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Introduction

Sam Willner

In this number of Hygiea Internationalis we present three articles discussing the history of public health and welfare issues from very different approaches and perspectives, illustrating the richness and great variety of the research field. We would like to express our sincere thanks to the authors contributing to an interesting volume of Hygiea.

Stephen J Kunitz raises several important questions, having theoretical as well as methodological implications, regarding the use of quantitative survey research in social sciences. Kunitz illustrates the problems by analyzing the association between income inequality and life expectancy or mortality, discussed in several studies since the 1970s. The analyses of the contiguous states of the USA show clearly that spatial autocorrelation or spatial trend could affect the results and must be taken into account, which is usually not the case in most studies. Kunitz do not claim that these techniques are intrinsically worthless but that the results must be understood in their particular historical and social context.

Çimen Günay-Erkol and Arnold Reisman describe the modernization of health care and medical science in 20th century Turkey, particularly focusing on the role played by the German pediatrician Albert Eckstein, working in Turkey between 1935 and 1950. Many physicians, like Eckstein, left Nazi Germany and were actively working and contributing to the modernization of health care and medical science in Turkey during the 1930s. According to the authors did Eckstein contribute "significantly to the implementation of modern public health and pediatric practices in Turkey". Some important outcomes attributed to him is particularly mentioned: the collection of public health data and using the resulting statistics in improving public health services throughout the country, the eradication of Noma (a disease mostly affecting children and related to malnutrition and poor hygiene) and the contribution to greatly reduced infant mortality rates through improved pre- and post-natal care practices.

Annika Sandén do not explicitly discuss public health but the closely related concepts "welfare" and "social capital", having obvious implications for public health, in early seventeenth century Sweden, illustrated by the town of Linköping. According to Sandén, a fundamental welfare strategy of the time was to fit people

into households within which they could support themselves. In order to maintain this goal and creating order banishment as well as integration was used. The conclusion is that the residents of the local community expressed a great confidence in formal institutions, such as the church and the municipal court, as exponents for social capital.

We are to a large extent dependent on the contributions from our readers in order to continue presenting new volumes of a good quality. Thus we invite you to submit articles, dealing with the history of public health, to forthcoming issues of Hygiea.

Abstracted Empiricism in Social Epidemiology

Stephen J. Kunitz

Introduction

In 1959 C. Wright Mills, professor of sociology at Columbia University, wrote a book, *The Sociological Imagination*, critical of the then dominant trends in his field.[1] He was particularly critical of what he called Grand Theorists and Abstracted Empiricists. Abstracted Empiricism was the label Mills applied to survey research on public opinion, in which individuals were sampled, their responses coded onto Hollerith cards (the predecessor of more sophisticated electronic coding) "which were then used to make statistical runs by means of which relations are sought. Undoubtedly this fact, and the consequent ease with which the procedure is learned by any fairly intelligent person, accounts for much of its appeal."[2]

According to Mills, because of its focus on individuals, studies of voting behavior, for example, did not consider "party machinery for 'getting out the vote'", nor did studies of social stratification give any consideration to class consciousness or false consciousness but relied instead on "spongy indices of socio-economic status."[3] This reflected a pervasive "psychologism," which Mills defined broadly as "the attempt to explain social phenomena in terms of facts and theories about the make-up of individuals."

> Historically, as a doctrine, it rests upon an explicit metaphysical denial of the reality of social structure. At other times, its adherents may set forth a conception of structure which reduces it, so far as explanations are concerned, to a set of milieux. In a still more general way…pyschologism rests upon the idea that if we study a series of individuals and their milieux, the results of our studies in some way can be added up to knowledge of social structure.[4]

Abstracted Empiricists embraced a philosophy based upon what they considered natural science, emphasizing, according to Mills, the significance of Method over

1 C. Wright Mills, *The Sociological Imagination* (New York, 1959).
2 Mills, *ibid.*, p. 50.
3 Mills, *ibid.*, p. 54.
4 Mills, *ibid.*, p. 67, fn. 12.

substance. It was, he continued, "systematically a-historical and non-comparative."[5] And because the method of choice was quantitative survey research, which was said to be more scientific than other types of social inquiry, large teams, budgets, and institutes were required, leading to the bureaucratization of scholarship and transforming it from a craft to an industrial process.

This new process had profound implications, for the researcher was distanced from his or her subjects. Mills observed "[O]ne reason for the thin formality or even emptiness of these fact-cluttered studies is that they contain very little or no direct observation by those who are in charge of them. The 'empirical facts' are facts collected by a bureaucratically guided set of usually semi-skilled individuals. It has been forgotten that social observation requires high skill and acute sensibility; that discovery often occurs precisely when an imaginative mind sets itself down in the middle of social realities."[6] The same remoteness pertains, perhaps even more so, with secondary analyses of existing data.

Survey research was not invented in the 1950s when Mills was writing. Its origins go back to at least the late 19th century. It grew explosively in the post-World War II period,[7] however, including in the domain of health-related research in the United States. It became incorporated into studies of health care utilization as well as epidemiological studies of morbidity and health, both physical and psychiatric, sponsored by on-going national surveys like the National Health Interview Survey and the Behavioral Risk Factor Surveillance System carried out by agencies of the federal government, and by large grants for such projects as the Epidemiological Catchment Area study, a nation-wide study of the distribution of mental disorders among Americans sponsored by the National Institute of Mental Health.

Like the industrial production of cars and washing machines, there are distinct advantages to this transition from a craft mode of production to one that is more bureaucratically organized. Large surveys can provide a snapshot of attitudes and of the prevalence of various conditions and their distribution in the population in a way no single investigator can; when repeated over a period of years, they may give useful information on temporal trends; and of course they do not preclude the use of other methods as well. Mills thought, however, that too often they were the only method of choice, and that implied distinct disadvantages, particularly that the information produced tended to be a-historical and de-contextualized. My argument is that it is when such data, including census information, vital statistics, and self-reported health, are put into their social, historical and comparative context that they are truly illuminating. I illustrate with an example from social epidemiology.

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5 Mills, *ibid.*, p. 68.

6 Mills, *ibid.*, p. 70, fn. 13.

7 Susan E. Igo, *The Averaged American: Surveys, Citizens, and the Making of a Mass Public* (Cambridge 2007).

Income Inequality and Mortality in the United States

An association between life expectancy and mortality on the one hand and income inequality on the other has been observed since the 1970s.[8] Since then, studies have proliferated, and recently several reviews have appeared which tend to reach different conclusions about the pervasiveness and reality of the association, and the causal nature of the association when one is observed.[9] One of the most robust effects upon which virtually all agree, however, has been observed among the 50 states of the United States, where the association between income inequality and mortality has often been found to be strongly positive: the greater the inequality, the worse the health outcome, whether it is some measure of mortality or self-assessed health status.[10] The association is of relatively recent vintage, however, since there was no association between inequality and mortality from 1949 until 1979.[11] Since then there has been a significant association, though one that has varied in strength. As Lynch et al have noted, most studies of the association have been done in the 1990s with no evident awareness of just how recent the pattern is.

Likewise, virtually none of the analyses of the association between income inequality and mortality take into account Galton's Problem, which has bedeviled comparative social research since the late 19th century.[12] At a conference in 1889 the anthropologist Edward Tylor presented data on cultural traits from several hundred societies as part of an argument for cultural evolution. Francis Galton raised the question of whether these several hundred societies were truly independent of one another or whether many of the traits were shared. "It was extremely desirable," he said, "…that full information should be given as to the degree in which the customs of the tribes and races which are compared together are independent. It might be, that some of the tribes had derived them from a common source, so that they were

8 G. B. Rogers, "Income and inequality as determinants of mortality: an international cross-section analysis", *Population Studies*, 33 (1979), 343–350. S. Preston, *Mortality Patterns in National Populations* (New York 1976).

9 John Lynch, G.D. Smith, S. Harper, M. Hillemeier, N. Ross, G.A. Kalan, and M. Wolfson. (2004). "Is income inequality a determinant of population health? Part 1. A systematic review", *The Milbank Quarterly*, 82 (2004), 5–99. Richard G. Wilkinson, and K. E. Pickett, "Income inequality and population health: A review and explanation of the evidence", *Social Science and Medicine* 62 (2006), 1768–1784.

10 S. V. Subramanian and I. Kawachi, "Income inequality and health: what have we learned so far?", *Epidemiologic Reviews*, 26 (2004), 79–91.

11 John Lynch, S. Harper, G. A. Kaplan, G. D. Smith, "Associations between income inequality and mortality among US states: the importance of time period and source of income data", *American Journal of Public Health,* 95 (2005), 1424–1430.

12 Joseph G. Jorgensen, "Cross Cultural Comparisons", *Annual Reviews of Anthropology*, 8 (1979), 309–331.

duplicate copies of the same original."[13] Their potential lack of independence raised serious questions about Tylor's theory, and since then the question of independence versus diffusion has pre-occupied many anthropologists doing comparative research. The issue is no less real, though much less of a preoccupation, for epidemiologists studying the association between income inequality and health.

One way to deal with some of the issues raised by Galton's Problem is by considering spatial effects, notably spatial trend and spatial autocorrelation. Spatial autocorrelation occurs when adjacent spatial units, such as adjacent counties or adjacent states, exhibit similar values and appears as a correlation of values within a single variable that is due purely to location.[14] That is, when the values of a variable are placed into some specified geographic units, such as states within a country, high values may tend to cluster together spatially, and low values may tend to cluster together spatially. This would be an example of positive spatial autocorrelation and results in confounding when such correlations remain unaccounted for in analyses.

Spatial trend results when the mean is not constant across the study area.[15] An example would be if Gini coefficients tend to increase from small values to large values in an east to west direction. Spatial trend is important to take into account because its presence in data can lead the residuals of a regression model, for instance, not to be independent of one another, violating the independence assumption of such models. Spatial autocorrelation indicates a local effect whereas spatial trend is more global in nature.[16]

Analyses of income inequality and mortality using data from U.S. states in 2000 showed that when spatial autocorrelation was taken into account, the association between inequality and mortality weakened but did not disappear.[17] In the following analyses, spatial trend is used to assess the same association.

Changing Income, Inequality, Education and Mortality among the Contiguous 48 States

This paper uses spatial trend, measured as the latitude and longitude of the capitals of the 48 contiguous states, to consider the changing associations among median household income, income inequality, education, and age adjusted mortality rates

13 Galton's comments appear in Edward B. Tylor, "On a method of investigating the development of institutions; applied to laws of marriage and descent", *The Journal of the Anthropological Institute of Great Britain and Ireland*, 18 (1889), p. 270.

14 D. A. Griffith, *Advanced Spatial Statistics* (Boston 1988).

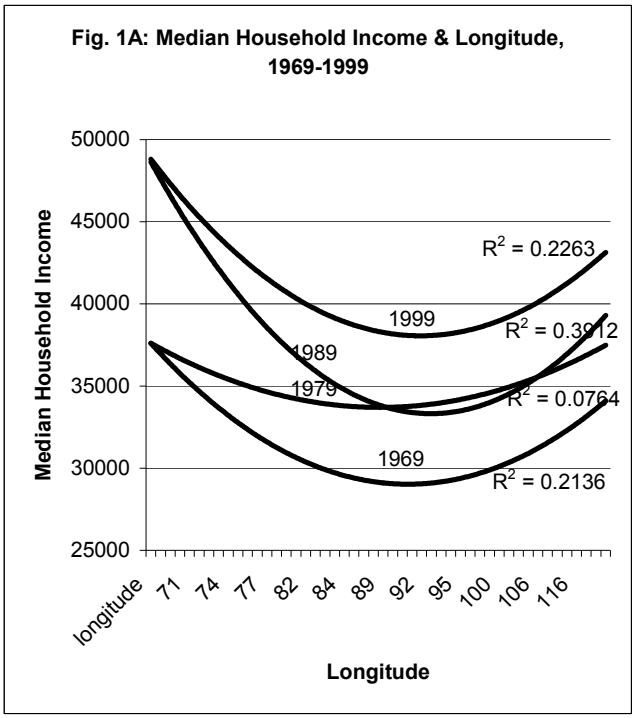
15 R. Haining, *Spatial Data Analysis: Theory and Practice* (Cambridge 2004).

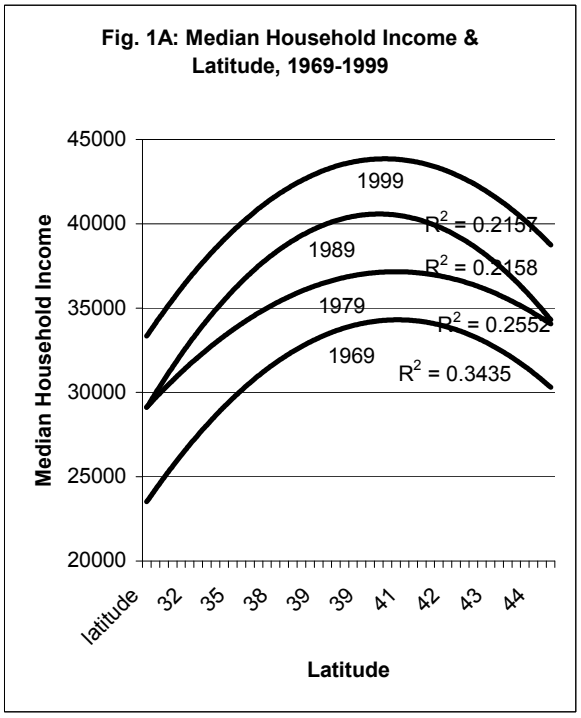
16 Larry J. Layne, personal communication.

17 Larry J. Layne, "Spatial autocorrelation" pp. 200–211 in S. J. Kunitz, *The Health of Populations: General Theories and Particular Realities* (New York 2006).

in different years. Figure 1, Panel A displays the results of regressions of median household income onto both latitude and longitude in each decade from 1969 through 1999 (in constant 1999 dollars). In each year the association between latitude and income is an inverted J. Lowest income is in the South (the lowest latitudes), but a few of the most northern states – North and South Dakota, Montana, Maine, and Vermont – also had low income. The association with longitude is U-shaped: higher income on the two coasts (the lowest and highest longitudes) than in the mid-section of the country. In 1979 the East-West difference disappeared as income in the mid-section of the country grew more rapidly than on the coasts. The coastal advantage reappeared after 1979, however, though it weakened slightly between 1989 and 1999. In each of those years, income was higher in the East than the West.

Figure 1. Income, Gini Coefficient, Education, and Mortality Regressed onto Latitude and Longitude.





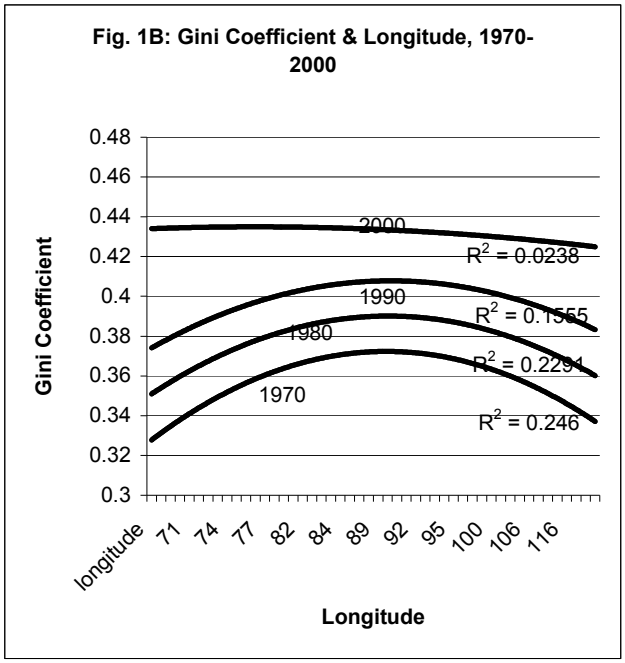


Fig. 1B: Gini Coefficient & Longitude, 1970-2000
Gini Coefficient
0.48
0.46
0.44
0.42
0.4
0.38
0.36
0.34
0.32
0.3
2000
R^2 = 0.0238
1990
R^2 = 0.1555
1980
R^2 = 0.2291
1970
R^2 = 0.246
longitude 71 74 77 82 84 89 92 95 100 106 116
Longitude

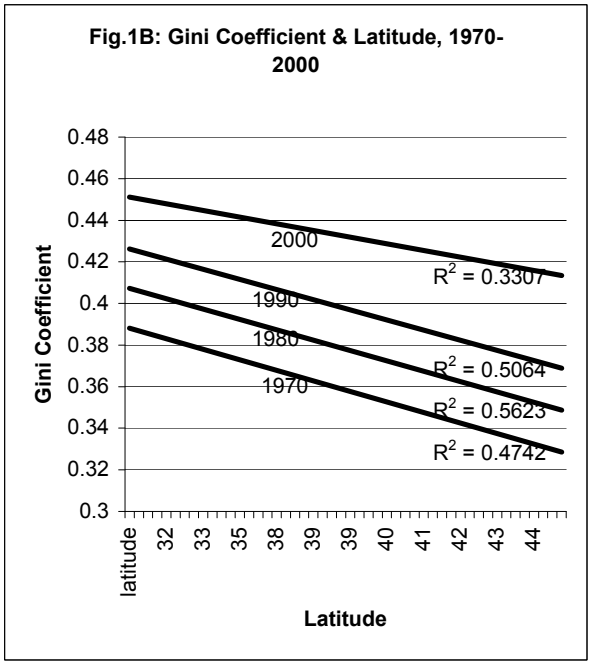


Fig.1B: Gini Coefficient & Latitude, 1970-2000
Gini Coefficient
0.48
0.46
0.44
0.42
0.4
0.38
0.36
0.34
0.32
0.3
2000
R^2 = 0.3307
1990
R^2 = 0.5064
1980
R^2 = 0.5623
1970
R^2 = 0.4742
latitude 32 33 35 38 39 39 40 41 42 43 44
Latitude

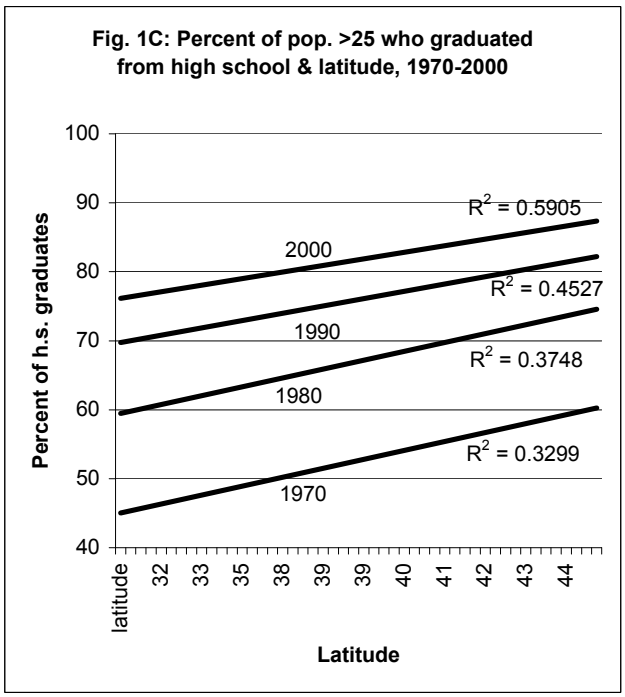


Fig. 1C: Percent of pop. >25 who graduated from high school & latitude, 1970-2000
Percent of h.s. graduates
100
90
80
70
60
50
40
R^2 = 0.5905
2000
R^2 = 0.4527
1990
R^2 = 0.3748
1980
R^2 = 0.3299
1970
latitude 32 33 35 38 39 39 40 41 42 43 44
Latitude

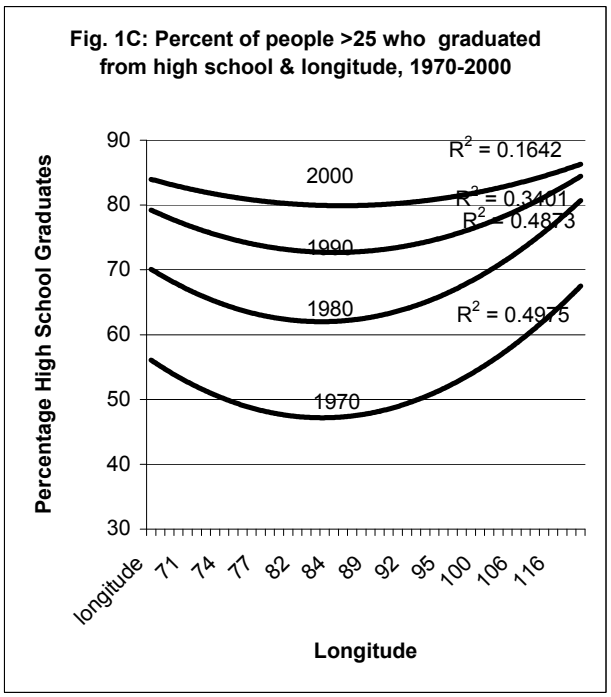
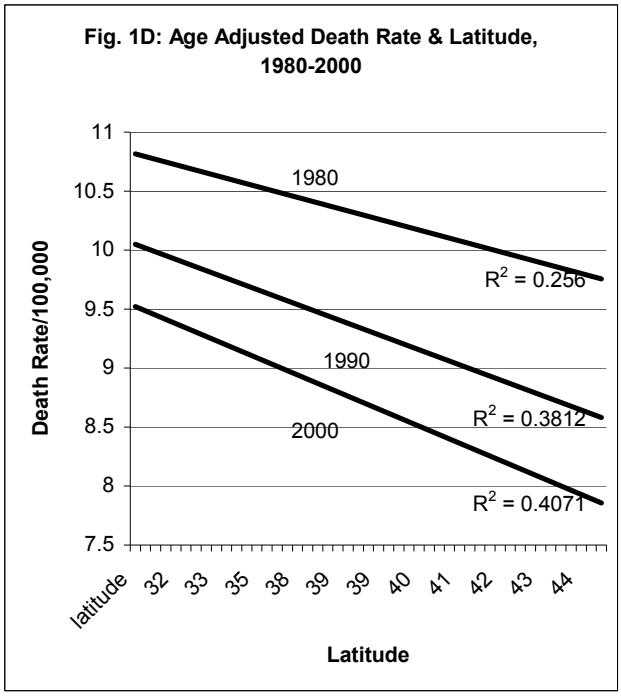
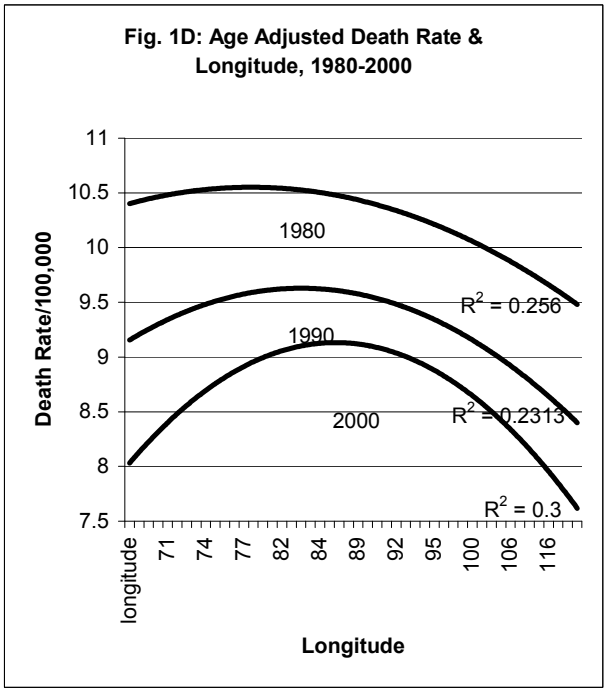


Fig. 1C: Percent of people >25 who graduated from high school & longitude, 1970-2000
Percentage High School Graduates
90
80
70
60
50
40
30
R^2 = 0.1642
2000
R^2 = 0.3401
R^2 = 0.4873
1990
1980
R^2 = 0.4975
1970
longitude 71 74 77 82 84 89 92 95 100 106 116
Longitude





Sources. A. Income Surveys Branch/HHES Division, U.S. Census Bureau, U.S. Department of Commerce, U.S. Censuses of Population 1970, 1980, 1990, and 2000, Table S1: Median Household Income by State: 1969, 1979, 1989, and 1999: www.census.gov/hhes/www/income/histinc/state/state.
B. 1970, 1980, and 1990: R. Morrill, "Geographic variation in change in income inequality among US states, 1970–1990." *The Annals of Regional Science*, 34: 109–130, 2000. 2000: L. J. Layne and S. J. Kunitz, "Spatial effects on the association income and mortality." Submitted.
C. Census 2000 PHC-T-41. A Half-Century of Learning. Historical Statistics on Educational Attainment in the United States, 1940 to 2000. U.S. Census Bureau, U.S. Department of Commerce, U.S. Censuses of the Population, 1940, 1950, 1960, 1970, 1980, 1990, and 2000.
D. CDC, http://wonder.cdc.gov/mortSQL.html.

Panel B of Figure 1 displays similar analyses of the Gini coefficient regressed onto both latitude and longitude. As is the case with median household income, latitude and the Gini coefficient are most consistently associated: the lower (the further south) the latitude, the greater is the income inequality, though the relationship has weakened from 1980 to 2000 as inequality increased more rapidly in the North than the South. The association with longitude is more complicated. In 1970 states in the East (the lowest longitudes) and in the West (the highest longitudes) had the lowest income inequality. The shape of the curve was an inverted U. Over succeeding decades the curve flattened as inequality on the east and west coasts increased more rapidly than in the mid-section of the country. Thus in the past two decades both income and income inequality have grown most on the coasts and least in the middle of the country, though income continues to be highest in the North and on both coasts as well.

Panel C of Figure 1 displays the results of regressions of the proportion of people 25 years of age and above in each state who have a high school or higher education. Once again there is a persistent significant North-South difference. Though educational attainment has increased everywhere, it continues to be higher in the North. On the other hand, the East-West difference that was pronounced at mid-century has disappeared as educational attainment in the mid-section of the country has caught up with that of the two coasts.

Finally, Panel D of Figure 1 displays similar analyses of age-adjusted death rates in 1980, 1990, and 2000 (adjusted to the 2000 standard population). In 1980 mortality was highest in the South and lowest in the West. By 2000 mortality had declined nationwide, more rapidly in the North than in the South. The East-West difference, which had been significant in 1980 due to low death rates in the West, became more pronounced by 2000 as mortality declined especially rapidly in the East. These patterns of change are displayed graphically in Figure 2, in which percentage changes in inequality and mortality are regressed onto latitude and longitude.

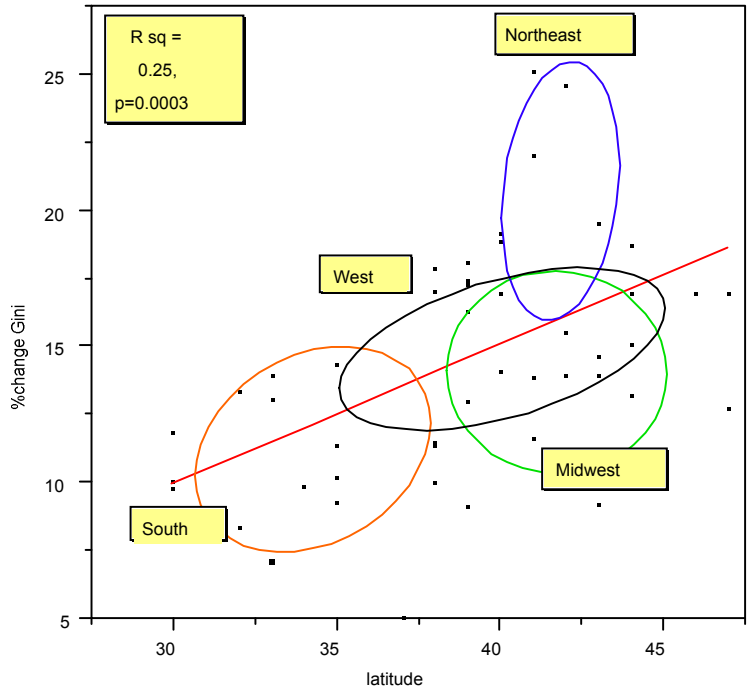
Panel A of Figure 2 shows that proportionate change in income inequality from 1980 to 2000 was greatest in the North and lowest in the South. Panel B, in which change in Gini is regressed onto longitude, shows a reverse J-shaped curve with change greatest in the Northeast. Thus both income and income inequality grew most rapidly in the Northeast though inequality remained highest in the South.
Panel C of Figure 2 shows that mortality declined most rapidly in the North and least rapidly in the South. Panel D shows that mortality declined most rapidly on the East and West Coasts, especially in the Northeast, and least rapidly in the mid-section of the country. When these patterns are combined, the results indicate that mortality decline was greatest where inequality grew the most (R^2=0.2516, p=0.0003), and that this was in the Northeast of the country, thus confirming results reported previously by Lynch et al[18] using somewhat different analyses. Change in each variable was least in the South.

Another way to examine the importance of region is to regress mortality onto the Gini coefficient as well as onto latitude and longitude as is done in Table 1 (page 17). Once spatial dimensions are included in the analyses using state level data from 2000, the significance of the Gini coefficient disappears. The same regional effect is not evident for income, which remains significantly inversely associated with mortality even when latitude and longitude are included in the analyses.

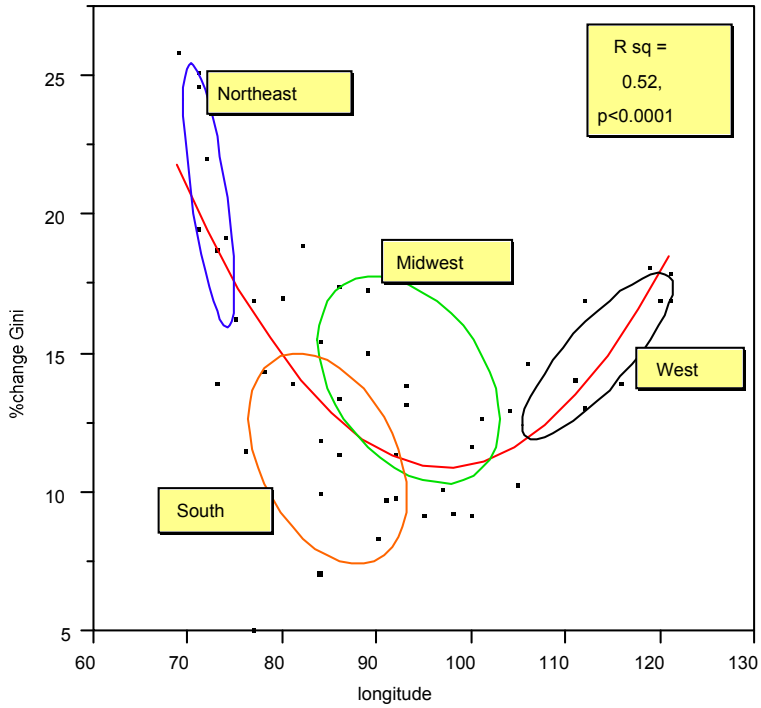
18 John Lynch, G.D. Smith, S. Harper, and M. Hillemeier, "Is income inequality a determinant of population health? Part 2. U.S. national and regional trends in income inequality and age- and cause-specific mortality", *The Milbank Quarterly*, 82 (2004), 355–400.

Figure 2. Change in Gini Coefficient and Change in Age Adjusted Death Rate, 1980–2000, Each Regressed onto Latitude and Longitude, 48 Contiguous U.S. States

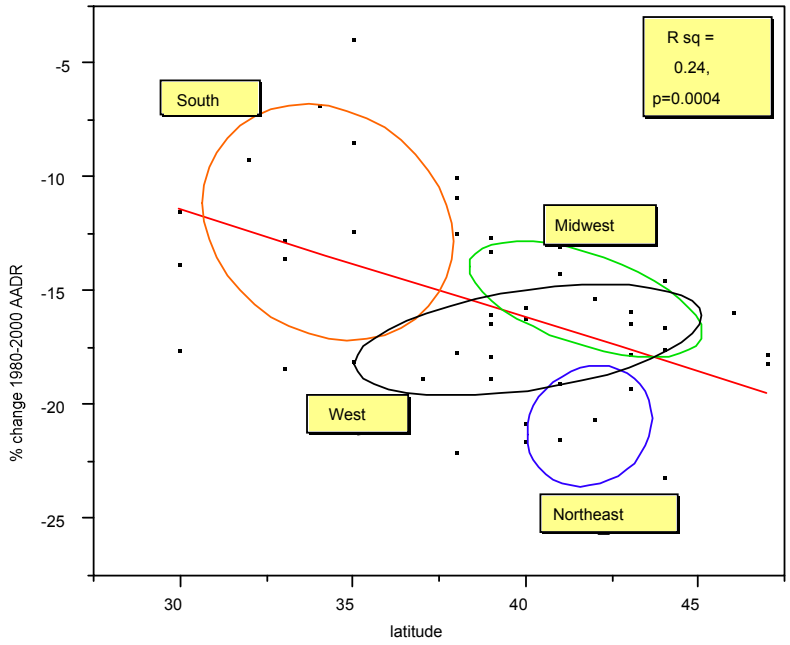
A. Change in Gini 1980–2000 regressed onto latitude.



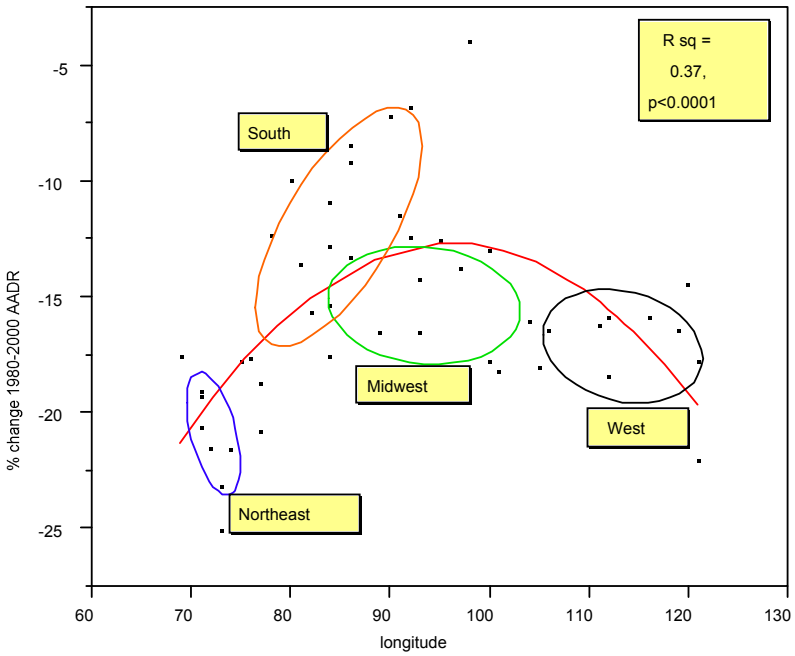
B. Change in Gini 1980–2000 regressed onto longitude.



C. Change in age adjusted death rate 1980–2000, regressed onto latitude.



D. Change in age adjusted death rate 1980–2000, regressed onto longitude.



Sources. A: calculated from Morrill, R., "Geographic variations in change in income inequality among US states, 1970–1990", *Annals of Regional Science* 34:1 (2000), 109–130. Gini Coefficients 2000, Layne, L. J. pp. 200–211 in S. J. Kunitz, *The Health of Populations: General Theories and Particular Realities* (New York, 2006).
B: CDC Wonder, Compressed Mortality File: http://wonder.cdc.gov/mortSQL.html. Accessed September, 2007.

Table 1. Age-Adjusted Mortality Rate, 48 Contiguous States, 2000, Regressed onto Gini Coefficient, Income, Latitude, and Longitude.

	Estimate	Standard Error	t-ratio	p
A. Gini Coefficient.*				
Intercept	0.9120	2.2596	0.40	0.6881
Gini	17.9510	5.2219	3.44	0.0013
B. Gini, latitude & longitude.*				
Intercept	24.5616	6.7482	3.64	0.0007
Gini	4.7664	5.4910	0.87	0.3902
Latitude	-0.4285	0.1473	-2.91	0.0057
Longitude	-0.1552	0.0637	-2.44	0.0191
Latitude* Longitude	0.0036	0.0015	2.34	0.0242
C. Median household income. **				
Intercept	11.3466	0.6587	17.23	<0.0001
Income	-0.00006	0.00001	-4.10	0.0002
D. Income, latitude & longitude				
Intercept	25.9314	5.2335	4.95	<0.0001
Income	-0.00005	0.00001	-3.77	0.0005
Latitude	-0.3488	0.1302	-2.68	0.0105
Longitude	-0.1299	0.0560	-2.31	0.0255
Latitude* Longitude	0.0028	0.0013	2.10	0.0418

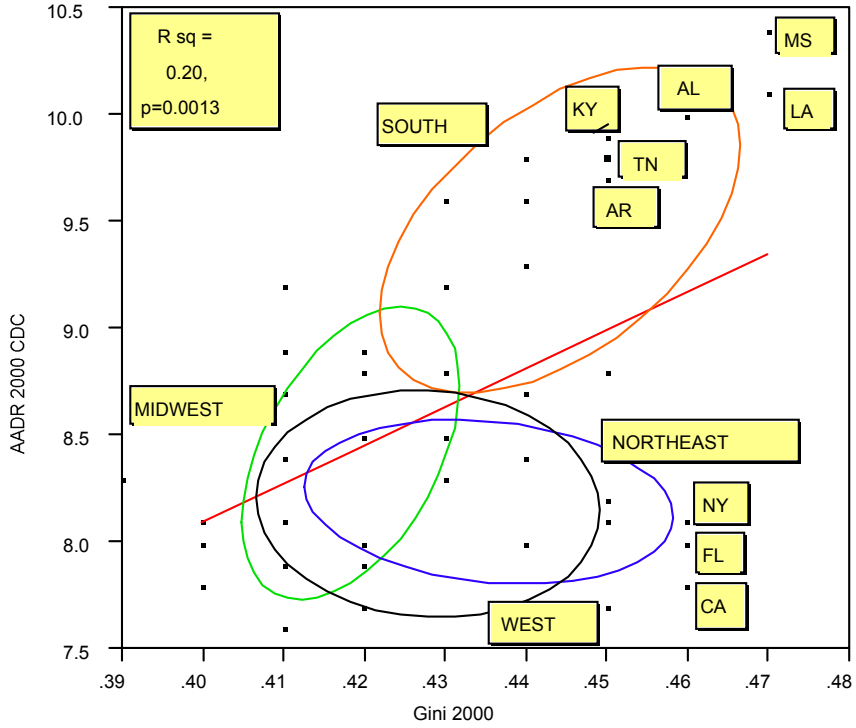
* Results are very similar using 1980 and 1990 data.

** In 1980 and 1990 there is no association between median household income and mortality.

To consider these contemporary patterns further, Figure 3 displays a simple regression of Age-Adjusted Mortality onto the Gini coefficient using data from 2000. The association is significant, as expected, but it is driven entirely by the South. When this region is excluded from the analysis, there is no association between inequality and mortality in the remaining states (R^2 = 0.000005), even though the range of inequality is still substantial.

Consider the five Deep South states. In Table 2 (page 18) Georgia, South Carolina, Alabama, Mississippi, and Louisiana are compared to four adjacent northeastern states: New York, Connecticut, Rhode Island, and Massachusetts. Notice that average Gini coefficient is the same but that everything else is different. Income is substantially higher in the Northeast, and age-adjusted mortality, infant mortality, and homicide rates are all lower than in the Deep South.

Figure 3. Age Adjusted Death Rate Regressed onto Gini Coefficient, 48 Contiguous States, 2000, with 50% Density Ellipses for each Region of the Country.



Sources. Compressed Mortality File: http://wonder.cdc.gov/mortSQL.html. Accessed September, 2007, and Layne, L .J. pp. 2000–211 in S. J. Kunitz, *The Health of Populations: General Theories and Particular Realities* (New York, 2006).

Table 2. Comparison of Income and Health in Two Regions of the U.S., 2000.

Dependent Variables	**Deep South (N=5)* Average**	**Northeast (N=4)** Average**
Gini Coefficient	0.45	0.45
Average Household Income	$47,579	$64,357
Age Adjusted Death Rate/ 100,000	999.6	805.7
Homicide Rate/100,000	13.8	8.4
Infant Mortality Rate/ 1,000 live births	9.34	5.82

* South Carolina, Georgia, Mississippi, Alabama, & Louisiana

** New York, Connecticut, Rhode Island, & Massachusetts.

That income is inversely associated with mortality in 2000 (R^2=0.27, p=0.0002) is consistent with the conventional wisdom, but the story is as complicated as the one about the association between inequality and mortality, for there was no association

between median household income and mortality in either 1980 (R^2=0.02, p=0.3064) or 1990 (R^2=0.03, p=0.2088). Income is highly correlated among all three years, but it grew more rapidly in the Northeast than elsewhere over the 20-year period. Over the same period, as already shown, mortality declined more rapidly in the Northeast than elsewhere in the country. Indeed, the association between change in income and change in mortality is significant (R^2 = 0.10, p= 0.0221), accounted for entirely by changes in the Northeast. When this region of the country is excluded from the analysis, the association is no longer significant (R^2=0.0121, p=0.5042). Thus, like income inequality, income has an inconsistent association with mortality, one that is largely shaped by changes in regional economies and mortality patterns that are evidently independent of one another.

Education has increased steadily across the country without reversals but at different rates, as the analyses described above have indicated. Unlike the income variables, education is inversely associated with mortality in each year, even taking latitude and longitude into account. Table 3 displays the regression using 2000 data, but the results using data from 1980 and 1990 are very similar. Latitude and longitude are significant but add little to the explained variance. If census region or census division are substituted for latitude and longitude, R2 increases, to 0.64 and

Table 3. Mortality Regressed onto Education,* Latitude, and Longitude, 48 Contiguous U.S. States, 2000.

Independent Variables	Estimate	Std. Error	t-ratio	p
A. Education alone				
Intercept	19.1907	1.5034	12.76	<0.0001
Education	-0.1286	0.0183	-7.01	<0.0001
R^2: 0.5161				
B. Education with latitude & longitude				
Intercept	30.1849	5.3680	5.62	<0.0001
Latitude	-0.3214	0.1344	-2.39	0.0212
Longitude	-0.1318	0.0570	-2.31	0.0254
Latitude*Longitude	0.0031	0.0013	2.24	0.0301
Education	-0.0983	0.0278	-3.53	0.0010
R^2: 0.5809				

* Proportion of people 25 years of age and above who graduated from high school or above.

0.69 respectively, but education retains its overwhelming importance. Thus education has an association with mortality that is not simply a proxy for regional effects but that is significant in itself.

Discussion

These analyses suggest several related points. First, fluctuations in state and regional economies are not tied in any intimate way to changes in mortality. This is very likely due to the fact that under an epidemiologic regime characterized by chronic conditions or endemic infectious diseases, influences on health over the entire life course may be more significant than socioeconomic influences in the year of death, or even in the few years prior to death, (though de-trending may reveal fluctuation in particular causes of death correlated with fluctuations in the business cycle[19]). The situation is likely to be very different under extreme conditions of poverty, famine, and epidemics or pandemics of infectious diseases, when fluctuations in the economy may translate very directly into fluctuations in mortality.[20]

Second, and most significant for present purposes, virtually every analysis of the association between income inequality and mortality or some other health-related measure assumes that the units of analyses are independent of one another and ignores the possibility of diffusion from a common source. But states tend to be like their neighbors precisely because so often they derive their political cultures from a common source, and therefore for some purposes regions may be more appropriate units of analysis, though how states are grouped may be a contentious matter.[21] Specifically in respect of the association between income inequality and mortality, regional differences are particularly important, for when the association is significant, it is driven by the South. A highly unequal region like the Northeast has much lower mortality, illustrating the importance of the historical and social context in which inequality occurs. This is not unprecedented. A similar pattern was observed in a study of fertility in Spain, in which regions rather than the provinces within regions appeared to be the more appropriate units of analysis.[22]

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19 M. Harvey Brenner, "Mortality and economic instability: detailed analyses for Britain and comparative analyses for selected industrialized countries", *International Journal of Health Services,* 13 (1983), 563–620.

20 E. A. Wrigley and R. S. Schofield, *The Population History of England 1541–1871: A Reconstruction* (London 1981), p. 399. Stephen J. Kunitz and S. Engerman, "The ranks of death: secular trends in income and mortality", *The Health Transition Review*, 2 (supplement 1992): 29–46.

21 R. D. Gastil, *Cultural Regions of the United States* (Seattle 1975).

22 T. W. Leasure, "Factors involved in the decline of fertility in Spain 1900–1950", *Population Studies*, 16 (1963), 271–285.

Education, however, acts differently from both income and income inequality. It is a useful example both of the importance of the similarity of neighboring states that share a history and a culture[23] and of the significance of the association even taking these similarities into account. In the United States education is primarily a local and state concern, but states within the same region are similar in their commitments. Thus educational attainment has historically been lower in the South than in the North,[24] and that continues to be the case at present. A large part of the explanation has to do with the resistance of white elites to the acquisition of literacy by their slaves, a pattern also found in other plantation economies of the western hemisphere, and one that persisted after the abolition of slavery.[25] And although the Appalachian highlands were not conducive to plantations, and had few slaves in the past and few African Americans at present, they were a source of natural resources, especially coal and lumber,[26] which were controlled by local elites in cooperation with external sources of capital. As in the southern lowlands, so too in the mountains, state governments adhered to a low taxation regime and economy in government,[27] thus perpetuating inadequate support for schools and low educational attainment.[28]

But the situation was more complex than that, for McWhiney has argued that another part of the explanation has to do with the low value placed on education by immigrants to the Appalachian highlands from the border country of northern England and Scotland and from northern Ireland.[29] Theirs was an oral culture in contrast to that of the Puritans from the Southeast of England who settled in New England, who valued literacy and who required children to attend school. As settlement moved west in the 19th century, Yankees established small colleges in communities across the northern Midwest, many of which persist as private liberal arts colleges to the present day. Nothing comparable occurred as Southerners moved west across the southern tier of states.[30]

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23 R. D. Gastil, *op. cit.*, pp. 116–127.

24 Douglass C. North, *The Economic Growth of the United States 1790–1860* (New York 1966), pp. 133, 153, and 174.

25 Stanley L. Engerman, and K. L. Sokoloff, *Factor Endowments, Inequality, and Paths of Development among New World Economies*. Working paper 9259, National Bureau of Economic Research (Cambridge 2002).

26 Harold A. Gibbard, H. A. (1962). "Extractive industries and forestry" In T.R. Ford, ed. *The Southern Appalachian Region: A Survey* (Lexington, KY. 1962).

27 John A. Williams, *Appalachia: A History* (Chapel Hill 2002), p. 281.

28 Orin B. Graff, "The needs of education" In T. R. Ford, ed. *The Southern Appalachian Region: A Survey* (Lexington, KY 1962).

29 Grady McWhiney, *Cracker Culture: Celtic Ways in the Old South* (Tuscaloosa 1988), p. 193.

30 Paige Smith, *As a City Upon a Hill: The Town in American History* (New York 1966), pp. 242–247.

Education has been implicated as both cause and effect of economic development in the Northeast and the Midwest[31] and in regional differences in inequality. For investment in human capital (i.e. education) in the North and Midwest contributed to industrial growth and economic expansion, which in turn provided much of the tax base that supported schools and also worked to reduce inequality. In the southern states, local re-investment of profits both in industry and for education, was much less.[32] Hence, even though inequality of wealth was high throughout much of the country in the 18th and 19th centuries,[33] it was higher in the South than elsewhere[34] and has remained so.

Income inequality remained high nationwide during the first three decades of the 20th century as a result of the unequal growth of manufacturing in different regions of the country,[35] for wage gains were much greater in manufacturing than in agriculture. Inequality declined during the years of the New Deal and World War II as wage gains became greater in agriculture than in manufacturing, but it began to increase again in the 1970s, moreso in large states "with high income and manufacturing wages in 1970."[36] Manufacturing jobs were lost and service jobs increased, many of them in industries that require advanced education, e.g. financial services and information technology. Thus both median household income and income inequality grew where there were job losses in manufacturing and job gains in more lucrative employment requiring advanced and technical education and training. This was in places where the social and institutional infrastructure already existed to produce the new labor force. Nonetheless, inequality still remained lower in such regions than in the South, where growth of jobs in services may have been constrained by high rates of functional illiteracy and low levels of technical training.[37]

Arguably, the significance of the consistent association between education and mortality as contrasted with the inconsistent and even non-existent associations

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31 D. C. North, *op. cit.*, pp. 133–136.

32 D. C. North, *op. cit.*, pp. 133–136.

33 David H. Fischer, *Albion's Seed: Four British Folkways in America* (New York 1989), pp 751, fn. 9; 752, fn. 10; 169, fn. 5; Clayne Pope, "Inequality in the nineteenth century," In S.L. Engerman and R.E. Gallman, eds. *The Cambridge Economic History of the United States: Vol. II, The Long Nineteenth Century* (New York 2000), 2000, p. 129.

34 D. C. North, *op. cit.*, pp. 133, 155.

35 R. D. Plotnick, E. Smolensky, E. Evenhouse, and S. Reilly, "The twentieth-century record of inequality and poverty in the United States," in S. L. Engerman and R. E. Gallman, eds. *The Cambridge Economic History of the United States: Vol. III, The Twentieth Century* (New York 2000).

36 R. Morrill, "Geographic variations in change in income inequality among US states, 1970–1990", *Annals of Regional Science*, 34 (2000), 109–130.

37. C. E. Heim, "Structural changes: regional and urban", in S. L. Engerman and R. E. Gallman, eds. *The Cambridge Economic History of the United States: Vol. III, The Twentieth Century* (New York 2000), p.133.

between income and inequality on the one hand and mortality on the other is attributable to both its individual and societal impacts. For in addition to its very real consequences for individuals, the level and quality of support for public education speaks volumes about a society's concern for the well being of its members, and its ability to renew itself and to grow. For instance, Caldwell has shown that in poor countries mortality has been reduced substantially when there is a political culture that supports universal education for both women and men.[38] In that sense, educational achievement is a proxy for a congeries of factors that go beyond a simple variable like the graduation rate from high school. Such factors include, but are not limited to, political and economic institutions and culture. These are dimensions of social structure that are not generally included in the repertoire of explanatory variables invoked by epidemiologists and that too often remain unexamined, for they are difficult to measure, particularly if the only source of data is surveys of individual members of the population. However, while differences in educational attainment are deeply embedded in regional cultures, education has an association with mortality that is more than a proxy for other variables. This is not the case with income inequality.

Is the differential decline of mortality the result of some of these same regional processes? That is not clear, but a plausible argument can be made that at least some of it is. The decline of ischemic heart disease began in the affluent, more highly educated and urbanized areas of the East and West Coasts and spread to more rural and southern parts of the country, a process that Wing et al. have likened to cultural diffusion.[39] Consistent with the mortality data, self-reported histories of smoking and of myocardial infarction and ischemic heart disease are more common in the southern states than elsewhere;[40] self-reported health is worse and is more concentrated among the poor in the South than elsewhere;[41] and the prevalence of physical inactivity[42] and obesity are higher in the South, particularly the rural South, than elsewhere.[43]

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38 Jack C. Caldwell, "Routes to low mortality in poor countries", *Population and Development Review* 12 (1986), 171–220.

39 Steve Wing, M. Casper, W. Riggan, E. Hayes and H. A. Tyroler, "Socioenvironmental characteristics associated with the onset of decline of ischemic heart disease mortality in the United States", *American Journal of Public Health*, 78 (1988), 923–926.

40 Centers for Disease Control and Prevention, "Prevalence of Heart Disease – United States, 2005", *MMWR* 56 (2007): 113–116.

41 K. T. Xu, "State-level variations in income-related inequality in health and health achievement in the US.", *Social Science & Medicine* 63 (2006), 457–464.

42 S. L. Martin, G. J. Kirkner, K. Mayo, C. E. Matthews, J. L. Durstine, and J. R. Herbert, "Urban, rural, and regional variations in physical activity", *The Journal of Rural Health* 21 (2005), 239–244.

43 Centers for Disease Control and Prevention, "Surveillance for certain health behaviors among states and selected local areas – Behavioral Risk Factor Surveillance System, United States, 2003." In *Surveillance Summaries*, December 2, 2005, MMWR 54 (No. SS-8): 1–116.

The point is not that the past is a prison from which there is no escape. Clearly there has been change. Continuing immigration from abroad as well as internal migration among states has influenced population composition and social institutions. The growth of cities, and the emergence of new industries and the decline of old ones has led to great changes in income, equality, and economic returns to education. Politicians and their publics make decisions that have profound effects. For instance, North Carolina in the mid-20th century had already established a reputation for honest government and for an outstanding university that distinguished it from much of the rest of the South.[44] And of course changes in federal policy, from civil rights to the structure of the tax code, have a profound impact on political institutions and participation, income distribution, and health. Nonetheless, despite the difficulties of disentangling past influences from contemporary ones, it is evident that the past casts a long shadow across arbitrary state borders, both with respect to political and cultural values,[45] and by shaping institutional alternatives available in the present, a process that economic historians have called path dependence.[46]

Concluding Comments

I began by observing that C. Wright Mills's critique of abstracted empiricism was prescient, for he pointed to issues that would loom large in years to come: its a-historical nature; the psychologism that deflected attention from social structure; the remoteness of investigators from the reality of their subjects' lives; the obsession with Method; and the transformation of social research from craft to bureaucratic enterprise. All this has come to pass. Yet it has not been without benefit. Much useful information has been gained, in social epidemiology as well as in other domains, and fruitful debates about issues relevant to important public policies have occurred.

Nonetheless, much of his critique continues to be relevant to epidemiological research, particularly its a-historical and de-contextualized nature. My argument has not been that the techniques he criticized are intrinsically worthless. And no doubt many investigators use a combination of methods to both describe and explain the

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44 V. O. Key, Jr. *Southern Politics in State and Nation* (New York 1950), p. 205.

45 J. L. Hammond, *The Politics of Benevolence: Revival Religion and American Voting Behavior* (Norwood, N J 1979). J. M. Glaser, *The Hand of the Past in Contemporary Southern Politics* (New Haven 2005). E. Black, and M. Black, *Politics and Society in the South* (Cambridge 1987). J. S. Reed, *Minding the South* (Columbia 2003).

46 Paul A. David, "Path Dependence, Its Critics and the Quest for 'Historical Economics'." Working paper, All Souls College, Oxford University. http://www-econ.stanford.edu/faculty/workp/swp00011.html, 2000.

social distribution of morbidity and mortality. Rather, my example has been meant to show that these methods are most useful when the results are understood in their particular historical and social context. When measures such as social stratification, income inequality, and education are analyzed out of context, the social environment becomes at best a black box, the vague "milieux" about which Mills complained. That is not sufficient if we are ever to truly understand the impact of social status, wealth and income, and inequality on the health of individuals and populations.

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Émigré Albert Eckstein's Legacy on Health Care Modernization in Turkey: Two Generations of Students Who Have Made Major Contributions

Çimen Günay-Erkol and Arnold Reisman

Introduction

During the 1920s, Turkey witnessed a maelstrom of radical reforms and with the abolition of the caliphate on 3 March 1924 the country took giant steps to become a secular state with all its ramifications. On the same day, another revolutionary law aiming at unification, standardization, and secularization of the educational institutions (*Tevhid-i Tedrisat kanunu*) was passed. This law closed the religious schools and attached all educational institutions to the Ministry of National Education.[1] Several other reforms in education followed with speed. The Latin based alphabet was mandated by law on 1 November 1928, significantly increasing literacy within a short time frame.[2] The most significant reform to the subject at hand came in 1933. Turkey's system of higher education, including medical education, was thoroughly revised when the University Reform Law No. 2252 was passed on 31 May 1933. It abolished the *İstanbul Darülfünun*, an academy based on the Islamic tradition of higher education derived from the medieval medrese, and turned into a university during the first decade of the 20th century.[3]

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1 Yasemin Karakaşoğlu,"Turkey", in Wolfgang Hörner, Hans Döbert, Botho von Kopp, and Wolfgang Mitter, eds., *The Education Systems of Europe*, (Amsterdam, 2007), pp. 783–807.

2 Adoption of Latin alphabet increased the percentage of literacy in Turkey, from 9% in 1924 to 65% in 1975 to 82.3% in 1995. See Geoffrey Lewis, *The Turkish Language Reform: A Catastrophic Success* (Oxford, 1999). For an essay and 17 photos depicting the process of implementing the edict, see M. O. Williams, "Turkey Goes to School", *The National Geographic Magazine* (January 1929), pp. 94–108.

3 *Darülfünun* means "house of arts and sciences" or the house of knowledge.

In this attempt at remodeling, the young Republic of Turkey radically revised and expanded the Ottoman reforms. It was the Ottoman State, which initiated the establishment of Darülfünun as an institution for higher education on 23 July 1846. Darülfünun was closed and re-opened many times due to pressure of traditional circles and counter-pressure from Westernist bureaucrats and intellectuals. This first Darülfünün was closed and reopened on 20 February 1870 as *Darülfünun-i Osmani*, in 1874 as *Darülfünun-u Sultani*, and in 1900 as *Darülfünun-u Şahane* (Imperial University). Bernard Lewis refers to the *Darülfünun-u Şahane* as "the first modern university in the Islamic world".[4] After the Young Turk reform in 1908, the Darülfünun was named as *Darülfünun-i Osmani* again and on 20 April 1912, *İstanbul Darülfünun* was established.

Medical education was first institutionalized within the Ottoman Empire when a School of Medicine known as the Tıphane-i Amire and a School of Surgery, the *Cerrahhane-i Amire,* were founded on 14 March 1827, to provide higher quality health care to its army.[5] In 1867, a civil Medical School, the *Mekteb-i Tıbbiye-i Mülkiye* was established. There is a gap of knowledge about the training of physicians in provincial Ottoman medreses but history of medical training at modernized institutions is relatively well researched and documented. These institutions were not coeducational. Women had to wait to pursue higher education until 1842, when a School of Midwifery linked to the Military Academy was initiated. In 1869, a Women's School for Fine Arts the İnas Sanayi-i Nefise and in 1914, Women's University *İnas Darülfünun* were founded. Women were granted access to their Faculty of Medicine in 1922.[6] The overwhelmingly male-dominated structure of health personnel during the late Ottoman and early Republican eras gradually changed as the number of doctors grew from 554 in 1923, to 1182 in 1930 and 2387 in 1940, at which time Turkey's population was about 18 million.[7]

Between 1915–1918, several scientists invited from abroad lectured at the *İstanbul Darülfünun*.[8] During this period, it was also a common practice for the Ottoman State to send students to central Europe for internship or higher education, in

4 Bernard Lewis, *The Emergence of Modern Turkey* (Oxford, 1968), p. 182.

5 Bedii Şehsuvaroğlu et al., *Türk Tıp Tarihi* [History of Turkish Medicine] (Bursa, 1984), pp. 185–168.

6 Nuran Yıldırım, ed., *Sağlık Alanında Türk Kadını: Cumhuriyet'in ve Tıp Fakültesi'ne Kız Öğrenci Kabulünün 75. Yılı* [Turkish Women in Medicine: 75th Anniversary of the Republic and the Access of Girls to the Faculty of Medicine] (İstanbul, 1998).

7 B. Serdar Savaş et al., "Health Care Systems in Transition: Turkey", *European Observatory on Health Care Systems* 4 (2002), p. 16.

8 For a list of those scientists, See Horst Widmann, *Atatürk ve Üniversite Reformu* [Atatürk and the University Reform] (İstanbul, 2000): pp. 62–63. Also see Mustafa Gencer, *Jöntürk Modernizmi ve "Alman Ruhu": 1908–1918 Dönemi Türk-Alman İlişkileri ve Eğitim* [Jeunne Turc Modernism and "German Spirit": Turkish-German Relations and Education between 1908–1918] (İstanbul, 2003).

order to maintain cadres of well-educated bureaucrats.[9] The student and teacher exchange between Turkey and Europe in the field of education continued into the Republican period. On the first anniversary of the Republic in 1924, Turkey organized a central examination and started to send some of her brightest to Europe for graduate and post-graduate study. Young graduates came back to serve as teachers and science mentors.[10]

In 1933, at the 10th anniversary of the Republic, a giant reformative step was taken in the establishment of the İstanbul University as the first modern and coeducational university in Turkey. 157 of the 240 of Darülfünun's faculty members were relieved of their duties, and forced into retirement.[11] This reform was in fact the result of a three-year effort, initiated in 1931 through the invitation of Professor Albert Malché (1876–1956) from Geneva for evaluating the *Darülfünun*, and writing a report on modernization of Turkey's higher education system. Malché arrived on 16 January 1932, and submitted his report to the Ministry of Education on 1 June 1932.[12] Based on that report reforms were implemented albeit under influence of the political party in power. During the deliberations of the First Turkish History Congress in 1932, when some Darülfünun professors criticized the regime's official views in matters of history and language, two fundamental aspects of the young Republic's politics of culture, the existing higher education faculty became perceived as an obstacle to the cultural reforms planned by the Republican cadres.[13] Most of the scholars who had been dismissed from their positions as part of the 1933 reform found themselves as outsiders of Republican politics, except for a few figures, who later obtained very important positions in the subsequently established universities.[14]

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9 Selçuk Akşin Somel, *The Modernization of Public Education in the Ottoman Empire 1839–1908: Islamization, Autocracy and Discipline* (Leiden, 2001).

10 Students of many different fields of study, from Natural Sciences to Fine Arts and Archeology, obtained the chance to study abroad. Among them, there were students from the Faculty of Medicine like Osman Cevdet Çubukcu and Kamile Şevki Mutlu as well, who later became pioneers in Turkish medicine. See Kansu Şarman, *Türk Promethe'ler: Cumhuriyet'in Öğrencileri Avrupa'da* [Turkish Promethes: Students of the Republic Are in Europe] (İstanbul, 2005): pp. 207–313.

11 İlhan Elmacı, "Dr. Rudolph Nissen", J*ournal of Neurological Sciences* (Turkish) NOROL BIL D, 18, (2001).

12 Mustafa Kemal Atatürk's hand written notes on Malche's report show that one of the greatest concerns of the reform was to sustain the freedom and at the same time the accountability of higher education. See Utkan Kocatürk, "Atatürk'ün Eğitim Reformu ile İlgili Notları [Atatürk's Notes on the University Reform]", *Atatürk Araştırma Merkezi Dergisi*, 1, (November 1984).

13 İlhan Başgöz and Howard E. Wilson, *Educational Problems in Turkey: 1920–1940* (Bloomington, 1968).

14 İsmail Hakkı Baltacıoğlu, the famous pedagogue who was ousted from his post in *Darülfünun* in1933 later became an adviser to Mustafa Kemal on religious reforms and issues. See

The contemporaneous tragedy of the expulsion of Jewish and/or anti-Nazi citizens from Germany's institutions in 1933 caused the scientists, to seek refuge in foreign countries. One of the least known of these safe havens was the Republic of Turkey. The tragedy turned into an opportunity for some 190 eminent intellectuals, who were invited to Turkey by the government, an act that saved their lives.[15] The émigrés invited to live, teach and practice in Turkey were specialized in a wide range of sciences and professions. However, as Philipp Schwartz stated in his memoirs, it was the medical sciences, which employed the largest number of émigrés.[16] The greater number of invited scientists were physicians because they were the most needed in post-war Turkey. Having lost about one-fifth of the population in the battlefields of World War I, the country was struggling to mobilize qualified human power. When the *İstanbul University* was founded in 1933, directors of eight out of the twelve of its medical institutes were émigré professors. When compared to other universities in Europe, in 1933 *İstanbul University* had the greatest number of Jewish German refugees as faculty. At that time, it was widely considered "the best German University in the world".[17] Schwartz also noted that, the infamous Scurla had mentioned in his 1939 spying report[18] that *İstanbul University* was "a school turned Jewish".[19]

Nazım İrem, "Turkish Conservative Modernism: Birth of a Nationalist Quest for Cultural Renewal", *International Journal of Middle East Studies*, 34, (2002), pp. 87–112.

15 One way to recognize the caliber of people involved is to note that prior to, during, and after their exile in Turkey at least sixteen of them are known to have corresponded with Nobel laureates including Max Von Laue, James Frank, Linus Pauling, Max Planck, Max Born, Erwin Schroedinger, Neils Bohr, Enrico Fermi, Herman J. Muller, Albert Szent-Györgyi, Bertrand Russell and Albert Einstein. See Arnold Reisman, *Turkey's Modernization: Refugees from Nazism and Atatürk's Vision* (Washington, DC, 2006): p. 468.

16 Philipp Schwartz, Kader Birliği: *1933 Sonrası Türkiye'ye Göç Eden Alman Bilim Adamları* [German Scientists Who Immigrated to Turkey After 1933] (İstanbul. 2003): pp. 18–24.

17 Extracted from statement of Mr. Onur Öymen, member of Grand Assembly of Turkey, at the Seminar on "Culture as a Weapon, Academicians in Exile" in Berlin on July 19, 2003.

18 Herbert Scurla was an officer of the Ministry of Science Education of Hitler Germany. See Ibid., 15:34. It is thanks to a coincidence that the German historian Hans Detlef Grothusen whilst carrying out his investigations as curator of an exhibition about German-Turkish relations (on the occasion of the Centenary of the Birth of Atatürk 1981), came across the report by Herbert Scurla amongst the piles of embassy records from 1924–1938. In May 1939, in possession of a wealth of Gestapo material, under orders from "The Reich Ministry for Science, Education and National Education" he undertook a trip to Turkey. The purpose of the trip was to inspect the activities of the German university lecturers in Turkey, a few of which had been officially sent there and were loyal to the regime, the majority, however, were made up of political refugees, who from the Turkish standpoint were given preference in obtaining employment when they applied for a position.

This paper focuses on the sojourn of the noted pediatrician Albert Eckstein in Turkey within the greater history of the 1933 university reform and the invitation of émigré professors by the Turkish government. The paper documents the respect and gratitude for Eckstein and shows his influence on Turkey's modernization of her health care systems through İhsan Doğramacı and in turn Burhan Say, a lineage of two of the most famous Turkish pediatricians whose work honors Professor Eckstein's legacy. İhsan Doğramacı is a leading figure in pediatrics and also a pioneer in health care and education in Turkey.[20] Burhan Say is a prominent pediatrician and genetecist, who built a bright career in the field, having taken his residencies at Hacettepe University and in the United States. They represent two generations of Turkish medicine each of whom has made a major impact on the field worldwide, but more significantly on pediatrics as it is practiced in Turkey today.

Medical professionalization, public health, and the improvement of health care delivery systems were intricately tied to the consolidation of the State during the 1930s. Bringing professional health care to the doorsteps of the people wherever they maybe, was considered the primary means of creating a widespread sense of equality in the society. This was intended to consolidate the social structures, as well as the citizens' trust in the State. In the initial years of the Republic, there was also a pro-natalist policy being supported by the government with a series of laws. Abortion was illegal as of 1926, when the Italian Penal Code was adapted to organize the definition of health care in the constitution, sale of contraceptives was also restricted and childbearing values were supported at the societal level.[21] Children's health was a key issue for the nascent state, since they were seen as the future of the country.[22] Therefore, issues about children's health were in a more critical position than other aspects of medical care in 1930s Turkey.

Focusing at the careers of three pediatricians Eckstein, Doğramacı and Say, within the broader picture of the transformation of healthcare and education policies in Turkey since the1930s, this paper presents a Turkey-oriented history of continuity and change. The experiences of the émigré professors in Turkey, as obtained from their memoirs or from the accounts provided by their students, not only make an influential contribution to the international literature of reform efforts in medi-

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http://www.museumonline.at/1999/schools/classic/istanbul/exilturkei_e.htm Viewed June 13, 2007. Also see Faruk Şen, *Ay-Yıldız Altında Sürgün* (Exiled under the Star and Crescent) (İstanbul, 2008.)

19 Ibid., 16.

20 At the time of this writing he is the only surviving signatory of the World Health Organization's Charter.

21 Frederic C. Shorter, "Turkish Population in the Great Depression", *New Perspectives on Turkey,* 23, (Fall 2000), pp. 103–124.

22 Olcay Neyzi, "Türkiye'de Cumhuriyetin 76ıncı Yılında Pediyatri [Pediatrics in the 76th Anniversary of the Republic in Turkey]", *Proceedings of TÜBA*, (Ankara, 1999).

cal education and health care delivery, but also shed light to a relatively less explored part of the history of the World War II. The caliber of the intellectuals who were saved by Turkey, has for over 70 years remained a blind spot in the Anglophone literature of intellectual history especially considering their respective roles in the history of science, the professions, and the humanities.[23] Memories of the émigré professors and the appreciation of their contributions to Turkey's modernization linger on in the country. This topic is of particular relevance set against the current backdrop of Turkey's tug of war and her sustained efforts to enter the European Union while struggling to remain a secular state within a democratic framework with a predominantly traditional Islamic population and surrounded by hostile theocracies.

By the time Albert Eckstein arrived in Ankara, the city was a capital with most of its plans still on paper. Clinics were inadequate, and there was no modern pediatrics institute. Medicine and health services were confined to the narrow limits of the city centers and had not yet reached out towards a larger population. The period during which Doğramacı actively worked as a pediatrician witnessed the growth of the modern Turkish higher education system as well as the enhancement of its health care delivery system. In 1945, the Social Insurance Foundation (*Sosyal Sigortalar Kurumu*, SSK) was established. Critical changes took place after a series of new universities were opened in the 1950s such as the *Karadeniz Technical University* in Trabzon, *Ege University* in İzmir, *Middle East Technical University* in Ankara, and *Atatürk University* in Erzurum.[24]

During Say's career in Turkey, an understanding of modern health care was established in the society from top to bottom. The *Nationalization of Health Care Delivery Law* (Law No. 224) passed in 1961, integrated public health services and established the State's acknowledgement of every citizen's right to access proper health care. The development continued in many parts of the country resulting in a relatively high quality of clinical health care. When Say published an article on a new syndrome ultimately named after him in 1968 (the Say syndrome),[25] there were already a considerable number of well established pediatrics clinics in Turkey and generations of proficiently educated young doctors.

The improvements achieved in medical education and the health sector since 1930s are very important but there still are significant inequalities among regions in

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23 Arnold Reisman, "Turkey's Invitations to Nazi Persecuted Intellectuals Circa 1933: A Bibliographic Essay on History's Blind Spot," A working paper available at http://ssrn.com/abstract=993310 and Ibid., 15 forthcoming in *Covenant, The global Jewish magazine*.

24 Himmet Umunç, "In Search of Improvement: The Reorganisation of Higher Education in Turkey", *Minerva*, 4, (December 1986), pp. 433–455.

25 Burhan Say and P, S. Gerald. "A new polydactyly/imperforate anus/vertebral anomalies syndrome?" *Lancet*, 2, (1968), p. 688.

Turkey, and it cannot be said that the goal of the Alma-Ata declaration "Health for all in 2000" has been reached.[26] It is still open to debate whether the nationalization of health services has been successful.[27] Going back in time to the speedy transformations in education, law and health care within the generic framework of the 1933 reform, this paper will try to shed more light into the initial steps of these reform efforts. It will bring the legacy of the émigré professors in the modernization of Turkey to the fore and comment on the contributions of Albert Eckstein.

The legacy of the émigré professors recently attracted public attention in Turkey following the discovery of a letter in the archives, written by famous physicist Albert Einstein to İsmet İnönü, asking him to accept 40 German intellectuals, who were ready to come and work for one year at no pay.[28] On 29 October 2006, when Turkey celebrated its 83rd anniversary as a Republic, this letter appeared as a first-page story in Hürriyet, the highest circulation Turkish daily.[29] For the citizens of Turkey, a country which has sent thousands of workers to Germany since the end of World War II, it was surprising to be reminded that about seventy years earlier, Turkey was a destination for some German citizens who applied for jobs and political asylum.[30]

This article kindled renewed interest in the 1933 émigrés and their reception in Turkey. Thus within a week of the Bardakçı article, Melih Aşık published an article in Milliyet, another mass-circulation newspaper, which juxtaposed the attention given by Turkish media to the Einstein letter with the unawareness of this episode outside of Turkey. The discussion was continued in an article published in yet another high circulation Turkish daily, Sabah. Umur Talu emphasized that the reform was a product of the famous Professor of Pedagogy Albert Malché, who reported on the Turkish higher education system. Talu also discussed how the émigré scientists saw Turkey as a safe haven, quoting from Philipp Schwarz's first

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26 http://www.who.int/countryfocus/resources/ccsbrief_turkey_tur_06_en.pdf.

27 Unequal access to preventive health care services in Turkey can be identified by the high infant mortality rate. Ibid., 7:15.

28 Arnold Reisman, "What a Freshly Discovered Einstein Letter Says About Turkey Today," *HNN*, http://hnn.us/articles/31946.html. Posted November 27, 2006. For a clearer image of the letter see http://armenians-1915.blogspot.com/2006/11/1243-what-freshly-discovered-einstein.html. Also see Arnold Reisman, "Jewish Refugees from Nazism, Albert Einstein, and the Modernization of Higher Education in Turkey (1933–1945)", *Aleph: Historical Studies in Science & Judaism*, 7, (2007), pp. 253–281. http://inscribe.iupress.org/doi/abs/10.2979/ALE.2007.-.7.253

29 The headline by Murat Bardakçı reads: "A Request from the Great Genius to the Young Republic."

30 Because Turkey was officially a neutral country many of these émigrés acted as conduits of communication between colleagues, friends, and relatives left behind and those in the free world. Arnold Reisman, "German Jewish Intellectuals' Diaspora in Turkey: (1933–1955)", The Historian, Published on behalf of *Phi Alpha Theta History Honor Society*, 69, (2007), pp. 450–478.

impressions of the country in his memoirs, where Schwarz wrote that Turkey was "a wonderful country where the Western plague of fascism had not penetrated".[31] Soon after Malché submitted his report to the Ministry of Education, the government negotiated for 30 professorship chairs.[32] The invitations gradually extended to Nazi-persecuted German and Austrian intelligentsia, among which was the acclaimed pediatrician Albert Eckstein.[33]

Albert Eckstein in Turkey

Albert Eckstein was born on 9 February 1891 in Ulm, Germany. He studied medicine in Freiburg, served in the First World War, and was awarded the *eisernes Kreut*, the German Honour Cross, First Class, for his heroic service.[34] After the war, Eckstein worked at the Physiology Institute of the University of Freiburg and in 1920, he transferred to the University Hospital for Children to work under the pediatrician Carl T. Noeggerath (1876–1952). On 1 October 1925, in the city of Duesseldorf, he married Erna Schlossmann (1895–1998), a pediatrician and daughter of Arthur Schlossmann (1867–1932), who, too, was a pediatrician and head of the Children's Hospital at the Academy of Medicine in Dusseldorf. In 1926, Eckstein was promoted to Professor. After Schlossmann's death, Dr Eckstein was appointed chief of the department.[35] However, on 1 July 1935, while in his Düsseldorf clinic Dr. Eckstein received an envelope marked "Personal." It said: "In the name of the Reich, I relieve you of your duties in the service of the Prussian Government by June 1935, based on the orders dated 12 June 1935. Adolph Hitler, Hermann Göring".[36]

Through the Emergency Organization for German Scientists Abroad, the Ecksteins received an offer from the Turkish Government to work at the *Ankara Numune Hospital*, the largest hospital of the city at the time.[37] The contract was

31 Umur Talu, "On University Reform", Sabah Newspaper, October 30, 2006.

32 Ernst Eduard Hirsch, *Anılarım* [My Memoirs] (Ankara, 1997), p. 190.

33 For a list of 715 pediatricians in 1933 in Germany, in 1938 in Vienna, and at German children's hospitals in Prague, see Anonymous "Die Verfolgten/The persecuted", *Monatsschrift Kinderheilkunde*, 13. (May 1999), pp. 6–11.

34 Nejat Akar, *Anadolu'da bir Çocuk Doktoru* [A Pediatrician in Anatolia] Ord .Prof. Dr. Albert Eckstein (Ankara, 2003.)

35 Nejat Akar, "Albert Eckstein: a pioneer in pediatrics in Turkey", *Turkish Journal of Paediatrics*, 46, (2004), pp. 295–297.

36 Moll H, *Emigrierte Deutsche Padiater: Albert Eckstein*, Werner Solmitz. *Monatsschr Kinderheilkd* 143, (1995), pp. 1204–1207.

37 Organized by Philipp Schwartz. See Philipp Schwartz, *Notgemeinschaft Zur Emigration deutscher Wissenschaftlernach 1933 in die Turkei*, (Marburg: 1995). Schwartz a physician of note organized the *Notgemeinschaft* in Switzerland to help scientists who lost their jobs to find

signed in Berlin on 1 August 1935 by Hamdi Arpağ, Turkey's ambassador to Germany[38] and the family arrived during September 1935 in Ankara in a city of 122.720 people. [39] Ankara's development was considered synonymous with the new regime's success. It became home to famous émigrés such as Georg Rohde, Professor of Philology of Ancient Languages and Ernst Reuter, former member of the German Parliament who escaped via Holland to England after spending two years in a concentration camp before coming to Ankara. It was also the home for Paul Pulewka considered the father of Turkey's pharmacology.[40]

Figure 1. Professor Albert Eckstein

employment elsewhere. Schwartz was asked to identify German-speaking professors to whom the Turkish government should extend invitations with a mandate to modernize its universities. This he did during July 1933. Schwartz's father-in-law was Professor Sinai Tschulok (1875–1945), who had taken refuge in Switzerland after the 1905 Russian revolution. He was a good friend of Albert Malché. At the time, persecution of German scientists had already begun in Germany. It seems Malché saw the double opportunity and got in touch with Schwartz. Some 700 intellectuals were thus saved: see Arnold Reisman Ibid., 15:9.

38 Albert Eckstein's Private File from Ankara Numune Hospital. *Official private file of Ord. Prof. Dr. Albert Eckstein*, Ankara Numune Hastanesi, [Ankara Numune Hospital] 1935–1945. Official private file, 1945 *Official private file of Ord. Prof. Dr.Albert Eckstein*, Ankara Medical Faculty, 1945–1949.

39 State Institute of Statistics. Census of Population by Administrative Division. Publication No. 537 (24.10.1965).

40 Arin Namal and Arnold Reisman, "Paul Pulewka Founder of Turkey's Pharmacology While in Exile from the Nazis: 1935–1955", (2007), Forthcoming in the *Journal of the International Society for the History of Islamic Medicine* (ISHIM).

The first assignment given to Eckstein by Refik Saydam, the head of the Ministry of Health and Social Assistance, involved a wide scale investigation of rural child mortality. During the first decade of the Turkish Republic, the infant mortality rate was very high. Nearly one of three children born was at risk with a near certainty of death.[41] Hence the government was greatly concerned with preventive measures to decrease this rate. The Ministry of Health and Social Assistance asked Dr. Albert Eckstein to undertake a trip, accompanied by Eckstein's newly assigned assistant, Dr. Selahattin Tekand, during July and August 1937 to investigate children's diseases and mortality in thirteen central and southern Anatolian provinces and villages. Erna Eckstein accompanied her husband as well, although by law she was not allowed to work in Turkey even as a volunteer. In the summer of 1938, another trip was organized. During these sojourns, the Ecksteins became immersed in diverse and widely dispersed rural communities, meeting the locals and gaining acceptance. They examined numerous children, asked questions of the families, and provided the villagers some basic medications.[42]

The result of the Ecksteins' demanding expeditions in the villages of Anatolia was that the overall child mortality fell from 33% to 12%.[43] This was a major accomplishment indeed and is widely credited to Eckstein's work, his leadership, and the guidance he provided. In addition to the considerable reduction in child

41 See the 2003 Turkey Demographic and Health Survey (TDHS-2003) for more recent figures of child mortality rates. http://www.hips.hacettepe.edu.tr/tnsa2003eng/index.htm

42 Dr. Erna Eckstein-Schlossmann, also a pediatrician, accompanied her husband on all data collection field trips. In 1954, four years after her husband's death, Dr. Erna Eckstein-Schlossmann came back to Turkey and helped to the establishment of the Child Health Institute in Ankara. She took over housekeeping in the hospitals overseeing the kitchens, laundry, etc. and ordering equipment from Germany until 1961. Her son Herbert Eckstein also came to Turkey later in 1960s, when the Child Health Institute grew into the Hacettepe University, and contributed to the development of pediatric surgery including urology and orthopaedics.

43 Eckstein-Schlossmann E. *Memories of Turkey*. Unpublished pages. 46. Typewritten pages, Private notes. Cambridge; 1975. [Available through Professor Nejat Akar,] Professor Eckstein A. *Köyde Hayat*, [Village Life] ULUS, 8–9 Sonteşrin.1937, Ankara, and Eckstein A. Anatolian Impressions, Private notes. 1938 [Available through Professor Akar]; Many fertility, infant and child mortality estimates have been offered for those years. However, Eckstein's visits represented the first attempt to collect data from a large sampling. It is not clear what was meant by infants and children, i.e. which age groups. Also an average for Turkey at that time, as is true now, is not to be taken too seriously. Eckstein did not visit eastern Anatolia, the real backwater. So even more than 50% infant mortality may have been true for the East while the lower figure of 33% given in (Widmann H. *Atatürk ve Üniversite Reformu*. [Atatürk and the University Reform] Çeviri: [Translation] A. Kazancigil, S. Bozkurt. İstanbul Üniversitesi Cerrahpaşa Tıp Fakültesi Atatürk'ün Yüzüncü Doğum Yılını Kutlama Yayınları, [Commemorative Publications of Istanbul University, Cerrahpaşa Medical School, on the centenary of Atatürk's birth] İstanbul: Özel Seri 3, 1981 may be true for the wealthier parts of Anatolia. Nejat Akar, Aysu Oral, and Arnold Reisman, "Modernizer of Turkey's Pediatrics: Albert Eckstein in exile", *Journal of Medical Biography*, 15, (2007), pp. 213–218.

mortality rate, another success of Eckstein was the eradication of Noma, a disease directly related to malnutrition and poor hygiene, the victims of which were mostly children. Eckstein became so fluent in Turkish that he even authored a pediatrics textbook in this language. His 1941 book *Çocuk Neşvünema, Tegaddi ve Metabolizmasının Fiziyoloji ve Patolojisi* was an important contribution to Turkish pediatrics in general, and to child development and metabolism in particular.[44] The Ministry of Health distributed it to all medical doctors in Anatolia, and it was used as part of the medical school's curriculum for many years. Another important book by Eckstein was *Türkiye'de Çocuk Hastalıkları ve Çocukların Korunması Problemleri* published by Ankara University Faculty of Medicine.[45]

Two letters published in the daily *Cumhuriyet* showed how his patients considered Albert Eckstein as an impressive symbol of professional health care. Jülide Gülizar indicated that the name Eckstein was a keyword for mothers of all ages in Ankara during the time he worked at the *Numune Hospital*. She writes: "He left behind a lot of research and studies about Turkish children and the special throne he had built in the hearts of their mothers".[46] Another testimonial from Ali Rıza Erkan, whose son was treated by Albert Eckstein and saved from a serious bronchopneumonia, carried similarly warm overtones. Erkan wrote how he found the chance to express his gratitude to Herbert Eckstein, the eldest son of the family, who later became Professor of Pediatric Surgery at the Great Ormond Street Children's Hospital in London:

> At the cocktail in Ankara Palas given for the delegates participating in the congress, I learnt that a son of the hoca[47] who himself was a physician was also there. I requested a physician of my acquaintance who spoke German to tell him that his father had saved my son's life and to convey my thanks and gratitude. Among the numerous pediatricians trained by this friend of Turkey are also physicians who work in the fields of childhood health and administration.[48]

During the years he spent in Turkey, Eckstein also served as a member of the *Editorial Board of Annales Paediatrici* (1938/1939), a leading pediatrics journal in Europe. In October 1938, he organized the first Turkish Pediatrics Congress in An-

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44 Albert Eckstein, H. Tekiner and N. Özlem, *Çocuk Neşvünema, tegaddi ve metabolizmasının fiziyoloji ve patolojisi* [Physiology and Pathology of Childhood Development, Nutrition and Metabolism] (Ankara: 1941).

45 Albert Eckstein, *Türkiye'de Çocuk Hastalıkları ve Çocukların Korunması Problemleri* [Children's Illnesses and Problems about Child Protection in Turkey], (Ankara: 1947)

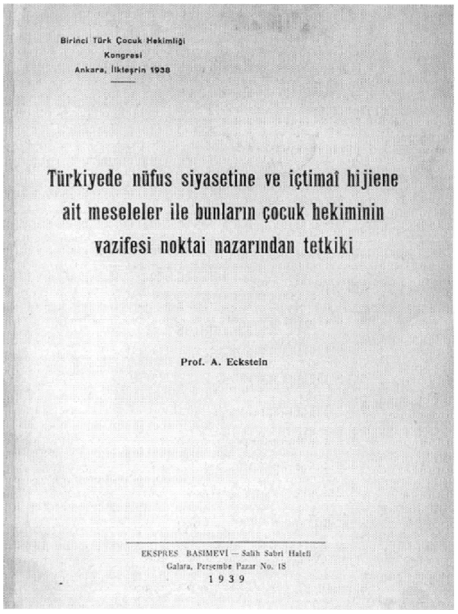
46 Jülide Gülizar, "My Ankara", *Cumhuriyet*, 28, November 1989.

47 A still used but old and affectionate Turkish term for a respected teacher.

48 Ali Rıza Erkan, "Letter to Cumhuriyet", *Cumhuriyet*, 9 December 1989.

kara, and published two exclusive pediatrics textbooks in Turkish, *Çocuk Sağlığı Ders Kitabı* and *Süt Çocuğu Hastalıkları Ders Kitabı*.[49]

Figure 2. Türkiye'de Nüfus Siyasetine ve İçtimai Hijyene Ait Meseleler İle Bunların Çocuk Hekiminin Vazifesi Noktai Nazarından Tetkiki by Prof. Albert Eckstein.


Birinci Türk Çocuk Hekimliği
Kongresi
Ankara, İlkteşrin 1938

Türkiyede nüfus siyasetine ve içtimaî hijiene
ait meseleler ile bunların çocuk hekiminin
vazifesi noktai nazarından tetkiki

Prof. A. Eckstein

EKSPRES BASIMEVİ — Salih Sabri Halefi
Galata, Perşembe Pazar No. 18
1939

Eckstein contributed significantly to implementation of modern public health and pediatrics practices in Turkey. He did not limit himself only to the *Numune Hospital* and to medical research, but made major contributions to the treatment of children's illnesses, by "establishing institutes and clinics for Turkish children, mainly in rural areas".[50] As fortuitous as the timeliness of Eckstein's arrival for Turkey had been, so was his voluntary departure. On 22 June 1948, he was invited to the Ludwig Aschoff in Freiburg University. In 1950, he left Turkey, to serve as the Director of the University Children's Hospital in Hamburg. The critical mass of Turkish pediatricians trained in modern medicine, essential for sustained takeoff, had been developed by the late 1940s.[51] With less world acclaim then that accorded to their émigré mentors, yet filling a great need, the early graduates of Ankara University's medical school became Turkey's most revered practitioners and professors.[52]

49 Albert Eckstein, Türkiye'de Nüfus Siyasetine ve İçtimai Hijyene Ait Meseleler İle Bunların Çocuk Hekiminin Vazifesi Noktai Nazarından Tetkiki. [Population Policy and Public Hygiene Problems in Turkey and Their Investigation from the Viewpoint of a Paediatrician's Duties] Birinci Türk Çocuk Hekimliği Kongresi. [First Symposium of Turkish Paediatrics] (İstanbul: 1938).

50 Stanford J. Shaw, *Turkey and the Holocaust*, (London,1993), p. 367.

51 Ibid., 34.

52 Among these were many of Eckstein's students.

In discussing Albert Eckstein, one of his colleagues, professor of Medical Law Behçet Tahsin Kamay said:

> He reached the remotest corners of Anatolia [Asia Minor part of Turkey] and he walked over every inch of the land. He visited the villages and went among the villagers; he knocked on their doors and became their guest. He was a doctor of the people and a Turkophile; in every place he visited, he ate the peasants' food, drank their buttermilk, and learned their health and social problems... He had the courage to tell of both the diseases [he encountered] and the treatments [prescribed] to his students, the university circles, and state [provincial] and government officials through his writings, lectures, and conferences.[53]

Similarly, Dr. Muzaffer Sertabiboğlu, recalled:

> I am one of the first graduates of the Ankara Medical Faculty. My diploma has the number 68 on it. I am one of those who was nourished by the wisdom of [Albert] Eckstein. [...] [He] considered Turkey as his second home and was able to lecture without translators by learning Turkish in a short time.[54]

Professors Behçet Tahsin Kamay and Muzaffer Sertabiboğlu both referred to Albert Eckstein as their hoca – an affectionate old Turkish term for the "Teacher" with a capital "T."

Just prior to his departure from Turkey, Professor Eckstein was working on three different children's hospital projects for the city of Ankara. Despite accepting the projects with enthusiasm, the government transferred all promised funds to other projects at the last minute, making Professor Eckstein deeply disappointed. In his last letter to the Dean of the Faculty of Medicine, in which he told about his accepting the pediatrics chair in Hamburg, Professor Eckstein insisted on the importance of the establishment of a well-equipped children's clinic. This short but emotional letter left a strong impression that Professor Eckstein was occupied with the needs of the children of Ankara even while leaving the city. Albert Eckstein died on 18 July 1950, in Hamburg, six months after he left Turkey.

İhsan Doğramacı

During his 1938 travels in Anatolia, a chance meeting between Eckstein and a young doctor in Manisa turned out to have a profound impact, not only on the young doctor's individual career, but also on the future of pediatrics in Turkey.

53 Ibid., 34:120.
54 Ibid., 34:121.

Eckstein met İhsan Doğramacı during this sojourn. Doğramacı had just graduated from İstanbul University's Faculty of Medicine, and had not yet selected his field of specialization. Eckstein invited Doğramacı to participate in his trips across Anatolia, an invitation, which paved the way for years of fruitful academic collaboration. This co-operation contributed greatly to the development of pediatrics in Turkey. Doğramacı specialized in pediatrics treating children's illnesses, but he ultimately became a public figure devoted to the establishment and development of educational institutions, centers, faculties, and two universities, one public and the other private. As a doctor, he recognized that the education of generations is as important as their health.

İhsan Doğramacı was born on 3 April 1915 in Erbil. He graduated from the International College of the American University of Beirut in 1932 and from İstanbul University Faculty of Medicine in 1938. He specialized in pediatrics at the Ankara Numune Hospital as an assistant of Albert Eckstein and left in 1940 for Baghdad. In 1942, he married Ayser the daughter of the former prime minister of Iraq, Hikmet Süleyman and went to the United States to do scientific research. In the US, Doğramacı worked in the pediatric departments of Harvard University and Washington University in St. Louis. After returning to Turkey in 1947, İhsan Doğramacı joined the Ankara University Faculty to specialize under Professor Albert Eckstein. Among his colleagues were Dr. Bahtiyar Demirağ, who received his training in Berlin between 1936–1939, Dr. Selahattin Tekand, Dr. Sabiha Cura (Özgür) and Dr. Neriman Olgür.[55] In 1949, İhsan Doğramacı was appointed Assistant Professor, and in 1954 became full Professor. The same year, İhsan Doğramacı initiated the establishment of the Child Health Institute, which later became the *Hacettepe Children's Hospital* and in 1967, the *Hacettepe University*.

55 Bahtiyar Demirağ had his training in İstanbul, and Germany between 1936–1939. He replaced Albert Eckstein in Ankara Numune Hospital after 1950. Together with him, the Ankara University faculty established Antalya-Akdeniz University and Diyarbakır-Dicle University pediatric clinics. Demirağ also established a children's hospital, which still continues to serve as the children's hospital at Ankara University. See Nejat Akar, *Prof. Dr. Bahtiyar Demirağ: Biography of the Founder of Ankara University Medical Faculty's Paediatrics Chair*. Sabiha Cura went to İzmir and initiated a pediatrics clinic at Ege University. For several years she contributed to the establishment of Social [public health] Pediatrics within Ege University. Her brother Alphan Cura followed her as a pediatrician, and developed Ege University's Department of Pediatrics. Selahattin Tekand was also appointed to İzmir, to Dr. Behçet Uz Children's Hospital. Neriman Olgür went to İstanbul and worked in the pediatrics clinic in Haydarpaşa Numune Hospital.

Figure 3. Dr. Doğramacı and Dr. Eckstein.

In an interview with one of the authors, İhsan Doğramacı shared the view that he would not have been a pediatrician had he had not met Dr. Albert Eckstein.[56] Although Pediatrics was not his initial choice, to ameliorate child care became a powerful field of attraction for him, and became the focal point for his future career. As Albert Eckstein's dedication to children sparked his enthusiasm for the field, İhsan Doğramacı struggled with the difficult task of improving health care policies and developing medical institutions in Turkey. Professor Doğramacı remembers Professor Albert Eckstein as a friendly teacher with very strong humanitarian concerns. "Professor Eckstein was a very modest man, attentive to the opinions of the young doctors. He was eager to learn from his young colleagues, so he was often asking questions to students about the subjects they studied. He was a very thoughtful person. He was always ready to offer help to other people, especially his colleagues, even in their most trivial problems. He never disdained from getting into trouble in order to help someone. To commemorate Professor Eckstein's contributions to Turkish pediatrics as a doctor, and as a teacher, is my principal duty."[57]

56 Oral communication on 16 July 2007. The authors would like to thank Professor İhsan Doğramacı for sharing his memories of Professor Albert Eckstein.

57 Ibid., 58.

Professor Doğramacı's recollections about the genial work environment created by the émigrés concur with recollections of many other former students. For the students in Turkey, the émigrés' method, which depended on dialogue, was an unconventional style of teaching, a contrast to straight lectures.[58] A new pedagogy concept was mobilized as reflected in the Minister of Education Reşit Galip's speech, delivered at *İstanbul University* on the occasion of the 1933 Reform. Accordingly, "the Professor is not a machine for giving lectures, but is a resource to the students --one who inspires them to investigate and question, one who guides them and one who is able to sustain their enthusiasm for study and research. The real professor is himself a lifelong student".[59] Reflected in Galip's words, that the encounter of Eastern and Western pedagogy was a challenging rite of passage for students in the young Republic's only university at that time.[60] The non-authoritarian atmosphere of the new academe challenged the inherent teaching hierarchy, and students found relatively more space to express themselves and openly discuss their views. This facilitated İhsan Doğramacı's blossoming. Studying in the United States after graduation, Doğramacı observed the pediatrics clinics, the medical education policies all of which honed his idealism. In his mind, he formulated the basic foundations of his dream hospital.

Professor İhsan Doğramacı took a keen interest in the development of a new medical faculty in Ankara. His motives were to extend and open new opportunities for young physicians, to establish a medical information and referral center, and to educate a brand new group of health personnel qualified in preventive pediatrics.[61] He was also motivated by the unfulfilled desire of Prof. Albert Eckstein to establish a modern, full service children's hospital in Ankara. As a result of his insistent efforts, Ankara University's Child Health Institute gradually developed into a children's hospital, Hacettepe Children's Hospital, then into a leading university, the Hacettepe University. Despite the opposition of a pressure group, which claimed

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58 There are several testimonials that express the émigré professors' keen interest in building confidence in the students, and supporting thought exchange. The famous Professor of Law Ernst Eduard Hirsch deals with this pedagogical problem in detail in his memoirs. See Ibid., 32: 248–258. For testimonials of Professor Albert Eckstein's students, Ibid., 34, pp. 117–125.

59 "Milli Eğitim Bakanı Sayın Reşit Galib'in Demeci [The Speech of Minister of Education Mr. Reşit Galib]," in Ernst Hirsch, *Dünya Üniversiteleri ve Türkiye'de Üniversitenin Gelişmesi*, (İstanbul: 1950), pp. 310–319.

60 For İhsan Doğramacı's overall views on the 1933 reform, see his paper "Higher Education Reform in Turkey: The University in the Service of the Community: Results after Three Years of Application", *Higher Education in Europe IX*, (October-December 1984), pp. 74–82.

61 See "The Proposal for the Establishment of a Children's Medical Center in Ankara, Turkey" quoted at length in Howard A. Reed, "Hacettepe and Middle East Technical Universities: New Universities in Turkey", *Minerva*, 2, (1975): pp. 213.

that a new Faculty of Medicine would divide the Ankara University faculty and cause unrest, Professor Doğramacı pursued his dream.

Development of a new Faculty of Medicine was a long and exhausting crusade because it was an expensive and complicated process. Nevertheless, there was a competent group of physicians behind Professor Doğramacı, who shared his goal of improving health care in Ankara. The new faculty enhanced the standards of medical services, and dramatically contributed to expanding and to modernizing health care delivery in the country. During the 1960s, a number of pediatric clinics were added and the quality of health care significantly improved. Under the umbrella of the Child Health Institute, Doğramacı established a School of Physiotherapy and Rehabilitation, Schools of Nursing, Dietetics and Nutrition in Ankara, were also established during the 1961–1962 timeframe. All of these were Turkey's first of their kind in offering medical education at the university level.[62] Doğramacı served as the first Dean of *Hacettepe University's Faculty of Medicine* from 15 July 1963 to 4 November 1963, and as the rector of the Ankara University between 1963 and 1965.[63]

On 8 July 1967, Hacettepe received university status and İhsan Doğramacı became its rector. In less than ten years, it became a well-established center for scientific research with "14 Faculties, 8 higher schools, 40 institutes, 20 departments, two main campuses, and a staff of 1,048, including 98 associate professors and 83 professors, and over 7,500 students".[64]

İhsan Doğramacı served as the rector of *Hacettepe* until 1975, and in 1981, with the *Law of Higher Education* (Law No. 2547) higher education in Turkey drastically re-organized, Professor Doğramacı was elected President of the Council of Higher Education. He administered the activities of all higher education until 1992. In 1984, İhsan Doğramacı established Bilkent University in Ankara, the first private university in the country. Thus while concentrating on the advancement of pediatrics, Professor Doğramacı simultaneously worked on the development of higher education in Turkey. That became a lifelong interest of his. In recent years, İhsan Doğramacı envisioned the establishment of university-level education centers of excellence. In 2007 the first such center opened in Erzurum.

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62 James P. Smith notes that "Turkey was the first European country to provide facilities for undergraduate nursing education, followed by the United Kingdom." See *Journal of Advanced Nursing*, 3, (February 2006), p. 259. By 1986, four European countries other than Turkey were providing a basic university level nursing education. See S.A. Özsoy. "The Struggle to Develop Nursing Research in Turkey", *International Nursing Review*, 3, (2007), pp. 243–248.

63 One of İhsan Doğramacı's important scientific contributions made in this period is on porphyrias. See "Porphyrias and porphyrin metabolism with special reference to porphyria in childhood", *Adv. Pediatr.*, 13, (1964), pp.11–63.

64 Ibid., 63:212.

Many medical specialists, who are now esteemed names in modern Turkish medicine, played key roles in Hacettepe's history. Several young doctors from Hacettepe Medical Faculty later went to United States for further studies. Upon their return, some received an established chair. Among these were pediatrician Dr. Abdullah Kenanoğlu Professor Doğramacı's assistant who studied radiology at Harvard, returned and established modern radiology in Hacettepe. Şinasi Özsoylu studied at Washington University in St. Louis, and Sevinç Oral at the Harvard School of Public Health. Both returned to Turkey and played important roles in Hacettepe's development. Eren Kum and Nebahat Büyükoktay after post graduate training in the US returned to revitalize nursing care at Hacettepe.

Burhan Say

In 1957, Burhan Say, an assistant professor of pediatric hematology, came to Ankara from United States, to support İhsan Doğramacı in Hacettepe's development. He was one of the leaders in establishing the Hacettepe hospital, a member of the team, which quickly established a dynamic work force and made the standards of medical education and care a competitive issue. Say was among the generation of physicians, who actually witnessed the contributions of the émigré professors to the development of medicine in Turkey. He is one of the few Turkish physicians whose name is associated with a disease they first recognized.[65]

Burhan Say was born on 26 February 1923 in İstanbul. He attended Ankara Lycee, and upon his graduation in 1940, he went to İstanbul to study Medicine. Having finished his studies at the İstanbul University Faculty of Medicine in 1946, Say took another journey, but this time to a foreign country. He specialized in pediatrics in the Nashville Tennessee Faculty of Medicine in 1951 and in pediatric hematology at Temple University in Philadelphia between 1952–1953. In 1960s, Say returned to Turkey and joined the *Hacettepe Children's Hospital*. He became an associate professor in 1960, and full professor in 1964, a year after the *Hacettepe University Faculty of Medicine* received its legal status.

Professor Say recalls that his first meeting with Eckstein was in 1948 when visiting him and İhsan Doğramacı in the pediatrics clinic of *Ankara Numune Hospital*, to ask for guidance about some career opportunities. The clinic, he recollects, was "a very democratic one" and Eckstein, was "a very different professor, when com-

65 In 1937 careful inspection of mouth ulcers and infection of the eyes symptoms by Hulusi Behçet revealed a new disease of viral origin. It is now referred to worldwide as Behçet's Disease.

pared to the others".[66] It is interesting that a 1946 graduate of *İstanbul University's Faculty of Medicine*, almost 15 years after the 1933 reform, sees the democracy Prof. Eckstein had established in his clinic as a distinguishing feature. This indicates that the 1933 reform's task of transforming the old education system, in which the authority of a professor was grounded in his status as a professor, and teaching was seen as a one-way transformation of knowledge, was a big challenge. It also indicates, that the reform could not completely eradicate the roots of the old pedagogical mentality.

Although education as an interaction process did not completely turn into an act grasped by all professors, the efforts for improving educational institutions both in quality and in number continued. In the second half of 1960s, the Hacettepe faculty undertook the difficult task of establishing pediatrics clinics all over Anatolia. Young doctors moved in groups to provincial towns like Erzurum, Kayseri, Samsun, and Trabzon. In 1966, the year Burhan Say went to Harvard with a Fullbright scholarship to study genetics, a new medical Faculty opened doors at the Atatürk University in Erzurum. Howard A. Reed provided an account of the establishment of new medical faculties in provincial towns of Turkey:

> In 1965–66, the governing body of Hacettepe undertook to develop a medical faculty for Atatürk University in Erzurum, sending Professor Ali Ertuğrul as dean with 33 young colleagues. This represented nearly a third of Hacettepe's academic staff. Within three years, the new medical school was working closely with some 40 rural health clinics. When the Hacettepe group arrived there were only six physicians in Erzurum. By 1973, there were more than 200, most of them products of the new medical school, and others who were attracted by it. In 1974, the medical faculty of Atatürk University agreed to form the core and develop a medical faculty for the new Çukurova University in Adana. In the meantime, the Hacettepe medical faculty itself is sponsoring a branch medical faculty in Kayseri, and other new ones in Eskişehir, Samsun, Sivas, and Trabzon, largely by means of basic science training for the first three years of medical studies, primarily in Ankara, then providing the clinical training in affiliated hospitals in those cities where new universities are being founded. [67]

The development continued in many parts of the country resulting in an elevated consciousness about modern medicine, and a relatively high quality of clinical health care. Additionally, the pediatrics clinics of İstanbul University made major advances to child health in Turkey during this period.

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66 Written communication on 13 September 2007. The authors would like to thank Professor Burhan Say for sharing his memories of Professor Albert Eckstein and remarks on Professor İhsan Doğramacı.

67 Ibid., 63:219.

Between 1968 and 1973, Say worked at Hacettepe University, combining pediatrics, hematology and genetics, and established the first genetics department in the country. His primary supporter during those years, he says, was Professor İhsan Doğramacı, who "came with new projects almost every day, and lavished endless energy on them to make advances".[68] In 1973, Say left for Tulsa. He worked at the University of Oklahoma as a clinical professor. With his colleagues, he published eleven new malformation syndromes. Say also established a department of genetics at the Tulsa Children's Hospital, and contributed to the establishment of the department of molecular biology and genetics at *Bilkent University* in Ankara.

The 1980s saw a rapid expansion of the private health care sector in Turkey. The Ministry of Health prepared new policies to attract private sector investment in health services and successfully achieved an increase in the number of private hospitals. It, however, could not entirely succeed in ameliorating inequalities in the distribution of health care, since the private sector chose to concentrate in big cities. With the increasing popularity of private hospitals, a decline in confidence of public health services followed. Unfortunately, Turkey has relatively few health personnel compared with other countries. Currently the ratio is approximately one doctor and one nurse per 1000 population, the lowest figure among the 51 countries in *WHO's European Region*.[69]

Concluding Remarks

The careers of Albert Eckstein, İhsan Doğramacı, and Burhan Say provide important evidence of how medical education, health care services and the very approach to higher education were transformed in Turkey. Their respective histories make one think about the rise of humanitarian values out of the cinders of a dark period of hatred. They also speak of the profound transformation Turkey underwent in the realms of education within a short period of time. With the accounts of Prof. Doğramacı and Prof. Say, this article covered an important albeit a limited aspect of the émigrés contribution to Turkey's transformation from a country with underdeveloped pediatrics clinics in the 1930s to a country with practitioners well-informed in medical science, who left to history syndromes named after them in the 1970s.

The émigré physicians on whom the people of Turkey relied for transmitting modern medicine, had to deal with poor sanitary conditions, underdeveloped clinics and insufficient financial support for equipment and facilities needed. More importantly, they had to deal with the image of a physician in minds of a predominantly traditional society used to dealing with health problems by trusting in God's

68 Ibid., 68.
69 Ibid., 7:77.

omnipotence. The first generation students of the émigrés had to deal with a lack of funds and the slow developments. However, they worked in a relatively transformed environment. Difficulties in establishing a practice were reduced during their studies at the university. The features were by no means uniform across the hospitals or clinics, but over time there was a noticeable improvement at all. The lay person's view of the medical profession changed for the better because of the rapid developments in the overall conditions of education, health, and hygiene.

By the time İhsan Doğramacı became a professor, there was a well-educated generation of young doctors, and improved conditions for practice. To be sure in many ways these conditions, too, needed continuous upgrades. Clinics were established all over the country, encouraging enterprising young practitioners. The highly trained practitioners encountered a transformed society. Transformation of higher education accelerated rapidly as well. By the late 1960s gender-egalitarianism at schools increased, as did a larger public role for women. In 1970, Turkey had a higher percentage of women "in several key professions, including university teaching" than did most Western countries.[70] Of the thirty-nine universities founded after 1991 twenty-four were private, and there was a remarkable rise in the number of students recruited to universities.[71] Currently over 1.7 million high school seniors sit for the university entrance examination each year.

The émigré physicians' expertise raised the standards of medical education significantly in Turkey. Albert Eckstein gained a high public profile not only with his expertise, but also with his friendly attitude toward his students and colleagues, and his sympathetic treatment of patients. Three significant outcomes in Turkey are widely attributable to Eckstein: he introduced the ways and the means of collecting public health data and using the resulting statistics in planning and implementing public heath services throughout the country; he eradicated Noma, and thereby reduced Noma related deaths to zero. Through improved pre and postnatal care practices that he introduced, he greatly reduced infant mortality rates. His knowledge and skills have been an inspiration to colleagues and medical students.

Turkey provided a safe haven for over 1,000 individuals who escaped the Nazis. There were greater numbers of émigrés in many other countries, but in Turkey their sojourn left the greatest impact. The expellees from Germany and Austria modernized the country's higher education and some of the most important aspect

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70 Nikki R. Keddie, *Women in the Middle East: Past and Present* (Princeton: Princeton 2006), p. 83. Today Turkey is several decades ahead of western countries, particularly the United States, in terms of percentages of women working as physicians, (26%), and university professors (42%). This is also true at the senior level administration of universities, and government agencies. See Ibid., 15, 443.

71 Fatma Mızıkacı, "Prospects for European Integration: Turkish Higher Education", *Higher Education in Europe*, 1, (2005), pp. 67–80.

of its infrastructure. They played very important roles in the training and guidance of a new generation of students, who went on to innovate further developments. It is fair to say that while the émigrés' sojourn in Turkey was definitely an episode, their impact on that country and their legacy is much closer to being an epoch. Several prominent physicians in Turkey, who had been students of the émigrés, have recently published their memoirs. The future will most probably yield more diaries, autobiographies and the like, which will carry the potential of extending our knowledge of the period, and opening up new horizons in the historical studies of the 1933 reform and the immigration of the noted professors from Germany to Turkey.[72]

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72 For some examples of such recent books, see Tarık Minkari and Figen Şakacı, *Mizah Zekanın Zekatıdır: Tarık Minkari Kitabı* (İstanbul: 2007), Mehmet Zaman Saçlıoğlu. *Güneş Umuttan Şimdi Doğar: Türkan Saylan Kitabı* (İstanbul: 2004).

Welfare and Social Capital in Linköping, 1600–1620

Annika Sandén

This article deals with early seventeenth century local government, both the secular and religious, in order to present a thesis investigation of that period's concepts of "the good society", and the strategies that were used to achieve and retain this ideal.[1] The modern concept "welfare" is used as an analytical tool, not in spite of, but rather due to its modern connotations, because it opens up the field for questions concerning the differences and similarities between us and these people who lived in the past. Perhaps the social transformation of the latest centuries has only created new premises for a striving that is universal and common to all mankind?

Current social scientists often speak of welfare in terms of participation, influence and creation of a society in which people have confidence in formal institutions. In other words this is what usually is referred to as a social "glue", a social capital.[2] An important quest for welfare is how to integrate a fundamental base of trust between different groups of people in society, which differ in lifestyles, working patterns and perhaps identifies themselves in diametrically different ways. In the end, society is build of compound human social relationships. Formal institutions are obviously based on single human individuals. Studies in welfare can therefore benefit from analysis that separates those mechanisms that create, nourish and maintain relationships, both horizontal and vertical. In that way a social capital can be tracked and in what way and for whom it might be beneficial.[3]

Along with the dimensions of power that lies in the terms of social capital, it can also be seen as a collective and societal resource.[4] Robert D Putnam speaks of a strong socialt kapital – bonding social capital – to define that sort of capital that has got the

1 This article is based on the dissertation *Stadsgemenskapens resurser och villkor. Samhällssyn och välfärdsstrategier i Linköping, 1600–1620* (The Towns sense of Commuity. Views of Society and Welfare Strategies in Linköping 1600–1620), (Linköping 2005).

2 See Simon Szreter, "The state of social capital. Bringing back in power in politics and history", Theory and Society, (2002); Michel Woolcock, "Social capital and economic development: Toward a theoretical synthesis and policy framework", *Theory and Society* 1998:27 (1998)

3 Woolcock, (1998), p. 184ff.

4 J. Sundin & S. Willner, "Social stress, socialt kapital och hälsa. Välfärd och samhällsförändring i historia och nutid", *Samhällsförändring och hälsa. Olika forskarperspektiv*. (Stockholm 2003), p. 21.

most power implications.[5] This variant tends to emerge in groups whit people who identify themselves whit one another, politically, socially and culturally. But, according to Putnam, a social capital can grow to people outside the main group. This can create trustful relations between more. This kind of extended social capital is according to Putnam crucial in creating democracy and economic growth. This is called a bridging social capital. This variety emerges in heterogeneous groups, but where there is a common interest. Putnam speaks of voluntary associations as the best forms to get this kind of social capital.[6] Putnam does not see that the state has got this ability.[7]

Marjorie K McIntosh does not see that the voluntary dimensions are necessary in order to get and maintain a beneficial social capital. According to McIntosh, most people in the early modern period were involved in a broader societal goal, just as they at the same time manifested them self trough economic competition and self interest of different sorts. There is not necessarily so, according to McIntosh, that a good beneficial societal resource derives from voluntary associations, from the civil society or from modern democratic institutions. It can just as well emerge from the local early modern – undemocratic – formal institutions, such as the municipal court or the cathedral chapter.[8]

Simon Szreter stresses that a societal social capital ought to emerge from a broader common interest. In contrast to Putnam, Szreter points out that it is the institutions only that can bring about trust in a larger extent. Simon Szreter and Michel Woolcock speak of a linking social capital, in order to describe a variety of social capital that derives from formal institutions. Bo Rothstein has emphasized the same position – a social capital that integrates society emerges in networks which in turn emerges from values on care, equality and support for those in society that needs it the most.[9] This article shows that in the Swedish early modern town of Linköping, social capital was derived from the clearly self-interest of those in the local "elite", as well as a consequence of articulated evaluations of the local society as a whole.

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5 P. Bourdieu, "The Forms of Capital", Handbook of Theory and Research for the Society of Education, (London 1986); R. D. Putnam, *Bowling alone : the collapse and revival of American community*, (New York 2000), passim; Sundin & Willner, (2003), p. 21.

6 Putnam, (2000), p. 15ff.

7 Putnam (2000); Sundin & Willner, 2003, p. 22.

8 M. K McIntosh, "The Diversity of social capital in English communities, 1300–1640 (with a glance of modern Nigeria)", Rothberg ed. *Patterns of social capital: stability and change in historical perspective*, (Cambridge 2001), p. 123ff.

9 B. Rothstein, *Democracies in flux: the evolution of social capital in contemporary society*, 2002; *Restructuring the welfare state: political institutions and policy change*, (Oxford 2002); Szreter, (2003), s 6ff; Woolcock, (1998), p. 185ff.

The intellectual world viewed the good society as an organic whole. Justice and well-being were not a question of individual rights, but rather were found in corporative bodies in which differences together created hierarchical harmony and order.[10] Luther´s Haustafel, which was printed in the hymnbook, stated each person's given place inside the household, and in society. This normative description of positions and relationships seems to have corresponded with the existing social order.[11] The Household, thus, was a symbol of the good society, assumable because of its significant importance for the survival of the individual. Local authorities do not express any concept of development or a utopia of change. They did not seek to redistribute material resources or systematize support for specific vulnerable groups. A fundamental welfare strategy was thus to fit people into households within which they could support themselves. This was also what the municipal court and the cathedral chapter primarily worked with. What was the goal, if it was not change? The institutions re-established bonds of friendship and restored relations. It was a view of society that stressed conservation, with its foundation in an idea of the static good, as previous research has shown was the case in the world of the learned.

How was this ideology on society's welfare expressed locally in a town such as Linköping, where order in local society lay in the hands of a local "elite" that lacked democratic legitimacy, was formed by local interests, and was administered by laymen? Did the ruling authorities such as the municipal court (rådsturätt) and the cathedral chapter (domkapitel) bear the stamp of group interests? Were marginal groups dependent on alms from those better off, or was poor care and support for self-help available in institutionalized form? Further, how was order achieved in local society, both on the normative level and in practice? What was regarded as the good society? Who defined what was considered good? For whom was it good? What strategies were used to achieve and attain this goal? These questions shall be addressed below, first, though, a few demographic remarks.

Linköping made a relatively small society where people lived close to one another. The material resources were generally small, and people needed the support of one another in matters both large and small. The household and the parish were the individual's most important spheres for material, spiritual and social security. Linköping was the capital of the diocese and therefore was not as every other town, on behalf of functions and educated people. The size, though, was just about average, with approximately 1200 inhabitants. The burgers, the church people and the staff of the castle were social groups in local society which probably made households that

10 L. Runefelt, *Hushållningens dygder. Affektlära, hushållningslära och ekonomiskt tänkande under svensk stormaktstid*, (Stockholm 2001); K. Stadin, *Stånd och genus i stormaktstidens Sverige*, (Stockholm 2004); L. Roper, *The Holy Household. Women and Morals in Reformation Augsburg*, (Oxford 1991).

11 H. Pleijel, *Hustavlans värld: kyrkligt folkliv i äldre tiders Sverige* (Stockholm 1970).

were economically and socially stabile. Women, which were legally independent, belonged to the social group of their fathers or husbands. Beside these groups there was another, which contained these people that made their living on much more occasional grounds, as day workers and handymen. All these groups, despite all differences between them, were lawful inhabitants and made households and had their rightful and specific place on a pew in church and thus a place in the parish in the cathedral benches. The persons who had a legitimate home belonged to one of the town's established households and in that way were part of a recognized social group. As such one could claim the access of facilities in town that people tended to need in order to supply for themselves and reassure their security, materialistic and emotionally. Those were the ceremonies in church, as to baptize the newborns, to bury the dead and to get access to the holy communion. Another institution that seem to have been of great importance was the municipal court, which was the place for making economic transitions, as well as justice and re-establishing damaged relationships. As a legal inhabitant one also had the rightful access to the town mill and wells.

The main difference between people was thus, assumedly, between these groups together on the one hand, and the so called "loose people" on the other. This group comprised poor strangers, often unwed mothers. As they did not have access to a functional self suppliant household they begged, and perhaps stole or were prostitutes to support themselves. In this way they were a fundamental threat to the general order. Along with poor males, who often were accused and judged for theft, they were looked upon with great suspicion.[12]

Tranquility and Order

In the activities of both the chapter and the municipal court, an active evaluation of tranquillity and concord can be seen not only towards this group but also to people in general. Order and balance appear to have been the overriding goal for the local institutions in Linköping around the turn of the century 1600. This tranquillity was supposed to leave its mark on all relations, both private and public: children should obey their parents, the wife her husband, and the hired hand his master. The parishioners should obey their priest and gather in the church to express their common thanks. The patriarchal order also implied that even those who were subordinate had certain rights to claim. The priest was to lead the parish by means of sermons and caring for souls. The master bore the ultimate responsibility for the well-being of the

12 On poverty and rejection from society, see R. Jütte, *Poverty and Deviance in Early Modern Europe*, (Cambridge 1994).

members of his household; the person in charge of the poorhouse (hospital) was the master of the poor and was responsible for those who lived there.[13]

To guarantee peaceful relations in local society in the long run, those active in the local institutions had to publicly pledge one another friendship and had to shake hands before the town council and the mayors. This was a part of settlements and sentences, for example, the command to want to treat one another well, to harbor love and friendship for one's brother, as it stands in the records in the settlement between a nobleman and his priest. To place a high value upon peace between neighbors was a way to work for the good of all. When a husband and wife under penalty of a fine had to agree to live in peace and harmony with one another, it was not merely a well-intentioned wish on the part of the cathedral chapter, but rather a demand that had been formulated. It was a kind of suspended sentence, because otherwise they would have been sentenced to banishment from the parish.

Who Was in Charge?

It was the mayor and the councils who carried out administration and justice in the town, even if the cathedral chapter dealt with similar cases in their meetings. The social order was a question for both the secular and spiritual authorities. These institutions, the municipal court, the cathedral chapter, and the parish council held, the society together. The basis for secular justice was found in Christopher's Law of the Land and the Town Law of Magnus Eriksson.[14] The cathedral chapter followed the canon law of Laurentius Petri.[15] The meetings of the parish council were determined by what happened in town and by what the members of the parish council regarded as being of importance and interest. The municipal court and the cathedral chapter were arenas to which people turned with matters with which they wanted help. Especially the municipal court met to deal with the most disparate kinds of matters, such as repairs to the cathedral, economic conflicts or actual criminal cases. The municipal court even chiselled out the guiding principles in very intimate relations and the conditions in individual marital relations. Local society was thus formed both practically and normatively in negotiations between the formal leadership of institutions and the people who used these functions.

There was consensus on what was regarded as threats to the order of the town. The cathedral chapter and the municipal court had the same fundamental attitude in all

13 S. Ozment, *When Fathers Ruled. Family Life in Reformation Europe*, (Cambridge 1983); Roper, (1991).

14 Magnus Erikssons *Stadslag i nusvensk tolkning*. Å. Holmbäck & E. Wessén, (Stockholm 1966).

15 Laurentius Petri,, "Oeconomia Christiana. Om Christeligh Husholdh och huad huario person eientligh effter gudz befolningh i huusholl tilkommer", *Skrifter från reformationstiden* 5, (Stockholm 1897).

their activities. Both worked to maintain households and thus shared an idea about how society should best be organized. The composition of local government was such that the bishop, mayor and others from the spiritual and secular authorities were probably acquainted with one another. The activities of the parish council show that the political leadership was primarily formed by a group of men from among the burghers. Sometimes it was even the same men who sat in both the parish council and the municipal court. This probably was of significance for the similarities that have been found.[16] The institutions had a similar way of striving for their goals, but that will be accounted for below.

The activities of these authorities were shaped by the concerns of the local society. Seen from the perspective of the formation of states, the business of the formal institutions in Linköping around the turn of the century 1600 sheds light upon local political culture and administration before the bureaucratization of the country's administration.[17] It was only the sheriff, a crown official, who represented the interest of "others" in the town, and at the same time the state left very few tracks in the records. After more than half of the period studied had passed the court of appeals was established in 1614. At the end of each year the court of appeals was to have a copy of the records of the lower courts in order to be able to check on whether or not the administration of justice was in line with the law texts. Because there is no evidence that court of appeals criticized how justice was carried out in Linköping, it can also be assumed that even on the national level, it took time to realize the function of the court of appeals.[18] The 1608 amendment to the printed version of the law of the land with its drastic increase of sentences, for example, for sexual crimes, has not left any traces in practice. No one was sentenced to death for adultery, nor for incestuous crimes. When it came to the national canon law, the synod was the institution that implemented this law in the parishes. Both the cathedral chapter and the parish council referred sometimes to new regulations, as, for example, when the parish council referred to the Örebro meeting of 1616 when it was decided that a woman who had lost her virginity could not bear a bride's crown when she married.

Local government thus set the town's agenda, that is, it determined what was important, which groups were problematic, and how they were to be dealt with.[19] Those

16 Sandén, (2005), p. 85ff.

17 Eva Österberg have emphasized that the relationship between local society and the state shall be understood in terms of integration. E. Österberg & S. Sogner, (eds.) *People meet the Law. Control and Conflict –handling in the Courts*, Universitetsforlaget, Oslo (2000); Österberg, "Bönder och centralmakt I det tidigmoderna Sverige. Konflikt – kompromiss – politisk kultur" *Scandia* 1989:1 Börje Harnesk, on the other hand, have stressed the conflict aspects, B. Harnesk, "Något om den lokala självstyrelsens problematik under 1500- och 1600-talen", *Individ och struktur i historisk belysning: festskrift till Sune Åkerman,* T. Ericsson & G. Guillemot (eds.), (Umeå 1997)

18 A study of Vadstena, ca 1610–1630, shows that the transition to a more faithful application of the law took time to carry out. "Handlingsnormer och rättskipning i det tidigmoderna Vadstena", *Socialhistoria i Linköping* nr 1, (Linköping 1997), p. 33.

19 Sandén (2005) p. 85 ff.

who were different were strictly excluded by the parish council, such as unknown strangers and those who did not live Christian, God-fearing lives. Only if strangers could show who they were, how they made their living, they could participate in the religious service and in the life of the community. It is not possible to know who actually attended and took part in the parish council meetings. Because the alienating attitude that the parish council showed was probably not held by people in general, the parish council may not have been representative for the town's population. There were thus groups in the local society that had little or no insight into the decisions that were made about matters that pertained to them. That was, for example, true of unwed mothers. The fact that the parish council largely consisted of those men who also were in charge of the municipal court, that is the mayors and the council, the city can be said to have been run by men. When the burghers did not work via their membership in the council, they were either merchants or artisans. Because the municipal court was the arena in which the market was regulated and a forum for information and decisions in economic matters, it should be possible to assume that the municipal court served the interest of the burghers. Still, did the town council, the parish council and the cathedral chapter in their respective fields of action and decisions work for the common good or for the special interests of their respective groups?

… and Who Did Benefit?

The members of the town council were chosen from among the trusted burghers of the town. For the person who belonged to the burghers it was, generally speaking, a resource to invest in and to defend. The municipal court was an arena where membership in the town's male social and economic core was manifested. It was in the court house that they assured themselves of the confidence of the others. This took place in ritualized form. If a burgher was suspected of having committed a crime, which sometimes happened, the municipal court could "render the act harmless." This did not mean that the burgher was acquitted, but rather that it was of significance who the suspect was in local society. When a burgher committed a crime, a settlement was usually mediated and a lower sentence was handed down than what the law prescribed for the crime in question.

The municipal court was both an institution and an arena. Here economic transactions were sanctioned, and decisions were made concerning the practical order of things in the town, for example, when the wells were to be repaired, which burghers would do this, and how much they should be paid. The municipal court also had a number of rituals which balanced social relations. By swearing one another honor and peace, order could be reestablished and both parts could leave the court house with their honor intact. The plaintiff won his case and received compensation, while the condemned could atone his crime through the punishment and later regain his former

position. The practice of the court favored people who had the confidence of those in the center of power. When serious crimes were committed, hired men, female servants, soldiers and others with lower social positions, who had few or no connections to the burghers' circle could have difficulty in availing themselves of the rights that the law gave to a suspect, such as the evidence provided by an oath because its foundation was the town council's and the mayors' recognition of the status of those in local society who swore the oaths.

In order to be able to utilize the rituals of the town council it was also important to have a capital of trust. Even in the cathedral chapter a personal capital of trust could play a role. In particular women could have much use for a man with a position of trust who spoke on their behalf. When a woman wanted to get a divorce from her abusive husband, it was of significance that she had the support of the province official person without means in the poorhouse could be represented by the councilman that was in charge of the poorhouse.

People who stood outside these corporations were threatened by marginalization.[20] Those persons who did not have a permanent residence, who supported themselves by begging, who stole or who committed adultery were regarded by all of the institutions as a threat to order in local society. Unwed mothers and "vagrants" had few, if any, connections with these arenas where decisions were made about their conditions.

Actual Welfare Strategies

When people lived in a self-sufficient household headed by a wedded couple, the foundation for the Christian social order was laid. This also was the premise for basic economical survival. Local society, however, had to take a stand to the fact that neighbours quarrelled, that certain people were not able to support themselves, that unmarried women became pregnant, that couples want to divorce, and that the tranquil order that was the major objective simply would not be reached. People lived in close proximity and were dependent on one another. It was a society that generated conflicts. The conflicts between neighbours, infringements and malicious rumours threatened this order. Each and every one was supposed to carry out their assigned tasks in the household and in local society under stable hierarchical conditions. Just as earlier research has pointed out, the primary goal was to maintain an organic whole, where people could live in peace and harmony and go about the task of making their own living.[21] The formal institutions, however, hade numerous strategies for maintaining both order and a functioning local society.

20 Jütte, (1994).

21 J. Sundin, *För Gud, staten och folket. Brott och rättskipning i Sverige* 1600–1840, (Lund 1992); Stadin, (2004).

The Principle of Maximizing Utility

The importance that the intellectual world placed on the household had a practical application in Linköping. Local government expressed the same basic position in its actions as the learned did in their writings, but government showed flexibility and variation. The overriding goal in the practical actions of local government was to fit people into households. In order to maintain the hierarchical and patriarchal order in the household and in local society demanded compromises. The municipal court and the cathedral chapter acted on the basis of the purely pragmatic principle that whatever encouraged peace and harmony among the inhabitants was good. This was true on all levels—between parents and their children, between marital partners, between the town council and the sheriff. When the cathedral chapter divorced people who could not live together in spite of the fact that there was no legal motivation, I see it as a way of optimizing utility. From both the church and the marriage partners, as well as parents and neighbours, there should have been an interest in building up a marriage that could endure. In spite of the law both the cathedral chapter and the municipal court gave a great deal of room for the specific circumstances of the individual case.[22] The law was not absolute, but rather seems to have served as a guide.[23] When the cathedral chapter negotiated with the persons who had sought help in marital and divorce cases, the content of the marriage was formed. In the same way the men of the parish formed part of the content of the priest's role. This was the pragmatic effect of taking into consideration the wishes of people. The flexibility in the way in which the cathedral chapter operated is seen not as arbitrary or random, but rather served a long-term rationality of stability.

The social order that was the goal thus had its foundation in a kind of maximization of utility, sometimes at the expense of the individual. The fact that people lived close together and that the members of the town council and the inhabitants of the town were integrated with one another, was probably both a premise for the flexible treatment and a product of it. The closeness made it possible to take into account the specific circumstances in each case and how it could best be resolved. This same proximity demanded a flexibility of action. The mayors and the town council both could and were forced to take into consideration the circumstances of those involved. It was a strategy for order. The decisions handed down by the municipal court and the cathedral chapter were thus based first of all not on individual rights and the interests of individuals, but rather on the collective good. The large range of action in the dealings of the courts could, on the other hand, give the impression of quite the opposite. In every case the very specific circumstances of

22 See M. Lennartson, *I säng och säte. Relationer mellan kvinnor och män i 1600-talets Småland*, (Lund 1999).

23 This seems to have been the characteristics of justice in Early Modern Europe, B. Lenman & G. Parker (eds.) *Crime & the Law. The social History of Crime in Western Europe since 1500*, (London 1980); J. Sharpe, *Crime in Early Modern England 1550–1750* (London 1984).

the actual partners were carefully considered. The sentence, for example, was adjusted to the ability of the person fined to pay, settlements were adapted to the circumstances of those involved, and the very intimate conditions in marital cases bear witness to the fact that every case was individual, and that, even if the ultimate utility should serve the collective, consideration was taken to the wishes of people. This implies that the courts' actions were at the same time individualistic.

Banishment and Incorporation

People were assembled in church for "enjoyment," to assure themselves of spiritual and worldly well-being, to demonstrate their belonging, and to guard their positions. At the same time as institutions, using more or less heavy-handed methods, "drove" people into households and church pews, the same institutions could also prevent people from gaining access.[24] The cathedral chapter sometimes forbade someone from remarrying.[25] Forbidding marriage or noting the "correct" marriage was an expression of the same demand for conformity that characterized the municipal court and the parish council. The church and the town council established the norms of the ordered society by sanctioning access to these spheres that created resources.

Because unwed mothers were usually the target for the institutions of the church that dealt out punishment, it was often women who were excluded.[26] It is not possible to know how many were punished in this way. Exclusion was a punishment for the person who suffered from it. Exclusion from the parish probably also denoted an alienation in a broader sense. It was the same as being excluded from society. From the perspective of the leadership it was also a way of cleansing the parish of "disruptive elements."

In addition to the municipal court, the parish council guarded the borders of local society closely and were skeptical to those who did not have proper papers as to who they were and what their errand was in town. When the parish council administered a fine for an infringement, there was sometimes also the threat of banishment from the parish if the same crime was repeated by the same person. If a third crime of the same sort was committed, then the person would be banished from town.[27] To be banished from town was thus the most stringent form of banishment.

Execution was a punishment for especially serious crimes. But it was of importance who the criminal was.[28] Those who were condemned to death by the municipal court were all strangers in town and thus lacked important networks. They belonged to the

24 Sandén, (2005), p. 217 ff.

25 Sandén, (2005), p. 180ff.

26 Cf. M. Lindstedt Cronberg, *Synd och skam. Ogifta mödrar på skånsk landsbygd 1680–1880*, (Lund 1997).

27 Sandén, (2005), p. 180ff.

28 Sundin, (1992), p. 455ff.

group ”vagrants” that institutions tried to get rid of. A man who was condemned to death because of his thefts, had luckily one of the town’s most powerful merchants as his father, a man who had earlier been mayor, and who was one of the men in the bishop’s circle.[29] The sentence was not carried out. Instead the condemned had to ”go underground” for a while. Banishment and execution appear to have had the same goal: the criminal had disturbed the order and had to be removed.

Integration was another method of creating order. Young women and men were not supposed to ”stand on their own,” but rather to take posts as female servants or hired man and thus assume a legitimate place in the social order. The town council tried as well as they could to find places in households for the town’s unmarried mothers, perhaps as servants somewhere, or even with the father of the child. In other words the local institutions tried to minimize the number of marginalized persons. Banishment, integration and execution were thus strategies with the same goal. The person who was banished from town no longer existed, as long as the person did not come back—only to be banished once again. Outside the town there was little protection for the individual. This shows that the security of the individual was dependent upon affiliation with the “communities” within the town.

Ritualized Honor

Honour, by regulating actions, acted as a cement between people both vertically and horizontally, and it was also used by the local institutions as a strategy for the confirmation of the norms of order. Honour was personal capital that assured access to the most important communities.[30] Honour was thus something to defend. Personal reputation was closely guarded and the municipal court punished severely those who spread rumours. By doing so, these formal institutions reaffirmed the practical social value of honour. Honour had a different appearance when viewed vertically, that is the merchant had another range of action than did the hired man, but horizontally there was consensus concerning this resource creating function.

To simplify, it can be said that the local institutions sustained the significance of honor. The ceremonies of the church manifested honor. In addition to the religious benefits, there was also a social dimension in the ceremonies of the church. Properly carried out in the presence of neighbours, people invested in social and material security. Marriage, baptism and the reception of the mother in church after childbirth were primarily a visualization of women’s honour. For those who for various reasons were not included in this norm, for example the unwed mothers and their children,

29 Sandén, (2005), p. 118ff.

30 Ch. E. Sandmo ”Aeren och aerekrenkelsen”, *Normer og social controll: ca 1550–1850 Domstolene i samspill med lokalsamfunnet* Rapport II, det 22. nordiske historikermöte (Oslo 1994), p. 82; M. Dinges, ”Die Ehre als Thema der Stadtgeschichte. Eine Semantik im Übergang von Ancien Régime zur Moderne“, *Zeitschrift für historische Forschung* 16,(1989).

there was little room for them on the established arenas of security. Both men and women were suspicious of sexuality outside the bonds of marriage, perhaps because they witnessed the poor living conditions that an illegitimate child could entail. Perhaps it was such a woman, outside the church in both a physical and social meaning, that the other women wanted to avoid becoming, or be suspected of being. Sexual intimacy was an axle around which norms concerning social order were reproduced, within which marriage was the smallest element. By sanctioning the right to the most important community by means of the peaceful behavior, prescribed by the local institutions, honour was made a catalyst for a peaceful community. When the right to sexual intimacy was conditioned in this way, there was a social incentive to keep to the rules. This ritualized honor balanced relations and in this way regulated the norms of the ordered society.[31]

Appointed Guardians

The individual burgher invested in his membership in the community by performing those services that were assigned to him. When he did this, such as serving as an appointed guardian, links were created between various groups in society, whereby the matter came to be of interest to more than those involved from the beginning. Perhaps the individual burgher had visions for local society as a whole, or perhaps he performed those services that the town council had assigned to him because it secured his position within the circle of the town council. Whatever the reason, it was apparently an effective strategy to realize settlements and carry out the decisions reached by the municipal court. A successful arrangement was one that favoured all parties. When the municipal court appointed guardians to take responsibility for someone who was to be released from jail, a greater number of people became interested in a successful reintegration. The dominant system of responsibility had the same consequences. The master of a household who allowed his hired hand to be out at night or the master craftsman who could not keep his journeymen in order could be sentenced to make compensation for the damages that the members of their households may have caused. By placing responsibility not only upon the hired man, but also upon his master, the crime of the hired man became the business of more than just himself. From the mayors, councilmen, masters of the households, and even criminals, chains of reciprocal dependence were created—the mayor and the council wanted to create social order, the guardian strengthened his membership in his group, the criminal sought his freedom, and the sum of the individual elements meant that order was restored.

The question is how much intent was involved in the actions of the municipal court and the cathedral chapter. Was the system with the appointment of a guardian a kind of social engineering or should it be understood from the perspective of mental-

31 Sandén, (2005), p. 213ff.

ity? The one does not exclude the other, but I perceive that phenomena such as including, uniting and linking together were part of that period's way of thinking. Strata, social position and groups were central concepts in the intellectual life and even in the practical life of the day. Individuals were always part of a context, included within various functions and parts which had what were apparently different values, but which together comprised a whole. People should be part of a household: marital partners should be united, unwed mothers integrated, and female servants and hired men should get jobs. The person who was not included moved through a vacuum – ideologically and practically.

The Good Parish

When people lived in marriages or in a household, just as the priest preached in his sermons, God's order was preserved. As canon law prescribed, and as the cathedral chapter also had the scribes articulate in the records, the regulations concerning marriage were also a way to safeguard God's protection. Extramarital relations displeased God. The whore was the work of the devil, and the guilty one had to be returned to God's good order.

In the same way the religious punishments, in addition to the punishment itself, can be seen as an important welfare strategy. The individual by means of his crime had angered God. By means of a ritual of forgiveness with elements of shame and disgrace the guilty person could show his atonement, be forgiven by the priest and the parish, and be reunited with the parish again. The ritual thus restored stability between God and the congregation.[32] To recreate order was thus not just a question of a practical, secular order, as when the members of a household lived in complete harmony according to the prescribed hierarchical order, but also a way of appeasing God. If God liked what he saw, then perhaps he would rest his hand over the congregation. When all groups in local society gathered in the religious arena – young and old, nobles and servants – a godly social order was visualized. Everyone was needed for that. This was not something that the bishop and the cathedral priest could fix themselves within the churchly arena. When the congregation gathered in the church in a common ceremony, a stable relation was established between God and the congregation. Then there was reassurance of His protection against plagues, war and diseases, and for love, happiness and well-being. To placate God was a collective resource where the individual's interest in the functions of the parish was consistently subordinated to or ran parallel with the formal local institutions. It is in this way that I interpret the coercion of the church and its threat of punishment to the person who placed himself outside the congregation.

32 Sundin, (1992), p. 127ff.

The local government thus tried to formulate the conditions for welfare by creating the premises for two important spheres – the home and the parish. The question is whether this also applied in the countryside as well. Hypothetically the fact that the bishop and the cathedral chapter were found in the town and that the cathedral chapter also participated in the parish council was significant for the great value that was placed upon religious dimensions in the striving for welfare. Conditions may have been different in other towns of similar size, but where the bishop and the cathedral chapter were lacking. The residents of the town of Linköping probably also had significance for the formation of institutions, because through their problems they contributed to the creation of institutional praxis. Because there is no corresponding research for the countryside, or for another town, it is difficult to draw any general conclusions. Generally speaking, this manner of solving conflicts can be placed in a broader context, for example, pragmatism in the cases concerning marriage.[33]

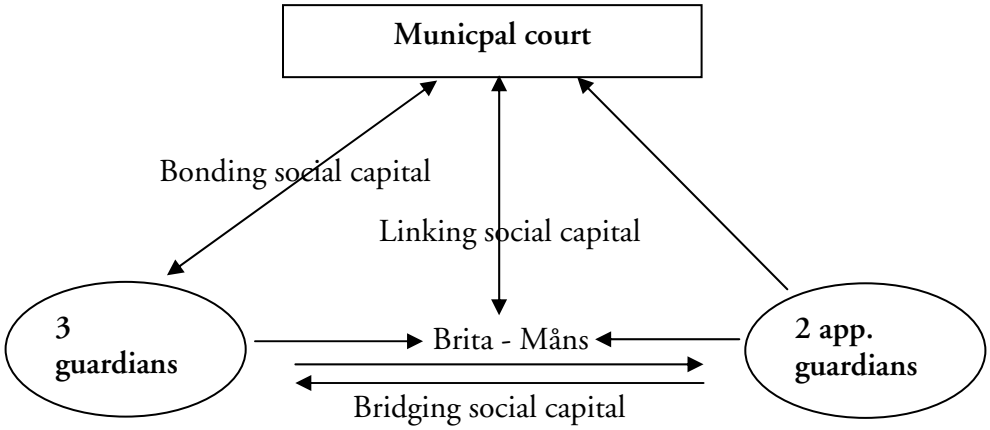
Social Capital

Thus, for those who were "on the inside" resources were available. In the town were found material resources such as wells and gristmills, and the community of the parish and the municipal court. Most people were excluded from the ranks of decision-makers and had little or no possibility to influence the decisions that were made concerning their interests, such as the unwed mothers, hired hands and female servants, even though the town council protected the households of the burghers by safeguarding the town's privileges. The town's leadership was not a democratic organization. It has been shown that the strategies that were used were built up around the common norms of honour and belonging. The strategies that were used created a closely-knit society. People who lived there needed to be able to depend on one another. Did they? People used the institutions in the most different ways and apparently believed they could be useful. There existed what present-day social scientists and social economists call social capital.

The case with Brita and Måns can illustrate how good social capital could consist of various elements that do not necessarily have to be rooted in the common interest, but how personal interest can be used as in order to get a collective benefit. A collective resource might emerge out of a chain of several individual actors with self-interest and collective interests. By getting appointed guardians a resource was linked to the couple, who obviously did not have other beneficial networks. This is there fore an example of a Linking social capital, that form of capital that is sprung out through an evaluation of society as a whole.

33 Cf. Lennartsson, (1999). On the legal application of solving conflicts, see, for example, Sundin (1992); Österberg & Sogner, (2000), and others.

Brita and Måns were an ordinary married couple in Linköping. In the year of 1611 they appeared in court, apparently because of Måns' abuse of Brita. According to the protocol, Måns must stop his shameful and insulting name calling. Apparently it had happened many times before and everybody, that is Brita, of course, as well as their neighbours and the court, were tired of the anxiety and unsettledness he created. But instead of condemning Måns of the verbal abuse, or in any other way criminalizing his behaviour, the court made the parties shake hands, and along with the handshake make a promise that all that had been said and done, should from this day on be forgiven and forgotten. To settle the case, Brita got two appointed Guardians, and Måns got three. One can wonder how Brita felt upon this reconciliation. Perhaps it was a demand that was directly opposed to what she wanted, but from the point of view of the community it was naturally better if Måns and Brita could reestablish their household. The perspective of the whole probably meant that individual wishes were sometimes subordinated. One can also wonder about the appointed Guardians, what were their roles? The protocol unfortunately does not tell us much about that. However, the case illustrates how the municipal court worked on longer goals, and how it acted to achieve it. This is my interpretation:



The arrangement can illustrate how resources were linking from the local formal institution – a linking social capital, to the spouses, through the appointed guardians who in doing it invested in their individual membership in the local elite, rather than acting out of care for the spouses, whom probably were not of his acquaintance. Further, in this process of negotiation with the parties, Brita and Måns, there was also built conditions for a trust between people who probably came from different social groups and assumable not acquainted – a bridging social capital. If the arrangement would succeed in getting them together, a bonding social capital would also be re-established between the spouses. A few years later, Måns defended Brita in a slander case, which indicate that the attempt to reconciliate them actually succeeded. Perhaps the single appointed guardian wished to promote his interests in the network of local elite – the court – rather than acting out of care for Brita and Måns (who probably were not of his acquaintance). By assigning for the commission, and bringing it about,

the appointed guardians invested in their relationships and enforced a bonding social capital

Brita's and Måns' marital happiness can hardly have been of personal concern to the mayor and the town council. When the municipal court restored to its previous role and function a household that was threatened with dissolution, I interpret this as something derived from a value placed upon the society as a whole, as part of long-term planning for Linköping's collective stability and order. In this way the town's leadership created a social capital by institutionally linking the strong and the weak groups. In the process, people with what appeared to be differing tasks and interests and who otherwise did not have much to do with one another, were bound together. R. D. Putnam argues that when people who really do not have too much in common are gathered in a common interest, trust can be created between people who otherwise would seldom have met. The result can be that people feel trust for more than those in their own group. Such activities among people create the prerequisites for reciprocal trust. Modern social scientists speak in terms of social capital. The mayor and the town councilmen in the municipal court in Linköping probably spoke about the conditions for maintaining order.

Reliance on Institutions

The municipal court and the church were arenas where the inhabitants of the town invested in and manifested capital of security. The life of the parish and the ceremonies were obviously important for people in both a religious and a social sense. The church's domain was a very important arena where the church through formation of the ceremonies could illustrate a good social order, just as for the members of the parish it was an arena for the manifestation of belonging and position in the community. The formation of the ceremonies of christening, marriage and the formal reception of women in church after childbirth served the interests of the women among the burghers. It was within the arena of the church that women primarily established and manifested honor. The court house was primarily for these men. At the same time that the practical activities of the local institutions were directed toward the collective, the men and women among the burghers appear to have been privileged groups: the functions and ceremonies of municipal court and the church served first of all their interests.

However, those in society with a presumedly low social capital also clearly valued the rituals of the town council and the church, and used the formal institutions to improve their conditions. Single mothers went to the cathedral chapter in order to force the fathers of their children to take responsibility for the child.[34] The same was true of women who were abused in their homes. In spite of the fact that not only the

34 Cf. Lindstedt Cronberg, (1997).

law, but, obviously, even their partners were against them, they believed they could receive advice and help in the cathedral chapter and the municipal court. The conclusion can thus be drawn that there was great confidence in the formal institutions and that they were used by more than those who belonged to the upper social strata. The many ways of confirming honour showed that people believed in its power. People relied upon a handshake. They relied upon agreements. The same reliance was attributed to the transition rituals of the church. The woman who had again been received into the congregation after childbirth, for example, was not the same after the ceremony. It had changed her. The binding power of the ritual must be seen in terms of the need to be able to confirm decisions and to establish relations and positions in a time without a real written tradition. The written agreement has the same power and is built upon the same principles: to maintain norms and order a form for agreements must be found that can be relied upon. Therein lies its value. The confirmations of honour in the municipal court and the reacceptance of women in the church, for example, established in the same way agreements about social order and position. Rituals bound society together, they changed something, restored or manifested something. For a ritual to function in this way the sanction of officialdom is necessary. The town council and the church were thus arenas within which the inhabitants of the town demonstrated their confidence, manifested their honor and safeguarded their positions.[35]

It is my understanding that when the residents of the town placed confidence in advice and justice in the formal institutions that trust was built up—with the neighbor and with the priest, with the mayor and with the town councilmen. When the individual burgher took care of his own personal capital of trust by performing duties as a guardian, it apparently provided effective fuel for realizing the goals of the town council.

Why did the municipal court forcibly bring about peace and harmony with the help of trusted men from the leading stratum of the city? A marriage restored to its original harmony probably provided assurance of a household that could provide for itself. With their marriage intact the proper order of the household and God's protection were also maintained. This should be seen as an expression of far-ranging notions about local society as a whole.

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35 Sandén, (2005), p. 129ff; 168ff; 213ff.

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