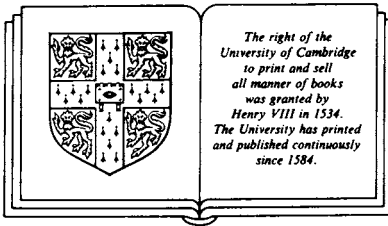


Professional and popular  
medicine in France,  
1770–1830

THE SOCIAL WORLD OF MEDICAL PRACTICE

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INTRODUCTION:  
PROFESSIONALIZATION AND  
POPULAR CULTURE – APPROACH AND  
METHODS

This enterprise deliberately joins two major lines of inquiry that have attracted growing attention in recent years but have generally been pursued separately: the history of popular culture and of the professions. Over the last decade and a half, several prominent studies have charted the shifting relationship between popular and elite culture in Europe between the sixteenth and the nineteenth centuries. Perhaps their most salient theme has been what Max Weber called *die Entzauberung der Welt* (the disenchantment of the world), that is, the rise and spread of modern scientific rationalism. In a wide-ranging and learned work on the decline of magic (1971), Keith Thomas showed how in seventeenth-century England, “magic was ceasing to be intellectually acceptable.”<sup>1</sup> Later in the decade, in a broad overview of popular culture in early modern Europe (1978), Peter Burke argued that between the Renaissance and the Enlightenment, learned culture evolved rapidly, absorbing in particular the unsettling influence of the Scientific Revolution, while popular culture lagged behind; the result, he suggested, was that the elites withdrew from a shared traditional culture.<sup>2</sup> Two years earlier, Eugen Weber, in a richly detailed account of the modernization of rural France in the years between the founding of the Third Republic and World War I, had described how the rational-scientific world view eventually reached the peasantry, shattered the old beliefs and customs, and narrowed once again the gap between popular and elite culture.<sup>3</sup>

The last decade has also witnessed new stirrings of interest in one influential fraction of the elite, the professions (although until recently the French case has suffered from relative neglect).<sup>4</sup> Whereas the appeal of popular culture owed something to nostalgia for a world we have lost, the study of the professions derives much of its impetus from the commonplace observation that professionals have become a dominant force in contemporary society, a group whose numbers exceed what anyone would have predicted a century ago and whose influence reaches far beyond what their numbers alone would indicate.<sup>5</sup> In recent years, a diverse group of historians

have emphasized the role in nineteenth- and twentieth-century history of the noncapitalist middle classes, of which professionals are perhaps the most conspicuous members.<sup>6</sup> In addition, a growing literature, often highly polemical, deals more specifically with the contemporary phenomenon of professional success. On one side, observers of industrial and prophets of postindustrial society point, usually with approval, to what they see as the rising importance of possessors of human capital and the declining importance of the industrial proletariat and the old capitalist elites.<sup>7</sup> On the other, critics of professional power look askance at what seems to them the excessive authority enjoyed by professionals, particularly members of the helping professions, whose work directly affects the well-being of individual clients.<sup>8</sup> Like many another debate on contemporary social issues, this one has helped shape historical research. It has also contributed a certain pungency to a number of recent studies in the field.

The marriage of the history of popular culture to the history of the professions has something to offer each partner. On the one hand, recent scholarship suggests that the radical separation of popular and elite culture between 1500 and 1800 has perhaps been overdrawn.<sup>9</sup> Our understanding of the problem may profit from considering another disjunction, the growing rift between layman and professional, consumer and specialized producer of services, in science, religion, or even (by the nineteenth century) the world of public entertainment, where more and more rigorously trained artists performed before increasingly passive audiences. The early modern campaign against popular error was led by two professional groups, the post-Tridentine clergy<sup>10</sup> and enlightened physicians; in their eyes, anyone who clung to traditional superstitions, whatever his social background, belonged to the people. This study attempts to sort out the various meanings of "popular" medical practice, from folk healing to charlatanism, and to understand them from the point of view both of the profession and of laymen from divergent social backgrounds.

In the history of the professions, on the other hand, a consideration of popular beliefs and behavior will take us beyond the sort of genealogical account that explores the past in search of the premodern antecedents of contemporary occupations. If we wish to see what medicine as an occupation looked like two hundred years ago, we must consider not only university-trained physicians but also authorized practitioners without university training and the great variety of unauthorized practitioners, from itinerant mountebanks and local empirics to village *maiges* (folk healers) and witches. They are important in their own right, for they provided most of the health care that preindustrial populations received; they are important, too, for our understanding of the development of the medical profession. Modern medicine did not arise in a vacuum; it established itself by denying legitimacy



to competing medical practitioners and cultures. This project, then, examines the professionalization of French medicine from the bottom up.

The concept of “professionalization” requires a further word of explanation. The introduction to a standard collection of essays by sociologists defines professionalization as “the dynamic process whereby many occupations can be observed to change certain crucial characteristics in the direction of a ‘profession.’”<sup>11</sup> What is a profession? Students of the sociology of the professions, who have labored mightily to determine exactly what a profession is, have never reached perfect agreement on the subject, beyond recognizing in common that professions involve the application of specialized intellectual skills. But most accept that the ideal type of the profession includes certain characteristics associated with the traditional liberal callings, such as a body of theory taught at institutions of higher learning; uniform standards for training and performance; a system of certification for qualified practitioners; and so on – though no two actual professions possess the same characteristics (and indeed, some sociologists have abandoned the effort to distinguish rigidly between professions and nonprofessions).<sup>12</sup> “Professionalization,” then, denotes the acquisition by any occupation of the traits of the ideal type. In common usage, the term refers to the process (typically, the result of a deliberate strategy) by which a lower-status occupation, such as police work, takes on some of the attributes of the traditional liberal professions. Historians have also used the term to characterize the emergence of the same traits in the traditional professions that have come to serve as models for upwardly mobile occupations.

Like all process nouns (“modernization,” “democratization,” and so forth), “professionalization” carries teleological implications. The ideal type (constructed from the not entirely consistent features of a small number of present-day occupations) becomes the timeless model toward which certain other fields tend to evolve; by this ahistorical standard, probably no occupation before the last century would qualify as a profession at all. It might perhaps be preferable, then, for the historian to ask, not how an occupation “professionalizes,” but how the conception and reality of professionalism have changed over time, or how they have varied from place to place.<sup>13</sup>

On balance, though, the convenience of “professionalization” as a shorthand description for a set of related changes in the medical occupation (or any other occupation) seems to outweigh the disadvantages. It need not be an anachronism. Although they did not use the term itself, the conception of professionalization would have been familiar to Frenchmen of the late eighteenth and early nineteenth centuries. (*Professionalisation* in French is a recent borrowing from Anglo-American sociology; *une profession*, then as now, could be any occupation, and *profession libérale* is the closest we can come to rendering the special, narrower meaning of “profession” in French.)

Eighteenth-century Frenchmen readily distinguished between a simple *métier* and a liberal profession. Although their fundamental criteria – based on a hierarchy that ran from mere labor through the mechanical arts to the more intellectual and spiritual arts<sup>14</sup> – are not the same as ours, the idea of the profession shared by Enlightenment physicians stressed rigorous application of specialized learning in the interests of the public weal, and many of their proposals for reform in the medical field correspond to our own notions of professionalization. In this study, moreover, the term refers less to the ways in which eighteenth-century physicians came to resemble their twentieth-century counterparts than to the ways in which the profession achieved a clear identity and came to encompass the practice of medicine in its various forms.

The first sense of professionalization as used here is the reorganization or consolidation of practitioners in an occupational field (in this case, medicine) into a recognized and self-conscious profession. When the historian Toby Gelfand, for example, wrote of “professionalizing modern medicine,” his subject was the coming together in eighteenth-century France of medicine (traditionally a liberal calling) and surgery (traditionally a mechanical art), which resulted, at the century’s end, in a unified occupation with a standardized system of education.<sup>15</sup> At the same time that uniform standards make professionals more like each other, they make them less like people who perform similar types of work but do not meet the new standards: a sharper boundary is defined between professional and nonprofessional. In the case of medicine, the new profession excluded the lower-level surgeons who served the great majority of the French population; Gelfand has distinguished between professionals and what he calls “ordinary practitioners.”<sup>16</sup>

A second, related meaning of professionalization follows from the first. A profession that has established a sharp boundary between its members and nonprofessional practitioners seeks to expand control over the practice of its occupation, simultaneously increasing the volume of services it provides and decreasing that of its rivals. Medicine is professionalized in this sense as nonphysicians cease to practice it. For the sociologist Magali Larson, professionalization is “the process by which producers of special services [seek] to constitute *and control* a market for their expertise.”<sup>17</sup> One may dispute the notion that control over a nominally free market defines the profession. Eliot Freidson, for example, points to the case of medicine in the Soviet Union.<sup>18</sup> But a profession without a monopoly, or at least the pretense of a monopoly, is almost a contradiction in terms; and all the discussions of professional power that have appeared in recent years assume that the profession enjoys privileged access to some field of practice.

This book primarily addresses professionalization in the first sense, the

organization of the occupation; professionalization in the second sense will be the subject of a future work.

In preparing this study, I have tried to draw on as wide a range as possible of both published and unpublished materials. The original sources include local, regional, and national government archives; the archives of medical faculties and societies; and manuscripts and printed ephemera from Parisian and provincial public libraries and libraries of medicine. Medical and law theses, the published work of physicians and jurists, and part of the voluminous general periodical literature of the day have been scoured for references to popular medicine and medical practitioners. Much of this material has not been used before; in other cases, I have taken previously exploited documentation and tried to present it in a new light. But this book is also a work of synthesis, and my debt to other scholars will be obvious throughout. I have made extensive use of older studies by practitioners of local history, *les érudits locaux*; though they are sometimes dismissed as antiquarians, their niggling positivism drove them to give extensive and faithful summaries or transcriptions of the documents, some of which subsequently succumbed to wartime destruction or to the other, less glamorous, mishaps that can befall old paper. For details on peasant beliefs and customs, I have relied heavily on the fieldwork of the pioneering ethnographers of the late nineteenth and early twentieth centuries, as well as the research of some of their epigoni. The use of these materials is fraught with difficulties, even for the study of contemporary France. Without them, however, it would be virtually impossible to construct a picture of the most obscure forms of popular practice. Finally, I have drawn freely on the work of the current generation of historians of France – above all Jacques Léonard, whose publications on the nineteenth-century medical profession have become an indispensable resource for anyone working in the field, but also Jean-Pierre Goubert (on provincial doctors and patients in the Old Regime), Toby Gelfand (on eighteenth-century surgeons); Caroline Hannaway (on the Société Royale de Médecine), and many others too numerous to mention here. The full extent of my debt will be apparent from the notes.

Integrating this material, particularly the disparate, scattered, and often fragmentary primary sources on irregular medical practice, raises special problems of method and presentation. For many observers, popular medicine hovered at the edge of the field of vision; it was viewed out of the corner of the eye, mentioned *en passant*. Few coherent bodies of documentation exist, and as a result, most of the evidence consists of isolated cases. I have given statistics where they can be found or compiled from the sources, but in the main I have had to rely on the more traditional and now unfashionable use of illustrative examples. In doing so, I have, of course,

sought to support an argument about the relations between popular and official medicine. Above all, though, I have tried to convey something of the lives of mostly quite ordinary men and women, who inhabited a world that is now remote from ours and seems, at times, almost unimaginably strange. Where, as in a classic mountebank's harangue, *copia* may have become *luxuria*, I would ask the reader, in the words of a seventeenth-century writer who had long meditated on the sins of charlatans,

qu'il m'excuse en ceste digression, & qu'il pardonne à la curiosité du subiect; voire mesmes ie recognois que ce mestier des Ciarlatans est si attrayant & si babillard, qu'il s'attache mesme à moy . . . , me faisant cōme participant de son caquet & de son babil, c'est pourquoy i'appelleray à bon droit ceste digression discours babillard, non pas qu'il ne contienne verité, mais pource qu'il est plus curieux que necessaire.<sup>19</sup>

that he excuse me for this digression, and that he forgive me in view of the curiosity of the subject: indeed, I recognize that this charlatans' trade is so alluring and so garrulous, that it has even rubbed off on me . . . , making me as it were a participant in its chatter and its babbling; this is why, with good reason, I shall call this digression garrulous discourse – not that it does not contain the truth, but because it is more curious than necessary.

What will emerge, I hope, is not just an interpretation but also a sense of the extraordinary vitality and diversity of the premodern medical network.

The subject is a vast one, and I am aware of many omissions and limitations, some more deliberate than others. A few major topics have been deemphasized because they are the subjects of more specialized studies by other scholars – the work of Jacques Gélis on midwifery; Pierre Darmon's history of smallpox, variolation, and vaccination in France; or Yves-Marie Bercé's recent volume on the vaccination campaign of the early nineteenth century.<sup>20</sup> I did not use the vast and often poorly inventoried ecclesiastical archives, which could probably form the basis for another, very different, study; the records of pastoral visits are particularly rich in information on popular medical superstitions and may contain additional information on the medical profession as well.<sup>21</sup> Regional differences do not receive the prominence here that they deserve. Nor was it possible to give as much attention as I would have liked to the field in which this project began, the history of medical ideas and techniques. In recent years, the growth of the literature in the subdiscipline social history of medicine has provoked a sharp reaction from some medical historians who deplore what they see as a declining interest in the history of medical science, clinical practice, and the lives and work of the great physicians. The editor of one of the two leading American journals of medical history accused social historians of writing medical history without medicine, and the editor of the other leading journal complained in a wry but sometimes testy review article that social historians "simply find medicine, except as a social phenomenon, uninter-

esting and unimportant.”<sup>22</sup> The debate over the competing claims of “internalist” and “externalist” approaches seems to have originated in what the French would call *une question mal posée*; ideally one would like to have both, for each can illuminate the other. But most of my material on the content of popular and official medicine, however interesting or important, will have to await a future study. Finally, I am acutely aware that this analysis of practice is not the work of a practitioner, and that all the information it contains derives from the revelatory but ultimately inadequate act of reading. I am not a physician; nor have I lived in rural France (as the historian Jean-Pierre Peter once suggested when this project was still taking shape) or even met a *guérisseur* (healer) face-to-face. (The illustrations in this volume are, at best, an inadequate compensation for the poverty of the written word.) No doubt readers will find other lacunae. But the social history of medicine is a rapidly expanding field, and in the next several years, new work can be expected to fill the gaps and modify or supplant the tentative generalizations offered here. If this book provides a useful point of departure, it will have fulfilled its purpose.

The quarrel of externalists and internalists points to a more general question about the audience for a study that crosses disciplinary lines. Much scholarly literature in the humanities and social sciences is written by and for specialists, and this book, which comes out of that tradition, visibly bears its imprint. But the topic seemed to me one that might attract readers from a variety of backgrounds with a serious interest in the professions, popular culture, French social history, or the history of medicine, and I opted in the end, despite the obvious difficulties, to try to write for all of them. Inevitably, specialists will find the treatment of parts of their own field oversimplified and misleading, and the treatment of some other topics over-technical and obscure. But I have tried to make the whole accessible. Although a general background in French history and geography and some acquaintance with medical concepts and terminology would be helpful, it is not indispensable. Essential technical terms, especially archaic ones, have been explained, and French quotations in the text have been rendered into English or are accompanied by a translation – though it should be remembered that not all specialized terms and concepts have a precise English equivalent. (Unless otherwise indicated in the notes, all translations are by the author.) The reader may also wish to refer to the glossary of French terms on pages 387–89.

A study such as this also invites questions about the writer’s point of view, for the subject of professionalization, particularly in medicine, has given rise to provocative and sometimes highly controversial interpretations. In their different idioms, Ivan Illich and the late Michel Foucault have questioned the pervasive influence of medicine in modern life. For Illich,

medicine is one example, perhaps the best, of the dysfunctional and even self-destructive tendencies of technological society. We are falling prey, he suggests, to iatrogenesis, or doctor-caused disease, and to what he calls "social iatrogenesis," by which he means a loss of human autonomy resulting from dependence on the medical system. In response, he has proposed "a political programme aimed at the limitation of professional medicine."<sup>23</sup> Foucault, in his studies of psychiatry, medicine, and penology, has presented a more oblique but still penetrating indictment of "normalizing" forces in post-Enlightenment society. One reviewer called his approach a kind of Whig history in reverse, tracing how repression has developed *pari passu* with modern civilization and politics, from the first faint glimmerings in the Middle Ages to the fully realized disciplinary apparatus of the modern state.<sup>24</sup> And indeed, the new history of "medical power" does mirror the older celebratory histories of professionalization. If the latter tended to exalt the process through which a certified elite gained the right to apply technical solutions to human problems, the more recent writings have traced the growth of the coercive and repressive aspects of professionalism with unconcealed distaste. "There is a real danger," Eliot Freidson writes in his study of American medicine, "of a new tyranny which sincerely expresses itself in the language of humanitarianism and which imposes its own values on others for what it sees to be their own good."<sup>25</sup>

This project was begun in the midst of this debate over the limits of medicine and the excesses of medical power, not long before the publication of Illich's *Medical Nemesis* and Foucault's elevation to the Collège de France. In their writings, and even more in person, both Foucault and Illich were commanding presences; one could not escape their influence. Two images from student days linger with particular vividness. The first is of a smoke-filled and badly overcrowded amphitheater of the Collège de France. The dim light faintly glinting from his totally bald scalp, the master holds forth with incomparable rigor, wit, and eloquence; the disciples strain to listen, strain to understand, convinced that if only they pay close enough attention, all will fall into place – in the next line, the next quotation, or maybe the next lecture. At intervals there is a silence, punctuated by a ragged clacking noise as the disciples flip the cassettes on their portable tape recorders. The setting of the second scene is a dining room in Mather House at Harvard University. The guest, fiercely intelligent, seemingly as contemptuous of agreement as of disagreement, denounces the evils wrought by industrialization and the reign of the experts. Rousseau's mantle has fallen on his shoulders: civilization, he tells his increasingly uncomfortable listeners, has cost man his freedom. You have surrendered your health to the experts. You have surrendered the right to die. In this society, he concludes triumphantly, you do not even have the right to be stupid.

Yet it is the peculiar experience of anyone who has ever undertaken a long-term project, what the French call *un ouvrage de longue haleine*, that through some trick of relativity, as he nears his destination and looks back, he can no longer recognize his departure point as the place from which he began; its significance has altered with time. *Medical Nemesis* faded rather quickly from view. The work of Foucault, already established before his death as a French national treasure, promises to sustain a vast scholarly industry for years to come, but the initial blush of enthusiasm among practicing historians has given way to caution and an awareness of the radical differences that separate his enterprise from theirs. There is almost nothing of Illich in this study. There is something of Foucault; anyone who works on French medicine in the late eighteenth and early nineteenth centuries must try to come to terms with him and winds up, almost inevitably, appropriating some of his insights. But this is not the work of advocacy that it might possibly have been ten years ago.

Above all, this study is not an attack on the medical profession. Having lived off and on for some years with the eighteenth-century “enlightened physicians” (as they liked to call themselves) and their nineteenth-century successors, I have come to appreciate the genuine philanthropy of many of them and the basis for their claim to intellectual superiority. Although they took a lively interest in politics and hoped to exercise a moral influence over the community in which they lived, it is important to remember that the primary activity of their not particularly comfortable existence was caring for the sick. On the claim of medicine as a discipline, one can argue up hill and down dale over the relative efficacy of official and popular therapeutics in this period or the strengths and weaknesses of medical education; but it seems to me an error to suggest, as some historians have done, that “quacks” and the medical elite were simply interchangeable.<sup>26</sup> Knowledge of the human body and skill in diagnosis count for something, and the enlightened physicians at least cleared the armamentarium of much that was worthless in the old *materia medica*. As for the exercise of social control, the profession’s actual influence over popular behavior was far more limited than the literature on medical power would imply.

Conversely, this book is not a defense of popular healers or a call for industrial societies to return to the natural ways of the preindustrial village. My personal preference, when seriously ill, would be to have the services of a competent and compassionate physician; to write an apologetic for unqualified practice would be disingenuous. What I do wish to argue is that the history of empirics deserves to be approached with the same imaginative sympathy that ethnographers have brought to their studies of folk healing in the field. The people we call “quacks” are somehow fundamentally *other*; they have been written about from the physician’s or possibly the patient’s point of view, but rarely from their own, as I have tried to do here.<sup>27</sup> This

is not to say that empirics practiced good medicine; the following pages contain abundant evidence to the contrary. But to understand empiricism as an occupation, we must ask why people took it up and what they got out of it. To understand it as a cultural phenomenon, we must ask how it fulfilled its clients' needs and expectations. It is not enough to dismiss it as one more manifestation of human irrationality, or of the eternal commerce of knaves and fools.

Some words of explanation, finally, on the organization and major themes of this volume:

Part I deals with professional medicine, tracing the transition from what I call a "diffuse" medical network, which included a great many different sorts of practitioners, and whose boundaries were notoriously unclear, to a "tight" network, which consolidated the various certified practitioners into what was recognizably a single medical profession and in which qualified and unqualified practice were sharply distinguished. Chapter 1 outlines the situation prevailing in the Old Regime, when a patchwork of local corporations governed the three distinct orders of physicians, surgeons, and apothecaries, and numerous practitioners, particularly in the countryside, operated in the gray area between licit and illicit healing. Chapter 2 examines the reforms of the revolutionary and Napoleonic era and the experience of the first generations to live under the new medical regime of 1803. Henceforth candidates who had satisfied certain basic educational requirements would receive the license to practice; all others would not, whatever their skill, record of success, devotion to charity, or other personal qualities. Anyone who treated patients without a license was ipso facto guilty of illegal medical practice. Although the medical corps was still far from homogeneous – practitioners admitted under the Old Regime continued to work, and the new profession was divided into an elite (the doctors) and a lower tier (*officiers de santé*, or health officers) – it began to make sense to think of the continuing struggle with unauthorized practitioners as a contest between professional and popular medicine. This professional revolution, it will be argued, cannot be understood in isolation from the political history of the period; this aspect of the French experience carries important implications for theories of professionalization.

After considering the evolving structure of the old medical network as a whole, each of the first two chapters examines the emergent medical profession itself and some of the factors that helped or hindered what the French like to call the "medicalization" of society. They look first at professional institutions and at standards of practice in medicine and surgery, two indices of the profession's success in differentiating itself from the larger network of practitioners. A lack of effective national institutions and major variations in levels of training and competence (some practitioners were barely dis-



tinguishable from empirics) limited the medical men's ability to act as a coherent pressure group. The discussion turns next to the place of the profession in French society. Here the analysis takes two angles of approach. From the practitioner's point of view, it examines medicine as a career, considering the various avenues of entry into the profession and the social and economic status of its members. The difficulty of access to the higher reaches of official medicine, together with its marked social and economic stratification, continued to divide the profession and weaken it in its struggle with its popular rivals; but at the same time, the persisting economic insecurity of most medical men intensified their hostility toward unqualified practice and helped sustain the campaign against empiricism. From the patient's point of view, the discussion next considers professional medicine as a resource – the density and distribution of practitioners and the cost of their services, as well as popular attitudes toward the official personnel and their methods. Most Frenchmen were now physically within reach of a physician, surgeon, or health officer (though gaps remained in rural areas); but high fees and a lingering prejudice against the medical men continued to discourage patients from consulting them. The increased presence of licensed personnel in the countryside, in conjunction with limited professional opportunities, exacerbated the tensions between qualified and unqualified practitioners.

Part II develops a taxonomy of the great variety of irregular practitioners who served the French population. The approach is necessarily synchronic. Popular practice changed, but far more slowly than its official counterpart; to depict its evolution would require the equivalent, not of the motion picture, but of time-lapse photography. Chapter 3 is devoted to the itinerant irregulars, from classic mountebanks to the wandering peddlers and drifters who dabbled in remedy selling and medical practice. Traveling empirics reached areas that might not have been able to support a resident practitioner; they served as an economic link between the hinterland and the marketplace. The wandering life, moreover, set these practitioners apart from the local healer whose work depended on close ties to the surrounding community; and like all vagabonds, they attracted particularly close scrutiny from the police. Chapter 4 deals with the great variety of sedentary empirics: proprietors of secret remedies, bonesetters, *uromantes* (who purportedly divined the patient's illness by scanning his urine), religious and inspired healers, and the rest. Only a minority actually set themselves up as full-time physicians (the official personnel outnumbered them). But almost anyone could practice a little medicine or sell a few remedies; many occasional practitioners, most typically craftsmen, dabbled in the healing art to supplement an inadequate income from their regular trade. Chapter 5 turns to the shadowy world of *maïges* (folk healers) and witch-healers. In the ethnographic literature, the typical folk healer belongs to a village community;