Preface

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The recent widespread interest in alternative medicine points, in the words of Ted Kaptchuk and David Eisenberg, to a "dramatic reconfiguration of medical pluralism – from historical antagonism to what might arguably be described as a topical acknowledgment of postmodern medical diversity".[1] The question is, how the late 20th century birth of complementary and alternative medicine (CAM) resulted in yet another transformation in medical pluralism, locating quackery no longer in adhering to an unconventional treatment. The line of demarcation can now be found in a more ethical field, e.g. competency, qualifications, conduct, responsibility and personal professional development of a practitioner, almost regardless of the form of therapy in question. But does it really make sense to use the label "new pluralism"[2] coined by Cant and Sharma for this phenomenon?

These and other questions were addressed by a conference entitled "Medical Pluralism – Past and Present" which took place in the Villa Vigoni in Loveno di Menaggio (Italy) in May 2011. It was organized by the Institute for the History of Medicine of the Robert Bosch Foundation and the Centro Italo-Tedesco per l'Eccellenza Europea, in collaboration with the Dialogforum Pluralismus in der Medizin. Unlike previous conferences discussing medical pluralism in past and present[3], this symposium did not only focus on the tensions between orthodox medicine and other medical approaches within the cultural settings during the course of the 19th and 20th century. Any exploration of plural medicine including the historical perspective needs to be aware of the conflict between regular and irregular healers which existed already in the premodern era, although distinctive features such as "scientific", "alternative" or "traditional" which are so familiar to us today did not yet play a role. In the early modern period we observe a complex array of heterogeneous medical ideas and practices which has not much in common with the kind of pluralism or plurality which we can find in modern health care systems in Europe and non-western countries (e.g. India, Japan).

Comparing the medical market place in pre-modern, 19th, and early 20th-century Western Europe with the present situation in health care, the papers presented at this conference dealt with the historical development as well as with the present state of medical pluralism in and outside Europe. The papers selected for publication come up with data and evidence from a variety of sources, suggesting that unconventional medicine has been a persistent pres-

1 Kaptchuk/Eisenberg (2001), p. 189.
2 Cant/Sharma (1999), p. 194.
3 Cant/Sharma (1996); Gijswijt-Hofstra/Marland/Waardt (1997); Ernst (2002); Michl/Potthast/Wiesing (2008).

ence in health care over the past two to four hundred years. The contributors were drawn from different academic disciplines such as medical history, medicine, sociology, and anthropology. The chapters fall into two categories: those focused on forms of medical plurality in the age before the rise of biomedicine and those focused on medical pluralism today, bringing examples from Western European countries such as Italy, Germany, France, and Great Britain, but also from a country which has an outstanding reputation for practicing medical pluralism, India.

The contributors to this volume vary in the extent to which they engage with the theoretical perspective of the term medical pluralism, but each of them points out the underlying dynamics that had led to medical pluralism within different geographical and cultural settings and historical periods. Those chapters which deal with the medical plurality in pre-modern societies show that it was a long way before the tradition of healing became orthodox in the sense that a specific expert knowledge gained the logic and status to discredit other approaches as "quackery". They also explore the ideological and economic factors that contributed to the ways in which different medical systems were imagined as rational or irrational. If one fell ill in early modern times one had access to a considerable array of healers even if one was not well off. There were non-official or half-official specialists for all the more or less clearly defined afflictions: cutters of hernias, tooth pullers for toothaches, bone-setters (who usually also served as executioners) for dislocations, enchanters and wise women for lumbago. The case studies included in this volume (Gentilcore, Jütte, Ramsey) show that patients chose their healers horizontally or vertically, guided by aspects of reciprocity or the search for protection or, in other words, according to a social logic that they themselves determined. The term "medical pluralism" only applies with restrictions here. Prior to 1800, the healing system was neither homogeneous nor harmonious but riddled with conflict. We must nonetheless not base our description of these competing systems on the differentiations we make today between rational and irrational, natural and supernatural, religious and superstitious, especially when referring to the period prior to 1850 when this kind of dichotomy was still largely incomprehensible.

Those papers which focus on the 19th century (Marland, Nicholls, Baubérot, Stollberg) demonstrate that the process of professionalization that has penetrated the health care system since the 18th century had a lasting impact on the medical health care systems in England, France and Germany. The lay system – at least in theory – was no longer permitted to provide any medical services apart from nursing and care. Since the middle of the 19th century an increasing part of the population consulted medical experts when they were ill, even if they were not always university trained physicians but often semi-professional healers (e.g. non-academic surgeons and dentists). The social reasons for their behaviour are obvious. The degree of medicalization, or – more precisely – the density of physicians also played an important part in this. This change occurred as part of the overall modernization of society.

Today we have a clear dividing line between professional and other healers that is strictly monitored by the legislator, for the "benefit" of the patient. Non-medical practitioners nowadays have to undergo training and pass examinations before the relevant authorities to obtain a licence. Traditional healing rituals, reaching from faith healing to the charming of warts, although they survived, have been marginalised. The "new" pluralism requires that complementary therapists operate from a position of needing to establish their status as "experts". This means that the gap between CAM and conventional medicine may be much less than the general public believes, as the pressure exists that CAM should be judged by exactly the same standards used for conventional medicine (i.e. the rules established for an evidenced-based medicine).

The contributions collected in this volume tell us much about the ways in which diversity in medical health care has been achieved and practiced in different cultural and historical settings. They also tell us a lot about continuity and discontinuity, substantiating the findings by Cant and Sharma who stated: "The history of complementary medicine is discontinuous in that the emergence of a dominant medical orthodoxy pushed it into a particular position […]."[4]

Bibliography

Cant, Sarah; Sharma, Ursula (eds.): Complementary and Alternative Medicines. Knowledge in Practice. London; New York 1996.

Cant, Sarah; Sharma, Ursula: A new medical Pluralism? Alternative medicine, doctors, patients and the state. London 1999.

Ernst, Waltraud (ed.): Plural Medicine, Tradition and Modernity, 1800–2000. London; New York 2002.

Gijswijt-Hofstra, Marijke; Marland, Hilary; Waardt, Hans de (eds.): Illness and Healing Alternatives in Western Europe. London; New York 1997.

Kaptchuk, Ted J.; Eisenberg, David M.: Varieties of Healing. 1: Medical Pluralism in the United States. In: Annals of Internal Medicine 135 (2001), no. 3, pp. 189–195.

Michl, Susanne; Potthast, Thomas; Wiesing, Urban (eds.): Pluralität in der Medizin. Werte – Methoden – Theorien. Munich 2008.

4 Cant/Sharma (1996), p. 20.

Medical Plurality, Medical Pluralism and Plural Medicine. A critical reappraisal of recent scholarship

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Introduction

Since the 1980s and 1990s in the wake of debates on the role of Complementary and Alternative Medicine (CAM) within western societies, the term medical pluralism has flourished among historians and health policy makers in countries across the world. An appraisal of the continued currency of this concept and the insights garnered seems appropriate following nearly three decades of historical, anthropological and sociological studies of different historical and contemporary contexts. This will here be undertaken from the perspective of a social historian who has worked across disciplines, including cultural psychology, medical sociology and social history, with a particular focus on the social, political and cultural context of varied medical paradigms during the age of empire in Asia and the Pacific.

Existing work clearly attests to the fact that the field of healing in all periods and localities has been persistently characterised by a plurality of approaches, presenting a multitude of treatment options for patients in their pursuit of health. The extent to which developments in the late twentieth-century health care market in western countries have in fact been characterised by a "new" kind or a "dramatic reconfiguration" of medical pluralism has been widely debated.[1] Continuities between earlier and more recent periods are emphasised by some, and more current shifts in institutional authority in modern health care environments accentuated by others. Arguably, earlier concerns about the demarcation of "orthodox" versus "heterodox" approaches have been replaced more recently by a focus on the ethics and efficacy of practice regardless of the perceived conventionality of approach.

Two questions emerge. First, have the emergence of a "new pluralism" and the postulated shift from historical antagonism towards acceptance of medical diversity been substantiated? Second, has historical scholarship on medical plurality provided any new conceptual insights since its emergence a couple of decades ago; have there been new developments in the historiography of medical plurality? The first issue was to be investigated at the conference from which this essay results.[2] Here I will focus on the second set of issues, namely an assessment of the historiographic changes, if any, in the field

1 Cant/Sharma (1999); Kaptchuk/Eisenberg (2001).

2 Medical Pluralism – Past and Present. Organized by the Institute for the History of Medicine of the Robert Bosch Foundation, Stuttgart; Centro Italo-Tedesco Villa Vigoni, Loveno di Menaggio; in collaboration with the Dialogforum Pluralismus in der Medizin, Berlin (2011).

of the history of medical plurality. My reflections will mainly be based on the contributions presented at the conference to highlight some of the achievements in scholarship, the continued vibrancy of research and persisting gaps in the field.

"Viewing the Patient" versus "The Patient's View"

In his elegant contribution to "Patientenorientierung und Professionalität", Peter F. Matthiessen illustrated the plurality of medical paradigms and the varied cosmologies and ways of seeing and thinking going along with them by reference to Henry Moore's sculpture "Locking Piece".[3] Depending on the observer's perspectivity or angle of observation, the aesthetic appearance of the very same object varies considerably. Matthiessen is a medical practitioner and his aim was to highlight the scope for building bridges between followers of different medical paradigms, from the mainstream and the complementary medicine fields, by identifying their shared object of interest: the patient. It is in fact among the medical fraternity that the focus on the patient has been most significantly to the fore. "Patient-centred medicine" has during the last decade become a rallying call even for orthodox practitioners who had previously been criticised by patients and CAM healers alike for having lost touch with their main constituency since the heyday of modern, science-based medicine.

Intriguingly, among historians of medicine, patients and their families tend to figure less prominently in Anglo-American scholarship. This is despite the fact that earlier historical work on medical plurality was inspired by the paradigm of social history, which mooted a focus on the "view from below", namely the patients, rather than the traditional emphasis on medical policies and "big men, big ideas, and big institutions".[4] Admittedly, the continued, favoured choice of historical research perspective, which looks at medicine and sees varied medical concepts, a plurality of medical practitioners and a multitude of medical institutions and professional networks in the medical market place, has produced some path-breaking work. For example, heterodox and orthodox medical thought systems and practices and the roles, status and professional inclinations of their varied practitioners have been investigated in relation to different state policies in particular national and cultural settings – in western as well as non-western and post/colonial countries.

A recent example is the volume on "Medicine and the Market in England and its Colonies, c. 1450–1850", edited by Mark Jenner and Patrick Wallis.[5] It provides both geographically wide-ranging, in-depth case-studies of varied medical approaches and a cogent critique of the suitability of the concept of

3 Henry Moore, "Locking Piece". Bronze, 1963–64, Millbank, London. In: Matthiessen (2010), p. 99.

4 See, for the foundational statement on medical histories from below: Porter (1985).

5 Jenner/Wallis (2007).

the "medical marketplace" for pre-modern societies. Another example, in relation to non-western medical approaches, is Guy Attewell's path-breaking "Refiguring Unani *tibb*. Plural Healing in Late-colonial India".[6] It focuses on the varied ways in which a particular medical corpus was practised in late nineteenth and early twentieth-century South Asia. Within the European context, historians working on the pre-modern period, such as Jütte, have deftly employed anthropological methodology to explore healers' networks of practice and the complexity and fluidity of guilds.[7] However, in contrast to these nuanced accounts of how the medical field is characterised by a plurality of approaches and the recognition that practitioners are adaptable and versatile in their approach to and vernacularization of codified and informal ways of healing, patients and their families have remained neglected in historical research in the English-speaking world. Notable exceptions within the German historiography include Dinges's work on patients in homoeopathy.[8]

A further problematical issue concerns the age-old challenge of "structure and agency", which has plagued modern theorists from Durkheim to Bourdieu. This is relevant in regard to historical as well as contemporary policy debates. Even within frameworks that consider patients as active agents, as ever, the structures within which this agency has been socialised and exerts its preferences still require attention. There is an ample literature in the field of the history of (post-)colonial medicine that explores this nexus particularly well. Any investigation into medical plurality worth its salt is bound to investigate both the legacy of structural constraints imposed by legal, religious and professional authorities and particular interest groups and issues of resistance, subaltern agency, continued pluralities, and emerging "multiple modernities" – in addition to an acknowledgment that patients and their families may have other concerns than just the narrowly medical.[9]

In a similar vein, the best and most comprehensive medical anthropological research investigates the full spectrum of political, socio-economic and personal parameters within which medical plurality manifests itself. Etsuko and Eguchi for example explore patients' multiple realities and journeys through varied treatment options available in modern Japan, ranging from conventional medicine and hospital treatment to religious and shamanistic practices.[10] Scheper-Hughes, perhaps more controversially, has highlighted the role of the pharmaceutical industry in the medicalization of hunger and starvation, exploring the social production of illness and patients' responses within the constraints of the exploitative socio-political structures of north-east Brazil and its flourishing medical market in her patient/structure-focused analysis of "The madness of hunger: Sickness, delirium, and human needs".[11] Such

6 Attewell (2007).
7 Jütte (1991).
8 Dinges (2002).
9 Ernst (2007).
10 Etsuko (1991); Eguchi (1991).
11 Scheper-Hughes (1988).

attempts by medical anthropologists to deal with medical plurality within more or less hegemonic and unabashedly exploitative socio-political and medical structures – while clearly putting the life-worlds and needs of patients, their families and communities at the centre of analysis – are still scarce in historical writing on medical plurality and medical pluralism in Europe.

A distinctive attribute of anthropological work has been its focus on patients to a far greater extent than historical research: on patients' and their families' varied perceptions of health and illness; on their diverse illness behaviours; and on their active role in seeking out particular practitioners and medical paradigms aligned with different medical systems (what has been called "healer hopping"). Arthur Kleinman has spearheaded this work and established a school of thought and research methodology that focuses on "illness narratives", namely sick people's narratives about their illnesses and the effect on their lives.[12] In contrast, the way in which the historians participating at the meeting at the Villa Vigoni interpreted their task of providing résumés of medical plurality in a number of western countries remained almost exclusively focused on particular groups of heterodox medical practitioners, their un/official treatments and professional networks, on the one hand, and state policies, professional regulations and, somewhat more testing, the role of self-help movements, on the other. Just one contribution foregrounded the agency of patients rather than the structures within which patients and their families are situated. But even here the investigation accentuated the media (domestic medicine books) to which patients referred for self-medication. For historians, so it seems, the term "medical pluralism" is still mainly perceived from and circumscribed by the perspective of medical discourse and treatments, the structures of professional organisation, state regulation and the networks of healers. The perspective by which the agency of patients and their families could be gleaned still remains largely unexplored. In contrast, for practitioners from complementary and, increasingly, orthodox medicine backgrounds, the patient has moved to the centre of analysis.

Framing the Patient

Practitioners of all stripes in Europe and North America have become acutely aware of the fact that there ain't no medicine and no doctor – qualified in conventional medicine, CAM or as a quack – if there is no potential patient. And as medical anthropologists keep demonstrating, patients and their families are indeed active in their pursuit of better health. As consumers or "stakeholders" in the pluralistic medical market place they may vote with their feet, seeking out particular healers and demanding specific service provisions. Following from this, a currently prominent theme in western countries is "integrative medicine", which is concerned with how the patients' needs can be satisfied in

12 Kleinman (1998).