CHAPTER 5

Medical Practice in Context: Religion, Family, Politics and Scientific Networks

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The road, the land, and the family had always defined and secured his place in the world.1

Introduction

The cultural, societal and political circumstances surrounding a doctor's practice decisively influence its structure and development.2 Evidence of such influences can be found in the medical practice records even though one often has to read between the lines to discover them. While a patient's name, gender, age, illness and treatment do not, in themselves, say much about the physician's activities outside his medical practice, they provide the first clues for more

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in-depth research in other written testimonies. Based on the academic physicians and one lay healer investigated as part of the Research Network ‘Medical practices (1600–1900)’ we will explore the mutual influence that existed between the medical practices and their cultural, political and societal contexts.

Recent historical research has shown that patients consciously compared the various kinds of healthcare available to them and chose what they deemed to be best, most affordable or most trustworthy. This made it necessary for physicians to find ways of distinguishing themselves from their rivals, an endeavour that proved most successful when they had familial, religious or socio-political ties with the world of the patients. Such ties formed a solid foundation for a high degree of trust on both sides of the doctor-patient-relationship. Focusing on the medical market can, therefore, cast light on the relationship between the various healthcare providers and on the status the individual physicians or healers commanded in society. Both aspects are of interest: the influence of the context on the medical practice as well as the importance of the medical practice for the healers’ general standing in society. Under the title ‘Penning Patient’s Histories’ a special issue of the journal ‘Gesnerus’ has investigated this dual relationship with regard to several projects within the DFG-Research Network ‘Medical practices (1600–1900)’. When it came to choosing a healer, trust was one of the criteria that remained constant across the centuries investigated. The building of trust is, however, enhanced by factors which are difficult to quantify since they arise from the most diverse forms of community building and legitimation. These forms can have domestic, religious, political or academic-scientific roots. It is precisely


