

Industrialization and the Construction of Health Risks in German Workers' Autobiographies from the Late 19th and Early 20th Centuries

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RESUMEN

El proceso de industrialización produjo rápidos cambios en los modos de trabajo y de vida de los trabajadores, pese a lo cual en sus formas de vida conservaron creencias y actitudes tradicionales. Por lo que respecta a la salud y la enfermedad, estas creencias tradicionales se evidencian mediante este trabajo a través de las autobiografías de trabajadores. Estos, con el transcurso del tiempo llegaron a aceptar a los médicos del seguro. Por su parte, las medidas de seguridad social permitieron a los médicos el acceso al mundo obrero. Los trabajadores ni aceptaron simple o tácitamente la medicalización, ni se opusieron a la expansión del poder social de los médicos, únicamente interpretaron los riesgos sanitarios como parte de su forma de vida y no como resultado de los cambios sociales que estaban teniendo lugar en todas las esferas.

1. Industrialization brought about new health dangers and risks. These resulted from increasing population, from urbanization, and from the use of new materials and techniques, all of which were poignant features of the industrialization. These changes resulted from societal decisions, which were implemented by entrepreneurs: to promote the wealth of nations (Adam Smith), to make its material sources flow abundantly (Marx), to

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make society an expanding system of expanding needs (Hegel) etc. Modern sociologists distinguish between dangers — which result from nature — and risks — which result from societal decisions (2). Being the results of societal decisions, these features of industrialization are thus risks. As such, they were differentially experienced and opened different points of view to both the decision-makers and the people affected.

Industrialization brought about changes in the world of work, in the worlds of workers: there was a shift from artisan to industrial modes of production; an increasing importance of machines in the process of work; changes of skills etc.

The lifeworlds changed, too; these changes included urbanization, move to smaller households, new forms of families etc. Peter Berger and others have demonstrated that quick changes in work *and* life-world produce a «homeless mind» (3). Workers' control over the worlds of their work rapidly diminished in the course of industrialization. Thus they were urged to preserve traditional beliefs and attitudes in their life-worlds, which shaped a «home» of their minds.

2. A connection between artisans' work and health risks has been hypothesized since early modern times. This connection was renewed by industrial medicine in the second half of the 19th century (4). Socialist physicians imparted these debates to socialist workers' organizations (5). But this discourse can scarcely be found in workers' autobiographies. Jens Lachmund and I read some 700 German autobiographies stemming from all social strata and covering the time from *ca.* 1780 to *ca.* 1930. We scanned them for descriptions of aspects and episodes of health and illness. There are only a few autobiographies written by artisans and workers before 1880, but some 250 have been published from *ca.* 1880 to *ca.* 1930.

(2) LUHMANN, Niklas (1991). *Soziologie des Risikos*, Berlin/New York, de Gruyter.

(3) BERGER, Peter L.; BERGER, Brigitte; KELLNER, Hansfried (1973). *The Homeless Mind. Modernization and Consciousness*, New York, Vintage.

(4) Cfr. MILLES, Dietrich; MÜLLER, Rainer (eds.) (1985). *Berufsarbeit und Krankheit*, Frankfurt, New York, Campus.

(5) LABISCH, Alfons (1981). Das Krankenhaus in der Gesundheitspolitik der deutschen Sozialdemokratie vor dem Ersten Weltkrieg. *Medizinische Soziologie*, 1, 126-151; TENNSTEDT, Florian (1983). *Vom Proleten zum Industriearbeiter. Arbeiterbewegung und Sozialpolitik in Deutschland 1800 bis 1914*, Köln, Bund (pp. 455 ff.).

This literary genre generally constructs individuality and individual success. It was renewed by Rousseau's «Confessions», which not only formed a new «episode» in the history of the genre (6), but became a model for the genetic autobiography produced by the middle classes (7). Workers' autobiographies are determined by the characteristics of the genre, as well. New discourses were introduced — e.g. of poverty, of artisans' honour, and of socialism and socialist utopias. But collective experiences and constructions of collective identities can scarcely be found.

«It cannot be denied that collective connections of sense and self-definitions play an important role in some autobiographies ... But always an individual self-perception precedes the collective one: the idea that the person and the career of one's own form a relevant unit» (8).

3. The workers adopted central elements from the middle-class discourse of health and illness from the late 18th century in constructing images of health and its risks (or dangers — the decisions, which risked industrial damage, had been made by others). These elements included the individualist perspective on health: the latter thus resulted from personal success in preserving controllable («*willkürliche*») health, which could be contrasted to the sickly noblesse of the nobility on the one hand, and to the «natural» health of the peasants, on the other hand (9). Kant had even discussed the right and the corresponding duty to gain or preserve health (10).

Workers preserved many traditional features in their attitudes and

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- (6) SPENGENMANN, William C. (1980). *The Forms of Autobiography. Episodes in the History of a Literary Genre*, New Haven, London, Yale.
- (7) GUMBRECHT, Hans-Ulrich (1981). Lebensläufe, Literatur, Alltagswelten. In: MATTHES, Joachim; PFEIFENBERGER, Arno; STOSBERG, Manfred (eds.), *Biographie in handlungswissenschaftlicher Perspektive*, Nürnberg, Nürnberger Forschungsvereinigung (pp. 231-250); SLOTERDIJK, Peter (1978). *Literatur und Organisation von Lebenserfahrung. Autobiographien der Zwanziger Jahre*, München, Hanser (p. 17).
- (8) BERGMANN, Klaus (1991). *Lebensgeschichte als Appell: autobiographische Schriften der «kleinen Leute» und Aubenseiter*, Opladen, Westdeutscher Verlag (p. 81).
- (9) GÖCKENJAN, Gerd (1985). *Kurieren und Staat machen*, Frankfurt, Suhrkamp (pp. 64 ff).
- (10) KANT, Immanuel (1964). Der Streit der Fakultäten. In: *Werke*, edited by Wilhelm WEISCHÉDEL, Darmstadt, Wissenschaftliche Buchgesellschaft, vol. 9 (p. 371).

behaviour towards health and illness. This corresponded firstly to the attribution and assignment of health and illness to their life-worlds; secondly to the individualizing perspective of the autobiographical genre; thirdly to the individualizing perspective of curative medicine in general (11); fourthly to the «variety of workers' existence» during the 19th century: this last refers to the fact that there was no homogeneity of life and work conditions for the greater part of the working classes (12).

I shall now demonstrate some patterns of workers' medical culture (13), drawing upon the autobiography of Moritz Bromme. It was «edited» by the protestant parson Paul Göhre in 1905, who may have influenced its construction in general, and that of health and illness, in particular: for instance, Göhre «removed all that turned out to be nothing but a critique of the establishment» in the chapter about a sanatorium (14).

Bromme's father stemmed from a rural background and worked during the last decades of the 19th century as a railway-worker in Sachsen-Altenburg (Mid Germany). He was an active member of the Social Democratic Party even during its repression from 1878 to 1890, and a local cashier of the joiners' centralised sick and burial fund. Though thus participating in the formal health system, he bought a balm from an itinerant dealer to treat his son's dropsy, and tolerated his wife and his mother conjuring an exanthema and lice. When he fell ill with jaundice, and the doctor could not help him, his family read an advertisement in the newspaper and

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- (11) Cfr. GÖCKENJAN, Gerd (1985). *Gesundheit und Arbeit - Untersuchungen zur Frage, wie Konflikte verschwinden*. In: NASCHOLD, Frieder (ed.), *Arbeit und Politik*, Frankfurt, New York, Campus (pp. 305-337).
- (12) KOCKA, Jürgen (1983). *Lohnarbeit und Klassenbildung*, Berlin, Bonn, Dietz.
- (13) For the term see LACHMUND, Jens; STOLLBERG, Gunnar (1989). Zur medialen Kultur des Bildungsbürgertums um 1800: Eine soziologische Analyse anhand von Autobiographien. *Jahrbuch des Instituts für Geschichte der Medizin der Robert-Bosch-Stiftung*, 6, 163-185. Cfr. ALBER, Wolfgang; DORNHEIM, Jutta (1983). «Die Fackel der Natur vorgetragen mit Hintansetzung alles Aberglaubens»: Zum Entstehungsprozess neuzeitlicher Normsysteme im Bereich medikaler Kultur. In: HELD, Jutta (ed.), *Kultur zwischen Bürgertum und Volk*, Berlin, Argument (pp. 163-181). «Somatic culture»: see BOLTANSKI, Luc (1976). Die soziale Verwendung des Körpers. In: KAMPER, Dietmar; RITTNER, Volker (eds.), *Zur Geschichte des Körpers*, Wien, Hanser (pp. 138-183).
- (14) BROMME, Moritz Theodor William (1905). *Lebensgeschichte eines modernen Fabrikarbeiters*, edited by Paul GÖHRE (1971), Frankfurt, Athenäum (Introd. p. XI).

ordered a specific from a quack, which was very expensive and did not help at all (15).

Moritz Bromme himself did not contact a doctor after being injured in an accident at work because he was afraid of the surgical sewing. When his step-son fell ill, biomedical and «natural» therapeutics were used, and Bromme tells us the story of a colleague in a factory at Gera who drank no alcohol, ate no meat and was a member of a nature cure society (16). Bromme himself was treated for his tuberculosis in hospitals and died at 33 years of age.

Bromme's patterns may be interpreted as forming transitions from traditional to modern forms of behaviour, which use all the three sectors of the health system: I follow Arthur Kleinman in dividing that system into

- the folk sector (religious and secular non-professional healers),
- the popular sector (family members, medical laypersons),
- the professional sector (17).

The women conjuring an exanthema is an example of activity in the popular sector; buying balm from an itinerant dealer, or ordering a specific from a quack are in the folk sector. These patterns may be called traditional ones, but there are modern elements within them: for instance, the quack was contacted via an advertisement in a newspaper. The professional sector was used when a doctor was called to treat jaundice, and it was a mixture of the professional and of the popular sector when Bromme's step-son was treated with biomedical and «natural» therapeutics.

In general, using the non-professional sectors had two different roots: traditional medicine as performed in rural societies, and especially by its lower classes; and traditional dietary practices as performed by the middle

(15) *Ibidem*, pp. 53, 43 f., 120 f.

(16) *Ibidem*, pp. 108, 221, 233. For the nature cure societies see STOLLBERG, Gunnar (1988), *Die Naturheilvereine im Deutschen Kaiserreich. Archiv für Sozialgeschichte*, 28, 287-306; HERRMANN, Bernd (1990). *Arbeiterschaft, Naturheilkunde und der Verband Volksgesundheit (1880-1918)*, Frankfurt a.M., Lang [Marburger Schriften zur Medizingeschichte 27].

(17) KLEINMAN, Arthur (1980). *Patients and Healers in the Context of Culture*, Berkeley, University of California Press.

and upper classes. Both traditions may be attributed to the popular sector of the health system, but aspects of the folk sector may be found here, too.

The choices of the sector took both offensive and defensive forms: for example, offensive when the professional sector was criticized, and defensive when it was simply too expensive.

We find an offensive form in Ferdinand Hanusch's autobiography. The author was a textile worker and a socialist who propagated trade unionism; he stemmed from a rural community in Austrian Silesia. The author's brother suffered from a haemorrhage in the 1860's and was brought home, where neighbouring women crowded the house. One of them suggested sending for a doctor, but a rag-picker proposed sending for the priest, and made the mother buy a fat black dog. The son was to eat its fat and to be covered with its skin. Some days later he could leave his bed again (18).

Another example of the offensive form of using the popular sector is one of traditional medicine. Wenzel Holek, a Bohemian socialist and worker in several factories, had an accident as a young boy about 1870 when helping his parents, who worked at a brickworks, to build their house. When Wenzel's state worsened, his mother called for a woman who collected herbs and functioned as a physician in the village. She did not charge her patients, but lived as a beggar. She examined Wenzel and said: «Hum, too much heat, nervous fever, due to overexertion». Then she returned bringing herbs, bread, and milk from the peasants, and instructed his mother how to use these things. For a long time she visited her patient once or twice a day, and Wenzel believed that he owed his life to her (19).

A third example shows, again, that traditional medicine and the offensive form of using the popular sector of the health system were connected. The Swiss mechanic Nicolaus Riggerbach worked in a factory in Paris about 1837 and was well known to his colleagues for being able to remove grains of coal dust etc. from their eyes. In his later years he became an engineer constructing mountain railways. He proudly told the story that when his cousin, who was a professor of surgery in Basel, was visiting a medical congress in Olten/ Switzerland in the 1890's, he «disdained the help of all

(18) HANUSCH, Ferdinand (1912). *Lazarus ... eine Jugendgeschichte*, Wien, Vorwärts (pp. 50 ff.).

(19) HOLEK, Wenzel (1909). *Lebensgang eines deutsch-tschechischen Handarbeiters*, edited by Paul GÖHRE, Jena, Diederichs (p. 56).

his colleagues, and let the old mechanic perform surgery upon him» for a grain in his eye (20).

The defensive form of using the non-professional sectors of the health system consisted of the comment that using professional aid was too expensive for the person suffering. Sometimes the argument was combined with elements of the offensive type: physicians were said to be expensive and incompetent, as an old Baltic maid and rural worker lamented at the turn of the century:

«I don't want a doctor at all; he can't help anyway. He quizzes me, and then he prescribes the medicine. He can soothe the pain, but he can't 'help'. God is the best physician... Besides the doctor costs much money...» (21).

The defensive argument is given by Franz Louis Fischer, a Saxonian miner, in a pure form: the popular sector functions as a compensation for the expensive professional one. This form of argument vanishes with the spreading of health insurance among the workers. Fischer's fifth brother worked in a lime quarry and often went fishing in his free hours. In 1876 he caught a serious cold when fishing.

«For financial reasons it was absolutely impossible to call for a doctor at that time. My mother was called for, who knew the art of healing not by theory, but all the more by practical studies. She opened her case at once, which contained a great number of different bags filled with teas; she read the inscriptions, put some bags into her basket, and hurried to

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- (20) RIGGENBACH, Nicolaus (1900). *Erinnerungen eines alten Mechanikers*, Basel, Reich (p. 10). Similar abilities of belt makers and of metal workers, especially of lathe operators, were praised by contemporary physicians: *cf.* COHN, H. (1868). Ueber das Vorkommen von Augenverletzungen bei Metallarbeitern und über eine neue Art von Schutzbrillen. Nach Untersuchungen an 1283 Breslauer Fabrikarbeitern. *Berliner klinische Wochenschrift*, Feb. 24th, 87-91; KOBLANK (1856). Vorläufige Bemerkungen zur Physiognomik der verschiedenen Handwerker und zu deren Pathologie und Therapie. *Adolf Henkes Zeitschrift für die Staatsarzneikunde*, Erlangen, 11-21.
- (21) MOSZEIK, C. (1909). *Aus der Gedankenwelt einer Arbeiterfrau. Von ihr selbst erzählt*, Berlin, Runge (pp. 111 f).

help her son. She lowered his fever within a short time, but he never recovered again» (22).

A different form of the defensive argument appears in the employment of both physicians as well as of healers in the course of longer lasting and chronic diseases. This was the case with Bromme's jaundice; and the Swiss textile worker Verena Konzett (who married the editor of a socialist journal and became a socialist publisher herself) told that her father, who worked as an attendant in a paper-factory, got an eye-disease in 1874:

«He was treated by a competent eye specialist, but his sight became worse. We moved to a house outside the town (Zurich; G.St.) in order to pay less for living, for we had to expect our father would go absolutely blind. The disease became worse, and in his desperation my father did not contact the physician any more, but used drugs prescribed by different quacks. They were ineffective, too, and my father lost his sight, as we had feared before» (23).

Konzett's autobiography also shows that contacts to physicians became frequent and regular in later decades. When her children suffered from typhoid fever, their mother treated them strictly according to the instructions given by the physician: they got no solid food, and a setback was attributed to an offence committed by their father (24).

Franz Louis Fischer used a part of the defensive argumentation in another context similar to that of Konzett: he accepted his medicalization, though it was expensive. His son suffered from a disease in 1882, which was diagnosed as «flux» by the doctor, and his therapeutic instructions were strictly followed, though he «might have had little experience with the financial situation of a worker» (25).

4. Since 1845/ 1854 social policy obliged many workers in Prussia to join sick funds. In 1884 all artisans and industrial workers in the German

(22) FISCHER, Franz L. (1906). *Arbeiterschicksale*, edited by Friedrich NAUMANN, Berlin, Hilfe (p. 95).

(23) KONZETT, Verena (1929). *Erstrebtes und Erlebtes. Ein Stück Zeitgeschichte*, Leipzig, Zürich, Grethlein (p. 51).

(24) *Ibidem*, p. 206.

(25) FISCHER (1906), *op. cit.* (n. 22), p. 132.

Empire were obliged to do so. They had to see a doctor, when they wanted to receive any help from the funds. The panel doctor «has a double role, he is a therapist and an expert witness for the goals of the fund at the same time, he is a therapist and an authority of control» (26).

This moment of workers' medicalization affected their life-worlds. Thus it is not to our surprise that workers accepted the doctors only slowly and partially. Even modern physicians and medical sociologists criticize workers' compliance as deficient (27). The acceptance was slow because of traditional reservations, which are reported in the autobiographies. Nikolaus Osterroth's mother distrusted the panel doctor because he was a protestant. She provided her son with a pitcher filled with water from Lourdes and asked her husband to send the heretical doctor away, and to call for a catholic one at the family's expense. But the father refused to do so (28).

The panel doctors' road to acceptance becomes evident in the autobiography of a young woman who worked in industry and as a waitress: in the 1880's, her mother sent for a doctor at the family's cost when the father was brought home suffering from an accident. The author's brother was hurt and her little sister broke her arm a few days later, so the poor-doctor was called for. The mother had tried for a long time to persuade her husband

(26) GÖCKENJAN (1985), *op. cit.* (n. 9), p. 354.

(27) SCHMÄDEL, D. (1979). Nichtbefolgung ärztlicher Verordnungen. In: SIEGRIST, Johannes; HENDEL-KRAMER, Anneliese (eds.), *Wege zum Arzt*, München, Urban und Schwarzenberg, pp. 139-171. Working-class women are sceptical about drugs prescribed by doctors: CALNAN, Michael (1988). Lay Evaluation of Medicine and Medical Practice: Report of a Pilot Study. *International Journal of Health Services*, 18, 311-322. The workers' confidence in the medical system is «diffuse»: GRUNOW, Dieter (1979). Einstellungen und Erwartungen der Bürger im Hinblick auf Fragen und Instanzen der Gesundheitssicherung. In: HEGNER, Friedhart (ed.), *Bürgernähe, Sozialbürgerrolle und soziale Aktion*, MS Bielefeld [Schriftenreihe d. Forschungsgruppe Sozialplanung u. Sozialverwaltung, 5]; *cfr.* GROSS, Peter; HITZLER, Ronald; HONER, Anne (1985). Zwei Kulturen? Diagnostische und therapeutische Kompetenz im Wandel. *Österreichische Zeitschrift f. Soziologie*, 10, 146-162.

(28) OSTERROTH, Nikolaus (1980). *Vom Beter zum Kämpfer*, Berlin, Bonn, Dietz. (orig. 1920), (p. 47). The author stemmed from a village situated close to Trier and worked at brickworks etc. He became a socialist. The denominational reservations may be interpreted as being part of traditional reservations: the physician was not primarily seen as a professional, but non-professional elements were judged to be more important than professional ones. The protestant physician was seen as a stranger who did not belong to the denominational in-group, despite his professional qualities.

to join a sick fund and had even given him money to do so, but he had spent it on drinks (29). Several years later, the author and her mother became members of a sick fund, and the daughter succeeded in urging the panel doctor to examine her mother thoroughly: an operation was necessary, and the author felt happy about professional help (30).

The desire for a «thorough examination» indicated the medicalization especially of members of the educated middle classes in the second half of the 19th century; this desire replaced both much of the self-medication in the decades before, as well as the doctor delivering a «pronouncement» of the diagnosis at the beginning of the century (31). Professional authority was now standardized and de-individualized, and the desire for a «thorough examination» cited above demonstrates that this aspect of medicalization was shared by workers, too.

Confidence towards doctors is asserted to be an important aspect of modern patient-doctor relations by modern sociologists (32). There are many examples of such confidences developed by members of the middle classes in their autobiographies, but only a few in those written by workers. This is certainly due to the cultural differences between the workers and their doctors, while patients from the middle classes shared the physicians' culture. In the autobiographies there are just a few examples of confidence developed by a worker towards a physician: e.g. the miner and son of a midwife, Wilhelm Helf, had faith in an ear-specialist in the 1920's (33).

Here is a view from the other side: the physician and writer Hans Carossa substituted for his father in 1906 in Munich and related his first contact with a member of a sick fund: a «pretty person» introduced herself as a member of the «sanitary union» (Sanitätsverband), went to the physicians'

(29) *KAMPF ums Dasein: Das Leben eines Mädchens als Fabrikarbeiterin und Kellnerin* (1908), edited by KRAMER, Helgard (1987), Düsseldorf, Schroeder (pp. 27 ff.).

(30) *Ibidem*, pp. 164 ff.

(31) Cfr. LACHMUND, Jens; STOLLBERG, Gunnar (1992). The Doctor, his Audience, and the Meaning of Illness: The Drama of Medical Practice in the Late 18th and Early 19th Centuries'. In: *The Social Construction of Illness. Illness and Medical Knowledge in Past and Present*, Stuttgart, Franz Steiner [Medizin, Geschichte und Gesellschaft, Beiheft 1], pp. 53-66.

(32) FREIDSON, Eliot (1961). *Patients' View of Medical Practice. A Study of Subscribers to a Prepaid Medical Plan in the Bronx*, New York, Russell Sage Foundation (pp. 181 ff.).

(33) HELF, Wilhelm (1977). *Die Träume vom besseren Leben: autobiographische Skizzen 1900-1933*, Köln, Rheinland (p. 376).

desk in self-confident way, looked for her file and told the doctor what to do with it (34).

The socialist symbiosis between workers and physicians becomes evident in the autobiographies, too. The metal worker and former socialist Ommerborn was invited to come to the private flat of a socialist (and anti-Semitic) doctor and they discussed problems of socialism and anti-Semitism (35). Verena Conzett, who was married to the editor of the Swiss socialist «Arbeiterstimme» (Workers' Voice), had «a physician with whom we had made friends» to treat her son (36).

5. I omit workers' attitudes towards hospitals (37), and I shall now demonstrate that workers constructed work accidents in very individualist ways, which characterize their constructions of illness in general.

Pride reminiscent of that of artisans was often shown by workers who had had work accidents. At least before accident insurance was introduced by law in 1886, many workers did not blame their masters for the accident, but tried to heal their wounds themselves. Moritz Bromme, who turned buttons in Saxonia about 1890, listened to his colleagues talking and had a work accident: his forearm was slashed by the tools. The owner's father advised him to hurry to a stream nearby, and to rinse his wound there. Then Bromme laid plasters on it. He did not want to see a doctor, «for he would have sewn, and I was very much afraid of that. But the healing process thus took a longer time ...» (38). In the 1890ies a bag of sugar fell upon Wenzel Holek's foot. Holek stayed at home, and despite his socialist engagement, he did not blame the foremen or the owner of the factory for bad working conditions, but accepted being dismissed for lack of work when he returned to the factory: «Even if we had not been dismissed, I

(34) CAROSSA, Hans (1962). Eine Kindheit. In: *Werke*, II, Frankfurt, Insel (p. 620).

(35) OMMERBORN, J. Chr. (1913). *Genosse Mensch*, Chemnitz, Koezle (p. 35 ff). The date is not clear.

(36) CONZETT (1929), *op. cit.* (n. 23), p. 206.

(37) For details see STOLLBERG, Gunnar (1993). Health and Illness in German Workers' Autobiographies from the 19th and Early 20th Centuries, *Social History of Medicine*, 6, (in print).

(38) BROMME (1971), *op. cit.* (n. 14), p. 108.

should have had to give up that work, because I was very emaciated and felt weaker more and more» (39).

Few autobiographers blamed employers for having denied giving aid in case of work accidents. A maid related that her mistress was told about an accident of another maid by the doctor: the latter maid had put a can filled with paraffin upon the hot stove; the oil exploded, and the maid was sprinkled by it. «Burning she ran into her mistress's room, but was sent back to the kitchen; she is totally burned and will die by today» (40).

6. Though workers' autobiographies did not change the middle-class character of this literary genre, I have demonstrated that workers did not simply and tacitly accept their medicalization, and strengthen the social demand for medical services; nor did they oppose the extension of the social power of physicians. In their autobiographies they constructed the health risks brought about by industrialization according to the traditions of this literary genre, and according to the ways medicine constructed health risks in general. They considered them to be a part of their life-worlds, thus preserving many traditional elements.

(39) HOLEK (1909), *op. cit.* (n. 19), p. 265. The story was at Bohemia, which then formed part of Austria.

(40) SANS-GÈNE, Marie (1906). *Jugenderinnerungen eines armen Dienstmädchens*, Bremen, Röver (p. 135). The story was at Danzig in the 1870ies.