**Daily Business: The Organization and Finances of Doctors’ Practices**

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During the night of 6 December 1826, Franziska Gross, a midwife in the Austrian town of Innsbruck, was called to a heavily pregnant woman who had just gone into labour. When the woman, after suffering severe convulsions, lost consciousness the midwife sent two messengers to the nearby physician. But because ‘there was no bell’,¹ the attempt to find immediate help in the middle of the night failed. Driven by despair, the two messengers hurried on to the nearby military hospital where they were given tea and ointment for the dangerously ill woman. She died in the evening of the following day.

This example of a failure to establish contact between a physician and a patient or her relatives, tragic as it was, holds important clues as to how physicians organized their availability outside the usual practice hours. Ringing the night-bell should have woken the doctor. The search for medical help often ended outside the physician’s house, however, as in the case above, when there was no bell, when no bell could be found or when the residents could not be aroused from their deep sleep.

The physician, on the other hand, could not – when packing his instrument bag and saddling his horse – be sure that he would still find an acute case of emergency at the house he was led to by the messenger that the distraught relatives had sent. In many cases medical intervention had become obsolete after the many hours taken to travel to some remote village. On 26 October 1889 the South Tyrolean country physician Franz von Ottenthal arrived in a farmhouse in Luttach in the Ahrn Valley, a village, which had 400 inhabitants at the time. He went there every day to see a 73-year-old man who had, for

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some time, needed catherisation to void his bladder. But on this day the bladder had emptied itself – proprio motu – and the physician had made the long journey for nothing. The case history in the patient journal begins with the comment: iter incassum (journey in vain).

The experience – documented in the sources – of not being accessible or of arriving too late, was certainly part of every physician's daily business. Supply and demand not only had to coincide in the socio-economic, but also in the spatial sense: in a defined place for treatment and examination. These locations of diagnostic and therapeutic encounters were constantly subject to renegotiation and communication between physician and patient. One such specific location of medical encounter – the sickbed – has been extensively investigated in recent decades with regard to the stronger position it placed the patients in from their own point of view. More historical-medical research is needed on how physicians organized and scheduled their visits to sickbeds, which often lay far apart, within a normal working day.

Our comparative analysis will therefore not focus primarily on the biographies of physicians or on medical interventions, but ask instead direct practical questions regarding the everyday running of the doctor’s practice: where did the contact between physician and patient mostly take place? How many patients did the practitioner or healer see on average in a day? How did physicians' practices change over time? How did physicians organize their daily routine between receiving patients in his own house, house calls and, in some cases, teaching activities? What were their earnings from all these activities? One might think that these questions are easy to answer, but they are not. Research has so far – and even that to a limited extent only – focused on financial questions. There is little information on other aspects of the physician's daily business. This contribution is concerned with the everyday routine of physicians and other healers, a perspective on which the recent research into doctors' practices has increasingly focused.

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