

Yet these have made little difference to patient care, or to the lives of the workers, and have not solved the difficulties brought about by the tripartite structure. All that has been gained (including by Thatcher's use of the Maoist ideology of perpetual revolution) is an increase in the proportion of funds spent on administration: once an internationally lean figure of 5 per cent, this is now 12 per cent and, Webster reports, possibly set to rise to 17 per cent. And under a Conservative government committed to rolling back the power of the state and abolishing quangos there was the paradox of even more central control.

Quite what the future holds is not a matter for the historian, but it is ironic that currently Mr Dobson seems to be going back to the thinking of 1944 for deciding on the number of statutory health authorities, when the favoured figure was forty for a single tier. Given that the Ring opens with the Rhinemaidens worshipping the Rhinegold and ends with their celebrating their newly restored treasure, perhaps any comparison between Webster and Wagner is not all that far-fetched.

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**Thomas H Broman**, *The transformation of German academic medicine 1750–1820*, Cambridge History of Medicine, Cambridge University Press, 1996, pp. x, 209, £35.00, \$54.95 (0-521-55231-1).

Over recent years the concept of “identity”, both individual and social, has turned out to be fruitful across the humanities and social sciences. Exploring the development of the professional identity of German, university-trained physicians between the middle of the eighteenth and the early nineteenth century, Thomas Broman utilizes this concept for a study of the roots of medical professionalization.

Broman does not employ the usual methods of tracing monopolistic tendencies and self-

regulative mechanisms of a nascent profession. Instead, his study is structured in two other ways: (1) by his attention to theory-practice discourses, on the supposition that professional medical practice claims to be based on scientifically validated theories; and (2) inspired by Jürgen Habermas, by looking at academic medicine in the new “public sphere” that was created by the eighteenth-century review periodicals for the educated general reader.

Drawing upon a wide range of relevant primary and secondary sources, Broman skilfully portrays characteristic features of eighteenth-century university medicine in the German territories, without neglecting local differences. His narrative starts with a view of the academic study of medicine as a scholarly pursuit that—with the acquisition of the MD—gave access to prestigious official positions, such as town physician (*Physicus*) or university professor, in addition to private practice. A first tension in the traditional identity of the physician as a scholar is observed as governments driven by cameralistic ideas put greater emphasis on the social utility of medicine. In this context Broman discusses the new examining powers of several state-authorized medical boards (*Collegia medica*), which issued licences for medical practice, and the introduction of clinical bedside teaching into the curricula of many medical faculties. He further describes an alienation of medical theory from medical practice, as physiology became transformed into a science of vital forces and *Naturphilosophie* emerged as a meta-theory of nature with little concern for practical matters. The followers of Friedrich Wilhelm Schelling are contrasted with medical practitioners such as Christoph Wilhelm Hufeland, who described medicine as an art and vocation that required talent, dedication to the patient, and ample clinical experience. Having thus set the scene, Broman interprets the brief popularity of Brunonianism in Germany around 1800, and its public debate, as the historical attempt of a new generation of physicians to unify medical theory and practice. The failure of this attempt opened the

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way to a further divergence between medical researchers, such as comparative anatomists, and clinical practitioners during the era of university reform after the breakup of the Holy Roman Empire and the *Reichsdeputationshauptschluß* of 1803. The competing cultural politics of the German states provided another public sphere for this theory-practice division.

In his conclusions Broman notes that it is remarkable that the German medical profession “retained a veneer of professional unity at all”, yet he insists that with the “discourse of theory and practice” it had acquired “a crucial characteristic of modern professionalism”. These statements point to some rather neglected aspects in his otherwise very instructive historical account. The formation of professional identity, as any identity, requires similarity as well as difference and demarcation. It would therefore have been helpful if the identity of eighteenth-century academically educated physicians had been contrasted with that of surgeons and of apothecaries, and if doctors’ complaints about *Kurpfuscherei*, i.e. transgressions of competence and unlicensed practice, had been examined more closely. The academic rise of surgeons towards the end of the eighteenth century might have provided another interesting case for the study of a changing professional identity. In this way physicians’ sense of unity despite internal theory-practice divides might have become clearer.

Moreover, Broman’s account tends to overrate the historical importance of Brunonianism as an attempt to ground medical practice on scientific principles. Iatrochemistry, iatromechanics, and Stahlianism can be seen as having made similar claims earlier—claims for which medical inaugural dissertations (usually reflecting the professors’ opinions) provided an academic sphere. Also “empirical” practices in the eighteenth-century, such as the trying out of new treatments and record-keeping in case histories, aimed via inductive reasoning at improved therapeutic concepts.

I agree, however, with Broman’s argument that the public sphere created by the general

review periodicals was something qualitatively new, and that doctors’ public claims of scientific practice must have been central to their professional development. Broman sees a problem in the fact that in the course of the nineteenth and twentieth centuries, i.e. the main period for medical professionalization, scientific knowledge has become less accessible to the general reader, and he tries to save his argument by stating that it has still remained “accessible in principle”, though “recondite in practice”. Yet, his point can also be supported in another way. In the second half of the nineteenth century German academic medicine began to be confronted with a number of critical lay-movements under the banners of nature healing, homeopathy, anti-vaccination, anti-vivisection, and anti-psychiatry—movements that created a public sphere in which doctors’ “defining power” in matters of health and disease was challenged (see Martin Dinges [ed.], *Medizinkritische Bewegungen im Deutschen Reich*, Stuttgart, 1996). It could be argued that the professional identity of doctors was further shaped in the public controversies with these movements and in the medical profession’s disciplinary actions against its own dissenting members. Again, this would also involve identity formation through difference and demarcation.

With its emphasis on public discourse, Broman’s book thus makes a valuable conceptual contribution to the historiography of professionalization. Apart from this, it gives a very readable analysis of German university medicine in the Enlightenment.

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**Jacques Tenon, *Memoirs on Paris hospitals***, ed. Dora B Weiner, Canton, MA, Science History Publications/USA, 1997, pp. xxxiii, 407, illus., \$39.95 (0-88135-074-5).

Jacques Tenon was a remarkable man whose humanity and dedication to improving the conditions faced by hospital patients was