *Johann Friedrich Struensee. Arzt, Aufklärer und Staatsmann. Beitrag zur Kultur-, Medizin- und Seuchengeschichte des Aufklärungszeit*, Stuttgart 1983.

18 Let us mention the influence in French politics of Dr. Conneau, personal physician of the French emperor Napoleon III, or the role played by Dr. Castelló, personal physician of the Spanish king Ferdinand VII, in reforming medical education and the medical profession in Spain. Xavier MAUDUIT, *Le ministère du faste. La Maison de l'empereur Napoléon III*, Paris 2016, p. 168; Victor M. NÚÑEZ-GARCÍA – María Luisa CALERO-DELGADO – Encarnación BERNAL-BORREGO, *Médicos en la Corte española del siglo XIX. Influencias, sociabilidad y práctica profesional*, *Asclepio. Revista de Historia de la Medicina y de la Ciencia* 2, 2019, vol. 71, p. 278 [online]. URL: <doi:10.3989/asclepio.2019.19>, [accessed 30<sup>th</sup> March 2020].

19 Julien BROCH, *Médecins et politique (XVIIe-XXe siècles)*, Les études hospitalières, 2019; Darina MARTYKÁNOVÁ – Victor M. NÚÑEZ-GARCÍA, “*Luces de España*” [in press].



Wortley Montague, the wife of the British ambassador in Constantinople.<sup>20</sup> Then they were appropriated and further refined by European medical professionals. Within the *République des Lettres*, the knowledge circulated via personal meetings and correspondence, but also through a growing number of professional journals and treatises. Physicians in several countries were mostly able to read in Latin and French in order to keep up to date, with no need for a mediator. Nonetheless, commented translations of foreign medical articles and treatises into local languages became more frequent, as did translated articles by foreign colleagues in local medical journals, whose editors, often physicians and surgeons themselves, did not hesitate to introduce their comments and modifications, often striving to adapt them to the local conditions and circumstances. Commented and creatively adapted translations represent a typical practice in Europe and beyond throughout the nineteenth century, allowing for the articulation of highly original local approaches to medical phenomena, as Javier Martínez Dos Santos has shown in his article on the creative appropriation of French medical works on hysteria in mid-nineteenth century Spain.<sup>21</sup> Systematic policies of informing local practitioners on the progress of medicine in different countries (such as translation of the works of foreign colleagues or sections in professional journals on foreign medical bibliographies, and on reports on innovations and practices in foreign countries, including those in Asia and America) kept knowledge circulating across borders, as did new forums of professional interaction such as international conferences, including the International Sanitary Conferences on cholera that were convened between 1851 and 1894.<sup>22</sup> In an apparent paradox, this occurred in parallel with the creation of national or imperial institutional mechanisms that regulated the access to and practice of medical professions, which sometimes made the circulation of medical professionals across borders more complicated.

In the context of institutionalising healthcare, circulation went beyond medical knowledge and know-how: institutional models also circulated. France in particular became an example, inviting worldwide imitation. Thus, for instance, there were clinical hospitals

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20 See Robert HALSBAND, *New light on Lady Mary Wortley Montagu's contribution to inoculation*, *Journal of the History of Medicine and allied sciences*, 1953, vol. 8, pp. 390–405; June RATHBONE, *Lady Mary Wortley Montague's contribution to the eradication of smallpox*, *The Lancet* 9.014, 1996, vol. 347, p. 1566.

21 Javier MARTÍNEZ DOS SANTOS, *Lost (and Found) in Translation: The Reception of Psychiatry Textbooks and the Conformation of Melancholia, Hypochondria, Mania and Hysteria in Spain, 1800–1855*, *Theatrum historiae* 27, 2020, pp. 121–149. This was a common practice also in other sciences and countries: Meltem AKBAŞ (KOCAMAN), *Between Translation and Adaptation: Turkish Editions of Ganot's Traité*, in: Feza Günergün – Dhruv Raina (eds.), *Science between Europe and Asia*. Boston Studies in the Philosophy of Science, Dordrecht 2011, pp. 177–191.

22 Valeska HUBER, *The unification of the globe by disease? The International Sanitary Conferences of Cholera, 1851–1894*, *The Historical Journal* 2, 2006, vol. 49, pp. 453–476.

such as the *Collegium clinicum Halense* in Halle (1717) or the renowned *Charité* in Berlin (1710) in the German states, or the *Allgemeine Krankenhaus der Stadt Wien* in Austria years before they could be found in Paris, and several universities and colleges in the Thirteen Colonies and later the United States of America founded so-called *teaching hospitals* to enable their students to practice the art of healing (at the College of Philadelphia in 1765, King's College of New York in 1768, and Harvard University in 1783). Nevertheless, it was only after they were established in revolutionary France that other countries followed the example of establishing clinical practice as part of university education in medicine, as they did also in developing a public network of hospitals.<sup>23</sup> The fact that the French revolutionaries acted in a systematic way, promoting the creation in 1794 of a system of *cliniques* rather than individual institutions, made the model available and attractive to rulers and governments of different countries and ideologies who sought to implement modern public healthcare for decades to come.

While there was a general European trend to unify studies in medicine, surgery and pharmacy, it was often the specific French model that was followed to implement this unification in practice. French was also the prevailing language of trans-imperial communication: when the Austrian doctor Karl Ambros Bernhard was put in charge of reforming and modernising the Ottoman military Medical School (while several other Austrian physicians were put in charge of reforming Ottoman hospitals and military healthcare), the language of education was to be French.<sup>24</sup>

## The Professionalisation of Healthcare<sup>25</sup>

We have discussed how, for the governing elites, health and sanitary policies became of strategic importance. When public authorities took specific steps in this field, they relied on

23 Michel FOUCAULT, *Naissance de la clinique, une archéologie du regard médical*, Paris 1963; Jean-Pierre GOUBERT, *La médicalisation de la société française, 1770–1830*, Waterloo 1982; Jean-Pierre GOUBERT, *The Medicalization of the French society at the end of the Ancien Régime*, The Henry E. Sigerist supplements to the Bulletin of the History of Medicine 6, 1982, pp. 157–179.

24 Claire FREDJ, "Quelle langue pour quelle élite? Le français dans le monde médical ottoman à Constantinople (1839–1914)", in: Güneş Işıksel – Emmanuel Szurek (eds.), *Turcs et Français: une histoire culturelle*, Rennes 2014, pp. 73–98; Hülya ÖZTÜRK, *Mekteb-i Tibbiye-i Adliye-i Şahane ve kurucusu Charles Ambroise Bernard*, Estambul 2009 [online]. URL: < [http://docs.neu.edu.tr/library/nadir\\_eserler\\_el\\_yazmalari/TEZLER\\_YOK\\_GOV\\_TR/239410%20mekteb-i%20tibbiye%20bernard.pdf](http://docs.neu.edu.tr/library/nadir_eserler_el_yazmalari/TEZLER_YOK_GOV_TR/239410%20mekteb-i%20tibbiye%20bernard.pdf)>, [accessed 15<sup>th</sup> May 2020]; Yeşim Işıl ÜLMAN, *Tibbiyede bir Avusturyalı: Dr. Lorenz Mathuss Karl Rigler (1815–1862)*, Doktor 32, 2006, pp. 30–31.

25 Despite having had its heyday in the 1970s and 1980s, we find the sociological approach to professionalisation particularly useful and inspiring. Concerning medicine, see Noel PARRY – José PARRY, *The Rise of the Medical Profession. A Study of Collective Social Mobility*, London 1976. Regarding the rise of the professions in general, see Harold PERKIN, *The Rise of Professional Society. England since 1880*,

medical professionals, and thus implicitly empowered them as a legitimate expert authority whose voice should count and whose expert assessments should shape public policies.<sup>26</sup> This state-sanctioned technocracy developed in parallel with a major redefinition of the medical professions. The so-called art of healing underwent a radical transformation in a broad sense, including the tasks and duties attributed to doctors by the law and by society, the creation of a new legal framework of medical practice and new rules, policies and contents regarding education. In many European countries, the end of the eighteenth and the first half of the nineteenth century were marked by a remarkable burst of legislative activity in the field of healthcare, which regulated medical education and practice, created new institutions, new funding schemes and new territorial frameworks for healthcare, and regulated health and healing via penal and civil codes. Medical doctors often contributed to the creation of these legal measures. They did so as experts invited to write reports for government officials or to work with the deputies or councillors in Parliamentary or municipal commissions, even exerting pressure on the legislators by publishing critical articles in press. Moreover, they did so as expert public employees and even as elected or appointed politicians themselves. In general, this legislative boom most often led to the strengthening of the process of professionalisation in the practice of healing and, more specifically, granted the physicians more control over the art of healing and over public health policies.<sup>27</sup>

This was by no means an uncontested process, and their increasing links to government exposed physicians to closer surveillance and public criticism. Once again, epidemics

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London 1990. For the case of Central Europe, the complex and blurred process is summarised in an efficient manner in Vladan HANULÍK, *Tělo prožívané: laická recepce odborných lékařských poznatků*, in: Milena Lenderová – Daniela Tinková – Vladan Hanulík, *Tělo mezi medicínou a disciplínou*, Praha 2014, pp. 76–99.

26 An expert can be defined as a person whose knowledge and skills in a certain field are substantially superior to those of other people, and, as acknowledged by others, grant him/her a better understanding of and capacity for action in this field. There are several basic patterns that characterise an expert, though their importance can differ according to time and place: training, experience, neutrality, action and social acknowledgement of the field of expertise as such, and of one as an expert in this field. Christelle RABIER, *Introduction. Expertise in Historical Perspective*, in: Christelle Rabier (ed.), *Fields of Expertise. A Comparative History of Expert Procedures in Paris and London, 1600 to Present*, Newcastle 2007; Isabelle BACKOUCHE, *Devenir expert*, *Genèses* 70, 2008, pp. 2–3; Darina MARTYKÁNOVÁ, *Las raíces de la tecnocracia: los ingenieros al servicio del Estado en España entre los 1780 y los 1830*, in: David Rodríguez-Arias – Jordi Maiso – Catherine Heeney (eds.), *Justicia ¿para todos? Perspectivas filosóficas*, Madrid 2016, pp. 161–172.

27 We have analysed the presence and activity of Spanish physicians and surgeons in parliament as elected representatives (deputies), and as expert members of parliamentary committees during the period of constitutional revolution known as the Liberal Triennium (1820–1823), showing their important contribution to the first law on public health (1822) and other health-related debates and legal measures in Darina MARTYKÁNOVÁ – Víctor M. NÚÑEZ-GARCÍA, *Luces de España* [in press].

created a highly-charged environment in which these criticisms were voiced with particular vitriol. During a cholera outbreak in Great Britain, the press accused physicians of using the epidemic to enrich themselves. In particular, this criticism referred to the fact that members of the expert commission created by the British authorities in 1831 in order to conduct research into the causes of cholera received 20 guineas per day. Prestigious general and professional press outlets such as *The Lancet* and *The Times* became involved, and physicians had to defend themselves not only from accusations of profiteering, but also from an overall questioning of their capacity to do anything useful against the disease.<sup>28</sup>

Concerning attempts at a monopolisation of high-level medical expertise, we have already mentioned the unification of the medical professions of surgeon and physician. This was not a single act of law, but rather a gradual and heavily contested process at a European level, in which each country's specific arrangements impacted on the steps taken elsewhere. Traditionally, physicians were university-trained professionals of gentlemanly status, while surgeons were of lower status and were trained on the spot, via a master-apprentice system, although in the eighteenth century their social standing improved and colleges of surgery were founded, which provided them with standardised educational and official credentials. The nineteenth-century unification consisted in a redefinition of university studies of medicine, creating a joint degree in medicine and surgery. This degree included disciplines traditionally linked with surgery, such as obstetrics. Following the stress on practice, which was traditionally better established in the training of surgeons than in that of physicians, the new joint degree often included clinical practice. This fostered links between universities and hospitals. It also contributed to promote another innovation: the notion that medical doctors should specialise in a specific field and that they should take the first steps in this direction already during their university studies. The unification of medical professions, which eliminated the internal hierarchy that placed physicians above surgeons, helped medical doctors launch an efficient campaign to reaffirm the elite status of their profession in the changing socio-political circumstances.

In this battle, they claimed for themselves the rising social value of merit, basing their status on scientific education, on their willingness to sacrifice their lives in the face of a dangerous enemy such as disease outbreaks and epidemics, and on mechanisms of selection which they presented as impersonal, and therefore objective: examinations. They also relied on the newly created or reformed institutions, public and private: universities, hospitals, self-regulating medical chambers (*colegios médicos, lékařské komory*) and academies. Moreover, they also efficiently appropriated new media of public communication,

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28 M.P. PARK – R.H.R. PARK, *Fear and humour in the art of cholera*, *Journal of the Royal Society of Medicine* 103, 2010, pp. 481–483. For the cartoon, see: URL: <[https://www.britishmuseum.org/collection/object/P\\_1868-0822-7240](https://www.britishmuseum.org/collection/object/P_1868-0822-7240)>.

such as the professional and general press. Using the press and other platforms, they strove to convince the ever more influential public opinion of their expert authority by providing information about scientific progress and innovations, as well as the problems and aspirations of medical professionals, and promoted specific healthcare and sanitary policies and institutions. The freedom of the press and the liberalisation of the editorial market under the constitutional regimes during the late eighteenth and early nineteenth century often led to a proliferation of medical literature and the emergence of a combative professional press: while the medical press underwent an important restructuring rather than a straightforward boom in revolutionary France, in Spain and other countries political change marked a sharp contrast with the more restrictive management of publishing activities and the editorial market under the Ancien Régime.<sup>29</sup> Nonetheless, by the mid-nineteenth century, we find cases when it was actually the existence of political censorship that stimulated publications on scientific topics in general and on medicine and health in particular, as they were considered less problematic and could even become a safe way of addressing certain socio-political issues. For instance, this was the case of the so-called Moderate Decade (1843–1854) in Spain or the absolutist Restoration of the sultan Abdülhamid II (1878–1908) in the Ottoman Empire.<sup>30</sup> In our opinion, this shift and the fact that medical issues were considered both relevant and politically “harmless” can be interpreted as a sign of the hegemonic position scientific discourse had achieved by then among the ruling elites of different countries, becoming generally endorsed and appropriated by all kinds of regimes all over the world.

All these trends stimulated the acknowledgement of physicians as the supreme expert authority in the art of healing, in the eyes of both the public authorities and the general public. The symbolic capital accumulated through the rising prestige of the sciences as tools of political reforms and vehicles of social change became one of the main pillars of the professional honour of physicians in the rapidly transforming societies of the mid-nineteenth century. A brief glance at the medical press between the 1800s and 1850s reveals the concern for their social status in changing circumstances. It was essential for physicians to maintain and perpetuate the gentlemanly status they had achieved all over Europe

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29 Christelle RABIER, *Vulgarisation et diffusion de la médecine pendant la Révolution: l'exemple de la chirurgie*, *Annales historiques de la Révolution française* 338, 2004, pp. 75–94, José María LÓPEZ PIÑERO, *Las ciencias médicas en la España del siglo XIX*, *Ayer* 7, 1992, pp. 193–240.

30 Ignacio García de Paso observed such a dynamic in relation to the press in the Spanish region of Aragon during the so-called Moderate Decade (1844–1854); the boom of French medical press under the Restoration is well known; for the Ottoman Empire see Ebru BOYAR, *The Press and the Palace: the two way relationship between Abdülhamid II and the press, 1876–1908*, *Bulletin of the School of Oriental and African Studies* 3, 2006, vol. 69, pp. 417–432.

during the Ancien Régime, not only as individuals, but also as a professional group.<sup>31</sup> The number of well-paid posts for physicians was growing due to public healthcare policies, but so was the number of medical doctors.<sup>32</sup> The consolidation of their socio-economic standing in the expanding capitalist system depended on their efficient use of the diverse tools they had at their disposal.

Medical professionals exploited the concerns of the governing elites in Europe and beyond for the health of the people, arguing that their science was the “most useful and humane one”, demanding financial and institutional support for its practice. Sharing the codes of honour and etiquette of learned gentlemen with government officials – who were recruited in increasing numbers from among the university-trained bourgeois, and, more innovatively, benefitting from being acknowledged as active citizens, physicians “generously offered” their expert services to the public authorities and set themselves up to monopolise the newly-created posts concerning the art of healing. Moreover, they also used the new legislative and administrative mechanisms to expel or subdue their competitors and, if necessary, to discipline their colleagues. Regarding the latter, the physicians tended to prefer professional autonomy and often fiercely resisted attempts at legislation concerning the penal – or civil – responsibility of doctors. Rather, they asked the state simply to sanction the authority of their self-regulatory mechanisms such as medical tribunals, associations and chambers. During the nineteenth century, they developed mechanisms of self-regulation that not only prevented professional malpractice and fraud, but also fostered professional cohesion (collegial spirit) and sought to protect and project the image of a doctor as a respectable gentleman, deserving of a substantial income. The concern for honour led to the proliferation among physicians in France, Spain and the German states of practices such as duelling; in Germany specific tribunals of honour for medical doctors were put in place in the second half of the nineteenth century, which regulated issues related to professional honour up until the first decades of the twentieth century.<sup>33</sup>

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31 Maria MALATESTA, *Professionisti e gentiluomini: storia delle professioni nell'Europa contemporanea*, Torino 2006; Christelle RABIER (ed.), *Fields of Expertise. A Comparative History of Expert Procedures in Paris and London, 1600 to Present*, Newcastle 2007; Victor M. NÚÑEZ-GARCÍA – Darina MARTYKÁNOVÁ, *Charlatanes versus médicos honorables. El discurso profesional sobre la virtud y la buena praxis (1820–1860)*, *Dynamis* 42 [2021].

32 Petr SVOBODNÝ – Ludmila HLAVÁČKOVÁ (eds.), *Dějiny lékařství v českých zemích*, Praha 2004.

33 Robert A NYE, *Honor codes and medical ethics in modern France*, *Bulletin of the History of Medicine*, 1995, vol. 69, pp. 91–111; Robert A NYE, *Medicine and Science as Masculine «Fields of Honor»*, *Osiris* 2<sup>nd</sup> Series, 1997, vol. 12, pp. 60–79; Andreas MAEHLE, *Doctors, Honour and the Law: medical ethics in Imperial Germany*, London 2009; IDEM, *Doctors in Court, Honour, and Professional Ethics: two scandals in Imperial Germany*, *Gesnerus* 1, 2011, vol. 68, pp. 61–79; Ainhoa GILARRANZ, *Cultura visual y profesiones sanitarias: El médico, el charlatán y la guardiana en la Francia del siglo XIX*, *Dynamis* 42 [2021].

Professional self-regulation, due to mutual acknowledgement based on official credentials (mostly a diploma from a faculty of medicine), a collegial spirit and exclusion of the transgressors, proved essential in the discussions about the validity of medical theories and usefulness of certain medical procedures and therapies. A scientific methodology of verification was just being developed, and this process was not fully controlled by physicians; pharmacists, chemists, physicists and later microbiologists also came up with discoveries, inventions and procedures that were relevant in the process of disease-prevention and healing. During the mid-nineteenth century, debates raged among physicians on a wide range of issues such as the contagiousness of yellow fever, the efficiency of homoeopathy or the relevance or not of the existence of soul, and there were no clear rules for establishing a professional consensus. Moreover, physicians had to face a proliferation of all kinds of activities that were supposed to strengthen or restore one's health, from residences in a spa undergoing hydrotherapy<sup>34</sup> to organised sport (very important in Central European cultural nationalisms). They could not even dream of monopolising the management of these practices, so they opted – via engagement with public institutions and public opinion, through their publications and in their “public enlightenment” activities (*die Erleuchtung, osvěta*) – to position themselves as a particularly relevant expert authority regarding the effects of these practices on health.<sup>35</sup>

All these legal, institutional and informal mechanisms helped physicians successfully manage the dynamics of a capitalist market. They had to compete for patients-clients with other well-established, sought-after and often much cheaper health professionals such as healers, remedy-sellers, midwives and quacks. After the unification of medicine and surgery, it became easier for medical professionals to make an exclusive claim to superior authority in the art of healing, based on their “long and arduous” university education. Framing their “holy war” in terms of charlatanry and professional intrusion, they tried to expel from the art of healing lower class men without higher education who had participated in healing the sick for centuries<sup>36</sup>. What's more, they strove to either expel women who had always

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34 Vladan HANULÍK, *Historie nekonvenčních léčebných praktik v době profesionalizace medicíny*, Pardubice 2017.

35 William BYNUM – Roy PORTER (eds.), *Medical Fringe and Medical Orthodoxy, 1750–1850*, London 1986. For a particularly revealing multidisciplinary study – with an emphasis on Central Europe – which shows the complex way the human body was managed in the nineteenth century, and how physicians had a limited, though privileged role in this dynamic, see Milena LENDEROVÁ – Daniela TINKOVÁ – Vladan HANULÍK, *Tělo mezi medicínou a disciplínou*, Praha 2014.

36 See for example Alexander KOHN, *False Prophets. Fraud and error in science and medicine*, Oxford 1986; Roy PORTER, *Quacks: Fakery and Charlatans in English Medicine*, London 2001; David GENTILCORE, *Medical Charlatanry in Early Modern Italy*, Oxford 2006; Nicole EDELMAN, *Médecins et charlatans au XIXe siècle en France*, *Tribune de la santé* 2, 2017, vol. 55, pp. 21–27; Toby GELFAND, *Medical Professionals and Charlatans. The Comité de Salubrité Enquête of 1790–91*, *Social History* 11, 1978,

carried out similar tasks (village healers, *báby kořenářky*) or to fully subordinate them to the authority of a male physician as trained midwives and nurses, whose right and capacity to practice was from then on to be sanctioned by physicians who tested their skills and/or oversaw their training.<sup>37</sup>

Physicians appealed to public authorities, demanding legal protection from the competition of healers, asking the state to impose a university diploma as an official requirement for the exercise of medical practice. Together with pharmacists, they denounced the proliferation of all sorts of quacks promising miraculous cures and remedies. While physicians and pharmacists presented these competitors as essentially ignorant of modern science, and therefore either useless or outright dangerous and harmful to their credulous patients, these people in fact often mobilised scientific imagery, playing upon faith in technical and scientific progress and hunger for novelty. They presented their remedies as the most recent inventions and used fashionable technologies such as electricity to seduce a society that had already absorbed elements of scientific discourse. Furthermore, these healers and remedy-sellers were experts in exploiting the mechanisms of the modern capitalist market, such as mass production and advertising in the press and in public spaces. Within this context, the physicians' and pharmacists' desire to monopolise expert authority in healing and thus dominate the modern capitalist market on which they had to compete for patients, stimulated the proliferation of state regulation, a superb example of how market and state regulation are not contradictory, but often intrinsically intertwined.

Besides using legal and administrative mechanisms of the emerging modern state for the regulation of medical practice, physicians also appealed to public opinion. They publicly denounced the ignorance, failings and fraudulent practices of their competitors. Criticism of charlatans, both humorous and alarmist, was extremely common among the doctors who practiced in America, Europe, Asia, Africa and Australia.<sup>38</sup> In their fight,

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pp. 62–97; Anne BORSAY, *Persons of honour and reputation: the voluntary hospital in the age of corruption*, *Medical History* 35, 1991, pp. 281–294; Vladan HANULÍK, *Apoštol i šarlatán. Zakladatel hydropatie Vincenz Priessnitz*, *Dějiny a současnost* 8, 2007, pp. 37–39; V. M. NÚÑEZ-GARCÍA – D. MARTYKÁNOVÁ, *Charlatanes versus médicos honorables*.

37 A long-term conflict-ridden process: Monica H. GREEN, *Making Women's Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynaecology*, Oxford 2008; Nathalie Sage PRANCHÈRE, *L'école des sages-femmes: Naissance d'un corps professionnel, 1786–1917*, Tours 2017; Olivier FAURE, *Les sages-femmes en France au XIXe siècle: médiatrices de la nouveauté*, in: Patrice Bourdelais – Olivier Faure (eds.), *Les nouvelles pratiques de santé. Acteurs, objets, logiques sociales*, Paris 2005, pp. 157–174; Montserrat CABRÉ – Teresa ORTIZ-GÓMEZ, *Dossier Mujeres y Salud: Prácticas y Saberes*, *Dynamis* 19, 1999, pp. 17–400; Milena LENDEROVÁ, *Osmnácté století. Porodní báby versus akušérky*, *Gynekolog* 5, 1995, pp. 235–238.

38 See, for instance, A. KOHN, *False Prophets*; R. PORTER, *Quacks: Fakers and Charlatans*; N. EDELMAN, *Médecins et charlatans*; V. M. NÚÑEZ-GARCÍA – D. MARTYKÁNOVÁ, *Charlatanes versus médicos honorables*.



they could mobilise elite and petit-bourgeois allies, such as writers, journalists, teachers, reformist politicians and local public employees, who condemned these practices and popular healers as symbols of their countries' lack of civilisation. They did so in articles and caricatures in the press ridiculing or condemning these healers and remedy-sellers, but they also did so in theatre plays, stories and novels. Vivid depictions of the fraudulent practices of charlatans and faith healers and the damaging effects they had on the well-being of their credulous patients, particularly women, made an impact on the broader urban public, together with frequent representations in fiction of medical doctors as heroes of their time.<sup>39</sup> Thus, physicians did not need to rely on their own, limited means in order to create a heroic image of their profession, but could benefit from the modernising, pro-science agenda of many literate and publicly active men and women.

These intellectual elites also supported physicians in their desire to shape public policy: one of the examples of when this had an overwhelmingly positive effect on the health of world population was the hygienist discourse and the urban policies based on it. In fact, until the discovery of antibiotics in the mid-twentieth century, hygienic measures had saved far more lives than any progress of medical science. Hygienist discourse was embodied in a movement that brought together petit-bourgeois nationalist reformers, women engaged in religious charities and the temperance movement, engineers and architects, local politicians, leaders of the workers' movement and many others. It was not uncommon for these wildly different actors to resort to medical arguments, appeal to medical authority and demand public-funded actions carried out or supervised by medical professionals.<sup>40</sup>

While it is clear that certified scientific knowledge had become a persuasive argument vis à vis public authorities and a convincing source of authority for the "learned" public that had internalised scientific imagery and discourse by the mid-nineteenth century, many researchers have shown that it would still take decades before it would successfully convince potential patients, particularly in smaller towns and rural areas, even in the most industrialised countries.<sup>41</sup>

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39 Stephanie BROWNER, *Profound Science and Elegant Literature: Imagining Doctors in Nineteenth-Century America*, Pennsylvania 2005; Bernadette BENSAUDE-VINCENT – Anne RASMUSSEN (eds.), *La science populaire dans la presse et l'édition XIXe et XXe siècles*, Paris 1997.

40 Deborah LUPTON, *The Imperative of Health: Public Health and the Regulated Body*, London 1997.

41 Francisca LOETZ, *Vom Kranken Zum Patienten. "Medikalisierung" und medizinische Vergesellschaftung am Beispiel Badens 1750–1850*, Stuttgart 1993.

## Public Acknowledgement of Expert Authority

Physicians had always needed to establish and maintain a reputation that would bring patients to them, and to behave in a way that would encourage these patients to come back. However, we should not suppose that this required the same set of skills in all historical periods or cultural environments. It is true that university-trained physicians were considered gentlemen during the Ancien Régime, as were the lawyers – unlike engineers, who had to fight an arduous battle for a similar status during the nineteenth century. However, it is also true that there were few institutions that would guarantee a doctor a stable income. Doctors had to establish a reputation for their healing skills, but they also had to bend over backwards to satisfy the often capricious demands of their wealthy clients. The art of healing was highly diversified, and only a small segment of the population would ever dream of calling a university-trained physician. Those who could, however, felt rather confident in voicing their demands and letting the doctors know their expectations. The patients' expectations of diagnosis and treatment often had more to do with showing off their status than following medical criteria. Physicians were, in a way, tempted to satisfy the vanity and status-consciousness of their patients by diagnosing them with illnesses that were appropriate for a man or woman of a certain social standing, or administer them remedies made of expensive plants, metals (such as gold powder) or minerals, thus reinforcing the patients' status.

At least since the Early Modern Era, however, university-trained physicians had been working on articulating a powerful expert discourse that would make them autonomous of these demands and allow them to impress and intimidate patients and their families into submission to medical criteria and the doctor's authority. This was to be achieved by a combination of several factors: 1) the doctors' costly university education was available only to the well-off and a few talented commoners sponsored by rich patrons. Therefore, the doctors were *a priori* men of a certain social status, which they sought to defend and reproduce via professional practice. 2) the doctor's outfit and confident demeanour; 3) the growing medical literature that engaged in a dialogue with natural philosophy and other sciences, thus ensuring its acceptance among a broader learned community, the *République des Lettres*. This trend was further enhanced by the growing conviction of contemporary rulers and patriotic elites that basic scientific healthcare should be accessible to everyone, not so much as their right, but for the good of the country. Only healthy subjects could create wealth and perpetuate imperial power in the geopolitical competition that had intensified greatly since the Seven Years War. This led to the creation of healthcare posts and institutions that provided the doctors with good salaries and placed a profitable distance between them and patients that now had to go and seek out the physician on his own territory.

Even so, the understanding of the patient as a paying client remained strong among general practitioners.<sup>42</sup> This perception was reinforced also by the very settings of the medical practice: while hospitals and private surgeries proliferated, the greater part of physicians did not practice, so to speak, on their own territory. Bedside medicine, i.e. a physician visiting his patients in their homes and interacting with their families, continued to be the most common way of practising medicine throughout the nineteenth century. Physicians also had to face a vicious dynamic: except for serious accidents that caused immediately visible damage, families often tended first to use homemade remedies, then ask advice from a local healer or buy medicine in a pharmacy, while calling for a physician was considered the last resort. Physicians were costly, as they required substantial payment for their services, which was necessary for them to maintain their gentlemanly status. But as a consequence of being called so late, they also became associated with failure and death in the social imagination.

The communitarian healing practices of the Ancien Regime, when self-reliance had been the norm and institutionalised healthcare an exception, became redefined under the new liberal-capitalist paradigm: communal self-reliance due to necessity morphed into the notion of individual self-care: an individual was now responsible for his or her health, which included moderation in drink, diet and sex, exercise and cleanliness, but also stimulated a search for suitable therapies, which might have included visiting several doctors and cherry-picking from their professional advice. Patients' doctor-hopping, a sensitive and polemical topic in the professional press, was legitimised by the capitalist notion that the one who pays is entitled to a service according to his or her wishes. Against this liberal logic of payment as entitlement to authority, which often led to patients demanding therapies, medicines and diagnostic procedures that doctors considered unnecessary, useless or even harmful, physicians promoted the logic of expertise: *a priori* respect for the physician's authority due to his certified superior knowledge.

Barbora Rambousková has analysed Czech medical publications aimed at the broader public, a genre of books referred to as "household physician" (*domácí lékař* in Czech).<sup>43</sup> This kind of publication first appeared in eighteenth-century Europe and was aimed at the learned public (we may quote several publications by the Swiss physician S.A.A.D. Tissot, including the *Enleitung für das Landvolk in Absicht auf seine Gesundheit*, published in Zürich in 1767 and translated to Spanish in 1773, or the Scottish William Buchan and his *Domestic Medicine* from 1772, which was translated to French in 1780). Some of

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42 Jens LACHMUND – Gunnar STOLLBERG, *The doctor, his audience, and the meaning of illness*, Stuttgart 1992.

43 Barbora RAMBOUSKOVÁ, *Utváření pacienta: analýza vztahu mezi lékaři a pacienty v českých zemích 1850–1914*, M.A. Thesis, University of Pardubice, 2020.

these publications were supposed to serve both medical professionals and the learned (“thinking” in the language of the time) public, this being a testimony to the different understanding of expert knowledge and professionalisation of healthcare during the late Enlightenment: an example being I.V. Müller and G.F. Hoffman’s *Medizinische Rathgeber für Aerzte, Wundaerzte, Apotheker, u.s.w. für denkende Leser aus allen Ständen*, published in Frankfurt after 1797). Their immediate popularity is clear from the fact that some of them were translated into several other languages and published abroad soon after their original publication. After the mid-nineteenth century they became popular in many countries of Europe and America (*traité de médecine domestique, el médico en casa*, household physician, etc.), fitting in well with the new notion of the individual’s responsibility to efficiently manage his/her body and that of his/her children, advised and supervised by an expert whose authority was granted by science.<sup>44</sup> These handbooks were supposed to explain illnesses and their treatment to laymen, though their aim was not to replace the physician but rather to encourage people to respect physicians’ expert authority.

This respect still had to be won in the mid-nineteenth century; it could not be taken for granted. Rambousková shows how in this period, physicians were not only well aware of their need to satisfy the expectations of their patients, but that they still acknowledged it openly and considered it a necessary skill of a physician. Only later on did it become more frequent for them to confidently – and arrogantly – challenge their patients and bitterly complain about colleagues who compromised their medical criteria in order to accommodate their patients. Even at the end of the nineteenth century, the Bohemian doctor V.K. spoke of physicians as those who should provide help and solace to the patient, rather than depicting the doctor as an unquestionable authority who, on the basis of scientific criteria, imposes a diagnosis and a treatment on a passive, obedient patient.<sup>45</sup> Rambousková’s research on the Czech lands resonates with the findings from other European countries: not so different from the emphasis on the key importance of a mutual bond of confidence between physicians and the patient stressed by Lachmund and Stollberg for the late 18<sup>th</sup> and the early 19<sup>th</sup> century, Alison Moulds shows how “the Victorian doctor was conceived as a reader or interpreter of the patient’s emotions,”<sup>46</sup> and such qualities were stressed as of key importance for his professional success even in later decades of the 19<sup>th</sup> century, when a more positivist understanding of medicine was

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44 Christian Friedrich LUDWIG, *Einleitung in die Bücherkunde der praktischen Medizin*, Leipzig 1806.

45 B. RAMBOUSKOVÁ, *Utváření pacienta*.

46 J. LACHMUND – G. STOLLBERG, *The doctor, his audience*; Sarah CHANEY, *Representing emotion in the doctor-patient encounter in Victorian medical writing*, in: *The History of emotions blog* [online]. URL: <<https://emotionsblog.history.qmul.ac.uk/2016/04/representing-emotion-in-the-doctor-patient-encounter-in-victorian-medical-writing/>>, [accessed 20<sup>th</sup> April 2020].

becoming widespread. Our own research shows that the stress on qualities, skills and practices beyond medical science, such as “goodness of heart”,<sup>47</sup> as well as a capacity to use language “in a style adapted to people he addresses”,<sup>48</sup> had by no means disappeared from the medical press’s advice to fellow-practitioners by the end of the nineteenth century, and that a doctor’s adaptability to his patients was – albeit grudgingly – considered key to his success well into the twentieth century, particularly in rural communities.<sup>49</sup>

Still, medical authority received a strong boost in the so-called century of progress. Besides the efforts of doctors themselves, this had to do with the growing weight of scientific arguments in public debate. The most obvious field was law: the growing popularity of criminal cases in the press and in oral culture (songs, public retellings of famous murders accompanied by illustrations) cemented the authority of physicians as those capable of determining the truth scientifically, and new branches of publicly-sponsored medicine appeared and flourished, such as forensic pathology. While the popularity of *causes célèbres* represented a boost for the expert authority of physicians, it also showcased the plurality of scientific opinions; physicians as expert witnesses had to compete for authority with each other, as well as with other men of science such as chemists, who were often able to demonstrate by experiment exactly what had happened, such as in the case of poisoning.<sup>50</sup> The emergence of the new figure of the forensic medical professional was given an immediate boost in literature and art. Besides the huge popularity of crime novels<sup>51</sup>, a change took place also in more highbrow culture: autopsies, which had tended to be represented within the context of medical education or the public dissemination of medical science, began to appear in completely different settings, linked to forensic practice, such as the painting by Enrique Simonet ¡Y tenía Corazón! (She had a heart!) from 1890.<sup>52</sup>

But there were other, less obvious examples: Spas represent a revealing example of the complex relationship between expert authority and the capitalist logic of profit-making.

47 “Exposición del mérito y premio de la medicina comparado con el de las demás ciencias y otros ramos del Estado, en el año de 1820 (el 26 de julio de 1820). Por el doctor don José Francisco Pedralbes, médico de Cámara honorario de S.M.” *Décadas médico-quirúrgicas* 2, 1820, vol. 1, pp. 66–75.

48 *Repertorio Médico Extranjero* 5, 1835, vol. 2.

49 Darina MARTYKÁNOVÁ – Víctor M. NÚÑEZ-GARCÍA, *Ciencia, patria y honor: los médicos e ingenieros y la masculinidad romántica en España (1820–1860)*, *Studia Histórica. Historia Contemporánea* 38, 2020, pp. 45–75. For an early 20<sup>th</sup>-century example, see the famous Spanish novel by Pío BAROJA, *El árbol de la ciencia*, Madrid 1911.

50 See, for instance, Katherine D. WATSON, *Medical and Chemical Expertise in English Trials for Criminal Poisoning, 1750–1914*, *Medical History* 3, 2006, vol. 50, pp. 373–390.

51 For their immediate popularity beyond Western Europe, see for instance Jitka MALEČKOVÁ, *Ludwig Buchner versus Nat Pinkerton: Turkish Translations from Western Languages, 1880–1914*, *Mediterranean Historical Review* 9, 1994, pp. 73–99.

52 URL: <<https://www.museodelprado.es/coleccion/obra-de-arte/una-autopsia/d2351d88-907d-4525-85fc-aac39e7703d7>>.

From the eighteenth century, it became popular among the well-off to spend leisure time in spas and socialise with their peers, while at the same time improving their health thanks to the beneficial effects of the springs in a given locality.<sup>53</sup> Spas could mean an important economic boost for a region due to the influx of a wealthy clientele, and had political importance as *lieux* of official and unofficial negotiations, often at an international level. The claim regarding the healing qualities of a particular spring or other water source was based on tradition, but the public also began to rely on the endorsement of these effects by medical science. Further complications arose when public authorities were supposed to provide backing for these claims, sometimes because the spas' water sources were public property, sometimes simply because public opinion demanded such a verdict. The former was the case of many French and Spanish spas. The state granted a monopoly on spa management to public employees who were either medical doctors or men of science such as naturalists, chemists and mineralogists. These men were not only to examine and certify the medical effects of the water, but also had a right to earn extra money from its exploitation, besides being paid a good public salary. As Violeta Ruiz has shown, this arrangement was questioned from the standpoint of economic liberalism as an unjust advantage, while the defenders of the existing system argued that freedom of medical exploitation would lead to the neglect of scientific criteria.<sup>54</sup>

The social impact of medical arguments went even further. Health had always been associated with goodness and moral values, but by the late nineteenth century medicine it came to replace religion as the ultimate point of reference in debates on legal and social reforms aimed at improving the society. Medical arguments were used to support public investment, demand changes in legislation, legitimise colonial domination and expansion, and even to promote changes in the social practices of ordinary people. The good doctor bringing an efficient cure to the deprived was one of the most powerful and attractive embodiments of the discourse of the progress of civilisation, and appeared in press articles, plays and novels. Very often, this powerful image legitimised the patronising intervention of the elites towards the rural population or urban proletariat. As for the justification of colonialism by the emphasis on bringing modern medicine to colonial subjects, this rhetoric was used to advocate for colonial expansion, to justify existing colonial domination and

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53 This issue is addressed from different angles in: Phylis HEMBRY, *The English Spa, 1560–1815. A Social History*, Cambridge 1990; V. HANULÍK, *Historie nekonvenčních léčebných*; Mònica BATALLA FARRÉ, *La ciudad balneario europea en el siglo XVIII y siglo XIX. Laboratorio de pruebas del espacio público contemporáneo* [online]. URL: <[https://upcommons.upc.edu/bitstream/handle/2099/15983/072\\_BCN\\_Batalla\\_Monica.pdf?sequence=1&isAllowed=y](https://upcommons.upc.edu/bitstream/handle/2099/15983/072_BCN_Batalla_Monica.pdf?sequence=1&isAllowed=y)>, [accessed 15th May 2020].

54 Violeta RUIZ, *„Un recurso moral para superar mi enfermedad”: honor y neurastenia en las memorias de Justo María Zavala (1899)*, in: Darina Martykánová – Marie Walin (eds.), *Las masculinidades en la España del siglo XIX*, (in press).

to defend the glorious imperial past *a posteriori*, such as in its use by Spanish nationalists of Francisco Javier Balmis's vaccination "mission" to the colonies, which took place in the early years of the nineteenth century<sup>55</sup>. Nonetheless, medical arguments could also be used to question traditional authorities, subvert the power of elites, to attack the inaction or corruption of the authorities, including colonial ones, and to justify revolutions.<sup>56</sup>

This trend was a global one: thus for example adolescent marriage, perfectly legal according to Islamic law, came under harsh criticism among Muslim intellectuals in the Ottoman Empire. They advocated a reform of the hitherto untouchable sharia, basing their position on the "scientific truth" that early motherhood was damaging to the woman and baby, and therefore contributed to the decline of the Muslim element in the Empire and to the growing supremacy of European powers that did not promote this practice.<sup>57</sup> This endorsement by the learned public and parts of the working classes of the authority of medical arguments in turn strengthened the authority of the physicians themselves, and was often translated into more posts, commissions, institutions and funding of medical infrastructure, staffed by an ever expanding number of medical professionals in many countries all over the world.

## Conclusions

Overall, the mid-nineteenth century appears as a period of continuing plurality in the art of healing, but also as a time when important political and social changes put pressure on physicians to embark upon a major renegotiation of their practice. The state became a major regulator of professional practice, and public authorities on the central and municipal level took the initiative in the institutionalisation of healthcare. While constitutional regimes such as France or Spain created new spaces for expert intervention in political decision-making, central European authoritarian governments pioneered in implementing social security. The romantic vision of the physician as a self-sacrificing lover of Mankind, who listened and offered solace to his patients, coexisted and was only gradually replaced with a more positivist image of an uncompromising fighter against disease. The plurality of the art of healing and the complex negotiation that doctors had to carry out in order to reproduce

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55 On Balmis's expedition: Catherina MARK – José G. RIGAU-PÉREZ, *The world's first immunization campaign: the Spanish Smallpox Vaccine Expedition, 1803–1813*, *Bulletin of the History of Medicine* 1, 2009, vol. 83, pp. 63–94.

56 Méropi ANASTASSIADOU-DUMONT (ed.), *Médecins et ingénieurs ottomans à l'âge des nationalismes*, Paris – Istanbul 2003.

57 Darina MARTYKÁNOVÁ, *Matching Sharia and "Governmentality": Muslim marriage legislation in the late Ottoman Empire*, in: Ioannis Xydopoulos – Andreas Gémes – Florencia Peyrou (eds.), *Institutional Change and Stability. Conflicts, transitions, social values*, Pisa 2009, pp. 153–175.

and enhance their status, is more reminiscent of the times of self-diagnosis on internet and doctor-hopping of today than of the godlike *primář* Sova or the well-respected *médico de familia* Nacho Martín. The kindness of these men was an extra for their patients, but it made them no more a good physician than the irritable doctors House or Blažej.<sup>58</sup> The quality of a professional within the highly institutionalised settings of expert-dominated public medicine that prevailed in the second half of the twentieth century was measured in terms of medical success, not in personal attributes. In this sense, current trends rather resemble the mid-nineteenth century. Personal marketing and satisfying the expectations of the patient-client has once again become a requirement for a successful doctor, while a strong public healthcare system remains a stronghold for maintaining scientific criteria, a stronghold which nineteenth-century medical professionals did not have at their disposal.

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58 Nemocnice na kraji města [online]. URL: <<https://www.csfed.cz/film/72122-nemocnice-na-kraji-mesta/prehled/>>, [accessed 20<sup>th</sup> April 2020]; Dr. House [online]. URL: <<https://www.imdb.com/title/tt0412142/>>, [accessed 20<sup>th</sup> April 2020]; Médico de familia [online], URL: <<https://www.imdb.com/title/tt0115284/>>, [accessed 20<sup>th</sup> April 2020].