

The Tale of Two Brothers.

Urine diagnosis and medical politics in the Netherlands and Michigan, early twentieth century.

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I

Before introducing the main protagonists of this story, the brothers Pieter and Anton van Bijsterveld, the stage should be set on which they can be discussed. The appropriate parameters seem at least twofold; they consist of two sets of oppositions. One is the debate on comparative social history, ranging from the general macro history to the particular micro history. The other is the discussion about official, regular medicine versus irregular medicine, or, as it is also termed, 'quackery'. Although both topics could easily be expanded into separate papers, my aim is somewhat more modest.

I would like to argue that without taking into account the individual, indigenous contemporary way in which big structures and large processes were experienced, or at least that without recognizing how individual actions were presented and received at particular times and places, macro history runs the danger of merely dealing with the superficial present-day academic constructs in which historical concepts have been translated. In this way it could lose insight into the contested meanings of past events. As Judith Walzer Leavitt has remarked in her review essay on 'Medicine in context': 'When historians focused on theories, they assumed that ideas could exit universally, crossing state or national boundaries. But the essence of social history is the view that experience is embedded in specific historical settings'. That does not imply, however, that historical actors could not have crossed those boundaries themselves. When a comparative macro history is to be approached from the micro level, it can be helpful to substitute 'family' for 'individual', with 'family' referring to any social tie between two or more individuals.

The trouble with 'irregular' (or 'unorthodox', or 'alternative') medicine is, of course, its derivation from official medicine. Broadly put, the hegemonical view of biomedicine can be overcome by either considering particular medical movements (that do not need to exhibit much consistency themselves), or by looking at the medical market in its totality. The last solution immediately raises another problem, as some students of the manifestation of the medical market during the long eighteenth century have claimed

that the passing of medical and related acts in the middle of the nineteenth century hardly left any space for the 'quacks' they were familiar with. In their opinion, the dominance of regular medicine from then onwards, prevents any application of a market model. Luckily (or unfortunately), such a point of view solely rests on ungrounded suppositions and on a lack of research. The typical eighteenth-century 'quack' may have disappeared (although even that can be called into question), but even around 1900 there still was some kind of medical market on which patients could shop around for cures --as there is today. A third way to escape official medicine's hegemony is to recognise it as such and to study processes of labelling, to look at the ways in which different healers were classified by people in different positions of power. Again, an approach that starts from 'below' may be illuminating. By taking two family-members as a point of departure, one could raise the question if and how, different contexts, or a change in circumstances contributed to a change in their practice, their presentation, and their popularity.

II

Pieter van Bijsterveld was born from a line of cobblers in The Hague in 1870. Sometime during his youth he served as an errand boy in a pharmacy, where his main task consisted of cleaning the tubes used for urine analysis. Such at least was the story his employer, Van den Bijllaardt, used to tell when presenting his favourite anecdote on quacks. According to this pharmacist, Pieter next became a traveller in drugs and paints. Early 1894 he settled down in Vlaardingen, a small town near Rotterdam, where he opened a druggist store and married a local woman. The paint business didn't seem to thrive or to be his main calling and he started his hand at medicine. Already in October 1894 he was booked for illegally practicing it. In 1899 he appeared in Rotterdam, advertising as a chemist specialized in urine diagnosis. There his fame developed fast. Wrote a general medical practitioner who had lost one of his patients to Van Bijsterveld: 'The man seems to possess a great power of suggestibility and his "piety" impresses the credulous public and helps to raise their trust in him'. Pieter usually told his patients that their health was improving, even when they were actually dying. In this way he attracted an enormous flood of patients. One morning at nine, a newspaper message shows, over a hundred clients had already presented themselves at the hotel where the 'miracle doctor' gave his consults.

His first convictions, in 1897 and 1899 at the Schiedam court, largely escaped attention. As far as they were reported on a national scale, his name was not mentioned. They resulted in his collaboration with a degenerate though authorised doctor, as to

protect him from further prosecution. This only succeeded in the long run. In 1901 the prosecuting attorney of one of the Rotterdam courts charged him with recidivist practicing of medicine without a license by examining bottles of urine and writing recipes. Witnesses revealed that he had poured some red liquid into the bottles and immediately reached his conclusions, which he conveyed to the doctor. Then he wrote his recipe showed it to the doctor and stamped it with the latter's signature. His accomplice, named De Lang, was already 71 years of age, occasionally arriving too late at the sessions and often asleep during them. The court was convinced that Pieter acted on his own behalf. As this was a repeated crime, he was sentenced to four times a fortnight in jail. In appeal the sentence was lowered to one month. He again lodged an appeal, this time with the High Court, but lost his case as well. Then he applied for pardon, which was denied, although he had offered to pay a very large sum (5000 guilders) if he did not have to serve his time in prison. Later he wrote: 'When someone is not qualified, that is to say not admitted by the State to practice medicine, but nevertheless shows to be an expert and indeed produces cures by applying his method and his medicine, would it then not be too drastic to prohibit such a one to practice, or have him punished or even carcered?'. In November 1901 he was brought to court for the fourth time, but acquitted because of lack of sufficient legal evidence. Thereafter prosecution ceased and Pieter continued his practice, changing doctors when need arose. In 1901 he had earned about 8000 guilders.



Because the vast majority of Pieter van Bijsterveld's patients will remain anonymous forever, there is no way to reconstruct the full picture of his popularity. It is hard to get a grip on it anyway, because a person to person contact, which plays an important part in the popularity of many other irregular healers, was not necessary in the case of urinalysis. It is possible, however, to obtain some indication of the geographical range of Pieter's attraction, as in January 1902 a protest was printed in which 29 patients declared to have been cured by doctor De Lang, by intervention of P. van Bijsterveld. They all stemmed from the area that stretched about 20 kilometres along the rivers east and west of Rotterdam with the city as its nodal point. Some were soon discovered to be fervent supporters who travelled to the healer with bottles of urine. The protest was caused by a letter from Pieter's former employer in the main Rotterdam newspaper, relating again his meagre medical education. This had become annoying. Van Bijsterveld, the undersigned declared, was 'a very scientific, humane human being and a secret philanthropist, who was unjustified accused of quackery'. To his adversaries, the add soon became a cause for ridicule, as they found out that most of the quack's patients had been unaware of what they had signed.

A further, and in his case possibly decisive element of his popularity is to be found in his 'piety'. Van Bijsterveld belonged to that peculiar brand of Dutch Calvinism that had separated from the main Dutch Reformed Church in several stages during the nineteenth century. In the pillarised late nineteenth century Dutch society the adherents of this creed had formed the Anti-Revolutionary Party and had established the Free University at Amsterdam. In 1904, while continuing his 'Institute' in Rotterdam where he spent four days a week, Pieter put up residence in Lunteren, a small village in the centre of the Netherlands. Meanwhile his fame spread; in 1905 he received a medal from the king of Portugal, apparently for having cured the queen --his admission to receive the honour was formally published in the *Staatscourant* (State Paper). In Lunteren, he soon became a prominent member of the local church. Since until his arrival the congregation had been meeting in a shed and was lacking its own minister, he had a church built and entertained professors and ministers from the Free University. One of them even dedicated a book to the healer, whom he described as 'a man with singular gifts in the field of medical diagnosis'. Somewhat later Pieter had a villa built for Lunteren's own minister, which also served as a kind of hospital. As prosecution on the basis of the Medical Act was clearly insufficient and totally devoid of results, his opponents nevertheless managed to get him formally accused of falsifying a vaccination certificate. By forcing vaccination, Pieter and his fellow believers strongly put forward, the State had clearly overstepped the

limits of its competence. The body, as a vehicle of God's image, was private territory. This last case, while only slightly concerned with Van Bijsterveld's direct medical exploits but enlightening on his ideology, especially shows the influence he had obtained among Anti-Revolutionary politicians. Being sentenced to a term in prison, he now secured a pardon and had his punishment lowered to a mere 150 guilders -a neglectable sum for a man of his wealth. The Minister of Justice did not deem imprisonment to be in accordance with the seriousness of the crime. When called to justify his decision in Parliament, he mainly expanded his explanation by discussing the categories of punishment in case of falsification.

Apart from the upsurges that converted his dealings into news, the more regular attention Pieter received from his adversaries, first of all from the Society against Quackery, remained restricted to an occasional case in which the passing of a patient, or the contents of his medicines was discussed. The main complaints were that he charged too much and proscribed the wrong medicines. Pieter hardly seems to have countered these accusations. It is amazing, he remarked not totally irrelevantly, that 'the more one quacks" against Quackery, the larger the amount of quacks becomes and the number of patients that have themselves treated by them'. He extended this argument by comparing the results of official medicine with those of whom the Society published its warnings, and not finding remarkable differences. Surgery, which he most abhorred, not only literally cut the patient's body, but metaphorically as well. The State could hardly justify its 'qualification' to separate medicine from quackery from the results of the former, he wrote. So he just kept on going, collecting awards and honorary titles on the side (among them a doctorate from the Oriental University at Washington) and in the end becoming proverbial among the public. 'Go show your piss to Van Bijsterveld,' people in Rotterdam said when asked an unanswerable question. He died in 1950.

III

The Society against Quackery was founded in 1880. Its membership, fluctuating between 700 and 900, only partly consisted of university trained doctors; pharmacists and lawyers made up a considerable part as well. It stood apart from the professional medical organisation. Although in the beginning the latter had agreed to contribute a small yearly allowance, it did not want to become identified with a single cause. The Society's of definition quackery did not equal the unqualified practicing of medicine. One could, it was stated in their monthly magazine, be declared innocent of the latter and yet deceive the public and damage people's health and resources. Quackery, in the Society's view,

was to commit fraud, to consciously cheat patients out of their money. The definition hinged on whether a healer could be considered to have acted in good faith or not. In the case of urine diagnosis, it was admitted that in former times such could have been the case, but with the then current state of scientific research it was found absolutely necessary to couple chemical research with an examination of the patient's body. From just looking at piss, one could only conclude that someone had once relieved him- or herself (and even that would be problematic at times). The same authoritative argument applied to medicines. Effective ingredients could be identified by chemical analysis and any healer that prescribed ineffective medications or sold effective one's too dear fell into the category of quack. In this way any discussion about what 'good faith' could consist of, was cut down by a reference to scientific developments. The voice of those that did not agree, like Pieter van Bijsterveld and his ilk, was ignored. It was nevertheless not totally muted. The Society thought the public to be sensible enough to be open to arguments and to be able to discern fraud when it was explained --even when victims of quacks were usually described as gullible.

On his part, Pieter van Bijsterveld did not consider himself to be a quack. There was nothing wrong with earning money, as long as you used it for good causes. His other arguments, including the inalienability of the body and the patient's freedom of consultation, were at the time also to be found in authoritative circles. The medical monopoly, nationally installed during the French period and refined by the Medical Act of 1865, was under heavy attack. At the end of 1901, De Savornin Lohman, a lawyer and a prominent member of the Anti Revolutionary Party, said in Parliament that when someone had a cure that worked, then he should be able to use it and let others participate in it. In his view, the current prosecution of illegal healers was especially aimed at those that had more success than the licensed doctors. It was often a matter of competition, he stated. His opinion was endorsed by the Minister of Home Affairs, the Anti-Revolutionary foreman Abraham Kuyper. Within the Dutch political multi-party system that always depended on coalitions, however, there could be a wide gap between mere opinions and an actual change of law.

Criticism and comments were among the most immediate reactions the parliamentary speeches evoked. Van den Bijllaardt, for example, put forward that he could easily have made a lot of money if he had been following in his predecessor's footsteps, who had been catering to many irregulars. Another effect of De Savornin Lohman's remarks that can be discerned is a decline of the number of prosecutions. But this had other causes as well, for instance the complex and changing relations between the Medical State

Supervision (which had, among others, to stand guard against the unlicensed practice of medicine), and the judiciary. Daily praxis had revealed that even when an unlicensed practitioner got convicted, it did not result in him putting a stop to his business.

IV

The history of Antonius van Bijsterveld, Pieter's younger brother by 21 months, was in some parts similar to his brother's but in others diverged from it. An overall characteristic would turn him out somewhat wilder and more daring, but also more insecure and unreliable than his sibling's. Anton was more inclined to try out new avenues of life, even if that brought him into contact with the wrong side of the law. For about two years he worked as a servant at the same pharmacy in The Hague where Pieter had been appointed. What his employer did not tell, however, was that Anton already had a criminal record at the time. In 1891 he even served six months in prison for having falsified a pawn ticket. When in 1894 Pieter opened his shop in Vlaardingen, he took his brother in as a servant. There Anton apparently trained himself further in the art of medicine by looking at his brother's activities. But they didn't stay together.

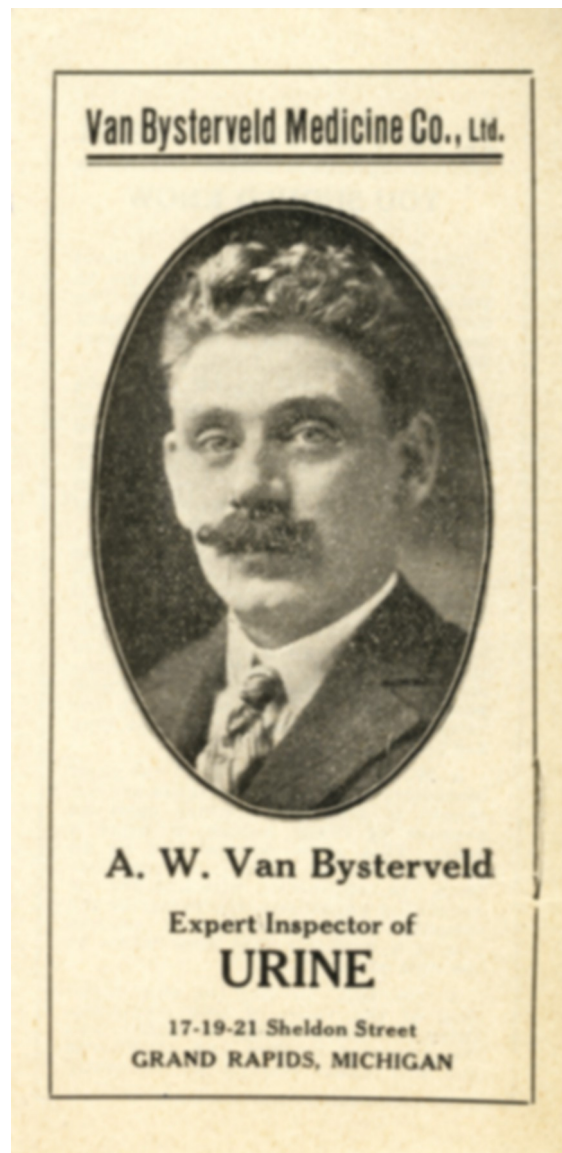
In 1897, a month after the birth of Pieter's first child, Anton moved to Middelharnis, a town on one of the islands of the province of South Holland. There he probably found lodging with the evangelist Van Woerden, who also illegally dabbled in medicine. Three years later he appeared to be living in Barendrecht, travelling to sell bandages for a living. The region he operated in lies south of Rotterdam and west of Dordrecht. It only partly overlapped with the area that Pieter was consulted from and was much smaller than it. As a yet unmarried man, Anton could easier travel around, which is shown by his successive official places of residence, as well as by his way of approaching potential patients. He looked them up in their homes, forcing his way in by smooth talk and finding out about new households to work on during his visits. He felt pulses, looked at tongues and examined urine. Soon he became well-known enough to be able to advertise that he could be consulted at a particular time and place. Usually he teamed up with Van Woerden; both were using the same doctor to cover the illegal side of their activities. That Anton enjoyed a lesser popularity than Pieter also appears from his newspaper ads, in which cured patients expressed their gratitude to God and to the healer (Pieter did not need to do that). It is striking, noted Van den Bijllaardt, that often the same words are used. But, he concluded, these ads also provide the law with extra ammunition for prosecution. He was too optimistic. As far as can be seen Anton was only fined twice because of his medical activities. In 1901, a few months after his second conviction

(he never appealed) he even extended his range of work by advertising that he had appointed a courier in Leerdam, a town east of Dordrecht, to bring him bottles of urine and take back medicines on return. Again somewhat later Anton hit upon a novel idea. He published a summons to all unlicensed medical practitioners to meet and to discuss the possibility of founding a society. He signed it with the title 'unqualified physician'. Not surprisingly this call coincided with the actions in Parliament by Anti-Revolutionary politicians to give more recognition to the unlicensed. Due to the individualistic nature of Dutch irregular medicine (there were no sectarian colleges) and because the irregular market was already divided geographically as well as in terms of specialisation, the attempt failed. But Anton and Van Woerden only intensified their publicity campaign. Referring to the different diagnoses that official doctors had suggested in the case of the queen's illness, they tried to provoke a debate with the Society against Quackery, or rather to convince the public that the Society had signed its' death-warrant by not admitting to its powerlessness.

This was Anton's last grandstand in the Netherlands. For unknown reasons he managed to acquire a debt with an interior decoration firm that subsequently filed a petition against him and had him declared bankrupt. To escape his debtors (the total sum only amounted to a mere 400 guilders), he booked passage for the United States. Supposedly there was more to it --the curator expected him to return, but also seemed to have lacked information. To the Americans he told a different story. He had been famous in Holland because of his nostrum and had finally given in to the request of his former countrymen to cross the ocean and make them happy as well.

US sources do not allow a similar depth of detail as the Dutch one's. The overall story of Anton's American exploits seems clear, however. Entering the US in late 1902, he settled down in Grand Rapids (Michigan) as a chemist and married a German woman. His arrival, reported the local *Evening Press*, caused great sensation among the medical practitioners. In 1904 he gave consults in Chicago three times a week but he had to withdraw from the city after his conviction to a 100 dollar's fine. (He was also shot at by a dissatisfied patient). In 1908 he founded the Van Bijsterveld Medicine Company, which stayed in existence until the year after his death in 1922. To his Midwestern public he capitalized on his Dutch, or more broadly, European background. His examination of urine, he preached, was 'done by a careful and secret process handed down generation after generation, and most carefully guarded by the old families of Europe. Its age alone entitles to the confidence of all. It had stood the test of years, giving at all times substantial proof of its undoubted efficacy'. In a country where previous histories were

neglected and where everyone could built a new life, history could acquire unequalled proportions.



The company soon attracted the attention of the Propaganda Department of the American Medical Association at Chicago. They had several samples of fake urine sent to Grand Rapids from different sources, upon which they received diagnoses and medical advise. 'It was proved without a shadow of doubt that the company was operating a fraudulent business,' commented the *Journal* of the AMA in a 1912 editorial enticingly titled 'What's the matter with Michigan'. Actions nevertheless were of no avail. The postal authorities in Washington --mail fraud being a federal crime-- considerably delayed proceedings and the committee of public health education of the Kent County Medical Society lamented: 'The Van Bysterveld matter remains in "status quo" at Washington and in the committee's opinion will continue to remain in "status quo" at Washington until Van Bysterveld's great-grand children are great-grand parents themselves'. Some sinister

influence was suspected. The post-office officer who had collected the files in Chicago turned out to be a neighbour of Van Bijsterveld at Grand Rapids. He was later transferred to another location.

Thanks to the efforts of Dr. Beverly Harison, the secretary of the Michigan State Board of Registration in Medicine, who personally posted as a patient, in 1914 Anton was finally arrested in Grand Rapids on the charge of practising medicine without a license. Again the case blew over. Arthur Cramp of the AMA Propaganda Department suggested a conspiracy. In a letter to Harison he wrote that to his understanding 'sentence had never been pronounced (..) because the presiding judge (..) was Van Bysterveld's attorney previously, and it has also be claimed that the son of this judge has been paid a big retainer to protect Van Bysterveld's interest'. Harison denied these allegations. 'The AMA is all wrong in assuming that Judge Dunham might possibly be influenced through his son's connection with the case'. Only the prosecuting attorney had failed to submit briefs when the case was brought to the Supreme Court.

Meanwhile Anton just continued doing his business. 'He goes to towns,' wrote Cramp in 1917, 'usually outside of Michigan, and gets his victims to come to see him, at which time he diagnoses their ailments and sells them a nostrum of his own manufacture'. Two years later he was informed from Indiana that a representative of the Van Bysterveld Medicine Company visited the town of Milford once every fortnight; 'it is a common occurrence for as many as two hundred people to call upon him for advise and medicine, at two dollars a call'. Replied Harison: 'Just as long as he continues his illegal methods to outside states we are practically powerless to prosecute him successfully from want of possible evidence. If practising in Michigan he will not be so easy to catch as on a former occasion where I obtained the evidence personally'. Late 1919 the prosecuting attorney of Kent County had collected some material on the healer, but I have not yet come upon any subsequent case.

V

In the early twentieth century the Dutch image of United States medicine was one of amazement. The general lack of medical education was commented upon, as well as the failures to improve it. Concluded an observer in 1898: 'In America the diploma of a doctor in medicine does not in the least provide any guarantee of ability'. America was known as the country of unlimited possibilities, and, according to one Dutch journal, 'this being true in many aspects, the characteristic seems yet to be surpassed in the field of quackery'. Medicine was mainly making money in all imaginable ways. To quote another

source: 'In America medicine is not firstly a science, like it is in Europe, but it is a business that is conducted with large public announcements, by every means of advertising, and with the use of big capital when possible'. The Society against Quackery paid attention to the diploma mills and warned its public against US companies that tried to infiltrate the Dutch medical market. Among irregular practitioners, on the other hand, America stood out as a paradise of free enterprise where everyone could practice medicine on the basis of his abilities alone.

The actual situation, of course, was much more diverse and differed from state to state, although US physicians would have had no problem recognizing the descriptions and attesting to them, especially since they were often derived from their own publications. But conditions were changing as well. At the end of the nineteenth century most states had returned to strict licensing, even when it involved compromises with sectarians like the homoeopaths and eclectics. Reported the Michigan State Medical Society not exempt from exaggeration in 1902: 'The medical act of 1899 has fulfilled exactly the expectations of its authors. It has rid the state and society of hundreds of fraudulent and incompetent practitioners, and has made the practice of the unqualified extremely precarious and unprofitable, at the best, wherever attempted. It has raised the standard of qualification for graduation at colleges not only in Michigan, but in other states its influence in this direction has been felt and favourably commented upon'.

Although from 1900 onwards it had become much more difficult to obtain proper registration as a medical practitioner than it had been during the previous decades, when everyone who showed the merest piece of officially looking paper had been admitted, the enforcement of the law lacked behind. 'I think one could practice medicine a considerable length of time in Michigan without a license at all,' wrote a Detroit doctor in reply to the 1912 AMA accusations. 'It is made mandatory upon the prosecuting attorney of each county to prosecute offenders, but until complaint is made and evidence submitted sufficient to legally warrant prosecution he will not act, and it is the duty of nobody to make such complaint and present such evidence'. Other commentators pointed their finger at the public and the newspapers who took sides with the quacks. 'Until the people can be educated to a higher estimate of the standards and purposes of the medical profession, this evil must be endured,' was one conclusion.

Judging from the available evidence in the Van Bijsterveld case, that is, if Cramp was right that Anton mainly conducted his actions outside Michigan, and if Harison's files are complete on the matter, Michigan medical laws were nevertheless on the whole more rigorously applied than their much older Dutch counterparts; at least they inspired some

fear. They also provided enough room to have Anton stay in business -whether or not through profitable personal contacts- and to let him operate at a distance.

VI

One of the main difficulties one encounters when comparing micro-histories of family members in different contexts, is that when national borders are crossed, the content of the sources changes, as do the sources themselves. For one, the difference in sources points to differences in organisation, and, for that matter, in professionalisation. In some respects the Propaganda Department of the AMA may have been similar to the Society against Quackery. But their respective relations to the professional medical societies reveals a distinction in how irregulars were defined and approached. While the AMA focussed on the method (urine analysis), the SaQ concentrated on the matter (medicine). Subsequently, they produced different sources: more constricted and limited in the USA and more open to their subject's point of view in the Netherlands.

At the back of it even much larger differences lurk: a contrast between the ways in which individuals relate to their surrounding society and a variation in how history is dealt with. Both observations certainly require more analysis, which falls outside the scope of my present research. Court cases and newspaper reports on them, for example, nevertheless carry the same message. In the Netherlands only occasionally the criminal records of local courts have been lost (as in Schiedam), and it is often possible to circumvent the deficiency by consulting newspapers, also in cases which escaped notice of the SaQ. Both newspapers and court records carry the depositions of witnesses and the arguments of the defendant, the prosecutor and the judges. On the other hand, the most one may accomplish towards an overview of the Michigan prosecutions of unqualified medical practitioners are general statistics that can be differentiated in time (half a year) and place (county), without providing any information on person or practice. Of the original court records --that is to say, if a case reached superior court-- only the legal procedures have been kept, not the transcripts of the proceedings. Newspaper accounts do not seem to fill the gap. Anton van Bijsterveld's 1914 conviction was reported in several Grand Rapid's newspapers, but they don't even convey what his 'practising medicine without a license' consisted of. To give one last example: a precise registration of the population, which enables the inquirer to follow someone from household to household, giving all the main data on the cohabitants as well, is missing in the USA; even the word for it doesn't exist.

This may all have to do with the protection of the rights of the individual, but it

makes him or her anonymous in the process. By contrast, the US system also seems to produce people who take on a super personality and stand for whole organisations. The silence of the sources on Van Bijsterveld as a consciously acting human being, as well as their selective transmission may just indicate that he was attempting to reach the status of super person. He may even have succeeded. At least, I see no other explanation for his continuous but distant popularity. Harison and Cramp, both being institutions themselves, may have recognized precisely this aspect of the Van Bijsterveld case and have him persecuted for it. That is to say, Anton was not only infiltrating medical territory, but he was also acquiring a social prestige that those in power did not deem healthy for the public (and themselves).

Can it be maintained that Pieter van Bijsterveld enjoyed a comparable prestige in the Netherlands? Perhaps. Nonetheless, I would underline the differences. An important part of Pieter's popularity was linked to his religious posture. In the Netherlands, Anton moved in even more orthodox Calvinist circles. But although this particular orthodoxy prevailed among Dutch US immigrants, there is no trace of any religious component of Anton's mid-western activities. To capture attention, he mainly used his European background, preferring a broad sense of ethnicity above religious separatism. Whereas in the Netherlands popularity also had a spatial base, in the US the sense of space, the feeling of belonging to a particular place, seems to have been supplanted by ethnicity. Above all, it is doubtful whether Anton could have reached institutional status in the Netherlands. His background was too well known, and he would never have come out of his brother's shadow. The overcrowded US medical market offered opportunities that were unavailable in the Dutch social setting. For, as the US anthropologist Ruth Benedict has aptly observed: 'In all Dutch interpersonal relations authority which is based on personal status is easily and constantly resented'. Pieter, with his fake American doctorate, running an 'Institute' and being elevated into folklore, would not have been tolerated if he had not shown any humbleness as well.

VII

To conclude. It may be assumed that both brothers used the same kind of urine diagnosis and prescribed similar medicines. There the similarity ends. Society and personality mutually influenced the separate ways of the two family members. Even within one family, a resemblance of form will depend on its reception for final analysis. In reconstructing the popularity of the two brothers, I have, in the end, moved from evidence to interpretation and speculation. I leave it to you to deconstruct my tale.