

BOOK REVIEWS

How the Idea of Profession Changed the Writing of Medical History.
By John C. Burnham (Wellcome Institute for the History of
Medicine, 1998, 195).

Burnham's book on how the idea of profession developed within medical history, and how medical historians have used the idea of profession, addresses an underlying question of why people pick up some ideas and not others. In his book, Burnham surveys the impact that various disciplines have had on the construction of professions in medical history—from medical, social and general history, through to the sociology of professions, the history of professions, and the history of the medical profession. The book provides an interesting and readable narrative about the presentation of the idea of profession in medical history.

The first two chapters cover the changing interests of medical historians over time. Initially, historians of medicine emphasised individual authorities from the past who wrote about the medical knowledge of their day (from the 1690s to about 1900). In the late nineteenth century this moved into 'Great Doctors—Great Ideas'. For these writers of medical history, the profession operated through the individual physician. Burnham characterises their iatrocenic and individualistic approach as self-congratulatory, reflecting what practising professionals (mainly) wrote about themselves. He argues that these writers were trying to improve the status of scientific medicine and, therefore, were using their historical accounts to exclude the ill qualified. In short, these historians were acting as reformers who tried to establish the authority of medicine by emphasising knowledge that could gain official recognition.

In the early twentieth century the profession was still viewed by medical historians as a collection of individual, ideal-type physicians—not a collective entity. Burnham points out that in the

1930s it was still considered that physicians should write the history of medicine, because the writers needed to understand medicine. Journals of the history of medicine were identified as medical journals, written by and for physicians. However, writers of medical history did begin to bring into their accounts concepts such as social status, government recognition, physician associations, medical education, licensing, altruism, and fees. Some even commented on professional identity and the power of the profession, while others discussed the relations of physicians with governments, the law and the general public. Yet this new work was coming from social historians and not from sociology. And this is where we get to the most interesting part of the book—at least for this reviewer.

In the third chapter, Burnham writes of the chronologically parallel developments in the sociology of the professions, and questions why medical historians ignored this work at the time. Carr-Saunders and Wilson wrote about the process of professionalisation in 1933. Six years later Marshall presented his portrait of benign professional functioning and Parsons delivered his functionalist framework. A number of sociologists set to work on defining the attributes of a profession, and the sociology of medicine also began to expand. Burnham presents evidence that historians of medicine were aware of sociological ideas on professions, but they appeared resistant to using this material. Sociological ideas began to appear in work on the history of the professions in general, but not in histories of the medical profession. Why? Burnham suggests it was related to historians of medicine still being mainly physicians and located in medical schools. In the mid-twentieth century, their interest remained on the ideal physician or the model medical scientist. They had no reason to turn their attention to aspects of professional functioning that could prove to be problematic. Social historians writing on medicine tended to share the favourable view of the profession that physician historians held.

It seems that it was not in the (intellectual or individual) interests of medical historians to examine themselves as a profession too closely or too critically. Had they borrowed from sociology before the 1960s they would have found generally neutral writings on professions in any case, as in the 1960s and 1970s the bulk of medical history still did not address the idea of profession at all. However,

social historians who began writing about the medical profession demonstrated some recognition of the importance of professions in their work.

In Chapter 4, Burnham asserts that just as medical historians established a relationship with the sociology of the professions, this field itself underwent rapid change. The mood became much more critical of professions. Burnham refers to a number of 'revisionist' thinkers—Eliot Freidson, Ivan Illich and others—who focused on issues such as the power of the professions and the medicalisation of society. The sociology of the professions moved into a period where the models of profession became much more complicated. Historians found that sociology was changing rapidly, and becoming more and more theoretical. As Burnham puts it: 'Historians, after all, were notoriously resistant to theory.' (p. 122). At the beginning of the 1980s, the sociology of the professions seemed to be unravelling, and medical historians turned to alternative intellectual endeavours.

According to Burnham's account, in the late twentieth century historians took over the concept of profession and made it their own. They became increasingly critical of sociological work on the professions, claiming that it was ahistorical, too far removed from professionals themselves, too static, or overly simplified in its conceptualisation of profession. Burnham lists the contributions of historians to the field as including institutional history, comparisons of different geographical areas and the need for comparisons, and sociocultural contextualising. The idea of profession had come full circle for Burnham—from medical historians borrowing from sociological writings to write history, to sociologists using medical historians' accounts to write sociology. In contrast, Freidson (*Professionalism Reborn. Theory, Prophecy and Policy*, Polity, Cambridge, 1994) acknowledges that increasing numbers of historians began studying professions at this time, but he claims these major shifts came from within sociology. He singles out an intellectual shift in emphasis to the role of the State in relation to the professions, which reflected shifts within political science and political sociology.

Burnham concludes his book with a discussion of the importance of continuing this field of inquiry—and here he is in complete agreement with Freidson. Aspects of profession are now being

contested all over the world by governments, health-care organisations and consumers. Professions are constantly changing social groups that actively redefine themselves as circumstances alter. This alone, in my opinion, makes them a subject of ongoing interest for research. Because there is now a greater acceptance of crossing disciplinary boundaries, sociologists' concerns with professional ideals and culture can stand beside historians' particularistic accounts of professionalism in furthering this field of inquiry. The multi-disciplinary future of research on professions promises much to Burnham, and to me. His own contribution should help stimulate further interest in the topic.

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Mending Bodies, Saving Souls: A History of Hospitals. By Guenter B. Risse (Oxford University Press, 1999, hard back, \$US39.95 [Amazon]. ISBN 0-19-505523-3. 713)

Guenter Risse's life's work has gone into this massive history of the hospital in the West. It stands besides Roy Porter's history of medicine, *The Greatest Benefit to Mankind*, yet in many ways is a more profound and accomplished work. It is certainly more original and takes greater risks both in its conception and its execution. Risse has set himself four tasks: the first is a history of the institutions we think of today as hospitals, that is, places which care for the sick and, when possible, cure them; the second is a history of the medicine practised in those places over time; the third is a history of the experience of being a patient in such a place; and, finally, it is a history of the notions of care and cure both of the body and the soul. Clearly these are four very large tasks, extended over a passage of historical time from ancient Greece to the present day, which are intimately connected with the history of religion in both the Pagan and the Christian worlds and which encompass a complex history of medical understandings and practices.

Risse presented himself with a difficult problem of structure