# The medical practice of Caesar Adolph Bloesch (1804-1863)

## Part 2: Scientific information

### 1. Summary

This project examines the medical practice of Caesar Adolph Bloesch (1804-1863), physician in the city of Biel in Switzerland. It is based on his exceptional 25,000-pages casebooks in which he recorded all his consultations conducted in the years 1832-1863. The patient records contain information on the patients, the patient history, Bloesch's examination and therapy. At the beginning of the project a full transcription of the volumes of selected years will be available as well as the general data of the consultations of all years and the data of two census of Biel from the period of interest. In addition to the case books, Bloesch's extensive notes and publications and further private and official sources will be used.

Despite the efforts of the social history of medicine we are still insufficiently informed about the daily medical life of earlier times. This much is true also for the medical practice as the central place of interaction between physician and patient, which could tell us a lot about significant social structures and developments. The project is based on the general concept of one single medical culture which physicians as well patients helped to shape. In consists of two complementary studies on the practice form the physician's and the patients' point of view based on a quantitative as well as a qualitative, a socio-historical as well as a cultural-historical approach. They will investigate the structure and importance of the medical practice and the attitudes, roles and behaviours of both actors in order to improve our knowledge of medical culture and its transformation in the 19th century.

The project is part of a German-Swiss-Austrian working group focussing on the investigation of medical practices from the 17th to the 20th century. As each practice is different a special emphasis is laid on comparison and comparability. Thanks to a rich variety of sources it will be possible to allow for the specific local conditions and thus to reach conclusions of significance beyond the case in hand.

### 2. Research plan

#### 2.1. State of research

In 1967, Edith Heischkel-Artelt stated that there were almost no substantial studies on the world of the general practitioner in the 19th century.[1] So far, historiography would have focused on great men, the advancement of science and medical literature and neglected medical practice. Heischkel-Artelt herself treated under the title "The world of the general practitioner" mostly the history of the profession and furnished almost no information about the actual practice, the main sphere of activity of the physician. 40 years later, Martin Dinges in his paper on "Medical practices 1500-1900 – on the state or research" can point to a considerable amount of works on the topic.[2] Social history of medicine has since the 1970s and increasingly since the 1990s devoted some attention to the medical practice. Two things have to be noticed:

Firstly, many investigations focus on the external conditions and developments which have an effect on the practice and not on the daily life in the medical practice itself. These studies are mainly based on administrative and statistic sources as well as medical literature and concentrate on the history of the medical profession and the public health system.[3]

Secondly, every examination of a medical practice is in danger of looking mainly at the physician's side of view and of neglecting the role of the patient. Today this has less to do with a biased focus of interest – the history of the patient is an important part of actual medico-historical research – than with the source material. Physicians have stated their principles of therapy in handbooks and published guides of how to conduct a medical practice. They have described their daily work in autobiographies and diaries. They have described and systematized a large amounts of cases in case collections. And, finally, also the unpublished patient records have been written by physicians. Compared with this, the patient's view is documented mainly in autobiographies, documents and

[1] Heischkel-Artelt 1967, p. 1.

[2] Dinges 2007a. The following description is in many ways indebted to this paper.

[3] For Germany see Frevert 1984, Huerkamp 1985, Drees 1988, Jütte/Gerst 1997, for France Léonard 1978, for England Digby 1999. For Switzerland see below.

letters which are less detailed and which have survived in smaller numbers than the physicians' notes and writings.[4]

In acccordance with these two findings there is a whole series of questions regarding the medical practice in the 19th century (and in other centuries as well) which has not been examined sufficiently. It comprises among others the general character of the practice (home/office visit, number of patients/consultations, employees), the consultation (form and content of conversation and examination), the range of ailments and therapies (e.g. surgery, midwifery, reception of new pharmaceutical and other therapeutical methods), the patients themselves (age, sex, social class) and their motives for consultation, the relation between physician and patient (negotiation of treatment, authority of the physician), the relation to other healers on the market for medicine and the payment (standard rates, effective payment, health insurance schemes). This incomplete enumeration is evidence of the fact that a specific examination of the medical practice can not only shed new light on the practice itself but on the whole medical culture and the process of medicalization.

The type of source best suited to furnish precise answers about what happened in the medical practice are the patient records.[5] They served the physician as a documentation of his clientele, the patient history, his treatment and – usually in conjunction with a proper account book – of the (outstanding) payments. Written during or shortly after the consultation, its fortes lie in its immediacy and – in the given case – in its detail, comprehensiveness and continuity over a large amount of consultations. A critical examination usually enables the reader to gather not only the attitudes and actions of the physician but also some of the motives and behaviours of the patients. The consultation of other sources such as administrative documents, local historical studies, statistical dates, autobiographies and letters etc. is indispensable. Because of national and regional differences (public health systems, town/country etc.) and the scarce preservation of patient records each study of a medical practice represents a singular case the character of which has to be taken into consideration if one wants to draw general conclusions. Our state of knowledge arises therefore largely from the synthesis of the total of single studies.

A dozen of medical practices of the 19th century has been studied on the basis of patient records. The sources as well as the studies vary greatly as regards to size, detail and substance. The practices of the two German country physicians Johann Heinrich Christian Grotjahn (1794-1872) and Gustav Heinrich Goedel (1836-1902) are documented only over a limited period of time and in only one volume.[6] The casebooks of the country physician Franz Peter Siffert (1837-1881) cover the whole period of his medical activity but are only very brief and do not record the ailments treated.[7] A comprehensive documentation has survived of the practices of Christopher Detlev Hahn (1744-1822) in Arhus and of Johan Hers (1854-1915) in southern Holland. The analyses focus, however, on diagnosis and therapy and do not examine the social stratification of the patients.[8] A special status has to be assigned to homoeopathic practices in which patient histories were documented in great detail.[9] Besides the extensive patient records of Samuel Hahnemann (1755-1834) himself – the edition of which proceeds – there are those of the Belgian physician Gustave A. Van den Berghe (*1837) which are also preserved in completeness. Motives and behaviour of the patients in this case have been studied with special care.[10] The most comprehensive and valuable study of a complete casebook so far is Jacalyn Duffin's excellent book on the medical practice of James Langstaff (1825-1889), a country doctor in Canada.[11] Thanks to a combination of quantitative and qualitative analysis Duffin is able to offer revealing answers to most of the questions mentioned above. Two important points, however, the social class of the patients and the cooperation/competition with other healers have not been studied closely (it seems to be due to the source material available). Another complete set of patient records is that of the South Tyrolean country physician Franz

[4] The most important study based on autobiographies is Lachmund/Stollberg 1995; on the letters as sources for the patient's point of view see Dinges/Barras 2007.

[5] On the patient records (in the medical practice as well as in the hospital) as a source see Risse/Warner 1992, Warner 1999, Shephard 2000, Gillis 2006, Dinges 2007a.

[6] Engel 1978, Weindling 1987, Wolff/Wolff 1979.

[7] Boschung 1999.

[8] Perneel 2000, Wulff/Jungersen 2005.

[9] Jütte 1998.

[10] Baal 2004. Patient records from homoeopathic practices are especially studied at Institute for the History of Medicine of the Robert Bosch Foundation in Stuttgart.

[11] Duffin 1993.

Joseph von Ottenthal (1818-1899). Within the scope of a Austrio-Italian joint project all 244 notebooks with 85'000 Latin patient records have been transcribed and will be freely accessible online in 2008.[12] A series of first investigations concentrates on Ottenthal's biography, delivers a general description of the range and character of the practice and furnishes some partial information on place of residence, range of diseases and health behaviour of the patients.[13]

Besides Hahn, Hers, Langstaff and Ottenthal, Caesar Caesar Adolph Bloesch (1804-1863) is the fifth physician the casebook of whom records the consultations of his practice over a certain period and with a certain amount of detail.[14] Other complete sets of patient records from the 19th century are not kown today but might turn up because of the increasing interest in this type of source. Bloesch's casebooks – preserved in the municipal archives of Biel – were, too, ignored until recently. In 2004, Nadine Boucherin pointed for the first time to the existence and importance of this source in her master thesis on Bloesch as historian, politician and physician.[15] She furnished there – as in a paper in print – a first superficial description of the patient records as it was impossible to her to study it in more detail.[16]

Despite his local importance as politician (he was, among others, city mayor) and historian (author of a standard work on the history of the city: Bloesch 1854-55), Bloesch has never been studied properly. Boucherin's work provides a first introduction to the man but understandably can only touch on the various fields of interest. The medical history of Biel – which expandend during Bloesch's time from 3,500 to 8,000 inhabitants – ist mostly unknown. The two most useful studies concern poor relief and hospital history.[17] A medico-historical dissertation presents the medical society of the district Biel-Seeland which Bloesch presided.[18] Some studies on the history of the medical profession in Switzerland supply the general framework in which Bloesch worked.[19] The social and economic history of Biel has been investigated in two studies: the book of Tobias Kästli remains somewhat on the surface whereas the older dissertation of Fernand Schwab delivers a detailed description of the industrial development (the watch industry replaced the Indienne manufacture).[20] One paper deals with the geographical expansion of the city.[21] A point of reference for the whole history of the city is the 'Stadtgeschichtliches Lexikon' which gives hints on many various aspects, reveals unexpected details but which fails to treat some of the central issues.[22]

### 2.2. Contributions and research fields of the applicants

Hubert Steinke is familiar with patient records and the medical practice as he has studied the casebook of Albrecht von Haller (1708-1777).[23] He has worked extensively on letters in early modern history and has also dealt with letters of patients, an important source to be consulted in any study on patient records.[24]

Brigitte Studer has repeatedly studied the Swiss welfare state in the 19th century.[25] She has given together with Prof. Urs Boschung from the Institute for the History of Medicine (Bern) a seminar on the physicians of the Canton Bern out of which a volume on the history of the Medical Society of the Canton Bern 1809-2009 will be published. She has worked for years on diaries and other Ego documents in teaching and in research. Gender studies – the approach of which is important for this project – are one of her main research interests.

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[12] See http://www.uibk.ac.at/ottenthal.

[13] Roilo 1999, Dietrich-Daum/Oberhofer 2005, Taddei 2005a, Taddei 2005b, Unterkircher 2005, Dietrich-Daum/Oberhofer 2006, Dietrich-Daum 2007b. Papers of Oberhofer und Unterkircher will appear in Dietrich-Daum 2007a.

[14] Homoeopathic practices are here left aside although they serve as important examples for comparison.

[15] Boucherin 2004.

[16] Boucherin 2007.

[17] Helfer 1995, Schranz 1977.

[18] Mahlberg 2005.

[19] See Braun 1985, Brändli 1990, Bosson 1998.

[20] Kästli 1989, Schwab 1912.

[21] Buchmüller 1982.

[22] Bourquin/Bourquin 1999.

[23] Steinke 2007a, Steinke/Boschung 2007.

[24] Boschung et al. 2002, Stuber/Hächler/Steinke 2005, Steinke 2007b.

[25] Z.B. Gilomen/Guex/Studer 2002.

Both applicants have not yet published on Bloesch's medical practice, since late 2006, however, the following preparatory works are running:

- Several thousand pages of the casebooks have been digitally photographed in order to move on with the preparatory work.
- Seven medical doctoral candidates are currently transcribing selected years of the patient records.
- One graduate assistent enters the data from the Biel censuses of 1833 and 1856 into a database.
- Two graduate assistents enter the key data of all consultations into the same database.
- The applicant has identified the main source material of interest through investigations in the Municipal Archives of Biel and the State Archives of Bern.

On the details and purpose of these works see the detailed research plan and the timetable.

**2.3. Detailed research plan**

The research plan models itself on the questions and problems regarding the medical practice as mentioned in the chapter on the state of research. The aim of the project is to deliver a comprehensive description of Bloesch's medical practice from the physician's as well as from the patients' point of view. By taking into account the local conditions and by drawing comparisons with other medical practices, the project hopes to furnish new knowledge about medical practice and culture in general.

The project is self-contained and independent but in the meantime integrated into a working group aiming at the coordinated investigation of medical practices. The examination of different medical practices of city and country doctors, homoeopaths and surgeons form the 17th to the 20th century should help to create a more reliable and precise basis of knowledge about the everyday medical world. The various projects are based mainly on the analysis of patient records and envisage therefore a reconstruction of the daily course of events in the practice and its meaning for both physicians and patients. The aims endorsed in the project in hand have been set in conformity with those of the whole working group. The selection of the medical practices to be studied is based on the quality and value of the sources as well as on their local availability. The working group consists of Elisabeth Dietrich-Daum (Innsbruck), Martin Dinges (Stuttgart), Volker Hess (Berlin), Iris Ritzmann (Zurich), Marion Maria Ruisinger (Erlangen), Hubert Steinke (Bern) and Michael Stolberg (Würzburg). It is quite consciously restricted to the German-speaking area in order to allow for an efficient coordination and rapid progress of work. In its scope it is orientated well beyond this speech area as it aims at the promotion of research on the medical practice internationally. The contacts are establised and will intensify as the interest in the topic has increased in the last few years also outside the Anglo-Saxon and German speaking countries. [26]

The German members of the working group will submit several research applications on separate medical practices within a so-called 'package application' (Paketantrag) to the German Resarch Foundation (Deutsche Forschungsgemeinschaft) in spring 2008. Ritzmann (Zurich) plans a project on patient records from the rich holdings of the local Archives of the Institute for the History of Medicine. Dietrich-Daum (Innsbruck) and her staff working on the casebooks of Ottenthal have already submitted two projects focussing on the biography of the physician (Elena Taddei) and on gender issues (Alois Unterkircher). The working group meets regularly in order to coordinate the projects as regards to technical and formal issues (database etc.), methodological approaches, thematic focus etc. (next meeting in November 2007).

The selection of Bloesch's patient records suggests itself because of its completeness and meticulousness of documentation and because of the existence of other related sources. The casebooks consist of 25,000 pages in 55 foliovolumes with some 125,000 consultations from the years 1832-1863; they record often the age and profession, mostly the place of residence and always the name of the patient, the patient history, Bloesch's findings, the therapy and the fees (see the example of transcription on the following page).[27] Each consultation is recorded seperately and is with an average description of 5-10 lines much more detailed than those of Langstaff or Ottenthal, the two most important examples of comparison. Many consultations and a large number of medical reports are even much longer than that. The situation as regards to the sources is very favourable in two

[26] See the publications based on medical records: Baal 2004, Perneel 2000, Taddei 2005b, Wulff/Jungersen 2005.

[27] The first two volumes on the years 1828-1832 are lacking; Bloesch's practice in these years seems to have been rather small.

**Example of transcription from Bloesch's patient records, vol. , 1834**

| date | vol/p/nr | patient | entry | $ | payment |
|---|---|---|---|---|---|
| 01.06.1834 | 06/01/01 | Bendicht Simon von Madretsch | Hat sich seit vierzehn Tagen beständig wohlbefunden; keinen Rückfall weder von Frost, noch von Hize; Kopf stets frei, Appetit gut; keine Kolikschmerzen; Stuhlgang normal; Schlaf gut; heute von 2 zu 2 Stunden eine Drachme cort. chinae reg.; dann 4 Tage auszusezen, und am 6 Juni dieselbe Dose wieder zu nehmen | 4 | |
| 01.06.1834 | 06/01/02 | Moser, Zimmermanns Kind, in Madretsch | 13 Monate alt; seit einigen Wochen Husten; der Auswurf geht leicht los; viel Durst; Schlaf unruhig; erbricht sich oft; Stuhlgang täglich ein bis zwei Mahl: sp. ammon. caust. dr. 2 ol. olivar; seb. ovilli dr. 2 morgens und Abends die Brust einzuschmieren; aq. amygd. amar. dr. 2, syr. gumm. arab. unc. 2 in zweyen Tagen allmählich zu nehmen | 4 | bezahlt |
| 01.06.1834 | 06/01/03 | Frau Deni | Gestern beβer als vorgestern; Schlaf heute Nacht gut; Kopf freyer; Zunge leicht belegt, gelblich auf dem Grunde; Herzgrube noch sehr empfindlich, Stuhlgang normal, Gefühl von Druk auf der Brust, weder Appetit noch Durst: dec. cort. chinae alle 3 Stunden 1 Eßlöffel voll, Reißwasser, Suppenbrühe, Eyer | 6 | |
| 01.06.1834 | 06/01/04 | Frau Kummer | Gestern den Tag über und letzte Nacht gar keine Schmerzen empfunden, hingegen kamen sie heute morgen auf gewohnte Weise eine halbe Stunde nach dem Aufstehen wieder; Zunge ziemlich rein; Appetit mittelmäßig; nicht besonders Durst; Stuhlgang täglich zwey Mahl; Verordnung gleich | 6 | |
| 01.06.1834 | 06/01/05 | Jungf. Charl. Marti | letzte Nacht wenig Schmerzen im Kopfe, hingegen große Unruhe und Beweglichkeit des Muskelsystems, Stuhlgang zwey Mahl den Tag über, Unbehagen und Kolik unmittelbar vorher, weder Schluchzen noch Blähungen: Nur 3 Pillen zu nehmen, sonst gleich | 6 | |
| 01.06.1834 | 06/01/06 | Statthalter Groschangs Kind | Gesicht blaß, Zunge leicht belegt, wenig Appetit; kein Durst, bisweilen leichte Kolik, Stuhlgang ein bis zwei mahl täglich; Urin gelb, [002] kein Husten beynahe, Schlaf gut, Puls stets beschleunigt: Verordnung gleich | 6 | |
| 01.06.1834 | 06/02/01 | H. Jabis Arbeiterinn | Schmerzen stets sehr groß, erstrecken sich von der zweyten Zehe schräg über den Fuß gegen den äußeren Knöchel hin; ödematose Anschwellung; die Wunde fließt, schmerzt nicht besonders: 6 Blutegel schräg über den Fuß der Richtung der Schmerzen nach: Cataplasmum von sem. lin. hernach | 6 | |
| 02.06.1834 | 06/02/02 | Bumann in Bözingen | 30 und einige Jahre alt, gerieth gestern Abend in Streit mit einem Bekannten, mit dem er vorher getrunken und gespielt; von Worten kam es zum Handgemenge; Bumann wurde auf den Boden geworfen, und dabey die fibula des linken Unterschenkels etwa zwei Zoll ob dem malleolus gebrochen; an der tibia ist keine fractur zu erkennen, obschon nicht zu glauben, daß die fibula allein an dieser Stelle zerbrochen worden sei: Fuß und Unterschenkel wurde mit einer Zirkelbinde eingewikelt, der ganze Unterschenkel wurde in ein kleines Trögchen auf Hanf gelegt; die ganze schmerzhafte Stelle mit kalten Umschlägen von sal. ammon. unc. s. aq. saturnin. unc. 8 aq. font. gleich viel behandelt; Ruhe; Diät | 40 | |

respects. Firstly, we are well informed about Bloesch's education and attitudes because of his lecture notes, autobiographical writings and medical publications. Secondly, thanks to Bloesch's detailed records and thanks to two censuses from 1833 and 1856 the patients may be identified. These circumstances as well as the actual state of research suggest that Bloesch's casebooks should be analyzed in two separate studies from the physician's and the patients' point of view. Because of the size of the material preparatory works have to be undertaken in order to allow for an efficient realization of the project.

**Preparatory works (mostly undertaken before or financed apart from this application)**

In contrast to the Innsbruck project on Ottenthal the patient records shall not be transcribed in their full extent. Certainly this would be the ideal situation enabling a quick and complete access to text and data but in view of the estimated necessary time of 12,000 hours for transcription (i.e. six years of work for one person) and the difficulty to finance these kind of works is it unrealistic to follow this path.[28] The main questions and problems can be addressed also with a combination of digitization (scanning), selected transcriptions and data acquisition.

*a) Digitization (scanning)*

All 55 casebooks shall be digitized by scanning. Several thousand pages have already been digitally photographed in order to enable the continuation of the preparatory works. The whole set has to be digitized as the various issues to be treated require the access to all consultations. The volumes have to be scanned professionaly for a future publication on the internet which will serve as a rich source for the working group on medical practices as well as for the general public. The Municipal Archives of Biel (archivist: Chantal Greder) have agreed to this procedure. A request for financing will be submitted to the City of Biel.

*b) Transcriptions*

The transcription of larger parts of the text is indispensable as only this will make it possible to furnish a reliable description and analysis of the conversation, examination, therapy and the attitudes of both physician and patients. Seven medical doctoral candidates are currently transcribing four years (each of them half a year, one candidate a whole, less voluminous year) from the casebooks. This kind of work makes sense for medical dissertations as the candidates are not familiar with historical methodology and nevertheless can contribute to historical research. Besides the transcription, the candidates carry out a first analysis which can not, however, replace the in-depth investigations of the professional historians. Within the scope of a historical master thesis or dissertation such works can not be undertaken as this would limit their time for critical analysis drastically.

The years 1834 (1832 is incomplete, 1833 unsuited), 1842, 1852 and 1862 have been selected for transcription in order to allow for the investigation of various questions regarding changes and developments within the medical practice. An example of transcription is given above. The texts will be feeded into the database (see below).

*c) Data acquisition*

The transcription of several whole years allows for a reliable analysis of the consultations, therapies and attitudes and their development over a period of time but it furnishes only an incomplete picture of the social class of the patients and their health behaviour. Therefore the key data of all consultations are entered into a database, i.e. date and fee of the consultation, name and – if given – age, profession and residence of the patient. The consultations will be linked to the patients so that each patient can be viewed with all his consultations.

Identification of patients through patient records is usually difficult as name, age, profession and place of residence are often only partially recorded. In the case of Bloesch, too, these data are often missing, but thanks to the multiple consultations with often complementary information and thanks to his monthly accounts with often supplementary biographical details we can get the essential data for a large part of the patients. Especially helpful are two censuses from 1833 und 1856 (Municipal Archives of Biel).[29] They record all inhabitants of the city of Biel with name, surname, age, address, household, home town, religion, profession and property (owner

[28] Experience has shown that after a settling-in period a rate of two pages per hour is realistic.

[29] Biel is the exception to the rule that the original data of the censuses and therefore the information on the individuals are not preserved. On the censuses in the canton of Bern see Pfister 1995, pp. 69-73.

of a house and/or of land)[30]. As to the information on profession, the division into 'self-employed' (with specification), 'assistant' (with specification), 'domestic servant' and 'day labourer' furnishes a social pattern from Bloesch's time which may be used for the analysis.

At the moment (September 2007) the census of 1856 (4532 inhabitants) is entered in the database, that of 1833 (with a somewhat smaller number of inhabitants) will follow. Afterwards the personal data will be linked with the consultations. Approximately 50-60% of Bleosch's patients are recorded in the censuses as he worked somewhat longer than 1856 and as roughly one third of his clientele came not from the city but from its neighbouring towns.

The data acquisition is made by graduate assistants from the Historical Faculty (for details see the timetable). The database is created with Faust Professional, a programme that in this case will be used on a rather simple level and which can easily be transformed and developed according to the changing needs. The applicant is very familiar with this tool, as it is used at the Institute for the History of Medicine for the much more complicated database on Haller as well as for other projects.

**Study 1: The physician and his practice (The practice from the physician's point of view)**

The socio-historical approach in modern medical historiography implies not only an increased attention paid to the patients but also to the physician as a member of his profession. He is of interest not as an eminent scientist or practician but as a person with a specific kind of education and learning doing his job within a specific social and professional environment. The physician's point of view should particularly not be neglected in the analysis of patient records as it is he who wrote them. A careful consideration of the physician's views and interests is a prerequisite to the thorough analysis of the casebooks and of the medical practice itself.

The patient records themselves reveal the motivations of the physician only partially. Whenever possible, other sources have to be consulted, too.[31] In the case of Bloesch we are in a particularly happy situation. His lecture notes from his studies in Zurich (1821-1822) and Göttingen (1823-1825) are preserved in 21 volumes; they seem to be pretty complete.[32] Bloesch recorded his thoughts on medical practice in two dozens of essays in the last seven volumes of his casebooks. He talks about his own course of studies and about his medical practice. The essays were published shortly after Bloesch's death under the title *General principles of theoretical and practical medicine*.[33] From 1832 onwards Bloesch published as a scientist. These publications prove him to be a general practitioner who is fully aware of the currents in research and who claims to contribute to the progress of science with the experience from his own practice. Bloesch wrote a monograph of 100 pages on the pathology and therapy of gastric diseases.[34] He edited a German translation of the *Medical observations and experiences* of his father-in-law, the French physician-general Jean-François-Xavier Pugnet (1765-1846) who, after retirement, practised as a physician for the poor in Biel.[35] Bloesch wrote several papers for the *Swiss Journal of Medicine, Surgery and Midwifery* on epidemics (cholera, nervous fever, sweating fever, catarrh fever) and on two forensic cases which shed some light on his attitudes towards patients and administrative bodies.[36] He expressed his scientific and religious beliefs in an article entitled *Disbelief and superstition as united in one single doctrine*.[37]

Bloesch was an active member of his profession; he was member of the Medico-Chirurgical Society of the Canton of Bern the meetings of which he attended[38] and president of the Medical Society of the District of Biel-Seeland, founded in 1845. The protocols of the latter society give evidence of Bloesch's attitudes in matters of

[30] The sensus of 1856 is complete and reliable, that of 1833 seems to be partly incomplete and does not specify the profession of the inhabitants.

[31] This is a point stressed by Risse/Warner 1992 and others.

[32] Institute for the History of Medicine, University of Bern, Ms. A 11-23, 51-58.

[33] Bloesch 1866.

[34] Bloesch 1832.

[35] Pugnet/Bloesch 1837.

[36] Bloesch 1842, Bloesch 1851-52.

[37] Bloesch 1851.

[38] Member and attendance lists are preserved in the Archive of the Society (Burgerbibliothek Bern, Nr. 13-27). Two papers of Bloesch which he seems to have read at the meetings are also preserved.

profession and health policy.[39] Nadine Boucherin has shed some light on Bloesch's political position and activity in Biel; these aspects should be studied in some more detail within the realms of possibility.

Even though Bloesch's biographical, political and scientific background has to be taken into account it is important to bear in mind that the main scope of the investigation is not to study the physician himself but his medical practice. The main questions of interest concern the following aspects:

*Theory and practice:* John Warner locates the greatest utility of patient records in the possibility to explore systematically the relation between theoretical, normative ideals and the actual practice.[40] Indeed, the detailed documentation of Bloesch's education, his thoughts and instructions as regards to medical practice on the one hand and the comprehensiveness of his patient records on the other hand suggest such a line of investigation. It shall be conducted but with a certain restraint and awareness of its difficulty. The analysis may become boundless (there are many concepts and diseases), the parameters are difficult to determine (what exactly is Bloesch's theory and guideline? which therapy has to be considered as 'standard', which not?) and the utility of the results might be limited (what does a more or less strict adherence to or divergence from the theory tell us?).

*Daily practice, fees:* The general operation and daily routine of the medical practice is one of the central issues. The questions to be investigated are the number of patients and consultations, their spread over time, the relation between home and office visit, the place of residence of the patients, the fees, the annual income and the change of these parameters over the years.[41] These questions are tightly linked with the

*Physician-patient relationship:* The relationship between physician and patient in the 19th century has been described as a development from the sick to the patient viz. from a patient-centred to a illness-centred encounter going along with the general process of medicalization.[42] The physician thereby became more and more independent from a small upper class and established himself as a person of authority demaning obedience.[43] In this context, the social class of the patients – which is analyzed mainly in the second study – is of importance. Whether and in what manner the changing relationship is visible in the daily practice has to be investigated. Here – as well as in other cases – we have to pay particular attention to changes in vocabulary and writing style of the patient records.

*Spectrum of diseases, diagnosis and therapy:* This is a large field of question which shall be analyzed with a socio-historical approach and from the point of view of the physician's services. It has to be asked which are the ailments he treats, whether he expands his services (e.g. midwifery and surgery), to which diseases he pays particular attention (also in his publications) and what kind of notion of illness he has. Related to these questions is the examination of his diagnostic methods, especially the examination of the body and the increasingly popular measurement of pulse and temperature, auscultation and urine analysis.[44] The therapeutic spectrum shall be examined especially as regards to a possible change and its reasons; therpeutic practice has – in contrast to therapeutic concepts – not been studied profoundly.[45] One has to ask whether and in what manner the so-called 'therapeutic revolution' has reached the realm of a medical practice like that of Bloesch.[46] As regards to pharmacotherapy a comparison with the prescription books from the nearby hospital apothecary of Solothurn might be useful.[47]

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[39] Institute for the History of Medicine, University of Bern, Ms. A 122. Only a small part of the volume is studied and edited by Mahlberg 2005.

[40] Warner 1999.

[41] As the account book has not been preserved we know only the fees but not how much the patients actually paid. The casebooks furnish some information about payments but the validity of these data has yet to be assessed. Presumably Bloesch's general income can be gathered from tax registers which have been conserved to some extent.

[42] Loetz 1993, Digby 1994. Jewson 1976 coined the expression of the "disappearence of the sick man from medical cosmology".

[43] Huerkamp 1989.

[44] Some studies in this direction of inquiry are collected in Bourdelais/Faure 2005; on auscultation see Lachmund 1997.

[45] Olivier Faure stresses this point (see Faure 1999, Bourdelais/Faure 2005). One of the great exceptions is the excellent study of Warner 1986, based on patient records from hospitals.

[46] The expression 'therapeutic revolution' has been coined by Rosenberg 1979. For Switzerland see Tanner 1997.

[47] The prescription books from 1840 and 1860 haven been analyzed by Stampfli/Ledermann 1990.

*Market for medicine and public health system*: The services offered by the physician can only be assessed if the whole market for medicine and the municipal and Bernese health authorities are taken into consideration. On the local level the source material is not very abundant; only some scattered documents of the municipal medical council have survived. The cantonal Bernese health policy is much better documented; the State Archives store an extensive set of protocols of the Sanitary Collegium and e.g. registers of all physicians, surgeons, midwives and apothecaries, annual reports on smallpox and vaccination from Biel etc.[48] The protocols of the municipal council record local measures taken. The protocols of the Medical Society of the District of Biel-Seeland and of the Medico-Chirurgical Society of the Canton of Bern can furnish evidence on the medical profession and its relationship with other healers. The small district hospital (Notfallstube) founded in 1837 the supervisory board of which Bleosch presided is documented in detail (see below). These various sources should help to assess the importance of the authorities, institutions, physicians, surgeons, midwives, apothecaries and other healers mentioned in the patient records. In this respect the role of the great number of medical certificates and vaccinations has to be examined; Bloesch's role as a vaccinator could be the starting point for a special enquiry on this topic.[49] One could also investigate the various epidemics which are documented in Bloesch's casebooks, publications and in official records.

The range of questions – mostly connected with each another – is broad and the amount of material is great. Not everything can be studied with the same detail and attention. In a first step the main characteristics of Bloesch's medical practice have to be ascertained. On this basis the most promising specific investigations can be undertaken.

The questions regarding theory and practice, range of diseases, diagnosis and therapy are complex and require a good deal of knowledge about medical theory, nosology and pharmacotherapy. The first study therefore seems to be too demanding for a dissertation as it would call for a long period of introductory reading. It is intended to employ a post-doctoral fellow with specific qualifications. There is a number of people qualified for the job within the German speaking countries (a very good knowledge of German and a decent knowledge of French is prerequisite for both studies). The post shall be advertised publicly.

**Study 2: The patients (The medical practice from the patients' point of view)**

This study considers patients not as objects of treatment but as actors themselves. In contrast to the first study it looks at the medical practice not from the point of view of supply but of demand.[50] Like the first study it consists of a mixture of quantitative and qualitative analysis.

At the beginning, the main parameters such as age, sex, social class and place of residence of the patients have to be analysed. As regards to the group of the patients from the city of Biel – is it responsible for approximately two thirds of all consultations – they can be compared with the total population as recorded in the two censuses. It has to be noted that Bloesch was not the only physician in Biel and that there were also surgeons, midwives and other healers.[51] The study, therefore, can not reconstruct the health behaviour of a city in its entirety but the references to other healers in the casebooks and the consultation of other sources will help to estimate the importance of Bloesch's practice within the city. On this basis, the health behaviour of individuals as well as social groups can be followed over a period of 30 years (using the key data from the database) and described in detail (by reading selected patient records). In this respect, not only the behaviour but also the motives for a visit should be explored.

A series of quantitative investigations have to be coupled with an attentive reading of the patient records. They concern the following questions: Which ailments made the patients to visit the doctor, which did not? What did they expect from the physician? Were children and aged people underrepresented as a study based on physicians' reports suggests?[52] Do the different social classes show a different health behaviour? And if so – which one and why? Does the emergence of the watch industry have any effect on the patients' behaviour? Has the consultation

[48] The physicians are also recorded in the dissertation of Graf/Mijuskovic 2004.

[49] For the local background see Siffert 1993, for the general question and the state of research see Wolff 1998a.

[50] This perspective is not new (see e.g. Faure 1993) but is still too seldom adopted (as e.g. Loetz 1998 stresses).

[51] Besides Bloesch, usually two other physicians practized in town: David Nieschang (1780-1862), Louis Eugène Neuhaus (1818-1852) from 1841 to 1852, Josef Lang (1818-1908) after 1845 and Karl Neuhaus (1829-1893) after 1851.

[52] See Stolberg 1993.

of a physician to be considered as a sign of social identity rather than of a specific notion of medicine?[53] Are there any differences between the behaviour of the patients from the city and those from the neighbouring towns?[54] Why did patients from the countryside go to the doctor? Or were they ready to pay the fee for a home visit? Which diseases or circumstances made patients to keep their visit secret?[55] How many therapies were paid by health insurance schemes?[56] What was their role? Were they instrumental for the process of medicalization as a study on the Prussian social security system suggests?[57]

Several gender- and body-related issues suggest themselves: Are there unequal opportunities already at the beginning of life[58] Do the women make up 60% of all patients as in other cases?[59] And if so – do the casebooks offer an explanation for this fact? Is there a sex-specific demand which can not be related to pregnancy, birth and lying-in? Do the patient records allow for a reconstruction of the patients' conceptions of body, health and sickness?[60] Can they be confirmed or specified by autobiographical notes and letters?[61] Is there a change of body perception in the course of the industrialization of society?[62] What is the role of sex category in this respect?[63]

Quite generally, this study deals with the whole range of questions of patients' history (Patientengeschichte).[64] The scale of topics and the amount of material is as large as in the first study. Quite similarly, therefore, the main parameters have first to be analysed before the most promising specific investigations can be undertaken.

**Specification on question and methodology**

The subject of the project is the medical practice. The core question is how the medical practice worked and what kind of importance it had from the point of view of the physician, the patients and – as far as this is ascertainable within the realms of possibility – the city and the authorities. The patient records have mainly to be studied in order to answer this question. Investigations on e.g. body perception have not to be undertaken in order to write a body history but to understand the medical practice. The project is primarily designed as a contribution the the social history of medicine. The medical practice is of particular interest because it is the central point of interaction between physician and patient which can tell us a lot about significant social structures and developments.

The project is not guided by a particular historiographical theory but develops its methods – as many socio- and cultural-historical studies – according to the subjects investigated.[65] The concept of 'medical culture' provides the general framework.[66] Medical culture is considered as the sum of ideas, attitudes and behaviours of the whole society regarding health and illness. The crucial point is that the concept is not based on the assumption of a dichotomy between the world of the physician and the laymen but of a single (although not homogeneous)

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[53] That is the assessment of Frevert 1984, pp. 243.

[54] The patient records of Ottenthal show for instance, that the rural population visited the physician quite often and not only in the case of serious diseases (Roilo 1999).

[55] The casebooks record many consultations which have been paid immediately (annual payment was usual) and in which the name of the patients deliberately have been omitted. These seems to concern primarily illegitimate childbirths and children but the circumstances have yet to be ascertained. In this connection, it has to be noted that the names of the patients will not be anonymized as they are often important to understand the social circumstances. On this aspect see Duffin 1993, pp. 258-259.

[56] In Biel, there were the *Kranken- und Hülfsverein* and the *Gesellen-Krankenverein*. Bloesch records payments by health insurance schemes (*Krankenladen*).

[57] Frevert 1984.

[58] See Unterkircher 2007.

[59] See Dinges 2007b.

[60] The pioneering study in this field is Duden 1987 which, however, is based on published medical histories.

[61] The Municipal Archives of Biel hold some family archives which contain letters (e.g. Geissbühler-Lanz). These – not very extensive – holdings have to be studied more closely. A comprehensive study on body and illness experience in the early modern period and mainly based on letters is Stolberg 2003. For the body perception in the milieu of homoeopathy in the 19th century see Brockmeyer 2007.

[62] See Sarasin/Tanner 1998, Sarasin 2001.

[63] For such a study also the position of physician would have to be taken into consideration; for the medical discourse see Schmersahl 1998. A study based on patient records from the early modern period is Churchill 2005.

[64] See Wolff 1998b.

[65] See Paul 1999.

[66] See Roelcke 1998.

culture of medicine. The separation of the project into two different studies therefore has not to be understood as an acknowledgment of two separate cultures but, on the contrary, as a recognition of the fact that not only physicians but also patients have to be considered as actors shaping the common medical culture.

The term 'medical culture' makes clear that the socio-historical description of processes and structures is not sufficient. Cultural-historical approaches have to be adopted in order to examine the meaning of attitudes and behaviours for the actors.[67] We have, for instance, to take into consideration that the process of writing down the patient records could also act as a means of conveying meaning and importance to the activity as a physician.[68] All these questions about meanings and discourses, however, have always to be linked to that of the actual daily life in the medical practice. In this sense the project has to be considered as a contribution to the 'praxeological turn' which Martin Dinges has perceived in recent medical historiography.[69]

**Smaller studies, publications**

The two complementary studies have absolute priority. Both the publication of two separate monographs or of one single synthetic book written with the assistance of the applicants are conceivable. In all probability, the applicants and the authors of the two studies will undertake some particular and preliminary studies which will lead to publications in journals and collections of essays.

The district hospital (Notfallstube) founded 1837 in Biel (with 6 and later 12 beds, 10 of which were financed by Bern and 2 by the city of Biel) is documented in detail. There are preserved an extensive correspondence with Bern, annual reports with records of all patients, diagnosis, duration of stay, costs etc.[70] The district hospital shall be studied in a smaller separate study not financed by the Swiss Nationals Science Foundation (as a master thesis or medico-historical dissertation).[71] This study will contribute to our understaning of the general situation of health care and health policy in Biel.

Other supplementary studies on various aspects are conceivable, e.g. on pharmacotherapy. The database and the analysis carried out within the project provide an excellent basis for further research on Bloesch's casebooks and medical culture in the 19th century beyond the project in hand.

### 2.4. Timetable

The project as a whole consists of preliminary and basic works not financed through the Swiss National Science Foundation and the actual three year research project.

On the one hand, the preliminary works comprise the transcriptions of four selected years of the patient records. These works are carried out by seven medical doctoral students. They started in late 2006, are well on the way and should be finished in autumn 2008. On the other hand, since September 2007, the censuses and the key data of all consultations are entered into the database. The input of all data requires 1,5 years of work. The Institute for the History of medicine has already financed 0,7 year through 'job-points' from the pool of the Medical Faculty. An application for the funding of another year – to be shared among 2-3 graduate assistents – will be submitted to the Vinetum Foundation (Biel). All these works – as well as the complete scanning of the patient records – should also be finished in autumn 2008, half a year after the start of the project.

During the first year of the project a graduate student with an employment of 50% financed by the Swiss National Science Foundation will help the applicant to adjust, control and complement the data and the database. The applicant knows from years of experience with large databases (Haller project) that this kind of work is necessary in order to secure a reliable set of data which can answer the specific questions of the project.

The timetable for the project can only be determined approximately:

*Months 1-6*: The first six months are the settling-in period with a great amount of reading and consultation of archives. The important material in the Municipal Archives in Biel and the State Archives in Bern have already

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[67] On the new cultural history of medicine see Fissell 2004.

[68] See Stowe 1996 which, however, is based on published medical histories.

[69] Dinges 2004.

[70] State Archives of Bern: Bez Biel B 212-215; further material in the Municipal Archives of Biel.

[71] Some information on the district hospital is given in Schranz 1977; on the foundation of these hospitals in the canton of Bern see Ninck 1973.

been identified by the applicant and can be dealt with within foreseeable limits. Some further search has to be conducted for Ego documents written by the patients; it seems not, however, that very much has been preserved.

*Months 7-12*: This is the period of a first thorough examination of the patient records on a quantitative as well as qualitative level. At the end of the first year the general character of the medical practice from the physician's and the patients' point of view has to be ascertained with the intention to determine which aspects have to be analyzed in detail.

*Months 13-24*: During the second year these aspects have to be studied. At this point, it is important to compare Bloesch's practice with that of others in order to realize the specificity of the case in hand and the validity of the results for 19th century medical culture in general. At the end of this period, the general results of both studies have to be outlined.

*Monate 25-36*: The last year is reserved for adjustements, specifications and the definitive phrasing of the two studies (and/or the synthetic book which might be written). At the end of the project the dissertation has to be completed and the manuscripts have to be ready for press.

**2.5. Importance**

Despite the efforts of the social history of medicine we are still insufficiently informed about the daily medical life of earlier times. This much is true also for the medical practice as the central place of interaction between physician and patient. The patient records of Caesar Adolph Bloesch are an exceptional source which thanks to its extraordinary detail and completeness and thanks to various other documents promise to furnish a more precise knowledge of a single medical practice of the 19th century than any other source studied so far. The casebooks give proof of the practice of only one single physician but the rich variety of neighbouring sources makes it possible to allow for the specific local conditions and thus to reach conclusions of significance beyond the case in hand. The comparison with other medical practices and the cooperation with other projects assures the reliability and validity of the assessment. The project should lead to a more complete and better understanding of the structure and importance of the medical practice and of the attitudes, roles and behaviours of physicians and patients in the 19th century.

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