

# THE ROYAL COLLEGE OF MEDICINE AND PUBLIC HEALTH IN BRANDENBURG-PRUSSIA, 1685-1740

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ALTHOUGH attempts at the legislative control of medical practice and public health work had been made from the time of Hammurabi of ancient Babylonia (1800 B.C.), the intervention of the various States of Europe in this sphere was spasmodic and largely ineffective until comparatively recent times. The code of laws which the Emperor Frederick II laid down for Sicily in the twelfth century included explicit regulations for the governance of medical teaching and practice. Later, in the Middle Ages, guilds and corporations of physicians, surgeons, barber-surgeons and apothecaries were instituted in Italy, England, France and other countries, usually under State patronage; but in the course of time these bodies became more and more concerned with the maintenance of the exclusive privileges of their members than with the welfare of the people at large.

An outstanding illustration of enlightened State intervention in the domain of medicine and public health can be found in the work of the Hohenzollerns in the combined territories of Brandenburg-Prussia.

In the year 1685, Frederick William, The Great Elector, indicated that certain abuses had been reported to him in the practice of medicine, in the preparation and distribution of medical remedies, and in the cure of sickness. These reports alarmed him not only because the science 'given by God to man for his welfare' was abused but because by those abuses the health and lives of his people were endangered. Therefore, as evidence of his fatherly concern for the welfare of his people he decided to establish, in 1685, a College of Medicine<sup>1</sup> in Berlin and to place in its charge the medical profession and all the peoples associated with it: physicians, apothecaries, barbers, surgeons, midwives, oculists, hernial surgeons, lithotomists, and bathkeepers.

In composition the College of Medicine was to consist of both laymen and professionals. Real Privy Councillors, one of whom would serve as President, would represent the civil element and give greater authority and dignity to the college. The President would report its decisions directly to the Elector. The professional element would include the court physician and the two physicians-in-ordinary of the Medical Faculty of the University of Frankfort-on-the-Oder. Other territorial physicians might be added as associate members if their capacity, erudition and experience warranted. The physician members of the college were to elect a dean who would ordinarily preside over discussions, would convoke the college, propose agenda for discussion, and who would conserve the documents, records and seal of the college.

The very first assigned function of the college was to require that all physicians present or future who practised or wished to practise in the Electorate of Brandenburg should report to the college in person or in writing, should make known their methods of treating diseases, and should produce the public testimonials which had admitted them to practise. The college would then pass on their qualifications and admission to practise. Newcomers were to refrain from the practice of medicine without approval of the college.

If the city magistrates or nobles in the counties wished to take on a physician they must first submit the candidate to the college for approval. Those who had studied at the University of Frankfort and who graduated from its medical faculty were to receive first consideration, in accord with previously extended privileges.

This in effect instituted for the first time a State licensing system for physicians. The requirement of submitting credentials of qualifications and of receiving approval and licence of the college to practise was also extended to include apothecaries, barbers, surgeons, oculists, herniotomists, tooth-extractors and midwives. All these were required to announce themselves to the college, submit their qualifications to practise, be examined by the college or by approved physicians in local areas, and then practise only if they had gained approval of the college. Journeymen and apprentices of licensed apothecaries, barbers, and surgeons were to be presented to the college or an approved physician before being dismissed from service and given proper testimonials of their qualifications and good conduct.

A second major assignment of the college in the Elector's effort to raise standards in the medical profession was for the college to instruct all those subordinated to it in a proper code of conduct, which the college in turn would enforce.

Physicians, for example, were directed to associate with each other in friendly fashion. They were forbidden to entice patients away from each other, or to criticize their colleagues. It would be proper for a physician to call in other physicians as consultants in diagnosis or prescription. No physician was to refuse such a call since this affected a patient's welfare. Physicians were to inform themselves in exact detail of the condition of their patients and to reveal to no one what they learned. They should not demand exorbitant fees, particularly of the poor, but should serve poor and rich equally well. Jurisdiction over medical fees and accepted remedies was likewise assigned to the College of Medicine.

Apothecaries and their shops were to be inspected annually, or oftener if necessary, by the college. Aided by the local magistrates and town physicians, members of the college were to examine the inventory of drugs and medical remedies, separate the good from the old, spoiled or defective items. They were to instruct the apothecaries, their journeymen and apprentices in the duties of their profession and to see that drugs were sold at a proper price. To this latter end the college was instructed to prepare a price list and to submit it to the Elector for approval. No one other than licensed apothecaries were to be permitted to sell drugs. In accord with a required oath apothecaries were to

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abide by the price list, were not to alter any prescribed remedy by name, weight or measure, were not to engage in any secret understanding with physicians for personal gain or to the harm and disadvantage of patients. Prescriptions prepared by approved physicians were to be faithfully and carefully filled. Apothecaries were to refrain from doctoring or visiting patients. And, finally, they were not to sell without the approval or foreknowledge of a physician any purgatives, emetics, diuretics or opiates, much less poisons.

When surgeons received cases of dangerous wounds or bad accidents they were to call in approved physicians in ample time, were to heed the latter's advice, and to refrain from prescribing internal medicaments. Grocers, spice-merchants, alchemists, distillers, confectioners, perfumers were likewise forbidden to meddle with medical affairs, treatments or remedies. Bathkeepers were not to prescribe internal medicine nor encroach upon the professional areas of physicians, apothecaries or barber-surgeons. In similar fashion, midwives were to prescribe no internal medicine on their own, and were to consult physicians in serious cases.

Oculists, herniotomists and tooth-extractors who were approved were to be permitted to practise only at the public fairs and only for a period of four days. Charlatans, quacksalvers, and all deceivers who did not belong to the medical profession were not to be tolerated at all much less use old women, spell-makers and other unseemly, magic, superstitious and mysterious means.

In order to promote professional skill the physicians of the college were instructed, as often as it was possible, to obtain cadavers and to perform dissections in a place to be assigned by the Elector so that young medical students, surgeons, midwives and others might better learn about the anatomy of the human body.

The newly established College of Medicine was to be supported by fees charged for the examinations and testimonials. The costs of inspection of apothecary shops were to be borne by the towns and the apothecaries.

The Edict of 1685 establishing the *Collegium Medicum* had little immediate effect. The promised apothecary price list was not prepared nor published, the edict itself was not published, although the college had come into being. On the petition of the college, the new Elector, Frederick III, did publish a new Medical Ordinance of 30 August 1693,<sup>2</sup> effective in Brandenburg only. This Medical Ordinance once more laid down canons of professional conduct for physicians, apothecaries, surgeons and midwives.

Physicians were again required to register with the college and to submit their qualifications to practise. They were forbidden to prepare medicaments except for secret preparations unavailable in an apothecary shop. Members of the medical profession were forbidden to leave towns or places where they had earned a living if such places became infected with plague. However, for their protection, physicians need not enter infected houses, but were permitted to advise and to prescribe treatments from outside on the basis of information about the patient provided by hardier persons who had access to the patient. The perpetual problem of fees and payment of fees was recognized by the

ordinance. Experience indicated, it said, that patients were not particularly grateful, and physicians were forced to haggle like charlatans and shopkeepers with their patients and often demanded fees out of proportion to their services. The Elector therefore established a fee schedule for medical calls and services. The fees varied from three groschen to four Reichsthaler for a prescription obtained at the physician's home, for first and for successive calls and whether for ordinary or contagious sickness, for night calls, for country calls involving travel, for autopsies and for embalming. For curing venereal disease the physician could make his own terms. A conscientious physician was expected to help out of Christian love those who were too poor to pay.

Surgeons were to be sober people and ready and capable night and day to offer their skill to their neighbours. Master surgeons who were called to treat serious injuries or wounds inflicted by a second party were to make a temporary quick bandage and then reveal to local police officials the gravity of the wound so that the evildoer might be apprehended and properly punished.

Surgeons were definitely inferior professionally and subordinate to physicians in the hierarchy of medical practitioners. When both a surgeon and a physician were on a case together the surgeon was to defer to the physician. Surgeons were to refrain from all internal cures, and in the treatment of syphilis by mercury and salivation surgeons were to act only with the assistance of a physician. The barbers apparently were prone to overcharge their patients, or on grounds of a difficult operation or threat not to treat a serious wound would seek a higher fee. So again a fee schedule was prepared establishing proper fees for protection of both the surgeon and the patient. The fees ran from twelve groschen to twenty Reichsthaler but for us are less important than the kind of services performed by the surgeons for these fees. Surgeons dressed ordinary wounds, bone-penetrating wounds, wounds caused by sticking or stabbing, head wounds, ordinary or with injuries to the cranium or pericranium, head wounds in which the cranium was depressed with a fissure, injuries requiring trepanning, leg fractures, longitudinal fractures of limbs, set dislocations, treated contusions, abscesses, tumours of all kinds, sore throats, inflammations, performed blood-letting by the arm or by the feet, and amputations. And again the poor who could not pay must be treated out of Christian love and conscience. The surgeon's domain was external treatment by and large, and that of the physician was internal.

Midwives were an essential part of the public health services at this time. All obstetrical functions were performed by them. They too were required to register and to submit their qualifications to the College of Medicine if in the Berlin area or to the town physician approved by the college away from the capital. Like surgeons, midwives were required to live honourable, pious and sober lives because their services might be required day or night. They were to treat women in labour with gentleness and discretion, were not to encourage labour without proper indications, nor without necessity place a woman on the delivery chair nor hold her there unduly long. Midwives should be prepared in emergencies to summon another experienced midwife for advice, or even a

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physician, particularly in cases where either the mother or the unborn child was dead while the other still lived. Physicians must be called in when any part of the afterbirth was not completely removed.

Midwives were forbidden to administer to any person, married or not, any medical remedy, potion, or powder whereby the foetus might be injured, killed, or expelled from the womb dead or alive or to give advice on such. They were forbidden to give forcing remedies to facilitate or advance menstrual flow. Apothecaries were forbidden to prepare for or to sell to midwives any such remedies. This was in the domain of the physician. Prescribing of any and all forms of internal remedies was forbidden to midwives. And, finally, if they were approached by a suspicious person requesting advice for illicit purposes, the midwives were to report this at once to the local magistrates or to the college so that possible harm might be prevented.

The functions of the apothecary were most intimately linked with the practice of internal medicine and with the functions of the physician. In this period of the late seventeenth century when the first efforts were made at establishing professional standards of conduct and qualifications to practise, it is obvious that the professional fields of service of physician and apothecary needed to be sharply delineated. Apothecaries were forbidden to visit or to prescribe for patients or to give them any medicaments without a physician's approval. Physicians in turn were limited in by-passing the apothecary by preparing their own remedies.

The work of the apothecary was in large measure carried out under strict supervision of approved physicians. In preparing compounds only ingredients of good quality were to be used, and these were first to be examined by physicians for weight and quality. After preparation containers holding these compounds were to have the year and date attached. Chemical remedies were not to be prepared by the apothecaries, much less by itinerant chemists. Until 1698 when a Brandenburg pharmacopoeia was published describing methods of preparation apothecaries were required to consult with a physician on the method of preparing chemical compounds.

Apothecaries were directed to make available to other apothecaries at a fair price drugs in short supply. Venoms and poisons were to be kept isolated and well secured. Separate scales, mortars, pestles, sieves, mullers and tammies were to be used for poisons so as to protect patients from harm by carelessness. Written prescriptions of physicians were required for the dispensing of poisons.

Apothecaries were warned against criticizing or secretly deprecating a physician's prescription. They were to fill prescriptions exactly as written with no changes, omissions or false weight or measure. Opiates and purgatives were to be prepared with great care. Prescriptions from unknown or unlicensed physicians, from barber-surgeons, bathkeepers, particularly for emetics or purgatives, were not to be accepted. The college required that all preparations showed the day, month, year and price of the preparation.

To assure that apothecary shops were well managed the college was ordered to make surprise inspections annually with the assistance of town officials and of local physicians.

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The College of Medicine by the terms of its establishment was more than a certifying board. It was a part of the machinery of public administration which was taking shape in the late seventeenth and in the eighteenth centuries. It not only served as a professional body but it had a court authority to pronounce sentence and decree punishment against violators of the Medical Ordinance. But much of its effort in medical administration was futile in the early years after 1685 because it lacked enforcement means. By a patent of 25 June 1701<sup>3</sup> the King ordered the police (*Landreuter*) to enforce the college's decisions. But such orders were to be signed by the President of the College, a member of the Real Privy Council.

Frederick William I, who became king in 1713, introduced a whole new spirit into public administration, a sterner, firmer insistence on compliance with royal ordinances and a harsher treatment of violators. In October of 1713<sup>4</sup> he took note that grievances still existed in medical affairs and that many people had suffered in health, even in life, because of the incapability of those who undertook to be physicians. He re-emphasized the requirements of registration, of the codes of professional conduct for apothecaries, surgeons and midwives, forbade retired soldiers, old women, midwives and chemists to engage in medical treatment, and restricted dentists, lithotomists, herniotomists, charlatans and quacks to practising a limited number of days at the annual fairs.

In order to reach out into the towns of Brandenburg beyond the area of the capital cities of Berlin and Cöln, where the college itself had immediate jurisdiction, the office of Adjunct Physician was created.<sup>5</sup> He was directed to prepare lists of all physicians, apothecaries, surgeons and midwives in his town, to determine if they were licensed, to administer examinations where necessary and to submit reports to the college for approval of licences on the basis of such examination. He was to receive complaints and denunciations of grievances in medical practice, investigate them and forward reports to the college for action. He was likewise to guard against other governmental authorities intervening in those affairs assigned to the Royal College of Medicine.

Again in 1718<sup>6</sup> a declaration was issued ordering that no one was to practise medicine without the approval of the College of Medicine, and that such approval would be given only after passing an examination which included the solving of a *Casuum Practicorum* by a candidate out of his own knowledge and experience.

In 1685 the College of Medicine had been set up to supervise medical affairs only in the territory of the Electorate of Brandenburg. Under Frederick William I the general tendency in the Hohenzollern possessions was in the direction of extension of centralized control from Berlin over all territorial administrative organs. For most aspects of State life the principal instrument of this control was the General Directory established in 1723.<sup>7</sup> On 4 December 1724 the king personally directed the General Directory to establish in each of his territories extending from East Prussia to Cleves on the Rhine Provincial *Collegia Medica* to administer all medical affairs in the provinces in accordance with the basic Medical Ordinance of 1685.<sup>8</sup> All provincial colleges were

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administratively subordinated to the Royal College of Medicine in Berlin, whose title was changed in the following year to Supreme College of Medicine.<sup>9</sup>

The membership of the provincial colleges was selected by the Royal College and consisted of two physicians, two surgeons and two apothecaries. They would examine and qualify physicians, surgeons and apothecaries for practice, inspect apothecary shops, and report on medical and surgical affairs to the Royal College in Berlin.

The efforts begun in 1685 to establish high standards of practice and professional conduct, to eliminate quacks, to confine internal and external medical treatment, preparation of drugs and remedies to those properly qualified, by no means met with unqualified success. Tradition, superstition and gullibility, the boldness of quacks, the relatively limited knowledge in the field of medicine and above all the inadequate means of enforcement of the rulings of the Royal College still permitted the existence of abuses and a threat to the medical welfare of the people. This was the view expressed by Frederick William I on 27 September 1725 as he issued a new General and Stricter Medical Ordinance.<sup>10</sup> In his blunt manner, the king stated he intended to end these abuses and malpractices once and for all. Rule by edict even in a paternalistic welfare state did not always accomplish the desired and desirable end.

The new ordinance of 1725 in general followed the pattern of the one of 1685. It confirmed the jurisdiction of the Royal College and placed it under the direction of the Court Marshall Ludwig von Printz for greater authority and prestige. The college was to include available privy councillors, court physicians, the physician ordinary and the oldest practitioner in Berlin. The king's personal surgeon, the court apothecary, two of the cleverest surgeons in Berlin, and two experienced apothecaries were to be added as consultants whenever surgical and pharmaceutical affairs came up for discussion.

Physicians' fees and apothecaries' prices were to be set by the college to prevent collusion among physicians, surgeons and apothecaries.

Inquiries, investigations of complaints and trials where medical affairs were concerned were exclusively within the college's jurisdiction as an administrative body and as a court. A law expert was assigned to the college to prepare correct citations and sentences, the latter to be signed by Director von Printz. The police official known as the fiscal,<sup>11</sup> really a spy to keep an eye open at all times for violations of the king's edicts so that the fisc would receive its share of fines, was also used to report violations of the medical edicts to the Royal College.

The so-called 'stricter' medical ordinance of 1725 renewed and expanded the original (1685) code of professional conduct affecting physicians, surgeons, bathkeepers, midwives and apothecaries. Increasing emphasis was placed on qualifications and training. Physicians were required to diagnose an assigned test medical case on which they would be examined, and if the College of Medicine so requested would complete a course in anatomy offered at the Royal Anatomical Theatre<sup>12</sup> in six lecture periods before their request for a licence to practise would be approved. Physicians were reminded that they were to restrict themselves to internal treatment exclusively. However, if a

physician should possess a specific remedy which for certain sicknesses was considered superior and more effective than usual remedies, he was to be permitted to sell one or two samples at a fair price to an apothecary and then to prescribe it for his patient. But first this remedy would have to be tested by other reliable physicians and be examined and approved by the College of Medicine.

Frederick William I sternly forbade the practice of some greedy physicians of preparing certain remedies under new names and concealing in them harmful narcotic ingredients which were then sold at a high price to apothecary and patient alike. Such unscrupulous physicians were accustomed to praise those apothecaries who connived with them in this deceit as the best in all Berlin.

In reciprocal fashion when a resident physician was lacking in small towns or villages, capable surgeons or apothecaries were given permission to practise medicine and to dispense remedies without prescription. The latter were urged to avoid drugs for catharsis, vomiting, forcing menstruation as well as opiates, narcotics and coarse sialagogues.

Physicians were further forbidden to recommend a surgeon or an apothecary to a patient.

To protect the financial interests of approved physicians, surgeons and apothecaries they were granted in 1725 a priority over all creditors in the event of liquidation of assets, of deaths and of bankruptcies of their patients.

With surgeons too greater emphasis was placed on training and qualifications. In order to practise in Berlin and in the provinces surgeons had to give evidence of completion of an apprenticeship, and of seven years of service, part of which had to be as a regimental surgeon. They likewise had to furnish a certificate of completing the course in surgical operations at the Royal Anatomical Theatre. Only those who had completed the course and had been examined by the College of Medicine and the guild of surgeons were to be permitted to call themselves surgeons and operators. No one was to be allowed to practise internal surgery except those surgeons approved by the Royal College.<sup>13</sup> In severe and dangerous cases surgeons were to call in physicians, who would take charge. In particular in the treatment of venereal diseases or other diseases where treatment involved sialagogues no surgeon was to undertake treatment without assistance of a physician. Nor were surgeons to let blood when a patient had a high fever without consulting a physician. Physicians were emerging as the truly professional medical people while the surgeon was looked upon as a craftsman of the surgeons' guild.

The pattern of requiring more professional training for members of the health sciences was not neglected in the case of midwives, who were the obstetricians of the age. Before being approved by the College of Medicine they were now (1725) required to attend the Anatomical Theatre and to be instructed by the Professor of Anatomy in the composition and structure of the genital parts. They were not to induce labour before the proper time, and were to consult other midwives as well as physicians and surgeons when abnormal situations arose.

Much can be learned of the status of the health professions in the early eighteenth century from certain negative provisions of the ordinance of 1725.



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Hernial surgeons, dentists and spice merchants who appeared at the annual fairs were forbidden to practise in Prussian cities unless they were granted a special privilege. All internal and external medical treatment was denied to medical students, preachers, chemists, distillers, Jews, shepherds, quacks, old wives and soothsayers. The implication is obvious. There were imposters and charlatans preying upon the gullibility and superstition of the people as well as exploiting the limited knowledge and skill in medical treatment and medical remedies (the 'miracle' drugs and spices of the eighteenth century), the lack of professional standards which characterized the first half of the eighteenth century. Therefore, the greatest effort of the King in the regulation and administration of public health was to grant exclusive rights to practise to those who were trained, examined and licensed and who took an oath to observe the required code of professional ethics.<sup>14</sup>

In 1727 Frederick William I observed that 'the goal [of his 1725 ordinance] had not been fulfilled'.<sup>15</sup> The major complaint seemed to be the failure of the several professional services to refrain from infringing upon the assigned functional jurisdiction of the others. He modified his previous orders to allow physicians travelling in rural areas where no apothecaries were available to prepare and dispense selected remedies to patients or to give remedies to patients who were too poor to pay both a physician and an apothecary. They were also allowed to sell such pharmaceuticals as were necessary in small towns where there were no apothecaries.

Surgeons were allowed to prepare certain medicaments not generally available in apothecary shops, but not the usual things for external care such as plasters and unguents.

More important perhaps, because of the expense involved in taking the prescribed courses in operating for surgeons, and in pharmacy for apothecaries, such courses in the future were to be required only of those who wished to practise in the larger cities.

After 1727 the Medical Ordinance seemed to meet with considerable success in improving standards of professional qualifications and conduct, and in keeping unauthorized persons from engaging in medical and surgical treatment and selling of medicaments.

In 1736 the King turned his attention once more to the guild of surgeons in issuing a General Privilege and Guild Charter for Barber-Surgeons on 15 March.<sup>16</sup> It was now required that each new surgeon who was accepted in a guild would contribute twenty Reichsthaler to the guild treasury for the purchase of surgical instruments so that the most modern instruments could be kept available. Surgeons then borrowed these instruments from the guild for their operations.

A distinction was made at this time between surgeons who could operate and work on external cures, and barber-surgeons who were permitted to treat flesh wounds, engage in shaving, cupping, clysterizing and blood-letting by venesection, but were not allowed to undertake serious surgical treatment or operations.

Regimental and garrison surgeons were exempted from the usual limitations placed on surgeons in respect to internal treatment when treating troops in regiment or garrison, but were required to follow instructions of the King's Chief Field Physician and Surgeon-General. Surgeons were again forbidden to undertake, without participation of a physician who would be in charge, the cure of syphilis and other venereal diseases because of serious mistakes which had occurred as a result of the salivation caused by internal mercurial medicines or by application of a mercury unguent. A number of deaths were reported from improper treatment. Surgeons were permitted to prepare and administer certain *decocta lignorum* (vegetable decoctions) in the case of certain external surgical diseases, e.g. buboes, chancres and *testiculis venereis*.

The first major recognition of public health as an area of public jurisdiction requiring State regulation in the territories of Brandenburg-Prussia occurred in the half-century between 1685 and 1740. The major governmental instrument of regulation was the Royal College of Medicine established by electoral edict in 1685. The Royal College was several things, a fact which emphasizes its significance in the whole field of public health. It was first of all an administrative bureau to supervise the activities of all those concerned with public health. It enforced various medical ordinances which established priorities of functional jurisdiction for physicians, surgeons, apothecaries, midwives and others involved with the public's health. It established schedules of professional fees and price lists for medical remedies. Canons of professional conduct, fixing standards of training and qualifications and licensing of all practitioners in the area of public health were within the scope of administration of the Royal College acting as a bureaucratic organ. And, finally, the college served as a court to handle complaints about grievances in medical affairs or violations of the various medical ordinances.<sup>17</sup>

A growing emphasis on professional training, on professional qualifications, and on certifying and licensing to separate the qualified from the quacks marked the successive, regulative efforts of the College of Medicine in the domain of public health. To assure attainment of the higher professional training, incorporating the latest scientific developments, physicians, surgeons, apothecaries and midwives were required to complete appropriate training courses: a course in human anatomy for physicians, a course in surgical operations for surgeons, a course in pharmaceutical chemistry for apothecaries, a specialized course in genital anatomy for midwives. In order to make this training available in a manner more satisfying and more complete than that offered by the anatomical exercises at the Anatomical Theatre, Frederick William I by an edict of 14 December 1723<sup>18</sup> established a Royal College of Medicine and Surgery to serve as a medical faculty which would teach these courses at the Anatomical Theatre located in the Observatory Tower at the Royal Stables. This academic College of Medicine and Surgery in Berlin served as a medical school while the Supreme College of Medicine continued administratively to supervise the whole realm of public health and all of its servants in the entire Brandenburg-Prussian kingdom through its several provincial *collegia medica*.

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## REFERENCES

1. The College of Medicine was established by an Electoral Edict of 12 November 1685, cf. C. O. Mylius [ed.], *Corpus Constitutionum Marchicarum* (Berlin, 1740), v, part iv, ch. 1, No. 16, Cols. 9–23. The term ‘college’ had little academic meaning as used in the title. The College of Medicine (*Collegium Medicum*) was a governmental bureau or commission, an administrative organ of the State designed to supervise the entire field of medicine and public health, and at times to serve as a court.
2. Mylius, Cols. 23–60.
3. Mylius, No. 16, Col. 69.
4. Mylius, No. 16, Cols. 71–5, Patent Concerning Elimination of Certain Grievances in Medical Administration, 9 October 1713.
5. Mylius, No. 16, Col. 75, Ordinance Concerning the Office of Adjunct to the College of Medicine, 18 April 1714.
6. Mylius, No. 20, Cols. 203–6, 3 January 1718.
7. Cf. R. A. Dorwart, *The Administrative Reforms of Frederick William I of Prussia*, Cambridge, Mass., 1953, pp. 161–80.
8. Mylius, No. 29, Cols. 235–6.
9. Mylius, No. 32, Cols. 252–3, 24 November 1725.
10. Mylius, No. 32, Cols. 219–36.
11. Cf. R. A. Dorwart, *op. cit.*, pp. 190–2, for the office of fiscal.
12. An Anatomical Theatre was established in 1713 by order of Frederick William I. It provided a facility for instruction in anatomy through dissection of cadavers as they became available. The Berlin Society of Sciences (the later Academy) had made most of the preliminary arrangements for setting up the theatre and on 15 May 1717 the King made the Society financially responsible for the theatre as well as for seeing that the anatomical exercises were conducted as required. There was some friction and jealousy on the part of the College of Medicine which by the Edict of 1685 [Mylius, No. 16, Col. 20, par. 20] had been instructed through its physicians to perform dissections as often as it was possible to obtain cadavers so that the medical students, surgeons, and midwives might learn about human anatomy. The College of Medicine failed in this mission. Then the Society of Sciences undertook the task with greater success. Cf. Walter Artelt, *Medizinische Wissenschaft und Ärztliche Praxis im Alten Berlin, Erster Teil*, Berlin, 1948, pp. 53–9.
13. On 5 April 1725 the King ordered that there should be no more than twenty-six surgeons, twenty German and six French in his capital cities, Mylius, No. 32, Appendix 10, Cols. 238–9. In 1736 because of the growth of population in the capital, he increased the total membership of the surgeons’ guild to thirty-two, twenty-four German and eight French, but required that all five parts of the city have their resident surgeons and that none should have their operating quarters too close to another, Mylius, No. 39, Cols. 263–4, 15 March 1736.
14. For examples of the oaths required of practising physicians, surgeons, apothecaries, dispensers, dry grocers, bathkeepers and midwives. Cf. Mylius, No. 32, Appendices 21–9, Cols. 244–8.
15. Declaration of the General Medical Ordinance of 27 September 1727, Mylius, No. 36, Cols. 257–60.
16. Mylius, No. 39, Cols. 259–76.
17. On this, see Mylius, v, II, 1, No. 77, Royal Rescript to the Supreme College of Medicine on Proper Procedure to be Followed in Fiscal Cases, 18 January 1736.
18. Cf. W. Artelt, *op. cit.*, pp. 62–3, and the doctoral dissertation of Herbert Lehmann, *Das Collegium medico-chirurgicum in Berlin* (Berlin, 1936). The original document of the establishing edict apparently has become lost. However, a Reglement of 1724 which established the curriculum to be taught by the six professors of the College of Medicine and Surgery referred to the ‘newly-established *collegium medicum-chirurgicum*’, cf. Mylius, No. 26, Cols. 211–16.