

Running after quacks and mountebanks...

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ABSTRACT

The phenomenon of quackery is reviewed, and illustrated with examples from history, the literature and the present. A distinction is drawn between impostors or charlatans, and unorthodox but professional healers. The lessons drawn to suggest

that some treatments considered unacceptable in the past have sometimes proved their efficacy over time, and should not always be dismissed out of hand.

Key words: quackery, professional healers, history

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When Daniel Defoe wrote about "running after quacks and mountebanks for medicines and remedies" in "A Journal of the Plague Year"(1) he distinguished clearly between quacks and "real doctors." The Oxford English Dictionary (2) defines **quack**: "abbreviation of quacksalver. i: an ignorant pretender to medical skill; one who boasts to have a knowledge of wonderful remedies; an empiric or impostor in medicine; ii: one who professes a knowledge or skill concerning subjects of which he is ignorant; iii: as quack-doctor; **to quack** is to play the quack; to talk pretentiously and ignorantly, like a quack, to puff or palm off with fraudulent and boastful pretensions, as in quack-medicine; to treat after the fashion of a quack; to administer quack medicines; to seek to remedy by empirical or ignorant treatment." "Quack" is also the harsh cry of a duck, and the term may have been used to denote something noisy or boastful [3]

Quackery is generally equated with *charlatanry*: it is said that one Latan, a famous quack, used to go about Paris in a splendid charabanc, in which he had a traveling dispensary. A man with a horn announced the approach of this magnate, and the delighted sightseers used to cry out "Voilà le Char de Latan!" In Italian, the term is *ciarlatano*, a babbler or quack [4]. And "mountebank"? This was the bank or bench on which shopkeepers of your displayed their goods - street vendors used to mount on their bank to patter to the public.

In the "Dictionary of Phrases and Fables" [4] we see also: Rock, a quack: so-called after a certain Mr. Rock, a well-known quack who practiced during the reign of Queen Anne. The physician-poet George Crabbe wrote of him: "Oh, when his nerves had once received a shock, Sir Isaac Newton might have gone to Rock" *Katerfelto* is another generic name for a quack or charlatan. He was a celebrated "influenza doctor." A tall man, who dressed in a long black gown and square cap, he exhibited his solar microscope in London in 1782, and gave rise to tremendous excitement by showing the infusoria of (muddy) water "and Katerfelto with his hair on end, at his own wonders wondering for his bread"[5]. There have been numerous allusions to quacks and charlatans in the literature [6; 7]

In Thomas Hardy's "Jude the Obscure," Vilbert " was an itinerant quack-doctor, well known to the rustic population, and absolutely unknown to anybody else, as he, indeed, took care to be, to avoid inconvenient investigations."

There were, of course, some famous or notorious "quacks" in the history of disease and its cures - some were qualified practitioners who were involved in fraud, or who behaved unethically. On the other hand, there is the story of the "bonesetter", or as he used to call himself "a

manipulative surgeon," Sir Herbert Atkinson-Barker [1869-1950], who achieved fame and recognition, although he was not medically qualified. On his return to England after some years in Canada, he became apprenticed to his cousin John Atkinson, who worked as a bonesetter, a profession he had learnt from the famous Robert Howard Hutton. The ambitious Herbert soon opened his own "clinics", when he was only 21, in Glasgow and Manchester. He had a natural talent, a strong personality, total devotion and loyalty to his patients. He also knew exactly where not to touch and manipulate. The medical and surgical establishment despised him, mainly because he had used commercial and business methods to promote his clinics.

In 1911, Dr F W Axham was struck from the physicians' register because he gave anesthesia for Mr. Barker. However, many celebrities were treated successfully by him, and an article published in 1912 in The Times, defended Mr. Barker's successes after many doctors had failed, under the title: "What is a quack?" The general public stood firmly behind Mr. Barker. When war broke out, the establishment refused to call Barker to treat soldiers. The question was discussed in Parliament and even the Archbishop of Canterbury was involved. Some years passed, and in 1926 Herbert Barker was knighted. Only then did Sir Herbert retire to the Channel Islands. The British Orthopaedic Association invited him in 1936 to show his expertise at St Thomas' Hospital, as reported in The Lancet on 27/2/1937. In 1941 he was offered a post at Noble's Hospital, Isle of Man, as a Manipulative Surgeon. No other bonesetter, "quack," feldsher or other non-medically qualified person ever equaled his fame.

It should be pointed out that even the "feldshers", those practitioners of medicine with below-university level education, but well-trained, wrote an important and illustrious chapter in the history of medicine [8]. The story of 'physicians' or surgeons' assistants: the blood-letters, the barber-surgeons, midwives, "wundartz", and others, has not yet been fully told. Sometimes the non-qualified practitioners were called "quacks" although they never claimed to be "doctors or surgeons," and some of them proved to be quite successful in their healing abilities.

There are certainly lessons to be learned from history: when the experienced and literate surgeon-lithotomist-herniotomist, [Valentine Rawsworme (or **Rosswurm**)] one of Paracelsus' pupils, left Switzerland and settled in England, he was regarded by the British surgeons as a quack. The competition for wealthy patients in 16th Century London led the local surgeons to make unjustified judgments [9].

Even later, "it was perfectly plausible around 1800 to represent Jennerian vaccination as

balderdash" [7]. There was also some historical confusion between the Italian "quack doctors of Cerretani, who begged for alms for medical and religious foundations as a profession," and the Preci School surgeons (admittedly not as famous as their colleagues at Salerno or Montpellier) who performed lithotomy, phlebotomy and castration, designing and making their own instruments, and practicing cauterization and disinfection by fire [10]. Some of the confusion arose with the satyriazation of physicians, and medicine in general, in the 17th and 18th centuries. There was very little confidence in scientific healing, and doctors were portrayed in the "comic tradition of stupid, greedy physician-quacks" [11].

Porter [12] points out that the pre-modern medical world should not be "divided neatly between physicians and surgeons practicing their vocation, and disreputable businessmen selling their proprietary pills to a gullible public." Medicine in that period was an occupation rather than a vocation, and both "regular" medical practitioners and quacks were subjected to the vagaries of market forces.

Chiropractic manipulation was long regarded as quackery, but in recent years it has acquired scientific backing as a beneficial and cost-effective procedure, especially in the case of low back pain [13].

What about the remedies offered by these quacks or charlatans? We hear of the anodyne necklace, for example, [14], or of "quack doctors" in today's China, who extract "toothworm" from toothache sufferers [15]. Another example of a dental quack was William Salmon, in 17th Century London [16], and Tim Bobbins "Lancashire Hob and the Quack Doctor" [17]. Poor people in Bangladesh today can hardly be blamed for choosing "quackery" solutions to their ailments [18], and even in Western countries, remedies such as "cell therapy" have been advanced for treating Down's syndrome, alongside other equally "effective" remedies for treating cancer or traumatic brain injury [19, 20]. Oncology nurses in Turku, Finland, believe that alternative therapies are offered by quack doctors for financial gain [21]. Modern dermatologists claim that the association between "quackery" and dermatology is set to continue well into the 21st century [22]. Snake oil, silicone gel, onion cream, etc., constitute only a partial list of potions which doctors offer, even today, to their patients, to say nothing of the magic powers with which various cosmetic creams and lotions are said to be endowed.

We must, nevertheless, distinguish between quacks, and "true" allied health practitioners. The existence of "quackery" presupposes at least four factors [23]: 1)"an evil, usually an obstinate disease; 2) a sufferer from

such an evil; 3) a person - the quack - who claims special knowledge or power to cure the particular evil; 4) a person - the orthodox medical practitioner - who holds out little or no hope of cure." Other factors may play a part: the desire for a cheap cure, rebellion against authority, hope, the elements of mystery, the natural repugnance to surgical operation when such is the only remedy recognized by the orthodox practitioner, the desire for secrecy, etc.

According to one, view expressed on the "Quackwatch" homepage [24]: "Quackery is not an all-or-nothing phenomenon," and although most definitions suggest that "quackery involves deliberate deception," its paramount characteristic is "promotion (the "quacking" aspect), rather than fraud, greed or misinformation". In this discussion, Barrett believes that "quackery could be broadly defined as "anything involving over promotion in the field of health, including doubtful ideas as well as questionable products and services, and independently of their promoters". This leads us to conclude that if we are to make such a distinction, so that the practice of "unconventional medicine" may keep its place alongside orthodox practices, there should be a clear-cut boundary between effective, complementary or alternative medicine, on the one hand, and "quackery" for the sake of purely financial gain, on the other. A randomized, controlled study was designed to test the hypothesis that experts who review papers for publication are prejudiced against an alternative form of therapy [25]. Reviewers showed a wide range of responses to two versions of a certain paper, with a significant bias in favor of the orthodox-conventional version. It was concluded that "Authors of technically good, unconventional, papers may therefore be at a disadvantage in the peer review process." Perhaps this should sound like a warning, lest today's journals should miss out on making their mark in history through too narrow an approach to reports of innovative and alternative treatments, provided they are backed up by sound, scientific and ethical criteria [26-29].

Conflicts of interest

We declare that we have no conflicts of interest.

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