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RECREATION OR PROFESSIONAL NECESSITY: THE TRAVELS ABROAD BY 19th CENTURY NORWEGIAN DOCTORS. THEIR DESTINATIONS AND THE REASONS FOR CHOOSING THEM

1. BACKGROUND

1.1 WHAT IS «NORGES LEGER» AND «THE SHAPING OF A PROFESSION»?

This article is intended to serve two purposes: Firstly it would be appropriate with a short presentation of the two related projects; «Norges Leger» and «The shaping of a profession». And secondly to give you an account of the special approach chosen to work with them by outlining some of our findings.

For some years I have worked together with professor Øivind Larsen on a project called «Norges Leger» (the Norwegian doctors) which is by now, September 1994, an almost complete collection of biographies on all Norwegian medical practitioners, both living and dead, a total of approximately 21 000. The information in these biographies varies in both depth and width, from person to person and from source to source. Our main source in this work has been the earlier editions of «Norges Leger», from 1873 and onwards, and the answers to our questionnaires by a majority of the approximately 16000 contemporary doctors.

The other project, a book called «The shaping of a profession», is meant to be a companion to «Norges Leger», and will be an analysis of some central aspects of the doctors lives based on our main sources; the biographies, articles and books by the doctors concerned and by their contemporaries.

The different types of work that have been necessary during the compilation in the «Norges Leger» project, involved for instance every biography being read at least two times, to become familiar with the Norwegian doctors of 19th century. Then some questions begged for answers as a result of two independent circumstances.

1.2 TWO REASONS FOR STUDYING THESE TRAVELS

First of all: While working on the «Norges Leger»-project I finished my major subject in human geography. My thesis was on the factual and possible impacts of the Olympic games at Lillehammer 1994 on local and

regional tourism. And one of my main interests is still tourism and travel. That is, tourism and travel by others.

Secondly: When the doctors of the 19th century and early 20th century were asked to give information to the editor of the biographies, their travels abroad was of particular interest to him.

The doctors were therefore asked to give an account of their travels. This meant that we today have a fairly good record of the travels abroad undertaken by important cohorts of the doctors of the past; when, for how long, where and why they traveled.

1.3 THE NEGLECT OF WORK RELATED TRAVELS IN WORKS ON TRAVEL AND TOURISM

Much has been written on different aspects of leisure, tourism and travel, based on different theoretical views. These topics have been central to work done by geographers, anthropologists, sociologist, economists and others. But the travels done in relation to work or studies are not well (or not at all) represented in these studies.

The reasons for this neglect are manifold. One explanation that is near at hand, is the theoretical construct where by leisure, tourism and travel is viewed as being the opposite of work, our every-day life etc. The inclusion of work related travels could lead to obscure the clarity of the analysis of the «otherness» of travel. Tourism and travel research is often done as part of more theoretical works, and this is another, but related reason for this neglect. Tourism and travels is studied as a means to study other, general, often meta-theoretical topics, modernity, post-modernity, internationalization etc. The combined results of this neglect are that work-related travels a) do not seem to exist for the academics working on these topics or b) are to be treated in the same way as «tourism in general».

The travels of the Norwegian doctors can be pre-viewed as both work and recreation, and the two projects «Norges Leger» and «The shaping of a profession» have given me an opportunity to examine some ideas that have not been at the core of recent tourism and travel research.

2. OUR FINDINGS SO FAR, AND WHAT DO THEY TELL?

The main purpose of the systematic treatment of the information in the biographies, is to establish a general view of the travels of the Norwegian doctors; who traveled, where they traveled from, how their travels were financed, and what their purpose for travel was.

2.1 SOME BASICS

The sample used as a basis for this article consists of all Norwegian doctors born in the six years period 1840–45, a total of 118. In the book «The shaping of a profession», the analyzis will be extended with samples from 1810–15 and 1870–75. These three samples are made out of a data base

established in connection with the new edition of «Norges Leger», and the information is collected from the earlier editions of «Norges Leger» (5–9).

Of the 118 doctors in this 1840–45 sample; 41,5% had not indicated any travels, 19,5% had traveled once, 7,6% had traveled twice, 11% had traveled three times, 5,1% had traveled four times, while 15,3% had traveled five times or more. In addition 16 doctors had one or more vague statements concerning travels abroad. These vague statements are most often a variation of the type «he traveled several times abroad to study». All of those with vague statements had given information on one or more concrete travels. The 74 travelling doctors had a total of 244 travels (not included 11 emigration or missionary travels by 8 doctors).

2.2 TRAVELS BETWEEN 1861 AND 1910

All the recorded travels took place in the period 1861–1910. 82,7% of the travels took place between 1870 and 1900. These travels are undertaken in a period where there is a transition in the different types of travel and their relative importance. This transition starts from a dualism of luxury travels and upper class travelers on the one hand, and their counterparts of necessity travelers, on the other. This transition is a process that is still going on, a process where by travelling are getting more and more common. Whether it is an effect or a cause shall here be left unsaid, but the tourism industry is gradually developing in the course of this process. Luxury travels of course still exist, but the so-called democratization of travel and tourism has made these activities both desirable and within reach for a substantial part of people in the industrialized countries.

2.3 NON-TRAVELERS

Let us start with those practitioners who did not state any travels, and let them be interpreted as non-travelers. Analysis of the information we have concerning these doctors, does not help to explain in detail why they did not travel abroad. What we can try to do is to see if there are some marked differences between those who traveled and those who did not.

2.3.1 THE OPPORTUNITY TO TRAVEL

If we start with the opportunity to travel, could it be a partial explanation that they died earlier than those who traveled? There are in fact some differences between the two groups in this respect. Of those who had not stated any travels (included five emigrants, of these one with unknown year of death), 34,7 % died before they were 50 years old, while the same figure is 11,6% for those who traveled. Some of this difference could be explained by time of death in relation to the editing of «Norges Leger», a problem I will return to later (see 2.3.2) . The ones who did not travel, are also slightly older when they graduate as doctors.

Could it be that those who did not travel, could not afford it? For those who did travel, many of the tours are made when the doctors were young. For

some of them economic support from their family might have been necessary, but the sources do not suggest family status being a major contribution to the explanation.

Marriage is another major event in a person's life that one could presuppose in some way had influenced the doctors' travels. Of those who got married (103), 79 married during the first 5 years after their final examinations. The average was 3,97 years after their examinations, with no doctors marrying before their examination, and one marrying 39 years after his examination. Firstly, one can have a theory saying that marriage, job and children would have curtailed their travelling ability. Or the other way round, marriage, that is, the economic ability to support a family would also indicate that from then on travels were feasible. But there are no systematic differences, marriage does not contribute to an explanation.

2.3.2 NON-TRAVELERS OR NON-RESPONDERS?

The first books in what came to be the «Norges Leger»- series, was based on both autobiographies and information from other sources. It is a possibility that some of the «non-travelers» in fact were «non-responders», and with their biographies being edited from available sources by Frantz C.Kiær (1835–1893). One group of «non-responders» were actually dead at the time the book was written, and for both these groups information on travels would be limited. In our 1840–45 sample this problem is not a major problem, since the first book was published in 1873; the 1810–15 sample will be more influenced by this.

2.4 THOSE WHO TRAVELED

2.4.1 SOME BASICS AND A DEFINITION

The information we have concerning those who did travel, is more suited for an analysis. Of the total of 118 doctors 69 had given information on one or more travels to the editor of «Norges Leger». Five doctors emigrated, and had no other travel, and one had in fact emigrated twice. If these were to be defined as travelers, 74 of the Norwegian practitioners had traveled. Two of the doctors have been on study-tours and emigrated later on. One doctor embarked on longer missionary-travels. Neither emigration, nor missionary-travels are to be included in our definition of a study tour. The definition of study tours is straight-forward and made in relation to our sources. Those included here are naval expeditions, doctors on migrant ships, travels to combat zones, other travels as a result of military service, and stated scientific travels in Norway and abroad.

Nine doctors went on their first scientific foreign travel before their medical examination, 16 traveled the same year, or the year after their examination (n=74). 44,1% of the doctors in our sample had traveled five years after their examination (n=118).

We have two approaches to analyze travels in relation to occupation. The first is to view their travels in relation to their last known occupation before they went off. The other is to see whether there exists some sort of correlation between their travels and their final (main) occupation.

We knew the occupations immediately before the first travel of 64 doctors. Of these, 13 were public doctors, 10 worked as general / private practitioners, 17 were minor doctors at hospitals, and 9 were students etc.

In our study we also looked at the number of tours in relation to final (main) position. 52 of the 118 with medical examination in our sample were public doctors, 28 of these did not travel, 13 traveled once and only one public doctor traveled more than three times. A substantial part of the public doctors were medical officers of health, and some of their travels were in connection with their participation at the conferences held for them in Norway.

The second largest group was general / private practitioners, of the 32 in this group; 12 did not travel at all, 6 traveled once and the rest had up to eight travels. This group is perhaps the most heterogenous when we look at their economic ability, their income being dependent on their patients' willingness to consult them and pay for it. But also the medical doctors of health in the Norwegian periphery had economic problems of which we know of.

When all groups of doctors are viewed together, we can say that those who traveled most were those who ended up in what we might call high-rank medical positions. The three high-ranking hospital doctors traveled 8,9 and 10 times, and the two having high ranking university positions traveled four, respectively 12 times.

2.5 WHERE DID THEY TRAVEL?

2.5.1 HOW TO FIND IT OUT?

To find out where the doctors traveled, is an interesting task in itself. But it can also be used as a basis for analyzing the structure of their travels to find out more about their preferences.

To find out where they went, each mentioning of a destination (different geographical levels) in the biographies have been given the value one. That is, if a doctor on the same tour traveled to Denmark, France, Paris, English baths and Africa, each of these will be registered as one visit to that destination.

2.5.2 THEIR DESTINATIONS

13 of the travels had a Norwegian destination, and 10 of these traveled on some sort of grant. There is a possibility that these travels do not give a correct picture of Norwegian doctors travelling in Norway. But we must

remember that what we are discussing is their study tours, not travels for private reasons, travelling to take over new jobs etc. At country level we find that Germany was most frequently on the travelling route. Places in Germany were visited in 19,6% of the travels. Then follows Austria with 16,4%, Denmark with 15,9%, Sweden with 11,4%, Great Britain with 6,9% and France with 6,3%. A slightly different picture do we get when city level is being used as comparison; then Vienna got 53 recorded mentionings, Berlin 43, Copenhagen 31, Stockholm 29, Paris 19 and London 16.

The travels of the Norwegian doctors are part of what can be viewed as a traditional European orientation in some parts of the Norwegian society. In this respect the travels to Denmark are interesting. First of all, Denmark is on the route to the most important country in this period, Germany. But Denmark is also traditionally important, since it was only half a century since the Norwegian union with Denmark was changed to a union with Sweden. Many of the earlier doctors were either educated in Denmark or they were in fact Danish citizens. Although being in a union with Sweden, Swedish cities and universities had a slightly weaker position than Danish destinations had.

2.6 THE REASONS FOR TRAVELLING AND THE CHOICES WE MAKE

2.6.1 TOURISM AND WORK

The travels of the Norwegian doctors are part of a dualstructure, a structure that is common for many travels, the duality of tourism and work. Work-related travels often involve some tourist-related aspects, but not the other way round. Tourist-related travels are not normally thought to involve activities that are part of a person's work.

Several academics are concerned with tourism and ask the questions: How should tourism be viewed? What are the central aspects of this phenomenon?

The different activities related to tourism are almost exclusively concerned with our experience of place. The tourism «product» is not only the material structure of the tourist destination, but the experience of that place and what happens there. Tourism is part of the overall concept called leisure, and leisure is for most of us an unproblematic experience, not one that ought to be of interest to the academic disciplines. On a day-to-day basis we do not actually bother to reflect on whether what we do is leisure or work, or the relationship between the two.

2.6.2 DOCTORS ON HOLIDAY?

Even if we have reason to believe that the doctors went on their travels to search for new knowledge, knowledge that might be essential to them and their patients, I might add, that does not end the search for an explanation of why they traveled. In spite of this «professional need to go» it is still possible that the well-known every-day world was contrasted by anticipated

experiences of the great cities of Europe and that this might have contributed to their decision to travel. The problem of this project is to decide whether the professional part of the travels (i.e. visiting universities, hospitals and colleagues) was the essential thing, in cases of professional necessity, or if recreation was such an important aspect of their travels that it ought to influence our evaluation of the doctors' travels.

2.7 WHY DID THEY TRAVEL? STATED PURPOSES IN BIOGRAPHIES AND ARTICLES

If we use the stated purpose of their travels, we have one way answering the question of why they chose the particular destination. Then we find that 31,8% (81) of the travels were made to participate at meetings, conferences, congresses etc. 10 of these have had an additional stated reason for their travel. 14,1% of the travels were said to be study tours without stating what field of medicine. For 16,1% of the study tours we know which subjects they studied.

One of the reasons for travelling to European cities and hospitals was the frequency of diseases, as pointed out by the then recently graduated Peter E.Winge (10). Only in the larger hospitals in Europe was it possible to see a sufficient number of operations of some more infrequent types.

An additional and related reason for travelling: Doctor Erling F.Hjort (1898-) writes in his article on recruitment of Norwegian doctors, that in a society in the historical situation of 19th century Norway, it was most difficult to satisfy the need for university clinics (11).

2.8 TIME AND MONEY

The duration of the travels was stated for 123 of 244 travels. 51,2% had a duration of six months or shorter, 68,3 % lasted one year or shorter. 26% reported the duration vaguely, referring to season and so on. For a substantial part of these there are reasons to believe that their travel was a short one. An example of this is those where it is stated that in the spring they went to participate in a medical congress. The same goes for some of those travels of which we have no indication at all of the duration.

But it remains true that many of their travels were longer than one month. These travels, primarily to Europe, are no small effort. It means being away from family and income, and a long journey. But the financial burden could have been eased if grants were available. But for most of the travels there was no grant to finance their travels. Our sample shows that 25 (10,2%) of 244 travels were done with some kind of grant. Of the 69 who traveled 29% (20) received a grant for one travel or more.

2.9 INFORMATION DIFFUSION

2.9.1. BASIC INFORMATION

Information is one of the essential concepts for approaching the travels of the Norwegian doctors. First of all, when we ask questions concerning their

reason for choosing destination, simultaneously we ask the question what did they know of their destinations in advance of their travels? Our actions are based on and guided by some kind of information; whether this information happens to be viewed as «true» or «false» by others does not really matter.

2.9.2 SCIENTIFIC ATTRACTIONS

People and their doings do not only continuously modify places, but are part of what a place is, and thereby part of the attraction of places. Professors Lichtheim, Neumann, Jaffé, baron von Eiselberg, Winter and Pfeiffer were an essential part of Königsberg for the Norwegian doctor Olaf Frich (1863–1935) when he went there in 1899 on a grant (12). In his case it is not clear whether he had heard of these professors before he decided to go there. It is not unlikely that he had. From a Norwegian medical journal we know that senior registrar C. Budde mentions that when in Berlin, the following of courses given by Langenbeck, Graefe, and later Virchow, was one of the main purposes of his travel (13). It might not come as a surprise that Rudolph Virchow is being mentioned in several articles by the Norwegian doctors, and that he must have been one of the scientific attractions of the 19th century.

2.9.3 EXPERIENCE AND INFORMATION

I continue to use Frich's account as an illustration. Frich had traveled to Germany several times before; In the autumn of 1891 he studied internal medicine and surgery in Berlin, Vienna and Copenhagen, and in the spring of 1894 in Berlin. But this time (1899) he wanted to visit the smaller university cities. The reason for this, in his own words, was that during his preceding visits «at the so-called courses in Berlin one was regarded as an individual, whose main justification to exist as an participant was that one had paid the 30–40 Mark; and besides there were always too many participants at the courses by the most proficient teachers» (14).

So, in Frich's account, Königsberg earns its status as a desirable destination by its quality of having one of the smaller universities, since this is presumed being favorable for the possibility of learning. I make no general conclusion out of this, what we have is one person's evaluation of German universities based on his own (unfavorable) experience. But it should make one point clear anyhow, our former experience, the information we have of some places contribute to our picture of other places, and it may also shape our preferences for later travels.

Frich uses his article to let other doctors take part in his experience. When doing so, he is in fact an off-placeguide to German universities, and in that respect he partly fulfills the function of «Let's Go», «Baedeker» and other guidebooks. Partly, because he provides his readers with information on what we may call the medical attractions of different cities. But he does not provide information on different routes or accommodations. Others do that

in their travel accounts, but whether they do so or not, largely depends on the reason for writing the account.

To see whether their travels resulted in an article, book etc., is one of the ways we can use the biographies to study the resulting information import of the travels abroad. Then we find that 21 of the doctors published something related to their tours, of these eight traveled with some sort of grant. This is a minimum definition of information import by means of publication. New knowledge might as well have been used in publications without mentioning the travel in the title or elsewhere. Of course we do not know to what extent these articles were read, or if the information provided were of any use to the readers. The combined result of this is that evaluation of the impact of knowledge import is difficult.

2.10 WHERE DID THEY TRAVEL FROM?

Given the structure of the Norwegian 19th century health system and given the population concentration in southern Norway and the importance of the capital in medical education, one is to presuppose that a substantial part of the travels had their point of departure near Christiania (Oslo). Information on the last place of residence of 210 out of 255 travels is given. 119 of the travels had Christiania (Oslo) and Bergen as their last place of residence.

2.11 SOME ADDITIONAL COMMENTS ON THE SOURCES

When we use these sources the way we do, we have to ask questions concerning the reliability of the sources.

Two questions are in that regard related; do we believe the statements of the Norwegian doctors, and can the biographies be read in this way? But we also know that some of the biographies are based on the practitioners' information to the editor of «Norges Leger», and some information is collected by the editor.

If we are to consider the reliability of the informants, we have little direct information to confront the information with information from other sources. What we do have is a supposed internal professional control, the fact that the editor of those earlier editions himself had diverse means by which he could check out the accuracy of the information, and a supposed lack of motive for giving false statements. What is possible is that some travels have been forgotten, or deliberately not mentioned.

3. PRELIMINARY CONCLUSIONS

3.1 REAL STUDY TOURS

The general impression of the travels of the Norwegian doctors, is that there is little resemblance to the 18th century «Grand Tour» of the sons of the British upper class. But for some of the doctors, their travels can be labeled «Grand study tours». This is the one, or main, long-duration travel done in a period after the final medical examination. The main reasons for these

travels have often been further education and specialization at some famous university or with a famous/outstanding professor. The travels mentioned in the biographies are for most of the doctors «real» study tours, and not «camouflaged» recreation.

With Norwegian medicine and Norwegian doctors placed in the periphery of international medicine in the 19th century, and dependent on European development it is almost self-evident that the travels of the 19th century doctors have contributed to the shaping of their profession. A secondary effect of this is of course that their travels influenced the building of Norwegian society. These general effects of course need not be intended effects.

3.2 OTHER TOURS

As stated earlier in this article, saying that the travels are real study tours, is not the same as saying that no recreational aspects were involved. And one doctor, Nicolai Jacobus Bugge (1842–1895) has written at length about one of his cruises as doctor on the Norwegian corvette, «Nordstjernen» 1869–70 (15). The reason for this particular cruise was representing Norway at the opening of the Nile canal, but during the same cruise Nordstjernen also went to South-America. Bugge's diaries were published in Oslo in 1943, and in his account of the cruise he tells us more or less about a long holiday. Not being the ship's main doctor, there was very little work to do while at sea, and during their time in port, excursions and dining with diplomats and members of the local nobility seem to have occupied his time.

3.3 GOVERNMENTAL INTEREST, BUT PRIVATE RESPONSIBILITY

The study tours abroad for most of the doctors were self-financed projects, although in addition to grants, some of them might have had some financial help from their employer. But the fact that there were grants available for some, tells us that after all that a political willingness was present, and that it was felt necessary to send practitioners abroad for further education. And with no specialisation available in Norway, some of the study tours abroad might be thought of as an unofficial specialization, and there are also some indications that their travels influenced their careers.

There was another category of governmental grants than those mentioned earlier, where the reason for the grant was to give a doctor, or a medical student, the possibility to study. The other category of grants are those given so that the doctors could be used by the government to gather information on some important problem. The doctors got these grants to investigate quarantine institutions, military barracks, the building of hospitals, mental asylums, prisons etc.

3.4 DIFFERENT TRAVELLING CONDITIONS

The travels abroad of the 19th century Norwegian doctors differ in many respects from most travels today. We all have an idea about 19th century travel being more difficult than it is today. The reasons for this are manifold, but in general terms we can say that the informational and organizational technology related to travel was rather slow and not developed. In addition there were more time-specific problems like being subject to isolation, if the outbreak of diseases made this necessary.

But this problems should not be exaggerated. From the lecturer J.A.Voss (1815–1897) we learn that the travel by steamer from Christiania (Oslo) to Hull took four days (16), and when Frich (12) traveled to Königsberg in 1899, his route was from the southern part of Norway to Copenhagen-Gedser- Warnemünde-Königsberg. This travel took approximately 50 hours and then Frich preferred not to travel by sea, and that made the journey more expensive and presumably longer.

4. EPILOGUE

It is a common saying and one that is much used in tourist related research, that «Today everything exists to end in photograph» (17). My analysis of the travels of the Norwegian doctors is so far several snapshots taken from some favorable points. These points equal in many ways the scenic view-points that are common near famous attractions, and are one of the factors that result in a sort of standardization of the tourist experience.

The foundation of the point from where I take my snapshots, is in many ways laid there by the earlier editors of «Norges Leger». But with the combined use of tourism theory and geographical concepts, and the analysis of our other sources, we attempt to establish a better foundation for the evaluation of the travels of Norwegian doctors.

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