

Constructing the Pediatric Nurse: Eugenics and the Gendering of Infant Hygiene in Early Twentieth Century Berlin

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SUMMARY

1.—Fighting Infant Mortality: Eugenics, Pediatrics, and the Founding of the Kaiserin Auguste Victoria Haus. 2.—Competing Discourses of Nursing at the turn of the century. 3.—Professionalizing Pediatric Nursing during WWI: Physicians, Nurses, the State, and the Gendered Division of Medical Labor. 4.—Antonie Zerwer and the Gendering of Infant Hygiene.

ABSTRACT

This article explores the connections between infant mortality, eugenic thinking, and the professional development of pediatricians and pediatric nurses in the early twentieth century. It argues that the goal of the physicians affiliated with Germany's National Hospital to Combat Infant Mortality was to create and disseminate a centrally-controlled message about infant hygiene, and to transform infant care into a medically-managed event. The deeply gendered ways in which both the hygienic program, and the medical division of labor were constructed, had the ambiguous result of expanding training opportunities for pediatric nurses, while at the same time, severely limiting their professional autonomy.

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1. *FIGHTING INFANT MORTALITY: EUGENICS, PEDIATRICS, AND THE FOUNDING OF THE KAISERIN AUGUSTE VICTORIA HAUS*

On March 10, 1906, in the fairgrounds on the outskirts of Berlin, an Exhibition for Infant Care opened its doors to the public. The physical lay-out of the exhibition space, the lecture series which ran concurrently with the exhibit, and the unusually weighty (335-page) catalogue, all tell us a great deal about the involvement of the German state, the Prussian medical administration, and pediatricians themselves in constructing a public conception of infant mortality in the first decade of the twentieth century (1). The official patronage of the Kaiser and Kaiserin indicates that, by 1906, infant mortality had achieved national political importance. The central role played by medical experts as advisors to the state emerges clearly from the exhibition catalog: nationally recognized medical specialists wrote the introductory essays in each section (2), and six of the seven men on the organizing committee were physicians (3). Most importantly, the classification of infant diseases, and the recently defined stages of «normal» infant physiology and development which the exhibit presented, served to highlight the recent achievements of modern German science, in which the infant had moved to center stage as a new object of medical inquiry and investigation (4).

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- (1) *KATALOG der Ausstellung für Säuglingspflege*, Berlin, Rudolf Mosse, 1906.
- (2) Among them was Dr. Leo Langstein, Head Physician at the Children's Clinic of the Charité Hospital in Berlin, one of the few existing pediatric clinics in all of Germany. Langstein was hired by the Kaiserin Auguste Victoria Haus when it opened in 1909, and served as Director from 1912 until his death in 1933.
- (3) Eduard Dietrich and Otto Heubner, both prominent Prussian medical officials and key advisers to the Kaiserin on maternal and child health issues, were members of the organizing committee.
- (4) The medical study of infants developed differently in Germany than in France or Russia, which had, in 1802 and 1834, respectively, created the first children's hospitals in Europe (although even in these large institutions, infants routinely were excluded). German pediatrics began only in the 1880s, and the first two university chairs were not appointed until 1894. HEUBNER, Otto. *Zur Geschichte der Säuglingsheilkunde*. In: Carl von Behr-Pinnow *et al.* (eds.), *Festschrift zur Eröffnung der Kaiserin Auguste Victoria Hauses zur Bekämpfung der Säuglingssterblichkeit im Deutschen Reiche*, Berlin, Georg Stilke, 1909, pp. 33-48; BOKAY, Johann von. *Die Geschichte der Kinderheilkunde*, Berlin, Springer, 1922; CZERNY, Adalbert. *Die Pädiatrie meiner Zeit*, Berlin, Springer, 1939.

In its effort to make what the exhibit's catalogue termed the «by no means easily understood material» accessible to the «non-physician», the catalogue can be read as a testament to the state's desire to disseminate new specialist medical knowledge to a wider audience (5).

By devoting the opening room to a statistical presentation of infant mortality rates, the organizers of the Exhibit for Infant Care located infant mortality squarely at the center of the larger discourse about Germany's population policy (*Bevölkerungspolitik*). By the turn of the century, Germany's infant mortality rate stood at approximately 20 percent, which translated into more than 417,000 children who died each year before reaching their first birthday (6). In the context of late nineteenth century imperialistic competition, it was the comparison to Germany's two arch rivals, France and Britain, that most distressed state officials: while Germany's infant mortality rate in 1900 stood at 213 deaths per 1000 live births, the British and French rates were significantly lower, both around 150/1000 (7). Following on the heels of Robert Koch's dramatic proofs of bacteriological disease transmission in the

(5) KATALOG, note 1, p. 17.

(6) The most important early reports on infant mortality are: MEDIZINALABTEILUNG DES MINISTERIUMS DER GEISTLICHEN, UNTERRICHTS- UND MEDIZINAL-ANGELEGENHEITEN. *Die Säuglingssterblichkeit: ihre Ursachen und Bekämpfung*, Berlin, Die Post, 1905; BRUGGER, Philipp; FINKELSTEIN, Heinrich; BAUM, Marie. *Die Bekämpfung der Säuglingssterblichkeit (Schriften des Vereins für Armenpflege und Wohltätigkeit)*, Leipzig, Duncker & Humblot, 1905; BEHR-PINNOW, Carl von; WINKLER, F. *Statistische Beiträge für die Beurteilung des Säuglingssterblichkeit in Preussen*, Berlin, Verlag des KAVHs, 1915.

(7) The German infant mortality rate was 213/1000 in 1900. The rate dropped sharply to 176/1000 in 1906-1910; by 1927, it dropped another 50 percent, to 97/1000 live births. KNODEL, John. *The Decline of Fertility in Germany, 1871-1933*, Princeton, Princeton University Press, 1975, p. 156; KINTNER, Hallie. *The Determinants of Infant Mortality in Germany From 1871 to 1933*, Ph.D. Dissertation, University of Michigan, 1982. The British infant mortality rate was 118/1000 by 1910. DWORK, Deborah. *War is Good for Babies and other Young Children: A History of the Infant and Child Welfare Movement in England, 1898-1918*, London, Tavistock, 1987, pp. 5 and 28; DAVIN, Anna. Imperialism and Motherhood. *History Workshop*, 1978, 5, 9-65. The French rate was about 150/1000 at the turn of the century. KLAUS, Alisa. *Every Child A Lion: The Origins of Maternal and Infant Health Policy in the United States and France, 1890-1920*, Ithaca, Cornell University Press, 1993, p. 13.

1880s, achievements which had elevated German science to world-class status, this loss of infant lives seemed not only cruel, but a tremendous waste of national resources. Efforts to reduce infant mortality held out the promise that a second troubling demographic transition, Germany's (purportedly) devastating birth rate decline, could be offset at least partially by increasing the life chances of those infants who were born (8). An additional 400,000 citizens, and future soldiers, were at stake every year, and Germany was by no means the only nation at the turn of the century to equate the size and health of its population with military prowess and international prestige (9).

Along with public education campaigns such as the 1906 Infant Care Exhibit, Prussian medical officials were simultaneously engineering a multi-faceted institutional response to the infant mortality crisis. Negotiations had been underway since the fall of 1905 for the creation of a national hospital devoted to fighting infant mortality, the Kaiserin Auguste Victoria Haus [hereafter, KAVH], which opened its doors in Berlin-Charlottenburg in June 1909. Under the official patronage of Kaiserin Auguste Victoria, who had declared the fight against infant mortality a priority as early as 1904 (10), Germany became the first state

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- (8) In 1876-1880, Germany's birth rate stood at 39.3/1000. By 1901-1905, it dropped to 34.3/1000, and by 1911-1915, the rate dropped again to 26.3/1000. By comparison, the birth rate in 1913 in England was 24/1000 and in France, 18.8/1000. Although the German birth rate remained higher than France's or England's, statisticians warned that the *rapidity* of the decline, in contrast to the longer and more gradual declines in England and, especially, France, was a sign of degeneration. BORNTRÄGER, Jurgen. *Der Geburtenrückgang in Deutschland, seine Bewertung und Bekämpfung*, Berlin, Richard Schoetz, 1912; USBORNE, Cornelia. *The Politics of the Body in Weimar Germany*, Ann Arbor, University of Michigan Press, 1992, p. 3.
- (9) The relationship between infant health and the (later) physical strength of a nation's armed forces became shockingly clear to the British state during the Boer War debacle (1899-1902), when 2 out of 3 working class recruits were declared «unfit» for military service due to ill health. DWORK, note 7, pp. 11-12; DAVIN, note 7.
- (10) The Kaiserin called on the Patriotic Women's Association (*Vaterländischer Frauenverein*) to adopt infant welfare as the focus of their charitable activities. Affiliated with the German Red Cross, the VF was the largest women's organization in Imperial Germany, with 500,000 members by 1910. HEUBNER, Otto. *Otto Heubner's Lebenschronik*, Berlin, Springer, 1927, p. 179.

to dedicate a prominent national institution to saving infant lives. Although essentially a pediatric hospital, the KAVH quickly emerged as an important institution, emblematic of the corporatism which came to characterize the social welfare sector during World War I and Weimar (11); it was simultaneously a physiological research institute; a training school for physicians, nurses, and public health workers; a delivery hospital; a public maternal and child welfare clinic; a eugenic counseling center; and a vast national information clearinghouse and publishing enterprise (12).

This essay argues that the very creation of the Kaiserin Auguste Victoria Haus as a well-funded national medical institution indicates the commitment of not only pediatricians, but the German state to the larger eugenic goal of improving the quantity and the quality of its population. From the KAVH's opening in 1909, the professional development of pediatrics accelerated, enhanced by the fusion of the conservative, nationalist politics of the Kaiserin and her advisors with a broader discourse of eugenics (13). In this essay, I define eugenics as «a strategy aimed at boosting national efficiency through the rational management of population» (14), a discourse which emerged in Germany after the turn of the century» (15). The founding figures of the German

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- (11) On corporatism in the social welfare sector see HONG, Young-Sun. *Welfare, Modernity, and the Weimar State, 1919-1933*, Princeton, Princeton University Press, 1998. On the centralizing and scientizing of municipal welfare activities after the 1890s, see STEINMETZ, George. *Regulating the Social: The Welfare State and Local Politics in Imperial Germany*, Princeton, Princeton University Press, 1993.
- (12) Mappe «Oberinnen des Hauses», KAVH Archiv. See also the histories of the hospital's founding and early years collected in the KAVH Archiv, and the Fritz Rott Sammlung, Universitätsbibliothek, Freie Universität Berlin.
- (13) For example, Carl von Behr-Pinnow, Chairman of the KAVH Board of Directors, was a prominent eugenicist.
- (14) WEISS, Sheila Faith. The Race Hygiene Movement in Germany, 1904-1945. In: Mark Adams (ed.), *The Wellborn Science: Eugenics in Germany, France, Brazil and Russia*, New York, Oxford University Press, 1990, pp. 8-66 [49].
- (15) The British eugenics movement began with Francis Galton's work in the 1860s. KEVLES, Daniel. *In the Name of Eugenics: Genetics and the Uses of Human Heredity*, Cambridge, Harvard University Press, 1995. Eugenic thinking developed independently, three decades later, in Germany. WEINGART, Peter; KROLL,

eugenics, or «race hygiene» movement in the 1890s were the physicians Alfred Ploetz and Wilhelm Schallmayer (16). It was their views on the relationship between race hygiene and medicine that fundamentally challenged the work of physicians (in particular, pediatricians). For Ploetz and Schallmayer, medicine and social welfare contradicted Darwinian principles of natural selection, and were therefore counter-selective. Ploetz particularly opposed medical efforts to save the lives of children:

«It is different when the humanitarian side of social policy (17) supports the unfit, protects individuals with weak constitutions. Here, humanitarian activity interferes with the struggle for existence through prolonging, or indeed prohibiting the weeding out of the unfit» (18).

Ploetz's solution was to eliminate medical efforts to save «unfit» social groups (such as sickly infants), and to shift the human struggle for existence to a more rational playing field: to substitute planned efforts to improve (inherited) variations in the racial stock for the more brutal results of Darwinian natural selection.

The arguments of Ploetz and his circle challenged the very existence of newly emerging medical specialties such as pediatrics, which were grounded not only upon individual therapy, but also on the provision of just those preventive services which Ploetz cast as dysgenic. The response of the KAVH's pediatricians to eugenics was complex. Although the pediatricians took a firm stand *against* both medically-invasive measures such as sterilization, and the racial goals of what came to be known as

Jürgen; BAYERTZ, Kurt. *Rasse, Blut und Gene: Geschichte der Eugenik und Rassenhygiene in Deutschland*, Frankfurt, Suhrkamp, 1988, p. 38. The preferred term for eugenics in Germany was «race hygiene» (Rassenhygiene), which actually had broader connotations than the English «eugenics». Weiss argues «[i]t included not only all attempts aimed at 'improving' the hereditary quality of a population, but also measures directed toward an absolute increase in population». WEISS, note 14, p. 9. See also WEINDLING, Paul. *Health, Race and German Politics Between National Unification and Nazism, 1870-1945*, Cambridge, Cambridge University Press, 1989.

(16) WEISS, Sheila Faith. *Race Hygiene and National Efficiency: The Eugenics of Wilhelm Schallmayer*, Berkeley, University of California Press, 1987.

(17) Ploetz is here using «social policy» to refer to «medicine».

(18) PLOETZ, Alfred. Sozialpolitik und Rassenhygiene in ihrem prinzipiellen Verhältnis. *Archiv für Sozialgesetzgebung und Statistik*, 1902, 17, 393-420 [p. 411].

negative eugenics, they nevertheless *accepted* on a fundamental level what historian Sheila Weiss has called «the managerial and technocratic logic of eugenics» (19). The KAVH pediatricians based their claims for state recognition (20) on a broadly-conceived program of social hygiene directed specifically at mothers and infants, one they termed «infant hygiene» (21). The KAVH's program of infant hygiene, however, was firmly located within this larger technocratic discourse of eugenics. The goal of KAVH Directors Leo Langstein and Fritz Rott, Chairman Carl von Behr-Pinnow, and Prussian medical officials Eduard Dietrich and Otto Heubner (who served on the KAVH Board of Directors) was to create and disseminate to the German public a centrally-controlled message about infant hygiene, and to transform infant care into a medically-managed event (22). What this means is that the pediatricians understood their professional project in terms of the rational management of a particular social group: mothers and their children up to age five. Moreover, pediatricians cast themselves as technologically sophisticated experts whose medicalized surveillance over this population contributed

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- (19) WEISS, note 14, p. 49; WEISS, Sheila Faith. Wilhelm Schallmayer and the Logic of German Eugenics. *Isis*, 1986, 77 (286), 33-46 [p. 33].
- (20) German pediatricians had been pursuing state recognition for their speciality, albeit with little success, since the 1860s. SEIDLER, Eduard. Die Kinderheilkunde in Deutschland. In: Paul Schweier; Eduard Seidler (eds.), *Lebendige Pädiatrie*, München, Hans Marseille Verlag, 1983, pp. 40-42.
- (21) The best study of social hygiene is NADEV, Daniel. *Julius Moses und die Politik der Sozialhygiene in Deutschland*, Gerlingen, Bleicher, 1985. See also WEINDLING, note 15; LABISCH, Alfons. *Homo Hygienicus. Gesundheit und Medizin in der Neuzeit*, Frankfurt/New York, Campus, 1992; ROSEN, George. What is Social Medicine? A Genetic Analysis of the Concept. In: *From Medical Police to Social Police: Essays on the History of Health Care*, New York, Science History Publications, 1974, pp. 60-119.
- (22) I am not suggesting here that this was a simple teleological process of gender-reversal, i.e. the take-over of (feminine) mothering functions by (masculinist) physicians, but rather, a process of negotiation. It was in attempting to control the content of infant hygiene that the KAVH began to act in «disciplinary» and hegemonic ways over mothers and infants. FOUCAULT, Michel. *The History of Sexuality. Volume I: An Introduction*, New York, Vintage, 1980, pp. 139-145; FREVERT, Ute. The Civilizing Tendency of Hygiene. Working-Class Women under Medical Control in Imperial Germany. In: John C. Fout (ed.), *German Women in the Nineteenth Century*, New York and London, Sage, 1984, pp. 320-344.

to the wider political goals of the German state. What was new about these early twentieth century claims to medical control over maternity and infancy was that physicians, for the first time, had the bacteriological knowledge, aseptic procedures, and technologically-advanced hospital facilities on which to prove them. By reminding the public that infants were potential citizens (and soldiers) of the German state, the KAVH pediatricians relied upon a discourse of positive eugenics to draw crucial linkages between their objects of study, and the state's growing concerns, both quantitative and qualitative, with its population. While the KAVH's program of infant hygiene no doubt saved countless babies by educating mothers in hygienic childcare practices, it would be wrong to lose sight of its founders' intentions: to locate infant hygiene as part of an increasingly centralized, rationalized, and medicalized effort at population control—directed at working-class mothers, school girls, and infants—in service to the state. It was through such programs that the logic of eugenics advanced in the years before, during, and after World War I.

Yet pediatricians did not achieve professional prominence solely on the basis of their theoretical alignments and nationalistic politics; they were aided in crucial ways by the parallel professional development of female pediatric nurses. The following section of the essay will examine the shift in Germany from confessional to secular nursing, a transition that was well underway by the turn of the century. In the body of the essay, I will then explore the ways in which a gendered division of medical labor, a split between medical knowledge and caring which reflected the technocratic logic outlined above, developed at the Kaiserin Auguste Victoria Haus during the First World War. Although pediatric nurses did make their own attempts to define and shape the new profession, it was actually the pediatricians at the hospital who pushed most vigorously, primarily for their *own* professional advancement, to develop a subsidiary professional group of scientifically-trained nurses who would aid them in the nationalistic cause of fighting infant mortality. The essay concludes by arguing that the deeply gendered ways in which the KAVH's program of infant hygiene was constructed had the ambiguous result of broadening training opportunities for pediatric nurses, while simultaneously limiting professional autonomy.

2. *COMPETING DISCOURSES OF NURSING AT THE TURN OF THE CENTURY*

Toward the end of the nineteenth century, as new medical specialities were threatening the traditional structure of the medical hierarchy, nursing, too, came under scrutiny by the Prussian state. In the context of the demographic transitions outlined above, and the efforts of new medical groups such as pediatricians to win recognition from the state for their speciality, one of the most important questions for both the state and reformers alike was to determine who exactly counted as a nurse and who didn't. Between 1876 and 1909, the German National Health Office (*Kaiserliches Gesundheitsamt*) conducted a series of statistical surveys of nursing which, taken together, document the beginning of a transition away from traditional, confessional conceptions of nursing and toward a new secularized professional identity.

The first nursing survey, in 1876, sought to measure both the absolute numbers and the types of nurses which existed (23). The survey found 8,681 «nurses», subdivided into what the state considered to be four main occupational groupings: Catholic sisterhoods (5763); Diakonissen, or Evangelical sisterhoods (1760); independents (633); and members of women's associations, such as the Vaterländische Frauenverein, or Red Cross (525). At this time, the overwhelming majority of nurses (7523 of 8681, or 87%) belonged to confessional orders; in other words, they were women who practiced nursing not as waged labor, but out of Christian charity (24).

Catholic nursing orders in the late nineteenth century generally accepted women between 20 and 26, from middle- to upper-class families, who paid the hefty sum of 600M per year for their first two years in the order. The first four years were considered training years, during which the women received about 10 hours instruction per week in theology

(23) Four surveys were done, in 1876, 1887, 1898 and 1909. HUMMEL, Eva. *Krankenpflege im Umbruch, 1876-1914: Ein Beitrag zum Problem der Berufsfindung «Krankenpflege»*, Freiburg, Schulz, 1986, p. 7.

(24) KAISERLICHES STATISTISCHES AMT. Die Ärzte und das medizinische Hülfspersonal. *Monatshefte zur Statistik des deutschen Reichs für 1877*, 1877, 10, as quoted by HUMMEL, note 23, pp. 7-8 and 27.

and Christian philosophy, but notably, no medical instruction whatsoever. Only at the end of four years, when they took their vows and were formally admitted into the order, would they would be assigned either to work in the hospital connected to the Mother House (*Mutterhaus*) or in a secular hospital. Evangelical (*Protestant*) nursing originated with Amalie Sieveking's Women's Association for Poor Relief and Nursing, founded in Hamburg in 1832, but more importantly, with Pastor Theodor Fliedner's Evangelical Association for Christian Nursing of 1836. Fliedner was the first to establish a Deaconess institution which combined an acceptance of women's work, i.e. nurse training, with the traditional paternalistic family model of organization copied from the Catholic orders. Two fundamental differences distinguished Protestant from Catholic nurse training: Protestant nurse trainees were subject to only a half-year training period; and, they committed themselves to only five years of service to the Mother House rather than the lifetime of service assumed by the Catholic orders (25).

By 1909, the picture of nursing had changed significantly from that presented in 1876. There were now 55,937 «vocational» (*berufsmässige*) nurses (26), representing a rise of 644 percent over the original 8,681 nurses. Above all, however, the surveys between 1876 and 1909 revealed the shifting proportions of confessional and secular nurses. The number of Catholic nurses had fallen from 66% to 38%. Evangelical nurses, on the other hand, decreased only marginally, by about 5% over the 30-year period. Countering the reduction in Catholic nurses, however, was an equally dramatic increase in the numbers of women identifying themselves as «independent» nurses, up from 7% in 1876 to 22% in 1909 (27). While «independents» were still less than one quarter of all nurses, these numbers indicate that a space was opening up for middle-

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- (25) Fliedner's nursing order served as the model for many of Florence Nightingale's philosophical positions. HUMMEL, note 23, chapter 1; PRELINGER, Catherine M. *Charity, Challenge, and Change: Religious Dimensions of the Mid-Nineteenth-Century Women's Movement in Germany*, New York, Greenwood Press, 1987, pp. 18-23.
- (26) DIE VERBREITUNG des Heilpersonals. *Medizinal-Statistische Mitteilungen aus dem Kaiserlichen Gesundheitsamte (Beihefte)*, 1912, 15, 110-111, as quoted in Hummel, note 23, p. 36.
- (27) Statistics reprinted in HUMMEL, note 23, p. 37.

class women to pursue nursing outside of its traditional religious contexts, that an alternative, *secular* discourse and practice were emerging.

Yet despite the creation of this new secular space, one still sees well into the twentieth century a complex, yet apparently widely understood discourse of the nurse as spiritually-motivated and self-sacrificing (28). Part of what made conceptions of the nurse so complex was that she partook simultaneously of multiple female identities—woman, mother, daughter, sister, nun—with all of the conflicts which those competing identities implied. The nurse shared many of the qualities of the archetypical Victorian female: reserved, obedient, caring, devoted, and yet the master she served was not a father or a husband, but God. The traditional imagery, as offered in countless nursing manuals and memoirs, was highly romanticized. The mythic nurse appeared cut off, distanced from the secular world, either through a broken heart or as a result of being orphaned. Her sombre, severe dress was designed to remind the secular world of her association with illness, suffering and death (29). Her special relationship to God transformed her femininity; her spirituality meant that she, like the Virgin Mary, was devoid of sexuality. The nurse was self-sacrificing, dedicated to a life-time of service to the needy. But above all, she was shrouded and protected, on the one hand, by that mysterious devotion to God, and on the other hand, by the traditional Mutterhaus system in which nurses lived and worked under the strict supervision of the Matron of the order (30). Thus, the central component of this discourse of self-sacrifice and spirituality was that the nurse understood nursing as solely an extension of her faith.

(28) On conceptions of identity (*Persönlichkeit*) and calling (*Beruf*) see: GOLDMAN, Harvey. *Max Weber and Thomas Mann: Calling and the Shaping of the Self*, Berkeley, University of California Press, 1988.

(29) ZIMMERMANN, Anna von. *Was heisst Schwester sein? Beiträge zur ethischen Berufserziehung*, Berlin, Julius Springer, 1911, p. 4.

(30) POOVEY, Mary. A Housewifely Woman: The Social Construction of Florence Nightingale. In: *Uneven Developments: The Ideological Work of Gender in Mid-Victorian England*, Chicago, University of Chicago Press, 1988, pp. 164-198; VICINUS, Martha. *Independent Women: Work and Community for Single Women, 1850-1920*, Chicago, University of Chicago Press, 1985, Chapters 2 and 3; ZIMMERMANN, note 29; HUMMEL, note 23; and RATHMANN, Dr. *Die berufliche und freiwillige Krankenpflege der Frau*, Leipzig, Verlag von F. Leineweber, 1913, p. 1.

This discourse of self-sacrifice had far-reaching implications for nurse reform. Defining nursing as good works, performed in the context of religious devotion, made any reference to supposedly mundane issues such as wages, hours or conditions of work irrelevant. Furthermore, debates about the length of training or the curriculum lost their significance in the context of a lifetime of service in a religious order. One nursing matron, Anna Zimmermann, went so far as to argue that any payment at all for nursing would sully the lofty ideals upon which this occupation was based (31). What becomes strikingly clear in this context is the middle- to upper-class origins of these traditional nurses. Even secular nurses volunteering with organizations like the Red Cross insisted that their efforts were purely charitable, and had nothing to do with waged work or women's emancipation (32). The dominant discourse associated the religious Sister with feminine dependence, sacrifice and a higher morality, the secular Nurse with masculine independence, with crass material gain, and suspect morality at best, for only the asexuality of a sisterhood could protect the character of a woman who spent her days in the male wards of a hospital (33).

It was nursing reformer Agnes Karll who was most successful in developing an alternative, and innovative, secular nursing discourse in the early twentieth century (34). In the summer of 1902, Karll met with middle-class nurse reformers, Elisabeth Storp, Marie Cauer and Helene Meyer to draft a proposal for the annual meeting of the Federation of German Women's Associations (*Bund Deutscher Frauenvereine*) (35). Her goal was to bring nursing reform to the attention of the German women's movement, and to enlist their support in pressuring the state to regulate nursing as a profession independent from the traditional Mutterhaus system.

(31) ZIMMERMANN, note 29, p. 8.

(32) HUMMEL, note 23.

(33) RATHMANN, note 30, p. 2. See also ZIMMERMANN, note 29, p. 63.

(34) One of Karll's first reforms was to create sickness insurance for independent nurses. STICKER, Anna. *Agnes Karll: Die Reformerin der deutschen Krankenpflege*, Stuttgart, Kohlhammer, 1984.

(35) The BDF was the central bourgeois women's group in Germany. It was founded in 1894, with 70,000 members by 1901 and a half million by 1914.

The 1902 proposal articulated Karll's vision for a new secular nursing profession. Above all, nurse reformers called for a three-year training period, in stark contrast to the hit-or-miss methods which reigned in the great majority of confessional and secular nursing organizations alike. The longer training period paralleled that for social work, the other innovative bourgeois women's profession of the early twentieth century (36). Most importantly, it marked the escalation of women's demands, from self-help (seen in Karll's singlehanded tackling of nursing health insurance back in the 1890s) to an overt call for the participation of the state (37). While conservative organizations like the Patriotic Women's League (*Vaterländischer Frauenverein*) (38) had simply substituted patriotic, patriarchal protection for that of the confessional Mutterhaus, Karll and the nurses affiliated with the bourgeois women's movement sought to create a sphere in which middle-class women were recognized by the state as independent *professionals* (39).

Karll's reform efforts culminated in the 1903 founding of the Professional Association of German Nurses (*Berufsorganisation der Krankenpflegerinnen Deutschlands*, hereafter: BOKD), of which she became the first president. The organization began with 30 members in Berlin, with the stated purpose:

«... to gather together the hundreds of nurses (*Schwestern*) working outside former organizations, to create for them the *professional*, personal

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- (36) On social work see: MUTHESIUS, Hans (ed). *Alice Salomon: Die Begründerin des sozialen Frauenberufs in Deutschland*, Köln/Berlin, Carl Heymanns Verlag, 1958; SACHSSE, Christoph. *Mütterlichkeit als Beruf*, Frankfurt, Suhrkamp, 1986; HONG, note 11.
- (37) The state moved relatively quickly to support independent nurses *against* the confessional orders. State certification was granted in 1907. For an opposing opinion see HUMMEL, note 23, pp. 168-170.
- (38) An early alternative nursing discourse can be found in the patriotic rhetoric of the *Vaterländischer Frauenvereine*, the women's affiliate of the German Red Cross. NAUENDORFF. *Der sächsische Alberverein*. In: *Handbuch der deutschen Frauenvereine unter dem Roten Kreuz*, 1881, p. 37, as quoted in HUMMEL, note 23, p. 32.
- (39) These middle-class secular nurses explicitly rejected paternalism and self-denial in favor of state-sanctioned professional autonomy.

and legal support that they need, without taking from them their *right to self-determination*, which most of the former organizations had so extensively done [my emphasis]» (40).

What is surprising at first glance about the BOKD statement is Karll's use of the traditional term «sister» (*Schwester*) instead of the more modern and less value-laden «nurse» (*Pflegerin*). This choice of terminology can best be read as an intentionally limited appeal on the part of the BOKD—one specifically directed at middle-class women who defined themselves as care-takers in the traditional sense of the term «Schwester». In consciously addressing what they perceived to be a specific strata of nurses, the organizational statement also reflects the exclusionary desires of the reform leaders. Karll and the BOKD sought to distance themselves from a series of nursing scandals which erupted in the popular press in 1902-3, in which secular nurses were accused of being sexually promiscuous, drunks, or desperate husband-chasers (41). Thus, we see in the BOKD program a clear reflection of the intermingling of two distinct—and gendered—discourses about nursing in the early twentieth century. The first discourse remained wedded to the traditional, spiritual roots of nursing. It was informed by notions of self-sacrifice and service to a larger goal, and gendered as feminine. The other discourse was decidedly secular, and structured around new notions of self-determination and rights for women; it was this discourse which came to be gendered as masculinist (42). The tensions between these two gendered discourses of nursing would continue to play themselves out well into the Weimar years.

In the decade before World War I, the BOKD platform on nurse training and insurance was adopted by several new hospitals and muni-

(40) BOKD-VORSTAND. Vereinsnachrichten. In: *Deutsche Krankenpflege-Zeitung*, 1903a, 6, pp. 77-78, as quoted in HUMMEL, note 23, p. 101.

(41) One of the most incendiary of these pamphlets was STANGENBERGER, Johannes. *Unter dem Deckmantel der Barmherzigkeit*, Berlin, Verlag von Hermann Walther, 1901. For a modern account see RÜBENSTAHL, Magdalene. *Wilde Schwestern: Krankenpflegereform um 1900*, Frankfurt, Mabuse, 1994.

(42) For an excellent discussion of the ways in which organizational life is gendered see DAVIES, Celia. *Gender and the Professional Predicament in Nursing*, Buckingham and Philadelphia, Open University Press, 1995.

cial nursing associations, though not without compromises. Yet despite the hardships which still characterized much of secular nursing before the War, the BOKD could claim at least partial credit for a number of changes in both the discourse surrounding nursing and the material conditions in which nurses worked. By 1913, BOKD membership stood at 3550 (43). Agnes Karll had brought nursing to the attention of the German women's movement, and, through them, helped counter the prevailing public opinion of secular nurses as wild, immoral, money-grubbing women. She had made sure the voice of independent nurses themselves was heard in the clamor for nursing reform. Karll had opened a third door for nurses, between that of the Catholic and Evangelical orders demanding service to God, and the conservative patriotic organizations demanding service to the state. She had begun an alternative discourse to that of self-sacrifice and spirituality, one grounded instead in a specifically middle-class, female understanding of autonomy and professionalism. She had demanded state recognition for middle-class women as legitimate professionals, and she tried to insure that «her» nurses would be granted the same protections given to industrial workers in the context of the developing social welfare state—sickness and disability insurance, old age pensions, a decent wage, and limits on the hours which any employer could demand. The BOKD represented only five percent (44) of the nurses in the Reich, but they had established themselves as the voice of secular professional nursing.

3. *PROFESSIONALIZING PEDIATRIC NURSING DURING WWI: PHYSICIANS, NURSES, THE STATE, AND THE GENDERED DIVISION OF MEDICAL LABOR*

In January of 1912, the KAVH sponsored the first conference devoted to the professional training and state certification of pediatric nurse specialists. The conference raised a host of issues which remained hotly

(43) HUMMEL, note 23, p. 122.

(44) The BOKD membership was 2,812 in 1909; the Reich survey counted 55,937 nurses that same year.

contested throughout the 1920s, despite the issuance of state regulations for infant nursing in 1917 (45).

As a response to the haphazard development of child nursing programs and practices in the first decade of the century, the 1912 conference sought to establish a set of general rules by which women could be trained in infant care. Prominent pediatricians and several Prussian medical officials—and no women, nurses or otherwise—were invited to attend. Both the KAVH's Chairman of the Board Carl von Behr-Pinnow, and Medical Director Dr. Leo Langstein, referred in their opening remarks to several «sub-specialities» of infant nurse. Langstein delineated no less than five distinct specializations within the new «pediatric nursing system» (*Säuglingspflegerinnenwesen*) which he hoped to create: Infant Hospital Nurse (*Säuglingskrankenpflegerin*), trained for the treatment of sick infants in pediatric hospitals; Infant Welfare Nurse (*Säuglingsfürsorgeschwester*), trained for senior positions in clinics or day-care facilities; Infant Hospital Nursing Aide (*Säuglingskrankenwärterin*), trained to assist hospital nurses; Lady Nurse (*Säuglingspflegerin*), trained for private duty nursing for an upper-class clientele; and finally, Infant Nanny (*Säuglingswärterin* or *Kinderwärterin*), trained as «mothers' helpers». Each position demanded varying degrees of schooling as prerequisites, anywhere from 1/2-year to two-year training periods, and had different responsibilities and duties (46). In sharp contrast to the nineteenth century image of the nurse as a generalist, capable of handling anything that came her way, the new pediatric nurses were to be meticulously trained for one particular professional specialization.

In his opening speech to the 1912 conference, Langstein argued: «Hand in hand with the development of an infant nurse system, hospitals must take part by employing well-schooled nursing personnel in every ward in which infants are treated» (47). Langstein's linguistic coupling of nurse professionalization and hospital reform is crucial to understanding the deeper purpose behind his support for female nurses: increased

(45) Pediatric nursing was the first nursing speciality to receive state certification.

(46) *KONFERENZ zur Beratung von Grundsätzen, betreffend die einheitliche Ausbildung der Säuglingspflegerinnen: Stenographischer Bericht*, Berlin, Stülke, 18 Januar 1912, pp. 3-10.

(47) *KONFERENZ*, note 46, p. 10.

power for pediatricians within Germany's evolving medical system, and increased status and authority for physicians within the German state. Pediatricians hoped to elevate their own status by filling hospitals with scientifically trained nursing assistants who would support the battle against infant mortality. Yet despite their call for advanced nurse training, pediatricians demanded that the new nursing corps remain subordinate to masculine authority. Both Langstein and Rott were highly critical of the Norland Institute, a British nursing school, because it was not administered directly by a male physician:

«This explains the high-handedness noticed not only by me, but by other German doctors as well, with which some [English] nurses operate, their frequent insubordination in relation to the doctor's orders, and the efforts they make to convince mothers of the infallibility of their own opinions» (48).

Langstein's castigation of women who presumed to demonstrate independent medical knowledge makes abundantly clear not only his Victorian attitudes toward what Martha Vicinus has called «independent women», but also his gendered view of science (discussed below) (49).

Langstein's views echoed those of the popular press during the turn of the century nursing scandals. Physicians, hospital administrators and the public alike had consistently bemoaned the lack of male authority which enabled female nursing matrons to openly criticize male physicians. Here lay another explanation for the male pediatricians' interest in promoting professional nursing. Professionalization meant nursing based in science, and scientific nursing meant secular nurses. Secularization afforded doctors the opportunity to expunge any independent female presence from the hospital. For them, nurse professionalization was equated with the elimination of the confessional nursing orders, and more specifically, the elimination of the independent nurse matron (50).

(48) LANGSTEIN, Leo; ROTT, Fritz. *Der Beruf der Säuglingspflegerin*, Berlin, Springer, 1915, pp. 6-7.

(49) VICINUS, Martha, note 30. On the gendered nature of science see HARDING, Sandra. *Whose Science? Whose Knowledge? Thinking From Women's Lives*, Ithaca, Cornell University Press, 1993.

(50) RATHMANN, note 30, p. 1.

Like Langstein, Behr-Pinnow's vision for the post-war medical order was based on a gendered division of labor, and centered around a state-sponsored program of social hygiene for school girls and mothers. During the war, both he and Langstein argued that medical knowledge had become too scientifically advanced for mothers to be able to properly educate their daughters at home in the fundamentals of infant care (51). Langstein wrote:

«We do not want to tell our mothers how to interpret nutritional disorders, do not want to give them instructions in how to make sick children healthy, we want to cultivate no superficial medical understanding among the laity. However, we do have the goal of showing our mothers how to keep healthy children healthy» (52).

Knowledge was to be divided functionally along gender lines: medical research, diagnosis and treatment were defined as masculine, and assigned to the (masculinist) physicians' domain; nurses were to be taught what were defined as the feminine aspects of infant hygiene and care-taking: feeding, diapering, bathing, holding (53). Young girls needed to be equipped with the new, scientific principles of hygiene, and nurses were to serve as the physician's emissaries by disseminating the practical lessons of a modern, rationalized approach to infant care.

In May 1916, in the middle of the war, Behr-Pinnow joined other prominent physicians in calling on the state to centralize the hitherto voluntary efforts in the infant welfare field and to assume responsibility for the biological health of its citizens from the moment of birth (54). He argued that the nation's battle against infant mortality would only

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- (51) BEHR-PINNOW, Carl von. Anträge für das Einschreiten des Staats und des Reichs auf dem Gebiet der Säuglings- und Mutterfürsorge. *Zeitschrift für Säuglingsschutz*, 1916, 8 (5), 265-277; LANGSTEIN, Leo. *Säuglingsfürsorge, die Grundlage für Deutschlands Zukunft*, Berlin, Springer, 1916; and LANGSTEIN, Leo. *Wie ist die Bevölkerung über Säuglingspflege und Säuglingsernährung zu belehren?*, Berlin, Springer, 1917.
- (52) LANGSTEIN (1917), note 51, p. 16.
- (53) For a similar argument about the gendered nature of theoretical and practical knowledge, in the case of Victorian obstetricians and midwives, see POOVEY, note 30, p. 40.
- (54) BEHR-PINNOW, note 51.

be successful when the state allied itself to medical men (55). Specifically, he asked the state to require that county welfare offices (*Kreisfürsorgeämter*) be set up, through which physicians would supervise all maternal and infant care in the country. Behr-Pinnow then went on to outline a rigid, gender-based division of labor in the proposed welfare offices, one in which male physicians served the state as expert advisors on medical and biological issues, and in which women (nurses, social workers, midwives) performed subordinate tasks—administratively, economically and intellectually.

Later that same year, at the third conference of the Prussian Office for Infant Protection (*Preussische Landeszentrale für Säuglingsschutz*), Behr-Pinnow emphasized the centrality of infant hygiene to a larger program of hygienic instruction. He argued that hygienic principles could best be taught to school girls, who could then convince their mothers of its usefulness:

«Nowhere are the demands for tidiness and cleanliness ... [for] correct and clean clothing, regularity of meals ... healthy and clean, well-ventilated and temperate living quarters, more important than for the infant. Nowhere can we strive for such abundant success as with him. For the infant, hygiene must rule in perfection. If we can win over the mother, the hub of the household, to complete understanding in this area ... then we have attained a strong foundation from which general hygiene can conquer the household» (56).

For Behr-Pinnow and the KAVH physicians, teaching infant hygiene to mothers and school girls became the conduit for medical knowledge into the German family.

The ideological position of the KAVH physicians paralleled, but only in part, that of the senior Prussian medical advisor in charge of

(55) See also FISCHER, Alfons. *Staatliche Mutterfürsorge und der Krieg*, Berlin, Springer, 1915.

(56) BERICHT über die III. Landeskonferenz der Preussischen Landeszentrale für Säuglingsschutz am 30. Oktober 1916 im Herrenhause in Berlin. *Zeitschrift für Säuglings- und Kleinkinderschutz*, 1917, 9 (1-2), 32. Behr-Pinnow's requests for obligatory childcare instruction in girls' vocational schools received cautious state approval by summer 1914. BEHR-PINNOW, note 51, p. 274.

tracking infant mortality, Otto Krohne. On March 31, 1917 the Prussian Interior Ministry responded to the long-standing call of the KAVH and the German Association for Infant Protection (*Deutscher Vereinigung für Säuglingsschutz*, hereafter: DVSS), and issued regulations for the state testing and certification of pediatric nurses. Contrary to the wishes of a majority of nurses, the KAVH pediatricians, and the DVSS, however, the state mandated a one- rather than a two-year training period, and chose to acknowledge only one type of pediatric nurse.

On behalf of the Prussian Medical Department, Krohne issued a report in 1917 which sought to address the objections raised to the new regulations (57). He explained that the regulation of infant nurse training had been a priority for the Prussian state since well before the war, but that the war initially had slowed down state action. The combined effects of the birthrate decline, a rash of poorly trained war-time nurses flooding the market and endangering infant lives, and the horrendous loss of lives due to the continuation of the war, however, meant that regulation could no longer be postponed. Pediatric nursing had become vital to the population policy goals of the German state:

«Among the numerous measures which must ever more urgently be taken into account in the area of infant and maternal welfare, the preparation of well-trained female personnel for infant and child welfare is of especial importance» (58).

Having outlined pediatric nursing's importance to the state, Krohne ironically defended the shorter training period by asserting that pediatric nurses in no way required measurably *more* knowledge than the general nurse or the midwife, whose training periods were one year and nine months, respectively. Here the state limited the higher education demands of infant nurses much as it had with general nurses in 1907, arguing in both cases that male experts did not deem a two-year training necessary.

(57) VORSCHRIFTEN über die staatliche Prüfung von Säuglingspflegerinnen von 31. März 1917. *Zeitschrift für Säuglings- und Kleinkinderschutz*, 1917, 9 (5), 257-268; KROHNE, Otto. *Die Bedeutung der neuen preussischen Vorschriften über die staatliche Prüfung von Säuglingspflegerinnen*, Berlin, Schoetz, 1917.

(58) KROHNE, note 57, p. 4.

In the case of pediatric nursing sub-specializations, the deep conservatism of the Prussian medical administration, backed by a majority of the medical faculty, revealed itself in their unwillingness to sanction any of the new, socially-oriented female professions to the extent demanded by reformers (59). Only with the fall of the Kaiserreich would a more open medical system evolve (60).

4. ANTONIE ZERWER AND THE GENDERING OF INFANT HYGIENE

The centrality of science to new definitions of nursing, and the problematic implications of the new gendered division of medical labor, are clearly reflected in the work and writings of pediatric nurse leader Antonie Zerwer. In 1890, at the age of 17, Zerwer entered nursing out of sense of religious calling. She experienced the frustratingly short and haphazard training so typical of turn of the century religious sisterhoods. She, like Agnes Karll, endured the economic uncertainty which was part and parcel of nursing. Yet Zerwer was astute enough to recognize, very early on, that she lacked scientific training, and that such training might open an alternative path to professional advancement.

The first woman hired by the KAVH at its founding in 1909, Zerwer worked tirelessly over the next 15 years to fight infant mortality, to disseminate concepts of scientific hygiene to the German Volk, and to define the professional role of the infant nurse (61). She developed close working relationships with Medical Directors Leo Langstein and Fritz Rott, and one sees in her writings the influence of these men, both in her definition of the role of the nurse, and her enthusiasm for the promise of science. One probable explanation for Zerwer's success as

(59) KROHNE, note 57, pp. 5-8.

(60) On the development of male medical specializations see HUERKAMP, Claudia. *The Making of the Modern Medical Profession, 1800-1914: Prussian Doctors in the Nineteenth Century*. In: Geoffrey Cocks; Konrad Jarausch (eds.), *German Professions, 1800-1950*, New York and Oxford, Oxford University Press, 1990, pp. 66-84.

(61) WEGMANN, Hedwig. *Antonie Zerwer. Ein Leben für Kinder*, Berlin, Edition Hentrich, 1992.



Antonie Zerwer visiting a working-class home circa 1915. LANGSTEIN, Leo; ROTT, Fritz. *Atlas der Hygiene des Säuglings und Kleinkindes*, Lübeck, Schmidt-Römhild, 1989 (reprint of first edition, Berlin, Springer, 1918); Tafel 97.

the KAVH's nursing Matron during the Weimar years lies in the extent to which her personal vision of infant nurse professionalization complemented, rather than challenged that of the male physicians and administrators who were her superiors. In a 1924 article entitled, «Hygiene and her little sister, Comfort», Zerwer indicates her acceptance of scientific principles of hygiene. Yet her article also reveals a pragmatic understanding of the limitations faced by working-class households in the period of Germany's hyper-inflation. She wrote:

«The value of [hygiene is] generally well-understood, but so is [its] cost. In the present economy, the purse of the middle class or of the worker is not always sufficient for these things. Should hygiene then be sent off to bed, because we can't give her a coat? Never! We must, however, more than ever before, reconcile her with her sister, comfort; then she will be completely rejuvenated and will appear truly modern» (62).

For Zerwer, rationalized, hygienic principles were important, and she willingly adopted the new language and new regimens of science as her own. Yet she also emphasized, in a way the male pediatricians did not, that economic (and other) realities might often compromise the rigors of scientific demands. And it was in this space—between scientific rules and working class homes—that Zerwer sought to insert pediatric nurses. Their task was to be essentially one of translation, of making the hygienic rules formulated by masculinist pediatric knowledge accessible and practicable for mothers and young girls.

Zerwer's position in the larger story of female medical professionalization is ultimately an ambiguous one. She dedicated her life to promoting scientific conceptions of hygiene, and to defining the role of the pediatric nurse in the newly emerging medical hierarchy of the Weimar Republic (63). Yet unlike the more feminist Agnes Karll, Zerwer seemed unable —or

(62) ZERWER, Antonie. Die Hygiene und ihre kleine Schwester die Behaglichkeit (1924). In: *Aus der Praxis für die Praxis*, the collected papers of Antonie Zerwer, unpublished manuscript, KAVH Archiv, Berlin.

(63) In 1927, Zerwer founded Germany's National Association of Infant and Child Nurses (*Reichsverband der Säuglings- und Kinderkrankenpflegerinnen*), the professional counterpart for pediatric nurses to Agnes Karll's BOKD.



Visiting hours in the KAVH pediatric clinic, which was part of the city of Charlottenburg's network of welfare clinics. LANGSTEIN, Leo; ROTT, Fritz. *Atlas der Hygiene des Säuglings und Kleinkindes*, Lübeck, Schmidt-Römhild, 1989 (reprint of first edition, Belin, Springer, 1918), Tafel 97.



Nurse Antonie Zerwer examines a child's throat. LANGSTEIN, Leo; ROTT, Fritz. *Atlas der Hygiene des Säuglings und Kleinkindes*, Lübeck, Schmidt-Römhild, 1989 (reprint of first edition, Berlin, Springer, 1918), Tafel 83.

unwilling—to challenge the gendered politics behind the new medical division of labor. Ironically, Zerwer's attraction to science and the «modernity» it implied proved to be a double-edged sword. While her acceptance of scientific hygiene opened hospital doors (and provided jobs) to pediatric nurses, it carried with it implicit assumptions about the gendered division of labor within the hospital. Ultimately, it was this gendered division of labor that would limit the professional development of pediatric nurses. In the final analysis, Zerwer embraced, perhaps all too willingly, the feminine, caring tasks from which physicians chose to distance themselves (64). And in so doing, she helped lock pediatric

(64) On the gendered split in medicine between feminine, caring tasks and masculinist diagnostic and analytical ones, see BISCHOFF, Claudia. *Frauen in der Krankenpflege: Zur Entwicklung von Frauenrolle und Frauenberufstätigkeit im 19. und 20. Jahrhundert*, Frankfurt/New York, Campus Verlag, 1984. Also see the classic study on nurse caring: REVERBY, Susan. *Ordered to Care: The Dilemma of American Nursing, 1850-1945*, Cambridge, Cambridge University Press, 1992.

nurses into a subordinate position in the hospital hierarchy (65). Constrained by the discourse of the self-sacrificing nurse, and trapped by her own willingness to care, Zerwer leaves us with the uncomfortable legacy of the gendering of both medical knowledge and medical caring in early twentieth century Germany.

(65) DAVIES, note 42.