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The year 2021 was a turning point in the history of the Finnish welfare system: a long-haul reform effort finally gave rise to new legislation, which relegated the chief responsibility of public health care from municipalities to the new ‘wellbeing services counties’ (*hyvinvointialueet*). Befittingly, it was also when Saara-Maija Kontturi defended her doctoral thesis *Lääkärikunnan synty. Suomen lääkärit n. 1750–1850* (The birth of the medical profession: Doctors in Finland, c. 1750–1850). Present-day health care structures and policies are built upon previous structures and policies and carry in them the traces of their origins and history. Kontturi’s study, which tackles the first, foundational stratum of the Finnish medical profession, is relevant for understanding subsequent developments, including present-day solutions.

The terrain on which Kontturi’s study moves is not altogether uncharted. However, previous research on the history of the Finnish medical profession is sporadic, uneven in historiographical quality and temporally clustered in the era between the mid-nineteenth ad mid-twentieth centuries. Kontturi’s study significantly complements existing scholarship on Finnish health history in general and the history of the medical profession in particular.

The study is a compilation thesis with an extensive introductory part, four papers or book chapters published between 2014 and 2021, and one book chapter that has been accepted for publication but not yet published. One book chapter is in English, and the volume comes with an English abstract and an extensive English summary of the introduction (pp. 100–08). In the author’s own words, her main objectives were to collate the sporadic data on the early physicians, provide an overall picture of the first phase of the history of the profession and to shed

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light on the factors that contributed to professional development. These goals are clearly met, and the study has other things to offer as well. The hundred-year time frame allows Kontturi to distinguish different phases in the process of professionalization, to identify turning points and ruptures and to discuss various forces driving professionalization. I found Kontturi’s analysis of the effects of the Finnish War (1808–09) and the subsequent power change in the medical profession particularly lucid and convincing. The 1830s cholera epidemic also counts among the events that shaped the profession.

Kontturi relates the profession to broader society, notably to the state and the patients. Although the study focuses on doctors, it also introduces the reader to a wide array of other healers, e.g. midwives, apothecaries, surgeons, military medics, clerics, vaccinators, and folk healers. Kontturi convincingly shows that the boundaries of these groups could be tangled and, at places, blurred, and that their relationships cannot be reduced to the efforts of the ‘regulars’ to overcome the ‘irregulars’ and to monopolize the art (and business) of healing.

The key contributions of the weightiest individual part of the thesis, the introduction, are, first, a thorough discussion on the concept of profession and the way it should be applied to the Finnish medical corps and, second, a prosopographic database on doctors.

Historians and above all sociologists have produced an extensive body of research on the notion of profession and the process of professionalization, and the medical profession looms large in this research. The topic was particularly popular from the 1960s to the 1980s, which is reflected in Kontturi’s discussion on the state-of-the-art. Kontturi chooses to rely on a polythetic definition of profession, a definition where neither the number of criteria nor their hierarchy is set. According to Kontturi, every researcher is free to stress the criteria of their choice. This laissez-faire attitude towards the definition of profession means that there really is no way to argue for the superiority of one timing over others. Kontturi herself chooses to highlight three criteria: state-sanctioned corporal privileges, the availability of academic education, and a degree of professional autonomy. Based on these criteria, she dates the birth of the profession earlier than has been customary. In fact, the three criteria were met in the Kingdom of Sweden well before any academically trained doctors found their way to the Finnish part of the realm. But since it would be absurd to talk about a profession without any representatives, the profession was born at mid-eighteenth century, when the first doctors settled in Finland. The profession took a major step towards greater consolidation in the 1820s and 1830s, and the process of consolidation continued beyond the temporal scope of the study. In other words, the study tells us when the first criteria for a medical profession were met but not
when they had all been met, that is, when a ‘mature’ medical profession came into being in Finland.

The empirical keystone of the study is a database that contains data on 241 doctors working in Finland in 1749–1856. In her proposographic analysis of the data Kontturi outlines the limits of the medical profession (or shows where this cannot be done), distinguishes several professional subgroups, maps the geographical distribution of doctors and detects variations in their social position and background. Kontturi’s discussion on the construction, use and limitations of the database is methodologically interesting and sound. There remains unused potential in the database, and it is indeed to be hoped for that it will at some point be made available for broader use. Complementary sources used in the study include, e.g., the annual reports of district physicians (piirilääkärit), the backbone of the medical profession. Kontturi describes their nature and potential proficiently, in a way that helps other researchers find and use these rich, little used sources.

Apart from the main argument – which concerns the timing of the beginning of the professionalization process – the study provides a series of more limited observations and considerations that contribute significantly to Finnish history of medicine and health. For instance, Kontturi’s discussion on the complications involved in defining ‘doctors’ and counting them tells a lot about the early medical corps, and it also serves as a reminder against taking seemingly self-evident historical entities for granted. Furthermore, the study tells us how district physicians navigated between their official, state-assigned tasks and the wishes and needs of the population; how the development of the Finnish and Swedish medical corps diverged (or not) after the two regions were separated in 1809; how some Finnish and Swedish doctors tapped into transnational colonial networks of power and knowledge; and how district doctors integrated into local communities. Both the main question and the sub-questions are scholarly relevant, clearly formulated, and convincingly answered. The way that the author moves between macro- and microlevels in the case studies testifies to her versatility as a historian.

Saara-Maija Kontturi’s Lääkärikunnan synty provides an excellent overview of its chosen topic – the first hundred years of the Finnish medical profession – and contains apt, empirically well-grounded interpretations, interesting conceptual discussions, and methodologically innovative elements. It moves the early history of the Finnish medical profession onto a significantly more solid ground, facilitating and inspiring research into the subsequent development of the Finnish medical profession and health-care system.