

CZECHISIERUNG: EXPRESSIONS OF NATIONALISM
BY CZECH PHYSICIANS (1870s-1910s)
CZECHISIERUNG: MANIFESTACIONES
DE NACIONALISMO ENTRE LOS MÉDICOS CHECOS
(DÉCADAS DE 1870 A 1910)

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Abstract

The article explores the nationalism of (ethnic) Czech physicians aimed at their (ethnic) German colleagues during the second half of the 19th century in the Czech Lands, which were part of the multinational Habsburg Monarchy. “National issues” were discussed by physicians and laymen in medical journals of Czech and German physicians, physicians’ edited memoirs, as well as general press in both Czech and German languages. Besides analyzing these sources, my research also focuses on institutions that were foci of nationalist rivalries. The study thus addresses the issue of introducing the Czech language into teaching at Charles University, the efforts to divide the university into Czech and German ones, the uneven conditions after this division actually took place, the inequality concerning the appointments to managerial positions and salaried posts in hospitals and clinics, illustrated by the famous public controversy surrounding the appointment of the head of the surgical clinic in Prague, as well as the issue of the use or non-use of the Czech language in the treatment of only Czech-speaking patients.

Keywords

Nationalism; physicians; Faculty of Medicine; Charles University of Prague; Habsburg Monarchy.

Resumen

El artículo explora el nacionalismo de los médicos checos (étnicos) dirigidos a sus colegas alemanes (étnicos) durante la segunda mitad del siglo XIX en las tierras checas, que formaron parte de la monarquía multinacional Habsburgo. «Cuestiones nacionales» fueron discutidas por médicos y laicos en revistas médicas de médicos checos y alemanes, médicos editaron memorias, así como prensa general en lenguas checa y alemana. Además de analizar estas fuentes, mi investigación se centra también en las instituciones que eran focos de rivalidades nacionalistas. El estudio aborda, por tanto, la cuestión de la introducción de la lengua checa en la enseñanza en la Universidad Carolina, los esfuerzos por dividir la universidad en la checa y en la alemana, las condiciones desiguales después de esta división, la desigualdad en cuanto a los puestos de dirección y los puestos asalariados en los hospitales y las clínicas, ilustradas por el famoso tema de las clínicas.

Palabras clave

Nacionalismo; médicos; Facultad de Medicina; Universidad Carolina de Praga; monarquía de los Habsburgo

SUMARIO

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I. INTRODUCTION

The nationalism¹ of Czech-speaking inhabitants of Czech Lands (Bohemia, Moravia and Silesia) is a hotly debated and complex question. My research topic is social history of medicine, focusing on the history of the medical profession. For that purpose, I analyse the physicians' memoirs of the time. Political events were naturally reflected in the lives and memories of doctors in the Czech Lands. In this study, I would like to illustrate how the expression of the Czech national identity or Czech patriotism became part of the symbolic capital and of the ideal of a good doctor from the mid-nineteenth century to the early twentieth century, until the foundation of Czechoslovakia. Nationalism manifested itself in the different circles frequented by Czech doctors in various forms and related to different spheres of medicine: university teaching, practice at clinics and hospital departments, and private practice. The issues such as hospital practice and competition for patients, and their national(ist) dimensions, were widely discussed not only in medical journals but also in newspapers aimed at general public, which are the main sources of this analysis.

The first part of the article outlines the contours of historiographical conceptualizations of the topic of nationalism and the national movement in

¹ Nationalism is one of the busiest and most discussed topics not only in history but also in sociology and politics. On the theoretical concepts of nationalism and the nation from foreign works, for example: Gellner (1993); Anderson (2008); Hobsbawm (2000); Hutchinson and Anthony (1994); Calhoun (1997); Cox (2020). Among Czech historians, Miroslav Hroch is considered to be the greatest authority in the context of the comparative history of nationalism, whose study was translated into a compendium: Hroch (1985, 1999a, 1999b, 2000, 2007, 2009, 2015). Hroch's book was published in a German translation *Das Europa der Nationen: die moderne Nationsbildung im europäischen Vergleich*, in Catalan is available *La naturalesa de la nació*. Hroch (2005, 2001).

the Czech Lands both in a general framework and with a focus on university settings, specifically the Faculty of Medicine of Charles University, and the “emancipatory” efforts of Czech doctors. The core part of the article is the analysis of contemporary professional and public periodicals, in which different types of nationally-oriented argumentation appear—from territorial patriotism,² through the articulation of emancipation efforts to equal rights,³ to the manifestations of modern nationalism⁴ and the articulation of its demands. From among the Czech-language medical periodicals, I have selected the *Časopis lékařů českých* [*Journal of Czech Physicians*], its supplement *Zdravotnický věstník* [*Medical Journal*], which was the official journal of the Association of Czech Physicians for both internal scientific and public matters, and *Praktický lékař* [*General Practitioner*], a journal for the internal professional affairs of Czech doctors. General newspapers in Czech language are then represented by *Národní listy* [*National Newspaper*]. The German side is represented by citations printed in the above-mentioned Czech journals and by my own analysis of the medical journal *Wiener medizinische Wochenschrift* [*Viennese Medical Weekly*] which was the official organ of the Scientific Association of Doctors in Styria, the Medical Society of Upper Austria, the Society of Specialist Doctors of Austria and the *Prager Tagblatt* [*Prague Daily Newspaper*], a German-written daily newspaper from Prague aimed at general public reflecting the given period from the point of view of Austrian Germans living in the Czech Lands.

I will first address the question of dividing Prague’s Charles University into Czech and German sections, a demand of the Czech nationalists who

² According to Miroslav Hroch, regional patriotism was tied “to historical political entities that were integrated into the multi-ethnic empire in more or less ancient times”. See Hroch (2000: 23). Regional patriotism united the inhabitants of the Czech lands belonging to a single territorial unit—the Czech Lands. However, during the process of national emancipation at the turn of the 18th and 19th centuries, this form of identity was replaced among the bourgeoisie by modern nationalism defined based on specific historical, linguistic and cultural ethnicity.

³ With “emancipation efforts” I refer to the specific demand for equal rights between Czechs and Austrian Germans. First, there was a request for equal rights under state law, then language, and later Czech patriots formulated their own political program based on Austro-Slavism, defense of the rights of the Slavs within Austria (Hungary).

⁴ According to Benedict Anderson, we perceive the manifestations of modern nationalism as a redefinition of identity formed constructively on the basis of defining a specific historical tradition, linguistic exclusivity, cultural difference from other Central European ethnicities. In the course of the 19th century, the community imagined in this way began to promote the so-called right to self-determination. Anderson (2008).

argued that it was necessary to provide people with the option of studying in Czech at university. Next, the article outlines the situation after the division of Charles University, the unequal conditions at the German and Czech medical faculties and their clinics, as well as the number of students at each medical faculty. I confront these contemporary claims with my own quantitative analysis of the registers of graduates of German and Czech medical faculties. These show that studying medicine was a way for the lower, financially precarious classes to obtain cultural capital in the form of university education, which also brought with it significant symbolic capital and opened the way to higher social strata. The atmosphere and the nationalist tensions at the university are illustrated through the analysis of the dispute between Vilém Weiss and Eduard Albert, the contenders for the position of head of the surgical clinic of the Faculty of Medicine. The election of the head of the surgical clinic in Prague became not only a national but also a political matter, which was not decided by the doctors themselves based on professional competence, but by the then Prime Minister through a political decision.

Another part of the study is devoted to medical practice—work in clinics or hospital wards. In the hospital sphere, German and Czech doctors clashed over issues such as the distribution of patients and the filling of management positions, in which Czech doctors felt discriminated against. One of the topics passionately discussed by Czech doctors was the communication between doctors and patients, i.e. the language issue. Here, I examine the arguments used by Czech doctors to criticize German doctors who did not speak Czech and to question their understanding of Czech patients who did not speak German. According to Czech doctors, this lack of communication capacity put their German colleagues on the brink of breaching medical ethics.

Overall, this study aims at describing and analyzing by using discursive analysis how nationalism manifested itself among representatives of the medical profession, as well as presenting the opinions and arguments of both the Czech and the German sides, and, when possible, confronting and contrasting them. In the case of the arguments based on the number of students at each faculty, the rhetoric is contrasted with the actual matriculation records.

II. CZECH NATIONALISM

The origin of the Czech-German conflict can be traced back to the Middle Ages, with the first mention of Germans in the Czech lands occurring in the 10th century. They came as priests or merchants and also as part of the

marriage unions of Czech nobility with German families. During the 13th century, we are talking about the so-called German colonization, when locators from German lands were invited to help with the founding of towns that were to replace the original castle system. The key turning point came in 1526. The Habsburgs ascended the Czech throne based on an agreement between them and the Jagiellonian family, which was replaced after the death of the last ruler of this family. At that time, the Czech estates had the right to elect a new Czech king themselves, but this was decided without them. The period of Habsburg rule on the Czech throne, when the Czech lands were part of the Habsburg Empire, i.e. from 1526 until the establishment of the Czechoslovak Republic in 1918, is generally presented in contemporary Czech history, but also in cultural memory, as the “Dark Ages”.⁵

The Czech national movement, like most European national movements, dates approximately to the early 19th century. Otto Urban characterizes the formation of modern Czech society as a process that was not unique, but had its particularities as it shaped one of the European national societies.⁶ Czech patriots did not only react to events in the surrounding countries, but also to what was happening within the multinational Habsburg Monarchy, to which the Czech Lands belonged. As social anthropologist Ladislav Holý states, national identity is always constructed as an opposition to those we perceive as “the others”, which is why the Czechs constructed their identity in conscious opposition to the Germans, with whom they shared geographical, political and economic space within the Habsburg Empire.⁷ There was no unified society to resist the concentrated and centralizing power of the Habsburg state, but discrete national societies with partial subjective interests, and the Czech Lands and Czech society were one of them.⁸ In the initial stages, from the end of the 18th century to approximately the middle of the 19th century, the Czech national movement focused on overcoming cultural and linguistic inferiority. Ladislav Holý describes this period as an effort to revive the Czech language, which had survived only among the peasants, and to elevate it once again to a literary language.⁹ Czech patriots tried to cultivate and develop their own literary language and build a national culture. Only later came the demand to participate more directly in political decision-making.¹⁰

⁵ See more Houžvička (2015); Koschmal *et al.* (2001).

⁶ Urban (2003: 253).

⁷ Holý (2010: 13).

⁸ Urban (2003: 253).

⁹ Holý (2010: 46).

¹⁰ Hroch (1999b: 14-15).

After the revolutionary year of 1848 came the period of the so-called Bach absolutism, which is known for its censorship of press and police control of individuals who had negative opinions regarding the monarchy. At the same time, however, liberal policies were introduced concerning the economy, serfdom was abolished, state administration was expanded, and citizens became equal before the law, whereby, according to Milan Hlavačka, the Habsburg monarchy slowly began to acquire the features of modern civil society.¹¹ Under Bach's absolutism, there was a significant relaxation in the regulation of economic life and the development of science was stimulated—in the field of medicine, the famous “second Viennese school” emerged, to which several Czechs, such as Karel Rokytanský, belonged.¹² This doctor, born in the Bohemian town of Hradec Králové, completed his medical studies in Vienna. He went on to have a stellar career in the field of medicine; he even became the first physician to be appointed rector of the University of Vienna. Although he allegedly maintained contact with his homeland throughout his life, he never returned to Bohemia. As we will see below, he was presented by Czech nationalistic physicians as one of the Czech “martyrs” in Vienna and as the pride of Czech physicians.

According to the historian of nationalism Miroslav Hroch, the multi-national Habsburg monarchy, while undergoing serious reforms, did not correspond to the ideas associated with the existence of modern nations, understood by those who struggled for national emancipation as groups of equal citizens, that benefited from and were entitled to equal rights. Independently of high level of economic development, the Habsburg monarchy still followed the trajectory of historical development based on a hierarchically structured set of subjects of a sovereign, where nations were represented by “their” nobility in the spirit of regional patriotism. The promoters of the new Czech national identity¹³ firstly defined themselves precisely by their opposition to the

¹¹ Hlavačka (2014: 40); Urban (2003).

¹² Lesky (1976: 106-116). Karel Rokytanský (1804-1878) was an Austrian doctor, pathologist, philosopher and liberal politician of Czech origin. He was instrumental in establishing pathological anatomy as a specialized medical field.

¹³ As for the issue of identity, the division into Czech and German doctors is taken from primary sources, where the authors of nationalist articles call themselves and refer to themselves as such. Physicians could present themselves differently to foreign colleagues, offering the possibility of presenting themselves as doctors from the Habsburg Monarchy, the Habsburg Empire or simply as a doctor from Vienna or a doctor from Prague or identifying their identity with the name of the university, clinic or hospital where they worked, i.e. under different identities. However, this study focuses on their behavior and appearance within the professional community

German-speaking ruling elites of the Habsburg monarchy, not to the ordinary German inhabitants of the Czech Lands or to the German nation. Dislike towards the users of the German language came only at a later stage, as my analysis of the articles in medical journals also confirm.¹⁴

After the defeats in the wars with Prussia and in Italy, the Habsburg monarchy granted the Hungarians a certain degree of equality, symbolically declared in 1867 by changing the name of the monarchy to Austria-Hungary. Czech patriots then demanded equal rights, especially in terms of language. The demand for the introduction of the Czech language into public administration and life, thus equalising the position of the Czechs in the Monarchy, entered the Czech national program during the revolution in 1848. According to Benedict Anderson, in the second half of the 19th century, German language acquired the dual status of “universally imperial” but also “specifically national”. Although the introduction of German as an official language can be considered as a logical step towards the establishment of one official language of a multi-ethnic and therefore multilingual monarchy, part of the state-building process characterized by standardization and rationalization, the non-German-speaking inhabitants of the monarchy considered this step as discriminatory. The more the Habsburg dynasty promoted the “universal imperial” function of German language, the more it appeared to favour its German-speaking subjects (or, later, citizens), which aroused increasing antipathy among the rest of the population, mostly non-German speakers.¹⁵ For context, we can put numbers on the national ratio of Germans to Czechs and especially in Prague, where the conflict took place: in 1880, there were 2,054,174 Germans and 3,470,252 Czechs in the Czech lands overall, and in Prague in 1880 there were 32,657 Germans and 12,5742 Czechs. After the creation of the Czechoslovakian Republic and its first census in 1921, there were 30,429 Germans and 624,744 Czechs in Prague.¹⁶

The equalisation of the Czech language with the German language, also called language equalisation, was presented as a practical matter—the possibility to get public employment and submit documents to the authorities in Czech and to study in Czech. The possibility of studying in the mother tongue

of doctors in the Czech lands, within which they themselves are divided as Czechs and Germans. They could also speak in Czech and German, regardless of which identity they adhered to. The situation in the Sudetenland region was specific, where languages and identities mingled.

¹⁴ Hroch (1999a: 244 and 247).

¹⁵ Anderson (2008: 98).

¹⁶ See more *Obyvatelstvo Rakouska* (1883:4) and *Sčítání lidu* (1924:60)

also applied to the study of medicine. However, this struggle was primarily about the symbolic equalization of Czechs with Germans in the Habsburg monarchy. The Czech language and its use at the university was a symbolic element proving equal rights and, in particular, the possibility of creating the hitherto missing Czech middle-class elites who, thanks to the higher education they would achieve, could occupy the positions that were currently controlled by the Austrian Germans. According to Miroslav Hroch, the possibility of studying in the Czech language at high schools (*gymnasiums*) opened the door to superior levels of education even for the sons of urban craftsmen or merchants and wealthy farmers, thus offering the possibility of breaking through the social barriers that these people's ignorance of German language had previously helped preserve and justify.¹⁷ This argument is open to debate, as the register of graduates and other sources prove that many sons of ethnic Czech craftsmen had managed to complete their medical studies long before teaching in Czech was introduced. This can be appreciated, for instance, from the recapitulation of the social origins of the students of the Prague Medical Faculty, in the memoirs of Jan Theobald Held¹⁸ who graduated in 1779.¹⁹

One way or another, as Miroslav Hroch pointed out, there were two large ethnic groups living in the Czech Lands, whose languages differed so much that they could not understand each other.²⁰ According to Petr Svobodný, the specificity of the Czech Lands, compared to Germany or the Austrian lands, was the coexistence of two nations, which caused the double-tracking of almost all medical activities. However, I would stress that in the revolutionary year of 1848, Czech and German medical students still presented their demands together, and it was the Prague students and professors of the Faculty of Medicine who were among the most engaged in the attempts at the reform, with no nationalist tensions between the Czech- and the German speakers.

After the fall of Bach's absolutism and the introduction of some liberal and democratic reforms, doctors and medical students were among those who decided to take advantage of this political relaxation. The first sign of change was the founding of the Association of Czech Physicians, that had among its main aims the use of the Czech language in medicine. The next phase was the establishment of a two-track medical chamber, which had two sections—German and

¹⁷ Hroch (1999a: 132, 134 and 181).

¹⁸ Jan Theobald Held (1770-1851), was a Czech physician, composer and rector of Charles University.

¹⁹ Květ and Tinková (2017: 264-279).

²⁰ Hroch (1999a: 266).

Czech. Czech physicians demanded a single chamber, while two sections were a concession to German doctors. The emancipation efforts of Czech physicians culminated in the division of the university, which we will discuss in more detail below and is one of the fundamental changes resulting from the nationalism of Czech physicians.²¹

III. THE DIVISION OF CHARLES UNIVERSITY: SCIENCE VS. LANGUAGE

For a Czech aspirant to physician, there were two main options where to study medicine — Vienna in Austria or Prague in Bohemia. Some, such as Bohumil Bouček,²² studied at both institutions. Bohumil Bouček was actually one of the first Czech physicians to show a strong dislike for the Viennese medical school, which, according to him, shined only thanks to the “Czech doctors” who taught there. He comments on finishing his medical studies in Vienna with the words: “... and the further away from Vienna I was, the better I felt”.²³ This praise of the ethnic Czech medical community in Vienna, and especially of renowned doctors such as Škoda and Rokytanský, was typical for Czech nationalistic physicians. However, these renowned medical professionals could rather be considered as Austrian doctors of Czech origin, as they completed their studies in Vienna and worked there. They enjoyed a truly imperial professional trajectory as physicians, university professors and medical researchers, and never returned to the Czech Lands. Bohumil Bouček provides an example of an imagined community where nationalism is transferred to other people who were not nationalists themselves.²⁴ When Czech physicians who did come back from Vienna make references to the time of their studies in the imperial capital, they tend to present themselves as part of a tightly knit Czech community that stuck together in the hostile German Vienna. There was a clear cohesion among the Czechs at the medical faculty, in hospital practice, and during their free time: “We Czechs used to meet in a small pub in the 8th district “Ve mlýně”, where we felt at home, among the Czechs. Many of the visitors reported to us as good, many as former Czechs”.²⁵

²¹ Svobodný (1996:129, 131 and 138-139).

²² Bohumil Bouček (1850-1926) was a Czech physician and founder of the Poděbrady Spa.

²³ Bouček (1901: 18).

²⁴ See more Anderson (2008).

²⁵ Bouček (1901: 17-18).

Associations represented another opportunity to meet fellow countrymen. One of them was the “Slavic Gathering”, presented in the doctors’ memoirs as an elite association of Viennese Czechs. In addition, the “Czech Academic Club” also existed in Vienna; it was more of a representative association that did not have the opportunity to support Czech students financially or materially but instead supported their cultural enjoyment and sociability: students received free tickets to balls or to the theatre. It is significant that the Czech association facilitated cultural life, while the support associations which defined themselves as German or general, with no ethnic adscription, supported students materially, regardless of nationality. Neklan Velebil²⁶ studied in Vienna thanks to the support of the association called “The German Club” or “International Medical Support Association”, which was allegedly rich and supported by influential patrons, and Velebil received free lunch vouchers there.²⁷

However, not only the Czechs showed bias against the Germans; there were allegations of German-speaking inhabitants of Austria-Hungary displaying disdain towards Czechs. Thus, ethnic Czech Neklan Velebil was repeatedly unable to pass the anatomy exam, allegedly due to German nationalist discrimination: “From the notes of medical colleagues, it appeared that the reason for his failure was his nationality. It is said that he failed because he is Czech. The shaken medic did not quite believe it. He knew German perfectly, but he did not know the German names of all the bones of muscles, edges and openings or cavities, small bones, etc. 100 percent”.²⁸ Finally, he asked the dean’s office for another exam, another professor tested him, and he passed the exam. Unfortunately, it is impossible to verify whether this affirmation is true. In any case, it is a manifestation, even if perhaps stylized, of the Czech doctors’ sense of victimhood and of their nationalistic mindset.

Stimulated by nationalist feelings of the Czech medical community, the issue of dividing the medical faculty into Czech and German parts acquired great importance during the second half of the nineteenth century, due to the demand for the possibility to teach and study medicine in the Czech language. This requirement was part of the emancipatory efforts of Czech nationalistic circles, but it was also about facilitating university education to the graduates of Czech-language grammar schools (*gymnázium*). The bilingualism at lower levels of education facilitated literacy and solid education to rural and lower-class Czech speakers, but it also created a disadvantage for Czech-speaking

²⁶ Neklan Velebil (1886-1968) was a Navy doctor during both world wars.

²⁷ Havel (2007: 20).

²⁸ *Ibid.*: 21-22.

students in their access to higher education. While German reigned supreme at the higher level of education not only in Austria, but also in the Czech Lands, Czech-language education at primary and secondary levels created a *de facto* barrier for Czech-speaking students that limited their chances of social advancement through the acquisition of cultural capital²⁹ in the form of university education. Czech students were thus forced to switch to German as the only language in which they could express themselves at university. It was not easy to acquire mastery in German that would allow them to follow the lectures without difficulty. According to Miroslav Hroch, Austrian officials complained about insufficient knowledge of the German language among the Czechs.³⁰

One of the arguments for teaching in the Czech language at Charles University was the historical origin of the Prague University. It had been founded in 1348 by the King of Bohemia and Emperor Charles IV, whose mother Eliška Přemyslovna was from the Czech-speaking dynasty of Bohemian kings, and while the lectures were in Latin in the Middle Ages and Early Modern Period, there were many ethnic Czechs among its staff who also spoke and wrote in Czech. Moreover, the demands for Czech-language education were driven by the effort to prove the scientific competence of the Czech medical community:

Educated Germans surely find rightful our desire and our aim to allow also the sons of the extremely talented Czech nation compete with other cultural nations for general, universal knowledge production, at a university founded for the Czechs, illuminated for centuries by Czech scholars and cultivators of science, sustained for centuries by Czech money, glorified by the fruit of the Czech spirit, Czech work, and diligence, where lectures in German only began in our time, and which with its Czech alumni and Czech cultivators of science and researchers to this day rejuvenates the University of Vienna and many other universities. No Czech is planning to Czechify the university, none of us thinks that a single German chair ought to be abolished, and to assert so is a sheer disgrace.³¹

According to Jan Surman, Czech nationalists claimed that a Czech university would bring peaceful coexistence to the Czech Lands, but German colleagues, on the contrary, perceived Charles University as a historical

²⁹ Bourdieu (1986: 241-258).

³⁰ Hroch (1999a: 258-259).

³¹ *Zdravotnický věstník*, 22.11.1879, p. 376.

monument of German culture and strongly opposed its division. Claims to German hegemony were also expressed in the Viennese medical journal *Wiener Medizinische Wochenschrift* [*Viennese medical weekly*]. Its editor Leopold Wittelshöfer³² printed a series of anti-Czech articles in which he disagreed with the division of the university: “Trying to seize the oldest German university by trickery [...] is an attempt to assassinate the science and culture of the 19th century, to plunder and destroy 500 years of hard-earned intellectual property”.³³

According to another article, a university was German not only because the lectures were in the German language, but:

The German character is rooted in a serious, thorough effort to promote science, in spirit, in achievements, and in teachers corresponding to the practicability of the same”. The German language offers the means of understanding the scientific achievements of a great neighbouring nation, utilizing the intellectual stimulation thereby obtained, remaining in literary contact with the German nation, accepting criticism of one’s own achievements, criticizing the achievements of others, and so on of promoting intellectual development at home. German science as such is far from any national flavour, it is cultivated according to a proven system of authoritative scholars, according to a method based on real principles, and its direction does not depend on political trends or on national, one-sided views. [...] And what does the Czech university represent nowadays? Nothing but a hothouse of national aspirations, a centre of political aspirations, a playground for achieving national goals to give chauvinism a firmer support”.³⁴

³² Leopold Wittelshöfer (1818-1889) was an Austrian doctor and journalist.

³³ Cited from Surman (2019: 100-104).

³⁴ *Wiener medizinische Wochenschrift*, 1881, no. 15, p. 425. German origin: “Der deutsche Charakter wurzelt im ernsten, gründlichen, die Wissenschaft fördernden Streben, im Geiste, in der Leistung und in den die Durchführbarkeit denselben entsprechenden Lehrkräften. Die deutsche Sprache bietet das Mittel, die wissenschaftlichen Errungenschaften einer großen Nachbarnation zum Verständnisse zubringen, die dadurch erlangten geistigen Anregungen zu verwerten, mit der deutschen Nation im literarischen Kontakt zu verbleiben, Kritik der eigenen Leistungen zu empfangen, Kritik an Leistungen anderer zu üben, und damit die geistige Entwicklung in der Heimat zu fördern. Die deutsche Wissenschaft als solche ist fern von jedem nationalen Beigeschmücke, sie wird gepflegt nach einem erprobten Systeme maßgebender Gelehrten, nach einer auf realen Grundlage ruhenden Methode, und macht ihre Richtung weder von politischen Strömungen noch von nationalen, zumeist einseitigen Anschauungen abhängig.[...] Und was repräsentiert

The German side thus used the prevalence of the German language in Central and Eastern Europe as its main argument, stressing that it enabled international cooperation, in particular the possibility to consult the results of the then advances and discoveries of medicine in the neighbouring Germany. German science is presented in itself as impartial, without any national character. The ethnic Germans considered the use of German in medicine to be a beneficial fact, while they understood the use of Czech as a limitation. Since the article was published in 1881, i.e. before the university's division, the author openly and emotionally criticized the Czech section of the university as a place where medical science was neglected, and priority was granted to the satisfaction of the Czech nationalists' demands, demands that, according to the German opponents, had no place in the academia.

Several other articles were published in the *Wiener Medizinische Wochenschrift* [Viennese medical weekly] regarding the division of the faculty, criticizing the Czechs for wanting to take the university away from the Germans. Czech physicians are labelled here as “communist” exploiters not only of the university premises but also of German achievements and ideas, and the actions of nationalist-minded doctors are considered ethically inappropriate. The German side here also suggests that it would be more appropriate for both hostile nations to unite for the success and development of their common homeland, which the Austrian Germans evidently considered the Czech Lands to be, appealing to liberal values:

There is something brutal in the demands of the Czechs. They call out to the Germans: “You are rich in spirit, knowledge, and hard work, you have collected treasures, you must share these treasures with us, and if you resist this demand of ours, we will take everything from you and drive you away”. [...] This is how communism speaks, this is how the robber barons acted against a quiet, hard-working and ambitious merchant, but nations in general are guided by other principles, especially nations that do not fight each other in the open battlefield but must unite in peaceful efforts to achieve the development and greatness of their common homeland. Did the Czech nation or its leaders ever consider the ethical side of their struggle against the Germans?³⁵

nach den heutigen Verhältnissen eine czechische[!] Hochschule? Nichts Anderes als das Treibhausnationaler Aspirationen, als das Zentrum politischer Bestrebungen, als den Tummelplatz zur Erreichung nationaler Zwecke, die dem Chauvinismus eine festere Stütze verschaffen sollen”.

³⁵ *Wiener medizinische Wochenschrift*, 1881, no. 3., p. 77. German origin: “Es liegt etwas Brutales in den Ansprüchen der Czechen [!]. Sie rufen den Deutschen zu. Ihr

The magazine in question also expresses a critical attitude towards the benevolent attitude of the Austrian government, “which for the time being is still German, allows the oldest German university, enjoying an excellent reputation, to be sacrificed and ruined for a long time by the arbitrariness of a handful of national screamers”.³⁶ The Germans in the magazine criticized the “Czechification” of the University of Prague after several ethnic Czechs were appointed as extraordinary *Dozents* (academic category corresponding to Associate Professor) of the university.³⁷ This German magazine also accused Czech physicians of unprofessional and non-collegial behaviour: they criticized the absence of Czech doctors at meetings of Prague doctors where both nationalities were supposed to meet.³⁸

There were some medical lectures in Czech at the Faculty of Medicine since 1860, but these were optional. According to Josef Thomayer’s³⁹ memoirs, Jan Špott⁴⁰ was the first to teach in Czech, he did not give his lectures on the premises of the university, but in the privacy of his apartment. For Thomayer, Bohumil Eiselt,⁴¹ who lectured in Czech in the university building, was the one who devoted himself most intensively to the promotion of Czech language

seid reich an Geist, Wissen, Fleiss; Ihr habt Schätze gesammelt, Ihr müsst diese Schätze mit uns teilen und wenn Ihr Euch gegen diese unsere Forderung sträubt, so nehmen wir Euch Alles und jagen Euch davon, dann könnt Ihr Euch ein neues Haus gründen und könnt wieder arbeiten, streben und forschen, bis wir vielleicht wieder Lust bekommen, uns in Eueren neuen Besitz zu setzen”. So spricht der Kommunismus, so gingen Raubritter in vergangenen Zeiten gegen ruhig ein herziehender fleißiger und strebsamer Kaufherr vor, aber Nationen befolgen in der Regel andere Grund Sätze, besonders Nationen, die sich nicht auf offenem Schlachtfelde bekämpfen, sondern im friedlichen Streben vereint die Entwicklung und Größe ihres gemeinsamen Vaterlandes zu erringen haben. Hat die czechische (!) Nation oder ihre Führer jemals die ethische Seite ihres Kampfes gegen die Deutschen in Erwägung gezogen?”

³⁶ *Zdravotnický věstník*, 22.11.1879, p. 376.

³⁷ *Zdravotnický věstník*, 25.5. 1872, p. 168.

³⁸ *Zdravotnický věstník*, 25.5. 1872, p. 168.

³⁹ Josef Thomayer (1853-1927) was a Czech physician-professor of internal medicine, one of the founders of Czech medical science.

⁴⁰ Jan Špott (1813-1888) was a Czech doctor, balneologist, associate professor of the Czech Faculty of Medicine and professional author. He is known as one of the founders of Czech balneology (hydrotherapy).

⁴¹ Jan Bohumil Eiselt (1831-1908), was a Czech doctor, he was a professor surgery and pathology and later associate professor of special pathology at the 1st Medical Clinic and head of the 1st Department. In 1871 he founded the first Czech internal medical clinic in what is now the General University Hospital in Prague.

at the Faculty of Medicine.⁴² The first idea to divide the university was expressed by the world-famous Czech scientist Jan Evangelista Purkyně (Purkinje)⁴³ in July 1863. After his death, Bohumil Eiselt continued promoting this idea. Eventually, the division of the university took place in February 1882. However, the term “division” is misleading and inaccurate. From the school year 1882/1883 on, according to the law, there were two universities in Prague—one with the teaching language Czech and the other with the teaching language German. There was linguistic equality, but not material equality. The Czech university faced many problems after the division. Most of the premises, equipment and teachers remained in the German section, while both sections were to share a clinic in the general hospital. The Czech part lacked enough teachers for theoretical subjects, so the vacancies had to be filled by colleagues exiled or emigrated from the Russian Empire, including the territory that is part of Ukraine nowadays, as they were already experts in these subjects and learnt Czech fast.⁴⁴

Some doctors, such as Bohumil Bouček, openly welcomed this change. Bouček considered doctors who lectured in Czech even before the division of the university to be martyrs, as their careers allegedly suffered because of it, and in his memoirs, he openly admired their efforts to introduce the Czech language into medical education. But others understood the division of the University of Prague as a step backwards. According to Zdeňek Mařatka,⁴⁵ the Czech clinic in the 1790s had only a few rooms, there was no place to give lectures or to examine patients. In his opinion, these backward conditions could not be compared with the conditions in the German clinics, and the division took away the prestige of medicine at the Charles University, whose reputation had lagged behind that of the University of Vienna even before the division. The German medical community presented its opinion in the informal organ of the German faculty, the magazine *Prager medizinische Wochenschrift* [*Prague medical weekly*]: “For the German alma mater, however, this matter represents a new stage in the path of suffering, which it believed had ended with the activation of the Czech university, but which apparently continues to incalculable

⁴² Thomayer (1977: 78 and 80).

⁴³ Jan Evangelista Purkyně (1787-1869 Prague) was a Czech physiologist, anatomist, biologist, poet, philosopher, father of painter Karel Purkyně and meteorologist Emanuel Purkyně. He became one of the co-founders of cytology with his research on animal tissues composed of cells with nuclei.

⁴⁴ Černý (2023: 280-282 and 336).

⁴⁵ Zdeňek Mařatka (1914-2010) was a Czech physician working in the field of internal medicine, in the field of gastroenterology.

distances”.⁴⁶ The *Časopis lékařů českých* [*Journal of Czech Physicians*] then describes the given quote as *a great uproar and a cry of pain*.⁴⁷

Although there was a division and both sides were granted their demands in a certain way, there were still discussions about whose university it had been originally and who was the true successor to the tradition of this first Central European university founded in the Middle Ages. For the Austrian Germans the university was German, for the Czechs the university was Czech. Linguistic arguments were also used here, but they had no justification in this context, since until recently lectures were only given in Latin:

It is truly a spectacle for the gods, how German doctors brandish phrases and lies. Prague's alma mater has been German since 1881. Until 1848, lectures were given in Latin, and from that year until 1881 in German and Czech. The University of Prague has been German for as long as it has been Czech. This is a historical fact that cannot be changed. They made Prague's German medical school famous: Opolzer, Piřha, Jungmann, Purkyně, etc. No one will claim that these men were Germans! A sober person cannot declare the clamour of Prague's German-Jewish doctors to be anything other than a bundle of platitudes and historical untruths.⁴⁸

Uneven relations between the Czech and German medical faculties in Prague persisted almost twenty-five years after the division and were discussed at faculty meetings and in the *Zdravotnický věstník* [*Medical Journal*]. The first problem outlined was the funding of the faculties, when the monetary contributions intended for the Czech part were gradually reduced, specifically by one million crowns over the course of seven years. The article alleged that, while the number of students at the Czech medical faculty doubled that of the German faculty, the Czech medical faculty was assigned half the amount per student than the German medical faculty. It continues with a list of the institutes at the German medical faculty which the Czech medical faculty either absolutely lacked or where the conditions were worse, and it also mentioned that doctors who worked there could not get appointed to higher academic ranks. A lack of funds, labor and teaching staff, rooms for teaching were mentioned, as were the catastrophic condition of the premises, which were said to be on the verge of collapse.⁴⁹

As for the much higher number of students at the Czech medical faculty reported by the Czech physicians, it is necessary to confront these allegations

⁴⁶ Cited by *Časopis lékařů českých*, 22.8.1885, p. 544.

⁴⁷ *Časopis lékařů českých*, 22.8.1885, p. 544.

⁴⁸ *Národní listy*, 29.4.1903, p. 2.

⁴⁹ *Zdravotnický věstník*, 21.12.1907, p. 524-528.

with statistical data—the specific number of students at each of the two newly established universities.⁵⁰ According to our calculations based on the registers of Charles University graduates, 143 students completed their medical studies at the Czech Medical Faculty in 1894, while 118 did so at the German Medical Faculty. The growing number of students was related to the campaign to introduce the universal health insurance, which happened in the Czech Lands in 1888. At that time, the government promised doctors enough posts with a fixed salary, therefore the number of students increased, as they could—rather mistakenly—see certain social and financial security in the medical profession because of these changes in the medical market.

TABLE 1. *Social origin of the students of the Prague and German Faculty of Medicine of the Charles University in Prag*⁵¹

| <i>Czech medical faculty</i> | 1884 | 1894 | 1904 | 1914 | 1924 | 1934 | <i>In all</i> |
|-------------------------------|------|------|------|------|------|------|---------------|
| Farmers | 15 | 45 | 9 | 43 | 39 | 31 | 182 |
| University educated | 8 | 5 | 10 | 23 | 50 | 21 | 117 |
| Merchants, traders | 2 | 5 | 5 | 20 | 58 | 6 | 96 |
| Craftsmans, artisans | 2 | 42 | 14 | 31 | 30 | 45 | 164 |
| Officials, clerks, teachers | 4 | 31 | 14 | 74 | 115 | 94 | 332 |
| Factory owners | 0 | 0 | 3 | 6 | 0 | 8 | 17 |
| <i>German medical faculty</i> | 1884 | 1894 | 1904 | 1914 | 1924 | 1934 | <i>In all</i> |
| Farmers | 0 | 2 | 1 | 11 | 12 | 14 | 40 |
| University educated | 5 | 13 | 3 | 12 | 37 | 39 | 109 |
| Merchants, traders | 5 | 46 | 14 | 24 | 65 | 80 | 234 |
| Craftsmans, artisans | 0 | 9 | 0 | 5 | 9 | 19 | 42 |
| Officials, clerks, teachers | 0 | 29 | 6 | 22 | 49 | 101 | 207 |
| Factory owners | 0 | 3 | 3 | 0 | 2 | 6 | 14 |

Source: Own elaboration.

⁵⁰ This part is the result of a quantitative analysis of the registers of the Czech and German Faculty of Medicine of Charles University in Prague, the list of registers is in the list of sources in final part of the article.

⁵¹ The table is the result of a quantitative analysis of the registers of the Czech and German Faculty of Medicine of Charles University in Prague, the list of registers is in the list of sources in final part of the article.

Ethnic, religious and social differences between graduates of each university are also interesting. In general, studying at a university was more financially demanding for Czech students. Czech students came from socially weaker backgrounds than German students. In their memoirs, some Czech doctors state that they had faced problems due to the insufficient financial stability of their families that could not cover the financial demands of studying medicine. Some took advantage of church scholarships, others worked as night watchmen and another widely-used way of earning extra income was tutoring younger students.⁵² Even here, however, the language-national issue appears. Students taught pupils with difficulties at lower levels of the education system, but not from lower social classes, rather the opposite. Their employers were mostly rich families where German was the main language of communication of the bourgeoisie, so the social humiliation was transferred to the linguistic-national level.⁵³

As for the specific conclusions on the data from the analysis of registers: descendants of public employees and teachers represented the biggest group of students at the Czech university, followed by descendants of landowners, farmers and peasants, which shows the relative wellbeing of Czech rural communities where many small landowners who, at the same time, worked at their land were willing to fund their children's studies and capable of doing so. Craftsmen are represented in similar numbers. In fourth place is the category of university-educated fathers—advocates, lawyers, doctors, pharmacists. As for medical students following their father's path, sons of physicians represent 50% of the “descendants of university-educated” category. Traders are represented in the fifth place, and in the last—in marginal numbers—factory owners and manufacturers.

Most often, medical students came from the families of public employees or teachers. Thus, their fathers knew from their own experience the importance of education—in their case, secondary, high school education, which brought them financial security and respectable social status. They tried to give their children a higher level of education, as was the case with landowners and prosperous artisans. Although they did not necessarily have a high school education, their trade or land provided them with a certain financial security, which enabled them to provide their descendants with a university medical education.

At the German university, the majority were businessmen—i.e. owners of the financial capital enabling the provision of higher education. In second

⁵² See more Rambousková and Martykánová (2023: 363-394).

⁵³ Hroch (1999a: 257).

place were high school-educated public employees and teachers who knew the value of education. The university-educated category was in third place. Landowners and artisans then placed in the last places in very unremarkable numbers, a striking fact in comparison to the Czech university.

It is also interesting to compare the ethnic origin and religious adscription of medical graduates from German and Czech universities. The Czech University attracted mostly Catholic students (723 Catholics, up to 20 Jews), while the German medical faculty was quite balanced (389 Jews, 319 Catholics), which may have to do with the linguistic background and social strategies of the Jewish families residing in the Czech Lands. The German faculty had a higher representation of female graduates (15% at the German university, 10% at the Czech university). The number of married female graduates also prevailed at the German university, which may indicate lesser social conservatism among Czech Germans. At the German medical faculty, it was much more common among the students to have studied at other European universities before studying in Prague.

As we can appreciate, education was considered as important capital among all ethnic groups and social classes in the Czech Lands and the Austrian government promoted its accessibility establishing a dense network of high schools in Bohemian and Moravian cities and towns. Thus, sons of relatively poor artisans and rich merchants alike graduated from institutions of higher education. For all social strata of society, the successful completion of university medical studies was perceived as a symbolic opening of the door to the higher spheres of society. By the early 20th century, a son of a poor craftsman, thanks to graduating from medicine and practicing medicine at a clinic, could become a person who wore a tuxedo several times a week, was invited to social parties attended by the political and artistic elite.⁵⁴ Medical profession and its representatives were generally associated not only with high social status but also with financial security, so completing a medical degree was seen as a ticket to a better life. While the reality was far more complicated, the studies allowed people with little economic capital, through the cultural capital acquired via medical education, to obtain considerable symbolic and social capital. In the historical context when the state invested more and more in healthcare, this could indeed translate into the economic capital that they lacked at the beginning of the journey.

⁵⁴ An example can be the career of Josef Charvát or Jiří Syllaba, whose memoirs are cited here. In English, their analysis is processed in Rambousková and Martykánová (2023: 363-394).

IV. CASE STUDY: ALBERT VS. WEISS

Faculty clinics, essential spaces of the development of medical science⁵⁵, were one of the places where the conflict between Czech and German doctors took place. The question of leadership was key: whether the head was to be a Czech or a German. The conditions for Czechs and Austrian Germans were not the same—Rudolf Jaksch's⁵⁶ son could work as assistant at the German clinic, Bohumil Eiselt could not employ his son at his clinic.⁵⁷ As a more detailed example, we can use the decision-making process when choosing the head of the first surgical clinic in Prague. Negotiations concerning the appointment of the new head of the surgical clinic began even before the division of universities. Initially, both “Germans” and “Czechs” applied for the post of head of the surgical clinic, but when the university's split into two took place, the choice was narrowed down to only two candidates—Vilém Weiss⁵⁸ and Eduard Albert.⁵⁹

Vilém Weiss, a university professor from the “Czech Medical Faculty”, was the deputy of the previous head of the surgical clinic. His opponent, Eduard Albert, was a graduate of the more prestigious so-called “Second Viennese Medical School”, he worked at the Innsbruck clinic at the time and was a respected scientist in the European medical community. At first impression, Albert seemed a more desirable candidate considering his scientific career, in which Weiss lagged behind him. Weiss boasted about his teaching activity—he had already taught an average of 30 hours a week for nine years.

Albert considered his studies and practice in Vienna to be his greatest asset: “The gentlemen forgot that I had not been trained in Innsbruck, but in Vienna, and that there are many people in Vienna who mean something and have a more serious opinion of my skills as surgeon than the Prague supporters of Mr. Weiss, who aren't even surgeons, who didn't see me, I don't care, but they still made decisions”.⁶⁰ He also emphasized the fact that Weiss's name was not known outside the Czech medical community. In her notes, a bour-

⁵⁵ See more Foucault (2010); Foucault (2003); Svobodný and Hlaváčková (1999); Hlaváčková (2011a); Núñez-García (2021: 53-77).

⁵⁶ Rudolf von Jaksch (1855-1947) was a Czech-Austrian doctor, engaged in the field of internal medicine and pediatrics.

⁵⁷ Hlaváčková (2011a: 21).

⁵⁸ Vilém Weiss (1835-1891), was a Czech surgeon and pedagogue.

⁵⁹ Eduard Albert (1841-1900) was a Czech surgeon, university professor, popularizer of Czech poetry, translator and poet.

⁶⁰ Kokešová (2004: 23).

geois woman from Czech nationalist circles Marie Červinková-Riegrová⁶¹ describes how Albert frantically showed her the citations of his work in foreign professional publications during one joint dinner of their families and pointed out that Weiss was not cited anywhere. Albert also despised the argument that Weiss was a greater Czech patriot, and in a letter to Marie's father, he tried to refute this argument by claiming that Weiss had never lectured in Czech before.

It is quite paradoxical that the Czech party considered Albert to be a German candidate, but according to an article in the *Wiener medizinische Wochenschrift* [Viennese medical weekly] on the contrary, the German party considered him to be a Czech candidate. The Austrian-German press described the selection process for the new head of the Prague surgical clinic as being influenced by the national mindset of Czech colleagues, who prioritized national criteria, which, in their opinion, made it very difficult for the Czech and German sides to agree on a common, fair assessment of personal merit. The German party, which was presented as progressive, would “in any case demand a German-minded person insensitive to Czech vagaries”.⁶² On the contrary, according to the Viennese medical journal, the Czech party would propose a candidate who felt Czech. As we know from other quotes here, Albert considered himself Czech, but as this German magazine aptly stated, Dr. Weiss had already won the sympathy of like-minded people with his nationalist stance and activities.⁶³ In fact, the Viennese journal proved to be right.

The decision concerning the new head of the Czech Prague surgical clinic took on not only national but also political dimensions. Albert was convinced of the support for his candidacy from Eduard Taaffe⁶⁴—the Prime Minister of *Cisleithanien* (part of Habsburg Monarchy). In her notes, Marie Červinková-Riegrová describes Eduard Taaffe as the one who contributed to the Salomonic decision for Weiss to lead the Prague surgical clinic and Albert to be involved in Vienna.⁶⁵ He reportedly resented Albert's inclination towards Czech patriotism and may have thought that if Albert got a good position in

⁶¹ Marie Červinková-Riegrová (1854-1895) was a Czech writer, the daughter of Czech patriots František Ladislav Riegro and Marie Riegrová-Palacká.

⁶² *Wiener medizinische Wochenschrift*, 1877, no. 39, p. 956. German origin: “Die Fortschrittspartei wird jedenfalls einen deutschgesinnten, für tschechische Marotten unempfindlichen Mann fordern”.

⁶³ *Wiener medizinische Wochenschrift*, 1877, no. 39, p. 956.

⁶⁴ Eduard count Taaffe (1833-1895) was an Austro-Hungarian or pre-Lithuanian statesman, conservative social reformer.

⁶⁵ Červinková-Riegrová (2009: 83).

Vienna, his nationalism would be neutralised. Albert never came to terms with the rejection by the Czech medical community, criticizing Czech doctors as “limited by Czechism”. A Czech patriot himself, Albert paid the price for the nationalist dimension of the appointment to leading scientific positions. He was too German for the Czechs and too Czech for the Austrian Germans. Even though he went on to have a successful career in Vienna, as a Czech patriot and as a specialist, he had a hard time bearing the rejection of the Czech medical community.

V. PHYSICIANS, HOSPITALS AND PATIENTS VS. LANGUAGE AND ETHNICITY

The issue of equal representation of Czech and German doctors in post of leadership at specific Prague hospitals and clinics also resonated among Czech doctors. When filling the posts of heads of a clinic or department, the issue of nationality played an important role. The authorities in charge of the appointments filled the positions with linguistically and nationally German candidates. When there were no Austrian German candidates, Reich Germans, that is, foreigners were preferred over Czech doctors.⁶⁶ According to an article from February 1897, the proportion of primary care physicians at the clinics was five German to two Czech. This inequality was often presented among Czech doctors as having the consequence of making it impossible for the Czechs to gain practical experience, without which they could not achieve career growth and the subsequent material security, and neither could they contribute to the improvement of their profession. The emphasis on the desire to perform one’s profession to the fullest was a way for the Czech doctors to present themselves as committed to innovative medical practice and research while complaining about the unequal representation of Czech and German doctors at specific Prague clinics: “We do not envy our German colleagues, but we only wish that we would be given the opportunity to fulfil our mission at least to the same extent as they are, because many of our professionally educated long-term assistants in all fields of practical medicine cannot find suitable positions corresponding to their professional education...”.⁶⁷

The report from the general meeting held in December 1897 informs about the principles of dividing patients between Czech and German clinics.

⁶⁶ Hlaváčková (2011b: 65).

⁶⁷ *Zdravotnický věstník*, 20.2.1897, p. 40.

The so-called parity was supposed to work, when patients were to be admitted to a Czech clinic one day, then to a German one the next day. However, according to Dr. Honzák, “sick patients come with official letters stating that their health insurance companies will only pay for the patients if they are treated at German clinics. So far, there was no reaction by our side in this matter. I suggest that we do the same. If they boycott us, we will boycott them, too”.⁶⁸

The dominance of German doctors in Prague is also illustrated by the situation in the Hospital of the Brothers of Mercy in Prague, which is discussed in an article from July 1903. Allegedly, the majority of the patients of this hospital were Czech workers and tradesmen. The managing doctors are Germans, while

there are, of course, two good Czech general practitioners to perform the menial work which requires a lot of time and physical effort [...] What kind of equality is it if it is in the constitution, which after all is only supposed to suit local conditions, and so is it supposed to be Czech, 6 managers (2 primary teachers, 3 specialists, 1 prosector) are German, and only 2 doctors subordinate to them are Czech? Is it perhaps an expression of unadulterated German humanity? Is it an expression of natural conditions that in a city where 9/10 of the inhabitants are Czechs and only 1/10 are Germans, half of the doctors, if not more, should be enrolled in the German medical section?⁶⁹

Dr. Bayer is accused of causing this situation, and is portrayed here as a traitor to the Czech medical community and the nation, since he “failed to actually maintain the neutrality that had been present and suddenly turned the Czech hospital into a branch of the German medical faculty, and the order preferred to bite the sour apple of Jewish specialists, as they are Germans, rather than to call in Czech experts, even Christians, who are at his hand in abundant selection”.⁷⁰

The national point of view was prioritized over the professional one:

The Catholic Order accepts into its services three doctors of the Jewish faith, of German nationality, who hold the posts of so-called experts, specialists, establishes a primacy for a future German docent, and when a Czech expert declares that he wants to practice free of charge in hospital medical functions,

⁶⁸ *Zdravotnický věstník*, 5.2.1898, p. 41.

⁶⁹ *Zdravotnický věstník*, 18.7.1903, p. 195

⁷⁰ *Id.*

which otherwise is done, with the permission of the almighty chief physician prof. Bayer, by a lay brother—he is literally shown the door with a cheeky remark “don’t intrude on us”. Czech doctors should not rub shoulders with Czech patients in the Czech, Slavic Prague”.⁷¹

Doctor Bayer⁷² was presented in the Czech medical community as a traitor to the Czech nation and language even after his death. In a biographical medallion published in *Praktický lékař* [*General practitioner*] in 1930, he is presented as someone who fell under German influence. He was born into a Czech family, his brothers “were and remained Czechs”.⁷³ The author describes Dr. Bayer as a noble, people-loving and humane doctor, therefore he blames his Germanization on his desire “for a university mission, i.e. love of science”.⁷⁴ Bayer is accused of not interacting with the Czech medical community and the only thing the author gives him credit for is that he spoke Czech with Czech patients and their doctors.⁷⁵

The situation at the Merciful Brothers hospital was also discussed in the popular newspaper aimed at general public, *Národní listy* [*National newspaper*], where equality became the main argument:

...so that, in addition to the same number of German doctors, the same number of Czech doctors should also be established. Czech doctors they have just as much right to it as German doctors, and all the more so, because the hospital of the Merciful Brothers in Prague is mostly supported by Czech charities, Czech money. Anyone who thinks about the matter with common sense will recognize the attitude of the Czech medical associations as highly justified and completely fair. We note that the Czech doctors did not want and do not want to displace or expel any of the currently practising German doctors at the Merciful Brothers. They wanted and want only equality and nothing more!⁷⁶

Alleged favouritism of German doctors was an issue not only in Prague, the journal *Zdravotnický věstník* [*Medical Journal*] from June 1914 describes similar conditions in Moravia: “...for the time being, Czech doctors have to be

⁷¹ *Zdravotnický věstník*, 18.7.1903, p. 195-200.

⁷² Karel Bayer (1854-1930) was a professor of surgery at the German University in Prague and head of the Hospital of the Brothers of Mercy in the Old Town of Prague.

⁷³ *Praktický lékař*, 20.8.1930, p. 566.

⁷⁴ *Id.*

⁷⁵ *Id.*

⁷⁶ *Národní listy*, 29.4.1903, p. 2.

satisfied with the free practice for the municipal poor and notorious non-payers and, at most, with poorly paid practice for all associations, students, etc”.⁷⁷ The competitive struggle between Czech and German doctors was manifested not only in the discussion about the representation of these two nationalities at specific clinics or municipal posts in the countryside, but also through the prioritization of the national point of view when prescribing medical remedies, whether medicines or spas, with physicians favouring their fellow nationals.⁷⁸

Of course, the German side also responded to the existing situation. At a meeting of the club of German practitioners, the Czechs were accused of being the cause of these disputes and animosity: “the national question did not exist in Prague until the Czechs raised it”.⁷⁹ Furthermore, the Germans proposed to sue the Czech doctors at the Medical Chamber and to request the establishment of a court of honour⁸⁰ against them. If the medical chamber did not want to comply with their proposals and act according to the law, they threatened with renouncing their mandates, and demanding the division of the medical chamber into a Czech and a German one.⁸¹ In 1917, the *Časopis lékařů českých* [*Journal of Czech Physicians*] cited the German-written magazine *Prager Tagblatt* [*Prague daily*] in which German doctors formulated their demands: the positions of regional doctors should be occupied exclusively by Germans, there should be a German representative at the Ministry of the Interior who would stand up for German health officials, Germans should be allowed to get jobs in local health services, which is allegedly only possible through the establishment of separate departments in hospitals where only Germans would be employed or the completion of the division of the University of Prague—joint clinics in hospitals.

In addition to their privileges concerning material security and the opportunity to improve their profession, German doctors were criticized for “stealing” Czech patients from Czech doctors.⁸² Czech-speaking patients became weaponised by the Czech doctors in their fight against the “domination” of German doctors. In this issue, Czech doctors did not only defend their own position against their German colleagues, but also fought for the rights of (their) Czech patients. Here, the national question combined with the language question in the form of arguments about the language barrier.

⁷⁷ *Zdravotnický věstník*, 13.6.1914, p. 382.

⁷⁸ *Zdravotnický věstník*, 13.6. 1914, p. 382.

⁷⁹ *Zdravotnický věstník*, 18.7.1903, p. 197.

⁸⁰ See more Nye (1995: 91-111); (1997: 60-79). For Germany, Maehle (2009).

⁸¹ *Zdravotnický věstník*, 18.7.1903, p. 197.

⁸² *Zdravotnický věstník*, 5.9.1896, p. 189-190.

Speaking in their complaint about trust in the doctor and humanity towards the sick, they forget that it is a purely humane requirement that the doctor be able to communicate with the sick. Therefore, if German colleagues want to have Czech patients, they should learn Czech and not rely on the fact that our Czech patients can speak German. I can only trust the doctor if I can tell him my troubles myself, knowing that he also understands me. It's just that the German lords apply different standards to us and others, more flexible, to themselves. What is allowed to them should not be allowed to us.⁸³

Language skills are presented as a pillar for understanding between doctor and patient, and the different conditions for Czech and German doctors are also pointed out, where Czech doctors take on the role of victims oppressed by Germans and their feelings of superiority. The issue of gaining the patient's trust was a hot topic at the time, as it was a time of professionalization of medicine, when doctors tried to monopolize the medical market and be its only competent and professional actors.⁸⁴ Trust between the two parties was very important. The doctor needed to trust the information that the patient entrusted to him, just as the patient trusted the doctor regarding the diagnosis and therapy. However, the patients remained convinced that the doctor would only be successful if he knew everything that the patient considered important.⁸⁵

However, it is questionable to which extent the patient's voice was being heard during the examination in the hospital in the period we discuss here, when diagnostic methods were being developed and doctors were able to determine the disease without needing a long explanation by the patient. The patient's voice was being marginalized, the doctor turning into the authority, who, thanks to the scientific advances of medicine, did not need the patient to explain to him in detail what hurt him. This is a fundamental change in the relationship between the patient and the doctor, as the consultation or treatment takes place in a hospital or doctor's office, which is the place where the doctor wields authority.⁸⁶

“German doctors, except for Prof. Bayer, don't speak Czech, although the newspapers claim otherwise. During a conversation in Czech, as anyone can see with their own eyes and ears, they help each other out cleverly with the universal language: pointing with their hands. Their interpreters are

⁸³ *Zdravotnický věstník*, 2.4.1904, p. 91.

⁸⁴ Rambousková (2021: 443-471).

⁸⁵ Shorter (1991); Stolberg (2011).

⁸⁶ Bynum *et al.* (2006).

Czech subaltern doctors who have absolutely no influence on the functioning of the hospital inside and outside".⁸⁷ The idea of communicating with gestures can seem funny or anecdotal. Replacing a medical consultation and examination with gesticulation between a doctor and a patient was judged as humiliating and highly unprofessional, considering that they inhabit the same territory or even the same city. The Czechs considered it offensive that the Germans made little effort to learn Czech while they were scorned for any imperfection in their German. The quote also alludes to the issue of the hierarchy of doctors working in the hospital. Czech doctors held subaltern positions, so they had to help their superiors when they needed someone to translate for them from and to Czech. The lack of representation of Czech doctors in the leading positions of hospital departments or clinics was one of the issues stressed in the fight for the equal rights of Czech and German doctors, in which Czech doctors saw themselves at a disadvantage.

It is also important to take into account the fact that this is not an intimate and confidential conversation between the doctor and his patient, but rather the patient's problems are discussed in a wider circle, which can be quite unpleasant for the patient:

Dr. Branner worked in the medical chamber competently and to the credit of the medical profession, but did not learn Czech in all that long time of 20 years. And yet 90 to 95% of patients in the hospital are Czech! Similarly, the headmaster Dr. Plenk, although he has been here for about 17-18 years, and then from 1899 the primary doctor Dr. Mager, who is said to be learning Czech! [...] The Germans would be protesting loudly if there were Czechs who knew the German language in the hospital with mostly German patients. Isn't it embarrassing that the chief physicians need to have everything translated for them by during the examination of the sick—by an external or assistant physician, and if one is not available—by a nurse? And there are certainly things that no one is entitled to hear—no third party!⁸⁸

Here, the Czechs criticize the German doctors not only for not knowing the language, but because their lack of proficiency makes them violate medical ethics or morality by exposing sensitive personal information. They are accused of violating medical secrecy by needing to communicate with a Czech patient through another person, who may be medical staff, but an inferior one, someone who is not supposed to know the specific problems of the

⁸⁷ *Národní listy*, 29.4.1903, p. 2.

⁸⁸ *Zdravotnický věstník*, 4.7.1908, p. 325.

patient, which are presented here as an intimate matter that should remain between doctor and patient.

However, criticisms of German doctors concerning the language issue reached extremes, as many Czech nationalists were unwilling to appreciate the efforts of German doctors to learn Czech for the sake of communication between doctor and patient. This lack of goodwill among the Czech nationalist physicians can be appreciated in the following quote, in which a German doctor who speaks Czech with a Czech patient is presented as a person who falsely poses as a Czech patriot, possibly of Jewish origin, as he needs to gain the patient's trust, but in reality he is an insidious enemy. The aforementioned German doctor actually met the demands of Czech doctors and learned Czech for practical reasons, so that he could perform his work without being limited by the language barrier when caring for Czech-speaking patients, but the Czech nationalists were not satisfied: "the public is deceived, and when they see a physician speaking in a good Czech, they think the doctor is Czech, maybe Jewish... Such a German doctor plays a patriot in front of a Czech patient, but in fact he is the biggest enemy and the most stubborn opponent of everything Czech".⁸⁹

A similar situation also affected bilingual inscriptions or recipes:

But it is different when it comes to the sick. As has already been said, the material in German clinics is almost entirely Czech, and the German doctors know that without the Czechs they could close their richly supported clinics. And according to that, they also manage smartly. As they know that no sick person, especially from the countryside, would go to a German clinic, they hang bilingual signs in the corridors, so the sick person may suppose that even in a German clinic they can be understood in their own language. For the same reason, they also have bilingual prescription cards, and they simply write the Czech recipe on the page where there is a Czech inscription. Czech clinics have signs in the corridors only in Czech, and no German can be misled by them.⁹⁰

Bilingual signs in German clinics again seem more like a friendly gesture towards the Czech population and a practical matter, but the Czech nationalists insisted on interpreting them as fraudulent. On the contrary, the approach of Czech clinics, which the doctors presented as better or more honest, seems narrow-minded and discriminatory towards German patients.

⁸⁹ *Národní listy*, 29.4.1903, p. 2.

⁹⁰ *Národní listy*, 28.8.1900, p. 3.

Czech doctors also complain about being disadvantaged not only within the hierarchy of hospital staff, but also in the city-rural hierarchy:

You know very well that half of the doctors in Prague are of German nationality, and mainly Jews, and the number is still increasing. They have a better position, while we must be content with the countryside. That shouldn't be the case, we have to find out which Czech families have German and Jewish doctors as family doctors. We must stop it and make sure that the Czech patient looks for a Czech doctor.⁹¹

Physicians considered practicing in the city as a sign of prestige and success in terms of professional and scientific career. There was the opportunity to work at clinics—places where the normal practice of a hospital ward was combined with teaching and medical research. At that time, when there were not many research institutes, the clinic was considered an elite site of medical science, as research also took place there. The problem was that doctors often practiced for free in clinics and thus had to attract a rich or numerous clientele to their private surgery, which was easier in the city than in the countryside. The countryside was perceived by doctors as a place of material security, as there was a network of municipal doctors who were paid by the municipality and the doctor received at least a certain fixed salary that granted him financial security. However, it was not easy to attract additional paying patients. Doctors were often met with mistrust and the patients thought that, as they pay for the doctor's services, the doctor should comply with their demands. Other problems included the fact that the doctor had to be constantly on call, and in addition, parts had to cover long distances to reach the patients, and practice in the countryside was described as demanding among doctors for these reasons as well. Taken together, these facts are the reason why Czech doctors refused to consider countryside posts as their only possible employment.⁹²

German doctors were criticized in the *Národní listy* [*National newspaper*] for accepting Czech patients even in the spa environment:

Members of an important German medical association in Bohemia are forbidden to send their patients, even Czech patients, to a Czech doctor, and if this patient wants to see one, they try to dissuade him. The practice of sending

⁹¹ *Zdravotnický věstník*, 5.2.1898, p. 41.

⁹² Rambousková and Martykynová (2023: 363-394); Rambousková (2021: 443-471; 2022).

the sick to various German doctors is widely known. Hired agents join the sick going to the spa in railway cars. [...] A Czech person cannot get out of his clutches. He goes to a German doctor whom he doesn't even understand, as he doesn't know German, he gets accommodation in German houses and is a cash cow for a certain number of people.⁹³

Czech doctors accuse German doctors of greed and of using fraudulent practices to get patients.

As Martykánová and Núñez have stressed, altruism and the civic value of selflessness of the medical profession was something that nineteenth-century doctors struggled to combine with their need to earn money.⁹⁴ They needed to emphasize that their work or rather profession (from German *Beruf*)⁹⁵ served the greater good of society, as this was source of prestige and social legitimacy and stimulated state funding of healthcare, and therefore selfishness was problematic. At the same time, physicians felt entitled and strove to be members of the upper middle social classes, and it was not always easy to consolidate such a position through medical practice. As I already mentioned, while some urban doctors worked for free in clinics and earned money in private surgeries, in the countryside there were permanent jobs with a fixed salary, but they often did not guarantee a middle-class status and attracting enough paying patients was difficult. Income from private practice could help physicians achieve financial security, but it was not easy to get a clientele. Doctors were often not as financially secure and wealthy as the general public saw them.⁹⁶

Profitability and the perception of patients only as means for financial enrichment or as physical material for scientific purposes were other negative features attributed to German doctors by Czech nationalist physicians. In their eyes, the Czech doctors wanted to end the fight for patients with a simple and apparently fair solution, where a Czech-speaking patient would belong to the care of an ethnically Czech doctor, not merely one who was able to speak Czech, and a German-speaking patient to an ethnically German doctor. The following quote illustrates the exacerbated emotional language Czech physicians mobilised in their competition with German colleagues:

⁹³ *Národní listy*, 16.3.1899, p. 3.

⁹⁴ Martykánová *et al.* (2023: 123-156); Rambousková (2021: 443-471).

⁹⁵ Jütte (1996: 19).

⁹⁶ Rambousková and Martykánová (2023: 363-394); Rambousková (2021: 443-471; 2022).

The Czech doctors' demand that a Czech patient belong to a Czech doctor was called an inhumane demand by the chairman of the Prague Practitioners' Club, if a Czech patient cannot come to an agreement with a German professor who, in his humanity, sees in him nothing but "material" and only material. [...] That would still be enough for the Czech people to place and warm a German snake on their breast, which would bite and kill them at the earliest opportunity.⁹⁷

In the spring of 1917, the Germans reacted to Czech — German tensions over the patients by with the slogan on the self-determination of sick Germans: "only a German doctor may treat a sick German, and all official proceedings concerning the health of Germans may also be conducted only by a German doctor!"⁹⁸

In addition to the self-sacrificing "martyrs" who started lecturing in Czech even before the division of the university, there were other heroes of the Czech medical nationalism who, after obtaining a leadership position in the German department, forced their German employees to learn Czech or employed Czech doctors with little knowledge of German. Among these, there was, for example, Dr. Drozda in Vienna, described as "a peculiar personality who sealed his importance by working with the Czech minority of Vienna".⁹⁹ He stood up for his compatriots and kept a protective hand over them. He also stood up for those who did not want to be admitted to his department because of their lack of knowledge of the German language. In the given article in *Praktický lékař* [*General practitioner*] from April 1927, he is presented as the hope of Czech medicine, the successor of Albert, who helped him in Vienna. Ironically, the heroic Albert mentioned here is the same dr. Albert who was rejected by the Czech nationalist medical community for the post of head physician of the internal clinic fifty years ago.¹⁰⁰

Jewish doctors¹⁰¹ had an ambiguous, precarious position in this debate. We have to understand that there were both Czech and German-speaking Jews in the Czech Lands, and the growing nationalist tensions often forced them to identify with either Germans or Czechs. In the discourse of Czech nationalist physicians, they were sometimes presented as competitive enemies

⁹⁷ *Národní listy*, 29.4.1903, p. 2.

⁹⁸ *Zdravotnický věstník*, 16.2.1918, p. 47.

⁹⁹ *Praktický lékař*, 5.4.1927, p. 278.

¹⁰⁰ *Praktický lékař*, 5.4.1927, p. 279.

¹⁰¹ For Jewish doctors in Austria and Germany: Efron (2008).

(“Prague German medicine is a collection of renegades and Jews”)¹⁰², and, on other occasions, as appreciated colleagues and even respected compatriots, as we have observed in the article insinuating that Czech-speaking German doctors pose as Czech Jews to trick the Czech patients into thinking that they were good Czech patriots. The Czech doctors tried to distance themselves from antisemitism, but they resented the easiness with which Jewish physicians inhabited the German medical world and showed no understanding for the reasons Jews might have preferred that in the imperial setting of Austria-Hungary instead of throwing their lot with the Czech nationalists¹⁰³:

All those gentlemen who from the so-called German side were present at the general meeting do not deserve that a Czech person should concessions to them on the language issue. These are people whose fathers acquired a fortune as Czech peasants in the countryside so that they could give their sons an education. Let someone think about the behavior of the Jews in Bohemia. We are not anti-Semites, God forbid, we are human beings and as such we regard every person as equal, regardless of their faith. But how should we not be deeply saddened and touched when Jews from the Czech countryside and from Czech secondary schools go to a German university and then practice as doctors in Czech Prague, where every doctor with more experience must know Czech, are members of the German section the chamberlains stand everywhere against the Czech people, whom they live off.¹⁰⁴

In this quote, Czech doctors flaunt their religious tolerance and generosity. Here, Jews are perceived as an imaginary “natural” part of the population of the Czech Lands in contrast to their German-speaking fellow citizens, who are described not only as competition but also as intruders in the Czech Prague. The problem is for them to have “chosen” Germanhood in the superior stages of their education; the Czech nationalists are signalling that they would welcome them as good Czechs in the Czech university. In other passages, Jews are presented as a third ethnic group, but again in the sense of unwanted competition, which is preferred over Czech doctors. The position of the Jews in Bohemia and Moravia in this context of national and linguistic tensions was very challenging. In fact, the German medical faculty was full of the sons of Jewish merchants and professionals, both Czech and German

¹⁰² *Národní listy*, 29.4.1903, p. 2.

¹⁰³ For the Jewish families' strategies concerning professional education in another multiethnic imperial contexts: see Martykánová (2017: 33-51).

¹⁰⁴ *Zdravotnický věstník*, 17.6.1899, p.152.

speaking. If they were Czech speakers, they were questioned for choosing German university education that, we must not forget, opened them the doors to other countries and to the international medical community in case of anti-Jewish policies or feelings.¹⁰⁵ Czech Jews could only be respected by the Czech physicians if they fully adhered to Czech language and patriotism; only then would the Czech doctors emphasize their Jewish colleagues' belonging to the religiously tolerant community of Czech physicians, going as far as accusing Czech-speaking Germans of posing as Czech patriots of Jewish origin to confuse Czech patients. The German-speaking Bohemian and Moravian Jews were presented by the Czech doctors as part of the single group of "privileged German physicians", precisely because of the language they spoke (in contrast to Czech doctors). They were characterized as doctors of Jewish faith and German nationality and the mentions of them in the rhetoric of Czech nationalists were tainted with additional antisemitism.

VI. CONCLUSION

The nationalism of Czech doctors manifested itself in different ways, and there were also different kinds of conflict with German colleagues. Clashes took place on university grounds, in the environment of hospital departments and clinics, but also in the safety of the pages of medical journals. After the partial introduction of the Czech language in the university teaching of medicine, there was a demand to divide Charles University into a Czech and a German part. In this heated debate which took place in professional journals, neither side avoided emotional comments and criticism of their opponent. The Czechs considered Charles University an institution with a historical Czech tradition and did not agree with its alleged Germanization, while the Austrian Germans believed that it was their ancient alma mater and feared its Czechification (*Czechisierung*).

The division of the university took place in 1882, but this did not stop the fighting on the university grounds. I have been able to determine the real number of students and social differences between the graduates of the German and Czech medical faculties of Charles University through a quantitative analysis of the registers of graduates of both faculties. The results disprove the claim of a significantly higher number of students at the Czech faculty and confirm the thesis that completing a medical degree was perceived

¹⁰⁵ For ethnoreligious tensions in other multi-religious imperial settings Ilikan Rasi-moglu (2021: 473-501).

by all social strata as a path to social advancement. Individuals lacking economic capital acquired the symbolic capital associated to the medical profession through the acquisition of cultural capital, that is medical education, and this often made possible achieving economic capital in the times of major public investment in healthcare in Austria in general, and in the Czech Lands in particular.

Hospitals and clinical departments of individual hospitals were another space of conflict. Here, Czech doctors considered themselves neglected in the selection of suitable candidates for leading and paid positions, which, in their opinion, were deliberately filled only by Germans. The selection process and the applied national criteria were illustrated in the election of the new head of the surgical clinic—for which doctors Albert and Weiss applied.

One of the key issues was also the communication between the doctor and the patient as part of the language question. German doctors were criticized by their Czech colleagues for their lack of knowledge of the Czech language, which was important for communicating with Czech patients. Czech doctors described such a practice as bordering on violating the principles of medical ethics. In this matter, Czech doctors displayed strong nationalist bias towards their German colleagues, as they were unable to keep criticism on a constructive level. They also criticize their German colleagues for meeting their demands — an example is the bilingual inscriptions, which the Czech doctors considered to be deceptive, aimed at stealing Czech patients from them. The original language issue was thus transformed into a fight for patients.

Disputes between Czech and German doctors in the Czech Lands had appeared since approximately the 1870s, both in professional and public periodicals. The authors of the articles were mainly doctors working at the University of Prague. The initiative in publishing articles and emphasizing the alleged unequal relations between Czech and German doctors was clearly on the Czech side, the German side only reacted to the published articles with its own defence. According to the analysis of the German-written journals German doctors reacted especially to the situation regarding the division of Prague's Charles University, whose Czechisation, they argued, would lead to a decline in the scientific level and development of medicine. They denied the existence of any ethnic or national problems. For Czech doctors, on the other hand, this was a matter of national emancipation, and therefore they also addressed other related issues, such as the use of German during practice in hospital wards and clinics, something the Germans did not feel the need to discuss. Although it was a Czech-German conflict, the disputes in the public space were initiated dominantly by the Czech nationalists and often had a *de*

facto one-sided character. It would certainly be beneficial to expand the analysis, placing in an international context, by monitoring the reception of the intra-professional dispute of the medical community abroad. It would be interesting to see to what extent the doctors belonging to the group of Austrian Germans succeeded in discrediting the international credibility of the Czech medical community by emphasizing the decline of the scientific level of newly emerging workplaces.

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Supplement: registers of charles university

ÚSTAV DĚJIN UNIVERZITY KARLOVY A ARCHIV UNIVERZITY KARLOVY, MATRIKY UNIVERZITY KARLOVY, MATRIKY DOKTORŮ

- Inv. č. 1 Matrika doktorů české Karlo-Ferdinandovy univerzity I. (1882-1900) s. 1-589.
- Inv. č. 2 Matrika doktorů české Karlo-Ferdinandovy univerzity II. (1900-1908) s. 590-1000.
- Inv. č. 3 Matrika doktorů české Karlo-Ferdinandovy univerzity III. (1908-1916) s. 1001-1499
- Inv. č. 4 Matrika doktorů české Karlo-Ferdinandovy univerzity/Univerzity Karlovy IV. (1917-1921) s. 1500-2001.
- Inv. č. 5 Matrika doktorů Univerzity Karlovy V. (1922-1924) s. 2002-2409.
- Inv. č. 6 Matrika doktorů Univerzity Karlovy VI. (1924-1927) s. 2411-2900.

- Inv. č. 7 Matrika doktorů Univerzity Karlovy VII. (1928-1931) s. 2901-3400.
- Inv. č. 8 Matrika doktorů Univerzity Karlovy VIII. (1931-1934) s. 3401-3900.
- Inv. č. 9 Matrika doktorů Univerzity Karlovy IX. (1934-1937) s. 3901-4400.

ÚSTAV DĚJIN UNIVERZITY KARLOVY A ARCHIV UNIVERZITY KARLOVY, MATRIKY NĚMECKÉ UNIVERZITY V PRAZE, MATRIKY DOKTORŮ

- Inv. č. 1 Matrika doktorů německé Karlo-Ferdinandovy univerzity v Praze (1882-1892) s. 1-246.
- Inv. č. 2 Matrika doktorů německé Karlo-Ferdinandovy univerzity v Praze (1892-1904) s. 1-370.
- Inv. č. 3 Matrika doktorů německé Karlo-Ferdinandovy univerzity v Praze/Německé univerzity v Praze (1904-1924) s. 1-998.
- Inv. č. 4 Matrika doktorů Německé univerzity v Praze (1924-1931) s. 1-599.
- Inv. č. 5 Matrika doktorů Německé univerzity v Praze (1931-1936) s. 1-600.