Observations

ON

STATE MEDICINE IN NORTH GERMANY.

BY

H. W. RUMSEY, Esq., F.R.C.S.,

Member of the General Medical Council of Education and Registration.

THE following sketch of the system of state medicine established in the duchy of Nassau (recently invaded and annexed by Prussia) may interest those who are discussing projects of sanitary and medico-legal organisation in England. The original manuscript was kindly drawn up, at my request, by Dr. Giessé, the medical officer in chief of the district of Ems, a physician of great ability, and an excellent authority on the use of the principal German spas.

I have given, correctly I hope, the substance of his report—much of it in his own words; but it seemed advisable to alter several expressions for the English reader. Some bracketed interpolations are my own.

If the practical results of German state medicine do not appear to be always commensurate with the professed completeness of their arrangements, it is but reasonable to attribute any such shortcomings to two or three very probable sources of failure. In the first place, the salaries are absurdly low, and the fees for special duties utterly insufficient to remunerate the officers, who are accordingly permitted, and indeed obliged, to engage in private practice, with obvious detriment to their public functions. The last clause in Dr. Giessé's statement affords an illustration of embarrassment continually arising out of the false position in which the officer finds himself when cases in his own practice become the subject of official inquiry.

Again, too many therapeutic engagements and petty services are combined with the more important responsibilities—preventive, juridical, and supervisory—of these officers.

The great variety and extreme diversity of the duties committed to a single officer, in a district too small for the higher functions, must interfere seriously, one would think, with thorough attention to each and all of these matters. It is probable that some division of official labour, in larger districts, might be found to work more beneficially.

It would be easy for us to avoid these and other imperfections in the German polity, while we may derive many valuable suggestions from it, in devising a normal project for health officers and medical jurists in England.

ABSTRACT OF DR. GIESSÉ'S REPORT.

I.—In all the states of Germany, physicians are appointed and paid by the government to act as sanitary and judicial medical officers, who are permitted to make an income by private practice.

1. At the head of the medical department of the state, there is placed a College (or Council) of Physicians.*

2. In the larger states—Prussia, for instance—there is such a Council at the head of medical affairs in each province. The provincial College is subordinate and responsible to that of the metropolis.

* Dr. Giessé usually terms this body "the Government College of Physicians". We should call it a "Medical Council" appointed by Government; and such I have named it in subsequent clauses.

3. Under the control of these Councils, a state physician is appointed to every district. The titles of these medical officers differ in different states; but their duties are nearly the same in all. In the duchy of Nassau, for instance, the state physician is called *medicinal Beamter*; in Prussia, *Kreis Physikus*. The word *Amt* in Nassau signifies a district of about 24,000 inhabitants. (The *Kreis* of Germany is generally much larger in extent and population. Prussia, in 1852, was said to contain 287 such districts, with an average population of about 56,000.)

4. Subordinately to every *medicinal Beamter* in Nassau, official assistants are appointed. In Prussia, these are called *Distrikt Aerzte*. There is generally one to a district of about 8000 inhabitants.

5. In Prussia, a second medical officer is appointed to each district, with the title of *Kreis Chirurgus*, who has to make the legal examinations ordered by the *Kreis Physikus*. In Nassau, this duty is performed by one of the assistants.

[N.B. To simplify the following details, the Nassau titles—*medicinal Beamter* and *assistant*—are alone employed.]

6. All physicians who seek for these appointments have to undergo a special examination; because, however skilful as curative practitioners, they may not possess the special qualifications required for the medico-legal or medico-sanitary functions.

7. If the *medicinal Beamter* be absent, or professionally engaged, or unable to attend, the senior assistant takes his place for the time.

II.—Duties of the *medicinal Beamter* and his assistants, as sanitary medical officers.

1. All the medical practitioners of the district, including the assistants, must report to the *medicinal Beamter* all cases of infectious, epidemic, and endemic disease under their treatment—e.g., cholera, small-pox, typhus, scarlet fever, etc.

The *medicinal Beamter* has to visit some of the cases himself. After consulting with his assistants, he directs the requisite sanitary provisions and measures of disinfection. The magistrate has to carry these directions into effect.

2. During the prevalence of any epidemic disease, a weekly report is required from the assistants to the *medicinal Beamter*, and from him to the Medical Council.

3. In these reports must be entered the sex, age, and occupation, as well as the course and result of the illness, of every patient. The origin and progress of the epidemic must also be recorded.

4. On the disappearance of any epidemic, a general report is to be made from each assistant to the *medicinal Beamter*, and from him to the Medical Council, describing the origin and course of the disease, the treatment adopted, the sanitary measures, and the general results. Cases of particular interest, and all *post mortem* examinations, are to be minutely described.

5. Every practitioner attending cases of epidemic disease is required to give every possible information respecting them to the medical officer, and also to report to him any observed transgression of sanitary regulations. For instance: in an outbreak of small-pox, communication with an infected house is prohibited. Over the door is to be placed a board with the inscription, "Here is small-pox." Vaccination or revaccination is to be performed immediately upon all under fourteen years of age, throughout the district, by the *medicinal Beamter* and his assistants. Days and hours are to be fixed and published for the gratuitous revaccination of all above fourteen years who may apply for it.

6. Every local outbreak of epidemic disease is to be officially announced in the newspapers, as a public caution against unnecessary intercourse with infected localities.

7. The *medicinal Beamter* and his assistants are required to attend gratuitously on the sick poor; and (8) to perform compulsory vaccination twice a year.

9. The same officers have to report their opinion on the formation (and condition) of reservoirs and channels for public water-supplies; on measures for the removal of *excreta*; on cemeteries; and on the establishment of hospitals, asylums and workhouses, etc.

10. When any complaint is made about nuisances—e. g., dung-heaps, privies, pigsties, etc.—the magistrate has to refer the case to the *medicinal Beamter* or an assistant, for investigation and adjudication.

11. The same officers are the authorised inspectors of all articles of food and beverage offered for sale, as well as of water-supplies.

12. The veterinary surgeons of the district must report to the *medicinal Beamter* when any contagious disease breaks out among cattle, sheep, pigs, etc.—especially in cases of glanders, farcy, hydrophobia, as diseases which may be communicated to man. The medical officer must investigate the nature and origin of the disease, and order the necessary measures for preventing its diffusion, such as the slaughter of animals, the confinement of dogs, the disinfection of stables, etc. Reports on these matters are to be made to the Government Medical Council.

13. On an alarm of fire, and in calamitous accidents on railways or in mines, and in cases of violent death, the *medicinal Beamter* and assistants are required to hasten to the spot, attend to the injured persons, ascertain the causes and circumstances of the calamity, and report to the Government.

14. The same officers are the authorised inspectors of prisons, asylums, hospitals, poorhouses, workhouses, manufactories, schools, etc.; and they have to report on their sanitary condition to the Government Medical Council.

15. Twice in the year, it is their duty to inquire into the health of all the orphans in their respective districts, and to report as above.

[III. Duties of the *medicinal Beamter*, as an officer of medical police, in relation to practitioners of pharmacy and female practitioners of midwifery.]

16. It is the duty of each *medicinal Beamter* twice a year to visit the *Apotheken* (chemists' and druggists' shops) of the district. He is to examine the scales, weights, measures; to see that the drugs and preparations are in proper order and of good quality; that the poisons are carefully kept in a separate place and locked up; and that all labels are distinctly legible.

No poisonous article can be legally sold without permission of the *medicinal Beamter* or one of the assistants. Any person applying for an order of the kind, who may not be personally known to the prescribing officer, must procure a recommendation from the magistrate.

The prices of medicines (made up in the ordinary forms) are fixed by the Government Council; and the *Apotheker* is not permitted to sell either under or above the regulated tariff, which is high enough to secure a fair profit to the seller.

A list of all the drugs which may be sold without the prescription of a physician is issued by the Government. Every person who intends to practise pharmacy in any place must obtain permission of the authorities. Before this permission is granted, the *medicinal Beamter* is required to state whether, in his opinion, a new pharmaceutical establishment is ne-

cessary, and likely to remunerate its proprietor, in such place.

[The preliminary and professional education of the *Apotheker* is regulated by law.] He must pass through a "Latin school", and a practical course of three years in an authorised *Apotheka*. He must study in some University, and must pass an examination before the Medical Council.

[Every *Apotheker* is responsible to the same authority for his good behaviour.] If he neglect his business, or commit it to inexperienced or unqualified persons, or be of intemperate habits, the Medical Council interferes by placing a duly qualified and responsible *Apotheker* at the head of the establishment. The proprietor is then forbidden to compound prescriptions or sell drugs, and is charged with the salary of his appointed substitute, which salary is fixed by the authorities. The same interference takes place whenever the proprietor of a pharmaceutical establishment dies, and his family wish to carry on the concern.

17. The midwives of every district must be examined once a year by the *medicinal Beamter* and his assistants.

Before any woman is permitted to practise midwifery, she must produce proof of having been under medical instruction (for an appointed period) at a recognised obstetric hospital.

Every midwife must keep a register, in a prescribed form, of all cases attended by her; specifying the names of the parents, sex of the child, date, kind, and duration of the labour.

If a medical practitioner be called in, he must record the circumstances which called for his attendance, and any operation he may have had to perform. The register is to be open at all times to the inspection of the *medicinal Beamter* or the assistants. Their report on these records is to be sent to the Medical Council.

Every female candidate for instruction in midwifery must, previously to her admission into hospital, produce a certificate of good character from the magistrate and *medicinal Beamter* of the district, testifying that she is "honest, clever, neat, clean, and handy."

When a midwife attends a case of puerperal fever, the *medicinal Beamter* may forbid her attendance in another confinement for a certain period; and it is his duty to order measures of disinfection and prevention.

IV.—Duties of the *medicinal Beamter* and the assistants as medico-legal officers.

1. They must inspect and examine all bodies found dead, and all still-born children.

2. Two of them are required to attend at every legal *post mortem* examination.

3. A preliminary report—*protocol*—dictated by the official physicians, is to be drawn up by the officer corresponding to the English coroner, and to be signed by himself and the two medical officers.

4. A copy of this "protocol" is to be supplied to the medical officers, who must make a full report as to the cause of death.

5. The report is to be signed by both medical officers; but, if their opinions differ, each is to make and sign a separate report.

6. They are required to examine all persons who have suffered severe bodily injury; to watch the progress of each case; and to report on the cause, mode, instrument, danger, duration, and termination of the injury.

7. If a fatal injury be professionally attended by the *medicinal Beamter* or an assistant as a private practitioner, he is not permitted to perform the medico-legal examination.