

WHO WAS THE RUSSIAN FELDSHER?*

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In asking the question of who the Russian feldsher was, this essay is primarily interested in exploring a conflict which occurred within the feldsher community itself at the turn of the century over the question of who the feldsher should be. That is, what minimum standards were necessary to insure that physicians and public alike would accept feldsher claims to increased professional status? More important, what practicing feldshers would these standards exclude? Before analyzing the debate which feldshers with differing degrees of training conducted over these questions, a brief outline of the origins and development of the feldsher community in Russia is useful in providing at least a partial answer to the larger question posed by the title.

I

The first Russian feldshers were army medics. The word “feldsher” itself—literally “field shears” in German—suggests the originally military conception of their role in German lands,¹ and the Russians borrowed it without initially altering this military connotation.² Although the term en-

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¹ For a contemporary description of the feldsher's tasks in German lands see Matthias Gottfried Purmann, *Der rechte und warhafftige Feldscher; oder, Die rechte und warhafftige Feldschers-Kunst* (Frankfurt and Leipzig: Michael Rohrlach. 1690).

² See Peter the Great's military regulation (*Ustav voinskii*), *Polnoe sobranie zakonov Rossiiskoi Imperii*, Series I, no. 3006, 30 March 1716, vol. 5, pp. 245, 452. The *Ustav voinskii* appeared with facing Russian and German texts, with the Russian military titles as clear adaptations from the German originals. The frequent German “Feldscherer” (Stabs-Feldscherer, Regiments-Feldscherer) is translated into Russian almost exclusively as *lekar'*. Only at the lowest company level does the term “feldsher” appear in Russian. The infrequent use of the term in Russian and its invariably low status indicate that the original Russian perception of the role of feldsher personnel was much narrower than that played by the German “Feldscherer.” For a recent discussion of medicine during Peter's reign with detailed bibliography see John T. Alexander, “Medical developments in Petrine Russia,” *Canadian-American Slavic Studies*, Summer 1974, 8 (2): 198-221.

tered the Russian language during the early eighteenth century along with a host of other German words, it was not frequently used until a century later. No feldshers appear to have actually been formally trained until the 1740s when a small number began to study in St. Petersburg and Kronstadt military hospitals. Upon completion of their training these students were assigned to regular units, where they were usually referred to by the more traditional title of "tsiriul'nik," or barber.³ Only in the second quarter of the nineteenth century did the army, now joined by schools of the *Prikazy Obshchestvennogo Prizreniia* (Guberniia Departments of Public Welfare), begin to train significant numbers of lower medical personnel who were actually called feldshers.⁴ Even then there remained a lasting confusion in the popular mind over the pronunciation of the word, so that the peasantry quite commonly used the term "fershal" in its place.⁵

From the beginning the army drew its feldshers from the lower social orders, either from among the children of common soldiers or from the rank and file of raw recruits. Most of the latter were the sons either of peasants, small urban tradesmen, or the clergy. The ability to read and write was a prerequisite for selection, but it seems clear that most possessed only the barest functional literacy. However reassuring the curriculum they ostensibly completed, they received little or no formal training in fact. The skills

³ Iakov Chistovich, *Istoriia pervykh meditsinskikh shkol v Rossii* (St. Petersburg, 1883), pp. 238-39, 364-65.

⁴ In his introduction to the military medical reform of 1805, the Minister of the Interior Count Victor Kochubei explicitly noted the need to train more feldshers. The reform itself, however, provided for only 742 feldshers in the army and 388 in the navy. *Polozhenie dlia meditsinskago upravleniia po Armii i Flotu* (St. Petersburg, 1805), pp. 13, 47-82. By the middle of the century the numbers of military feldshers had increased to such an extent that they were a standard part of all units. See Roman Chetyrkin, ed., *Nastavleniia po chasti prakticheskoi voennomeditsinskoi politzii* (Warsaw, 1850), *passim*. The first civilian feldsher schools were provided for in 1829, although the number of students they trained and their resulting qualifications are not clear. *Polnoe sobranie zakonov*, series II, no 2862, 10 May 1829, vol. IV, pp. 315-17. The existence of organized feldsher societies in the Kingdom of Poland as early as the 1840s indicates that the use of civilian feldshers was widespread there earlier than in Russia. See L. F. Ragozin, ed., *Svod uzakonenii i raspriazhenii pravitel'stva po vrachebnoi i sanitarnoi chasti v Imperii*, 3 vols. (St. Petersburg, 1895-98), I, 176-86.

⁵ There are no detailed secondary studies of the origins of feldsher practice in Russia. I have found the following works useful. F. A. Brokhaus and I. A. Efron, *Entsiklopedicheskii slovar'*, s.v. "Feldshera i feldsherizm" and "Zemskaia meditsina"; A. Eulenburg and M. I. Afanas'ev, eds., *Real'naia Entsiklopedia meditsinskikh nauk*, s.v. "Feldshera i feldsherizm"; A. N. Bakulev, ed., *Bol'shaia meditsinskaia entsiklopediia*, 2d ed., s.v. "Zdravookhranenie"; G.M. Gertsenshtein, "Feldsherskaia rozn'," *Feldsher*, (1890) 1 (24): 305-11; A. Bakhtiarov, "Pervye feldshera v Rossii. Feldsherskie shkol'niki (Istoricheskii ocherk)," *Feldsher*, 1893, 4 (14): 368-73, and 4 (17): 453-57; E. I. Rodionova, *Ocherki istorii professional'nogo dvizheniia meditsinskikh rabotnikov* (Moscow, 1962), pp. 36-44. For the common use of "fershal" see V. Dal', *Tolkovyi slovar' zhivago velikorusskago iazyka*, 3d ed., 4 vols. (St. Petersburg-Moscow, 1906-09), IV, 1135.

which most of them ultimately acquired, such as bandaging, bloodletting, or bonesetting, were usually learned while on the job as an orderly either in a military hospital or small field infirmary.⁶

Until the military reform of 1874 service for the common soldier in Russia was not only a harsh but an extremely long experience. The normal tour of duty was twenty-five years, and even with ten years off for good behavior the number of feldshers who survived to retire was not large. Those who did had a miserable pension, no land, and in most cases no trade save that of medicine. Salaried jobs for civilian feldshers were scarce, but the over-all shortage of medical care allowed most to supplement their pensions by practicing for fees, often paid in kind. With the exception of the few feldshers trained by the various departments of public welfare, these retired military feldshers were the first civilian feldshers in Russia. Known as *rotnye* or company feldshers because of the typical character of their prior military service with companies in the field,⁷ they were poorly qualified for anything, and their reputation as medical practitioners was notoriously bad. Their popular image was that of an invincibly ignorant older man, usually an alcoholic, who had been so beaten down by life in the army that his only prominent traits were avarice, servility, and the selfish cunning of survival. In the words of a popular saying, "feldshers don't cure you, they only cripple you."⁸

Following the establishment in 1864 of reformed local governments or *zemstva*, which had primary responsibility for health care in the rural areas of European Russia, the number of salaried positions for civilian feldshers would steadily increase.⁹ The shortening of army tours to six years or less in 1874 created an ever larger supply of reserve *rotnye* feldshers for these positions. During the last quarter of the century there would also be a grow-

⁶ Chistovich, *op. cit.* (n. 3 above), pp. 238-39.

⁷ Although "rotnye" in a strict sense referred only to infantry feldshers, it was used as a generic term to describe *batareinye* (artillery) and *eskadronnye* (cavalry) feldshers with similar qualifications.

⁸ See letter by feldsher N. Boshko in *Feldsher*, 1892, 3 (2): 47. It should be noted that this same slogan (*ne lechat', a kalechat'*) was frequently applied to physicians as well by a population which had not entirely overcome its suspicion of modern medical care and its representatives. For a particularly good example of the educated population's view of the feldsher see Anton Chekhov's stories "Surgery" ("Khirurgii") and "An Unpleasantness" ("Nepriiatnost'"), published in various editions of his work.

⁹ Boris Veselovskii, *Istoriia zemstva za sorok let*, 4 vols. (St. Petersburg, 1909-11), I, 289. Many of the *zemstva* attempted to force the villages to absorb the cost of supporting the feldsher, but the budget was eventually centralized at the behest of physicians who wanted a firm control over the local medical system. For an excellent recent assessment of the impact of the *zemstvo* institutions on the medical profession see Nancy M. Frieden, "Physicians in Pre-Revolutionary Russia: Professionals or Servants of the State?" *Bull. Hist. Med.*, Spring 1975, 49 (1), 20-29. 1 (Spring 1975): 20-29.

ing number of feldshers recruited from non-military sources to supplement these *rotnye*. A number of educated young men and women with populist views, for example, would go to the countryside to serve the Russian people as feldshers.¹⁰ More significant statistically, however, would be the graduates of the numerous feldsher schools which various organizations, most notably the army and the *zemstva*, established during the same period. By the turn of the century such graduates, known as *shkol'nye* because of their completion of a more structured course of three or four years in a school, would constitute a major portion of the approximately twenty thousand feldshers in civilian practice.¹¹

Whatever their professional shortcomings, the feldshers of the late nineteenth century had an enormous role in the contemporary medical system. They were more numerous than physicians and functioned not only as hospital orderlies or physicians' assistants, but in many cases as totally independent practitioners. In rural areas, where they outnumbered physicians by two and sometimes three to one, they were not infrequently the only physicians the population knew.¹² As a social and professional group

¹⁰ An outstanding if not entirely typical example of this was Vera Figner, a revolutionary populist who worked as a feldsher in Saratov guberniia during the late 1870s. For her experience see Vera Figner, *Zapechatlennyi trud*, 2 vols. (Moscow, 1964), I, 128-75. Despite the interest presented by the populists' activities as feldshers, they are of marginal importance in considering the development of the feldshers as a professional group. Their numbers were not great, and as a group they were far better educated than ordinary feldshers. Vera Figner, for example, had almost completed her M.D. degree in Zurich. More importantly the populists did not identify themselves with the feldsher movement this paper describes, but rather saw the position of the feldsher as one in which they could fulfill their larger goal of establishing contact with and serving the Russian people. Vera Figner's perception that she could communicate with the people as a feldsher in a way that a physician could not is important to note in this context.

¹¹ An extremely approximate survey of medical personnel made in 1920 reported that of a total of 29,088 feldshers roughly 45% were *shkol'nye*, 38% *rotnye*, and 17% not indicated. *Statisticheskie materialy po sostoiianiiu narodnogo zdравиia i organizatsii meditsinskoii pomoshchi v SSSR za 1913-1923 g.g.* (Moscow: Izdatel'stvo Narodnogo Kommissariata Zdravookhraneniia RSFSR, 1926), p. XXII. The exact proportion of *shkol'nye* feldshers at the turn of the century is not known. By 1905, however, there were 44 civilian feldsher academies alone, with a total enrollment of 4588. 25 of these were maintained by the various guberniia *zemstva*. 1829 men attended the 17 male academies, and 1639 women attended the 16 female academies. The exact ratio of men to women in the 11 coeducational schools is not known. 667 *shkol'nye* feldshers completed their studies in 1905 alone. Since most of these schools had been in operation since the 1890s at least, one can readily see that the number of *shkol'nye* in practice was approaching a numerical majority. The steady increase in the number of female feldshers is also significant. *Otchet o sostoiianii narodnago zdравиia i organizatsii vrachebnoi pomoshchi v Rossii za 1905 god* (St. Petersburg: Upravlenie glavnago vrachebnago inspektora MVD, 1907), pp. 127, 182-84.

¹² In the Russian Empire as a whole in 1905 there were 15,962 civilian physicians as opposed to 20,640 feldshers. For figures on the concentration of physicians in urban areas and the reverse tendency with feldshers see the annual volumes of the Ministry of Internal Affairs' *Otchet o sostoiianii narodnago zdравиia i organizatsii vrachebnoi pomoshchi v Rossii*.

these civilian feldshers are interesting because of the particular circumstances in which they found themselves during this period. Their education, occupation, and frequent military background had served to cut their social ties with the mass of the Russian people but had not provided them with a stable new identity either as full-fledged professionals secure in their medical role or as recognized members of an enlightened and socially committed intelligentsia. Chekhov noted perceptively that in a social sense feldshers were "neither fish nor fowl," and thus proto-typic of those largely ignored middle groups in late nineteenth-century Russian society who had "left the people and not yet arrived as members of the intelligentsia."¹³

The training feldshers and the actual nature of their work varied extensively during this period, but they all shared certain common burdens. Their work was exhausting, unrelieved by holidays, poorly paid, and hazardous. Their standard of living was low, little better and in many instances worse than that of the peasantry or urban working class. Many continued to practice only for lack of a viable alternative, while those who could often did take up different careers. Their legal status as medical practitioners was poorly defined,¹⁴ and their employment itself was precarious. They were almost totally dependent upon the physician they served for the retention of their job, and this fact coupled with the ruinous character of even the briefest unemployment tended to reinforce their traditionally servile relationship to physicians. Finally, since the title of feldsher had itself become something of a social stigma, most feldshers (the better-educated populists here were a clear exception) were denied even the psychic satisfaction of being recognized as valuable medical workers. Whereas society praised the sacrifice of physicians, Veselovskii noted, it accepted the exhausting effort of the feldsher as its due.¹⁵

II

Throughout most of the nineteenth century civilian feldshers in Russia remained both scattered and unorganized. In addition to the practical difficulties of organization, they lacked the group consciousness which would have allowed them to perceive the collective nature of their problems. The appearance in 1891 of a journal entitled *Feldsher* provided the first forum in which they could share their thoughts and grievances, and it quickly became

¹³ Anton Chekhov, *Sobranie sochinenii v dvenadtsati tomakh* (Moscow, 1963), VI, 114, 129.

¹⁴ For a discussion of the ambiguity of the feldsher's legal position as a medical practitioner see N. G. Freiberg, *Vrachebno-sanitarnoe zakonodatel'stvo v Rossii*, 2d ed. (St. Petersburg, 1908), pp. 148-51.

¹⁵ Boris Veselovskii, "Feldshera i vrachi," *Saratovskaia zemskaiia nedelia*, 1903, 8: 79.

the center of what might be called a feldsher movement. This movement was dominated by the journal's enterprising editor, Dr. Boris Oks, and an articulate feldsher elite of thirty to forty contributors. Both the number and the content of the letters the journal elicited from practicing feldshers indicate that it had broad support, particularly among the better educated.

The feldsher movement drew its initial strength from the resentment which the overwhelming majority of all feldshers felt on a variety of issues, and its aims can be easily determined by reading the feldsher contributions in which they were so passionately enunciated. Feldshers wanted an improvement in their standard of living, of course, and argued that they merited it by their service. They also wanted a more explicit definition of their legal relationship to physicians, in order to be somewhat freer from their arbitrary authority. At an even more basic level they yearned for an increased public appreciation of their role. They particularly wanted physicians to recognize them as worthy human beings, to accord them respect, and to accept them as valuable if admittedly auxiliary health workers. As one *shkol'nyi* feldsher wrote: "Our completely fair and legitimate desire is that all physicians, and not only some of them, should recognize our work as useful and necessary, and that the personality of both male and female feldshers should enjoy the respect among physicians which it has long deserved."¹⁶ In addition to winning this respect and eradicating the widespread image of the feldsher as a charlatan, the more articulate feldshers also sought to transform their diffuse community into a coherent, conscious, and organized profession. Such organization and group solidarity appeared to most of *Feldsher's* contributors as prerequisites to the improvement of their status. In its effort to bring such an organization about the feldsher community encountered two major obstacles.

The first was the hostility of most physicians, who alone had the expert competence to recognize the feldshers' worth. On the whole physicians considered the feldshers' very existence as a "necessary evil" to be overcome as rapidly as possible by the training of more physicians. Obviously some sort of auxiliary medical personnel would continue to exist, but the term "feldsher" itself suggested both a lack of qualification and an independence in practice which physicians were determined to eliminate. Thus they not only sought to restrict their practice and maintain total physician control, but in many cases actually saw their professional extinction as an important goal for Russia's over-all health system. Not even feldshers disputed the

¹⁶ Valerian Popov, "Nichto chelovecheskoe feldsheru ne chuzhdo," *Feldsher*, 1900, 11 (13): 382.

superiority of physician care. The real question involved in “feldsherism,” or independent feldsher practice, was how long it would take to train a corps of physicians large enough to make independent feldsher care unnecessary, and what the appropriate attitude of physicians to such independent care should be in the meantime.¹⁷ Some physicians admitted that the vast expanse of the country and existing shortage of physicians would give the feldsher an important independent role for a long time to come, and argued that rather than denouncing feldshers in wholesale fashion, physicians would be better advised to improve their training. Independent feldsher practice was after all a phenomenon forced upon feldshers by circumstances rather than sought by them. Yet even this sort of qualified sanction was unusual among physicians. The eminent Dr. Molleson was far more representative of physicians as a group when he declared that “feldshers, who can neither diagnose nor treat a disease, can be of no use whatsoever to the people.”¹⁸

Such disparaging remarks, which physicians frequently made about feldshers in print, understandably offended the better-educated feldshers who sought to take pride in their training and work. Given the considerable antagonism which already existed between physicians and feldshers on an individual level, it is not surprising that the feldsher movement came to be directed primarily against physicians. Denied the support and approval they sought from them, feldshers charged physicians with arbitrariness, caste discrimination, and even physical brutality, and came to view them as the primary barrier to their own acquisition of status and material rewards.

The conflict between physicians and feldshers was so bitter that it understandably dominated the medical press wherever feldshers were mentioned. A less prominent but equally important problem which feldshers confronted in organizing their community was the absence of any clear definition of the feldsher’s minimum skills and the predictable debate over who should be included in feldsher organizations. There was a wide range in the feldshers’ actual therapeutic abilities as well as broader cultural development, and the title alone did not describe any precise qualifications. The resulting heterogeneity in their skills had contributed much to the low public regard for feldshers, since the characteristics of the least qualified tended to be seen

¹⁷ In the strict sense of the law independent feldsher practice was prohibited except in certain specified emergencies. In practice, however, the effective control which physicians could exercise over many rural feldshers was minimal. See Freiberg, *loc. cit.* (n. 14 above), for a discussion of this problem.

¹⁸ I. I. Molleson, *Der russische Landarzt im 19 Jahrhundert: Die Zemstvo Medizin*, tr. with an introduction by Prof. Dr. Med. Heinz Muller-Dietz (Stuttgart: Hippokrates Verlag, 1970), p. 54. This is a translation of Molleson’s *Zemskaja meditsina* (Kazan’, 1871).

by outsiders as typical of the group as a whole. When the better-educated among the feldshers argued that they deserved a better material existence and higher social status because of their *abilities* as well as their service, they were understandably anxious to dissociate themselves from those within their own ranks whose poor qualifications rendered their arguments implausible.

While formal education was never in itself an accurate measure of ability, it could serve as a guide to the relative qualifications which different groups of feldshers possessed. The debate over qualifications within the feldsher community thus took the form of a conflict between the *shkol'nye* feldshers, or all those who graduated from an accredited military or civilian feldsher institute,¹⁹ and their *rotnye* colleagues, whose generally haphazard training has already been described. Before considering that conflict, we should recall the propensity such rival groups have to develop stereotypes both of themselves and those whose claims they reject.

III

The *shkol'nye* feldshers had a vested interest in emphasizing the disparity between themselves and the *rotnye*. By doing so they hoped not only to enhance their own status, but to secure preferential access to the best feldsher positions. Working conditions as well as pay could vary, and they thought it only right that they should have the superior positions. Thus they described themselves as "new" feldshers, not to be confused with their poorly-qualified and dissolute *rotnye* brothers. "The *shkol'nye* and *rotnye* feldshers," argued one of the former, "are people of two completely separate camps. They have no grounds for common interest, and therefore there can never be any points of contact between them. They are identical only in name. In their upbringing, their scientific preparation, their views, desires and aims they represent two opposite extremes."²⁰ Such juxtapositions were accompanied by a variety of suggestions, most of which reflected the *shkol'nye* feldshers' desire to institutionalize the differences between the two groups. Some proposals would have denied the *rotnye* status as

¹⁹ In 1872 the *Meditsinskii soviet* of the Ministry of Internal Affairs outlined the requirements which such schools should meet in a regulation which was to serve as a guide to the *zemstva* as they established feldsher schools. See M. I. Mysh, ed. *Polozhenie o zemskikh uchrezhdeniakh 12 iunia 1890 goda so vsemi ot-nosiashchimisia k nemu Uzakonienniami, Sudebnymi i Pravitel'stvennymi Raz'iasnenniiami*, 3d ed., 2 vols. (St. Petersburg, 1900), I, 464-67.

²⁰ Letter from feldsher A. Lebedev, *Feldsher*, 1894, 5 (14): 378-79. For a more detailed discussion of the conflict between *rotnye* and *shkol'nye* feldshers see Gertsenshtein, "Feldsherskaia roz'n'," *loc. cit.* (n. 5 above).

feldshers, or at least codified their subordinate position. Others would have designated the *shkol'nye* by some other name, preferably physician's assistant, thus eliminating their affiliation with the *rotnye* and the discredited title of feldsher in one stroke. Such a description would also allow them to draw closer to other auxiliary personnel of equivalent skill such as midwives. It is worth noting that the most important feldsher societies excluded the *rotnye* while using the term "physician's assistant" in their title.

Some *shkol'nye* feldshers were willing to admit that a few *rotnye* had excellent qualifications, and thus proposed the creation of a standard examination through which any qualified feldsher might attain the status of the *shkol'nye*, regardless of his formal education. Dr. Oks of the journal *Feldsher* favored this kind of examination as a means of creating a homogeneous corps of civil feldshers without excluding any practicing feldshers in an arbitrary fashion which might ignore their real abilities. Concessions to the *rotnye* on the matter of ability were limited, however, and for the most part the *shkol'nye* discriminated against them as a group.

The primary question for the *shkol'nye* feldshers was not one of who should practice, since this was not in their control, but whether or not the feldshers in organizing their community should include all practicing feldshers or only those with *shkol'nye* qualifications. The *shkol'nye* argued almost unanimously for the latter position. They even denied the *rotnye* admission to their mutual aid societies on the grounds that their very names on the membership rolls would frustrate the *shkol'nye* feldshers' search for community recognition. They justified such an exclusionary stance by referring to the interests of the feldsher "corporation" as a whole. One *shkol'nye* feldsher insisted:

The progress of the corporation is possible only in the presence of its best and insofar as possible equally qualified members. Speaking in general, the *shkol'nye* feldshers have an enormous advantage over the *rotnye* in their knowledge, their legal position, and their development. If we aim to improve our position and supplement our knowledge, why should we draw nearer to persons who have not yet attained even that with which we are not satisfied? I hasten to explain that I by no means deny the use of their work, which is often too burdensome, but in the present conditions of our social structure labor must be recognized, a qualification which may at least to some extent be the criterion of a given corporation. In other words, both we and society need a diploma, since without it our labor will not be recognized. And the *rotnye* feldshers do not have it.²¹

²¹ P. Tsiurupa, "Po povodu stat'i feldshera Valeriana Popova 'V pol'zu korporativnoi splochnosti feldsherskoi sem'i,'" *Feldsher*, 1901, 12 (8): 235-36.

However excessive the *shkol'nye* feldshers' claims, they clearly had some basis in fact. They were recognized as the superior practitioners by most physicians and *zemstva*,²² as well as by such contemporary observers as Veselovskii.²³ The law itself very early made a clear distinction between the two categories, restricting the *rotnye* to practice in hospitals under the direct supervision of a physician and barring their entrance into state service as feldshers.²⁴ The *rotnye* themselves never disputed the generally superior training of their rivals, but they did challenge the stark contrast which the latter had drawn between the two groups. They argued that by qualification the two were less polar opposites than overlapping portions of a continuum. Such a position finds support both in the reports of contemporary physicians like G. M. Gertsenshtein and in feldsher memoirs which portray a training all too superficial even in civilian feldsher academies.²⁵ In Gertsenshtein's view the *shkol'nye* feldshers vastly overrated their own medical abilities, and by viewing their diploma as a finished commodity entitling them to privileges rather than the first chapter in a life of learning he felt they denied the very scientific ethos they claimed to represent. As a physician standing outside the debate he was also able to criticize both factions for the infrequency with which they considered the interests of the population in their arguments.²⁶

The *rotnye* feldshers wanted appreciation no less than their *shkol'nye* colleagues, and in their letters to the journal *Feldsher* they insisted that they were much better feldshers than their predecessors of fifty years before. The

²² See for example the relevant remarks in E. A. Osipov, I. V. Popov, and P. I. Kurkin, *Russkaia zemskaiia meditsina* (Moscow, 1899), p. 85. For a French translation of this basic work see E. Ossipov, I. Popov and P. Kourkine, *La médecine du zemstvo en Russie* (Moscow, 1900).

²³ Veselovskii, "Feldshera i vrachi," *loc. cit.* (n. 15 above), p. 76.

²⁴ *Polnoe sobranie zakonov*, series III, no. 4055, 1 December 1886, vol. 4, p. 504. Professor Frieden has correctly emphasized the physicians' desire for a professional autonomy which state service did not permit. (Frieden, *op. cit.* (n. 9 above), pp. 28-29). It is interesting in light of the physicians' dissatisfaction with state service to note the desperation with which most feldshers sought to be enrolled in its ranks. Their motivation seems to have been primarily that of acquiring rank and a pension, reasons less compelling for the more affluent physicians.

²⁵ See for example the report of Grigori Zadera in *Feldsher*, 1891, 2 (3): 46. *Shkol'nye* feldshers particularly bemoaned the schools' failure to provide them with the practical experience which would be necessary in independent practice. A graduate of the 1870s wrote that "school gave me no kind of practical help. It made me into a hospital feldsher, that is, a feldsher who only carries out a physician's instructions. Life, on the other hand, demanded something different: the diagnosis and treatment of disease without a physician." Markian Platonov, "Chego feldsheru ne dala shkola," *Feldsher*, 1890, 1 (5): 76. Veselovskii cites a deficiency of the reverse order, namely the irregular giving of lectures. In the example he provides the lectures on diseases of the eye and ear were skipped entirely. "When the female feldshers asked the senior physician of P-skoi guberniia to read the lectures he had missed following exams, he was surprised and even offended. 'You received your diplomas, didn't you?' he answered." Veselovskii, "Feldshera i vrachi," *loc. cit.* (n. 15 above), p. 77.

²⁶ Gertsenshtein, "Feldsherskaia rozn'," *loc. cit.* (n. 5 above), pp. 305-06.

claim was reasonable enough, given the general advance of medical knowledge during that period and the abbreviation of their own military service. They resented the *shkol'nye* feldshers' pretensions to a status which would exclude them, and emphasized their often real practical skills, the value of their experience, and their social proximity to the people. With every justification they pointed out that the *shkol'nye* feldshers' blanket repudiation of them was both analogous to and much less defensible than the physicians' rejection of all feldshers, a phenomenon the *shkol'nye* had vigorously deplored. For their own part the *rotnye* sought to unify the feldsher community in a fashion stressing common occupation rather than the divisive factor of unequal skills. More precisely, they sought secure if junior membership in what both they and the *shkol'nye* referred to not only as a corporation but as a family.²⁷

It is important to note that the *rotnye* feldshers, unlike most of their rivals, rejected the predominant notions of a meritocracy, notions characteristic of most professional groups. Instead they favored an increased solidarity among the socially inferior feldshers of all kinds based upon their common deprivation as well as activity, and directed against more powerful outside groups such as physicians and political authorities. While they did not entirely deny the role of expertise, they did reject professional stratification as a legitimate basis for determining status and access to the necessities of life. Such a view would be increasingly appealing during a time of egalitarian social revolution, and the *rotnye* would survive as an articulate group into the Soviet period.

By this time it will be clear that the confrontation of *rotnye* and *shkol'nye* feldshers was less a debate over standards than a conflict over rival claims to prestige. Neither group had the power to license, and the overwhelming shortage of medical personnel made the establishment of effective standards a virtual impossibility until well into the twentieth century. The law and the *zemstva* could and did discriminate in favor of the *shkol'nye* whenever possible—a discrimination which the *rotnye* did not protest—but the *shkol'nye* feldshers' numbers were simply not sufficient for a country whose population was over one hundred and twenty-five million.²⁸ The continued

²⁷ The frequent employment of this image, along with others such as "our little feldsher world" ("*nash feldsherskii mirok*"), would only seem to affirm the social isolation of which feldshers frequently complained and their spontaneous agreement with Durkheim's emphasis upon the psychological importance of occupational groups in bridging the gap between individuals and the state. See Emile Durkheim, *Suicide: A Study in Sociology*, tr. John A. Spaulding and George Simpson (New York: The Free Press, 1951), pp. 378-92.

²⁸ According to the first complete census in 1897, the total population of the Russian empire was 126,411,736. See F. A. Brokhaus and I. A. Efron, *Entsiklopedicheskii slovar'*, s. v. "Russia."

existence of a large variety of feldshers with disparate skills left the question of the Russian feldsher's identity without a clear answer throughout this period, and the *shkol'nye* would suffer from affiliation with the *rotnye* despite the discrimination most physicians were able to make. With the growth in the number of physicians under the Soviet regime, the feldsher was gradually restricted to the predominantly first-aid functions for which he was best qualified. The training of feldshers was both improved and standardized, with the result that an occupational group with more or less homogeneous skills which could also satisfy the population's needs was finally brought into existence.²⁹ Until then, however, feldshers with widely differing qualifications would inevitably continue to function.

IV

Although the feldshers as a group were undergoing a process of professionalization during the period under review, the use of the term "professional" with reference to them must be qualified. The distance between an occupational group and a profession clearly lies along a continuum, but the feldshers lacked several traits which are fundamental in almost all descriptions of a mature profession. They had neither the "prolonged specialized training in a body of abstract knowledge," the primary orientation of service to the community,³⁰ nor the institutionalized autonomy which are the critical factors in most definitions of a profession.³¹ They were instead what Bernard Barber has called an "emerging or marginal profession,"³² and their experience very much conforms to the model he sets forth for the development of such professions. The groups involved, whether social workers, librarians, pharmacists or feldshers, are typically heterogeneous with re-

²⁹ For information concerning the Soviet feldsher see V. W. Sidel, "Feldshers and 'feldsherism': the role and training of the feldsher in the USSR," *New England J Med.*, 1968, 278: 278 (1968): 934-39, 987-92; V. W. Sidel, "The feldsher in the USSR," *Annals N.Y. Acad. Sci.*, 1969, 166: 957-66; and Patrick B. Storey, *The Soviet Feldsher as a Physician's Assistant* (Bethesda, Md.: John E. Fogarty International Center for Advance Study in the Health Sciences, 1971). On the broader problem of paramedical personnel and the dilemmas posed by their practice see Eliot Freidson, "Paramedical Personnel," *International Encyclopedia of the Social Sciences*, ed. David L. Sills, 17 vols. (New York: Crowell, Collier, Macmillan, Inc., 1968), X, 114-20.

³⁰ William J. Goode, "Encroachment, Charlatanism and the Emerging Profession: Psychology, Sociology, Medicine," *Amer. Sociol. Rev.*, 1960, 25: 903.

³¹ Eliot Freidson, *Profession of Medicine: A Study of the Sociology of Applied Knowledge* (New York: Dodd, Mead, & Co., 1970), pp. 75-77. I share Freidson's view of autonomy as a primary rather than derivative consideration in the definition of a profession. The standard introductory work on the professions remains A. M. Carr-Saunders and P. A. Wilson, *The Professions* (Oxford: Clarendon Press, 1933).

³² Bernard Barber, "Some Problems in the Sociology of the Professions," *Daedalus*, Fall 1963, 92 (4), 676-78.

spect either to knowledge or community orientation. The more professional elite within such a group usually comes into conflict with outside groups such as physicians which deny its claims, and also with the less qualified members of its own group, whom they seek to exclude in order to make such claims more valid. The latter, in our study the *rotnye*, predictably resist. If the feldsher experience can add anything to this model it is the suggestion that the resistance of these latter groups will be more or less effective as long as their services are in demand, despite their qualifications. Only with the numerical expansion of the elite and its consequent ability to meet population needs can the less qualified portions of the community gradually be eliminated.