

Preface

Situating “Alternative Medicine” in the Modern Period

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Different times produce different historians of medicine and different definitions of their object of research. With the advent of the social history of medicine in the 1970s and the entering of non-medical historians into the field, medical history has widened to encompass the history of health and illness in general with all its diverse topics and approaches. Given the way history reflects present-day concerns, however, it is curious that the history of what is here broadly named “alternative medicine” during the last century and a half has so far hardly been given any attention. The general assumption seems to be that with the consolidation of academic medicine in the mid-nineteenth century and the introduction of health insurance schemes, all other kinds of medicine have withered to such an extent as to become negligible. This, of course, is contradicted by the present popularity of “alternative” or “complementary medicine”. As Roy Porter once expressed it: quacks were “an unconscionable time dying”.¹ Yet questions remain as to how “alternative medicine” has changed in content and how its popularity has fluctuated. Statistics are usually far too rough to be of much help. We are given to believe, for instance, that by the 1930s in the USA academic medicine reigned supreme and that it had all but eclipsed alternative medicine because only a meagre five per cent of those who attended the sick were irregular practitioners.² But we should beware of such easy conclusions since this figure almost certainly disregarded methods of self-help and ethnic or specifically female forms of health care. It seems we know even less in this respect about nineteenth- and twentieth-century Europe, to which this special issue is dedicated, since statistics before the 1960s are even sparser and more problematic. It is true that British and Dutch medical journals reported German sources which put the total number of “illegal” practitioners in Saxony in the year 1900 at 1578, yet we know very little about the precise role these healers occupied in the local and regional medical market, and today, nearly a hundred years later, we are not much the wiser.³ Similarly, to mention one of the few early twentieth-century British examples, we still have not evaluated the 1910 survey of “unqualified” chemists, herbalists, bonesetters, dentists, faith healers and their ilk.⁴

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¹ Roy Porter, ‘Quacks: an unconscionable time dying’, in Susan Budd and Ursula Sharma (eds), *The healing bond: the patient-practitioner relationship and therapeutic responsibility*, London and New York, Routledge, 1994, pp. 63–81.

² Paul Starr, *The social transformation of American medicine*, New York, Basic Books, 1982, p. 127.

³ *Br. med. J.*, 1902, i, 734; *Maandblad tegen de Kwakzalverij*, 1902, 22 (5). Cf. Cornelia Regin, *Selbsthilfe und Gesundheitspolitik. Die Naturheilbewegung im Kaiserreich (1889 bis 1914)*, Stuttgart, Franz Steiner, 1995, pp. 280, 284–90.

⁴ *Report as to the practice of medicine and surgery by unqualified persons in the United Kingdom*, London, Parliamentary Papers, 1910, 47.

What these examples make clear, however, is that there were forms of healing available other than those provided by registered medical practitioners, and that their precise contents and conceptual boundaries were and are contested.

It was this recognition of a *terra incognita* and a genuine curiosity to explore it further that prompted us to organize in October 1996 a Wellcome symposium on ‘The history of alternative medicine in modern Europe’. On this occasion “alternative medicine” was used as a shorthand for every strategy of healing outside mainstream medicine. One of the main problems of methodology was how to conceptualize such a blurred phenomenon. As Roger Cooter has convincingly argued, “alternative medicine” is defined in opposition to academic medicine and is thus dependent on the particular temporal and spatial occurrence of the latter.⁵ It follows that “alternative medicine” has no autonomous existence. And other related categories, such as “folk-medicine” or “quackery” can be deconstructed in the same way.⁶ “Alternative medicine” cannot stand on its own as a category of research because as soon as one attempts to study it in isolation from regular or academic medicine it defies any attempt to categorize it. This presents a dilemma for the social historian of medicine: how does one evaluate “alternative medicine” without adopting the frequently selective and biased point of view of regular practitioners? The papers in this issue suggest several fruitful solutions.

Matthew Ramsey charts the different concepts broadly covered by the designation “alternative medicine”, or *les médecines parallèles*, and develops a vocabulary that seeks both to satisfy the critical historian and to represent historical practice. His label “counterhegemonic medicine”, which presupposes a conscious opposition to biomedicine, promises to be especially rewarding as it takes the discussion beyond medicine into the realms of culture, religion and politics. Ramsey’s approach borders on what Martin Dinges has termed “medical-critical movements” including not just organizations for the advancement of naturopathy, but also countermovements opposing smallpox vaccination, animal testing, psychiatric confinement and the forceful application of drugs proclaimed to cure venereal diseases.⁷ Here, the main tension is between institutionalized medicine and the state on the one hand and the individual sufferer on the other, most clearly expressed by the use of statistical medical language versus lay narratives of personal experiences.

The broader picture is also present in the paper by Elisabeth Meyer-Renschhausen and Albert Wirz, who sketch the development of Bircher-Benner’s *müsli* against the background of the *Lebensreform* movement. Health, they show, is as much linked to food and food production as it is, for instance, to hygiene. But traditional medical history has usually neglected dietary movements such as vegetarianism because of their links with utopianism. The authors also highlight the paradox of the “alternative” practitioner who is also a state registered doctor, as does Ramsey with his example of Paul Carton.

⁵ Roger Cooter, ‘The alternations of past and present’, in Roger Cooter (ed.), *Studies in the history of alternative medicine*, Basingstoke, Macmillan in association with St Antony’s College, Oxford, 1988, pp. x–xx.

⁶ For example, Eberhard Wolff, “Volksmedizin”—Abschied auf Raten. Vom

definitiven zum heuristischen Begriffsverständnis’, *Zeitschrift für Volkskunde*, 1998, 94: 233–57.

⁷ Martin Dinges (ed.), *Medizinkritische Bewegungen im Deutschen Reich (ca. 1870–ca. 1933)*, Stuttgart, Franz Steiner, 1996.

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Both Robert Jütte and Frank Huisman offer yet another way to recontextualize “alternative medicine” by aligning it with medical historiography. Jütte does so by portraying the German historiography of homoeopathy and hydropathy as parallel to the historiography of biomedicine. Huisman considers Dutch medical opinions about “quackery” and “folk medicine” as approaches to both medical history and doctor-patient relationships. Cornelia Osborne and Willem de Blécourt conclude this special issue with a discussion of female cultures of healing in which notions of luck and domestic harmony spill over the confines of health as conceived by biomedicine.

Each paper in turn thus presents an answer to the conceptual dilemma of “alternative medicine”. What is still missing, however, is an historical ethnography of all the different designations involved.⁸ This would, among other things, expose the tension between “alternative medicine” as a late twentieth-century concept and its anachronistic clarification of earlier medical movements and practices. In the end, it would propagate the need to dissolve the label altogether and to integrate all forms of healing into an encompassing social history of medicine.

⁸ Cf. Robert Jütte, *Geschichte der alternativen Medizin: von der Volksmedizin zu den*

unkonventionellen Therapien von heute, Munich, C H Beck, 1996, p. 286.