

Medicine and Modernity

PUBLIC HEALTH AND MEDICAL CARE
IN NINETEENTH- AND TWENTIETH-CENTURY GERMANY

Edited by

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Contents

List of Contributors	page	vii
Introduction <i>Geoffrey Cocks</i>		1
1 To Benefit the Poor and Advance Medical Science: Hospitals and Hospital Care in Germany, 1820–1870 <i>Johanna Bleker</i>		17
2 From Traditional Individualism to Collective Professionalism: State, Patient, Compulsory Health Insurance, and the Panel Doctor Question in Germany, 1883–1931 <i>Alfons Labisch</i>		35
3 In Search of German Social Darwinism: The History and Historiography of a Concept <i>Richard J. Evans</i>		55
4 Modern German Doctors: A Failure of Professionalization? <i>Charles E. McClelland</i>		81
5 The Mentally Ill Patient Caught between the State’s Demands and the Professional Interests of Psychiatrists <i>Heinz-Peter Schmiedebach</i>		99
6 Rationalizing the Therapeutic Arsenal: German Neuropsychiatry in World War I <i>Paul Lerner</i>		121
7 Sterilization and “Medical” Massacres in National Socialist Germany: Ethics, Politics, and the Law <i>Gisela Bock</i>		149
8 The Old as New: The Nuremberg Doctors’ Trial and Medicine in Modern Germany <i>Geoffrey Cocks</i>		173
9 The Debate that Will Not End: The Politics of Abortion in Germany from Weimar to National Socialism and the Postwar Period <i>Atina Grossmann</i>		193
10 The Sewering Scandal of 1993 and the German Medical Establishment <i>Michael H. Kater</i>		213
Index		235

Introduction

GEOFFREY COCKS

The Third Reich is a black hole in German history. Like hypothetical black holes in space, it draws everything toward itself. At the edges of black holes, massive gravitational forces slow time to a stop. Anything falling toward a black hole, therefore, would appear to an observer to fall forever. Similarly, since 1945 historians of Germany have found themselves gripped by the gravity of teleology. The pull exerted by the Third Reich has often led, in the words of Richard Evans, to a view of modern German history “from Hitler to Bismarck.”¹ Although it was not the aim of the German Historical Institute conference on “Medicine in Nineteenth- and Twentieth-Century Germany: Ethics, Politics, and Law,” from which the chapters in this book stem, to detail the already well-documented medical crimes of the Nazis,² it was the central purpose of the conference to place the medical crimes and collaborations of the National Socialist era into their larger German and Western contexts. In so doing, the papers, comments, and discussions attempted to pull the history of the Third Reich back into the history of Germany, Europe, and the West, rendering it less of a black entity unto itself than a part of other, broader constellations characterized as much by differentiation as by the historiographical problem of teleology.

This very task and result, of course, only underscores the reach and press on German history of the dark gravity of the Third Reich. But the heavy presence of Hitler’s Germany also constitutes a vital opportunity for historians—and humanity—to confront the lessons of the German past for

1 Richard J. Evans, “From Hitler to Bismarck: ‘Third Reich’ and Kaiserreich in Recent Historiography,” *Historical Journal* 26 (1983): 485–97, 999–1020.

2 See, among others, Alexander Mitscherlich and Fred Mielke, *Wissenschaft ohne Menschlichkeit: Medizinische und Eugenische Irrwege unter Diktatur, Bürokratie und Krieg* (Heidelberg, 1949); Alice Platen-Hallermund, *Die Tötung Geisteskranker in Deutschland* (Frankfurt/Main, 1948); Robert Jay Lifton, *The Nazi Doctors: Medicalized Killing and the Psychology of Genocide* (New York, 1986); Robert N. Proctor, *Racial Hygiene: Medicine under the Nazis* (Cambridge, Mass., 1988); and Henry Friedlander, *The Origins of Nazi Genocide: From Euthanasia to the Final Solution* (Chapel Hill, N.C., 1995).

the sake of the human present. The weight of moral gravity takes over from that of teleology. This is especially the case with the history of medicine. Questions of health and illness are universal. What is more, the modern history of medicine in the West reaches deeply and broadly into society and culture, as well as across national and temporal boundaries. The history of medicine—particularly in regard to the Third Reich—also raises monumental moral questions concerning modern human dispositions of the quality and quantity of life and death. Such lessons and questions have relatively rarely been confronted by physicians themselves. This reticence has been particularly marked at the highest—and oldest—levels of the German medical establishment with respect to the history of their profession between 1933 and 1945. That the German Historical Institute brought together physicians, as well as historians, from Germany, the United States, and Great Britain was especially salutary in helping to counter inertia of this kind. Again like a black hole, the Third Reich has often held light itself in its grip.

Parallel to the problem of teleology in German history lies the historical problem of continuity and discontinuity between the history of the Third Reich and the history of modern Germany as a whole. How does Nazi Germany fit into the history of the Germans and of the German nation? Before, during, and even after World War II, this question elicited some rather crude answers. Some charged that Nazism was the inevitable outcome of German society, culture, character, and history. Others contented themselves with the striking, though most often shallowly conceived, conundrum of the land of Goethe, Beethoven—and Hitler. Still others in the West, deeply influenced by the Cold War, equated German National Socialism with Soviet Marxism as manifestations of the uniquely modern form of rule of totalitarianism. Conservative and apologist Germans seized upon this interpretation, among others, to argue that Nazism was an accident in German history occasioned by modern secular revolutionary impulses in Europe. On the other hand, various Marxist models saw European fascism in general as symptomatic of the mortal crisis of late monopoly capitalism.

The predominant postwar paradigm among historians in the West, however, was the liberal idea of the German *Sonderweg* (“special path”). This was the thesis that, unlike France and Britain, Germany during the nineteenth century had not undergone a socially, politically, and economically modernizing bourgeois revolution; this failure allowed preindustrial feudal elites to lead the country down a uniquely German authoritarian path to Hitler.³ The issue of the power of the Prussian-German state in

3 Ralf Dahrendorf, *Society and Democracy in Germany* (Garden City, N.Y., 1967); Jürgen Kocka, “Ursachen des Nationalsozialismus,” *Aus Politik und Zeitgeschichte*, June 21, 1980, 9–13.

particular, therefore, has an important dual quality: not only the matter of government intervention unique in degree and kind to Germany but the *type* of government and the interests of its masters. Since the 1960s, however, historians have generated new varieties of sophisticated questions and answers about the nature of the Third Reich, its place in the history of Germany, and the course of modern German history as a whole. Many of these findings have come about as a result of work in other periods and aspects of the history of modern Germany. In particular, the study of the various stations and conditions of the modern industrial society Germany had become by the onset of the twentieth century has provided great insight into significant developments to and through the Third Reich. Arguments over the impact of modernization have therefore been especially important in evaluating the course and consequences of German history in the era of the two world wars. The “Bielefeld School” used social science methods to refine the *Sonderweg* model of the uniquely German authoritarian divergence from the evolution of modern democracy in the West.⁴ Neo-Marxist approaches have been most persistent in posing the questions of the degree to which Germany had in fact undergone a transformation into a bourgeois state and society, the degree to which as a result “feudal” elites were in fact in control, and thus the extent to which it was in fact political and economic liberalism itself that was responsible for the conditions that led to the rise of the Nazis.⁵

Ongoing research into the social, economic, and political complexities of modern German history has significantly qualified both the *Sonderweg* approach and that of its critics. In the history of medicine, issues such as the professionalization of doctors, the “medicalization” of society, the role of the state in medical professionalization, health, and public hygiene, the political battles over health insurance, the relationships between medicine and Nazism before and after 1945, the rise of eugenic thinking, and the places of women and patients all engage the question of the respective roles of a unique German past and of a general Western pattern of development.⁶ The various complex functions within the “polycracy” of a somewhat chaotic Nazi party and state, it has been argued,⁷ created a continuity of such established systems.

4 Hans-Ulrich Wehler, *Das deutsche Kaiserreich 1871–1918* (Göttingen, 1973).

5 Geoff Eley, “What Produces Fascism: Pre-Industrial Traditions or a Crisis of the Capitalist State?” in Geoff Eley, *From Unification to Nazism: Reinterpreting the German Past* (Boston, 1986), 254–82; David Blackbourn and Geoff Eley, *The Peculiarities of German History: Bourgeois Society and Politics in Nineteenth-Century Germany* (New York, 1984).

6 On comparative policy implications, see Donald W. Light and Alexander Schuller, eds., *Political Values and Health Care: The German Experience*, MIT Press Series on the Humanistic and Social Dimensions of Medicine, vol. 4 (Cambridge, Mass., 1986).

7 Peter Hüttenberger, “Nationalsozialistische Polykratie,” *Geschichte und Gesellschaft* 2 (1976): 417–42.

Moreover, distinctly modern technical capacities in medicine—as elsewhere—were required by Nazi policy, as well as preserved by Nazi political disorder. Medicine and public health in modern Germany in particular have been the subject of critical study for their role in furthering economic, political, and military demands for social productivity (*Leistung*) through the “practical utility” of various prophylactic policies and therapeutic methods.⁸ Closer to the black core of Nazi ideology and policy—the singularity, to extend our astrophysical metaphor, of its biological racism and the resultant Holocaust—discontinuity takes on greater, though not exclusive, importance. In all of this, as in other specialized fields of German history, historians of medicine have had to consider the relative importance, particularly with regard to the rise of Nazism, of various traditional junctures: To what extent have long-standing German political, social, and cultural characteristics antedating the nineteenth century played a role? What is the relevance of the founding of a Germany dominated by Prussia in 1871? Was industrialization and its impact on the German economy, polity, and society most crucial? Or was it more the series of disastrous events after 1914 and 1918 that constituted the more decisive elements?

The history of medicine in general has gone through distinct stages of evolution. In the nineteenth century, it displayed a Whiggish orientation that celebrated the advance of enlightened and progressive forces of science and humanitarianism against an ancien régime of obscurantism and persecution. Such histories were in line with the bourgeois ethos of the age, highlighting heroic men clearing away ignorance and helping impose the rational order of freedom upon a chaotic and superstitious society. In the course of the twentieth century, Marxist thought, similarly preoccupied with progress, gradually turned some historians to the history of the proletariat.⁹ This tendency, ghettoized politically—and then also geographically during the Cold War—eventually contributed to a growing historical interest in social history in reaction to the traditional emphasis upon the ideas and activities of political leaders and cultural elites. Much of the initial interest of historians of Europe centered on the working class, the most numerous class of

8 Michael Hubenstorf, “‘Aber es kommt mir doch so vor, als ob Sie dabei nichts verloren hätten.’ Zum Exodus von Wissenschaftlern aus den staatlichen Forschungsinstituten Berlins im Bereich des öffentlichen Gesundheitswesens,” in Wolfram Fischer et al., eds., *Exodus von Wissenschaften aus Berlin: Fragestellungen – Ergebnisse – Desiderate: Entwicklungen vor und nach 1933*, Akademie der Wissenschaften zu Berlin Forschungsbericht, no. 7 (Berlin, 1994), 368–9, 448; Alfons Labisch, *Homo Hygienicus: Gesundheit und Medizin in der Neuzeit* (Frankfurt/Main, 1992), 133.

9 Marxist historiography was no less a bourgeois heir of the Enlightenment in its preoccupation with progress. The only difference was that whereas liberals saw the bourgeoisie as a means to the future through its ongoing success, Marxists saw the bourgeoisie as a means to the future through its ultimate failure.

modern urban industrial society.¹⁰ In the realm of health and illness, research demonstrated the close tie between disease and social class, living conditions, and occupational environment.¹¹ During the 1950s this historical school was dogmatized in East Germany and ignored in West Germany; it grew in the Federal Republic during the 1960s and was partially suppressed there in the 1970s; increasing academic exchange on the subject across the intra-German border characterized the 1980s; and unification brought even fuller collaboration but also some evaluation and weeding out of Marxist-Leninist historians in the former German Democratic Republic.

Increased interest in the history of the middle classes has spurred further work in the history of medicine.¹² Some of this recent research arose from structuralist critiques of the ethos of bourgeois “social control” seen to be manifested in nineteenth-century medicine and in Whiggish accounts of it. Much of the work has concerned itself with the medical profession and in particular the process of its professionalization during the late nineteenth and early twentieth centuries. The subject of professionalization was pioneered by sociologists in the 1930s and 1940s. This early work, however, merely validated “the normative claims of professionals and ... linked [them] to the advancement of modernization.”¹³ Beginning in the 1960s, more critical studies concentrated on the powerful organized self-interest manifested among the professions.¹⁴ Historians of the German professions have highlighted the differences—in particular the greater role of the state in professionalization—as well as the similarities to the Anglo-American model.¹⁵ Historians of Germany have also had to examine the whys and ways of the involvement of professionals with Nazism and the Third Reich, an issue particularly acute in the case of medicine.

Doctors in Germany and Europe during the nineteenth century moved from rather artless dependence upon rich clients toward autonomy based on some degree of specialized knowledge, standardized training, and the growing demand for medical services.¹⁶ The medical profession was also

10 For an early classic example of the genre, see E. P. Thompson, *The Making of the English Working Class* (New York, 1964).

11 Dirk Blasius, “Geschichte und Krankheit: Sozialgeschichtliche Perspektiven der Medizingeschichte,” *Geschichte und Gesellschaft* 2 (1976): 386–415.

12 See, e.g., Peter Gay, *The Bourgeois Experience: Victoria to Freud*, 4 vols. (New York, 1984–96).

13 Konrad H. Jarausch, “The German Professions in History and Theory,” in Geoffrey Cocks and Konrad H. Jarausch, eds., *German Professions, 1800–1950* (New York, 1990), 9–10.

14 See, e.g., Margaret S. Larson, *The Rise of Professionalism* (Berkeley and Los Angeles, 1977); and Paul Starr, *The Social Transformation of American Medicine* (New York, 1982).

15 Claudia Huerkamp, “The Making of the Modern Medical Profession, 1800–1914: Prussian Doctors in the Nineteenth Century,” in Cocks and Jarausch, eds., *German Professions*, 66–84.

16 Claudia Huerkamp, *Der Aufstieg der Ärzte im 19. Jahrhundert: Vom gelehrten Stand zum professionellen Experten: Das Beispiel Preussens* (Göttingen, 1985).

especially affected after 1871 by the social policy of Imperial Germany. Free trade sentiment, particularly among liberal Berlin physicians, had resulted in 1869 in medicine being legally designated by the North German Confederation as a trade rather than as a profession. This allowed doctors to practice almost without any restrictions, but also allowed unlicensed medical practitioners, or “quacks” (*Kurpfuscher*), the same freedom. Many doctors did not welcome this competition and objected as well on scientific grounds to the end of sanctions against quackery. In any case, Bismarck’s policy of attempting to disarm Social Democracy through the introduction of state health insurance in 1883 changed the ground upon which doctors in Germany operated. The growth in the number of medical practitioners and “the constant expansion of the medical insurance system had the effect of ... making competition keener.”¹⁷ An open conflict, unique in kind and degree to Germany, erupted between ever more professionally organized physicians – using union tactics such as boycotts, lockouts, and strikes – and the insurance companies. This, coupled with most doctors’ political aversion to increasing socialist control over the *Krankenkassen* (sickness funds) system, laid the basis for further rightward radicalization among physicians after 1918.

The growth of the medical profession and of the state health bureaucracy grew into, as well as over, more general social dynamics involving health and illness. The “modernization” of Germany, whatever – like “tradition” – its roughness as a measure, brought with it a “medicalization” of society, that is, “the extension of rational, scientific values in medicine to a wide range of social activities.”¹⁸ The growing power and prestige of doctors, and of science in general, tended dangerously to convince many of them – and much of the public – of their expertise in a wide range of social, political, and philosophical matters.¹⁹ But this process was not uniform, unidirectional, or unproblematic, confined to the professional aims of doctors, the ideals of social reformers, or the political and economic aims of elites. Doctors themselves were divided along political and intradisciplinary lines. And the health-care system in Germany as a whole, whatever its ultimate or inherent

17 Charles E. McClelland, *The German Experience of Professionalization: Modern Learned Professions and Their Organizations from the Early Nineteenth Century to the Hitler Era* (Cambridge, 1991), 86.

18 Paul Weindling, “Medicine and Modernization: The Social History of German Health and Medicine,” *History of Science* 24 (1986): 277.

19 See, e.g., Eric J. Engstrom, “Emil Kraepelin and Public Affairs in Wilhelmine Germany,” *History of Psychiatry* 2 (1991): 111–32; cf. Robert M. Veatch, “Scientific Expertise and Value Judgments: The Generalization of Expertise,” *Hastings Center Studies* 1, no. 2 (1973): 20–40; and Max Weber, “Wissenschaft als Beruf” (1918), in Max Weber, *Gesammelte Aufsätze zur Wissenschaftslehre* (Tübingen, 1922), 524–55.

failings, was also possessed of features with contemporary comparative policy implications.²⁰

But health and illness in general are matters of complex social influences. The most obvious trend of the nineteenth century was the increase in morbidity—the suffering and dying from chronic illnesses spawned by living and working conditions—over the earlier predominant mortality crises of plagues and epidemics. In Imperial Germany morbidity figures reflected significant short-term social inequality but were revealing not only of the effects of maldistribution of wealth but also of values and attitudes.²¹ Although people from all social classes and regions sought medical care, there was also resistance and recourse to alternative therapies. In the nineteenth century, this stemmed not only from the persistence of traditions and mentalities but also from the fact of medicine's inability to treat and cure most illnesses. In the twentieth century, even though medical therapy eventually made great strides and patient reliance on doctors (and drugs) grew, individuals and groups found reasons to remain skeptical or opposed to modern scientific medicine and the burgeoning state medical bureaucracy.²² Many, if not most, German doctors subscribed to the notion that “Der Patient bleibt stumm.” But the words of George Bernard Shaw in the preface to his play *The Doctor's Dilemma* (1906) applied to Germany as well as to Britain and the West in general: “The doctor may lay down the law despotically enough to the patient at points where the patient's mind is simply blank; but when the patient has a prejudice the doctor must either keep it in countenance or lose his patient.” There was some basis, for example, for one of the justifications offered by German industry for its preference for their own factory doctors over the free choice of doctors under the state health insurance scheme. Industrialists argued, among other things, that “inexperienced doctors could be fooled by patients and would indulge them because they feared losing them to competition.”²³

Some historians have argued that hygienic values were imposed by ruling elites for purposes of social control. Others maintain that such values more often simply percolate downward²⁴—or even upward or at least

20 See, e.g., Jane Caplan, *Government without Administration: State and Civil Service in Weimar and Nazi and Nazi Germany* (New York, 1988).

21 Reinhard Spree, *Health and Social Class in Imperial Germany: A Social History of Mortality, Morbidity and Inequality*, trans. Stuart McKinnon and John Halliday (Oxford, 1988).

22 Edward Shorter, *Bedside Manners: The Troubled History of Doctors and Patients* (New York, 1985); for the effects among former soldiers, e.g., see Robert Weldon Whalen, *Bitter Wounds: German Victims of the Great War, 1914–1939* (Ithaca, N.Y., 1984); and James M. Diehl, *The Thanks of the Fatherland: German Veterans after the Second World War* (Ithaca, N.Y., 1993).

23 Martin H. Geyer, *Die Reichsknappschaft: Versicherungsreform und Sozialpolitik im Bergbau 1900–1945* (Munich, 1987), 239.

24 Norbert Elias, *The Civilizing Process*, trans. Edmund Jephcott (New York, 1978).

around—randomly. It is certainly the case, as Richard Evans has shown in his study of cholera in nineteenth-century Hamburg, that powerful economic, social, and political interests could influence or even determine medical policies, as well as privilege scientific theories compatible with these interests.²⁵ And institutions, such as hospitals and movements such as that for social hygiene, can be locations for the slippery slopes leading from progressive treatment to repressive mistreatment. This perspective has been particularly useful in the subfield of the history of psychiatry because mental illness was regarded as a direct threat to the moral and behavioral order prescribed for modern society.²⁶ In Germany at the end of the nineteenth century, what at the time was labeled “Imperial German psychiatry” displayed an authoritarianism that—somewhat ironically—admitted the ability only to classify rather than treat or cure mental illness.²⁷ In both medicine and psychiatry in Germany, these ambiguities culminated in the outright evil of exterminatory Nazi eugenics. But even with the atrocious instance of National Socialism, the history of medical treatment as a whole in the Third Reich cannot be reduced to the victimization of patients. Many dominant values and attitudes were internalized by the general population. Even (or especially) under the oppression and exhortation howled out by the Third Reich there were also widespread instances of what sociologist Michel de Certeau has labeled “antidiscipline” created by the “polytheism of scattered practices.”²⁸ Nazi biopolitics made such responses particularly common in matters of health and illness because even in the best of times medical personnel regularly intrude more deeply into people’s lives than other official and professional entities.²⁹

The history of medicine in Germany has also had to address the sad and ultimately tragic phenomenon of anti-Semitism, specifically the fate of

- 25 Richard J. Evans, *Death in Hamburg: Society and Politics in the Cholera Years, 1830-1910* (Oxford, 1987).
- 26 Klaus Doerner, *Madmen and the Bourgeoisie: A Social History of Insanity and Psychiatry*, trans. Joachim Neugroschel and Jean Steinberg (Oxford, 1981); Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, trans. Richard Howard (New York, 1965); Roy Porter and Mark Micale, “Reflections on Psychiatry and Its Histories,” in Roy Porter and Mark Micale, eds., *Discovering the History of Psychiatry* (New York, 1994), 3–36.
- 27 Hannah S. Decker, *Freud in Germany: Revolution and Reaction in Science, 1893-1907* (New York, 1977), 50–3.
- 28 Michel de Certeau, *The Practice of Everyday Life*, trans. Steven Rendall (Berkeley and Los Angeles, 1984), 47; see also Richard J. Evans, “In Pursuit of the Untertanengeist: Crime, Law and Social Order in German History,” in Richard J. Evans, ed., *Rethinking German History* (London, 1987), 156–87. For a critique of the “historization” of the Third Reich, see Saul Friedländer, “Some Reflections on the Historization of National Socialism,” *Tel Aviver Jahrbuch für deutsche Geschichte* 16 (1987): 310–24.
- 29 Geoffrey Cocks, “Partners and Pariahs: Jews and Medicine in Modern German Society,” *Leo Baeck Institute Yearbook* 36 (1991): 191–206; see also Fridolf Kudlien, “Bilanz und Ausblick,” in Johanna Bleker and Norbert Jachertz, eds., *Medizin im “Dritten Reich”*, 2d ed. (Cologne, 1993), 222–8; and Geoffrey Cocks, *Psychotherapy in the Third Reich: The Göring Institute* (New York, 1985).

Jewish physicians and patients in the Third Reich as well as the central role of doctors in implementing the “Final Solution.”³⁰ Anti-Semitism among German physicians had been aggravated by a surplus of young doctors waiting to get into the national health insurance system during the Great Depression. The large numbers of Jewish doctors in metropolitan areas such as Berlin, Frankfurt, and Hamburg made them easy scapegoats. In the late nineteenth century, Jews had been shunted into less attractive medical specialties such as dermatology and internal medicine, which were now more highly developed and in greater demand. Moreover, Jews had long been widely caricatured as obsessed with money and sex, as well as being associated with mental and physical illness.³¹ University medical faculties were closed to Jews unless they converted. And although Jewish physicians for the first time received field commissions during World War I, “[t]he prejudice that no Jew could fit the Prussian ideal of martial masculinity was difficult to dispel.”³² This observation reminds one, among other things, of Fritz Stern’s judgment distinguishing Germany in this regard, as in others, from the rest of Europe: “In Germany there was no Dreyfus Affair because there was no Dreyfus.”³³

The study of prejudice and racism in the history of medicine in Germany also provides a link to recent methodological discussions concerning the relative value of linguistic and social science modes of explanation in history. Postmodernism, poststructuralism, and deconstruction have all challenged “the core premises of the Enlightenment project of emancipation – that is, abstract universalism, the unitary subject, and the (intelligible) social totality.”³⁴ These movements – sometimes known collectively as “the linguistic turn” – argue that “knowledge” is an imposition of the powerful in the absence of any stable meaning “beyond the text.” But postmodernist, poststructuralist, and deconstructionist thought all privilege the critical investigator at the expense of theory and subject matter: In this paradigm, it seems, everything but the work of the investigator is subject to the distorting volatility and fullness of language. Although the historian must not be naive about knowledge as a function of power, he or she also must not cynically abandon the search for what knowledge can be gained through painstaking thought and research. At the same time, however, the historian must be aware

30 Michael H. Kater, “Unresolved Questions of German Medicine and Medical History in the Past and Present,” *Central European History* 25 (1992): 407–23.

31 Sander L. Gilman, “Jews and Mental Illness: Medical Metaphors, Anti-Semitism, and the Jewish Response,” *Journal of the History of the Behavioral Sciences* 20 (1984): 150.

32 Kater, “Unresolved Questions,” 414.

33 Fritz Stern, “The Burden of Success: Reflections on German Jewry,” in Fritz Stern, *Dreams and Delusions: The Drama of German History* (New York, 1987), 108.

34 Jane Caplan, “Postmodernism, Poststructuralism, and Deconstruction: Notes for Historians,” *Central European History* 22 (1989): 201.

of both the inevitability and, within limits, the utility of retrodiction (the historian's subjective and objective experience) and likewise the uses and limits of theory. And when it comes to National Socialism, how can the historian not know—and not judge—the Nazis through their recorded words and deeds as anything but definitively and irredeemably evil?

But the questioning of the power behind received and created “knowledge” has bolstered an appreciation for different “voices” previously written out of history by the Western “authoritarianism of truth-seeking.” Although none of the chapters in this book adopts a wholly postmodern approach to its material, much of the subject matter consists of the voices of the previously ignored, undervalued, and victimized: the sick, the mentally ill, the handicapped, women, and ethnic and religious minorities. More generally, the rich and varied subject matter of the history of health and medicine introduces new phenomena into—and new ways of seeing old phenomena in—German history. This increase in the variety of the subject matter is a modest but appropriate way of “deconstructing” received truths and categories in German history by way of testing, modifying, enriching, or even confirming them. And the universal human quality of most of the subject matter of the history of medicine easily carries the historian across the many regional boundaries of political, cultural, and (too often) Prussian “Germany.” Finally, although recognizing specific German historical contexts, this material has also been consistently comparative, taking the historian across the borders of Germany and back again. This can contribute to what Michael Geyer has deconstructively argued should be on the agenda for historians of Germany: the recognition of the “fragility and permeability of all (and not just the German) national constructions.”³⁵ Geyer maintains that the noisy quests for national unity in the nineteenth century, especially those in Central Europe, were in fact frantic attempts to flee from the “internal heterogeneity of nations” in search of “fictions of . . . autonomy for the nation and hegemony for Europe.”³⁶

The ten chapters in this book discuss vital major aspects of the history of medicine in Germany during the nineteenth and twentieth centuries. The chapters are arranged in a generally chronological order and more or less grouped around shared subject matter: Johanna Bleker and Alfons Labisch both deal with the effects on patient groups of the institutional policy of hospitals and the government, respectively; Richard Evans analyzes the varieties of social Darwinist thought in Germany before 1930; Charles

35 Michael Geyer, “Historical Fictions of Autonomy and the Europeanization of National History,” *Central European History* 22 (1989): 341.

36 *Ibid.*, 316, 317, 341.

McClelland and Geoffrey Cocks treat different aspects of the professionalization of medicine; Heinz-Peter Schmiedebach, Paul Lerner, and Gisela Bock all discuss problematic and fateful aspects of the history of psychiatry; and Atina Grossmann and Michael Kater deal in different ways with issues of continuity in the history of medicine in Germany before 1933 and after 1945.

Johanna Bleker's study of hospitals in various regions of Germany in the fifty years before the country's first unification under Prussia argues that hospitals had a number of reasons for being and were not simply a function of the advance of medicine. Hospitals were one means of dealing with the social and economic problems brought by the new migratory labor required by the growth of manufacturing. Hospitals brought advantages and disadvantages to doctors, who were divided over their desirability. The advantages included greater technical capacities and control of patients; among the disadvantages was low pay. The latter was a common phenomenon in Europe in the early nineteenth century, as expressed in the words of Tertius Lydgate, the idealistic young doctor in George Eliot's *Middlemarch* (1873), a novel of England in the 1830s:

The highest object to me is my profession, and I had identified the Hospital with the best use I can at present make of my profession. But the best use is not always the same with monetary success. Everything which has made the Hospital unpopular has helped with other causes—I think they are all connected with my professional zeal—to make me unpopular as a practitioner. I get chiefly patients who can't pay me. I should like them best, if I had nobody to pay on my own side.

Lydgate's ambivalent attitude toward the hospital in the fictional town of Middlemarch also suggests Bleker's challenge to the traditional view that hospitals in the nineteenth century were simply places of contagion and oppression that patients avoided. Bleker offers evidence that hospitals more often were sought-after oases from a dangerous life and not just loci for the victimization of helpless patients. Her study is therefore typical of a "third wave" of research in the history of medicine, which draws from the "social control" critique of the Whiggish first wave while qualifying or contesting the second wave critique through extensive documentation.³⁷

Like Bleker, Alfons Labisch emphasizes the importance of the bourgeoisie's desire to control the newly mobilized industrial and commercial labor force, but the chief concern of his chapter is the "political patriarchy" embodied in Bismarck's health insurance legislation. And although Bleker concentrates more on the dynamics of patients' responses to the policies imposed upon—and created around—them, Labisch focuses on the aims and methods

37 For another example of this type of research, see W. F. Bynum et al., eds., *The Anatomy of Madness: Essays in the History of Psychiatry*, 2 vols. (London, 1985).

of governmental policymakers. Labisch argues that Bismarck's policy was a peculiarly mercantilist one arising from his *Junker* loyalties and designed to tie the workers to the state instead of to the Social Democratic Party or their employers. This was an effort, Labisch says, of "forming society by politics." One discerns in this analysis an emphasis upon traditional Prussian forms and attitudes that would seem to argue for the uniqueness of the German experience under Bismarck. The question is how decisive a role the reactionary aims and institutions of Bismarckian political and social policy played in the evolution of an increasingly industrialized state and society before 1914. At the very least, one can draw instructive contrasts to the history of medicine in other countries. It is clear, for example, that doctors in Germany were in the position of having to face (and exploit) an established state policy in the realm of health care, whereas elsewhere in Europe and in the United States, the state had to confront independently mobilized physicians advancing and securing their interests and control over the medicalization of society.

Richard Evans's chapter on the historiography of social Darwinism in Germany underlines the relatively recent mainstream consensus among historians that social Darwinism was, from its origins in the late nineteenth century, a politically and philosophically variegated phenomenon. According to this view, the radical and racist varieties of social Darwinism that presaged and animated the Nazis were in the minority and were only a part of a "transition from evolutionism to selectionism, from left to right, in the 1890s." Evans critiques various versions of, and challenges to, this consensus, arguing that the most important issue is why the authoritarian and racist variety won out; for Evans, this eventual, if temporary, ascendancy was due to more than just the consequences of Nazi political victory in 1933. Until 1914 varieties of social Darwinist thinking persisted among Social Democrats, Pan-Germans, and the emergent "racial hygienists." This last group had a major effect on what Evans calls "the welfarist discourse" before World War I. But, according to Evans, it took the slaughter of the war and the crises of the 1920s and 1930s to radicalize theory and practice along selectionist lines. More generally, Evans sees German history as much more than a *prologomena* to Hitler even in one of the realms of the history of ideas and of professional and public discourse often most closely identified with the roots of Nazi ideology.

Charles McClelland analyzes the professionalization of doctors in Germany during the first thirty years of the twentieth century. McClelland argues that there was no specifically German "fatal flaw" in this process. Rather, corporatist characteristics inherent in the structure of modern professions combined with a series of economic disruptions and political reverses after World War I to make National Socialism an attractive political