

REVIEW

Cirurgijns, Vrije Meesters, Beunhazen en Kwakzalvers: De Chirurgijngilden en de Praktijk der Heelkunde, 1400-1800 (Chirurgeons, Free Masters, Bunglers and Quacks: The Chirurgeon Guilds and the Practice of Medicine, 1400-1800), by M. A. VAN ANDEL. Martinus Nijhoff, The Hague, 1981. 151 pp. D.Fl. 25.00

Het Gezondheidswezen te Amsterdam in de 19e Eeuw (Health and Health Care in Amsterdam in the Nineteenth Century), by J. A. VERDOORN. Sun, Nijmegen, 1981. 465 pp. D.Fl. 34.50

Volksgeneeskunst in Nederland en Vlaanderen (Folk Medicine in the Netherlands and Flanders) by PAUL VAN DIJK. Ankh-Hermes, Deventer, 1981. 225 pp. D.Fl. 58.00

"Den Nederlandschen Hovenier" en zijn "Medicyn-winkel": Volksgeneeskunde uit de 17de en de 18de Eeuw ("The Dutch Gardener" and his "Medicine-store": Folk Medicine from the 17th and 18th Centuries), by A. G. HOMBLE. Uitgeverij Den Wijngaert, Roeselare, 1980. 136 pp. B.Fr. 500

These four recently published studies, two of them reprints, shed some light on the medical history of the Netherlands.

Van Anandel's book was first published in 1941. The author, a general practitioner in a Dutch country town, became a prolific writer on the history of Dutch medicine. In this particular study, he tells the history of the 'chirurgijns', surgically trained members of the middle class, describing their struggle for recognition. On one hand, university trained doctors in medicine looked down upon their medical practices, and, on the other, quacks and other illegal practitioners undermined people's confidence in any medical care. To enhance their position, 'chirurgijns' combined in guilds which assured a regular apprenticeship and the quality of medical services. In 1796 the guilds were abolished. Only in the nineteenth century was surgery, the work of the 'chirurgijns', properly accepted as a part of medical science.

A striking aspect of this history is that the most professional group of practitioners, the university trained 'doctores medicinae', ventured the least into surgery when there was any potential risk of failure. As a consequence, most surgical operations were left to those who were less qualified to do them: 'chirurgijns', quacks, charlatans and patients themselves. Only by the end of the 18th century did the 'doctores medicinae' start to carry out operations which they previously regarded as inferior.

Van Anandel's book has contradictory features. While it breathes an enormous erudition, it is superficial and chaotic, due to its purely descriptive, even anecdotal, material. The book abounds in citations from archives, diaries, literary works and other sources which fill the text with details often irrelevant to the main thrust of the argument. The most interesting chapter on nautical medicine is a somewhat peripheral topic to the main subject of the book. A new introduction by H. L. Houtzager provides a useful survey of the hierarchical structure of medicine between 1400 and 1800.

A much more solid study is Verdoorn's book on the status of health and health care in nineteenth century Amsterdam, first published in 1965. Mortality rates in Amsterdam began to show a steady decline in the second half of the nineteenth century, particularly from 1880 onwards. Verdoorn's study is a cautious, extremely well documented attempt to explain this phenomenon.

In the author's view, an improvement of health cannot

be the result of merely creating healthier living conditions and making available better health care facilities. A *sine qua non* is also the willingness among the population to use the new facilities. In economic terms, both the production and the consumption of medical improvements are necessary to bring about a change in people's health. Verdoorn calls this convergence of production and consumption 'medical integration' and regards it as a cultural and socio-psychological process. This rather crude theoretical view, set out in part one of the book, provides the framework for an exciting and highly informative study of a multitude of phenomena which, in one way or another, impinged on health in nineteenth century Amsterdam.

In part two Verdoorn discusses all elements in the production of health which are deemed relevant by him. These include among others: the development in medical science and medical teaching, the existing medical facilities (doctors, hospitals), the status of nursing, public health policies, infant and child care, technical facilities which improved hygiene and health (water supply, waste disposal, housing and nutrition) and the activities of urban health committees. The author questions whether the economic growth at the end of the 19th century is likely to have benefitted the lower strata of the society. The answer is largely negative.

In part three, the author investigates the people's growing receptivity to modern medical facilities. Folk medicine and quackery, which were firmly embedded in the traditional culture, gradually gave way to modern medical care. Four factors promoting this new cultural pattern among the poor are the expansion of education, the rise of voluntary associations disseminating new ideas, the improvement of communication, and the changing position of women.

The author's somewhat disappointing conclusion is that the fall in mortality cannot be attributed to any specific factors but must be seen as the result of a general change in the cultural pattern of the urban poor.

The two special qualities of this study are its profuse documentation and the author's extreme cautiousness. Verdoorn does not allow himself to be caught by the temptation of an easy 'crucial factor' explaining it all. The result is a rather vague and dull functionalist explanation. This conclusion seems greatly influenced by the spirit of the time when this study was first composed. A much more provocative explanation might have emerged if the book had been written two decades later, and, if the author had had the chance to view his rich material in the light of the theories of, for example, Marxist thinkers, ecological sociologists and adherents of Elias' civilisation theory. Then he might have compared his data with the work of McKeown, who has shown that improvements in health often preceded the large scale production of modern medical facilities. I am convinced that Verdoorn's study lends support to McKeown's thesis.

Let me explain. Verdoorn emphasizes that the introduction of pipe-borne water in Amsterdam around 1850 had no hygienic purposes but was a commercial enterprise. He further shows that, in a brief period of time, this water was available to almost any inhabitant. The wide-spread use of pipe-borne water does however not require an explanation of general cultural change, as the author wants us to believe, simply because the connection between good water and better health was hardly recognized, either by the providers, or by the consumers of the water. It seems just as likely that the introduction of good drinking water, in conjunction with other factors such as improvements in nu-

trition and the city's refuse disposal, are sufficient explanations for the decline of mortality, and that changes in medical consciousness and behaviour only came in its aftermath.

Another criticism applies to the author's neglect of folk medicine as popular self-help. Verdoorn regards folk medicine merely in a negative sense, as a barrier to the acceptance of the blessing of modern health care. This view strikes one as slightly odd, since the same author time and again argues that the official medical facilities in Amsterdam at that time were extremely deficient and even harmful. In the light of such observations, the people's preference for folk medicine was probably the most rational alternative.

These critical remarks detract nothing from the fact that Verdoorn has written an extremely informative and interesting study which was worth reprinting. One may argue over the author's interpretation of the facts, but it is to his credit that he provides his materials in a way which allows others to reinterpret them.

Folk medicine, perhaps the most obvious lacuna in both books discussed so far, constitutes the subject of the other two studies. Van Dijk's *Volksgeneeskunst in Nederland en Vlaanderen*, lavishly illustrated with more than two hundred interesting drawings and paintings, does not address itself to an academic audience only. The author has made a successful attempt to explain some of the basic features of folk medicine to a very broad public. For the author, an important reason for writing this book was his conviction that many of the folk medicine traditions are worth retaining. In spite of the dominance of modern medicine, folk medicine proves to be still fully alive. A second reason lies in the author's view that our present society is being medicalized, a process which should be stopped by deprofessionalizing our health care services. By highlighting some of the qualities of folk medicine, which is essentially non-professional, he hopes to contribute toward this goal.

The book can be divided into two parts. The first part deals with the characteristics of folk medicine, its history, concepts of health and disease, different categories of medicines and cures, and the relation between folk medicine and both official and alternative medicine. The author also comments on the position of folk medicine today, particularly on the scientific research which is probing the effectiveness of some of its methods.

Part two contains more than 3000 prescriptions used in folk medicine, varying from the consumption of herbal

concoctions to the invocation of Catholic saints. Most of them have been culled from older collections, though many also originate from contemporary informants. Clearly, it has been the author's aim to simply collect as many prescriptions as possible. With a few exceptions, the efficacy of these remains an open question.

Disappointingly, the author does not discuss the socio-historical context of the practice of folk medicine in the Netherlands during previous centuries. To date this important phenomenon still constitutes a blank spot in the understanding of our own past. Up to now folk medicine in the Western hemisphere has only attracted the attention of folklorist researchers. It is high time that historians and anthropologists also directed their attention to folk medicine in the Western world, where it once was the dominant medical practice.

The last book under review contains facsimile reproductions of two parts of a popular guide for the use of medicinal herbs and other substances in Flanders and the Netherlands in the 17th and 18th centuries. The parts reproduced here deal with exotic herbs and with prescriptions for a large number of medical complaints. The same guide appeared in many variations by different authors between 1661 and 1775 in the Netherlands and Belgium and was translated into German and French. Homblé shows that guides for the use of herbal medicine were very popular from the 15th century onwards and he enumerates a number of them.

For the rest, the introduction and comments of the author, a folklorist, add little to the understanding of this intriguing old booklet. His statement that there is a renewed interest in the use of herbs is a cliché and his remark that many of the old herbs contain useful therapeutic substances is not specified. This book may satisfy a fashionable curiosity about ancient herbal prescriptions but it does not deepen our insights into the phenomenon from medical, anthropological or historical views.

Both Van Dijk's popular and panoramic survey of folk medicine and Homblé's reproduction of an ancient herbal guide highlight the urgent need for the study of European folk medicine from a historical and medical-anthropological perspective.

*Anthropological-Sociological
Centre
University of Amsterdam,
Amsterdam, The Netherlands*

SJAAK VAN DER GEEST