

#### CLASSIFICATION OF THE MEDICAL PROFESSION IN PRUSSIA.

The medical profession in the Prussian states is divided into the following orders :

##### I. *Graduate Practitioners of Medicine.*

This, the highest class, comprehends two subdivisions ; —

1. Those who are graduates in surgery as well as in physic, and who thus unite in themselves whatever the medical art embraces in its entire extent. They are physicians and surgeons (*chirurgico-medici, chirurgiatri*), or physicians and operators together. And in order to attain this rank, they are required, —

(a.) To have regularly taken their degrees as doctors of medicine and surgery. The term *regularly* here implies that the person shall have obtained the doctorate, after having in the first instance given proofs of a sufficient school education ; then by going through a four years' curriculum in a University, commencing it with a *Tentamen philosophicum*, passing an examination before the faculty, and in conclusion, defending publicly an inaugural dissertation composed in Latin by himself. Then he shall show that he has gone through with success. (b.) The re-

quired courses of anatomy; (*c.*) Akiurgy, (mechanical or operative surgery); (*d.*) Clinical surgery; (*e.*) An examination on clinical medicine, conducted in the Latin language; and (*f.*) The oral final examination, that for the diploma; the extent of this trial takes in the whole range of the healing art.

Having complied with all these requisites, the candidate takes the oaths, and receives the diploma; and he thus becomes entitled to turn his acquirements to account, by exercising the medical art in all its branches. The minor surgery alone and minor offices, graduates of this high order, are obliged to relinquish for the benefit of the pure surgeons in those places where such are settled; those cases, of course being excepted, where the occurrence of delay would be dangerous.

Whether the practitioner belonging to this class shall or shall not have the additional title of operator, depends chiefly on the result of his akiurgical and clinico-chirurgical examination.

2. Those who are graduate practitioners of medicine only (*medici*). These are confined to the practice of inner medicine (*innere Heilkunde*); but they are by no means allowed upon this account to dispense with a knowledge of surgery: they are only not permitted to practise it, nor are they required to give proof of their practical ability in this respect.

To obtain the diploma of a practising physician of this class, the candidate must show, (*a.*) that he has regularly graduated as a doctor of medicine; (*b.*) That he has gone through with success the anatomical course; (*c.*) The clinical-surgery examination; however, with reference only to the pathological part of surgical diseases, omitting the operative detail; (*d.*) The clinical-medicine examination; in Latin; and (*e.*) The oral concluding examination, in which the candidate shall be examined, among the rest, on the nature and treatment of surgical diseases.

The persons who belong to this order of the profession, comprehended under the two preceding subdivisions, besides the privileges already mentioned, are alone qualified for appointments as medical officers of state, from a chief medical privy councillor down to a physicus, provided they have previously given proof of the requisite knowledge in midwifery, have performed their medico-legal exercises with approbation, and have gone through the stated examination for the physicate. It is also only graduate practitioners of medicine who are eligible to the higher medical professorships; and in the military medical service, it is only those who belong to the first subdivision who may obtain the higher professional appointments, from staff-physician-general down to regimental physician.

## II. Surgeons of the First Class.

These are medico-chirurgi, or iatro-chirurgi, who have not

taken a degree. Individuals of this order must possess the requisite knowledge for treating inner as well as outer maladies, according to the precepts of the schools. They must, therefore, in order to be admitted to an examination, and to be qualified for their diploma, show (*a.*) by gymnasial certificates, or a preliminary tentamen, that they possess the requisite general elementary knowledge, and at least so much Latin as to be able to translate the Pharmacopœia and some easy author, and to write a prescription correctly. Further (*b.*), they must show either that they have gone through a regular three-years' medico-surgical course, and have obtained the requisite practical ability from clinical instruction, or that they have attended the prescribed courses of lectures, and have for the same length of time, at least, acted as assistant-surgeons in a military or civil capacity. Then they must have gone through with success, (*c.*) the anatomical course, (*d.*) akirurgy, (*e.*) clinical surgery, (*f.*) the medico-clinical examination in German, chiefly touching acute diseases, and of a purely practical tendency; and (*g.*) the oral final examination for the diploma, which shall be as well on medical as on surgical and pharmaceutical subjects.

Whether they shall obtain the additional title of operator, depends on the issue of their examination in practical and clinical surgery. But the privilege of medical and surgical practice accruing to this class of surgeons, depends on the following external circumstances. It is only when they choose to settle in a place where there is not already a graduate practising physician, that they may practise medically: but the privilege continues with them, although a graduate may subsequently come to settle in the same locality. If, however, they wish to practise in large towns, or where there are already graduates residing, and there be no need of a medical assistant, they are then allowed to treat surgical cases, and purely medical practice is forbidden them. An exception is made in favor of those surgeons of the first class who hold military or civil appointments—such as battalion physicians or district surgeons; to whom, in consideration of their not being at liberty, in the first instance, to choose their own locality, it is conceded to practise medically as well as surgically, in all places wherever they may be, and as long as they are in the service of the state. For the rest, the surgeons of the first class are bound, in cases of consultation, to pay due respect to the opinions and suggestions of the graduate doctors.

Surgeons of this class being appointed chiefly with reference to their practical utility, with a view to the supplying, by their means, the country folk and inhabitants of small towns with proper medical assistance, are alone held eligible to appointments as districts surgeons, when they have previously obtained a mid-

wifery license, and passed successfully the medico-legal examination ; as also they may be promoted to the office of surgical assessors in the medical colleges, to district paupers surgeoncies to be assistant physicians and surgeons in hospitals, and, in the military service, battalion, garrison, and government staff surgeons.

An objection has been made to the introduction of this class of the profession (which has in point of fact, proved itself to be the most truly useful, perhaps, of all), that, 1. there is thus provided for the people in the country a less competent class of medical practitioners than for those in town ; 2. that when these surgeons are held competent for internal practice, it is unfair to refuse them the liberty of practising medically in large towns ; and, 3. that the well earned privileges of the graduate doctors are prejudiced and injured. All this, however, is founded in mistake. The surgeons of the first class, though only allowed the title of surgeons, are just as competent for universal practice as the graduate doctors. It is not the proof of their acquirements adapting them for universal practice that is remitted to them, but that learned education requisite for the cultivation of science : besides the examination required of both is exactly the same. It is not to be denied that a man may be a very useful and most successful practising physician, without having any pretensions, at the same time, to a learned education, or being competent to promote medical science. On the other hand, our most learned physicians, the heroes of science, are often not the best practitioners : one may thus be both a learned and a practising physician, but also either separately. So far, then, as mere ability for inner practice is concerned, there would be no reasonable ground for refusing to surgeons of the first class the right of treating medically the dwellers in large towns — a right which is enjoyed by surgeons of the same class when in official situations.

But the object was to provide the country folk and inhabitants of small towns, who were so frequently destitute of genuine medical assistance, with a better instructed and more variously accomplished class of practitioners than they had under the old system ; and for great towns, where professional labor can be liberally remunerated, to secure the required supply of authorized assistant-surgeons, and thus again to put a stop to the bunglings of the mere barbers. For this reason, it was necessary to lay down certain restrictions for surgeons of the first class, with regard to their practising medically : such as that they were to be recognized as medical practitioners only when there was a lack of that class — because they would otherwise (like the licentiates, their predecessors) take good care not to

settle in the country, where they would have less profitable and far more arduous duties imposed upon them than in town.

The objection, then, that it is unjust to forbid this class medical practice in large towns, at once disappears. It is only to the surgeon of the first class who is in the service of the state, that this privilege can be permitted; because, otherwise, such an individual, suffering a greater loss by the prohibition of the privilege of inner practice than the gain that accrues from his very parsimonious pay, would gladly remain unattached to the service, and the state would soon find itself constrained to fill up its appointments with an inferiorly qualified class of surgeons; and that, too, in the large towns themselves. And, in reality, the country, as well as the military service, requires a class of professional men specially qualified for the duties. The graduate doctor, if he be not at the same time a surgeon, can be as little serviceable in military service as in the country, and, in general, cannot get a livelihood in the latter without some official appointment at his back. Neither his taste for intellectual society, nor his endeavor to keep pace with the advancement of science, nor the pretensions which he can reasonably make to a better way of living, can here find their contentment. By the multiplying of graduate doctors, the towns would be overstocked with them, while the country would remain unprovided with the requisite medical aid; as the experience of various inland parts can testify. Now this defect could only be remedied by the introduction of a suitable class of practitioners, who, by reason of an inferior scientific education, a less expensive mode of attaining their professional standing, and by reason also of the lower condition of life from which, for the most part, they are sprung, have thus fewer demands and less pretensions to affect a station and rank in society. For the rest, it remains undeniable, in spite of the many objections urged to the contrary, that the country physician, like the military physician of lower rank, requires no such great extent of scientific attainments for the sort of inner medicine which falls to his share; not so extensive at least, as the practitioner in town. The whole host of chronic and acute disorders which are introduced by a sedentary life — by the refinements of cookery, — by the ever-varying fashions in dress, — and by the luxurious habits in towns — are only of rare occurrence in the army as well as in the country. A more uniform way of life, similarity of occupation, and in part an equality of age, give room for a more uniform appearance in the complaints, and preclude those endless complications which are owing to the influences just alluded to; and in addition to this, the physician in a great city must have acquired, besides his professional knowledge and experience, an abundance of general

knowledge and maxims of life, if he wishes to move in the higher circles of society, and to inspire confidence in his skill. All which are no ways essential for the country practitioner.

In fine, as to the objection that by introduction of surgeons of the first class, the well-earned rights of the graduates are prejudiced, the repetition of what has been said must be a sufficient reply — that this is the case in a much less degree than it formerly was, when ungraduated physicians (the licentiates) were permitted to practise; for they possessed, in every respect, the same rights and privileges as the graduates did. Moreover, the interests of the profession were much less to be considered in the arrangement than those of the sick, who wanted medical aid and had none. Yet with all this, the doctors, so far from having actually lost by the introduction of surgeons of the first class, have in reality gained by it; for there has resulted from that step a more uniform distribution of medical practitioners, and a limit has been set to their superabundant influx in large towns. By the simultaneously introduced difficulty of accomplishing the University course — by the perfecting and extending of the higher medical curriculum itself — and by the severity of the subsequent examinations for attaining the doctorate — the number of graduates has been very much diminished. Each person who, at present, can only reach the rank of surgeon of the first class, could, on the old system, have graduated, as competent for inner practice; or he went through the examination for the licentiateship, and then took his degree into the bargain, without, after all, possessing more acquaintance with the science of his profession than does the present surgeon of the first class. Only the name and the privilege have been altered, not the thing itself. Thus, by the introduction of surgeons of the first class in the Prussian States, there has not been one more practising physician added than there would have been without this class; and only the number of *unlearned* doctors has diminished in proportion as there has been a vent opened for them among the first class surgeons.

### III. *Surgeons of the Second Class.*

The candidate who wishes to obtain a diploma as surgeon of the second class, must show either that he went through the education and apprenticeship prescribed by the medical edict of 1725, or that he had been a military assistant-surgeon at least for three years, or that he had obtained the knowledge and expertness requisite for a surgeon of the lower rank, by the regular attendance of public places of instruction. In the latter respect the candidate must prove that he has gone through with success a complete (three year<sup>s</sup>) curriculum in a native medico-chirurgical establishment (School of Surgery). Yet will certifi-

cates of other lectures, attended even in foreign establishments, be admitted as valid, among which, however, those on bandages, and the use of instruments, on fractures, and luxations, on operations, and surgical clinic, cannot be dispensed with; and together with which it must be also made to appear, that the candidate attended the said clinic not merely as a hearer, but as a practical assistant; that he performed dissections, and took part in the practice of operations on the dead body, and on models (*Phantome*). With these testimonials, the candidate will be admitted by the Medical College of his province to an examination, which is to be completed in four terms.

In the first term, three problems will be proposed to the candidate for written answers, taking care to prevent the possibility of his employing the assistance of another person; these questions to be drawn by the candidate himself out of an urn, from among a number of not less than thirty, and relating particularly to general subjects of physiology, materia medica, and chirurgica, the art of prescribing, the mode of attempting the recovery of the apparently dead, the needful offices for persons bit by mad dogs, poisoned, or in danger of sudden death.

In the second term, the candidate must give a proof of his anatomical and surgical attainments, both by demonstration and practically, on the dead body, when it is possible — but when there is a want of subjects, on anatomical preparations and models.

In the third term the candidate shall be brought to the bedside of the sick, when he shall have several surgical cases set before him, the diagnosis of which he must immediately point out; and he is examined respecting their causes, course and proper treatment. Also the candidate must display, practically, on the living body, his mechanical cleverness in getting ready and applying the dressings in various forms of disease; also, when it is possible, and the occasion may happen to present itself, he shall perform several of the minor surgical operations.

In the fourth or concluding term, the candidate shall be examined by three Fellows of the College, orally, on all the departments of practical surgery, with, however, a constant view to the future destination of the candidate.

The proceedings of the examination, with the proposition for the admission or rejection of the candidate, is then sent into the ministry for their ultimate decision.

Those candidates for examination who, in their examination for surgeons of the first class, have not displayed sufficient professional knowledge, but have nevertheless exhibited the requisite practical cleverness, can only obtain diplomas as surgeons of the second class.

Although surgeons of the second class are authorized, and have proved their competence to treat surgical diseases independently, they are yet called upon to perform various surgical offices for the sick — bleeding, leeching, scarifying, bandaging, &c. — at the bidding of the physicians and the superior class of surgeons; and in this respect are rather to be looked upon as assistants than as independent surgeons. They may in this regard also settle where they please, even in great towns, where they can, in the latter respect alone, obtain an extensive sphere of action, sufficient for their maintenance. On the other hand, medical practice, or the treatment of purely medical cases, is unconditionally prohibited to them; and they are also held responsible for the performance of capital operations — those cases excepted where delay would be productive of mischief, and the assistance of a surgeon of superior rank is not to be obtained.

#### *Dentists.*

With the second class of surgeons, *dentists* take their rank — that is to say, provided they do not already belong to a higher class, but are privileged solely for the practice of dentistry. Such practitioners must be examined by the medical Colleges in three terms — by writing, word of mouth, and practically — on anatomy and physiology, the pathology and dietetics of the teeth, on diseases of the teeth and gums, on the efficacy and mode of preparing dental medicine, and on the indications for performing the several operations on the teeth, — along with which they must at the same time show the practical knowledge they have acquired in preparing certain artificial teeth, and whole sets of teeth, as well as in all the mechanical parts of dental surgery, and the application of the various instruments. For the rest, nobody can any longer obtain the diploma of a dentist, or be even admitted to an examination on dental surgery in particular, who is either not already a physician or a surgeon, able to tender the requisite proof of his having attained the technical and mechanical readiness so essential for a dentist, or who, if he have not been already admitted as physician or surgeon, cannot at least show certificates of his having diligently attended lectures on anatomy, general and special surgery, teaching of operations, materia medica, and surgical clinic.

#### *Accoucheurs.*

The candidate who seeks to be admitted to examination as an *accoucheur*, must, besides all the other tests (he must have been already admitted as a physician or surgeon), show that he has gone through a complete theoretical and practical course of midwifery, and that he has managed at least two births by himself.

*Oculists.*

To the examination for *oculists* those physicians, if they please, are admissible, who are not surgeons, but who wish to practise this branch of operative medicine in particular. The want of a particular form of examination for oculists was very properly denounced as a defect in the old system of regulations. Whoever was already admitted as a physician, or operative practitioner in general, was not required to undergo any further test of his ability as an eye operator; but there are physicians who shall know nothing of operative medicine generally, nor possess any of the requisite qualities for its practice, who yet may have a taste for ophthalmic surgery in particular, and for the operative tact which is adapted to it. The greatest oculists and ophthalmic surgeons of our age, Barth, Schmidt, Beer, Prochaska, Himly, &c. were not surgeons in the general sense, but eye-operators only; and I need scarcely add how much eye surgery has been indebted to them for the great advances which it has made of late, and whereby it has been raised far above several other branches of general medicine. An especial examination for those physicians who had not been admitted as surgeons, but devoted themselves particularly to eye diseases, and who were desirous of performing the operations that came in their way, was therefore deemed not only necessary, but an essential means of advancing the interests of eye surgery in the state.

*State and Forensic Physicians.*

To the examination for state medicine, and as a forensic physician (the test for the physicate), only those physicians are admitted, who are graduates in medicine, and pre-eminently the most distinguished, and the most multifariously accomplished of their order; nor shall they be admitted until they have discharged their professional duties already for a considerable time—have distinguished themselves as scientific physicians—have earned a high reputation—and who enjoy the confidence of their patients, as well as the esteem of their brother practitioners; and who, withal, have previously been examined as accoucheurs. Requests to be admitted to the examination for the physicate, and thus to become eligible and competent to medical offices in the state, must be made to the ministry, through the royal regencies, whose sanction is further requisite. In like manner, none but surgeons of the first class, and (by an exception in their favor) the *ci-devant* surgeons of large towns, shall be admitted to the examination for medico-legal surgeons,—and that, too, after a previous examination in midwifery.

Together with the preceding arrangements, with a view to prevent any evasion of the legal provisions, it was established, that—

1. All Surgeons, who have been already admitted as such, or who shall be so hereafter, by the national medical faculties, unless they have an express recommendation in their favor from the Ministry for Medical Affairs, shall be ever after excluded from the doctorate; and in case the degree should be conferred upon them by a national or a foreign faculty, such surgeons, on a pain of forfeiture suited to the case, shall not assume the title; and further that —

2. When the doctoral title is obtained supplementally and by exception, through the aforesaid ministerial approval, the surgeon can by no means enter the higher grade of graduate doctor: much more in such than in other cases, the complete compliance with all the requisites of the examination laid down for the class in question is necessary, in order to be able to obtain a new admission.

When the foregoing classification of the profession was published, with a view of putting it in force, it was laid down, that —

1. The actual condition of the already admitted practical physicians (although, as not having graduated, they properly now only belonged to the grade of surgeons of the first class,) should not be disturbed; but that one and all should remain exactly as they were originally settled.

2. The surgeons for large towns, though they ought now only to be reckoned as surgeons of the second class, yet maintained the right to qualify themselves as medico-legal surgeons, and to be allowed to canvass for district surgeoncies; while, however, the limited privilege of surgeons of the first class, with regard to medical practice, was only permitted them when they had submitted to, and successfully passed, the supplemental examinations required for the purpose.

3. Those surgeons who had been appointed to villages and small towns — though they had undergone a far less rigorous and extensive examination than that for the second class surgeons — yet were adopted into this class; and even the privilege of settling in large towns was not denied them, provided their doing so was desirable for the sake of their services in performing the minor surgery, and that the place was not already overstocked with practitioners of the same order, or that, in fine, the still occasionally existing privileges of the surgeons for towns did not militate with their purpose. But the privilege hitherto necessarily belonging to this class, of treating minor medical cases, ceased altogether as soon as they changed their residence, or a medical man, properly qualified, came into the same quarter, or its immediate vicinity.