

**Jana Madlen Schütte.** *Medizin im Konflikt: Fakultäten, Märkte und Experten in deutschen Universitätsstädten des 14. bis 16. Jahrhunderts.* Leiden: Brill Academic Publishers, 2017. e-book e-book, ISBN 978-90-04-33159-4.

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In this recently published PhD thesis, Jana Madlen Schütte addresses a central question in the social history of medicine: how did premodern medical practitioners, as individuals or groups, create identities which demarcated them from each other and from other social, professional, and intellectual groups, and how did they attract patients and patrons? What makes this question both important and challenging is medicine's double identity as both science (*scientia*) and art or craft (*ars*), involving practical as well as theoretical expertise, albeit to different degrees in different medical occupations. Although this doctoral project understandably does not achieve the scope or depth of analysis of more mature historical monographs, it offers rich explorations of late medieval and early modern articulations of medical expertise and authority.

Schütte focuses her comparative analysis on three university cities of the Holy Roman Empire: Vienna, Cologne, and Leipzig. The project is based largely on sources from the archives of the cities' institutions, especially the faculties of medicine. Schütte analyzes regulatory documents, reform projects, and disputes and exchanges between university faculties, competing medical practitioners, or patients and their healers. Her thesis investigates how practitioners (in particular,

physicians) negotiated medical conflicts in two distinct arenas which often made wildly differing demands: the university and the "medical marketplace." These questions about practitioners' identities are framed in terms of Pierre Bourdieu's notion of "symbolic capital" and socioculturally determined "habitus," in combination with Stephen Greenblatt's idea of a Renaissance culture of active self-fashioning, which has proved fruitful in the history of medicine.[1] To show how different practitioners' cultures of knowledge competed and overlapped in university cities, Schütte uses the category of "expertise," defined by social historian Frank Rexroth as custom-fit knowledge, tailored to the situation and the expert's persona.[2]

In chapter 2, Schütte describes the difficult position of learned physicians between theoretical *scientia* and practical *ars*, which gave rise to a host of allegations and stereotyped criticism, from learned colleagues and potential patients alike. In the context of the university, the image of medicine was damaged by its association with the mechanical arts. Doctors of medicine struggled for equality with their peers, especially the law faculties, in conflicts over rank and ritual which date back to the "dispute of the disciplines" in the fourteenth century. In addition to the pecking order within the academy, medicine also had to con-

tend with a long-standing tradition of learned and lay skepticism. From Petrarca to Erasmus, physicians' theoretical acumen and practical efficacy were the butt of much pointed invective. Under such pressures to legitimate their discipline, Schütte argues, physicians emphasized the ancient textual tradition of medicine and delegated hands-on treatment to non-learned healers, for example, barbers or surgeons. In the university context, this was intended to demonstrate that their learned credentials were on a par with those of the other faculties; in the medical marketplace, it served to set physicians apart from other healers.

Chapter 3 deals with the making of physicians' authority and identity within the university, starting with anatomical dissection as a self-fashioning strategy. Faculties of medicine in the German lands consciously imitated their northern Italian colleagues in adopting dissections as a way of staging their expertise, albeit with a considerable delay and a less grand sense of spectacle. Schütte traces this trend in the cases of two sixteenth-century physicians, Baldasar Heseler and Felix Platter, both of whom had witnessed the anatomical work of Vesalius at Padua. While Heseler's account gives us a sense of the ritual and theatrical qualities of the performance, Platter emulated these practices in Basle. Both cases show that performing dissections was not primarily a search for knowledge, but an enactment of a moral and epistemic authority which served physicians, individually and collectively, to legitimate their discipline with respect to other faculties and non-learned healers. This confirms a narrative which is by now well established in the literature, Schütte's footnotes indicate—even though a few items of English scholarship on anatomy as performance are conspicuous by their absence.[3]

The second half of the chapter examines conflicts of hierarchy between physicians and other faculties at the university. These manifest both in written arguments over the relative value of

medicine and law, and in local disputes about practical matters such as the order of precedence during ritual processions. As one example from early fifteenth-century Vienna shows, such disputes could drag on for years, and necessitate the intervention of governing authorities. From her reading of archival records of these conflicts, Schütte concludes that they made use of at least some of the arguments articulated in published texts surrounding this long-standing "battle of the faculties." Conflicts could also arise among learned physicians. Archival documents from Vienna and Cologne, as well as published medical tracts, testify to disagreements on matters of doctrine and authority among followers of Arabic sources, ancient Greek and Roman authorities, and Paracelsian ideas. Debates about the authority over practice were further complicated by the fact that personal physicians with court appointments, for example to the Habsburg family, were not necessarily members of medical faculties, and might be exempt from their oversight. The final section of the chapter is a case study of reform efforts at the university of Leipzig. Two largely unsuccessful efforts, in 1502 and 1511, have left a paper trail of official calls for assessment, the faculties' statements on the current state of affairs, and responses to these. In following this documentary exchange, Schütte illustrates the medical faculty's concerns about their own authority at different levels. Stretched thin between teaching and healing, they received less financial support than the other faculties, lacked opportunities to practice anatomy, and struggled to assert their control over apothecaries, empirics, and other practitioners. A later campaign in the 1570s and 80s, following an even more rigorous bureaucratic audit of the university, highlighted very similar problems and offered more tangible solutions: apothecaries and surgeons were henceforth to be assessed by the medical faculty. These reform efforts, although only partly successful, usefully throw into relief the different levels of conflict physicians

had to contend with, both within the university and with respect to non-academic healers.

The latter area of conflict outside the academy, which Schütte frames in terms of a “medical marketplace,” is the focus of chapter 4. It investigates how medical expertise and authority were negotiated between doctors of medicine and the wide spectrum of artisanal, occasional, and itinerant practitioners typically found in the early modern medical landscape. The picture in Vienna, Cologne, and Leipzig is broadly similar to other European cities: on paper, physicians held significant privileges of inspection and regulation, but in reality struggled to implement complete control over medical practice.[4] Nonetheless, as is often the case, the idiosyncratic contexts of free imperial cities reward individual attention. From faculty and city records, Schütte shows how physicians proceeded against empirics and others whom they characterized as “illegitimate practitioners” (*non legitime practitantibus*) according to a well-established rhetorical template. Emphasizing the faculty’s prerogative to control medical practice, it typically stressed the accused practitioner’s lack of expertise, summoned them for a hearing, and, if necessary, enlisted the city authorities to impose.

Artisanal healers had their own ways of framing their expertise. The fifteenth-century surgeon Hans Seyff, for example, included in his well-known manuscript handbook a number of case histories which emphasize his own successes in healing and obtaining noble patronage, while implicitly criticizing other practitioners.[5] A developing rhetoric of surgical self-fashioning, with an emphasis on practical experience, can be traced in published surgical manuals, and also in printed single sheets and handbills advertising medical services—a type of source which has yet to receive full scholarly attention in the German context. In particular, Schütte draws attention to so-called “announcements of establishment” (*Niederlassungsankündigungen*), in which itinerant or

newly settled practitioners touted their expertise. [6] While barbers and surgeons confidently sought to carve out a stable socioeconomic place for themselves with respect to learned physicians, apothecaries were often in an even stronger position. As wealthy, tax-paying citizens, they were able to ensure that their voice was heard in the city council, and some even held medical degrees. The pharmacy regulations from Leipzig, in particular, show that apothecaries enjoyed considerable independence from the medical faculty. Unusually, they were authorized to administer medicines by the local lord. Finally, Schütte considers the special case of Jewish practitioners who were, on the one hand, frequently subject to prohibitions and exclusion, but on the other, often able to obtain protection and patronage from influential clients.

Overall, the treatment of non-academic, artisanal, or “illegitimate” practitioners is the greater strength of this study. Particularly valuable contributions are the account of the strong position of apothecaries as citizens and practitioners in the cities under investigation, and the idiosyncratic place of Jewish practitioners in the medical landscape. The analysis of physicians’ self-fashioning, on the other hand, provides useful and at times colorful illustrations for established narratives more than it offers original insights. The notion of “expertise,” which could be developed more over the course of this study, works well as an expression of knowledge cutting across learned and non-academic categories. What Bourdieu’s categories of symbolic capital and habitus add to the picture is less clear.

By and large, the medical conflicts outside the university make for more interesting reading than those within. Schütte diligently mines archival and published material to present a picture of medical practice in her three cities. In a number of cases, her treatment of the sources aptly captures the dispute as it threads through audits, complaints, council rulings, and official regu-

lations. It is always a challenge, however, to reconstruct the dynamics of everyday life from such records. While Schütte is cautious not to read normative sources at face value, her narrative does not always manage to escape their static nature. Deeper contextualization might yield a more dynamic picture of, for instance, the struggle of university faculties to gain control over medical practice in their cities. Margaret Pelling's work on medical conflicts surrounding the London College of Physicians could be a very useful model here, providing something of a master class in reconstructing institutional anxieties, individual ambitions, and the fluid boundaries of medical practice.[7] While it is only natural for Schütte's work to be more conversant with the German scholarship on the social history of medicine, one cannot help but feel that a greater awareness of anglophone contributions to the field would have made a real difference to this book.

The same is true with regard to the "medical marketplace"—an important issue, but also one fraught with problems in the history of medicine. Introduced by Harold Cook to recover the agency of patients and non-academic practitioners, the term "medical marketplace" soon came to be used somewhat indiscriminately to describe a bewildering range of transactions.[8] As Pelling has pointed out, it requires careful handling to avoid the danger of reducing complex interactions to laissez-faire economics.[9] In response, Mark Jenner and Patrick Wallis have suggested ways of redeeming the medical marketplace as a useful model. They call for careful distinctions between its use as a descriptor for the dynamics of medical practice in a specific time and place, or as an analytic framework seeking to explain them by looking to economic factors and motives.[10] Although Schütte discusses some of the caveats raised by Jenner and Wallis, she does not fully engage with the considerable literature on the topic, and does not quite go far enough in articulating her own use of the marketplace as an analytical framework or historical phenomenon. For instance, it is

not clear what precisely the marketplace is when Schütte argues that practitioners are displaced or excluded from it by the machinations of other healers (p. 279f.). A more fine-grained approach might have yielded a more satisfying analysis of "marketplace" conflicts among healers.

This is a creditable, competently researched PhD thesis, published soon after completion, this being one of the more puzzling requirements for obtaining a doctoral degree at a German university. While it lacks the density of original analysis and historical argument one would wish for in a 400-page monograph, it shows the promising beginnings of important work on the history of medical conflicts in the early modern German lands.

#### Notes

[1]. Schütte cites Michael Stolberg, "Zwischen Identitätsbildung und Selbstinszenierung. Ärztliches Self-Fashioning in der frühen Neuzeit," in *Diskurse – Körper – Artefakte. Historische Praxeologie in der Frühneuzeitforschung*, ed. Dagmar Freist (Bielefeld: transcript, 2015), 33–55. See also, for example, William Eamon, "Pharmaceutical Self-fashioning, or How to Get Rich and Famous in the Renaissance Medical Marketplace," *Pharmacy in History* 45 (2003): 123–29.

[2]. Frank Rexroth, *Expertenweisheit. Die Kritik an den Studierten und die Utopie einer geheilten Gesellschaft im späten Mittelalter* (Basel: Schwabe Basel, 2008).

[3]. Cynthia Klestinec, *Theatres of Anatomy: Students, Teachers, and Traditions of Dissection in Renaissance Venice* (Baltimore: Johns Hopkins University Press, 2011); and Anita Guerrini, "Alexander Monro Primus and the Moral Theatre of Anatomy," *The Eighteenth Century* 47 (2006): 1–18.

[4]. On regulation of medical practice in Italy, see David Gentilcore, *Healers and Healing in Early Modern Italy* (Manchester: Manchester University Press, 1998), esp. 38–40, 86f., 115–19; David Gentilcore, *Medical Charlatanism in Early Mod-*

ern Italy (Oxford: Oxford University Press, 2006), esp. 118–51. On the regulatory efforts of the College of Physicians, see Margaret Pelling and Frances White, *Medical Conflicts in Early Modern London: Patronage, Physicians, and Irregular Practitioners, 1550-1640* (Oxford: Oxford University Press, 2003), 19–37. On medical practice in France, see Laurence Brockliss and Colin Jones, *The Medical World of Early Modern France* (Oxford: Oxford University Press, 1997), 230–83.

[5]. For an edition and historical context, see Manfred Gröber, *Das Wundärztliche Manual Des Meisters Hans Seyff Von Göppingen (ca. 1440-1518): Der Cod. Med. Et Phys. 20 8 Der Württembergischen Landesbibliothek Stuttgart* (Göppingen: Kümmerle, 1998).

[6]. For examples and approaches to these documents, see the following, cited by Schütte: Karl Sudhoff, “Vier Niederlassungsankündigungen von Ärzten aus dem 15. Jahrhundert,” *Archiv für Geschichte der Medizin* 6 (1913): 309–12; Gundolf Keil, “Die Niederlassungsankündigung eines Wundarztes aus dem 15. Jahrhundert. Untersuchungen zum ärztlichen Werbe-Formular,” *Beiträge zur Geschichte der deutschen Sprache und Literatur* 89 (1967): 302–18; and Ahmed Malak, *Drei wundärztliche Niederlassungsankündigungen des 15. Jahrhunderts. Untersuchungen zur Frühgeschichte des medizinischen Werbeformulars in Deutschland* (PhD diss.: Würzburg, 1985).

[7]. Margaret Pelling, *Medical Conflicts in Early Modern London: Patronage, Physicians, and Irregular Practitioners, 1550-1640* (Oxford: Oxford University Press, 2003).

[8]. Harold Cook, *The Decline of the Old Medical Regime in Stuart London* (Ithaca: Cornell University Press, 1986). See also Harold Cook, *Matters of Exchange: Commerce, Medicine, and Science in the Dutch Golden Age* (New Haven: Yale University Press, 2007), 133–74.

[9]. Margaret Pelling, *Medical Conflicts*, 342f.

[10]. Patrick Wallis and Mark Jenner, eds., *Medicine and the Market in England and Its Colonies, c.1450-c.1850* (Basingstoke: Palgrave MacMillan, 2007), esp. 1–10.

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