



# Weimar Medical Culture: Doctors, Healers, and the Crisis of Medicine in Interwar Germany, 1918-1933

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Carsten Timmermann

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## **Weimar Medical Culture**

Doctors, Healers, and the Crisis of Medicine  
in Interwar Germany, 1918-1933

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Centre for the History of Science,  
Technology and Medicine

A dissertation submitted to the University of Manchester  
for the degree of PhD  
in the Faculty of Science, Engineering and Medicine

1999

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## Abstract

In the late 1920s, both the German public and the medical profession were debating over what many had come to see as a ‘crisis of medicine’. Articles in the medical press, in daily newspapers and magazines as well as popular books, discussed the ‘crisis’ extensively. Medical scientists responded to the crisis debate by embracing holistic ideas. Crisis-mongers identified as the main crisis symptoms economic hardship amongst doctors and an increase in the numbers of heterodox practitioners. They argued that orthodox medicine had lost the trust of the patients mainly because modern medicine had become too ‘mechanistic’ and ‘materialistic’. They suggested that modern doctors, restrained by the ‘iron cage’ of sickness insurance bureaucracy and by the need to be ‘scientific’, had lost the charisma of the healer, which in their view made heterodox practitioners successful.

The crisis debate started in 1919 with fierce struggles between doctors’ professional organisations and the sickness insurance funds, who provided the lion share of the incomes of the great majority of doctors. These struggles were shaped by what has come to be known as ‘Weimar Culture’: continued economic, social and cultural turmoil and an intellectual climate dominated by a field of tension between on the one hand, anti-modernism and neo-conservative cultural critique, and on the other, a fascination for ideas of rationalisation and modernisation, both technological and social. This study examines how in this context doctors, medical scientists, civil servants, insurance managers, non-licensed healers, parliamentarians and patients re-interpreted a constellation of economic difficulties and professional struggle as a fundamental ‘crisis of medicine’.

Drawing on published and unpublished material, the study identifies a group of medical ‘heretics’ as the main crisis-mongers. It examines their motivations and arguments. Did doctors really suffer economic hardship? The evidence suggests that they suffered rather less than other sections of the population. This aspect of the crisis debate was an attempt, I suggest, to secure for the medical profession a larger share of the limited resources available for health care. How charismatic were lay practitioners? Organisations of non-licensed practitioners in fact emulated the professionalisation tactics of the medical profession. Situating the ‘crisis’ in the larger context of ‘Weimar Culture’, this study attempts to reconstruct how, while the ‘heretics’ idealised lay practitioners as charismatic healers and while the doctors’ professional organisations demanded a ban on ‘quackery’, heterodox medicine was undergoing its own rationalisation process.

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## List of Abbreviations

Aerztl. Vereinsbl.	Aerztliches Vereinsblatt
BArch	Bundesarchiv Berlin
Berl. Klin. Wschr.	Berliner Klinische Wochenschrift
DMW	Deutsche Medizinische Wochenschrift
DGBK	Deutsche Gesellschaft für die Bekämpfung des Kurpfuschertums (German League to Combat Quackery)
GStA	Geheimes Staatsarchiv Preußischer Kulturbesitz
Klin. Wschr.	Klinische Wochenschrift
MfV	Preußisches Ministerium für Volkswohlfahrt (Prussian Ministry of Welfare)
MMW	Münchener Medizinische Wochenschrift
RdI	Reichsministerium des Innern (Reich Ministry of the Interior)
RGA	Reichsgesundheitsamt (Reich Health Office)
RP	Regierungspräsident

## Introduction

*According to recent estimates, no less than four fifths of all humans are being treated with the methods of unofficial medicine ... In Germany alone, according to Hans Much, almost half of the population, not satisfied with the current academic medicine, are thought to be in treatment with homeopaths, magnetopaths, naturopaths etc. ... The insight into the more and more obvious insufficiencies and the one-sidedness of today's official medical system takes hold amongst increasingly wider circles within the medical profession itself, especially in Germany, and people talk quite openly ... about an 'imminent revolution [Umschwung] with regard to all our fundamental medical beliefs' and about a 'crisis of medicine'.<sup>1</sup>*

This study starts where many accounts of the professionalisation of medicine end. In interwar Germany, a bounded, state licensed, single profession of medicine existed, with a high degree of control over its own work and over that of other occupations in the health system. The great majority of doctors were organised in strong professional bodies representing them in economical and political matters. Doctors acted as experts, often the only ones, consulted in health matters by governments and by the media. As social historians of medicine have shown, the profession had come to dominate health matters in the 19th century. A small élite of university trained doctors was transformed from one amongst a number of groups competing in the medical market place, by way of 'making medicine scientific'. This process saw modern medicine taking shape in accordance with the needs and as an integral part of a modern industrial society, which in turn was shaped to a high degree by members of the profession, according to the principles developed in hospitals, anatomical theatres and laboratories.<sup>2</sup>

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<sup>1</sup> Bernhard Aschner, *Die Krise der Medizin. Lehrbuch der Konstitutionstherapie*, 6th edition, Stuttgart & Leipzig: Hippokrates Verlag, 1934, p. 16.

<sup>2</sup> For the professionalisation of medicine in Germany, see, for example, Claudia Huerkamp, *Der Aufstieg der Ärzte im 19. Jahrhundert. Vom gelehrten Stand zum professionellen Experten: Das Beispiel Preußens*, Göttingen: Vandenhoeck & Ruprecht, 1985; idem, "The Making of the Modern Medical Profession, 1800-1914: Prussian Doctors in the Nineteenth Century," in Geoffrey Cocks and Konrad H. Jarausch, eds., *German Professions 1800-1950*, New York & Oxford: Oxford University Press, 1990, 66-84; Paul Weindling, "Bourgeois Values, Doctors and the State: The Professionalization of Medicine in Germany 1848-1933," in David Blackbourn and Richard J. Evans, eds., *The German Bourgeoisie. Essays on the Social History of the German Middle Class from the Late Eighteenth to the Early Twentieth Century*, London [footnote continues on the next page]

## Medicine in Crisis?

Not all was good, however, in the modern medicalised world. In the late 1920s, some doctors and medical scientists as well as commentators and critics of official medicine suggested that medicine was undergoing a deep, fundamental crisis.<sup>3</sup> Not only was the profession in economic difficulties, but there was more wrong with medicine, as critics like the Vienna gynaecologist Bernhard Aschner argued:

While in physics through Einstein, in philosophy through Bergson, in the social sciences through Spann ... the causal-mechanical-analytical reasoning has already been complemented as a matter of course with the finalist-vitalist-intuitive-synthetic way of thinking, we witness as a grotesque spectacle that just the science dealing with life, that is medicine, is still by and large caught up in mechanistic reasoning, and that vitalist thinking is dismissed by most of today's academic teachers as not sufficiently exact. This is what constitutes the true 'crisis of medicine', not just external factors like a difficult economic situation, a lack of trust of the 'wicked', fanaticised public in doctors and the insurance system etc., as many superficial observers, if they recognise a crisis at all, want to make us believe.<sup>4</sup>

There had always been voices of dissent, challenges to what the medical mainstream (often in accordance with enlightened state administrators)

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& New York: Routledge, 1991, 198-223; Alfons Labisch, "From Traditional Individualism to Collective Professionalism: State, Patient, Compulsory Health Insurance, and the Panel Doctor Question in Germany, 1883-1931," in Manfred Berg and Geoffrey Cocks, eds., *Medicine and Modernity: Public Health and Medical Care in Nineteenth- and Twentieth-Century Germany*, Cambridge: Cambridge University Press, 1997, 35-54. The interdependent development of medical profession and modern society in Britain is described by Christopher Lawrence, *Medicine in the Making of Modern Britain 1700-1920*, London & New York: Routledge, 1994.

<sup>3</sup> Most historical studies dealing with medicine in the Weimar Republic and the Third Reich touch on the crisis debate. Often Weimar medicine and the crisis debate have been viewed in rather teleological ways, as paving the way for Nazi medicine. See, for example, Michael H. Kater, "Physicians in Crisis at the End of the Weimar Republic," in Peter D. Stachura, ed., *Unemployment and the Great Depression in Weimar Germany*, New York: St. Martin's Press, 1986, 49-77; idem, "Hitler's Early Doctors: Nazi Physicians in Predepression Germany," *Journal of Modern History*, 59, 1987, 25-52. A dissertation by Eva-Maria Klasen has identified the participants and their main arguments: Eva-Maria Klasen, *Die Diskussion über eine "Krise" der Medizin in Deutschland zwischen 1925 und 1935*, diss. med., Mainz: Johannes-Gutenberg-Universität, 1984. Detlef Bothe has analysed the 'crisis' as the starting point of the Nazi programme for a 'New German Art of Healing' which was intended to be a synthesis between academic and folk medicine: Detlef Bothe, *Neue Deutsche Heilkunde 1933-1945. Dargestellt anhand der Zeitschrift "Hippokrates" und der Entwicklung der volkshelkundlichen Laienbewegung*, Husum: Matthiesen, 1991. For contemporary contributions to the debate, see chapter one, footnote 2.

<sup>4</sup> Aschner, *Die Krise der Medizin*, p. 6

considered to be the right road to progress. In the interwar years, however, such voices joined in a chorus.<sup>5</sup> This study asks how that happened.

The explosive expansion of urban populations which went along with the industrialisation of the country in the late 19th century, and the way in which the authorities faced up to the resulting health problems (by making sickness insurance compulsory for workers and extending its functions beyond the payment of sick pay towards the provision of a complete range of medical services) created a high demand for licensed medical practitioners. The numbers of medical graduates increased beyond everybody's expectations, and this was part of the problem we are dealing with in this study. Universities, while producing the required medical graduates, were also engaged in making medicine scientific. They housed the anatomy theatres, libraries and laboratories providing the basis for the claims of the profession that the medical care they could provide was vastly superior to that offered by other practitioners in the health market. These claims were based on reason, on 'disenchanted' what they presented as the anachronistic, irrational ways of magic healing practised by other traditional groups of healers.

The rise of modern, orthodox medicine, however, was not the only response to the health problems caused by the rapid transformation of Germany into an industrial state in the last three decades of the 19th century. As in other countries, a strong back-to-nature movement developed, calling for 'lifestyle reform' as a response to the 'unnatural' pressures of life in the new industrial cities.<sup>6</sup> More than in other countries, large lay healing societies, appropriating and promoting the heterodox medical knowledge systems of naturopathy and homeopathy,

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<sup>5</sup> The phenomenon was not restricted to Germany. See Christopher Lawrence and George Weisz, eds., *Greater than the Parts. Holism in Biomedicine 1920-1950*, New York & Oxford: Oxford University Press, 1998.

<sup>6</sup> For the history of the German life style reform movement, see Wolfgang R. Krabbe, *Gesellschaftsveränderung durch Lebensreform. Strukturmerkmale einer sozialreformerischen Bewegung im Deutschland der Industrialisierungsperiode*, Göttingen: Vandenhoeck & Ruprecht, 1974; Franz Walter, Viola Denecke, and Cornelia Regin, *Sozialistische Gesundheits- und Lebensreformverbände*, Bonn: Dietz Nachf., 1991; Diethart Kerbs and Jürgen Reulecke, eds., *Handbuch der deutschen Reformbewegungen 1880-1933*, Wuppertal: Hammer, 1998.

constituted a backbone of this movement.<sup>7</sup> By the time the war broke out in 1914, the lifestyle reform movement had turned into a powerful cultural force, supported by neo-romanticism in literature and poetry and the anti-rationalism and authenticity cult of *Lebensphilosophie*.<sup>8</sup>

## Weimar Culture

After the war and the revolution of 1918, the values promoted by the lifestyle reform movement would become even more influential. Peter Gay has described Weimar culture as above all shaped by groups of people who had been outsiders before the war in Wilhelmian society, and who quite suddenly found themselves to be insiders, running the country and dominating its cultural scene.<sup>9</sup> The old élites, who continued to control the civil service and the legal system, did not like this and were often uncooperative. Furthermore, the structure of German society was in the process of changing quite dramatically.<sup>10</sup> Small families were becoming common, and while the blue-collar workforce was shrinking, increasingly more people worked in white-collar jobs or made money as entrepreneurs, constituting a 'new middle class'. They were hungry for prestige, influence, and for access to higher education, often in technical subjects

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<sup>7</sup> For the naturopathy movement, see Karl Eduard Rothschild, *Naturheilmovement, Reformbewegung, Alternativbewegung*, Stuttgart: Hippokrates Verlag, 1983; Claudia Huerkamp, "Medizinische Lebensreform im späten 19. Jahrhundert. Die Naturheilmovement in Deutschland als Protest gegen die wissenschaftliche Universitätsmedizin," *Vierteljahresschrift für Sozial- und Wirtschaftsgeschichte*, 73, 1986, 158-82; Gunnar Stollberg, "Die Naturheilmovementvereine im Deutschen Kaiserreich," *Archiv für Sozialgeschichte*, 1988, 287-305, pp. 292-4; Cornelia Regin, "Naturheilkundige und Naturheilmovement im Deutschen Kaiserreich. Geschichte, Entwicklung und Probleme eines Bündnisses zwischen professionellen Laienpraktikern und medizinischer Laienbewegung," *Medizin, Gesellschaft und Geschichte*, 11, 1992, 175-200, pp. 180-3; Bernhard Herrmann, *Arbeiterschaft, Naturheilkunde und der Verband Volksgesundheit*, Frankfurt etc.: Peter Lang, 1990. For homeopathy, see Eberhard Wolff, "'...nichts weiter als eben einen unmittelbaren persönlichen Nutzen...'. Zur Entstehung und Ausbreitung der homöopathischen Laienbewegung," *Medizin, Gesellschaft und Geschichte*, 4, 1985, 61-97

<sup>8</sup> Cf. Stefan Breuer, *Ästhetischer Fundamentalismus: Stefan George und der deutsche Antimodernismus*, Darmstadt: Primus Verlag, 1996; idem, "Between 'Conservative Revolution', Aesthetic Fundamentalism and New Nationalism: Thomas Mann's Early Political Writings," *History of the Human Sciences*, 11, 1998, 1-23.

<sup>9</sup> Peter Gay, *Weimar Culture: The Outsider as Insider*, New York: Harper & Row, 1968. See also: Walter Laqueur, *Weimar: A Cultural History, 1918-1933*, London: Weidenfeld and Nicolson, 1974.

<sup>10</sup> Cf. Detlev J. K. Peukert, *The Weimar Republic. The Crisis of Classical Modernity*, London: Allen Lane, The Penguin Press, 1991.

at the new, technical universities. As a consequence, fears took hold in the old educated élite about what they saw as a decline of German culture, culminating in what has been called a ‘crisis of the educated bourgeoisie’.<sup>11</sup>

Historians of Weimar culture and politics, for a long time have analysed the intellectual conflicts of the interwar years as battles between a modernist political left on the one hand, and an anti-modernist right on the other, who sought to protect German ‘culture’ against the threats of Western ‘civilisation’ and paved the way for the Nazi rise to power.<sup>12</sup> More recently these conflicts have been interpreted as debates over the nature of modernity, whose participants on both political wings rejected certain features of modernity and supported others.<sup>13</sup> Fears about the consequences of the industrial revolution and the changes in German society were endemic amongst social scientists and in the humanities since before the turn of the century. Such concerns, however, did not spare the natural sciences and medicine.<sup>14</sup> In a pioneering though much criticised essay, Paul Forman has argued that the strong current of anti-mechanism in the intellectual life of the Republic made physicists abandon causality.<sup>15</sup> Especially historians of medicine and the biological sciences have studied how doctors and scientists were not only susceptible to such tendencies, but also actively

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<sup>11</sup> Fritz K. Ringer, *The Decline of the German Mandarins: The German Academic Community, 1880-1933*, Cambridge, Massachusetts: Harvard University Press, 1969; Konrad H. Jarausch, “The Crisis of German Professions 1918-33,” *Journal of Contemporary History*, 20, 1985, 379-98.

<sup>12</sup> See, for example, Fritz Stern, *The Politics of Cultural Despair: A Study in the Rise of Germanic Ideology*, Berkeley: University of California Press, 1961; Kurt Sontheimer, *Antidemokratisches Denken in der Weimarer Republik: Die politischen Ideen*, Munich: Nymphenburger, 1962.

<sup>13</sup> See, for example, Jeffrey Herf, *Ractionary Modernism: Technology, Culture, and Politics in Weimar and the Third Reich*, Cambridge: Cambridge University Press, 1984; Stefan Breuer, *Anatomie der konservativen Revolution*, Darmstadt: Wissenschaftliche Buchgesellschaft, 1993; Peukert, *The Weimar Republic*; Matthias Uecker, “Diagnoses of Crisis: Recent Studies on Intellectuals and the Political Culture of the Weimar Republic,” *German History*, 14, 1996, 232-40.

<sup>14</sup> For the humanities and social sciences, see Ringer, *The Decline of the German Mandarins*; Charles R. Bambach, *Heidegger, Dilthey, and the Crisis of Historicism*, Ithaca and London: Cornell University Press, 1995.

<sup>15</sup> Paul Forman, “Weimar Culture, Causality, and Quantum Theory, 1918-1927: Adaptation by German Physicists and Mathematicians to a Hostile Intellectual Environment,” in R. McCormach, ed., *Historical Studies in the Physical Sciences, Vol. 3*, Philadelphia: University of Pennsylvania Press, 1971, 1-115.

participated in shaping the anti-mechanistic climate in interwar German science and intellectual culture.<sup>16</sup>

It would be wrong however, to depict Weimar culture as firmly in the grip of anti-modernism. After all, culture is more than the gloomy writings of a few intellectuals. Many Germans were fascinated by technology and the speed of modern life in the big cities, by the entertainment wonderland of the movies, by popular music, and by the consumer culture promoted in the new, glossy, illustrated magazines.<sup>17</sup> The other dominant feature of interwar German debates about social and cultural reforms, besides anti-modernism, was what Mary Nolan has called an ‘infatuation with Fordism’, a fascination with America as a model of modernity and with the idea of ‘rationalisation’ as a guiding principle.<sup>18</sup> This study argues that the health system and the people shaping it were moving in a field of tension between these two poles of Weimar culture. The debate over a crisis of medicine was an expression of this tension.

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<sup>16</sup> Jonathan Harwood, “Weimar Culture and Biological Theory: A Study of Richard Woltereck (1877-1944),” *History of Science*, 34, 1996, 347-77; Anne Harrington, *Reenchanted Science. Holism in German Culture from Wilhelm II to Hitler*, Princeton, N.J.: Princeton University Press, 1996; idem, “Kurt Goldstein's Neurology of Healing and Wholeness: A Weimar Story,” in Lawrence and Weisz, eds., *Greater than the Parts*, 25-45; Cay-Rüdiger Prüll, “Holism and German Pathology (1914-1933),” in *ibid.*, 46-67; Nick Hopwood, “Biology between University and Proletariat: The Making of a Red Professor,” *History of Science* 35, 1997, 367-424; Mitchell G. Ash, *Gestalt Psychology in German Culture 1890-1967. Holism and the Quest for Objectivity*, Cambridge: Cambridge University Press, 1995; Paul Weindling, *Health, Race, and German Politics between National Unification and Nazism, 1870-1945*, Cambridge: Cambridge University Press, 1989; Carsten Timmermann, “Constitutional Medicine, Neo-Romanticism, and the Politics of Anti-Mechanism in Interwar Germany,” *Bulletin of the History of Medicine*, in press.

<sup>17</sup> An excellent insight into Weimar popular culture give Anton Kaes, Martin Jay, and Edward Dimendberg, eds., *The Weimar Republic Sourcebook*, Berkeley: University of California Press, 1994.

<sup>18</sup> Mary Nolan, “The Infatuation with Fordism: Social Democracy and Economic Rationalization in Weimar Germany,” in Wolfgang Maderthaner and Helmut Gruber, eds., *Chance and Illusion. Labor in Retreat. Studies on the Social Crisis in Interwar Western Europe*, Vienna: Europa Verlag, 1988, 151-84; idem, *Visions of Modernity: American Business and the Modernization of Germany*, New York & Oxford: Oxford University Press, 1994. See also Paul Lerner, “Rationalizing the Therapeutic Arsenal: German Neuropsychiatry in World War I,” in Manfred Berg and Geoffrey Cocks, eds., *Medicine and Modernity: Public Health and Medical Care in Nineteenth- and Twentieth-Century Germany*, Cambridge: Cambridge University Press, 1997, 121-48.



## Weimar Medicine

This field of tension between the modernisation and rationalisation plans of cash-stripped welfare bodies on the one hand and the rather conservative professional politics of the medical profession on the other was a central feature of Weimar medicine.<sup>19</sup> Under the impression of growing numbers of medical graduates who had to be accommodated in the health system, the profession aimed to extend its influence over political decision processes. At the same time, doctors sought to preserve ‘professional freedom’ and protect the profession’s image as an ‘unpolitical’ (that is non-partisan) middle class élite. The conflict was closely linked with struggles between doctors and senior civil servants in one camp against the lay healing movement and parliamentarians in the other, over what was to be seen as legitimate medicine and who was a legitimate healer. In conjunction with wider arguments over the nature of modernity, I argue, these two problem areas turned into the constellation viewed as a ‘crisis of medicine’ by Aschner and others.

The first chapter of this study deals with the rise of the welfare state and with doctors’ responses to the revolution of 1918, the expansion of the sickness insurance system and the rationalisation efforts by welfare administrators and insurance managers.<sup>20</sup> The struggle of the organisations representing the

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<sup>19</sup> Cf. Paul Weindling, “Eugenics and the Welfare State During the Weimar Republic,” in W. R. Lee and Eve Rosenhaft, eds., *State, Social Policy and Social Change in Germany 1880-1994* (1990), 2nd edition, Oxford: Berg, 1997, 134-63. See also Michael Hubenstorf, “‘Deutsche Landärzte an die Front!’ Ärztliche Standespolitik zwischen Liberalismus und Nationalsozialismus,” in Christian Pross and Götz Aly, eds., *Der Wert des Menschen: Medizin in Deutschland 1918-1945*, Berlin: Edition Hentrich, 1989, 200-23.

<sup>20</sup> The reform plans and the work of left-wing doctors, medical officers of health and insurance managers in interwar Germany, as well as their fate under Nazi rule has been the subject of a series of studies by a group of social scientists at the University of Bremen, including extensive reprints of original documents and life histories. Cf. Paul Weindling, “Shattered Alternatives in Medicine,” *History Workshop Journal*, 16, 1983, 152-7. See, for example, Stephan Leibfried and Florian Tennstedt, eds., *Kommunale Gesundheitsfürsorge und sozialistische Ärztepolitik zwischen Kaiserreich und Nationalsozialismus - autobiographische, biographische und gesundheitspolitische Anmerkungen von Dr. Georg Löwenstein*, Arbeitsberichte zu verschütteten Alternativen in der Gesundheitspolitik 3, Bremen: Universität Bremen, 1980; Eckart Hansen et al., *Seit über einem Jahrhundert...: Verschüttete Alternativen in der Sozialpolitik*, Düsseldorf: Bund-Verlag, 1981. On the history of sickness insurance funds, see also Florian Tennstedt, *Soziale Selbstverwaltung. Geschichte der Selbstverwaltung in der Krankenversicherung*, Bonn: Verlag der Ortskrankenkassen, 1977. On the rationalisation of state health policies, see Alfons Labisch, and Florian Tennstedt, *Der Weg zum “Gesetz über die Vereinheitlichung des Gesundheitswesens” vom 3. Juli 1934. Entwicklungslinien und -*  
[footnote continues on the next page]

economic interests of doctors against the insurance funds led to widely publicised complaints about the alleged hardship of German doctors and a ‘crisis of the medical profession’ [*Krise des Ärztestandes*]. In conjunction with the growth of the lifestyle reform movement, it also led to an apparent loss of trust amongst patients in academic medicine. The number of lay healers registered in Germany was rising. In 1909, the country had 4,468 registered lay healers, or folk doctors, as many preferred to call themselves. By 1927, there were 11,761.<sup>21</sup>

A group of doctors who I call ‘Hippocratic heretics’ blamed this apparent loss of trust in academic medicine and the popularity of heterodox practitioners on the expansion of the social insurance system, on the rise of bureaucracy in the health system and on modern medicine’s emphasis on science and reason. The ‘heretics’, I argue in chapter two, turned the ‘crisis of the profession’ into a ‘crisis of medicine’. They preached an inversion of the gospel of scientific medicine. Science, they argued, should no longer take preference over magic and religion. The pastoral competence of medical men should be more important than their scientific authority. Medical intervention should no longer have priority. Instead doctors should trust in the healing powers of nature. The ‘heretics’ employed the arguments of Weimar cultural pessimism to challenge 19th century ideals of scientific medicine. By pointing to heterodox healers as role models, they also challenged established boundaries which, in the eyes of most doctors, separated legitimate and illegitimate medical practice.<sup>22</sup> The majority of doctors saw non-licensed practitioners as dangerous ‘quacks’, uneducated at best and fraudulent at worst.

Chapters three, four and five deal with heterodox medicine and attempts to control non-licensed practitioners.<sup>23</sup> The existing historiography of heterodox

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*momente des staatlichen und kommunalen Gesundheitswesens in Deutschland*, Düsseldorf: Akademie für öffentliches Gesundheitswesen, 1985.

<sup>21</sup> Dornedden, “Das berufsmäßig tätige Heil- und Pflegepersonal im Deutschen Reich am 1. Mai 1927,” *Reichsgesundheitsblatt*, 1928, 690-705; V. Nagel, “Die Zunahme der Kurpfuscher,” *Gesundheitslehrer A*, 32, 1929, 12.

<sup>22</sup> Cf. for Britain: Mark W. Weatherall, “Making Medicine Scientific: Empiricism, Rationality, and Quackery in mid-Victorian Britain,” *Social History of Medicine*, 9, 1996, 175-94.

<sup>23</sup> A good overview over the history of heterodox medicine in Germany gives Robert Jütte, *Geschichte der alternativen Medizin: Von der Volksmedizin zu den unkonventionellen Therapien von heute*, Munich: C.H. Beck, 1996. For the historiography of ‘alternative’  
[footnote continues on the next page]

medicine mirrors different national traditions in social history. British historians, for example, have emphasised the pluralism of occupations in the medical marketplace of the 18th and 19th centuries, as well as aspects of entrepreneurship, consumerism and religious belief.<sup>24</sup> Their German colleagues have focused predominantly on the large lay healing societies for naturopathy and homeopathy in the late 19th and early 20th century, their origins, membership, and their struggles with the medical profession for acceptance at the universities.<sup>25</sup> While drawing a picture of medical lifestyle reform as a reaction to industrialisation, urbanisation and as a phenomenon of resistance against the monopoly of the medical profession, these studies often tend to idealise their subjects. They largely neglect commercial aspects of non-licensed practice, which became increasingly important in the interwar years.<sup>26</sup> The distinction between the 'market', which had negative connotations, and an idealised notion of 'state', I will argue, was a central feature of attempts to classify healing practices as legitimate or illegitimate.

The 'heretics' presented lay practitioners either as charismatic magicians who cured patients with the power of their personalities (rather than isolated organs with the means of scientific medicine), or as custodians of ancient medical knowledge. In any case, the healer had to be a man. Chapter three

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medicine, see his "The Historiography of Nonconventional Medicine in Germany: A Concise Overview," *Medical History*, 43, 1999, 342-58. See also Cornelia Usborne and Willem de Blecourt, "Pains of the Past: Recent Research in the Social History of Medicine in Germany," *GHIL Bulletin*, 21, 1999, 5-21. For the changing meanings of 'folk medicine', see Michael Stolberg, "Probleme und Perspektiven einer Geschichte der Volksmedizin," in Thomas Schnalke and Claudia Wiesemann, eds., *Die Grenzen des Anderen: Medizingeschichte aus postmoderner Perspektive*, Köln etc.: Boehlau, 1998, 49-73; and Eberhard Wolff, "'Volksmedizin' - Abschied auf Raten. Vom definitiven zum heuristischen Begriffsverständnis," *Zeitschrift für Volkskunde*, 94, 1998, 233-57.

<sup>24</sup> See, for example, the essays in Roger Cooter, ed., *Studies in the History of Alternative Medicine*, Houndmills &c.: Macmillan, in association with St. Antony's College, Oxford, 1988, 63-78; W.F. Bynum and Roy Porter, eds., *Medical fringe and medical orthodoxy 1750-1850*, London: Croom Helm, 1987; W. J. Sheils, ed., *The Church and Healing*, Oxford: Blackwell, 1982.

<sup>25</sup> See references in footnote 7. For the struggles about university positions for naturopathy and homeopathy, see Petra Werner, "Zu den Auseinandersetzungen um die Institutionalisierung von Naturheilkunde und Homöopathie an der Friedrich-Wilhelms-Universität zu Berlin zwischen 1919 und 1933," *Medizin, Gesellschaft und Geschichte*, 12, 1993, 205-19.

<sup>26</sup> An exception is Volker Jäger, "Im Dienste der Gesundheit. Zur Geschichte der Firma Willmar Schwabe," *Medizin, Gesellschaft und Geschichte*, 10, 1991, 171-88.

examines how accurate this image of non-licensed practitioners was, by looking at the social context of non-licensed practice in Weimar Germany and the class and gender backgrounds of lay healers.<sup>27</sup> A case study of the career of a producer of asthma therapies provides a contrast with the idealised image, as promoted by the ‘heretics’, of lay healers as noble savages. It also shows how closely business-minded doctors and non-licensed practitioners collaborated.

The attitude of the professional organisations towards heterodox medicine was quite different from that of the ‘heretics’. While the ‘German League to Combat Quackery’ [*Deutsche Gesellschaft für die Bekämpfung des Kurpfuschertums, DGBK*] also presented heterodox practices as backward and anti-modern, its activists wanted to see a ban on lay practice implemented as quickly as possible.<sup>28</sup> Chapter four deals with the activities of the League. A central issue in its campaigns was the advertising of lay healers and producers of ‘secret remedies’. A case study will examine in detail the marketing of an ‘Indian rejuvenation medicine’ and the actions taken by the *DGBK* and others to stop it. The league’s activists claimed to be serving enlightenment values, but they approached this, as we will see, as enlightenment by coercion. While senior civil servants supported the League’s campaigns, the majority of parliamentarians rejected a ‘quackery ban’.

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<sup>27</sup> On the role of class and gender in Weimar medical culture, see Cornelia Osborne, *The Politics of the Body in Weimar Germany*, Houndmills etc.: Macmillan, 1992; Atina Grossmann, *Reforming Sex. The German Movement for Birth Control and Abortion Reform 1920-1950*, Oxford: Oxford University Press, 1995; Elisabeth Meyer-Renschhausen, “The Bremen Morality Scandal,” in Renate Bridenthal, Atina Grossmann, and Marion Kaplan, eds., *When Biology Became Destiny: Women in Weimar and Nazi Germany*, New York: Monthly Review Press, 1984, 87-108.

<sup>28</sup> Combating ‘quackery’ and its importance for the self understanding of the medical profession has not received much attention from historians. An exception to this rule is an essay by Reinhard Spree, in which he interprets the combined efforts of professional organisations and medical administrations as a way of protecting old-style guild privileges in a changed medical market place by attempting to exclude from this market non-licensed healers as well as licensed outsiders: Reinhard Spree, “Kurpfuscherei-Bekämpfung und ihre sozialen Funktionen während des 19. und zu Beginn des 20. Jahrhunderts,” in Alfons Labisch and Reinhard Spree, eds., *Medizinische Deutungsmacht im sozialen Wandel*, Bonn: Psychiatrie Verlag, 1989, 103-21.

Chapter five will take us back to the themes of ‘rationalisation’, rationality and modernity.<sup>29</sup> While both the ‘heretics’ and the *DGBK* depicted heterodox medicine as anti-modern and anti-rational, non-licensed healers were themselves involved in rationalisation efforts. They joined up in professional organisations and organised training courses. A well-organised commercial infrastructure provided them with literature, herbal medicines and homeopathic preparations. A case study of the marketing and research activities of the company ‘Dr. Madaus & Co.’ shows how futile the exclusion of heterodox practices from mainstream institutions was. Despite the expansion of the welfare state and the campaigns of the *DGBK*, there remained a market for heterodox medicine. While employing the rhetoric of cultural pessimism, researchers in the laboratories of ‘Dr. Madaus & Co.’ were busily disenchanting folk medicine. Heterodox medicine and opposition to mainstream medicine turned out to be neither anti-rationalist nor anti-modern, but an integral part of the modern medical market place.

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<sup>29</sup> For a discussion of the complex links between rationalisation, rationality and modernity, see Sam Whimster and Scott Lash, eds., *Max Weber, Rationality and Modernity*, London: Allen & Unwin, 1987.

## Chapter 1. Welfare State and Professional Politics

*The medical journals are full of laments over the spiritual and material suffering of the medical profession. To blame for it is allegedly the state bureaucracy for having no appreciation for the doctors' work, to blame are government and parliament who have created today's social insurance legislation without asking the profession, to blame is the profession itself for not getting organised in time to fight the looming danger, to blame are the local authorities who set up public health and welfare institutions, to blame are the patients for not appreciating the spiritual efforts of the profession sufficiently, to blame, finally and in particular, are the sickness insurance funds for turning the free professional into a dependent employee and so on. Blame, blame, blame!*<sup>1</sup>

### Introduction

When the socialist doctor and municipal medical officer of health in the Berlin borough of Treptow, Richard Roeder, in 1929 pointed his finger at what he saw as a thriving blame culture in the medical profession, the discussion was at its peak whether medicine was undergoing a fundamental crisis. Scores of articles on this question had appeared in the previous two years, not only in the medical press, but also in magazines and newspapers. More would follow in the early 1930s. Many carried the 'crisis of medicine' in their titles.<sup>2</sup> Most blamed

<sup>1</sup> Roeder, "Die berufliche Krise der Ärzteschaft," *Ärztliche Mitteilungen*, 30, 1929, 189-92, p. 189.

<sup>2</sup> See, for example: "Umschau: Die Tagespresse und die Krisis im Aertzestand," *Aerztl. Vereinsbl.*, 56, 1927, 77; Bernhard Aschner, *Die Krise der Medizin. Konstitutionstherapie als Ausweg*, Stuttgart: Hippokrates, 1928; Bumke, *Eine Krisis der Medizin. Münchener Rektoratsrede*, Munich: Huber, 1929; Felix Buttersack, "Die ärztliche Krisis," *MMW*, 76, 1929, 1411-3; Paul Diepgen, "Die Grundlagen der Medizin im 19. Jahrhundert und ihre gegenwärtige Krise," *DMW*, 54, 1928, 2171-5; Feuerstein, "Krisis des Aertztestandes und Anpassung," *Aerztl. Vereinsbl.*, 57, 1928, 505-6; Karl Funck, "Krisis der Medizin. Ihre Beziehung zur gegenwaertigen kulturellen Krisis," *Schönere Zukunft*, 4, 1930, 993-5; Georg Gruber, "Zur angeblichen Krisis der Medizin," *Wiener Klin. Wschr.*, 46, 1933, 801-7; Wolfgang Heubner, "Kritische Gedanken über medizinisches Denken und ärztliche Krisis," *Aerztl. Vereinsbl.*, 56, 1927, 201-4, 217-9, 237-40; Wilhelm His, "Die Krisis in der Medizin," *Die Woche*, 1930, 789-90; idem, "Die Krisis in der Medizin," *Ernte: Halbmonatsschr. f. Politik u. Allgemeines*, 1932, 25-28; Carl Jacobs, *Arztum in Not: Betrachtungen über die Krisis im Aertzestand*, Leipzig: F.C. Vogel, 1929; Walther Jaensch, "Konstitutionsmedizin und Kulturprobleme in der Krisis der Gegenwart," *DMW*, 59, 1933, 1088-90; Friedrich Kraus, "Ueber Grundlagenkrise in der medizinischen Wissenschaft," *Arch. f. klin. Chirurgie*, 164, 1931, 1-4; idem, "Grundlagenkrise in der medizinischen Theorienbildung?," *Ztschr. f. ärztl. Fortb.*, 29, 1932, 90-2; Ernst Mayer, "Die Krisis des deutschen Aertztestandes," *Klin. Wschr.*, 3, 1924, 1823-5; idem, *Die Krisis des deutschen Aertztestandes*, Berlin: Springer, 1924; Julius Moses, "Die Krisis der Medizin," *Biol. Heilk.*, 10, 1929, 804-5, 832-3; idem, "Die Krisis des Aertztestandes und die Sozialhygiene," [footnote continues on the next page]

the state, the insurance funds and their managers, quacks, and a lack of corps spirit in the profession for the problem. To most doctors, the Weimar welfare state seemed to be the source of their professional, intellectual and spiritual problems.

Weimar social policy is generally seen as progressive and democratic, pointing the way to the current West German welfare state.<sup>3</sup> In the Weimar Republic, welfare became a constitutional right, including the guarantee of a comprehensive insurance system “for the maintenance of health and the ability to work, protection of motherhood and provision for the economic consequences of old age, feebleness and accident” (article 161 of the Weimar constitution).<sup>4</sup> This had consequences for health politics and brought a number of significant changes in the constellation of bodies defining health and illness: doctors and patients, sickness insurance managers and social politicians, employers and employees. Along with other members of the educated middle classes, most doctors viewed the Republic with scepticism or even open hostility. They feared that the new state would favour socialist insurance managers over conservative doctors. At least as important as worries about their economic situation and the alleged

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*Deutsche Krankenkasse*, 17, 1930, 218-27; Arthur Schlossmann, *Die Krise des Ärztestandes und die Sozialhygiene*, Leipzig, 1930; Peter Schmidt, “Krise der Medizin?” *Querschnitt*, 9, 1929, 318-20; Wolfgang Schroeder, “Der Kampf gegen die ‘Krisis in der Medizin’ und seine Beziehungen zum klinischen Studium,” *Praemedicus*, 13 (*DMW*, 59), 1933, 909-10, 947-8; Georg Volk, “Krisis der Medizin?,” *Hochland*, 26, 1929, 207-9; H. Woltereck, “Die Krise in der Medizin. Was kann die moderne Chirurgie leisten? Geheimrat Sauerbruch ueber die ‘Moeglichkeiten und Grenzen der Chirurgie’,” *Welt und Wissen*, 22, 1933, 282-4. For the coverage in daily newspapers, see Pressearchiv des Reichslandbundes, BArch, R 8034 II, Nr. 1812 and 1813.

<sup>3</sup> See, for example, Volker Hentschel, “Die Sozialpolitik in der Weimarer Republik,” in: Karl Dietrich Bracher, Manfred Funke, Hans-Adolf Jacobson, eds., *Die Weimarer Republik 1918-1933*, Düsseldorf: Landeszentrale für politische Bildung Nordrhein-Westfalen, 1987, 197-217.

<sup>4</sup> Gerhard A. Ritter, “Entstehung und Entwicklung des Sozialstaates in vergleichender Perspektive,” *Historische Zeitschrift*, 243, 1986, 1-90, p. 62. Weimar social politicians aimed at making welfare services available to the total population and removing the stigma from those who were dependent on its support. In imperial Germany, persons who accepted poor law support automatically lost their right of vote: one’s rights as a citizen depended on one’s economic standing. According to the plans of Weimar social reformers this should become different. The reason was not only that the Social Democrats gained access to political power but also that the war impoverished parts of the middle classes who traditionally had not been amongst the welfare clients. The Weimar welfare system aimed at providing the impoverished with a support which allowed them a dignified life, close to their previous standard of living, not just above the level of starvation. Due to the interwar reality of economic crises and continuing political struggle, however, this aim was never reached.

‘proletarianisation’ of the profession was the anxiety about losing professional freedom and becoming ‘socialised’ in the end. All these fears they associated with the rationalisation plans of insurance fund managers and welfare administrators.

In order to understand how such worries over the future of the profession in the welfare state turned into the notion of a fundamental crisis in medicine, it is essential to examine more closely the conflicts between doctors and their real or imagined enemies in the early years of the Weimar Republic, between 1919 and 1924. Looking at these conflicts and the ways in which they were carried out will help to explain the militant mood in the profession, the opposition of doctors against the Weimar state and against ‘rationalism’, as well as their proneness for ‘irrationalist’ and fundamentalist thought, about which we will hear more in chapter two. In this chapter we will deal with the political events, as well as the intellectual and economical developments leading to perceptions of a crisis of the medical profession.

### **Social Policy and Professional Politics**

Complaints about the economic situation of the medical profession and an alleged ‘proletarianisation’ of doctors were by no means new, despite the fact that their incomes for a long time had been significantly higher than the average for the whole population and comparable to those of other academics.<sup>5</sup> “Talk about the ‘economic dilemma’ of physicians had become so common around the turn of the century,” historian Claudia Huerkamp writes in her rich history of the professionalisation of medicine in 19th century Prussia, “that even non-medics, often without questioning, assumed a material emergency situation of the medical profession.”<sup>6</sup> Already the Wilhelmian state was in many instances more interested in keeping the sickness insurance cheap than in supporting the case of the medical profession against the funds.<sup>7</sup>

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<sup>5</sup> Claudia Huerkamp, *Der Aufstieg der Ärzte im 19. Jahrhundert. Vom gelehrten Stand zum professionellen Experten: Das Beispiel Preußens*, Göttingen: Vandenhoeck & Ruprecht, 1985, pp. 209-16

<sup>6</sup> *Ibid.*, p. 210.

<sup>7</sup> *Ibid.*, p. 278.



The compulsory sickness insurance for workers was part of the social insurance package introduced under Bismarck in the 1880s. The social insurance turned into a “nationally organized, extensive, compulsory solidarity community” of state, employers and workers, who all contributed to the insurance funds and ideally had to come to joint policy decisions.<sup>8</sup> Bismarck’s original motivation for the system’s implementation was its potential as a means of restricting the influence of socialism amongst workers. The compulsory insurance scheme had its precursors in the co-operative support models practised by artisan guilds, in the traditional duty of employers to protect their workers - implemented in the Prussian *Allgemeines Landrecht* of 1794, and in municipal and governmental poor law support. Its organisation was modelled on voluntary insurance funds of artisans and workers and on the compulsory ones for miners and sailors. The Sickness Insurance Act was the first of the social insurance laws, which passed the German parliament in 1883.<sup>9</sup>

The new scheme accommodated the older sickness benefit societies. It consisted of a variety of small funds. The most common type was the *Ortskrankenkasse*, a local association, whose members usually belonged to one professional group. In the 20th century a concentration process took place, leading to larger and more powerful *Allgemeine Ortskrankenkassen*, catering for members with different professional backgrounds. Between 1885 and 1911, the total membership of the insurance funds increased from 4.3 million (10 percent of the German population) to 13.4 million (20.8 percent of the population). In 1925, 20.2 million Germans were members of sickness insurance funds, 32.3 percent of the population.<sup>10</sup> As most insurance funds also covered the families of members, the great majority of Germans, at least in the cities, had sickness

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<sup>8</sup> Ritter, “Entstehung und Entwicklung,” p. 34. See also Alfons Labisch, “From Traditional Individualism to Collective Professionalism: State, Patient, Compusory Health Insurance, and the Panel Doctor Question in Germany, 1883-1931,” in: Manfred Berg and Geoffrey Cocks, *Medicine and Modernity. Public Health and Medical Care in Nieneteenth- and Twentieth-Century Germany*, Cambridge: Cambridge University Press, 1997, 35-54; Henry E. Sigerist, “From Bismarck to Beveridge: Developments and Trends in Social Security Legislation. I. The Period of Bismarck,” *Bulletin of the History of Medicine* 13, 1943, 368-88.

<sup>9</sup> Florian Tennstedt, *Soziale Selbstverwaltung. Geschichte der Selbstverwaltung in der Krankenversicherung*, Bonn: Verlag der Ortskrankenkassen, 1977; Huerkamp, *Der Aufstieg der Ärzte*, pp. 194-9.

<sup>10</sup> Statistik des Deutschen Reichs, cited after Tennstedt, *Soziale Selbstverwaltung*, p. 27.

insurance cover. The funds were managed by decentralised, autonomous administrations (*Soziale Selbstverwaltung*). But there were also a large number of factory (*Betriebskrankenkassen*) and farm workers funds (*Landkrankenkassen*), run and controlled by factory managers and the rich land owners of the Prussian provinces east of the river Elbe.

Year	Members (in millions)	% of the population
1885	4.3	9.2
1900	9.12	16.3
1914	15.6	23.0
1925	20.2	32.3
1932	18.7	28.7

Table 1.1: *The growth of the sickness insurance fund membership.*<sup>11</sup>

Surprisingly enough, considering the medical profession's hostile attitude towards the insurance funds from around the turn of the century, Bismarck's social insurance was not an issue in the medical journals of the 1880s nor in contemporary medical autobiographies.<sup>12</sup> Doctors were already used to the idea of sickness insurance funds on a smaller scale. Furthermore, compared to later years, insurance practice contributed only a small proportion of doctors' incomes, while they predominantly drew on private practice, catering to the needs of the upper and middle classes. In fact, the introduction of the insurance scheme served the interests of the medical profession in opening up their practices to groups of the population which previously had not consulted academically trained doctors on a regular basis.<sup>13</sup> The insurance contract was,

<sup>11</sup> After Tennstedt, *Soziale Selbstverwaltung*, p. 115.

<sup>12</sup> Sigerist, "From Bismarck to Beveridge," pp. 386-7; Labisch, "From Traditional Individualism to Collective Professionalism," p. 41.

<sup>13</sup> Cf. Claudia Huerkamp and Reinhard Spree, "Arbeitsmarktstrategien der deutschen Ärzteschaft im späten 19. und frühen 20. Jahrhundert. Zur Entwicklung des Marktes für professionelle ärztliche Dienstleistungen," in: T. Pierenkemper and R. Tilly, eds., *Historische Arbeitsmarktforschung*, Göttingen: Vandenhoeck & Ruprecht, 1982, 77-116. See also Huerkamp, *Der Aufstieg der Ärzte*, esp. pp. 137-53, 207-8; Reinhard Spree, *Soziale Ungleichheit vor Krankheit und Tod*, Göttingen: Vandenhoeck & Ruprecht, 1981.

moreover, a reliable source of income. This could not necessarily be said about payments from private patients.<sup>14</sup>

<b>Previous occupations of insurance fund chief executives</b>	<b>total</b>	<b>percent</b>
Insurance fund administrators	48	21.4
Employees in other administration	73	32.6
Union secretaries	7	3.1
Soldiers	11	5.0
Traders	30	13.5
Workers or craftsmen	55	24.5

Table 1.2: *Training or previous occupations of 224 chief executive officers of Ortskrankenkassen in 1928.*<sup>15</sup>

The main reason for the contempt some doctors (by far not the majority) felt for their sickness insurance work, was the non-middle class background of the insurance managers who employed them. Traditionally, administrative bodies in the German empire had been controlled by members of the educated middle class, the *Bildungsbürgertum*. Insurance funds in contrast, were the first administrative bodies in Germany dominated by the labour movement. As employees paid two thirds of the contributions to the insurance funds, while the employers contributed one third, and as the seats in the self-management organs were distributed according to this ratio, the labour representatives had a safe majority. After an initial phase of reluctance, workers quickly accepted the new, compulsory funds and increasingly took control of their administration.<sup>16</sup> At a time when Social Democrats were still virtually banned from careers in state administration, the insurance funds offered workers and trade union activists the option of an administrative career.

Albert Kohn, for example, chief executive of the Berlin *Allgemeine Ortskrankenkasse* between 1914 and 1925, started his career as a shop assistant

<sup>14</sup> Fritz Kirschstein, *Ärzte, Krankenkassen und Leipziger Verband*, Leipzig, 1905, pp. 29-30, cited after Tennstedt, *Soziale Selbstverwaltung*, p. 70.

<sup>15</sup> Tennstedt, *Soziale Selbstverwaltung*, p. 115.

(*Handlungsgehilfe*). Around 1890, when Bismarck's ban on all socialist organisations was abolished, he came to Berlin. In 1893 he started to work for the *Ortskrankenkasse der Handlungsgehilfen*. When it merged with other funds into the *Ortskrankenkasse der Kaufleute, Handelsleute und Apotheker* (local sickness insurance fund of merchants, shop personnel and pharmacists) he was elected as its *Verwaltungsdirektor*, and after the merger of his fund with the *Allgemeine Ortskrankenkasse* Berlin he headed this largest sickness insurance fund in Germany. In this function he had a major role in the design of concepts and institutions of health care and social hygiene in the 1920s.<sup>17</sup> Many doctors saw the funds as bulwarks of socialism, a threat to civil society. In their rage against the *Ortskrankenkassen*, conservative representatives of the profession conveniently ignored the employer-controlled factory and farm workers insurance funds, who often took a tougher stance in negotiations than the socialist-run *Ortskrankenkassen*.<sup>18</sup>

Doctors' complaints over the humiliation of being regulated and controlled by fund managers, were not always unjustified. Initially, insurance doctors were quasi employees of individual funds. In the 1890s, growing numbers of medical graduates competed for the scarce insurance positions, with more or less legal means. Occasionally they had to bribe corrupt insurance managers to get a contract. In cases of unilateral pay cuts through the funds they were powerless. Because it was easy to find a replacement doctor, fund managers did hardly have to compromise.<sup>19</sup> This said, in the majority of cases the co-operation between insurance administrators and contract doctors seems to have worked smoothly

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<sup>16</sup> Tennstedt, *Soziale Selbstverwaltung*, pp. 47-66.

<sup>17</sup> Ibid., p. 150. See also Georg Loewenstein, "Albert Kohn," in Stephan Leibfried, and Florian Tennstedt, eds., *Kommunale Gesundheitsfürsorge und sozialistische Ärztepolitik zwischen Kaiserreich und Nationalsozialismus - autobiographische, biographische und gesundheitspolitische Anmerkungen von Dr. Georg Loewenstein*, *Arbeitsberichte zu verschütteten Alternativen in der Gesundheitspolitik* 3, Bremen: Universität Bremen, 1980, p. 190.

<sup>18</sup> Michael Hubenstorf, "'Deutsche Landärzte an die Front!' Ärztliche Standespolitik zwischen Liberalismus und Nationalsozialismus," in Christian Pross and Götz Aly, eds., *Der Wert des Menschen: Medizin in Deutschland 1918-1945*, Berlin: Edition Hentrich, 1989, 200-23, p. 201. See also Huerkamp, *Der Aufstieg der Ärzte*, pp. 194-240.

<sup>19</sup> Cf. Huerkamp, *Der Aufstieg der Ärzte*, pp. 216-24.

and to the satisfaction of both parties.<sup>20</sup> The rising number of medical graduates, though, who could not gain access to an insurance contract, increasingly caused problems (see table 1.6). Demands for *freie Arztwahl*, i.e. free choice of a doctor for the members of an insurance fund and general access to insurance practice for all licensed physicians, came mainly from those without contracts. All attempts to force the insurance managers to give in to such demands, however, failed due to the fragmentation of the medical profession. There were always candidates willing to replace protesting colleagues. The balance of power between insurance funds and practitioners changed slowly when in the 1890s doctors responded to the organised purchase power of the funds by founding associations for *freie Arztwahl*. The sea change came, however, when in 1900 physicians in Leipzig founded the ‘Association of German Doctors for the Defence of their Economic Interests’ or *Leipziger Verband*, later called after its founder, *Hartmannbund*.<sup>21</sup>

### **“Doctors in Germany, get Organised!”: the *Hartmannbund***

When in July 1900 the Leipzig panel doctor Hermann Hartmann called on his colleagues to follow the example of the workers and get organised in a trade union, the profession had already experienced a number of highly unsuccessful attempts to force the insurance funds to give in to their demands. In 1898, for example, a strike action by Remscheid insurance doctors failed when the fund managers could easily replace them with physicians from other regions. What was needed, Hartmann recognised, was a national organisation and appropriate means (financial and otherwise) to stop colleagues from undermining local disputes by accepting contract offers from the picketed insurance funds. On September 13, 1900, about 20 doctors, mostly from Leipzig, founded the ‘Association of German Doctors for the Defence of their Economic Interests.’<sup>22</sup> But the *Hartmannbund* was not only about money: “Not only economic needs, but especially the humiliation through the completely illegitimate lust for power

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<sup>20</sup> Cf. Huerkamp, *Der Aufstieg der Ärzte*, pp. 233-6

<sup>21</sup> Huerkamp and Spree, “Arbeitsmarktstrategien der deutschen Ärzteschaft.”

<sup>22</sup> Cf. Huerkamp, *Der Aufstieg der Ärzte*, pp. 279-84; Tennstedt, *Soziale Selbstverwaltung*, pp. 75-82.

[by the insurance funds] had led to anger, but also desperate apathy in the rows of those concerned.”<sup>23</sup>

Initially the majority of doctors viewed the new association with its trade union-like habitus and its aggressive slogans rather sceptically. Before 1903, the *Hartmannbund* counted only about 2500 members. The attitude of their fellow doctors towards the organisation changed when it gained the official recognition of the older, traditionally tamer and more inert head association of local medical societies, the *Ärztevereinsbund*. When the government with the 1903 draft for an amendment of the sickness insurance law did not seem to respond to the demands of the profession, an unscheduled convention of the *Ärztevereinsbund* adopted the belligerent language of the Leipzig doctors. A basis was found for “marching together.” Later in the same year the *Ärztevereinsbund* incorporated the organisation of the *Hartmannbund* as its ‘economic section’.<sup>24</sup>

Those who had not yet been convinced by the *Ärztevereinsbund*’s change of direction joined the *Hartmannbund* after its first spectacular triumph over the management of the Leipzig *Ortskrankenkasse* in 1904, then the largest individual fund in the country. The Leipzig panel doctors considered a fee increase offered by the fund insufficient and demanded more, as well as the introduction of *freie Arztwahl*. When the management dismissed their demands, 231 of the 233 Leipzig panel doctors gave notice to terminate their contracts by April 1, 1904. They declared that they would no longer treat the members of the fund, except in emergencies, until the fund gave in. While the fund managers tried to hire replacements, the *Hartmannbund* activists did their best to persuade potential candidates not to go to Leipzig: they bullied, they bribed, they supported those with loans who thought that Leipzig was their only chance of starting a practice. ‘Strike breakers’ had to expect professional isolation and other social sanctions, and if they still decided to go ahead, they often suffered under the heavy workload. The strategy of the *Hartmannbund* worked. Despite promising a generous income and wonderful conditions, the insurance management could not find enough doctors to secure the medical care of its members. The supervising

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<sup>23</sup> S. Alexander, “Der Ausbau des Leipziger Verbandes,” *DMW*, 46, 1920, 1368-9, p. 1368.

<sup>24</sup> Huerkamp, *Der Aufstieg der Ärzte*, pp. 279-84.

authority intervened and negotiated a new contract with the old Leipzig panel doctors, fulfilling many of their demands. The campaign was a full success for the *Hartmannbund*. By June 1904, more than half, and by 1910, three quarters of the German doctors had joined the organisation.<sup>25</sup>

The function of the *Hartmannbund* as the organisation which represented the medical profession in negotiations with the insurance funds was stabilised by the Treaty of Berlin in 1913. In 1911 the German parliament had passed new insurance regulations, again without making concessions to the demands of the profession, and in 1913 the outrage of the German doctors reached boiling point. An unscheduled convention of the *Ärztevereinsbund* decided by an overwhelming majority to announce that they all would refuse to treat insurance patients, except for cash, starting with the day the new law became effective. In face of the doctors' determination, the three main sickness insurance organisations negotiated a last minute agreement with *Hartmannbund* and *Ärztevereinsbund*, the Treaty of Berlin, which de facto ended the contract autonomy of individual funds. While they still signed contracts with individual physicians, their conditions were determined by a commission of insurance managers and representatives of the medical profession. The Treaty of Berlin provided a framework for the interactions with the insurance funds for 10 years.

Central to the *Hartmannbund's* success was, according to Huerkamp, "that it succeeded to suggest ... that the whole of the medical profession was threatened by outside forces, and, by nurturing a latent fear in physicians about their status, to trigger feelings of solidarity."<sup>26</sup> This fear would increasingly shape physicians' corporate actions, even more so after the lost war and the revolution of 1918. Led by the *Hartmannbund*, the profession turned against the respective 'other' in increasingly aggressive ways (be they socialist insurance managers or non-licensed practitioners, as we will see in chapters three and four). But the association also tackled everyday problems of young doctors, for example by setting up a job agency. However, the *Hartmannbund* and its campaigns received criticism also from within the profession. Critics deplored the organisation's

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<sup>25</sup> Ibid., pp. 283, 285-96.

<sup>26</sup> Ibid., p. 301.

‘materialistic’ motivations, its bullying tactics, and the conformity pressure it exerted on the colleagues, impinging on their individual freedom. Furthermore, the critics argued, there was the disastrous PR effect of the doctors’ strikes which undermined the trust of the public in the profession. We will see that the public impression of doctors being mainly interested in their own economic well-being played a central role in what came to be seen later as a ‘crisis of medicine’.

### **Revolution and Rationalisation: the Doctor’s Fear of Socialism**

The Weimar welfare state was haunted by a striking discrepancy between reform ambitions and the financial means available to put them into place. Long periods of economic crisis and only short periods of recovery meant that such means were almost always extremely limited.<sup>27</sup> The welfare state was chronically underfinanced. Distinctly different opinions over how to distribute the scarce resources for health care most rationally and advantageously led to constant tensions between independent medical practitioners on the one hand and insurance fund managers and welfare administrators on the other.

The author of an obituary for Helmut Lehmann, the powerful president of the head association of German sickness insurance funds (*Hauptverband der deutschen Krankenkassen*), characterised this period as a time of fierce internal and external fights for the organisation. These fights were caused by the gradual development of the sickness insurance bodies from mere support funds into politically and economically powerful institutions.<sup>28</sup> The social insurance was rapidly changing its character, from an emergency network for workers, originally designed to give them security and limit the attraction of socialist ideas, to a general welfare system. The insurance funds grew enormously after the war, and so did their central organisations. The expansion of compulsory sickness insurance made the insurance contract an even more important source of income for physicians. The new regulations and their implications would be the

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<sup>27</sup> Cf. Detlev J. K. Peukert, *The Weimar Republic. The Crisis of Classical Modernity*, London: Allen Lane, The Penguin Press, 1991.

<sup>28</sup> Tennstedt, *Soziale Selbstverwaltung*, p. 144. Lehmann was a Social Democrat and trade union member. As head of the the *Hauptverband* administration, however, he acted rather conservatively.



focus of a prolonged battle between the sickness insurance funds and the medical profession, who feared that they were on the way towards being ‘socialised’.

### Doctors “on Strike”

The relations between the profession and the insurance funds in the early years of the Weimar Republic were more than ever characterised by distrust and repeated stand-offs. The temporary agreement between their head organisations, the Treaty of Berlin, had never been strictly adhered to, but in a muddled sort of way it had succeeded to regulate their interactions. After the war, “the rising waves of the inflation threatened to wash it away.”<sup>29</sup> But already before inflation reached the astonishing rates of the year 1923, relations were tense, to say the least. The revolutionary government drafted and passed new insurance regulations (*Versicherungsordnung*) as early as November 22, 1918, less than two weeks after both the moderate Social Democrat Philipp Scheidemann and the Socialist Karl Liebknecht had proclaimed Germany a republic. The new legislation raised the upper income limit for compulsory sickness insurance and completely abolished restrictions for voluntary membership. Consequently, a large number of employees with higher incomes, who had been private patients before, were included now in the insurance scheme. On February 3, 1919, the government further extended compulsory insurance to a number of previously excluded occupations: farm workers and domestic employees, as well as white collar employees of private corporations like banks and insurance companies.<sup>30</sup> Already a minority, the group of privately paying patients continued to shrink, while the insurance funds seemed to gain in power.<sup>31</sup>

The medical profession did not remain passive during the revolutionary upheavals. Doctors showed their willingness to flex their political muscles in what medical historian Michael Hubenstorf has described as ‘political strikes.’

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<sup>29</sup> Helmut Lehmann, *Aerzte und Krankenkassen*, Berlin: Verlagsgesellschaft deutscher Krankenkassen, 1929, p. 12.

<sup>30</sup> Cf. Ludwig Preller, *Sozialpolitik in der Weimarer Republik* (1949), Kronberg, Düsseldorf: Athenäum & Droste, 1978, p. 234. Preller’s account is that of an insider. A civil servant, he was sacked in 1933 as “*politisch unzuverlässig*”.

<sup>31</sup> Mugdan, “Über Gegenwart und Zukunft der deutschen Sozialversicherung,” *Klin. Wschr.*, 2, 1923, 27-30.

The doctors, he writes, “were the most militant group within the middle classes, with the most strike experience. The instrument of doctors’ strikes, practised for more than 20 years, now became heavily politicised.”<sup>32</sup> In the spring of 1919, widespread strikes by revolutionary workers all over the country resulted in a number of short-lived local soviet republics (for example in Bavaria) which were swiftly and violently suppressed by government troops and ultra right-wing *Freikorps*. Many doctors sided with the *Freikorps*. Military corps spirit had shaped their socialisation in Wilhelmine Germany, and this corps spirit survived in the *Freikorps*.<sup>33</sup> Under the impression of the demonstrations and strike actions by revolutionary workers, doctors refused to treat any patients, taking part in so-called citizen strikes (*Bürgerstreiks*) with the intention to restore order and, as they thought, to protect the majority of the population against the “terrorist activities” of a minority.<sup>34</sup> “The medical profession,” as one commentator remarked, “[appears] to be the core troop of the middle class against the bolshevist and spartacist elements in the population, and the doctors’ strike ... the most suitable means to fend off swiftly and effectively ... the present danger for the health and the lives of millions of people in case of a general strike.”<sup>35</sup>

The role the medical profession played in these actions is an indicator for the ambiguous self understanding of doctors, here as the self-styled defenders of a rather abstract, ideal state against the nasty realities of post revolutionary chaos. A doctors’ strike in Halle showed that doctors were more concerned with preserving Wilhelmian militarism than with the people’s health. They announced that they would stop treating patients when the local soviet attempted to ban all

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<sup>32</sup> Hubenstorf, “Deutsche Landärzte an die Front!” p. 204.

<sup>33</sup> Cf. Michael H. Kater, “Professionalization and Socialization of Physicians in Wilhelmine and Weimar Germany,” *Journal of Contemporary History*, 20, 1985, 677-701; idem, “Hitler’s Early Doctors: Nazi Physicians in Predepression Germany,” *Journal of Modern History*, 59, 1987, 25-52.

<sup>34</sup> “Kleine Mitteilungen,” *DMW*, 45, 1919, 135, 159, 271, 362, 416, 498; “Tagesgeschichtliche Notizen,” *Berl. klin. Wschr.*, 56, 1919, 143-4, 192, 240, 432; Karl Wiebel, “Der Leipziger Generalstreik der Arbeiter und die Aerzte,” *DMW*, 45, 1919, 360. Doctors were aware of the ethical and legal problems concerning their strikes: see Ebermayer, “Rechtsfragen aus der ärztlichen Praxis,” *DMW*, 45, 1919, 359-60 and *DMW*, 46, 1920, 133; C. Posner, “Ist ein Aertzestreik denkbar?” *Berliner Klinische Wochenschrift*, 56, 1919, 263; S. Kallmann, “Ist ein Aertzestreik denkbar?” *Berliner Klinische Wochenschrift*, 56, 1919, 334-5.

<sup>35</sup> S. Kallmann, “Ist ein Aertzestreik denkbar?” *Berl. Klin. Wschr.*, 56, 1919, 334-5, p. 335, quoted after Hubenstorf, “Deutsche Landärzte an die Front!” p. 204.

military officers, including doctors, from wearing their badges of rank and other military insignia.<sup>36</sup> The doctors at the Greifswald University Hospital threatened to stop working if the soviet insisted on raising the red flag on the clinic buildings.<sup>37</sup> In an open letter in January 1919, the doctors' professional organisations declared that they regarded the revolutionary government in Berlin as only temporary, and thus they demanded that this temporary government stopped meddling with the laws regulating the provision of health care.<sup>38</sup> Doctors were not as neutral as they liked to claim. Along with other members of the educated middle class, they feared losing the status they had been defending (with increasing difficulties) in the closing years of the Wilhelmian empire. The educated middle classes were in crisis mood. Their remaining, often only symbolic privileges appeared to be threatened by a proletarian revolution, and their savings by inflation.<sup>39</sup>

The political strikes of 1919 were only the beginning. After a promising agreement over new contract conditions between doctors and insurance funds on December 9, 1919, two government decrees in April 1920, raising the minimum wage as well as the insurance thresholds, aroused new anger in the medical profession.<sup>40</sup> They deplored "the brutally preferential treatment of the manual workers over the mental workers" and denounced the government's actions as "social absolutism."<sup>41</sup> The board of the *Hartmannbund* asked its members to terminate their insurance contracts in order to demand new regulations for *freie Arztwahl*, as well as a pay rise. On May 25, for the first but not for the last time in the 1920s, the organisation declared that its members unilaterally terminated the insurance contracts, resulting in what they called a 'contract-free state' (*vertragsloser Zustand*).<sup>42</sup> Doctors would treat insurance members only as

<sup>36</sup> "Kleine Mitteilungen," *DMW*, 45, 1919, 135.

<sup>37</sup> "Tagesgeschichtliche Notizen," *Berl. klin. Wschr.*, 56, 1919, 144.

<sup>38</sup> "Oeffentliche Verwahrung," *MMW*, 66, 1919, 86.

<sup>39</sup> Cf Konrad H. Jarausch, "The Crisis of German Professions 1918-33," *Journal of Contemporary History*, 20, 1985, 379-98.

<sup>40</sup> E. Sardemann, "Das neue Abkommen mit den Krankenkassen," *DMW*, 46, 1920, 157; "Kleine Mitteilungen," *DMW*, 46, 1920, 407-8.

<sup>41</sup> "Kleine Mitteilungen," *DMW*, 46, 1920, 440, 580.

<sup>42</sup> Ebermayer, "Der Streit der Aerzte mit den Krankenkassen," *DMW*, 46, 1920, 718-9.

private patients, for cash, which the latter could reclaim from their insurance. If doctors charged more than the minimum fee, patients had to pay the difference out of their own pockets.<sup>43</sup> The Ministry of Labour set up an arbitration commission, recommending new rates for doctors' fees. The parties agreed, and the Treaty of Berlin remained in place more or less unchanged.<sup>44</sup> The action of the *Hartmannbund*, however, had set a precedent. The insurance funds, despite growing bigger and seemingly stronger found themselves in a vulnerable position. While they were obliged by law to secure the medical care for their members the doctors seemed to be able to terminate their contracts unilaterally at any given time.

With inflation accelerating in 1923, fees and premiums as well as insurance thresholds constantly had to be re-adjusted and re-negotiated, resulting in more anger, utter confusion and mistrust on both sides. Doctors and insurance funds alike were hit hard by hyperinflation. The *Hartmannbund*, too, ran into financial difficulties.<sup>45</sup> The savings of the insurance funds were melting away, while delayed payments of doctors' fees meant that their services were ridiculously undervalued.<sup>46</sup> Doctors claimed that they suffered an estimated loss of income in real terms of 50 percent or more.<sup>47</sup> In July the *Hartmannbund* complained that while doctors' fees were only 6,000 times those of 1914, prices were 16,000 times higher than in the pre-war period. The organisation demanded of the government-appointed commission in charge of adjusting the fees that they raised these to 10,000 times the amounts paid before the war.<sup>48</sup> However, if the fee was paid late, there was not much left that one could buy with the money. A service valued with 1 *Mark* in December 1922, for example, was worth 1,700

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<sup>43</sup> Ebermayer, "Rechtsfragen aus der ärztlichen Praxis," *DMW*, 50, 1924, 546-8, p. 548.

<sup>44</sup> E. Sardemann, "Das neue Abkommen mit den Krankenkassen," *DMW*, 46, 1920, 157.

<sup>45</sup> Falkenberg, "Tagung des Hartmannbundes," *DMW*, 50, 1924, 996-7.

<sup>46</sup> See, for example, "Kleine Mitteilungen," *DMW*, 49, 1923, 127-8, 159-60, 229-30, 262, 325-6, 360, 391, 423-4, 453-4, 693-4, 797 (exceptionally "pleasant, calm and rational" negotiations between medical and insurance representatives over fees), 861-2, 889-90, 959-60, 995-6, 1025-6, 1063-4, 1186, 1219-20, 1244, 1277-8.

<sup>47</sup> S. Alexander, "Aerztliche Not und Nothilfe," *DMW*, 50, 1924, 18-9, 53-4, p. 19.

<sup>48</sup> "Kleine Mitteilungen," *DMW*, 49, 1923, 995.

*Mark* in June 1923.<sup>49</sup> In September, the fee for one consultation had risen to 36 million *Mark*.<sup>50</sup> A Berlin professor complained that on October 17 he received a mere 29,940,000 *Mark* for an expert opinion in court, when on the previous day he had paid a station porter 140,000,000 for carrying a suitcase across the platform. Did this show, he asked, how the new authorities valued intellectual work?<sup>51</sup> In October the prices climbed by up to 534 percent per week.<sup>52</sup> From October to November, just before the currency reform, the monthly average increase was 17,866 percent.<sup>53</sup>

Inflation also rendered the doctors' private savings worthless. If 100,000 *Mark* previously would have allowed for a few comfortable years in retirement, now they did not even buy a pack of cigarettes. It did not help, either, that most of them had invested large sums in war loans, looking forward to a substantial windfall after an expected German victory.<sup>54</sup> Now they were worthless. Senior physicians had lost their old age provisions, with the consequence that either they were in dire straits or they continued practising, intensifying the problem of overcrowding in the job market. A number of predominantly young doctors had already taken on occupations for which they did not need university degrees.<sup>55</sup> The doctor and Nationalist member of the Prussian parliament, Quaet-Faslem, even lamented that some colleagues and their families, pressed by inflation and the reckless actions of the insurance funds, were dying from starvation.<sup>56</sup> This was probably a somewhat exaggerated picture. More likely was that doctors suffered in the same ways as other members of the educated middle classes - and also helped themselves by paying their bills late. Some intellectuals sold their private libraries abroad. Medical students took on night jobs. There were other

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<sup>49</sup> "Kleine Mitteilungen," *DMW*, 49, 1923, 862.

<sup>50</sup> "Kleine Mitteilungen," *DMW*, 49, 1923, 1244.

<sup>51</sup> August Bier, "Wie die Tätigkeit eines Arztes und Professors von Seiten der Behörden bewertet wird," *DMW*, 49, 1923, 1473-4.

<sup>52</sup> "Kleine Mitteilungen," *DMW*, 49, 1923, 1375.

<sup>53</sup> "Kleine Mitteilungen," *DMW*, 49, 1923, 1526.

<sup>54</sup> Cf. Hubenstorf, "Deutsche Landärzte an die Front!"

<sup>55</sup> "Kleine Mitteilungen," *DMW*, 50, 1924, 154.

<sup>56</sup> Quaet-Faslem, "Die Notlage der deutschen Ärzte und Apotheker," *Klinische Wochenschrift*, 2, 1923, 1464-8.

possible solutions, too: physicians in Oldenburg asked to be paid in rye rather than money.<sup>57</sup> Medical associations in Baden and Hesse announced treatment strikes if their members were not going to be paid appropriately (*wertbeständig*).<sup>58</sup>

### **Contract-free State**

The events following on an emergency decree by the Ministry of Labour on October 30, 1923 precipitated the next ‘contract-free state’. The ministry issued the decree to rescue the sickness insurance funds and secure a regulatory framework for contracts between insurance funds and doctors, as the ever shaky Treaty of Berlin was due to expire. While the parties had reached agreement over many individual points, they could not agree on the form of new regulations: doctors would have preferred a civil contract while insurance representatives asked for a state law. The government intervened, introducing a number of changes which further changed the character of interactions between profession and insurance organisations, away from a civil settlement towards more state regulation. The central commission (*Zentralausschuß*) based on the Treaty of Berlin was replaced by a new federal commission (*Reichsausschuß*), which in addition to five insurance representatives and five medics included three “independent” members, chosen by the Ministry of Labour. In the first commission they were all retired or active senior civil servants.<sup>59</sup> The *Reichsausschuß* was to make recommendations in questions of fees and contracts, and about the rational distribution of physicians in the country.<sup>60</sup> Similar commissions on a regional level were optional. For conflict cases, arbitration courts from regional up to national level were going to be set up. The number of insurance contracts was restricted to one doctor per 1350 insurance members (1000 if family members were included), which meant free choice, *freie Arztwahl*, amongst a limited number of registered physicians, but not

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<sup>57</sup> “Kleine Mitteilungen,” *DMW*, 49, 1923, 1164. See also Ebermayer, “Rechtsfragen aus der ärztlichen Praxis,” *DMW*, 49, 1923, 1059-60.

<sup>58</sup> “Kleine Mitteilungen,” *DMW*, 49, 1923, 1130.

<sup>59</sup> “Kleine Mitteilungen,” *DMW*, 50, 1924, 24.

<sup>60</sup> Ebermayer, “Rechtsfragen aus der ärztlichen Praxis,” *DMW*, 50, 1924, 1338-9.

enough insurance doctor positions for the increasing number of medical graduates. The author of a summary for the *Deutsche Medizinische Wochenschrift* remarked that it was “very worrying for the physician” that the decree allowed insurance administrators to interfere with clinical decisions. It placed doctors under the obligation to use resources rationally in the interest of the insurance, and to turn down requests for “unnecessary” treatment. If they failed to do so repeatedly, the insurance management could unilaterally terminate their contracts.<sup>61</sup>

Doctors were outraged, insisting that their anger was entirely motivated by idealism and concern about the health of the German people. The freedom of the profession was again restricted further, they complained, and more powers were given to fund managers.<sup>62</sup> In belligerent mood, doctors’ associations in Berlin and most other German cities and regions, in concert with the *Hartmannbund* asked their members to terminate their contracts with the insurance funds by December 1, once again declaring the ‘contract-free state.’ Several medical faculties declared their solidarity.<sup>63</sup> Helmut Lehmann, head of the main organisation of the *Ortskrankenkassen*, called it a “general strike” of the doctors.<sup>64</sup> Initially, however, neither doctors nor insurance administrations suffered too badly under the new conditions. The doctors had their services paid for promptly and, as they thought, appropriately. The financial situation of the insurance funds was nevertheless consolidating, since after currency reform they received real money again from their members. True, the expenses for sick pay went up, but the funds saved on prescriptions.<sup>65</sup> The funds were keen to terminate the Treaty of Berlin. Some fund managers considered the strike as a chance to get rid of contracts on the basis of *freie Arztwahl* and erect a new

<sup>61</sup> “Kleine Mitteilungen,” *DMW*, 49, 1923, 1451.

<sup>62</sup> S. Alexander, “Umschau,” *DMW*, 49, 1923, 1447-8; idem, “Aerztliche Not und Nothilfe,” *DMW*, 50, 1924, 18-9, 53-4; “Kleine Mitteilungen,” *DMW*, 49, 1923, 1475.

<sup>63</sup> “Kleine Mitteilungen,” *DMW*, 49, 1923, 1499-1500

<sup>64</sup> Lehmann, *Aerzte und Krankenkassen*, p. 13.

<sup>65</sup> Herbert Träger, *Die Entwicklung des Berliner Krankenkassenwesens unter besonderer Berücksichtigung der Kriegs- und Nachkriegszeit einschließlich des Ärztestreiks 1923/24*, Diss. rer. pol. (typescript), Tübingen, 1925, extensively documented in: Florian Tennstedt, “Die Ambulatorien des Verbandes der Krankenkassen im Bezirk des Oberversicherungsamtes Berlin,” in idem, *Soziale Selbstverwaltung*, 150-80.

system with physicians employed by the funds, which would allow insurance managers better control over costs and opened a path towards rationalising health care provision. Consequently they were not in a rush to end the contract-free state. The chairman of the Frankfurt *Ortskrankenkasse* stated that it had “restored the fund’s health.”<sup>66</sup> In Berlin the fund managers tried to hire physicians to expand their insurance-owned and insurance-run medical centres (*Ambulatorien*) and so secure the medical care for their members.<sup>67</sup>

On January 21, the association of Berlin doctors announced officially that they were willing to treat insurance patients under the old conditions, assuming - as did the ministry - that with the emergency decree of October 30 the Treaty of Berlin had the status of a law.<sup>68</sup> In Württemberg, the decision of an arbitration commission forced the parties to return to the old conditions until the new regulations for the Reich were ready.<sup>69</sup> In Baden and Bavaria new settlements were negotiated against the recommendations of the board of the *Hartmannbund*.<sup>70</sup> In Berlin, the majority of insurance funds refused to recognise the validity of the 1913 treaty. They announced that they would not consider the offer of the medical profession unless they received compensation for losses resulting from the contract-free state, including costs for the construction and expansion of their health centres, as well as the salaries of physicians and support staff in these health centres. Any new contract, furthermore, had to be based on the regulations of the October 30 decree.<sup>71</sup> This was completely out of the question for the Berlin doctors.<sup>72</sup> Far from recognising the health centres and their staff physicians, the professional organisations thoroughly ostracised

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<sup>66</sup> “Kleine Mitteilungen,” *DMW*, 50, 1924, 153.

<sup>67</sup> *Ibid.*

<sup>68</sup> *Ibid.*

<sup>69</sup> “Kleine Mitteilungen,” *DMW*, 50, 1924, 185-6.

<sup>70</sup> Falkenberg, “Tagung des Hartmannbundes,” *DMW*, 50, 1924, 996-7; Tg., “Münchener Brief,” *DMW*, 50, 1924, 474-5.

<sup>71</sup> “Kleine Mitteilungen,” *DMW*, 50, 1924, 185-6.

<sup>72</sup> Träger, *Die Entwicklung des Berliner Krankenkassenwesens*.



colleagues willing to work for the insurance as traitors, and would continue to polemicise against the health centres and their doctors for years to follow.<sup>73</sup>

While both doctors and insurance fund managers saw potential advantages in pursuing the contract-free state, insurance patients were distinctly unsatisfied with it, right from the beginning. Their trust in the whole official health service appeared to be deteriorating anyway. Already prior to the contract-free state, members had received fewer and fewer benefits from their cash-stripped insurance funds, often in exchange for higher contributions in real terms than they had paid before the war. Had workers paid four percent of their wages for sickness insurance in 1914, they paid eight percent in spring of 1924.<sup>74</sup> Despite the higher premiums, in some cases family members were suddenly excluded from insurance cover, or patients had to pay for prescriptions out of their own pockets which the insurance had previously provided free of charge.<sup>75</sup> Instead of relying on the official health system, as we will see in chapter three, many turned to alternative healers when they sought treatment and only consulted doctors to obtain their signatures for sick leave and sick pay certificates.

Had the service been bad before the contract-free state, it became worse after December 1. The Berlin insurance funds did not succeed in hiring enough physicians for their health centres, who were willing to expose themselves to the abuse of their colleagues. In consequence, the funds could not provide members with satisfying health care. In this situation the insurance funds, like the doctors previously, increasingly lost sympathies and allies. Even the association of socialist physicians took sides with their colleagues rather than the fund managers, arguing that the strike actually had turned into a lockout through the insurance funds.<sup>76</sup> The communists supported an initiative of unhappy patients demanding to reinstate the old insurance doctors. On the other hand, the association of agricultural employers in Brandenburg supported the demands of

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<sup>73</sup> "Kleine Mitteilungen," *DMW*, 50, 1924, 153.

<sup>74</sup> "Kleine Mitteilungen," *DMW*, 50, 1924, 854.

<sup>75</sup> "Kleine Mitteilungen," *DMW*, 49, 1923, 1475.

<sup>76</sup> "Kleine Mitteilungen," *DMW*, 50, 1924, 445.

the funds to abolish *freie Arztwahl*.<sup>77</sup> Such alliances between *Ortskrankenkassen* and conservative land owners against the demands of the medical profession, which made the conflict ideologically rather confusing, were ignored subsequently by right-wing ideologues for a free profession in their campaigns against the alleged dangers of the social insurance system.<sup>78</sup>

Due to continued complaints of insurance members the supervising authority, the Berlin insurance authority (*Versicherungsamt*) intervened. Representatives of both parties, doctors and funds, were summoned for a meeting. The insurance representatives did not show up. The authority announced that they expected the funds to recognise the renewed validity of the Treaty of Berlin, otherwise they would take over the insurance administration.<sup>79</sup> The supervisory authority of the *Versicherungsamt*, however, the *Obersicherungsamt*, overrode this ultimatum because representatives of the medical profession had terminated the contracts in the first place. Nevertheless, they found that the provision of medical care for insurance members was insufficient and decided that the funds had to have at least one doctor under contract for 1,350 members (1000 if family members were to be covered) by February 25 in order to fulfil their legal obligation.<sup>80</sup> Simultaneously, the authority advertised individual insurance doctor positions, while the Berlin physicians declared once more that they were willing to enter new contracts under the old conditions, but only collectively.<sup>81</sup>

Increasingly under pressure, fund managers agreed to new negotiations with representatives of the profession. They negotiated a “cease-fire.”<sup>82</sup> From April 5, insurance members could return to their old insurance doctors. By June 6, new contract conditions had to be negotiated. On May 12, the revised version of the

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<sup>77</sup> “Kleine Mitteilungen,” *DMW*, 49, 1923, 1557.

<sup>78</sup> Cf. Hubenstorf, “Deutsche Landärzte an die Front!” p. 201.

<sup>79</sup> “Kleine Mitteilungen,” *DMW*, 50, 1924, 218.

<sup>80</sup> “Kleine Mitteilungen,” *DMW*, 50, 1924, 249; Träger, *Die Entwicklung des Berliner Krankenkassenwesens*.

<sup>81</sup> “Kleine Mitteilungen,” *DMW*, 50, 1924, 315; Träger, *Die Entwicklung des Berliner Krankenkassenwesens*.

<sup>82</sup> “Kleine Mitteilungen,” *DMW*, 50, 1924, 478.

October decree was passed. In the eyes of a commentator, the decree was a rickety construct and bound to lead to further conflicts between insurance funds and profession. There were too many loopholes and inconsistencies in it. It contained merely recommendations and was not legally binding. Funds and local doctors' organisations retained the right to negotiate their contract conditions, and funds entered contracts with every individual physician.<sup>83</sup> In Berlin it took until August 22 before the negotiations were over. Supervised by the arbitration office of the *Obersicherungsamt* the parties agreed on new fee guidelines. Against the protests of young doctors and medical students, they also decided on a *numerus clausus*, a maximum number of contracts for insurance doctors in Berlin of 3,500. Furthermore, the health centres were there to stay. But they should treat only the wives and children of the (usually male) insurance members, the family fathers themselves had to go to independent physicians.<sup>84</sup> This last regulation led to new protests from patients, who by now had come to appreciate the shiny new health centres, which the insurance managers tried to turn into models for a new, rationalised health system.<sup>85</sup>

### **Hardship? The Economic Situation of Weimar Doctors**

Under the impression of the 1923 emergency decree and the contract-free state of 1924, the term 'crisis' (*Krise* or *Krisis*), to my knowledge for the first time in this context, made it into the title of a book (after scores of newspaper and journal articles in the previous years, using terms like 'hardship', 'Notlage').<sup>86</sup> The author Ernst Mayer, a Berlin doctor, did not yet deplore a

<sup>83</sup> S. Alexander, "Die Richtlinien des Reichsausschusses für die kassenärztlichen Verträge," *DMW*, 50, 1924, 768-9.

<sup>84</sup> "Kleine Mitteilungen," *DMW*, 50, 1924, 550, 1226.

<sup>85</sup> Tennstedt, "Die Ambulatorien." We see here that we have to take the demands of the profession for *freie Arztwahl* with a pinch of salt. In the view of the Berlin medical profession, the staff doctors of the *Ambulatorien* should have been excluded from the choice of doctor. For the insurance members, this was effectively the case. They had to consult a 'free' professional.

<sup>86</sup> Ernst Mayer, *Die Krisis des deutschen Ärztstandes*, Berlin: Springer, 1924. For a short summary of the main arguments of the book, see also: idem, "Die Krisis des deutschen Ärztstandes," *Klinische Wochenschrift*, 3, 1924, 1823-5. For a collection of newspaper articles dealing with the doctors' great hardship (titles like "Die große Not des Aertzstandes" or "Schwere Gefährdung der deutschen Medizin") and the fear about their social status (titles like "Proletarisierung des Aertzstandes" or "Der Existenzkampf der Aerzte" or "Ist die Aerzteschaft vom Untergang bedroht?"). Here, too, the term 'Krise' first turns up in a headline in 1924, in an article referring to Mayer's book: "Die Krise des deutschen Aertzstandes," [footnote continues on the next page]

fundamental ‘crisis of medicine’. However, his ‘crisis of the medical profession’ already had much in common with the fundamental crisis later described by ‘heretics’ like Erwin Liek, who saw the intellectual (and spiritual) basis of medicine threatened as much as the economic existence of doctors. Already Mayer criticised the increasing ‘materialism’ and ‘mechanisation’ taking hold of medical practice, due to the pressures of industrialisation, urbanisation and the rise of social insurance.

While the activities of the *Hartmannbund* and the state licence for orthodox practitioners created the impression of a more or less unified profession with a distinctly bounded character, there remained clear divisions. A significant minority of doctors refused to join the *Hartmannbund*. Fringe groups like those of the Socialist physicians or the societies of heterodox physicians were small but publicised their existence assiduously. The professional and social circumstances in which doctors worked, also varied considerably. The state licence provided university trained medics with a monopoly, but it also made the profession’s status ambiguous: it remained located somewhere between civil service and free trade. During the interwar years, medical authors on the one hand liked to stylise the ideal doctor as a charismatic ‘health leader’ to the people, and on the other as a self employed, free practitioner (*freier Arzt*).

<b>Doctors</b>		<i>male</i>	<i>female</i>
self employed		72.43 %	51.79 %
Employees		27.57 %	48.21 %
in:	<i>Hospitals</i>	20.22 %	34.20 %
	<i>General health care</i>	2.84 %	10.19 %
	<i>Administration</i>	1.94 %	0.70 %
	<i>Army and navy</i>	0.71 %	--
	<i>Insurance service</i>	0.36 %	0.12 %
	<i>Welfare</i>	0.23 %	1.56 %
	<i>Others</i>	1.28 %	1.44 %

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Berliner Lokal-Anzeiger, 468, 2. Okt. 1924, BArch, R8034 II, Nr. 1812, 173. See also Siegmund Vollmann, “Silvesterbetrachtungen,” *Aerztl. Vereinsbl.*, 54, 1925, 1-6.

Table 1.3: *The employment situation of German physicians in 1927.*<sup>87</sup>

The actual status of most doctors, as we have seen, was more that of a private contractor to the sickness insurance funds. The work of these practitioners was structured primarily around individual doctor-patient relationships, but they also played an important surveillance role for the insurance funds, as they decided whether a patient would receive sick pay. A growing number of medical graduates were employees, mostly as hospital doctors. Their work was also dominated by clinical doctor-patient contacts. If they worked in university hospitals their role was partly defined by the need to establish academic credit. Doctors also worked within welfare organisations, mostly as medical advisors and counsellors. The medical officers of health constituted another group. They fulfilled predominantly surveillance, but also advisory functions.

By 1927, about 70 percent of doctors ran private practices. Almost a third were salaried employees or civil servants (see table). Of the self-employed, the great majority were highly dependent on sickness insurance work. The group of civil servants with medical degrees was also growing. Medical officers of health increasingly turned into public health experts and held full time appointments. The payroll of the Prussian culture and welfare ministries in 1924 included the salaries of 277 full time and 177 part time regional officers of health (*Kreismedizinalräte*) as well as 148 medical officers in other positions. These included the researchers at the Robert-Koch-Institute and other state run research institutions, but also 137 full professors (*Ordinarien*) and 96 associate professors (*Extraordinarien*).<sup>88</sup> In addition to those paid by the federal states and the *Reich*, there were communal medical officers of health employed by local authorities. The German league of medical officers (*Deutscher Medizinalbeamtenverein*), the professional organisation of civil servants in the state health service, had 1,344

<sup>87</sup> Dornedden, "Das berufsmäßig tätige Heil- und Pflegepersonal im Deutschen Reich am 1. Mai 1927," *Reichsgesundheitsblatt*, 1928, 690-705.

<sup>88</sup> Otto Strauss, "Der Haushalt der Ministerien für Volkswohlfahrt und für Wissenschaft, Kunst und Volksbildung 1924," *DMW*, 50, 1924, 651-2.

members in 1925, and the association of communal, school and welfare doctors, a society with a more scientific outlook, counted 561 members in 1927.<sup>89</sup> Medical officers of health had access to a number of lucrative sources of income. The fees for some services, for example the compulsory medical examination of car drivers, were not treated as administrative fees for the public purse but went directly into the pocket of the medical officer who performed the exam.<sup>90</sup>

Independently practising doctors, once established, had a safe place amongst the 200,000 top earners in the country. In 1928 they registered taxable incomes of in average *RM* 12,616, and in 1929 of *RM* 13,471.<sup>91</sup> This was less than the income of lawyers, who in average had *RM* 18,616 in 1928 and 18,313 in 1929.<sup>92</sup> It was significantly more, however, than members of other occupational groups took home. Bank employees, for example, earned on average *RM* 415 per month in 1930, and employees in retail businesses only *RM* 260. Doctors' incomes approached those of Reich civil servants in the highest income group, *Vortragende Räte*, who in 1927 took home *RM* 1,190 per month.<sup>93</sup> However, while the top eight percent of the doctors had incomes of *RM* 25,000 or more, there were nine percent who made *RM* 3000 or less.<sup>94</sup> What were the incomes of insurance doctors? The medical historian Walter Wuttke-Gronenberg has compared the money spent by insurance funds on doctors fees with the number of doctors under contract and calculated an estimated average income of *RM* 12,000 out of insurance payments per contract holder in the late 1920s (see table 1.4).<sup>95</sup> Out of these insurance payments, however, the contract holders also had to cover their costs for running the practice.

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<sup>89</sup> Alfons Labisch and Florian Tennstedt, *Der Weg zum "Gesetz über die Vereinheitlichung des Gesundheitswesens" vom 3. Juli 1934*, Düsseldorf: Akademie für öffentliches Gesundheitswesen, 1985, p. 82.

<sup>90</sup> *Ibid.*, p. 66.

<sup>91</sup> *Ibid.*, p. 347.

<sup>92</sup> *Ibid.*

<sup>93</sup> Dietmar Petzina, Werner Abelshäuser, and Anselm Faust, *Sozialgeschichtliches Arbeitsbuch, Band III: Materialien zur Statistik des Deutschen Reiches 1914-1945*, Munich: C.H. Beck, 1978, pp. 100-1

<sup>94</sup> Walter Wuttke-Gronenberg, *Medizin im Nationalsozialismus: Ein Arbeitsbuch*, Tübingen: Schwäbische Verlagsgesellschaft, 1980, p. 336.

<sup>95</sup> *Ibid.*, p. 335.

<i>Total expenses of sickness insurance funds on doctors' fees (1928)</i>	RM 366,973,000
<i>Number of Panel Doctors (1926)</i>	29,405
<i>Total Number of Doctors (1928)</i>	46,736
<i>Estimated expense per panel doctor</i>	<b>RM 12,000</b>

Table 1.4: *Doctors' estimated income of doctors from insurance payments.*<sup>96</sup>

In the lucrative field of private practice, at least in towns and cities, ordinary doctors competed for the few affluent private patients with professors and *Privatdozenten* (academics who have passed their *Habilitation*, the postdoctoral degree which gives them the right to teach at universities, but have not been appointed to a chair). Titles as well as hospital or university appointments enhanced a practitioner's status. In the Kaiserreich, academic and administrative titles (like *Medizinalrat*) were often treated like rewards, and if a practitioner held such a title it did not necessarily mean that he held a government office or university appointment. The practice of rewarding doctors with academic or administrative titles was officially abolished in Prussia after the revolution of 1918. The title of professor, the new government decided, should be a mere job description for university teachers. De facto, however, the practice continued and it was almost impossible even for an able practitioner to be appointed medical director, even of a small provincial hospital, unless he held the title of a professor. Few of these professors actually taught at universities.<sup>97</sup>

Name	basic salary (RM)	Total income (RM)	Name	Basic salary (RM)	total income (RM)
Bier	13,600	22,468	Grotjahn	11,600	17,885
Keibel	13,600	28,613	Hahn	13,600	22,085
Czerny	11,600	18,642	W. Trendelenburg	15,800	32,334
Bonhoeffer	16,400	24,884	Friedrich	10,400	15,317
Krückmann	11,600	17,647	P. Trendelenburg	15,800	23,126

<sup>96</sup> Figures after Wuttke-Groneberg, *Medizin im Nationalsozialismus*, p. 335.

<sup>97</sup> Arthur Schlossmann, *Die Krise des Ärztestandes und die Sozialhygiene*, Leipzig: F.C.W. Vogel, 1930, pp. 17-8.

Fick	11,600	75,845	Stoeckel	13,600	23,410
His	11,600	19,406	v. Bergmann	16,400	26,084
Arndt	9,900	20,698	Sauerbruch	13,600	30,363
von Eicken	11,600	19,615	Wagner	13,600	18,709

Table 1.5: *Incomes of Berlin medical professors in 1927.*<sup>98</sup>

Professors who did teach students were also doing fine. In contrast with Britain and the US, medical training in Germany was a state affair. The reliance on scientific qualifications was a distinct characteristic of the professionalisation of German medicine, and a costly one for the German federal states, which provided the funds for building and running university institutes as well as teaching hospitals. University teachers were civil servants: they swore an oath on the constitution, could not be fired, and received their salaries from the government. In 1927, the medical professors at Berlin University received basic salaries between *RM* 9,900 and *RM* 16,400 (see table 1.5). But a university appointment still allowed them private praxis and also gave access to lucrative ancillary posts and additional sources of income. The Berlin professors took home on average total incomes of *RM* 25,400.

The staff file of Friedrich Kraus, professor of internal medicine in Berlin between 1902 and 1926, gives us an idea about the nature of such additional sources of income. In 1897, then still professor in Graz, Austria, Kraus allowed his name to be used by the producers of reform underwear, Bemberg, for their label '*Gesundheitswäsche Geh. Med. Rat Prof. Dr. Kraus*'. In 1930, an article in the *DMW* accused Kraus of *Soldschreiberei*, a kind of literary prostitution. The professor, by then retired, had written a brief expert report on the beneficial effects of yeast against constipation, skin diseases and other mild ailments, which was used in an advertisement for yeast tablets in *the New York Times*, introducing Kraus as "the teacher of half of all European doctors."<sup>99</sup>

<sup>98</sup> Figures from GStA, Rep 76 Va, Sekt. 1, Tit. IV, Nr. 67, Bd. I.

<sup>99</sup> UA-HUB, *Akten der medizinischen Fakultät betr. Kraus, Friedrich, Geh. Rat Prof. Dr., 1930-1936*.



While the professors enjoyed financially secure positions, many junior academics were in serious trouble. Clinical assistants, who often did not receive regular wages, suffered more under inflation and economic crises than their professorial bosses.<sup>100</sup> On October 26, 1919, delegates of 30 local associations from all over the country, representing about 2300 junior doctors, met in Leipzig to found the *Bund deutscher Assistenzärzte* (Association of German Junior Doctors) within the *Hartmannbund*.<sup>101</sup> More than anybody else in the medical profession, the junior doctors and medical students were threatened by unemployment, due to the stiffening competition for insurance contracts. It was essential for the *Hartmannbund* officials to keep the young doctors on board, in order to keep them from constituting a potential pool of ‘strike breakers’.<sup>102</sup> Under the impression of the idealist, anti-modern sentiments promoted by the thriving German youth movement, students and junior academics were also more susceptible to notions of crisis than senior academics.<sup>103</sup>

A central aspect of the perceived professional crisis was the fear that the profession was getting overcrowded.<sup>104</sup> In 1920, in a leaflet distributed amongst high school students, the *Hartmannbund* warned against studying medicine.<sup>105</sup> The job agency of the organisation, the leaflet reported, had registered more than

<sup>100</sup> C. Benda, “Reformbestrebungen der Privatdozenten,” *DMW*, 45, 1919, 214-5, 244-6; Seeberg, “Sicherstellung der Privatdozenten. Bericht über das Referat von Geh. Rat Seeberg, Berlin,” *Mitteilungen des Verbandes der deutschen Hochschulen*, 1, 1921, 37-8; Zscharnack, “Sicherstellung der Privatdozenten. Bericht ueber das Korreferat von Professor Zscharnack, Berlin,” *ibid.*, 38-9. See also Martin Schmeiser, *Akademischer Hasard: Das Berufsschicksal des Professors und das Schicksal der deutschen Universität 1870-1920*, Stuttgart: Klett-Cotta, 1994; Konrad H. Jarausch, “The Crisis of German Professions 1918-33,” *Journal of Contemporary History*, 20, 1985, 379-98.

<sup>101</sup> Hubenstorf, “Deutsche Landärzte an die Front!” p. 208.

<sup>102</sup> Ernst Mayer, “Die Sorge des ärztlichen Nachwuchses,” *DMW*, 50, 1924, 1811.

<sup>103</sup> Cf. Henry E. Sigerist, “Worte an die medizinische Jugend,” *Praemedicus*, 7 (*DMW*, 53), 1927, 261-2; Thomas Koebner, Rolf-Peter Janz, and Frank Trommler, eds., “*Mit uns zieht die neue Zeit*”: *Der Mythos Jugend*, Frankfurt: Suhrkamp, 1985; Konrad H. Jarausch, *Deutsche Studenten, 1800-1970*, Frankfurt: Suhrkamp, 1984, pp. 117-63.

<sup>104</sup> BArch, R8034 II, Nr. 1813, 10: “Zehntausend Aerzte in Deutschland zu viel! Das Elend der Mediziner,” 8 Uhr Abendblatt, 2. Okt. 1925.

<sup>105</sup> GStA, HA I, Rep. 76 Va, Sekt. 1, Tit. VII, Nr. 67, Bd. VII, *Das medizinische Studium bei den Universitäten, Juli 1919 - Sept. 1924* (nicht foliiert), Verband der Ärzte Deutschlands etc., Generalsekretariat, an den Minister f. Wissenschaft, Kultur u. Volksbildung, April 20, 1920, Anlage: “Entwurf eines Merkblattes über die Ueberfüllung des Aerzteberufes”. See also BArch, R8034 II, Nr. 1812, 160: “Studiert nicht Medizin! Der Verband der Aerzte Deutschlands warnt,” *Voss. Ztg.* 218, 8. Mai 1924.

4,000 young doctors who were looking for an appropriate position. Many of them were supporting themselves with manual labour, others received unemployment benefits. A newspaper article in 1925 tells the stories of three young doctors who ended up as a sales representative, a lottery ticket seller, and a pub landlord (the graduate who ran the pub, by the way, seemed quite happy about his situation).<sup>106</sup> It is difficult to judge the reliability of the *Hartmannbund* figures. It is safe to assume, however, that a significant number of medical graduates and assistants were left without insurance contracts. As with the members of other groups within the educated middle classes, it could take a long time before a graduate established him or herself in a secure position. While the number of women in the profession remained low (a mere four percent in 1927), doctors and male students looked at female students with suspicion.<sup>107</sup> Most assumed that only a real man could be a good doctor, and that female students were going to be doctors' wives rather than practise themselves.<sup>108</sup>

Year	Number of doctors				Per doctor	
	<i>total</i>	<i>female</i>	<i>per 10,000 people</i>	<i>Per 100 square km</i>	<i>Popula- tion</i>	<i>square km</i>
1876	13,728	--	3.2	2.5	3,112	39.3
1887	15,824	--	3.3	2.9	2,961	34.2
1898	24,725	--	4.7	4.6	2,192	21.9
1909	30,558	82	4.8	5.7	2,080	17.7
1927	43,538	1,739	6.9	9.3	1,451	10.8
1928	45,948	2,202	7.2	9.8	1,389	10.2
1929	47,534	2,421	7.4	10.1	1,349	9.9

Table 1.6: *The growth of the medical profession in Germany.*<sup>109</sup>

<sup>106</sup> BArch, R8034 II, Nr. 1812, 196: "Die Not der Berliner Aerzteschaft," Bln. Tgbl. 336, 18. Juli 1925.

<sup>107</sup> BArch, R8034 II, Nr. 1813, 63: "In Groß-Berlin mehr Aeskulapjünger als in Bayern. Wir haben zuviel Ärzte. Auch die Frauen drängen zum Medizinstudium," Tag (Nachtausgabe), 43, 20. Feb. 1929

<sup>108</sup> See, for example, Laurenz Huismans, Reaktion und Reform in der Medizin, *Hochland*, 26, 1929, 464-75.

<sup>109</sup> Dornedden, "Das berufsmäßig tätige Heil- und Pflegepersonal im Deutschen Reich am 31. Dezember 1929," *Reichsgesundheitsblatt*, 1931, 20-31.

The distribution of doctors remained uneven. In the late 1920s, almost two thirds of all doctors practised in large towns and cities, while little more than a third lived in rural areas. In 1928, with 14 doctors per 10,000 population, Berlin had the highest density of doctors in the country. In the cities there was one doctor for less than 1000 inhabitants. This compared to only 4.2 for 10,000 people in the rural province Posen-Western Prussia or 4.8 in Eastern Prussia. One solution to gain a potential advantage in the competition for patients in the cities was specialisation. In 1929, more than 12,000 (about 28 percent) of all male physicians were specialists. The great majority (about 99 percent) of these specialists worked in urban areas (see table 1.7).<sup>110</sup>

Doctors	per 100,000 population							
	male	female	total	Specialists				
				surgery	gynaecology	VD & dermatology	Ophtalmology	ear-nose-throat
<b>in towns and cities</b>	61.5 %	78.7 %	112	6.4	5.2	6.8	4.3	4.5
<b>in rural areas</b>	38.5 %	21.3 %	42	1.3	0.27	0.26	0.5	0.46

Table 1.7: *The distribution of German doctors in 1927: generalists and specialists, town and country.*<sup>111</sup>

Laments over the potential dangers of an unsustainable growth in the numbers of medical graduates were not new. They had been haunting the professional journals since the late 19th century.<sup>112</sup> While in 1887, there were only 3.3 doctors per 10,000 people, the ratio rose quickly to 4.7 by 1898 as a consequence of the extension of the compulsory sickness insurance for workers. The ratio remained almost unchanged until World War I, but jumped up again after 1918, to 6.9 per 10,000 in 1927 and 7.4 in 1929 (see table). Sustainable or

<sup>110</sup> Dornedden, "Das berufsmäßig tätige Heil- und Pflegepersonal im Deutschen Reich am 31. Dezember 1928," *Reichsgesundheitsblatt*, 1930, 481-95.

<sup>111</sup> Dornedden, "Das berufsmäßig tätige Heil- und Pflegepersonal im Deutschen Reich am 1. Mai 1927," *Reichsgesundheitsblatt*, 1928, 690-705.

<sup>112</sup> Cf. Huerkamp, *Der Aufstieg der Ärzte*.

not, the number of physicians would rise further. Despite the purge of all Jewish doctors under the Nazi dictatorship, in 1938 there were 49,907 licensed practitioners. And in 1952, in the Federal Republic with a total of 71,007 licensed doctors, 13.9 practitioners took care of 10,000 people.<sup>113</sup> That the trend continued unchanged for so long shows us that we have to take the laments over the overcrowding of the profession with a pinch of salt. Why did students choose medicine? The social prestige of the profession certainly played a role. Commenting on the reasons for high school graduates to study medicine, the paediatrician and social hygienist Arthur Schlossmann suggested in 1929: “One chooses to become a doctor if one does not know what else to become, or if one comes to the conclusion that a doctors’ practice in the end - despite Helmut Lehmann [the director of the head organisation of the *Ortskrankenkassen*] - pays the rent.”<sup>114</sup>

If we consider only the general income figures of medics, we see that where they suffered under the post-war economic conditions, they did not seem to suffer any more than other groups of academics. As in other academic professions, only young assistants and graduates did really badly. If we want to understand the emergence of the widespread crisis mood in the profession, we will have to look at other factors than merely economic conditions. We will have to examine the political culture within the field of medicine, the interactions between the groups which constituted the health system of Weimar Germany.

### **Models for a Rationalised Health System**

Mary Nolan has argued recently that the Germans, including Social Democrats and trade union officials, in the mid 1920s were “infatuated” with rationalisation and Fordism.<sup>115</sup> Rationalisation, she writes,

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<sup>113</sup> Petzina, Abelshäuser, Faust, *Sozialgeschichtliches Arbeitsbuch*, Vol. III, p. 153. See also Hans Achinger, “Die Sozialgesetzgebung und ihre Wirkung auf die Welt des Arztes im 19. Jahrhundert,” in Walter Artelt and Walter Rüegg, eds., *Der Arzt und der Kranke in der Gesellschaft des 19. Jahrhunderts*, Stuttgart: Enke, 1967, 157-65, p. 164.

<sup>114</sup> Schlossmann, *Die Krise des Ärztestandes und die Sozialhygiene*, p. 10.

<sup>115</sup> Mary Nolan, “The Infatuation with Fordism: Social Democracy and Economic Rationalization in Weimar Germany,” in Wolfgang Maderthaner and Helmut Gruber, eds., *Chance und Illusion. Labor in Retreat. Studies on the Social Crisis in Interwar Western Europe*, Vienna: Europa Verlag, 1988, 151-84. See also her recent book, *Visions of Modernity: American* [footnote continues on the next page]

was an integral part of the effort to stabilize and transform the German economy, which had been ravaged by war, revolution and inflation. ... Only a vast modernization program would do. Rationalization was the umbrella term for the various means through which and levels on which this modernization was to occur. The very amorphousness of the term reflects the pervasive but ill-defined parameters of the changes desired - and at least partially implemented.<sup>116</sup>

While Nolan describes social democratic willingness to support industrial rationalisation programmes almost as surrender to the demands of organised capital, the story of the health centres shows that there was more to it. True, employers in many cases supported the insurance managers (they, too, had an interest in keeping the costs of the insurance low). The plans, though, came from the managers, informed on the one hand by a desire to cut costs for medical care and on the other by concepts of social hygiene. To sickness insurance managers, the new health centres set up by funds in Berlin and in the lower Weser region constituted more than just a response to a doctors' strike. The managers conceived the centres as models for a more efficient, rationalised health system, tailored to what they considered the medical needs of modern society.<sup>117</sup> The Berlin sickness insurance funds managed to open 16 health centres within the first two months of the contract-free state. By the end of March 1924, they were running 33 health centres, and 36 by the end of the year. Designated to provide medical care for the families of insurance members, the further existence of the centres was secured, and two more were set up in 1925. In addition there were various special institutes, for example for x-ray diagnostics and radiotherapy, for electrotherapy, for air and light treatment, as well as family planning clinics.<sup>118</sup> Beyond the health centres, insurance funds ran their own sanatoria and dental

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*Business and the Modernization of Germany*, New York & Oxford: Oxford University Press, 1994.

<sup>116</sup> Nolan, "The Infatuation with Fordism," p. 151.

<sup>117</sup> Cf. Tennstedt, "Die Ambulatorien" and especially Eckhart Hansen et al., *Seit über einem Jahrhundert...: Verschüttete Alternativen in der Sozialpolitik*, Düsseldorf, Bund-Verlag, 1981. The volume is a great homage to the insurance fund health centres and the people who set them up and ran them, with lots of photographs and facsimiles of documents.

<sup>118</sup> Tennstedt, "Die Ambulatorien," p. 168-70. See also Atina Grossmann, *Reforming Sex. The German Movement for Birth Control and Abortion Reform 1920-1950*, Oxford: Oxford University Press, 1995.

clinics, distributed and in some cases even manufactured their own pharmaceuticals, as well as paper and stationery.<sup>119</sup>

However much it was informed by right-wing ideology, the reservations of conservative doctors about the health centres and the rationalisation ideology behind them were understandable. Insurance fund managers considered the independent doctor as anachronistic, and sometimes as an obstacle on the way to a more rational and effective health system. One of the most forthright supporters of the new health centres was the communal medical officer of health (*Stadtarzt*) in Berlin-Treptow, Richard Roeder. The socialist Roeder, then still running an independent practice, had already in 1920 hailed the health centres as models for the future of medical care in the welfare state.<sup>120</sup> In 1925 he developed his ideas in a speech at the convention of the insurance fund organisations, where his suggestions were adopted for a resolution, and in 1929 he offered them as a solution to the crisis of medicine.<sup>121</sup>

The advantages of the health centres, Roeder argued, were born out of their potential for co-operation and synergy. As the human body was not just a sum of its organs but a “living unity”, the “organic collaboration” of specialists under one roof was a more suitable treatment model than the often poor interplay of independent general practitioners and specialists. It would solve their professional and economic crisis and reinstate the general practitioners in their roles as family doctors, which they had lost due to the fragmentation of modern medicine. Teams of doctors in health centres would work far more efficiently than private practitioners, who rather competed than co-operated with each other. The model would work even better if the roof was that of the insurance fund’s administrative building, as this enabled a more efficient processing of patient data. Apart from such practical aspects, Roeder suggested that health centres had

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<sup>119</sup> Preller, *Sozialpolitik*, p. 382.

<sup>120</sup> Richard Roeder, *Die Sozialisierung der ärztlichen Heiltätigkeit im Verbands der Gesundheitsversicherung*, Berlin: Richard Schoetz, 1920. Cf. Lutz Meyer, *Gesundheitspolitik im “Vorwärts” 1918-1933. Ein Beitrag zur Sozialgeschichte der Weimarer Republik*, Diss. Med., Berlin: Freie Universität, 1986, p. 137.

<sup>121</sup> Roeder, “Die berufliche Krise der Ärzteschaft,” *Ärztliche Mitteilungen*, 30, 1929, 189-94; idem, *Die sozialhygienische und sozialpolitische Bedeutung der Behandlungsanstalten*, [footnote continues on the next page]

a great potential for the expansion of medical knowledge, especially in the fields of genetics and social hygiene. Some administrative innovations would not only improve efficiency but also contribute to scientific research: a standardised *Gesundheitskarte* (health pass), for example, would contain essential patient data and allow smooth transfers from one specialist to the other without having to rely on the patients' imprecise accounts of their personal histories. Such health records, all stored in one place, would also give rise to large databases of great use to researchers. Not only socialist physicians held the opinion that the insurance funds had a role to play for disease prevention, which in the long run would reduce the costs of health care.<sup>122</sup>

Socialist doctors, in fact, were not the only ones who were concerned with the rationalisation of the health system. In February 1924, still under the impression of the intensified struggle between insurance funds and doctors, the Reich Health Council (*Reichsgesundheitsrat*), an expert advisory committee to the Ministry of the Interior, assembled to discuss economically more efficient ways of health care provision to the German people.<sup>123</sup> The meeting had been requested by the representatives of the sickness insurance funds, mainly to find solutions for the problems arising from the increased costs of drugs. Basis of the discussion were three papers, by the professors of internal medicine, Friedrich Kraus (Berlin), Friedrich von Müller (Munich), Hermann Straub (Greifswald), and the Breslau dermatologist Josef Jadassohn. The council published a list of recommendations, mainly addressed to general practitioners, to make saving resources a central concern of their treatment and prescription practice. Clinicians and pharmacologists were to contribute guidelines for economic treatment. The council explicitly approved of strict controls of physicians working on insurance contracts. Its recommendations, however, pointed clearly towards a health system based on decentralised, individual practices rather than health centres. Friedrich Kraus criticised the centralisation of health care in health centres, which forced patients to travel over long distances and to spend a

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Charlottenburg: Verlagsgemeinschaft deutscher Krankenkassen, 1925; documented in Tennstedt, *Soziale Selbstverwaltung*, 153-9.

<sup>122</sup> Kaufmann, "Zur Umgestaltung der deutschen Sozialversicherung," *DMW*, 50, 1924, 1547-8.

<sup>123</sup> "Kleine Mitteilungen," *DMW*, 50, 1924, 1453-4.

lot of time in waiting rooms. Health centres competed with hospitals without, in his view, offering the same quality of service.<sup>124</sup>

The *Ambulatorium* approach, however, also found its followers on the political right. Walther Jaensch, brother of the Marburg psychologist Erich Jaensch, *Privatdozent* at Berlin University, and early supporter of the Nazi party, founded in 1927 his *Ambulatorium für Konstitutionsforschung* (centre for constitutional research) at the Charité, the Berlin university hospital.<sup>125</sup> Financed with local government money and a Rockefeller grant, he collected large amounts of data, mainly from school children, which would allow him, he argued, to develop a system of determining the psycho-physical constitution of patients.<sup>126</sup> Constitutional research was extremely popular amongst medical researchers, and many believed that it may provide potential solutions to the crisis of medicine by overcoming the fragmentation of the body and of medical science. They believed that a science of the constitution could provide a new, unifying framework for all of medicine.<sup>127</sup>

### The Socialisation Debate

In their opposition to the health centres, most doctors ignored the potential value of the centres for constitutional research. Neither did it matter to them that behind the rationalisation ideas stood pragmatic alliances between employers and insurance fund managers. To them the enemy had to be sought on the political left. Along with their representatives in the *Hartmannbund* they perceived the new health centres predominantly as bulwarks of socialism, the first elements of

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<sup>124</sup> Friedrich Kraus, “Wie ließe sich die ärztliche Behandlung der Kranken angesichts der jetzigen wirtschaftlichen Notlage der Bevölkerung sparsam und doch sachgemäß gestalten?,” *DMW*, 50, 1924, 391-3.

<sup>125</sup> UA-HUB, Personalakten Jaensch, Universitätskurator (J18) und Medizinische Fakultät; GStA, Rep 76 Va, Sekt. 2, Tit. IV, Nr. 50. See also Walther Jaensch, *Zwölf Jahre Institut für Konstitutionsforschung an der Charité*, Berlin: Rudolph Pfau, 1939.

<sup>126</sup> Walther Jaensch, *Grundzüge einer Physiologie und Klinik der psychophysischen Persönlichkeit. Ein Beitrag zur funktionellen Diagnostik*, Berlin: Springer, 1926; idem, “Konstitutionsmedizin und Kulturprobleme in der Krise der Gegenwart,” *DMW*, 59, 1933, 1088-90; idem, *Körperform, Wesensart und Rasse: Skizzen zu einer medizinisch-biologischen Konstitutionslehre*, Leipzig: Thieme, 1934.

<sup>127</sup> Carsten Timmermann, *Concepts of the Human Constitution in Weimar Medicine, 1918-1933*, MA diss., Manchester: University of Manchester, 1996.



a socialist health system. The *Hartmannbund*, while using the rhetoric of the trade union movement (mixed with abundant war metaphors), was an increasingly reactionary organisation. Its representative in Berlin from 1924, for example, was the nationalist (*Deutschnationale Volkspartei*) member of parliament, Karl Haedenkamp, the architect in 1933 of the swift *Gleichschaltung* (bringing into line with NS policies) of the professional organisations. Throughout the 1920s, representatives of the *Hartmannbund* ostracised physicians located on the left, while making great efforts to accommodate the extreme right.<sup>128</sup> In their opposition against the plans of insurance funds and welfare administrators they were not only pursuing economic considerations. On November 2, 1924, the Berlin-Brandenburg physicians' chamber came together for an unscheduled meeting, demanding that "the freedom of the profession" had to be secured against the socialisation attempts by the insurance funds, otherwise the health of the German people would be at risk.<sup>129</sup>

The outlook of the professional organisations was a combination of anti-socialism and what we might want to call the 'ideology of the free profession,' i.e. the claim that in order to provide a good service to society, doctors had to be self-employed and accountable only to themselves, while maintaining that they were the only ones who, guided by their insights in racial hygiene, were really qualified to understand and control health matters. Most doctors, while opposing the idea of doctors becoming civil servants, supported demands to concentrate the different administrations dealing with health matters in a Reich ministry of health, headed by a medical man.<sup>130</sup>

The 'socialisation of medicine' was a major bone of contention. Should the whole health system be reorganised as a state service, with doctors as civil servants, like judges and priests?<sup>131</sup> State run health care, or "socialised

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<sup>128</sup> Cf. Hubenstorf, "Deutsche Landärzte an die Front!"

<sup>129</sup> S. Alexander, "Die Gefährdung des Aerztestandes als freier Beruf ein Kulturproblem des deutschen Volkes," *DMW*, 50, 1924, 1550. Physicians chambers were state-recognised bodies representing the interests of the profession in the provinces. Cf. Huerkamp, *Der Aufstieg der Ärzte*, pp. 261-4.

<sup>130</sup> Cf. Paul Lazarus, "Der Arzt und die Erneuerung des Volkes," *Klin. Wschr.*, 1, 1922, 1000-4.

<sup>131</sup> Cf. Meyer, *Gesundheitspolitik im "Vorwärts"*, pp. 133-63.

medicine”, the socialist doctor Karl Kollwitz (husband of the expressionist artist Käthe Kollwitz) suggested, should replace the insurance based system. Medical care would then be available free of charge to everyone (unless, of course, a patient chose to pay for it privately), and the doctors would have proper eight hour working days and free weekends.<sup>132</sup> Again, the issue was not new, but the debate turned fiercer with the revolution.<sup>133</sup> Not surprisingly, the attitude of the majority of German doctors towards such suggestions was hostile.<sup>134</sup> The socialist plans would violate the medical profession’s essential freedom, the *DMW* editor Julius Schwalbe argued in his response to Kollwitz: “The horrible mass processing [*Massenverarztung*] of multiplied insurance practice shall become the norm, [while in reality it is a] caricature of the prime motive of any therapy: individualise!”<sup>135</sup> Had the Social Democrats not always presented themselves as freedom fighters? Now, with one hand they would take the authoritarian state’s handcuffs off the people’s wrists, while with the other they would lock them up in a socialist “prison state” (*Zuchthausstaat*). All individualism would be banned, Schwalbe warned, as well as all entrepreneurial spirit. He presented socialist reform plans as “materialistic, mechanising and spiritually stultifying,” oblivious to the sensitive trust relationship between doctor and patient and as such diametrically opposed to the idealism of the medical profession.<sup>136</sup>

Schwalbe was an eminent man in the medical profession of Imperial and Weimar Germany, an opinion-leader, and always well informed about the goings on in the Prussian state administration. Born in 1863 in the Prussian town Nakel (Posen), he studied medicine at Berlin University from 1881 to 1886. He worked for three years as a general practitioner and ran one of the first clinical laboratories in Prussia. In 1892 he became editor of the journal *Fortschritte der Krankenpflege* and from 1894, together with A. Eulenburg, he edited the

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<sup>132</sup> See, for example, Kollwitz, “Die Sozialisierung der Aerzteschaft,” *DMW*, 45, 1919, 77-8.

<sup>133</sup> Adolf Gottstein, “Zur Verstaatlichung der ärztlichen Tätigkeit,” *DMW*, 45, 1919, 326-7. Gottstein comments on two contributions to the debate, one of them published in 1916.

<sup>134</sup> Julius Schwalbe, “Bemerkungen zu dem vorstehenden Aufsatz,” *DMW*, 45, 1919, 78.

<sup>135</sup> *Ibid.* See also: “Kleine Mitteilungen,” *DMW*, 45, 1919, 193.

<sup>136</sup> Schwalbe, “Bemerkungen zu dem vorstehenden Aufsatz.”

*Deutsche Medizinische Wochenschrift*. From 1904 he was the sole editor of the journal. His articles indicate that he was an old-style universalist: he commented on matters political, literary and philosophical, in a nationalist as well as liberal *Bildungsbürger* tradition. The medical profession to him was inseparably bound up with this tradition. Central to his writings was the belief in the special role of the profession and in a particular medical sense of honour, the *Standesehre*, which combined bourgeois ideals with humanitarian ethos and a very distinct corporate spirit.<sup>137</sup>

Calls for socialisation, like those for rationalisation, did not exclusively come from socialists. In parliamentary debates, socialisation was suggested as a remedy for various problems. The paediatrician and social hygienist Arthur Schlossmann, for example, member of the Prussian parliament for the liberal *Deutsche Demokratische Partei (DDP)*, suggested socialising the German spas in order to change them from being fashionable resorts for the wealthy to being open to the whole population. The physiologist Emil Abderhalden, a *DDP* member of parliament like Schlossmann, went even further: he wanted to see the alcohol industries socialised in order to fight alcoholism. Abderhalden described the German people as “a dying people” and claimed never to have had a single drop of alcohol himself. He also suggested socialising the classified advertisement sections of all newspapers, to control shameless quack advertisements.<sup>138</sup>

But how free was the profession really? And how free did it want to be? Doctors idealised the family practitioners of the past. However, in a programmatic lecture on “The Crisis of the Medical Profession and Social Hygiene” in September 1929, Arthur Schlossmann suggested that the so-called ‘freedom’ of nineteenth century family practitioners was in reality a rather

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<sup>137</sup> R. van den Velden and P. Wolff, “Gustav Schwalbe,” *DMW*, 56, 1930, obituary supplement to issue No. 10. The Revolution was not the first occasion that Schwalbe commented on daily political matters: In 1917 he addressed an open letter to the economist Gustav von Schmoller, in which he sharply criticized Schmollers apparent anti-semitism. I am grateful to Erik Grimmer for pointing this out to me: ‘Offener Brief an Se. Exzellenz Herrn Professor Dr. von Schmoller (Judenfrage), *Berliner Tageblatt*, 21.II. 1917.

<sup>138</sup> Max Marcuse, “Beratung des Staatshaushaltsplanes für das Ministerium für Volkswohlfahrt in der Preußischen Landesversammlung,” *DMW*, 45, 1919, 1279, 1310-2.

insecure state of patronage, characterised by doctors' dependence on the goodwill of their patrons.<sup>139</sup> How could today's medical professionals be so hostile, he asked, towards the institutions which "secured them the giant sum of 250 million Reichsmark" as a yearly income?<sup>140</sup> Ernst Fränkel, clinician at the Charité, noted in a different context that "already now, the insurance doctor is a kind of civil servant" and that, "considering the large portion of the population already covered by the insurance one cannot longer speak of free practice."<sup>141</sup> Fränkel concluded: "When the medical profession rejects 'socialisation,' they reject the word rather than the thing."<sup>142</sup>

However much advocates of social hygiene like Schlossmann argued that the medical profession should collaborate more closely with the sickness insurance funds, social insurance remained the favourite target of doctoral criticism until the end of the decade. Any investment of the funds, be it on treatment centres or on administrative buildings, was denounced as a waste of insurance members' money. If the funds built new offices, inevitably they would be labelled as swanky "administration palaces," in which power-hungry insurance managers were sitting around in expensive leather armchairs.<sup>143</sup> Under the impression of writings like those by the popular medical 'heretic' Erwin Liek, eugenic considerations about the potentially detrimental effects of social insurance on the ethical fabric of the population moved centre stage. Did the welfare state turn its citizens collectively into parasites?<sup>144</sup> Liek compared insurance members with fish in a pond, which got used to frequent feeding times and forgot how to find food themselves.<sup>145</sup>

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<sup>139</sup> Schlossmann, *Die Krise des Arztstandes und die Sozialhygiene*, pp. 5-6.

<sup>140</sup> *Ibid.*, p. 6.

<sup>141</sup> Ernst Fränkel, "Neuordnung der Krankenversicherung," *Ärztliche Mitteilungen*, 30, 1929, 211-2, p. 211.

<sup>142</sup> *Ibid.*

<sup>143</sup> BArch, R8034 II, Nr. 1813, 81: "Sozialfürsorge und Ärzteschaft," *Dt. Tageszeitung*, 287, 20. Juni 1931. See also "Zeitungsumschau," *Ärztliche Mitteilungen*, 30, 1929, 215.

<sup>144</sup> Erwin Liek, *Die Schäden der sozialen Versicherung und Wege zur Besserung*, 2nd edition, Munich: J.F. Lehmann, 1928. For more on Liek, see chapter two.

<sup>145</sup> Erwin Liek, "Die Sozialversicherten," in: *Am Kamin. Aus der Sandgrube und andere Erinnerungen*, Munich: J.F. Lehmann, 1935, 71-3.

While the conflict went on along familiar lines throughout the 1920s, the character of the relationship between doctors and insurance funds became subject to increasingly more state regulation. The trend set by the 1923 emergency decree continued, leaving the parties less and less leeway for negotiations. In 1928, finally, only the actual fees were negotiable. All other contract conditions were strictly regulated. The new regulations gave every licensed physician the legal right of access to an insurance contract. The old demand for *freie Arztwahl* was finally fulfilled. The problem of overcrowding, however, remained pressing. Particularly in the cities there were too many doctors who wanted their share of the insurance cake.<sup>146</sup> With the onset of world economic crisis in 1929, the situation of the insurance funds became precarious again. At an insurance fund convention in the summer of 1929, the delegates demanded the appointment of *Vertrauensärzte*, control doctors who examined patients signed off sick for a lengthy period by their private doctors, and to commit doctors to paying damages if they were found to treat patients uneconomically. Limits should be defined for the number of patients every individual doctor was allowed to treat, as well as for prescriptions. Finally, the total income of all insurance doctors was to be determined as a lump sum, which then would be divided between them.<sup>147</sup>

The demands of the convention found their way into a draft law, to be passed by the Reichstag on June 28, 1931. After the government failed to secure a majority for the draft, leading to the break-up of the governing coalition, the president passed the law as an emergency decree on July 26.<sup>148</sup> Company bankruptcies, high unemployment and lowered sickness insurance contributions of those who still had work (determined by government decree), drastically reduced the funds' incomes. By now, however, the doctors had recognised that if

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<sup>146</sup> One author finds especially the increasing numbers of women students and doctors worrying: BArch, R8034 II, Nr. 1813, 63: "In Groß-Berlin mehr Aeskulapjünger als in Bayern. Wir haben zuviel Ärzte. Auch die Frauen drängen zum Medizinstudium," Tag (Nachtausgabe), 43, 20. Feb. 1929; "Zuviel Ärzte in Deutschland," Der Abend, 84, 19. Feb. 1929.

<sup>147</sup> Tennstedt, *Soziale Selbstverwaltung*, pp. 130-3.

<sup>148</sup> The failure of the insurance law and the breakup of the government coalition led to Brüning's 'government by emergency decree', which was the pretext to the Hitler dictatorship.

the insurance funds were threatened, so was the basis of their existence.<sup>149</sup> In 1931, the head organisations of the two parties to the dispute signed a treaty over the introduction of an administrative body staffed with *Hartmannbund* officials, the *kassenärztliche Vereinigung*, which would receive a lump sum from the insurance funds and distribute it amongst the doctors. An emergency decree on November 8 turned the treaty into law. “After thirty years,” Florian Tennstedt writes in his history of the sickness insurance administrations in Germany, “[the *Hartmannbund*] had found peace with the insurance organisations.”<sup>150</sup>

### **Conclusion: Professional Crisis, Crisis of Trust**

In this chapter I attempted to show how the old conflicts between doctors and sickness insurance funds intensified under the impression of revolution and Weimar welfare policy, and how hyperinflation and the rationalisation plans of insurance managers led to increased militancy on both sides, culminating in the perception of a deep professional crisis, which both main parties to the conflict publicised vigorously. However, I did not mention an important third party: the patients. They were not always happy with the kind of health care they were presented with by insurance funds and their contract doctors. Instead, many frequented non-licensed practitioners, despite having to pay in cash for their services. Many also sought to evade the medical officers of health. An increasingly critical attitude in the population towards ‘state medicine’ was partly a consequence of the conflicts I have described in this chapter.

The shortage of trust in the health system did not go unnoticed. The former candidate of the German Democratic Party for the Reich presidency, Willy Hellpach, asked in his speech at the 1929 *Ärztetag* whether subjective trust still had a place in the modern doctor-patient relationship. To him, too, it seemed to be the expansion of bureaucracy which led to mistrust: “The suspicions of all persons involved [in the health system] against each other seem to be the psychologically dominating factor: the doctors’ suspicions that the patients may

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<sup>149</sup> BArch, R8034 II, Nr. 1813, 69: Petermann, “Ärzteschaft und Sozialversicherung,” [illegible] Zeitungsdienst, 2. Aug. 1929.

<sup>150</sup> Tennstedt, *Soziale Selbstverwaltung*, pp. 130-3, quote on p. 133.

want to take advantage of them, the suspicions of insurance managers against patients and doctors, and the resulting control frenzy [*Kontrollfimmel*, of the insurance managers], which has become a main source of ... demoralisation amongst insurance members and doctors.”<sup>151</sup> The social insurance system, Hellpach argued, had made the ‘masses’ “at the same time hostile against the state and greedy for more state.”<sup>152</sup>

It is doubtful whether the traditional relationship between insurance patients (before 1918 predominantly workers) and doctors was ever characterised mainly by mutual trust. After all, the doctor was the one they had to convince if they felt too ill to work and wanted to claim sick pay. Socialist doctors claimed that the relationship was inherently flawed, due to the class divisions: “The patient belongs to the ranks of the exploited. The doctor belongs to the ranks of those who do the exploiting. Both sides feel it. This is why the patient does not believe in the doctor, and this is why doctors can speak of patients as shirkers, layabouts and work shy elements.”<sup>153</sup> They argued for a further expansion of the medical welfare system, with a strong emphasis on disease prevention and with doctors who were employees and therefore on the same social level as their patients.

There can be little doubt, however, that the rapid expansion of the sickness insurance system and its bureaucratic apparatuses also changed the attitudes of members towards their insurance funds. The association of all German sickness insurance funds and their annual general meetings grew so large towards the late 1920s that critical voices feared, while demonstrating the power of the organisation, their sheer size would make sticking to democratic self administration increasingly difficult.<sup>154</sup> Richard Roeder noted in 1925 that “the members do not feel as closely associated with their sickness insurance funds as

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<sup>151</sup> BArch, R 8034 II, Nr. 1813, 66: “Wert und Unwert der Krankenversicherung. Gründe und Grenzen, Bewährung und Entartung der Staatsfürsorge an kranken Menschen. Hellpachs Vortrag auf dem Ärztetag,” Rhein. Westf. Ztg. 325, 28. Juni 1929.

<sup>152</sup> Ibid., 67: “Doktor Eisenbart. Der Ärztetag und die Sozialversicherung,” Vorwärts 301, 30. Juni 1929.

<sup>153</sup> J. Tuscherer, “Die kranke Medizin. Ausweg aus der heutigen Krise,” *Der Sozialistische Arzt*, 8, 1932, 109-15.

<sup>154</sup> Tennstedt, *Soziale Selbstverwaltung*, p. 146.

they used to.”<sup>155</sup> Despite being elected, the administrators increasingly turned into bureaucrats rather than representatives of the members.<sup>156</sup>

The reform plans by insurance managers and welfare administrators were not necessarily designed to induce trust, either. Paul Weindling has, successfully I think, “challenge[d] the view that the Weimar welfare state was a model product of democracy and altruistic social concern.”<sup>157</sup> He replaces this view with an “interpretation of Weimar welfare as coercion,” a surveillance system based on the ideologies of social hygiene, social biology and eugenics.<sup>158</sup> Aspects of control and surveillance, in fact, were central to many of the rationalisation plans suggested or put into place by health professionals. The *Gesundheitspass*, for example, the health record for every patient, advocated by Richard Roeder, was not only going to enable smooth transfers from doctor to doctor within the *Ambulatorium*. While it would have allowed health professionals to create a large data pool for genetic research, it was not going to be accessible to the patients themselves. They would never get to know what the health bureaucracy knew about them. The *Gesundheitspass* never became reality, but other welfare institutions willingly pooled the data they collected on their clients in large, eugenic databases, or they collaborated with scientists like Jaensch. Weindling describes how “[c]linics were a channel of introducing medical surveillance into daily life.”<sup>159</sup> Critics within the medical profession had a point when they asked if the doctor should not “occasionally be the ‘advocate of the individual’ against the public interest.”<sup>160</sup> It is questionable, however, if ‘advocate of the individual’ was the role doctors were remembered for best in those days. Many of them were ardent supporters of the eugenic measures

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<sup>155</sup> Quote in *ibid.*, p. 157.

<sup>156</sup> More than 50 percent of all insurance fund chief executives in 1928 had been working in an insurance administration before they were elected: see table 1.2.

<sup>157</sup> Paul Weindling, “Eugenics and the Welfare State During the Weimar Republic,” in W. R. Lee and Eve Rosenhaft, eds., *State, Social Policy and Social Change in Germany 1880-1994*, 2nd edition, Oxford: Berg, 1997, 134-63, p. 135.

<sup>158</sup> *Ibid.*

<sup>159</sup> *Ibid.*, p. 145.

<sup>160</sup> Ernst Mayer, “Freie Ärzteschaft und Massenproblem: Zum Aufsätze des Stadtarztes Dr. Roeder = Treptow über ‘Die berufliche Krise der Ärzteschaft’,” *Ärztliche Mitteilungen*, 30, 1929, 230-2, p. 231.



themselves. Doctors controlled and ran welfare institutions, and the profession profited from the expert status it gained through the wide acceptance of eugenic ideology. Furthermore, working class patients had a vivid memory of the patriotic military doctors who signed the men fit for front service a few years ago. Those who stayed at home remembered the posters with rallying calls hanging in doctors' waiting rooms during the 1917 winter of starvation.<sup>161</sup>

Doctors, as well as welfare administrators and insurance managers had a problem. Large sections of the population seemed to lose trust in all three groups. This became evident with the increasing success of 'outsiders' and critics of mainstream medicine. The people's scepticism (and attempts to interpret it) turned the professional conflict between doctors and insurance funds into a crisis, which in the eyes of many affected the foundations of modern medicine. In the next chapter we will encounter a group of Hippocratic fundamentalists, self-styled outsiders within the profession, who suggested that in order to solve this foundational crisis, medicine had to return to what they saw as its 'historical main path'.

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<sup>161</sup> See the statement of the Socialist member of the Prussian parliament, Marie Kunert, in: *Über Mißstände auf dem Gebiete der Kurpfuscherei und Maßnahmen zu ihrer Beseitigung: Bericht über die Verhandlungen eines zusammengesetzten Ausschusses des Landesgesundheitsrates am 9. und 10. März 1927*, Berlin: Schoetz, 1927, pp. 140-4; v. Rödern, "Der Preußische Landesgesundheitsrat zur Frage der Kurierfreiheit," *Biologische Heilkunst*, 9, 1928, 114-26, p. 125. See also Hubenstorf, "Deutsche Landärzte an die Front!" p. 203.

## Chapter 2. Hippocratic Heretics: the Insider as Outsider

*This book is typical of a certain genre of medical literature, which re-surfaces again and again: the fresh and cheerful heretic's book by an experienced practitioner with a healthy common sense.*<sup>1</sup>

### Introduction

The Heretics offered a diagnosis for the crisis of medicine, and they offered a cure. Erwin Liek, Danzig surgeon and owner of a private clinic, had labelled himself a heretic, a *Ketzer*, in the subtitle of his influential 1926 book, *Der Arzt und seine Sendung: Gedanken eines Ketzers* [The Doctor and his Mission: Reflections of a Heretic].<sup>2</sup> Liek's reflections reached an enormous audience: by 1929, seven editions with a total of 31,000 copies had been printed. By 1940, the tenth edition was in the bookstores.<sup>3</sup> In 1927 it was reviewed 43 times, predominantly in medical journals, and in 1928 another 34 reviews appeared.<sup>4</sup> Liek and his 'heretic' cosmology have often been seen as synonymous with the notion of a 'crisis of medicine' in the Weimar Republic. A number of studies have focused on Liek and his role in shaping medical ideology in the 1920s and 30s. But he was not alone. This chapter will examine how Liek and his fellow 'heretics' shaped the debate over a crisis of modern medicine.

While most scholars in German medical faculties (with a few notable exceptions) opposed the notion that medicine was undergoing a fundamental crisis, the small group of medics we encounter in this chapter, practitioners with literary ambitions as well as university teachers, succeeded in turning what had started as a debate about professional problems into a highly public controversy over the foundations of modern medicine. As Liek did in the title of his successful book, they styled themselves as heretics, outsiders to the mainstream

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<sup>1</sup> Theodor Lessing, "Philosophierende Aerzte. Liek - Schwarz - Ziehen," *Biologische Heilkunst*, 11, 1930, 817-8, p. 817.

<sup>2</sup> Munich: J.F. Lehmann, 1926. The English translation was published as Erwin Liek, *The Doctor's Mission: Reflections, Reminiscences, and Revelations of a Medical Man; translated and introduced by J. Ellis Barker*, London: J. Murray, 1930.

<sup>3</sup> Michael Jehs, *Erwin Liek: Weltanschauung und standespolitische Einstellung im Spiegel seiner Schriften*, Frankfurt a.M.: Mabuse-Verlag, 1994, p. 22.

<sup>4</sup> Felix Dietrich, ed., *Bibliographie der Rezensionen*, Gantzsche bei Leipzig: Dietrich, 1927, 1928.

of modern medicine, Cassandras who warned about the dangers imposed on doctors, patients and the nation by modernity, mediated by the pressures of bureaucratisation and specialisation. Like religious heretics of the past, they were conscious and somewhat proud of the opposition they encountered from scholars and official representatives of the profession. They knew the weight their voices carried in the public. How could outsiders become so central to the debate about the future of medicine and the health system? Looking for an explanation, we will have to examine the context of their activities and the reception of their works.

Heresy was originally a religious term. It describes an “opinion at variance with the authorised teachings of any church, notably the Christian, and especially when this promotes separation from the main body of faithful believers.”<sup>5</sup> More generally, ‘heresy’ refers to a “doctrinal belief held in opposition to recognised standards of an established system of thought.”<sup>6</sup> The ideal type of an interwar medical ‘heretic’ perceived state-sanctioned conventional medicine as a dogmatic school, comparable to a church, which tolerated neither serious criticism nor heterodox tendencies and had lost sight of its own fundamental tasks. He (the candidates are exclusively male, and their masculinity was part of their self-understanding) publicised his criticism vigorously. What distinguished the ‘heretics’ from mere critics is that with their actions they attempted to strike at the vital of officially sanctioned beliefs and convictions, offering a radical alternative without worrying too much about practicability. The ‘heretics’ granted authenticity priority over reason.<sup>7</sup>

The ‘heretics’ were romantics. Confronted with an increasingly fragmented and inconsistent world, alienated by specialisation and ‘foul’ compromises, they were looking for unifying principles. They favoured a ‘fundamentalist’ approach to problems arising from the modernisation of medicine and responded to a complicated, highly differentiated social reality by embracing a worldview based

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<sup>5</sup> John A. Hardon, “Heresy,” in William D. Halsey and Emanuel Friedman, eds., *Collier's Encyclopedia*, vol. 12, London and New York: Collier, 1986, 79-80, p. 79.

<sup>6</sup> Ibid. See also A. Borst, “Häresie,” in Joachim Ritter, ed. *Historisches Wörterbuch der Philosophie*, vol. 3, Basel & Stuttgart: Schwabe & Co., 1971, 1000-1.

<sup>7</sup> Cf. Theodor W Adorno, *The Jargon of Authenticity*, London: Routledge and Kegan Paul, 1973.

on symbols and myths. The concept of fundamentalism is commonly used to analyse religious movements but, like heresy, it may serve us here as a suitable analytical category.<sup>8</sup> “Fundamentalists fight with a particularly chosen repository of resources which one might think of as weapons,” Martin E. Marty and R. Scott Appleby state in the introduction to the first volume of their monumental *Fundamentalism Project*, “... they reached back to real or presumed pasts, to actual or imagined ideal original conditions and concepts, and selected what they regarded as fundamental.”<sup>9</sup> ‘Myth’ in this context is not the opposite of a ‘fact’ but rather a unifying legend born out of the desire to assign meaning to a fragmented reality.<sup>10</sup>

While during the 1920s heretic opinions in medicine were rife, the phenomenon was in no sense new. 19th century medicine, too, had its share of ‘heretics’. Some of them, like Hahnemann or Schüßler, left their marks on medicine in form of therapeutic systems still in use today.<sup>11</sup> One of the icons of the interwar medical ‘heretics’ was Ernst Schweningen, Bismarck’s personal physician and a staunch promoter of naturopathy.<sup>12</sup> In 1884, the Prussian government had appointed Schweningen as professor of dermatology at the Berlin Charité university hospital, against fierce opposition within the medical faculty and under allegations of cronyism. From 1902, he taught general pathology, therapy and history of medicine. One of his students remembered in

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<sup>8</sup> There is a substantial body of literature on fundamentalism, most of the works with a few exceptions on religious fundamentalisms. See, for example, Martin E. Marty, and R. Scott Appleby, eds. *Fundamentalisms Observed*, The American Academy of Arts and Sciences, The Fundamentalism Project vol. 1, Chicago & London: University of Chicago Press, 1991. Stefan Breuer has applied the fundamentalism concept to the secular cult around the German poet Stefan George: Stefan Breuer, *Ästhetischer Fundamentalismus: Stefan George und der deutsche Antimodernismus*, Darmstadt: Primus Verlag, 1996.

<sup>9</sup> Marty and Appleby, eds., *Fundamentalisms Observed*, p. ix.

<sup>10</sup> Cf. Christoph Jamme, *Einführung in die Philosophie des Mythos*, vol. 2: Neuzeit und Gegenwart, Darmstadt: Wissenschaftliche Buchgesellschaft, 1991.

<sup>11</sup> See, for example: <http://www.homeopathyhome.com/>; <http://members.aol.com/biochemie/index.htm> (29 Sept. 1999).

<sup>12</sup> Cf. Richard Koch, “Schweninger's Seminar,” *Journal of Contemporary History*, 20, 1985, 757-79. Koch’s article, originally published in 1924, is interesting because it represents the 1920s attitude towards Schweningen. In what I suspect is at least partly a fictional dialogue, Koch himself assumes the role of a naïve student whose mechanistic-scientific worldview is challenged by Schweningen’s heretical common-sense logic. For biographical details on Schweningen, see also Georg Schwarz, *Schweninger: Bismarcks Leibarzt*, Leipzig: Philipp Reclam, 1941, who turns Schweningen into an early representative of Nazi medicine.

1924 that when he first entered Schweningen's seminar in 1907, he "felt towards him like a devout Catholic towards a heretic."<sup>13</sup>

In 1906 Schweningen's book *Der Arzt* was published.<sup>14</sup> The author of *Der Arzt* may in fact have been a ghostwriter: Schweningen's assistant Emil Klein, himself a forthright supporter of naturopathy with 'heretic' potential.<sup>15</sup> After an unsuccessful candidacy for the naturopathy chair at Berlin University, Klein, born in 1873, was appointed in 1923 to a chair at the University of Jena. Klein/Schweningen's book contained many of the ingredients which 20 years later characterised Liek's *The Doctor's Mission* and other 'heretical' writings: medicine was an art, not an exact science, and to practise it one needed a special vocation; there were no isolated diseases, only sick human beings; the doctor always had to stand above the patient, he (Schweninger and Klein, as well as later 'heretics' saw it as self evident that the doctor had to be a man) had to preserve his superiority and authority; only nature could cure, the doctor treated; empiricism was the foundation of all medicine; modern medicine used too many machines; there was too much specialisation and too many journals; medical scientists enjoyed more prestige than they deserved, and medical training had to become more practice oriented.<sup>16</sup> *Der Arzt* was reprinted in a new edition in 1926, two years after Schweningen's death and in the year of *The Doctor's Mission*. Naomi Laqueur speculates that "his [Schweninger's] ideas would have found a far wider echo and encountered much less enmity but for Schweningen's

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<sup>13</sup> Koch, "Schweninger's Seminar," p. 759.

<sup>14</sup> Ernst Schweningen, *Der Arzt* (Die Gesellschaft: Sammlung sozialpsychologischer Monographien, 7), Frankfurt a. M.: Rütten & Loening, 1906.

<sup>15</sup> Karl Eduard Rothschild, "Das Buch 'Der Arzt' (1906) stammt nicht von Ernst Schweningen!," *Medizinhistorisches Journal*, 18, 1983, 137-44. On Klein, see Daniel Jung, *Institutionalisierung und akademische Ausbildung auf dem Gebiet der Naturheilkunde im gesellschaftlichen Wandel. Die Geschichte der Lehrstühle für Naturheilkunde an den medizinischen Fakultäten Jena (1923 - 1938) und Berlin (1900 - 1945)*. Diss. Med. Dent., Leipzig: Universität, 1995. Emil Klein's papers in the Humboldt University Archive, Berlin, are currently being catalogued and studied by Winfrid Liebrich: cf. Winfrid Liebrich, Daniel Jung, Ilona Kalb, and Winfried Schulze, *Emil Klein*, unpublished manuscript in author's possession.

<sup>16</sup> The overlaps between Schweningen and Liek are discussed - without much contextualisation - by Urban Wiesing, "Die Persönlichkeit des Arztes und das geschichtliche Selbstverständnis der Medizin: Zur Medizintheorie von Ernst Schweningen, Georg Honigmann und Erwin Liek," *Medizinhistorisches Journal*, 31, 1996, 181-208.

deliberate hostility in his dealings with the medical profession.”<sup>17</sup> I doubt this very much. As we will see also in the cases of other ‘heretics’, opposition to ‘the establishment’ may well have been one of the main reasons for the popularity of Schweningen’s ideas.

This chapter is an attempt to refine the ideal type of the interwar medical ‘heretic’ by applying it to the biographies of some prime candidates for this label: besides Erwin Liek, the Vienna gynaecologist Bernhard Aschner, the Hamburg immunologist Hans Much and the Berlin professor of surgery, August Bier. All of them have received considerable scholarly attention, mainly in the form of medical dissertations. What is lacking, however, is a synthesis which sets them in relation to each other and to the context. The chapter starts with brief biographical sketches of the main actors and proceeds with thematic sections. What turned them into ‘heretics’? We will look at their convictions and opinions and consider their roles in the construction of the ‘crisis of medicine’. One thing they had in common was their ambition to go public. What does it tell us about the self understanding of these medical men that they felt they had to be universal artists rather than just experts, *Fachmenschen*? Religious heresy had serious consequences: “If anyone,” Paul wrote to the Galatians, “preach to you a gospel besides what you have received, let him be anathema.”<sup>18</sup> It will be interesting to see what consequences (if any) the self-styled medical heretics suffered.

## **‘Heretic’ Careers**

### **Erwin Liek**

Erwin Liek, who adopted most of Schweningen/Klein’s criticisms in his own writings, was the most prominent amongst the interwar ‘heretics’. He has received much attention from historians: due to his close contacts with Nazi medical officials and the similarity between some Nazi health initiatives and Liek’s ideas, Liek has often been interpreted as a forerunner of Nazi medical

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<sup>17</sup> Koch, “Schweninger’s Seminar,” p. 758.

<sup>18</sup> Galatians I:9, quoted after Hardon, “Häresie,” p. 79.

ideology.<sup>19</sup> He was born in 1878 in Löbau, Western Prussia.<sup>20</sup> Erwin's father, Gustav Liek, was a college teacher and local historian, who made himself a name with studies of the history of his home city and region. The father died in 1893, and it was hard for his widow to finance her son's *Gymnasium* education. When Erwin went to a prep college in Königsberg, he still had to contribute to the family income by tutoring younger students. He graduated in 1896 and went straight on to study medicine, first in Freiburg for one semester and then until 1902 in Königsberg. Here again, he was short of money. This may have turned him into an outsider to student life, which for more affluent students often centred around drinking orgies with fraternity brothers.<sup>21</sup> Liek had to finance his studies with tutoring and small stipends. During the fifth semester, in 1898, he served in the army for six months. In 1902 Liek passed his state exam with distinction and received his MD for a dissertation on hyperaemia, at a time when the young professor of surgery at Greifswald, August Bier, worked on the same subject.

Starting with the day he received his licence, Liek stood in for three weeks for a general practitioner in Neukirch, Eastern Prussia. This experience, he would claim later, changed his life. He worked in a number of further temporary replacements for small town and countryside practitioners while completing his specialist training. In 1902, he went on his first of four journeys as a ship's doctor, which took him to Africa and Latin America. When in 1903 he was preparing to open a village practice in Eastern Prussia, friends provided him with the means to continue his training, first as a voluntary assistant in gynaecology in Greifswald, later as a surgeon in Wiesbaden and Gdansk. He worked in the

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<sup>19</sup> Cf. Hans-Peter Schmiedebach, "Zur Standesideologie in der Weimarer Republik am Beispiel Erwin Liek.," in Christian Pross, Götz Aly, and Ärztekammer Berlin, eds., *Der Wert des Menschen: Medizin in Deutschland 1918-1945*, Berlin: Ed. Hentrich, 1989, 26-35; Wolfgang Schmid, *Die Bedeutung Erwin Lieks für das Selbstverständnis der Medizin in Weimarer Republik und Nationalsozialismus*, Diss. Med., Erlangen - Nürnberg: Friedrich-Alexander-Universität, 1989; Michael H. Kater, "Die Medizin im nationalsozialistischen Deutschland und Erwin Liek," *Geschichte und Gesellschaft*, 16, 1990, 440-63.

<sup>20</sup> For a detailed biography, see Jehs, *Erwin Liek*. For obituaries, see: Hugo Holthöfer, "Erwin Liek: Aus seinem Leben und Wirken," Heinz Bottenberg, "Erwin Liek: Ein deutscher Arzt und sein Lebenswerk," Walter Ziesemer, "Nachruf auf Erwin Liek," all reprinted in Erwin Liek, *Am Kamin. Aus der Sandgrube und andere Erinnerungen*, Munich: J.F. Lehmann, 1935, 97-128.

<sup>21</sup> Cf. Konrad H. Jarausch, *Students, Society, and Politics in Imperial Germany*, Princeton: Princeton University Press, 1982.

Gdansk surgical city hospital for four years, three and a half of them as the first assistant to the director. He married Anna, a surgery nurse, and opened his own 12 bed private surgical and gynaecological clinic in 1909. In 1912, the clinic moved into a new, larger building with, in the end, 35 beds. Liek was the medical director and his wife managed the clinic household, until they retired to Berlin in 1932. Liek's good reputation, it is said, attracted patients from far beyond Gdansk's city limits. Due to his popularity, his nationalist political outlook and his close connections with Nazi officials, he was offered the office of *Reichsärztführer* in 1933, which he declined for health reasons. He died in 1935.

Until his death, Liek claimed that his greatest wish would have been to practise as a countryside practitioner. If he was serious it is not clear why he did not himself fulfil his wish. Until far into the twentieth century, as we have seen in the previous chapter, rural areas in Eastern Prussia suffered from a shortage of doctors. Most likely, the dream of the countryside practice was merely part of the 'heretic' myth constructed around Liek's person by himself and others. His declared preference for country life was consistent with his support for the land reform movement of Adolf Damaschke.<sup>22</sup> Liek was not the only one who appealed to the *cliché* of the independent countryside general practitioner to point at the increasing specialisation in modern medicine and denounce the 'impersonal' dependency on the sickness insurance funds.

Liek also seems to have been attracted to the idea of pursuing a career as a director of a big hospital. He himself, as well as his biographer Zabel, blamed his lack of connections and the animosities against his person due to his 'heretic' publications for the fact that he was not offered a post. Again, such conspiracy theories seem to be part of the 'heretic' legend and the genius cult emerging around Liek in the late 1920s. After all, his 'Thoughts of a Heretic' appeared not before 1926. Long before the publication of his book, he had published a number of modest studies in medical journals which would not have aroused anybody's

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<sup>22</sup> Cf. Elisabeth Meyer-Renschhausen and Hartwig Berger, "Bodenreform," in Diethart Kerbs and Jürgen Reulecke, eds., *Handbuch der deutschen Reformbewegungen 1880 - 1933*, Wuppertal: Hammer, 1998, 265-76.



anger. This left him sufficient time to apply for openings before spoiling his reputation. In fact, when Vienna University needed a successor for his teacher, Eiselsberg's surgery chair, Liek's name appeared second on the list.<sup>23</sup> In 1934, due to health problems, he turned down an offer to become medical director of the Rudolf-Hess-Hospital near Dresden, the Nazi centre of biological medicine.

Despite his seemingly provincial outlook and his nationalist attitude, Liek was well-travelled. After his trips as a ship's doctor, he undertook a journey to the US in 1912, which left him with a deep impression. He worked at the Mayo clinic in Rochester and at the Augustana Hospital in Chicago. In contrast with others, who were predominantly fascinated with American rationalisation methods, Liek saw the US as an example for an ideal medical system in a society with a healthy middle class and without social insurance.<sup>24</sup> In 1928, he went on a journey around the world and spent time in the Far East as well as in America, including a second visit to the Mayo Clinic. During this trip he wrote his book on magic and healing.<sup>25</sup> In the last years of his life, Liek travelled to Java and Bali, as well as Tenerife, where he spent six months working on manuscripts.

Liek's medical cosmology has been described in detail before, and a cursory introduction should be sufficient here.<sup>26</sup> In *The Doctor and his Mission*, Liek drew a dark picture of both Germany and its medical profession.<sup>27</sup> In a long autobiographical section, he expressed his preferences for the bedside teaching of medicine over dissections and anatomy lessons. Central to the book (whose title originally was going to be *Arzt und Mediziner*), is the distinction between the "true physician" (Arzt), the artist of medicine who followed his vocation altruistically, and the "mere medical practitioner" (Mediziner) or "surgical

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<sup>23</sup> Jehs, *Erwin Liek*, 1994, p. 17.

<sup>24</sup> *Ibid.*, 1994, p. 19.

<sup>25</sup> Erwin Liek, *Das Wunder in der Heilkunde*, Munich: J.F. Lehmann, 1930.

<sup>26</sup> For detailed analyses of Liek's positions, see Jehs, *Erwin Liek*, and Schmid, *Die Bedeutung Erwin Lieks*. Schmid also summarises and analyses in detail the reception of Liek's articles and books by contemporaries.

<sup>27</sup> Cf. Erwin Liek, *The Doctor's Mission*. See also: *idem*, "Arzt und Mediziner. Eine Abwehr," *MMW*, 74, 1927, 594-7; *idem*, "Die Schicksalsfrage der deutschen Ärzte," *MMW*, 74, 1927, 2103-5; *idem*, "Die ärztliche Praxis," in Henry E. Sigerist, ed., *Grundlagen und Ziele der Medizin der Gegenwart*, Leipzig: Thieme, 1928, 72-115; *idem*, *Die zukünftige Entwicklung der Heilkunde*, Stuttgart: Fr. Frommanns Verlag, c. 1932.

mechanic,” who was scientifically sound but inhumane, more interested in knowledge gains than in the welfare of his patients.<sup>28</sup> In a debate over new guidelines for clinical experiments on patients, initiated by the physician and socialist member of parliament, Julius Moses, Erwin Liek was amongst those who emphatically declared human experiments unethical under all circumstances.<sup>29</sup> Liek’s physician ideal, as we have heard, was that of an idealised countryside general practitioner, a universalist who looked after his patients from the cradle to the grave.

The ‘natural’ relations between physician and patient, according to Liek had to “be such that the physician has always and under all circumstances the feeling that he stands above the patient, that he occupies a position of authority and that he confers benefits upon him.”<sup>30</sup> Charisma and personality were the main qualities a doctor had to possess, Liek argued. Most disease was cured through the influence physicians had on the patients’ souls rather than on their bodies. Liek stressed that he was all in favour of true science, but due to the rise of a scientific establishment and the infatuation of modern medicine with technology, he argued, many medics had lost or never acquired the ability to use the magic which characterised the true physician (he preferred to use the German word *Zauber* over the technical term *Suggestion*). In contrast, he argued, heterodox healers or ‘quacks’ cured disease exactly because they believed in their own magic abilities. We will return to this argument later in a detailed case study.

In Liek’s view, doctors not only had a task to fulfil in relation to the individual patient, they also played an important role for “the health of the race.” The nation was in deep decline, he claimed, referring to Oswald Spengler’s book *The Decline of the West*, due to the social insurance system, which encouraged a parasite lifestyle, emasculated the German man, allowed the weak to survive and procreate and therefore led to the degeneration of the race. Liek did not hesitate to associate this degenerative state of the nation with democracy and the bad

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<sup>28</sup> Liek, “Die Schicksalsfrage.”

<sup>29</sup> Erwin Liek, “Versuche am Menschen: Antwort 3,” *Ethik*, 5, 1928, 19-26.

<sup>30</sup> Liek, *The Doctor’s Mission*, p. 52.

influence of socialism.<sup>31</sup> Doctors, in Liek's view, should play a central role in the nation's regeneration, carrying the charisma of the healer over into their social function, becoming leaders.

Liek himself dated the start of his heretic career back to his experiences as a replacement for a number of countryside practitioners in Eastern Prussia and as an insurance doctor in Gdansk, before he decided to treat exclusively private patients. Looking at a list of his publications, however, it seems rather as if the 'heretic' was born after the war, towards the mid 1920s. In Liek's bibliography for the years before 1924 we count 15 titles on mainstream medical and surgical subjects, but no popular article.<sup>32</sup> The first 'heretic' article in the widest sense appeared in 1924, on "Wrong Tracks in Surgery".<sup>33</sup> In this paper, as well as in a few subsequent ones, Liek criticised what he saw as inappropriate surgical interventionism. He ventured further into the field of 'heresy' in 1925, with an article in the *MMW* on "The Disappearance of the Soul from Medicine", which reads like a brief outline for *The Doctor's Mission*.<sup>34</sup> In the same journal followed in 1926 an article on "Physician and People's Health," which contained extracts from the book, dealing with the doctor's function in the state.<sup>35</sup> With *The Doctor's Mission*, published by the Munich-based, notoriously right-wing publisher Julius Lehmann in 1926, Liek's 'heretic' cosmology was more or less completely out in the open. More than 40 publications during the following decade, until Liek's death, varied and consolidated positions set out in *The Doctor's Mission*, on medical practice versus scientific establishment, sickness insurance funds and the dangers of the social insurance for the health of the race. Some articles illustrated his arguments with detailed case studies, for example on non-licensed practitioners and the personality of the healer.

A good deal of the credit for the conversion of Liek into a 'heretic' may go to his publisher. Liek stood in personal contact with Julius Lehmann already

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<sup>31</sup> Ibid., e.g. p. 91, p. 107.

<sup>32</sup> For a substantial Liek bibliography, see Schmid, *Die Bedeutung Erwin Lieks*, 160-6.

<sup>33</sup> Erwin Liek, "Irrwege in der Chirurgie," *Archiv für klinische Chirurgie*, 128, 1924, 544-67.

<sup>34</sup> Erwin Liek, "Die Entseelung der Heilkunde," *MMW*, 72, 1925, 1520-1.

<sup>35</sup> Erwin Liek, "Arzt und Volksgesundheit," *MMW*, 73, 1926, 112-6.

prior to *The Doctor's Mission*, and Lehmann seems to have influenced some of the book's contents.<sup>36</sup> Besides specialist medical books, Lehmann's publishing house promoted a collection of works on nationalism and nationalist movements. After the war, he actively protected right-wing terrorists. The publisher financed his numerous political ventures through the sale of medical textbooks.<sup>37</sup> The *Münchener Medizinische Wochenschrift*, one of Germany's most influential medical journals, was a centrepiece of Lehmann's medical publishing activities. A young bookseller, he had taken over the publication of the journal in 1890 after its editor in chief, Lehmann's cousin Bernhard Spatz, had complained to him about difficulties with the previous publisher. The profits of the journal and of the medical book store which Lehmann launched simultaneously, enabled him as early as 1896 to turn to his political publishing activities. Books on racial hygiene like the famous Fischer-Baur-Lenz or the notorious Günther, as well as works on health policy in the widest sense, like those by Liek, allowed Lehmann to combine the medical with the political.<sup>38</sup>

What exactly was the heresy in Liek's writings? While Liek's distinction between *Arzt* and *Mediziner* certainly did not please medical scientists, it was hardly new.<sup>39</sup> Twenty years earlier, Schweningen (with the help of Klein) had published a similar critique of scientific medicine. Liek's 'heretic' writings, however, came at a perfect time. In a climate of general crisis, the self-styled loner proved to be an effective publicist. Liek served as an identification figure for a growing group of followers who harboured doubts about the promises of modernity and medical science. The romantic pose of the loner, an almost existentialist stress on the self and on (Liek's own) personality, was designed to convey the impression of authenticity and a deeply felt, personal urge.<sup>40</sup> Like

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<sup>36</sup> Jehs, *Erwin Liek*, p. 90.

<sup>37</sup> Cf. Gary D. Stark, *Entrepreneurs of Ideology: Neoconservative Publishers in Germany, 1890-1933*, Chapel Hill: University of North Carolina Press, 1981. See also Jehs, *Erwin Liek*, pp. 89-101.

<sup>38</sup> Erwin Baur, Eugen Fischer, and Fritz Lenz, *Grundlagen der menschlichen Erblichkeitslehre und Rassenhygiene*, 4th ed., Munich: J.F. Lehmann, 1932; Hans Günther, *Rassenkunde des deutschen Volkes*, 2nd ed., Munich: J.F. Lehmann, 1923.

<sup>39</sup> For summaries of responses to Liek's books, see Schmid, *Die Bedeutung Erwin Lieks*, pp. 55-71, 72-85, 105-117.

<sup>40</sup> Adorno, *The Jargon of Authenticity*.

other self-styled heretics, however, Liek was hardly going it alone, rather drawing together a number of separate strands of anti-modernists, anti-mechanists and other disenchanted contemporaries. The large lifestyle reform movement had promoted such sentiments for a long time. By turning away from medical science and towards the magic of healing (and writing about it extensively) Liek became a prophet of those who longed for a reenchanted world, who thought that there had to be more to life than just physics and chemistry. His self-representation as one who had been converted, an insider turned outsider, only boosted his credibility.

Holistic ideas were popular in Wilhelmian and Weimar Germany.<sup>41</sup> Certainly one was not going to be burned on the stake for promoting them. Like other ‘heretics’, however, Liek was a master of the conspiracy theory. He constructed the image of a powerful and rigid establishment, in order then to look like a hero where he opposed it. In his writings, the fragmented scene of Weimar medical science looked like a tightly controlled religious order, and the ramshackle edifice of the Weimar welfare state turned into a powerful fortress of socialism. When Liek stylised himself as a heretic because he defied the welfare policies of the Weimar state, he was in tune with many of his colleagues.<sup>42</sup> His critique of the social insurance system struck a cord with race-hygienically inclined doctors and underpaid medical graduates looking for somebody to blame for their lack of prospects. With his reflections on the natural authority of the physician he appealed to general practitioners who believed they had lost their independence to the insurance funds. In this context, most doctors felt like ‘heretics’.

More likely to qualify as heresy amongst his colleagues was Liek’s public support for non-licensed, heterodox healers. But did he really support them? In fact, as we will see later, he projected qualities into the ‘quacks’ which he

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<sup>41</sup> See, for example, Anne Harrington, *Reenchanted Science. Holism in German Culture from Wilhelm II to Hitler*, Princeton, N.J.: Princeton University Press, 1996; Jonathan Harwood, “Weimar Culture and Biological Theory: A Study of Richard Woltereck (1877-1944),” *History of Science*, 34, 1996, 347-77; Cay-Rüdiger Prüll, “Holism and German Pathology (1914-1933),” in Christopher Lawrence and George Weisz, *Greater than the Parts. Holism in Biomedicine 1920-1950*, New York & Oxford: Oxford University Press, 1998, 46-67.

<sup>42</sup> Cf. Erwin Liek, “Die ärztliche Praxis.”

wanted to see in his licensed colleagues. Only because doctors had lost these magic qualities, ‘quacks’ could be successful, he argued, and if more doctors regained them, a ban of quackery would be perfectly justified. Liek’s authoritarian model of the ideal doctor-patient relationship shows that his chief motivations were neither liberalism nor sympathy for patients defending the right to their own bodies. However, everybody found in Liek what they wanted to find. While his defence of ‘quackery’ led to attacks from representatives of the *Hartmannbund* it did not do his popularity any harm. It appealed to supporters of lifestyle reform who appreciated Liek’s critical stance on mechanisation, animal experimentation and scientific research. As August Bier did in 1925 with his support for homeopathy, Liek turned into an icon of the popular alternative health movement. Julius Lehmann had chosen and promoted his protégés well. If there ever were two heretics sure to evade being burned at the stake, then they were Erwin Liek, the author of medical best-sellers, and August Bier, the unruly professor.

### **August Bier**

Like Liek, August Bier published his ‘heretic’ thoughts in Lehmann’s *Münchener Medizinische Wochenschrift*. While his main acts of ‘heresy’ also fell into the mid 1920s, Bier was almost a generation older than Liek.<sup>43</sup> He was born in 1861 in Waldeck, Hesse. His father was a land surveyor who apparently was able to offer his son more financial support than Liek had received. Bier attended a private primary school before he went to the *Gymnasium* in Korbach, from where he graduated in 1881. He studied medicine in Berlin, Leipzig and Kiel, where in 1886 he passed the medical state exam. For a few months he replaced a friend in his general practice, then made two trips to South America as a ship’s

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<sup>43</sup> For Bier’s biography, see Rolf Winau, “August Bier,” in Wilhelm Treue and Rolf Winau, eds., *Berlinische Lebensbilder: Mediziner*, Berlin: Colloquium Verlag, 1987, 287-301; Hans-Uwe Lammell, “Chirurgie und Nationalsozialismus am Beispiel der Berliner Chirurgischen Universitätsklinik in der Ziegelstraße,” in Wolfram Fischer, et al., eds., *Exodus von Wissenschaften aus Berlin. Fragestellungen - Ergebnisse - Desiderate. Entwicklungen vor und nach 1933*, Berlin & New York: de Gruyter, 1994. For accounts by contemporaries, see W. Bätzner, “August Bier zum 70. Geburtstag,” *DMW*, 57, 1931, 1992-4; V. Schmieden, “Dem siebzigjährigen August Bier zum Gruß! 1861 - 24. November - 1931,” *Klinische Wochenschrift*, 10, 1931, 2198-9; Karl Theodor Vogeler, *August Bier, Leben und Werk*, 1941, 2nd edition, Munich: Lehmann, 1942.

doctor, before returning to Kiel University in order to lay the foundation for a remarkable academic career.

In 1888 Bier received his doctorate and was subsequently hired as an assistant by the Kiel professor of surgery, Friedrich von Esmarch. In 1889 he completed his *Habilitation* and in 1894 was appointed associate professor and vice director of the surgical clinic. In 1899 he accepted a call from the small university of Greifswald for a chair of surgery, a full professorship. In 1903 he accepted a call to Bonn, and in 1907 he succeeded Ernst von Bergmann as professor of surgery at Berlin and head of the famous surgical clinic in the Ziegelstraße, where he stayed until his retirement in 1931. During his almost 25 years as director of the clinic, he did not restrict his activities to surgery. He attempted to turn the Ziegelstraße into the centre of a medical microcosm of various marginal specialists, grouped around Bier's main research interest, irritation treatment, a modern version of Brunonianism.<sup>44</sup> He also was a co-founder of the 'German College of Physical Education' (*Deutsche Hochschule für Leibesübungen*), promoting sport as an alternative for the abolished compulsory army service, which he saw as character building and beneficial for young men's health. Bier's small medical empire was a material expression of his attempts to develop a unifying theory for all of medicine. Bier held his lectures and demonstrations in front of large audiences who loved his sarcastic remarks and admired his surgical skills. In order to demonstrate that a true surgeon did not need fancy technology, he occasionally swapped the modern instruments for carpenter's tools.<sup>45</sup> A fine surgeon in a famous clinic, Bier was consulted by celebrities from Germany and from abroad. Bier's clinic was closed in 1931 due to acute cash shortage in conjunction with administrative mistakes of the Prussian government and the university. He retired to his private Brandenburg estate where he grew a model forest and wrote books on nature and philosophy. Bier died in 1949.

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<sup>44</sup> August Bier, "Beiträge zur Heilkunde aus der chirurgischen Universitätsklinik Berlin. I. Abhandlung: Vorbemerkungen," *MMW*, 77, 1930, 569-74. Cf. Lammel, "Chirurgie und Nationalsozialismus." For Brunonianism in Germany, see Thomas H. Broman, *c*, 128-58.

<sup>45</sup> Lammel, "Chirurgie und Nationalsozialismus".

August Bier laid the foundations for his subsequent (and lasting) fame as a ‘heretic’ around the turn of the century, when in Greifswald he got acquainted with the ‘biological basic law’ formulated by his colleagues, the pharmacologist Hugo Schulz and the psychiatrist Rudolph Arndt, which could be applied to most disease and healing processes. According to the ‘Arndt-Schulz Law’, as it came to be called, weak irritations activated the vital forces of the body, irritations of medium strength supported, and strong irritations inhibited them, while very strong irritations completely cancelled them out. Bier applied his colleagues’ ‘law’ to the theory of blood transfusion. In his book on *Hyperaemia as Applied in Medicine* Liek argued in 1903 that the main effects of a blood transfusion were based on its constituting a mild irritation, leading to a boost of a patient’s metabolism and a beneficial fever. From thoughts about the purposefulness of fever it was not a long way to the consideration of teleology in nature. In 1910, Bier presented a lecture on *The Justification of Teleological Concepts in Medicine*.<sup>46</sup> He suggested that it was not only justifiable but necessary to develop a new, teleological approach in the sciences of life, especially medicine, after the old teleology of *Naturphilosophie* was discredited by Darwin and his disciples. This new, pragmatic teleology would explain the purposefulness of life processes, for example fever and wound healing, but without the old anthropocentrism.

Bier’s thinking was informed not only by clinical observations but increasingly by his readings of ancient Greek philosophers, especially Heraclitus, and of the Hippocratic writings. Bier’s philosophical ambitions were serious. His commitments went as far as perceiving the work in his forest on his private estate, Gut Sauen, which he turned from a conifer monoculture into a mix of different woods, as a great Heraclitian experiment. In order to re-evaluate the original Hippocratic writings for medical practice, he hired the services of two highly qualified philologists.<sup>47</sup> He was also instrumental in the establishment of

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<sup>46</sup> August Bier, *Über die Berechtigung des teleologischen Denkens in der praktischen Medizin*. Festrede, Berlin: August Hirschwald, 1910.

<sup>47</sup> August Bier, “Beiträge zur Heilkunde aus der chirurgischen Universitätsklinik Berlin. VIII. Abhandlung: Wesen und Grundlagen der Heilkunde. 2. Teil: Hippokratismus. 1. Abschnitt: Einleitung,” *MMW*, 77, 1930, 2193-5.



the Berlin Institute for the History of Medicine.<sup>48</sup> Bier published the results of his Hippocrates studies and theoretical considerations in two long article series, from 1926 to 1928 and from 1930 to 1931 in Lehmann's *MMW*.<sup>49</sup> During his retirement he wrote two books, *The Soul and Life*, both published by Lehmann's, which reached large audiences and are best described as natural philosophy.<sup>50</sup>

Bier's philosophical interests and his championing of teleology in medicine, however, did not yet count as 'heresy'. Philosophical interests, rather, were what could be expected of a German professor who did not want to be seen as narrow-minded and was therefore well advised to appear universally interested. And with the revival of vitalism by Rindfleisch and, more importantly, Driesch, notions of teleology were back *en vogue*, too. What turned Bier into a 'heretic' was his support for homeopathy in the mid 1920s. In 1925, in an article in the *MMW*, he recapitulated his own work and came to the conclusion that, although he touched Hahnemann's writings for the first time in 1919, in some respects Bier had long been following the general rule of homeopathy: *similia similibus curentur*.<sup>51</sup> A driving force for his public defence of homeopathy, besides Schulz in his earlier career, seems to have been Bier's assistant Arnold Zimmer, the inventor of 'oral irritation therapy,' known for the experiments with formic acid Zimmer had performed on himself.<sup>52</sup> With Bier's support, Zimmer spent five months in 1926 at the homeopathic Robert-Bosch-Krankenhaus in Stuttgart for

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<sup>48</sup> UA-HUB, Medizinische Fakultät, Nr. 41, Bl. 63, 206. See also Bruchelt, *Gründung und Aufbau des Berliner Institutes für Geschichte der Medizin*, pp. 11-2.

<sup>49</sup> August Bier, "Gedanken eines Arztes über die Medizin," *MMW*, 73, 1926, 723-6, 782-6, 1161-4; 74, 1927, 1141-7, 1186-8; 75, 1928, 265-8; idem, "Beiträge zur Heilkunde aus der chirurgischen Universitätsklinik Berlin" *MMW*, 77, 1930, 569-74, 2112-4, 78, 1931, 113-6, 154-7, 408-11, 482-85, 540-43, 919-21, 961-3; See also idem, "Hippokratische Studien," *Quellen und Studien zur Geschichte der Naturwissenschaften und der Medizin*, 3, 1932, 1-28

<sup>50</sup> August Bier, *Die Seele*, Munich: J.F. Lehmann, 1951; idem, *Das Leben*, Munich: J.F. Lehmann, 1951.

<sup>51</sup> August Bier, "Wie sollen wir uns zu der Homöopathie stellen?," *MMW*, 72, 1925, 713-7, 773-6, reprinted in Reinhard Planer, *Der Kampf um die Homöopathie: pro et contra*, Leipzig: Hügel-Verlag, 1926, 1-37.

<sup>52</sup> Cf. Theodor Brugsch, *Arzt seit fünf Jahrzehnten*, Berlin: Rütten & Loenig, 1957, p. 233.

study purposes. Zimmer was also Bier's favourite candidate for the new homeopathy teaching post at Berlin University.<sup>53</sup>

Lehmann's reprinted Bier's paper in four editions within a few months. Bier's public defence of homeopathy was part of a general trend. For some time before the article was published, homeopathic doctors had observed that more and more colleagues ventured into their field.<sup>54</sup> Still, due to his status as an eminent professor, Bier's statement led to an enormous controversy, carried out in medical journals as well as the popular press.<sup>55</sup> Licensed and non-licensed homeopaths cited the surgeon as an ally and publishers of books on homeopathy as well as producers of homeopathic remedies used his name to advertise their products.<sup>56</sup> Pharmacists even offered iodine pills "after Bier."<sup>57</sup>

Homeopathy, Bier argued in the *MMW* article, had its justification as a specific form of irritation treatment. Homeopathic remedies, in his view, caused weak irritations according to the Arndt-Schulz rule. He described how in his clinic he successfully used sulphur preparations in homeopathic dilution to treat furunculosis, and how he himself cured his frequent colds with homeopathic doses of iodine. He defended especially the heuristic value of the basic 'similarity' rule of homeopathy (to use against a group of symptoms a highly

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<sup>53</sup> GStA, Rep 76 Va, Sekt. 1, Tit. VII, Nr. 24: *Das Studium der homöopathischen Heilmethoden auf den hiesigen Universitäten*. Cf. Petra Werner, "Zu den Auseinandersetzungen um die Institutionalisierung von Naturheilkunde und Homöopathie an der Friedrich-Wilhelms-Universität zu Berlin zwischen 1919 und 1933," *Medizin, Gesellschaft und Geschichte*, 1993, 12, 205-19. See also: Arnold Zimmer, "Die Erfahrungen mit der Homöopathie an der Klinik des Geh. Rat Prof. Dr. Bier," in Deutsche Gesellschaft zur Bekämpfung des Kurpfuschertums, ed., *Über Kurpfuschertum und seine Bekämpfung: Eine Vortragsreihe*, Berlin: Richard Schoetz, 1927, 69-72.

<sup>54</sup> Cf. Bastanier, "Affekt und Logik in der Medizin," in Planer, *Der Kampf um die Homöopathie*, 166-181, p. 169; Otto Leoser, "Die Stellungnahme zur Homöopathie," *ibid.*, 182-90, p. 182. Critics suspected that many of those new homeopaths only used the label for economic reasons, to take advantage of the popularity of the method: cf. note 1) in Hans Wapler, "Was muß der Arzt von der Homöopathie und ihren ärztlichen Vertretern wissen, um selbständig urteilen zu können?" *ibid.*, 191-200, p. 191.

<sup>55</sup> For a collection of articles by various authors, promoters as well as opponents of homeopathy, in general medical and homeopathic journals, see Planer, *Der Kampf um die Homöopathie*. Articles in the *B.Z. am Mittag* ("Kleinste Arznei-Dosen: Medizinische Gesellschaft über Geheimrat Biers Veröffentlichungen"), the *Kölnische Zeitung* ("Prof. Bier und die Homöopathie") and the *Berliner Börsenzeitung* ("Der Kampf um die Homöopathie") in BArch, R1501, Nr. 9138, Bl. 427-9.

<sup>56</sup> Cf. J.S., "Kleine Mitteilungen," *DMW*, 51, 1925, 1000.

<sup>57</sup> Brugsch, *Arzt seit fünf Jahrzehnten*, p. 233.

diluted substance which in higher concentration would cause similar symptoms), as well as the principle of testing those remedies on one's own (healthy) body. Both, however, should be applied critically. Bier concluded: "After all, there is something to homeopathy; to decide how much exactly it is I am not qualified, I would need more experience. But I think I can claim safely that there is a lot to it, that we can learn a lot from it, and that it cannot go on that orthodox medicine suppresses [totschweigen] it or looks down on it with contempt."<sup>58</sup>

However much homeopathy seemed worth to him, Bier did not adopt Hahnemann's cosmology in order to explain the successes he credited to homeopathic remedies. Not a fundamentalist in this respect, he argued that one did best to combine pragmatically the approaches of homeopathy with those of mainstream medicine. Bier's explanatory models would be best described as Hippocratic-organismic. Referring to Hippocrates, he claimed that only the healing powers of nature could defeat a disease: "What would we do [as surgeons] if not nature healed our wounds?"<sup>59</sup> Other Hippocratists, for example the producer of heterodox remedies, Gerhard Madaus, would have identified this approach with *biologische Medizin*. The biological doctor's task was to find the right means to stimulate the natural healing forces. Many contemporary homeopaths described themselves as 'scientific-critical' rather than orthodox. They did not treat Hahnemann's work as a dogma.<sup>60</sup> "The scientific-critical homeopathy does not stand in opposition to medicine as a scientific whole," the renowned homeopathic physician Hans Wapler stressed, "as biological-pharmaceutical treatment method it rather fills a gap."<sup>61</sup>

Homeopaths generally welcomed Bier's stance, above all because the support of an eminent professor gave their voices more weight. "What a change through Bier's paper!" the homeopathic physician Otto Leser rejoiced in a

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<sup>58</sup> Ibid., p. 26.

<sup>59</sup> August Bier, "Wie sollen wir uns zu der Homöopathie stellen?," in Planer, *Der Kampf um die Homöopathie*, p. 30.

<sup>60</sup> See chapter five of this thesis. See also Gert Dietrichkeit, *Gerhard Madaus (1890-1942). Ein Beitrag zu Leben und Werk*, PhD. Diss., Marburg/ Lahn: 1991.

<sup>61</sup> Hans Wapler, "Was muß der Arzt von der Homöopathie und ihren ärztlichen Vertretern wissen, um selbständig urteilen zu können?" in Planer, *Der Kampf um die Homöopathie*, 191-200, p. 198.

report dealing with the event, “[e]ven on Heubner’s side one notices an increased understanding for homeopathic thought.”<sup>62</sup> Wolfgang Heubner was professor of pharmacology at Göttingen and turned into something like a crown witness against homeopathy during the controversy. However, even the homeopaths, who for a long time had profited immensely from lay support, were worried that Bier’s support would attract a large number of unqualified practitioners and ‘quacks’ to homeopathy.<sup>63</sup>

Representatives of scientific medicine, on the other hand, responded to Bier’s statement with measured criticism. After all, Bier was one of the most eminent surgeons and one of the most influential medical professors in the country. On June 29th, 1925, the *Berliner Verein für innere Medizin und Kinderheilkunde* invited all interested parties to attend a discussion about the value of homeopathy at the grand lecture theatre of the Langenbeck-Virchow-Haus, a centre for the training of medical professionals in Berlin. The press quickly called the event a *Ketzergericht* (heresy tribunal).<sup>64</sup> Besides Bier, the official speakers were Eduard Müller, professor of internal medicine at Marburg, and Wolfgang Heubner. Generally they agreed with Bier that medical science had to address homeopathy with an open mind, but rejected the alleged dogmatism and sectarianism of homeopathic practitioners. We will return to their criticisms in greater detail later, when we try to establish what exactly made Bier and the others qualify as ‘heretics’.

### **Hans Much**

The Hamburg professor of serology, Hans Much, like Bier, publicly championed homeopathy in the mid 1920s. Like the Berlin surgeon, Much looked to ancient heroes like Hippocrates for his medical ideals, and he too wrote

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<sup>62</sup> O. Leiser, “Die Homöopathie vor dem Forum des Berliner Vereins für innere Medizin und Kinderheilkunde,” in Planer, *Der Kampf um die Homöopathie*, 143-7, p. 145.

<sup>63</sup> Bastanier, “Affekt und Logik in der Medizin,” in Planer, *Der Kampf um die Homöopathie*, 166-181, p. 169.

<sup>64</sup> Cf. Reinhard Planer, “Referat über die Verhandlungen des Vereins für innere Medizin und Kinderheilkunde;” Alfred Frank, “Das Ketzergericht;” Stumm, “Das Ketzergericht,” all in Planer, *Der Kampf um die Homöopathie*, 123-33, 135-7, 138; “Verein für innere Medizin und Kinderheilkunde, Sitzung vom 25. Mai 1925 [sic],” *MMW*, 72, 1925, 1181-2.

on philosophy. In many respects, however, Much was a completely different character. Born in 1880, Much belonged to the same generation as Liek.<sup>65</sup> While Liek grew up in a small town in Eastern Prussia, Much spent his childhood in two Brandenburg villages. His father, Karl Much, was a Lutheran minister. Much's mother, Martha, came from a family of land owners. Already while attending the *Gymnasium* in Neustrelitz, Much wrote poetry and was active in a student corps, mainly, as he admits in his memoirs, in order to get drunk frequently. Nevertheless, he graduated with excellent marks in 1898. Originally Much had intended to study law, but he changed his mind as the lack of financial means made it necessary to choose a subject which would allow him to stand on his own feet as quickly as possible. The science courses constituting part of the degree in medicine also promised to be interesting. Much enrolled for medicine, first in Marburg, then Kiel, later in Berlin and Würzburg. He was not a very diligent student and spent plenty of time on student corps activities. However, all his exams he passed with very good marks. In 1902 he graduated, passed his state exam and was licensed as a physician.

In 1903, Much's student corps connections helped him to get an assistant post in Emil von Behring's bacteriological institute in Marburg. In 1905 he was appointed head of a department. After a period of successful work with Behring on antitoxins, antigens and tuberculosis related problems, tensions emerged between Much and his mentor when Much's ambitions clashed with Behring's leadership style. In 1907, Much left Marburg for Hamburg and was appointed head of the newly founded, small Institute for Experimental Therapy at the large Eppendorf Hospital, the subsequent university teaching hospital. In 1912 he

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<sup>65</sup> For recent biographies of Much, see Gabriele Winkler, *Hans Much (1880-1932) als schöngestiger Schriftsteller, dargestellt am Beispiel seines "Meister Ekkehart"*, Diss. Med., Munich: Ludwig-Maximilians-Universität, 1989; Rainer Wirtz, *Leben und Werk des Hamburger Arztes, Forschers und Schriftstellers Hans Much (1880-1932) unter besonderer Berücksichtigung seiner medizintheoretischen Schriften*, Herzogenrath: Verlag Murken-Altrogge, 1991; Renate Schulze-Rath, *Hans Much (1880-1932), Bakteriologe und Schriftsteller*, Diss. Med., Mainz: J. Gutenberg-Universität, 1993. For Much's memoirs, see Hans Much, "Hans Much," in L. R. Grote, ed., *Die Medizin der Gegenwart in Selbstdarstellungen*, Volume 4, Leipzig: Felix Meiner, 1924, 188-226; for an obituary, see A. A. Friedländer, "Hans Much (24.III.1880-28.XI.1932)," *MMW*, 80, 1933, 23-4. Also very interesting is the biographical sketch by Much's brother in law: Hermann Lenhartz, "Hans Much. Eine biographische Skizze," in Hans Much, *Vermächtnis: Bekenntnisse von einem Arzt und Menschen*, Dresden: Carl Reissner, 1933.

married Marie Lenhartz, the daughter of the hospital director. In 1913 a new Tuberculosis Research Institute was founded, and Much was appointed director. In 1914, aged 34, he received the title of professor. After serving as an army hygienist during the war, Much returned to his institute in 1918. In 1919 he was appointed to a chair of pathological biology and serology at the newly founded Hamburg University. In 1926, Much's institute moved from its previous, cramped location into an attractive suite of rooms in the new pathology building.

Compared to many of his contemporaries, Much was professionally quite successful, even if his fast career probably was based partly on luck and on being at the right place at the right time. However, he remained somewhat of an outsider and never moved away from Hamburg. Financially, Much was doing rather well as an entrepreneur, based on fruits of his immunological research. The 'Prof. Dr. Much AG' apparently made good profits with the "immuno full vaccine *Omnadin*", a solution of protein and lipid antigens which was supposed to boost non-specific immune responses, especially to tuberculosis and influenza.<sup>66</sup> Its efficacy - like that of the various other comparable products on the market - was under heavy dispute.<sup>67</sup>

Despite his respectable base, increasingly the choice of Much's research topics smelled of 'heresy'. "All the time," his brother-in-law notes, "he was involved in struggles with official medicine."<sup>68</sup> Like Bier, Much spoke out in support of homeopathy in the mid 1920s. He called vaccine therapies homeopathic in principle, and in a 1925 tuberculosis therapy scheme he prescribed "partigen injections on a biological-homeopathic basis."<sup>69</sup> This attitude was less surprising than it may seem, however. Homeopathic doctors, for example, pointed to serum therapies as examples of homeopathic principles filtering into mainstream medicine. In 1926 Much published a little book on *Homeopathy: Critical Excursions on this and the other Side*.<sup>70</sup> Homeopathic

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<sup>66</sup> W. Reichmann, "Ueber Omnadin (Immun-Vollvakzine Much)," *DMW*, 50, 1924, 1221-2.

<sup>67</sup> Winkler, *Hans Much*, p. 16; Wirtz, *Leben und Werk*, p. 28.

<sup>68</sup> Lenhartz, "Hans Much," p. 16.

<sup>69</sup> Facsimile in Wirtz, *Leben und Werk*, p. 167.

<sup>70</sup> Hans Much, *Homöopathie: Kritische Gänge hüben und drüben*, Leipzig: 1926.

practitioners noticed and appreciated Much's support. Some of the contributions by homeopaths to the debate in 1925 following on Bier's defence of homeopathy, cited Much.<sup>71</sup>

Much had written prolifically on immunological questions, but fewer such articles appeared from about the mid-1920s. Instead, Much wrote general, philosophical pieces and started research on opium derivatives, possibly to find a way of controlling his own addiction problems.<sup>72</sup> In 1931, he published a book asking *Is Scholastic Medicine Facing Inevitable Bankruptcy?*<sup>73</sup> Much publicly opposed animal experiments, which brought him suspiciously close to the anti-vivisectionist movement. He increasingly turned to plant models instead, which he hailed as miracles of nature, and suggested replacing anatomical demonstrations on animals during medical training with teaching films. Animal models, Much argued, were never going to allow clear predictions about the human constitution. In a paper on the common cold he suggested instead experimenting on prison and asylum inmates.<sup>74</sup> In his own research, he undertook experiments with tuberculosis on plants, which were far removed from what may be called bacteriological orthodoxy.<sup>75</sup> His research interests, in fact, moved into a similar direction to what was being done in the laboratories of the company Dr. Madaus & Co (see chapter 5). Like Madaus, Much became interested in plant hormones.<sup>76</sup>

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<sup>71</sup> Bastanier, "Wie sollen wir uns zur Homöopathie stellen: Erwiderung auf Klemperer," in Planer, *Der Kampf um die Homöopathie*, 78-85, p. 81; Hugo Dammholz, "Erwiderung auf Wolfgang Heubners Aufsatz: Zur Frage der Homöopathie," *ibid.*, 117-22, p. 121; Bastanier, "Affekt und Logik in der Medizin," *ibid.*, 166-181, p. 170.

<sup>72</sup> For a bibliography of Much's writings, see Wirtz, *Leben und Werk*, pp. 123-47.

<sup>73</sup> Hans Much, *Steht die scholastische Medizin vor dem unvermeidlichen Bankrott?* Leipzig: 1931.

<sup>74</sup> Hans Much, "Erkältung," *MMW*, 73, 1926, 684-6.

<sup>75</sup> See Hans Much, "Tuberkuloseforschung. - Tuberkelbazillen und lebende Pflanze," *MMW*, 78, 1931, 137-9.

<sup>76</sup> See, for example, Much, Haim, and Schubert, "Weitere medizinische Pflanzenforschungen im neuen Lichte. I. Pflanzliche Sexualhormone. II. Pflanze und Immunbiologie," *MMW*, 78, 1931, 1992-3. Cf. Gerhard Madaus, *Aufwärts zur biologischen Therapie. Nach einem Vortrag über Neo-hippokratische Medizin, gehalten im November 1933 im Auslande vor zwei medizinischen Fakultäten und mehreren Ärztereinen*, Radebeul: Madaus, 1933.

Much was a prolific author. Apart from his medical research, many of his books dealt with religious and philosophical themes. As head of the tuberculosis research institute, Much was sent on a research trip to Jerusalem in 1913, where he was deeply impressed by mid-Eastern culture. He also started to develop an interest in Buddhism, which he pursued in greater depth during his war service. He published a number of books dealing with the life of Buddha and various aspects of Buddhist thought.<sup>77</sup> Like most of his later works on other historic figures, Hippocrates (1926) for example, or the German mystic Master Eckehart (1927), his books on Buddhism were really only thinly disguised books about Much himself.<sup>78</sup> Much was obsessed with his person and with being ‘artist’. His brother-in-law, Hermann Lenhartz, noted after Much’s death that the latter’s over-estimation of his abilities often reached the limits of what was tolerable.<sup>79</sup> Much claimed to be a genius on all fronts, as poet, philosopher and scientist.<sup>80</sup> Patience and consistency, however, were not amongst his strengths. His books are not very well structured and often contradictory in themselves. Long passages read as if they had been written in a half-delirium, full of anger about the modern western world, which had no understanding for great spirits (like himself). Much seems to have profited from the Germans’ tendency to assume ‘depth’ in what they did not fully understand.

Lenhartz remarked that Much often worked superficially and lacked the ability to accept criticism.<sup>81</sup> Critics, especially in the sciences, accused Much of shoddy work. In response he felt misunderstood and accused his critics of being petty-minded scientists rather than artists like Much himself. Much’s attacks were very similar in style and direction to Liek’s accusations against the *Mediziner*. As a member of what he saw as a natural élite, Much remained a lonely spirit, even though he was an active participant in circles of artists,

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<sup>77</sup> See, for example, Hans Much, *Boro Budur. Ein Buch der Offenbarung*, Hagen: Folkwang-Verlag, 1920; idem, *Die Welt des Buddha. Ein Hochgesang*, Dresden: Carl Reissner, 1922.

<sup>78</sup> Hans Much, *Hippokrates der Grosse*, Stuttgart: Hippokrates, 1926; idem, *Meister Eckehart. Ein Roman der deutschen Seele*, Dresden: Carl Reissner, 1927.

<sup>79</sup> Lenhartz, “Hans Much,” p. 34.

<sup>80</sup> For dead and living poet geniuses and their importance in Weimar Culture, see Peter Gay, *Weimar Culture: The Outsider as Insider*, Harmondsworth: Penguin, 1974, pp. 48-72.

<sup>81</sup> Lenhartz, “Hans Much,” pp. 15, 17,



scientists and philosophers, in Marburg and in Hamburg, and apparently well-liked as a drinking companion. Trapped in loneliness, Much's books were instruments in a manic quest for truth and wholeness. Alcohol, morphine and cocaine, as Much's biographers suggest, enhanced his manic tendencies.<sup>82</sup> His arrogant attitude and his moodiness seem to have turned him into a rather difficult character. Much comes across as more likeable in his poems and especially in the children's songs, which he wrote in *Plattdeutsch*, the Northern German dialect. Writing about *Heimat*, home, seems to have allowed him to forget the spirits which haunted him. His love for his home region, the North of Germany was also reflected by his books on Northern German gothic architecture. Like Erwin Liek, Much was not granted a long life. He died in 1932.

Two years before his death, Much stood once more in the limelight of medical controversy, as an expert witness in what came to be called the 'Calmette case' or the 'Lübeck vaccination disaster'. In 1930, at the municipal hospital in Lübeck, 250 babies were treated with a tuberculosis vaccine developed by Albert Calmette at the Pasteur Institute. The treatment had not quite achieved routine status and was not undisputed, but it had been applied in various other locations before. Probably due to a laboratory accident, a contamination of the vaccine cultures with virulent tuberculosis bacilli, many of the Lübeck children fell ill with tuberculosis and more than 70 died. Responsible for the vaccinations was Much's friend and former colleague Georg Deyke. Much tried to deflect some of the blame away from those responsible in Lübeck by questioning the stability of Calmette's vaccine. In journal articles and even in a radio broadcast he argued that the vaccine cultures could spontaneously re-acquire virulence, that therefore the vaccine was not harmless.<sup>83</sup>

Much was not the only prominent doctor who raised his voice over the Lübeck vaccination disaster. The physician and socialist member of the

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<sup>82</sup> Lenhartz, "Hans Much," pp. 34-5, Winkler, *Hans Much*, pp. 18, 20.

<sup>83</sup> Hans Much, "Calmettes Pyrrhussieg (Vortrag in der biologischen Abteilung des ärztlichen Vereins in Hamburg, 14.10.30)," *MMW*, 77, 1930, 2008-12; Hans Much, "Zum Calmette-Skandal," *Hippokrates*, 3, 1930, 241-9. Calmette responded to Much's attacks against his integrity with a long personal letter: cf. Wirtz, *Leben und Werk*, pp. 174-7.

*Reichstag*, Julius Moses, initiated an impressive press campaign after the incident. As a socialist doctor Moses was almost *a priori* a true heretic in the eyes of most colleagues.<sup>84</sup> As we have noted in the previous chapter, opposition to socialism and especially to the socialist dominated sickness insurance funds was rife in the medical profession in Weimar Germany. Moses had already previously attracted the anger of colleagues with a high-profile campaign against experiments on patients.<sup>85</sup> His opponents accused him of damaging the public image of the profession. To their outrage, Moses attacked those responsible in Lübeck for what he believed to be experiments with the lives of innocent working class children.<sup>86</sup> Besides presenting his allegations in a speech to the *Reichstag*, he published them in the tabloid-like evening edition of the socialist *Vorwärts*, the *8-Uhr-Abendblatt*, in the Madaus-journal *Biologische Heilkunst*, and finally in a book, also with Madaus.<sup>87</sup> Along with Much and the recently appointed homeopathy lecturer Bastanier, Moses' photograph appeared in an illustrated supplement to the *BH* in November 1930.<sup>88</sup> The journal honoured him not only for the warnings concerning Lübeck, but also for his defence of the right of non-licensed healers to practise medicine, the so-called freedom to cure (we will return to this issue in the next chapter). Like Liek and Much, Moses believed that medicine was undergoing a fundamental crisis. Aschner, he suggested in an article for the *BH*, may well have the solution.<sup>89</sup>

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<sup>84</sup> For Moses, see Susanne Hahn, "Revolution der Heilkunst - Ausweg aus der Krise? Julius Moses (1868-1942) zur Rolle der Medizin in der Gesundheitspolitik der Weimarer Republik," in Pross & Aly, eds., *Der Wert des Menschen*, 71-85; Daniel S. Nadav, *Julius Moses (1868-1942) und die Politik der Sozialhygiene in Deutschland*, Gerlingen: Bleicher, 1985; Kurt Nemitz, "Julius Moses - Nachlaß und Bibliographie," *Internationale wissenschaftliche Korrespondenz zur Geschichte der deutschen Arbeiterbewegung*, 10, 1974, 219-41.

<sup>85</sup> Cf. "Dr. Moses 60 Jahre alt," *Biologische Heilkunst*, 9, 1928, 547; Julius Moses, "Der Kampf gegen das Menschenexperiment - Meine Antwort auf einen offenen Brief," *Biologische Heilkunst*, 9, 1928, 687-9; See also Emil Abderhalden, "Versuche am Menschen," *Ethik*, 5, 1928, 13-16, as well as the following statements by His, Liek and Matthes, *ibid.*, 16-26.

<sup>86</sup> In a subsequent debate over human experimentation, Erwin Liek was amongst those who declared such experiments as unethical under all circumstances.

<sup>87</sup> Moses, "Das Kindersterben in Lübeck. Rede des Abgeordneten Dr. Moses im Reichstag am 18.6.30," *Biologische Heilkunst*, 11, 1930, 405-6; *idem*, *Der Totentanz von Lübeck*, Radebeul/Dresden: Madaus, 1930.

<sup>88</sup> "Much, Moses, Bastanier," *Illustrierte Umschau*, November 8, 1930.

<sup>89</sup> Julius Moses, "Die Krise der Medizin," *Biologische Heilkunst*, 10, 1929, 804-5, 832-3.

### Bernhard Aschner

While the ‘crisis of medicine’ has mostly been associated with Erwin Liek, the person who claimed to have coined the term was the popular Vienna gynaecologist Bernhard Aschner. In 1928, in his influential book ‘The Crisis of Medicine’, Aschner declared medicine to be in a fundamental conceptual crisis and suggested constitutional therapy as a solution.<sup>90</sup> As a ‘Textbook of Constitutional Therapy’ it has remained popular with heterodox practitioners until the present day and went through eight editions by 1986.<sup>91</sup> The cause of the crisis, according to Aschner, was an overemphasis in modern medicine on the improvement of scientific methods and diagnosis on the one hand, and a neglect of therapy on the other. His constitutional therapy combined methods drawn together from historical medical texts and contemporary unconventional practices. What was needed to overcome the crisis, Aschner, argued, was a return to medicine’s historical main path, which scientific medicine had left, due to its narrow fixation with Virchow’s cellular pathology. Modern scientific medicine was characterised by what Aschner called ‘therapeutic nihilism’, and only a return to a more biographical form of medicine, combined with a new humoral pathology could help. Apart from a general introduction where Aschner comments on issues of health policy, his book is strictly practice oriented. It contains a large number of therapeutic suggestions, supported by exemplary cases from Aschner’s private practice.

Many of the positions in the book are similar to Liek’s and Much’s critiques of the mainstream in scientific medicine. Like Much, Aschner had moved from the centre towards the fringe of mainstream medicine. His career, although not always straight forward, had started as that of a promising medical researcher. His interests appear to have shifted away from experimental research towards questions of medical practice, after having achieved what some of his

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<sup>90</sup> Bernhard Aschner, *Die Krise der Medizin. Konstitutionstherapie als Ausweg*, Stuttgart: Hippokrates, 1928.

<sup>91</sup> See, for example, the review of the 7th edition by Walther Riese in the *Bulletin for the History of Medicine*, 29, 1955, 192-3.

contemporaries described as groundbreaking experimental successes in endocrinology.<sup>92</sup>

Aschner was born in 1883 into a wealthy Jewish family.<sup>93</sup> His father owned a shirt and underwear factory in Vienna. Aschner studied medicine in Vienna from 1901 to 1907. From 1904 to 1907 he worked as a demonstrator at the Anatomical Institute. His first publication in 1905 could hardly have been narrower. It dealt with the anatomy of the arteries in the sole of the foot.<sup>94</sup> From 1907 to 1908, Aschner held a position as an assistant surgeon. To his surprise, his contract was not renewed. He turned to gynaecology and his research interest shifted towards endocrinology. From 1908 to 1912 he worked as an assistant in the Vienna University's Women's Hospital. During this time he published several articles, dealing with gynaecological questions as well as with his research on the functions of hypophysis and hypothalamus. In 1909 he succeeded in completely removing the hypophyses of young dogs. The animals survived the operation, showing that the hypophysis was not, as previously assumed, a vital organ. Significantly, however, the dogs' growth was retarded and the development of their genitalia anomalous.<sup>95</sup> Despite Aschner's research and publishing activities, in 1912 his first attempt at a *Habilitation* in Vienna failed. He moved to Halle and took up a new post at the University Women's Hospital. In 1914 the Halle medical faculty granted him his *venia legendi*, the permit to teach, and Aschner taught courses in gynaecology and obstetrics.

During the war, Aschner served as a military surgeon. The war seems to have left a deep impression on Aschner. His daughter reported that after his war service, Aschner withdrew for some time to the countryside to come to terms

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<sup>92</sup> Cf. Julius Bauer, "Bernhard Aschner, Die Konstitution der Frau und ihre Beziehungen zur Geburtshilfe und Gynäkologie," *Klinische Wochenschrift*, 3, 1924, 1690-1.

<sup>93</sup> On Aschner's life, see Sibylle Brunk-Loch, *Bernhard Aschner (1883-1960): Sein Weg von der Endokrinologie zur Konstitutionstherapie*, Mainz: Medizinhistorisches Institut der Johannes-Gutenberg-Universität, 1995.

<sup>94</sup> Bernhard Aschner, "Zur Anatomie der Arterien der Fußsohle," *Anatomische Hefte*, 27, 1905, 343-56.

<sup>95</sup> Bernhard Aschner, "Demonstration von Hunden nach Exstirpation der Hypophyse," *Wiener Klinische Wochenschrift* 22, 1909, 1529-30.

with the suffering he had experienced.<sup>96</sup> The war, in conjunction with his return to Vienna and administrative problems, also cost Aschner first the professor title and later the post of a senior physician at a university clinic. The Halle faculty suggested awarding Aschner the title of professor in February 1917. The university curator, however, only passed on the suggestion to the ministry in Berlin after Aschner's intervention in April 1918. In June Aschner gave notice to the Halle administration that Vienna University now accepted his right to teach. Little later the faculty withdrew its support, and in July the ministry decided not to award the title to Aschner after his leaving Halle. Aschner apparently never received the letter of the curator telling him about this decision. In a letter from March 1919, Aschner enquired whether he could still expect to get the title, as this would help him with an application for the post of senior physician at the Vienna university women's hospital. He would in fact be appointed head of the outpatient women's clinic at the Vienna General Hospital. Aschner also continued teaching courses in gynaecology, obstetrics and constitutional therapy until 1938, but apparently remained fairly marginal to the Vienna academic establishment. He seems to have run a fairly large private practice. According to contemporaries, Aschner was one of the most popular gynaecologists of his time in Vienna.<sup>97</sup> He used accounts of successful cures of individual private patients to illustrate his therapeutic concepts in most of his later writings.

Questions of medical practice and of therapy, including heterodox approaches, became increasingly central to Aschner's writings after the war. Apparently, this move took place in the immediate post war period, although later he claimed that already in 1908 he had become interested in heterodox practices.<sup>98</sup> In 1922, Aschner published his first paper carrying the term

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<sup>96</sup> Brunk-Loch, *Bernhard Aschner*, p. 14.

<sup>97</sup> Salomon Wininger, *Große jüdische National Biographie*, vol. 7, 1935, 494, cited after: *Deutsches Biographisches Archiv, Neue Folge*, Munich, K.G. Saur, 1989, 44, 334-5.

<sup>98</sup> Bernhard Aschner. *Befreiung der Medizin vom Dogma. Nachlass geordnet, ergänzt und herausgegeben von Albert W. Bauer*, London, Ulm: Haug, 1962, pp. 15-6. Cf. Brunk-Loch, *Bernhard Aschner*, pp. 32-3.

‘constitution’ in the title and stressing its therapeutic utility.<sup>99</sup> Including his call for a renaissance of humoral pathology, the article contained the central claims which he would repeat with little variation in most of his later works. In 1918, Aschner completed his book on glandular diseases of women.<sup>100</sup> In this book, he defined disease resulting from ‘humoral’ or nervous dysfunction as ‘constitutional diseases’ and urged his readers to accept constitutional medicine as an independent branch of medical science.<sup>101</sup> He developed his central claims in some detail in his 1924 book on the female constitution, and further in ‘The Crisis of Medicine.’<sup>102</sup>

Aschner called for a revival of humoral pathology, which in its new form should draw on the recent advances in endocrinology and serology. Most of the methods he suggested, however, were the traditional methods of Galenic-Hippocratic medicine, like purging and blood letting.<sup>103</sup> Like Bier and Much, Aschner looked for solutions for the problems of modern medicine in the distant past. The strongest piece of evidence for his intense occupation with the use of historical sources for modern medical practice is his four-volume translation of the works of Paracelsus into modern German.<sup>104</sup> Paracelsus and Hippocrates not only provided recipes and therapies. They were role models for the new physician after the ‘crisis of medicine.’ With their approach to medical history, the ‘heretics’ were not alone. Aschner’s call for a renaissance of humoral pathology was part of a general re-orientation within some parts of the medical profession, away from the scientific methods of the 19th century and towards historical and mythical role models.

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<sup>99</sup> Bernhard Aschner, “Die praktische Bedeutung der Lehre vom Habitus und die Renaissance der Humoralpathologie als therapeutische Konsequenz der Konstitutionslehre,” *Wiener Klinische Wochenschrift*, 35, 1922, 73-7, 107-9.

<sup>100</sup> Bernhard Aschner, *Die Blutdrüsenerkrankungen des Weibes und ihre Beziehungen zur Gynäkologie und Geburtshilfe*, Wiesbaden, Bergmann, 1918.

<sup>101</sup> Cf. Brunk-Loch, *Bernhard Aschner*, p. 34.

<sup>102</sup> Bernhard Aschner, *Die Konstitution der Frau und ihre Beziehung zur Geburtshilfe und Gynaekologie*, 2 vols., Munich: J. F. Bergmann, 1924.

<sup>103</sup> For a short summary, see Brunk-Loch, *Bernhard Aschner*, pp. 59-67. See also: Bernhard Aschner, “Neo-Hippocratism in Everyday Practice,” *Bulletin of the History of Medicine*, 10, 1941, 260-71.

## Hippocrates and the Decline of the Western World

Despite presenting themselves as outsiders, the success of their writings suggests that in many respects the self-styled ‘heretics’ were in tune with views held by their colleagues. Before we return to what may have turned Liek, Bier, Much and Aschner into ‘heretics’ rather than critics, we will take a closer look at those positions and attitudes meeting with support from their contemporaries. The ‘heretics’ described themselves as Hippocratists and called for a revival of ‘Hippocratic ideals’ in medicine.<sup>105</sup> Often, like Aschner, they also referred to Paracelsus, who came to be seen as ‘the German Hippocrates’. Liek, Much and Aschner were involved in the launch in 1927 of the journal *Hippokrates*, initiated by the psychiatrist and head of the internal women’s ward of the Stuttgart homeopathic Hospital, Heinrich Meng.<sup>106</sup> The *Hippocrates* publishers also produced Aschner’s book. The journal was backed financially by the industrialist and supporter of homeopathy, Robert Bosch. The Gießen internist and medical historian, Georg Honigmann, like the ‘heretics’ a prolific promoter of the idea that medicine was in crisis, was appointed editor in chief. The organisers succeeded in winning the support of an impressive list of co-editors, amongst them, for example, the medical historian Henry E. Sigerist, the hygienist Ferdinand Hueppe, the internist Louis R. Grote (later medical director of the Rudolf-Hess-Hospital) and the homeopathic physician Otto Leiser.<sup>107</sup>

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<sup>104</sup> Bernhard Aschner, ed. *Paracelsus’ sämtliche Werke in vier Bänden*, Jena: Gustav Fischer, 1926-1932.

<sup>105</sup> Cf. Carsten Timmermann, “A Model for the New Physician: Hippocrates in Interwar Germany,” in David Cantor, ed., *Hippocrates and Modern Medicine*, Scolar, in press.

<sup>106</sup> Heinrich Meng, “Aus meinem Leben,” *Hippokrates*, 33, 1962, 305-10; Detlef Bothe, *Neue Deutsche Heilkunde 1933-1945. Dargestellt anhand der Zeitschrift “Hippokrates” und der Entwicklung der volkshilflichen Laienbewegung*, Husum: Matthiesen, 1991.

<sup>107</sup> Initially on the editorial panel were, besides Aschner, Liek and Much: Georg Honigmann, Henry E. Sigerist, Louis R. Grote, Miroslav Mikulicic, Eugen Bircher, Walter Gerlach, Diedrich Kulenkampff, Max Hirsch, Adolf Buschke, Erich Langer, Arnold Friedländer, Karl Landauer, Heinrich Meng, Walter Riese, Paul Schilder, Erich Stern, Rudolf Tischner, Otto Leiser, Hans Graaz, Ferdinand Hueppe, Georg Lutz, Friedrich Wolter. Cf. Detlef Bothe, *Neue Deutsche Heilkunde 1933-1945. Dargestellt anhand der Zeitschrift ‘Hippokrates’ und der Entwicklung der volkshilflichen Laienbewegung*, Husum: Matthiesen, 1991, pp. 51-4.

Hippocratism was a response to what many portrayed as a crisis in German society, which did not spare medicine.<sup>108</sup> As is well known, the cause of crisis was identified most prominently by Oswald Spengler in his popular account of the ‘Decline of the West.’<sup>109</sup> Following Spengler many intellectuals blamed Western ‘civilisation’ (as opposed to German ‘culture’) for the defeat of the Germans in the war. In the shape of *fin de siècle decadence*, ‘civilisation’ had weakened Germany’s defences, and as American style modernisation strengthened her enemies. Many intellectuals felt humiliated by the Versailles treaty and threatened by the 1918 revolution, which turned Germany into a republic. War and inflation led to a national crisis experience of a scale previously unknown. The economic crisis could be easily interpreted as a symptom of decline.<sup>110</sup> German society was receptive to myths, torn between fascination for the great modernisation plans, such as the welfare state, and blood and soil mystique.<sup>111</sup> In medicine, authors like Liek associated the rural family doctor with ‘culture’ and the urban medical expert with ‘civilisation’. The Hippocratic ‘heretics’ adopted a Spenglerian model of history and constructed, as it were, the ‘crisis in medicine’ in response to modernisation pressures in the health and welfare system.

Not all writings on Hippocrates and Paracelsus were openly designed as contributions to the crisis debate and had ‘heretic’ potential. Some were straight historical studies. However, the writings of our ‘heretics’ were part of a whole genre of essays on professional and general politics and reflections on the

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<sup>108</sup> Cf. Eva-Maria Klasen, *Die Diskussion über eine “Krise” der Medizin in Deutschland zwischen 1925 und 1935*, Diss. med., Mainz: Johannes-Gutenberg-Universität, 1984. See also Adolf Meyer, “Die gegenwärtige Krise der Wissenschaften und die Aufgabe der Philosophie bei ihrer Beseitigung,” *Hippokrates*, 3, 1931, 393-416; Kurt Riezler, ‘Die Krise der “Wirklichkeit”’, *Die Naturwissenschaften*, 16, 1928, 705-12.

<sup>109</sup> Oswald Spengler. *Der Untergang des Abendlandes: Umriss einer Morphologie der Weltgeschichte. Vol. I.: Gestalt und Wirklichkeit* (1918), 33th-47th edition, Munich: C.H. Beck, 1923. *Vol. II: Welthistorische Perspektiven*, 1st-15th edition, Munich: C.H. Beck, 1922.

<sup>110</sup> Gerald D. Feldman, *The Great Disorder: Politics, Economics, and Society in the German Inflation, 1914-1924*, Oxford: Oxford University Press, 1993. Fritz Stern, *The Politics of Cultural Despair: A Study in the Rise of Germanic Ideology*, Berkeley: University of California Press, 1961; Michael H. Kater, “Hitler's Early Doctors: Nazi Physicians in Predepression Germany,” *Journal of Modern History*, 59, 1987, 25-52.

<sup>111</sup> Detlev J. K. Peukert, *The Weimar Republic. The Crisis of Classical Modernity*, London: Allen Lane, The Penguin Press, 1991.



philosophy and theory of medicine. Often rather cursory in style, these could be found in magazines, newspapers, and the general interest [*Feuilleton*] and professional politics [*Standespolitik*] sections of the medical journals.<sup>112</sup> Texts in this genre, like Liek's and Much's, usually dealt with the 'crisis', taking up tropes and issues associated with the debate. Central to many of these publications was the assumption (as we find it in Liek's, Bier's and Much's writings) that physicians were part of an eternal, natural *élite*, who could not realise their beneficial potential for humankind, due to the 'materialism' embodied in the expanding welfare state and the 'mechanistic attitude' associated with 19th century medical science.

Practical guidelines for physicians, especially for general practitioners, constituted a second genre.<sup>113</sup> Like Aschner's texts, they contained recommendations and case studies on how to implement 'Hippocratic' medicine in everyday practice, often in order to overcome the 'crisis' and bring medicine back onto 'its historical main path'. Usually this implied calls to 'treat the whole patient and not only single organs.' Their authors saw their recommendations as remedies against fragmentation and the 'one-sidedness of modern medicine'.

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<sup>112</sup> See, for example, several articles in "Moderne Medizin," special issue of *Süddeutsche Monatshefte*, 25, 1928, 546-614; Peter Schmidt, "Krise der Medizin?," *Der Querschnitt*, 9, 1929, 318-20; Wilhelm His, "Die Krise in der Medizin," *Die Woche*, 1930, 789-90; Hans Much, *Hippokrates der Grosse*, Stuttgart: Hippokrates Verlag, 1926; August Bier, "Gedanken eines Arztes über die Medizin"; idem, "Beiträge zur Heilkunde aus der chirurgischen Universitätsklinik Berlin"; idem, "Hippokratische Studien"; Curt Elze, Louis R. Grote, Theodor Brugsch, Erwin Liek, and Willy Meyer-Gross, *Grundlagen und Ziele der Medizin der Gegenwart*, Leipzig: Thieme, 1928; Eberhard Zeller, *Paracelsus. Der Beginner des deutschen Arztums*, Burg Giebigenstein: Werkstätten der Stadt Halle, 1936; Hans Hartmann, *Paracelsus. Eine deutsche Vision*, Berlin & Wien: Verlag Neues Volk, 1941. Critical remarks on this use of Hippokrates and Paracelsus in Henry E. Sigerist, "Das Bild des Menschen in der modernen Medizin," *Neue Blätter für den Sozialismus*, 1, 1930, 97-106, p. 99. See also Udo Benzenhöfer, "Zum Paracelsusbild im Nationalsozialismus".

<sup>113</sup> Bernhard Aschner, "Was können wir aus dem Studium der Werke des Paracelsus und der Geschichte der Medizin überhaupt für die heutige ärztliche Praxis lernen?," *Wiener Medizinische Wochenschrift*, 76, 1926, 1471-73; idem, *Die Krise der Medizin*; idem, "Paracelsische Krebsbehandlung," *Biologische Heilkunde*, 13, 1932, 308; idem, "Praktischer Hippokratismus. I. Die historische Methode als unentbehrliches Forschungsprinzip," *Wiener Medizinische Wochenschrift*, 86, 1936, 314, 345-49, 402-6; idem, "Neo-Hippocratism in Everyday Practice," *Bulletin of the History of Medicine*, 10, 1941, 260-71; idem, *The Art of the Healer*, New York: Dial, 1942. August Bier, *Über die Berechtigung des teleologischen Denkens in der praktischen Medizin*, Berlin: August Hirschwald, 1910; idem, "Die Behandlung lokaler Infektionen mit dem Glüheisen," *MMW*, 77, 1930, 1359-62.

Studies in classical philology and the history of medicine constituted the third genre. Covering a wide range from scholarly to popular writings, they dealt directly with the lives and works of Hippocrates and Paracelsus.<sup>114</sup> The scholarly studies profited considerably from the increased interest in Hippocrates and Paracelsus. History of medicine as a discipline, medical historians suggested, had the potential to contribute valuable solutions to the ‘crisis of medicine.’ As a subject of medical education, History of Medicine had increasingly lost ground during the 19th century. In the changed intellectual climate of the 1920s, medical historians publicly supported the philosophical turn in medicine and in exchange they won recognition and a firm institutional base. The Leipzig Institute for the History of Medicine opened its doors in 1905 with funds from a private trust and flourished after 1925 under its new director Henry E. Sigerist, not least because he supported many ‘heretic’ positions himself.<sup>115</sup> In 1931, following an initiative of the professor of Middle Eastern and oriental studies and secretary of state in the Prussian Ministry of Culture (with strong support from August Bier), the Berlin Institute for the History of Medicine and the Natural Sciences was set up. The first director was the medical historian and gynaecologist Paul Diepgen, who viewed as the main task of his institute to build “a bridge to the humanities.”<sup>116</sup> Henry E. Sigerist declared in 1930 that medicine had entered a new stage after the war, signified by medical practitioners developing an increasing interest in the history of medicine as they lost faith in the promises of 19th century science: “As in the romantic age one felt the urge to do justice to the fundamentals of

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<sup>114</sup> For example, Richard Koch, “Medizin und Philosophie,” *MMW*, 76, 1929, 10-12; idem, “Warum kamen die hippokratischen Aphorismen zu klassischer Bedeutung?,” *MMW*, 80, 1933, 189-91; Paul Diepgen, *Hippokrates oder Paracelsus?*, Stuttgart: Hippokrates Verlag, 1937; Franz Spunda, *Paracelsus*, Wien & Leipzig: König, 1925; Henry Ernest Sigerist, *Grosse Ärzte. Eine Geschichte der Heilkunde in Lebensbildern*, 3rd edition, Munich: J.F. Lehmann, 1954; Bodo Sartorius von Waltershausen, *Paracelsus am Eingang der deutschen Bildungsgeschichte*, Leipzig: Meiner, 1936; Will-Erich Peuckert, *Theophrastus Paracelsus*, Stuttgart & Berlin: Kohlhammer, 1944.

<sup>115</sup> Cf. Ingrid Kästner, “The Leipzig Period, 1925-1932,” in Elizabeth Fee and Theodore M. Brown, eds., *Making Medical History: The Life and Times of Henry E. Sigerist*, Baltimore & London: Johns Hopkins University Press, 1997, 42-62.

<sup>116</sup> Paul Diepgen, “Eine Brücke zur Geisteswissenschaft. Das neue Institut für Geschichte der Medizin und der Naturwissenschaften in Berlin,” *Kölnische Zeitung*, 25.1.1931, 2. Sonntags-Ausgabe. Gabriele Bruchelt, *Gründung und Aufbau des Berliner Institutes für Geschichte der Medizin und der Naturwissenschaften*, Diss. Med., Berlin: Humboldt Univ., 1978; Paul Diepgen, “Die Aufgaben und Ziele des Institutes fuer Geschichte der Medizin und der Naturwissenschaften in Berlin,” *Klinische Wochenschrift*, 10, 1931, 269-71.

healing, to assemble isolated findings into a whole, the urge for a philosophy of medicine. ... The structure of society had changed fundamentally. The physician had not found his place yet in the new society. A new physician ideal was emerging.”<sup>117</sup>

### Science and Specialisation

What did the new physicians have to be like? This was a question our ‘heretics’ tried to answer. Certainly they would have to be less specialised. Concerns about what the ‘heretics’ saw as an exaggerated degree of specialisation in medicine were closely connected with laments over the perceived primacy of science over practice in medicine. Liek argued that hospitals were increasingly turning into “factories of scientific writing.”<sup>118</sup> He approved of Sigerist’s “appeal to the medical youth,” which characterised medical textbooks as “tombstones of a long gone era” and scientific journals as “cesspools of the human spirit,” encouraging medical students to become true physicians.<sup>119</sup> To him, as we have heard, the ideal physician was the independent countryside practitioner. If we believe the published accounts, many colleagues generally agreed with Liek.<sup>120</sup> How serious were they with their dismissive attitude towards science and specialisation? For doctors it was essential to be seen as universally educated and philosophically interested in order to comply with educated middle class ideals. But how far should this interest go, especially if it resulted in conflicts with the role of the physician in an increasingly specialised medical world? De facto, the ratio of urban specialists amongst the licensed physicians kept rising since the late 19th century, while there was a

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<sup>117</sup> Henry E. Sigerist, “Forschungsinstitute für Geschichte der Medizin und der Naturwissenschaften,” in Ludolph Brauer, Albrecht Mendelssohn Bartoldy and Adolf Meyer, eds., *Forschungsinstitute. Ihre Geschichte, Organisation und Ziele*, Volume 1, Hamburg: Paul Hartung, 1930, 391-405, pp. 396-7.

<sup>118</sup> Liek, *Der Arzt*, p. 120. For Liek’s positions on this subject, see Jehs, *Erwin Liek*, pp. 48-51.

<sup>119</sup> Henry E. Sigerist, “Worte an die medizinische Jugend,” *Praemedicus*, 7, 1927, 261-2. See also Erwin Liek, “Arzt und Mediziner. Eine Abwehr,” *MMW*, 74, 1927, 594-7; Feuerstein, “Noch einmal ‘Liek als Bekenner’,” *Ärztliches Vereinsblatt*, 56, 1927, 251-2; Erwin Liek, “Kritisches über Kritiker,” *Ärztliches Vereinsblatt*, 56, 1927, 267-8.

<sup>120</sup> For responses to Liek’s views, see Schmid, *Die Bedeutung*, pp. 38-54.

shortage of doctors in remote rural areas, for instance in Eastern Prussia.<sup>121</sup> It seems as if the ideals promoted by the ‘heretics’ did not carry very far.

While many colleagues were critical of over-specialisation (whatever exactly this meant in each case) it seems that Liek’s opposition between *Arzt* and *Mediziner* did raise a few eyebrows in mainstream medicine. Like his, Bier’s and Aschner’s wholehearted emphasis on medical practice, however, it pleased supporters of fringe practices like homeopathy. The Göttingen professor of pharmacology, Wolfgang Heubner, who during the 1925 Bier controversy turned into something like a crown witness against homeopathy, explicitly located himself as a medical scientist rather than a practitioner.<sup>122</sup> Heubner indirectly accused Bier of arrogance for completely ignoring the work of specialists like physiological chemists.<sup>123</sup>

The homeopaths responding to Heubner, in contrast, stressed their rootedness in practice. The homeopathic physician Hanns Rabe claimed that “[o]nly from treating patients one learns homeopathy and turns into a homeopath, but never through uncritical adoption of some theory.”<sup>124</sup> Like the Frankfurt homeopathic physician Otto Leeser and the Berlin *Sanitätsrat* Hugo Dammholz, he associated science with death and (homeopathic) medical practice with life.<sup>125</sup> “We must not forget,” Dammholz argued in response to Heubner, “that the scientist so far has predominantly researched dead matter, while the practical physician stands in the middle of life and has to influence life through his work. The scientist may concentrate on criticism, the practitioner and healing

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<sup>121</sup> Cf. Claudia Huerkamp, *Der Aufstieg der Ärzte*, pp. 150-2; M. Leiner, *Die Bedeutung der Kurierfreiheit für die ländlichen Gebiete mit besonderem Hinblick auf Krankenbehandlung und Krankenpflege*, Berlin: Ebering, 1911.

<sup>122</sup> Wolfgang Heubner, *Affekt und Logik in der Homoeopathie*, Berlin: Springer, 1925; idem, “Zur Frage der Homoeopathie,” *MMW*, 72, 1925, 931-3, reprinted in Planer, ed., *Der Kampf um die Homöopathie*, 105-16.

<sup>123</sup> *Ibid.*, p. 112.

<sup>124</sup> Hanns Rabe, “Die Mystik in der Kritik der Homöopathie. Erwiderung auf die Ausführungen Prof. E. Müllers=Marburg,” in *ibid.*, 148-65, p. 150.

<sup>125</sup> Otto Leeser, “Die Homöopathie vor dem Forum des Berliner Vereins für innere Medizin und Kinderheilkunde,” in *ibid.*, 139-47, p. 143; and Hugo Dammholz, “Erwiderung auf Wolfgang Heubners Aufsatz: Zur Frage der Homöopathie,” in *ibid.*, 117-22.

artist should be guided solely by the observation of life.”<sup>126</sup> While the scientist was mainly interested in organising disease symptoms into “dead” terms and categories, in order to control nature, Dammholz argued, the (homeopathic) practitioner was a servant of life and used his intuition. This popular line of argument, anti-materialistic, idealistic, vitalistic, in tune with the opinions held by members of the life style reform movement, we also find to a greater or lesser degree in the writings of Liek, Bier, Much and Aschner.<sup>127</sup>

### **Escape from the Fragmented World: Hippocrates, Paracelsus, and other Myths**

When looking for answers to the problems of modern medicine and the challenges of specialisation, the ‘heretics’ turned to ancient models. “To talk about Hippocrates,” Much introduced his 1926 book, *Hippocrates the Great*, “means to talk about the essence of medicine.”<sup>128</sup> He claimed that several ancient high cultures culminated in Hippocrates. While to Bier the Hippocratic writings in the first place were manifestations of Greek culture, to Much they bore witness to the greatness of the older empires of ancient Egypt and India. Amidst some differences, however, there were striking similarities between Much’s and Bier’s approaches to Hippocrates. Both, like Aschner, found it appropriate to present their personal views as resulting from the dialogue with an ancient culture. Both wanted to see allegedly timeless values applied to modern medicine. The Greeks to Bier

had the wonderful gift, which scientists have almost lost today, to combine clear thinking, level-headed observation, sharp analysis - which we admire as great today and in which most of us see the [sole] goal of science - with that generalising and artistic ability, and thus [they created] the harmony of the whole, which today is lacking everywhere in the sciences, not only in medicine. This [lack of harmony] is the great disease of our times.<sup>129</sup>

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<sup>126</sup> Dammholz, “Erwiderung,” p. 118.

<sup>127</sup> Rainer Wirtz argues that Much’s thinking is rooted in 19th century positivism. In some points it may in fact seem so, but most of Much’s writing seems to aim less at consistency than at maximum impact.

<sup>128</sup> Hans Much, *Hippokrates der Grosse*, p. 8.

<sup>129</sup> Quoted in Vogeler, *August Bier*, p. 270.

It comes as little surprise that Bier used the Greeks to point at the ‘disease of our times’: ‘naturalism’, ‘causalism’ and ‘mechanism.’<sup>130</sup> The rationalist 19th century had brought great progress to medicine and had freed the art of healing from the speculations of ‘Naturphilosophie’, the Hippocratic ‘heretics’ argued, but it was time now for a humanist, philosophical turn, to bring back spirit into medicine.

On the surface, the ‘heretics’ were talking about a theoretical problem, internal to medicine: the conflict between healing and medical science. They stressed that it was an illusion to believe, as allegedly their opponents did, medicine could ever be merely applied science. This illusion was behind the ‘disease of our time’ and the ‘crisis of medicine’. They talked about ‘rules’ of nature as opposed to natural ‘laws.’<sup>131</sup> Believing in laws would imply that the body was merely a machine. In opposing this mechanistic simplification, their line of argument followed a fairly popular Kantian line: we would never be able to understand life in all its fine details, we would only ever understand little bits. This was, however, a problem of ‘pure reason.’ Doctors had to apply ‘practical reason.’ Medicine to Bier, Much, Liek and Aschner was a practical form of knowledge. Even without understanding every detail, doctors could act according to the rules of life.<sup>132</sup> They had to use ‘intuition’. This meant that doctors had to be artists where science did not provide answers. The importance of the right balance of empirical science and artistic intuition and skill to the ‘heretics’ was the central message of Hippocrates.

What might look to us like esoteric, theoretical elaborations was connected with rather mundane, social claims. To Liek, Bier and Much the medical profession, or the ‘estate of physicians’ [*Ärztestand*] as it was commonly called, constituted a social élite. “Medical art,” Much quotes Hippocrates on the frontispiece of his *Hippocrates* book, “is of all arts the noblest.” The physician

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<sup>130</sup> Much, *Hippocrates der Grosse*, p. 69.

<sup>131</sup> August Bier, “Beiträge zur Heilkunde aus der chirurgischen Universitätsklinik Berlin. I. Abhandlung: Vorbemerkungen,” *MMW*, 77, 1930, 569-74.

<sup>132</sup> August Bier, “Beiträge zur Heilkunde aus der chirurgischen Universitätsklinik Berlin. VIII. Abhandlung: Wesen und Grundlagen der Heilkunde. 1. Teil: Naturalismus,” *MMW*, 77, 1930, 2112-4. Much, *Hippocrates der Grosse*, pp. 11-14, 65-7, 111-2.

Elfriede Paul remembers from Bier's lectures that "Bier told us bluntly about his opinion that under the Greek doctors of the Classic age even stomach and head wounds healed after surgery without complications because those doctors were recruited from the aristocracy and the highest estates, and because unlike today not any 'plebeian' could become a physician."<sup>133</sup> To Liek, charisma was the single most important quality a physician had to possess.

Medicine could not simply be studied, the 'heretics' argued, one had to be 'born' a physician whose art could only be accomplished by apprenticeship and years of bedside experience. They elevated the physician into something like a middle class aristocrat, legitimated by exclusive knowledge about life and death (which seemed to be in high demand in a society increasingly obsessed with biological explanations for social processes).<sup>134</sup> The 'heretics' presented the ideal physician as a philosopher and priest rather than an expert of health management.<sup>135</sup> If the right priest-physicians controlled the health system, Much suggested, even increasing specialisation would not be a problem. Specialisation only led to "cultural bankruptcy," he argued, if the specialists were not acting as servants of a greater whole, controlled by those who were "spiritually more highly gifted."<sup>136</sup> The 'heretics' opposed the secularisation process which medicine seemed to undergo in modern society. Against it they promoted idealist visions of nature, worshipping the power of the soul and the will.

This peculiar combination of élitism, declinism and idealist ideology was not an uncommon attitude in the educated middle classes since the fin de siècle.<sup>137</sup> Members of the old bourgeoisie embraced it to distinguish themselves from the commercial and industrial élites and the 'new middle class' of white-collar workers who made their living in the expanding administrative bodies of

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<sup>133</sup> Elfriede Paul, "Wegbegleiter auf unebener Strasse," in Günther Albrecht and Wolfgang Hartwig, eds., *Ärzte: Erinnerungen, Erlebnisse, Bekenntnisse*, Berlin: Der Morgen, 1972, p. 132, quoted after Lammel, "Chirurgie und Nationalsozialismus", p. 570.

<sup>134</sup> Cf. Paul Weindling, *Health, Race, and German Politics between National Unification and Nazism, 1870-1945*, Cambridge: Cambridge University Press, 1989.

<sup>135</sup> Much, *Hippokrates der Grosse*, p. 25.

<sup>136</sup> *Ibid.*, p. 29.

<sup>137</sup> Fritz K. Ringer, *The Decline of the German Mandarins: The German Academic Community, 1880-1933*, Cambridge, Massachusetts: Harvard University Press, 1969.

companies and the modern state machinery. In the case of the medical profession, however, this élitist attitude also pointed towards a more specific problem: what was going to be the role and authority of the doctors in the expanding welfare state?<sup>138</sup> As we have seen in the previous chapter, doctors increasingly found their autonomy restricted by the expanding sickness insurance funds, whose elected administrative bodies of the funds were largely dominated by representatives of the trade unions. Insurance fund doctors became employees of the funds. There is good evidence that economically they profited from this situation. The funds gave them access to large groups of the population which otherwise would have hardly consulted a doctor. The problem, however became one of power and of sustaining the traditional middle class status. It violated the doctors' *Standesehre*, the 'honour of their estate', to be controlled by workers. In the Weimar Republic, as we have seen, a further rise of the income thresholds for compulsory and voluntary sickness insurance worried many doctors. Large parts of the 'new middle class' joined the insurance membership. Furthermore, the funds claimed a say in health policy making. What they could not claim, however, was that exclusive priestly knowledge, the membership in the Hippocratic club. Promoting Hippocratic values against what Schwalbe, the editor of the *DMW* called the "materialistic - mechanising and spiritually stultifying - worldview of Social Democracy" can be understood partly as a reaction to the expansion of insurance funds, which many doctors feared to be the first step towards the 'socialisation' of the medical profession.<sup>139</sup>

Hippocrates in this context served right-wing and liberal doctors as a symbol of old style individualistic practice and of opposition against socialist plans of health reform. They presented practical Hippocratism as an alternative. As Aschner argued:

All this would make medicine more effective, less complicated and less expensive to the public, rendering unnecessary collectivist and much disputed measures such as socialised medicine and group practice

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<sup>138</sup> Cf. Paul Weindling, "Bourgeois Values, Doctors and the State: The Professionalization of Medicine in Germany 1848-1933," in David Blackbourne and Richard J. Evans, eds., *The German Bourgeoisie. Essays on the Social History of the German Middle Class from the Late Eighteenth to the Early Twentieth Century*, London & New York: Routledge, 1991, 198-223.

<sup>139</sup> Julius Schwalbe, "Bemerkungen zu dem vorstehenden Aufsatz", *DMW*, 45, 1919, p. 78.



transferred from the doctor's surgery to medical centres, etc. Once the physician really understands 'the patient as a whole', then the atmosphere of confidence between patient and physician will be maintained; whereas any kind of collectivism inevitably brings in its wake bureaucratic procedures, which destroy these valuable personal relations and render impossible free creative initiative on the part of the physician.<sup>140</sup>

Liek depicted the expansion of the insurance funds as part of an inherent socialist threat not only to middle class values but to the health of the nation. This attitude, along with its close ties to Spenglerian declinism, resonates with what is known as *Konservative Revolution*, a movement of middle class intellectuals in the interwar years, celebrating irrationality, authenticity, masculinity, romanticism, blood-and-soil mysticism and anti-mechanism.<sup>141</sup> Along with these 'Conservative Revolutionaries,' medical 'heretics' like Much, Bier and Aschner called for a revolution against civilisation, enlightenment rationality, the positivist outlook of late 19th century science, and particularly their effects on medicine. They embraced instead a worldview based on selectively chosen ancient and allegedly timeless ideas of wholeness and harmony. The programmes of the 'heretics' had distinctly fundamentalist character. They attempted to counter the differentiation evident in the increasingly complex and heterogeneous character of modern medicine and a growing fear of personal instability by embracing myths and symbols which promised a return to the stability they imagined had existed earlier.

## **Heresy?**

We have seen that most of the criticisms brought forward by the 'heretics' hit a nerve with the majority of Weimar doctors. Holism and the search for a harmonic 'synthesis' of science and humanity, of orthodoxy and heterodoxy, was on the agenda in the Berlin faculty not only in Bier's clinic, but also the medical

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<sup>140</sup> Aschner, Bernhard, *The Art of Healing*, London: Research Books, 1947, pp. x-xi.

<sup>141</sup> Cf. Stefan Breuer, *Anatomie der Konservativen Revolution*, Darmstadt: Wissenschaftliche Buchgesellschaft, 1993; Rolf Peter Sieferle, *Die Konservative Revolution*, Frankfurt: Fischer, 1995; Jeffrey Herf, *Ractionary Modernism. Technology, Culture, and Politics in Weimar and the Third Reich.*, Cambridge: Cambridge University Press, 1984; Fritz Stern, *The Politics of Cultural Despair: A Study in the Rise of Germanic Ideology*, Berkeley: University of California Press, 1961.

clinics of Friedrich Kraus and Wilhelm His at the Charité.<sup>142</sup> The famous surgeon Ferdinand Sauerbruch is on record with similar statements.<sup>143</sup> The Kraus students Theodor Brugsch and Gustav von Bergmann also promoted holistic ideas, and Brugsch was instrumental in organising a conference for unity in medicine.<sup>144</sup> Even the admirer of Ernst Mach and main critic of Bier in the 1925 homeopathy controversy, Wolfgang Heubner, who was extremely sceptical about heterodox healing methods, far from ostracised the ‘heretics’. He himself contributed several articles to the crisis debate, in which he agreed with them on many points (while still accusing them of intellectual sloppiness and of verbosely announcing banalities).<sup>145</sup> It seems as if the views of the heretics were common amongst practitioners, too.<sup>146</sup> Already in the nineteenth century laments over the specialisation of medicine had been haunting the medical journals, as well as complaints of insurance doctors over the demanding attitudes of their insurance patients, who consulted them even when they felt only slightly unwell.<sup>147</sup> The solutions suggested by the ‘heretics’ also increasingly constituted part of the self-understanding of German doctors.<sup>148</sup> We find them, for example, in the writings of the poet-physician Gottfried Benn.<sup>149</sup>

With some of their conclusions and suggested solutions, however, the ‘heretics’ met with only thinly disguised hostility especially from official representatives of the profession and medical scientists. Parts of the medical

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<sup>142</sup> Martin Lindner, *Die Pathologie der Person: Friedrich Kraus' Neubestimmung des Organismus am Beginn des 20. Jahrhunderts*, Berlin: Diss. Med., Freie Universität, 1998.

<sup>143</sup> Cf. Sauerbruch, “Heilkunst und Wissenschaft,” *Ärztliches Vereinsblatt*, 1927, 7-12, 43-5.

<sup>144</sup> Cf. Theodor Brugsch, ed., *Einheitsbestrebungen in der Medizin*, Dresden & Leipzig: Steinkopf, 1933; idem, Theodor Brugsch, *Arzt seit fünf Jahrzehnten*; Gustav von Bergmann, *Rückschau: Geschehen und Erleben auf meiner Lebensbühne*, Bad Wörishofen: Kindler und Schiermeyer, 1953.

<sup>145</sup> Cf. Wolfgang Heubner, “Die Sorgen des ärztlichen Standes und die akademische Medizin,” *Klinische Wochenschrift*, 4, 1925, 1876-80; idem, “Kritische Gedanken über medizinisches Denken und ärztliche Krisis,” *Ärztliches Vereinsblatt*, 56, 1927, 201-4, 217-9, 237-40.

<sup>146</sup> Cf. Vollmann, “Wohin steuern wir?,” *Ärztliches Vereinsblatt*, 56, 1927, 1-8.

<sup>147</sup> Cf. Huerkamp, *Der Aufstieg der Ärzte*, esp. pp. 177-240.

<sup>148</sup> Cf. Michael Hubenstorf, “‘Deutsche Landärzte an die Front!’ Ärztliche Standespolitik zwischen Liberalismus und Nationalsozialismus,” in Pross & Aly, eds., *Der Wert des Menschen*, 200-23.

<sup>149</sup> See, for example, Gottfried Benn, “Medizinische Krise,” in *Sämtliche Werke*, Volume 3, Stuttgart: Klett Cotta, 1987, 153-61.

press were rather sceptical, too: while Liek, for example, frequently published in the *MMW*, the eminent *DMW* under its long-serving editor Julius Schwalbe, well known for his close contacts with the Prussian medical administration, was vehemently critical of the Danzig surgeon and his writings.<sup>150</sup> Much, on the other hand, published some of his aphorisms on the foundations of medicine in Schwalbe's journal.<sup>151</sup> The best way to work out which of their views and suggestions may have turned Liek, Bier, Much and Aschner into heretics, will be a closer look at the reception of what came to be seen as their more heretic acts.

Let us first turn to August Bier and the homeopathy debate. If we look at some of the critical voices in the controversy following his public defence of homeopathy, we find that what annoyed Bier's critics most was not his interest in homeopathy as such. It was rather the enormous publicity surrounding Bier's statement and the whole controversy: "Medical science does not have to fear homeopathy," one critic, the Würzburg professor of paediatrics, Hans Rietschel wrote in the *DMW*,

We are even inclined to be grateful to Bier for reminding internal medicine, experimental pathology and pharmacology that they should investigate homeopathy scientifically. But we have to insist that the form of his publication definitely should have been a different one. Considering the weight of his name, Bier had to be aware that his statement would find its way to the masses and then, without any critical thought, would be hijacked by those who want to use it to their own (material) advantage or attack medicine with it.<sup>152</sup>

Rietschel agreed with Bier's fundamental critique of the "materialistic-causalistic worldview." Damaging, he argued, was not so much the fact that Bier intended to investigate the hidden values of homeopathy in a scientific way. Damaging was what unqualified minds would do with his statement in those difficult times: "What effect Bier's publication has had in the circles of

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<sup>150</sup> J. Schwalbe, "Noch einmal: 'Liek, Der Arzt und seine Sendung'," *DMW*, 53, 1927, 374-6; idem, "Liek's ärztliche Sendung," *DMW*, 53, 1927, 717-8; idem, "Liek und kein Ende?," *Ärztliches Vereinsblatt*, 56, 1927, 309-10.

<sup>151</sup> Hans Much, "Von biologischen Dingen. Eine aphoristische Betrachtung," *DMW*, 51, 1925, 1018-20, 1767-8.

<sup>152</sup> Rietschel, "Sollen wir uns wie Bier zur Homöopathie stellen?" *DMW*, 51, 1925, 1124-5, p. 1125.

homeopathic physicians and lay practitioners is already clearly visible. One glance into the newspapers is enough.”<sup>153</sup>

Heubner, the Göttingen professor of pharmacology, raised his voice because he wanted to stop what he saw as a general tendency in the population (and increasingly also amongst doctors), to dismiss “official” medical science and to favour “erroneous” healing methods. He welcomed a relaxed discussion of homeopathy, as Bier had recommended it. But it was of prime importance to define and maintain essential boundaries. Heubner was especially concerned about the “numerous quacks and scatter-brains” attracted to homeopathy, unified by the opposition against mainstream medicine.<sup>154</sup> What drew them towards homeopathy, in Heubner’s view, was “the dogma and its attraction for all those to whom continuous, tiring, critical brainwork, a central characteristic of science, does not seem adequate.”<sup>155</sup> There is no question that Heubner was unfair here against many homeopathic physicians, who protested vehemently against such accusations of intellectual laziness, but this is not our central concern. However, Heubner did have a point with regard to the attractiveness of simple medical systems to the public. Mainstream scientific medicine had become so specialised that its explanations of disease were difficult to understand without special training. In fact, a central aspect of the professionalisation process was defining and maintaining the boundaries between medical experts and lay people, between legitimate medicine and illegitimate practices.<sup>156</sup> What made the ‘heretics’, it seems, was their public challenge of those boundaries from within orthodox medicine.

Looking at the published reactions to Liek’s work, particularly to *The Doctor and his Mission*, we get a similar impression. Most reviewers agreed that Liek had put his fingers on some real problems of modern medicine, even if his

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<sup>153</sup> Ibid.

<sup>154</sup> Heubner, “Zur Frage der Homöopathie,” p. 106.

<sup>155</sup> Ibid.

<sup>156</sup> For a history of the struggle between mainstream medicine and its critics on the fringe, see Achim Wölfling, *Entstehung und Bedeutung des Begriffes Schulmedizin. Die Auseinandersetzungen zwischen naturwissenschaftlicher Medizin und Vertretern anderer Heilmethoden im 19. und 20. Jahrhundert*, Diss. Med., Freiburg: Albert-Ludwigs-Universität, 1974.

answers were sometimes banal and simplistic.<sup>157</sup> The majority of doctors felt like Liek, the reviewers indicated, when confronted with the increasing specialisation in medicine, with the ever higher numbers of journals to read, and with the threat to their existence by the social insurance system. The book did not even deserve the attribute ‘heretical’, Berlin internist Georg Klemperer argued, as it originated from true Hippocratic-Paracelsian spirit.<sup>158</sup> But, some reviewers asked, did not Liek draw the wrong consequences? Liek himself admitted that he wanted to provoke. He intended to write a pamphlet, a *Kampfbuch* for the medical youth.<sup>159</sup> As in Bier’s case, the negative reviews were mainly concerned with the effects the book may have on non-medics. Did it not, Kerschensteiner wondered, provide the enemies of medicine, the quacks, with ammunition? In the wrong hands it may turn into a “horrible danger for the medical profession.”<sup>160</sup> Schwalbe, too, feared that *The Doctor’s Mission* would serve quacks as a handbook for their attacks on official medicine.<sup>161</sup> The ‘magician-physician’, Nußhag criticised, should not reveal his magic to the unqualified.<sup>162</sup> Completely against Liek’s intentions, the reviewers argued, the book was going to become part of what medical historian Paul Diepgen had called the “profanation” of medicine.<sup>163</sup> Diepgen deplored that the authority of doctors’ was being undermined by attempts to promote more than necessary a public understanding of medical science, by displays of detailed anatomical models in exhibitions for the general public as well as by comments on medical controversies in the general press. Patients could get the idea that they themselves knew what was going on in their bodies or, worse, that the doctors did not really know it either, with the consequence that medicine was becoming profaned, disenchanting, that the doctors’ magical nimbus was gone. The ‘heretics’ were attacked not so much

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<sup>157</sup> For summaries of various reviews, see Schmid, *Die Bedeutung Erwin Lieks*, pp. 38-54.

<sup>158</sup> Georg Klemperer, “Erwin Liek: Der Arzt und seine Sendung,” *Therapie der Gegenwart*, 68, 1927, 36-7.

<sup>159</sup> Erwin Liek, “Arzt und Mediziner. Eine Abwehr,” *MMW*, 74, 1927, 594-7, p. 596.

<sup>160</sup> H. Kerschensteiner, “Erwin Liek: Der Arzt und seine Sendung,” *MMW*, 72, 1926, 1809.

<sup>161</sup> J. Schwalbe, “Noch einmal: ‘Liek, Der Arzt und seine Sendung’,” *DMW*, 53, 1927, 374-6.

<sup>162</sup> Nußhag, “Erwin Liek: Der Arzt und seine Sendung,” *Tierärztliche Rundschau*, 32, 1926, 807.

<sup>163</sup> Paul Diepgen, “Die Profanierung des ärztlichen Berufes,” *Ärztliche Mitteilungen*, 27, 1926, 690-1.

for the contents of their critiques, but for their style. Deplorable was not so much that they criticised, but that they made their criticism accessible to unqualified outsiders.

## Conclusion

Theodor Lessing noted in his review of the Liek book *Das Wunder in der Heilkunst* [The Miracle in Medicine] that Liek's arguments were neither profound nor original. It was not new (as it is not new today) to deplore the shortcomings of conventional, state-sanctioned medicine, the consequences of rationalisation and of the use of machines in medicine, of specialisation and the sometimes problematic combination of science and healing. Crisis mongers like Liek faced little resistance with the general direction of their criticism. Who would have defended obviously inhumane practices, provided they really existed? But did they really exist in the way the self-styled heretic described them? And were the remedies they recommended any more sensible? 'Heretics' like Liek triggered considerable controversy not because they had anything novel to say, but due to the great public impact of their writings. They turned the 'crisis of medicine' into a public event.

The 'heretics' were more than just critics of Weimar medicine. The socialist member of parliament, Julius Moses, agreed with them in many questions of medical science and practice, and in his views on heterodox healing. Like Liek, Much, Bier and Aschner, he published his views prolifically. Why do I feel uncomfortable about classifying him as a 'heretic'? Some of Moses' positions, apart from the obvious, i.e. his political convictions, were distinctly different from those of the Hippocratic 'heretics.' Moses was not a Hippocratist. While in ethical questions the 'heretics' looked to Hippocrates, Moses drew on positivism.<sup>164</sup> Unlike Moses, Liek *et al.* were drawn to neo-romanticism and nostalgia, and they were looking for higher truths and a better world in a distant and mythical past. Liek mourned a lost world in Eastern Prussia and Much's books were full of longing for a (spiritual) home in Buddhism, in the ruins of the ancient orient or the great gothic architecture of Northern Germany. Aschner

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<sup>164</sup> Cf. Timmermann, "A Model for the New Physician: Hippocrates in Interwar Germany."

consulted Paracelsus, and Bier studied Hippocrates in search for answers to the problems of modern medicine and a fragmented world, for unifying principles and ultimately a harmonic 'synthesis'.

As a socialist, Julius Moses decidedly was an outsider in the medical profession. In contrast with Moses, the 'heretics' only presented themselves as outsiders, while being marginal at worst and economically quite secure. Besides their search for wholeness in a mythical past, what characterised the 'heretics' was their questioning and active violation of established boundaries from within. There were some boundaries that could be crossed (while not necessarily challenged) without any danger, like those between specialised science and philosophy, and between science writing and fiction writing. To some degree, doctors as members of the educated middle classes were even well advised to cross them, as it protected them from allegations of one-sidedness. But there were more sensitive boundaries, and we will examine these no-go areas more closely in the following chapters. These were better left unchallenged, like the boundaries between homeopathy and allopathy, licensed and non-licensed practice and between expert and lay person. Bier, Liek, Much and Aschner, however, could afford to challenge them. Challenging such sensitive boundaries from within the medical profession (or, as in the cases of Bier and Much, even from within a medical faculty), and promoting fundamentalist alternatives to the status quo of modern medicine turned them into Hippocratic 'heretics'. Their laments were often truisms, their solutions to the problems of modern medicine simplistic, and their main justifications ancient myths. Nevertheless, their aggressive arguments found their way into mainstream medicine. Significantly, from the fifth edition (1927) onwards, *The Doctor's Mission* appeared without the subtitle *Thoughts of a Heretic*.

## Chapter 3. Physicians by the Grace of God

*The Kreisarzt claims in court that I want to adopt the title of a licensed doctor. Oh no, that is not at all my intention. There is a huge difference from those. Those are licensed by the study desk. But I am a physician by the grace of god. I have nothing to do with those, just their mistakes I will always fix. -- I am licensed and examined by America in my spiritual science, and remain so as long as I live.<sup>1</sup>*

### Introduction

The attitude of the ‘heretics’ towards non-licensed practitioners was a steady bone of contention with many of their colleagues, but especially with representatives of the professional organisations. In 1929 Erwin Liek published a book dedicated to *The Miracle in Medicine*, in which he argued that not science healed the sick, but rather quasi-religious miracles, supported by strong beliefs.<sup>2</sup> In Liek’s view, these beliefs were better promoted by a self-confident lay person, a physician by god’s grace, than by an insecure (insurance) doctor. Liek supported his arguments with accounts of visits to three different lay healers. To Liek they were miracle healers, to others nothing but dangerous ‘quacks’. The fear was growing amongst licensed physicians, stoked by the *Hartmannbund* and the *German League to Combat Quackery*, of this other external threat to licensed physicians besides the social insurance system. The number of lay healers seemed to be rising, resulting in unwelcome competition to licensed physicians. Only after the war this increase was perceived as part of a general ‘crisis,’ not least thanks to the ‘heretics’.

Like the conflict between insurance funds and medical profession, the ‘quackery question’ had a pre-history. Heterodox lay medicine had a long tradition in Germany. Societies promoting natural healing and homeopathy were central pillars of the large lifestyle reform movement, which had been expanding

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<sup>1</sup> Martha Naleppa, non licensed healer in Brieg (Silesia), in a letter to the local medical officer of health. GStA, Ha. 1, Rep. 76 VIII B, Nr. 1335, nicht foliiert, RP Breslau an MfV, 29.10.1926, Anlage.

<sup>2</sup> Erwin Liek, *Das Wunder in der Heilkunde*, München: J.F. Lehmann, 1930. See also: idem, “Das Wunder in der Heilkunde. Nachdenkliche Erinnerungen an Gallsbach,” *MMW*, 76, 1929, 1051-3.



since the previous century.<sup>3</sup> In the middle classes, the increasing popularity of these societies was intimately related to the rise of cultural criticism in late Wilhelmine and Weimar Germany. Life style reformers and cultural critics presented scientific medicine as being alienated from nature and identified it with industrialisation, mechanisation and dehumanisation. But not only the middle classes were open to heterodox medicine. As we have learned in chapter one, many working class people did not trust doctors, whom they experienced as executors of unpleasant and feared state measures, for example forced vaccinations or Salvarsan therapy.<sup>4</sup> Both were subjects of controversy in the popular media.<sup>5</sup> Working class men, in the wake of the war, also still had a vivid memory of the patriotic physicians who judged them fit for active service. Patients still remembered seeing themselves confronted with rallying calls in support of the war effort in doctors' waiting rooms during the 1917 winter of starvation. Some medical scientists argued that this period of fasting in fact did people good.<sup>6</sup> Was medicine on the side of the people or on the side of the state authorities?

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<sup>3</sup> See, for example, Wolfgang R. Krabbe, *Gesellschaftsveränderung durch Lebensreform. Struktur-merkmale einer sozialreformerischen Bewegung im Deutschland der Industrialisierungsperiode*, Göttingen: Vandenhoeck & Ruprecht, 1974; Claudia Huerkamp, "Medizinische Lebensreform im späten 19. Jahrhundert. Die Naturheilbewegung in Deutschland als Protest gegen die wissenschaftliche Universitätsmedizin," *Vierteljahresschrift für Sozial- und Wirtschaftsgeschichte*, 73, 1986, 158-82; Cornelia Regin, "Naturheilkundige und Naturheilbewegung im Deutschen Kaiserreich. Geschichte, Entwicklung und Probleme eines Bündnisses zwischen professionellen Laienpraktikern und medizinischer Laienbewegung," *Medizin, Gesellschaft und Geschichte*, 11, 1992, 175-200; Karl Eduard Rothsuh, *Naturheilbewegung, Reformbewegung, Alternativbewegung*, Stuttgart: Hippokrates Verlag, 1983; Diethart Kerbs and Jürgen Reulecke, eds., *Handbuch der deutschen Reformbewegungen 1880-1933*, Wuppertal: Hammer, 1998.

<sup>4</sup> For studies on working class culture and life style reform, see Bernhard Herrmann, *Arbeiterschaft, Naturheilkunde und der Verband Volksgesundheit*, Frankfurt: Peter Lang, 1990; Franz Walter, Viola Denecke, and Cornelia Regin, *Sozialistische Gesundheits- und Lebensreformverbände*, Bonn: Dietz Nachf., 1991, 17-96.

<sup>5</sup> Eberhard Wolff, "Medizinkritik der Impfgegner im Spannungsfeld zwischen Lebenswelt- und Wissenschaftsorientierung," and Lutz Sauerteig, "Salvarsan und der 'ärztliche Polizeistaat.' Syphilistherapie im Streit zwischen Ärzten, pharmazeutischer Industrie, Gesundheitsverwaltung und Naturheilverbänden (1910-1927)," both in Martin Dinges, ed., *Medizinkritische Bewegungen im Deutschen Reich (ca. 1870 - ca. 1933)*, Stuttgart: Steiner, 1996, 79-108 and 161-200.

<sup>6</sup> Statement of the member of the Prussian parliament, Marie Kunert (SPD), in *Ueber die Mißstände auf dem Gebiete der Kurpfuscherei und Maßnahmen zu ihrer Beseitigung: Bericht über die Verhandlungen eines zusammengesetzten Ausschusses des Landesgesundheitsrates am* [footnote continues on the next page]

Besides defending the right of patients to choose freely between doctors and lay practitioners, the lay healing societies polemicised against compulsory vaccinations and Salvarsan. The state should not be allowed, they argued, to override free decisions of individuals. Furthermore, as we will see, representatives of the non-licensed practitioners demanded ‘parity’ with the doctors in the health administration. The lay healing societies also offered information material and public talks on questions of hygiene and health policy. While academic physicians may well be approved by the state, they argued, non-licensed practitioners were approved by the people: they practised ‘folk medicine’ (*Volksmedizin*). Late Wilhelmine and Weimar lay healing societies were large. The largest one in the interwar years was the ‘Bio League’ (*Biobund*), the umbrella organisation of ‘biochemical societies’, which, including the families of members, represented 600,000 people in 1930.<sup>7</sup>

It is difficult to name the subjects of this chapter correctly. Doctors called the non-academic healers simply and derogatorily ‘*Kurpfuscher*’, i.e. ‘quacks’ or, literally, those who bungled cures.<sup>8</sup> I will predominantly use the neutral terms ‘non-licensed practitioners’ or ‘lay practitioners’ (or healers). Occasionally,

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9. und 10. März 1927, Verhandlungen des Preußischen Landesgesundheitsrates, 8, Berlin: Schoetz, 1927, pp. 140-4.

<sup>7</sup> Walter Hayn, “Der diesjährige Bundestag des Biochemischen Bundes in Magdeburg. Sachliches und Kritisches zur biochemischen Volkshelbewegung,” *Biologische Heilkunst*, 11, 1930, 337-41. Biochemistry, the heterodox healing method, was distinctly different from the fledgeling academic discipline. It was the brain child of a 19th century general practitioner, Wilhelm Schüßler. Biochemistry was an idiosyncratic synthesis of cell theory, electrolyte physiology and homeopathy. Schüßler’s theories, which he wrote down in a slim book, were based on the simple assumption that all disease was caused by salt deficiencies in the body cells. Schüßler, a general practitioner, had blended Virchow’s cellular pathology and Moleschott’s physiology with a bit of Hahnemann’s homœopathy. The result was a theory which located the cause of disease in disturbances of the cells’ mineral salt composition. If exposed to the missing salts in homœopathic dilutions, the cells would be stimulated to resorb them and the patients would stay healthy. For Schüßler’s methods, see J. B. Chapman, *Biochemistry: A New Domestic treatise on the Application of Schuessler’s Twelve Tissue Remedies*, St. Louis, MO: Luyties Pharmacal Company.

Other large lay healing organisations were:

- Deutscher Bund der Vereine für naturgemäße Lebens- und Heilweise or Prießnitzbund (naturopathy),
- Reichsbund für Homöopathie und Gesundheitspflege or Hahnemannbund,
- Kneipp-Bund (hydropathy),
- Bund der Felkevereine.

<sup>8</sup> For a history of the terminology, see Robert Jütte, *Geschichte der alternativen Medizin: Von der Volksmedizin zu den unkonventionellen Therapien von heute*, Munich: C.H. Beck, 1996, pp. 17-65, esp. 21-2.

where I recapture arguments of representatives of the medical profession, I will rely on the derogatory term ‘quack’, but I will use it in quotation marks. The practices of non-licensed healers I will summarise either under ‘folk medicine’, following their own self-understanding, or under ‘heterodox medicine’, as opposed to mainstream, ‘orthodox medicine’. While ‘folk medicine’ was an actors’ term, the latter two were not. They are, however, suitable analytical categories. Heterodox medicine describes not only what lay healers did, but also medical systems practised by licensed physicians, like homeopathy. Heterodox practitioners called mainstream medicine either *Schulmedizin* (school medicine) or *Staatsmedizin* (state medicine), sometimes also allopathy (as opposed to homeopathy).<sup>9</sup>

The struggle over the correct definition of ‘quackery’, *Kurpfuscherei*, was central to the debate between the profession, who claimed that it was identical with non-licensed practice, and non-licensed practitioners who understood it more broadly, as ‘bungling cures’, whether with or without state licence. In the previous chapter we have seen that the main point of criticism against the ‘heretics’ was that they challenged carefully established boundaries between orthodox and heterodox medicine, based on claims that one was scientific, while the other was not. But how stable were these boundaries? This and the following chapters argue that in fact they needed permanent policing, especially at a time when anti-mechanism and what looked like gloomy anti-rationalism were fashionable in parts of the public. True, some non-licensed practitioners were crooks. But their success often depended on help from medical men, and many used the language of science and scientific medicine. Boundary keepers had problems not only with ‘quacks’ pretending to be doctors, but also with doctors who collaborated with non-licensed practitioners. While legal instruments existed to handle the former, the latter were ‘free professionals’ and could only be disciplined by the professional courts of honour and punished by way of social sanctions, in most cases with very limited success. The case studies in this

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<sup>9</sup> Cf. Achim Wölfing, *Entstehung und Bedeutung des Begriffes Schulmedizin. Die Auseinandersetzungen zwischen naturwissenschaftlicher Medizin und Vertretern anderer Heilmethoden im 19. und 20. Jahrhundert*, Diss. med., Freiburg: Albert-Ludwigs-Universität, 1974.

chapter and in chapter five show that the welfare state left space for a substantial, unregulated health market. In fact, as we will see, non-licensed practitioners increasingly undertook attempts, like the doctors, to organise. What we observe in the medical market place of Weimar Germany was the start of a development which turned ‘alternative’ fringe medicines rooted in subcultures and local milieus into generally respectable forms of treatment.

### **Liek and Zeileis**

Erwin Liek and his ambiguous stance towards heterodox medicine, as we have seen, constituted a problem for the boundary guards in the profession. With his dismissal of formal scientific training and his emphasis on ‘natural calling’, charisma and intuition he challenged the legitimisation mechanisms of the profession. To Liek, Valentin Zeileis, son of a coppersmith and former metal worker, born in 1873, exemplified the ideal doctor, even without a state license. For the doctors’ professional organisations, in contrast, Zeileis was a dangerous quack.<sup>10</sup> He attracted large numbers of patients to the Austrian hamlet of Gallspach, where he treated them with his electrical apparatus in an old castle against ailments of all sorts. Already in the 1920s the boundaries between orthodox medicine and lay practice were blurred in Gallspach, despite its being presented as a prime example of dangerous ‘quackery’ by the German League to Combat Quackery. Valentin’s son Fritz, who worked alongside the father since 1924, held a medical degree. A short time after Zeileis’ success began to be publicly debated in the newspapers, others followed his example and adopted his method of therapy.<sup>11</sup> Many of the new Zeileis Institutes were run by academically trained doctors, organised in the ‘Society of Zeileis-Doctors’ (*Verein der Zeileis-Ärzte*).<sup>12</sup> Even the Vienna University Hospital installed a machine which looked like an exact copy of the Zeileis apparatus.<sup>13</sup> Still today,

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<sup>10</sup> “Die deutschen Ärzdebünde und Zeileis,” *Biologische Heilkunst*, 11, 1930, 256.

<sup>11</sup> “Schule Zeileis. Ein großer Schwindel,” *Gesundheitslehrer A*, 32, 1929, 205; “Die Gallspach-Seuche. Anzeigen,” *Gesundheitslehrer A*, 33, 1930, 44-5.

<sup>12</sup> “Kurze Mitteilungen vom Tage,” *Biologische Heilkunst*, 11, 1930, 553; “Verzeichnis bisheriger Zeileis-Schüler,” *Gesundheitslehrer A*, 33, 1930, 84.

<sup>13</sup> “Kurze Mitteilungen vom Tage,” *Biologische Heilkunst*, 11, 1930, 685.

Gallspach profits from Zeileis, who in 1929 moved from his castle into an impressive new ‘Institute Zeileis’. By 1979, the ‘Institute’ had 70 employees, six of them medical doctors. The people of Gallspach expressed their gratitude to Zeileis by naming their main street after him.<sup>14</sup>

In 1930, due to Zeileis’ activities, hotels and guesthouses in Gallspach registered 16,345 visitors, who spent an average of about 10 nights in the town.<sup>15</sup> 10,202 of them came from abroad, many from nearby Germany. Others stayed in neighbouring towns and villages. Supported by 12 staff, amongst them two doctors, Zeileis treated more than 1000 patients three times a day with his apparatus. Each time he submitted the patients to a lightning arc out of a shower-like appliance. For diagnosis he used a glass tube, which he claimed was filled with actinium, a rare gas. While it looked impressive, Zeileis’ treatment method was not revolutionary. High frequency therapy apparatuses had become commercially available at affordable prices and were used by doctors as well as non-licensed practitioners.<sup>16</sup> In Liek’s view, the glass tube was nothing but hocus-pocus, a modern magic wand. But what did it matter, it worked. Nobody got individual treatment in the Institute Zeileis, patients were mass-processed in groups of about 100. While Valentin treated them he usually had a Virginia cigar in his mouth.

Why was Gallspach so extraordinarily successful? In some respect, the town was a modern place of pilgrimage. Gallspach attracted the same sorts of people as places like Lourdes did. Some visitors were looking for a cure for the soul, others were chronically ill and had been treated in vain by several doctors before they travelled to Gallspach. The grotto of Lourdes had its equivalent in Zeileis’ treatment rooms, the dark vaults of the Gallspach castle, “poorly illuminated by 2 electric light bulbs, mounted in the jaws of giant snakes.”<sup>17</sup> For Liek, however,

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<sup>14</sup> Helene Barthel and Alexia von Manner, *Zeileis: Vom Wirken zweier Männer in Gallspach*, 6th edition, Graz, et al.: Styria, 1970; Verein der Zeileisfreunde, *Mitteilungen für die Mitglieder des Vereins: 50 Jahre Zeileis*, leaflet, Vienna, 1980; *Gallspach der Kurort* (Information package of the Kurverwaltung Gallspach, Hauptplatz 8, A-4713 Gallspach), 1998.

<sup>15</sup> Barthel and von Manner, *Zeileis*, p. 93.

<sup>16</sup> J. Grober, “Zur Kritik der örtlichen Hochfrequenztherapie,” *Gesundheitslehrer A*, 31, 1928, 222-4.

<sup>17</sup> Liek, *Das Wunder*, p. 83.

the bewitched atmosphere was not the single most important factor: “The actual magic is situated in the person Zeileis.”<sup>18</sup> Like Liek, other medical observers travelled to Gallsbach.<sup>19</sup> One of these medically trained eyewitnesses of Zeileis’ procedures, the medical student Ludwig Blümmler, visited a new, extended, modernised and “Americanised” Gallsbach in 1932. He submitted himself to the Zeileis treatment in the grand new building of the ‘Institute Zeileis’. The patriarch’s performance left him at least as impressed as it did Erwin Liek three years earlier: “A strange feeling took control of my interior. Questions and doubts are awakening, I feel like a victim of this system.”<sup>20</sup>

Valentin Zeileis obscured his biography with myths, some of them appealing to the contemporary fascination with the exotic, and especially with India. He told a Vienna professor, for example, that he was the heir of an old Indian family of princes. After being bitten by a cobra, he claimed, the saliva of an Indian fakir saved his life. There were rumours that he was more than 2000 years old. Zeileis also claimed that already before Marconi’s invention he had used electromagnetic waves in Vienna to set a pile of wood alight in India.<sup>21</sup> To Liek, the truth content of such life histories seemed as secondary as Zeileis’ treatment techniques: “It is always the same: what the miracle doctor actually does is far less important than what the people believe.”<sup>22</sup> Even professors of medicine were only miracle doctors, he argued: “This is the problem: we all perform magic, the small countryside practitioner as well as the great professor and *Geheimrat*. And those who do not admit it, proud of their science, those are the greatest magicians of all.”<sup>23</sup>

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<sup>18</sup> Ibid.

<sup>19</sup> See, for example, Eduard Wittmann, “Das Phänomen von Gallsbach (Auf Grund eigener Beobachtungen),” *Gesundheitslehrer A*, 32, 1929, 149-51.

<sup>20</sup> Ludwig Blümmler, *Das Ende eines suggestiven Massenerfolges: Zeileis-Gallsbach*. Heidelberg: Diss. med., 1934, p. 23.

<sup>21</sup> The construction of elaborate oriental myths around the person of the healer was not unusual, as the case of the founder of the *Mazdaznan* movement, Otoman Zar-Adushi Hanish illustrates. According to the written record, he was born in 1866 as Otto Hanisch. His parents were not, as he claimed, a diplomat in Teheran and a Persian princess, but a railway worker in Western Prussia and his wife. Cf. Krabbe, *Gesellschaftsveränderung durch Lebensreform*, pp. 73-7.

<sup>22</sup> Liek, *Das Wunder*, p. 89.

<sup>23</sup> Ibid., p. 80.

Zeileis and his supporters, however, did not see themselves as magicians. Neither was Zeileis' method based on suggestion, they argued. They explained the alleged healing successes with theories which would have sounded as plausible and scientific to most contemporary readers as those of their orthodox critics. Zeileis cured ailments successfully, they claimed, due to resonance of the radiation emitted by his machines with the biological oscillations in patients' bodies.<sup>24</sup> Orthodox medical scientists denied the plausibility of these theories and denounced them as 'pseudo science'.<sup>25</sup> To Liek, scientific theories were secondary. To him, the charisma of the healer was the decisive factor. Before Zeileis developed his machine, he had healed patients in Vienna through laying on hands and use of 'animal magnetism', which in Liek's view proved that the impressive machinery only served to support the effect of Zeileis' personality. Zeileis' secret was his authority and his ability to "preserve under all circumstances the necessary distance between helper and seeker for help."<sup>26</sup> In this regard, he reminded Liek of the "long-gone marvellous type of the similarly rough doctor."<sup>27</sup> The patients trusted him completely, Liek argued, and did not dare to ask critical questions based on what they had learned from popular books, radio broadcasts and hygiene exhibitions. "Lucky is the doctor who is encompassed by an aura of faithful, or let us say child-like trust."<sup>28</sup>

While Liek explained Zeileis' success with the shortcomings of modern, rationalised insurance medicine and by representing him as a model physician, others saw Gallspach itself as a symptom of crisis. Berlin professor and Zeileis critic Paul Lazarus used the epidemiological metaphor of an "infection through suggestion" to explain the Gallspach phenomenon.<sup>29</sup> Between Lazarus and Zeileis, something like a personal feud developed, in which Lazarus represented

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<sup>24</sup> Fritz G. Zeileis, "Gallspach," *Süddeutsche Monatshefte*, November 1932, 95-7.

<sup>25</sup> Paul Lazarus, "Medizinische Volksbelehrung: Die Gallspacher 'Heilslehren'," *Medizinische Welt*, 1930, 303-5, 338-41; Wilhelm A. Möhrke, "Der Arzt und seine Schändung," *Der Gesundheitslehrer A*, 35, 1932, 379-83, p. 381-2.

<sup>26</sup> Liek, *Das Wunder*, p. 82

<sup>27</sup> *Ibid.*

<sup>28</sup> *Ibid.*, p. 85.

<sup>29</sup> Paul Lazarus, "Erklärung zu meinem Vortrag über Gallspach am 16. Januar 1930," *Gesundheitslehrer A*, 33, 1930, 82-3, p. 82.

scientific rationalism. In 1930, in lectures a radio broadcast, Lazarus accused Zeileis of being a charlatan.<sup>30</sup> He was not opposed to the use of high-frequency electrotherapy, but only if it was administered by a licensed physician. The magic stick, he argued, was a blatant fraud. Actinium had a half life of 3.9 seconds and the story about the actinium tube therefore had to be complete nonsense. The light in the tube, a so-called *Geisler* tube, was induced by the high frequency electrical field. The effects claimed by Zeileis for his machinery contradicted, Lazarus argued, all physiological and physical knowledge.<sup>31</sup> Many Zeileis patients had paid for their faith in the healer, he claimed, with unnecessary suffering and often with a premature death. According to Lazarus, Zeileis' methods were based on nothing but mass suggestion. If they had any therapeutic value at all, he argued, then only in the treatment of psychogenic illnesses like hysteria.

Zeileis, father and son, felt insulted by Lazarus, denied the accusations and tried to silence the professor by taking him to court for libel. Lazarus, however, won the case.<sup>32</sup> The doctors' professional organisations applauded and the Prussian government warned the public about the Zeileis methods because they were "scientifically completely untested."<sup>33</sup> The case of Valentin Zeileis is a good example of the way in which the 'heretics' used the rise of non-licensed practice in order to argue their case, and of the difficulties this caused to those who wanted to see the boundaries between legitimate and illegitimate medicine policed tightly. We will return to this problem later. It seems appropriate, first, to examine how 'quackery' could turn into such a contentious issue again in the 20th century, at a time when, as Claudia Huerkamp has argued, the professionalisation of medicine seemed to be more or less completed.<sup>34</sup>

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<sup>30</sup> For the published version of the lectures, see Lazarus, "Medizinische Volksbelehrung."

<sup>31</sup> Paul Lazarus, "Erklärung."

<sup>32</sup> "Professor Lazarus und der Zeileis-Kampf. Auszug aus einem Brief vom 12. Juni 1930 an die DGBK," *Gesundheitslehrer A*, 33, 1930, 144-5; Thiersch, "Zeileis-Lazarus," *Gesundheitslehrer A*, 33, 1930, 250-2.

<sup>33</sup> "Ärzttekammer-Beschlüsse," *Biologische Heilkunst*, 11, 1930, 380. "Amtliche Warnung vor den Gallspach-Instituten," *Gesundheitslehrer A*, 33, 1930, 84.

<sup>34</sup> Claudia Huerkamp, *Der Aufstieg der Ärzte im 19. Jahrhundert. Vom gelehrten Stand zum professionellen Experten: Das Beispiel Preußens*, Göttingen: Vandenhoeck & Ruprecht, 1985.



## The Freedom to Provide Cures

The spectrum of heterodox practice in the 1920s was vast, from lay societies mainly focusing on disease prevention and health education, to business minded healing entrepreneurs and producers of patent medicine. While the lay societies emphasised aspects of self-help and promoted healthy lifestyles, some of the commercial healers adopted not only physician-like titles, but also the habitus of a doctor. The different groups of lay practitioners had often not much more in common than their opposition to orthodox medicine. Besides public campaigns, there was not much the ‘quackery fighters’ could do against non-licensed practitioners. Making a living as a healer was perfectly legal for anybody in Germany, whether physician or not. The provision of cures was regulated liberally by the trade law. Reformers within the Berlin Medical Society, in concert with the Liberal Party, had promoted the ‘freedom to provide cures’ (*Kurierfreiheit*) in the North German Federation in 1869. By 1873, this legislation had been adopted by all other states in the newly unified *Reich*. Any German was allowed to provide medical services, merely the title *Arzt* remained reserved for medical doctors with university training. Only since 1902, lay healers had to register with the county medical officer of health (*Kreisarzt*) when they wanted to offer their services commercially.<sup>35</sup>

The reformers of 1869, around the pathologist Rudolf Virchow and the physician and member of parliament, Wilhelm Loewe-Calbe, believed laws against ‘quackery’ to be futile.<sup>36</sup> The reformers were progressive liberals, combining a belief in free trade with the conviction that an enlightened and educated public inevitably would convert to scientific medicine. Privileges for doctors, they argued, were an insult for both doctors and patients. The reformers met with opposition from the Prussian medical administration in the Ministry of

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<sup>35</sup> For the history of ‘quackery’ legislation in Germany, see: Heinrich Schopohl, *Kurpfuscherei und die rechtlichen Bestimmungen zu ihrer Bekämpfung*, Veröffentlichungen aus dem Gebiete der Medizinalverwaltung XXII-1, Berlin: Schoetz, 1926; Ebermayer, “Die notwendige Bekämpfung der Kurpfuscherei,” *DMW*, 53, 1927, 29-30, 74-7.

<sup>36</sup> Ebermayer suggested that Virchow did not know at the time that his name was on the petition, as he was not present when the Berlin medical society passed the paper. Cf. *Ueber die Mißstände auf dem Gebiete der Kurpfuscherei*, p. 62.

the Interior, whose representatives were opposed to lifting the ‘quackery’ ban.<sup>37</sup> Most doctors, however, remained indifferent. They had comfortable incomes, as in 1870 there was still a shortage of licensed medical practitioners in Germany.<sup>38</sup> Many doctors perceived the new law rather as a gain than a pain, as it freed them from duties which they did not think were justified. No longer had they to take on any patient who asked for help, any day of the week and any hour of the day. Neither did they see the potential competition of lay practitioners as a threat.

Only when the numbers of medical graduates started to rise steadily from the late 1870s onwards, did medical professionals become conscious of the unwelcome competitors.<sup>39</sup> In 1830/31, there were 2,355 medical students studying at German universities, in 1869/70 3,033, in 1885/86 7,680, and by 1911/12 the number had risen to 11,581. During the same period, the number of registered non-licensed healers also rose by more than the factor six, from 670 in 1876 to 4,468 in 1909.<sup>40</sup> As an expression of the changed attitude towards lay practitioners, in 1903 a group of predominantly Berlin doctors founded the ‘German League to Combat Quackery’ (*Deutsche Gesellschaft zur Bekämpfung des Kurpfuschertums, DGBK*), to whose activities we will return in detail in the next chapter. Many medical doctors, especially élite practitioners and the representatives of the professional organisations, were increasingly annoyed about the legal situation. They did not want to be perceived as merely practising something as profane as a trade in the marketplace. Medicine was more than a trade, they argued, it was a profession and deserved privileges. Doctors were to be leaders of the people in health matters, not simply providers of goods and services.

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<sup>37</sup> Paul Diepgen, “Kurpfuscherei und wissenschaftliche Medizin im Wandel der Zeiten,” *Gesundheitslehrer A*, 36, 1933, 213-8, pp. 216-7.

<sup>38</sup> Huerkamp, *Der Aufstieg der Ärzte*. Rather positivistic in its outlook but still useful is also Carola v. Littrow, “Die Stellung des Deutschen Ärztetages zur Kurpfuscherfrage in Deutschland von 1869 bis 1908,” *Wissenschaftliche Zeitschrift der Humboldt-Universität zu Berlin, Math.-Nat. R.* 19, 1970, 433-47.

<sup>39</sup> Huerkamp, *Der Aufstieg der Ärzte*, p. 62. See also chapter one of this thesis.

<sup>40</sup> Dornedden, “Das berufsmäßig tätige Heil- und Pflegepersonal im Deutschen Reich am 1. Mai 1927,” *Reichsgesundheitsblatt*, 1928, 690-705. The statistics are, however, are not unproblematic. The nature of lay medicine changed considerably in character over this period, [footnote continues on the next page]

As increasingly the ‘freedom to provide cures’ was disputed, non-licensed healers had to comply with new, restrictive administrative measures. A total ban on ‘quackery’, the solution called for by the doctors’ professional organisations and the *DGBK*, was politically not feasible. An unusually broad alliance of parliamentary parties, Liberals, Social Democrats and Conservatives, supported *Kurierfreiheit*. However, several German state governments introduced administrative measures to control lay healers. This opposition between an alliance of high civil servants and doctors aiming to curb ‘quackery’, and parliamentarians who protected the liberal ‘freedom to provide cures’, shaped the ‘quackery’ debate in Wilhelmine Germany and throughout the Weimar Republic. To both administrators and doctors, heterodox medicine seemed dangerous because it could not be controlled. In 1902, the Prussian government published a ministerial order (*Ministerialerlaß*) which, inter alia, demanded lay healers to register with the local medical officers of health and restricted their advertising activities. Modelled on this ministerial order, the federal government presented a draft for an anti-‘quackery’ law in 1908.<sup>41</sup> The draft did not aim at a total ban of lay medicine, but had it been passed it would have restricted the freedom of non-licensed healers significantly. It unified the various administrative orders against non-licensed healers. In 1910 an improved draft followed, the ‘*Gesetz gegen Mißstände im Heilgewerbe*’.<sup>42</sup> It was debated in parliament and passed on to a commission, which never completed its work. The next general election came, the commission was gone, its report never published and the law never passed.

With the outbreak of world war I, other problems seemed more pressing. In 1916, however, the Ministry of War unified various orders passed by the powerful general commands (*Stellvertretende Generalkommandos*), the wartime

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from predominantly non-commercial self help to predominantly business. This affected the registration data. Registered were only non-licensed healers who practised professionally.

<sup>41</sup> The full title of the draft was ‘*Vorläufiger Entwurf eines Gesetzes, betreffend die Ausübung der Heilkunde durch nichtapprobierte Personen und den Heilmittelverkehr.*’ Cf. J. Schwalbe, “Der Gesetzentwurf zur Bekämpfung der Kurpfuscherei und des Geheimmittelwesens,” *DMW*, 34, 1908, 379-82.

<sup>42</sup> Drucksachen des Reichstags, 12. Legislaturperiode, II. Session, 1909/10, Nr. 535.

executive, in a decree curbing the activities of non-licensed healers.<sup>43</sup> The decree stopped one step short from a total ban of ‘quackery’. Non-licensed healers were banned from the treatment of dangerous diseases in general, and in particular of diseases affecting the sexual organs and of cancer. They were not allowed to use anaesthetics or hypnosis or to give injections. The ban even extended to newspaper agony columns offering answers to medical questions from readers, because they could be interpreted as ‘dangerous remote treatment’. The right of non-licensed practitioners to advertise their services was also curbed.<sup>44</sup> Freed from the obligation to compromise with parliaments, the wartime military administration at last had taken the measures the civilian administration had been campaigning for in the years previous to the war. But the ‘state of siege’ which enabled it to do so was only a temporary affair. The interwar years should start with renewed confusion, not only in legal questions.

### “Quack’s Re-Awakening”

The immediate post-war period has often been described as one of utter confusion. The old German state seemed to have disappeared in the upheavals of the Revolution. Germany was now a democracy and a constitutional welfare state. But on the level of health administration, how much had things really changed? Even if the government was new and the president democratically elected, most old administrators in the ministries, apart from a few high profile exceptions, remained in office.<sup>45</sup> Would they handle the conflicts over lay medicine and *Kurierfreiheit* differently now? Initially nobody seemed to know, for example, whether the orders of the military command had lost their validity. The organisations of lay healers claimed that the orders were incommensurable

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<sup>43</sup> GStA, HA 1, Rep 76 VIII B, Nr. 1332, *Veröffentlichungen des Kriegsministeriums*, Nr. 879/1.16 MA, 6.6.1916,.

<sup>44</sup> Mentioned in particular were contraceptives. Interestingly enough, usually ‘quacks’ were accused of offering drugs which had no effect. These were obviously feared to have an effect, detrimental to the reproductive power of the German people.

<sup>45</sup> Cf. Paul Weindling, “Eugenics and the Welfare State During the Weimar Republic,” in W. R. Lee and Eve Rosenhaft, eds., *State, Social Policy and Social Change in Germany 1880-1994*, 2nd edition, Oxford: Berg, 1997, 134-63.

with the values of the new, democratic state.<sup>46</sup> Medics, in contrast, saw them as a first step to a satisfactory ‘quackery’ legislation. The medical administration in the state of Württemberg suggested leaving the orders in place.<sup>47</sup> The federal ministry of the Interior replied that the new legislative bodies were in charge, the parliaments had to decide.<sup>48</sup> And with the ruling Weimar parliamentary parties, a ‘quackery’ ban seemed at least as unlikely as it did before the war.

Like other members of the educated middle classes, many doctors were depressed by Germany’s defeat, terrified by the revolutionary events of 1918 and 1919, and not sure about what to expect of democracy. They associated these fears with the worries about a rise of lay medicine. Early in 1919, Julius Schwalbe, the influential editor of the Berlin based *Deutsche Medizinische Wochenschrift*, one of Germany’s leading medical weeklies, deplored “quack’s re-awakening.” He suggested that the rise of ‘quackery’ after the war was the equivalent in medicine of the Socialist Revolution which had overthrown the old order. It was no surprise, he argued, that at a time when those in control stressed the equality of all human beings, ‘quacks’ demanded equal rights with doctors.<sup>49</sup> Administrators seemed unsure on what grounds to decide. The competing pressure groups attempted to obtain the best possible starting positions in the new state. Organisations representing lay practitioners bombarded the new, post-revolutionary governments with petitions and appeals, pointing out that democratic values would make it necessary to include lay practitioners, besides medical doctors, in decision making processes and the administration of state health services.<sup>50</sup>

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<sup>46</sup> BArch, R 1501, Nr. 9138, Bl. 97-100, Zentralverband für Parität der Heilmethoden, M.E.G. Gottlieb, an den Rat der Volksbeauftragten, 28.11.1918.

<sup>47</sup> BArch, R1501, Nr 9138, Bl. 128, Württembergisches Ministerium des Innern an Reichsministerium des Innern, 27.5.1919.

<sup>48</sup> BArch, R1501, Nr 9138, Bl. 138, Reichsministerium des Innern an Württembergisches Ministerium des Innern, 31.1.1920.

<sup>49</sup> J. Schwalbe, “Kurpfuschers Wiedererwachen,” *DMW*, 45, 1919, 244.

<sup>50</sup> Cf. Kröner, “Die Homöopathie im neuen Reiche,” *Allgemeine Homöopathische Zeitung*, 167, 1919, 193-203. Various letters and appeals from lay organisations can be found in BArch, R1501, Nr 9138 and GStA, HA. 1, Rep. 76 VIII B, Nr. 1332 and 1333.

Furthermore, early in 1919 the Prussian legislative assembly recommended the setting up of university chairs for naturopathy and homeopathy, two systems of medical knowledge closely associated with non-licensed practitioners and heterodox healing.<sup>51</sup> The initiative was supported most prominently by the Halle professor of physiology, Emil Abderhalden, a liberal member of the assembly, and by Martin Faßbender of the Catholic Centre Party, one of the most outspoken promoters of heterodox practices and especially of homeopathy throughout the 1920s.<sup>52</sup> The first post-war Prussian Culture Minister, Konrad Haenisch (SPD), who was in charge of the universities, was also a known supporter of the initiative, which was fiercely opposed by the majority of the university teachers in Prussia's medical faculties. The first candidate suggested by the ministry for the newly designated chair of naturopathy at the University of Berlin was the Schweningen student Emil Klein.<sup>53</sup> The faculty did not accept Klein and the post went to the physician and former co-editor of the journal of the central organisation of German naturopathy societies, Franz Schönenberger. After a long debate over the virtues of homeopathy, in which, as we have seen, the influential surgeon August Bier played a central role, the Berlin homeopathic physician Ernst Bastanier was appointed in 1928 to a special lectureship (*Lehrauftrag*).<sup>54</sup>

It seemed as if in 1919 promoters of heterodox medicine, whether licensed or not, were hoping for a fundamental reform of the health system. The most vocal amongst the campaigners demanding equal rights for lay medicine was the Heidelberg producer of healing ointments and president of the Central League for the Parity of Healing Methods (*Zentralverband für die Parität der*

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<sup>51</sup> Petra Werner, "Zu den Auseinandersetzungen um die Institutionalisierung von Naturheilkunde und Homöopathie an der Friedrich-Wilhelms-Universität zu Berlin zwischen 1919 und 1933," *Medizin, Gesellschaft und Geschichte*, 12, 1993, 205-19.

<sup>52</sup> Cf. Friedrich Schultze, "Prof. Abderhalden über Soziale Hygiene, allgemeine Therapie, Naturheilkunde und Homöopathie," *DMW*, 45, 1919, 750-1; Martin Fassbender, "Hochschul-Lehrstühle für Homöopathie," *Deutsche Zeitschrift für Homöopathie*, 43, 1926, 23-35.

<sup>53</sup> See chapter two.

<sup>54</sup> G.M., "Dr. med. Bastanier wurde der erste deutsche Lehrstuhl fuer Homöopathie in Berlin angetragen," *Biologische Heilkunst*, 9, 1928, 296; "Bastaniers Antrittsvorlesung," *Biologische Heilkunst*, 9, 1928, 890-1. See also Reinhard Planer, *Der Kampf um die Homöopathie: pro et contra*, Leipzig: Hügel-Verlag, 1926.

*Heilmethoden*, founded in 1912), M.E.G. Gottlieb. Gottlieb was a talented organiser and had been a big player in the debates over a ‘quackery’ law in the first decade of the century. Like many others, he combined his personal business interests with revolutionary rhetoric.<sup>55</sup> In the early interwar era he travelled through Germany, gave public talks, and convinced various local lay healing societies to send petitions to the State and Reich ministries in charge of the health system. These petitions called for, “in the people’s state, health for the people, the people’s healing methods, and the people’s justice.”<sup>56</sup> In one of the petitions, three Southwest German lay societies defined the folk medicine they were fighting for as “a system which: 1. is very easy to understand and to apply, in order to prevent disease as well as to cure minor illnesses, 2. poses very low costs, 3. can be applied in any house and in any room.”<sup>57</sup>

Already before the war, Gottlieb’s organisation had published a series of well argued pamphlets attempting to demonstrate the central importance of the ‘freedom to provide cures’ for the German economy, including theoretical considerations and statistical data.<sup>58</sup> Immediately after the Revolution, Gottlieb reacted to the changed situation by directing a letter to the head of the provisional government and later president of the Republic, Friedrich Ebert.<sup>59</sup> Gottlieb declared the aims of the *Zentralverband* to be identical with those of the Revolution. All privileges for doctors should be abolished, he argued, the ‘lay element’ should be consulted in welfare questions, and the medical marketplace should be completely liberalised. The League’s central demand, he explained,

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<sup>55</sup> BArch, R1501, Nr 9138, Bl. 157, Dr. Otto Neustätter an Geh. Regierungsrat Dr. Hamel, 25.9.1920.

<sup>56</sup> “Im Volksstaate Volksgesundheit, Volksheilmethode und Volksrecht,” BArch, R1501, Nr 9138, Bl. 193-4, Zentral-Verband für Parität der Heilmethoden E.V., Bund für freie Heilkunst, Ortsgruppe Dortmund, *Beschließung*, 14.12.1921. See also Bl. 158-9, Zweigverband Rheinland-Westfalen, *Entschließung*, 10.10.1920; Bl. 178, Hamel an Neustätter, 23.10.1920; Bl. 196, Kiel, four biochemical and one nature healing society, *Entschließung*, 11.11.1921.

<sup>57</sup> BArch R1501, Nr. 9138, Bl. 180, Hahnemannia und Homöopathischer Verein Brötzingen, *Entschließung*, 1.6.1921.

<sup>58</sup> Zentralverband für Parität der Heilmethoden, ed., *Schriften über Wesen und Bedeutung der Kurierfreiheit*, Erste Reihe, Heft I-IV, *Medizinalpolitische Untersuchungen*, Wien, Berlin, London: Verlag für Fachliteratur, 1913.

<sup>59</sup> BArch, R 1501, Nr. 9138, Bl. 97-100, Zentralverband für Parität der Heilmethoden, M.E.G. Gottlieb, an den Rat der Volksbeauftragten, 28.11.1918.

was that the government should protect the right of the people to decide over their own bodies and to choose the healer they trusted, no matter if licensed or not. The right to one's own body was identical for Gottlieb with *Kurierfreiheit*.

To the Berlin professor of internal medicine, Wilhelm His, in contrast, *Kurierfreiheit* stood for the “freedom and right to fraudulently exploit the suffering fellow human being.”<sup>60</sup> When speakers for the medical profession tried to explain the alleged rise of ‘quackery’ they usually suggested as its cause what they described as the great psychological susceptibility of the defeated German people for occultism and mysticism.<sup>61</sup> The psychological strains of the lost war, they argued, had made people vulnerable and turned them into easy victims for false prophets and charlatans. Others suggested that it was due to the slightly “child-like” nature of the Germans that they believed in miracles more than other nations.<sup>62</sup> In their own interest, they needed to be educated and supervised.

A crystallisation point for such arguments was the debate over the therapeutic use of hypnosis.<sup>63</sup> The technique was gaining academic respectability through the reception of Freud's writings and, in the aftermath of the war, due to its use in the treatment of shell shock. However, many doctors still associated hypnosis with variety shows and ‘quack’ techniques. In fact, hypnosis and ‘animal magnetism’ had long been popular with non-licensed healers, and even more so after the war.<sup>64</sup> Returned veterans, for instance, who themselves had been treated with hypnosis against shell shock, now hypnotised others. In many

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<sup>60</sup> *Ueber die Mißstände auf dem Gebiete der Kurpfuscherei*, p. 45.

<sup>61</sup> BArch R8034 II, Nr. 1790, p. 13, newspaper clipping (title illegible), 3.9.1924, “Die Kurpfuscherei nach dem Kriege: Die Gefahren der Kurierfreiheit. - Hochkonjunktur für die ‘Heilkundigen’.”

<sup>62</sup> Statement by Dr. Böhm, in *Ueber die Mißstände auf dem Gebiete der Kurpfuscherei*, p. 99.

<sup>63</sup> BArch R1501, Nr. 11803-4, passim. See also Fritz Wolf, “Modifizierte Verbalsuggestion bei der hypnotischen Einschläferung,” *DMW*, 1922, 1383-4.

<sup>64</sup> The practice of ‘magnetising’ or hypnotising patients was based on the work of the 18th century Vienna physician Mesmer. According to Mesmer, any living being possesses a subtle magnetic fluidum. Disease is caused by an unequal distribution of the fluidum in the body. Magnetic therapy, Mesmer argued, triggered a ‘crisis’ in the patient's organism, which started the healing process. Mesmer initially used magnets until he found that he himself had the ability to transmit the fluidum. He and his followers used a variety of practices to ‘magnetise’ patients, from ‘Mesmerian strokes’ with the hand to more or less complicated apparatuses. Initially very fashionable, Mesmerism came under attack already in the late 18th century and turned into a fringe practice. Cf. Jütte, *Geschichte der alternativen Medizin*, pp. 103-14.



small private circles and societies, even in remote rural areas, the Germans hypnotised each other, and much was written about it in the press. After an introductory course, a 35 year old teacher, for example, hypnotised his 13 and 14 year old female students and made them hug and kiss each other. Cases of sexual abuse under hypnosis were also reported.<sup>65</sup>

Despite a ban from 1895, hypnosis stage acts still attracted large crowds into variety shows and the function rooms of inns and pubs. Hypnotisers like the infamous Otto Schlesinger, who called himself Otto Otto and collected dubious academic titles, toured Germany's function rooms, always under attack from representatives of the local medical organisations. A 'suggestion evening' of Otto Otto in Berlin in 1919 ended prematurely due to a police raid.<sup>66</sup> Psychology experts demanded the banning of all non-medics practising hypnosis. They faced opposition from non-licensed practitioners and their sympathisers, who argued that 'animal magnetism' was a natural gift, only available to charismatic personalities, and that it was not even taught in medical schools.<sup>67</sup> And anyway, the legal situation did not allow for banning only non-licensed practitioners from using hypnosis. If doctors were allowed to do it, they could do it too.<sup>68</sup>

The controversy assumed a new dimension with the rise of the cinema. In the films of the early 1920s, hypnosis was a popular subject. Ambitious artistic films like 'The Cabinet of Dr. Caligari' and the 'Dr. Mabuse' series were inspired by expressionism and, like expressionist literature, dealt with themes like madness, dream and hallucination.<sup>69</sup> But hypnosis featured also in merely commercially oriented crime mysteries and horror films. Administrators feared that hypnosis shown in films could have an effect on the audiences and, in the

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<sup>65</sup> BArch R1501, Nr. 11804, expert report for the Saxonian Ministry of the Interior, 21.8.1924, p. 9. See also *Ueber die Mißstände auf dem Gebiete der Kurpfuscherei*, p. 58.

<sup>66</sup> BArch R1501, Nr. 11803, Bl. 219, newspaper clipping from *B.Z. am Mittag* (exact date illegible).

<sup>67</sup> BArch R1501, Nr. 11804, Verband der Heilkundigen Deutschlands an Reichsministerium des Innern, 2.2.1923,

<sup>68</sup> BArch R1501, Nr. 11804, Preußisches Ministerium für Volkswohlfahrt, Gottstein, an Reichsministerium des Innern, 21.6.1922.

<sup>69</sup> Cf. Wolfgang Jacobsen, Anton Kaes, and Hans Helmut Prinzler, *Geschichte des deutschen Films*, Stuttgart: Metzler, 1993, pp. 50-1.

worst cases, make weak and susceptible characters commit crimes. Leading psychiatrists like Karl Bonhoeffer and Emil Kraepelin did not think that a film could hypnotise its audience.<sup>70</sup> They assumed, however, that such films may lead some viewers to imitate what they had seen and experiment with hypnosis themselves. “Such wild hypnotising by non experts, serving nothing but the satisfaction of curiosity, can certainly lead to very serious health risks.”<sup>71</sup>

Those who blamed the rise of ‘quackery’ on the revolution, assumed that the numbers went up immediately after 1918. Prussia, in fact, counted fewer lay practitioners immediately after the war than before 1914. Statistical surveys of lay practitioners were rare, however, and in some cases we cannot be sure about the reliability of the data. Only from 1902 lay healers were obliged to register with the medical officers of health, and even afterwards it is likely that a significant number of them did not do so. Many may still have feared the sanctions they were threatened with under the wartime government of the general commands. The available statistics, furthermore, were often presented in a rather tendentious way. For example, when the makers of the *DGBK* journal “*Der Gesundheitslehrer*” wanted to warn their readers in 1929 about the dangers associated with the ‘rising flood of quackery’, the author Nagel only quoted the figures for the Reich rather than those for Prussia.<sup>72</sup> The increase from 4,468 lay healers in 1909 to 11,761 in 1927 was in fact phenomenal. These figures made the common assumption seem plausible, that Germany’s defeat and the following confusion in Revolution and Republic were the decisive factors for the rise, and that therefore it was a consequence of democracy. However, if we take the figures for Prussia in the years from 1913 to 1924 into account, we may come to a different conclusion.<sup>73</sup> According to these data, it took until 1924 before Prussia had more lay healers than before the war (see table 3.1).

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<sup>70</sup> BArch R1501, Nr. 11804, Reichsgesundheitsamt, ORR Hesse, an Reichsministerium des Innern, 7.4.1922, enclosures: expert reports by Bonhoeffer, 13.3.1922, and Kraepelin, 28.3.1922.

<sup>71</sup> Kraepelin, *ibid.*

<sup>72</sup> B. Nagel, “Die Zunahme der Kurpfuscher”, *Der Gesundheitslehrer* A, 32, 1929, 12.

<sup>73</sup> D. Lichthorn, “Statistik des Kurpfuschertums,” in Deutsche Gesellschaft zur Bekämpfung des Kurpfuschertums, ed., *Über Kurpfuschertum und seine Bekämpfung: Eine Vortragsreihe*, Berlin: Richard Schoetz, 1927, 5-10, p. 6.

We may find an explanation for the huge increase of the figures for the Reich in a changed meaning of lay medicine over the period observed. In the late 19th century most forms of lay medicine, especially those practised in the lay healing societies, were perceived as self help rather than a way to make one's living. Most members of these societies had other jobs and did not practise medicine commercially. Part-time self help, however, would not have found its way into the statistics, which exclusively counted professionals with healing as their main source of income. After the war, many who lost their job (or had never had one) turned to commercial healing. Inflation, furthermore, seemed to favour adventurers.<sup>74</sup> It is likely that the increase in the numbers of healers was an effect of this 'professionalisation of lay medicine' and a direct consequence of the economic upheaval and the unemployment of the years after 1918, rather than of the revolution and Germany's defeat.

<b>Year</b>	<b>Lay healers in the German Reich</b>	<b>Lay healers in Prussia</b>
<b>1876</b>	670	--
<b>1887</b>	1 713	--
<b>1898</b>	3 059	--
<b>1909</b>	4 468	--
<b>1913</b>	--	5 610
<b>1920</b>	--	4 996
<b>1921</b>	--	4 485
<b>1922</b>	--	5 310
<b>1923</b>	--	5 063
<b>1924</b>	--	5 648
<b>1925</b>	--	6 183
<b>1926</b>	--	6 410
<b>1927</b>	11 761	6 444
<b>1928</b>	12 098	6 852
<b>1929</b>	12 413	6 958

<sup>74</sup> Cf. Ulrich Linse, *Barfüßige Propheten. Erlöser der zwanziger Jahre*, Berlin: Siedler, 1983.

Table 3.1: *Lay healers in the German Reich and in Prussia.*<sup>75</sup>

### Asthma Therapy and Fancy Titles

One of these adventurers, who seemed to know instinctively how to take advantage of the confusion within a rapidly changing society, was Martin Olpe. What Otto Otto was to hypnosis, Martin Olpe was to asthma therapy. The fascinating and bizarre story of Olpe and his asthma franchise enterprise shows how weak the boundaries were between licensed and non-licensed practice in the medical marketplace in the years after 1918. Together with his wife Elisabeth he built up a franchise chain of asthma therapy centres, based on a treatment method they had allegedly developed themselves. As in many other cases of lay healers, Olpe specialised on a disease he had experienced personally. Olpe had suffered from asthma in his youth and claimed to have cured himself miraculously, using his own method.

Asthma was not the only problem of the young Martin Olpe. If we are to believe the details in the court files, he underwent psychiatric treatment from 1907 to 1918. “Dr. Olpe is at the mercy of his fantasies and does not know, morally, what he has to do or to leave. Marrying his subordinates, at the same time carrying on affairs, the addiction to grand titles etc., indicate that he is ethically not normal.”<sup>76</sup> Olpe, the only son of a Düsseldorf middle class couple, had been a gifted child, but highly nervous. He had often suffered attacks of hysteria, and had to be carried into his high school diploma examination (*Reifeprüfung*), because suddenly his legs had stopped working. The available

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<sup>75</sup> Figures for the years from 1876 to 1909 and 1927 from Dornedden, “Das berufsmäßig tätige Heil- und Pflegepersonal im Deutschen Reich am 1. Mai 1927,” *Reichsgesundheitsblatt*, 1928, 690-705; for 1928 from idem, “Das berufsmäßig tätige Heil- und Pflegepersonal im Deutschen Reich am 31. Dezember 1928,” *Reichsgesundheitsblatt*, 1930, 481-503, and for 1929 from idem, “Das berufsmäßig tätige Heil- und Pflegepersonal im Deutschen Reich am 31. Dezember 1929,” *Reichsgesundheitsblatt*, 1931, 20-31. Data for Prussia, 1913 - 1924, from D. Lichthorn, “Statistik des Kurpfuschertums,” in Deutsche Gesellschaft zur Bekämpfung des Kurpfuschertums, ed., *Über Kurpfuschertum und seine Bekämpfung: Eine Vortragsreihe*, Berlin: Richard Schoetz, 1927, 5-10, p. 6; for 1925 and 1926 from Heinrich Schopohl, “Die derzeitige Rechtslage gegenüber der Kurpfuscherei,” *Aerztliches Vereinsblatt*, 56, 1927, 537-42. See also “Kurpfuscher in Preußen im Jahre 1925,” *Gesundheitslehrer A*, 30, 1927, 170.

<sup>76</sup> GStA, HA 1, Rep 76 VIII B, Nr. 1333, RP Düsseldorf an MfV, 17.3.1923, *Betritt: Privatklage Dr. Olpe gegen Kreismedizinalrat Dr. Fürth*, enclosures: protocol of the trial, p. 16: statement of lawyer Bachmann.

information about his life in the years prior to the war, mainly drawn from the testimonies of Olpe's father and of the Düsseldorf medical officer of health, Dr. Fürth, is patchy and confusing. Apparently Olpe had a tendency and a talent to initiate multiple sexual relationships with girls from different social backgrounds. At some stage he was engaged to four women at the same time. He worked as a farmer, intended to become a monk, apparently studied theology, philosophy and medicine, worked as a private tutor, an office clerk, a pastor. He suffered nervous breakdowns and spent some time in at least five different psychiatric institutions. As a travelling lecturer he spoke on free love and marriage. He got married three times, had various affairs, and was father to several illegitimate children. He founded literary circles and adopted false titles. As a false professor he lived in Bordeaux, together with the mother of one of his children, a waitress. Despite never passing a medical exam (apparently he was disqualified for plagiarism), he temporarily resided in Bonn as "Dr. Behrens, MD" with his servant, who wore nurse uniforms and was said to lure little girls from the street into his practice. He was repeatedly arrested, for fraud and making marriage proposals under false pretensions (*Heiratsschwindel*). Temporarily certified incapable to manage his own affairs, he was repeatedly transferred from prison to psychiatric institutions.<sup>77</sup> Olpe was addicted to morphine and cocaine.<sup>78</sup> Quite possibly it was through an asthma therapy that he first came in contact with these drugs.

Olpe met his third wife in 1919. Elisabeth Rinneberg, daughter of a minister, was born in 1894. She studied medicine at Marburg university when she visited one of Olpe's lectures on love and marriage. She was impressed by the lecture and felt deeply attracted to Olpe. She fell for his charisma. Four days later they were engaged, four weeks later married. Elisabeth did not complete the practical part of her training and therefore was not licensed to practise.<sup>79</sup> Nevertheless, the

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<sup>77</sup> GStA, HA 1, Rep 76 VIII B, Nr. 1333, Verein der Ärzte Düsseldorfs to MfV, 5.4.1922, *Bericht über "Dr. Olpe" und Frau Dr. Olpe, Elisabeth, geb. Rinneberg*; RP Düsseldorf an MfV, 17.3.1923, *Betrifft: Privatklage Dr. Olpe gegen Kreismedizinalrat Dr. Fürth*, enclosures: protocol of the trial.

<sup>78</sup> GStA, HA 1, Rep 76 VIII B, Nr. 1334, Hilde Haberstock an RGA, 12.6.1923.

<sup>79</sup> "Der falsche Geheimrat," *Biologische Heilkunst*, 9, 1928, 694-5; GStA, HA 1, Rep 76 VIII B, Nr. 1333, Verein der Ärzte Düsseldorfs an MfV, 5.4.1922, *Bericht über "Dr. Olpe" und Frau* [footnote continues on the next page]

couple pretended in their letters and advertisements that she held an MD. Olpe himself also signed as Dr. Olpe: he held an honorary doctorate in literature, awarded by the ‘Oriental University of Washington,’ according to Olpe “one of the richest universities in the world.”<sup>80</sup> The honorary doctorate would not remain his last title. In 1923 he acquired the title of *Geheimer Hofrat*. Finally, by getting himself adopted by a Munich welfare recipient with aristocratic pedigree, he became ‘Duke of Morea’ and ‘Prince of Cantakucene’.<sup>81</sup> In a society which cherished titles, Olpe used them to his advantage. They provided him with social status and credibility for his medical enterprise.

Olpe’s career as provider of asthma therapies started in 1912, when he took up experiments using equipment his father had purchased for him.<sup>82</sup> We enter the story in 1921, when a series of advertisements caught the eye of the Düsseldorf medical officer of health, Dr. Fürth. With advertisements like the following, the Olpes aimed to attract potential franchise holders.

Lady or married couple can establish livelihood through self employed work with healing method, absolutely without competition. Pleasant work, no travelling, training free of charge. No previous experience required. Yearly income of 40,000 to 60,000 *mark*. Investment of 18,000 *mark* prerequisite. Only serious offers to Frau Dr. med. Olpe, Hansahotel, Düsseldorf.<sup>83</sup>

The campaign seemed successful: in June 1922, Olpe’s Düsseldorf based company, ‘Olpenapneu’ claimed that 65 treatment centres (*Ambulatorien*) using his method were in business, supervised by more than 20 medical doctors.<sup>84</sup> According to a survey carried out by the welfare ministry early in 1923, however, there were only 28 *Ambulatorien*, most of them working without

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*Dr. Olpe, Elisabeth, geb. Rinneberg*; *ibid.*, RP Düsseldorf an MfV, 7.6.1922, enclosures: *Verantwortliche Vernehmung der Elisabeth Olpe*, 22.9.1921, copy.

<sup>80</sup> GStA, HA 1, Rep 76 VIII B, Nr. 1333, 11.8.1922, Rechtsanwälte Dr. Westhaus, Dr. Schuh u. Dr. Francke, an MfV. Gaining a title at the ‘Oriental University’ apparently did not require travelling to Washington. It was a popular address with lay practitioners.

<sup>81</sup> “Olpe,” *Gesundheitslehrer A*, 31, 1928, 105-6.

<sup>82</sup> GStA, HA 1, Rep 76 VIII B, Nr. 1333, RP Düsseldorf an MfV, 17.3.1923, *Betrifft: Privatklage Dr. Olpe gegen Kreismedizinalrat Dr. Fürth*, enclosures: protocol of the trial.

<sup>83</sup> Copy of the advertisement in GStA, HA 1, Rep 76 VIII B, Nr. 1333, RP Düsseldorf to MfV, 7.6.1922, *Betrifft: Olpe-Unternehmen*, enclosures.

<sup>84</sup> GStA, HA 1, Rep 76 VIII B, Nr. 1333, Olpenapneu an Staatsanwalt Scheidt, 19.6.1922.

medical supervision.<sup>85</sup> Olpe's campaign seems to have found its prospective associates in the middle class. Amongst his franchise holders were a lawyer, an architect, a businessman, but also a homeopath and an aristocratic lady who previously had lived on her savings but was forced by the consequences of inflation into doing business with Olpe.<sup>86</sup>

Olpe also targeted potential medical associates with advertisements: "Doctors with noble, national attitude wanted, high ranking military and government physicians preferred."<sup>87</sup> Olpe was interested in titles not only for himself, but also for the doctors who worked for him and whose expert reports he cited in his letters and advertisements. Like his own, not all of these titles were completely kosher. In 1922, for example, the head physician of Olpe's company was Dr. Karl Friedrich Bahrmann, according to Olpe recently appointed "Chief-Expert [*Obergutachter*] of Greater Thuringia." The Thuringia welfare ministry, however, told a different story. While working as an assistant neurologist at the Jena state psychiatric hospital, Bahrmann had developed a hideous skin disease which put off patients and therefore made it impossible for him to ever build up a successful private practice. In October 1921, Bahrmann had asked to be appointed to the state medical service. To help him over his problems, the ministry offered him temporary employment in the evaluation of juvenile psychopaths. The offer was withdrawn when the ministry learned about Bahrmann's new job in Olpe's firm.<sup>88</sup> The job at Olpenapneu did not turn into life employment either. By May 1922, Bahrmann was fired.<sup>89</sup>

Other associates of Olpe's, however, carried real titles. Especially welcome were military honours. At a time when Germany was still deeply involved with

<sup>85</sup> GStA, HA 1, Rep 76 VIII B, Nr. 1333, Gottstein, handwritten note, 18.4.23.

<sup>86</sup> GStA, HA 1, Rep 76 VIII B, Nr. 1333, RP Düsseldorf an MfV, 7.6.1922, enclosures: Generalvertreter der Olpenapneu, Brandt, an einen Interessenten, Herrn Wurthmann, 19.11.1921, copy.

<sup>87</sup> GStA, HA 1, Rep 76 VIII B, Nr. 1333, Verein der Ärzte Düsseldorfs an Kreisarzt Dr. med. Fürth, 1.6.1922.

<sup>88</sup> GStA, HA 1, Rep 76 VIII B, Nr. 1333, RP Düsseldorf an MfV, 7.6.1922, enclosures: Thüringisches Wirtschaftsministerium, Abt. Arbeit und Wohlfahrt, an Polizeiverwaltung Düsseldorf, 20.2.1922.

<sup>89</sup> GStA, HA 1, Rep 76 VIII B, Nr. 1333, RP Düsseldorf an MfV, 7.6.1922, enclosures: Olpenapneu, 3.5.1922, *Rundschreiben No. 1*.

Prussian militarism, they gave the company credibility. Olpe succeeded, for example, in winning as second in command on the board of ‘Olpenapneu’ the highly decorated, retired army general, *Exzellenz* Carl von Dieffenbach.<sup>90</sup> Several military physicians and medical officers of health also worked for Olpe. Marine-Generalarzt a.D., Dr. Rohde, for example, joined the company in October 1922 (in the mean time the enterprise had changed its name to ‘Olpena AG’).<sup>91</sup> *Regierungs-Medizinalrat* Dr. Kittmann, *General-Oberarzt* of the navy, also supported the company with his expertise.<sup>92</sup> Another example was the Cologne *Regierungsmedizinalrat* Viktor Heinrich. As if the collaboration with Olpe meant an obligation, Heinrich, too, made his title sound a little bit more impressive: the commercially minded medical officer called himself a “*Medizinal- und Regierungsrat*”.<sup>93</sup> After knowing him “for almost three months,” Heinrich protected Olpe against Fürth’s attacks in a statement for the ministry in July 1922, and certified him to be perfectly sane and honourable.<sup>94</sup> Olpe would never have been able to make any impact at all, had there not been a large number of commercially minded doctors, preferably holding a military title, who were willing to help him.

The dubious titles and constructed pasts of some of his associates were not the only unsavoury aspects about Olpe’s business. The secret recipes of his asthma medicines also made some health officials suspicious. Olpe claimed that his preparations were based on a Japanese seaweed species and contained active, elemental iodine, and not its potassium salt (which would have turned them into a conventional drug). Olpe declared his products to be ‘fermentation products’, not medicines, to avoid the legal restrictions on the distribution of drugs and

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<sup>90</sup> Reichshandbuch der Deutschen Gesellschaft, 1930, cited after *Deutsches Biographisches Archiv*, Neue Folge, Munich: K.G. Saur, 1989, 269, 26-8.

<sup>91</sup> GStA, HA 1, Rep 76 VIII B, Nr. 1333, Rohde an Gottstein, 17.3.1923.

<sup>92</sup> GStA, HA 1, Rep 76 VIII B, Nr. 1333, *Regierungs-Medizinalrat* Dr. Kittmann, 14.6.1922, *Gutachten*.

<sup>93</sup> GStA, HA 1, Rep 76 VIII B, Nr. 1333, RP Köln an MfV, 30.6.1922, *Betrifft Regierungsmedizinalrat Dr. Heinrichs in Köln und Kurpfuscherinstitut Olpe*.

<sup>94</sup> GStA, HA 1, Rep 76 VIII B, Nr. 1333, Dr. med. Viktor Heinrich, 15.7.22.



medicines.<sup>95</sup> Otherwise, their sale would have been legal only in pharmacies. Olpe explicitly declared that his preparations did not contain cocaine, atropine or morphine, which were known to relieve the symptoms of asthma.<sup>96</sup> Pharmacist Dr. August Clever, who supervised the production, confirmed Olpe's claims in an affidavit.<sup>97</sup>

In autumn of 1922 with a little help of the Bad Kissingen physician Sotier, Olpe and his associates succeeded in convincing the clinician professors von Bergmann in Frankfurt and Morawitz in Würzburg to run clinical tests of the Olpe therapy. Both gave the method very good marks.<sup>98</sup> “According to our experiences so far and after careful choice of cases, we can only recommend the Olpe-method which has been entrusted to us for testing. It is a particularly lucky choice of inhalation and medication treatment for certain bronchial diseases.”<sup>99</sup> Von Bergmann also made clear what, in his view, would be needed to rehabilitate and legitimise the Olpe method in the eyes of orthodox clinicians: the supervision by a physician had to be guaranteed for every patient, the composition of the individual inhalation drugs had to be published so that they were no longer ‘secret remedies’, and the advertising targeted at a lay audience had to stop. If Olpe and his associates were to fulfil these conditions, von Bergmann wrote, it would be likely that the method was going to be taken up by regular practitioners for the treatment of asthma patients. Olpe's associates declared that they intended to comply with these demands.<sup>100</sup> The legitimacy and acceptance of the Olpe system thus depended less on its effects on patients’

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<sup>95</sup> GStA, HA 1, Rep 76 VIII B, Nr. 1333, RP Düsseldorf an MfV, 7.6.1922, enclosures: Olpenapneu, 3.5.1922, *Rundschreiben No. 1*.

<sup>96</sup> GStA, HA 1, Rep 76 VIII B, Nr. 1333, Rechtsanwälte Dr. Westhaus, Dr. Schuh u. Dr. Francke, an MfV, 11.8.1922.

<sup>97</sup> GStA, HA 1, Rep 76 VIII B, Nr. 1333, Dr. August Clever, 30.7.1922, *Eidesstattliche Erklärung*.

<sup>98</sup> GStA, HA 1, Rep 76 VIII B, Nr. 1333, Direktion der Medizin. Universitäts-Klinik im Städt. Krankenhaus Frankfurt a.M., Prof. von Bergmann, 9.12.1922, *Gutachten*; Medizinische Klinik der Kgl. Universität Würzburg, Prof. Morawitz, 5.1.1923, *Gutachten*.

<sup>99</sup> *Ibid.*, Morawitz.

<sup>100</sup> GStA, HA 1, Rep 76 VIII B, Nr. 1333, Olpena AG, 11.12.1922 and 22.12.1922, *Eidesstattliche Erklärungen*.

bodies than on the social and economical circumstances in which the therapy was going to be administered.

Olpe claimed that his treatment method, due to its reliability, would save the state and the sickness insurance funds lots of money, if the state then finally recognised and supported the therapy. Some insurance funds, in fact, enquired in the ministry whether they should accept bills by ‘Olpenapneu’ franchise holders. Soon, however, Olpe’s advertising campaign brought him some unwelcome attention. The ‘committee for the protection of professional interests’ within the Düsseldorf Doctors’ League did not like what they heard and read about Olpe.<sup>101</sup> They disliked especially his advertising directed to lay persons and the fact that he, as a non-medic, employed licensed physicians. The professional organisations considered it a gross violation of the medical code of honour for a physician to work with a non-licensed practitioner, a ‘quack’. Düsseldorf medical officer of health, Dr. Fürth also noticed what he called Olpe’s “exaggerated American style propaganda.”<sup>102</sup> Fürth was determined to stop Olpe. He tried to convince the ministry and Olpe’s high-ranking associates of the man’s psychological problems and his allegedly pathological sexuality.

Fürth pathologised rather than criminalised Olpe, a common practice also in the cases of other lay healers.<sup>103</sup> One of Fürth’s main informers was Olpe’s father, Fritz, who earlier in 1922 was still listed in the Olpenapneu letterhead as manager (*Geschäftsführer*) of the company but soon thereafter seemed to have fallen out with his son. He provided Fürth with juicy details and documents regarding his son’s alleged sexual perversions and past confinements in psychiatric hospitals. Olpe reacted to Fürth’s public attacks on his mental health with a libel action and by declaring his father insane. Fürth’s other informers, Olpe claimed, should not be granted any credibility either: in an angry letter to

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<sup>101</sup> GStA, HA 1, Rep 76 VIII B, Nr. 1333, Verein der Ärzte Düsseldorfs, Ausschuß zur Wahrung der Berufsinteressen, 5.4.1922, *Bericht über “Dr. Olpe” und Frau Dr. Olpe, Elisabeth, geb. Rinneberg.*

<sup>102</sup> GStA, HA 1, Rep 76 VIII B, Nr. 1333, RP Düsseldorf an MfV, 17.3.1923, *Betrifft: Privatklage Dr. Olpe gegen Kreismedizinalrat Dr. Fürth*, enclosures: protocol of the trial.

<sup>103</sup> See, for example, the cases of Carl Neumann, Rostock, who claimed to cure all diseases except cancer with water from his fountain of youth, or Martha Naleppa, the author of the opening quote to this chapter, both in GStA, HA 1, Rep 76 VIII B, Nr. 1335.

the ministry he accused them of being communists, homosexuals, and criminals.<sup>104</sup> Fürth, he argued, had attacked him and his company merely out of personal animosity.<sup>105</sup> Fürth himself claimed that it was simply part of his duty as a medical officer of health to fight ‘quackery’.

In the summer of 1922, Fürth had the Olpenapneu offices and Olpe’s private apartment raided by five policemen. For the following two days, a police officer controlled the pockets of every person who left the house.<sup>106</sup> Fürth had some of Olpe’s stocks confiscated and analysed. In June 1922, the welfare ministry sent a memo to all RPs, warning them about Olpe’s activities.<sup>107</sup> Olpe was outraged. His lawyers appeared in the ministry and Olpe’s associates sent a telegram to the head of the medical administration, the social hygienist Adolf Gottstein, in which they announced that they would take Fürth to court. And so they did, but lost the case.<sup>108</sup>

When he lost the libel trial against Fürth in February 1923, things looked increasingly difficult for Olpe. Two months later, a close confidante of Olpe’s, his secretary Hilde Haberstock, provided the last straw. In presence of a lawyer she announced that she had witnessed how Olpe and his wife forged his doctoral certificate, using a toy rubber stamp. She also admitted that she had lied under oath about Olpe’s products. In fact they contained both potassium iodine and cocaine. Haberstock herself had been in charge of adding the cocaine. When they prepared samples for neutral analyses, they simply did not add the contentious substances.<sup>109</sup> The analyses of a number of confiscated Olpe preparations by the *Staatliche Nahrungsmittel-Untersuchungsanstalt* confirmed Haberstocks statement: some of the bottles contained “remarkable amounts” of cocaine,

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<sup>104</sup> GStA, HA 1, Rep 76 VIIIIB, Nr. 1333, Olpe an MfV, 2.8.1922.

<sup>105</sup> GStA, HA 1, Rep 76 VIIIIB, Nr. 1333, Rechtsanwälte Dr. Westhaus, Dr. Schuh u. Dr. Francke, an MfV, Gottstein, 8.8.1922.

<sup>106</sup> Ibid.

<sup>107</sup> GStA, HA 1, Rep 76 VIIIIB, Nr. 1333, MfV to RPs, 30.6.1922.

<sup>108</sup> GStA, HA 1, Rep 76 VIIIIB, Nr. 1333, Rechtsanwälte Dr. Westhaus, Dr. Schuh u. Dr. Francke, an MfV, Gottstein, 8.8.1922, Telegramm Olpenapneu Geschäftsleitung an MfV, Gottstein, 10.8.1922.

<sup>109</sup> GStA, HA 1, Rep 76 VIIIIB, Nr. 1334, Hilde Haberstock, *Erklärung*, 17.4.1923.

morphine, novocain, suprarenine and adrenaline.<sup>110</sup> In a letter to the *Reichsgesundheitsamt*, Haberstock suggested that with his recipes Olpe probably plagiarised asthma therapies he had undergone himself under medical supervision.

Soon, all his associated military doctors and medical officers abandoned Olpe, some instituted legal proceedings against him, and his Düsseldorf company swiftly broke down.<sup>111</sup> Later in the same year, Olpe's former associates Dr. Rohde, Pharmacist Dr. Nöcker, Dr. Sotier, as well as the producer of the inhalation apparatuses, Dr. Hirth, used their experience with the Olpe enterprise in setting up the *Deutsche Inhalasan-GmbH*. The professors von Bergmann and Morawitz provided the new company with clinical support. The owners of *Inhalasan* did not mention Olpe's name in their letters. They stated that their method and the inhalation drugs, "which during the last two and a half years have been used and produced illegitimately and illegally [note in handwriting on the margin: *Olpe*]" had been developed by the sanatorium physician Dr. Edens in St Blasien, who had used them for years with good success. Olpe presumably had copied them.<sup>112</sup>

After the libel trial, Olpe disappeared from Düsseldorf. Fraud trials against him and his wife could not be initiated because the prosecution did not know where he was, and whenever they found him he provided them with certificates, claiming that he was too ill to stand trial. However, he did not withdraw from the medical market place. He moved to Weimar and a factory in Berlin continued to produce his asthma therapeutics. Again he succeeded in finding scientific support. Allegedly the production was supervised by the emeritus professor of chemistry, Carl Arnold, who also provided the text for an Olpe brochure, in which he described Olpe's life and method as exemplary for the successes of lay medicine in the field of asthma therapy.<sup>113</sup> A police raid of the production site in

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<sup>110</sup> GStA, HA 1, Rep 76 VIII B, Nr. 1333, Staatliche Nahrungsmittel-Untersuchungsanstalt, Juckenack, an MfV, 29.3.1923.

<sup>111</sup> GStA, HA 1, Rep 76 VIII B, Nr. 1334, RP Düsseldorf an MfV, 5.10.1923.

<sup>112</sup> GStA, HA 1, Rep 76 VIII B, Nr. 1334, Deutsche Inhalasan-GmbH an MfV, 26.10.23.

<sup>113</sup> GStA, HA 1, Rep 76 VIII B, Nr. 1334, brochure: *Das Olpe-Heilverfahren gegen Asthma und Erkrankungen der Atmungsorgane. Seine Anwendung in der Praxis sowie die*  
[footnote continues on the next page]

January 1924 revealed that the preparations were mixed at night in a dirty backyard workshop by a student of pharmacy. It turned out that the contents in the bottles had not much in common with the information on the labels or with what Arnold had written about them in his brochure. Nothing in the laboratory indicated that Arnold really supervised the production.<sup>114</sup>

Once again under pressure, Olpe left the country with his ex wife - they were divorced in the mean time - and a second confidante, Anna von Petersen, allegedly his nurse. In Southern Tyrol, they started another company, again advertising 'Olpe method' licences for large sums of money in newspapers. When the police took up investigations, Olpe escaped across the border. The two women were arrested but released as part of a general amnesty after spending only a short time behind bars. The trio started two more companies along the same lines in Berlin and Bonn. They hired young women to work as typists who first had to pay a security deposit (*Kaution*) and bring their own typewriters, but who never saw their money again. In a hotel in the Black Forest they tried to lure rich women into marriage with the 'Prince of Cantakuzene'. The three had always lived in luxury, in hotel suites and expensive villas. In the end, however, it became increasingly difficult to pay for Olpe's life style and feed his drug habit. In 1928, finally, they were arrested in Bonn. Olpe was transferred to a psychiatric hospital, where in May 1928 he died from blood poisoning. His wife and his nurse were convicted and sentenced to prison.<sup>115</sup>

### **Class and Gender**

With Olpe's case we have encountered an especially striking example of what physicians and medical administrators declared to be a 'quackery problem'. He fooled the frustrated authorities for years, entering alliances and successfully

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*Zusammensetzung der zur Verwendung kommenden Arzneimittel.* Von Geheimrat Prof. Dr. Carl Arnold, ord. Professor der Chemie. On Arnold, see *Deutsches Biographisches Archiv*, Neue Folge, 41, 309-14.

<sup>114</sup> GStA, HA 1, Rep 76 VIII B, Nr. 1334, Polizeipräsident Berlin, Abt. I, an MfV, 10.4.1924.

<sup>115</sup> GStA, HA 1, Rep 76 VIII B, Nr. 1334, Minister für Handel und Gewerbe an Polizeipräsidenten von Berlin, 13.9.1926; "Der falsche Geheimrat," *Biologische Heilkunst*, 9, 1928, 694-5; "Olpe - Der 'Fürst von Rumänien'," *Gesundheitslehrer*, 30, 1927, 151-2; "Olpe. Dasselbe Spiel," *Gesundheitslehrer*, 30, 1927, 234-5; "Olpe," *Gesundheitslehrer A*, 31, 1928, 44-5, 65, 105-6.

transgressing the disputed boundaries between business and science, medicine and 'quackery'. Olpe was a menace, an especially striking example of what they perceived as an alarming rise of medical fraud and 'quackery' after the war. He impressed (and fooled) physicians, potential licensees and potential wives with his titles, his accomplished manners, his knowledge, and his charisma. He was, however, rather unrepresentative of non-licensed practitioners in the interwar years. Most of these practitioners had lower middle class and working class backgrounds, and offered their services locally, mainly in their own milieu.

<b>Total number of healers in the city of Erfurt</b>	<b>52 (41 men and 11 women)</b>	
<b><i>Treatments on offer</i></b>	Biochemistry	15
	Massage and basic surgery	10
	Animal magnetism	9
	Naturopathy	5
	Homeopathy	2
	Hypnosis and suggestion	2
	Mazdaznan	2
	Sympathy cures	2
	Dentistry	1
	Other cures	4
<b><i>Previous occupations</i></b>	Medical personnel	6
	Mechanics	5
	Civil servants	3
	Craftsmen ( <i>Handwerksmeister</i> )	3
	Factory foremen ( <i>Werkmeister</i> )	3
	Merchants	3
	Business men	2
	Construction students ( <i>Baugewerkschüler</i> )	2
	Workers	2
	Female office workers	2
	Apothecary	1
	Chemist	1
	Engineer	1
	Lawyer	1
Police officer	1	

Table 3.2: *Statistical data on lay healers in the city of Erfurt in 1925.*<sup>116</sup>

Before making their living with medicine, many of the male practitioners had been industrial workers, craftsmen and low level civil servants, laid off in the years following the war. Some had been teachers, farmers, business men, pub landlords. There were also a few academics amongst them, lawyers and medical students. Some priests, especially in rural areas, extended their care for the community from the pastoral to the medical and treated their parishioners with homeopathic and herbal remedies.<sup>117</sup> Gender played a role, too, as women patients often preferred to see women healers over male doctors, especially with

<sup>116</sup> GStA, HA 1, Rep. 76 VIII B, Nr. 1343, Kreisarzt Erfurt an RP Merseburg, 5.11.1926.

<sup>117</sup> GStA, HA 1, Rep. 76 VIII B, Nr. 1343-44, nicht foliiert, *Sammlung der Berichte auf den Runderlaß vom 23.X.1926 - IMI 3118-26 - betr. Bekämpfung des Kurpfuschertums.*

problems in any way related to the reproductive system, or to get access to birth control and abortions.<sup>118</sup> The proportion of women amongst the lay healers was far greater than amongst doctors: in 1909, 30 percent (1,322) of the 4,468 registered lay healers in the German Reich were female. In contrast, only 82 out of the 30,558 licensed physicians were women. Of the 11,761 lay healers registered in 1927, still 24 percent were women, compared to 1,739 (four percent) out of 43,583 physicians. For the next few years the women ratio would remain stable at about 25 percent of the lay healers, while the total number rose to 12,413.<sup>119</sup> A large number of women healers in rural areas, furthermore, were not included in the statistics. Medical self help and ‘village medicine’ were in women’s hands, and it is likely that most of them did not register with the *Kreisarzt*.<sup>120</sup> Amongst the registered female practitioners were many ex-midwives or former nurses who had lost their licences after performing abortions.

On September 11th, 1926, the county medical officer of health (*Kreisarzt*) in Reichenbach, Silesia, wrote a frustrated letter to the *Regierungspräsident (RP)*, head of an administrative district) at Breslau: “Although I know how dim the prospects are in the fight against quackery under the current legislation in Germany, I still believe it to be my duty, as material for the combat of the devastating epidemics of quackery, to report my observations of the last two

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<sup>118</sup> Cf. Atina Grossmann, *Reforming Sex. The German Movement for Birth Control and Abortion Reform 1920-1950*, Oxford: Oxford University Press, 1995; Cornelia Usborne, *The Politics of the Body in Weimar Germany*, Houndmills etc.: Macmillan, 1992; Elisabeth Meyer-Renschhausen, “The Bremen Morality Scandal,” in Renate Bridenthal, Atina Grossmann, and Marion Kaplan, eds., *When Biology Became Destiny: Women in Weimar and Nazi Germany*, New York: Monthly Review Press, 1984, 87-108.

<sup>119</sup> Dornedden, “Das berufsmäßig tätige Heil- und Pflegepersonal im Deutschen Reich am 1. Mai 1927,” *Reichsgesundheitsblatt*, 1928, 690-705; idem, “Das berufsmäßig tätige Heil- und Pflegepersonal im Deutschen Reich am 31. Dezember 1928,” *Reichsgesundheitsblatt*, 1930, 481-503; idem, “Das berufsmäßig tätige Heil- und Pflegepersonal im Deutschen Reich am 31. Dezember 1929,” *Reichsgesundheitsblatt*, 1931, 20-31.

<sup>120</sup> Gerhard Wilke, “Die Sünden der Väter. Bedeutung und Wandel von Gesundheit und Krankheit im Dorfalltag,” in Alfons Labisch and Reinhard Spree, eds., *Medizinische Deutungsmacht im sozialen Wandel*, Bonn: Psychiatrie Verlag, 1989, 123-40. It is worth noting that Liek’s model healers were all men, despite the central role of women in this context.



years to the *Herrn Regierungspräsidenten*.<sup>121</sup> The *Kreisarzt* reported six cases which he took to be exemplary: uneducated people who practised healing without a proper qualification.

The first case was that of a woman healer, Mrs. Neumann, who treated a patient suffering from gall stones wrongly. Subsequently the patient died and Mrs. Neumann was taken to court and acquitted. She had support from an expert witness who frequently appeared in trials against lay healers, the “well-known fivefold Dr. Hammer” (Hammer held five different doctoral degrees).<sup>122</sup> According to the medical officer, Mrs. Neumann, claimed that she had inherited her talents from a relative (not her father), and she had only elementary school (*Volksschule*) education. In August 1925, case number two, Joseph Katzer, “elderly and apparently belonging to the working class,” visited the *Kreisarzt* and wanted to be admitted to the practice of healing. He had worked as a bath attendant and wanted to offer his services as an iridiologist, animal magnetist, and masseur. The doctor explained that Katzer would not need his permission, but merely had to register with the *Kreisarzt*. Later the man advertised his business with the words “by the *Kreisarzt* admitted to practice.” Only a few days before he decided to write his letter, the *Kreisarzt* continued in his letter, case number three knocked at his door. The 26-year-old Karl Kropiwoda had worked as a businessman and his methods were homeopathy and biochemistry after Schüßler. He claimed that he had learned his trade from another lay practitioner. Kropiwoda later set up a practice with 34 year old Wilhelm Gowin, case number four. Gowin reported that he had taught himself how to treat patients. His method was “Hemopathy”. The *Kreisarzt* told him off for not even being able to spell homeopathy. The medical officer’s fifth example was an inmate of the

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<sup>121</sup> GStA, HA 1, Rep 76 VIII B, Nr. 1332, nicht foliiert, *Die Ausübung der Heilkunde durch Laien, Kurpfuscher, Bd. VI, April 1910 - Dez. 1927*, Kreisarzt Reichenbach to RP Breslau, Sept. 11, 1926.

<sup>122</sup> Dr.phil., Dr.jur., Dr.med., Dr.med.dent., Dr.med.vet. Hammer was a high profile opponent of the *DGBK* who acted in various trials in defense of lay healers and wrote polemic articles for the *Biologische Heilkunst*. He won the journal’s essay competition on *Reform of the Sickness Insurance System* in 1925. Cf. Hammer, “Die Reform des Krankenkassenwesens. Preisarbeit für die ‘Biologische Heilkunst’,” *Biologische Heilkunst*, 6, 1925, 301-5, 321-4. According to police files, Hammer seemed to have much in common with Olpe: he too had given lectures on sexuality and was alleged to be a psychopath by the authorities (GStA., HA. 1, Rep. 76 VIII B, Nr. 1335, Polizeipräsident von Berlin an MfV, 28.9.28). Hammer’s titles, however, were real.

Reichenbach prison, an “old and uneducated man who calls himself a healing shepherd” and who had been convicted for the third time already for sexually abusing male patients. His sixth case was a couple, Mr. and Mrs. Wunderlich who apparently practised naturopathy and illegal abortions. A general practitioner, treating a patient after a miscarriage had informed him, the *Kreisarzt* reported, that his patient had been seeing Mrs. Wunderlich before. But the witness could obviously not talk, due to medical confidentiality. To the Reichenbach *Kreisarzt*, these six cases exemplified a problem which was worsening from day to day, a network of “inferior”, uneducated characters who damaged people’s health in Germany. Taking up an argument also made in most *DGBK* publications, he stated: “As far as I know, Germany is the only cultured state in Europe, in which quackery is free. ... [A] blacksmith who intends to shoe a horse, justifiably has to hold a proof of qualification. For the treatment of human beings this is not necessary.”<sup>123</sup>

## Conclusion

Erwin Liek knew from the reaction to his first book that that it would be seen as a provocation to present the charismatic healer Zeileis as an ideal physician. It was a calculated provocation, which Liek had undertaken to get across his views on what he saw as the flaws of modern medicine. Liek focused on Zeileis’ magic charisma because he thought that medicine had become too mechanical, too rationalistic, too uninspired, and had to return to its fundamentals. So was it mainly charisma that characterised non-licensed healers and was the secret of their success? We will return to this question in chapter five.

Under the impression of cases like Olpe’s, reported on widely in the *Health Teacher* (the journal of the German League to Combat Quackery) doctors increasingly perceived ‘quackery’ as a threat, like the sickness insurance funds. But what actually was ‘quackery’? The term was contested. Both sides -- heterodox practitioners defending the ‘freedom to provide cures’ as well as

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<sup>123</sup> Kreisarzt Reichenbach to RP Breslau. His choice of examples and even wording, here, is very similar to that of various *DGBK* brochures.

spokesmen for orthodox medicine -- accused each other of *Kurpfuscherei*, 'bungling cures'. Lay healers were 'quacks' to the doctors because they did not hold licences and because amongst them there were crooks like Olpe. Non-licensed practitioners accused doctors of not primarily being interested in curing their patients and of harming them through unnatural chemicals or unnecessary operations, for experimental reasons or to make more money. Practitioners on either side constructed images of 'the other', in order to situate themselves against such backdrops.

As we will see in the next chapter, it was a central concern of the *DGBK* to push through its definition of 'quackery'. In its campaign for a ban on lay medicine, the League adopted the ideological tools of the *Hartmannbund* and applied them to what its activists perceived as, apart from the social insurance system, the other great external threat to the profession. They associated the rise of lay medicine with the revolution and the psychological damage defeat had done to the German people. Just as the *Hartmannbund* promoted an increasingly militant attitude towards insurance funds, *DGBK* activists tried the same against non-licensed healers. They created the context in which 'heretics' like Liek declared the profession's problems with social insurance and with lay healers to be two sides of the same coin: cause and effect of a fundamental crisis of medicine.

## Chapter 4. “...fighting for truth and progress, against lies and backwardness”

*The main problem of a quack method is that it is practised by the quack, a person who does not understand anything about the nature of the healthy and the sick human being.<sup>1</sup>*

### The German League to Combat Quackery

In the spring of 1926, people waiting for their commuter trains in all stations in and around the capital Berlin, were confronted with a poster showing, in front of a yellow background, a rather cute looking green dragon penetrated by an enormous black spear, and the following rhymed slogan:

Teach hygiene!  
Fight superstition,  
wipe out fraud and swindle:  
exterminate quackery!  
Support us in this fight<sup>2</sup>

10,000 copies of the poster were distributed.<sup>3</sup> The dragon logo was the symbol of the *DGBK*, which apparently saw itself as a group of modern day St. Georges, fighting the many-headed beast of lay practice and patent medicine. The poster was part of a new series of campaigns initiated by the League since 1924.

### The Rise of the *DGBK*

During the first two decades of its existence, the League had been rather inconspicuous. The *DGBK* was founded in 1903 by a group of doctors in Berlin. Its aim was to take their struggle against the unwanted lay competition beyond the boundaries of the profession and to change the meaning of this struggle by turning it from an internal affair of the profession into an issue of public

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<sup>1</sup> Lewin, “Der Dolchstoß gegen die Ärzteschaft in den Süddeutschen Monatsheften,” *Mitteilungen der Ärztekammer für die Provinz Hessen-Nassau*, 11, 1933, 5-8, p. 6.

<sup>2</sup> GStA, HA.1, Rep. 76 VIII B, Nr. 1342, Bl. 243, “Gesundheitspflege lehren! Dem Aberglauben wehren, Betrug und Schwindel lichten: Kurpfuscher vernichten! Helft uns in diesem Kampf!”

<sup>3</sup> GStA, HA.1, Rep. 76 VIII B, Nr. 1342, Bl. 275, *DGBK*, Lennhoff, an MfV, 3.4.26.

welfare.<sup>4</sup> The League's task was going to be the co-ordination of lobbying activities in the parliaments and propaganda campaigns against non-licensed healers and the producers of patent medicines.<sup>5</sup> Mainly due to financial constraints, the League's activities by and large remained restricted to the occasional publication of information brochures on the dangers of lay medicine. After two failed attempts to float its own journal, in 1908 the *DGBK* decided to back the existing monthly '*Der Gesundheitslehrer*' (The Health Teacher). The journal was edited and published in Warnsdorf, Northern Bohemia, by the hospital doctor and German nationalist, *Medizinalrat* Heinrich Kantor, who had founded it in 1898.<sup>6</sup>

In the following years the League concentrated mainly on its campaign for a new anti quackery law. The disappointment over the draft's sad fate (see chapter three) apparently frustrated the activists so badly that temporarily the *DGBK*'s existence seemed threatened. In 1913, nobody was found to take over the chairman's office. Subsequently, the headquarters provisionally moved from Berlin to Dresden, where initially the physician Otto Neustätter took over the presidency, in order to pass it on to the chemistry professor and director of Dresden's food administration and laboratory (*Nahrungsmittel-Untersuchungsamt*), Carl Beythien, after a short period of time. The doctors' professional organisations did not like the *DGBK*'s plan of involving selected non-medics in the decision making and withdrew their financial support. During the war, the *DGBK* almost ceased to exist. Only the *Gesundheitslehrer* kept going and, by carrying its name on the title page, virtually rescued the League from sinking into total oblivion. Individual *DGBK* members kept up the pressure and succeeded, for example, in convincing the military administration of the necessity to curb lay-healing. After the war, even the *Gesundheitslehrer* was at

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<sup>4</sup> Cf. BAArch R1501, Nr. 9146, Bl. 3-8, *DGBK* an MdI, 25.11.1924.

<sup>5</sup> Otto Neustätter, "Die Einstellung der Deutschen Gesellschaft zur Bekämpfung des Kurpfuschertums zur Kurpfuschereibekämpfung 1904-1924," in *DGBK*, ed., *Der Kampf gegen die Kurpfuscherei. Zehn Vorträge*, Berlin: Richard Schoetz, 1928, 98-103.

<sup>6</sup> G.L., "Medizinalrat Dr. Heinrich Kantor 1859-1926," *Gesundheitslehrer*, 29, 1926, 43-4.

risk. There were not enough subscribers.<sup>7</sup> Once more, the board members were frustrated and thought about giving up.

Just when the League was about to die a quiet death, it was rescued. Let us recall what we have heard about the dominant mood in the medical profession in the early 1920s. After the war, despite the doctors' strikes, the welfare authorities and insurance managers continued their rationalisation plans. Positions for young graduates were getting rare. The mood was one of doom and gloom, leading either to apathy, or to the militant bunker mentality promoted by the *Hartmannbund*. Warnings like those by *DMW* editor Schwalbe, talk about Americanisation and the fledgling consumerism of the mid 1920s, may have added to some doctors' worries, as well as the rapid expansion of companies like 'Dr. Madaus & Co', whose advertisements filled the pages of newspapers and illustrated magazines. Especially medical officers of health feared that they were unable to control the non-licensed practitioners in their districts.<sup>8</sup> In 1924, a group of Berlin doctors and jurists resuscitated the moribund *DGBK*, in close collaboration with the *Hartmannbund*, in order to start an aggressive PR campaign, attempting to convince governments and parliaments that non-licensed practice had to be banned as soon as possible.

The motor of the *DGBK's* rescue from oblivion was its new executive secretary, Gustav Lennhoff, a Berlin ear specialist and founding member of the League. Immediately following its inauguration, the new board, led by Lennhoff, undertook fresh efforts to remind medical administrators, professional organisations and the public of the *DGBK's* existence and of the alleged dangers of quackery for the German people. The *DGBK's* standard argument against patent medicines, in Germany called secret remedies (*Geheimmittel*), was that these medicines were dangerous as they invited self medication and kept patients from seeing a doctor in time.<sup>9</sup> After Kantor's death in 1926, Lennhoff took on his post as the editor of the *Gesundheitslehrer*. In the same year, the *DGBK* took

<sup>7</sup> GStA, HA. I, Rep 76 VIII B, Nr. 1342, Bl. 156-7, *DGBK*, Neustätter, an MfV, Paasch, 17.3.20.

<sup>8</sup> Cf. GStA, HA 1, Rep. 76 VIII B, Nr. 1343-44, nicht foliiert, *Sammlung der Berichte auf den Runderlaß vom 23.X.1926 - IMI 3118-26 - betr. Bekämpfung des Kurpfuschertums*.

<sup>9</sup> Wilhelm His, "Der Staat hat die Pflicht, Gesundheit und Eigentum seiner Bürger zu schützen," *Gesundheitslehrer A*, 31, 1928, 69-70.

over the proprietorship of the journal, which so far had been independently owned. Lennhoff, furthermore, had good connections with the general practitioner and ex-navy doctor Karl Haedenkamp, since 1924 the representative of the *Hartmannbund* in the capital Berlin and member of the *Reichstag* for the right-wing German National People's Party (*Deutschnationale Volkspartei, DNVP*).<sup>10</sup> Haedenkamp helped Lennhoff to free the *DGBK* from its financial dilemma. Due to his activities, the *Hartmannbund* increased its financial and ideological support for the *DGBK* considerably and the co-operation between both organisations became very close. It became almost obligatory for members of the professional organisation to subscribe to the *Gesundheitslehrer*, which was printed in 16,000 copies in 1925. Also from 1925 Lennhoff provided a frequent anti-quackery section for the *Hartmannbund's* journal *Ärztliche Mitteilungen*, read by 40,000 subscribers.<sup>11</sup> Encouraged by the board of the *Hartmannbund*, a number of its local subdivisions and of medical societies joined the league as corporate members.<sup>12</sup> The total membership of the *DGBK* by December 1925 was 26,163. The majority were the members of 411 medical societies and subdivisions of the *Hartmannbund*, who had joined the League as corporate members. There were only 459 individual members. The aim of attracting more non-medics apparently had not been achieved at this stage. Amongst the 459 individual members were only 20 non-medics, and only four non-medical organisations held corporate memberships.<sup>13</sup> Doctors also dominated the board. Besides Lennhoff and another doctor, H. Kursrock, there were three jurists: retired judge Roth, legal expert and author Graack, and judge Köhne. But all 19 additional committee members (*Beisitzer*) were medical men.<sup>14</sup>

The new board became active immediately after its inauguration. In a general meeting in June 1924, the *DGBK* passed and published new statutes and

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<sup>10</sup> G. Lennhoff, "Die Einstellung der Deutschen Gesellschaft zur Bekämpfung des Kurpfuschertums zur Kurpfuschereibekämpfung seit 1924," in *DGBK*, ed., *Der Kampf gegen die Kurpfuscherei. Zehn Vorträge*, Berlin: Richard Schoetz, 1928, 104-7.

<sup>11</sup> BArch R1501, Nr. 9146, Bl. 211-21, *DGBK*, *Bericht über das Jahr 1925*.

<sup>12</sup> BArch R1501, Nr. 9146, Bl. 3-8, *DGBK*, Roth, an MdI, 25.11.1924; Bl. 21, form letter.

<sup>13</sup> BArch R1501, Nr. 9146, Bl. 211-21, *DGBK*, *Bericht über das Jahr 1925*.

<sup>14</sup> *Ibid.*

two position papers defining the tasks of the League.<sup>15</sup> Copies of the papers were sent to all relevant administrations and organisations.<sup>16</sup> In the autumn of 1924, the board secured the support of the president of the Imperial Health Office (*Reichsgesundheitsamt*), Bumm, and of the medical faculty of Berlin University. They were also supported by the director of the social insurance authority (*Reichsversicherungsanstalt*), the social hygienist and former military physician v. Drigalski, and the economics professor Stier-Somlo.<sup>17</sup> In November 1924, Roth and Lennhoff visited the federal ministry of the interior, to ask for financial support for the League's activities, initially without success.<sup>18</sup>

While most board members were medical men, jurists like Graack had an important role to play in the *DGBK's* attempts to provide an ultimate, legally binding definition of what was to be understood under *Kurpfuscherei*, quackery. Clearly the term had distinctly negative connotations, and there was nobody amongst the doctors as well as the non-licensed practitioners who did not call for sanctions against 'real' *Kurpfuscherei*. But what was real quackery? The struggle over the definition which would appear in legal texts had been going on for some time: was a *Kurpfuscher* somebody who treated patients without a state licence, no matter how well or how badly, or somebody who 'bungled cures', no matter whether a doctor or a non-licensed practitioner?<sup>19</sup> Jurists and academic supporters of the *DGBK* argued historically: a *Pfuscher*, originally, was anybody who practised a trade without being member of the appropriate guild, that is, without an officially certified qualification. Organisations like M.E.G. Gottlieb's League for Parity in the Health System, on the other hand, argued with common sense criteria: of course there were doctors, too, who bungled cures. The debate

<sup>15</sup> BArch, R1501, Nr. 9146, Bl. 151-4.

<sup>16</sup> The papers can be found in several files in the *GStA* and the *BArch*, for example in the records of the *Reichsgesundheitsamt* and of the Prussian medical administration.

<sup>17</sup> BArch, R1501, Nr. 9146, Bl. 15, RGA, Bumm, an *DGBK*, 3.9.1924 (copy); Bl. 16, Medizinische Fakultät der Universität Berlin, Lubarsch, an *DGBK*, 14.11.1924 (copy); Bl. 17, Direktorium der *Reichsversicherungsanstalt für Angestellte*, von Olshausen, an *DGBK*, 14.11.1924 (copy); Bl. 18, von Drigalski an *DGBK* (copy); Bl. 19, Stier-Somlo an *DGBK*, 9.10.1924.

<sup>18</sup> BArch, R1501, Nr. 9146, Bl. 2, memo, 4.2.1925; Bl. 3-8, *DGBK*, Roth an *MfI*, 25.11.1924.



over the question whether a doctor could be a *Kurpfuscher* continued throughout the 1920s.<sup>20</sup> Some doctors fuelled the controversy by changing sides, refusing to use their licence and practising as non-licensed *Heilkundige*.<sup>21</sup> While the lay healing organisations had support in the parliaments and the public, especially in conjunction with controversies over suspected damages through vaccinations and Salvarsan therapies, and later in the decade over experiments on hospital patients, they did not convince many writers of legal commentaries. Graack wrote such legal texts, and he defined quackery as the *DGBK* activists wanted to see it defined.<sup>22</sup> Not all jurists, however, were hostile towards non-licensed practice. The *Gesundheitslehrer* frequently complained about judges sympathising with the ‘quacks’. The higher up the jurists stood in the hierarchy, the closer the solidarity between the professions. Most notably, the civil servants in the ministries in charge of health, mostly jurists and some with medical degrees, had no sympathies for the lay healers. They shared with the *DGBK* an interest in keeping under control the health system and the people who worked in it.

This points us to a central problem of the League. While they enjoyed support from medical academics, medical officers of health, jurists and high level civil servants, most ordinary doctors remained oblivious to the League’s work. Most of its members had joined the League not as individuals but as members of local medical societies, and had little personal interest in its work. Many doctors viewed the *DGBK*’s campaigns with indifference or even scepticism and did not support the Society’s case as enthusiastically as its board members thought necessary.<sup>23</sup> When the member of the *Hartmannbund*’s anti-quackery

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<sup>19</sup> For a number of definitions, see Alexander de Corti, *Das Kurpfuschertum als Problem*, Schriften über Wesen und Bedeutung der Kurierfreiheit. Erste Reihe: Medizinalpolitische Untersuchungen I.1, Berlin: Ebering, 1910.

<sup>20</sup> Cf. “Kann ein Arzt Kurpfuscher sein?” *Gesundheitslehrer A*, 31, 1928, 12; “Kann ein Arzt Kurpfuscher sein?,” *Gesundheitslehrer A*, 31, 1928, 98; “Kann ein Arzt Kurpfuscher sein?,” *Gesundheitslehrer A*, 33, 1930, 99-100.

<sup>21</sup> “Umschau: Verzicht auf die Approbation (Der Arzt als Heilkundiger),” *Aerztliches Vereinsblatt*, 56, 1927, 74-5.

<sup>22</sup> Cf. H. Graack, “Kurpfuscherei” in L. Elster; Ad. Weber; Fr. Wieser, eds., *Handwörterbuch der Staatswissenschaften*, 4th ed., Jena: Gustav Fischer, 1923, 113-22.

<sup>23</sup> “Die Gesellschaft deutscher Nervenärzte,” *Gesundheitslehrer A*, 31, 1928, 231-3.

commission, Siefert, was scheduled to talk about the dangers of quackery at a 1926 physicians' convention, not a single listener appeared.<sup>24</sup> To change this, Lennhoff recommended that in the future medical students should be drilled accordingly, almost brainwashed, so that they would not forget about their duty to fight quackery.<sup>25</sup> Medical historian and *DGBK* supporter Paul Diepgen, in fact, launched a lecture series against quackery for Berlin medical students in 1932, where they were instructed about the past of folk medicine and the present dangers imposed by quackery on the medical profession and the German people.<sup>26</sup>

### Friends and Enemies

The worldview of *DGBK* officials was as simple as it was belligerent: they “perceived the fight against quackery and fraudulent patent medicines, for an élite medical profession, as a culturally decisive battle (*Kulturkampf*) in the service of nation, fatherland and humankind.”<sup>27</sup> Their way of thinking and their corps spirit seemed to be shaped by the experience of Lennhoff and others as military physicians. In an appeal to doctors to join the League, the author, most likely Lennhoff, talked about “the army of physicians” in the Reich, which had to be “armed and drilled for the fight against quackery.”<sup>28</sup> The world for them was populated by four types of people: friends, interested persons, enemies, and ‘the mass’.<sup>29</sup> ‘Friends’ were primarily the non-physician members of the *DGBK* board and those supporters, like university professors, who were “high above any personal interest in our prosperity.” ‘Interested persons’ were all doctors. It was their duty to support the *DGBK* (unfortunately they had not yet all recognised this duty).

<sup>24</sup> Hammer, “Riesenpleite der Deutschen Gesellschaft zur Bekämpfung des Kurpfuschertums,” *Biologische Heilkunst*, 7, 1926, 208.

<sup>25</sup> Lennhoff, “Mitarbeit der Aerzte bei der Bekämpfung der Kurpfuscherei,” *Aerztliches Vereinsblatt*, 56, 1927, 115.

<sup>26</sup> Paul Diepgen, “Die medizinische Fakultät der Universität Berlin und das Kurpfuscherei-Problem,” *Gesundheitslehrer A*, 35, 1932, 367-8. The students also got to see the *DGBK* exhibition.

<sup>27</sup> “Freunde, Interessenten, Feinde, Masse,” *Gesundheitslehrer A*, 31, 1928, 186.

<sup>28</sup> BArch, R1501, Nr. 9146, Bl. 21, form letter.

The author's definition of the 'mass' gives us an idea of how the *DGBK* officials viewed democracy: "a lump of 'humanity', physically, but a spiritually and mentally underdeveloped or already slightly degenerated, which nevertheless holds the right of vote. The 'mass' has no interests beyond the satisfaction of immediate desires and wishes. Looking after the matters of the state, of common interests, acting altruistically is nonsense in the eyes of the 'mass'."<sup>30</sup> A similarly arrogant and élitist attitude becomes evident where Lennhoff concludes a brief article in the *Gesundheitslehrer* with the dismissive remark: "and Loewe-Kalbe and Virchow have considered the German people intelligent."<sup>31</sup>

'Enemies', obviously, were the non-licensed practitioners. However, the anonymous author conceded that if a lay person did make a valuable discovery, then he or she should be allowed to profit from it, but only in collaboration with a doctor and only after a thorough theoretical justification and scientific evaluation of the discovery using accepted methods of scientific enquiry. 'Enemies' were also the producers of patent medicines, who sold their useless remedies with fraudulent promises and faked expert reports. Those who knew the work of the *DGBK* and should support it, due to their status and "out of conscientiousness and love for the fatherland," but who did not do so out of cowardice were enemies too. 'Enemies' of the *DGBK* were, furthermore, the "friends of our enemies," doctors and other academics who supported lay practitioners and collaborated with them, wrote in the 'quack' journals and opposed academic medicine in public, contributed expert reports and publicly defended the freedom of cure.<sup>32</sup> The 'heretics' meant trouble for this simple worldview. They were too influential to be simply dismissed as enemies, but by granting heterodox practitioners legitimacy they did exactly what the *DGBK* sought to oppose:

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<sup>29</sup> "Freunde, Interessenten, Feinde, Masse," *Gesundheitslehrer A*, 31, 1928, 186.

<sup>30</sup> *Ibid.*

<sup>31</sup> Le., "Auf den Spuren von Schäfer Ast," *Gesundheitslehrer*, 30, 1927, 152.

<sup>32</sup> The contradiction between, on the one hand, the demand for lay practitioners to collaborate with doctors and on the other, the condemnation of doctors who in fact collaborated with lay practitioners has not escaped the author's attention.

Some publications by doctors, without doubt, have done damage to the profession and the interests of the public at large, even if they have been written with good intentions. We remind you of work by Bier, Much and Liek. The authors should and must expect that sections and sentences [from their writings], quoted out of context, will be used against them by the opponents of the medical profession.<sup>33</sup>

When it came to the question of how ‘modern’ non-licensed practitioners were, the line of the *DGBK* was ambiguous. On the one hand, like Diepgen, *DGBK* officials stressed the backwardness of heterodox methods of treatment and diagnosis, which to them were remnants of the academic medicine of the past, long overcome by recent scientific progress. They claimed that they were fighting “for truth and progress and against lies and backwardness.”<sup>34</sup> On the other hand, they considered the rise of quackery with its reliance on loud advertising as a modern phenomenon, closely connected with the alleged Americanisation of society and the decline of good old ‘German’ values after the lost war. *DGBK* representatives also warned frequently of the quacks’ extremely efficient organisational structures, while doctors, in their view, remained noble individualists (this view also came in handy if one wanted to explain away the lack of enthusiasm on the side of ordinary doctors for the goals of the League: noble individualists were reluctant to organise). “The quacks,” the *DGBK*’s 1925 annual report stated, “are not superior to the doctors in terms of numbers, and certainly not in terms of intelligence. But they are far superior when it comes to business sense and understanding of the necessity of organisation to maintain the foundations of their existence.”<sup>35</sup> For example, the report continued, they had hired “an economist with special organisational skills” and created a pharmaceutical industry providing them with financial support, as well as a publication apparatus employing numerous skilful authors.<sup>36</sup> Doctors had to march together to face the ‘quack’ assault: “If the doctors want to fight with

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<sup>33</sup> GStA, HA. I, Rep 76 VIII B, Nr. 1342, Bl. 400, *DGBK* an die Vorsitzenden der Berliner Ärztevereine, Dec. 1926..

<sup>34</sup> G.L., “Medizinalrat Dr. Heinrich Kantor 1859-1926,” *Gesundheitslehrer*, 29, 1926, 43-4, p. 44.

<sup>35</sup> BArch, R 1501, Nr. 9146, Bl. 216 Rs.

<sup>36</sup> We will return to these aspects in chapter five in connection with the company ‘Dr. Madaus & Co’ which *DGBK* officials often presented as a prime example of a large ‘quackery’ enterprise.

some prospect of success against the almost machine-like actions of the firmly organised quacks, they have to come to the conclusion that they also have to act systematically and selflessly, according to the orders of their leading organisations.”<sup>37</sup> The quackery fighters rarely argued on scientific grounds, or tried to convince with rational arguments. They appealed to social factors: the corps spirit of the doctors against the attacks of undeserving ‘quacks’. Their language was that of war and the military, and their ultimate goal was coercion, not persuasion.

## Advertising

Commercial aspects were central to defining legitimate and illegitimate practices. Doctors saw their status defined by idealism and the scientificity of their training, which also allowed them to claim competence in social questions, and by the state licence associated with this training. Their self image did not allow for commercial considerations, and a professional code of ethics (*Standesordnung*), enforced by the professional courts (*Standesgerichte*), banned them from advertising their services. Money mattered, but being part of a market was seen as corrupting. The difference between ‘quackery’ and legitimate medicine was, as medical historian and *DGBK* supporter Paul Diepgen put it, “the difference between trade and vocation.”<sup>38</sup> Doctors’ professional organisations declared the medical market illegitimate, left it to the non-licensed healers, and at the same time called for its rigorous control and ultimate abolition.

Advertising was an important issue in the *DGBK*’s campaigns. On the one hand the League used modern advertising techniques to publicise its own existence and aims, and it relied financially on the advertisements in the

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<sup>37</sup> BArch, R 1501, Nr. 9146, Bl. 216 Rs.

<sup>38</sup> Paul Diepgen, “Kurpfuscherei und wissenschaftliche Medizin im Wandel der Zeiten,” *Gesundheitslehrer A*, 36, 1933, 213-8, p. 217. See also Ernst Tobias, “Über modernes Kurpfuschertum. Aus einem Vortrag über wahre und falsche Heilkunde,” *Therapie der Gegenwart*, 73, 1932, 407-14.

*Gesundheitslehrer*.<sup>39</sup> On the other, the League's board attempted to gain control over the advertising practices of heterodox practitioners. Advertising was not only important for the *DGBK*, it was a central force for the distribution of Weimar mass culture. Advertising experts, a relatively young profession, experimented with new means of expression in the attempt to expand markets for new consumer products. Advertising transported the images of modernity and allegedly American values, invoking hostile reactions from cultural critics and idealist philosophers. They identified it with Western 'civilisation', potentially undermining German 'culture'. Many lay practitioners and especially the producers of patent medicines relied on elaborate advertisements in newspapers and magazines. To *DGBK* activist Kurt Wachtel, "[t]he propaganda of the quacks [was] so virtuously organised that it [could] be seen as a model for exemplary advertising as such."<sup>40</sup>

How were the *DGBK* and the medical profession going to stand up to these propaganda methods? One of the central goals of *DGBK* activists was to keep publishers from accepting advertisements for heterodox healing methods and patent medicines, and ultimately to impose a ban on such 'quack' advertisements.<sup>41</sup> However, these advertisements provided considerable income for publishers. On a single day in the pre-war period, nine Munich newspapers printed a total of 260 of those advertisements, at the average cost of about 20 *Mark* each, yielding a total revenue of almost 5200 *Mark*.<sup>42</sup> What made the matter complicated was that the *Gesundheitslehrer* and the medical journals also needed advertisements to survive. The physician and poet, Gottfried Benn, for example, remarked critically that in the *Ärztliches Vereinsblatt*, the journal of the

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<sup>39</sup> BArch, R 1501, Nr. 9146, Bl. 41, *Rundschreiben*: "Unsere Gesellschaft ist am Wachsen und Gedeihen des Inseratenteils des 'Gesundheitslehrers' materiell sehr interessiert. Sollen doch die Hauptmittel für den Kampf durch ihn gewonnen werden."

<sup>40</sup> Kurt Wachtel, "Reklame-Methoden des Kurpfuschertums," in *DGBK*, ed., *Über Kurpfuschertum und seine Bekämpfung: Eine Vortragsreihe*, Berlin: Richard Schoetz, 1927, 39-55, p. 43.

<sup>41</sup> GStA, HA. I, Rep 76 VIII B, Nr. 1342, Bl. 484, *Der Kampf um die Volksgesundheit. Beschluß des Vereins der Zeitungsverleger*, leaflet; Bl. 629-36, *DGBK* an Verein Deutscher Zeitungsverleger, 22.6.1928.

<sup>42</sup> Wachtel, "Reklame-Methoden des Kurpfuschertums," p. 49.

doctors' professional organisation, eight pages of content were framed by 18 pages of industrial and commercial advertising.<sup>43</sup>

The *DGBK* was faced with the task of defining what was legitimate and illegitimate advertising of medicine and health services. There was no point in antagonising the pharmaceutical industry in general: "The respectable industrialists, that is those who are seriously concerned about serving not only their own business interests but also the interests of the public, who offer intelligently developed products and only after they have undergone thorough testing, they are in our camp."<sup>44</sup> From 1926, the *Gesundheitslehrer* appeared in two versions: an *A* edition for doctors, which contained medical advertisements, and an educational *B* edition for the general public: "The doctors' edition can leave more scope for propaganda within the advertising section than the lay edition, as the doctors are able to exercise criticism and evaluate advertisements."<sup>45</sup> The League set up a special office for evaluating advertisements designated for other journals than the *Gesundheitslehrer*. In 1927 the board struck a deal with the League of German Newspaper Publishers, whose members agreed not to take on any obvious 'quack' advertisements and in cases of doubt send advertisements to the *DGBK* for evaluation purposes.<sup>46</sup>

### **The Exotic: *Lukutate* and the Rejuvenation Problem**

While the *DGBK* activists were negotiating with the representatives of the German newspaper publishers, a campaign for an exotic rejuvenation remedy, *Lukutate* provided them with further ammunition. In the spring of 1927, a series of illustrated articles in several German magazines surprised the health conscious public with amazing claims.<sup>47</sup> In the first of these articles, the author Gustav von

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<sup>43</sup> Gottfried Benn, *Sämtliche Werke*, Volume 3, Stuttgart: Klett-Cotta, 1987, 153-61, p. 156.

<sup>44</sup> BArch, R 1501, Nr. 9146, Bl. 142-3, excerpts from the annual report for 1926.

<sup>45</sup> Ibid.

<sup>46</sup> "Tagespresse gegen Volksverdummung durch Kurpfuschereianzeigen (Beschluss des Vorstandes des Verbandes Deutscher Zeitungs-Verleger)," *Aerztliches Vereinsblatt*, 56, 1927, 113-5; Curt Wachtel, "Die Anzeigenprüfungsstelle," *Gesundheitslehrer A*, 31, 1928, 130.

<sup>47</sup> J. Schwalbe, "Lukutate - ein neues Schulbeispiel für das deutsche Geheimmittelunwesen und die Unzulänglichkeit seiner Bekämpfung," *Deutsche Medizinische Wochenschrift*, 54, 1928, 238-40, 279-80, 401-2, 622-5.

Gagern praised a mysterious, exotic fruit, *Lukutate*.<sup>48</sup> He had heard about it on a journey to India. *Lukutate* would solve “the rejuvenation problem” and grant consumers long and healthy lives. Von Gagern wrote that he had been told by the Maharaja of Jaipur, “a very intelligent old man, trained in Oxford,” that the jungle fruit was the reason for the long lives of wild-elephants, parrots and vultures. Fed to ageing animals in captivity, the fruit also did miracles. The ruler had appointed the yogi teacher Racha-Maraka for further research on the problem, von Gagern reported. The yogi then discovered that the remote tribe of the Shuriaghaty benefited greatly from the berry in their diet. In a lecture to a local medical society, according to von Gagern, the yogi marvelled about the beauty of the Shuriaghaty, as well as their physical and mental, and probably also sexual strength: their god was a Buddha with a penis in his hand. They were a secretive tribe and would hardly ever tolerate foreigners in their midst. Many were a hundred years or older. The Shuriaghaty’s religion was related to the old teachings of Zarathustra, von Gagern wrote, and focused on purity of the body, “the temple of the soul.”<sup>49</sup> With *Lukutate* they kept this temple clean.

Around the same time as von Gagern’s article appeared, the Hannover health food manufacturer Wilhelm Hiller started to place advertisements in journals and newspapers, in which he offered the fruit to German consumers. They could benefit from *Lukutate* in form of jam, juice, preserves or jelly sweets. The company of Wilhelm Hiller offered a whole range of products allegedly based on the *Lukutate* berry in chemist’s as well as in department stores and sweets shops, at prices of up to 24 *Mark* per tin. Hiller assembled a collection of articles on *Lukutate* in a brochure, illustrated with photographs of elephants and glossy anatomical sketches of the glands of an (attractive) female body. He distributed the prospectus through pharmacies, chemist’s shops, and even as a supplement to the programme of the Berlin state theatre, the *Schauspielhaus*. Part of Hiller’s propaganda strategy was to find means of getting his message transported by articles not recognisable as advertising, occasionally by blackmailing newspaper

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<sup>48</sup> Gustav Freiherr von Gagern, “Lukutate: Das Verjüngungsproblem gelöst?,” *Illustrierte Medizinische und Bäder-Zeitung*, 1, 1927, 83-5.

<sup>49</sup> *Ibid.*, p. 85.



editors. In most cases, however, blackmail was not necessary.<sup>50</sup> Hiller was no novice to the health food business. Since 1921 he had been producing an “American breakfast food”, *Brotella*, and annoying the *DGBK* with an aggressive marketing campaign.<sup>51</sup> Hiller described himself as an “American advertising expert”. Like both Olpe and Zeileis, he supported his claims with impressive biographical details: for 16 years he had travelled the world and in 1913 had lived as a yogi in India.<sup>52</sup>

Besides the Indian yogi teacher Racha-Maraka, the *Lukutate* campaign referred to enthusiastic statements of German scientists. Hiller’s advertisements contained various reports of doctors supporting his claims. Hardly ever, though, were the authors clearly identifiable. The *Lukutate* brochures cited a Professor Lange (no further personal details were given), reporting scientific experiments which allegedly showed that the fruit caused a remarkable rejuvenation in animals. The active substance, Lange suggested, was probably a “vitamin of rejuvenation,” an alkaloid which unfortunately so far could not be purified.<sup>53</sup> Alfred Russell Wallace and Ernst Haeckel were also cited. Allegedly they had recommended the fruit, which was probably also the cause of the two naturalists’ long lives.<sup>54</sup> The Bonn biochemist and physician, Professor Gewecke, as another article reported, was working on laboratory tests which so far had not been completed. Probably *Lukutate* had an effect on the “blood glands,” Gewecke had said: “Medicine is not far from the discovery that all illnesses are basically only illnesses of the blood glands.”<sup>55</sup> In the mean time, *Lukutate* was a suitable and relatively cheap way of supplementing one’s diet with the vital substances in order to rejuvenate one’s blood.

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<sup>50</sup> Cf. Schwalbe, “Lukutate,” p. 279.

<sup>51</sup> W., “‘Brotella’, Wilhelm Hiller,” *Gesundheitslehrer*, 30, 1927, 104-5; “Lukutate, Brotella-Hiller; Dr. of med. Hotz,” *Gesundheitslehrer*, 30, 1927, 128.

<sup>52</sup> Hiller to Schwalbe, 22.2.28, quoted in Schwalbe, “Lukutate,” p. 623.

<sup>53</sup> Cf. Schwalbe, “Lukutate,” and G.F., “Die Lukutate-Frucht,” *Biologische Heilkunst*, 8, 1927, 722.

<sup>54</sup> Heinrich Schmidt, “Das Geheimnis der ‘Lukutate’,” *Urania*, 1928, 170-78.

<sup>55</sup> Quoted after Schwalbe, “Lukutate,” p. 238.

Other representatives of the medical profession rejected Hiller's claims aggressively. The editor of the *Deutsche Medizinische Wochenschrift*, Julius Schwalbe, led what amounted to a crusade against Hiller. He tried to stop newspaper publishers from publishing the *Lukutate* advertisements.<sup>56</sup> In a series of three articles in 1928 in the *DMW* he presented the *Lukutate* story as a paradigmatic case of secret remedy fraud (*Geheimmittelschwindel*).<sup>57</sup> Hiller's grand claims regarding the healing powers of the product, the intensive advertising campaign, dubious expert reports whose authors could be identified only with difficulty, as well as the enthusiastic letters from grateful patients, all made for a model case. Schwalbe exposed the von Gagern stories as elaborate swindle. The people in Jaipur had never heard of a fruit of this name. Furthermore, there was no Maharajah of Jaipur.<sup>58</sup> Microscopic analyses proved that, if there were any Indian fruits in the *Lukutate* products at all, their concentration was ridiculously low. Some of Hiller's experts, identified by Schwalbe, were naïve outsiders, others heretics, crooks and rogue physicians, willing to write any expert report if they were paid to do so. It turned out that Hiller had slightly changed their names, allegedly to protect them from their colleagues' attacks. Schwalbe named and shamed them all. The letters from enthusiastic patients, Schwalbe argued, could only be interpreted as products of 'suggestion'. The *DGBK*, Schwalbe, and the League of the German pharmaceutical-chemical industry saw a clear case against Hiller and wanted to see him convicted for fraud and unfair competition.<sup>59</sup>

Hiller initially refused to publish details on the original *Lukutate* fruit, allegedly to fend off competition. Even 'biological doctors,' who otherwise believed in *Lukutate*'s effectiveness and defended it against Schwalbe's attacks, criticised Hiller's secretiveness.<sup>60</sup> What followed resembled a detective game. According to Heinrich Schmidt, director of the Haeckel Archive in Jena, neither

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<sup>56</sup> "Der 'mutige' Professor Dr. J. Schwalbe," *Biologische Heilkunst*, 9, 1928, 12-13.

<sup>57</sup> Schwalbe, "Lukutate."

<sup>58</sup> *Ibid.*

<sup>59</sup> Zygowsky, "Lukutate," *Gesundheitslehrer A*, 31, 1928, 32-3.

<sup>60</sup> Schriftleitung, "Betreffend Lukutate," *Biologische Heilkunst*, 8, 1927, 837.

Wallace nor Haeckel had ever mentioned a fruit called *Lukutate*. Both, however, had written about the fruit of the Indian tree *Durio zibethinus*, but had not found it to possess ‘rejuvenating’ qualities. Haeckel thought particularly its disgusting smell and flavour worth mentioning: like old cheese, rotten eggs and foul meat.<sup>61</sup> In October 1927, Hiller admitted to the *DGBK* executive secretary Lennhoff that a berry called *Lukutate* in fact did not exist.<sup>62</sup> *Lukutate* products were composed from other fruits. Amongst these were changing ratios of tropical fruits, depending on their availability.<sup>63</sup> Schmidt, however, remained kindly disposed towards Hiller, who he considered “a virtuous business man.” After meeting Hiller and visiting the production site of *Lukutate*, he provided the readers of the popular science magazine *Urania* with background information on *Lukutate*’s likely ingredients and their uses by exotic people. He even allowed Hiller to quote him in the *Lukutate* advertisements. He accused Schwalbe, who attacked Schmidt for his support of Hiller in the *DMW*, of scholastic dogmatism.<sup>64</sup> Hiller, in turn, compared himself to Copernicus and Galilei, “who claimed that the earth was turning and was burned at the stake for it.”<sup>65</sup>

Microscopic tests revealed that the *Lukutate* products contained mainly dried domestic fruits and a well known conventional laxative, *Pulpa Tamarindorum*. In December 1927, increasingly under pressure, Hiller revealed publicly that he used as active ingredients in his products, besides the fruits of *Durio zibethinus* the root beets of an orchid species, *salparrisri*. Both had their place in the folk medicines of their countries of origin as effective aphrodisiacs. According to Schmidt, indigenous people called *salparrisri* “loku-ta-te,” which meant in their dialect as much as “come again soon.”<sup>66</sup> Further added were papaya, mango and

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<sup>61</sup> Schmidt, “Das Geheimnis der ‘Lukutate’.” See also Schwalbe, “Lukutate,” p. 238.

<sup>62</sup> “Lukutate-Hiller besucht die DGBK,” *Gesundheitslehrer*, 30, 1927, 178-9.

<sup>63</sup> Zygowsky, “Lukutate,” *Gesundheitslehrer A*, 31, 1928, 32-3.

<sup>64</sup> Heinrich Schmidt, “Meine Stellung in der Lukutate-Frage. Offener Brief an den Geheimen Sanitätsrat Prof. Dr. J. Schwalbe, Herausgeber der Deutschen Medizinischen Wochenschrift, Berlin,” *Biologische Heilkunst*, 9, 1928, 319-21.

<sup>65</sup> Hiller to Schwalbe, 29.2.28, quoted in Schwalbe, “Lukutate,” p. 624.

<sup>66</sup> Hiller advertisement, quoted in Schwalbe, “Lukutate,” p. 239; Schmidt, “Das Geheimnis der ‘Lukutate’,” p. 176.

other tropical fruits, “for the wealth of vitamins they contain.”<sup>67</sup> Despite Hiller’s rather liberal handling of facts and Schwalbe’s attacks and exposures, *Lukutate* did not lose its credit amongst ‘biological doctors’. They assumed that Schwalbe was merely running amok because Hiller directly addressed his advertising campaign to lay people.<sup>68</sup> To the former colonial physician and *Biologische Heilkunst* author, Külz, for example, it was sufficient that *Lukutate* was composed of tropical fruits, used by indigenous, “wild” people following their natural, unspoiled medical instincts.<sup>69</sup> Haeckel archivist Schmidt remained cautiously optimistic, but called for scientific rigour in order to establish the real value of the product for the human organism.<sup>70</sup>

Meanwhile, the situation turned against Hiller. In spring 1928, Austria banned import and sale of *Lukutate*.<sup>71</sup> The details about *Lukutate*’s composition Hiller had given to the Austrian health administration, blatantly contradicted the results of analyses of two samples. Furthermore, *Lukutate* contained a laxative and was therefore not a food product but had to be defined as a drug.<sup>72</sup> In a letter to Schwalbe, Hiller admitted that he had made mistakes. “The events of the last few months have taught me that American advertising methods are not suitable for Germany.”<sup>73</sup> He should not have referred to that fictional Indian berry, as he should have known that German scientists would immediately start their inquiries in India. Instead he should have disclosed the real ingredients of *Lukutate* and talked about rejuvenation in a metaphoric rather than a literal sense.

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<sup>67</sup> Ibid.

<sup>68</sup> G. Fenner, “Lukutate nach der ‘D.m.W.’ und im Lichte wissenschaftlicher Darstellung,” *Biologische Heilkunst*, 9, 1928, 267.

<sup>69</sup> Külz, “Die indischen ‘Lukutate’-Früchte,” *Biologische Heilkunst*, 9, 1928, 176-8. See also: idem, “1. vorläufiger Bericht über Versuchs-Ergebnisse zur Lösung des Fragenkomplexes des Lukutateproblems,” *Biologische Heilkunst*, 9, 1928, 549.

<sup>70</sup> Schmidt, “Das Geheimnis der ‘Lukutate’.”

<sup>71</sup> “Lukutate,” *Gesundheitslehrer A*, 31, 1928, 65.

<sup>72</sup> “Lukutate,” *Gesundheitslehrer A*, 31, 1928, 93-4.

<sup>73</sup> Hiller to Schwalbe, 22.2.28, quoted in Schwalbe, “Lukutate,” p. 623.

In September 1928, a German court in Hannover issued an arrest warrant for Hiller. The industrialist had by then left the country.<sup>74</sup>

Whatever the eventual outcome, *Lukutate* was a huge commercial success. It appealed to the large group of consumers concerned with natural healing in three main ways: Firstly it was a vegetarian product, promising health through a changed diet. This resonated with the gospel of both organised vegetarianism and the societies for nature healing, and with the tradition of medical self-help. Secondly, the story of *Lukutate*'s oriental origin was likely to appeal to the growing number of people who looked for truth and wisdom in far-eastern philosophy. As Haeckel archivist Heinrich Schmidt suggested: “[a]lready the strange, foreign name is attractive and sticks in memory.”<sup>75</sup> Thirdly, *Lukutate*'s marketing made use of the popularisation of science by quoting Wallace and Haeckel, as well as contemporary scientists. The advertisements linked *Lukutate* with endocrinology and serology, which ‘heretics’ like Aschner promoted as modern forms of humoral pathology.

*Lukutate*'s popularity with consumers, however, did not stop the campaign of Hiller's critics from gaining momentum. The conflict with Schwalbe and the *DGBK* turned out to be fatal for Hiller and his Indian berry. The primary cause of his problem was less the quality and changeable composition of his product than his aggressive “American” advertising strategy with its often completely fictional claims. Where does legitimate advertising stop and fraud start? Had he marketed his product as healthy food rather than a miracle medicine, Hiller would have had fewer problems. The legitimacy of “lay propaganda” for medicines was disputed. Should advertising be assumed to contain truthful information? Hiller's campaign mainly appealed to a certain lifestyle and self image. His advertisements and brochures contained exotic fiction disguised as information, intended for a lay audience susceptible to exoticism and the messages of the lifestyle reform movement. And they provided the *DGBK* with ammunition for their campaigns.

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<sup>74</sup> “Lukutate-Gutachter. Mehr Zurückhaltung bei Sachverständigen-Gutachten. Eine notwendige Klärung,” *Gesundheitslehrer A*, 31, 1928, 198.

<sup>75</sup> Schmidt, “Das Geheimnis der ‘Lukutate’,” p. 170.

## Campaigns

However much its activists loathed ‘quackery’ advertisements, the *DGBK* itself relied heavily on lay propaganda. Ironically, the society’s propaganda was partly modelled on what the quackery fighters observed in the opposite camp. The public relations campaigns of the League against ‘quackery’ were imaginative and used the latest media and technologies, as far as the always cash strapped *DGBK* could afford. They have to be viewed within the context of other contemporary campaigns, public lectures and exhibitions on various hygiene and health related topics with which health experts and officials intended to instruct the public, closely related to the activities of institutions like the Berlin *Urania*, promoting the popularisation of science.<sup>76</sup> The *DGBK*’s campaigns were designed specifically to convince the public of the alleged dangers of lay practice and the superiority of scientific medicine.

A centrepiece of the League’s activities was the exhibition ‘Against Quackery’.<sup>77</sup> More than the *Gesundheitslehrer*, the exhibition was instrumental for defining the *DGBK*’s identity. On the one hand, it presented a historical legitimisation for the League’s activities. On the other, the exhibition itself could be seen as a material record of the *DGBK*’s history. The exhibition had its origins in the collection of the Breslau physician and *Sanitätsrat*, Karl Alexander, one of the *DGBK*’s founding members. Materials gathered by other members of the League were added, documenting the activities of non-licensed healers and producers of patent medicines in past and present. The original collection had been accessible to the public on a number of occasions between 1904 and 1914. It was first presented at the 1904 *Versammlung deutscher Naturforscher und Ärzte* in Breslau. During the war, the posters and artefacts were left to rot in a

<sup>76</sup> Cf. Paul Weindling, *Health, Race, and German Politics between National Unification and Nazism, 1870-1945*, Cambridge: Cambridge University Press, 1989, pp. 409-16.

<sup>77</sup> Hans Friedheim, “Zum Kampf gegen das Kurpfuschertum,” *Reichs-Gesundheitsblatt*, 2, 1927, 594-7; idem, “Die Ausstellung der Deutschen Gesellschaft zur Bekämpfung des Kurpfuschertums,” *Gesundheitslehrer*, 29, 1926, 87-8, idem, “Gegen Kurpfuscherei. Ausstellung der Deutschen Gesellschaft zur Bekämpfung des Kurpfuschertums,” *Gesundheitslehrer*, 30, 1927, 37-9; GStA, HA. I, Rep 76 VIII B, Nr. 1342, Bl. 204, 370, 411, 415ff, 509-10, 511.

basement in Zittau.<sup>78</sup> After 1924, the *DGBK*'s new board invested fresh efforts into extending the collection and designing exhibits based on, they claimed, the latest achievements in exhibition design, developed and tested in a number of popular hygiene exhibitions. The Berlin retired military physician Hans Friedheim was entrusted with this task.

The exhibition concept as well as the individual exhibits, aimed at representing non-licensed healers as fraudulent quacks and 'the other' of scientific medicine, sometimes by demonising, sometimes by ridiculing them.<sup>79</sup> A group of exhibits in section III of the exhibition, for example, directly compared and contrasted the rights and duties of licensed doctors and non-licensed practitioners:

In accessible representations, using special, modern methods of exhibition design, one sees how much work, effort, diligence, conscientiousness, time and money is invested on medical training, in contrast with the thoughtlessness and irresponsibility with which the quack prepares himself - or rather does not prepare himself - for the responsible task of treating the sick. ... The restrictions of physicians through law, morality and professional ethics compares with arbitrariness and unrestricted freedom for the activities of the quack.<sup>80</sup>

Most of the posters were rather polemical. They ridiculed the central beliefs of the members of heterodox lay organisations. One panel, for example, commented on anti-vaccinationism by quoting a fictional (and apparently very foolish) straw man: "I don't believe in vaccination. 8 days ago I had my little girl vaccinated, yesterday she falls down the stairs and breaks her arm (this is how the logic of anti-vaccinationists works)."<sup>81</sup>

Parts of the exhibition were first shown as part of three larger events in 1926: during the Berlin Health Week (*Gesundheitswoche*), a Berlin police show, and within the Düsseldorf *Gesolei*. The *Gesolei* was an impressive fair on health,

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<sup>78</sup> BArch, R1501, Nr. 9146, Bl. 211-221, *DGBK*, *Bericht über das Jahr 1925*, p. 9.

<sup>79</sup> See Hans Friedheim, "Zum Kampf gegen das Kurpfuschertum," *Reichs-Gesundheitsblatt*, 2, 1927, 594-7. For a brief *DGBK* brochure on the exhibition, see BArch, R1501, Nr. 9146, Bl. 155-158, for a detailed guide, see *ibid.*, Bl. 160 - 208.

<sup>80</sup> Hans Friedheim, "Zum Kampf gegen das Kurpfuschertum," *Reichs-Gesundheitsblatt*, 2, 1927, 594-7, p. 596.

<sup>81</sup> "Die Ausstellung der Deutschen Gesellschaft zur Bekämpfung des Kurpfuschertums in Berlin unlauterer Wettbewerb," *Biologische Heilkunst*, 8, 1927, 244.

social welfare and physical exercise, co-organised by the promoter of social hygiene and professor at the Düsseldorf medical academy, Arthur Schlossmann, and supported by the Dresden Hygiene Museum. The fact that it attracted 7.5 million visitors indicates how popular health issues were in the 1920s.<sup>82</sup> Apparently the *DGBK* exhibition with its 99 exhibits looked rather unimpressive compared to the palace-like pavilions of breweries and detergent producers.<sup>83</sup> When the *Gesolei* was over, the *Hartmannbund's* exhibition *Der Arzt* (The Physician) was incorporated in the *DGBK's* collection. The Prussian State Library loaned the *DGBK* a number of old legal documents on quackery legislation before 1869. The exhibition was never really complete, however. Friedheim continually added materials which *DGBK* activists gathered for the *Gesundheitslehrer* and as evidence for trials against non-licensed healers. He also appealed to doctors and hospital officials to contribute documents of the damage caused by non-licensed healers to patients (in 1928 he had to admit that these requests had so far yielded hardly any success).<sup>84</sup>

The extended exhibition, which covered about 350 square meters floor space, found a temporary home in Berlin in the Kreuzberg “House of Health” (*Gesundheitshaus*). In March 1927 it moved to the foyer of the Prussian welfare ministry in the building of the former upper house, the Herrenhaus, where it was presented to the members of the Prussian State Health Council (*Landesgesundheitsrat*). But the exhibition was not directed to an expert audience in the first place. From spring 1927 it travelled Germany. By July 1928 it had been visited by about 75,000 people in Ludwigshafen, Zwickau, Chemnitz, Dresden, Altenburg, Gera, Weimar, Gotha, Eisenach, Magdeburg and, on occasion of the German physicians’ convention, in Danzig. In each city it was open to the public for up to three weeks. Some organisers made great advertising

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<sup>82</sup> Cf. Paul Weindling, *Health, Race, and German Politics between National Unification and Nazism, 1870-1945*, Cambridge: Cambridge University Press, 1989, pp. 413-6.

<sup>83</sup> Cf. opening lecture by Wilhelm His, in *Ueber die Mißstände auf dem Gebiete der Kurpfuscherei und Maßnahmen zu ihrer Beseitigung: Bericht über die Verhandlungen eines zusammengesetzten Ausschusses des Landesgesundheitsrates am 9. und 10. März 1927*, Verhandlungen des Preußischen Landesgesundheitsrates, 8, Berlin: Schoetz, 1927, p. 45.

<sup>84</sup> Hans Friedheim, “Ein Jahr Wanderfahrt der ‘Ausstellung gegen Kurpfuscherei’,” *Gesundheitslehrer A*, 31, 1928, 129-30.



efforts to attract visitors. When the exhibition was shown in Trier in 1929, for example, it was not only advertised in the local newspapers but also through banners in the city's streets, slides in the local cinema, flyers and advertisements in the buses. While the exhibition was in town, it was usually accompanied by lectures on questions of hygiene and the dangers of quackery. Friedheim recommended the organisers to offer guided tours for school classes.<sup>85</sup>

Not surprisingly, the exhibition had critics. Friedheim booked it as a success that the lay healing organisations felt provoked by the material. They expressed their criticism in meetings and lectures in the towns hosting the *DGBK* exhibition. Posters advertising the exhibition were damaged, written upon or something was stuck over them.<sup>86</sup> The editors of the journal *Biologische Heilkunst* deplored the fact that the exhibition enjoyed state support, despite representing only the interests of the medical profession and challenging the legally granted 'freedom to provide cures'. The exhibition was merely propaganda for academic medicine in the competition with alternative healers, they argued. Why were the panels not also pointing at 'quackery' committed by doctors and the dangers to patients through blunders of licensed physicians, vaccinations or medical experiments?<sup>87</sup>

In another campaign, the *DGBK* directly targeted school teachers and later pupils. In 1926 Lennhoff for the League requested support from the Prussian welfare ministry for attempts to convince the ministry of culture that every school in the state should sign at least three subscriptions for the *Gesundheitslehrer*.<sup>88</sup> In 1928, the League asked for support for the distribution of a brochure, written by the vice-principal of a Hannover school for girls, H.

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<sup>85</sup> "Die Ausstellung der DGBK in Trier und Essen," *Gesundheitslehrer A*, 32, 1929, 159; Hans Friedheim, "Ein Jahr Wanderfahrt der 'Ausstellung gegen Kurpfuscherei'," *Gesundheitslehrer A*, 31, 1928, 129-30.

<sup>86</sup> Hans Friedheim, "Ein Jahr Wanderfahrt der 'Ausstellung gegen Kurpfuscherei'," *Gesundheitslehrer A*, 31, 1928, 129-30.

<sup>87</sup> "Die Ausstellung der Deutschen Gesellschaft zur Bekämpfung des Kurpfuschertums in Berlin unlauterer Wettbewerb," *Biologische Heilkunst*, 8, 1927, 244; "Der Rat der Stadt Dresden verweigert der 'Deutschen Gesellschaft zur Bekämpfung des Kurpfuschertums' in Zukunft die städtischen Räume zur Abhaltung von Ausstellungen in der jetzigen Form," *Biologische Heilkunst*, 8, 1927, 1033.

<sup>88</sup> GStA, HA. I, Rep 76 VIII B, Nr. 1342, Bl. 296-7, DGBK an MfV, 26.7.1926.

Seebaum, addressed to secondary school pupils just before graduation.<sup>89</sup> The title of the brochure was: ‘Why do we go to the doctor and not to the quack?’ and it summarised the creed of the DGBK in a form and language thought to be accessible to teenagers.<sup>90</sup> Seebaum also held lectures on questions of hygiene.<sup>91</sup> Considering that Seebaum was not a doctor, why was he qualified to speak on medical issues, we wonder, while all other speakers suggested by the *DGBK* for lectures on issues of hygiene were medics?<sup>92</sup> A letter of reference certifies Seebaum to have undertaken careful hygienical and bacteriological studies and to have worked successfully with first rate hygienists. He had also set up and taught bacteriological courses for primary and secondary school teachers, whose participants were reported to be usually “extraordinarily excited” about his presentations.<sup>93</sup> However, the same could have been written about various speakers from the enemy’s camp, who were critical of the monopoly claims of the medical profession and whose lectures were no less popular. What distinguished Seebaum from ‘the other’ was his commitment to support the exclusivity claims of the profession. Like the exhibition, the distribution of material to school children attracted criticism. The *Biologische Heilkunst* saw potential for conflicts if the children of lifestyle reform activists took such brochures home. The “fight between folk medicine and state medicine” should not be carried into the schools. Where would it end if now the lay organisations had their materials distributed in schools?<sup>94</sup>

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<sup>89</sup> GStA, HA. I, Rep 76 VIII B, Nr. 1342, Bl. 583, DGBK an Preuß. MdI, 26.3.1928; Bl. 585-8, H. Seebaum, *Warum gehen wir zum Arzt und nicht zum Kurpfuscher*, brochure, Bl. 610, Provinzialausschuß für hygienische Volksbelehrung, Provinz Hannover, certificate for Seebaum (copy), 31.3.1928.

<sup>90</sup> H. Seebaum, “Weshalb gehen wir zum Arzt und nicht zum Kurpfuscher?,” *Gesundheitslehrer A*, 31, 1928, 61-2.

<sup>91</sup> GStA, HA. I, Rep 76 VIII B, Nr. 606.

<sup>92</sup> BArch, R1501, Nr. 9146, Bl. 46-48. The DGBK offered not only advice for the preparation of public lectures, but also a range of materials, from slide series designed by the National Hygiene Museum and the Auguste-Victoria House to projection equipment and even complete lectures. Cf. BArch, R1501, Nr. 9146, Bl. 44-52, for a list of available materials.

<sup>93</sup> GStA, HA. I, Rep 76 VIII B, Nr. 609, Grote, certificate for Seebaum (copy), 11.4.1928.

<sup>94</sup> “Erzieherisch bedenkliche Flugblatt-Verteilung in Berliner Schulen,” *Biologische Heilkunst*, 9, 1928, 745.

The League's ambitions were not restricted to the design of merely educational material. Lennhoff and his colleagues even planned to produce a feature film about the dangers of quackery for which they requested financial support from the Prussian welfare ministry. Because the public did not like instruction films, Lennhoff argued, an entertaining full-length movie would be better, "a great, sensational, social film" with "first class actors," whose purpose should not be recognisable from its title. Embedded in an engaging story line, "which at the same time stirred up the instincts of the masses," it should show various ways in which people could and should tackle quackery.<sup>95</sup> Sometimes Lennhoff's PR ideas turned comical. In 1926 he suggested organising an anti-quackery fun fair, a temporary theme park in which quack impersonators would present heterodox therapeutic practices. The proceeds should go to the suffering widows of deceased physicians.<sup>96</sup>

The DGBK expected financial support for its activities from the federal ministry of the interior and the Prussian welfare ministry. The DGBK's board judged the connections with the ministries as generally very good, even if in many cases they only got non-material support.<sup>97</sup> In November 1924, the ministry of the interior refused to support the League financially. One civil servant stated bluntly that "direct support through the ministry of the interior seems questionable to me, as in this case ... the representatives of naturopathy (*Reichsverband für paritätische Heilmethoden* [sic] etc.) probably also would demand support, at least very strong attacks against the ministry could be expected, which under certain circumstances would find strong resonance in the *Reichstag*."<sup>98</sup>

In the Prussian welfare ministry and the Reichsgesundheitsamt the *DGBK* had more faithful supporters, despite the parliaments. In many cases they were granted the desired help, if not financial then ideological or through the

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<sup>95</sup> GStA, HA. I, Rep 76 VIII B, Nr. 1342, Bl. 227-9, DGBK an MfV.

<sup>96</sup> GStA, HA. I, Rep 76 VIII B, Nr. 1342, Bl. 388, DGBK, Lennhoff, an Groß-Berliner Ärztesbund, Levy, 22.6.1926.

<sup>97</sup> Cf. BArch, R1501, Nr. 9146, Bl. 211-221, *Jahresbericht über das Jahr 1925*.

<sup>98</sup> BArch, R 1501, Nr. 9146, Bl. 2, memo.

provision, for instance, of exhibition space in the *Herrenhaus* free of charge.<sup>99</sup> Another example was the distribution of the 10,000 dragon posters in stations around Berlin, which was sponsored by the welfare ministry.<sup>100</sup> An important factor for the good relations with medical administrators may have been corps spirit. As in the DGBK, ex-military physicians played a central role amongst the medical officers in the ministries and the Federal Health Office (*Reichsgesundheitsamt, RGA*). *Oberregierungsrat* Erich Hesse, for example, dealt with the cases of non-licensed healers and producers of patent medicines at the Federal Health Office in Berlin. Not only was he a military physician when he was appointed to the Health Office, he was also, as a *Beirat*, member of the *DGBK's* extended board.<sup>101</sup>

### **Involving the Lay Element**

However much the DGBK board tried to shake off suspicions that the League merely served the interests of the medical profession, their success remained limited. The strength of heterodox medicine was based partly on the fact that the large lay healing organisations offered more to their members and sympathisers than just ways of preventing and treating disease. Like religious communities, they also transported a sense of identity. The *DGBK's* open hostility towards all heterodox practitioners did nothing to convince sympathisers of such lay organisations of the uninterested nature of the League's aims.<sup>102</sup> The opposite may have been the case: these attacks could easily be recognised as coming from within the medical profession and read as expressions of self interest rather than of a rational support for a superior science of healing.

<sup>99</sup> GStA, HA. I, Rep 76 VIII B, Nr. 1342, Bl. 402, *Zahlungsanweisung*, 26.3.1927; Bl. 508, MfV, Lenz, an DGBK, 29.9.1927; Bl. 567, *Zahlungsanweisung*, 1928 (date illegible); Bl. 619, *Zahlungsanweisung*, 18.7.1928.

<sup>100</sup> GStA, HA. I, Rep 76 VIII B, Nr. 1342, Bl. 243, DGBK poster; Bl. 275, DGBK an MfV, 3.4.1926.

<sup>101</sup> BArch, R 1501 (PA), Nr. 7300: Dr. med. Erich Hesse, geb. 15.10.1880, BArch, R1501, Nr.9146, Bl. 213, *Liste der Vorstandsmitglieder*.

<sup>102</sup> Zentralverband für Volksgesundheit und Freiheit des Heilwesens e.V., *Tendenziöse Irreführung und Täuschung des deutschen Volkes, der Regierungen und Parlamente durch wissentlich unwahre Behauptungen der sogenannten Deutschen Gesellschaft zur Bekämpfung des Kurpfuschertums und ihrer Tochtergesellschaft, des sogenannten Vereins der durch Kurpfuscher Geschädigten*, Essen, 1930. Copy in Madaus archive.

If the League wanted to convince, they had to overcome the suspicions in the public against allegedly greedy doctors. The best way to achieve this goal would be a lay organisation which had the same aims as the League, a mirror image of the lay healing societies, as it were, but with the ‘right’ attitude towards heterodox healing methods. The *DGBK*’s support for the *Verein der durch Kurpfuscher Geschädigten* (Society of those who suffered harm through quacks) was a particularly embarrassing attempt in this direction. Besides providing us with further insights into rather cynical activities of the *DGBK*, the pre-history of the *Verein der durch Kurpfuscher Geschädigten* also allows us a rare glimpse at the experience of patients with doctors and healers. It shows us how weak the allegiances of patients for either orthodox or heterodox medicine could be.

The Society had its origin in the tragic death of Günther, the son of the Berlin plumber and electrician, Wilhelm Schmidt. The boy of four died on January 21, 1925 in the Berlin university hospital Charité, apparently from complications after an inflammation of the ear.<sup>103</sup> Ten days earlier, when the child complained about ear pains, Schmidt and his wife had taken him for an ear exam to the Charité. *Stabsarzt* Dr. Appelt diagnosed a septic otitis. The boy was treated with radiation (probably heat) and sent home. Three days later, stinking pus emanated from the ear. The child received more radiation treatment. On January 14 it was decided that he should undergo surgery on January 16. Schmidt left his son in a children’s ward of the hospital.

However, the Schmidt family apparently had also connections with the biochemical movement. After talking to the ‘biochemical advisor’ Schlieff, Schmidt took his son back home.<sup>104</sup> Schlieff was confident that he could cure Günther biochemically, without the need for surgery. Schmidt claimed that Schlieff declared he would accept full responsibility for the health of the boy. Schmidt followed the advice and in the following days treated the child according to Schlieff’s orders with salt tablets and compresses, as well as a self-constructed radiation apparatus. When Günther’s state turned more and more

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<sup>103</sup> BArch R1501, Nr. 9139, Bl. 107, *Strafantrag des Klempner-Innungsmeisters Wilhelm Schmidt*.

<sup>104</sup> The biochemical societies called their appointed practitioners ‘biochemical advisors’, *biochemische Berater*.

critical, though, and the abscess behind his ear grew bigger, Schlieff, still confident, consented to a consultation with the biochemical physician, Dr. Döpel. Döpel agreed with Schlieff that the boy was in no real danger. Schmidt and his wife, however, started to fear about the child's life. They were insecure and confused about what to do and reluctant to come to an independent decision whether to believe in biochemistry or in academic medicine. Apparently they expected more than just advice from the medical authorities. They wanted to be told what to do, no matter whether by an orthodox or a heterodox practitioner. After Döpel stated that he would not object to an operation, Schmidt finally decided on the evening of Monday, January 19, that he would take the boy back to the university hospital. On January 20 Günther underwent surgery, but he died 12 hours later. The doctor who was in charge of the operation claimed that the boy would have lived, had he stayed in the Charité in the first place.

For Schmidt, the death of his son was the beginning of a crusade against biochemistry. He reported Schlieff to the police and accused him of manslaughter. A copy of his charges against the biochemical advisor, Schmidt sent to Lennhoff at the *DGBK*. It is not clear how close Schmidt's connection with either the medical profession or the biochemical movement had been before the death of his son. Schmidt had served as a military orderly in the Asia Corps. According to the head of his invoice forms he also installed medical apparatuses and hospital equipment.<sup>105</sup> Obviously his allegiances were insecure. When he sent his letter to Lennhoff, however, he turned into an instrument of the *DGBK*.

Lennhoff saw an opportunity, by using Schmidt, of bringing a popular anti-quackery organisation into being, whose representatives should claim that they had no connections with the medical profession. He suggested that the plumber should found a *Verein der durch Kurpfuscher Geschädigten*.<sup>106</sup> In July, after several meetings with Lennhoff, Schmidt and five other persons launched the *Verein*. They prepared the publication of the *Verein's* journal, and the official inaugural meeting took place on June 2, 1927. A mere 26 listeners attended the

<sup>105</sup> BArch R1501, Nr. 9139, Bl. 625, Schmidt an Reichspräsident; GStA, HA. I, Rep 76 VIII B, Nr. 1334, invoice form (without date).

<sup>106</sup> Lennhoff to Schmidt, May 5, 1926, faksimile in: Zentralverband für Volksgesundheit und Freiheit des Heilwesens, *Tendenziöse Irreführung*, p. 21.

meeting. The chairman of the ‘quackery commission’ of the Berlin Physicians’ Chamber held a lecture and Schmidt’s appointment as president of the *Verein* was confirmed. Little later Schmidt received a loan of *RM* 1000 from the chamber for the production of a journal, which he passed on to the printer Krukow who bought a high-speed printing press with the money. Lennhoff’s former office clerk, Werner Preuß, edited the journal. In November 1927, 10,000 doctors received the *Zeitschrift für Volksaufklärung gegen Kurpfuscherei und Heilmittelschwindel*, free of charge. The bill was shared by physicians’ chambers and medical societies (contributing *RM* 0.60 per copy) and the Berlin pharmaceutical company Sicco A.G. (later Temmler Works, *RM* 0.075 per copy). The Prussian Welfare Ministry supported the *Verein* with a subsidy of *RM* 200.<sup>107</sup> The *DGBK* also remained closely involved with its development. When Schmidt worked out the statutes, for example, he was advised by *DGBK* activist Dr. Curt Wachtel.<sup>108</sup>

However, if Schmidt thought that Lennhoff’s *DGBK* and his *Verein* would help him over the loss of his son, he was mistaken. His fortunes turned against him when the journal proved to be exceedingly lucrative and good business for printer and editor, despite numerous law suits against Preuß, filed by heterodox practitioners and producers of patent medicine who he had insulted. When in 1928 Schmidt demanded to see the balance books, the *Verein*’s new executive officer sided with Preuß, refused and in turn asked Schmidt to pay back the *RM* 200 from the Welfare Ministry which he had used already to cover his expenses. Schmidt then requested Preuß to quit the editor’s post. Preuß, however, refused to resign unless his employer Krukow sacked him: “I have to do this, if alone for tactical reasons, i.e. because of the enemy, with a view to the reminder of Dr. Wachtel not to lose sight of our final goals. If you ... are unhappy with the ‘shit’ I write it is up to you to deliver better contributions. Anyway, the [positive] judgement of San.-Rat Dr. Siefert and of other doctors ... means more to me.”<sup>109</sup>

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<sup>107</sup> Ibid., p. 24.

<sup>108</sup> Ibid., p. 25.

<sup>109</sup> Preuß to Schmidt, April 26, 1928, in: *ibid.*, p. 26-7.

Schmidt now had his *Verein*, but he had lost the journal: the printer Krukow had declared the *Zeitschrift* to be his rather than Schmidt's property. Schmidt then called a general meeting on May 3, 1928. Preuß refused to recognise this meeting because it was not properly announced. The only attendants were Schmidt, his wife and a few sympathisers. Schmidt called his mentor, Lennhoff, for help and immediately prepared, rather clumsily, the publication of a new *Zeitschrift für Volksaufklärung*. In the first (and at the same time last) number, Schmidt accused his former editor to be interested in nothing but making money.<sup>110</sup> Lennhoff, however, sided with his former office clerk and dropped Schmidt instead. Schmidt's *Zeitschrift*, upon initiative of Preuß and Krukow, was banned by a Berlin court. Furthermore, the plumber received an invitation to the police headquarters, where a medical officer of health explained him that he may be mentally ill. Schmidt subsequently changed allegiances again and turned to the '*Reichsbund zur Bekämpfung der Kurpfuscherei E.V.*', one of the organisations which defended the 'freedom to provide cures' against what its members considered the true 'quacks' within the medical profession. The letters Schmidt had received from *DGBK* officials, now in turn served lay organisations like the League of Healers to support challenges against the altruism claims of the *DGBK*. The cynical attempts of the *DGBK* to forge a link with the despised 'mass' had turned into a complete farce.

### The Corridors of Power

While the *DGBK* did not succeed in winning the hearts of the 'mass', their lobbying activities in the corridors of power were more successful. In 1927, the Prussian Welfare Ministry summoned a subcommittee of the State Health Council, an advisory body made up of health experts, to discuss whether the activities of non-licensed practitioners were so damaging that they needed to be restricted by state measures. The dispute over university chairs for heterodox methods, Bier's flirt with homeopathy, and the books by Liek and Aschner had

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<sup>110</sup> GStA, HA. I, Rep 76 VIII B, Nr. 1335, *Zeitschrift für Volksaufklärung. Gegen Kurpfuscherei und Verbrechen auf medizinischem Gebiete und Heilmittelschwindel. Zentralorgan des Vereins der durch Kurpfuscher Geschädigten (Günther-Schmidt-Verein)*, vol. 2, Numbers 6 and 7, June - July 1928.



intensified the ‘quackery debate’ and, in conjunction with laments over the crisis of the profession, had turned it into a debate over a ‘crisis in medicine’ which seemed to call for governmental action of some kind. Several members of the *DGBK* board, as well as *DGBK* supporters, sat on the committee or were invited as experts: Lennhoff, Roth, Wachtel, Ebermeyer, Graack and Hesse.<sup>111</sup> Minister Hirtsiefer was present, too. He suspected that the lack of trust for doctors in the population was due to the propaganda of the lay organisations against the medical profession.<sup>112</sup> When one of the two main organisations of the lay practitioners, the League of Healers, requested that a representative of the non-licensed practitioners should be heard as well, this request was declined.<sup>113</sup>

The few non-medics amongst the speakers defended *Kurierfreiheit*. The secretary general of the powerful head organisation of the German sickness insurance funds, for example, Helmut Lehmann, argued against a quackery ban and for increased education efforts: “As we have had *Kurierfreiheit* in Germany since 1869 and during all these decades there has not been a significant amount of propaganda against this freedom, I assume that the status quo expresses the attitudes of the people.”<sup>114</sup> Indirectly Lehmann attacked the composition of the committee: “In the end, whether to abolish *Kurierfreiheit* is a political question and cannot be decided upon only from the point of view of the doctors. It is a question of worldview.”<sup>115</sup> The member of the Prussian parliament, Frau Oestreicher, argued that she could not support the total abolition of *Kurierfreiheit* as long as the medical profession did not regain the trust of the large majority of Germans. A ban of lay practice would otherwise equal a “spiritual rape” of the population.<sup>116</sup> Another member of parliament, the socialist Marie Kunert, also remarked that it may be a bad idea to grant the medical profession a treatment monopoly “at a moment in time when medical science obviously finds itself in a

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<sup>111</sup> Cf. *Ueber die Mißstände auf dem Gebiete der Kurpfuscherei*.

<sup>112</sup> *Ibid.*, p. 126.

<sup>113</sup> *Ibid.*, pp. 128-32.

<sup>114</sup> *Ibid.*, p. 93.

<sup>115</sup> *Ibid.*, pp. 95-6.

<sup>116</sup> *Ibid.*, p. 111.

crisis once again.”<sup>117</sup> In contrast, the representatives of homeopathy, Bastanier, and of naturopathy, Ziegelroth, both physicians, pleaded for the abolition of *Kurierfreiheit*. Their ambition was to gain an established space within the canon of medical education for their respective methods rather than being associated with the lay practitioners any more than necessary.

The arguments exchanged during the two day meeting represented the well-known positions of the medical mainstream. The cancer of ‘quackery’, as spokesmen of the profession expressed it, had to be cut out of the weakened body of the German nation. The committee concluded that ‘quackery’ was highly damaging to the nation’s health and to the German economy, and that it was the duty of the state to protect the public against this threat. It recommended the abolition of *Kurierfreiheit*. However weak, the voices of the few critics in the committee also found their way into the final recommendations. The committee did not exclude the possibility of granting a restricted licence to especially gifted non-medics and discussed the practicability of a ‘minor licence’, but left it to the government to work out a detailed solution. Finally the committee called for a reform of medical training, so that licensed doctors in the future would be better qualified to apply popular healing methods like naturopathy and homeopathy.

## Conclusion

The activities of the *Hartmannbund* and the *DGBK* as well as the whole history of *Kurierfreiheit* since 1869 led to a close alliance between the medical profession and high level civil servants against lay healing organisations, sickness insurance funds, and their socialist and liberal sympathisers in the parliaments. What united the allies against ‘quackery’ was their interest in bringing the ‘other’, that anarchic counterpart of the medical profession, under control. Of central concern to the proponents of an ‘anti-quackery law’ remained the PR battle over the right definition of ‘quackery’. The legal restrictions on lay practice became increasingly more restrictive. The Venereal Disease Law of 1927, for example, banned non-licensed practitioners from treating any disease related to the sexual organs. Although professional organisations like the

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<sup>117</sup> Ibid., p. 140.

*Hartmannbund* and the *DGBK* had some success in lobbying against non-licensed practice, however, they did not reach their final goal, the total ban on lay medicine.

It did not help the credibility of the *DGBK* that already for a few years the medical profession had been suffering from a general lack of trust in the population, even if they blamed this lack of trust on the propaganda of the ‘quacks’. The language and the arguments of the lay organisations were generally far more accessible to non-experts than the claims of the medical men. It was also highly doubtful if the economic damage through ‘quackery’ was really as great as the *DGBK* made it out to be.<sup>118</sup> Not helpful for finding a way to deal with those who abused *Kurierfreiheit* were the militancy and unwillingness to compromise within the *DGBK*. The “All or Nothing” strategy of the *DGBK* activists rejected any partial solution like, for example, refusing the right to practise medicine only to persons who had shown that they were ‘unreliable’.<sup>119</sup> They demanded a total ban on non-licensed practice, and nothing less. Every compromise, they thought, would make reaching the final goal more difficult.

The lay organisations, as we will see in the next chapter, also claimed that they fought ‘quacks’ in their own membership, while accusing the medical profession, not without some justification, of protecting anybody who held a licence.<sup>120</sup> There certainly appeared to be a number of bad apples among the licensed doctors as well as among the non-licensed practitioners, and as we have seen in cases like Olpe’s, they collaborated quite well with each other. On the other hand, there were heterodox practitioners who had every right to claim that they were fighting for progress and against backwardness. The *DGBK*’s achievement was to represent the threat of instability to the medical profession caused by licensed and non-licensed, commercially-minded or non-conformist practitioners as a threat from outside, in line with the bunker mentality promoted

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<sup>118</sup> Cf. Herm. Edw. Krueger, *Wesen und Bedeutung der Kurierfreiheit in nationalökonomisch-statistischer Beleuchtung. Erster Teil: Zur Statistik der sogenannten Kurpfuscher*, Schriften über Wesen und Bedeutung der Kurierfreiheit. Erste Reihe: Medizinalpolitische Untersuchungen I.6, Berlin: Ebering, 1911.

<sup>119</sup> BArch, R 1501, Nr. 9139, Bl. 650.

<sup>120</sup> See, for example, Zentralverband für Volksgesundheit und Freiheit des Heilwesens e.V., *Tendenziöse Irreführung und Täuschung des deutschen Volkes*, pp. 15-6.

by the *Hartmannbund*. The furore caused by the ‘heretics’ showed clearly, however, that the division of the world into self and other did not quite work.

## Chapter 5. Rationalising the ‘Other’: Folk Medicine as an ‘Anti-Modern’ Tradition?

*Two processes are characteristic of the recent developments in medicine. On the one hand, biological thinking is finding its way into the repertory of the orthodox practitioner ... On the other hand, the foundations of the biological healing methods are being studied with the methods of exact science.<sup>1</sup>*

### Introduction

The *DGBK* tried to write off heterodox medicine as the ‘other’ by denouncing it as backward and ‘anti-modern’. The ‘heretics’, in defence of lay medicine, also depicted it as ‘anti modern’. One reason this did not work very well was that lay medicine had a surprising number of ‘modern’ facets, not least because lay practitioners appropriated features of orthodox medicine. In chapter one I have suggested that the struggles between the doctors’ professional organisations and the sickness insurance funds, combined with rationalisation measures, led to a loss of trust in the population towards official health politics and towards the authorities embodying the state health system. This loss of trust, I have argued in chapter two, made popular a group of medical men who publicly criticised such rationalisation moves. They blamed the welfare state and its bureaucracy, as well as the scientisation of medicine. Instead they promoted charisma as the decisive feature of a healer. The loss of trust and the way it was publicly debated, in conjunction with the precarious economic situation, I have argued in chapter three, also led to a boom of commercial, non-licensed practice. In this chapter I return to the themes of the beginning and ask: how rational or anti-rational was heterodox medicine?

‘Rationalisation’ can have a number of closely linked meanings, and they are all seen as defining characteristics of modernisation processes.<sup>2</sup> Firstly it describes improving a process, making it more efficient. The widespread

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<sup>1</sup> “Neuere Arbeiten aus der wissenschaftlichen Abteilung der Firma Dr. Madaus & Co: Kolloidchemie und Medizin,” *Madaus Jahrbuch*, 1928, 3-6, p. 6.

<sup>2</sup> Cf. Sam Whimster and Scott Lash, eds., *Max Weber, Rationality and Modernity*, London: Allen & Unwin, 1987.

application of ‘Taylorism’ and ‘Fordism’ is a characteristic feature of high modernity. ‘Rationalisation’ can also be understood as the systematisation of knowledge, or classification. It gives the people who control the rules of classification control over the classified objects (and objectified subjects). In a Foucauldian world this is the basis of ‘power’, while in a Weberian world the extension of formal rationality to ever larger areas of social life leads to the growth of bureaucracy. The third meaning of ‘rationalisation’ which applies to this chapter is that of providing a ‘reasoned’ basis for observations and practices (in place of myth and magic), the ‘disenchantment of the world’, again a Weberian concept. Cultural critics and supporters of alternative medicine in past and present have opposed rationalisation of this sort, often drawing on the cultural repertory of romanticism and promoting a counterculture based on authenticity and immediacy.

We will see in this chapter how rationalisation came to bear on folk medicine in the interwar years in all three ways. We will observe how medical historians offered the medical profession a classification of folk medicine as ‘the other’ of scientific medicine, that which was not rational, not scientific. On the other hand, we will encounter how lay healers offered administrators means of classifying and controlling them by setting up registers, rationalised entry requirements to the vocation and training courses. Finally, we will see how a company applied concepts of industrial rationalisation in the production and marketing of herbal medicines and homeopathic remedies, while researchers in the company’s laboratories were engulfed in the process of systematising and ‘disenchanting’ medical folk knowledge.

### **Studying Self and Other**

To one it was ‘quackery’, to the other ‘folk medicine’. Heterodox healing was difficult to grasp and to define, and its attraction to large parts of the population was difficult to explain for doctors, whose scientific training supposedly was far superior to the basic empiricism and the magic methods of lay healers. Even worse: at a time when scientific medicine was criticised for allegedly losing touch with the archaic, essential principles of the art of healing and doctors were looking for historical legitimisation of the profession’s

monopolistic claims (see chapter two) it became increasingly tricky to identify the fundamental differences with ‘folk medicine’. Doctors, under fire in the public for their alleged greed, defined themselves through the contrast with the ‘quacks’. ‘Us’ was what was unlike ‘them’. To many in the profession, ‘quackery’ was what scientific medicine was not - or ideally should not be: backward, dogmatic and uncritical. On the other hand, doctors were at pains to stress that they, too, possessed the intuitive qualities which they saw at work in the folk medicines of primitive societies and in the early history of Western medicine.

Folk medicine received much attention in the 1920s, as part of a general trend in the humanities towards scholarly work on German folk traditions.<sup>3</sup> The historian of medicine, Paul Diepgen, for example, spoke and published frequently on folk medicine and ‘quackery’ in past and present.<sup>4</sup> In two lectures he delivered to the German medical convention in 1930 and within a lecture series on quackery at the University of Berlin in 1932, he attempted to tidy up the messy relationship between folk healing and scientific (state-licensed) medicine.<sup>5</sup> Diepgen repeatedly stressed the close connections between the two: “If we study the history [of medicine] we find the most intimate and peaceful relations between folk medicine and orthodox medicine.”<sup>6</sup> In the distant, mythical past, there was no scientific medicine: “originally, all medicine is folk medicine, born out of distress and the desire for healing help.”<sup>7</sup> The ambiguity of their relationship becomes clear where he defines folk medicine as “traditional (*volkstümliche*) measures and attitudes, which in their practice and their form of justification cannot be accepted by scientific medicine and, therefore, stand in

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<sup>3</sup> Cf. Eberhard Wolff, “‘Volksmedizin’ - Abschied auf Raten. Vom definitorischen zum heuristischen Begriffsverständnis,” *Zeitschrift für Volkskunde*, 94, 1998, 233-57.

<sup>4</sup> Cf. Walter Artelt und Edith Heischkel, “Das Schrifttum Paul Diepgens bis zum 24. November 1938,” in W. Artelt, E. Heischkel, and J. Schuster, eds., *Medizin und Kultur. Gesammelte Aufsätze von Paul Diepgen*, Stuttgart: Enke, 1938, 296-304.

<sup>5</sup> Paul Diepgen, “Volksmedizin und wissenschaftliche Heilkunde in Vergangenheit und Zukunft,” in: “Stenographischer Bericht über die Verhandlungen des Deutschen Ärztetages 1930,” *Deutsches Ärzteblatt*, 57, 1930, 38-44; idem, “Kurpfuscherei und wissenschaftliche Medizin im Wandel der Zeiten,” *Gesundheitslehrer A*, 36, 1933, 213-8.

<sup>6</sup> Diepgen, “Volksmedizin und wissenschaftliche Heilkunde,” p. 41.

<sup>7</sup> Diepgen, “Kurpfuscherei und wissenschaftliche Medizin,” p. 213.

opposition to the latter.”<sup>8</sup> Since that mythical past, scientific medicine had progressed:

Scientific medicine moves beyond this primitive approach. It recognises that pure empiricism and religious-magic ideas are insufficient foundations for medical practice. Through arduous intellectual labour it looks for an objective basis to its practices, drawing on philosophy and later on the natural sciences. With careful observation, with sharp logic, it finds the way to criticism.<sup>9</sup>

One of the main allegations against non-licensed practitioners was that they expressed (and exploited in their patients) an ‘uncritical attitude’, that they were dogmatics. Responding to a special issue of the journal ‘*Süddeutsche Monatshefte*’ on heterodox medicine and ‘quackery’, another medical author, Wilhelm Möhrke, suggested in the DGBK journal *Der Gesundheitslehrer* that for lay practitioners and promoters of outsider methods amongst the licensed physicians “flowery fantasy replaces ... the arduous use of methodical thought.”<sup>10</sup> They were not driven by scientific facts, but by uncritically accepted theorems: “Scientific medicine understands as an outsider a person, who persistently sticks to methods which have conclusively been recognised to be unscientific and therefore worthless.”<sup>11</sup>

Diepgen, and others like him, assumed that the division between the two spheres of medicine had already been in place at the time of Hippocrates, with the great mythical doctor obviously firmly committed to the scientific camp: “Around the same time we encounter besides the high ranking physician also the quack, with the typical psychology that characterises quackery up to the current day: rash generalisations of few correct observations and one-sidedness without the ability to criticism.”<sup>12</sup> While scientific medicine moved on, Diepgen argued, folk medicine remained unchanged. The Potsdam judge and *DGBK* supporter Albert Hellwig suggested that, with a view to the successes of lay healers in the

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<sup>8</sup> Diepgen, “Volksmedizin und wissenschaftliche Heilkunde,” p. 38.

<sup>9</sup> Diepgen, “Kurpfuscherei und wissenschaftliche Medizin,” p. 213.

<sup>10</sup> Wilhelm A. Möhrke, “Der Arzt und seine Schändung,” *Der Gesundheitslehrer A*, 35, 1932, 379-83, p. 380.

<sup>11</sup> Möhrke, “Der Arzt und seine Schändung,” p. 381.

<sup>12</sup> Diepgen, “Kurpfuscherei und wissenschaftliche Medizin,” p. 213.



interwar years: “[i]f one looks at these modern occult healing methods with the trained gaze of the cultural historian ... one realises soon that all these concepts, however learned they appear to be, are merely ancient ideas from folk medicine, disguised with a new, pseudo-scientific frock.”<sup>13</sup>

On the one hand folk medicine was a remnant from the history of scientific medicine, on the other its caricature. In the eyes of the quackery fighters, folk medicine was traditional and backward, inflexible and opportunistic, and basically opposed to what they took to be the interests of the modern state. It was therefore not merely self-interest which drove the doctors’ struggle against quackery, it was the concern for the people’s health: “That the interests of the licensed physicians in this matter go together with that of public welfare is self evident.”<sup>14</sup> Why then did the public not understand that medicine needed science rather than the dangerous empiricism of the quacks? Diepgen blamed the persistence with which the uneducated sections of the population stuck to their traditions and beliefs. The contempt for the natural sciences in the educated classes was also to blame. But what helped lay healers most, he argued, was the strong belief in miracles in all strata of the population.

### **Traditional and Modern Healers**

However backward and traditional lay medicine may have seemed to medical historians, the majority of registered lay healers, did not live in backward, rural areas. They practised in cities, and especially in the metropolis. Berlin alone was home to 1301 non-licensed healers in 1926, that is about 20 % of all registered lay practitioners in the country.<sup>15</sup> In 1927, in Prussian cities 2.9 lay healers were registered per 10,000 citizens, compared to only 1.1 in rural areas. But the density of doctors was also lower in the countryside. Consequently, in both urban and rural areas there were about 25 non-licensed

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<sup>13</sup> Albert Hellwig, “Moderne Formen okkultur Heilmethoden,” *Medizinische Klinik*, 26, 1930, 1389-91, p. 1389.

<sup>14</sup> Diepgen, “Kurfuscherei und wissenschaftliche Medizin,” p. 218.

<sup>15</sup> *Ueber die Mißstände auf dem Gebiete der Kurfuscherei und Maßnahmen zu ihrer Beseitigung. Bericht ber die Verhandlungen eines zusammengesetzten Ausschusses des Landgesundheitsrates am 9. und 10. März 1927*, Berlin: Schoetz, 1927, p. 11.

healers per 100 doctors (25.5 compared to 25.3).<sup>16</sup> In some rural corners in Prussia, no lay practitioners were registered at all.<sup>17</sup> Occasionally, however, practitioners from the city would travel around in the countryside and set up branches there in the attempt to expand their clientele. There were also travelling lecturers who visited the villages, and after their lectures on hygiene sold medicine and contraceptives, and treated the sick.

Lay healers could be grouped roughly into two classes, who I shall call ‘traditional’ and ‘modern’. The ‘traditional’ healers practised in rural areas. Their clientele were farmers, they were often elusive and the medical officers knew about them only through hear-say. They did not advertise their services. Their patients knew how to contact them if they needed their help. The largest group amongst these traditional healers was bone setters, who in Friesland were known as *Knochenbrecher*, in the Rhineland as *Knochenflicker*, and in Silesia as *Ziehmänner*. Sometimes their skills were passed on in a dynastic manner from father to son. One such dynasty was the Pies family in the district of Koblenz, whose members had practised as *Knochenflicker* for generations.<sup>18</sup> Pies, a well-respected Catholic farmer who died a few years before the 1926 survey, had acquired such a reputation in the area that the population had started to call any bone injury a “*Piesenfehler*” (Pies injury). In the same region, two ‘wise women’ were active, simply known in the population as ‘the woman in Norath’ and ‘the woman in Kurwe’. In the rural Odra region east of Berlin, the district medical officer heard about evasive ‘miracle doctors’, who occasionally visited the farmers at night and treated humans and animals. When midwives or country policemen heard of those cases, the ‘miracle doctors’ had long moved on.

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<sup>16</sup> Dornedden, “Das berufsmäßig tätige Heil- und Pflegepersonal im Deutschen Reich am 1. Mai 1927,” *Reichsgesundheitsblatt*, 1928, 690-705. These figures contradict the argument that non-licensed practitioners filled in where doctors did not want to go, as defenders of the ‘freedom to provide cures’ suggested, unless, which is possible, rural healers were less likely to register with the medical officer of health. Cf. M. Leiner, *Die Bedeutung der Kurierfreiheit für die ländlichen Gebiete mit besonderem Hinblick auf Krankenbehandlung und Krankenpflege*, Berlin: Ebering, 1911; Herm. Edw. Krueger, *Wesen und Bedeutung der Kurierfreiheit in nationalökonomisch-statistischer Beleuchtung. Erster Teil: Zur Statistik der sogenannten Kurpfuscher*, Berlin: Ebering, 1911.

<sup>17</sup> GStA, HA 1, Rep. 76 VIII B, Nr. 1343-44, nicht foliiert, *Sammlung der Berichte auf den Runderlaß vom 23.X.1926 - IMI 3118-26 - betr. Bekämpfung des Kurpfuschertums*.

<sup>18</sup> GStA, HA 1, Rep. 76 VIII B, Nr. 1344, Kreisarzt Simmern an RP Koblenz, 30.11.1926.

According to a local midwife, the farmers wholeheartedly trusted their skills and would never consult a doctor.<sup>19</sup> In Ortelsburg, Eastern Prussia, barbers offered medical services in addition to shaves and haircuts, like barber-surgeons had done it in previous centuries. They massaged backs, extracted teeth, and applied leeches and cupping glasses.<sup>20</sup> Occasionally, a ‘hysterical or epileptic girl’ with alleged healing powers attracted large numbers of people, healthy as well as ill. Such quasi-religious events took place in Catholic as well as in Protestant areas. They were comparable to cases of religious healing in the 19th century, as David Blackbourn has described them in his skilful study of the apparitions of the virgin Mary in Marpingen.<sup>21</sup> Blackbourn interprets such events as expressions of insecurity and change in a community between tradition and modernity.

Rural lay medicine, in fact, was not static. The Pies family, for example, was no longer a dynasty of non-licensed practitioners, they had crossed (like the Zeileis family) the boundary towards academic medicine. Farmer Pies had two sons, one of whom held a medical degree, but still practised (with good success) as a ‘bone doctor’. The family’s origin myth supported this move: allegedly a doctor Pies had practised two centuries before on an aristocratic estate in the Hunsrück mountain range.

In contrast with most traditional healers in remote, rural regions, ‘modern’ lay healers stood in direct competition with medical practitioners in cities and industrialised areas. Many of them contributed to as well as profited from the success of the lifestyle reform movement and the debate over a crisis of medicine. They used the press for aggressive advertising campaigns, and they applied diagnostic and therapeutic methods which were *en vogue*, like iridology, biochemistry and high frequency electrotherapy. Some of the ‘modern’ lay healers were extremely successful: they ran practices with several branches,

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<sup>19</sup> GStA, HA 1, Rep. 76 VIII B, Nr. 1343, Kreisarzt Königsberg, Nm., an RP Frankfurt a. d. Oder, 29.11.1926.

<sup>20</sup> GStA, HA 1, Rep. 76 VIII B, Nr. 1343, Kreisarzt Ortelsburg an RP Allenstein, 13.12.1926.

<sup>21</sup> Cf. David Blackbourn, *Marpingen: Apparitions of the Virgin Mary in Bismarckian Germany*, Oxford: Clarendon Press, 1993. A well-known example in the interwar period was Therese Neumann, the ‘Stigmatised of Konnersreuth.’

equipped with expensive machinery. A few used x-ray apparatuses.<sup>22</sup> While most non-licensed healers were self employed, some ‘biochemical advisors’ were waged employees of biochemical societies. The incomes of lay healers and producers of patent medicine could be impressive. Some could afford their own cars. In the mid 1920s, top earners amongst the practitioners earned up to *RM* 100,000 per year, and the manufacturers could take home profits of up to *RM* 1 Million.<sup>23</sup> It is safe to assume, however, that these were exceptions and that the income of most non-licensed practitioners was far lower than that, especially with a view to the increasing competition.

Many non-licensed healers had experience as medical personnel of some sort before opening their own healing practice. The men amongst them had mostly served as military orderlies in the war. Amongst the women, many had trained as nurses and midwives. However, most of the healers claimed to have acquired their skills through private studies. Numerous introductions to homeopathy and biochemistry were available in bookstores, pharmacies and health food stores. Firms like ‘Dr. Madaus & Co.’ and ‘Willmar Schwabe’, as we will see below, provided the lay healers with easy to use compound systems: They sold or distributed handbooks and tables listing symptoms and symptom complexes and recommending the respective herbal or homeopathic remedy out of their own production. An increasing number of non-licensed healers had received some sort of training in vocational schools.<sup>24</sup>

### **The Professionalisation of Lay Medicine**

Vocational schools for heterodox healers were examples of what one could call professionalisation attempts of non-licensed practitioners. Certainly, many lay healers claimed that they were folk doctors by God’s grace and that, rather than licensed by the state, they were licensed by the people who trusted them, while official, ‘state’ medicine was in crisis. In the long run, however, this

<sup>22</sup> GStA, HA 1, Rep. 76 VIII B, Nr. 1344, Kreisarzt Wiedenbrück an RP Minden, 30.11.1926.

<sup>23</sup> *Ueber die Mißstände auf dem Gebiete der Kurpfuscherei und Maßnahmen zu ihrer Beseitigung: Bericht über die Verhandlungen eines zusammengesetzten Ausschusses des Landesgesundheitsrates am 9. und 10. März 1927*, Verhandlungen des Preußischen Landesgesundheitsrates, 8, Berlin: Schoetz, 1927, p. 53.

<sup>24</sup> “Die Züchtung von Kurpfuschern,” *Gesundheitslehrer*, 30, 1927, 191.

position was rather insecure and unsatisfactory. The crisis would be over at some point, and public opinion could turn against them. Lay practitioners realised that a number of those who claimed to possess the natural charisma of the healer were incompetent at best, and criminals at worst. While Erwin Liek's public defence of Valentin Zeileis helped the reputation of lay healers, impostors like Olpe provided ammunition for those who wanted to put an end to 'quackery' once and for all, and turn the practice of medicine by non-doctors into a punishable offence. Paradoxically, while Liek employed the rhetoric of the natural born healer to describe the ideal physician, non-licensed practitioners attempted to copy the organisational forms of orthodox medicine for their own purposes. While Liek denounced medical science, the lay healers appealed to it. They, too, were challenging the boundaries separating official and unofficial medicine.

The new organisations were different from the old natural healing societies, as they catered to full time heterodox practitioners rather than promoting self help amongst their members. The most vocal promoter of such heterodox professional politics in the years after the war was M.E.G. Gottlieb, the chairman of the League for the Parity of Healing Methods (*Verband für Parität der Heilmethoden*), whom I have mentioned above. Gottlieb travelled the country, gave speeches to lay healing societies and initiated petitions to the health authorities, demanding that non-licensed healers be granted the same rights and opportunities in the health system as licensed doctors. When he died in 1923, the *Verband* lost its motor. Soon, however, other organisations set up petitions and claimed that they were legitimately representing the non-licensed practitioners. The most influential two of these were the League of Healers (*Verband der Heilkundigen Deutschlands*, about 1,500 members), which belonged to Gottlieb's *Verband*, a rather decentralised organisation with local sections and its main seat in Essen, and the German Society of Nature Healers (*Deutscher Verein der Naturheilkundigen*, about 250 members), which had its seat in Leipzig but was led by the nature healer, textbook author and head of a vocational school for nature healers, Max Canitz in Berlin. Both organisations, more so than Gottlieb's *Verband*, were geared towards representing a vocational group and lobbying for

its interests. A letter sent by the secretary of the Society of Nature Healers, M. Müller, to the Ministry of the Interior in 1920 shows this quite clearly:

The legitimate profession of the nature healers has to suffer persistently and seriously under the justified struggle against true quackery. Even in the free Germany ... the competent are being attacked and suppressed alongside with the incompetent. ... Entirely without justification it is said that non-licensed practitioners do not have a scientific base and are mostly merely raw empiricists. The German Society of Nature Healers has always insisted on only accepting truly competent practitioners into their rows, with sufficient specialist training, so that today it constitutes a pool of chosen representatives of the profession and is entitled to be viewed as such by the authorities dealing with medical questions.<sup>25</sup>

In July 1924, the Society asked for a meeting of its representatives with the minister to discuss their suggestions. The nature healers were tired of “shady elements” taking advantage of their good reputation. The Society wanted some legal protection for the graduates of its vocational academy in Berlin, modelled, they suggested, on the protection for groups like the patent lawyers.<sup>26</sup>

The League of Healers also demanded legal protection for its members. How could it be that the excesses of a small number of incompetent and dishonest elements were used to bring a whole group of professionals into disrepute (after all, some doctors were evidently incompetent too, as the League’s representatives argued). The League aimed at representing all non-licensed healers, not only naturopaths, as its spokesperson Dietrich Gerpheide revealed in a 1925 brochure:

The League of Healers in Germany, which represents all status conscious, non-licensed healers, excludes the true quacks from its rows, provides appropriate further training for its members, aims at having them admitted to a state examination -- which the medical profession opposes for competitive reasons -- and already today accepts members only after examination by a special commission.<sup>27</sup>

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<sup>25</sup> BArch, R1501, Nr. 9138, Bl. 147, Deutscher Verein der Naturheilkundigen E.V., Syndikus M. Müller, an RdI, 5.9.20.

<sup>26</sup> BArch, R1501, Nr. 9139, Bl. 193, Deutscher Verein der Naturheilkundigen E.V., Vereinsleitung, an RdI, 7.7.1924.

<sup>27</sup> BArch, R1501, Nr. 9139, Bl. 233-9, D. Gerpheide, *Warum gehen wir lieber zum Heilkundigen und Reformarzt als zum allopathischen Arzt?* p. 11.

A state examination would have meant official recognition for non-licensed practitioners and effectively provided them with a ‘minor licence’ (*Kleine Approbation*).<sup>28</sup> Like the Society of Nature Healers, the League wanted co-operation with the authorities. They had already reported shady elements to the police and were willing to provide the authorities with a list of all their members.<sup>29</sup> Furthermore, reacting to the constant attacks of the medical profession, the League also condemned sensational advertising, as the best advertising for a healer would be successful cures.<sup>30</sup> Like the Society of Nature Healers, the League approached the ministry with its suggestions. They seemed to be quite willing to exchange their role as heterodox opposition to mainstream medicine, legal but under constant attack, for a recognised and protected status as second class healers.

Not only in organisational matters did the lay practitioner Leagues look towards orthodox medicine. They also geared their vocational training courses towards orthodox medical education. The training at Canitz’ academy for nature healers in Berlin, for example, took two years, the second of which was an internship in a practice of a member of the Society of Nature Healers. The actual training took place in the first year. Apart from being far shorter and far less thorough than the university programme for medical students, there were many parallels. Most of the textbooks (except those on heterodox subjects like nature healing) were mainstream medical texts.<sup>31</sup> In addition to an introduction to the basics of anatomy, histology and physiology, the school’s curriculum emphasised practical aspects of clinical diagnostics and therapy. The diagnostic training included classical techniques like auscultation and percussion, but also an introduction to chemical and bacteriological techniques. Besides homeopathic and allopathic pharmacology, students received a theoretical and practical introduction to the techniques of nature healing, the application of water and

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<sup>28</sup> BArch, R1501, Nr. 9138, Bl. 437-9, RGA, Bumm, an RdI, 15.6.1925.

<sup>29</sup> BArch, R1501, Nr. 9139, Bl. 29-30, Verband der Heilkundigen Deutschlands E.V., *Denkschrift zur Bekämpfung unlauterer Elemente in der Heilkunde und zum Schutz der geprüften bzw. organisierten Heilkundigen*; Bl. 258, Verband der Heilkundigen Deutschlands E.V. an RdI, 23.6.1925.

<sup>30</sup> BArch, R1501, Nr. 9139, Bl. 264-92, membership book and statutes of the League.

<sup>31</sup> BArch, R1501, Nr. 9139, Bl. 209, Fachschule für Naturheilkunde, *Verpflichtungsschein*.

light, to massage and gymnastics. Basic aspects of social hygiene, medical ethics and history of medicine were also being taught, as well as gynaecology, neurology and venereal diseases.<sup>32</sup> Although it cost far less than a medical degree, the course was not cheap: students had to pay *RM* 800, and they had to buy their textbooks. To be admitted, they also had to provide a certificate of conduct, issued by the police.<sup>33</sup>

Representatives of both organisations met with a government official on July 7, 1925.<sup>34</sup> There was, however, little hope that they would have much impact. The administration had no intention to support the non-licensed practitioners' request for recognition and the 'minor licence'.<sup>35</sup> The German League to Combat Quackery had by then moved back to Berlin and started its offensive against non-licensed practice. The representatives of the two organisations were ill prepared to overcome the hostility of academic doctors and the suspicions of the government officials, mostly trained in law. The representatives of lay healers and the civil servants belonged to different social strata. Despite the occasional jealousies between doctors and lawyers, both groups were part of the old academic élite and not likely to treat the 'uneducated quacks' as equals. That both organisations disagreed and competed with each other in many points did not help their case either. Much of what their spokespersons wrote in their publications, finally, was completely unacceptable to the experts in the Reich Health Office (*Reichsgesundheitsamt, RGA*), who were consulted by the colleagues in the ministry. Canitz, for example, warned in his textbook of the dangers of vaccinations and of Salvarsan treatment, and he denied that infections were caused by bacteria, a suggestion which did not go down well with bacteriologically trained medical officers.<sup>36</sup> Nature healers argued that the prime causes of infections were the feeble defence mechanisms of degenerate city dwellers, and what the doctors pretended to be symptoms of disease (especially

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<sup>32</sup> BArch, R1501, Nr. 9139, Bl. 204-7, *Lehr-Plan der Fachschule für Naturheilkunde*.

<sup>33</sup> BArch, R1501, Nr. 9139, Bl. 208.

<sup>34</sup> BArch, R1501, Nr. 9139, Bl. 388, handwritten memo.

<sup>35</sup> BArch, R1501, Nr. 9138, Bl. 437-9, RGA, Bumm, an RdI, 15.6.1925.

<sup>36</sup> BArch, R1501, Nr. 9139, Bl. 201-2, RGA an RdI, 25.9.1925.



venereal disease) were in fact consequences of the treatment with unnatural chemicals.

Publications distributed by the League of Healers were also not very sympathetic towards the medical profession as it presented itself in the early 20th century. Gerpheide's brochure attacked the doctors bitterly, after stressing that the 'freedom to provide cures', that great blessing for the German people, was in fact an achievement of great historical doctors like Loewe-Calbe. The brochure also contained long quotes from Schweningen's book *Der Arzt*. Gerpheide criticised the surveillance mechanisms of the welfare state and the role modern medicine played in them, and he deplored the materialistic outlook of the profession, especially due to the activities of the *Hartmannbund*.<sup>37</sup> How could such doctors expect to be trusted? Instead of looking for the real causes of their professional crisis, the profession would turn against non-licensed healers, Gerpheide argued, while the real quacks were those doctors who poisoned their patients with chemicals like Salvarsan or performed clinical studies on helpless hospital patients. Not mysticism in the population was responsible for the success of the non-licensed practitioners, the brochure suggested, but the ways in which the medical profession neglected the methods of nature healing. Most patients, Gerpheide added, only consulted the 'folk doctor' when they could not get any help from orthodox medicine. It was clear that Gerpheide did not attack medicine as such, but the form it had taken in the modern state. His image of the ideal physician (which he saw embodied in the 'folk doctors') was probably not too different from that of many doctors. Because medicine had moved away so far from that ideal, the brochure suggested, medicine was in crisis, and only the official recognition of the 'folk doctors' and their methods could bring a solution.

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<sup>37</sup> A letter of the chairman of the Hannover subdivision of the League to the Ministry of the Interior (BArch, R1501, Nr. 9139, Bl. 382-4) draws a connection between the materialistic outlook of the *Hartmannbund* and the high percentage of Jews in the profession. How could one expect idealism from Jewish specialists for venereal diseases, who now supported a VD law which would restrict the freedom to provide cures. Such antisemitic sentiments explained part of the euphoria of many lay practitioners after 1933. However, there was also a high percentage of Jews amongst the non-licensed practitioners and the members of the lay-healing societies.

## Faith, Healing and Family Values: ‘Dr. Madaus & Co.’

Non-licensed practitioners not only ran their own schools and professional organisations, they could also draw on an expanding and increasingly efficient commercial infrastructure. ‘Dr. Madaus & Co.’ was one of the companies which provided lay healers with herbal medicines and homeopathic remedies, with ideological ammunition in form of journals, books and pamphlets, and finally with a well organised and readily available body of knowledge for their daily practice. The company was founded in 1919 by the three sons of a Protestant priest, Heinrich Madaus, and his wife Magdalene: the physician Gerhard (1890-1942), the bank clerk Friedemund (1894-1969) and the apothecary Hans Madaus (1896-1959). Their sister Eva Flink (1886-1959) also made her living in heterodox medicine. She organised courses for lay healers. The story of the Madaus family business can be read as a case study for the transformation and routinisation of the ‘charisma of the healer’ through the creation and expansion of a market for alternative medicine, and it is the example of a particularly productive boundary crossing between orthodox and heterodox medicine. The work of Gerhard Madaus, physician and co-founder of the company, shows how the conflicts over folk medicine, its exclusion from the mainstream, and the experience of marketing it, shaped the formation of a systematic body of knowledge on herbal cures and natural remedies.<sup>38</sup>

### Magdalene Madaus

Magdalene Madaus was a lay healer in her own right and one of the pioneers of iris diagnosis or ‘iridology’ in Germany. Her memoirs portray her as a determined person with a strong religious faith.<sup>39</sup> Her life, she writes, moved between two poles: her faith in God and her earthly vocation. Magdalene was born in 1857 in Magdeburg into a jeweller’s family. The family belonged to the small, radically Protestant Free Church of the *Altlutheraner*. Magdalene was one

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<sup>38</sup> On Gerhard Madaus’ life and work, see Gert Dietrichkeit, *Gerhard Madaus (1890-1942): Ein Beitrag zu Leben und Werk*, Diss. rer. nat., Phillips-Universität, Marburg/Lahn, 1991.

<sup>39</sup> Magdalene Madaus, *Lebenserinnerungen*, Typescript, 1924, Firmenarchiv Madaus AG, Köln, Nachlaß Magdalene Madaus. See also: Günther Lindemann, “Magdalene Madaus 1857-1925,” *Naturheilpraxis*, 46, 1993, 1539-42, 1546; “Magdalene Madaus: Nachruf,” *Biologische Heilkunst*, 6, 1925, 7.

out of seven siblings, of which only three lived to reach adulthood. Up to the age of 29 she helped in the father's business. Then she married Heinrich Madaus (1853-1915), a minister in the Free Church. The couple had seven children, of which five survived. The church jobs paid poorly and for some time the family had to struggle. Magdalene's healing practice provided a welcome additional income and security for the family.

Magdalene was brought up with homeopathy and medical self-help books, she writes in her memoirs. She learned about naturopathy through a family friend. According to the family legend and to her own recollections, Magdalene's reason for becoming a professional healer were two visits to the famous priest and healer Emanuel Felke. Felke was known as the "Clay Pastor" (*Lehmpastor*) due to his preference for mud bath and mud pack therapies. He was also a promoter of naturopathy, homeopathy and iris diagnosis.<sup>40</sup> On two occasions Magdalene travelled to Repelen on Lower Rhine in order to consult Felke: when her youngest son Hans fell ill with polio and another time when she herself felt unwell, nervous and tense due to conflicts between her husband and the parish elders. Pastor Felke studied her eyes and diagnosed a serious inflammation of her womb. Magdalene was relieved that it was not the heart as she had feared. She stayed for two weeks in Felke's spa and became well again. Impressed with the Clay Pastor's methods, she decided to train with him. Magdalene assisted Felke for two weeks. Later she practised Felke's methods in her husband's parish.<sup>41</sup>

A successful cure of one's own disease or of illness in the family was not an uncommon initiation story amongst lay healers. The religious dimension to these stories should not be overlooked. Many healers presented such a successful cure of a disease, often labelled hopeless by doctors, as a charismatic event. Their eyes were opened by miracle, these stories suggest, which gave them the faith to trod along the stony way of permanent improvement through practice and

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<sup>40</sup> Andres Müller, *Pastor Felke und seine Heilmethode*, 10th edition, Krefeld: Worms & Lütgen, c. 1912. See also Robert Jütte, *Geschichte der alternativen Medizin: Von der Volksmedizin zu den unkonventionellen Therapien von heute*, Munich: C.H. Beck, 1996, pp. 140-3.

<sup>41</sup> Magdalene Madaus, *Lebenserinnerungen*, pp. 26-7.

study.<sup>42</sup> Stories of miracles also made them credible in the eyes of patients, many of them desperate, suffering from chronic or what we today would call psychosomatic diseases. The advertisements of lay healers usually contained a number of grateful letters from cured patients. The authority of such healers was often based on pure charisma, unlike that of the doctors, whose authority was backed by state and sickness insurance funds and came with title and office. I use the term ‘charisma’ here in a Weberian sense, to explain why authority is accepted as legitimate by particular social groups in specific historical contexts.<sup>43</sup> While the physicians had their *Approbation* (licence) from the state, lay healers, as we have seen, claimed to be approved by the people, to be people’s physicians, folk doctors.

Healing seems not to have been an acceptable occupation for an *Alt-lutheran* priest’s wife. Magdalene’s growing healing practice aggravated the conflicts between her husband and the parish elders. Entries in Gerhard Madaus’ diary also indicate that he was teased by class mates because of his mother’s trade.<sup>44</sup> Father Heinrich Madaus finally lost his position and Magdalene had to earn the entire family income. She built on what she had learned from Felke, designed patent medicines and her own system of ‘complex homeopathy,’ about which we will learn more later. In 1906 or 1907 she opened a pharmaceutical laboratory in Barmen, where her eldest son Gerhard helped her with the production. Magdalene also trained aspiring iridiologists. From 1908 her medicines were produced in licence by different pharmacies until her sons took over the production in 1919.<sup>45</sup>

While Magdalene struggled with her husband’s parishioners and improved Felke’s methods, her children grew up. It is a sign of the upward mobility

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<sup>42</sup> Charles E. Rosenberg has commented on the link between the idiosyncratic and the holistic in his essay “Holism in Twentieth Century Medicine,” in Christopher Lawrence and George Weisz, eds., *Greater than the Parts. Holism in Biomedicine 1920-1950*, New York & Oxford: Oxford University Press, 1998, 335-55, p. 340.

<sup>43</sup> Weber distinguished between different forms of charisma. The two most important for this study are pure charisma and the ‘charisma of reason’. Cf. Stefan Breuer, *Bürokratie und Charisma: Zur politischen Soziologie Max Webers*, Darmstadt: Wissenschaftliche Buchgesellschaft, 1994.

<sup>44</sup> Dietrichkeit, *Gerhard Madaus*, p. 8.

<sup>45</sup> “Geschichte der Firma Dr. Madaus & Co.,” *Madaus Jahrbuch*, 1926, 5-9.

experienced by parts of the petty bourgeoisie in late Wilhelmian Germany that Gerhard, after initially training for a technical occupation, passed his *Abitur* exam in 1911 in Barmen and moved on to university to study medicine. However, it was not uncommon that children of ambitious lay healers studied at medical faculties, despite the hostility between camps (other sons of lay healers studying medicine were the Zeileis son Fritz and the son of the bone setter Pies). As we have heard, there were various restrictions as to what particular measures lay healers were entitled to employ. The medical doctorate added a great deal of legitimacy and prevented problems with medical officers of health. Many lay healers aspired to the prestige associated with the medical degree. Their opposition to mainstream medicine was not, as representatives of the *DGBK* claimed, total and dogmatic. It was rather selectively directed against those aspects of medical knowledge and practice associated with the administrative functions of modern medicine.

Gerhard Madaus initially enrolled for mathematics and natural sciences at the university of Bonn and turned to medicine after one semester. He studied in Bonn, Freiburg, Greifswald and Berlin, interrupted by front service as a military physician in World war I. After a semester in Frankfurt he graduated in 1919 at Bonn University. In April of the same year, his brothers Hans and Friedemund took over the production of their mother's recipes in a Bonn laboratory. Less than two months later Gerhard joined them. Magdalene was not directly involved in running the company. She continued working on improvements of her iris diagnosis methods until her death in 1925.

### **The Madaus Brothers in Business**

Gerhard, Friedemund and Hans Madaus quickly expanded production in their Bonn laboratory with the intention of establishing a "special factory for homeopathy."<sup>46</sup> Due to trade barriers during the allied occupation of the Rhineland, trade with the rest of Germany was difficult. The brothers placed advertisements in a Hamburg and a Dresden newspaper, in order to find a

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<sup>46</sup> "Geschichte der Firma Dr. Madaus & Co.," *Madaus Jahrbuch*, 1926, 5-9, pp. 5-6. See also Dietrichkeit, *Gerhard Madaus*, pp. 26-33.

suitable building for a production site in central Germany. In 1921 they decided to buy an old furniture factory in Radeburg near Dresden, which housed a functioning steam engine. While the number of employees in Bonn stagnated, the Radeburg branch grew rapidly. During the hyperinflation of 1922 and 1923, exports kept the company afloat, mainly to Sweden. When the strongest competitor of ‘Dr. Madaus & Co.’, the company of Willmar Schwabe in Leipzig, proposed forming a trust with all German producers of homeopathic medicines, the Madaus brothers declined.<sup>47</sup> They were determined to expand their business and feared that with fixed prices for their products there was no incentive for customers to change supplier and buy from Madaus. Their refusal led to hostilities from competitors. There are some indications of a continued feud between Schwabe and Madaus throughout the 1920s.<sup>48</sup> For Madaus this resulted in attempts to remain as autonomous as possible. They imported raw materials directly from the United States, began to breed medicinal plants on a large scale, and established collecting centres for wild herbs.<sup>49</sup> The currency reform in 1923 led to stabilisation and rapid expansion. In 1924 the number of customers grew by a factor of five. ‘Dr. Madaus & Co.’ opened branches in Amsterdam and Barcelona in 1924, and in 1925 in the Saarland, as well as depots in Stuttgart and Berlin. They bought two lactose factories in order to produce themselves the milk sugar needed for tablets. They hired regional sales representatives to make and maintain direct contact with potential customers. By October 1, 1925, they had 300 employees, the majority of them in Radeburg: “the largest number of employees ... which any homeopathic factory has ever had.”<sup>50</sup> By 1929, the old premises in Radeburg were too small and the company moved into the buildings of a former biscuit factory in Radebeul. In 1935 the company employed 460 people, by 1939 the number of employees had risen to 700.<sup>51</sup> As remarkable as

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<sup>47</sup> For a history of Willmar Schwabe, see Volker Jäger, “Im Dienste der Gesundheit. Zur Geschichte der Firma Willmar Schwabe,” *Medizin, Gesellschaft und Geschichte*, 10, 1991, 171-88.

<sup>48</sup> G. Madaus, “Komplex-Homoeopathie,” *Biologische Heilkunst*, 7, 1926, 53-5.

<sup>49</sup> Cf. Gerhard Madaus to Herbert Ahne, 4 June 1924, in: Herbert Ahne, *40 Jahre Madaus*, Typescript, Firmenarchiv Madaus AG, p. 15.

<sup>50</sup> “Geschichte der Firma Dr. Madaus & Co.,” *Madaus Jahrbuch*, 1926, 5-9, p. 9.

<sup>51</sup> Dietrichkeit, *Gerhard Madaus*, pp. 31-2.

the growth of ‘Dr. Madaus & Co’ was, it was not unique. Madaus’ prime competitor, Willmar Schwabe, expanded in a similarly spectacular way and counted 289 employees in 1926. In 1939, 506 people worked for Schwabe.<sup>52</sup>

Like their competitor Schwabe, ‘Dr. Madaus & Co.’ not only produced medicine but also published pamphlets, journals and books. In 1920, Madaus family members founded two journals, Magdalene’s *Iris Correspondenz* and Gerhard’s *Heilkunst*, a “Monthly Journal for Psychotherapy, Medicine and the Natural Forces of Healing [*Naturheilkraft*]”. In 1924 *Heilkunst* merged with two other periodicals and was renamed *Biologische Heilkunst*. The Madaus journals catered to audiences of heterodox practitioners. *Iris Correspondenz* was directed to practitioners of iris diagnosis, a method consistently challenged by rationalist promoters of scientific medicine as humbug.<sup>53</sup> In the spectacular “Felke trial” in 1909, the Clay Pastor himself was forced to have his diagnostic technique examined by medical experts in court.<sup>54</sup> Many of his diagnoses differed from those of the doctors, and despite acquittal he was deemed a dangerous charlatan. The continuous flak from medical scientists, however, could not keep iris diagnosis from becoming the most popular method of diagnosis amongst lay healers in the interwar years.<sup>55</sup> ‘*Naturheilkraft*’ in the subtitle of *Heilkunst* indicated a commitment to the vitalism embraced by the life reform and alternative health movement and its member societies.<sup>56</sup> ‘*Psychotherapie*’ also had distinctly heterodox, even spiritualist connotations and included techniques

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<sup>52</sup> Jäger, “Im Dienste der Gesundheit,” p. 181.

<sup>53</sup> See, for example, the letter of the Munich ophthalmologist Fritz Salzer in “Kurpfuscherei?,” *Süddeutsche Monatshefte*, 1932, 65-114, pp. 65-8.

<sup>54</sup> *Ueber die Mißstände auf dem Gebiete der Kurpfuscherei und Maßnahmen zu ihrer Beseitigung. Bericht über die Verhandlungen eines zusammengesetzten Ausschusses des Landesgesundheitsrates am 9. und 10. März 1927*, Berlin: Schoetz, 1927, p. 20.

<sup>55</sup> Curt Wachtel, “Neuere und neueste Arten der Kurpfuscherei,” *Gesundheitslehrer A*, 32, 1929, 182-4.

<sup>56</sup> Cf. Wolfgang R. Krabbe, *Gesellschaftsveränderung durch Lebensreform. Strukturmerkmale einer sozialreformerischen Bewegung im Deutschland der Industrialisierungsperiode*, Göttingen: Vandenhoeck & Ruprecht, 1974; Karl Eduard Rothsuh, *Naturheilbewegung, Reformbewegung, Alternativbewegung*, Stuttgart: Hippokrates Verlag, 1983; Diethart Kerbs and Jürgen Reulecke, eds., *Handbuch der deutschen Reformbewegungen 1880-1933*, Wuppertal: Hammer, 1998.

like hypnosis which, as we have heard in chapter three, were not fully accepted by mainstream medicine.<sup>57</sup>

### Marketing Folk Medicine

‘Madaus & Co.’ were proud of their advertising campaigns. Advertising, however, did not have a very good reputation, as we have heard. Openness about ingredients and production processes in the Madaus advertising helped to fend off suspicions that the company produced inferior patent medicines. An advertising campaign for a line of pharmaceutical products had to come across as an educational enterprise if its initiators did not want to raise immediate suspicion. Madaus representatives toured the country with specially produced educational slide series and films with titles like “Plants and Animals as Helpers of the sick Human Being.”<sup>58</sup> ‘*Volksaufklärung*’, the education of the people was of central concern to the alternative health movement.<sup>59</sup> It was also a good business strategy for ‘Dr. Madaus & Co.’, as it allowed the company to cooperate closely with organisations within the movement, and take over, for example, a major share of the expanding market for ‘biochemical’ remedies, while the older company Willmar Schwabe remained dominant in the market for classical homeopathic medicine. Madaus did not stick to Schüßler’s original recipes but developed combined preparations of mineral salts based on natural mineral water.<sup>60</sup> Such mineral salt preparations were highly popular and Madaus were not the only manufacturer who sold them. Their appeal was based on colloidal properties assigned to natural mineral salts. The efficacy of mineral salt preparations was frequently challenged by medical scientists, and some of the

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<sup>57</sup> Cf. “Kurfuscherei?” *Süddeutsche Monatshefte*, 1932, 65-114.

<sup>58</sup> Ahne, *40 Jahre Madaus*, pp. 7-11.

<sup>59</sup> Cf. Cornelia Regin, “Naturheilkundige und Naturheilbewegung im Deutschen Kaiserreich. Geschichte, Entwicklung und Probleme eines Bündnisses zwischen professionellen Laienpraktikern und medizinischer Laienbewegung,” *Medizin, Gesellschaft und Geschichte*, 11, 1992, 175-200. Gunnar Stollberg, “Die Naturheilvereine im Deutschen Kaiserreich,” *Archiv für Sozialgeschichte*, 1988, 287-305; Bernhard Herrmann, *Arbeiterschaft, Naturheilkunde und der Verband Volksgesundheit*, Frankfurt: Lang, 1990.

<sup>60</sup> Dr. Madaus & Co., *Große Illustrierte Preisliste*, 1929, Firmenarchiv Madaus AG.



companies producing them were rather short lived.<sup>61</sup> ‘Dr. Madaus & Co.’ were more successful in the long run because they managed on the one hand to fend off the frequent fraud accusations from representatives of orthodox medicine and on the other to establish a network of customers and distributors. This involved, for example, sending letters to chemists, in which Madaus commented on the respective chemist’s low turnover in homeopathic and ‘biological’ medicines and suggested encouraging a lay healer or homeopathic doctor to set up practice in the neighbourhood.<sup>62</sup>

The public face of ‘Dr. Madaus & Co.’ was presented most prominently in the *Madaus Jahrbücher* (yearbooks), which from 1926 to 1938 served as the company’s shop window. Other important sites for such self-representation were hygiene fairs.<sup>63</sup> The yearbooks were lavishly illustrated according to the taste of the time. The volumes published in the 1920s were modernist in style. Their preface dedicated the books to friends and customers and invited the recipients, it appears mostly doctors and lay practitioners, to leave the books in their waiting rooms for the enjoyment of patients. The books told the company’s history, introduced their readers to medicinal plants and to the company’s plantations, and they explained the production of medicines. The choice of illustrations mirrored the peculiar combination of traditionalist and modernist values in the Madaus company philosophy. There were pictures of plant collectors - peasant girls with rosy cheeks in front of picturesque landscape backdrops - contrasted with photographs of Madaus’ laboratories and scientists, shiny pill production lines and their operators. The 1928 Yearbook, for example, proudly presented the first ever patented machine for high potency homeopathic solutions, “Type Madaus”.<sup>64</sup>

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<sup>61</sup> W. His, “Über den Wert der sogenannten ‘Aufbausalze’,” *Gesundheitslehrer*, 29, 1926, 130; “Aufbausalze,” *Gesundheitslehrer*, 30, 1927, 54; V. Nagel, “Die ‘Wissenschaftlichkeit’ der Schüsslerschen Biochemie,” *Gesundheitslehrer*, 30, 1927, 84.

<sup>62</sup> “Biologische Heilkunst,” *Gesundheitslehrer*, 30, 1927, 213-4.

<sup>63</sup> Hm, “Die Firma Madaus & Co. und die Gesolei,” *Biologische Heilkunst*, 7, 1926, 343-4; Bag., “Die Internationale Hygiene-Ausstellung, Dresden 1930,” *Madaus Jahrbuch*, 1931, 41-3.

<sup>64</sup> “Die Hochpotenziermaschine Madaus,” *Madaus Jahrbuch*, 1928, p. 48.

Production processes featured also in two educational films.<sup>65</sup> ‘Madaus & Co.’ even invited curious customers to visit the company’s medicinal herb plantations and production lines, which apparently they did in droves and with great enthusiasm.<sup>66</sup> The 1928 yearbook tells us what they were supposed to gain from these visits: an impression of the healthy marriage between folk medicine and modernity, tradition and scientific rationality:

The visitor sees here the well guarded growth of the precious medicinal herbs, the extraction of the juices giving us strength and health, he grasps how the thousand-fold treasures of nature are put to their beneficial purpose when understood and utilised by man’s genius, he feels the interrelation between man’s life conditions and the medicinal herbs of his country, which seem to have grown -- a miraculous stroke of good fortune -- particularly to treat illnesses which happen to exist in the same place. If we follow the further production processes, the rational organisation of work and the purposeful equipment catch the eye. ... Through the whole set-up speaks the spirit [*Zeitgeist*] of the 20th century, which we know under the name of ‘the machine’ and which leads one person to quick success while destroying the other.<sup>67</sup>

The campaigns for herbal medicines presented the sources of the Madaus products in traditionalist and quasi-romantic terms, while the presentation of production and testing appealed to the authority of science and modern technology. While Gerhard Madaus was not an ‘irrationalist’, this “reconciliation between the anti-modernist, romantic and irrationalist ideas present in German nationalism and the most obvious manifestation of means-ends rationality, that is, modern technology,” is reminiscent of what Jeffrey Herf has called ‘reactionary modernism.’<sup>68</sup>

### **Madaus and the *DGBK***

The educational and marketing campaigns of ‘Dr. Madaus & Co.’ featured highly amongst the issues giving rise to fierce criticisms from representatives of

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<sup>65</sup> The titles were “Fabrikation homöopathischer Arzneimittel und biochemischer Funktionsmittel” and “Die Fabrikation des Milchzuckers,” *Madaus Jahrbuch*, 1928, p. 49.

<sup>66</sup> “Förderung der Volksbildung durch Besichtigung unserer Arzneipflanzen-Kulturen und Fabrikationsanlagen: Massenbesuch in Radeburg,” *Madaus Jahrbuch*, 1928, 32.

<sup>67</sup> *Ibid.*

<sup>68</sup> Jeffrey Herf, *Reactionary Modernism. Technology, Culture, and Politics in Weimar and the Third Reich*, Cambridge: Cambridge University Press, 1984, p. 1.

the doctors' professional organisations and even more so from the board of the German League to Combat Quackery. The quackery fighters frequently attacked Magdalene Madaus as well as her sons in the *DGBK's* journal, the *Gesundheitslehrer*. Magdalene Madaus had attracted their attention when she came into conflict with the prime medical officer in the Prussian health administration, *Ministerialdirektor* Kirchner in 1908, after claiming publicly that Kirchner had officially invited her to write a textbook of iris diagnosis, which he denied.<sup>69</sup> She reached a certain stage of notoriety in the ministry and amongst the quackery fighters with her schools for iridiologists.<sup>70</sup> 'Dr. Madaus & Co.' and the League fought several court battles against each other, mostly over libel, often over accusations concerning the application of allegedly illegal marketing tricks. Madaus won all of these cases.<sup>71</sup>

It cannot be said that the *DGBK* and the other professional organisations relied predominantly on reason in their campaigns against Madaus. They rather appealed to the solidarity of doctors against the threat of 'quackery'. This became evident, for example, during a brief dispute over an award which the *Biologische Heilkunst* offered in 1927 to the author of the best essay on the subject of: "What evidence do we have to prove that drugs support the natural healing process?"<sup>72</sup> Members of the jury were going to be, amongst others, the Vienna gynaecologist, Bernhard Aschner, the Göttingen professor of pharmacology, Wolfgang Heubner, and August Bier's assistant, Arnold Zimmer. Madaus sent out postcards to most doctors in the country, inviting them to contribute an essay. Vollmann, the editor of the journal *Aerztliches Vereinsblatt*, commented: "The subject of the essay competition could really leave one with

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<sup>69</sup> "Herr Ministerialdirektor Kirchner und Frau Pastor Madaus (gegen den Angriff in der Berliner klinischen Wochenschrift)," leaflet, Firmenarchiv Madaus AG, Nachlaß Magdalene Madaus.

<sup>70</sup> G.St.A., HA. 1, Rep. 76 VIII B, Nr. 1333, RP Köln an MfV, 1 June 1922, "Betrifft: Beschwerde der Witwe Heinrich Madaus in Bonn gegen die Versagung der Erlaubnis zum Fortbetrieb einer Schule für Heilkunde."

<sup>71</sup> Lennhoff, G., "Dr. Madaus & Co. gegen die D.G.B.K.," *Gesundheitslehrer A*, 31, 1928, 30-2; "Aus einem Urteil des Kammergerichts i/S. Madaus gegen D.G.B.K.," *Gesundheitslehrer A*, 32, 1929, 67.

<sup>72</sup> Cf. V.[ollmann], "Ein merkwürdiges Preisausschreiben," *Aerztliches Vereinsblatt*, 56, 1927, 111-3. The *Aerztliches Vereinsblatt* was the journal of the Association of German Medical Societies, the *Deutscher Aerztevereinsbund*.

the [false] impression that it was organised by a truth loving scientist [*Wahrheitsforscher*], whose main concern was not to increase his sales, nor the fame of his company, but service in the temple of science.”<sup>73</sup> Vollmann claimed, however, that Gerhard Madaus had shown that such service to science was not his aim. In a polemic article in the *Biologische Heilkunst*, Madaus had attacked the Law to Combat Venereal Disease (which banned lay healers from treating venereal diseases and curbed the use of ‘biological remedies’). Madaus had argued that the law represented merely a capitulation in the face of the interests of orthodox medicine and of the chemical company *Höchst*, the producers of Salvarsan. Quoting Erwin Liek, he had argued that, while their training enabled doctors to diagnose a disease precisely, non-licensed healers had more success with their cures.<sup>74</sup> Vollmann concluded that, because Gerhard Madaus had shown with this article that he represented the other camp, the essay competition had to be condemned. Only “unworldly idealism” could have been the motive of those willing to act as judges.<sup>75</sup> They had to expect that their participation would be exploited for propaganda purposes.

August Bier, who was annoyed that ever since his public defence of homeopathy his name continued to appear without his authorisation in the *Biologische Heilkunst*, urged his assistant to withdraw from the jury, which Zimmer did.<sup>76</sup> The *DGBK* had contacted Zimmer, too.<sup>77</sup> Heubner also withdrew, but only reluctantly.<sup>78</sup> Furthermore, he took his colleagues to task over their bunker mentality, rejecting Vollmann’s allegations of unworldly idealism and naivety. He had viewed his taking part in the jury as a “challenge”, he wrote, and when he accepted the job as jury member from the editor of the *Biologische Heilkunst*, he had stressed his critical attitude. He did not want to give any more

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<sup>73</sup> *Ibid.*, p. 111.

<sup>74</sup> G. Madaus, “Der Bericht über den Entwurf des Gesetzes zur Bekämpfung der Geschlechtskrankheiten ist erschienen. 400 Millionen Mark jährliche Unkosten,” *Biologische Heilkunst*, 8, 1927, 12-14.

<sup>75</sup> V.[ollmann], “Ein merkwürdiges Preisausschreiben,” p. 111.

<sup>76</sup> *Ibid.*, pp. 112-3.

<sup>77</sup> “Das Preisausschreiben der ‘Biologischen Heilkunst’,” *Gesundheitslehrer*, 30, 1927, 66.

<sup>78</sup> Wolfgang Heubner, “Zum Preisausschreiben von Madaus,” *Aerztliches Vereinsblatt*, 56, 1927, 177-8.

ammunition to those who so often accused representatives of scientific medicine of avoiding the open debate, he argued.<sup>79</sup>

After an objective examination of the submitted essays -- as was very likely to take place with a jury of that composition -- the “*Biologische Heilkunst*” could have published a few more articles of commendable scientific quality, in addition to those it has published already. I cannot see any particular harm in this.

I did not expect, however, that doctors, to whom this competition was addressed in the first place (or maybe even exclusively?), view it as nothing else than the attempt of the Madaus company to use me of all people for their propaganda against the medical profession. Neither did I expect that many colleagues could think of no other reason for my participation than that I had been taken for a ride.<sup>80</sup>

While Heubner advocated a rational debate over heterodox medicine, the quackery fighters intensified their attacks, as we have seen in the previous chapter, claiming that they protected state interest and the *Volks Gesundheit* (people’s health). The conflict between the doctors’ professional organisations and the emerging organisations of the lay practitioners became increasingly polarised. *DGBK* activists preached again and again that it was the natural duty of all doctors to combat lay practice, as well as firms like Madaus, who supported lay practitioners.<sup>81</sup>

Gerhard Madaus’ role in the conflicts between state medicine and alternative medicine was more political than that of his mother. As we have seen, Madaus and other authors in *Biologische Heilkunst* explicitly supported the case of the lay practitioners in the debate over the restrictive ‘Law to Combat Venereal Disease’ of 1927, which banned all non-physicians from treating any disease related to the genitals.<sup>82</sup> The forced treatment with Salvarsan and other heavy

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<sup>79</sup> Ibid.

<sup>80</sup> Ibid., p. 178.

<sup>81</sup> See, for example, G. Lennhoff, “Zum Jahresbeginn,” *Gesundheitslehrer*, 30, 1927, 1.

<sup>82</sup> Cf. Lutz Sauerteig, “Salvarsan und der ‘ärztliche Polizeistaat.’ Syphilistherapie im Streit zwischen Ärzten, pharmazeutischer Industrie, Gesundheitsverwaltung und Naturheilverbänden (1910-1927),” in Martin Dinges, ed., *Medizinkritische Bewegungen im Deutschen Reich (ca. 1870 - ca. 1933)*, Stuttgart: Steiner, 1996, 161-200. On sexual politics in Weimar Germany, see also Atina Grossmann, *Reforming Sex. The German Movement for Birth Control and Abortion Reform 1920-1950*, Oxford: Oxford University Press, 1995; Elisabeth Meyer-Renschhausen, “The Bremen Morality Scandal,” in Renate Bridenthal, Atina Grossmann, and Marion Kaplan, eds., *When Biology Became Destiny: Women in Weimar and Nazi Germany*, New York: [footnote continues on the next page]

metal derivatives, Madaus argued, was more dangerous but no more reliable than natural remedies.<sup>83</sup> *Biologische Heilkunst* authors also joined forces with the anti-vaccination movement, and the journal repeatedly published illustrated stories about children harmed by compulsory vaccinations.<sup>84</sup> Madaus co-operated closely with the socialist doctor and member of the German parliament, Julius Moses, in his campaign against human experimentation by naming and shaming those clinical researchers who performed clinical studies on working class patients, which both perceived to be experiments on human guinea pigs.<sup>85</sup> ‘Dr. Madaus & Co.’ also published Moses’ books against human experimentation and on the 1930 ‘Lübeck vaccination disaster’, where careless handling of the controversial tuberculosis vaccine BCG, developed by Albert Calmette at the Institut Pasteur, led to the death of more than 70 babies.<sup>86</sup> For both Madaus and Moses, these incidents showed that it was mere hypocrisy when representatives of the organised medical profession wanted to ban the practice of all lay healers in order to stop a few “criminal elements” amongst them. There were as many doctors who bungled cures as lay healers, they argued, pointing to the Lübeck incident. Why then should doctors be privileged? What was needed was not a

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Monthly Review Press, 1984, 87-108; Cornelia Usborne, *The Politics of the Body in Weimar Germany*, Houndmills etc.: Macmillan, 1992.

<sup>83</sup> Niels Larsen, “Die Bekämpfung der Geschlechtskrankheiten,” *Biologische Heilkunst*, 6, 1925, 327-8; “Der Gesetzentwurf zur Bekämpfung der Geschlechtskrankheiten,” *Biologische Heilkunst*, 8, 1927, 117-21; G. Madaus, “Der Bericht über den Entwurf des Gesetzes zur Bekämpfung der Geschlechtskrankheiten ist erschienen. 400 Millionen Mark jährliche Unkosten,” *Biologische Heilkunst*, 8, 1927, 12-14; Moses, “Die durchlöchernte Kurierfreiheit,” *Biologische Heilkunst*, 8, 1927, 141-4.

<sup>84</sup> G. Madaus, “Über die Abschaffung der Zwangsimpfung und die Einführung der Gewissensklausel. Annahme der Entschädigungspflicht des Staates im Preussischen Landes-Gesundheitsrat bei nachweislichen Impfschäden,” *Biologische Heilkunst*, 6, 1925, 385-7. On the German anti-vaccination movement, see Eberhard Wolff, “Medizinkritik der Impfgegner im Spannungsfeld zwischen Lebenswelt- und Wissenschaftsorientierung,” in Dingens, ed., *Medizinkritische Bewegungen*, 79-108. On vaccination and the anti-vaccination movement in Britain, see Dorothy and Roy Porter, “The Politics of Prevention,” *Medical History* 32, 1988, 231-52; Ann Beck, “Issues in the Anti-Vaccination Movement in England,” *Medical History* 4, 1960.

<sup>85</sup> “Über Versuche an Kranken in Kliniken. Blütenlese aus der ‘Biologischen Heilkunst’ dieses Jahres,” *Biologische Heilkunst*, 8, 1927, 996-7; G. Fenner, “Gegen die Experimentierwut,” *Biologische Heilkunst*, 9, 1928, 260; “100 Ratten und 20 Kinder,” *Biologische Heilkunst*, 9, 1928, 293.

<sup>86</sup> Julius Moses, *Der Kampf um die Kurierfreiheit*, Radebeul/Dresden: Madaus, 1930; idem, *Der Totentanz von Lübeck*, Radebeul/Dresden: Madaus, 1930. On Julius Moses, see Daniel S. Nadav, *Julius Moses (1868-1942) und die Politik der Sozialhygiene in Deutschland*, Gerlingen: Bleicher, 1985. On Hans Much’s role in the affair, see chapter two.

ban on lay practice but training and exams for lay practitioners, as well as systematic research into the traditional remedies they used.

In his biography of Gerhard Madaus, Gert Dietrichkeit comes to the conclusion that Madaus was indifferent to politics.<sup>87</sup> However this view restricts politics to party politics and denies the political character of Madaus' commitments. It is true: his articles in *Heilkunst* from 1920 to 1925 mostly dealt with aspects of medical therapies. In contrast, articles he published in *Biologische Heilkunst* between 1925 and 1930 were almost exclusively dedicated to questions of health politics.<sup>88</sup> This was the period of the debates over the Venereal Disease Law, human experimentation and the 'crisis of medicine.' Madaus' party political position, however, is difficult to pinpoint, as is that of the life reform and alternative health movement more generally. On the one hand, Gerhard Madaus was a member of the *Stahlhelm*, a nationalist, anti-republican organisation of World war veterans.<sup>89</sup> When in 1935 the *Stahlhelm* was liquidated, Madaus, like many other members, joined the Nazi party.<sup>90</sup> On the other hand, Dietrichkeit reports that in 1933 all three Madaus brothers were temporarily arrested and the company's office rooms searched, apparently due to their close contacts with Jewish officials in the *Biobund*.<sup>91</sup> And how could Gerhard Madaus reconcile his alliance with the right-wing soldiers association and his close co-operation with Julius Moses, a Jewish left-wing social democrat?<sup>92</sup> The alternative health movement, as it were, was a single issue political movement, supported by individuals with different party political backgrounds.

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<sup>87</sup> Dietrichkeit, *Gerhard Madaus*, p.12.

<sup>88</sup> Gesamtschriftenverzeichnis von Gerhard Madaus, in Dietrichkeit, *Gerhard Madaus*, 120-6.

<sup>89</sup> Cf. Volker R. Berghahn, *Der Stahlhelm, Bund der Frontsoldaten, 1918-1935*, Düsseldorf: Droste, 1966.

<sup>90</sup> Dietrichkeit, *Gerhard Madaus*, p.12.

<sup>91</sup> *Ibid.*, p. 31.

<sup>92</sup> Moses was deported to the concentration camp Theresienstadt in 1942, where he died in the same year. Cf. Kurt Nemitz, "Julius Moses - Nachlass und Bibliographie," *Internationale wissenschaftliche Korrespondenz zur Geschichte der deutschen Arbeiterbewegung*, 10, 1974, 219-41.

### Making folk medicine scientific

While politics of health were central to Gerhard Madaus' articles in the late 1920s, his writings from 1930 were increasingly dedicated to the activities in the company's research laboratories. In the yearbooks, too, reports on research performed by Madaus and his co-workers at the company's research locations took up more and more space. 'Dr. Madaus & Co.' had set up a chemical laboratory in 1927. Initially its function was rather mundane: to supervise and optimise the production of homeopathic and 'biochemical' mixtures with the aim of achieving maximum homogeneity.<sup>93</sup> However it turned more and more into an actual research and development site. In 1932 Madaus established a 'biological research station' in a company plantation in Kötschenbroda, dedicated to research on medicinal plants and their interactions with the environment.<sup>94</sup> In 1936 the company opened a 'biological institute' in Radebeul. Its purpose was research towards a systematic body of knowledge on plants and their applications in medicine, with special emphasis on methods of determining and assuring exact dosages of plant extracts.<sup>95</sup> For this purpose, the Madaus researchers performed standardised trials on rabbits (which shows that Madaus did not subscribe to anti-vivisectionism). The animals were injected subcutaneously with the plant preparations, and the resulting skin reactions were quantified and evaluated as a dosage indicator.<sup>96</sup>

Madaus attempted to overcome conventional ways of looking at herbal medicines in pharmaceutical science, namely the focus on isolating the active substance. He argued that some of the various therapeutic effects ascribed to plants in traditional folk knowledge would be lost and forgotten about if the researchers assumed only one active principle. The reduction of the effects of a herbal medicine to one active substance, to Madaus was an expression of a wrong, 'mechanistic' attitude in medicine, which he wanted to see replaced by a

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<sup>93</sup> Dietrichkeit, *Gerhard Madaus*, p. 29.

<sup>94</sup> G. Madaus, "Einige Ergebnisse der Untersuchungen in unserer biologischen Versuchsstation," *Madaus Jahrbuch*, 1933, 9-24.

<sup>95</sup> G. Madaus, "Prüfung und Wirkung der Frischpflanzenverreibung 'Teep' am gesunden Menschen," *Madaus Jahrbuch*, 1937, 12-7.

<sup>96</sup> Cf. Dietrichkeit, *Gerhard Madaus*, p. 35.



‘non-mechanistic’, ‘biological’ approach, identical to him with ‘Neo-Hippocratism’.<sup>97</sup> The composition of a herbal medicine should resemble as closely as possible the complex balance of substances in the living plant, and the experiences of folk doctors in applying these plants should be recorded systematically and serve as basis for a science of folk medicine.

Gerhard Madaus, as it were, turned into ‘science’ what his mother had started with her system of ‘complex homeopathy’ and her recipe book for practitioners.<sup>98</sup> In so doing, he faced criticism and hostility not only from the medical mainstream but also from ‘classical’ homeopathy. Magdalene Madaus’ system, marketed by ‘Dr. Madaus & Co.’ under the brand name *Dynamische Oligoplexe*, consisted of 121 moderately dilute mixtures of two to eight herbal, mineral, or organic substances.<sup>99</sup> The ‘classical’ homeopaths criticised complex homeopathy.<sup>100</sup> They insisted that proper homeopaths should only apply individual substances after having determined the *simile*, the right remedy in the right dilution, according to the rules set out by the founder of homeopathy, Samuel Hahnemann. The *Oligoplexe* allowed a more schematic approach, which the ‘classical’ homeopaths branded as merely oriented towards commercial gain. With Magdalene Madaus’ pocket recipe book, practitioners simply chose the right *Oligoplex* from a table. Gerhard Madaus, along with other ‘critical’ homeopaths, argued that Hahnemann’s rules should not be treated as a dogma, but should rather give rise to further research. Complex homeopathy to him was to succeed classical homeopathy. Like August Bier, Gerhard Madaus was influenced by the Greifswald pharmacologist Hugo Schulz. In phrases reminiscent of Much’s, he presented complex homeopathy as “bio-therapy or therapy with minimal dosages.”<sup>101</sup>

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<sup>97</sup> Gerhard Madaus, *Aufwärts zur biologischen Therapie. Nach einem Vortrag über Neo-hippokratische Medizin, gehalten im November 1933 im Auslande vor zwei medizinischen Fakultäten und mehreren Ärztereinen*, Radeburg: Madaus, 1933.

<sup>98</sup> Magdalene Madaus, *Arzneimittellehre und praktisches Rezeptierhandbuch*, Haspe, 1911. Cf. Dietrichkeit, pp. 92-7.

<sup>99</sup> Cf. Dr. Madaus & Co., *Große illustrierte Preisliste*, 1929, pp. 38-65.

<sup>100</sup> “Madaus,” *Gesundheitslehrer A*, 29, 1926, 149-50.

<sup>101</sup> G. Madaus, “Komplex-Homöopathie,” *Biologische Heilkunst*, 7, 1926, 53-5, p. 54.

In 1938 Madaus published three textbook volumes on medicinal plants, the first part of his ambitious scholarly project, the ‘Textbook of Biological Healing Methods.’<sup>102</sup> The textbook opened with a general introduction to the history and principles of the ‘biological healing methods’, from Hippocrates to Hahnemann, from Hufeland to the present day. It introduced the history of herbal medicine and the ecology of medicinal plants, as well as the most common active ingredients of plant based remedies. In this section, Madaus implemented knowledge about vitamins and other recent advances in biochemistry. The main part of the book, however, consisted in 444 richly illustrated chapters on individual medicinal plants. Each chapter contained sections on the popular names of the respective plant in various countries and regions and their etymologies, on botanical details and the history of the plant’s use. The section on ‘effects’ summarised the use of the plant in literature, from Hippocrates to the present day. Madaus sent out questionnaires to correspondents in several countries and included their replies on specific uses in different medical traditions. The closing section of each chapter contained practical information on the parts of the plant that could be used and on the proper dosages, allopathic as well as homeopathic, for the different indications.

In the chapter on mistletoe, for example, in the history section Madaus mentions the use of the plant by druids in pre-Christian Gaul and Britain, as well as its role in ancient Greek and Germanic mythologies.<sup>103</sup> In an episode within the Germanic epos, the *Edda*, the blind god Hödör wounded the sun god Baldur with a mistletoe spear. The resulting wound did not heal and Baldur died. Madaus employee Herbert Ahne, in his memoirs, describes how he remembers Madaus musing about the story of Hödör and Baldur. Madaus stressed that one should take such tales seriously, there were probably kernels of truth in them. He instructed Ahne to start experimenting with mistletoe extract. A colleague in the laboratory continued with the experiments and observed that the extract inhibited

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<sup>102</sup> Gerhard Madaus, *Lehrbuch der biologischen Heilmittel, Abt. I: Heilpflanzen*, 3 volumes, Leipzig: Thieme, 1938. Madaus was not able to publish further volumes, due to his premature death in 1942.

<sup>103</sup> Madaus, *Lehrbuch der biologischen Heilmittel*, vol. III, pp. 2833-41.

cell growth and proliferation.<sup>104</sup> Ahne suggests that these experiments led to the development of the Madaus drug *Plenosol* against arthritis and for the palliative treatment of carcinomas, introduced in 1939.<sup>105</sup> Madaus conceived both his textbook and the research in the Madaus labs as part of a great ‘Neo-Hippocratic’ project. The ‘biological healing methods’ to him were a modern form of Hippocratic medicine.<sup>106</sup>

Along with other critics of orthodox medicine, Madaus promoted the ‘synthesis’ of scientific and folk medicine as a way out of the ‘crisis’ in the years before 1933.<sup>107</sup> The early years of the Nazi dictatorship, however, provided the promoters of *biologische Medizin* with far more favourable working conditions than the Weimar Republic, as long as they were neither Jewish nor openly critical of the regime. In the late 20s and early 30s the lifestyle reform movement had staunch parliamentary supporters in the parties on the left as well as amongst the National Socialists.<sup>108</sup> When the Nazis came to power, they claimed the suggestions of the ‘Neo-Hippocratists’ as their own, adopted their calls for ‘synthesis’ and implemented them in their programme for a *Neue Deutsche Heilkunde*.<sup>109</sup> They set up a special chair for ‘biological medicine’ in Jena, as well as naturopathic, homeopathic and ‘biological’ departments in several hospitals.<sup>110</sup> In 1939 the Nazi government introduced a state exam for lay

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<sup>104</sup> Ahne names the colleague as Dr. Kunze. Most likely it was Dr. Alfred Kuhn, head of the chemical laboratory, who joined the company in 1927.

<sup>105</sup> Ahne, *40 Jahre Madaus*, p. 13. Cf. Dietrichkeit, *Gerhard Madaus*, p. 35. See the text on mistletoe from G. Madaus’ 1938 textbook on the Madaus website: [http://www.madaus.de/he/fs\\_he.htm](http://www.madaus.de/he/fs_he.htm) (10/27/98).

<sup>106</sup> Madaus, *Lehrbuch der biologischen Heilmittel*, pp. 1-11; idem, *Aufwärts zur biologischen Therapie*. On Neo-Hippocratism in Weimar and Nazi Germany, see Carsten Timmermann, “A Model for the New Physician: Hippocrates in Interwar Germany,” in David Cantor, ed., *Hippocrates and Modern Medicine*, Scholar Press, 1999 (in press).

<sup>107</sup> Cf. *ibid.*.

<sup>108</sup> M., “Der neue Reichstag und die biologische Heilrichtung,” *Biologische Heilkunst*, 9, 1928, 396; Alfred Brodauf, “Reichstagsneuwahlen und Kurierfreiheit,” *Biologische Heilkunst*, 11, 1930, 520-21.

<sup>109</sup> Detlef Bothe, *Neue Deutsche Heilkunde 1933-1945. Dargestellt anhand der Zeitschrift “Hippokrates” und der Entwicklung der volksheilkundlichen Laienbewegung*, Husum: Matthiesen, 1991.

<sup>110</sup> The Jena chair was Emil Klein’s renamed chair of naturopathy. Klein was sacked in 1933 because he was Jewish. His chair went to Karl Kötschau, a staunch Nazi supporter. Klein was [footnote continues on the next page]

practitioners, and an approved status alongside the other healing professions: that of the *Heilpraktiker*.<sup>111</sup> The ‘minor licence’, for which lay practitioners had fought for years, had become reality. Along with fellow promoters of ‘biological medicine’ Gerhard Madaus praised NS health policies and the ‘leader of the German doctors’, Gerhard Wagner.<sup>112</sup> He praised the wrong man. Wagner had been an opponent of the plans to grant lay healers formal recognition, which was promoted, above all, by the *Führer’s* deputy, Rudolf Hess.

## Conclusion

With this chapter we return to the problems of rationalisation and of anti-rationalism. Was the rise of heterodox practice a reaction to the disenchantment of the world through bureaucratisation, rationalisation and scientisation? It remains difficult to answer this question, as we still do not know enough about the motivations of patients. We can say, however, that heterodox medicine was subject to such rationalisation processes itself, and that the practical actions of the people shaping the world of heterodox medicine in Weimar Germany were led by rational decisions. Constructions of non-licensed practice as the eternally unchanging, backward opposite of modern medicine will have to be discarded.

Non-licensed healing in the interwar years remained a traditional phenomenon only in some rural niches. In their majority, the non licensed healers responded to demands within a modern society which became increasingly individualistic and diversified. They based their products and therapies, and especially their advertising, not only on folk traditions, but also on the principles promoted by the life style reform movement and on the concurrent interest in the exotic, especially the far East. In fact, doctors and lay healers had more in common than either side liked to admit. The image of the ideal healer

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deported to the concentration camp Theresienstadt in 1942, survived, and returned to Thuringia.

<sup>111</sup> Cf. Alfred Haug, “Die ‘Synthese’ von Schulmedizin und Naturheilkunde im Nationalsozialismus. Ein kritischer Rückblick,” and Walter Wuttke-Groneberg, “Heilpraktiker im Nationalsozialismus,” in Manfred Brinkmann and Michael Franz, eds., *Nachtschatten im weissen Land. Betrachtungen zu alten und neuen Heilsystemen*, Berlin: Verlagsgesellschaft Gesundheit, 1982, 115-25, 127-47.

<sup>112</sup> Madaus, *Lehrbuch der biologischen Heilmittel*, pp. 8-10.

was similar in both camps, and while lay-healers aspired to professionalise and were keen on improving their scientific credentials, the popular ‘heretics’ challenged the boundaries from the other side. What separated one camp from the other was that one relied on the market (or, as they would have preferred to say, the people), and the other on the state. It helped the heterodox healers that people, to some degree, grew suspicious of state health policies as well as the medical profession. Companies like Madaus and their main competitor Schwabe successfully cashed in on the simultaneous success of lifestyle reform and medical lay movements.

The advertising campaigns as well as the knowledge system developed at the company’s research sites positioned Madaus within the ambiguous landscapes of Weimar culture. The romantic and traditionalist representations of the sources of Madaus’ medicines associated the company with widespread fears of the consequences of modern civilisation, while pictures and descriptions of production processes expressed fascination with rationalisation and modernity. However while the success of ‘Dr. Madaus & Co.’ drew on a widespread critical attitude towards mainstream scientific medicine in the consuming public it must be fairly obvious that the company’s policies followed rational principles, stabilising and expanding Madaus’ position in the complicated social constellations constituting the medical market place of the emerging modern welfare state. The company’s history seems a prime example for the routinisation of charisma. Madaus supported heterodox healers, and Madaus journals in many ways publicised their charismatic claims and opposition to ‘mechanised’ Weimar state medicine. With a view to the professionalisation attempts of non-licensed practitioners and the rationalisation of folk medicine in the Madaus labs, however, we may be well advised to interpret the romantic ‘anti-rationality’ of alternative practitioners as part of a ‘rational’ strategy.

## Conclusion

In this study we have observed doctors, civil servants, insurance managers, non-licensed healers, parliamentarians, and patients, re-interpreting a constellation of economic difficulties and professional struggle as a ‘crisis of medicine’. This crisis, in their view, had come to threaten the foundations and the dominance of modern, scientific, Western medicine. The change of meaning, from professional struggle to foundational crisis, occurred under the impression of continued economic, social and cultural turmoil and in an intellectual climate dominated by a field of tension between, on the one hand, neo-conservative cultural critique, and, on the other, a fascination for ideas of rationalisation and modernisation, both technological and social. “If today we speak of a crisis of medicine,” the Berlin clinician Wilhelm His wrote in 1932, “this is not an isolated phenomenon but a part of the [general] cultural crisis.”<sup>1</sup>

### The Meanings of Crisis

The dictionary defines a ‘crisis’ as a dramatic climax, a turning point, especially that of a disease, indicating recovery or death. In the realms of the social, however, what we call ‘crises’ are in most cases results of slow but persistent developments. While many may wish for rapid change, such situations only rarely lead to revolutions. More often the tensions leading to situations perceived as ‘crises’ stay with us in some form, and we forget about them as soon as the circumstances allow us to do so. As far as the ‘crisis of medicine’ was concerned, nobody expected a quick solution. The conflicts between insurance funds, state authorities and doctors over fees and sustainable numbers called for long negotiations, and even some *Hartmannbund* activists seemed to come to the conclusion that ‘insurance bashing’ alone did not do the job, as long as scores of Germans paid low sickness insurance contributions because they had low incomes or no jobs at all. Under such circumstances there was no point in being sentimental about the lost world of the private countryside practitioner. Who would have paid the private doctor’s fees anyway?

The spiritual face of the ‘crisis’, the perception that medicine had to regain its soul and its sense for wholeness, seemed to be well on the way towards a solution, as far as one can evaluate such matters. Holistic ideas were rife, in academic medicine as well as in other areas, and it would have been difficult for any medical professor to justify a reductionist research programme with explicitly reductionist arguments. There had to be at least a holistic angle to it.<sup>2</sup> The popularity of ‘constitutional research’ in all medical subjects at the time bears witness to this trend.<sup>3</sup> Another holistic subject, social hygiene, was increasingly established at the universities and implemented in the training of medical officers of health.<sup>4</sup> Clinicians like Wilhelm His preached the gospel of holism, and the Friedrich Kraus pupils, Gustav von Bergmann and Theodor Brugsch, pioneers of psycho-somatic medicine, both received calls to important chairs of internal medicine in Berlin and Halle.<sup>5</sup> In Heidelberg, Ludolf von Krehl and his student, Viktor von Weizsäcker received much recognition for their brand of medical holism.<sup>6</sup> The hunger for wholeness seemed to bear fruit, and the general practitioners these professors were training, we speculate, would treat the whole patient again, and not only isolated organs (one of the most common clichés of the holism-reductionism debate).

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<sup>1</sup> Wilhelm His, “Die Krise in der Medizin,” *Ernte. Halbmonatsschrift für Politik und Allgemeines.*, 1932, 25-28.

<sup>2</sup> For examples, see Introduction, footnote 16. As Christopher Lawrence and George Weisz, together with their co-authors have shown recently, this phenomenon was not restricted to Germany. See Christopher Lawrence, and George Weisz, eds., *Greater than the Parts. Holism in Biomedicine 1920-1950*, New York & Oxford: Oxford University Press, 1998.

<sup>3</sup> The ‘constitution’ in its Weimar variety invested the medical body with that authenticity and immediacy promoted by *Lebensphilosophie*. Cf. Carsten Timmermann, *Concepts of the Human Constitution in Weimar Medicine, 1918-1933*, Manchester: MA dissertation, 1996.

<sup>4</sup> This has been described and analysed in great detail by Paul Weindling. See his *Health, Race, and German Politics between National Unification and Nazism, 1870-1945*, Cambridge: Cambridge University Press, 1989. See also Alfred Grotjahn, *Erlebtes und Erstrebtes. Erinnerungen eines sozialistischen Arztes*, Berlin: F. A. Herbig, 1932.

<sup>5</sup> Theodor Brugsch, *Arzt seit fünf Jahrzehnten*, Berlin: Rütten & Loenig, 1957; Gustav von Bergmann, *Rückschau: Geschehen und Erleben auf meiner Lebensbühne*, Bad Wörishofen: Kindler und Schiermeyer, 1953.

<sup>6</sup> See Gotthard Schettler, “Ludolf Krehl,” in Wilhelm Dörr, ed., *Semper apertus. Sechshundert Jahre Ruprecht-Karls-Universität Heidelberg 1386-1986*, Volume 3, Berlin: Springer, 1986, 114-35; Viktor von Weizsäcker, *Natur und Geist: Erinnerungen eines Arztes*, Göttingen: Vandenhoeck & Ruprecht, 1954.

Lawrence and Weisz in the introduction to their volume on holism in 20th century biomedicine have distinguished two types, cultural and cognitive holism. Cultural holism to them is “one style of cultural and political critique aimed at various crises of Western society,” while cognitive holism “refers to integrative and comprehensive intellectual approaches to phenomena.”<sup>7</sup> While both are two faces of the same coin, my impression is that cultural holism has often been associated with a pessimistic outlook, with a tendency to believe that the modern world will choke on mechanism and materialism. Cognitive holism, in contrast, with its strong belief in the possibility of ‘synthesis’, looks at the world more optimistically. While cognitive holism has often been pragmatic, concerned with engaging with modernity and constructing a more appropriate form of knowledge, cultural holism tends to preach withdrawal. I think that this classification is useful. Central to my study is the cultural holism of the ‘heretics’, who applied the neo-romantic calls for immediacy and the authenticity cult of *Lebensphilosophie* to medicine and carried the conservative revolution into the health system. Erwin Liek, for example, had little constructive advice on offer. August Bier ultimately withdrew to his country house, and Hans Much thought that nobody would understand him anyway. But we have also encountered cognitive holism. Bernhard Aschner, who I have also classified as a ‘heretic’, had a fundamentally constructive and optimistic outlook. Richard Roeder, the socialist medical officer of health, depicted the insurance fund health centres as organicist solutions to the fragmentation of medicine. The project of Gerhard Madaus was to work out a rational science of folk medicine, which took seriously folk myths and attempted a classification and organisation of folk traditions.

Ann Harrington in her book on holism in Germany has argued that the goal of the interwar holists was to ‘re-enchant’ the world by changing the meaning of science.<sup>8</sup> Her historical actors would have to be classified as cognitive holists, and she has shown in great detail how they were concerned with making sense.

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<sup>7</sup> Lawrence and Weisz, eds., *Greater than the Parts*, pp. 6-7.

<sup>8</sup> Anne Harrington, *Reenchanted Science. Holism in German Culture from Wilhelm II to Hitler*, Princeton, N.J.: Princeton University Press, 1996.



The 'heretics', in fact, wanted to see the world reenchanting. However, they did not always make sense. Neither did all non-licensed healers, at least not to university-educated, middle class intellectuals. It seems to me that cognitive holism in interwar Germany was not only about reenchanting a disenchanted, rationalised world. It was also, if not more, about disenchanting, rationalising, making accessible to reason the subversive underworld of romantic, charismatic opposition, that undisciplined 'other' of 'modernisation' and 'rationalisation'.

As far as non-licensed practice was concerned, it is difficult to say whether a solution of the 'crisis' was in sight. The 'minor licence' for non-academic healers with clean records was being discussed, though categorically opposed by representatives of the doctors' professional organisations. A ban on non-licensed practice had no prospect of a majority in parliament. It is likely that, in the long run, depending on the economic situation, the status quo would have stabilised. There would have been a state-controlled, official health sector, granting some space and legitimacy to licensed, heterodox practitioners (the chairs and lectureships of naturopathy and homeopathy, for example), and a parallel medical marketplace served by heterodox doctors and lay practitioners. This marketplace would have catered to those patients given up by official medicine (the chronically ill, for example), as well as those who preferred heterodox medicine for other reasons (followers of lifestyle reform, members of lay healing societies, and others). The parallel market would have been supported by company laboratories, philanthropically funded institutions like the Stuttgart homeopathic hospital (financed by the industrialist Robert Bosch), and commercial spas and sanatoria like the 'Institut Zeileis' and the Felke spa in the valley of the river Nahe.

It did not need a quackery ban to bring the crooks amongst the lay practitioners to justice. The offences they were guilty of, like fraud (even fraudulent advertising was an offence), battery, and in the worst cases manslaughter, were all covered by criminal law. Furthermore, as we have seen in chapter five, the growing number of organised lay practitioners themselves had an interest in keeping the group's records clean. Already in 1926, a number of medical officers of health had noticed that recently they had less problems with

non-licensed practitioners than they used to, because the increasing competition in the job market for healers forced soldiers of fortune to look for other occupations.<sup>9</sup> It was likely, provided the economy was going to stabilise, that the support for the *DGBK* would dry up.

So, was the crisis nearly over? One would have been excused for thinking so. However, all these developments took place, not after, but while ‘heretics’ like Erwin Liek were intensifying their attacks against mainstream medicine. Paradoxically, the ‘crisis of medicine’ was both being proclaimed (by cultural holists) and solved (by cognitive holists, amongst others) at the same time. Then, in 1929, the world economic crisis plunged the country back into social and economic turmoil, and four years later the Nazi rise to power changed the ways in which things were developing. The Nazis turned the slow-cooking ‘crisis of medicine’ into the ‘revolution’ which hardly anybody involved in the crisis debate had seriously expected to take place. We should be aware of the temptation of slipping into a teleological mode of historical thinking. While Nazi health officials certainly responded to the crisis debate and claimed that they knew the answers to the problems of modernity, the development of German medicine after 1933 was not pre-determined but highly contingent, and dependent on its political and social context.<sup>10</sup>

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<sup>9</sup> GStA, HA 1, Rep. 76 VIII B, Nr. 1343-44, nicht foliiert, *Sammlung der Berichte auf den Runderlaß vom 23.X.1926 - IMI 3118-26 - betr. Bekämpfung des Kurpfuschertums*.

<sup>10</sup> Since the 1980s, a number of studies have been published on medicine and medical science in the Third Reich. See, for example: Walter Wuttke-Groneberg, ed., *Medizin im Nationalsozialismus: Ein Arbeitsbuch*, Tübingen: Schwäbische Verlagsgesellschaft, 1980. G. Baader and U. Schultz, eds., *Medizin im Nationalsozialismus*, Berlin: Verlagsgesellschaft Gesundheit, 1980; Fridolf Kudlien, ed., *Ärzte im Nationalsozialismus*, Cologne: Kiepenheuer & Witsch, 1985; Robert Jay Lifton, *The Nazi Doctors: A Study in the Psychology of Evil*, London: Macmillan, 1986; Robert N. Proctor, *Racial Hygiene: Medicine under the Nazis*, Cambridge, Mass. & London: Harvard University Press, 1988; Michael H. Kater, *Doctors under Hitler*, Chapel Hill and London: University of North Carolina Press, 1989; Christian Pross and Götz Aly, eds., *Der Wert des Menschen. Medizin in Deutschland 1918-1945*, Berlin: Edition Hentrich, 1989; Johanna Bleker and Norbert Jachertz, eds., *Medizin im "Dritten Reich"*, Köln: Deutscher Ärzte-Verlag, 1993; Götz Aly, Peter Chroust, and Christian Pross, *Cleansing the Fatherland: Nazi Medicine and Racial Hygiene*, Baltimore and London: Johns Hopkins University Press, 1994; Ernst Klee, *Auschwitz, die NS-Medizin und ihre Opfer*, Frankfurt: S. Fischer, 1997.

## Revolution

First the new rulers cracked down on the sickness insurance funds and sacked the left-wing and Jewish insurance managers. Some of them were hired again a little later, to help cleaning up the mess left by the ‘deserving old fighters’ who had replaced them. These early Nazi party members had proved to be as incompetent as they were corrupt, bringing the insurance funds close to a swift collapse.<sup>11</sup> Then the new rulers closed the health centres, *Ambulatorien*, which had been a thorn in the side of the professional organisations since the early 1920s. They did, however, make use of the large databases of the health centres.<sup>12</sup> Meanwhile, on March 24, 1933, in a remarkable act of self-subordination, the members of the *Hartmannbund* and the *Ärztevereinsbund*, led by Alfons Stauder and Karl Haedenkamp, swiftly and willingly placed their organisations under the control of the National-Socialist Doctors League. Michael Kater has estimated that almost half of the German doctors at some stage between 1933 and 1945 were members of the Nazi party.<sup>13</sup>

The new rulers tackled the problem of overcrowding by increasingly restricting the rights of ‘non-aryan’ and left-wing doctors until finally they were completely excluded from of the job market.<sup>14</sup> Doctors and their professional organisations actively accelerated this process through frequent denunciations and demands for swift action. As early as March 1933, Jewish hospital doctors were sacked. On April 7, the government passed the infamous ‘Law for the Protection of the Civil Service’, which forced all ‘non-aryan’ civil servants to retire, unless they had served in the war. Those who had been in office for less than ten years, did not receive pensions. By April 22, ‘non-aryan’ doctors, again with exception of those who had served in the war, and doctors critical of the new government were excluded from insurance practice. The ‘Law against the

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<sup>11</sup> Florian Tennstedt, *Soziale Selbstverwaltung. Geschichte der Selbstverwaltung in der Krankenversicherung*, Bonn: Verlag der Ortskrankenkassen, 1977, 181-95.

<sup>12</sup> Eckart Hansen, et al., *Seit über einem Jahrhundert...: Verschüttete Alternativen in der Sozialpolitik*, Düsseldorf: Bund-Verlag, 1981, 460-99.

<sup>13</sup> Michael H. Kater, “Medizin und Mediziner im Dritten Reich. Eine Bestandsaufnahme,” *Historische Zeitschrift*, 244, 1987, 299-352, p. 311.

<sup>14</sup> To be considered non-aryan according to the law it was sufficient in some cases if one grandparent was Jewish.

Overcrowding of German Schools and Universities' of April 25, 1933, restricted the number of 'non-aryan' students. From December 13, 1935 only 'aryan' graduates received licences. On July 25, 1938, the licences of all 'non-aryan' doctors who still practised, were withdrawn. A limited number were allowed to go on treating exclusively Jewish patients, but not to call themselves doctors any longer. The times of overcrowding were over. During the war, with 32,000 out of the 80,000 doctors serving at the front in 1944, the Reich even suffered a shortage of doctors.<sup>15</sup> Despite the misogynist attitudes of Nazi ideologues and male representatives of the profession, the ratio of women physicians increased from 6.5 percent in 1932 to 17 percent in 1945.<sup>16</sup>

In 1935, the passing of a new *Ärzteordnung* (Doctors' Law) meant that doctors' affairs were no longer regulated by trade law. Nazi racial policies also granted the profession its long-desired special status, as custodian of the Germanic race. The experts who signed the papers deciding whether a patient was 'aryan' or 'non-aryan' were doctors. By 1938, finally, doctors had replaced lawyers as the profession with the highest income in the country. The profession paid for its gain in income and power, paradoxically, with a dramatic loss of professional freedom. Medical practice was more strictly regulated than ever before. Today we do not think of the ideal typical German doctor first and foremost as "the 'advocate of the individual' against the public interest," as right-wing doctors had demanded when in the 1920s they feared that some day they were going to be civil servants in a socialist system.<sup>17</sup> Instead, the concentration camp doctor, selecting prisoners for the gas chambers and experimenting on inmates, turned into a cultural icon of evil. After initial attempts to hush things up, this image and the memory of the victims continue to

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<sup>15</sup> Kater, "Medizin und Mediziner," p. 304.

<sup>16</sup> Ibid., pp. 317-8.

<sup>17</sup> Ernst Mayer, "Freie Ärzteschaft und Massenproblem: Zum Aufsätze des Stadtarztes Dr. Roeder = Treptow über 'Die berufliche Krise der Ärzteschaft'," *Ärztliche Mitteilungen*, 30, 1929, 230-2, p. 231.

haunt particularly German medicine and biomedical research, but also Western medicine more general.<sup>18</sup>

Heterodox healers, unless they were Jewish or critical of the regime, initially did not get a bad deal from the new government, either. Nazi leaders like Rudolf Hess, Heinrich Himmler, and Julius Streicher were ardent supporters of heterodox medicine. Adolf Hitler himself, Hess argued in an address to lay practitioners in 1933, was a non-licensed nature healer of the German people.<sup>19</sup> Especially naturopathy, with its focus on inexpensive methods of disease prevention and its ideals of physical and mental improvement by exposing the body to the natural forces of light, air and water, seemed to resonate with Nazi ideology. The Nazis could not ignore the broad base of support for medical lifestyle reform. In their programme for a ‘New German Art of Healing’, Nazi health leaders appropriated the Weimar ideas of biological medicine and of a synthesis between orthodox and heterodox medicine.<sup>20</sup> The patron of the programme was Paracelsus, who the Nazi ideologues turned into ‘the German Hippocrates’.<sup>21</sup> They claimed that the programme would solve the ‘crisis of medicine’ which in their view had been caused by Marxists, business-minded liberals, and mechanistic Jewish doctors, who had undermined German medicine and destroyed its roots in the population. The new programme, however, never

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<sup>18</sup> Michael H. Kater describes some examples for the resistance in the professional organisations of postwar Germany against coming to terms with their Nazi past in “The Sewering Scandal of 1993 and the German Medical Establishment,” in Manfred Berg and Geoffrey Cocks, eds., *Medicine and Modernity: Public Health and Medical Care in Nineteenth- and Twentieth-Century Germany*, Cambridge: Cambridge University Press, 1997, 213-34. For an early study, see Alexander Mitscherlich and Fred Mielke, *The Death Doctors*, London: Elek, 1962.

<sup>19</sup> “Zurück zum Urquell der Wissenschaft: Der Stellvertreter des Führers über die Aufgaben und die Bedeutung der Naturheilkunde,” *Völkischer Beobachter*, 28.11.33, p. 1.

<sup>20</sup> Cf. Detlef Bothe, *Neue Deutsche Heilkunde 1933-1945. Dargestellt anhand der Zeitschrift “Hippokrates” und der Entwicklung der volksheilkundlichen Laienbewegung*, Husum: Matthiesen, 1991; Alfred Haug, “Die ‘Synthese’ von Schulmedizin und Naturheilkunde im Nationalsozialismus. Ein kritischer Rückblick,” in Manfred Brinkmann and Michael Franz, eds., *Nachtschatten im weißen Land. Betrachtungen zu alten und neuen Heilsystemen*, Berlin: Verlagsgesellschaft Gesundheit, 1982, 115-25; idem, *Die Arbeitsgemeinschaft für eine Neue Deutsche Heilkunde (1935/36)*, Husum: Matthiesen, 1985.

<sup>21</sup> Carsten Timmermann, “A Model for the New Physician: Hippocrates in Interwar Germany,” in David Cantor, ed., *Hippocrates and Modern Medicine*, Aldershot: Scolar, in press; Udo Benzenhöfer, “Zum Paracelsusbild im Nationalsozialismus,” in Christoph Meinel and Peter Voswinkel, eds., *Medizin, Naturwissenschaft, Technik und Nationalsozialismus*, Stuttgart: Verlag für Geschichte der Naturwissenschaften und der Technik, 1994, 265-73.

really made its way into the medical faculties. Institutions dedicated to the ‘New German Art of Healing’, like the Rudolf Hess Hospital in Dresden and the Jena chair of biological medicine held by Karl Kötschau, remained marginal.

Lifestyle reform organisations and the organisations of lay healers received official support and recognition, but at the price of losing their independence and subordinating themselves to Nazi authorities.<sup>22</sup> Under the surface of the united organisation, however, there were deep rifts. Nazi health leaders were never united over their stance towards lay medicine. While Rudolf Hess backed non-licensed healers, many influential Nazi doctors remained violently opposed to recognising the ‘quacks’.<sup>23</sup> The *DGBK* also remained active, subordinated to Nazi organisations and under a new name, as *Deutsche Gesellschaft zur Bekämpfung von Mißständen im Gesundheitswesen*.<sup>24</sup> In-fighting between different factions of lay practitioners did not help their case, either.

The ‘New German Art of Healing’ was going to be controlled by licensed physicians. Because the new German doctors were going to embody the ideals of folk medicine and so regain the people’s trust, as Nazi health leaders claimed, in the long run there was no need for non-licensed practitioners. Consequently, the 1939 ‘Healing Practitioners Law’ only promised licences to ‘folk doctors’ already in practice.<sup>25</sup> Following demands of the medical profession, no new practitioners should be trained, and there should never be more than 5,000 licensed healing practitioners. The younger ones should be encouraged to take medical degrees, and, in the long run, the medical profession should be granted a monopoly.

The ‘Healing Practitioners Law’ fulfilled the old demands of the lay practitioners’ organisations for a protected status, a ‘minor licence’. But it was a

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<sup>22</sup> For homeopathy, see Bertram Karrasch, “Die homöopathische Laienbewegung in Deutschland zwischen 1933 und 1945,” *Medizin, Gesellschaft und Geschichte*, 15, 1996, 167-94.

<sup>23</sup> See, for example, Kurt Blome, *Arzt im Kampf: Erlebnisse und Gedanken*, Leipzig: Barth, 1942.

<sup>24</sup> Cf. Hermann Berger, “Wie wird jetzt der Kampf gegen das Kurpfuschertum geführt?,” *Hippokrates*, 1936, 900-05.

<sup>25</sup> Walter Wuttke-Groneberg, “Heilpraktiker im Nationalsozialismus,” in Brinkmann and Franz, eds., *Nachtschatten im weissen Land*, 127-47.

mixed blessing. Not only was it intended to be the beginning of the end of lay practice (it was to be at the same time “cradle and grave” of the profession of the *Heilpraktiker*, as the Nazi press expressed it).<sup>26</sup> The law also meant that finally lay practitioners were under the control of doctors and of the authorities. Anybody who practised without a licence, was officially classified as a ‘quack’ and violated a law. And the licensing committees handled the licence applications rather slowly and restrictively. Out of 12,000 applications by autumn 1939, only 3,000 had been approved, and 1,200 rejected.<sup>27</sup>

When in the late 1930s the Nazi leaders started to prepare the country for war, they shifted their ideological support back to orthodox, clinical medicine. The office of Nazi ideologue Alfred Rosenberg attacked holism as ‘individualistic’ in nature and against the national spirit, as “a cunning trick of Roman-Catholic science against German factual research, exact natural science and the foundations of our racial teachings.”<sup>28</sup> Kötschau lost his chair in 1938. When Rudolf Hess fled to Britain in 1941, a number of healing practitioners were prosecuted and the practice of lay healers was further restricted.<sup>29</sup> After the war, as a consequence, holistic doctors, as well as lay practitioners could present themselves as ‘resistance fighters against the mechanistic policies of the Third Reich’. The healing practitioner remained a protected profession in the Federal Republic, with its own vocational schools. And the ‘crisis of medicine’, was it solved after the National-Socialist ‘revolution’?

### Continuities

Hardly a week passes, not only in Germany, without a headline pronouncing a ‘crisis’ somewhere in the health system. While the political and social contexts are certainly very different, the fundamental constellations in the system remained similar to those of 1930. Still, there is the triangular relationship

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<sup>26</sup> Ibid., p. 131.

<sup>27</sup> Ibid., p. 143.

<sup>28</sup> Quoted after A. Haug, “Der Lehrstuhl für biologische Medizin in Jena,” in Kudlien, ed., *Ärzte im Nationalsozialismus*, 130-8, p. 135. Holism here reads in fact *Holismus*, rather than the usual *Ganzheitlichkeit*. See also Harrington, *Reenchanting Science*, pp. 193-9.

<sup>29</sup> Cf. Wuttke-Groneberg, “Heilpraktiker im Nationalsozialismus,” p. 143.

between the medical profession, the insurance funds, and the government. Governments still face the dilemma that the resources that can be dedicated to health care are limited, while interventive medicine has a tendency to use just as much money as is available, by pushing back the boundaries of what can be done. As a consequence, difficult ethical decisions have to be made over what sorts of treatment should be made available to which patients. To some, still, the best way of securing the most efficient use of the resources appears to be the radical rationalisation of the health system.

The dichotomy between rationalisation efforts and charismatic responses persists. Since the late 1960s, again, we are noticing growing discontent with scientific, interventive, clinical medicine, as it has continued to dominate Western health systems. Many patients, at least occasionally, turn to ‘alternative’ medical systems, which often draw either on Western myths and historical models or on non-western healing methods.<sup>30</sup> Supporters of heterodox methods, again, declare their opposition to what they see as the increasing inhumanity of rationalised and mechanised ‘machine medicine’. They embrace what Lawrence and Weisz have called ‘cultural holism’. The happy union of charisma and commercialism in the persons of successful faith healers continues to occupy the minds of educators and occasionally the courts.<sup>31</sup> Today’s medical heretics still have the capacity to stir up emotions. Medical scientists either do not respond to the calls for wholeness, or they embrace some kind of holism themselves, be it full-blown ‘cognitive holism’ or just an interest in questions of medical history or ethics.<sup>32</sup> People’s mistrust against orthodox medicine goes hand in hand with discontent with modern science, which allegedly is corrupted by politics and

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<sup>30</sup> A recent survey carried out for the BBC found that 21 percent of a cross section of 2100 Britons, interviewed by phone, had used alternative medicine in 1998 and 1999. Close to 80 percent believe that alternative or complementary health treatments will become increasingly popular. Cf. BBC Online, August 22, 1999, [http://news.bbc.co.uk/1/hi/english/health/newsid\\_426000/426432.stm](http://news.bbc.co.uk/1/hi/english/health/newsid_426000/426432.stm).

<sup>31</sup> An example is the case of the leader of the German ‘Fiat Lux’ sect and owner of a commercial enterprise for alternative remedies, Erika Bertschinger-Eicke, aka. Uriella, who in 1998 had to face charges of tax fraud in a German court. Cf. “Uriella hüpfte als Lamm vor die Schlachtbank: Sektenchefin vor Gericht / Anwalt: Keine Steuerhinterziehung weil Arzneien unwirksam,” *Frankfurter Rundschau*, 8. Sept. 1998, 26.

<sup>32</sup> Cf. Charles E. Rosenberg, “Holism in Twentieth Century Medicine,” in Christopher Lawrence and George Weisz, eds., *Greater than the Parts. Holism in Biomedicine 1920-1950*, New York & Oxford: Oxford University Press, 1998, 335-55.



economic interests. As patients became interested in alternative medicine and holism, so did historians. Social historians of medicine have attempted to show that politics, economics, and medicine are intimately interwoven in what we call culture. I intend this study to be a contribution to this project.

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