

ABSTRACT

Title of dissertation: CREATING A SPACE IN THE MEDICAL
PROFESSION: FEMALE PHYSICIANS,
MATERNALISM, AND EUGENICS WORK IN
WEIMAR AND NAZI GERMANY

Melissa Kravetz, Doctor of Philosophy, 2011

Dissertation directed by: Professor Jeffrey Herf, Department of History

This dissertation examines the history of female physicians' work in marriage counseling centers, in school health reform, and in the movements against alcoholism, venereal disease, and prostitution during the Weimar Republic (1919-1933), and in organizations like the *Bund Deutscher Mädel* (League of German Girls; BDM) and the *Reichsmütterdienst* (Reich Mothers' Service), as well as their efforts in the racial hygiene and anti-tobacco campaigns during the Third Reich (1933-1945). In this study, I ask how and why women occupied particular fields within the medical profession in these years, and how women doctors reconciled their medical perspectives with their views of the Weimar and later the Nazi state.

Focusing primarily on those women doctors who were members of the *Bund Deutscher Ärztinnen* (League of German Female Physicians, BDÄ), this dissertation demonstrates that female physicians used primarily maternalist and to a lesser extent eugenic arguments to make a case for their presence in these medical spaces. This dissertation draws primarily on women doctors' own interpretations of their work in the organization's journal, *Die Ärztin* (*The Female Physician*), and also utilizes the

publications, personal papers, and memoirs of professionally and politically active members of the BDÄ. Female physicians argued that they could best serve the Weimar medical profession because the caring and nurturing nature of their work was an extension of their domestic responsibilities. Additionally, they claimed to fit well with Nazi ideology because they were dedicated to motherhood and to preserving the *Volksgesundheit* (people's health) and creating the *Volksgemeinschaft* (people's community). I argue that supporting women's traditional societal roles as well as eugenics discourse were means by which female physicians advanced in the male-dominated medical profession. By working in marginalized spaces (which they helped to create) where they treated only women and children, they shielded themselves from male doctors' attention, thereby enhancing their own autonomy and their authority in women's and children's medicine. I show that by advocating eugenics and accentuating their feminine and motherly qualities, women were able to secure jobs and even broaden their medical roles to become political and educational advocates for women in an otherwise hostile work environment.

CREATING A SPACE IN THE MEDICAL PROFESSION:
FEMALE PHYSICIANS, MATERNALISM, AND EUGENICS WORK IN WEIMAR
AND NAZI GERMANY

by

Melissa Kravetz

Dissertation submitted to the Faculty of the Graduate School of the
University of Maryland, College Park in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy
2011

Advisory Committee:

Professor Jeffrey Herf, Chair
Associate Professor Mathias Frisch
Professor Sonya Michel
Dr. Sabine Schleiermacher
Associate Professor Thomas Zeller

© Copyright by
Melissa Kravetz
2011

Acknowledgments

My parents instilled in me a sense of hard work and responsibility—qualities that were essential to getting me through the process of writing this dissertation. They always supported my endeavors even when they did not understand them. Their love and continued encouragement has sustained me through every moment.

My advisor, Jeffrey Herf taught me how to write directly and honestly. He always encouraged me to write a dissertation I could finish—advice I now truly value. He has continuously supported my personal interests and professional endeavors, even if they shifted far from his own, and for that I am very thankful. Sonya Michel helped me formulate some of my key arguments in the dissertation and taught me the art of hosting a fabulous party. I also owe her course on Gender, Women, and Modernity in the Americas for inspiring my initial interest in gender and eugenics. Tom Zeller always asked the important, big questions, and kept me well informed of Maryland achievements in sports. He fostered my interest in the history of science and medicine through his courses and a number of wonderful teaching opportunities, and by encouraging me to attend conferences in the field. Erika Milam provided me with references when I needed them and good chats about academia whenever I needed some good food. The University of Maryland’s history department at large has provided a very supportive atmosphere in which to write a dissertation. I thank the department for its continued financial support, Daryle Williams for always being a great advocate for graduate students, and Jodi Hall, Catalina Toala, and Courtenay Lanier for alleviating the logistical details and providing good laughs along the way.

During my research year in Berlin, my time there was made much more pleasant through the financial and friendly support of the Berlin Program, especially Karin Goihl, and through the good friendships of the seminar's participants. It was my two postdoc friends—Mate Tokic and Jeffrey Saletnik—that gave me the most insight about how to also enjoy life while writing a dissertation, and Renee Reichl Luthra that gave me the most motivation to work just as hard as she always did. The Institute for the History of Medicine generously provided me with an office space and an academic community. Sabine Schleiermacher was especially helpful, friendly, and welcoming, as she became my academic advisor of sorts while I was in Berlin. She pointed me to some of my key sources for this project, as did the librarians Jutta Buchin and Melanie Scholz. They always did their best to answer every little question I had. The *Mädels* of FC Schöneberg provided many moments of laughter and release from the academic life, and in fact, taught me some of the most important (and useful) German phrases. They continue to provide me with another home every time I return to Berlin.

My time in grad school (and by extension DC) has been even more rewarding because of the many other friends I have collected over the years here. The ladies, past and present, of Shooters and Chasers, have always been willing to share stories over happy hour even when I was only in town for a few days. The various other soccer teams I have played on throughout the years have provided me a sense of peace in what would have otherwise been a stressful several years. My incoming cohort—Naomi, Megan, Snyder, Court, Melanie, Maureen, and Keith—learned to explore the city with me and helped create an atmosphere (and apartment) of fun. Steve Scala gave me great advice on how to make it through every stage of grad school. Amy Rutenberg always called to

check in and reminded me that what we were doing was worthwhile. Eric and Becky Ruark welcomed me into their home, cooked me some delicious meals, and provided me with much laughter during the first few years of school. Mary-Elizabeth Murphy created an academic community for me in DC when I thought I had lost one. She helped me discover the beautiful arches and quietness of Howard's Health Sciences Library, where this project came to fruition. And she diligently and patiently helped me revise the entire draft during one of my most intense working periods. She and Tess Bundy were always a motivating presence in the final months, but even better friends. Megan Harris has continued to redefine my already high expectations of friendship, and she created a home for me in DC, even when I did not have one. She always encouraged me, never doubted me, and has always been a great plus one, whether it was at lunch at the LOC or exploring the sights and sounds of DC. Gladys Cisneros has listened to my laments about grad school and academia probably longer than anyone, whether she was in Peru, I was in Berlin, or we were together in the 909 or the LDP—for which I am eternally grateful. Her friendship over the years has helped carry me through. Kenny Shin, who I met in the final stages of this project, has provided a tremendous amount of emotional support by always asking about my writing, providing much needed tech support, cooking fantastic meals, and offering me a wonderful couch whenever I needed to relax.

There are also several people from my past lives whose presence I feel constantly. Avi Patt, my bossman at the United States Holocaust Memorial Museum, constantly reminded me of the joys of academia even as a first year grad student. Harold Marcuse directed me as an undergraduate at UC Santa Barbara when I didn't know how to follow the path I always knew I wanted to. Ralph taught me the importance of telling both sides

of the story. The friends I made at UCSB—Val, Jeff, Rich, Mark, Annie, Doost, Mel, and Mike—still make me laugh harder and longer than anyone, an important release when trying to write a dissertation. Jenna Leventhal has been my writing partner at times, my editor at others, and always a fellow history nerd and friend. Madrid, my AP European history teacher, instilled in me a passion for European history, one that I have never lost since the age of 16.

My uncle, who passed away far too early in life and just months before I completed this journey, was probably my biggest cheerleader along the way. He never lost sight of the end, even when I did. And he always assured me that I was going to come out on top. I wish more than anything that he was here to see the end result. It is to him that I dedicate this dissertation.

Contents

Acknowledgments	ii
Abbreviations	vii
Introduction	1
1. Promoting Eugenics and Maternalism in Marriage Counseling Centers	34
2. Preparing Girls for Motherhood: School Doctors, Youth Welfare, and the Reform of Girls' Physical Education	98
3. Sex, Alcohol, and Disease: Fighting the Vices that Threatened Women and Children	171
4. Building the <i>Volksgemeinschaft</i> , Fighting Cancer, and Supporting Racial Hygiene under Nazism	236
Conclusions	305
Bibliography	313

Abbreviations

ADW	<i>Archiv des Diakonischen Werkes der Evangelischen Kirche Deutschlands</i> (Archive of the Diaconical Headquarters of the Evangelical Church of Germany)
BArch	<i>Bundesarchiv-Berlin</i> (Federal Archives-Berlin)
BDÄ	<i>Bund Deutscher Ärztinnen</i> (League of German Female Physicians)
BDF	<i>Bund Deutscher Frauenvereine</i> (League of German Women's Associations)
BDM	<i>Bund Deutscher Mädel</i> (League of German Girls)
DDP	<i>Deutsche Demokratische Partei</i> (German Democratic Party)
DGBG	<i>Deutsche Gesellschaft zur Bekämpfung der Geschlechtskrankheiten</i> (German Society for Combating Venereal Disease)
DNVP	<i>Deutschnationale Volkspartei</i> (German National People's Party)
DRL	<i>Deutscher Reichsausschuß für Leibesübungen</i> (German National Committee for Physical Exercise)
DVP	<i>Deutsche Volkspartei</i> (German People's Party)
JM	<i>Jungmädelsbund</i> (Young Girl's League)
KVD	<i>Kassenärztliche Vereinigung Deutschland</i> (Association of Health Insurance Physicians)
LArch	<i>Landesarchiv-Berlin</i> (State Archive-Berlin)
NSDÄB	<i>Nationalsozialistischer Deutscher Ärztenbund</i> (National Socialist German Physicians' League)
NSDAP	<i>Nationalsozialistische Deutsche Arbeiterpartei</i> (National Socialist German Workers' Party)
RÄK	<i>Reichsärztekammer</i> (Reich Physicians' Chamber)
RGA	<i>Reichsgesundheitsamt</i> (Reich Health Bureau)
RMI	<i>Reichministerium des Innern</i> (Reich Ministry of the Interior)

SPD	<i>Sozialdemokratische Partei Deutschlands</i> (Social Democratic Party of Germany)
VD	venereal disease
VsÄ	<i>Verein sozialistischer Ärzte</i> (Association of Socialist Physicians)
WCTU	Women's Christian Temperance Union

Introduction

The history of female physicians in Weimar and Nazi Germany is an important story that has been lost somewhere between the histories of women's entrance to higher education, Weimar social and family policy, 1920s abortion reform, and the medical profession's reception of Nazism in 1933. It is particularly surprising that the story of German women doctors has been underexamined in light of the dominant role doctors—more generally—played in Weimar social welfare initiatives, in Nazi racial hygiene measures, and in Nazi euthanasia policies and the Holocaust. Equally as intriguing is the question of how women physicians managed to prod their way into a profession that was unreceptive and antagonistic towards them, and were able to influence women's medical and public health discourse and craft policy. They also accomplished this in spite of Nazi antifeminism. This dissertation examines how women doctors enhanced their professional status so quickly after entering medicine relatively late, and it also aims to determine how women reconciled their medical perspectives with their views of the Weimar and later the Nazi state. While the discrimination against women pursuing medicine during the Weimar period is perhaps less well-known, the biased Nazi policies against women in medicine, specifically, have been discussed by scholars such as Michael Kater and Robert Proctor.¹ Similarly, David Schoenbaum and Jacques Pauwels

¹ Michael H. Kater, *Doctors Under Hitler* (Chapel Hill: The University of North Carolina Press, 1989) and Robert Proctor, *Racial Hygiene: Medicine under the Nazis* (Cambridge, MA: Harvard University Press, 1988).

have explored questions of how women continued to improve their economic, educational, and social status in the face of Nazi antifeminism.²

“Creating a Space in the Medical Profession” asks how and why medicine became the fastest-growing profession for women during the Weimar period despite the fact that it was a male-dominated profession unreceptive to women’s emerging presence. It also considers how women’s growth in the medical profession continued under National Socialism, and investigates why female doctors supported Nazism, a regime that largely discriminated against women. Akin to Schoenbaum, I also see a gap between ideology and practice in terms of women’s professional standing during the Nazi period. I will explore various strategies women doctors used to maintain their presence and strengthen their importance in the medical spaces in which they worked during these two regimes. In this work, I examine their work in marriage counseling centers, in school health reform, and in anti-alcohol and anti-venereal disease campaigns during the Weimar period and in organizations like the *Bund Deutscher Mädels* (League of German Girls; BDM) and the *Reichsmütterdienst* (Reich Mothers’ Service), as well as their efforts in the racial hygiene and anti-tobacco campaigns in the Nazi period.

The focus of this work is on those women doctors who were members of the *Bund Deutscher Ärztinnen* (League of German Female Physicians, BDÄ), founded in 1924. Drawing on their own interpretations of their work in the organization’s journal, *Die Ärztin* (*The Female Physician*), I argue that while female physicians sought professional status in medicine and equal medical care for their female patients, they relied on traditional notions of gender difference to secure and expand their job opportunities

² David Schoenbaum, *Hitler’s Social Revolution: Class and Status in Nazi German, 1933-1939* (Garden City, NY: Doubleday, 1966) and Jacques R. Pauwels, *Women Nazis, and Universities: Female University Students in the Third Reich, 1933-1945* (Westport, CT: Greenwood Press, 1984).

within medicine. They accomplished this primarily by adopting what Seth Koven and Sonya Michel have called “maternalist discourses,” namely “ideologies and discourses that exalted women’s capacity to mother and applied to society as a whole the values they attached to that role: care, nurturance, and morality.”³ Women physicians argued that because the caring and nurturing nature of their work was an extension of their domestic responsibilities, they were better suited to care for women and children than their male colleagues, and therefore, could best serve the Weimar and Nazi medical profession. Female physicians, then, employed the rhetoric of motherhood to seek broader social and political changes for their women and youth patients, and most importantly, professional growth for themselves. They always employed maternalism on the two different levels that Koven and Michel describe: they “extolled the private virtues of domesticity while simultaneously legitimizing women’s public relationships to politics and the state, to community, workplace, and marketplace.”⁴ In other words, even if they were themselves professionals, it was not a contradiction for them to encourage their women patients to pursue non-professional motherhood tracks. Women doctors worked tirelessly both to legitimize their public roles as professional physicians while also advising their women patients to be proper mothers and embracing this role themselves.

Because their knowledge was grounded in real-life experience, women physicians wielded more legitimacy among their patients, but also more clout, which would prove essential in sustaining their employment in the face of much hostility. Female physicians argued that womanhood and motherhood equipped them with unique identities and

³Seth Koven and Sonya Michel, eds., *Mothers of a New World: Maternalist Politics and the Origins of Welfare States* (New York: Routledge, 1993), 4.

⁴Seth Koven and Sonya Michel, “Womanly Duties: Maternalist Politics and the Origins of Welfare States in France, Germany, Great Britain, and the United States, 1880-1920,” *The American Historical Review* 95.4 (October 1990): 1079.

abilities which prepared them to care for women and children. While working in Weimar marriage counseling centers, they deemed their married colleagues who were mothers as the most capable of advising women about marital or familial problems. In their positions as school doctors, they tapped into their identities as women and mothers to provide adequate health lessons to schoolchildren when parents failed to do so. Women doctors also discussed how alcohol affected nursing mothers or how venereal disease destroyed marriage and the family, further demonstrating that they took their maternal responsibilities seriously. I argue that their experience with this type of work before 1933 drew female doctors to the Nazi state—a state that deliberately championed motherhood—and thoroughly readied them for the work they would be asked to do for it. During the Nazi regime, women physicians continued to employ a maternalist discourse by participating in Nazi women's and children's organizations as well as indoctrinating other women in racial hygiene ideology and the fight against tobacco. They could be crucial advocates for the Nazi regime not only because they were proven devotees of motherhood, but also because they were dedicated to preserving the *Volksgesundheit* (people's health) and creating the *Volksgemeinschaft* (people's community). While women doctors claimed that they could help enlist women and children to the Weimar and Nazi states' national causes, the Weimar state did not openly utilize female physicians for national goals, except for employing women doctors in venereal disease counseling centers in the anti-VD campaign. It was the Nazi state that recognized the benefits women doctors provided for the ideological recruitment of women and children especially.

Women physicians also created a maternalist discourse by evoking their education and privileged backgrounds to justify their authority in certain medical spaces. Michel argues that maternalist practices were “most frequently deployed by middle-class women to justify their own political participation as well as the establishment of institutions, policies, or legislation directed at poor or working-class women and children.”⁵ The great majority of female doctors were from upper- and middle-class backgrounds. Many of them were the children of physicians or were married to physicians, with whom they often shared a practice. All of them clearly had enough privilege to study at a university. And yet their patients—visitors to marriage counseling centers, students in vocational schools, or prostitutes—were predominately working-class. These class differences did not escape female physicians who had no problem teaching proletarian mothers how to instill health habits in their children or becoming advocates for working-class women who had “fallen” into prostitution. In other words, their own upper middle-class values accompanied them to work every day and seeped into their advising sessions, lesson plans, or conversations with their patients and students. Charting the narrative of female physicians also means recognizing that while they overcame discrimination in the medical field by creating marginalized spaces for themselves, they often did so at the expense of lower-class women.

To a lesser extent, and less consistently than these maternalist arguments, female doctors also at certain times employed eugenicist arguments to justify their presence in Weimar and Nazi medical spaces. During the Weimar period, scientists and doctors followed a discourse of eugenics (an off-shoot of social hygiene) that connected social

⁵ Sonya Michel, “Maternalism Reconsidered,” in *Beyond Maternalism: Motherhood and Method*, ed. Rebecca Plant and Marian van der Klein (New York: Berghahn Books, forthcoming, 2011), 4.

ills, such as alcoholism, criminality, and poverty, to a person's genetic makeup and sought to prevent the propagation of "inferior" genes—the goal of negative eugenics. I follow a similar, broad definition of eugenics in this dissertation. This definition is based on a reading of the famous social hygienist Alfred Grotjahn (1869-1931), who claimed that the "effects of societal circumstances and the social milieu in which people were born, lived, worked, relished, reproduced, and died," were also necessary components to the scientific study of hygiene.⁶ In the Weimar era, women physicians supported what I argue was a class-based eugenics system, in which they sought to isolate the "civilized" or upper classes from social problems understood to be genetically transmissible. Besides attempting to prevent the spread of these traits among middle- and upper-class people, women physicians also intervened to hinder the lower-class from spreading these traits. While female doctors did not necessarily call for the sterilization of lower class members of society, they used language that indicated an awareness that certain groups in the population were "unfit" to reproduce and labored to intervene and assist them whenever possible.

Daniel Kevles, the foremost scholar of American eugenics, has shown that although the eugenics movement drew its support from several different groups in society, including the middle and upper classes, professional groups, scientists and women, it was physicians, particularly those working with people suffering from mental diseases or disorders, who were remarkably strong supporters of eugenics. Physicians, he notes, were especially prominent in the German eugenics movement because social

⁶ Alfred Grotjahn, "Soziale Hygiene (Definition)," in *Handwörterbuch der Sozialen Hygiene*, ed. A. Grotjahn and J. Kaup (Leipzig, 1912), 410-412.

medicine was such a strong element of professional duty in that country.⁷ Historians Atina Grossmann, Sabine Schleiermacher, and Cornelia Osborne have all previously argued that women physicians' work in public health positions—marriage and sexual counseling centers, welfare offices, and school health—led them to become some of the strongest supporters of eugenics.⁸ In fact, Osborne states that she has not found a single case of a woman doctor speaking out against eugenics.⁹ Grossmann agrees that they “never fundamentally questioned the hegemonic consensus, shared across the political spectrum from right to left, on the demographic, social, and personal virtues of motherhood, or the hierarchy of valuable and valueless, fit and unfit, healthy and degenerative lives, implied in eugenic thinking.”¹⁰ These three authors, along with historian Johanna Bleker, cite female physicians' use of eugenics to explain their support for Nazism after 1933, especially those affiliated with the BDÄ.¹¹ What is lacking in these accounts, however, is a close look at how women doctors actually promoted

⁷ Daniel J. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity* (Cambridge, MA: Harvard University Press, 1995). See also Kevles, “Eugenics Then and Genetics Now—Avoiding the Pitfalls of the Past,” in *The Implications of Genetics for Health Professional Education*, ed. Mary Hager (New York: Josiah Macy, Jr. Foundation, 1999), 190.

⁸ See particularly Atina Grossmann, “Berliner Ärztinnen und Volksgesundheit in der Weimarer Republik: Zwischen Sexualreform und Eugenik,” in *Unter allen Umständen: Frauengeschichte(n) in Berlin*, ed. Christiane Eifert and Susanne Rouette (Berlin: Rotation, 1986); Atina Grossmann, “German Women Doctors From Berlin to New York: Maternity and Modernity in Weimar and in Exile,” *Feminist Studies* 19.1 (Spring 1993): 65-88; Sabine Schleiermacher, “Ärztinnen zwischen Sozialhygiene und Eugenik in der Weimarer Republik,” in *Medizin und Gewissen. 50 Jahre Medizin nach dem Nürnberger Ärzteprozeß*, ed. Stephan Kolb und Horst Seithe, CD-ROM (Berlin, 1998); Sabine Schleiermacher, “Rassenhygienische Mission und berufliche Diskriminierung: Übereinstimmung zwischen Ärztinnen und Nationalsozialismus,” in *Ärztinnen—Patientinnen: Frauen im deutschen und britischen Gesundheitswesen des 20. Jahrhunderts*, ed. Ulrike Lindner and Merith Niehuss (Köln: Böhlau Verlag, 2002); and Cornelia Osborne, “Women Doctors and Gender Identity in Weimar Germany (1918-1933),” in *Women and Modern Medicine*, ed. Lawrence Conrad and Anne Hardy (New York: Editions Rodopi, 2001).

⁹ Osborne, “Women Doctors and Gender Identity in Weimar Germany,” 117.

¹⁰ Grossmann, “German Women Doctors From Berlin to New York,” 75.

¹¹ See Johanna Bleker, “Anerkennung durch Unterordnung? Ärztinnen und Nationalsozialismus,” in *Weibliche Ärzte: die Durchsetzung des Berufsbildes in Deutschland*, ed. Eva Brinkschulte (Berlin: Edition Hentrich, 1993) and Johanna Bleker and Christine Eckelmann, “‘Der Erfolg der Gleichschaltungsaktion kann als durchschlagend bezeichnet werden’ – Der ‘Bund Deutscher Ärztinnen’ 1933 bis 1936,” in *Medizin im “Dritten Reich”*, ed. Johanna Bleker and Norbert Jachertz (Köln: Deutscher Ärzte-Verlag, 1993).

eugenic measures in their various work spaces. I extend this previous work by examining to what extent they engaged with eugenics in individual fields, and how they made class a central component of their arguments before 1933.

As women doctors exercised professional authority during the Weimar period, they employed varying levels of eugenicist ideas. In marriage counseling centers, women physicians most obviously practiced class-based eugenics by endorsing birth control or suggesting additional advising sessions for their lower-class patients. In the anti-alcohol movement, female doctors attempted to prevent the spread of alcohol among the upper classes. Their class-based eugenics was less blatant in youth welfare, where female physicians focused on preparing women to be “fit” mothers and admonished working-class mothers for the lack of attention to their children’s health. However, while women physicians feared the spread of venereal disease and prostitution among the middle-class, they did not consider VD to be hereditary, a trait that some of them did assign to alcoholism or poverty. It was their class-based eugenic leanings, I argue, that allowed them a means to contribute to wider Weimar-era discussions about social hygiene and eventually led them to easily accept Nazi racial eugenics programs. At Alt-Rehse, the Nazi racial hygiene training camp for physicians, women doctors not only participated, but also expressed their utmost joyfulness and optimism that the ideology of the regime had been successfully implemented. Moreover, they insisted that they could, and did, in fact, enlist other women to become believers in Nazi racial hygiene, demonstrating how the practice of medicine took on an ideological face after 1933. The medical profession changed from a social welfare system that prioritized individualized health care in relation to or alongside larger state goals like marriage counseling, youth welfare, and

anti-alcohol and anti-VD measures to one that made fulfilling Nazi ideology a primary goal of medical practice.

In contrast to important works that have drawn attention to the role of female physicians in the fight against abortion or the demands for birth control,¹² “Creating a Space in the Medical Profession” examines their inclination to use conventional gender definitions in their professional life. Women doctors both urged female patients to pursue motherhood and also championed marriage and motherhood as qualities that had made them more insightful doctors. I argue that supporting women’s traditional societal roles as well as eugenics discourse were means by which female physicians advanced in the male-dominated medical profession. By working in marginalized spaces (which they helped to create) where they treated only women and children, they shielded themselves from male doctors’ attention, thereby enhancing their own autonomy and their authority in women’s and children’s medicine. I show that by advocating eugenics and accentuating their feminine and motherly qualities, women were able to secure jobs and even broaden their medical roles to become political and educational advocates for women in an otherwise hostile work environment.

To circumvent the biases they faced in medicine, women doctors displayed a complicated mixture of modernity and tradition in their attempts to carve out individual spaces for themselves. In this sense, they mirrored a constant tension between conservatism and progressivism that governed Weimar politics and social and cultural movements. For example, these women adhered to the general trend of the larger German women’s movement of the 1920s, which, according to historian Ute Frevert, had

¹² I am referring specifically to Atina Grossmann, *Reforming Sex: The German Movement for Birth Control and Abortion Reform, 1920-1950* (New York: Oxford University Press, 1995) and Osborne, “Women Doctors and Gender Identity in Weimar Germany.”

a “confused and contradictory” reaction to the partial integration of women under the Weimar Republic’s new governmental system. Frevert states that,

On the one hand it [the German women’s movement] upheld the constitutional guarantee of full equality in political, family, occupational and moral affairs; on the other hand it insisted that the sexes were essentially different, and that women had a particular feminine cultural mission to fulfil. There was no doubt whatsoever that family duties were of prime importance. The movement had no answer to the question of how the “new woman” could resolve the conflict between modern occupational demands and traditional family ties.¹³

Female physicians embodied the same doctrine of the German women’s movement at large, except that I do not view their strategy as contradictory. They simultaneously demanded things like an equal physical education program for female students and insisted that the curriculum of such a program should be suited to women’s differing dispositions—namely, their biological ability to bear children. Similarly, female doctors promoted equivalent medical treatment for women with venereal disease by affording them access to physicians of the same sex, and also pointed out that women’s differences merited their separate treatment by female physicians. Women doctors, in other words, adopted a rhetoric that insisted women were different *and* merited equal treatment.¹⁴ In light of the political, intellectual, and social climate of the Weimar Republic and the context of gender relations at the time, promoting this different and equal ideology was a way for female physicians to champion their own professional ambitions as well as the rights of their patients. Just as women physicians valued themselves as professionals and

¹³ Ute Frevert, *Women in German History: From Bourgeois Emancipation to Sexual Liberation* (Oxford: Berg Publishes Limited, 1989), 203.

¹⁴ I employ Joan Scott’s theory of equality *and* difference. She argues that we can “recognize and use notions of sexual difference and yet make arguments for equality” by “unmasking...the power relationship constructed by posing equality as the antithesis of difference.” See Joan Wallach Scott, “Deconstructing Equality-versus-Difference: Or, The Uses of Poststructuralist Theory for Feminism,” *Feminist Studies* 14.1 (Spring 1988): 44.

did not want to be viewed as second-class doctors, they did not want their patients to be treated like second-class citizens.

Women's entry into medical schools and the medical profession in Germany occurred relatively late in comparison with other European countries and the United States. Germany was, in fact, the last major European country to admit women to medical study and permit them to receive medical certification. Michael Kater attributes this to "the vehement opposition of misogynist medical professors...aided by the conservative bureaucracy."¹⁵ Patricia Mazón's *Gender and the Modern Research University: The Admission of Women to German Higher Education, 1865-1914* documents women's struggle to gain admission to German universities at the end of the nineteenth century. Her study corroborates Kater's claim that male physicians and professors expended much energy protesting women's access to higher education, often stressing how studying would negatively affect women's attractiveness, health, and reproductive development. Moreover, because the practice of medicine was somewhat connected to women's "natural profession" of motherhood and to their traditional sphere of influence, men, who were already battling midwives, lay healers, and others for a monopoly in the profession, felt the threat women medical practitioners posed.¹⁶ These disputes delayed women's entry into universities for several years. It was not until the first decade of the twentieth century that most German universities opened their doors to

¹⁵ Michael H. Kater, "Professionalization and Socialization of Physicians in Wilhelmine and Weimar Germany," *Journal of Contemporary History* 20 (1985): 686-687.

¹⁶ Patricia M. Mazón, *Gender and the Modern Research University: The Admission of Women to German Higher Education, 1865-1914* (Stanford: Stanford University Press, 2003), 95, 104, 107. See also Christine Eckelmann, *Ärztinnen in der Weimarer Zeit und im Nationalsozialismus: eine Untersuchung über den Bund Deutscher Ärztinnen* (Wermelskirchen: Verlag für Wissenschaft, Forschung und Technik, 1992), 16. Both Eckelmann and Mazón note that in its demands for women to be permitted to study medicine, the women's movement highlighted the "feminine" nature of practicing medicine, which made it especially fitting for women's helping, healing, and nurturing qualities.

women—decades after institutions such as Oberlin College in the United States (1833), the Sorbonne in France (1860), and the University of London in England (1878) welcomed women. Mazón credits this not to German cultural or political backwardness, but to the structure of German institutions, which were closely tied to the state, thus resulting in longer and more highly charged debates concerning women’s admission to higher education.¹⁷

The debates about women entering the field of medicine, Mazón notes, were especially fierce. This can also be attributed to the close association between the medical profession and the state. The medical profession in Germany followed a similar course to that in many other countries that had industrialized in the nineteenth century, with doctors establishing themselves as “experts with professional autonomy” based on their specialized scientific training at a university or similar academic institution. However, the primary difference between medicine in Germany and in other Western countries was that, like almost all German professions, it was state-sponsored. Not only did medical training occur in government-controlled and -funded institutions, but state-appointed boards administered examinations and doctors had to take professional oaths. No professional organization of physicians controlled licensing, training, or conduct, as they did in England or the United States.¹⁸ The profession considered itself indispensable to the state, whether it was under the Wilhelmine, Weimar, or the Nazi periods.

During the mid-nineteenth century, German women who wanted to study medicine had to travel abroad. The first German female doctors, Franziska Tiburtius and

¹⁷ Mazón, 15.

¹⁸ Claudia Huerkamp, “The Making of the Modern Medical Profession, 1800-1914: Prussian Doctors in the Nineteenth Century,” in *German Professions, 1800-1950*, ed. Geoffrey Cocks and Konrad H. Jaraush (New York: Oxford University Press, 1990): 66-67.

Emile Lehmus were, in fact, Swiss educated. Both practiced medicine in Berlin beginning in 1876-1877. Female physicians who were trained abroad were not allowed to receive medical certification in Prussia until 1899, the year they also won the right to study medicine and establish medical practices, under the protection of a Reich ordinance. It was not until the period between 1900 and 1908 that women across Germany could attend a university. Universities opened their doors to females on a state-by-state basis: Baden in 1900, Bavaria in 1903, Württemberg in 1904, Saxony in 1906, and Prussia and Hesse in 1908. The first German woman graduated with a medical degree in Freiburg in 1901.¹⁹ By comparison, the first woman physician in the United States, Elizabeth Blackwell, received her medical license in 1859.

Although they entered medicine relatively late in Germany, women quickly managed to augment their numbers. In 1907, just over 0.5 percent of all German doctors were women. By 1925, this proportion rose to over five percent. In 1925, women made up 5.4 percent of all doctors (2,572 of 47,904). In 1933, they made up 8.6 percent (or 4,367 of 51,067 total doctors). In 1939, they composed 9.5 percent of all doctors, or 6,280 of a total of 65,780.²⁰ By 1942, 12.4 percent (or 9,426) of Germany's 75,960 total

¹⁹ Judith-Maria Rüger, "Der weibliche Nachwuchs der deutschen Aerzteschaft," *Monatsschrift deutscher Ärztinnen* 6.3 (March 1930): 45. See also Eckelmann, 16; Kater, "Professionalization and Socialization of Physicians in Wilhelmine and Weimar Germany," 686-687; and Mazón, 59, 112.

²⁰ "Berufszählung: Die berufliche und soziale Gliederung des deutschen Volkes. Textliche Darstellung der Ergebnisse," in *Statistik des Deutschen Reichs* 408 (Berlin: Reimar Hobbing, 1931), 301-304; "Berufszählung: Die berufliche und soziale Gliederung der Bevölkerung des Deutschen Reichs. Heft 2 Die Erwerbstätigkeit der Reichsbevölkerung," in *Statistik des Deutschen Reichs* 453.2 (Berlin: Verlag für Sozialpolitik, Wirtschaft und Statistik, Paul Smidt, 1936), 192; "Die Berufstätigkeit der Bevölkerung des Deutsche Reichs. Heft 1 Die Reichsbevölkerung nach Haupt- und Nebenberuf," in *Statistik des Deutschen Reichs* 556.1 (Berlin: Verlag für Sozialpolitik, Wirtschaft und Statistik, Paul Smidt, 1942), 162.

doctors were women, meaning that between 1925 and 1942, women more than doubled their numbers in medicine.²¹

Because the BDÄ was, as far as I can tell, the first and only organization exclusively dedicated to women doctors during the Weimar and Nazi periods, I use it as representative of professionally and politically active female physicians of this time period, and thus, I draw on the records and members of this organization extensively. Due to a lack of information about the number of women who initially joined the organization as well as a lack of annual membership lists, it is not possible to calculate how many women in the profession were members of the BDÄ. The BDÄ, however, kept its own records with sporadic surveys about the state of the profession. In 1924, approximately 300 women gathered in Berlin to found the organization.²² By 1926, after only 1.75 years in existence, the BDÄ claimed that it had 626 members, about half of the female doctors in the profession.²³ In 1930, the organization declared it had 799 members.²⁴ Initially, the association proclaimed itself to be politically neutral, but with

²¹Edmund van Kann, "Die Zahl der Ärzte 1942 und ein Rückblick bis 1937," *Deutsches Ärzteblatt* 72 (1942): 300-303. Dr. Ilse Szagunn, "Die Zahl der Ärztinnen in der Gegenwart. *Die Ärztin* 19.1 (January 1943): 24. Szagunn admits that most of her statistics come from the *Deutsches Ärzteblatt* article. This number accounted for the new regions of the Reich, which included the so-called German Ostmark (Austria), the Sudetenland, and the Kattowitzer region, which brought in about 1200 new female doctors. See also Kater, *Doctors Under Hitler*, 89. Kater's statistics are from Kann's article in *Deutsches Ärzteblatt* and from another article: van Kann, "Zahl und Gliederung der Fachärzte Deutschlands im Jahre 1940," *Deutsches Ärzteblatt* 70 (1940): 285. Van Kann's numbers show a more gradual increase of women physicians than the *Statistik des Deutschen Reichs*—6.5 percent in 1932, 7.9 percent in 1937, 9.8 percent in 1939, 12.4 percent in 1942—but still demonstrate that within a short amount of time, women doubled their numbers in medicine.

²²Dr. med. Marie Unna-Boehm, "Bericht über die Gründungsversammlung des Bundes Deutscher Ärztinnen am 26. und 27. Oktober 1924," *Vierteljahrsschrift deutscher Ärztinnen* 1.3 (December 1924), 74. There were 280 women at the founding meeting.

²³Anne Marie Durand-Wever, and Turnau, Laura, "Die deutsche Aerztin. Statistische Notizen," *Vierteljahrsschrift deutscher Ärztinnen* 2.3 (July 1926): 92. Their estimates of the total number of female physicians were lower than those from the *Statistik des Deutschen Reichs*, probably because not every woman joined the BDÄ and the association had less reliable means of keeping track of every woman doctor.

²⁴Dr. Helene Börner, "Rundfrage an die Aerztinnen über ihre Stellungnahme zur Schwangerschaftsunterbrechung." *Die Ärztin* 8.1 (January 1932): 4.

the rise of Nazism in 1933, the organization and editorial staff of its journal purged themselves of Jews, Communists, and other political opponents, while appointing Nazi sympathizers to leadership positions. While I recognize a shift in membership demographics after 1933, I am primarily interested in those women who worked continuously throughout both regimes. Previous histories have centered their narratives on the *Gleichschaltung* (coordination) of the BDÄ, as well as on those women doctors who left Germany, either by choice or coercion, or on those forced out of the profession.²⁵ By contrast, this dissertation seeks to uncover continuities in the day-to-day activities of the BDÄ before and after 1933.

The organization's journal, *Die Ärztin*, was its main platform for openly discussing prominent issues of the time—abortion, birth control, marriage counseling, school health curriculum, prostitution, venereal disease, tobacco, alcohol and other social welfare questions—and it was also its way of keeping track of women's position within the medical field. The journal, which did not necessarily include the voices of all women in the profession, reflected the most important matters being discussed among female physicians, as well as the medical spaces that women doctors were interested and employed in. *Die Ärztin*, which began in 1924, very much guided the framework of the chapters and provides the majority of evidence for this dissertation. While I recognize that the journal is not representative of all women doctors, I see it as representative to

²⁵ Atina Grossmann, who has written extensively on female doctors, discusses the fate of a number of doctors who left Germany in her article, "German Women Doctors From Berlin to New York." Grossmann, Bleker, Eckelmann, and Schleiermacher have all, to some extent, examined how the BDÄ successfully "coordinated" itself and accepted the tenets of Nazism by purging its Jewish members and supporting the goals of the state. In these accounts, they have often provided an overview of Nazi organizations which women physicians worked for, but not in detail. See Bleker, "Anerkennung durch Unterordnung? Ärztinnen und Nationalsozialismus"; Bleker and Eckelmann; Eckelmann; Grossmann, "Berliner Ärztinnen und Volksgesundheit in der Weimarer Republik"; Schleiermacher, "Rassenhygienische Mission und berufliche Diskriminierung."

their work interests and representative of those women who were politically active physicians. In addition to the journal, I utilize the publications, personal papers, and memoirs of certain politically active members of the BDÄ involved in the fields of work covered. This also includes any published diaries and memories of female doctors who were either prohibited from practicing medicine or left the profession (or Germany) after Hitler came to power.

BDÄ members were also involved in the activities and committees of the *Bund Deutscher Frauenvereine* (League of German Women's Associations, BDF), the main women's umbrella organization to which the BDÄ belonged during the Weimar period. Therefore, this dissertation also uses the collections of the BDF, housed in the Helene-Lange women's collection in the *Landesarchiv* in Berlin. It incorporates materials from Dr. Ilse Szagunn, who performed marriage counseling work for the Protestant church, from the *Archiv des Diakonischen Werkes der Evangelischen Kirche Deutschlands* in Berlin. It also uses materials from this archive to determine the Protestant church's position on birth control in religiously-based marriage counseling centers. Furthermore, I include the records of the *Reichsgesundheitsamt* (Reich Health Bureau; RGA) and the *Reichministerium des Innern* (Reich Ministry of the Interior; RMI) from the *Bundesarchiv* in Berlin to understand how female physicians' concerns fit into larger societal discussions and debates about these social welfare issues.

This project also draws heavily on Johanna Bleker and Sabine Schleiermacher's study, *Ärztinnen aus dem Kaiserreich: Lebensläufe einer Generation*, which analyzes the first generation of female physicians during the Kaiserreich. Their book and affiliated database provide a collective biography of the first generation of women doctors. They

document the social milieu, motives, and professional goals for the approximately 800 women doctors licensed by 1918. Bleker and Schleiermacher's findings have been an invaluable resource in determining the backgrounds and work interests of female physicians in Weimar and Nazi Germany, as I gathered biographical information about various women doctors and their work interests. Moreover, Bleker and Schleiermacher argue that one of the distinguishing characteristics of women doctors during the Kaiserreich was their interest in questions of health, social, and population policy. They have noted, for example, that one in eight female physicians was involved in youth welfare or school health care. A few even worked full time as civil servants, municipal school doctors, or welfare doctors. Approximately one third of women physicians took a public position on questions of health policy or contributed to "health enlightenment" and education through publications or lectures.²⁶ Bleker and Schleiermacher, in other words, demonstrate that female doctors were familiar with public health care and social welfare work during the Kaiserreich. My own findings confirm that this was true of their successors as well.

"Creating a Space in the Medical Profession" complements a number of important histories of the medical profession during the Nazi period, and of public health from the

²⁶Johanna Bleker and Sabine Schleiermacher, *Ärztinnen aus dem Kaiserreich: Lebensläufe einer Generation* (Weinheim: Deutscher Studien Verlag, 2000), 107. See also the accompanying database: Jutta Buchin, "Dokumentation: Ärztinnen aus dem Kaiserreich," (Berlin: Institute für Geschichte der Medizin, 2003), <http://web.fu-berlin.de/aeik/index.html>. Their figures indicate that close to 50 female doctors were active as full-time or part-time school doctors, eighteen were active in counseling centers, and six worked for local police authorities. In welfare institutions, health offices, or in the capacity as auxiliary municipal doctors, there were 60 active female physicians. A few administered several functions. Out of the 792 doctors who, to their knowledge, had been licensed by 1918, Bleker and Schleiermacher found that only 28 had achieved civil servant status in public health care. For more about the goals of Bleker's and Schleiermacher's project, see Louisa Sach, "Gedenke, daß du eine deutsche Frau bist! Die Ärztin und Bevölkerungspolitikerin Ilse Szagunn (1887-1971) in der Weimarer Republik und im Nationalsozialismus," (Med. diss., Frei Universität, 2006), 8.

Wilhelmine to Nazi regimes.²⁷ It also fits in with the more recent interest in examining Weimar and Nazi health policies from a gendered perspective.²⁸ And yet this study introduces new ways of thinking about the intersection of gender, health, and professionalization in twentieth-century Germany.

First, this dissertation expands the history of Weimar and Nazi medical policies. Historians such as Michael Kater, Robert Proctor, and Paul Weindling have examined the medical profession from the perspective of those in power—namely, male physicians. Employing a gendered perspective illuminates how the medical profession victimized both women patients through its radical reproductive policies, but also women physicians by compelling them to limit their own careers to women’s and children’s medicine through its discriminatory practices. This gendered lens, on the other hand, also reveals the ways that German women physicians seized upon their “unique” insights as women and mothers to launch and sustain their professional careers. In the Weimar and Nazi periods, women doctors were simultaneously victims of a discriminatory medical profession and yet also advocates for their own expertise in women’s and children’s health. Their gender (and the fact that women were excluded from the medical

²⁷ See Michael H. Kater, “The Burden of the Past: Problems of a Modern Historiography of Physicians and Medicine in Nazi Germany” *German Studies Review* 10.1 (1987): 31-56; Kater, *Doctors Under Hitler*; Kater, “Professionalization and Socialization of Physicians in Wilhelmine and Weimar Germany”; John J. Michalczyk, ed., *Medicine, Ethics, and the Third Reich: Historical and Contemporary Issues* (Kansas City, MO: Sheed and Ward, 1994); Proctor, *Racial Hygiene*; and Paul Weindling, *Health, Race and German Politics between National Unification and Nazism, 1870-1945* (New York: Cambridge University Press, 1989).

²⁸ See Gisela Bock, “Racism and Sexism in Nazi Germany: Motherhood, Compulsory Sterilization, and the State,” in *Different Voices: Women and the Holocaust*, ed. Carol Rittner and John K. Roth (New York: Paragon House, 1993); Eckelmann; Grossmann, “Berliner Ärztinnen und Volksgesundheit in der Weimarer Republik”; Grossmann, *Reforming Sex*; Michelle Mouton, *From Nurturing the Nation to Purifying the Volk: Weimar and Nazi Family Policy, 1918-1945* (New York: Cambridge University Press, 2007); Schleiermacher, “Ärztinnen zwischen Sozialhygiene und Eugenik in der Weimarer Republik”; Schleiermacher “Rassenhygienische Mission und berufliche Diskriminierung”; Cornelia Osborne, *Cultures of Abortion in Weimar Germany* (New York: Berghahn Books, 2007); Cornelia Osborne, *The Politics of the Body in Weimar Germany: Women’s Reproductive Rights and Duties* (London: Macmillan Press, 1992); and Osborne, “Women Doctors and Gender Identity in Weimar Germany.”

profession *because* of it) influenced what kinds of medicine they wanted to practice as well as how they practiced medicine.

By demonstrating that women could simultaneously be victims of biased medical policies and also advocates both for their importance in the medical profession and for the value of women's and children's health, my work pushes beyond the classic Claudia Koonz-Gisela Bock debate that emerged in the 1980s about women as victims or perpetrators under Nazism.²⁹ In looking at the Weimar period—a period in which women were also victimized within medicine and in which women experienced an incomplete revolution in terms of employment—I extend this debate in women's history by showing that women still mobilized for a democratic state, even if they were not treated fairly under its policies. Because women applied maternalism to justify their legitimacy in the profession under both states, this work also expands the concept of maternalism. Women professionals used maternalism to aid the causes of both a social welfare, democratic state and a totalitarian regime, demonstrating that the term is perhaps more malleable than Koven and Michel originally intended it to be.

This dissertation adds further insight to Nazi and Weimar medical histories by showing how gender and class affected the way these women practiced medicine, as they focused on the social aspects of treating patients and became educational and political advocates for lower-class women. In their struggle to attain political and social rights for their underprivileged patients, women doctors demonstrated how they could broaden

²⁹ See particularly Gisela Bock, "Antinatalism, Maternity and Paternity in National Socialist Racism," in *Nazism and German Society, 1933-1945*, ed. David Crew (New York: Routledge, 1994) and Claudia Koonz, *Mothers in the Fatherland: Women, The Family, and Nazi Politics* (New York: St. Martin's Press, 1987). In addition, the following scholarship outlines this debate: Atina Grossmann, "Feminist Debates about Women and National Socialism," *Gender and History* 3.3 (Autumn 1991): 350-358; Jill Stephenson, *Women in Nazi Germany* (London: Pearson, 2001); and Adelheid von Saldern, "Victims or Perpetrators? Controversies about the Role of Women in the Nazi State," in *Nazism and German Society, 1933-1945*, ed. David Crew (New York: Routledge, 1994).

what women's and children's health entailed. They sought to create trusting, open relationships with their patients, unlike their male colleagues, whom they criticized for being too scientific. They practiced a female style of medicine—something that Evelyn Fox Keller has described.³⁰ In developing these relationships of trust, female physicians acquired the clout to sway patients when it came to state and political matters. During the Weimar Republic, even if the state did not always openly employ them to do so, female doctors were instrumental at enlisting women in state-wide educational and social welfare policies, and recognized the influence they could have on patients when it came to non-medical related issues. Their authority over patients proved to be especially crucial under Nazism, as the state recognized that women physicians could be much more effective than men at recruiting women to support the regime's ideology. In addition to applying maternalism to the practice of medicine, women doctors also attempted to incorporate the states' goals to their practice of medicine.

The relationships created between middle- and upper-class doctors and their lower-class female patients pioneered both the development of the confidential patient-doctor relationship in medicine as well as the personal and intimate contact among different classes in German society. I recognize, however, that these relationships were also maternalist in nature. This meant that female doctors, by claiming a unique ability to

³⁰ Evelyn Fox Keller has argued that there is a female style of doing science, characterized by greater empathy and greater concern for context. Because women do science less objectively, or in a more contextualized manner than their male counterparts, this, she argues, serves as an explanation for women's invisibility in science. By practicing principles that are at odds with scientific objectivity, women leave themselves open to misinterpretation, harsh judgment, or to being undervalued. In her examination of Barbara McClintock, a Nobel-Prize winning geneticist, Keller asserts that McClintock's colleagues failed to understand her "feeling for the organism," and therefore, did not recognize her work contributions right away. See Keller, *A Feeling for the Organism: The Life and Work of Barbara McClintock* (New York: W. H. Freeman and Company, 1983). See also Sue V. Rosser, *Female-Friendly Science* (New York: Pergamon Press, 1990) and Marcia Barinaga, "Is There a Female Style of Doing Science?" *Science* 260.5106 (April 16, 1993): 384-391. See Naomi Oreskes, "Objectivity or Heroism? On the Invisibility of Women in Science," *Osiris* 11 (1996): 88-89 for a summary of this point of view.

have more honest interactions with their patients, used their womanhood and motherhood (in short, their gender) to overcome discrimination in the medical field, but often at the expense of lower-class women. This maternalistic strategy allowed these female professionals to enter, occupy, and influence a new public space,³¹ as they became the dominant force in marriage counseling centers and schools, and in a new public discourse about prostitution, alcoholism, and venereal disease.

Atina Grossmann also demonstrates this type of maternalist rhetoric in her examination of the sex reform movement in Weimar and Nazi Germany, as she notes that questions of *which* women should be seeking and receiving birth control, and if certain women were even capable of using it, were not uncommon alongside debates over birth control clinics.³² This project adds to Grossmann's study, as well as other studies of the impact of radical reproductive policy on women in general—namely works by Ann Taylor Allen, Michelle Mouton, and Cornelia Osborne³³—by showing its unique impact on female practitioners. Allen's work on early feminists' embrace of the eugenics movement, Mouton's work on Weimar and Nazi family policy, and Osborne's work on a national population policy in Weimar Germany all look at the role of doctors to some extent, but my unique contribution examines the relationship between female physicians, reproductive policies, and feminism. Women doctors could simultaneously support the

³¹ Julia Adams and Tasleem Padamsee argue that the “sign of motherhood” was a one that women used in the early twentieth century in the United States to connect previously distinct issues in order to expand their roles in public forums. Seemingly unrelated matters were linked together under the “motherhood” sign, and then used to empower women. This maternalistic strategy allowed white, middle-class women to make gains for themselves (even while their politics subordinated lower-class or minority women) because they were able to make their gender (and accompanying roles) salient during a particular moment in history. See Adams and Padamsee, “Signs and Regimes: Rereading Feminist Work on Welfare States,” *Social Politics* 9.2 (September 2002): 187-202.

³² Grossmann, *Reforming Sex*. 46-77.

³³ Ann Taylor Allen, “German Radical Feminism and Eugenics, 1900-1908,” *German Studies Review* 11.1 (February 1988): 31-56; Mouton; Osborne, *The Politics of the Body in Weimar Germany*; and Osborne, “Women Doctors and Gender Identity in Weimar Germany.”

individual rights of their patients and believe in a eugenics policy that prioritized the state's interests. They recognized the destitute situations of their patients and also promoted the scientific solutions that eugenics offered to these deprived individuals as well as to an overburdened society. As professional women seeking both to help their patients and advance their careers, they took the path of least resistance by emphasizing their maternal expertise to treat women and children. While attempting to reconcile their own obligations as mothers and workers, female physicians argued that neither marriage nor motherhood were a hindrance to practicing medicine,³⁴ but in fact, benefitted women in their medical practice. By limiting themselves to the handling of women and children, they consented to societal expectations and avoided further conflict with their male colleagues.³⁵ This strategy, adopted from early feminist attempts to fight for women's entry into *Frauenstudium*,³⁶ did not disappear in the Nazi period, as female doctors highlighted their abilities to help the new regime as the *Volksärztin* (people's doctor) who would act as archetypes and confidantes to women and youth patients.³⁷ I would argue, then, that women professionals promoted the treatment of women and children (only) continuously throughout the Kaiserreich, Weimar, and Nazi regimes.

This project contributes to the history of the professions during the Weimar and Nazi period by following the trajectory of a single group of women and showing how gender, class and political ideologies affected their careers. Scholars such as Steven Remy and Mark Walker have examined how certain professional groups made the

³⁴ See for example Durand-Wever and Turnau, "Die deutsche Aerztin. Statistische Notizen," 89-92. Women doctors often made this argument in response to male claims that university studies and professional work could interfere with a woman's domestic duties.

³⁵ Louisa Sach makes a similar argument about Dr. Ilse Szagunn and the first generation of women doctors in her dissertation. See Sach, 60.

³⁶ See Mazón.

³⁷ Dr. G. Becker-Schäfer, "Die Aerztin im neuen Staat. Ein Aufruf," *Die Äztin* 9.8 (August 1933): 168-170.

transition from democracy to dictatorship and then back to democracy in the postwar period. Remy, in his assessment of professors at the University of Heidelberg, and Walker, in his investigation of physicists working on the atomic bomb, both follow a single professional group from the interwar period through the Third Reich and into the postwar period to determine how these individuals' interwar activities contributed to their work under Nazism, and the subsequent myths they created for themselves in the postwar period regarding their cooperation with the Nazi regime.³⁸ Proctor's work on medicine under the Nazis, which examines how doctors participated in the construction of a Nazi racial policy, also surveys the origins of racial hygiene in the German medical community prior to 1933.³⁹ Moreover, postwar work on the German medical profession, more specifically on the Nuremberg Doctor's Trial, traces how a culture of forgetting persisted among the majority of physicians who had collaborated with the Nazi regime, with the exception of Alexander Mitscherlich and Fred Mielke, who made up the medical tribunal at Nuremberg and were ostracized from the medical community for their accusations against it.⁴⁰

Similarly, this project examines how one group of professionals made the transition from democracy to dictatorship, but it expands on previous work by taking gender into consideration. Male doctors, for one, did not face the same professional

³⁸ See Steven Remy, *The Heidelberg Myth: The Nazification and Denazification of a German University* (Cambridge, MA: Harvard University Press, 2002) and Mark Walker, *Nazi Science: Myth, Truth, and the German Atomic Bomb* (New York: Plenum Press, 1995).

³⁹ Proctor, *Racial Hygiene*, 10-45.

⁴⁰ Some of the most important works about the Doctor's Trial or the medical profession in postwar Germany include: George J. Annas and Michael A. Grodin, eds., *The Nazi Doctors and the Nuremberg Code: Human Rights in Human Experimentation* (New York: Oxford University Press, 1992); Geoffrey Cocks, "The Old as New: The Nuremberg Doctors' Trial and Medicine in Modern Germany," in Manfred Berg and Geoffrey Cocks, eds., *Medicine and Modernity: Public Health and Medical Care in Nineteenth- and Twentieth-Century Germany* (Washington D.C.: German Historical Institute, 1997); Kater, "The Burden of the Past"; Alexander Mitscherlich and Fred Mielke, *The Death Doctors*, trans. James Cleugh (London: Elek Books, 1962); Paul Weindling, *Nazi Medicine and the Nuremberg Trials: From Medical War Crimes to Informed Consent* (New York: Palgrave Macmillan, 2004).

limitations that their female counterparts did. Moreover, the decision for male physicians to ally with the eugenics movement and eventually with the Nazi regime was made easier by the fact that they did not face exclusion in the profession, nor were they the primary victims of eugenics rhetoric and policy. “Creating a Space in the Medical Profession” shows how female practitioners’ place in the profession as *women* affected their decisions about whether or not to support the reproductive policies of each regime. Their overall exclusion from medicine was likely a contributing factor to their advocacy of Weimar eugenics and, at least for non-Jewish doctors, their eventual support of National Socialism—both of which offered professional opportunity. In addition, the eugenics movement provided them scientific solutions to the practical problems of lower-class patients, whom they frequently treated because of their position on the fringes of the profession. And Nazism promised them a way to successfully manage their own work-family dilemmas.

The historians that examine how professional groups came to accept Nazism also suggest that certain groups (physicists, doctors, professors) “self-mobilized”—to use Helmuth Trischler’s term⁴¹—to cooperate with the Nazi state. My distinctive contribution looks at how women professionals mobilized themselves in the Nazi years to indoctrinate women and children to racial hygiene, as well as in the Weimar era to enlist women and children into its social welfare programs. In addition to discussing the support female doctors offered to Weimar public health policies, “Creating a Space in the Medical Profession” reveals how women professionals perceived the interwar crisis of nationalism during the Republic, and what measures they attempted to remedy it.

⁴¹ Helmuth Trischler, “Self-mobilization or Resistance? Aeronautical Research and National Socialism,” in *Science, Technology, and National Socialism*, ed. Monika Renneberg and Mark Walker (New York: Cambridge University Press, 1994).

Women doctors recognized the declining birth rate and the crisis of marriage and family that plagued post-World War I Germany. Compounded by the prolific problems of poverty and unemployment, these crises resulted in contemporaries claiming that German society and the German nation were rapidly degenerating. Female physicians, therefore, heralded the work they performed for the Weimar Republic as a contribution to nation-building. For example, they attempted to bolster nationalism through crafting girls' physical education policies that were focused on producing healthy German mothers. And they sought to eradicate social ills such as alcohol, venereal disease, and prostitution that threatened Germany's national prominence. At a time when the German nation was particularly susceptible, female doctors portrayed themselves as aiding a national cause, especially because they were responsible for the health of women, the guarantors of the future population.

This dissertation addresses the issue of considerable support for Nazism among German professionals and offers evidence that women doctors had different reasons for supporting Nazism from those of their male colleagues. As Kater points out, "German physicians, whatever their monarchical and republican party leanings in the past, were overrepresented in the Nazi party as well as its adjunct organizations as early as 1933."⁴² According to Kater, by 1937, 43.4 percent of doctors were members of the Nazi party.⁴³ Other literature on the make-up of the Nazi constituency, which increasingly attracted a following from the "traditional professions"—civil servants, physicians, jurists, and academics—confirms Kater's view that there was strong support for Nazism from

⁴² Kater, *Doctors Under Hitler*, 54.

⁴³ Kater, *Doctors Under Hitler*, 55.

German physicians.⁴⁴ The trend of the upper middle class to find Nazism appealing began even prior to the onslaught of the Great Depression with the founding of such organizations as the Nazi Students' League in February 1926, the Nazi Lawyers' League in October 1928, the Nazi Teachers' League in April 1929, and most importantly for the purposes of this project, the Nazi Physicians' League in August 1929.⁴⁵ The Great Depression, as well as growing discontent with the social and economic evolution of modern Germany, accelerated support from the middle classes, who were attracted to Nazism's anti-modernist elements. Those women who supported Nazism in the last years of the Weimar Republic did so in part because the conservative promises *Kinder, Küche, and Kirche* (children, kitchen, and church), which would abolish economic exploitation in the workforce and allow them more time in the home to be with their families while also balancing their careers. Women voters came out in large numbers after 1928, even surpassing men in the Nazi electorate.⁴⁶ This dissertation adds to this literature by offering evidence of the considerable support for Nazism among female doctors as well as their male counterparts. As medical authorities, these sympathizers with the Nazi Party understood that the science of biological improvement offered them an avenue to public standing and usefulness, and they recognized the vital role they could thus play in promoting the reproduction of desirable, healthy individuals and sterilizing the undesirable and unhealthy. As women, they knew they could provide crucial assistance to the regime because of their effectiveness at indoctrinating other women.

⁴⁴ See for example Thomas Childers, *The Nazi Voter: The Social Foundations of Fascism in Germany, 1919-1933* (Chapel Hill: The University of North Carolina Press, 1983); Richard F. Hamilton, *Who Voted for Hitler?* (Princeton, NJ: Princeton University Press, 1982); Michael H. Kater, *The Nazi Party: A Social Profile of Members and Leaders, 1919-1945* (Cambridge, MA: Harvard University Press, 1983); Michael H. Kater, "The Nazi Physicians' League of 1929. Causes and Consequences," in *The Formation of the Nazi Constituency, 1919-1933*, ed. Thomas Childers (London: Croom Helm, 1986).

⁴⁵ Kater, "The Nazi Physicians' League of 1929," 147.

⁴⁶ Childers, *The Nazi Voter*, 265-267.

My work also draws attention to the limited nature of the opening of the professions to women during the Weimar period. The 1919 Weimar Constitution was supposed to guarantee women's full professional equality by removing all discrimination against them in public service (which included large numbers of teachers as well as doctors, lawyers, and civil servants), but as the example of female doctors indicates, this was not the case. Although some women advanced in the profession, medicine remained dominated by men throughout the Weimar and Nazi periods. Through the new fields of population policy and eugenics, male elites—political, clerical, and scientific—made German women the objects of speculation, criticism, exhortation, and coercion. As women took on more public roles in interwar German life, male doctors blamed them for both the declining birthrate and impending racial degeneration, and made women the primary targets, first of eugenics and subsequently of Nazi racial hygiene policies, because they were deemed responsible for the nation's future population.⁴⁷ The medical profession systematically excluded women on the grounds that professional work could interfere with their domestic duties or pushed women into peripheral roles where they would primarily treat women and children.

Female lawyers, too, were not admitted to practice law until July 1922 after a long and acrimonious debate. Much prejudice against women lawyers persisted, as men did not think they were suited to be attorneys. They remained fastened to fields like family law or the protection of workers. The Statistics of the German Reich calculated 55 female lawyers (out of 14,305 total) or only 0.4 percent of the profession in 1925, of

⁴⁷ Allen, "German Radical Feminism and Eugenics, 1900-1908," 31-56.

whom 44 were self-employed in these two areas.⁴⁸ By 1932, only 79 women lawyers had been admitted to the bar (in comparison to the over 3,300 female physicians). There were also very few women teaching in boys' schools and there were very few female engineers.⁴⁹ Whereas, as Jill Stephenson concedes, there was some "conscious attempt to nurture female teachers and female doctors" due to the needs of middle-class women to receive an education and the advances in medical sciences, especially in areas like gynecology, this did not happen with female lawyers in the least bit. Female teachers were needed to teach the growing number of female students, while female doctors were needed to treat female patients. The Weimar Constitution, Stephenson maintains, reflected the "pious hopes of a few liberals."⁵⁰ My own work supports this view and that of Ute Frevert, who asserts that although women had greater employment opportunities and the right to vote and to be elected, and although concepts of morality liberalized, "the [Weimar] Republic was a long way from ensuring for women rights, positions of power and influence and rewards equal to those enjoyed by men."⁵¹ In this sense, "Creating a Space in the Medical Profession" reveals that the 1918-1919 revolution was incomplete, at least when it came to guaranteeing women the basic right to employment as physicians.

By examining how women successfully and strategically entered the medical profession, I see my dissertation as supplementing literature that covers tactics women used to enter scientific fields, including medicine. Margaret Rossiter first questioned the

⁴⁸ *Statistik des Deutschen Reichs* (1931), 299-301. See also Jill Stephenson, "Women and the Professions in Germany, 1900-1945," in *German Professions, 1800-1950*, ed. Geoffrey Cocks and Konrad H. Jarausch (New York: Oxford University Press, 1990), 276 and 279. They made up about 1.3 percent of the population in 1933.

⁴⁹ Konrad H. Jarausch, "The Crisis of German Professions, 1918-1933," *Journal of Contemporary History* 20 (1985): 387.

⁵⁰ Stephenson, "Women and the Professions in Germany, 1900-1945," 275-276.

⁵¹ Frevert, 203.

“systematic undervaluing of women’s contributions to science,” which she thought was so widespread that it merited “a named ‘effect.’”⁵² She also noted a trend among women in what she called “marginal fields” of science to spend their careers in “womanly” areas of employment, which were less often recognized and on the periphery of scientific professions.⁵³ Female doctors in Weimar and Nazi Germany very much fell into the “marginal” category that Rossiter describes. Fearing the growing presence of women in the profession, male employers, mentors, and colleagues encouraged them into tangential fields where they would only treat women and children. I argue, however, that women doctors also advocated for their own separation into fields where they treated women and children, for both professional and personal reasons. Professionally, they could be experts in women’s and children’s health, and personally, their flexible hours in marriage counseling centers or schools allowed them to also be mothers. They certainly did not see women’s and children’s medicine as a marginal field, though. Instead, women physicians strategically followed the patterns of other women scientists who made their mark in more feminine or domestic sciences like botany or home economics.⁵⁴ By

⁵² She, therefore, called “women’s systematic under-recognition” in science the “Matilda Effect,” named in memory of a forgotten nineteenth-century American woman scientist, Matilda J. Gage. See Margaret W. Rossiter, “The Matthew Matilda Effect in Science,” *Social Studies of Science* 23.2 (May 1993): 334-337.

⁵³ Rossiter designates fields of science as “marginal” when between five and fifteen percent of the participants are women. This means that this group is generally the second or third generation of women to enter that field, as access to the field is unproblematic (although still restricted in areas). This group is also generally professionalized with a club or organization. See Rossiter, “Which Women? Which Science?” *Osiris* 12 (1997): 171-172.

⁵⁴ See for example: Ruth Schwartz Cowan, *More Work For Mother: The Ironies of Household Technology from the Open Hearth to the Microwave* (New York: Basic Books, 1983); Sally Gregory Kohlstedt, “Nature, Not Books: Scientists and the Origins of the Nature-Study Movement in the 1890s,” *Isis* 96.3 (September 2005): 324-352; Sally Gregory Kohlstedt, “Parlors, Primers, and Public Schooling: Education for Science in Nineteenth-Century America,” *Isis* 81.3 (September 1990): 424-445; Regina Morantz-Sanchez, “Bringing Science into the Home: Women Enter the Medical Profession,” in *Sympathy and Science: Women Physicians in American Medicine* (New York: Oxford University Press, 1985): 47-63; Ruth Oldenziel, “Man the Maker, Woman the Consumer: The Consumption Junction Revisited,” in *Feminism in Twentieth Century Science, Technology and Medicine*, ed. Angela N.H. Creager, Elizabeth Lunbeck, and Londa Schiebinger (Chicago: University of Chicago Press, 2001); Helena M. Pycior, “Marie

highlighting their gender and their “natural” roles as mothers and caretakers, these women were able to both enter and progress within professions that were generally both male-dominated and often unreceptive towards them. This niche in the intersection between gender and science continues to expand and grow, demonstrating how my work fits into a new body of historical literature.⁵⁵

Finally, this dissertation revises the debate over continuity between Weimar eugenics and Nazi racial hygiene by looking at how female doctors’ support of the former resulted in their easier transition to cooperating with the latter. Their experience with and advocacy of class-based eugenics was one among several elements that facilitated the shift by women doctors to support Nazi racial hygiene. In this regard, my project falls in line with the views of Cornelia Osborne and Paul Weindling, who draw a connection between Weimar social policy and the Nazi racial policy that followed it. By following the BDÄ, which supported both regimes, albeit for different reasons, I disagree with scholars such as Atina Grossmann and Michelle Mouton, who argue for a radical break between Weimar social welfare and Nazi racial hygiene in their respective works on German women involved in reproductive and family policies in Weimar and Nazi Germany. As a group, women may have been victimized by both the Weimar and Nazi

Curie’s ‘Anti-Natural Path’: Time Only for Science and Family,” in *Uneasy Careers and Intimate Lives: Women in Science, 1789-1979*, ed. Pnina G. Abir-Am and Dorinda Outram (New Brunswick: Rutgers University Press, 1987); Londa Schiebinger, *Has Feminism Changed Science?* (Cambridge, MA: Harvard, 1999); Londa Schiebinger, “Maria Winkelmann at the Berlin Academy: A Turning Point for Women in Science,” *Isis* 78.2 (June 1987): 174-200; Ann B. Shteir, “Botany in the Breakfast Room: Women and Early Nineteenth-Century British Plant Study,” in *Uneasy Careers and Intimate Lives: Women in Science, 1789-1979*, ed. Pnina G. Abir-Am and Dorinda Outram (New Brunswick: Rutgers, 1987): 31-44; Mary Terrall, “Salon, Academy and Boudoir: Generation and Desire in Maupertuis’s Science of Life,” *Isis* 87.2 (June 1996): 217-229.

⁵⁵ Specifically, this topic was the primary theme at a conference I recently attended, “Women of Science, Women in Science: Figures and Representations, 18th Century to Present,” June 4-6, 2009 in Grenoble, France. The forthcoming publication (2011) from this conference from Cambridge Scholars is entitled *Women of Science 17th Century to Present: Pioneers, Activists and Protagonists*.

medical professions, as well as by Nazi antifeminism, but as physicians, they made individual decisions over whether or not to support eugenics and racial hygiene, and generally benefitted professionally for doing so.

I also see continuity between the Weimar and Nazi periods in terms of the types of medicine women practiced—women’s and children’s medicine—as well as how they practiced medicine. Women physicians physically and discursively created a space for themselves in medicine in the Weimar period, and even beginning in the Kaiserreich, as Patricia Mazón and the collective biographical study of Johanna Bleker and Sabine Schleiermacher have shown. This space remained well into the Nazi period, as women professionals made their peace with Nazism and continued working in women’s and children’s health. Under both regimes, they also practiced medicine similarly—creating trusting relationships with the patients, providing them with comprehensive care, which sometimes included non-medical matters, and offering an environment in which women could talk candidly with them and in which they could sway their patients towards national causes. Their medical space in the Nazi period, specifically, also shows a vivid example of how the Nazi *Volksgemeinschaft* was created. Female physicians in their activities at Alt-Rehse or in their work for the BDM, for example, created a national community built around a racial ideology. This distinctive racial character of medical practice after 1933 was the primary discontinuity between Weimar and Nazi medical practices.

Chapter one describes the leadership role that female doctors took in newly established marriage counseling centers. I argue that women physicians upheld the class-based eugenic goals of these centers by awarding marriage certificates only to those

individuals deemed fit and by promoting the use of birth control among the lower classes. They also adhered to gender stereotypes by championing married doctors with children as the most suitable for this type of work, but still managed to expand their influence over patients, justify basic health rights for underprivileged women, and demand public leadership roles for themselves within these centers.

Chapter two uses the 1925 Conference on the Physical Education of Women and the reform of school health curricula to show how female physicians understood the role of girls' physical education. In general, they accepted nineteenth-century notions that the female body was physically weaker and more delicate than the male body and thus, warranted a separate gymnastics program. Their reforms specifically encouraged girls to prepare their bodies for motherhood or work in sedentary jobs, illuminating the paradox of professional women compelling women onto non-professional paths.

Chapter three reveals what motivated women doctors to become involved in the campaigns against alcohol, venereal disease, and prostitution. I argue that women became active in these movements because of the effects these vices had on women, children, and the domestic sphere. I show that they became experts on the effects of alcohol on nursing mothers and political advocates of equal treatment for women in VD counseling centers. They also identified alcoholism as hereditary and sought to eliminate it from the population, especially from the "civilized classes."

The final chapter investigates the various fields women physicians worked in under Nazism. I argue that, despite the regime change, female doctors continued to perform the same types of work that they had during the Weimar Republic, promoting themselves as experts in women's and children's health through their employment in the

BDM and the *Reichsmütterdienst*. In addition, they carved a niche for themselves in Nazi medicine by participating in causes the regime supported. Although seemingly incompatible, this included everything from the anti-smoking campaign—an offshoot of the anti-alcoholism movement—to racial hygiene training at Alt-Rehse, the doctor's training school for racial hygiene matters.

The experiences of women doctors based primarily on the accounts presented in their most important professional journal is central to this dissertation. The interpretation of this evidence demonstrates that we can learn a great deal about the career choices they made, both voluntarily and under political pressures and temptations, as well as about how their professional and personal identities influenced their decisions. In addition, we learn how German women doctors employed their identities as mothers to practice medicine in a novel and unique way—one that fit with Weimar social welfare programs and later Nazi politics. Ultimately, their story illuminates how women in scientific and medical professions strategically used their identities to gain professional legitimacy and to influence policy.

Promoting Eugenics and Maternalism in Marriage Counseling Centers

In August 1931, an article in *Der Weg der Frau* described the early morning scene in a counseling center of the Internationale Arbeiterhilfe (International Worker's Aid). Women primarily visited this clinic for birth control. "The female physician," the article noted

is expected at 7:00 A.M. Ten women have already arrived, old and quite young, a mother and daughter, a husband and wife are there. Some come tired, worn out; others are exhausted, nervous, excited. There are shy ones, who had difficulty deciding to come. One even appears to be a gypsy. She had to sneak in in secrecy. Had someone from her tribe found out, she would have been expelled. And then there are the women in between with straightforward, clear views, who with courage and desire, stand up for their rights as women and the rights of their class.⁵⁶

After the female physician arrived, she called in one woman after another. Each patient emerged from the exam room with a carefree, happy facial expression because she no longer had to deny her husband her "marital duty" in the bedroom or suffer from the "nerve damaging interruption of sex." These women, who had come from many different paths in life, were now able to freely enjoy sex, were protected from unwanted pregnancies, and most importantly, had finally received appropriate explanations about the choices and usage of birth control. The article, which clearly advocated women's access to birth control, also promoted counseling centers similar to the one described here. In fact, the author claimed that "there [were] still too few counseling centers."⁵⁷ What was not so apparent in the article, however, was the novelty that women patients were waiting for the *female* physician and that it was a *woman* doctor who was distributing information about birth control. This suggests that it was the norm for

⁵⁶ "In der Geburtenberatungsstelle der IAH," *Der Weg Der Frau*, August 1931 in Archiv des Diakonischen Werkes der Evangelischen Kirche Deutschlands, Berlin (hereafter ADW), CA/GfSt 247, 43.

⁵⁷ "In der Geburtenberatungsstelle der IAH," in ADW, CA/GfSt 247, 43.

women doctors to be employed in public counseling centers. By 1931, it had clearly become so common for female doctors to work in public counseling centers that they were merely a part of the story. This had not, however, always been the case. This chapter will describe the population “crisis” in Weimar Germany that led to the rise of marriage counseling and the attendant need for women doctors to staff these clinics. By examining their work in these centers, I show that female physicians championed marriage and motherhood as the qualities that would best suit one for this type of work, supported class-based eugenics policies, and became advocates for a comprehensive health care program for women.

Marriage in Crisis

Marriage became a contested issue during the Weimar Republic because of larger social problems of the time, namely the *Geburtenrückgang* or decline in fertility that dominated discourse in the 1920s. Because of the massive number of men lost in World War I, which left a large gender imbalance after the war, population demographics became a new topic of discussion in many circles. The number of live German births decreased drastically after the war. In the late 1800s, there were 40 live births per 1000 Germans and in 1910, 29.8, but by 1920, this number had dropped to 25.9, to 19.6 by 1926, and to 14.7 by 1933, at which point it started to increase again.⁵⁸ Some estimated that there were over two million more women than men in Germany in the postwar period, leaving a large number of women who could “under no circumstances get married.”⁵⁹ If women could not even find men to marry, as feminist Helene Lange suggested in *Die Ärztin*, the institution of marriage was certainly in danger. Even female

⁵⁸ Pauwels, 15. See Table 1 in Pauwels, 144.

⁵⁹ Dr. Helene Lange, “Axmann: ‘Der Schicksalweg studierter Frauen,’” *Vierteljahrsschrift deutscher Ärztinnen* 2.3 (July 1926): 58.

doctors reported the effects of the Great War on women. Dr. Hertha Riese, the leader of a social and sexual counseling center in Frankfurt, remarked in the *Berliner Tageblatt* that the war had left many men unfit to be husbands and fathers, noting the oversupply of women some ten years later. Many of these women had been “condemned to singleness,” in her opinion, because of the lack of remaining marriageable males who were able to take responsibility for the household due to financial or other reasons.⁶⁰ The Great War, in other words, left many of those men who did survive severely injured and unable to work, and many women had to learn (and were encouraged⁶¹) to care for themselves.

World War I not only left Germany with a massive shortage of men, but it also affected how Germany perceived its enemies in the postwar period. It was the combined impact of substantial reparations and the loss of the key territories of Alsace and Lorraine that resulted in Germany’s resentment and anger towards the Allied countries, especially France. Georg Hartwich, the provisional district medical officer of Einbeck, in a brochure entitled “Germany’s Greatest Danger (The *Geburtenrückgang*),” reminded

⁶⁰ Dr. Hertha Riese, “Soll der Staat Heiratsvermittler werden? Ueber die Notwendigkeit der Einrichtung staatlicher Ehevermittlungsstellen,” *Berliner Tageblatt*, January 8, 1928 in Bundesarchiv-Berlin (hereafter BArch), R 86/5620.

⁶¹ Dr. Anne-Marie Durand-Wever, for example, asked to give her thoughts about when the current generation of youth should get married, argued that a woman should have some sort of professional education so that she could support her husband in the case of economic difficulties or could stand on her own feet in the case of a divorce. See “Eine Jugend mit starkem Verantwortungsbewußtsein,” which was Durand-Wever’s contribution to the following article: “Wann soll die heutige Jugend heiraten? Das Lebensproblem der neuen Generation,” *Fränkischer Courier*, September 5 (the year has been cut off, but presumably the article is from late 1929, 1930, or 1931 since it is in a collection of articles that range from 1923-1931, and since one of the neighboring articles references 1928 and 1929) in BArch, R 86/5622. Durand-Wever expressed a similar opinion at a BDF Conference on Women’s Work in Family and Career in May 1931. She claimed that she and her colleagues encouraged women to continue with their professional lives even within marriage so that they built a sense of economic independence and created the possibility to stand on their own feet in the case of divorce. Moreover, she recognized that the inactivity of women within marriage often led to jealousy and other marital problems. See lecture from Durand-Wever, May 9, 1931 in Landesarchiv Berlin (LArch-Berlin hereafter) B Rep.235-01, MF 3153-3161.

readers not to underestimate Germany's archenemy (*Erbfeind*), specifically the French.⁶² Such examples highlighted the continuous threat that Germany felt from its neighbor, both in terms of military prowess and a genetically healthy and capable population able to staff that military.⁶³ Therefore, the decreasing birth rate became an even greater concern because it left Germany weaker than its enemies. The German birth rate in the 1920s was, in fact, lower than that in any other European nation, with the exception of Austria.⁶⁴

Some individuals and organizations believed that the decline in the birth rate was *such* a severe problem that it was causing a breakdown of society. The Community for the Initiation of Protestant Marriages (*Gemeinschaft zur Anbahnung evangelischer Ehen*), for example, viewed marriage problems as the main force behind societal disarray:

Perhaps the symptoms of the imminent collapse of our time that erode the very foundations of society are the frightening *Geburtenrückgang* in Germany and its main cause—the unprecedented aggravation of marital problems.⁶⁵

The decreasing birth rate was not the only factor contributing to the decay of society. The increasing divorce rate also caused people to fear the breakdown of the institution of marriage, and as an extension, all of society. In Berlin, over a one-year period, there were 7,872 marriages that ended in divorce (one fourth of all of Prussia's divorces) and

⁶² Dr. med. Georg Hartwich, "Deutschlands größte Gefahr (Der Geburtenrückgang)," September 1923 in BArch, R 86/5636.

⁶³ The Nazis became especially distressed about the decreasing population because this jeopardized Hitler's plans for the conquest of Europe. He needed high numbers of military and political manpower in order to carry out his military campaign.

⁶⁴ Pauwels, 15.

⁶⁵ "Denkschrift," *Gemeinschaft zur Anbahnung evangelischer Ehen* in ADW, CA/GfSt 247, 10-11. See also a letter regarding this memoir from the publisher, "Die Burg" from April 24, 1929 in ADW, CA/GfSt 247, 9.

no more than 30,000 marriages that same year.⁶⁶ In June 1927, *Heirat und Ehe* reported that marriage was in crisis, claiming that since the war, divorces had increased everywhere. In Essen, for example, there were 129 divorces in 1913, but by 1919, the divorce rate had doubled to 250, and then doubled again to 513 by 1921. Again, the journal blamed the Great War for being “the great destroyer” of marriage.⁶⁷

The cumulative effects of World War I—the declining birth rate, increasing divorces, and marriage—all became intimately connected in Weimar Germany, but these discussions moved beyond questions of quantity. Increasingly, conversations about population politics also began to center around the *quality* of Germany’s population. During the postwar period, government officials, policymakers, and scientists articulated eugenicist ideas, expressing fear that “inferior” human populations bred faster than the “superior” human populations. Many based their anxieties on the growing popularity of Charles Darwin’s theory of natural selection, which suggested that the evolution of man was based on biological principles.⁶⁸ Eugenicists’ concern that Western culture and civilization was seriously endangered, as the poor, misfits were taking over the natural struggle for existence,⁶⁹ coupled with the new problems created by massive immigration

⁶⁶ On April 10, 1927 *Heirat und Ehe* reported that of the 23,251 divorces in Prussia over a year period, 7,872 of them were in Berlin. Fifty percent of the divorces in Prussia were due to adultery. See “Ehescheidungsgründe,” *Heirat und Ehe* 2.7 (April 10, 1927) in ADW, CA/G 397, 6/7.

⁶⁷ “Eheschließungen und Ehescheidungen in Essen,” *Heirat und Ehe* 2.11 (June 10, 1927) in ADW, CA/G 397, 7/9.

⁶⁸ See Charles Darwin, *On The Origin of Species by Means of Natural Selection, or the Preservation of Favoured Races in the Struggle for Life* (London: John Murray, 1859).

⁶⁹ As a result of these anxieties, eugenicists felt they needed to intervene. In their opinion, “fit” individuals should be encouraged to reproduce because they had more desirable intellectual, physical, emotional, or moral qualities, while “unfit” individuals should be discouraged or prevented from contributing to future generations because they had genetically transmissible handicaps. Thus, German eugenicists proposed the implementation of negative measures (such as sterilization or marriage laws) to stop the propagation of unwanted “inferior” individuals and positive measures (such as tax breaks, motherhood awards, or other incentives) to encourage the propagation of “superior” individuals. See Nancy Leys Stepan, *“The Hour of Eugenics”: Race, Gender, and Nation in Latin America* (Ithaca: Cornell University Press, 1991): 1-2; Stefan Kühl, *The Nazi Connection: Eugenics, American Racism, and German*

to large cities and industrialization—alcoholism, criminality, prostitution, and poverty—led to the fear that marriage was under threat. This was especially true because most geneticists warned that traits like criminality and alcoholism could be inherited, thus making them further social burdens. For example, a brochure published by the German Association for Eugenics and Study of Heredity (*Deutscher Bund für Volksaufartung und Erbkunde*)⁷⁰ warned that “children of alcoholics are often inferior, as are children who were conceived under the influence of alcohol.”⁷¹ Because marriage was the cornerstone not only of the family and society, but also of offspring, the *Reichsgesundheitsamt* (Reich Health Bureau; RGA) and health-conscious policymakers emphasized the importance of upholding this institution. Making the right marriage selection had implications for the happiness of a couple, as well as for the welfare of children because mental and physical characteristics of parents could manifest themselves in offspring.⁷² Such debates often became embedded in language suggesting that it was in Germany’s best interest to be concerned with the quality of its population,⁷³ and that it was the state’s role to intervene where it could. Because the foundation of the family, the state, and even all of humanity

National Socialism (New York: Oxford University Press, 1994): 4-5; and Benno Müller-Hill, “Eugenics: The Science and Religion of the Nazis,” in *When Medicine Went Mad: Bioethics and the Holocaust*, ed. Arthur L. Caplan (Totowa, New Jersey: Humana Press, 1992): 45.

⁷⁰ The *Deutscher Bund für Volksaufartung und Erbkunde*, founded in 1925 in Berlin emerged out of an initiative from members of the *Deutsche Gesellschaft für Rassenhygiene* (German Society for Racial Hygiene), which replaced the ambiguous terms “eugenics” and “racial hygiene” and propagated *Volksaufartung* without political or confessional differences. See Sigrid Stöckel, *Säuglingsfürsorge zwischen sozialer Hygiene und Eugenik: Das Beispiel Berlins im Kaiserreich und in der Weimarer Republik* (Berlin: Walter de Gruyter, 1996): 368.

⁷¹ *Deutscher Bund für Volksaufartung und Erbkunde, Wohin des Weges? Merkblatt für erwachsene Mädchen*, 1928 in BArch, R 86/5618, Bl. 283. Dr. Karl Dohrn, a medical consultant in Hannover, prepared this brochure with the permission of the RGA to use the wording of the *Merkblatt für Eheschließende*, which was an informational leaflet registry offices passed out to marriage candidates encouraging them to get pre-marital health exams. The next section covers the debate over these leaflets.

⁷² This was emphasized among other places in the RGA’s *Merkblatt für Eheschließende* from 1920. See several copies of the final version in BArch, R 86/5618 or BArch, R 86/2372, Bl. 472 or the various draft versions in BArch, R 86/5623.

⁷³ As Hartwich emphasized in his brochure, “a state’s interest always exists both in terms of the quality and the number of offspring.” See Hartwich in BArch, R 86/5636.

was marriage, the state should want take an interest in its preservation,⁷⁴ and thus, it seemed most appropriate that this was where the state should become involved. As an article from the pro-marriage journal *Heirat und Ehe* in June 1927 remarked, “marriage”

is the foundation of the state; prosperous states usually have ideal marriage patterns. Examples from history (the Romans, the Greek Sybarites, and oriental people) show that the breakup of family life was connected to the demise of the state. Thus, the government must not only make it its loftiest duty to protect marriage as such through appropriate legislation, but it must also make it impossible to get divorced, which is not only a danger for spouses and children, but also for the entire *Volk!*⁷⁵

Using historical examples of some of most successful and enduring civilizations, this article equated the stability of marriage and the family in a society with the higher status of a state. In fact, the author called for the German government to intervene in the once-private realm of marriage by continuing its efforts to enshrine marriage and to ban divorce. Moreover, because this was a problem that affected the entire nation,⁷⁶ the journal summoned the entire *Volk* to participate actively.⁷⁷ Marriage counseling centers, then, became one means for the state to ensure the healthy preservation of marriage.

Weimar-Era Debates over Marriage Health Certificates

The German government and various organizations *did* actively intervene in the institution of marriage in the Weimar period by establishing state, private, and religiously-run marriage counseling centers. This notion that the government should

⁷⁴ Dr. med. Julius Heller, “Gedanken über die Stellung des Arztes zur Reform des Eherechts,” *Monatschrift deutscher Ärztinnen* 4.10 (October 1928): 179-180.

⁷⁵ “Rat und Hilfe in Ehefragen,” *Heirat und Ehe* 2.11 (June 10, 1927) in ADW, CA/G 397, 7/8.

⁷⁶ Divorce, according to medical doctor Julius Heller, had risks for the divorced couple, but it also resulted in the unhappiness of children. It was an economic burden on the individual, but most of all on everyone. See Heller, “Gedanken über die Stellung des Arztes zur Refrom des Eherechts,” 180. Moreover, Dr. M. Wiederhold argued that wives and children from divorced families would have to be cared for through welfare work, showing that this was the entire community’s social and economic burden. See Dr. M. Wiederhold, “Zur Geschichte der Eheberatungsstellen” in ADW, CA/G 397, 24/1. Wiederhold gave this lecture during an evening of discussion regarding companionship marriage (*Kameradeschaftsehe*) organized by the *Gesellschaft für Sexualreform* (Society for Sexual Reform). There is no date listed for the lecture, but it can be assumed that it was from 1927 or 1928, as it is in a collection that covers these years.

⁷⁷ “Rat und Hilfe in Ehefragen” in ADW, CA/G 397, 7/8.

intercede “to prevent ‘unhealthy’ marriages in the interests of national strength,” Annette Timm argues, “was a quintessentially modern idea for it assumed that the natural realm—in this case reproductive function—could and should be harnessed to socially constructed goals.”⁷⁸ In the case of Weimar Germany, those goals centered around protecting the institutions that World War I and its aftermath had threatened to destroy—marriage, the family, and the state—often with the use of population and eugenic policies. In September 1917, the Berlin Society for Racial Hygiene sent a petition to the *Reichministerium des Innern* (Reich Ministry of the Interior; RMI) calling for an amendment to be added to the original 1875 marriage law recommending the exchange of marriage health certificates based on premarital health exams. Here, the Berlin Society for Racial Hygiene recognized the loss of many “valuable and above-average men” in the Great War seeing the necessity of promoting marriages between “capable” individuals (*Tüchtige*) and discouraging marriages between “inferior” individuals (*Minderwertige*). This measure was necessary to produce the “highest quality offspring possible” and prevent individuals from entering a marriage when diseases or inferiorities could potentially be passed to healthy spouses or offspring.⁷⁹ The Reich Health Bureau and its president, Franz Bumm, were also committed to this plan, citing the fact that health restrictions on marriage had already been discussed in Germany and implemented in places like the United States and Sweden. In December 1917, the RGA saw value in the proposed legislation because it made the population aware of the health implications of

⁷⁸ Annette F. Timm, “The Politics of Fertility: Population Politics and Health Care in Berlin, 1919-1972” (Ph.D. diss., University of Chicago, 1999), 188.

⁷⁹ Petition from the Berlin Society for Racial Hygiene to RMI, September 5, 1917 in BArch, R 86/2372, Bl. 30-31. See also Letter from Franz Bumm to RMI, December 11, 1917 in BArch, R 1501/9379, Bl. 5.

marriage and laid the basis for future racial hygiene measures.⁸⁰ Municipal, religious, and private marriage counseling centers would eventually become the sites where marriage candidates would receive these pre-marital examinations and the subsequent health certificates verifying their marriage fitness (*Ehetauglichkeit*). But governmental debates about the nature and purpose of these exams and certificates delayed the opening of clinics for several years.

It was in the conversations about marriage counseling centers that officials first stressed the need for women doctors. For instance, in early discussions about the issuing of marital health certificates, organizations like the “Medical Society for Sexual Science and Eugenics” cited the issue of women’s modesty, thus arguing that women should be given the possibility of refusing the pre-marital medical exam or of choosing a female doctor. Similar considerations of women’s modesty did not appear in later discussions.⁸¹ Various governmental committees also discussed whether only men should be required to obtain pre-marital health certificates, as well as a recommendation from the Berlin Society for Racial Hygiene that informational leaflets, which encouraged marriage candidates to undergo pre-marital health exams, be distributed in registry offices. Health reformers involved in the anti-VD campaign, which Timm argues was a “primary motivating factor for government intervention into marriages,” also pointed out that pre-marital health exams would only dissuade the “intellectually and culturally higher standing classes” from marrying, while presumably those of lesser value would continue to propagate themselves through illegitimate relationships.⁸² The class biases of early

⁸⁰ Letter from Bumm to RMI, December 11, 1917 in BArch, R 1501/9379, Bl. 6-7.

⁸¹ Letter from Bumm to RMI, December 11, 1917 in BArch, R 1501/9379, Bl. 10. See also Timm, “The Politics of Fertility,” 201.

⁸² Timm, “The Politics of Fertility,” 201-202.

debates about pre-marital health certificates were unmistakable and a theme that female physicians would pick up again later. Early hopes of implementing marital health requirements ended in February 1918, when the RMI temporarily quashed the initial proposal to distribute informational leaflets and require individuals to undergo pre-marital health exams, citing “the population’s underdeveloped understanding for racial hygiene claims.” Implementing such “premature” measures would undoubtedly cause people to regard health restrictions on marriage as a “sensitive infringement of personal freedom.”⁸³

After the war, in the population politics-obsessed Weimar Republic, health experts and government medical officials again began demanding the distribution of informational leaflets and the exchange of pre-marital health certificates. Representatives of the *Sozialdemokratische Partei Deutschlands* (Social Democratic Party of Germany; SPD) were among the first to pressure the Prussian Ministry of the Interior to respond to the idea of distributing educational health leaflets. The Prussian Ministry was reluctant to take a stand on the issue, fearing that the public would view the certificates as a type of moral suasion and reject them. By February 1920, the Reich Health Council (*Reichgesundheitsrat*)⁸⁴ began to reexamine the idea of pre-marital health certificates. Dr. E. Schubert, a judge and an active member of the Berlin Society for Racial Hygiene, was a strong proponent of voluntary pre-marital health exams, but he thought a law for men only would be easier to pass. After several letters and petitions to the Reich

⁸³ Letter from Reichkanzler (Reichsamt des Innern) to RMI, February 1, 1918 in Barch, 1501/9379, Bl. 70.

⁸⁴ The Reichgesundheitsrat was an administrative unit that existed during the Imperial and Weimar periods. It had the authority to advise state authorities at their request and to obtain information from them. The Bundesrat elected members, consisting of administrative and medical civil servants, professors, doctors, pharmacists, manufacturers, and technicians, for five year terms.

Ministry of the Interior, the Ministry of Justice, and the Prussian Ministry of the Interior,⁸⁵ the Reichgesundheitsrat discussed Schubart's draft law, as well as guidelines formulated by Prof. Dr. Abel, a government medical administrator in Jena, in a meeting on February 26, 1920. Abel's guidelines insisted that marriage health certificates were essential to ensure a future healthy population, that medical restrictions on marriage were necessary to prevent racial degeneration, that the public should be educated on genetic disorders, and that a law should be instituted requiring marriage candidates to undergo medical exams. The Reichgesundheitsrat accepted Abel's guidelines with only minor revisions, and the majority voted for the obligatory exchange of marriage health certificates. It did not favor Schubart's male-only plan though, instead advocating that both men and women be subject to these policies. The strict stance of the Reichgesundheitsrat and the Social Democratic Party on forced exchange has led historian Paul Weindling to call this meeting a "turning point in official acceptance of the desirability of eugenic controls on marriage."⁸⁶

The Reichgesundheitsrat sent the guidelines on to the Reichstag with the stipulation that if the Reichstag could not reach a decision regarding the obligatory exchange of certificates, then measures should be taken to ensure the voluntary exchange of pre-marital health certificates. However, in typical fashion of the indecisiveness that constantly plagued it, the Weimar coalition government, under the leadership of the SPD, could not pass the proposal, even the suggestion for voluntary exchange of certificates. Instead, it passed only a law for the obligatory distribution of pre-marital health leaflets

⁸⁵ See Schubart letters to RMI, Reich Ministry of Justice, and Prussian Ministry of the Interior and their responses in BArch R 1501/9379, especially Bl. 320-322.

⁸⁶ See Weindling, *Health, Race and German Politics Between National Unification and Nazism*, 361.

in registry offices. These educational leaflets, which “outlined the dangers of venereal disease, tuberculosis, and other unnamed afflictions for future generations and warned prospective marriage partners of their duty to inform each other of any health problems before they married,” received positive response from several associations, especially women’s organizations.⁸⁷ This led pro-eugenics medical bureaucrats to ponder expanding marital eugenic policies.⁸⁸

Prussian authorities were much more accepting of the 1920 guidelines, and thus, made another attempt to suggest the immediate implementation of the voluntary exchange of marriage health certificates in 1922. The other states, however, objected to any legal regulation of marriage health certificates. As a result, the Reichsgesundheitsamt, in May 1922, temporarily put an end to national discussion of the matter, asserting that it was not the right time to institute legal measures governing the exchange of health certificates. Nevertheless, the Prussian Racial Hygiene and Population Policy Committee continued to debate the matter and pushed the Reich Ministry of the Interior towards enforcing the legal, obligatory exchange of marital health certificates for engaged couples. Another RMI meeting on March 9, 1923 led to similar objections about enforced exchange and determined that nothing could be accomplished at the Prussian (or state) level without changing the federal civil status law. The obligatory exchange of marriage health certificates remained the most controversial issue debated among health experts and state and federal politicians. The federal government never wavered from its consistent opposition to forced exchange and never supported any

⁸⁷ See, for example, a letter from the BDF to all its district and local associations from December 28, 1920, in which it asked local leaders to ensure the distribution of leaflets in their registry offices, in BArch R 1501/9379, Bl, 247.

⁸⁸ Timm, “The Politics of Fertility,” 202-206.

sort of ban on marriage. Prussian efforts finally succeeded to some extent in February 1926 when the federal government issued a memo recommending the voluntary exchange of marriage health certificates. That was as far as the federal government would go, though, and after this, the Prussians turned their attention to the establishment of marriage counseling clinics—a realm over which it had more control.⁸⁹ Marriage counseling, in general, now became much more significant for municipal and religious authorities, as it seemed more feasible to implement.

Establishing Marriage Counseling Centers and Outlining Their Duties

A few different types of marriage counseling centers were established during the Weimar Republic, and female physicians played a significant role in all of them. On the state level, Prussia turned its full attention to marriage counseling in 1926. On February 19 of that year, the Prussian Minister for Volkswohlfahrt, Heinrich Hirtsiefer,⁹⁰ crafted a set of guidelines for the establishment of medically-led marriage counseling centers in all municipalities and counties in Prussia. These were in accordance with the guidelines outlined in the Reichgesundheitsrat's meeting from February 1920, and followed the advice of the Prussian Health Council's (*Landesgesundheitsrat*) Committee for Racial Hygiene and Population Policy. Adopting section F of the 1920 Reichgesundheitsrat guidelines, the "Hirtsiefer Decree" (as it became known) recommended the appointment of doctors as "marriage counselors" who would issue certificates on the health condition of marriage candidates after examining them. Private marriage counseling centers already existed in many major German cities and a state-sponsored counseling center had opened in Vienna in 1922. This memo was the basis for the creation of Prussian

⁸⁹ Timm, "The Politics of Fertility," 208-212.

⁹⁰ Timm claims that Hirtsiefer was a member of the Center Party who was known for his support of qualitative and quantitative population policy. See Timm, "The Politics of Fertility," 213.

municipal clinics and provided instruction as to what doctors should be looking for—namely, the health compatibility of marriage candidates as well as the presence of genetic dangers and the degree to which they threatened the marriage or future children. In order to avoid any conflict with the federal government, marriage counseling would be voluntary.⁹¹ Doctors played an advisory role by recommending against marriage if they suspected genetically unhealthy offspring or by suggesting the marriage be postponed until the conclusion of medical treatment.⁹² While individuals did not necessarily have to take this advice, the ordinance sought to instill in the population a larger sense of responsibility regarding marriage choice. It aimed to inform citizens that choosing a partner was no longer only a private, individual decision; Germans also had responsibilities towards the health of their families and of future generations, and towards the enhancement of the *Volksgesundheit*.⁹³ This blurring between the individual and society, or the private and public spheres, was a new phenomenon characteristic of this period and one that the Nazis would powerfully exploit.

⁹¹ Runderlaß des Ministers für Volkswohlfahrt, betr. Einrichtung ärztlich geleiteter Eheberatungsstellen in Gemeinden und Kreisen, February 19, 1926 in BArch, R 86/5618, Bl. 7-10. See also Leitsätze des Reichsgesundheitsrates, February 26, 1920 in BArch, R 86/5618, Bl. 243.

⁹² Press coverage in the months following the ordinance recognized that doctors were simply making a recommendation to marriage candidates as to whether or not they were healthy enough to enter marriage, based on genetic or other health reasons. See especially “Die Errichtung von ärztlich geleiteten Eheberatungsstellen,” *Berliner Tageblatt*, March 24, 1926 and P. Merz, “Aerztlich geleitete Eheberatungstellen,” *Köln Volkstg.*, April 3, 1926 in BArch, R 86/5624. See also Runderlaß des Ministers für Volkswohlfahrt in BArch, R 86/5618, Bl. 7-8.

⁹³ The idea that the wider public should support the goals of marriage counseling centers in light of the “enhancement of the *Volksgesundheit*” appeared in a Letter from Hans Harmsen to the Minister für Volkswohlfahrt, December 1927 in ADW, CA/GfSt 247, 2-4 and ADW, CA/G 397, 18/1-18/3. Harmsen, a controversial figure, was a demographic researcher, eugenicist, and population policy expert, who was a protégé of Alfred Grotjahn, the founder of German social hygiene. Harmsen began his career with the welfare arm of the Protestant Church, the Inner Mission. He became a eugenicist in that he advocated birth control and abortion for “unfit” individuals. He also collaborated with Nazi racial hygiene, including forcible sterilization, in his role at the Inner Mission. He also worked for national and international associations in birth control reform. He was a conservative man with a large family. He led the postwar family planning organization, *Pro Familia*. For more on Harmsen and his work, see Timm, “The Politics of Fertility,” 32-33; Grossmann, *Reforming Sex*, 145, 190; and Sabine Schleiermacher, “Racial Hygiene and Deliberate Parenthood: Two Sides of Demographer Hans Harmsen’s Population Policy,” *Issues in Reproductive and Genetic Engineering* 3.3 (1990): 201-210.

What the Prussian example highlighted was that at the municipal level, the basic duties of marriage counseling centers—to issue health certificates after a medical examination of the marriage candidates—rested on a societal belief that marriage was as much about the union as it was about having children. In other words, the assumption was that marriage was inherently linked with reproduction, which had implications for society as a whole. The offspring of a marriage, therefore, became the most important part of it,⁹⁴ especially in light of the *Geburtenrückgang* and the collective *Volksgesundheit*. The Prussian ordinance reflected the fear that if genetically unhealthy individuals were allowed to marry, they could potentially produce genetically unhealthy children or infect their children in other ways,⁹⁵ thus resulting in a weaker nation overall—an idea that stemmed from eugenicists’ preexisting fears that “inferior” individuals were overtaking “superior” individuals, as discussed above. The fact that the Prussian state issued this ordinance regarding marriage counseling with “healthy” and “superior” offspring in mind demonstrated that producing more *and* better babies had become a priority for certain German *Länder* during the Weimar period. Although it was never explicitly stated in the 1926 ordinance, eugenic principles which rewarded “fit” individuals by permitting them to get married and, thus, reproduce, and discouraged “unfit” individuals from marrying and, thus, from contributing to future generations because they had genetically transmissible handicaps guided the founding of marriage

⁹⁴ The mainstream press, for example, expressed the belief that offspring was the most important part of the marriage. See Dr. von Geussert, “Die Notwendigkeit der Eheberatung,” *Das Deutsche Tagblatt*, April 14, 1926, in BArch, R 86/5624. Geussert maintained that, “One of the most important prerequisites for lasting marital bliss is undoubtedly the physical and mental health of both spouses and the most reliable guarantee of their genetics to the offspring.”

⁹⁵ Dr. von Geussert, for example, thought that if there was a presence of tuberculosis in marriage candidates, the marriage should be banned. He was concerned that children could be exposed to infection through living in narrow quarters with their infected family members. He even went as far as to suggest that as long as a parent was suffering from an open tuberculosis infection, he or she should be separated from his or her children. See Geussert, “Die Notwendigkeit der Eheberatung” in BArch R86/5624.

counseling centers.⁹⁶ In this sense, I agree with Timm's assessment that the Prussian state consistently advocated a stricter eugenic line than the Reich government as well as the other states, both in debates about pre-marital health certificates and with the establishment of marriage counseling centers aimed at awakening people's "eugenic responsibilities."⁹⁷ Outside of Prussia, the movement for municipal marriage counseling centers took hold only in Saxony, Brunswick, and the Hansastädte in northwest Germany (Lübeck, Bremen, and Hamburg). In southern Germany, the idea of state-authorized marriage counseling centers hardly emerged.⁹⁸

The choice of doctors as the leaders of municipal marriage counseling centers seemed a logical one because it was expected that physicians would administer physical examinations and medical questioning prior to issuing marriage health certificates. In addition to their extensive medical training, doctors had gained an increased level of public trust and prestige since the professionalization of medicine and the growth of eugenics as a scientific discipline in the early twentieth century.⁹⁹ They were considered "experts" when it came to determining if a disease or a predisposition to disease existed that would make marriage inadvisable.¹⁰⁰ Medicine was also a profession focused on caring for people, which coincided with the aims of municipal counseling to maintain the

⁹⁶ This basic principle of positive and negative eugenics is outlined, among many other places, in Stepan, 1-2 and Kühl, 4-5.

⁹⁷ Timm, "The Politics of Fertility," 209, 213-214.

⁹⁸ Kristine von Soden, *Sexualberatungsstellen der Weimarer Republik, 1919-1933* (Berlin: Edition Hentrich, 1988), 68.

⁹⁹ The professionalization of eugenics in Germany happened primarily via Alfred Ploetz, one of the cofounders of the German eugenics movement, who coined the term "racial hygiene" (*Rassenhygiene*) in his 1895 book, *The Fitness of Our Race and the Protection of the Weak*, which became a German synonym for eugenics. In 1904, he established the first journal in the world dedicated to eugenics, the *Archiv für Rassen- und Gesellschaftsbiologie (Journal of Racial and Social Biology)*, and in 1905, he established the world's first eugenics organization, the Society for Racial Hygiene. See Sheila Faith Weiss, "German Eugenics, 1890-1933," in *Deadly Medicine: Creating the Master Race*, ed. Dieter Kuntz (Washington D.C.: United States Holocaust Memorial Museum, 2004), 4 and Proctor, *Racial Hygiene*, 15-17.

¹⁰⁰ *Wohin des Weges? Merkblatt für erwachsene Mädchen* in BArch, R 86/5618, Bl. 284.

welfare of the *Volk* through guidance about marriage choice.¹⁰¹ The calls for medically-led clinics, however, extended beyond the requirement for doctors to take a leading role. The Prussian state also stipulated that leaders should be male, or as the case may be, female doctors, who were trained in genetics.¹⁰² Having a knowledge of genetics corresponded directly to the primary goal of these centers to judge whether marriage candidates were eugenically fit and compatible enough to marry. Female doctors, it should be noted, were considered suitable enough leaders to be included in Hirtsiefer's guidelines for the establishment of marriage counseling centers. In fact, by 1931, women led five of the sixteen municipal clinics in Berlin. Female doctors were leaders in municipal marriage counseling centers in Friedrichshain, Neukölln, Reinickendorf, Wedding, Charlottenburg and at the Trust Center for Engaged and Married People (*Vertrauensstelle für Verlobte und Eheleute*) in Charlottenburg.¹⁰³ According to at least one welfare journal, educated women, with their mature and composed personalities, were especially suitable for issuing marriage advice, which required extreme reliability, tactfulness, and a rich knowledge of people.¹⁰⁴

¹⁰¹ Dr. F.K. Scheumann, the leader of the state-sponsored marriage counseling center in Prenzlauer Berg in Berlin, insisted that doctors' psychological and social knowledge, as well as their social mentality made them ideal candidates for marriage counseling work. See Dr. F.K. Scheumann, "Gesundheitspflege: Wer darf heiraten?" *Stadt-Anzeiger*, Köln, January 15, 1928 in BArch, R 86/5625.

¹⁰² See Runderlaß des Ministers für Volkswohlfahrt in BArch, R 86/5618, Bl. 7-8 or "Die Errichtung von ärztlich geleiteten Eheberatungsstellen" in BArch, R 86/5624.

¹⁰³ Grossmann, "Berliner Ärztinnen und Volksgesundheit in der Weimarer Republik," 189, 200. Kirsten Reinert differentiates the Vertrauensstellen für Verlobte und Eheleute from municipal clinics or private marriage and sexual counseling centers by the fact that middle-class women's organizations founded them. Their target group was middle-class women in large cities. They concentrated on social, psychological, and legal marriage counseling. People could inquire about marriage contracts, get information about divorce questions, and receive psychological help due to marriage conflicts and economic problems. They did not intend to give out information about birth control, but in practice, this did not hold. The first clinic of this type opened in 1927 in Berlin. See Reinert, *Frauen und Sexualreform: 1897-1933* (Herbolzheim: Centaurus Verlag, 2000), 194.

¹⁰⁴ Dr. E. Heffe, "Eheberatungsstellen," *Handwörterbuch der Wohlfahrtspflege* (Berlin: Carl Heymanns Verlag, 1928) in BArch, R 86/5622. This was probably also due to the fact that the vast majority of people who visited these centers were women, as discussed later in this chapter.

The impact of the Prussian ordinance spread quickly. There were 129 such centers by 1927, most of which were incorporated in the Association of Public Marriage Counseling Centers (*Vereinigung öffentlicher Eheberatungsstellen*).¹⁰⁵ Between 1926 and 1928, twelve municipal counseling centers were set up in Berlin. By the early 1930s, Prussia had 200 of these municipal clinics.¹⁰⁶

Beyond the initial 1926 memo, there was generally a lack of clarity about the additional duties of municipal marriage counseling centers. This was especially true considering the number of sexual counseling centers already in existence in Germany. Kristine von Soden, in her account of sexual counseling centers in the Weimar Republic, estimates that between 1919 and 1932, over 400 sexual counseling centers were founded in Germany, with almost forty of these in Berlin. In addition, there were about 100 traveling counseling centers (*fliegende Beratungsstellen*) during the Weimar period, for a total of over 500 clinics.

These sexual counseling centers had independent sponsors, especially from women's organizations, the sexual reform movement, and the worker's rights movement.¹⁰⁷ They provided sexual education, advice on partners and questions of sexual life, and guidance on the types of usage of birth control and how to prevent unwanted pregnancy. Magnus Hirschfeld (1868-1935), a German physician and sexologist who advocated homosexual rights and a leader of the sexual reform

¹⁰⁵ Reinert, 193. The politics of this organization will be covered later in this chapter.

¹⁰⁶ Timm, "The Politics of Fertility," 214; See also von Soden, 68-70.

¹⁰⁷ These included organizations like Helene Stöcker's Bund für Mutterschutz und Sexualreform (League for the Protection of Motherhood and Sexual Reform; founded in 1905), the Reichsverband für Geburtenregelung und Sexualhygiene (National Association for Birth Control and Sexual Health; founded in 1921), the Internationale Arbeiterhilfe (International Worker's Aid; founded in 1921), the Bund für Geburtenregelung und Volksgesundheit (League for Birth Control and Volksgesundheit; founded in 1924), and the Liga für Mutterschutz und soziale Familienhygiene (League for the Protection of Motherhood and Social Family Health; founded in 1928).

movement, established the first sexual counseling center of the Weimar Republic in 1919 in his Berlin Institute for Sexual Science (*Institute for Sexualwissenschaft*).¹⁰⁸

Hirschfeld's institute was one of a number of early private sexual counseling centers that also emphasized the importance of genetic quality in parents and offspring. In 1924, he added a private marriage counseling center to the eugenics department of his institute, which determined marriage candidates' health and sexual compatibility as well as "their eugenic stability for parenthood."¹⁰⁹ It also offered counseling for already-married couples experiencing marital problems.¹⁰⁹ Feminist sex reformer Helene Stöcker's (1869-1943) Bund für Mutterschutz (League for the Protection of Motherhood) also opened private marriage and sex counseling centers in 1924 in Hamburg, Frankfurt, Mannheim, and later in Breslau and Berlin. Following Stöcker's own eugenic inclinations,¹¹⁰ the Bund initially wanted these clinics to center on premarital counseling that would prevent the spread of VD and the perpetuation of undesirable offspring, but instead they ended up focusing its efforts on solving the marital problems of couples and providing them with birth control for social, eugenic, and population policy reasons.¹¹¹

Drawing the line between private marriage and sexual counseling centers and municipal marriage counseling centers has not always been straightforward, especially because the majority of individuals who visited municipal clinics sought information

¹⁰⁸ von Soden, 9-11. See also Reinert, 192.

¹⁰⁹ Timm, "The Politics of Fertility," 218. The announcement about Hirschfeld's new marriage counseling center came from a clipping of *Deutsche Medizinische Wochenschrift*, June 1924 in BArch, R 1501/9380, Bl. 54.

¹¹⁰ Both Ann Taylor Allen and Amy Hackett have covered Stöcker's enthusiasm for eugenics in their respective works. See Allen, *Feminism and Motherhood in Germany, 1800-1914* (New Brunswick, NJ: Rutgers University Press, 1991); Allen, "German Radical Feminism and Eugenics"; and Hackett, "Helene Stöcker: Left-Wing Intellectual and Sex Reformer," in *When Biology Became Destiny: Women in Weimar and Nazi Germany*, ed. Renate Bridenthal, Atina Grossmann, and Marion Kaplan (New York: Monthly Review Press, 1984).

¹¹¹ Timm, "The Politics of Fertility," 218.

about birth control. Von Soden sees the difference as one between more eugenically-focused marriage counseling centers and more progressive, left-wing sexual counseling centers.¹¹² However, Grossmann and Timm view the boundaries between the two types of clinics as a bit more permeable, as they recognize that support for eugenics and progressive politics were not mutually exclusive in the context of the Weimar Republic. Such stark distinctions between politics and eugenic thought cannot be made, as individuals from both the Left and Right supported eugenics during this time period.¹¹³ Female physicians, through their endeavors in municipal, private, and even religiously-sponsored clinics, this chapter will show, were no exception to this rule. Their analogous work in several different types of centers also attests to the fact that the boundaries between them were quite fluid.

The distribution of information about birth control and abortion in private clinics was more or less a given. Not only were they privately-sponsored and thus exempt from state regulations, but it was a well-known fact that most visitors who came to the private sexual and marriage counseling centers sought birth control and abortion. For example, Max Hirsch, a Berlin gynecologist, reported that in 1926, 79 percent of the women who visited the Bund für Mutterschutz clinic in Hamburg were seeking advice about pregnancy, and one fourth asked specifically about abortion. This led the leader of the clinic to the belief that women were asking for birth control due to a sense of eugenic responsibility.¹¹⁴ One doctor Rabe, a medical assistant at a sexual counseling center in Hamburg, confirmed that the vast majority of people seeking advice—he estimated 85-90

¹¹² See von Soden, 31.

¹¹³ Timm gives a brief, albeit good historiography of the differing views. See Timm, “The Politics of Fertility,” 214-216. See also Grossmann, *Reforming Sex* and Osborne, *The Politics of the Body in the Weimar Republic* for their thoughts on the subject.

¹¹⁴ Timm, “The Politics of Fertility,” 219. There were 630 women who visited the clinic that year.

percent—came to prevent unwanted pregnancy.¹¹⁵ Given the activities of private marriage counseling centers like the one in Hamburg, the Reichsgesundheitsamt feared that the public would come to view them as abortion centers.¹¹⁶ In municipal marriage counseling, the issue of whether or not to disseminate birth control and advice on how to prevent pregnancy was more ambiguous, with groups from different sides of the religious, political, and professional spectrum weighing in. In his ordinance, the Prussian Minister for Volkswohlfahrt warned against marriage counseling centers that limited their activities to diffusing birth control information.¹¹⁷ Conservative factions, disturbed by the public's access to birth control in such clinics, launched a campaign against dispensing it in private and municipal centers.¹¹⁸ Communists, at the other extreme of the political spectrum,¹¹⁹ demanded that counseling centers teach women about the various ways to prevent pregnancy. This meant they should provide contraception or the means to prevent conception, as well as information about how to end unwanted pregnancy. They also insisted that marriage counseling centers give free advice to people entering marriage about their health conditions and any possible genetic weaknesses, as well as free legal help regarding marriage and divorce.¹²⁰

¹¹⁵ Dr. Pfeiffer sent a copy of the report from Dr. Rabe to the medical officer of the Danzig Health Office, October 25, 1924, in BArch, R1501/9380, Bl. 100-101.

¹¹⁶ Letter from Bumm to RMI, April 20, 1925, in BArch, R 1501/9380, Bl. 98-99.

¹¹⁷ Letter from Hirtsiefer to Regierungspräsidenten, February 19, 1926, in BArch, R 1501/9380, Bl. 155-156.

¹¹⁸ Timm, "The Politics of Fertility," 220.

¹¹⁹ The *Kommunistische Partei Deutschlands* (KPD), for instance, had demanded the abolition of Paragraph 218 (the law that forbid abortion in Germany) since its founding in 1919, viewing the law as an example of "class injustice and bourgeois hypocrisy" because "sanitoria doors stood open to women who could pay for therapeutic abortion justified as 'medically necessary' while working-class women were condemned to quacks and hazardous, potentially deadly, 'self-help.'" The KPD believed safe abortions should be available to *all* women, not just bourgeois women, and they thought coercive abortion aimed at the working-class was just another example of political injustice. See Grossmann, *Reforming Sex*, 21, 35-36, 92-95.

¹²⁰ See "Sexual- und Eheberatungsstellen. Was die Kommunisten dazu fordern," *Die Rote Fahne*, March 5, 1928 in BArch, R 86/5622.

Religious circles expressed dismay that contraception was widely available at marriage counseling centers. The predominantly Catholic Center Party objected to sexual counseling and widespread access to contraception in private or municipal clinics. The Protestant Church and its welfare arm, the Inner Mission, became incensed by the lack of clarity about whether it was the responsibility of marriage counseling centers to distribute birth control and advice on pregnancy prevention. Hans Harmsen, the leader of the Inner Mission, complained about the large disconnect between Hirtsiefer's Decree and what was happening on a day-to-day basis in state-run marriage counseling centers in Prussia. Although the original ordinance explicitly stated that it was not the duty of marriage counselors to deal with the question of contraception, experience showed that in the vast majority of cases, this was, in fact, precisely what they were doing. Harmsen thought the municipal clinics were too similar to the sexual counseling centers set up by sexual reformers like Magnus Hirschfeld and Helene Stöcker. He sought to create a strict divide between the two realms. In order to fulfill the goals of the 1926 ordinance, Harmsen claimed that marriage counseling should strive to comply with the initial objective of issuing marriage certificates, and that sexual counseling centers handle questions of contraception. He also cautioned, however, that sexual counseling clinics not only contradicted Paragraph 184 (which forbid the distribution and advertisement of contraceptives), but that they conflicted with the moral values of the majority of people. If sexual counseling centers had to be established, he suggested that only certain types of clinics—namely religious ones—take up the issue of birth control.¹²¹ This nearly year-long discussion within the Inner Mission and petitioning of the Prussian state concluded

¹²¹ In a letter to Hirtsiefer, he questioned the establishment of secular (*behördliche*) centers. See Letter from Harmsen to Minister für Volkswohlfahrt, December 1927 in ADW, CA/G 397, 18/2-18/3.

with Harmsen asking Hirtsiefer to consider the disparity between his original ordinance and the daily operation of marriage counseling centers, and make Protestant sexual counseling centers available.¹²² The Inner Mission, with the support of the Catholic welfare organization Caritas, continued to petition the federal government on this issue throughout the Weimar Republic.¹²³

In the face of all this uncertainty and in an attempt to counteract the activities of the municipal clinics and private sexual counseling clinics, the Catholic and Protestant churches established their own network of marriage counseling centers. However, these religious centers ended up having much in common with those municipal centers that actually followed the Prussian guidelines. The Catholic Church set up marriage counseling centers to advise engaged couples on issues of economic, legal, and health compatibility, and to help married couples stay together. Aiming to combine eugenics and religious ethics, the Catholic Centers set themselves against the profit-making private sexual counseling centers (which they thought contributed to society's ethical downfall) by claiming to be countering the threat that "proletarian radicalization" posed to marriage and the family. These centers refused to provide information on birth control, even if many clients, according to counselors, continued to request contraception, and instead concentrated their efforts on the ethical education of youth and on guiding people towards chastity.¹²⁴ Clearly, the Catholic Church attempted to instill its own notions of family and marriage ethics in advice-seekers.

¹²² Letter from Harmsen to Minister für Volkswohlfahrt, December 1927 in ADW, CA/G 397, 18/1-18/3.

¹²³ Timm, "The Politics of Fertility," 222.

¹²⁴ Timm, "The Politics of Fertility," 224-225.

The Protestant Church had set up seven marriage counseling centers across Berlin by 1930, as well as more in cities like Potsdam, Kassel, Stettin, Düsseldorf, Munich, Stuttgart, Königsberg and Hamburg. Hoping to attract parishioners back to the church by offering spiritual marriage counseling as well as legal advice,¹²⁵ the Protestant Church realized that people sought other types of guidance.¹²⁶ Its welfare arm, the Inner Mission, still struggled to determine the appropriate means to reconcile their religious beliefs and the social needs and wants of visitors to their marriage counseling centers. Harmsen, a controversial figure who supported both the repeal of Paragraph 218 and birth control for the “unfit” masses, again found himself occupied with the question of birth control in Protestant marriage counseling centers in 1932. In a letter informing a pastor about an anticipated meeting of all the leaders of Protestant marriage counseling centers, Harmsen asserted that “the biggest practical difficulty” the Inner Mission faced was “the fact that the leading personalities had an unclear position regarding sexual ethics issues, primarily the distribution of birth control.” Therefore, he called for a general meeting, in which the leaders could share their experiences on fundamental issues.¹²⁷ Moreover, in an attempt to assess various doctors’ positions on birth control in marriage counseling centers, Harmsen asked a few doctors in Berlin about whether they were fundamentally opposed to giving contraceptive advice or if they issued advice on a case-by-case basis. All doctors—male and female—working within these Protestant marriage counseling centers

¹²⁵ In the Protestant marriage counseling center in Friedenau, for example, the leader of the center was a female pastor, but both a female doctor and female lawyer were also available for consultation, and they contributed annual reports about their various activities working for the center. Protestant centers always included a spiritual or medical leader, a lawyer, and a doctor (when the leader was not a doctor) on staff. In other words, when there was not a doctor leading the centers, there would at least be one available for consultation. See the 1932 and 1933 annual reports for the Protestant Marriage Counseling Center in Berlin-Friedenau in ADW, CA/GfSt 247, 3a-8, 10 and 14-23. See the 1934 annual report in ADW, CA/G 399, 9-18. See the 1935 annual report in ADW, CA/G 401, 8-14.

¹²⁶ Timm, “The Politics of Fertility,” 222-223.

¹²⁷ Letter from Harmsen to Pastor Dr. Beckmann, May 14, 1932 in ADW, CA/G 398, 26.

agreed that they gave (or would give) such advice based on the conditions of each case,¹²⁸ demonstrating that they were more or less following the policies of municipal clinics. Harmsen also recognized the limited appeal of Protestant clinics, which working-class populations would reject for not offering birth control.¹²⁹ This comment elucidated the class background of the majority of visitors to marriage counseling centers—something that middle and upper-class female physicians would come to take advantage of.

The fact that so many municipal marriage counseling centers were dispersing birth control and sexual counseling advice led to the formation of the Association of Public Marriage Counseling Centers in June 1927. This organization showed just how far municipal clinics had strayed from their intended purpose to examine and advise marriage candidates on genetic compatibility. The Association sought to incorporate all marriage counseling centers that adhered to the eugenic goals outlined in the original 1926 Prussian decree.¹³⁰ In short, it advocated making the divide between sexual and marriage counseling centers that Harmsen had suggested. Although the association excluded progressive sexual reformers like Stöcker, it never took a strict stance against sexual counseling and some of its members still promoted access to birth control. At a meeting of the Association in Leipzig on September 9, 1928, it became evident that some of these supporters of contraception were female physicians. At the meeting, Alfred Grotjahn, the founder of the German social hygiene movement, gave a presentation on “Marriage Counseling Centers and Birth Prevention” in which he argued that municipal marriage counseling centers should under no circumstances distribute birth control, but

¹²⁸ See various letters between Harmsen and doctors working in evangelical marriage counseling centers from 1932 in ADW, CA/G 400.

¹²⁹ Timm, “The Politics of Fertility,” 223-224.

¹³⁰ Timm, “The Politics of Fertility,” 226-227.

should instead be concerned with the maintenance of the *Volk*. Käte Frankenthal and Minna Flake, both practicing doctors in Berlin, disagreed with this view, revealing the general stance that women doctors took on the question of contraception in marriage counseling centers. Frankenthal described birth control as an “indispensable obligation” of marriage counseling centers, which she otherwise saw as “worthless.” Flake, who asserted that economic hardships were the main cause for the decline in fertility, advocated for marriage counseling centers to push birth control in order to combat the “inevitable alarming increase of abortions.”¹³¹

In their demands for birth control, female doctors undoubtedly played on the public’s fears of the growing abortion rate, and many of them also called for the elimination of Paragraph 218. To some, questions of birth control and abortion could not be separated.¹³² Flake, a Communist, and Frankenthal, a Social Democrat, and both members of the radical *Verein sozialistischer Ärzte* (Association of Socialist Physicians; VsÄ),¹³³ were quite political in their demands for the abolition of Paragraph 218, often shifting the discussion from one about morality to one about women’s individual health, independence, and sexual happiness.¹³⁴ Cornelia Osborne, however, has argued that “despite these remarkably emancipatory sentiments,” women doctors like Flake and Frankenthal “shared the preoccupation of the time with a qualitative population policy,”

¹³¹ See meeting minutes of the Association of Public Marriage Counseling Centers, September 9, 1928, in BArch, R 1501/26239, Bl. 22-24.

¹³² See for example Dr. Lotte Fink, “Schwangerschaftsunterbrechung und Erfahrungen aus Ehe- und Sexualberatung,” *Die Ärztin* 7.3 (March 1931): 72.

¹³³ The VsÄ, which had about 1500 members by the beginning of the 1930s, undertook a campaign to legalize abortion on health, socio-economic, and eugenic grounds. Doctors within the VsÄ were not all united about a total repeal of the law, but they all believed in legalized abortion for medical and socio-economic reasons. They disagreed over how to reform the law though. To socialist doctors, abortion was a problem of social inequality, stemming from their experiences working with the working class. See Cornelia Osborne, “Abortion in Weimar Germany—The Debate Amongst the Medical Profession,” *Continuity and Change* 5.2 (1990): 204, 210 and Osborne, *The Politics of the Body in Weimar Germany*, 190-191.

¹³⁴ Osborne, “Women Doctors and Gender Identity in Weimar Germany,” 116-117.

which, she notes, “implied an infringement of the very rights that they expressly demanded for every woman.” She criticizes female physicians, in other words, for speaking out “as feminists” while also subscribing to abortion on eugenic grounds, like those members of the VsÄ.¹³⁵ While I also see an inherent contradiction here, I recognize that women doctors’ endorsement of birth control and abortion within the context of marriage counseling centers was perhaps also strategic, as it legitimized their careers by offering them an area of expertise serving the primarily female clientele in clinics on these matters.

While female doctors, as a group, were primarily in favor of expanding women’s access to birth control in marriage counseling clinics, some were more extreme than others. Hertha Nathorff, the director of a Berlin family and marriage counseling center, agreed that “female doctors in [their] double role as women and doctors [had] the utmost duty...to educate women about rational birth control.”¹³⁶ Although municipal marriage counseling centers had not taken an official position on birth control in 1928, Hermine Heusler-Edenhuizen, the first president of the *Bund Deutscher Ärztinnen* (League of German Female Physicians; BDÄ), who wrote a short history of marriage counseling in *Soziale Praxis*, argued that it should be the duty of these clinics to advise women about rational birth control on a case-by-case basis. She, like Flake, viewed birth control as the only successful method for preventing an increase in the number of abortions. Heusler-Edenhuizen was sympathetic to the fact that having a large number of children only exacerbated the hardships people were already facing in interwar Germany. She had faith that providing information about birth control in marriage counseling centers would not,

¹³⁵ Osborne, *The Politics of the Body in Weimar Germany*, 196-197.

¹³⁶ Dr. Hertha Nathorff, “Zum Problem der Geburtenregelung,” *Die Medizinische Welt* 4.24 (June 14, 1930): 862.

in fact, result in a further decline in population, as many people feared.¹³⁷ Because she knew “the strong motherly instinct of women,” she was certain women’s desire to have children would return as soon as their life difficulties were minimized.¹³⁸ Heusler-Edenhuizen implicitly seemed to be using her own experience as a woman and a mother¹³⁹ to claim a strong understanding of the motherly instinct innate in all women. While she may have shared a commonality with female advice-seekers in their interests to reproduce, she certainly lacked an authentic understanding of how the economic adversity of the Weimar-era affected their decisions about procreation. Instead, she assumed that these primarily lower-class visitors to marriage counseling centers shared her middle-class values about making having a family a priority.

While Heusler-Edenhuizen supported birth control on a case-by-case basis, Lotte Fink, who, along with Hertha Riese, led the Bund für Mutterschutz’s marriage and sexual counseling center in Frankfurt, took a more extreme view. Fink and Riese were among some of the most active campaigners for birth control, but they also recognized the shortcomings of some of their lower-class patients in successfully using contraception, resulting from either their “despair” or “obtuseness.”¹⁴⁰ The debate about contraception in marriage counseling, this example revealed, centered not only around *when* (in which cases) it should be issued, but also around *who* should be receiving it. As historian Atina Grossmann shows, female doctors believed that the lower classes could not always be trusted because they were generally irresponsible when it came to sexual hygiene.

¹³⁷ Fears about the state of the German nation were still pervasive, and one gynecologist thought the growing number of birth control clinics throughout Germany would lead to the dissolution of the family, the state, and ultimately, to the decline of the West, a familiar rhetoric used by eugenicists concerned about the *Geburtenrückgang*. See Grossmann, *Reforming Sex*, 60.

¹³⁸ Dr. med. Hermine Heusler-Edenhuizen, “Eheberatungsstellen,” *Soziale Praxis* 37.8 (February 23, 1928): 187.

¹³⁹ Heusler-Edenhuizen had two children of her own.

¹⁴⁰ Fink, “Schwangerschaftsunterbrechung und Erfahrungen aus Ehe- und Sexualberatung,” 71.

Doctors thus recommended different contraceptive devices for “intelligent” women and “unintelligent” women, using eugenics terminology that divided women into the responsible worthy and the irresponsible unworthy.¹⁴¹ And in some cases, doctors like Fink even recommended sterilization for advice-seekers who continuously failed at using contraception.¹⁴² The debate over birth control in marriage counseling centers, led, therefore, to larger questions over *which* women should be seeking and receiving birth control and if certain women were even capable of using it, as concerns about the “inferior” overrunning the “superior” were still imperative in many German circles.

Women Doctors’ Work in Marriage Counseling Centers

The debates about birth control in marriage counseling centers help to explain part of the story of how women doctors came to take an interest in this new medical field. Before I discuss the arguments female doctors made for their position in these clinics, I will elaborate on some of the more practical ways that female physicians ended up in this space. The image from the beginning of this chapter of several women waiting on a female physician in the waiting room of a counseling center gave the mundane impression that women with questions about birth control or advice about marital problems would naturally see a woman doctor in a sexual or marriage counseling center. To demonstrate how this image became so commonplace, I will first summarize the professional disadvantages women faced in the medical profession, which forced them into positions in public welfare, as well as the social expectations that women continue to care for the domestic realm, even if they were employed outside the home, that led them

¹⁴¹ Grossmann, *Reforming Sex*, 66, 70.

¹⁴² Fink, “Schwangerschaftsunterbrechung und Erfahrungen aus Ehe- und Sexualberatung,” 71.

to seek employment in marriage counseling centers. Following this, I will describe the various justifications female doctors gave for their presence in these centers.

Even though the Weimar Republic opened up every profession to women in 1919, men attempted to prevent women from entering certain professions. The medical field proved to be one of these cases. Although medicine became the fastest growing profession for German women after World War I, female doctors still faced discrimination. Women often found it more difficult than their male colleagues to gain state positions, such as in hospitals, prisons, or law courts. Health insurance funds also preferred male doctors.¹⁴³ Because of state and insurance prejudices against women doctors, they had limited options when it came to the type of medicine they could practice. Most women served as general practitioners in large cities or were confined to sex-specific areas of medicine like pediatrics or gynecology, the “natural” specialties for women. In the late 1920s, over half of women doctors were in general practice and of those who specialized, almost half were in pediatrics and another fifteen percent were in women’s specialties.¹⁴⁴ This trend was also the norm in the early 1930s, as nearly 60 percent of female physicians specialized in children’s illnesses or women’s ailments, according to one study that broke down female physicians by specialty.¹⁴⁵ The profession’s discrimination against women, along with the widespread belief that they should only be treating women and children,¹⁴⁶ led women to dominate the fields of

¹⁴³ Osborne, “Women Doctors and Gender Identity in Weimar Germany,” 109.

¹⁴⁴ Dr. med. Lucie Adelsberger, “Die Frau als Ärztin,” in *Die Kultur der Frau. Eine Lebenssymphonie der Frau des XX. Jahrhunderts*, ed. Ada Schmidt-Beil (Berlin: Verlag für Kultur und Wissenschaft GmbH, 1931), 200.

¹⁴⁵ “Zahl und Familienstand der Ärztinnen,” *Die Ärztin* 11.9 (September 1935): 150.

¹⁴⁶ It should be noted that women also made this claim themselves. The idea that women should only treat women and children dates back to nineteenth century demands for women to enter the university under the rubric of *Frauenstudium*, which primarily included the professions of medicine and teaching. Early feminists like Helene Lange, who was instrumental in opening schools and professions to women,

public health and welfare work in spaces such as schools, welfare offices (especially in lower-class neighborhoods), and counseling centers—positions that did not pay very well and that their male colleagues did not want.

The medical profession's campaign against the increasing number of female doctors emerged for several different reasons, including the decline in German fertility, economic pressures, and male opinion about the abilities of women. The *Geburtenrückgang* has already been discussed at length above, but the basic premise behind this argument was that women's emancipation, and thereby their entrance into university studies and the work force, prevented them from fulfilling their primary duty as wives and mothers. Their male colleagues thus advocated the return of female medical students and female doctors to the domestic sphere. These men used the language of eugenics—discussions of fertility, proper motherhood, and health—to push women out of the profession. Economic concerns generated by the Great War also resulted in men feeling threatened by women, who were entering the professions at higher numbers than ever before. In March 1917, women outnumbered men at work for the first time, and their entrance into the professions caused men to feel uneasy about the fact that they were being replaced by women.¹⁴⁷ Between 1907 and 1925 alone, the number of women in white-collar work and public employment nearly doubled, from 6.5 to 12.6 percent.¹⁴⁸ *Frauenstudium* (women's studies) created more female job seekers and as a result,

still “believed that women should only study in preparation for selected professions suited to their motherly talents, such as medicine and teaching.” Mathilde Weber, who shared many of Lange's ideas, focused on women in the medical profession specifically, claiming in her book, *Ärztinnen für Frauenkrankheiten* (1888), that female physicians were needed for female patients and female sicknesses. See Mazón, 54, 74.

¹⁴⁷ Renate Bridenthal, “Beyond Kinder, Küche, Kirche: Weimar Women at Work,” *Central European History* 6 (1973): 155.

¹⁴⁸ Detlev J. K. Peukert, *The Weimar Republic: The Crisis of Classical Modernity*, trans. by Richard Deveson (New York: Hill and Wang, 1987), 96.

women were blamed for men's unemployment.¹⁴⁹ Lastly, misogynist views that women were mentally and physically incapable of pursuing university studies was another form of discrimination against women in universities and in the professions. This view, primarily promoted by conservatives and later Nazis, held that women were becoming de-feminized in their pursuit of academic and professional work, a matter of grave concern because women were now deemed "spiritually and physically unfit for motherhood."¹⁵⁰

In addition to professional discrimination against women in medicine, led primarily by men who dominated the profession, women were also expected to fulfill certain societal obligations, which led them to work in particular fields of medicine. Despite the growing number of women in the professions in the postwar period, the domestic sphere was still regarded as the primary responsibility for married women.¹⁵¹ This widespread societal view became even more officially sanctioned in 1932 with the enactment of the Law Governing the Legal Status of Female Civil Servants and Public Officials, which stated that married women who were second wage earners could be dismissed from public service. Germans held double standards about women's labor because they accepted young single women or older unmarried or widowed women entering the new professions, but punished married women—deemed "double earners"

¹⁴⁹ Pauwels, 17.

¹⁵⁰ Richard Grün, "Frauenerziehung, die Schicksalsfrage des deutschen Volkes," *Deutsches Bildungswesen* (March 1934): 151-153, as quoted in Pauwels, 16. See also Adelsberger, 198-199, who, as a female doctor herself, claimed that these arguments could be rebutted by the fact that women had the physical capability to bear and raise children on their own

¹⁵¹ The German Association for Eugenics and the Study of Heredity, for one, maintained that even if a woman planned to enter the university or a profession, she still had a "duty" to prepare for her domestic responsibilities. See *Wohin des Weges? Merkblatt für erwachsene Mädchen* in BArch, R 86/5618, Bl. 283. Dr. Anne-Marie Durand-Wever—a professional woman herself, and a progressive one no less—further demonstrated the prevalence of these beliefs, suggesting that it was best for women to marry only if they had "good household knowledge." See "Wann soll die heutige Jugend heiraten? Das Lebensproblem der neuen Generation" in BArch, R 86/5622.

(*Doppelverdiener*)—for working.¹⁵² The passage of this law was evidence of both the growing economic crisis, in which men sought to prevent women from competing with them on the job market, and of a social dogma that discouraged the employment of married women. Men instead saw the home as a more fitting sphere for women. The social pressure on women to continue their domestic duties if they did enter a profession keenly influenced the type of medicine that women doctors selected. Most women in the medical profession became general practitioners out of preference so that they could also raise families, but also out of necessity because they were discriminated against when it came to state or insurance positions. According to a study in *Die Ärztin*, from 1930 to 1935, there were twice as many female general practitioners than female doctors who specialized.¹⁵³ Entering private practice proved to be the more desirable way to practice medicine since it offered flexible hours to combine family duties and professional work—an important factor to the high number of women who were wives, mothers, *and* doctors.¹⁵⁴ Private practice, however, remained a distant option for many female medical graduates, who always had less of a chance to establish themselves on their own, compared to their male colleagues. If women did go into private practice, it was often with their husbands. Working in marriage counseling clinics, where they generally had office hours only twice a week, also allowed women to straddle their professional and domestic roles. As the needs of clients multiplied, however, the reality of these more flexible employment opportunities waned. Women often worked in marriage counseling

¹⁵² Peukert, 96-97.

¹⁵³ “Zahl und Familienstand der Ärztinnen,” 147.

¹⁵⁴ Osborne, “Women Doctors and Gender Identity in Weimar Germany,” 112-113.

centers in addition to having their own practices, and sometimes worked more than the necessary hours at marriage counseling centers, or even out of their own homes.¹⁵⁵

As a result of professional discrimination and social expectations, fields like public health and social welfare became predominantly women's spaces. This fact, however, was not only the outcome of external forces. In other words, female physicians also saw themselves as more suitable for this type of work, citing their particular caregiving abilities as women and as mothers. Just as social conventions assigned caring, motherly, and nurturing qualities to women, thus relegating them to the private sphere or to subordinate positions within the medical profession, women doctors also claimed these unique traits in order to demand a presence for themselves in marriage counseling centers. Women saw medicine as a "caring profession," one that would fit well with their "innate maternal gift for nurturing."¹⁵⁶ Because medicine involved having an intuitive

¹⁵⁵ Ilse Szagunn was one example of these overworked physicians. She worked in an infant and mother counseling center in Charlottenburg (1914-1927) and then in the Protestant marriage counseling center in Friedenau (1927-1943). She simultaneously worked as Germany's first vocational school doctor starting in 1918 and developed health lessons for the women's school of Alice Salomon in Berlin (1919-1931). Meanwhile, she served on a number of committees, including the Prussian Health Council's Committee for Population Politics and Committee for School Health Care (1927-1933). She also had a husband and two children of her own. For more on Szagunn's numerous activities, see Buchin, "Dokumentation: Ärztinnen aus dem Kaiserreich," <http://web.fu-berlin.de/aeik/index.html> or Sach, "Gedenke, daß du eine deutsche Frau bist!"

¹⁵⁶ Osborne, "Women Doctors and Gender Identity in Weimar Germany," 111. The idea that women should work in the caring and nurturing professions, namely secondary school teaching or medicine, is what, according to Konrad Jarausch, in his work on the professions in Germany, offered opportunities for women to work in the public domain as early as the Imperial period. See Jarausch, "The German Professions in History and Theory," in *German Professions, 1800-1950*, ed. Geoffrey Cocks and Konrad H. Jarausch (New York: Oxford University Press, 1990), 17. Moreover, Mazón shows that the "motherly" or "womanly" professions of medicine and teaching were the initial way that women were able to enter German universities because these professions "suited their nurturing qualities." Early feminists like Helene Lange and Marianne Weber, Mazón demonstrates, made this argument in order to get women into universities. See Mazón, esp. 74, 82, 216. I will argue later in the dissertation that female physicians used this same argument—that women had unique nurturing capacities—to make a case for their work in racial hygiene during Nazism. The best example here is Agnes Bluhm, one of the earliest female supporters of eugenics, who called attention to the special function of the female doctor in her work, *Die rassenhygienischen Aufgaben des weiblichen Arztes* (Berlin: Alfred Metzner, 1936). Bluhm saw the circulation of racial hygiene ideas as dependent on the female psyche and on their caring and educational duties that they accrued in motherhood. For more on this argument, see Sabine Schleiermacher, "Rassenhygienische Mission und berufliche Diskriminierung," 81. Young-Sun Hong also shows how

ability to recognize the suffering of patients and because marriage counseling involved advising people in need, female physicians saw it as an appropriate place for them. According to Dr. Lucie Adelsberger, a Berlin doctor who wrote an article about “The Woman as Doctor,” it was the essential nature of a woman as “motherly” and “dedicated” that made her apt for this type of work.¹⁵⁷ She promoted, in other words, professional maternalism.

Further evidence that female doctors subscribed to this societal view was evident in their calls for marriage counselors with specific backgrounds. Dr. Anne-Marie Durand-Wever, leader of the Trust Center for Engaged and Married People in Charlottenburg, recommended that counselors be married and have their own families so that they could fully understand the difficulties and conflicts of their patients. In her opinion, purely theoretical preparatory training was sufficient for issuing marriage health certificates, drawing up marriage contracts, or determining reasons for divorce, but it was not adequate enough for advising and helping people with individual needs—needs that, she claimed, went far beyond that of mere counseling before marriage. Only an “embarrassingly small percent” of people sought advising before marriage, instead coming with questions ranging from sexual form and ways to limit the number of children to divorce possibilities and economic concerns. These questions were so wide-ranging, in fact, that one male doctor found himself unable to be of much help based on

female social workers began making this argument in the Weimar period, claiming that their “biologically-rooted nurturing capacities made women uniquely suited for the task of improving the quality of the nation’s human capital.” See Young-Sun Hong, “Gender, Citizenship, and the Welfare State: Social Work and the Politics of Femininity in the Weimar Republic” *Central European History* 30.1 (1997): 14.

¹⁵⁷ Adelsberger, 199.

his training.¹⁵⁸ Marriage and parenthood, then, gave female counselors a privileged insight into their client's lives, according to Durand-Wever and other female doctors,¹⁵⁹ meaning that they could be much more effective. Experience had shown that visitors to the Kiel municipal marriage counseling center, where Dr. Josephine Höber worked, shied away from seeking advice from the young, unmarried female doctors employed at the clinic, for it made a great difference for a woman to pour her heart out to an older, married woman and mother—that is, someone just like her.¹⁶⁰ It appeared, then, that the marriage counseling center benefited from employing older, married doctors who were also mothers. By upholding women's responsibilities to be wives and mothers *first*, female physicians demonstrated how strongly they adhered to mainstream beliefs about the appropriate roles for women. This was also a means for them, however, to strategically endorse women's domestic expectations alongside professional careers, and to bridge that gap in their own lives as well.

While emphasizing their unique insights as mothers, wives, and women, female physicians simultaneously criticized the impersonal, unfriendly, large clinics and the way that cold, unsympathetic doctors treated their patients, instead stressing their “holistic ‘woman-oriented’ approach to medicine.”¹⁶¹ Ilse Szagunn, a doctor working in the Protestant Marriage and Family Counseling Center in Berlin-Friedenau, in fact, described the positive aspects of counseling advice-seekers in “totality,” noting that in her

¹⁵⁸ Dr. Anne-Marie Durand-Wever, “Ehe und Erziehungsberatung,” in *Die Kultur der Frau. Eine Lebenssymphonie der Frau des XX. Jahrhunderts*, ed. Ada Schmidt-Beil (Berlin: Verlag für Kultur und Wissenschaft GmbH, 1931), 574, 577.

¹⁵⁹ Dr. Hermine Heusler-Edenhuizen, for example, thought that doctors working in marriage counseling centers should themselves be married because this increased their understanding of other people's marital experiences. See Heusler-Edenhuizen, “Ehefragen. Zum Programm der Eheberatungsstellen,” *Vierteljahrsschrift deutscher Ärztinnen* 3.1 (January 1927), 8.

¹⁶⁰ Dr. med. Josephine Höber, “Zehn Monate städtische Eheberatungsstelle für weibliche Ratsuchende,” *Vierteljahrsschrift deutscher Ärztinnen* 3.2 (April 1927): 41.

¹⁶¹ Grossmann, “German Women Doctors From Berlin to New York,” 70-71.

counseling center, a female minister, doctor, lawyer, and welfare nurse were always present at the same time. This type of cooperation between different specialists, she asserted, proved to be helpful.¹⁶² The holistic approach to medicine, and in marriage counseling centers more specifically, allowed women doctors to consider all things: the medical, legal, religious, ethical, political, and technical aspects of marriage, sex, and birth control. Marriage counseling, to women doctors, meant much more than the simple issuing of a marriage health certificate; their duties encompassed the social, not merely the scientific. Because they were dealing with intimate questions primarily coming from female patients, it was essential for them to have a humane social approach to medicine. This became one of the main arguments female doctors made for their presence in marriage counseling centers.

Since predominantly women—whom the RGA encouraged through its pre-marital educational leaflets to initiate marriage counseling—came to clinics, women physicians claimed that they should occupy such spaces to serve this particular clientele. Exact estimates of how many people visited marriage counseling centers within their first few years are difficult to determine, as not all municipal, private, or religious centers kept precise records. Based on those that did, it appeared that between two thirds and three fourths of the visitors were women. The Information and Trust Center for Marriage Questions and Marriage Crisis (*Auskunfts- und Vertrauensstelle für Ehefragen und Ehenot*) in Berlin-Steglitz, established in February 1928, claimed that in a seven-week period immediately after its opening, the clinic saw 61 people, 75 percent of them

¹⁶² Ilse Szagunn, “Aus dem praktischen Arbeit einer evangelischen Eheberatungsstelle” in ADW, C/G 399, 32.

women.¹⁶³ The popularity of the clinics, especially among women, flourished even after the Nazis came to power. Those centers that were allowed to remain open after 1933 did not cease to attract women. In the 1932-1935 annual reports from the Protestant Marriage Counseling Center in Berlin-Friedenau, which opened in 1932, the number of advice-seekers rose from 105 in 1932 to 190 in 1933, 315 in 1934, and 369 in 1935. The number of female visitors in these four years never dipped below 70 percent demonstrating the consistency with which women sought help from the center. Moreover, Dr. Szagunn reported that the number of people among the total visitors who sought her medical advice remained around 50 percent for all four years. Within this group, women again made up two thirds to three fourths of those in search of medical advice specifically.¹⁶⁴ Similar figures regarding the number of women visitors held true for other municipal and religious marriage counseling centers.¹⁶⁵

With so many female patients asking personal questions about anything from effective birth control methods and advice about marital problems to how their offspring might be affected by genetic diseases, it was a good thing to have female doctors on hand. At least this was the argument that one newspaper made. Whereas initially, men primarily led marriage counseling centers, the *Saarbrücker Zeitung* acknowledged that the change to female leadership (as a result of the view that female doctors should advise female patients) had been advantageous because women had an easier time talking to

¹⁶³ See Wiederhold in ADW, CA/G 397, 24/6.

¹⁶⁴ See the 1932 and 1933 annual reports for the Protestant Marriage Counseling Center in Berlin-Friedenau in ADW, CA/GfSt 247, 3a-8, 10 and 14-23. See the 1934 annual report in ADW, CA/G 399, 9-18. See the 1935 annual report in ADW, CA/G 401, 8-14.

¹⁶⁵ See for example the report from a 1931 survey on Protestant marriage counseling centers in Germany in ADW, C/G 398, 6-9. The Stuttgart center, founded in 1929, reported that since October 1, 1930, they had 46 advice-seekers, of which 34 were women and 12 were men. See also the report of the Protestant marriage counseling center in Charlottenburg from 1933 in ADW, CA/GfSt 247, 27/1-27/2. Out of 128 visitors in 1933, 97 were women and 31 were men.

their “same-sex companions” (*Geschlechtsgenossin*) than to male doctors.¹⁶⁶ Dr. Helene Fritz-Hölder, a strong proponent of marriage counseling as one of the specific duties of female physicians, agreed that talking to male medical advisors was too difficult for women. Speaking to a male doctor was embarrassing and frightening for a woman who could hardly admit a marital or health problem to herself and dreaded being misunderstood by a man. Some problems were so new to recently married women that they lacked the vocabulary to describe them. Beyond advocating for marriage counseling to be the “loftiest” (*vornehmsten*) duty of her colleagues, Fritz-Hölder was especially critical of her male colleagues for abandoning women in their time of deepest need and not understanding the intricacies of female reproduction. They did not, for example, understand that intercourse within the first month of pregnancy could be harmful, or that abstinence should be advised within the few weeks prior to delivery because of the dangers of infection.¹⁶⁷ Female physicians unquestionably recognized such consequences because they were familiar with the female reproductive system and the dangers associated with pregnancy—something that Fritz-Hölder seems to imply women doctors would naturally already know.

Thus, women doctors “felt a mission to tend to women patients whose special needs and sense of propriety they felt were often badly served by male members of the profession.”¹⁶⁸ Their assertion that they more aptly served the needs of patrons in marriage counseling clinics came as both a criticism of the male profession, but also as a desire to avoid competing with their male colleagues by serving primarily women. On

¹⁶⁶ See Dr. Eva Wendorff, “Frauen-Beratungsstellen,” *Saarbrücker Zeitung*, February 3, 1929 in BArch, R 86/5622.

¹⁶⁷ Dr. Helene Fritz-Hölder, “Ehefragen,” *Vierteljahrsschrift deutscher Ärztinnen* 3.1 (January 1927): 8-10.

¹⁶⁸ Osborne, “Women Doctors and Gender Identity in Weimar Germany,” 111.

the one hand, then, female physicians adhered to the traditional belief that they were different from their male colleagues because of their special feminine abilities. And yet on the other hand, despite the fact that their gender forced them down certain paths, that they were subject to larger societal discrimination and expectations of the time, or that they held their own personal preferences, women demanded to and were, to a certain extent, able to work as equals with men in the field of marriage counseling. Moreover, they gained the opportunity to follow their own individual agendas within gendered spaces. The issue of trust between patient and doctor became one of the new objectives of female physicians, as they sought to challenge the nature of the patient-doctor relationship.

The Issue of Trust in Marriage Counseling Centers

One of the recurring goals for female doctors (and doctors in general) working in marriage counseling centers was to create a space in which they could be trusted, both within society and among their patients. This was also another way for women doctors to voice their opinions regarding the shortcomings of their male colleagues, as well as a means for them to forge new ground in the discussion about the relationship between practitioners and patients. Conversations about the doctor-patient relationship permeated general debates about the leaders and duties of marriage counseling during the Weimar period. For one, because marriage counseling was a new phenomenon, it was important for the centers to gain the public's trust. The success of earning this trust could be measured by the growing number of visitors to marriage counseling centers, as well as how many repeat visitors they had. For example, the Social Democratic politician Karl Kautsky (1854-1938), who wrote about gender issues in *Die Frau und der Sozialismus*,

emphasized the achievements marriage counseling had made in gaining public trust by indicating that there were people who came back year after year for new advice. To him, the very existence of marriage counseling depended on matters of individual responsibility and personal trust.¹⁶⁹ In other words, unless people had enough confidence in marriage counseling centers, and in the counselors themselves, people with marital problems would not utilize them for help with intimate matters. In order to create this trust in the first place, marriage counseling clinics, when initially established, aimed to employ doctors who were “especially trustworthy” or who “had the trust of the population.”¹⁷⁰

The need for trusted doctors became a rallying call, especially in light of the fact that marriage candidates now had the personal responsibility to solicit counseling centers for their pre-marital health certificates, not to mention their tribulations before and during marriage. Thus, conversations about issuing marital health certificates—also a novel subject during the Weimar period—became further inundated with ideas about a new relationship between the patient and doctor. The Reichsgesundheitsamt, in an early version of its informational health leaflet, *Merkblatt für Eheschliessende*, described what this relationship might entail:

Only the doctor can tell if a disease exists, which currently means the marriage is not advisable. Each engaged person should go to a doctor whom he or she can trust and ask him for his expert opinion. He or she should freely and openly tell him the whole truth. There is no reason for concern because the doctor is pledged to secrecy and is even subject to criminal prosecution if he violates this duty. Given the current state of health in marriage, the engaged couple should, with

¹⁶⁹ Dr. Karl Kautsky, “Fünf Jahre öffentliche Eheberatung,” *Monatsschrift deutscher Ärztinnen* 4.2 (February 1928): 25-26.

¹⁷⁰ See “Die Errichtung von ärztlich geleiteten Eheberatungsstellen” or P. Merz, “Ärztlich geleitete Eheberatungstellen” in BArch, R 86/5624. See also Leitsätze, Niederrheinisch-Westfälische Gesellschaft für Gynäkologie und Geburtshilfe (Lower Rheinisch-Westphalian Organization for Gynecology and Birth Help) in BArch, R 86/5619, Bl. 34-35.

reason and conscience, listen to the advice of the doctor, and refrain from marriage until further clearance.¹⁷¹

Because doctors had adequate training and extensive knowledge, and, therefore, authority, the RGA suggested that only physicians be solicited for advice.¹⁷² The relationship created between the subordinate patient and the doctor authority figure was one in which they both had a role to play. The patient trusted that the doctor would not reveal his/her secrets, and the doctor trusted that the patient would follow his/her advice. In other words, they both had to place a great deal of confidence in one another. Legal measures and a sense of higher duty further reinforced the doctor-patient relationship. The Association for Eugenics and Study of Heredity's *Merkblatt für erwachsene Mädchen*, modeled after the RGA's *Merkblatt für Eheschliessende*, also suggested that visiting a trustworthy doctor could easily eliminate most problems or fears that a couple had. In the majority of cases, the doctor provided the means to alleviate any suffering (for example from disease), and thus, the couple could get married in good conscience at a later date. For those who feared being "unfit for marriage," a simple medical examination helped bring about a "reassurance of marriageability."¹⁷³ Marriage candidates who went to clinics to obtain a pre-marital health certificate could depend on doctors who were only looking out for the best interest of the couple; doctors wanted to make healthy marriage a possibility for the engaged couple. In return, the couple should

¹⁷¹ See several copies of the *Merkblatt für Eheschliessende* in BArch, R 86/5618 and several early drafts in BArch, R 86/2372.

¹⁷² The issue of trust between patients and doctors was also highlighted, among other places, within certain public health care organizations. The Municipal Association for Health Care in the Rhinish-Westphalian Industrial Area (Kommunale Vereinigung für Gesundheitsfürsorge im rheinisch-westfälischen Industriegebiet), for example, argued that only a "fully-trusted doctor" would be appropriate for the care of sick children. See the minutes from the November 28, 1914 board meeting of the Kommunalen Vereinigung für Gesundheitsfürsorge im rheinisch-westfälischen Industriegebiet and attached documents from Stadtmedizinalrat Dr. Schröder, November 14, 1928 in in BArch, R 86/4520.

¹⁷³ *Wohin des Weges? Merkblatt für erwachsene Mädchen* in BArch, R 86/5618, Bl. 284.

not only be completely honest with the doctor about their health problems, family histories, and other social factors, but should be responsible enough to follow his or her advice. After all, the doctor was depending on the patient as well.

The trusting relationship between visitors to marriage counseling centers and the doctors who worked there was an essential component of their success. Women doctors, however, took this view one step further, declaring that female physicians could be more effective at building this type of relationship to the predominantly women patients who visited the centers. Dr. Margarete Riderer-Kleemann, for example, in her discussion of the effects of internal disease on pregnancy and childbirth, stressed that because female doctors were confidantes for women, they could provide encouragement and education to their women patients.¹⁷⁴ Women visitors came to counseling centers sometimes with very difficult, embarrassing questions, as Dr. Fritz-Hölder argued. Male doctors, according to her, had not “risen to the occasion,” so instead she encouraged women advice-seekers to turn to female doctors, whom they could go to “with trust.”¹⁷⁵ Female patients would be more likely to disclose personal information about themselves to a woman because they understood that the female practitioner shared with them the experiences and tribulations of marriage, pregnancy, and childbirth. Because “their own experience unquestionably increases the understanding for the experience of others,” Dr. Heusler-Edenhuizen demanded that counseling centers exclusively employ female doctors to advise women and male doctors to advise men.¹⁷⁶ While the patient-doctor relationship encompassed the new expectation of trust between advice-seeker and advice-

¹⁷⁴ Dr. Margarte Riderer-Kleemann, “Ehefragen bei inneren Krankheiten der Frau,” *Vierteljahrsschrift deutscher Ärztinnen* 3.2 (April 1927): 38.

¹⁷⁵ Fritz-Hölder, “Ehefragen,” 8.

¹⁷⁶ Heusler-Edenhuizen, “Ehefragen. Zum Programm der Eheberatungstellen,” 8.

giver, female doctors advanced this belief by pointing to the greater advantages of same-sex counseling, which also further justified the need for their work in counseling centers.

A Unique Woman's Space

Female doctors, then, by highlighting the unmatched confidence between a woman marriage candidate and her doctor, were also creating employment opportunities and reinforcing their current positions in an otherwise limited work space. By working in what came to be a predominantly female space—both in terms of the majority of visitors and the issues discussed (everything from contraceptive methods to a woman's role in marriage)—female doctors could continue to justify their presence as the leaders of these clinics and expand the duties of marriage counseling centers to include their own agendas. Therefore, they benefitted by working in what came to be a unique womanly space. In this regard, I would agree with Atina Grossmann, who has argued that women actually profited from exclusion within the medical field. She demonstrates, for example, that in sex and marriage counseling centers, women doctors could balance their complicated lives as working mothers and wives thanks to limited hours, teamwork, and support from their female colleagues. In addition to these advantages in their personal lives, their professional lives also benefitted, as they were able to network with other women professionals and speak with women of other classes. This, according to Grossmann, allowed them to develop a professional identity that they could be proud of and control these centers as women's spaces, and it led them to be far more radical than they might have been otherwise.¹⁷⁷ This was most apparent in marriage counseling in the ways women doctors became advocates for women's equal and comprehensive access to medical care.

¹⁷⁷ Grossmann, "German Woman Doctors from Berlin to New York," 77, 79.

Female doctors very much took control of the marriage counseling center space by using it as an opportunity to provide more to women than mere medical exams and marriage health certificates. It was no longer a place where women would come only to get advice about whether they were fit enough to enter marriage; they could also come for all types of medical, legal, and in some cases, religious advice before and during marriage. Experience showed that people rarely came for advising prior to marriage, but instead for questions about birth control, sexual needs, marriage problems, social needs, and abortion.¹⁷⁸ Höber reported that in ten months working at a municipal marriage counseling center in Kiel, she saw five unmarried and sixteen married women for the following reasons: the desire to have a child, birth control, sexual questions, marriage disputes, depression, and pre-marital health certificates (only two unmarried and one married women came in for this reason).¹⁷⁹ In one of the private clinics of the Bund für Mutterschutz in Frankfurt, Fink reported that in the five years since the clinic had opened, there had been an estimated 7,675 counseling sessions, 66 percent of which handled questions of birth control. From the remaining third, 60 percent of the advice-seekers came for prevention, 20 percent for social questions, 10 percent for sexual issues, and 10 percent for marriage counseling.¹⁸⁰ The understanding, according to some female physicians, was that this type of counseling could serve the individual needs and wants of

¹⁷⁸ Durand-Wever admitted that one of the reasons for the founding of the Vertrauensstellen für Verlobte und Eheleute where she worked was because so few people came to clinics for pre-marital health advising. At these private clinics, women could get counseling on a number of other matters. See Durand-Wever, "Ehe und Erziehungsberatung," 574-575.

¹⁷⁹ Höber, "Zehn Monate städtische Eheberatungsstelle für weibliche Ratsuchende," 41-43.

¹⁸⁰ Fink, "Schwangerschaftsunterbrechung und Erfahrungen aus Ehe- und Sexualberatung," 71. These numbers were based on a survey of advice-seekers.

women, who encountered a variety of difficulties in marriage. As a result, some marriage counseling centers employed a variety of specialists from different fields.¹⁸¹

What fell under “marital problems” came to encompass a broad range of concerns, namely alcoholism, domestic violence, unemployment, homelessness, disease, disloyalty, abortion, contraception, sterilization, property rights, and divorce. After all, external circumstances like these either caused marital difficulties or several of these problems coincided with one another or caused one another. Take for example one of the couples that Szagunn saw in the Friedenau Protestant counseling center. The pair, who had been married for nineteen years, came to see Szagunn because they were having marital problems. They had originally been pressured by their parents to marry because they were expecting a child. The husband was a drinker, had a venereal disease, and also had difficulty controlling his temper, having broken house and kitchen appliances several times. Their two children were also affected. The elder son, who was eighteen, was a severe psychopath, lied, and stole, while the younger was very disrespectful. This example, Szagunn asserted, showed just how much was masked behind the idea of a “disrupted marriage.” Moreover, this couple was not an exception; according to Szagunn, alcoholism, extramarital relations or sickness caused most marital problems, and frequently, economic need or the unemployment of the husband exacerbated problems, making the marriage unsustainable.¹⁸² Since, as Szagunn reported in an annual

¹⁸¹ Durand-Wever said that the Vertrauensstellen für Verlobte und Eheleute did not have only one advisor available, but offered a variety of doctors, lawyers, pastors, and economists free of charge, all of whom held regular office hours. See Durand-Wever, “Ehe und Erziehungsberatung,” 574-575. Szagunn also pointed out that a female minister, doctor, lawyer, and welfare nurse were always available at the Protestant marriage counseling center in Friedenau, where she worked. See Szagunn, “Aus der praktischen Arbeit einer evangelischen Eheberatungsstelle” in ADW, C/G 399, 32. The annual reports from the Friedenau marriage counseling center also confirm this.

¹⁸² Ilse Szagunn, “Bericht über meine Tätigkeit als Ärztin an der Eheberatungsstelle Berlin-Friedenau im Jahre 1933” in ADW, CA/GfSt 247, 7a.

report, practically no one came in for advice about their health condition before marriage,¹⁸³ doctors like her, trained in medicine, came to offer much more than merely their medical advice, which concurred with their overall social view of medicine. They sought to treat patients not as a “case,” but to examine them wholly by considering their individual and social circumstances alongside their medical concerns.¹⁸⁴ This was why, as Grossmann argues, they identified themselves as clinicians rather than scientists¹⁸⁵—an approach that both allowed them to criticize the male members of the profession and to distinguish themselves from it.

Female doctors viewed working at a marriage counseling center as an opportunity to assist women in a number of other ways, further expanding their medical roles to include the pedagogical, legal, and moral. Beyond insisting that these clinics be a space where women could receive information about contraceptive options¹⁸⁶ or in some cases, possibilities for abortion,¹⁸⁷ women physicians also felt these centers should be a source of legal information. As Durand-Wever contended, marriage counseling centers had to educate women regarding the basic idea that they did, in fact, have certain legal rights in

¹⁸³ Szagunn stated that this was the case in 1932 in the Friedenau center. See Szagunn, “Bericht über meine Tätigkeit als Ärztin an der Eheberatungsstelle Berlin-Friedenau im Jahre 1932” in ADW, CA/GfSt 247, 20.

¹⁸⁴ Höber, “Zehn Monate städtische Eheberatungsstelle für weibliche Ratsuchende,” 43.

¹⁸⁵ Grossmann, “German Women Doctors From Berlin to New York,” 70.

¹⁸⁶ See the examples previously provided by Frankenthal and Flake in BArch, R 1501/26239, Bl. 22-24; Heusler-Edenhuizen, “Eheberatungsstellen,” 187; and Nathorff, “Zum Problem der Geburtenregelung,” 862.

¹⁸⁷ Nathorff thought the most effective measure to prevent unwanted pregnancy was to eliminate all laws against abortion. Her views, she claimed, stemmed from her experience in an infant and maternity home and a municipal family and marriage counseling center, where she saw women from the poorest and most abject economic circles, who, met with the toughness of Paragraph 218, were forced to have quack abortions, which then made them unable to have children and sometimes cost them their lives. See Nathorff, “Zum Problem der Geburtenregelung,” 862-863. Fink, speaking from her experience in a private clinic, also agreed that any woman could simply pay 50-100 Marks to find a doctor to give her an abortion, but then she ran the risk of death or sickness. Fink also noted the large number of women who came to her counseling center asking for abortions, and of those who received operations, she did not observe a single death. See Fink, “Schwangerschaftsunterbrechung und Erfahrungen aus Ehe- und Sexualberatung,” 70-71.

marriage, but that these rights had always been in the hands of men. Therefore, she also saw it as one of the goals of the privately-funded Vertrauensstelle für Verlobte und Eheleute to declare and expose grievances and give suggestions for the legal regulation of marriage rights.¹⁸⁸ Providing legal knowledge was one means to grant women comprehensive care in these spaces.

In addition to stepping out of their medical roles to become legal advisors for visitors, women doctors also viewed marriage counseling clinics as an appropriate place to become women's moral guides as well. In light of the new value placed on leading a successful marriage, which depended greatly on the mental and physical ability of women to balance their household responsibilities, caretaking obligations, physical and emotional relationship with their spouses, and perhaps even employment, doctors like Riderer-Kleemann recognized the importance of educating young girls about their marriage responsibilities. Because she sought to strengthen this sense of responsibility in young girls, she saw it fit to act as more than just a medical leader by warning them against the current fad of having unhealthy sexual relations in large cities. Moreover, she passed moral judgment on this fad, suggesting that "unhealthy" and "unclean" activities had to be stopped.¹⁸⁹ In addition to her intended medical goal—raising a generation of healthy women—Riderer-Kleemann alluded to the fact that women doctors were concerned with moral issues that emerged from the growing number of single women in urban centers, including sex outside of marriage, prostitution, back-alley abortions, and the spread of venereal disease. Nathorff also appeared to follow a moral agenda, preaching to her young, single female patients, who were very sexually emancipated.

¹⁸⁸ Durand-Wever, "Ehe und Erziehungsberatung," 576.

¹⁸⁹ Riderer-Kleemann, "Ehefragen bei inneren Krankheiten der Frau," 40.

She gave more than just doctor-ly advice to her married patients, even advising one patient to preserve her marriage and giving her tips on cunnilingus.¹⁹⁰ Other doctors used discussions of marriage counseling to argue against free love advocates, claiming that a sexual commitment without love, whether or not there was a marriage certificate, was nothing more than prostitution.¹⁹¹ Presuming they were acting in their patients' best interests, female doctors evidently felt it was acceptable for them to intervene on issues of an ethical nature. The class divide that existed between doctors like Riderer-Kleemann and Nathorff and their advice-seekers accentuated this, leading doctors to greatly overstep their professionally-defined medical boundaries, which were concurrently undergoing a transformation in the 1920s. Presuming they understood what were the most appropriate sexual norms for their supposedly sexually scandalous lower-class patients, female doctors displayed a clear maternalist attitude in passing judgment on them and attempting to guide them to a upper middle-class sense of morality.

Education and enlightenment also fell under the duties of marriage counseling. Female physicians were the most explicit about the medical *and* pedagogical goals of this type of counseling in an article from their journal, *Die Ärztin*:

The goal of marriage counseling is two-fold: Pedagogically, it should educate people to have a higher sense of responsibility towards their own health, the health of their marriage partner and of their offspring, and it should supply them with the absolutely necessary physiological and hygienic education of all sex opportunities available. In the practical medical sense, it should preserve the health of those who are healthy, expose the apparently healthy as sick, care for the sick or prevent the transmission of their disease and finally the burden of inheriting their inferior dispositions.¹⁹²

¹⁹⁰ Grossmann, "German Women Doctors From Berlin to New York," 72-73.

¹⁹¹ Fritz-Hölder, "Ehefragen," 11.

¹⁹² Kautsky, "Fünf Jahre öffentliche Eheberatung," 24.

Women Doctors Engage with Eugenics in Marriage Counseling

Not only did *Die Ärztin* clearly outline the educational goals and the standard medical expectations of marriage counseling centers in the above article, but the eugenic thought behind both was also apparent. By educating visitors to take more responsibility in terms of their own health and that of their partners, the BDÄ understood the implications of marriage choice on the genetic make-up of the future *Volk*. Moreover, by setting one of its medical goals to be the prevention of “inferior” traits, women physicians were undoubtedly subscribing to the eugenic goals of state marriage counseling by publishing such a piece in their journal. While women doctors very much expanded the duties of the marriage counseling center and created a unique woman-to-woman space in which taboo topics like abortion and divorce could be openly discussed, some of them also openly supported a eugenics system that aimed to limit reproduction among some members of the lower classes.

As described above, the founding principles of municipal clinics were eugenic in nature. The very idea of issuing marriage certificates only to individuals who were “fit” enough to marry—the primary duty of the centers—certainly coincided with the Weimar eugenics agenda. Women doctors, merely by working in (and sometimes even directing) these clinics, were, therefore, in fact also supporting their eugenics objectives by issuing marriage certificates that either permitted or prevented individuals from getting married and producing offspring, based on their health fitness. Female physicians, however, often went beyond the basic job required of them, and were sometimes more forthright about the eugenic mission of their work in these clinics. In a 1927 article, “The Racial Hygienic Duties of Marriage Counseling Centers,” members of the BDÄ acknowledged

that the primary duty of marriage counseling centers was to awaken the masses to the fundamental ideas of eugenics by clarifying the difference between the inheritance of normal, superior characteristics and abnormal ones—“in short: racial hygiene instruction.” They saw it as their secondary task to test each marriage candidate for the presence of a “eugenically questionable disposition.”¹⁹³ They fully understood that racial hygienic and eugenic considerations governed the founding of municipal centers, especially in Prussia, and they were well aware that offspring had become the highest priority of marriage, which was “no longer an individual matter, but a matter of the state.”¹⁹⁴ Höber, who worked in a municipal clinic outside of Prussia, admitted that “population policy views in the sense of racial hygienic marriage restoration” had influenced the founding of municipal marriage counseling. She defended the existence of such centers even in spite of the lack of a eugenic consciousness among marriage candidates, claiming that experience had shown that prevention was better, cheaper, and more successful than healing, and that the current centers could be considered “the root for a racial hygienic one of the future.”¹⁹⁵ Aspiring to fulfill the state’s paramount goal of ensuring healthy offspring, women doctors directed their eugenic efforts towards their lower-class patients.

Doctors like Heusler-Edenhuizen, in typical maternalist fashion, attempted to teach the art of marriage to her lower-class advice-seekers and she viewed this as a main duty of the clinics. Because the marriage choices and mistakes of parents ultimately had an impact on children (because such choices and mistakes determined the household

¹⁹³ Dr. Heinrich Lottig, “Die rassenhygienischen Aufgaben der Eheberatungsstellen” *Vierteljahrsschrift deutscher Ärztinnen* 3.2 (April 1927): 33-34.

¹⁹⁴ Durand-Wever, “Ehe und Erziehungsberatung,” 573-574.

¹⁹⁵ Höber, “Zehn Monate städtische Eheberatungsstelle für weibliche Ratsuchende,” 41-44.

atmosphere in which children were raised), Heusler-Edenhuizen thought that teaching a couple how to lead a healthy marriage was essential. Parents often underestimated the impact of their marriage disputes on children, or they assumed that children could not sense a tense household environment. As a result of these disharmonious marriages, according to Heusler-Edenhuizen, children often suffered mental trauma, which proved to be a danger to society as a whole because more criminals came out of this group.¹⁹⁶ Her reasoning for teaching the art of marriage, then, embodied a eugenic belief that “inferior” elements of the population—in this case criminals—resulted from children seeing their parents in bad marriages. Criminality, which eugenicists’ considered an inheritable trait at this time, was something that Heusler-Edenhuizen wanted to prevent, and thus, she placed value on teaching her advice-seekers how to lead a harmonious marriage.

Heusler-Edenhuizen thought she was doing this for the best interest of her patients, but also for all of society. To her, marriage counseling was a scientific means of solving the practical problems of her patients, but also of lessening the social burdens that mental illness and criminality caused. She noted, for instance, the costs of housing mentally harmed children in welfare institutions or prisons.¹⁹⁷ Heusler-Edenhuizen, therefore, demonstrated an attitude common at the time: the idea that eugenic measures were necessary in order to spare society from further social burdens. Weimar Germany was already facing enough problems—massive inflation, unstable governments, a crisis of marriage, a decline in fertility—and the last thing it needed was to spend additional money and effort on accommodating criminals, asocials, or unhealthy individuals. In

¹⁹⁶ Heusler-Edenhuizen, “Ehefragen. Zum Programm der Eheberatungstellen,” 5-7.

¹⁹⁷ Heusler-Edenhuizen, “Ehefragen. Zum Programm der Eheberatungstellen,” 8.

other words, the state was already overburdened with welfare obligations it could not fulfill, and Heusler-Edenhuizen did not intend to add any more.

It was likely that experiences working in marriage counseling centers were what led female doctors like Heusler-Edenhuizen to this social (and political) view of medicine. In this sense, I see her as fitting the model of female physicians who, as Grossmann and Schleiermacher argue, supported eugenics based upon their experiences of working in public counseling centers, where they saw primarily proletarian female patients. Observing bad living conditions, unemployment, and poor people led women doctors to their views of medicine; they witnessed first-hand, for example, how oversized families living in small or inadequate housing could lead to problems like criminality, drunkenness, and sickness.¹⁹⁸ The experiences of Szagunn, who worked in a religiously-sponsored marriage counseling center, demonstrated that most patients who visited these clinics had several interconnected problems. In an annual report from 1931, she claimed that four of the seven women who came to her asking for an abortion lacked housing and were in severe economic need; in three of these cases, their husbands were unemployed. Additionally, all four women suffered from a serious health handicap.¹⁹⁹ In addition, Szagunn had surely seen how the bad marriage choices of parents, as well as their unhealthy genetic dispositions, attributed to so-called “asocial” behavior and degeneration in their children. As indicated in the above description of a family who visited her clinic, the couple’s marital disputes and other troubles had led to mental illness and problems in their offspring (just as Heusler-Edenhuizen had predicted).

¹⁹⁸ Grossmann, “Berliner Ärztinnen und Volksgesundheit in der Weimarer Republik,” 205 and Schleiermacher, “Ärztinnen zwischen Sozialhygiene und Eugenik in der Weimarer Republik,” 1.

¹⁹⁹ Szagunn, “Bericht über meine Tätigkeit als Ärztin an der Eheberatungsstelle Berlin-Friedenau im Jahre 1932” in ADW, CA/GfSt 247, 17-18.

Szagunn, who was likely confronted by desperate pregnant women like this all the time, also became an advocate of eugenics.²⁰⁰ Although not necessarily a proponent of eugenically indicated abortion, she supported abortion for medical and economic reasons, noting that she had an obligation to advise a woman to have an abortion when pregnancy posed a threat to the mother's life. She also followed up on three of the cases in which women requested abortions for medical or economic reasons by advising them about birth control or rather about a "responsible birth outcome." Szagunn, who held an extra advising session to encourage these women to use birth control, clearly showed that she advocated the use of birth control in cases where there were too many health or social problems, that is, in cases where such problems could be passed on to offspring, resulting in a higher number of inferior elements in the population. Moreover, she mentioned that in all three cases, she had previously encouraged these women to take birth control, but they had failed to do so, demonstrating why some women doctors became involved in a debate over which women should be using birth control.

Szagunn was only one example of women doctors who became disturbed by poor women who were not able to use contraception properly, and therefore, became pregnant over and over again.²⁰¹ The underprivileged visitors to marriage counseling centers either did not ask for birth control until the situation became dire²⁰² or were unable to use

²⁰⁰ Louisa Sach, in her dissertation, argues that Szagunn can be considered a social hygienist because she oriented her personal ambition towards societal needs and because her main life interests were marriage and families with lots of children. Her social hygienic efforts were predominately aimed at the public welfare of the German Volk. See Sach, 35. Schleiermacher also handles Szagunn's eugenic leanings, but primarily in her role as a school doctor. See Schleiermacher, "Ärztinnen zwischen Sozialhygiene und Eugenik in der Weimarer Republik," Schleiermacher, "Rassenhygienische Mission und berufliche Diskriminierung."

²⁰¹ Grossmann, "German Women Doctors From Berlin to New York," 72.

²⁰² Szagunn noted that during 1932, only one woman sought her advice about birth control, and it was after she had had twelve pregnancies in seven years. See Szagunn, "Bericht über meine Tätigkeit als Ärztin an der Eheberatungsstelle Berlin-Friedenau im Jahre 1932" in ADW, CA/GfSt 247, 18. Riese

particular forms due to their living circumstances. As Atina Grossmann explains, most of these women lived in overcrowded housing, which led to “poor health and sexual disturbances.” Beyond the fact that “many women were irresponsible about sexual hygiene,” the “effective use of a diaphragm necessitated privacy, running water, and [a] detailed, patient explanation” from a doctor—luxuries that poor women did not always have.²⁰³ And it was not simply that lower-class women lacked the physical space to use certain types of contraception; some women were simply incapable of using it. Dr. Elizabeth Prinz, the leader of a municipal marriage counseling center in the Berlin working-class neighborhood of Friedrichshain, for example, complained that proletarian women could not be trusted to regularly use contraception and continued to visit counseling centers to beg for abortions.²⁰⁴ Fink complained about the same issue in her private clinic in Frankfurt. Severely sick mothers with too many children, who failed to properly use contraception, because of either their own ignorance or social despair, constantly found reasons to return to the center to ask for abortions. Fearing that this would be a never-ending cycle, Fink and Riese recommended sterilization for a large number of women. Fink estimated that they suggested sterilization for women who requested an abortion for medical reasons in 59.4 percent of the cases for married women and 21.2 percent of the cases for unmarried women. The social milieu of these married patients was quite poor, with 70 percent of them having unemployed husbands. The unmarried women were often from a much wider array of social backgrounds (students,

reported that women came for birth control only after their fifth or sixth child, and came for abortion advice only after their sixth, seventh, or eighth. See Timm, “The Politics of Fertility,” 236.

²⁰³ Grossmann, “German Women Doctors From Berlin to New York,” 75.

²⁰⁴ Elizabeth Prinz, “Ehe- und Sexualreform. Zur Frage der Ethik und Diätetik des Sexuallebens,” *Die Neue Generation* 27.7/8/9 (July/August/September 1931): 159-162. See also Grossmann, “Berliner Ärztinnen und Volksgesundheit in der Weimarer Republik,” 206.

welfare workers, children's nurses, domestic servants). In total, Fink and Riese sterilized 435 women in five years.²⁰⁵ For those women who requested abortions and remained unsterilized after the fact, Fink and Riese continued to encourage birth control (in 83 percent of the cases). For those who were not on contraception, 10 percent of them got pregnant again within two years. In one case, a woman got pregnant three times within a year and her reasons for wanting an abortion remained unchanged so they finally sterilized her.²⁰⁶

Motivated both by eugenic considerations as well as a philanthropic desire to help out their patients,²⁰⁷ Fink and Riese exemplified how supporting birth control and sterilization was a means for women doctors to simultaneously limit and help their patients. On the one hand, female physicians often recommended birth control or sterilization based on a woman's intelligence level, confirming that they participated in eugenics dogma that made a distinction between those who were superior and worthy and those who were inferior and unworthy. Advocating birth control and sterilization became a way to regulate both the number and quality of individuals in German society, especially "asocial" elements in the lower classes. On the other hand, women doctors saw the hardships that poor women with too many children faced and wanted to both alleviate their problems and comply with their requests. Fink even admitted that she could not in good conscience advise single mothers to carry out new pregnancies, especially knowing the difficulties they would face trying to support the child.²⁰⁸ Riese

²⁰⁵ Fink, "Schwangerschaftsunterbrechung und Erfahrungen aus Ehe- und Sexualberatung," 71. As far as I can tell, the patients consented to these sterilizations after Fink and Riese suggested it.

²⁰⁶ Fink, "Schwangerschaftsunterbrechung und Erfahrungen aus Ehe- und Sexualberatung," 72.

²⁰⁷ Fink admits to both. She subscribed to both social and medical reasons for abortion and birth control. Fink, "Schwangerschaftsunterbrechung und Erfahrungen aus Ehe- und Sexualberatung," 74.

²⁰⁸ Fink, "Schwangerschaftsunterbrechung und Erfahrungen aus Ehe- und Sexualberatung," 72.

was also sympathetic to her socially disadvantaged patients trying to cope with life's realities.²⁰⁹ In the former case, women sought to protect the community; in the latter, they desired to protect their own patients, but there was no reason they could not do both. As practitioners, they understood the burden these women created for marriage counseling clinics and the community at large, and as women, they recognized how much of a burden a child could be, especially when compounded with a number of other difficulties.

Beyond focusing on whether certain people were capable enough to manage contraception, some women doctors also deliberated about whether everyone should be getting married. And in this case, they were referring not just to individuals deemed unfit after a medical examination, but rather, to people who were not necessarily ready for the larger responsibility of marriage. Dr. Helene Fritz-Hölder expressed this view in *Die Ärztin* through her criticism of male physicians, whom she labeled irresponsible for continuing to prescribe marriage or pregnancy as cures for abnormal conditions of the body or mind. Marriage, in her opinion, was not simply a “medicament” but rather a “holy and high and difficult duty”—one that was not ultimately about personal happiness, but more about mutual growth and reproduction. In fact, being able and willing to bear the nation's future offspring was so essential to marriage that she professed that “whoever is not capable (*geeignet*) of the noble duty of reproduction should not get married.” To Fritz-Hölder, some people were clearly more qualified for marriage and childbearing than others; thus she asserted that it was the duty of female doctors to explain to women coming to marriage counseling centers that under some circumstances, remaining single was acceptable. Young women, she thought, should have enough

²⁰⁹ Timm, “The Politics of Fertility,” 236.

courage to choose between their personal lives and entering the institution of marriage without fearing that they would be forever deemed “inferior” for not marrying. After all, “spiritual degeneration (*Seelenverkümmierung*) [could] also develop as a result of marriage.” Additionally, Fritz-Hölder thought women doctors had to explain “that singleness may be a social duty, that we [society] are responsible to the unborn.”²¹⁰ She suggested, then, that singleness was not only acceptable but also perhaps an obligation. In other words, under certain circumstances, it was better for some people to remain unmarried and childless.²¹¹ Simply to enter a marriage to cure an abnormal condition or to fill a gap in one’s life demonstrated just as much irresponsibility as the male doctors who did prescribe this as therapy because it would have detrimental consequences for offspring, creating further social burdens for all. Thus, not only did Fritz-Hölder make a distinction between those more and less capable of getting married and having children, but she also subscribed to the belief that bringing children into the world under unhappy marriages or in unhealthy circumstances would be a disservice to the nation.

Conclusions: Reconciling Differing Agendas and Creating a Gendered Space

With marriage in crisis and a decrease in German fertility immediately following World War I, municipal marriage counseling centers in places like Prussia became one means of intervening at the state level to prevent the further degeneration of the German *Volk*. Their intended duty of issuing marriage health certificates clearly set up a system of rewarding individuals who were genetically fit and penalizing those who were not. Moreover, the call for doctors with a genetics background to lead these centers

²¹⁰ Fritz-Hölder, “Ehefragen,” 8-9.

²¹¹ Although she does not specify these circumstances, it is implied, by following her eugenic language (*Minderwertigkeit*, *Verkümmierung*) and her continuous discussion of a responsibility to future generations in the remainder of the article, that she means inferior or unqualified people here.

demonstrated the course municipal marriage counseling followed in certain states. Private marriage and sex counseling clinics emerged around the same time, followed by religiously-sponsored marriage counseling centers, neither of which pursued a eugenically-motivated agenda. All three types of clinics, however, became involved in debates about the distribution of birth control to their primarily lower-class clients, indicating both the ways in which the duties of the clinics adapted to the needs of advice-seekers and how eugenics discourse sometimes fueled such discussions. Female doctors, who often worked in all three types of clinics as a result of discrimination in the medical field but also by highlighting their natural suitability to these centers, inserted themselves in these debates about birth control. In all three settings—whether it be a municipal, religious, or private clinic—many of these women medical leaders pushed their lower-class patients towards birth control after recognizing the burden they caused to society and the difficulties these women would have caring for additional children. Ilse Szagunn in the Protestant marriage counseling center, Elizabeth Prinz in the municipal clinic, and Lotte Fink and Hertha Riese in the private Bund für Mutterschutz clinic in Frankfurt represented the spectrum of women doctors who complained about the abilities of their lower-class patients to use birth control, spent extra time encouraging them to do so, and even sterilized some of their patients when they failed to use contraception properly. Their actions and words revealed a sincere belief in alleviating society from the burdens that resulted from unhealthy offspring, as women doctors advocated marriage unions only for capable individuals and dispensing birth control to individuals in the less-worthy classes. At the same time, their actions and words also showed their desire to lessen the

load of their already overburdened women patients, who often came to them because they were in such desperate situations.

Alongside this class-based eugenics dogma, women doctors also etched out a separate space for themselves within the medical profession by justifying the important role that they as women and doctors would play in marriage counseling. In doing so, however, they continued to accept conventional discourse that contended women should be working in the medical profession only because it was an extension of their domestic roles. Women doctors, it seems, only reconfirmed societal stereotypes about gender roles by emphasizing their “womanly” and “motherly” roles in their attempts to validate why they were better suited for work in marriage counseling. This was especially apparent in their suggestions that women entering the professions also acquire household knowledge, and in their attitudes about which type of woman doctor should be employed in marriage counseling—one who complied with social expectations by finding a husband and having children, for it was this type of woman who could best serve her patients. In this sense, female physicians agreed with a hegemonic discourse that saw married doctors with children as most fitting for marriage counseling, and one that insisted that even women professionals make time to be a wives, mothers, and homemakers. The disproportionately high number of female physicians who were married compared to women in other professions,²¹² as well as their view that motherhood was an instinctive

²¹² Schleiermacher maintains that a disproportionate number of female doctors during the Weimar period were married and had children. See Schleiermacher, “Rassenhygienische Mission und berufliche Diskriminierung,” 90. Female physicians also spoke directly to the criticism that women in the professions, specifically the medical field, were not getting married and having children. *Die Ärztin* reported, in the summer of 1933 that 615 of the 1,338 women doctors who participated in a survey sent out to all certified female physicians (3,376 in total) were married compared to 468 unmarried physicians. It is not evident from the article whether the remaining 255 were married or not because they were listed under the separate category of technicians, not physicians, and their marital status was not listed. See Dr. Grete Albrecht, “Zur Lage der Aerztinnen in Deutschland,” *Die Ärztin* 9.11 (November 1933): 242. In her

and natural role for women,²¹³ further confirmed their acquiescence to prevailing stereotypes.

It is difficult, however, to be at all critical of these women, who pioneered a unique path for themselves in what was the primarily male-dominated world of medicine. In the face of a great deal of discrimination, marriage counseling was one of the paths of least resistance. Women doctors recognized that the majority of advice seekers were women—as high as 95 percent in one study—and that these women were searching for particular types of advice, which centered around birth control, birth prevention, marriage problems, social questions, and sexual questions.²¹⁴ By stressing that their maternal experiences lent them privileged insight into their patient's lives, female physicians created and strengthened their leadership roles within marriage counseling. Treating women for women-centered issues in marriage counseling clinics was also a way for women doctors to balance their own professional and personal aspirations. The minimal

concluding remarks, Albrecht emphasized that almost half of the female physicians who answered the questioner were married. She also pointed out that the average number of children of married female doctors was 1.65, which countered the constant accusation (seen, for example, in Nehse, "Über die Frauenfrage vom eugenischen Standpunkt aus betrachtet," *Deutsches Ärzteblatt*, July 1933 and Gmelin, "Frauenstudium und Familienpolitik," *Deutsches Ärzteblatt*, October 21 and 28, 1933) that female doctors were having less than the German average. Female physicians, for instance, on average, were having more children than high female civil servants, who had 1.02 children. See Albrecht, "Zur Lage der Aerztinnen in Deutschland," *Die Ärztin* 9.12 (December 1933): 260-261. It is apparent from these numbers that a majority of female physicians were still able to find husbands and have children, despite male claims that they would be unable to do so if they joined the professions.

²¹³ Hertha Nathorff, for example, stated that "as a physician, woman and mother, I am certain that the desire for a child is a primary instinct of every woman and that the longing for a child—regardless of all sex drive—slumbers deep in each woman's soul." See Nathorff, "Zum Problem der Geburtenregelung," 863. Note that she made a point to emphasize her special position as a mother, a woman, and a physician. It was her experience straddling these three roles that led her to this view. In other words, being a physician (or a professional) did not in any way counter her belief that motherhood is the instinctual desire of women, but instead her role as a physician, and one who worked from 1928-1933 in the Family and Marriage Counseling Center in the Charlottenburg Hospital no less, only reinforced this view (perhaps because she realized that she could better understand and relate to her patients because of her own experiences). Heusler-Edenhuizen, as previously noted, recognized "the strong motherly-instinct of women" in an article in *Soziale Praxis*: "Eheberatungsstellen," 187. For more on the socially constructed belief that womanhood equals motherhood, see Annily Cambell, *Childfree and Sterilized: Women's Decisions and Medical Responses* (New York: Cassell, 1999).

²¹⁴ Fink, "Schwangerschaftsunterbrechung und Erfahrungen aus Ehe- und Sexualberatung," 71.

office hours of clinics, for one, allowed them to pursue motherhood in addition to employment. They were also able to convey their own interests in women's social and political issues within the professional sphere of marriage counseling, thereby broadening their own roles within these clinics.

Women doctors used the space of the marriage counseling center for social purposes by expanding its offerings for women. The new trust relationships created between patient and doctor in the clinics, in particular, allowed women doctors to provide comprehensive treatment for women's medical and social questions. Women patients could confide in women doctors in a way they could not with male physicians, and they often found that women physicians fulfilled their needs better because they had experienced similar problems and needs.²¹⁵ Thus, female physicians broadened the opportunities for their patients in this space, allowing them to express much more than their uncertainties before marriage. Likewise, because women doctors had the trust of their female patients, they could provide them much more than pre-marital health exams, oftentimes giving women counseling on a wide range of topics. Female physicians, then, could have an extremely powerful impact on their patients and, I would argue, they also realized just how much influence they had. Szagunn, for one, recognized her potential to affect patients, noting that she enjoyed the most confidence from her patients when, in addition to being a doctor, she was also an expectant mother.²¹⁶ Szagunn understood that young mothers who came to her while she was pregnant felt an instinctive connection because of their shared experience, and it was in this pivotal moment that she had gained their full trust and thus could be quite influential, even when it came to non-medical

²¹⁵ Ilse Penning, "Warum brauchen wir weibliche Aerzte?" *Die Ärztin* 10.6 (June 1934): 105.

²¹⁶ Isle Szagunn, "Vita von Isle Szagunn. Ein Lebensbild in der Zeit," *Berliner Medizin* 12.11 (1961): 261. See also Sach, 19.

related issues. In this regard, Szagunn and her colleagues could assist the Weimar state in promoting the goals of marriage counseling. Because of the intimate nature of most discussions in clinics, women doctors as trustworthy and nurturing advisors could entice female clients to visit counseling centers for pre-marital health certificates or other problems before marriage.

Politically, some female physicians utilized their experiences in marriage counseling centers to justify certain rights for underprivileged women and public leadership roles for themselves. Hertha Nathorff serves as a good example to how female doctors used their experiences to extend social and legal rights for working-class women. Her work in a Family and Marriage Counseling Center in Charlottenburg, she proclaimed, led her to the view that women needed to be educated about birth control options. She came to understand the importance of and responsibility for making contraception accessible to women who had multiple children and already faced difficult circumstances. Her experience of seeing the tragedy of unwanted children and witnessing the problems and needs of the poor and unmarried led her to demand accessible contraception and information about birth prevention for women, as well as the right to abortion. This right, in her opinion, would be the most effective measure for preventing unwanted pregnancy because it would stop women in abject circumstances from turning to quack abortionists, thus further risking their own lives and their ability to have children in the future. Overturning the law against abortion would also help doctors fulfill the requests of their patients without risking criminal penalties.²¹⁷ In her calls for comprehensive legal and social protections of unmarried mothers and their children, and her demands for the basic necessities of life—nourishment, clothing, housing—for all,

²¹⁷ Nathorff, “Zum Problem der Geburtenregelung,” 862-863.

Nathorff demonstrated how women physicians became political advocates for their patients in the field of marriage counseling. Women doctors would continue this political work in schools as they became involved in discussions over reforming girl's physical education curriculum.

Preparing Girls for Motherhood: School Doctors, Youth Welfare, and the Reform of Girls' Physical Education

Women physicians working in schools and the youth welfare movement employed similar tactics as their colleagues in marriage counseling centers by widening the scope of their medical practices to include political advocacy for women's health rights. In all of these new spaces—marriage counseling centers, schools, and youth welfare—women physicians conferred “doctor” a whole new set of meanings. They worked in schools for the same reasons that they were employed in marriage counseling: these positions offered them the flexibility to balance their domestic and professional lives, allowed them to work primarily with women and children—something that both they and their male colleagues saw as suitable—and enabled them to carve a professional domain on the margins of an overcrowded, male-dominated, and unreceptive medical profession. Akin to their colleagues in marriage counseling, they tapped into a feminine niche by recognizing their ability to serve the nation's female youth and showcasing their expertise. Not only did they make women's health education their calling, but they cast themselves as indispensable to this new subject by offering what they considered superior knowledge than their male colleagues. They suggested, for example, that they were more disposed to answer questions about what type of gymnastic activity girls could perform while menstruating, or that they were more knowledgeable about how certain types of clothing could affect a woman's health. In short, they offered something to adolescent girls that male doctors did not: professional training *and* experience. While men doctors continued to push women onto the margins of the medical profession, women doctors devised a means to remain within it by underscoring their importance to the field of

women's health education. This chapter will illuminate the process by which women physicians transformed their roles from mere school doctors who administered annual health examinations into experts about and activists for adolescent women's health. Through their flurry of activity—writing instructional pamphlets detailing care for school children, thinking about how physical education might be redesigned through conferences, lectures and articles, advising on matters of exercise during menstruation and pregnancy, dispensing recommendations to mothers and children on matters of venereal disease and women's proper clothing, supporting adolescent girls as they confronted menstruation, and most importantly, instilling in the nation's youth a sense of responsibility—women doctors crafted and disseminated new knowledge about women's health.

Youth and Youth Welfare Defined

Because this chapter covers female physicians' engagement with youth²¹⁸ and participation in what I call a youth welfare movement, it is essential to define both at the outset. Elizabeth Harvey has attempted to identify the boundaries of what constituted youth in interwar Germany in *Youth and the Welfare State in Weimar Germany*. In terms of criminal justice, the upper age limit for youth in Germany was 18, meaning that 14-18 year olds was the relevant group where juvenile justice was concerned. In terms of politics and legal matters, however, "youth" as a group tended to be older, as political

²¹⁸ The notion of youth, in general, is difficult to define because of its varying and changing meanings depending on the matter and historical period being discussed. Depending on whether one is discussing youth criminality, the politicization of youth, or the education of youth, the individuals that comprise a youth group are of different ages and can simultaneously have multiple meanings. One thing can be certain, however: the notion of youth has always been socially shaped and is historically malleable. In other words, it entails a phase in the life cycle in which physical, emotional, and social processes occur, but that phase has been consistently linked to particular social phenomena and historical conditions. Broadly conceived, youth can be defined as the biological period between infant dependency and adult maturity, but even this definition can vary according to one's social condition. See Michael Mitterauer, *A History of Youth*, trans. Graeme Dunphy (Cambridge, MA: Blackwell Publishers, 1992), 1-2.

voting rights were not granted until age of 20 and full legal rights at 21. In terms of education, German youth attended elementary school until the age of 14 and then either entered the workforce, a vocational school, or a higher secondary school.²¹⁹

During the first decades of the twentieth century, German authorities (including scientists) and social reformers expressed concerns that the youth population was at risk and in crisis for a number of reasons, rooted in a plethora social circumstances, including the decreasing fertility rate, urbanization, the growing crisis of the family, including higher divorce and abortion rates, and industrialization. German authorities and social reformers also pointed to the “harmful” impacts of World War I, most notably the uneven gender ratio and poverty. This perceived threat of a “youth problem” in the early twentieth century reflected a middle-class consensus that working-class youth, especially, presented a new set of problems that required intervention.²²⁰ Working-class adolescents bore the brunt of changing economic, political, and social conditions in Germany.²²¹ Adolescence,²²² however, was mostly a middle-class phenomenon that did not have any relevance to members of the working-class because they left school and went into jobs at the age of 14. According to Harvey, working-class individuals experienced this “bourgeois norm” of adolescence only so far as middle-class legislators, social reformers, educationalists, and social workers attempted to disseminate it among them.²²³ Because

²¹⁹ Elizabeth Harvey, *Youth and the Welfare State in Weimar Germany* (Oxford: Clarendon Press, 1993), 15.

²²⁰ Harvey, 35.

²²¹ I will use youth and adolescent interchangeably throughout the chapter. When I discuss concerns about or the education of younger children, I will describe them as infants or small children.

²²² Adolescence encompassed a distinctive biological and psychological phase between childhood and adulthood or even a defined age group—namely 11-18 year olds. It also entailed a shared sense of experience and feelings about the world colored by “sexual, emotional, and social disorientation...economic dependence and protectedness” and “an idyll unsullied by the realities of the production process and of social and political conflict.” See Harvey, 28-29.

²²³ Harvey, 30.

the majority of this chapter centers around school doctors working in vocational and secondary schools and their discussion of health during puberty, their patients were between 11 and 18 years old.²²⁴ These adolescents were primarily from working- and lower middle-class families, based on their enrollment in vocational schools and higher girls' schools. So far as I can tell, women doctors did not work at the more academic Gymnasia, which fed into universities. That being said, I adopt Harvey's thesis that middle- and upper-class doctors consistently applied adolescent norms to working-class individuals.

Besides addressing the problems German youth faced in the early twentieth century, this chapter also addresses the emerging field of youth welfare, which I define as both a physical place and discursive space. By youth welfare as physical place, I am referring to German schools—the literal places where doctors initiated conversations about health curriculum and in turn implemented reforms. But youth welfare was also a discourse that middle-class social reformers, medical professionals, and German national and state politicians (who had decided that the nation's adolescent population faced a severe crisis) created, perpetuated, and naturalized throughout early twentieth-century German society. These individuals claimed they had authoritative knowledge over the best interests of Germany's youth and saw it as their role to intervene to protect adolescents from further moral and cultural decline.

It is important to distinguish the public dialogue surrounding *Jugendpflege* (the fostering of youth), with its roots in nineteenth- and early twentieth-century church,

²²⁴ Most accounts dealing with youth place the onset of puberty at 12 for girls and 14 for boys. Some even claimed that puberty started as early as 11 for girls. See for example Hermine Heusler-Edenhuizen, "Die körperliche Erziehung der Frau vom ärztlichen Standpunkt," Vortrag für die erste Magdeburger Frauenwoche, March 4, 1926, 9 in LArch-Berlin E Rep.300-52, Bd. 2, uncatalogued, copy, original collection in Niedersächsisches Landesarchiv (NLA)-Staatsarchiv Aurich, Rep. 220/30.

philanthropic or privately-organized leisure activities for children, from *Jugendfürsorge* (youth welfare), or welfare measures aimed at delinquent adolescents. Even contemporaries like the Prussian *Zentralstelle für Volkswohlfahrt* (Central Office for People's Welfare), a charity organization and a central committee for youth activities, differentiated between activities directed at "normal" and "problem" children. In a special issue of its journal, the organization defined *Jugendpflege* as handling "mentally, morally, and physically normal girls" while the "abnormal" were the objects of *Jugendfürsorge*. *Jugendpflege* in the widest sense meant the "totality of educational measures in the service of [the organization's] young girls, ages 14-20, and that mean[t] all educational services which cover[ed] all young people."²²⁵ *Jugendpflege*, in other words, sought to keep delinquent children out of trouble, while the more coercive *Jugendfürsorge* targeted children with definable social, educational, and physical deficiencies.²²⁶ In the first decade of the twentieth century, the Prussian government began to channel *Jugendpflege* in order to bolster nationalism. It passed a series of decrees, culminating in the decree for *Jugendpflege* of January 18, 1911, which provided funding for the care of youth through approved *Jugendpflege* organizations. This decree, as will be shown later in this chapter, received a good amount of criticism for only allocating funds for male youth at first and not extending funds to female youth until 1913, as matters regarding youth welfare, and especially female adolescents, grew in significance.

²²⁵ Dr. Herta Siemerin, "Voraussetzungen für eine gedeihliche Jugendpflegearbeit," *Concordia* 6 (March 15, 1914) in BArch, R 86/5671. This article specifically used adolescent girls when defining youth welfare because the author was trying to make the point that youth welfare, according to the 1911 Prussian decree for *Jugendpflege*, referred to male youth, but the definition could be carried over to female youth as well.

²²⁶ Harvey, 41-44.

The Importance of Female Youth

Concerns about the protection and care of Germany's youth existed well before the Weimar period. Prior to World War I, physicians, Reich health officials, and policy makers discussed the physical education of adolescents and the healthy development of children at the state and regional level.²²⁷ The medical supervision of youth in schools was an especially popular topic among educational and medical specialists in youth welfare. Health monitoring regulations already existed in elementary schools, but new debates emerged over how to best implement mandatory health training in the higher schools.²²⁸ Educators and doctors agreed that the development of the physical abilities of male and female adolescents had to be a priority of youth welfare.²²⁹ This early recognition that *female* adolescents deserved special attention was a matter that women physicians would eventually champion in their work as school doctors in the Weimar Republic.

The idea that doctors should be involved in the supervision of youth welfare emerged in the first decades of the twentieth century. The initiation of school medical exams was closely tied to the rise of social hygiene. Prior to this, few people were

²²⁷ The Prussian decree for *Jugendpflege* (1911) was an example of these discussions at the state level, whereas a conference like the one in Dortmund in April 1914 was an example of how organizations like the Arnberg Regional Committee for Youth Welfare (*Bezirksausschuß für Jugendpflege des Regierungsbezirks Arnberg*) debated these issues at the regional level. See Review of *Gesundheitliche Überwachung der Schulentlassenen männlichen wie weiblichen Jugend*, ed. Bezirksausschuß für Jugendpflege im Regierungsbezirk Arnberg (Arnberg i. Westfalen: S. Stahl, 1914) in BArch, R 86/2395.

²²⁸ Discussions like this appeared in various regional organizations. See for example the conversation among the Arnberg Regional Committee for Youth Welfare in Review of *Gesundheitliche Überwachung der Schulentlassenen männlichen wie weiblichen Jugend* in BArch, R 86/2395 or the Munich Physician's Association in Dr. Dornberger, "Hebung der Volkskraft durch Kräftigung unserer Jugend," *Münchener medizinische Wochenschrift* (1917): 10-11 in BArch, R 86/5675. Even social hygienists like J. Kaup weighed in on extending the medical services of the elementary schools to the vocational schools. See Prof. Dr. med. J. Kaup, "Medizinalbeamte und Jugendpflege," *Zeitschrift für Medizinalbeamte* 24 (1911): 869-875 in BArch, R86/5671

²²⁹ Review of *Gesundheitliche Überwachung der Schulentlassenen männlichen wie weiblichen Jugend* in BArch, R 86/2395.

concerned about the health status of children, as they did not appear to be especially “worthy of protection”—a value ascribed to them starting in the early twentieth century.²³⁰ This was especially true of children in working-class families, who were not attending vocational schools *en masse* until after the First World War.²³¹ Doctors had also already taken prominent roles as physical educators in the *Jungdeutschlandbund* (Young Germany League), a nationalist organization founded in 1911 and backed by the Kaiser that was dedicated to the health improvement of youth living in the countryside.²³² Physicians recognized the vital role they could play in caring for the nation’s youth. This was especially true of women physicians who benefitted from the new emphasis placed on female youth, often heralded for their superior role as the guarantors of a future healthy *Volk*.

The special focus on female youth and their unique needs first surfaced in any sort of broad-based way in conversations about the 1911 Prussian *Jugendpflege* decree, which allocated funds for the care of youth and encouraged a national network of youth organizations. Government officials and policy makers in Prussia had recognized that in the previous decades, changing societal conditions—most obviously changing working conditions—had adverse effects on family life, and as a result, the physical and moral welfare of youth was gravely compromised. They referenced such problems in the decree, but mentioned nothing about the care of female youth, which one journal harshly criticized. It noted that the Prussian Ministry’s “exclusion of female youth” was an

²³⁰ Sigrid Stöckel has argued that at the beginning of the twentieth century, infants received this “worthy of protection” status in accordance with racial hygiene ideas that they were the future of the race and nation. See Stöckel, 242. Schleiermacher’s own work on school doctors also confirms this. See Schleiermacher, “Ärztinnen zwischen Sozialhygiene und Eugenik in der Weimarer Republik” and Schleiermacher, “Rassenhygienische Mission und berufliche Diskriminierung.”

²³¹ See Harvey for a discussion of the rise of vocational schools after World War I.

²³² Weindling, *Health, Race and German Politics between National Unification and Nazism*, 213.

“extremely critical gap in this new action of state welfare, which should be immediately filled.” The journal advocated that the systematic development of youth welfare should also apply to young girls, and in fact, to an even higher degree than young boys because “the health of the future generation rest[ed] primarily on the health of the female part of the population.”²³³ In other words, this journal equated the good health conditions of female adolescents (especially) to a vigorous and resilient *Volk*, and more specifically to its next generation. The Prussian Central Office of People’s Welfare similarly viewed the care of female youth as particularly important, creating an entire department devoted to supporting Germany’s young girls within its organization. This department collected material about ongoing efforts to care for female youth and made these resources available to participating organizations and individuals, thus acting as an information hub for all work done on female youth welfare in the Prussian state. Moreover, it promoted the formation of local organizations to care for Germany’s adolescent girls, and offered these associations advice and assistance. Finally, the special division of the Central Office of People’s Welfare directed courses and conferences on the care of young women.²³⁴

Unsurprisingly, women doctors were some of the leading advocates for female youth. They argued that girls’ health should be a separate focus of discussion in general conversations about youth welfare. Their early work identifying the unique needs of adolescent girls marked only the start of their long careers devoted to discourse on the special traits and requirements of young girls. This ultimately resulted in their Weimar-era arguments that female physicians were the most suitable individuals to undertake the

²³³ *Soziale Praxis* 20 (1911) in BArch, R 86/5671.

²³⁴ “Abteilung V. Pflege der weiblichen Jugend,” Zentralstelle für Volkswohlfahrt in BArch, R 86/5671.

care of adolescent girls. Racial hygienist and doctor Agnes Bluhm recognized women's unique role in the life process of the *Volk* in her 1913 article, "Female Youth Welfare and the *Volks*gesundheit." According to her, "the health of the next generation [was] to an even greater extent dependent on that of the mother than that of the father because any impediment to the maternal organism [could] damage the development of the best-laid offspring." Bluhm emphasized the treatment of adolescent girls precisely because this was the time when their reproductive organs developed. This period, generally considered to be between the ages of 14 and 20 for girls, was when a woman became physically prepared for motherhood, and therefore, Bluhm regarded "this age [as] crucial for the later motherly-productivity of a woman." Bluhm argued that female youth welfare—especially during the developmental years—should be one of the most important duties of *Volks*gesundheitspflege, for this would "guarantee the *Volk*'s productivity and vitality."²³⁵

In addition to women's important responsibility in terms of the reproductive process, Bluhm also noted that disease and death afflicted adolescent girls more seriously than boys. Citing statistics from the Leipzig health insurance fund and the Imperial Statistical Office, Bluhm documented that although girls got sick less frequently than boys, their illnesses were more severe.²³⁶ For adolescent boys, sicknesses which left them unable to work lasted 16.6 days, but for adolescent girls, they lasted 21.3 days.²³⁷ In general, female youth had a much lower resistance to disease than males, suffering

²³⁵ Dr. Agnes Bluhm, "Weibliche Jugendpflege und Volksgesundheit" (Zentralstelle für Volkswohlfahrt, Abteilung IV, 1913) in BArch, R 86/5671.

²³⁶ Out of 100 male members of the Leipzig health insurance fund in the 15-19 age group, there were 37.2 cases of sickness and they used 617 sick days. Out of 100 female members of the same age group, there were 35.2 cases of sickness and they used 754 sick days.

²³⁷ Bluhm, "Weibliche Jugendpflege und Volksgesundheit" in BArch, R 86/5671.

more from anemia, fatigue, syphilis, gonorrhea, and death caused by tuberculosis during adolescence. These diseases, according to Bluhm, threatened the individual health of the girls involved, and therefore, the overall productivity of the *Volk* since girls produced the future generation. In addition, these diseases also resulted in infertility, thus also endangering the vitality of the *Volk*. Bluhm detailed the probable negative effects that such diseases had on offspring, emphasizing that the health condition of the mother during pregnancy influenced the resilience of offspring. She also thought the secondary sex organs, which also developed during adolescence, further shaped the health of offspring. In particular, the healthy maturation of female breast glands was crucial for nursing—a widely-discussed practice for years in terms of its impact on children. An “undisturbed female adolescence,” Bluhm concluded, clearly had extensive meaning for the *Volksgesundheit*, proving just how critical female youth welfare was.²³⁸ Helping young girls avoid the dangers developed during adolescence was a skill that female doctors like Agnes Bluhm came (and would later come) to pride themselves on.

Bluhm recognized the struggles that women faced in their everyday survival, seeking to alleviate these difficulties as much as possible. The best defense against these daily struggles was a resilient body. Thus, she promoted sufficient and appropriate nutrition for young girls during adolescence, which provided resistance to tuberculosis. The weight on a girl’s chest also influenced her growth and resistance to disease—Bluhm’s reasoning for devoting attention to young girls’ clothing. Restrictive clothes, she thought, could impede the growth of the chest and, therefore, “become fatal for the

²³⁸ Bluhm, “Weibliche Jugendpflege und Volksgesundheit” in BArch, R 86/5671.

development of the reproductive system in the wider sense.”²³⁹ Bluhm obviously took details like clothing and nutrition very seriously, but she was hardly the exception.

Dr. Alice Profé, who received her medical training shortly after German medical schools admitted women, campaigned extensively for young girls’ proper physical education and health. Profé was from a large family from the Province of Posen. She originally studied to be a teacher, but only taught for one year in England. After her medical studies in Straßburg and Freiburg, she settled in Berlin, where she practiced medicine from 1905 until her death in 1946. She quickly became involved in what would become her life’s work: health education for adolescent girls. She taught health classes at one of Berlin’s municipal girls’ vocational schools, held lectures on “the health of children’s education” for the Berlin Association of School Health Care, and in 1908, she reported on the health of girls at the higher girls’ schools at the annual meeting of the German Association for School Health Care in Darmstadt.²⁴⁰ Additionally, she participated in various international congresses for school health in Nuremberg (1904), London (1907), and Paris (1910).

In her numerous publications, Profé focused on girls’ and women’s sports, female clothing, and the equal physical education of girls and boys. In a 1914 article, for instance, she emphasized that girls should not wear restrictive clothing, thereby echoing Bluhm’s arguments. Profé described women’s clothing as neither comfortable nor rational, for it did nothing to enhance women’s health but instead restricted the body and prevented its natural movement. The modern urban middle-class woman with her uncomfortable shoes, tight skirts, and long narrow coats was unable to walk sturdily and

²³⁹ Bluhm, “Weibliche Jugendpflege und Volksgesundheit” in BArch, R 86/5671.

²⁴⁰ Buchin, “Dokumentation: Ärztinnen aus dem Kaiserreich,” <http://web.fu-berlin.de/aeik/index.html>.

properly, and she often had to swing her arms in an awkward fashion because of muffs, long firs, handbags, or umbrellas, which further minimized her movement. The trendy clothing of the day, according to Profé, even affected a woman when she was sitting, for the popular corset bunched around her waist, preventing a comfortable sitting position. Corsets also paralyzed the flexibility of the breast, abdominal wall, shoulders, diaphragm, and the pelvic floor, resulting in unnatural heavy external breathing, as well as feelings of fullness even if a woman had not eaten very much. One experiment, for example, showed that an increase in stomach pressure led patients to eat eight percent less on average during periods in which they were wearing a corset because they felt full faster.²⁴¹ Medical experience further confirmed that the removal of suffocating clothing cured young girls who lacked a desire to eat. Moreover, Profé noted that confining clothing had a negative influence on blood consistency, blood flow, and most importantly in terms of the *Volk*, on the reproductive organs, which became compressed from the pressure of the corset pushing against the pelvic floor.²⁴² Like Bluhm, then, Profé was most concerned about preserving a vigorous *Volk* and creating a strong and healthy offspring, and recognized just how greatly something as simple as clothing could affect the people's health.

In her condemnation of women's restrictive clothing because of its harmful effects on women's health, and by extension, the vitality of the *Volk*, Profé also offered a critique of modern society and even of the modern woman. She disapproved of the urban elite who spent all day in their sitting rooms withering away because they lacked ample air, light, and movement, which helped enhance a person's well-being. Showing her

²⁴¹ Dr. Alice Profé, "Zur Hygiene der Frauen- und Mädchenkleidung," *Medizinische Klinik* 22 (1914): 2.

²⁴² Profé, "Zur Hygiene der Frauen- und Mädchenkleidung," 1-3.

class bias against the lower-classes as well, Profé's negatively depicted an image of the urban poor, who were "to some extent prisoners of their own homes" since they lived in such cramped apartments. She also thought young, single women on-the-go were "unnecessarily...prisoners of their suffocating clothing." Uncomfortable shoe-wear, tight skirts, long coats, and a number of the new fashion accessories that modern women carried restricted their fast-paced stride, as described above. Their encounter with public transit also created new challenges and further endangered their health: "the strange hat accessories force[d] the poor creatures to hold their heads in oppressive positions if they did not want to permanently bother their neighbors with feather plumes and such on public transportation."²⁴³ These independent women on the move exemplified the growing number of females in the workplace in newly-established metropolitan cities. But, according to Profé, they certainly paid the costs health-wise of the rapidly developing urban spaces and the increasing pressure for women to keep up with the trends of the time.

The image of this wartime modern woman was likely the predecessor of the Weimar New Woman. The New Woman faced even more health consequences as she battled the challenges of increasing industrialization and urbanization (including the growing use of public transit) and the expanding burden of dressing fashionably during this golden era for women. Doctors like Profé sought to help these free-spirited, single, working women who conservatives and eugenicists thought threatened the foundations of society and the future of the *Volk* by starting careers and delaying marriage and a family. In this sense, women doctors displayed a maternalistic attitude by proclaiming that they knew what was best regarding the dress attire of working women. They also took a more

²⁴³ Profé, "Zur Hygiene der Frauen- und Mädchenkleidung," 2-3.

practical, scientific approach to fashion based on their own work experiences. Although they were often married, women physicians, like their single counterparts, also ran around fulfilling obligations in their general practices, in a number of women's and health organizations, and as teachers in schools or advisors in clinics for a few additional hours each week, not to mention balancing their responsibilities as wives and mothers. Women doctors, in other words, lived like modern urban women, yet disapproved of this type of lifestyle because of its consequences for women's health. One would hope that they at least took their own suggestions for clothing options seriously. Perhaps their own urban working experiences, however, made them more aware of how to help other women in this regard. And because clothing choice ultimately affected health, medical practitioners like Profé felt they were the appropriate people to determine what was best for adolescent girls and women when it came to their dress selection.

Profé called on her colleagues in the medical profession to also enlighten women about how harmful their clothing could be. She saw it as the “duty of doctors to show women that they [made] themselves sick through their dress,” noting that the popular clothing of the time minimized the movement of the body, thereby preparing it for disease.²⁴⁴ Doctors should teach women that the first requirement of beauty was maintaining a healthy body. This would be accomplished through the creation of remedies to help women, and especially young girls, improve their health and overall vitality. Doctors, Profé thought, could follow the example of school authorities who had already placed restrictions on wearing confining clothing, such as corsets, during gym class. Still, Profé proclaimed that such measures alone would not suffice and called for the implementation of stronger dress policies—namely, dress regulations for young girls

²⁴⁴ Profé, “Zur Hygiene der Frauen- und Mädchenkleidung,” 1.

outside of gym class as well. After all, what good was it to do appropriate exercises for the back and stomach muscles in gym class when those same muscles, which were essential for women's reproductive abilities, were only paralyzed and dwarfed by wearing a corset? Thus, according to Profé, "comprehensive and absolutely effective physical education [was] not possible unless a basic reform of women's clothing [was] implemented at the same time."²⁴⁵ She saw clothing as crucial to her campaign for the reform of girls' physical education, which she thought deserved an equivalent status of that of boys.²⁴⁶ "Rational, comfortable, and healthy women's clothing," she remarked, should be the same as it was for men: it should wrap and protect the body, but without putting pressure on it or hindering movement. By checking for pressure marks on the skin when their female patients undressed, doctors could confirm the appropriateness of clothing. Profé even recommended certain types of clothing and advised that people contact the Association for the Improvement of Women's Clothing for further suggestions.²⁴⁷ Above all, doctors, along with teachers, played a critical role because they served as good examples to their students by wearing appropriate (read: healthy) clothing themselves.

Pre-Weimar Ideas about the Physical Education of Young Girls

In their calls for girls to alter their current clothing styles, women doctors broadened the scope of youth welfare, while expanding their roles as medical practitioners prior to the Weimar period. By criticizing women's clothing choices, demanding that they be changed, and insisting that female physicians be examples,

²⁴⁵ Profé, "Zur Hygiene der Frauen- und Mädchenkleidung," 3.

²⁴⁶ Alice Profé, "Mädchen—Kinder zweiter Klasse? [1912]," in *Frau und Sport*, ed. Gertrud Pfister (Frankfurt am Main: Fischer Taschenbuch, 1980), 105-109.

²⁴⁷ Profé, "Zur Hygiene der Frauen- und Mädchenkleidung," 3-4.

educators, and regulators for their patients and students, women doctors created a new niche for themselves and pushed the limits of what medical work encompassed. Similarly, in their disapproval of the current state of girls' education or the lack of it altogether, particularly girls' physical education in schools, they found a new space in which they could assert their presence, especially because they claimed unique insight about what would be the most effective or harmful physical exercises for young girls. Their reproach of the adolescent educational system began prior to World War I and reached its peak during the Weimar Republic when school health care became one of the most popular career choices for women doctors.

Dr. Alice Profé was one of the earliest crusaders for the improvement of girls' physical education, viewing the reform of women's clothing as just one facet of a larger movement that demanded equivalent health educational opportunities and services for boys and girls. Profé believed that state officials did not pay serious enough attention to the whole question of girls' education. For example, she noted that Prussia spent seventeen times more on the education of boys in the higher schools than it did for girls. The city of Berlin alone deferred 12,500 Marks for sports for boys in the higher schools and only 2,200 Marks for girls, according to a 1912 city report. Its municipal schools had eleven playgrounds for boys and only six for girls. And although Profé did not have accurate statistics from the other states, she suggested that the situation did not fare much better throughout the rest of Germany.²⁴⁸

In her 1912 article, Profé suggested that girls were "second-class" children when it came to education. They faced blatant discrimination at both the state and municipal levels, and also in everyday activities. In its most obvious form, the 1911 Prussian decree

²⁴⁸ Profé, "Mädchen—Kinder zweiter Klasse?" 105-106.

regarding youth welfare allocated one million Marks for male youth, allowing female youth to use this money only so long as it was possible without government help. Profé feared that many schools and organizations would find this stipulation impossible, again leaving adolescent girls without any money. Moreover, the state and municipalities covered some of the costs for higher boys' schools, but did not treat the higher girls' schools equally, meaning these schools had to find private funding from people or institutions, which were constantly forced to demand cash grants in order to acquire money. This could often only be achieved by making cuts elsewhere, such as on school equipment or on the school spaces themselves. As a result, compact schools only offered minimal movement for students and their insufficient air, light, and benches surely took their toll on girls' health. She mentioned the example of a rowing team at a Kiel public girls' school as evidence for her argument that administrative decisions also discriminated against women. This school had enough money and enthusiasm to establish a rowing team for the upper classes, but the administration forbade it, citing the girls' lack of experience.²⁴⁹ Moreover, in their daily regimen of school activities, girls faced more subtle discriminatory measures. For example, the public swimming pool in Charlottenburg was only available to girls at inconvenient hours, such as 6:30-8:30 A.M. or 2:00-4:00 P.M.—an especially disadvantageous time since the school day ended between 2:00-3:00 P.M. Thus, girls were forced to eat their lunches en route between school and swim lessons,²⁵⁰ clearly not the best alternative if one considered the health consequences of eating too quickly or eating directly prior to exercising.

²⁴⁹ Profé, "Mädchen—Kinder zweiter Klasse?" 105, 108.

²⁵⁰ Profé, "Mädchen—Kinder zweiter Klasse?" 106-107.

In her unfavorable review of the funding and services that governmental authorities set aside for girls, Profé had to remind them that “our children are our *children* and not our *boys*.” She pled for higher schools to create an exercise or play space for girls, or that they at least allow the girls to use the boys’ fields; otherwise, the extra required hour of gym class would all be for not. Directors of public higher girls’ schools often lacked the time, space, and money to hold individual gym classes for each grade, instead clumping students of all grades into a small gymnasium at the same time. Profé petitioned her colleagues to take gym class and sports seriously because it did no good to teach such subjects when the students’ authority figures did not make them a priority.²⁵¹ The practical financial and space requirements of girls’ physical education were, in Profé’s opinion, insufficient and ineffective, but she also had problems with the theoretical side as well.

Profé disapproved of the “absurdity” of the physical education curriculum that did exist for girls, indicated by her early articles in *Körper und Geist*.²⁵² She found the primary theoretical goal of girls’ physical education—to build charm and grace (*Anmut und Grazie*)—to be both illogical and confusing. Because female physical education did not at all focus on developing physical strength, promoting physical and mental health, or on providing a balance to health problems induced by the adversities of school life, Profé claimed that “girls’ physical education, as it is today, hardly represents a benefit for any organ in a child’s body.” It neither helped internal organs nor muscles, but instead, “burden[ed] the brain through its heavy use of attention and memory.” Physical

²⁵¹ Profé, “Mädchen—Kinder zweiter Klasse?” 105, 109.

²⁵² Alice Profé, “Unsinn im Mädchenturnen [1908],” in *Frau und Sport*, ed. Gertrud Pfister (Frankfurt am Main: Fischer Taschenbuch, 1980), 84-87. This article was originally printed in *Körper und Geist* 16 (1908). See also Profé, “Unser Mädchenturnen,” *Körper und Geist* 14 (1905/1906): 404-409 and Profé, “Die körperliche Erziehung unsere Mädchen,” *Körper und Geist* 14 (1905/1906): 135-139.

education, then, was not at all a recreational activity for girls, but only caused more stress.²⁵³ It also failed to prepare girls for the future; after all, what use would dexterity (*Gewandtheit*) prove to be in fulfilling life's obligations or what did drilling girls with charm lessons offer in terms of relief against physical injuries? As Profé stated, these women were not training to be acrobats,²⁵⁴ but rather wives and mothers who could balance the physical and mental demands of domestic life. In fact, Profé found it astonishing, and in fact "a testament to the powerful life force present in the woman's body," that women were able to achieve such efficiency later in life despite their total lack of physical education as adolescents.²⁵⁵

In Profé's view, girls' physical education was much more pertinent and necessary than boys'. Girls faced a greater number of risks because of their unhealthy clothing choices, the lack of movement in their domestic lives, and their malnutrition.²⁵⁶ Profé, therefore, prioritized girls, similar to how society and other female doctors privileged the treatment of female youth in the period prior to World War I. On the one hand, female youth (which included girls' physical education) did deserve special treatment because women were the primary guarantors of a healthy future population—something that Germany definitely needed in the face of a building war. And on the other hand, female doctors like Profé likely bolstered the importance of girls' physical education in the pre-World War I era because of their new employment opportunities in schools. Profé even admitted that although girls' physical education was flawed, one could not resist smiling when he/she thought about teachers conceiving of exercises that corresponded to the

²⁵³ Profé, "Unsinn im Mädchenturnen," 85-86.

²⁵⁴ Profé, "Unser Mädchenturnen," 405.

²⁵⁵ Profé, "Unsinn in Mädchenturnen," 87.

²⁵⁶ Profé, "Unser Mädchenturnen," 405.

“female nature,” or that adapted to both the “female body” and the “female spirit”—none of which men had yet envisaged.²⁵⁷ With this comment, she not only suggested that there were particular “feminine” exercises that were better tailored for women’s bodies and minds, but also that women were more capable of determining what these were. Women doctors once again emphasized differences between girls and boys, thus meriting unique attention toward their separate physical development. This did not mean, however, that girls’ physical education programs should be any less equal than boys’. Profé and others no longer wanted their students to be treated like second-class citizens when it came to physical education and they demanded that authorities develop a distinctive, yet comparable health curriculum for girls.

The Height of Youth Welfare Concerns

Towards the end of World War I and especially in the immediate postwar period, when Germany’s losses were stark, government policymakers and professional groups began to loudly articulate demands to monitor the health of the youngest, and most vulnerable, generation. While the war had demanded a strong and resilient youth, who initially performed their duties willingly and enthusiastically, their eagerness to fight subsided. Towards the end of the war, this resulted in a dwindling number of volunteers, who instead saw their larger duty to school or their careers. This reality caused medical organizations, prior to the end of the war, to think seriously about the physical education of youth, especially in light of the fact that the war was not quite over and in the case that such military service would be needed in the future.²⁵⁸ In light of the failures and

²⁵⁷ Profé, “Unsinn in Mädchenturnen,” 87.

²⁵⁸ The Munich Physician’s Organizations, for example, called for the compulsory training of all youth for military service. See Dornberger, “Hebung der Volkskraft durch Kräftigung unserer Jugend” in BArch, R 86/5675.

disappointments of World War I, the preservation of Germany through the strengthening of its youth became a national rallying call.

The war—which caused a high death toll among men and the rise of women in the workforce—left many children without parental care. It became especially important to support elementary school children whose fathers were either dead, wounded, or fighting the war, and whose mothers had little time to spend with their children because they were learning to balance work and motherhood as the new heads of household. Massive industrialization and migration to large cities left children susceptible to disease and dirt, and suddenly families expressed concern about lack of hygiene. Successful youth welfare work in certain communities had already identified a link between children’s living and nutritional conditions and health. According to the male social hygienist J. Kaup, uncomfortable work spaces, long work hours, inappropriate nutrition, and the strong prevalence of alcoholism had all proven to be factors in the degeneration of the population.²⁵⁹ Added to this were eugenicists’ overwhelming fears that society as a whole was breaking down due to the increasing number of “inferior” elements in the population. In order to preserve and grow the “superior” elements of the population and the nation in general, Germany had to start at the bottom—that is with its youngest individuals. The Munich Physician’s Association, for one, thought it was important to devote attention to the physical training of the “healthy” and “strong”, but even more essential to develop and strengthen the abilities of the “timid” and “weaklings.” It gave its full and immediate attention to the protection and care of this latter group.²⁶⁰ One women doctor even questioned whether physical education could bring about an

²⁵⁹ Kaup, “Medizinalbeamte und Jugendpflege” in BArch, R 86/5671.

²⁶⁰ Dornberger, “Hebung der Volkskraft durch Kräftigung unserer Jugend” in BArch, R 86/5675.

improvement of the race.²⁶¹ In the Weimar Republic, this type of eugenics language entered the public dialogue about youth much more frequently, as educators and physicians became concerned with developing the health of “less capable” and maintaining the health of “more capable” individuals.

During the Weimar period—typified by a rise of sexual promiscuity, rising divorce and abortion rates, falling birth rates, increasing illegitimacy, and rise of women in the workforce—public consciousness about the health of Germany’s youth increased. While conservative segments of the population attributed some changing social dynamics to the Great War, they unfairly connected society’s decline to women’s new public roles as university students and professionals, as well as their demands for professional equality. This resulted in women becoming a scapegoat for society’s decline. Historian Ute Frevert describes this phenomenon:

The root-cause of these disturbing tendencies was identified as the ‘boundless egoism’ of women who were betraying their natural vocation and striving for greater personal freedom and independence. More than ever marriage and the family, those two pillars of society, seemed to be disintegrating because women, whose calling it was to uphold tradition and morals, were aspiring to the individualistic ethic of the modern age and failing to meet their obligations as mothers of the nation.²⁶²

Moreover, men blamed women for the impending social and racial degeneration because women were deemed responsible for the nation’s future population.²⁶³ Germany’s growing obsession with the decline of society and the production of a healthy future offspring was the cornerstone of the youth welfare movement. As Detlev Peukert argues in his social history of the Weimar Republic, the word *Jugend* itself implied the total

²⁶¹ Dr. med. Clara Bender, “Aerztliches über weibliche Gymnastik und Körperkultur,” *Vierteljahrsschrift deutscher Ärztinnen* 2.4 (October 1926): 104.

²⁶² Frevert, 186.

²⁶³ Allen, “German Radical Feminism and Eugenics,” 31.

breakdown of social control and traditional ties. Public concern regarding youth, then, not only involved the individuals themselves, but rather, equated to a problem of control in all of society.²⁶⁴

The economic and political turmoil Germany faced throughout the Weimar period, combined with all the social consequences of a lost war, only augmented problems for young Germans. The press in the early Weimar period confirmed and raised awareness about these troubles, with headlines like “The Moral Need of Youth of the Big City,” “Criminality of Youth,” and “Youth in Need!” in popular newspapers of the time. Such articles highlighted the links between urbanization and delinquent youth, as well as the health and moral repercussions of overcrowded housing, insufficient nutrition, and inadequate clothing for the nation’s youth.²⁶⁵ One female physician worried that in large cities, there was now an army of corrupt, sexually knowledgeable children, who, as the victims of bad living conditions, were forced to sleep in the same room as their parents. This resulted in children seeing and imitating sexual acts before they even hit puberty. By the time they reached adolescence, many lacked any sort of inhibitions and their attitudes about sex were already quite lax. Hermine Heusler-Edenhuizen, a practicing doctor in Berlin and one of the founders of the *Bund Deutscher Ärztinnen* (League of German Female Physicians; BDÄ), argued, then, that the needs of the nation’s youth could only be solved by improving living conditions.²⁶⁶ She also noted that adults had changed in the postwar period. After losing their established sexual morals during the

²⁶⁴ Peukert, 89-90.

²⁶⁵ See for example Dr. Jankowski, “Jugend in Not!” *Königsberger Hartungsche Zeitung*, April 7, 1926; “Die sittliche Not der Großstadtjugend” *Germania*, February 19, 1926; Dr. Schmidt, “Kriminalität der Jugendlichen,” *Germania*, March 24, 1926 and similar articles found in BArch, R 86/2395.

²⁶⁶ Hermine Heusler-Edenhuizen, “Die sexuelle Not unserer Jugend,” *Die Frau* 35.10 (July 1928): 605-607.

war—a time plagued with a large number of bad marriages, illegitimate relationships, and a high divorce rate—parents were often not aware of the effects that words of hate or ugly fights had on their children. This was a concern of Heusler-Edenhuizen’s in discussions about marriage counseling as well.²⁶⁷ Because of the problems the Great War created for marriages, Heusler-Edenhuizen felt parents had lost all control of their children.²⁶⁸ A widening generation gap, fueled by rapid political and social changes,²⁶⁹ only added to these crumbling parent-child relationships. Even children who were the product of healthy marriages, according to Heusler-Edenhuizen, were endangered. Because their mothers were either out earning money or overburdened with housework, they could not dedicate enough time to them, and instead sent them out to the street, where alcohol, crime, and prostitution enticed youth.²⁷⁰ Such social ramifications and the further deterioration of Germany’s children became an issue important enough that youth welfare became a matter of national concern.

The 1919 Weimar Constitution had already established the responsibilities of the central government and other state authorities on matters of youth welfare through Articles 120 and 122. Article 120 declared the education of children as the natural duty of parents with the state as an overseer, and Article 122 protected youth from exploitation and from moral, mental, and physical degradation.²⁷¹ National legislation, that guaranteed the systematic and comprehensive provision of youth welfare was now of prime concern, but it was difficult to determine how to finance and organize it. The

²⁶⁷ Heusler-Edenhuizen, “Ehefragen. Zum Programm der Eheberatungstellen,” 5-7.

²⁶⁸ Heusler-Edenhuizen, “Die sexuelle Not unserer Jugend,” 606.

²⁶⁹ Elizabeth Harvey claims that the high profile of all issues involving youth had a lot to do with generational tensions, which structured the social and political conflicts of the Weimar Republic. See Harvey, 2-3.

²⁷⁰ Heusler-Edenhuizen, “Die sexuelle Not unserer Jugend,” 606-607.

²⁷¹ Harvey, 165. The full description of Articles 120 and 122 can be found in “Die Verfassung des Deutschen Reichs,” August 11, 1919, *Reichsgesetzblatt* (1919), ii., 1383-418, 1406.

Reich Ministry of the Interior circulated initial proposals for the National Youth Welfare Law (*Reichsjugendwohlfahrtsgesetz*) in April 1919 and discussion about the law began in the Reich Council (*Reichsrat*) one month later. Discussions of the 1920 and 1921 governmental drafts primarily revolved around the financial question of whether the federal or state government would bear the brunt of the cost. The Reichsrat eventually scrapped the draft law on financial grounds. It was reintroduced to the 29th Committee of the Reichstag in March 1921, which, influenced by an independent commission of youth welfare experts, passed amendments to the original version.²⁷²

The National Youth Welfare Law, passed on June 13-14, 1922 and circulated on July 9, 1922, was the product of a political compromise between the Social Democrats, the German Democratic Party, and Center Party, which was gaining power. The Social Democrats and German Democratic Party thought the law should provide comprehensive public aid and services to young people, while the Center Party wanted to protect the interests of private welfare organizations and of patriarchal authority. The resulting law did not go as far as Social Democrats wanted in terms of expanding the scope of what constituted public youth welfare, and the private welfare agencies were also left unsatisfied.²⁷³ After establishing the basic rights of children and the duties of the family, the law determined that the role of public welfare was to intervene in the interests of the child where its education was not adequately provided for by the family. This struck a similar chord to the Weimar Constitution. The law compelled the creation of a national youth department to set guidelines for youth policy (which never actually came into

²⁷² Harvey, 167-168. These youth welfare experts included the German Association for Public and Private Welfare, the German Central Association for Youth Welfare, and the German Professionals' Guardians' Association

²⁷³ Harvey, 168.

existence), and designated the mandatory tasks of the local youth welfare department, funded by cities and counties, as the following:

the supervision of foster children, the care of orphans and the public guardianship of illegitimate children, material assistance to orphans and destitute children, probation work and referrals to correctional education, assistance to the juvenile courts, to the factory inspectorate regarding child labour and the protection of young workers, to the agencies responsible for the care of war orphans, and to the police in providing accommodation for juvenile officers.²⁷⁴

Additional tasks, which the state was only obligated to provide when private welfare lacked them, included: “counseling and guidance for young people and their families, maternal and infant welfare, health care for pre-school and schoolchildren, and recreational and health facilities for young people above school age.”²⁷⁵ The National Youth Welfare Law was scheduled to take effect in April 1924. However, further political debates between the Social Democrats and Center Party over what encompassed public and private youth welfare, as well as economic concerns voiced by the local and state governments over the fact that they would lose revenue and control to the central government, which had the sole power to levy income tax, threatened to squander the ratification of the law. Ultimately, the Reich and Länder governments met with the municipalities and eventually passed an emergency decree to ratify the law on February 14, 1924, which is when it went into effect.²⁷⁶

This modified version of the law gave more power to the state and local authorities, privileged the position of private welfare organizations in local youth welfare boards, and made a number of the initially planned duties of state public welfare optional. According to Harvey, the modified law “showed the extent to which the Reich

²⁷⁴ There is a very detailed summary of the stipulations of the law in Harvey, 168-170. See also Mouton, *From Nurturing the Nation to Purifying the Volk*, 159-161, 199-204, 238.

²⁷⁵ Harvey, 168-170.

²⁷⁶ Harvey, 171-172.

government, now firmly under conservative control, had become reluctant to act as an engine of welfare expansion.”²⁷⁷ Conservatives, who initially feared that too much state authority would absolve parents of their responsibilities, were successful at minimizing the further extension of public youth welfare services. In a way, then, by demanding the extension and modification of physical education curriculum for girls, either in their positions as school doctors or through public conferences and journals, female doctors were, in fact, also reacting to the conservatism that overshadowed the National Youth Welfare Law in the early 1920s. In other words, by petitioning for the inclusion of girls in youth welfare discourse throughout the Weimar era, they were also insisting on the expansion of public youth welfare. Moreover, the law, by employing social workers and doctors in local youth departments, local health departments, and mother advice clinics, facilitated the creation of a maternalist system in which social workers and doctors could judge if mothers were raising their children “properly.” The contact between mothers and children and midwives, social workers, and doctors only increased under Nazism, where house visits to young mothers to check up on the physical well-being of children and the state of the household allowed the development of a system to assess how successful women were at raising children.²⁷⁸ With youth welfare now a prominent national concern, women doctors had an opening to make girls’ physical education a central part of this agenda.

In a sense, female physicians’ demands for school health curriculum to accommodate women very much fit with a “time of exuberant pedagogical innovation and optimistic plans to reform the stratified educational system in the name of democracy

²⁷⁷ Harvey, 173.

²⁷⁸ Mouton, 159-160, 220.

and social justice,” which Marjorie Lamberti argues characterized the Weimar Republic.²⁷⁹ Lamberti describes how elementary school teachers, organized in the German Teachers’ Association, advocated to overturn Germany’s rigid school system which, patterned after the stratified class structure of society, limited access to secondary and higher education for those students who were not of a particular wealth or class status. Promoting progressive education or what was called *neue Pädagogik*, the reformers thought all youth should be able to attain a level of education that matched their abilities. Thus, they sought to eliminate all socially exclusive public preparatory schools and parochial elementary schooling, and wanted to establish common elementary schools accommodating children of all social classes and religious faiths.²⁸⁰ I would argue that in addition to the national attention towards youth welfare, the reformist atmosphere of the early 1920s that Lamberti describes significantly drove the campaign to change school health curriculum. The reformers’ modern schools, for one, provided a model for women doctors because they offered a gymnastics and sports curriculum that promoted physical fitness and self-confidence for both boys and girls.²⁸¹ Women physicians’ attempts to reform girls’ physical education very much benefitted from the myriad reforms to the educational system, initiated by the German Teachers’ Association alongside the German Democratic and Social Democratic Parties. Because educational reform was already an issue of domestic politics and controversy, this likely encouraged women doctors and left room for them to writhe their way onto the public scene. Following in the footsteps of their progressive pedagogical predecessors, they could

²⁷⁹ Marjorie Lamberti, *The Politics of Education: Teachers and School Reform in Weimar Germany* (New York: Berghahn Books, 2002), 1. Detlev Peukert also agrees that the Weimar years were a time of great educational reform. See Peukert, 142-143.

²⁸⁰ Lamberti, *The Politics of Education*, 2-3.

²⁸¹ Lamberti, *The Politics of Education*, 7.

frame their arguments for women's access to suitable doctors and for their equal opportunities in school health as attributes of a democratic state. The nature of Weimar democracy, whether real or imagined, gave female physicians a legitimate platform to make demands for the health education of women.

1925 Conference on the Physical Education of Women

The question of what female physical education would look like emerged in the mid-1920s. Women, gym teachers, pedagogues, and female doctors began collaborative discussions about this topic for the first time in 1925. At a German Gymnastics Association event in Leipzig that year, these various groups sought to clarify women's physical education and the work women needed to do in this regard. Dr. Profé, who had been engaged with the issue of women's physical education and school health care, emerged once again as a central figure in these talks. Along with Paula Buché-Geis, who received her medical training in the early 1900s in Bonn and worked as a practicing physician focused on the issue of women and sports for many years in Dresden, she drafted a set of guidelines that demanded no restrictions for women in gymnastic and sport organizations, as well as in track and field, swimming, and lawn games.²⁸² That same year, the *Bund Deutscher Frauenvereine* (League of German Women's Associations, BDF) and the *Deutscher Reichsausschuß für Leibesübungen* (German National Committee for Physical Exercise; DRL), the umbrella-organization for sports in Germany, organized the First Public Conference on the Physical Education of Women to discuss the form and goals of female physical education.

²⁸² Dr. med. Edith von Lölhöfel, "Die Frau im Sport," in *Die Kultur der Frau. Eine Lebenssymphonie der Frau des XX. Jahrhunderts*, ed. Ada Schmidt-Beil (Berlin: Verlag für Kultur und Wissenschaft GmbH, 1931), 450.

The conference, which took place March 22-24 in Berlin, was born out of recent federal attention to this field,²⁸³ but the organizers addressed an issue that had thus far received little notice from the German women's movement and its central organization—the BDF.²⁸⁴ The conference involved months of planning between BDF leaders (primarily the President Emma Ender), DRL leaders (primarily the General Secretary Carl Diem), pedagogues, doctors, and members of various education organizations like the German Female Teacher's Association (*Deutsche Lehrerinnenverein*) and the German Gymnastic Teachers' Association (*Deutscher Turnlehrerverein*).²⁸⁵ The conference matched larger governmental interest in matters of youth welfare, but managed to unite a circle of people who offered a considerably different perspective than other general meetings and conferences on this issue. It was also the first public forum to discuss the physical education of girls—a concern that the female medical profession, especially, had engaged with since prior to World War I and one that would merit national consideration in the future.²⁸⁶ The conference, which sought to “put the care of physical education of women in its great importance to the population in the foreground,” was extremely popular.²⁸⁷ So many people attended, in fact, that it had to be moved to a

²⁸³ Although not explicitly stated, I assume this means recent national legislation like the *Reichsjugendwohlfahrtsgesetz*.

²⁸⁴ In the aftermath of the conference, the BDF received praise for still being young, strong, and full of energy with its sponsorship. This came despite a lull after women achieved the right to vote and the Weimar Constitution guaranteed them basic rights. Historian Ute Frevert has argued that the BDF found it increasingly difficult to maintain the interest of the faction of younger women, who viewed the existence of the women's movement as irrelevant since they had grown up with the constitutional guarantee of sexual equality. See Frevert, 201. For the positive remarks about the BDF, see Dr. Erna Corte, “Erste öffentliche Tagung für die körperliche Erziehung der Frau,” *Nachrichtenblatt* 5.4 (April 15, 1925) in LArch-Berlin B Rep.235-01, MF 3136-3143.

²⁸⁵ See correspondence between the individuals and parties named from 1924-1925 in LArch-Berlin B Rep.235-01, MF 3136-3143.

²⁸⁶ Corte, “Erste öffentliche Tagung für die körperliche Erziehung der Frau” in LArch-Berlin B Rep.235-01, MF 3136-3143.

²⁸⁷ Invitation in LArch-Berlin B Rep.235-01, MF 3136-3143.

larger room, which still could not accommodate the large number of participants—in total about 900 people.²⁸⁸

The organizers clearly recognized the increasing urgency and significance of the physical education of women, especially considering their responsibility as the bearers of future generations. Theodor Lewald, the President of the DRL, in his opening remarks, noted the “enormous importance of the event in view of the weakening of national strength throughout the war and postwar years.”²⁸⁹ The organizers also insisted that women determine the direction and goals of women’s physical education, based on their “precise knowledge of the physical and mental conditions for their development.”²⁹⁰ The large number of female participants in terms of preparation for and attendance at the conference, as well as the overwhelming majority of female voices in the conference report and subsequent publication, substantiate the organizers’ call for women to be involved in guiding the objectives of women’s physical education.²⁹¹ Dr. Gertrud Bäumer, President of the BDF, delivered the opening remarks by highlighting the overall problems of women’s physical education. The next couple days consisted of lectures from several different points of view—medical, pedagogical, and governmental—as well as a practical demonstration of appropriate exercises or games. A small conference exhibition featured healthy and tasteful women’s gym and sports clothing, showing that Dr. Profé’s pre-war treatise on the health consequences of women’s clothing was not just

²⁸⁸ Corte, “Erste öffentliche Tagung für die körperliche Erziehung der Frau” in LArch-Berlin B Rep.235-01, MF 3136-3143.

²⁸⁹ Corte in LArch-Berlin B Rep.235-01, MF 3136-3143.

²⁹⁰ Invitation in LArch-Berlin B Rep.235-01, MF 3136-3143.

²⁹¹ See correspondence, conference minutes, and subsequent publication in LArch-Berlin B Rep.235-01, MF 3136-3143.

a farce. Clearly, the issue of women's appropriate athletic clothing had become a legitimate health concern by 1925.

Overall, female doctors had a strong presence at the 1925 conference. Initially, Dr. Hermine Heusler-Edenhuizen, the first president of the BDÄ, was scheduled to speak, but another woman doctor, Dr. Bertha Sachs, replaced her. Sachs had completed her medical training in 1918 and practiced medicine in Freiburg, where she worked as a sports doctor. She was also a member of the BDÄ's Committee for Physical Education. In her lecture, Sachs proclaimed that the goal of women's physical education was "the strengthening of health and the preservation of vitality." She emphasized the importance of hiking and afternoon play sessions, noting the significant impact of sports on childbearing.²⁹² In fact, most of Sachs' lecture addressed the issue of physically preparing women for the tasks of motherhood and childbearing. While insisting that women's physical education be improved, she centered her recommendations around a woman's role in the home. An emphasis on women's domesticity became the primary language behind female doctors' work at the 1925 Conference on the Physical Education of Women.

Sachs relied on an argument of gender difference in her assessment of physical education. Men should engage in physical education precisely because they had to be prepared for military service and life's struggles. But, women's work as mothers and as domestic caretakers, Sachs thought, deemphasized the importance of women's physical education. At first, Sachs claimed, "the woman appear[ed] to be much too weak and too

²⁹² Corte in LArch-Berlin B Rep.235-01, MF 3136-3143.

delicate to be able to carry out invigorating physical exercise without health risks.”²⁹³

However, she acknowledged that World War I had demonstrated that a healthy woman could undertake a surprisingly large amount of physical activity. If and when health problems did arise, they linked to a woman’s lack of physical education or to the excessive demands of her body, rather than to her weakness as a female. In the postwar period, women’s mental and physical demands grew substantially. This applied not only to working women, who had to mobilize their strength to take care of their relatives, their children, and themselves after a long day at the office or factory, but especially to wives and mothers, who had to fulfill a multitude of responsibilities under considerably difficult conditions. Women were generally the primary breadwinners, if they did work, or the heads of their households, if they did not, and oftentimes both, due to the deaths or handicaps of their husbands. Regardless of whether or not they were employed, though, Sachs made it clear that their domestic tasks and motherly responsibilities were the top priority. On the one hand, then, women themselves strove to enhance their stamina and productivity through physical exercise in order to fulfill their at-home obligations. And on the other hand, the state promoted the physical education of girls who would become healthy, capable mothers who could produce healthy children. Sachs recognized both the concerns of women facing the daunting task of caring for their families on their own and of a German state encountering new social problems in the postwar period.

Ultimately, Sachs acknowledged the significance of women’s physical and mental strength for the German state. In her concluding remarks, she stated that, “the

²⁹³ Bertha Sachs, “Die körperliche Erziehung der Frau vom ärztlichen Standpunkt,” in *Die körperliche Ertüchtigung der Frau. Neun Vorträge gehalten auf der Ersten öffentlichen Tagung für die körperliche Ertüchtigung der Frau* (Berlin: F. A. Herbig Verlagsbuchhandlung, 1925), 15 in LArch-Berlin B Rep.235-01, MF 3136-3143.

foundation for Germany's reemergence (*Wiederhochkommen*) is a healthy *Volk*. We can only expect this from a physically and mentally powerful and strong female sex, which is able to bear healthy children for us and which is educated in the healthy German sense."²⁹⁴ Sachs, like her predecessors, turned her attention towards strengthening women because they were Germany's direct link to a healthier offspring. In this sense, she also dabbled with the popular 1920s population politics discourse that focused on maintaining and perpetuating a qualitative healthy *Volk*. In light of Germany's declining international significance, government officials, policy-makers, and those in medical and scientific circles (from both the right and left) thought that the state's reemergence as an international powerhouse was directly connected to the physical capabilities of its people. The war had left Germany with fewer and weaker men than its neighboring nations, and the fear that the unfit were overrunning the population increased with each additional crisis, whether it be the rapidly declining birth rate, the rise in poverty, prostitution, alcoholism, abortion, venereal disease, the growing population of unwieldy youth, or the mounting divorce rate—all characteristic of the Weimar period. As Paul Weindling has argued, eugenics and its goals of improving the quality of the population gained more prestige, especially during times of crisis.²⁹⁵ Focusing on the physical education of children, especially girls, then, was one means to strengthen a national ideology focused on a fit and efficient body politic and devoted to its future generations.

In their demands for a separate physical education curriculum for women, female physicians criticized the current state of women's physical education and suggested

²⁹⁴ Sachs, "Die körperliche Erziehung der Frau vom ärztlichen Standpunkt," 16-17 and 23-24 in *LArch-Berlin B Rep.235-01, MF 3136-3143*.

²⁹⁵ Paul Weindling, "Eugenics and the Welfare State During the Weimar Republic," in *The State and Social Change in Germany, 1880-1980*, ed. W.R. Lee and Eve Rosenhaft (New York, 1990): 135.

alternatives. Sachs viewed women's current curriculum as men's physical education, albeit in a "weakened form." Although the basic goals of physical education were the same for men and women—a healthy, harmonic development of the body and mind—Sachs demanded that women's physical education be built from the physical and mental character of a woman, not a man. Whereas Sachs and other doctors called for more attention and funding to be paid to women's physical education, they also emphasized that they were not asking women to match the physical productivity or muscle strength of men. This, she claimed, would be "senseless" and "futile." Instead, Sachs only wanted women to fully develop their naturally-given physical bodies in order to be able to "fully and totally cope with the demands of life."²⁹⁶ Physical education, she claimed, could only be beneficial if it did not exceed the limits of one's given construction. This was why it was essential to have different curricula for men and women, and to prescribe individual dosages of exercise to each woman. The same exercise, naturally, had different effects on different people, and thus, Sachs suggested that dosages only be increased when the particular character of a woman (or a man) allowed for it.

Sachs further underscored women's difference by highlighting their unique physical structure and mental capabilities. Anatomically, women and men had distinct external sex characteristics, but they also differed in the build and form of their bodies. For example, women's bone structure was smaller and more delicate, and the female extremities and body angle were generally shorter. Their shoulders were narrower, their hips were wider, and their bodies were longer. Sachs pointed to these distinct physical differences in her argument for the necessity of different curriculum in women's physical

²⁹⁶ Sachs, "Die körperliche Erziehung der Frau vom ärztlichen Standpunkt," 16-17 and 23-24 in LArch-Berlin B Rep.235-01, MF 3136-3143.

education.²⁹⁷ Women doctors like Sachs eschewed the male paradigm, but still insisted on equalizing opportunities between the sexes in physical education. The puberty period for girls was also earlier and quicker (ages 12 to 14) than it was for boys (ages 13 to 16), meaning that such rapid development of girls' bodies caused additional problems. While Sachs understood that physical education was only effective if it occurred frequently enough, it was the physical strains of puberty which led her to believe that daily physical education was more important for girls than for boys.²⁹⁸ In this regard, she, like her predecessors, privileged women's needs.

In addition to the purely anatomical differences between men and women, there were a number of physiological ones as well. The most important, according to Sachs, were those connected to women's occupation of motherhood. Certain organs had to develop specifically for this physiological task. Sachs argued that gymnastics and other physical exercise could disrupt women's genital functions of menstruation, pregnancy, and birth. It was, in her opinion, "the noblest duty of female physical education to find the appropriate type and form of physical exercises for the development and functioning of these organs."²⁹⁹ Sachs clearly viewed women's primary life responsibility as motherhood. She was, in fact, part of a cohort of women doctors who equated womanhood and motherhood. These health professionals, then, drew upon traditional notions of womanhood to argue for women's improved physical education. This

²⁹⁷ Dr. Heusler-Edenhuizen, whose intended lecture was included in the post-conference publication, agreed that in light of anatomical variation, girls and boys should not do the same gym exercises during puberty. See Hermine Heusler-Edenhuizen, "Erfahrungen und Wünsche einer Frauenärztin," in *Die körperliche Ertüchtigung der Frau. Neun Vorträge gehalten auf der Ersten öffentlichen Tagung für die körperliche Ertüchtigung der Frau* (Berlin: F. A. Herbig Verlagsbuchhandlung, 1925), 28 in LArch-Berlin B Rep.235-01, MF 3136-3143.

²⁹⁸ Sachs, "Die körperliche Erziehung der Frau vom ärztlichen Standpunkt," 19 in LArch-Berlin B Rep.235-01, MF 3136-3143.

²⁹⁹ Sachs, "Die körperliche Erziehung der Frau vom ärztlichen Standpunkt," 19 in LArch-Berlin B Rep.235-01, MF 3136-3143.

demonstrates how female doctors subscribed to traditional views that women should privilege marriage and motherhood over their careers. As professionals who also had their own personal experience with motherhood, women doctors relied on a language of women's natural-given abilities in their advocacy for women's physical education.

Dr. Heusler-Edenhuizen, who was extensively involved in the field of girls' physical education as one of the founders of the BDÄ, included her lecture in the post-conference publication even though she could not speak at the conference. Her opening comments further confirmed that female physicians generally supported marriage, motherhood, and domesticity as the natural and proper roles for women. Speaking from her experiences as a gynecologist, she emphasized that women's physical education should have different goals than men's, namely that women needed to be strengthened "for their specific function—giving birth (*Gebärtätigkeit*)."³⁰⁰ Heusler-Edenhuizen's remarks indicated that childbearing was women's primary function. It was most certainly the primary reason why she thought women deserved their own physical education curriculum, for this curriculum would be centered around reproduction. This was not, however, the only instance in which Heusler-Edenhuizen highlighted motherhood as the natural role for women. She also referred to "the strong motherly-instinct of women" in debates about the how distribution of birth control in marriage counseling centers might lead to a population decline.³⁰¹ It appears, then, that whether she was campaigning for women's needs and rights in physical education or marriage counseling centers, she consistently linked them with motherhood.

³⁰⁰ Heusler-Edenhuizen, "Erfahrungen und Wünsche einer Frauenärztin," 26 in LArch-Berlin B Rep.235-01, MF 3136-3143.

³⁰¹ Heusler-Edenhuizen, "Eheberatungsstellen," 187.

In this sense, doctors like Sachs and Heusler-Edenhuizen adopted the views of the mainstream medical and scientific communities, which viewed women's domesticity as a priority.³⁰² Their detailed explanations of what components should be included in women's physical education curriculum centered around women's preparation for motherhood and domestic lifestyles. Heusler-Edenhuizen's proposed physical education regimen focused entirely on strengthening women's muscles for the birthing process. Not only did women need tight, firm stomach muscles, but also strong back muscles. Good chest muscles were also essential because during pregnancy, the abdominal respiration of a woman was hindered, meaning they had to breathe with their thorax. She thought achieving a balance between developing the back, stomach, and chest muscles was the "principal value" (*Hauptwert*) of physical education for "our girls." She advised that this curriculum be introduced to girls in early childhood and consistently implemented through their entire time in school.³⁰³ Furthermore, Heusler-Edenhuizen suggested that exercises for the stomach and perineum muscles begin on the third or fourth day of the postpartum period and that they become a part of a woman's daily routine even after postpartum, especially if she was not playing sports. Heusler-Edenhuizen personally felt that with better physical preparation and the attendant feelings

³⁰² The Medical Association in Berlin, for example, enthusiastically recommended a mandatory year of household training for all fourteen-year-old girls before they left school. Basic home economics training, the association declared, would benefit young girls, who generally moved directly from school into the workplace. With this training, girls would be capable of presiding over their households—a task they certainly encountered. Moreover, the association claimed that a year of household training also had a positive influence on women's health since their bodies suffered more severely from their sedentary lifestyles working in offices, factories, or as artisans, or attending school. One hour a week of household training, according to the association, could save a lifetime of problems to the digestive, nervous, and abdominal systems developed in the workplace. It would also spare women the expense of frequent and lengthy medical treatment for these problems. By the age of fifteen, women would already have developed skills that would be pertinent for the rest of their lives. See "Das hauswirtschaftliche Pflichtjahr im Urteil der Aerzte," *Rheinisch-Westfälische Zeitung*, June 10, 1926 in BArch, R 86/2395.

³⁰³ Heusler-Edenhuizen, "Erfahrungen und Wünsche einer Frauenärztin," 26-28 in LArch-Berlin B Rep.235-01, MF 3136-3143.

of strength and confidence, women would experience “considerably greater joy in reproduction.”³⁰⁴ The whole goal, in other words, of her physical education agenda for young women was to alleviate the birth process and to toughen women in order to prevent the inevitable consequences that appeared after pregnancy—a raised stomach, a twisted back, saggy breasts, and stretch marks. She already had experience overseeing “[her] young women”³⁰⁵ to ensure that they achieved beautiful bodies despite multiple births. Such infantilizing language showed Heusler-Edenhuizen’s maternal instincts surfacing in the workplace—a trend that becomes more common with the debate over women’s physical education in schools.

Although Sachs did not center her entire lecture on strengthening a woman’s body for pregnancy and birth, she agreed with Heusler-Edenhuizen that this should be an important component of the physical development of women. A firm abdominal wall was critical for holding the womb in the correct position and for preventing excess hanging skin. The pelvic floor also needed to be strong and elastic in order to allow for the easy passage of the baby without tearing. A robust pelvic floor was also necessary in the postpartum period, leading Sachs to discourage women from lying on their backs. Instead, she recommended they get up as soon as possible to exercise. In addition, exercise and sports had a positive influence on problems that emerged as a result of pregnancy, such as varicose veins, hemorrhoids, and constipation. Sachs emphasized that although these physical education efforts naturally had a positive influence on younger girls, they also benefited older women. After all, “exercise, daily walks, or short hikes

³⁰⁴ Heusler-Edenhuizen, “Erfahrungen und Wünsche einer Frauenärztin,” 26-28 in LArch-Berlin B Rep.235-01, MF 3136-3143.

³⁰⁵ Heusler-Edenhuizen used the expression “my young women” in the lecture. I changed it to fit the context of the chapter here. Heusler-Edenhuizen, “Erfahrungen und Wünsche einer Frauenärztin,” 26 in LArch-Berlin B Rep.235-01, MF 3136-3143.

offered the necessary balance to the monotonous movement which accompanied domestic work or a sedentary way of life.”³⁰⁶ Despite her encouragement for women of all ages to undertake proper physical exercise, Sachs clearly restricted women’s physical preparations to motherhood, housewifery, or sedentary jobs in an office or factory. She omitted any discussion of training women for other jobs, despite the fact that during the Weimar period women demanded full professional equality and entered the work force at higher numbers than ever before.³⁰⁷ Women doctors continued to view childbearing and domesticity as women’s primary tasks, at least in terms of their instructions for women’s physical regimen. They located women’s principal responsibilities in the home even if they did not always adhere to that standard themselves. Therefore, they extolled domesticity for their patients while simultaneously legitimizing professional paths for themselves, which Koven and Michel view as typical for maternalist discourses.³⁰⁸

Their discussion of the strictly female conditions of menstruation, pregnancy, and childbirth at the 1925 conference was also a means for women doctors to take ownership over a specific field within the youth welfare movement. They could, in other words, demand a particular type of physical education for women based on the special needs that women had or the specific tasks (like motherhood) that they encountered later in life. By focusing, for example, on what was appropriate in gym class for menstruating women, they, in essence, created a space in which they claimed superior knowledge, thus making themselves indispensable in the discourse on physical education for women. While their

³⁰⁶ Sachs, “Die körperliche Erziehung der Frau vom ärztlichen Standpunkt,” 21-22 in *LArch-Berlin B Rep.235-01, MF 3136-3143*.

³⁰⁷ Women were not only present in traditionally “feminine” professions like education, social work, nursing, and midwifery but they were also making inroads into medicine, law, and even engineering. See Jaraus. “The Crisis of German Professions,” 387.

³⁰⁸ Koven and Michel, “Womanly Duties,” 1079.

opinions about women's physical education were certainly traditional, such views fit within their overall strategy of pushing women's issues to the foreground of the medical field. This allowed them to participate in the profession's discourse on youth physical education, and even elevated their role within the movement because it offered them more job opportunities and their opinions became essential to creating and monitoring adolescent girls' physical education.

The Need for Female Physicians in Schools

If the 1925 Conference on the Physical Education of Women was the discursive space in which female physicians could exert their feminine influence on the discussion surrounding youth physical education curriculum, the higher schools became the physical places in which they put these ideas into practice. By the mid-1920s, the general failure of the health education of Germany's youth, which ultimately damaged the *Volksgesundheit* and discredited the health profession, became the rallying call among women doctors for stronger medical influence in the nation's schools. The doctor, Dr. Else Liefmann argued, should be indirectly involved in the education of youth by introducing teachers to the importance of the subject of health and by providing them advice when needed. The doctor should be directly involved by advising school children and their parents and by teaching hygiene in the upper classes. Liefmann, who was a practicing physician in Freiburg and involved in the German Doctors' Association's (*Deutscher Ärztevereinsbund*) Committee for School Issues, thought such medical participation in educational instruction was an effective preventative measure against bad morals, customs, and superstitions in the realm of health. It also, in her opinion, helped

in the fight against quackery³⁰⁹ and elevated the reputation of the medical profession, making the doctor what he or she should be: “the teacher and educator of his people in the area of health education.”³¹⁰ This was quite a difference from the history of parochial education and its pre-modern curriculum, which privileged Christianity over other academic subjects like history, geography, and science.³¹¹ Prior to the Weimar period, all education was aimed at a life in the state and the church, leaving little to no room for physical education.

Matters of health education had previously existed in the German *Volksschule* or elementary schools, where school doctors provided children with a general introduction to physical education up to the age of 14. During World War I, however, the medical community began to voice concerns that doctors also needed a presence in the higher schools,³¹² namely the *Berufsschule* or vocational schools, as this was a crucial period in terms of the schooling of Germany’s adolescents who learned a trade. It was, after all,

³⁰⁹ The backing that this particular female physician gave to the fight against quackery confirms Cornelia Osborne’s thesis that women doctors allied with their male colleagues in a campaign against quackery, which she defines as “medical practice without university qualification and state registration which had been permitted since 1869 when healing was declared a free trade for all.” See Osborne, “Women Doctors and Gender Identity in Weimar Germany,” 120. Osborne demonstrates that women doctors were especially opportunistic in their vilification of quacks in their arguments against the abortion law. By claiming that the law was discriminatory towards lower-class women, who faced increased health risks because they had to rely on lay practitioners, female doctors gained the trust and loyalty of these women—the guardians of their families’ health. As a result, they also took away patients from their competition. Although women physicians did have some interest in protecting women’s health, Osborne contends that their professional interest to have a monopoly over reproduction was also a motivating factor. See Osborne, *Cultures of Abortion in Weimar Germany*, 65, 70-71, 211. I see this opportunism as another example of women physicians’ maternalism because they made their arguments against the abortion law on the backs of their lower-class patients. Licensed doctors increasingly feared the threat that lay practitioners posed to them, especially in light of an overcrowded medical profession during the interwar period. For more on this, see Kater, “Professionalization and Socialization of Physicians in Wilhelmine and Weimar Germany,” 679.

³¹⁰ Dr. Else Liefmann, “Gesundheitslehreunterricht in der Schule, eine Aufgabe der Hygienischen Volksbelehrung,” *Vierteljahrschrift deutscher Ärztinnen* 3.2 (April 1927): 54-56.

³¹¹ Marjorie Lamberti, *State, Society, and the Elementary School in Imperial Germany* (New York: Oxford University Press, 1989), 21-22.

³¹² The Munich Physician’s Organization, for example, wanted to expand the medical supervision of youth to all higher schools. See Dornberger, “Hebung der Volkskraft durch Kräftigung unserer Jugend” in BArch, R 86/5675.

during puberty when young girls and boys experienced new psychological and physical changes and were the most susceptible to societal and peer pressures that could negatively affect their upbringing. The war, marked by changing conditions and attitudes around sex, only expanded the need for doctors in schools, but delayed their funding.³¹³ The postwar period brought forth a new sense of economic urgency to develop vocational education. State officials had concerns about the Weimar economic difficulties and the rational modernization of German industry through technological and organizational innovation, which necessitated a mass of semi-skilled and unskilled labor, as well as highly-trained technical specialists and managerial staff. Vocational schools—now viewed as crucial to helping the economy and the industrialization process—became the topic of national debate in the early years of the Republic.³¹⁴ In addition, Social Democrats, bourgeois feminists, and organized housewives debated how to prepare young female workers for their future roles as housewives and mothers through vocational schooling without making this a priority over their housework.³¹⁵ Women doctors agreed that the key task of vocational education was to prepare girls for

³¹³ See Dornberger, “Hebung der Volkskraft durch Kräftigung unserer Jugend” in BArch, R 86/5675.

³¹⁴ Article 145 of the Weimar Constitution included a pledge to introduce compulsory vocational (or continuation) schooling for all youth between the ages of 14 and 18 who were no longer in full-time education. In 1920, the Ministry of the Interior under the German Democratic Party, Erich Koch, started drafting legislation to turn this Article into practice. The Social Democratic Secretary of State, Heinrich Schulz, planned for more comprehensive legislation. He drafted a law that called for three years of compulsory schooling for both sexes following the Volksschule. The draft of this law, completed in July 1920, ran into difficulties because of its financial provisions, and thus, in December 1921, the Reich Ministry of the Interior announced that the draft law had failed. In February 1925, the Social Democrats made an attempt to revive the draft law, but it amounted to nothing in the Reichstag. Each state then created its own laws regarding vocational schooling, leading to considerable differences between the states, such as the number of attendance hours per week. Ultimately, there was no national legislation regarding vocational schooling, and therefore, no state consolidation of the schools—something feminists, educationalists, and social hygienists argued for. See Harvey, 62-63 and 78-80.

³¹⁵ Harvey claims that in order to resolve this conflict, there were many different solutions attempted, including an experiment in Bremen for a full year home economics courses for all students leaving the Volksschule before they entered the vocational school. The basic conflict, however, remained unsolved and continued to be disputed. See Harvey, 82-83.

domesticity, and they sought out ways to accomplish this in their positions as vocational school doctors. Their vision of domesticity, however, was based on their own middle-class ideals. The vocational school, after all, became a wholesome refuge from the stresses of the workplace, the perceived unhealthy environment of proletarian neighborhoods, and the perceived chaos of working-class households. It provided lower-class students with middle-class values based around regular work and a rationally-organized lifestyles.³¹⁶ Female physicians argued for their employment in these schools based upon the fact that adolescent girls were developing their reproductive organs, constituted a population at risk, and ultimately needed health guidance as to how to best prepare their bodies for housework and motherhood. Most of the discussion that filled the pages of *Die Ärztin*, then, centered around the need for separate female doctors for female students in vocational schools, as well as a distinct physical education curriculum, based off girls' differing needs and maturity during puberty.

In general, women doctors agreed that it was acceptable for male and female students to be cared for by a male or female doctor in the *Volksschule*. Because there were no differences between girls and boys in terms of physical education during their years as infants and small children, doctors like Heusler-Edenhuizen did not see the necessity of starting a different physical education curriculum until the adolescent years, at which point, the objective of male physical education became focused on potential performance and outwardly strength, whereas the priority for females was to strengthen them for activities “which nature has imposed on [their bodies]”—namely, childbearing

³¹⁶ Harvey, 82-83.

and motherhood.³¹⁷ Dr. Paula Heyman, a school doctor in Berlin who reported on the situation there, saw no difficulties in the several boys' elementary schools which were under the care of a female doctor. In fact, she saw a separation of boys and girls into separate medical care based on their sex as unwise for reasons of location and family continuity; the top priority in the *Volksschulen*, in her opinion, should be one school doctor caring for the entire family. For students in the middle, higher, or vocational schools, however, that is students above the age of fourteen, she asserted that boys should have a male doctor and that girls should have a female doctor.³¹⁸

The rationale behind providing female doctors for female students in the higher schools was to teach older students about health questions and to provide suitable sex education. Moreover, venereal disease infections were widespread in the upper classes, which only underscored the need for a health professional in these schools. It was for these reasons that female doctors like Heyman viewed it as "inadvisable to assign these duties to a female doctor in boys' schools or to a male doctor in girls' schools."³¹⁹ She also recognized the opposition of such "disruptive improvements" among Berlin school board members, noting that it was "not astonishing" that teachers and parents would disapprove of a female doctor in a male higher school. Heyman clearly had no interest in challenging her male colleagues in the higher schools. And although she sought to minimize the exaggerations about the differences between male and female physicians, she herself did nothing to help this situation for herself or her struggling colleagues,

³¹⁷ Heusler-Edenhuizen, "Die körperliche Erziehung der Frau vom ärztlichen Standpunkt," 2 in *LArch-Berlin E Rep.* 300-52, Bd. 2.

³¹⁸ Dr. Paula Heyman, "Schularzt oder Schulärztin in den höheren Schulen?" *Monatsschrift deutscher Ärztinnen* 4.5 (May 1928): 84.

³¹⁹ Heyman, "Schularzt oder Schulärztin in den höheren Schulen?" 84.

instead advocating for separate medical care based on sex. Female doctors, in carving their niche into school health care, restricted their expertise to women.

Employing female physicians in schools became even more essential because of the changing patterns of adolescent behavior, which mirrored the postwar transformation of society. The war and its aftermath had created tremendous economic changes and differing sexual mores, which greatly affected young people. Women physicians, such as Heusler-Edenhuizen and Susanne Altstaedt, believed that vocational students' mothers failed to adequately educate their children in matters of sex, health, and hygiene at home, and argued that these problems could be solved by staffing schools with doctors. Altstaedt, a school physician who took over the medical care of a few girls' vocational schools in Lübeck in 1924, viewed school doctors as the most appropriate professional group to teach children about the dangers of venereal disease, and other issues they did not learn about at home. Doctors fit this role well because they understood the importance of tact and respected the appropriate boundaries of their patients when discussing sexual matters, thus avoiding harming the shame of young girls.³²⁰ Heusler-Edenhuizen praised the important educational capacities of schools, particularly in light of problems that occurred at home. She targeted "poor" and "mentally endangered children" as worthy of special treatment.³²¹ It was in instances like this that Heusler-Edenhuizen's class-biased eugenic leanings clearly emerged. It was these types of "problem" children that teachers and doctors had to give the most attention, and through intervening in the lives of lower-class or mentally ill children, Heusler-Edenhuizen aimed to minimize the risks they posed to the rest of society.

³²⁰ Dr. Susanne Altstaedt, "Hygienische Volksaufklärung. Ueber sexuelle Aufklärung in der Berufsschule," *Vierteljahrschrift deutscher Ärztinnen* 2.3 (July 1926): 71.

³²¹ Heusler-Edenhuizen, "Die sexuelle Not unserer Jugend," 606.

The communal work of pedagogues and female doctors in these school matters became “an urgent need.” Using their theoretical and practical scientific skills, they could together determine the reasons for the decreased physical output of a child or detect irregularities or disease.³²² Gym teachers, for example, could send their complaining students to school doctors to confirm that no medical abnormalities existed, demonstrating the practical application of this collaborative system. Doctors also utilized their “expert eye” to spot threatening conditions while supervising gym courses—a far superior means to discovering problems than while the child was at rest during office hours or a short medical exam.³²³ Such preventative practices were critical to averting health disasters and would ultimately benefit the general welfare of the *Volk*. It was physicians, however, that women doctors argued should ultimately be responsible for health education. Responding to pedagogical appeals for teachers to assume the task of health education,³²⁴ female physicians asserted that doctors, with their medical training, were more qualified to teach health education, especially because it was a field that involved weaving nutrition, disease prevention, and the detection of infections into the lessons. Although they acknowledged the necessity of cooperating with the teaching

³²² Dr. phil. Agnes Molthan, “Zur Frage der Schulärztin,” *Monatsschrift deutscher Ärztinnen* 5.5 (May 1929): 85-86.

³²³ Heusler-Edenhuizen, “Die körperliche Erziehung der Frau vom ärztlichen Standpunkt,” 8-9, 14 in *LArch-Berlin E Rep.300-52*, Bd. 2.

³²⁴ E. Hertel, a school principal, contended that teachers should be responsible for teaching health because they were pedagogically trained. Moreover, he claimed that, teachers were with students over a long period of time, and since health education was not the type of subject that was taught over just a few weeks, a teacher was the best option to give this type of instruction. Because a teacher dealt with students daily, she could attempt to influence their will in terms of health. Despite his strong endorsement for teachers to teach health, Hertel also lauded the growing cooperation between doctors and teachers in school health care. See E. Hertel, “Wer soll den Unterricht in Gesundheitslehre erteilen?” *Monatsschrift deutscher Ärztinnen* 5.5 (May 1929): 86-87. Dr. Agnes Molthan, the leader of the German Philological Association, agreed that the teacher—with her extended experiences with students and close attention to behavior—and the doctor—with her scientific and psychological training—really complemented one another. See Molthan, “Zur Frage der Schulärztin,” 86.

profession in the health promotion of the *Volk*, women doctors defended their right to teach health to the nation's youth, especially in the upper classes.³²⁵

By criticizing the abilities of mothers to provide adequate sexual and health education for their own children, female physicians elevated the significance of school instruction and created a way to fit themselves into the educational system. Edith von Lölhöffel, a practicing doctor in Charlottenburg and a contributor to various physical education organizations and courses in the higher schools and university in Berlin, for example, pointed out the “great ignorance” that existed among mothers and housewives—“the educators responsible for child-rearing”—as to how essential physical exercise was to the health of their children. She then suggested a number of exercises mothers and housewives could do with their children at home. She also praised a workshop held in May 1929 by the German College for Physical Exercise, in which housewives gathered for six days to participate in daily exercise and to hear affiliated lectures from doctors—a number of them by von Lölhöffel herself. Von Lölhöffel, thus, not only admitted a desire to impart her knowledge about youth physical education to these mothers, but she also literally instructed them how to do so in lectures like “Physical Exercise in Infant and Small Children.”³²⁶ She became a parent for these

³²⁵ Dr. med. Josephine Höber, “Warum Unterricht in Gesundheitslehre von Ärzten und Ärztinnen gegeben werden soll,” *Monatsschrift deutscher Ärztinnen* 5.8 (August 1929): 157. Höber praised the experienced, pedagogical, and medically gentle manner of male and female physicians.

³²⁶ Dr. Edith von Lölhöffel, “Körpererziehung in der Familie,” *Monatsschrift deutscher Ärztinnen* 5.8 (August 1929): 157-158. The other lectures Lölhöffel gave were “Housewife Diseases and their Prevention,” “The Meaning and Technique of Air and Sun Baths,” and “First Aid in the Nursery.” Alice Profé gave a lecture entitled “Physical Exercise in the School Age.” Two other Berlin women physicians, Elisabeth Hoffa and Hedwig Bergmann, gave lectures on “Puberty” and “Physical Exercise and Motherhood” respectively. This workshop, then, was an opportunity for several doctors to gain public exposure and to participate in health education. It sparked so much enthusiasm from housewives and mothers the same workshop was repeated in September 1929.

parents and also created a new way for her colleagues and her to participate in health education.

Another especially glaring example of women doctors' maternalism occurred when the welfare office of Bautzen in Saxony in 1925 asked the BDÄ to assist in producing a school leaflet to be distributed to mothers of school-aged children. Dr. Lina Raumsauer, a practicing doctor in Oldenburg who wrote the medical portion of the brochure, depicted how the school assisted mothers in educating and caring for youth. The mother was accountable for ensuring the mental and physical development of her child; the brochure, passed out the first day of school, only provided additional information in undertaking this task. Raumsauer knew, however, that there were thousands of mothers in Germany who were either unable (based on their living or economic conditions) or unwilling to convey satisfactory advice and education to their children. She, therefore, claimed that the leaflet was helpful for all types of mothers, as it offered very basic guidance on how a child should sleep, bathe, eat, play, and even when he or she should go to the bathroom.³²⁷ By explaining to mothers these elementary concepts in a school brochure, female doctors like Raumsauer, having witnessed how German mothers failed to provide basic care for their children, assumed responsibility for the upbringing of other peoples' children and imposed middle-class values of motherhood on their lower-class students' families. The failure of parenting at home conferred even more importance on schools and on the role of doctors within schools, but also outside of them—that is, in doing the parenting in people's homes—as well. This was also further evidence that the public-private dichotomy continued to dissolve during

³²⁷ "Ein Schulmerkblatt," *Vierteljahrsschrift deutscher Ärztinnen* 1.5 (July 1925): 141-143.

the Weimar-era. As Atina Grossmann notes, “sex reform journals, advice books, and pamphlets carried their interventions straight into the home and bedroom,” as expert professionals gained insight into people’s private lives under the rubric of social welfare, marriage counseling, and now school health education.³²⁸ Through their intervention into people’s parenting principles, women doctors became a driving force behind the disappearance of public-private boundaries

The issue of privacy developed into a bigger concern within public education, especially for women students. It was for reasons of privacy that Dr. Ilse Szagunn demanded that female doctors be employed in girls’ vocational schools. She asserted that it would be a “downright dereliction of duty” not to provide young girls, who were exposed to a variety of risks in their professional lives, education and words of warning, and “above all to give them the opportunity to turn to their female school doctor in full confidence with their needs.” Protecting the privacy of female students regarding the taboo matters of sex and hygiene was reason enough for Szagunn to regard the employment of female school doctors as “absolutely natural and self-evident.”³²⁹ Szagunn, who worked part-time from 1918 to 1931 as the nation’s first women vocational school doctor, took the same approach in school health care that she did in marriage counseling: young adolescent girls, she thought, trusted women school doctors with their intimate questions and problems, just as the female visitors to marriage counseling centers felt more confident speaking with female physicians there. Szagunn also recognized how these two fields of public welfare work—sex education and

³²⁸ Atina Grossmann, “The New Woman and the Rationalization of Sexuality in Weimar Germany,” in *Powers of Desire: The Politics of Sexuality*, ed. Ann Snitow, Christine Stansell, and Sharon Thompson (New York: Monthly Review Press, 1983), 165.

³²⁹ Dr. Ilse Szagunn, “Probleme der schulärztlichen Versorgung der Berufsschulen,” *Monatsschrift deutscher Ärztinnen* 5.5 (May 1929): 90-91.

marriage counseling—overlapped, as she encouraged school doctors to teach the dangers of venereal disease and abortion, highlighted the meaning of health for a marriage, and pushed for pre-marital counseling. And according to Szagunn, it was not just women doctors who advocated this view; her membership in a health delegation showed that the majority of men also supported the employment of female school doctors in girls' vocational schools.³³⁰

Following the same line of reasoning, Käte Gaebel, a representative for the BDF's women's professional office, defended the employment of female physicians in vocational schools because she feared that female students were not as honest with doctors of the opposite sex. She suggested that girls might withhold or exaggerate information in the presence of a male doctor, whereas they discussed the same information with a woman "without risk." She also claimed that women in the upper classes had already opposed male doctors conducting their standard health exams.³³¹ The stakes at vocational schools were already quite high since two organizations had raised concerns that many youth were "professionally underdeveloped" when they finished school,³³² meaning that when they started working, they frequently collapsed from

³³⁰ Szagunn, "Probleme der schulärztlichen Versorgung der Berufsschulen," 90-91. In Dr. Josephine Höber's evaluation of the municipal school medical care in Kiel, she also confirmed that male authorities desired the cooperation of female doctors in evaluating adolescent girls during routine medical check-ups. See Dr. med. Josephine Höber, "Aufgaben der Schulärztin einst, jetzt, und in Zukunft," *Monatsschrift deutscher Ärztinnen* 5.4 (April 1929): 64.

³³¹ Dr. Käte Gaebel, "Schulärzte für die Berufsschulen," *Monatsschrift deutscher Ärztinnen* 4.7 (July 1928): 122. Szagunn also noted that at the university level, when women knew there was a women physician available for their mandatory health exams, they went to her. To Szagunn, this was the best evidence that female students preferred a female doctor. In addition, the German Association of Female Academics (*Deutscher Akademikerinnenbund*) conducted a survey to determine if female students themselves wanted female physicians to examine and treat them. The results of the survey according to Szagunn, clearly showed that they did want this. See Ilse Szagunn, "Untersuchung und Behandlung von Studentinnen durch Ärztinnen," *Monatsschrift deutscher Ärztinnen* 6.3 (March 1930): 54-55.

³³² In the fall of 1925, two different organizations advocated a systematic medical survey of students at vocational schools. Both the Association for School Health Care, at their conference in Bonn in September of that year, and the BDF, in a general meeting in Dresden in October (through the Dresden

physical unpreparedness or were forced to do menial tasks or even to change careers. Some students were so “mentally underdeveloped” or “physically inferior” that they ended up in remedial classes or a *Hilfsschule*, or school for children with learning disabilities.³³³ Clearly, some inferior learners in the vocational schools proved to be an additional social and financial burden.

In addition to offsetting the already problematic professional preparedness issues that existed in vocational schools, employing women doctors also helped fulfill the legitimate demands for a feminine presence during school medical exams. Dr. Josephine Höber, a council woman and advocate for school health reform, as well as a practicing Jewish physician in Kiel for over ten years before she immigrated to England and then America, criticized the lack of available female doctors for girls. Six managerial medical consultants worked under the control of seven municipal school doctors in Kiel, but of these six, only two were women doctors, a number that Höber declared did not correspond to the demands for women to treat adolescent girls during their routine medical exams. The certain “erotic atmosphere” that existed in school classes for girls between the ages of 12 and 18 provided further motivation for women doctors like Höber to address these demands. After all, the female school doctor “[could] provide the most valuable and most comprehensive material” for the numerous problems—menstruation, severe cramping, and other difficulties with the female genitalia—connected to exercise, swimming, rowing, or other physical activities.³³⁴

school doctor Dr. Maria Snell), discussed this in detail. Around the same time, Szagunn, a vocational school doctor, reported on the topic of “The Medical Care of Vocational School Students” at a meeting organized by the Berlin chapter of the BDÄ and at the Association for Berlin Vocational School Students. See Gaebel, “Schulärzte für die Berufsschulen,” 119.

³³³ Gaebel, “Schulärzte für die Berufsschulen,” 119-120. In Frankfurt, ten percent of the children leaving school were in remedial classes or a *Hilfsschule*.

³³⁴ Höber, “Aufgaben der Schulärztin einst, jetzt, und in Zukunft,” 64.

And while not many women were participating in physical exercise in vocational schools, this was certainly not for their lack of desire.³³⁵ Instead, most girls not participating in sports lacked time, opportunities, and the money to do so. Just as doctors such as Alice Profé pushed for the equalization of funding in sports,³³⁶ during the Weimar period, other doctors pressed the issue of equal gym time between boys and girls. For instance, industrial and commercial vocational schools in Görlitz required a gym hour for boys, but lacked the funds to offer the same course for girls.³³⁷ This was just the foil female physicians needed to continue to campaign for the employment of women doctors in vocational schools. Their demands to be included in the curriculum-building and on the payroll of vocational schools, in other words, was also a veiled critique of the systematic discrimination against women's physical education and of their male colleagues employed in these schools. Female physicians contended that women medical practitioners better served women students and that weekly physical exercise benefited the students, as well as the entire *Volksgesundheit* because of the gains it had for their reproductive organs.

The medical monitoring of female youth not just in schools, but also in sports organizations and among women workers, additionally helped filter unhealthy elements out of the population. For example, Höber suggested that increasing the number of

³³⁵ The industrial and commercial vocational schools in Görlitz had 319 and 462 students respectively. In all three groups of female students—those who regularly participated in sports, those who irregularly participated in sports, and those who did not participate at all—girls longed for physical education, especially in the last group. Altogether, between 45-50 percent of female students vocalized such desires. They mostly wanted to do gymnastics and swim. See Dr. E. Michaelsen, "Leibesübungen in den Berufsschulen," *Monatsschrift deutscher Ärztinnen* 5.5 (May 1929): 92.

³³⁶ Profé, "Mädchen—Kinder zweiter Klasse?"

³³⁷ At the Görlitz vocational schools, of the female students, 53.4 percent of workers, 57.3 percent of tailor trainees, 20.5 percent of hairdresser trainees, 17.3 percent of milliners, 28.5 percent of clerks, 38 percent of salesmen, and 21.4 percent of those without a profession participated in no sort of physical activities. See Michaelsen, "Leibesübungen in den Berufsschulen," 92.

municipal doctors to conduct annual school medical exams in Kiel would improve the current system because it would allow more accuracy during exams. Other improvements included recording the results of the exams in a health book which would accompany a child throughout his or her lifetime (as well as into the marriage counseling center), making regular tours through schools in order to roundup students suspected of being sick, and sending these “abject” children to school medical office hours with the discretion of parents or teachers.³³⁸ In addition to her attempts to remove unhealthy students from school houses, and thus, from having contact with other, healthier students, Höber also proposed that individual medical histories—tracked in the health book—determine who should and should not receive birth control. This plan of allowing the lower-classes to participate in birth control, especially if they demonstrated a tainted family history, she maintained, was necessary, particularly as a counterweight to her claim of the massive distribution of birth control in many physicians’ office hours. Through the compulsory recording of health conditions, she sought to prevent “never-ending misery” and maintain “the most desirable assets of people.”³³⁹ Handing out birth control only to people with a history of disease or in a more class-structured way was a means to achieving this. Höber clearly disapproved of the current system in which birth control was distributed unscientifically and was generally available only to the educated, well-off classes. She wanted to help both her lower-class students, who likely lacked access to birth control, and vocational schools (or society at large), which became burdened with supporting the problems that emerged from these students. In other

³³⁸ Höber, “Aufgaben der Schulärztin einst, jetzt, und in Zukunft,” 63-64.

³³⁹ Höber, “Aufgaben der Schulärztin einst, jetzt, und in Zukunft,” 65.

words, Höber's motivations were connected to both a class-based eugenics ideology and the practical needs of her students.

Laura Turnau, a practicing physician in Berlin and one of the founding members of the BDÄ, agreed with this philosophy of championing healthy youth. She advocated that all new members of female sports clubs be subject to medical examinations and advising upon acceptance to a club and that their membership be dependent on medical diagnosis.³⁴⁰ In other words, she suggested a system that rewarded individuals with good medical histories. By promoting the systematic medical supervision of and intervention in adolescent girls in schools and sports organizations, doctors like Höber and Turnau followed a eugenicist line of thinking in supporting and compensating "fit" individuals. Likewise, they sought to prevent the propagation of diseased individuals by targeting them specifically for birth control and by ostracizing them from schools and sports clubs.

In her suggestion that adolescent girls undergo medical examinations as a prerequisite for acceptance into sports clubs, Turnau also created new jobs and a new niche for female physicians to participate in the medical field. Because female physicians would be needed to perform these exams and would work as sports teachers in girls' clubs, Turnau extended the duties of women doctors beyond schools; they would now supervise girls' leisure-time activities under the same rubric of promoting girls' physical education. Similarly, articles in *Die Ärztin* broadened discussions about school physical education to also include women at work. One article dispensed tips to women working in factories, in the professions, and at home about how to avoid physical harm in

³⁴⁰ Laura Turnau, "Frauensport und Sportärztin," *Vierteljahrschrift deutscher Ärztinnen* 1.5 (July 1925): 146.

the workplace.³⁴¹ Interestingly, the journal—created by and for female professionals—agreed with the male view that the greater intellectual activity of the brain could harm the reproductive organs of women.³⁴² This was quite the contradictory view considering these women spent many years studying to become doctors. Nevertheless, these types of articles show how female physicians used the discussion over appropriate physical exercise in schools to command an additional site of women’s expertise in describing what was most harmful for young girls.

The Expanded Role of Women School Doctors

By expressing their concerns about women’s physical fitness at school, work and leisure, female physicians demonstrated the broad scope of their knowledge. They also created a new domain within school medicine that they could claim as their own; because of their motherly and womanly insights, they assumed they knew which types of physical exercise best served women. Such reasoning clearly led them to find it acceptable to advise mothers about how to take care of their school children in the 1925 school leaflet discussed above.³⁴³ This maternal reasoning was demeaning towards their students and students’ mothers, especially because of the clear class divide between doctors and vocational school students. At the same time, by seeking scientific solutions to

³⁴¹ Dr. Gertrud Heckler, “Körperkultur der berufstätigen Frau,” *Vierteljahrsschrift deutscher Ärztinnen* 2.4 (October 1926): 106-108.

³⁴² Male physicians generally made this argument in opposition to female demands to study at the university level. As historian Patricia Mazón demonstrates, physicians generally felt that “any education beyond the pabulum of the typical higher girls’ school curriculum would irrevocably damage girls’ health and reproductive development.” See Mazón, 80. The Nazis, especially, thought that women’s constitutions could not sustain the mental and physical efforts that university studies required. They believed studying could seriously impair or permanently damage the procreative capacities of women. They thought since women were seated for long periods of time, this could cause functional disorders of the genitals or menstrual problems. This was especially worrisome to the Nazis since it was the racially most valuable women who took up university studies, and thus, became sterile due to intellectual overexertion. (One Nazi physician claimed that up to 80 percent of female graduates were sterile.) This thus left only the mediocre or inferior women to reproduce. Women, in their opinion, were simply “unfit” for university study. See Pauwels, 16, 135.

³⁴³ “Ein Schulmerkblatt,” 141-143.

mothering, doctors believed they were doing what was in the students' best interest. This type of radical intervention in their students' lives meant they offered much more than routine medical exams and advice about physical exercise. Instead, they saw themselves as forging the fields of women's physical and sex education.

Dr. Ilse Szagunn, in reflecting on her part-time position at the vocational school in Charlottenburg, from which she was eventually fired because of the *Doppelverdiener* (double-earner) law,³⁴⁴ described herself as a pioneer in the newly opened field of social hygiene.³⁴⁵ While overseeing 3,000 female students, she promoted health care for children leaving school, fought for child workers' rights, and taught women their responsibilities when it came to sex. But it was not only the adolescent girls who benefited from their interaction with Szagunn. Szagunn also took satisfaction from working with 14-17 year olds, who faced many difficulties with maturity, their families, and finding a profession:

Looking back, I always admired how they overcame all these difficulties and how the girl's approach—I always said “my” girl in my mind—was healthy and brave vis-à-vis the duties of work and life.³⁴⁶

Szagunn clearly acted as a mother to these girls, even referring to them as her own, and provided much more to them than routine medical exams and advice. For example, when her students suffered from unemployment and the crash of 1929, she led a relief effort by distributing 40-50 packages of groceries per month to needy students. She went above and beyond the normal duties of a part-time school doctor by collecting shoes, coats, and

³⁴⁴ The Law Governing the Legal Status of Female Civil Servants and Public Officials, passed in 1932, stated that women who were second wage earners could be dismissed from public service. See Peukert, 97.

³⁴⁵ Szagunn, “Vita von Ilse Szagunn,” 261-262.

³⁴⁶ Szagunn, “Vita von Ilse Szagunn,” 262.

money and finding a job for one student who was in dire need of help.³⁴⁷ It was instances like this in which Szagunn's maternal desire to help others who were not as fortunate was especially apparent. She saw the value of being a mother and wife for her professional life, claiming that her work went much further when combined with marriage and motherhood.³⁴⁸

In addition to bringing awareness to policy-makers, pedagogues, and people in the medical profession about women's unique needs in physical and sex education, female physicians led the way in modifying gym curriculum in schools. In the past, pedagogues and doctors believed that women could be physically and mentally educated in similar ways to men, albeit in a weaker form based on their weaker compositions.³⁴⁹ Otherwise, they restricted women in the types of physical and mental activities they could participate in.³⁵⁰ However, Weimar-era views of the female organism centered on its differences from the male organism, and thus, aspired for different developmental goals in women's health education. Because the female organism had distinct functions, female doctors argued that female physical education be adjusted to fit this more current view.³⁵¹ In other words, the notion that women were different (not equal) in terms of their physical capacities replaced earlier ideas about women's parity to men. Therefore, changes to health curriculum often focused on how it should cater to women's bodies and abilities.

³⁴⁷ Szagunn, "Vita von Ilse Szagunn," 263.

³⁴⁸ Szagunn, "Vita von Ilse Szagunn," 261.

³⁴⁹ Bender, "Aerztliches über weibliche Gymnastik und Körperkultur," 100.

³⁵⁰ I have already discussed how women were restricted from certain mental activities, such as university studies because they were deemed "unfit". In addition, according to Heusler-Edenhuizen, prior to World War I, there were a limited number of physical activities deemed suitable for middle-class women. They could play croquet in the summer or ice skate in the winter, but only under the surveillance of their mothers and aunts. They had started biking, which they enjoyed, but this was deemed "improper for respectable women." See Heusler-Edenhuizen, "Die körperliche Erziehung der Frau vom ärztlichen Standpunkt," 1 in *LArch-Berlin E Rep.300-52*, Bd. 2.

³⁵¹ Bender, "Aerztliches über weibliche Gymnastik und Körperkultur," 100.

Changes specific to women's bodies led female physicians to advocate a unique gym program for women. Until the age of twelve, boys and girls followed relatively similar developmental patterns, but after this, girls' bodies matured much earlier and much quicker than boys'. This was especially true of height. As boys' extremities grew stronger during puberty, girls' arms and legs only grew longer, as did the spine. Because of such extreme linear growth of the female body, girls' tight muscles became stretched out, thus making them thinner and weaker. This often led to scoliosis, which occurred five times more often among adolescent girls than boys.³⁵² The pelvis of females also grew wider during this time period to prepare girls for childbearing. However, because the stomach muscles were not yet strong enough to hoist the pelvis forward, the backbone often bent abnormally. Because the female body experienced these particular changes, women doctors like Heusler-Edenhuizen and Clara Bender, a school doctor and practicing physician in Breslau, thought female physical education should include exercises for strengthening the back, as well as running games and swimming to bolster the torso muscles. Furthermore, they thought it was important to incorporate breathing techniques into the curriculum because the heart and lungs were often not developed enough to keep pace with the demands of such precipitous body growth.³⁵³ Dr. Elizabeth Hoffa, a Jewish pediatrician and part-time school doctor in Berlin, advocated that a daily gym hour, particularly during the crucial developmental years at the vocational schools, would be quite beneficial if it accommodated the female body. She even reported the

³⁵² Heusler-Edenhuizen, "Die körperliche Erziehung der Frau vom ärztlichen Standpunkt," 10-11 in LArch-Berlin E Rep.300-52, Bd. 2. Sachs also reported a higher increase of scoliosis among school-aged girls (41 percent up from 22 percent) compared to school-aged boys (21 percent up from 19 percent). See Sachs, "Die körperliche Erziehung der Frau vom ärztlichen Standpunkt," 18 in LArch-Berlin B Rep.235-01, MF 3136-3143.

³⁵³ Bender, "Aerztliches über weibliche Gymnastik und Körperkultur," 101 and Heusler-Edenhuizen, "Die körperliche Erziehung der Frau vom ärztlichen Standpunkt," 10-11 in LArch-Berlin E Rep.300-52, Bd. 2.

improvement of bad posture, scoliosis, and breathing after the implementation daily exercise in a Wilmersdorf elementary school.³⁵⁴

The strengthening of back, stomach, and chest muscles in women was not only important for supporting the pubescent maturation of their bodies, but it was also vital, according to Heusler-Edenhuizen, to make a woman stronger for “her specific reproductive activity, pregnancy and childbirth.” Because a pregnant woman required strong stomach muscles to restrain the forward-falling child and to push during childbirth, strong back muscles to counterbalance her baby weight, and strong chest muscles to replace breathing from her stomach with that of the chest, Heusler-Edenhuizen called for these areas to be the focus of physical education programs.

Women who had neglected doing exercise prior to pregnancy often had doctors prescribe them a corset to replace the lacking stomach and back muscles. Women who participated in proper physical education or sports during adolescence showed positive results during pregnancy, and some women were even starting to exercise during their pregnancies.³⁵⁵

Heusler-Edenhuizen, for example, remembered the case of a woman patient of hers with eight children and one of the most immaculate bodies she had ever seen. When she questioned this woman about whether she had done some sort of exercise for her body to remain looking so good, the woman turned dark red and ashamedly admitted that she was

³⁵⁴ Dr. Elisabeth Hoffa, “Mädchenschulturnen und Schulärztin,” *Monatsschrift deutscher Ärztinnen* 5.4 (April 1929): 68.

³⁵⁵ Heusler-Edenhuizen reported that this was the case in Breslau, but that doctors handling these girls during a short 6-7 month time period did not have conclusive results. Moreover, these exercises had to be implemented long before one became pregnant. See Heusler-Edenhuizen, “Die körperliche Erziehung der Frau vom ärztlichen Standpunkt,” 17 in *LArch-Berlin E Rep.300-52*, Bd. 2. Bender confirmed that women who did sports did not necessarily have more problems giving birth than other women. However, based off a systematic examination, there were certain types of sports and gymnastic exercises, which were unbeneficial for bearing children later, primarily because they created a pelvic floor that was too strong and too muscular. This applied especially to exercises that strengthened the inner muscles of the thighs, such as riding in a male saddle, starting and stopping while skiing, jumping, and certain bar exercises. See Bender, “Aerztliches über weibliche Gymnastik und Körperkultur,” 104.

a professional athlete and had competed shortly before and after pregnancy. Instead of chastising her, Heusler-Edenhuizen instead claimed that this woman gave her the assurance that she and her colleagues could sufficiently strengthen women for pregnancy through proper physical education, and even give them greater joy in knowing that their bodies would not become deformed.³⁵⁶ Heusler-Edenhuizen became, in other words, a true believer in the benefits of participating in exercise at an early age. School health curriculum focused on preparing women's bodies for pregnancy, therefore, became a new goal of female school doctors, just as it had at the 1925 Conference on the Physical Education for Women.

Catering gym exercises to fit the new build of women's bodies during adolescence and to prepare them for pregnancy was one way in which female physicians yearned to redesign current school physical education programs. They also wanted to limit certain types of exercise for women and to take special precautions for them during their menstrual cycles. For the most part, female doctors thought girls should be handled more cautiously during adolescence because of the dangers that the early onset of puberty and its turbulent progression caused, and because of girls' "weaker constitutions."³⁵⁷ Girls' peculiar bone structure was a large disadvantage to them in strengthening activities for the arms and legs. Their long bodies, short arms and legs, and wide pelvis made them relatively unsuitable for sports like running, jumping, and apparatus gymnastics. Doctors generally advised girls against competition because of how easily this led to an over-

³⁵⁶ This story appears in both Heusler-Edenhuizen, "Erfahrungen und Wünsche einer Frauenärztin," 26 in LArch-Berlin B Rep.235-01, MF 3136-3143 and Heusler-Edenhuizen, "Die körperliche Erziehung der Frau vom ärztlichen Standpunkt," 18 in LArch-Berlin E Rep.300-52, Bd. 2.

³⁵⁷ Heusler-Edenhuizen thought doctors should consider the mass of allowable exercise, but should also pay attention to the necessity of rest for young girls. See Heusler-Edenhuizen, "Die körperliche Erziehung der Frau vom ärztlichen Standpunkt," 11, 13 in LArch-Berlin E Rep.300-52, Bd. 2.

exertion of the heart. Girls' exercise and sports should not be about setting records or training for muscle strength performance; rather, the incentives should be personal efficiency and all-around harmony.³⁵⁸ Normally, it was just important for doctors to be aware of things like dosage, which Bender argued should be given on a case-by-case basis, and on the abilities of physically weak or unhealthy children.³⁵⁹ Most doctors agreed that insisting that women hold off on any type of exercise was wrong and that limiting women's physical exercise under certain conditions tended to be over-exaggerated. This was almost certainly the case with pregnant women, as I have already explained, and with menstruating women.

Menstruation, which women physicians perceived as an embarrassing issue for adolescent girls, was, in fact, a normal, physical process that every girl underwent, according to Heusler-Edenhuizen. It was for this reason that she believed there was no excuse for healthy women not to carry on with their normal work and physical activities. She thought only unusual activities should be avoided. For example, girls should not carry heavy loads or do mountain climbing or other extravagant activities. Schoolgirls should be exempt from jumping exercises, but in general, they could participate in most other sports and gym drills. Physical activity actually proved beneficial to girls' health because it stimulated blood flow, and thus, Heusler-Edenhuizen supported restrained exercise during menstruation.³⁶⁰ The worst type of behavior for menstruating women,

³⁵⁸ For a few examples, see Bender, "Aerztliches über weibliche Gymnastik und Körperkultur," 102-104; Heusler-Edenhuizen, "Erfahrungen und Wünsche einer Frauenärztin," 27-28 in LArch-Berlin B Rep.235-01, MF 3136-3143; Heusler-Edenhuizen, "Die körperliche Erziehung der Frau vom ärztlichen Standpunkt," 11-13 in LArch-Berlin E Rep.300-52, Bd. 2.; Sachs, "Die körperliche Erziehung der Frau vom ärztlichen Standpunkt," 18-21 in LArch-Berlin B Rep.235-01, MF 3136-3143.

³⁵⁹ Bender argued that it was, in fact, "most foolish" to exempt frail or problem children from school gymnastics. See Bender, "Aerztliches über weibliche Gymnastik und Körperkultur," 102.

³⁶⁰ Heusler-Edenhuizen, "Die körperliche Erziehung der Frau vom ärztlichen Standpunkt," 13-14 in LArch-Berlin E Rep.300-52, Bd. 2.

according to Dr. Alice Profé, was sitting for hours because all the blood collected in the inner organs.³⁶¹ Heusler-Edenhuizen confirmed that pain often occurred from a lack of blood flow. She observed that teachers and students experienced stronger bleeding and pain during the exam preparation period in which they were usually sitting in front of their books all day without movement. She recommended that whenever women began to feel pain, they should immediately ride a bike or power walk because this would help the pain go away.³⁶² Based off her experience as a school doctor in Breslau, Clara Bender agreed that swimming,³⁶³ riding, jumping, and all vibration of the body should be forbidden during menstruation, but she viewed moderate physical movement as harmless, and in fact, beneficial for blood loss or physical ailments.³⁶⁴ How much to expect of a healthy girl during her period, however, really depended on her and how ill or indisposed she was—a designation that, unfortunately, most adolescent girls came to believe. However, having a female doctor on hand to ease a girl's embarrassment when asking for an excuse from gym class or to empathize with her feelings or give explanations, in the way that only a mother could, really consoled a young girl during this time of crisis in her life.³⁶⁵ Additionally, women physicians like Heusler-Edenhuizen helped convince young girls, who were timid about bathing during menstruation, that hygiene was still important,

³⁶¹ Alice Profé, "Frauensport aus Ärztliche Sicht [1928]," in *Frau und Sport*, ed. Gertrud Pfister (Frankfurt am Main: Fischer Taschenbuch, 1980), 115.

³⁶² Heusler-Edenhuizen, "Die körperliche Erziehung der Frau vom ärztlichen Standpunkt," 14 in *LArch-Berlin E Rep.300-52*, Bd. 2.

³⁶³ The Medical Commission of the German Swimming Association did not recommend strenuous competitive swimming or diving during menstruation, but otherwise, it could not detect any dangers of swimming during menstruation. Profé, however, thought women should refrain from using swimming pools and others bodies of water during their periods for reasons of cleanliness. See Profé, "Frauensport aus Ärztliche Sicht," 115.

³⁶⁴ Bender, "Aerztliches über weibliche Gymnastik und Körperkultur," 101.

³⁶⁵ Heusler-Edenhuizen even went so far as to say that this special mother-daughter bond prevented the disharmony that often occurred between parents and their children at this age. See Heusler-Edenhuizen, "Die körperliche Erziehung der Frau vom ärztlichen Standpunkt," 15 in *LArch-Berlin E Rep.300-52*, Bd. 2.

and even more essential during this time because of the larger danger of infection.³⁶⁶

Female doctors, then, saw themselves as quite valuable in terms of guiding young girls in matters of physical exercise during menstruation.

Women physicians continuously tackled the question of whether girls should participate in gym or sports activities while they were on their periods, indicating that this “feminine matter” was something they thought belonged in school health curriculum. The content of women’s physical education already included specific exercises to fit women’s bodies, and it now focused on how the natural bodily cycles of women might affect their physical abilities. This new curriculum concentrated on restricting and extending what was acceptable for the female body; the core of it was about control. And female physicians intended to make themselves responsible for it. With their maternal abilities to empathize and provide comfort, and the mere fact that they had all experienced menstruation themselves, they could claim a superior knowledge and unique insight to these new matters of physical education. By influencing and adjusting the content of women’s health curriculum, I would argue that they broadened their medical roles to also become educational activists for a new type of public health—one that aimed to bring their perceptions of women’s concerns to the forefront.

Beyond advocating for changes in the content of women’s health curriculum, female doctors also wanted to modify the way in which subjects like sex education were taught. In her call for the reform of sexual education, doctors like Helene Börner, a practicing gynecologist in Hamburg, highlighted the failures of these courses in German vocational and higher schools. She thought schools compressed too much information

³⁶⁶ Heusler-Edenhuizen, “Die körperliche Erziehung der Frau vom ärztlichen Standpunkt,” 15 in *LArch-Berlin E Rep.300-52*, Bd. 2. Profé also addressed the issue of cleanliness during menstruation in “Frauensport aus Ärztliche Sicht,” 115 .

into too few lessons. She also thought sex education was too sensational and was offered much too late to students, meaning that its intended aim of protecting children often failed. In addition, Börner criticized its overemphasis on the negatives of sexual life. While sex education intended to prevent and warn children, the side-effect to this was that it caused a backlash among youth who often adopted defensive attitudes.³⁶⁷ Female youth, for example, may claim they never want to marry—an obviously risky consequence in light of the already low birth rate and the extreme gender gap. Börner suggested an alternative sex education program that divided responsibilities between teachers, parents, and doctors, but which they all engaged in collectively. Teachers would educate children in biology while parents would be responsible for the upbringing of children and for instilling in them a sense of responsibility. Doctors would make children aware of venereal diseases and other health matters.³⁶⁸

Other women doctors had ideas about the environment in which sex education should be taught. Instead of holding large lectures, Dr. Susanne Altstaedt and Dr. Erna Janzen, both of whom taught in vocational schools, saw the value in teaching smaller classes. Altstaedt advised her school doctor colleagues against the large lecture format in favor of small lectures like the ones she held in various vocational schools in Lübeck. She taught 20-30 upper-class students for an hour and a half at a time. These small lectures did not require much more time, and in her opinion, the extra work was definitely worthwhile.³⁶⁹ It was in these smaller settings, after all, that women school doctors could develop intimate relationships with their students. These were the types of

³⁶⁷ Dr. Helene Börner, “Ueber sexuelle Aufklärung im Rahmen der Schule,” *Monatsschrift deutscher Ärztinnen* 5.4 (April 1929): 66.

³⁶⁸ Börner, “Ueber sexuelle Aufklärung im Rahmen der Schule,” 66-67.

³⁶⁹ Altstaedt, “Hygienische Volksaufklärung. Ueber sexuelle Aufklärung in den Berufsschule,” 72.

relationships female students needed in order to trust authority figures with personal information about taboo topics. For example, Janzen, previously a practicing pediatrician in Eisenach who also taught at the vocational school there, preferred teaching smaller classes because of the personal relationships she could develop with her students. She urged health education—“an important task of the school doctor”—to adopt this format.³⁷⁰ Similarly, when Altstaedt was teaching in a small setting, she was able to recognize the hopeful faces of young girls, leading her to automatically think of her own small daughter and how she would be where they were sitting within a few years.³⁷¹ Women school doctors, harking back to their own experiences as mothers, oftentimes thought of these school children as their own.³⁷² In a sense, then, they could relate better to their students because they saw the work they did as an extension of their motherly duties in the home. Szagunn, additionally, understood the impact that her being a mother had on her students. While she gave lessons at the women’s vocational school, her younger son often played with other children in the Kindergarten affiliated with the school. Szagunn acknowledged that her students felt a deeper connection with her because in instances like this, she was more than just a teacher in their eyes. This also accentuated her own teaching experience as well.³⁷³

It was their roles as mothers both prior to and during their medical careers that allowed female physicians to maintain such intimate bonds with their students. This “natural” duty of women had taught them traits, such as tact, care, respect, and empathy

³⁷⁰ Dr. Erna Janzen, “Hygienische Volksaufklärung. Ueber sexuelle Aufklärung in den Berufsschulen,” *Vierteljahrschrift deutscher Ärztinnen* 3.2 (April 1927): 53.

³⁷¹ Altstaedt, “Hygienische Volksaufklärung. Ueber sexuelle Aufklärung in den Berufsschule,” 72.

³⁷² School doctors like Heusler-Edenhuizen and Szagunn often used the personal pronoun “my” when talking about their students. See previous examples from Heusler-Edenhuizen in footnote 301 and Szagunn in footnote 342.

³⁷³ Szagunn, “Vita von Ilse Szagunn,” 261.

that proved to be essential when dealing with teenage girls during the confusing and pressure-ridden time of adolescence. They knew to act with discretion when dealing with the embarrassing health-related needs of young women. The changes that coincided with the beginning of menstruation were especially challenging for adolescent girls, as they faced the awkward situation of informing their male teachers when they needed an excuse from gym class due to their monthly period. One doctor reported that young girls felt ashamed when asking for class exemptions, especially when boys were also present. In addition, in elementary schools, where male gym teachers were employed, they generally showed little understanding of girls' medical excuses. Female teachers and doctors, on the other hand, were more lenient when it came to exemptions; some even found them essential.³⁷⁴

Not only did female doctors offer their female students comfort when discussing personal matters, but they were also more empathetic in cases where abnormalities existed. Lotte Landé, a municipal doctor in Frankfurt, treated children who were “intellectually abnormal,” meaning that she and her colleagues dealt with problems such as a lack of appetite, late developing speaking abilities, asocial behaviors, fidgetiness during the day and night, bedwetting, or an aversion to certain foods. In her view, a “motherly sensitive female care doctor generally empathize[d] easier and [was] able to give more practical advice than many male colleagues” for these problem children. Mothers and children, she found, also conveyed “a very special trust” to her and her colleagues, thus alleviating the challenges of this type of work. There was also an invaluable advantage if a mother had already developed a trusting relationship with the school physician because then she would more readily go to see this doctor in a time of

³⁷⁴ Hoffa, “Mädchenschulturnen und Schulärztin,” 69.

need. This fact was especially beneficial, Landé stated, in cases of “considerable mental or intellectual disorders or severe environmental degradation” because a doctor could intervene right away to prevent a more acute problem.³⁷⁵ It was characteristics like trustworthiness, compassion, and reassurance that not only made female doctors more capable and more worthy of aiding female students, but which also made this type of work altogether easier for schools because mothers knew that their children would not be treated like strangers, and as a result, opened up to doctors more willingly.

Besides noting that female physicians possessed maternal qualities that made them more equipped in dealing with problem children, Landé also revealed her class-based eugenicist leanings into her treatise on the care of abnormal children, which she saw as one of the most difficult duties of doctors. For one, she and her colleagues had to determine if a child actually had serious intelligence defects or if unfavorable social conditions hindered a child’s normal construction, or if a combination of both factors existed.³⁷⁶ Landé sometimes linked the mental abilities of school children to social conditions like alcoholism and poverty, confirming that such environmental problems—also thought to be genetically transmittable at that time—had grave consequences for German youth. Not only did social adversity lead to children’s mental imperfections, according to Landé, but it also resulted in larger social and financial burdens. For example, Landé and her colleagues sometimes had to remove abnormal children from unfavorable domestic circumstances and put them in a multi-week recovery relocation and often through remedial school, all of which created additional costs for society. Moreover, Landé insisted that school doctors had a duty to advise abnormal children

³⁷⁵ Dr. Lotte Landé, “Die schulärztliche Betreuung psychisch und intellektuell anormaler Kinder,” *Monatsschrift deutscher Ärztinnen* 5.5 (May 1929): 88.

³⁷⁶ Landé, “Die schulärztliche Betreuung psychisch und intellektuell anormaler Kinder,” 88.

against certain professions because they were not as fit for these jobs as their healthy peers, demonstrating that she wanted to exclude certain individuals on the basis of their inferior mental status. Landé was especially disapproving of poor people, who often ignored medical advice because they privileged their economic concerns over their career choices. She also criticized the poor for not taking their children to proper doctors until they faced severe problems.³⁷⁷ Landé's regular contact and experience with poor people likely led to her to make such complaints. Because of her own upper middle-class background and privilege, however, she clearly lacked an understanding of how day-to-day working-class struggles influenced their medical decisions.

Through her work treating "abnormal school children," Landé recognized a connection between poverty, a higher risk of mental abnormalities, and increased societal burdens. She was one of a number of women doctors who had daily contact with working-class students in vocational schools and their working class-mothers, who, historian Atina Grossmann claims, struggled to keep their families afloat in light of the economic crisis and massive unemployment. Female physicians were not screened from social problems like elite male doctors working for insurance practices (from women were often excluded) or in lucrative practices in high-class neighborhoods. Therefore, I agree with Grossmann's assertion that they were more apt to seek eugenic solutions for overburdened and desperate women.³⁷⁸ Landé, for one, witnessed firsthand how "asocial" elements developed as a result of destitute situations, and thus, like her colleagues, sought to both lessen the stresses and strains of large, impoverished families

³⁷⁷ Landé, "Die schulärztliche Betreuung psychisch und intellektuell anormaler Kinder," 88-89.

³⁷⁸ Grossmann makes this argument in "Berliner Ärztinnen und Volksgesundheit in der Weimarer Republik," 189, 205 and "German Women Doctors From Berlin to New York," 67. See also Timm, "The Politics of Fertility," 192 for a summary of Grossmann's argument.

and to reduce the number of mental abnormalities in society. By removing problem children from their bad home environments, she recognized that she could alleviate overburdened families. And by discouraging “intellectually abnormal children” from pursuing certain professional paths, she attempted to alleviate the social and financial costs of expensive remedial school or leaving students “professionally underdeveloped” for their jobs.³⁷⁹

Conclusions: Women Doctors as Educational Activists *and* Traditional Caretakers

By advocating a new type of physical education program—one that considered the needs of women and brought women’s issues like menstruation into the curriculum—women doctors developed a new form of public health. This connected them to the ongoing international work in public health and the physical fitness of men and women. As women physicians demanded a gendered approach to health education, mainstream and third world health activists increasingly introduced feminine concerns like sanitation, starvation, disease, reproductive rights, childbearing, and sexuality to the global health movement.³⁸⁰ In addition, internationally, workshops, lectures, pamphlets, and visual culture transmitted new ideas about physicality and the New Woman. Female physicians in Germany contributed to this dissemination of knowledge, for example, through their 1925 Conference on the Physical Education of Women. Notions of masculinity and femininity and their connections to sport and physical fitness were being continuously uprooted, transformed, and debated in many countries in the postwar period. In other words, German women doctors’ reform efforts were not a solo undertaking. Their

³⁷⁹ Gaebel showed that this was the case for many students in her article, “Schulärzte für die Berufsschulen,” 119-120.

³⁸⁰ For more on the gendering of the global health movement, see Rosalind Pollack Petchesky, *Global Prescriptions: Gendering Health and Human Rights* (London: Zed Books, 2003).

attempts to define what was best for young women fit with tensions in the 1920s about what the “modern woman” should look like that ranged from Shanghai to Mexico City to Johannesburg.³⁸¹

I argue that their work in the realm of girls’ physical education—part of both this international public health and physical fitness reform movement, as well as the German national educational reform campaign discussed earlier—demonstrated the extent to which female medical practitioners could also become educational activists. Besides working towards larger national educational goals and international public health objectives, women doctors demanded separate yet equal physical education attention, funding, facilities, and curriculum for girls in the German higher schools. They refused to have their students treated like second-class children in matters of health simply because their bodies were different (that is, physically weaker and more delicate than boys’). Rather, they argued that their dissimilar bodies merited a unique gym program for girls—one that was more important than boys’ because of the increased risks girls faced in adolescence. Additionally, they championed girls’ health because of the crucial

³⁸¹ For more on the Modern Girl as a global phenomenon, see Alys Eve Weinbaum, Lynn M. Thomas, Priti Ramamurthy, Uta G. Poiger, Madeleine Yue Dong, and Tani E. Barlow, eds., *The Modern Girl Around the World: Consumption, Modernity, and Globalization* (Durham: Duke University Press, 2008). For a few examples of the type of work being done internationally on gender and physical fitness and sport, see Wilson Chacko Jacob, “Working Out Egypt: Masculinity and Subject Formation between Colonial Modernity and Nationalism, 1870-1940,” (Ph.D. diss., New York University, 2005) about the culture of masculinity and athleticism that developed among 1920s Cairo working-class men and Susan K. Cahn, *Coming on Strong: Gender and Sexuality in Twentieth-Century Women’s Sport* (New York: Free Press, 1994) about the tensions surrounding women’s attempts to carve a niche for themselves in twentieth century American sports. In her work, Cahn also highlights the competing strategies that advocates of women’s sport developed in order “to cope with the dissonance between masculine sport and feminine womanhood,” and to ultimately find their place within the male sporting world. At times, this resulted in women athletes suppressing their femininity and the sexual differences in sport, as women became endowed with masculine attributes. At other times, it meant protecting “the reputation and health of female athletes by devising separate, less physically taxing versions of women’s sport,” that is, creating “feminine” athletics “designed to maximize female participation while averting controversy.” See Cahn, 4-5. My argument about female doctors promoting separate physical education curriculum for German adolescent girls falls in line with this latter case.

role women held as the mothers of the Germany's future generation. In other words, female physicians demanded educational equality for girls precisely because the nation needed healthy mothers.

Women doctors also showed their activist approach by broadening their roles within schools and widening the scope of what girls' school health entailed. Women's positions as school doctors entailed issuing advice not only to students, but also to their mothers. Dr. Edith von Lölhöffel's participation in workshops, which taught mothers how to properly educate their children in health matters, was a glaring example of this.³⁸² Sometimes, their work in physical education even moved outside the schoolhouse, as they handled girls in sports organizations or women in the workplace. Besides expanding their initially basic roles in schools, they also transformed women's health curriculum, which now included topics like women's clothing choice or girls' exercise during menstruation. Whether they were working in a new venue or on a new issue of women's health, they always made women's concerns central.

Female physicians made marriage, motherhood, and women's domestic lifestyles the foci of their new health agendas—a strategy that allowed them to convey their experiences as mothers in their professional lives and one that afforded them entrance into medicine. They took the path of least resistance by rarely entering conversations about male physical education, unless it was in relation or in comparison to female physical education.³⁸³ They recognized that a physical education curriculum centered

³⁸² von Lölhöffel, "Körpererziehung in der Familie," 157-158.

³⁸³ The only notable exceptions in *Die Ärztin* were articles about the general problems of physical education and medical care in the schools. However, males wrote these articles, which focused on male and female physical education. See for example Dr. Theobald Fürst, "Probleme der schulärztlichen Versorgung der Berufsschulen," *Monatsschrift deutscher Ärztinnen* 5.8 (August 1929): 154-156 and Prof. Dr. Eugen Matthias, "Aufgaben und Probleme der Körpererziehung in der Schule," *Monatsschrift deutscher Ärztinnen* 5.9 (September 1929): 170-176.

around women's traditional roles as mothers and housewives was a means for them not to draw further attention to their threatening presence in medicine. They also understood that this was a way for them to become experts in a new field of women's health because they could use their own domestic knowledge and experience in their classrooms. In addition to raising awareness about women's health issues, they made themselves indispensable to the medical profession because of their superior knowledge. Women doctors employed a similar tactic in their campaigns against alcoholism and venereal disease.

Sex, Alcohol, and Disease: Fighting the Vices that Threatened Women and Children

Women doctors' work in the movements against alcoholism, venereal disease, and prostitution appealed to them for a number of reasons. For one, their interest in public welfare fields during the Weimar period marked an extension of similar types of activities they undertook during the Kaiserreich.³⁸⁴ Their work in Weimar marriage counseling and youth welfare indicated women physicians' strong commitment toward public health. Similarly, their engagement with the Weimar social and political campaigns against prostitution, venereal disease, and alcoholism reaffirmed the importance of this type of social health care to their professional identities. Next, the anti-alcohol movement and anti-VD and prostitution campaign (practically one and the same), which both reached a height in the 1920s, developed and expanded along the same timeline and trajectory as female physicians entering and securing their foothold in medicine. Anti-alcoholism began in the 1880s and gained momentum after eugenicists embraced the cause at the turn of the century. This was also a time when women were fighting for admission to medical schools and when Germany began to allow women to receive medical degrees on a state-by-state basis. The number of national abstinence, temperance, and anti-alcohol leagues grew throughout the early 1910s, the moment when the first generation of women admitted to medical study became licensed and began practicing medicine. Municipal alcoholic welfare centers grew in the pre-World War I period and the number of people treated for alcoholism in hospitals and asylums increased tremendously throughout the 1920s—when medicine became the fastest

³⁸⁴ See Bleker and Schleiermacher's study of the types of activities female physicians were involved in during the Kaiserreich.

growing profession for women and the number of new female doctors outstripped the number of new female teachers.

The anti-VD movement moved along a similar timeline. The *Deutsche Gesellschaft zur Bekämpfung der Geschlechtskrankheiten* (German Society for Combating Venereal Disease, DGBG) was founded in 1902. New clinics to treat people with venereal disease first opened during World War I and multiplied in the interwar period, corresponding to the rapidly rising number of individuals afflicted with VD. The introduction of a uniform, national law to combat venereal disease emerged in 1919. The Reichstag debated it throughout the 1920s until it finally took effect in 1927. This coincided with the first generation of female physicians finally gaining a strong foothold in medicine. Although the anti-alcohol and anti-VD campaigns grew throughout the first decades of the twentieth century independently of women physicians entering and becoming a presence in the medical profession, their timelines corresponded. Therefore, involvement in alcohol, prostitution, and VD was both easy and available for women doctors. Not only did these emerging fields offer new employment possibilities (in VD clinics for example), but more importantly, they provided female physicians with an abundance of opportunities to influence and shape discourse, policy, and legislation as it was being debated and produced.

Finally, female physicians were drawn to these movements precisely *because* of the harm they caused to women, children, and the home—already deemed the woman’s domain by the early twentieth century. The destructiveness that VD and alcohol had on the women and their families was well known and well publicized in the interwar period. The health of youth—already in the hands of women doctors through new school health

curriculum—had become vulnerable to the big cities’ temptations, namely prostitution and alcohol. Wives, and as a result, marriages suffered from disgruntled, alcoholic husbands and infidelity, which occurred either during World War I or immediately after, and who also brought disease into the home. Women’s organizations began to recognize that the anti-VD campaign unjustly singled out women for being the carriers of disease and that VD clinics failed to provide them equal medical care. All of these reasons drew women physicians in to either one or all of the movements. And yet, the primary focus around women and youth within the anti-alcohol and anti-VD movements that surfaced in *Die Ärztin* and in female doctors’ efforts in related debates, conferences, meetings, or associations was also the by-product of the fact that they *were* involved, and therefore, centered the discourse towards their concerns and the interests of their readership.

By invoking their distinct identities as women and as doctors, female physicians could deeply influence these movements. This was enabling for a group that was attempting to etch out a niche for themselves in medicine. By focusing their work on the negative impact alcohol had on nursing mothers, for example, or on the treatment of women in VD counseling centers, these doctors located a means to influence contemporary dialogue about public health issues. Moreover, their voices were more discernable at professional events or at scientific and governmental gatherings or in respected journals, as they became authoritative figures on the subject of how alcohol, VD, and prostitution, youth, and women intersected. Their participation in associations or in jobs—like the women doctors employed in VD clinics after 1927—where they had not been able or allowed in the past also directly showed the new possibilities available to female physicians. Not surprisingly, women physicians focused on the way these social

problems manifested themselves in the private sphere. They recognized the realm they could influence, and did not stray from it, thereby attaching their work to the sphere they sought to vacate by becoming professionals. They limited themselves to treating women and children, just as their threatened male colleagues had encouraged.

In addition to examining the types of work they undertook within these movements, this chapter also argues that women doctors broadened their medical roles to become political advocates for women in the fight against state-regulated prostitution and in their demands for equal treatment in VD counseling centers. While they did not rely on eugenicist arguments in the anti-VD campaign, female physicians posited that alcoholism was genetically transmittable, and therefore, dangerous to the people's health. In making such arguments, and in seeking to purge this trait from the population, they revealed their own class-based eugenicist leanings.

Alcohol, Venereal Disease, and Prostitution: Interwar Problems

Government officials, policymakers, and health-conscious organizations and individuals perceived alcoholism, venereal disease, and prostitution to be among some of the most prolific social problems, alongside poverty and unemployment, that plagued the immediate post-World War I period. According to historian Paul Weindling, these problems emerged primarily because of industrialization and urbanization in the early twentieth century, but were exacerbated in the postwar period. Industrialization—a relatively late phenomenon in Germany—conveyed the image of expanding cities which lacked adequate infrastructure of housing, education, sanitation, and medical care. Sickness and poverty proliferated, particularly among working-class populations. Disease spread rapidly, especially in overcrowded urban tenements. Industrial workers,

often working between 10-12 hours a day, six days a week “in hazardous conditions involving contact with noisy and dangerous machinery, poisonous fumes, and dusty, toxic substances” and the urban poor turned to prostitutes and alcohol to alleviate their destitute living conditions.³⁸⁵ Extramarital affairs and alcoholism—especially among men—nurtured a marriage crisis with divorce rates at an all-time high.³⁸⁶ Women were often left to take sole care of their already-struggling families, as their husbands drank away their meager incomes and often returned home with a sexually transmitted disease. Alcohol only increased people’s susceptibility to catching and transmitting a venereal disease because all cautions tended to be ignored.³⁸⁷ Weimar-era economic circumstances forced desperate women to start working, sometimes as sex-workers because of the perceived economic benefits. Even middle-class women and adolescent youth turned to prostitution out of desperation.³⁸⁸ All of these conditions—increased alcohol consumption, prostitution, and the rise of women in the workforce—removed parents from the home and caused them to neglect the needs of their children, especially in terms of sex. Young people became more exposed to sexual indecencies on the streets, thus loosening their morals and resulting in high rates of venereal disease and sex with prostitutes.³⁸⁹

³⁸⁵ Weindling, *Health, Race and German Politics between National Unification and Nazism*, 11-13.

³⁸⁶ See divorce statistics in Chapter 1.

³⁸⁷ In various brochures, the DGBG emphasized the linkages between alcohol abuse and freer extramarital sexual encounters, especially with prostitutes infected with VD. See *Beratungsstelle für Geschlechtskranke Merkblatt* and *Kleines Merkblatt* in BArch, R 1501/11874, Bl. 115 and 118.

³⁸⁸ According to Anita de Lemos, a police doctor in Hamburg, middle-class families and youth saw the monetary profits of prostitution in light of postwar economic and housing needs. See de Lemos, “Das gegenwärtige Prostitutionswesen in Hamburg in seinen Beziehungen zur Abschaffung der Bordelle,” *Vierteljahrsschrift deutscher Ärztinnen* 2.1 (January 1926): 16-17.

³⁸⁹ Although, as far as I know, statistics on the number of youth with a venereal disease are unavailable, the Weimar state certainly perceived prostitution and venereal disease as a serious concern for youth. Youth welfare in general had already become a state matter with the creation of a National Youth Welfare Law (1922) that protected foster children, orphans, illegitimate and destitute children, and gave

Venereal disease and prostitution became such a serious concern in the postwar period that the *Reichministerium des Innern* (Reich Ministry of the Interior; RMI) attempted to gather a reliable count of the number of Germans with a venereal disease. With millions of soldiers returning home after being exposed to prostitution and venereal disease,³⁹⁰ new anxieties about the dangers VD caused for the country emerged. Most of the population had little knowledge about the possibilities of contracting a venereal disease or the consequences of them.³⁹¹ Additionally, VD rates appeared to be on the rise. One example from Bavaria showed a swelling of new cases of VD treated in hospitals between the time the war started to the time the war ended, and especially in the two years following the war. There were 378 new cases of venereal disease in 1914, 537 cases in 1918, and then this number nearly doubled in the immediate postwar years with

assistance to the juvenile courts and factory inspectors regarding child labor. For a very detailed summary of the stipulations of this law see Harvey, 168-170 and Mouton, 159-161, 199-204, 238. The Ministry of the Interior became increasingly disturbed by the damaging consequences World War I had on adolescent health, especially youth susceptibility to prostitution and venereal disease. In a 1919 memo, the RMI demanded that schools and organizations dedicated to the fight against VD expand their efforts to teach middle-school and higher-school students about the dangers of sexual activity. According to governmental correspondence, the RMI recognized that parents were rarely capable of teaching children about the risks of premature sexual activity because of their absence or difficulties in supervision. At one meeting in Bielefeld on the “Prevention of Venereal Disease, Prostitution, and Criminality through Social Measures,” participants cited World War I as a fundamental factor to the severed connection between parents and children—admittedly a very difficult link to re-establish, especially for mothers, once it was gone. These lost connections resulted in youth recklessness, especially in questions of sexual activity. The DGBG also recognized that the absence of parents, who either lacked authority or were ignorant of the risks of VD, necessitated government intervention to get local and state municipalities and teachers to participate in the “urgent teaching and warning of young people about the dangers of venereal disease.” See Letter from RMI to the Reich Chancellor, January 25, 1919 and Letter from RMI to the governments of the German free states outside of Prussia, February 17, 1919 in BArch, R 1501/11874, Bl. 13-15 and Bl. 19; Meeting Minutes, “Bekämpfung der Geschlechtskrankheiten, der Gewerbsunzucht und der Kriminalität durch soziale Massnahmen,” October 6, 1920 in BArch, R 1501/11876, Bl. 100-101; Letter from the DGBG to the State Secretary of the Interior, February 14, 1918 in BArch, R 1501/11874, Bl. 21.

³⁹⁰ The War Department had even attempted to curb the spread of VD prior to the end of the war. It called on soldiers to remain healthy and fit during such a vital time for Germany. Unfortunately, its efforts were to no avail, as cases of VD continued to infiltrate the army. See Letter from Kriegsministerium to Reichskanzler (Reichsamt des Innern), February 2, 1918 in BArch, R 86/1064.

³⁹¹ Letter from the Association for the National Hygiene Museum and the DGBG to RMI regarding an exhibit for the education about venereal diseases, September 25, 1919 in BArch, R 1501/11875, Bl. 134-135.

1,075 cases in 1919 and 1,081 cases in 1920.³⁹² Therefore, in accordance with a decision determined through a resolution of the XVI Reichstag's Population Policy Committee in July 1919 and unanimously approved by the Reich Health Council, the RMI initiated the survey. The RMI informed Franz Bumm, President of the *Reichsgesundheitsamt* (Reich Health Bureau; RGA) of this decision in August 1917, and then in an October 1919 memo, asked for the unanimous participation of the medical profession in tracking all cases of medically treated venereal disease between November 15 and December 14, 1919. The survey sought to pay particular attention to the number of VD cases in each city and state, as well as to the distribution among the sexes, married individuals, and youth.³⁹³

The survey produced preliminary results showing that in the entire German Reich (with a population total of 60,898,584 including the Saar³⁹⁴ region and the Prussian districts of Eupen and Malmedy,³⁹⁵ of which 411,541 were military personnel), there were 136,300 civilian and military individuals treated for venereal disease between November 15 and December 14, 1919. This amounted to an average of 2.2 infected individuals for every 1,000 residents. The survey participation rate of doctors and hospitals was on average 55 percent. The medical profession's low participation rate, according to the Health Bureau, may have raised some objections about the actual numbers of individuals afflicted with VD. Medical-statistical experience, however, had

³⁹² "Zunahme der Geschlechtskrankheiten. Beispiel Pfalz. Statistik der in den Krankenhäusern behandelten Fälle (Nur Neuzugänge)" in LArch-Berlin B Rep.235-01, MF 3380-3389.

³⁹³ Letter from RMI to the President of the RGA (Bumm), August 26, 1919 and Memo from RMI to the German medical profession, October 1919 in BArch, R 86/4566.

³⁹⁴ In 1920, Britain and France occupied the Saar region under the provisions of the Treaty of Versailles. In that same year, a League of Nations mandate formalized French administration of the Saar region for 15 years. It returned to Germany's hands in January 1935 after a plebiscite showed over 90 percent of voters favored rejoining Germany.

³⁹⁵ These former Prussian districts, known as the East Cantons, were annexed to Belgium in 1925 by the Treaty of Versailles.

demonstrated that those doctors who failed to submit the survey handled very few or no relevant cases of disease. In fact, some of the larger cities where this investigation was carried out revealed relatively high participation rates for specialists in skin and venereal diseases—79.4 percent on average. On the other hand, the RGA acknowledged that the skeptics of the survey had a point, noting that a portion of infected individuals either did not receive treatment at all or did not go to a licensed doctor, and were therefore, not included in the final numbers.³⁹⁶ The following table, derived from the results of the survey, gives a more precise view of individuals afflicted with VD distributed among the separate German states:

State	Number of Residents (as of October 8, 1919)³⁹⁷	Number of Individuals with VD (total)	Number of Individuals with VD (per thousand)	Participation Rate of Doctors
Prussia	37,726,018	83,785	2.2	50.8%
Bayern	7,066,024	13,178	1.9	66.7%
Sachsen	4,663,298	13,304	2.9	60.6%
Wüttemberg	2,518,773	3,189	1.3	55.9%
Baden	2,208,503	4,001	1.8	59.6%
Thüringen	1,508,025	2,813	1.9	59.8%
Hessen	1,290,988	1,849	1.4	56.9%
Hamburg	1,050,359	7,026	6.7	53.7%
Mecklenburg-Schwerin	657,330	1,399	2.2	61.7%
Oldenburg	517,765	523	1.0	54.4%
Braunschweig	480,599	1,234	2.6	67.0%
Anhalt	331,258	632	1.9	52.9%
Bremen	311,266	2,368	7.6	57.1%
Lippe	154,318	80	0.5	53.5%

³⁹⁶ There were two reports from the November/December 1919 survey, both of which Dr. Wendel, a scientific employee in the RGA, prepared. The first report gave preliminary results for the entire Prussian region, and the second report gave preliminary results for the entire German Reich. See “Bericht Nr. 1: Die bisherigen Ergebnisse der Reichsstatistik der Geschlechtskranken vom Nov./Dez. 1919 und ihre Bedeutung,” January 15, 1921 in BArch, R 1501/11885, Bl. 108-116 and “Bericht Nr. 2: Die bisherigen Ergebnisse der Reichsstatistik der Geschlechtskranken vom November/Dezember 1919 und ihre Bedeutung,” April 1, 1921 in BArch, R 1501/11885, Bl. 137-139.

³⁹⁷The number of residents includes military personnel, and is based on evidence from the *Statistisches Jahrbuch für das Deutsche Reich* 41 (1920): 1.

Lübeck	120,568	592	4.9	51.7%
Mecklenburg-Strelitz	106,394	285	2.7	68.9%
Waldeck	66,432	29	0.4	71.4%
Schaumburg-Lippe	46,357	13	0.3	78.9%

Predictably, those states with a strong industrial setting, or those with heavy sea traffic had a higher rate of venereal disease than those of a predominately agricultural character.³⁹⁸ It was not surprising, for example, that Bremen (7.6), Hamburg (6.7), and Lübeck (4.9) had the most individuals (per thousand) with VD since large port cities and a sizeable population between the ages of 15 and 30 dominated these states. Not only was prostitution more prevalent in port cities, but the younger generation also tended to be single and more willing to engage in sexual activity. Anita de Lemos, a female physician working for the police in Hamburg, was well aware of the blatant prostitution as well as the overwhelming presence and seduction of youth there. In her discussion of the conditions in Hamburg, she observed a dreadful environment in which solicitation by prostitutes occurred on the street openly, working-class families and prostitutes lived together in completely unhygienic conditions, and where children witnessed all kinds of immoral acts.³⁹⁹ De Lemos, a member of the privileged class of doctors, was clearly making her own moral judgments about the openness of prostitution in Hamburg, views

³⁹⁸ The same held true for the Prussian administrative regions where large or mid-sized cities existed, or those with seaports or industry. According to the results from the first report, these regions had higher rates of venereal disease than those with a purely agricultural character. This difference in rates of VD between industrial and agricultural regions also appeared in statistics taken from 1900, although the mainly agricultural regions recorded a significant gain in venereal disease from 1900 to 1919. One example of this from the second report was Mecklenburg-Strelitz, which despite its almost total agricultural character, had the fifth highest rate of VD per thousand (2.7). One should take into account, however, that its participation rate (68.9 percent) was the third highest. See BArch, R 1501/11885, Bl. 113 and 138.

³⁹⁹ This number only accounts for those prostitutes under police control. There were still many others who practiced prostitution in secret or who were working as prostitutes, but were under the minimum age limit of 18 for police control and quartering. See de Lemos, "Das gegenwärtige Prostitutionswesen in Hamburg in seinen Beziehungen zur Abschaffung der Bordelle," 16.

the working-class—the background of the majority of German prostitutes⁴⁰⁰—may not have shared.

The Health Bureau's VD study, although not without flaws,⁴⁰¹ was a national attempt to extrapolate the number of individuals infected with VD in the immediate postwar period. This shows that venereal disease had become such a large fear that it in fact merited such a survey, as well as the growing recognition that VD was tied to geographic location, and thus to prostitution. The relationship between venereal disease and prostitution was so close, in fact, that according to one women's journal, "one [could] see the spread of venereal disease as an indicator of the spread and use of prostitution."⁴⁰² The press also did not help alleviate growing worries about the alarming spread of venereal disease after a flood of infected men returned from war, or the increase in prostitution because of deteriorating social conditions. Wilhelm Heinrich Dreuw, an anti-government campaigner and police doctor who specialized in VD, for example, convinced journalists and welfare associations alike that six million Germans were infected with a venereal disease in 1920.⁴⁰³ Bumm insisted that this was a clear

⁴⁰⁰ Richard Evans argues that by the early twentieth century, the majority of German prostitutes were from working-class, artisan, or peasant families. For example, in Munich, of the 2,574 clandestine prostitutes known to the police in 1911, 1,147 were the daughters of artisans, 944 were the daughters of laborers, and 248 were the daughters of peasants. Similarly, in Stuttgart, out of 565 registered prostitutes in 1911, 127 were the daughters of artisans, 84 were the daughters of laborers, and 60 were the daughters of peasants. See Evans, "Prostitution, State and Society in Imperial Germany," *Past & Present* 70.1 (February 1976), 115. Julia Roos demonstrates that for the Weimar period, the most frequent former occupations of police-regulated prostitutes were: factory work, domestic service, and white-collar work such as sales, stenography, and accounting. These jobs, according to Roos, were the major areas of employment open to lower-class women. They were also invariably low-income jobs, which Roos cites as motivation for lower-class women prostituting themselves. See Roos, "Weimar's Crisis Through the Lens of Gender: The Case of Prostitution" (Ph.D. diss., Carnegie Mellon University, 2001), 97.

⁴⁰¹ The RGA admitted that the differing participation rates of the medical profession naturally affected comparative possibilities. See BArch, R 1501/11885, Bl. 139.

⁴⁰² See "Der Reichsgesetz zur Bekämpfung der Geschlechtskrankheiten," *Korrespondenz Frauenpresse*, July 24, 1923 in LArch-Berlin B Rep.235-01, MF 3380-3389

⁴⁰³ In an October 1, 1920 article of *Vorwärts*, Dreuw claimed to have an informant regarding these statistics. The *Bielefeld Wohlfahrtsverein* (Bielefeld Welfare Association) also relied on this information for a memo that it issued on October 3, 1920. See Letter from Bumm to RMI, November 30, 1920 in

overestimation, seeing as how this would account for ten percent of the total population in Germany. He instead gave an estimation of 1,860,000 Germans (out of a population of 60 million) with a venereal disease.⁴⁰⁴ Venereal disease rates reported in the press, in fact, were often higher than the actual numbers that government data produced, sometimes resulting in complaints from the Health Bureau,⁴⁰⁵ but such stories still placed pressure on politicians. As historian Annette Timm has claimed, “the question of whether the VD crisis was exaggerated or not seems impossible to answer definitively,” because patients generally wanted to keep the disease private and doctors were not required to report cases. However, fears of sexual degeneration and moral decline, as well as changing gender roles, certainly also shaped the crisis.⁴⁰⁶ The creation of and prolonged debates over a national Law for Combating Venereal Diseases throughout the 1920s undoubtedly stemmed from these anxieties—either real or imagined—about the impact of venereal disease on the *Volk's* health.

Weimar-era concerns about the growth of prostitution were also a combination of both fact and fiction. Prostitution was in principle illegal in early twentieth century Germany, but was tolerated under a system of state police regulation known as

BArch, R 1501/11885, Bl. 99-100. By 1922, Dreuw asserted that some ten million Germans had a venereal disease. See Dr. med. Dreuw, “Gesetzliche Bekämpfung der Geschlechtskrankheiten,” *Zeitschrift für Medizinalbeamte* 35.10 (May 20, 1922): 249.

⁴⁰⁴ See Letter from Bumm to RMI, November 30, 1920 in BArch, R 1501/11885, Bl. 99-100. For Bumm’s estimate, see Letter from Bumm to RMI, in which he reviewed Dreuw’s *Die Sexualrevolution*, December 8, 1921 in BArch, R 1501/11877, Bl. 198. Other journals like *Korrespondenz Frauenpresse* confirmed Bumm’s contention that there were over a million people who needed treatment for venereal disease, adding that “its most dangerous source”—prostitution—had caused a “hundred thousand new infections.” See “Der Reichsgesetz zur Bekämpfung der Geschlechtskrankheiten” in LArch-Berlin B Rep.235-01, MF 3380-3389.

⁴⁰⁵ See, for example, the complaint of the RGA that the numbers reported in the press were “fantastic” in “Bericht Nr. 1” in BArch, R 1501/11885, Bl. 110.

⁴⁰⁶ Timm, “The Politics of Fertility,” 133. See also Richard Bessel, *Germany after the First World War* (New York: Oxford University Press, 1993) and Osborne, *The Politics of the Body in Weimar Germany* for similar arguments.

Reglementierung (regulationism).⁴⁰⁷ Based on the French model of police-controlled prostitution,⁴⁰⁸ most German states introduced *Reglementierung* in the first half of the nineteenth century. In order to avoid criminal prosecution, prostitutes had to register with the special division of the police—the *Sittenpolizei* (morals police)—created specifically to supervise prostitution. In an attempt to curb the spread of VD, police could arrest any women suspected of prostitution and subject her to a health exam. In many cities, registered prostitutes had to report for health exams as often as twice a week. Infected women were then hospitalized and underwent compulsory medical treatment. If they failed to do so or violated police regulations, they could be imprisoned for up to six weeks.⁴⁰⁹ In her observations of prostitution in Hamburg, Dr. de Lemos calculated the number of women who were under police regulation to be about 2,400, but estimated that the actual existing number of prostitutes was eight to ten times as many as this.⁴¹⁰ As de Lemos' estimates indicate, ascertaining the number of prostitutes in any given year was extremely difficult because only a small number of them registered with the police. "In fact," historian Richard Evans argues, "the registered prostitutes formed an increasingly small proportion of the total number."⁴¹¹ Historian Julia Roos explains that experts estimated in most German cities, there were five to ten unregulated or clandestine prostitutes for every woman registered with the *Sittenpolizei*. At the turn of the century, there were an estimated 100,000 to 200,000 prostitutes in Germany, and by the beginning

⁴⁰⁷ See Evans, "Prostitution, State and Society in Imperial Germany" for more on the debate about state-regulated prostitution in Imperial Germany.

⁴⁰⁸ The French system imposed regular hygienic controls on prostitutes and restricted women's choice of residence, freedom of movement, dress, and public behavior. See Roos, "Weimar's Crisis Through the Lens of Gender," 35.

⁴⁰⁹ Roos, "Weimar's Crisis Through the Lens of Gender," 35-36.

⁴¹⁰ de Lemos, "Das gegenwärtige Prostitutionswesen in Hamburg in seinen Beziehungen zur Abschaffung der Bordelle," 18.

⁴¹¹ Evans, "Prostitution, State and Society in Imperial Germany," 113.

of World War I, there were anywhere between 330,000 and 1.5 million total prostitutes.⁴¹² Moreover, prostitution rates sharply increased in certain major cities during the wartime and postwar period. The number of registered prostitutes in Berlin skyrocketed by over 71 percent between 1913 (3,611) and 1925 (6,191). Clandestine prostitution also soared in cities like Hamburg and Frankfurt, especially during the severe inflation of 1921-1922.⁴¹³ Even though prostitution rates did not rise in all major cities,⁴¹⁴ starting in the late nineteenth century and continuing through the Weimar period, contemporaries viewed the problem of prostitution as both large-scale and endemic.⁴¹⁵

The increase in alcohol consumption during the early Weimar Republic became particularly evident with the rising numbers of alcoholics who received treatment in hospitals, asylums or in the newly opened municipal welfare clinics. One of the functions of welfare centers—where clinics were housed—was to identify patients for referral to a hospital, sanatoria, or asylum. These clinics, mostly opened between 1919 and 1921, identified alcoholic or individuals infected with VD and provided treatment for these two chronic diseases, but offered a number of other services as well. By 1928, 828

⁴¹² Roos, “Weimar’s Crisis Through the Lens of Gender,” 36 and Evans, “Prostitution, State and Society in Imperial Germany,” 108.

⁴¹³ In Hamburg, 3,117 unregistered prostitutes were arrested in 1913. In 1921, however, this number had increased to 8,700, a 179 percent increase. In 1922, 8,064 unregistered prostitutes were arrested there. Similarly, in Frankfurt, 990 unregistered prostitutes were arrested in 1913, but in 1921 and 1922, this number increased to 1,669 and 1,698 respectively. See Roos, “Weimar’s Crisis Through the Lens of Gender,” 74-76.

⁴¹⁴ In places like Munich and Leipzig, arrests for unregistered prostitutes either stabilized or slightly decreased in the early Weimar years. In Leipzig, for example, arrests decreased between 1918 (2,380) and 1925 (1,731). This led individuals like the Berlin chief of police—“a person unlikely to deny the seriousness of the issue”—to believe “that the real growth of prostitution was less substantial than commonly assumed.” Roos, however, attributes these statistical differences to “different attitudes among local police departments toward the problem of prostitution.” Contemporaries still perceived the problem as widespread. See Roos, “Weimar’s Crisis Through the Lens of Gender,” 73-77.

⁴¹⁵ Evans, “Prostitution, State and Society in Imperial Germany,” 108.

such welfare offices existed.⁴¹⁶ Also, the welfare offices specifically for alcoholics showed a significant increase in admittances. In places like Nuremberg, the welfare office for alcoholics (*Fürsorgestelle für Alkoholkranke*) showed dramatic growth in the number of admittances. It took in 20 cases in 1917, 76 cases in 1918, 105 cases in 1919, 220 cases in 1920, 442 cases in 1921, and 365 cases in only the first quarter of 1922, of which approximately 353 were reported due to the drinkers' various criminal acts. Hospitals and asylums in other areas of Germany similarly described large increases in the number of admitted alcoholics. In Bremen, the hospital there recorded that in 1921, 98 people were admitted as alcoholics, an increase of almost two-thirds in comparison with the previous year and an eleven-fold increase from 1918. The asylum there documented five cases of alcohol-caused mental illness in 1919, twelve in 1920, and 26 in 1921. In a Munich asylum, 43 people were admitted due to mental disorders from alcohol abuse in 1919, and this number rose to 72 people in 1920 and 128 people in 1921—almost a 200 percent increase. In the asylums and hospitals of the present Prussian states (with the exception of some institutions in Düsseldorf), the number of admittances of alcoholic mental disorders was 1,034 in 1918 and reached 1,366 in 1919 and 1,979 in 1920.⁴¹⁷ The Committee for the Ban of Alcohol in Germany (*Ausschuß für das Alkoholverbot in Deutschland*), in 1922, estimated that nearly 50 percent of mental illnesses could be linked to alcohol.⁴¹⁸ Similar to how authorities, policymakers, and individuals in health-related fields perceived VD and prostitution to be a grave concern, they saw this rising alcoholism as problematic, especially because of its impact on

⁴¹⁶ Weindling, *Health, Race and German Politics between National Unification and Nazism*, 353-355.

⁴¹⁷ "Die Zunahme des Alkoholismus," *Soziale Praxis*, 1922 in BArch, R 86/5189.

⁴¹⁸ Ausschuß für Alkoholverbot in Deutschland, "Tatsachen," 1922 in LArch-Berlin B Rep.235-01, MF 2158-2168.

marriage and the family. This is precisely why abstinence became a women's issue in the 1920s.

The Early Anti-Alcohol Movement

The German anti-alcohol movement traced its origins to the 1880s, long before women doctors ever articulated their views about how alcoholism affected women and children. The German Anti-alcoholism Association was founded in 1883, around the same time that the leading German anti-alcohol journal, *Auf der Wacht* (On Guard), began by publicizing the dangers of drinking.⁴¹⁹ Viewed as an “evangelizing means of inculcating orderly behaviour in the masses,” the anti-alcohol crusade appealed to Christian moralists as well as university professors, who brought a much more secular tone to the movement. University professors worked to replace Christian and moral reasoning with scientific and medical explanations for alcoholism.⁴²⁰ These professors had witnessed the debauchery of student life (that is, of the middle-class) and sought to reform public morality through alcohol-free forms of sociability, such as in hotels or restaurants. Members of the movement, which included psychiatrists, physicians, and medical students, continuously defined the causes and cures of alcoholism in both medical and biological terms. As Paul Weindling argues, eugenic ideas also played a strong role in the early anti-alcohol crusade:

Alcohol was perceived as a medical threat to heredity, and condemned as a cause of physical degeneration, moral depravity, crime, prostitution and a range of other pathological forms of behavior. Drunkenness resulted in seduction, VD, unwanted pregnancies and criminal abortion. Eradication of alcoholism was

⁴¹⁹ Robert Proctor, *The Nazi War on Cancer* (Princeton, NJ: Princeton University Press, 1999), 141.

⁴²⁰ Weindling, *Health, Race and German Politics between National Unification and Nazism*, 71-72.

regarded as the means of raising productivity, enhancing emotional stability and curing a broad range of social ills.⁴²¹

Alcoholism became further linked to a number of other social and heritable traits.

“Social misery,” Weindling writes, “was deemed to be the pathological product of alcohol on conception, of venereal diseases in causing sterility and congenital syphilis, and of female industrial labour resulting in the overstrain that brought on miscarriages, inability to breast feed and inherited malformations.”⁴²² The professional community involved in the movement had become dissatisfied with solving society’s problems through economic or political solutions, instead seeking biological explanations for alcoholism.

In addition to these eugenic ideas, eugenicists themselves also influenced the anti-alcohol campaign. Alfred Ploetz (1860-1940), the founder of the German eugenics movement, was also a follower of the alcohol abstinence campaign at the end of the nineteenth century. In 1890, he, along with lawyer Otto Lang and ophthalmologist Adolf Fick (1829-1901), created the secular league against alcohol, the International Association to Combat Alcohol Consumption. Ploetz devoted much energy to the anti-alcohol campaign, as well as to a number of other international reform movements. He also came into contact with Ernst Rüdin (1874-1952), the co-founder of German eugenics, through the anti-alcohol movement, convincing him that alcohol damaged the fitness of future generations. Ploetz warned that alcoholism caused “decreased fertility, weakened progeny and high rates of infant mortality,” and he connected alcoholism with “a hereditary disposition to TB, nervous diseases, obesity, and degeneration of the heart, liver, and kidneys.” He thought marriages should be restricted and demanded that state

⁴²¹ Weindling, *Health, Race and German Politics between National Unification and Nazism*, 71.

⁴²² Weindling, *Health, Race and German Politics between National Unification and Nazism*, 90.

registry offices identify alcoholics. Much more to the extreme, Rüdin wanted to institutionalize chronic alcoholics and to sterilize them if they got married to prevent them from reproducing.⁴²³ Moreover, Fick imbued the anti-alcohol campaign with racial undertones, claiming that alcohol abstinence was “a means of recreating the vigour of the German race.” German eugenicists Agnes Bluhm (1862-1943), Alfred Grotjahn (1869-1931), Wilhelm Schallmayer (1857-1919) were also active in the anti-alcohol crusade. Their participation built on a campaign already infused with biology, medicine, social reform, and racial idealism. As Weindling points out, alcohol abstinence provided a fertile basis for eugenics to grow.⁴²⁴

The anti-alcohol campaign in Germany, then, had some connections with movements that championed eugenic solutions to the destructive effects of alcohol. Alcoholism—a “racial poison” according to Ploetz and Rüdin⁴²⁵—could damage the nation’s hereditary stock, but such social and racial arguments went far beyond the eugenicists themselves. By 1914, there were 41,000 members in 240 local abstinence or temperance groups. The national anti-alcohol league alone had 30,000 members. According to Weindling, these anti-alcohol organizations were the breeding ground for comprehensive programs of social and racial hygiene. They adopted a scientific way to alleviate an inheritable disease thought to be connected to industrialization and urbanization.⁴²⁶ Some conservatives and progressives sought biological solutions to issues of crime, prostitution, and alcoholism—the problems of modern, industrial, urban

⁴²³ Weindling, *Health, Race and German Politics between National Unification and Nazism*, 185-186.

⁴²⁴ Weindling, *Health, Race and German Politics between National Unification and Nazism*, 72-73.

⁴²⁵ Weindling, *Health, Race and German Politics between National Unification and Nazism*, 170, 246.

⁴²⁶ Weindling, *Health, Race and German Politics between National Unification and Nazism*, 176, 185.

society.⁴²⁷ During World War I, the military restricted alcohol consumption because it threatened their efficiency. And in the immediate postwar years—a period marked by a decline in fertility—anti-alcoholism often became a measure of positive eugenics that could help improve the quality of future offspring and prevent “bad racial elements which cost immense sums to state and society.”⁴²⁸ Added medical expenditures to address the consequences of alcoholism were an additional concern for the suffering Weimar state. Anti-alcohol brochures during the Republic sometimes employed eugenics language. For example, the Committee for the Ban of Alcohol in Germany noted that Bavaria—the state with the highest overall alcohol consumption—had the largest number of infant and child deaths and “the most idiots born” there.⁴²⁹ While claims like this were likely exaggerated to fuel the anti-alcohol cause, the eugenicists’ early influence on anti-alcohol movement was clearly lasting.

Anti-Alcoholism: A Woman’s Issue

The prohibition of alcohol, a phenomenon that dominated several countries in the first half of the twentieth century, has long been associated as a women’s concern. This was especially true in the United States, which passed the Eighteenth Amendment in 1919 banning alcohol. The Women’s Christian Temperance Union (WCTU), founded in 1874, spearheaded the campaign against alcohol. By 1911, the WCTU came to form one of the largest organizations of white women, with over 245,000 members. This organization viewed alcohol as destructive to women, to the family, and to the sanctity of the home. Husbands who sought companionship or reprieve in saloons would sometimes

⁴²⁷ Kevles, “Eugenics Then and Genetics Now,” 191. See also Kevles, *In the Name of Eugenics*.

⁴²⁸ Weindling, *Health, Race and German Politics between National Unification and Nazism*, 265.

⁴²⁹ Ausschuß für Alkoholverbot in Deutschland, “Tatsachen” in LArch-Berlin B Rep.235-01, MF 2158-2168.

spend all the family's wages, lose their jobs, abuse their wives, victimize their children, or desert their families entirely.⁴³⁰

Much closer to home, Germany's neighbors, namely the Soviet Union, Hungary, Norway, and Finland attempted prohibition during the war and interwar periods. While Germany never implemented a policy of prohibition, reformers viewed the U.S. as a good model⁴³¹ and praised the anti-alcohol campaigns in other countries.⁴³² Generally, German anti-alcohol efforts focused primarily on combating and treating alcoholism, rather than on limiting or banning the sale and use of alcohol.

Despite the fact that Germany never implemented prohibition, it was nonetheless an important social movement, especially among women. By the time Hitler came to power in 1933, there were sixteen different women's groups engaged in the anti-alcohol campaign.⁴³³ While women were sometimes excluded from participating in the central decision-making organizations,⁴³⁴ they continually pressed alcohol as an issue of

⁴³⁰ See an overview of the WCTU in Sara M. Evans, *Born for Liberty: A History of Women in America* (New York: Simon & Schuster, 1997), 127- 130. For more on the WCTU and its international campaign, see Ian Tyrrell, *Woman's World/Woman's Empire: The Woman's Christian Temperance Union in International Perspective, 1880-1930* (Chapel Hill: University of North Carolina Press, 1991).

⁴³¹ See for example Dr. Reinhard Straecker, "Was ist gegen den deutschen Alkoholismus gegenwärtig möglich und nötig?" *Vierteljahrsschrift deutscher Ärztinnen* 1.5 (July 1925): 136-139. He praised the "morally heroic action" of the U.S. in forbidding alcohol. He criticized the German state for promoting current drinking habits by serving alcohol at train stations or in waiting rooms, by hanging large posters advertising alcohol outside waiting rooms and railway cars, by selling alcohol in post office cafeterias, military cafeterias, casinos and student dorms, and by neglecting the condition of drinking fountains in train stations. Straecker commended the U.S. for providing people the option drinking something other than alcohol. In America, he noted, there were containers of cold, drinking water and small paper cups in each train car as well as in all offices. Restaurants and cafés also provided good, cold water, something he thought Germany should also initiate. Moreover, Straecker thought if the German government implemented enormous taxes on the price of alcohol, like America had done during prohibition, this would result in reduced alcohol consumption, and a decline in the misery alcohol caused.

⁴³² Dr. Röder, "Zur Alkoholfrage," *Aerztliches Vereinsblatt für Deutschland* 730 (1909) in BArch, R 86/5196. Röder reported on the anti-alcohol movements in England, Sweden, Switzerland, Australia, and the United States.

⁴³³ Proctor, *The Nazi War on Cancer*, 141.

⁴³⁴ Such was the case when the newly-founded *Frauenarbeitsgemeinschaft zur Bekämpfung der Alkoholnot* (Women's Working Group for the Fight against Alcohol Adversity) demanded a seat and voice in the Reich Central Office against Alcoholism in November 1928. The Central Office provisionally

women's concern. The *Deutscher Frauenbund für alkoholfreie Kultur* (German Women's League for an Alcohol-Free Culture), founded on July 17, 1900 as the *Deutscher Bund abstinenter Frauen* (German League of Abstinent Women), was central to the role that women played in the effort to eliminate alcoholism in German society. On several occasions, it petitioned the Reich Ministry of the Interior for financial support, noting that it was "the only independent working women's organization within the German sobriety movement, that [was] aware of the specific female tasks." It also emphasized their "altruistic, voluntary devotion" in attempting to fulfill this special task.⁴³⁵

In addition to its petitions to the RMI, the Women's League for an Alcohol-Free Culture published organizational literature and brochures that showcased alcohol as a woman's matter. In one advertisement, the League stressed alcohol's connections to domestic strife and illness.⁴³⁶ Family life, after all, was destroyed when men took the family income to the tavern, as women and children often went hungry. The brewing and distillation of alcohol—involving sugar, barley, and potatoes—deprived women and children of these important nutrients, and thus, made fighting alcohol a "woman's business," according to a brochure from the Women's League for an Alcohol-Free

denied this request. Because the German Association against Alcoholism already had to relinquish two seats to the confessional associations, it was reluctant to relinquish any more seats. The Central Office also rejected a request for an expansion of the number of representatives. See Dr. Margarete Riderer-Kleemann, "Bericht über die Gründung der Frauenarbeitsgemeinschaft zur Bekämpfung der Alkoholnot," *Die Ärztin* 4.1 (January 1928): 15-16.

⁴³⁵ Letter from the *Deutscher Frauenbund für alkoholfreie Kultur* to RMI, January 24, 1928 in BArch, R 1501/26382, Bl. 12-14. Underlining original. See several other letters from the *Deutscher Frauenbund für alkoholfreie Kultur* petitioning RMI for money in BArch, R 1501/26382.

⁴³⁶ *Deutscher Frauenbund für alkoholfreie Kultur* advertisement, "Frauen hört!" in BArch, R 1501/26382, Bl. 42.

Culture.⁴³⁷ The waste of valuable food products to make alcohol was particularly destructive because it occurred at the moment when the *Volk* emphasized moderation in the use of natural resources. The League aimed to attract a coalition of women and mothers who recognized the dangers that alcohol posed to the *Volk* and who could empathize with the plight of the wives and children of alcoholics. Alcohol problems could be solved, the League claimed, by creating new customs and new forms of sociability, which included establishing alcohol-free restaurants, introducing non-fermented drinks, conducting educational work in the community, implementing sobriety education in the schools, and influencing anti-alcohol legislation. Most importantly, League members had to be examples themselves by abstaining from alcohol. In other words, the League aimed for the creation of more meaningful, alcohol-free patterns of social interaction.⁴³⁸

The Women's League for an Alcohol-Free Culture, then, definitively viewed women as capable of having a positive effect on existing social patterns, but also on the men in their lives. Women could do the most to keep their husbands away from the taverns by providing them with comfortable homes. They could appease and eliminate a man's craving for alcohol by preparing tasty, nutritious drinks and meals. Moreover, women exhibited their authority in matters of alcohol in their roles as mothers and homemakers. They were first and foremost the individuals appointed to educate youth, and therefore, they could be influential in raising sober children. Finally, alcoholism was a woman's concern because she was the "guardian of noble manners in the house."⁴³⁹ In

⁴³⁷ Deutscher Frauenbund für alkoholfreie Kultur brochure, "Warum ist die Alkoholfrage Frauensache?" in BArch, R 1501/26382, Bl. 33.

⁴³⁸ "Frauen hört!" in BArch, R 1501/26382, Bl. 42.

⁴³⁹ "Warum ist die Alkoholfrage Frauensache?" in BArch, R 1501/26382, Bl. 33.

this way, the League promoted the fight against alcoholism as empowering for women, who could utilize their positions within the home to make a difference in their husband's and children's lives. Women could also have a lasting impact on society at large by reforming communal norms regarding alcohol and by weighing in on legislative matters through their voting privileges.

But while the anti-alcoholism campaign empowered women, it also created more work by encouraging them to make their homes more welcoming, to prepare healthy meals and beverages, and to create an alcohol-free culture for their children. Women already had to exhaust their energy on the daily maintenance of the home and family (sometimes in addition to their professional jobs), but performing these tasks with an alcoholic husband who was abusive and spread disease was another burden, leading some to believe that care for alcoholics should be extended to their entire families.⁴⁴⁰ In a brochure, the Women's League for an Alcohol-Free Culture noted that the increase in immorality and venereal disease—for which alcohol bore the biggest blame—hit women the hardest. After all, they were the ones infected after their drunk husbands came home after visiting a prostitute. Similarly, women endured the heaviest load when their children also became alcoholics. It was disappointing for them to see their educational efforts fail as children succumbed to alcohol. Additionally, women were the individuals who became overburdened tending to the “crippled” and “mentally deficient” children produced as a result of the alcoholism of the father.⁴⁴¹ Whether it was a source of burden or empowerment for women, alcoholism affected children and the family.

⁴⁴⁰ Wilhelmine Lohmann, “Die Frau ist zur Mitarbeit an der Trinkerfürsorgestelle berufen,” 1909 in BArch, R 86/5196.

⁴⁴¹ “Warum ist die Alkoholfrage Frauensache?” in BArch, R 1501/26382, Bl. 33.

In its conversations about women's burdens to care for children with physical ailments and mental illness, the Women's League for an Alcohol-Free Culture infused the temperance debate with eugenics, which had been characteristic of the German movement since its origins in the nineteenth century. Some early proponents of the anti-alcohol movement believed that alcoholism could lead to physical and mental defects in children, and thus, sought to eliminate it.⁴⁴² The League also recognized the negative implications alcoholism had on Germany's future offspring, providing it with the motivation to work towards alcohol's eradication. The League further exposed its eugenicist leanings by linking alcohol consumption to a number of other social problems such as criminality and poverty, also thought to be inheritable. In an organizational advertisement, the League claimed that Reich criminal statistics attributed the rise in rudeness and sexual and moral crimes to the increased consumption of alcohol. It also noted that the welfare office booked fifty percent of poor relief on the account of alcohol. Some 1,900,000 people were lacking homes, another 9,000,000 did not have beds, and "400,000 drinking families with more than one million innocent suffering children burden[ed] the community."⁴⁴³ By acknowledging that alcoholism (and the further social problems it caused) had harmful consequences for future offspring and became a serious strain on the wider public, the Women's League for an Alcohol-Free Culture paralleled eugenicist-led anti-alcohol organizations that championed social hygiene.⁴⁴⁴ The League may not have offered explicit solutions for alcoholism, but encouraging those who

⁴⁴² I am referring to the German eugenicists discussed in the previous section: Alfred Ploetz, Adolf Fick, Ernst Rüdin, Agnes Bluhm, Alfred Grotjahn, and Wilhelm Schallmayer.

⁴⁴³ "Frauen hört!" in BArch, R 1501/26382, Bl. 42.

⁴⁴⁴ Weindling, *Health, Race and German Politics between National Unification and Nazism*, 185.

“want[ed] our *Volk* to rise again” through an alcohol-free culture,⁴⁴⁵ nurtured the cause of positive eugenics.

The Women’s League for an Alcohol-Free Culture is only one example of the panoply of organizations, government institutions, and individuals, both in Germany and elsewhere, that reached out to women in their anti-alcohol campaigns. Comprehensive alcoholic care and education required the types of skills that women had already developed in the home, and those which some individuals thought men could not achieve.⁴⁴⁶ Some individuals recognized that women were sensitive and empathetic, and were already accountable for the maintenance of family life and the upbringing of children in the domestic realm, where they could encourage anti-alcohol measures. Women also sustained and enhanced social customs and morals.⁴⁴⁷ This sort of work, then, could simply be extended to the public sphere through household visits or participation in a community association, charitable organization, or an alcoholic welfare clinic. Caring for alcoholics also meant more than just caring for the individuals themselves; it emphasized attention to families, especially providing protection against abuse for women and children.⁴⁴⁸ Even male doctors agreed that both women and men were absolutely necessary for employment in alcoholic welfare centers. After all, “feminine forces often [had] a particularly good instinct and [understood] it quite well to handle alcoholics or the wives of alcoholics.”⁴⁴⁹ Not only should women be involved in

⁴⁴⁵ “Frauen hört!” in BArch, R 1501/26382, Bl. 42.

⁴⁴⁶ See Lohmann, “Die Frau ist zur Mitarbeit an der Trinkerfürsorgestelle berufen,” in BArch, R 86/5196 for an example of this type of thinking.

⁴⁴⁷ See for example Elisabeth Boehm, “Was können wir Frauen tun, um den Alkoholmißbrauch einzuschränken? Bekämpfung des Alkoholmißbrauches durch die Frauen” in LArch-Berlin B Rep.235-01, MF 2158-2168.

⁴⁴⁸ Lohmann, “Die Frau ist zur Mitarbeit an der Trinkerfürsorgestelle berufen,” in BArch, R 86/5196.

⁴⁴⁹ Dr. Alfred Korach, “Die Trinkerfürsorge,” *Vorwärts*, August 5, 1927 in BArch, R 86/5196.

the fight against alcoholism because it affected the domestic sphere, but the instinctual social understanding they developed at home prepared them to serve as ideal advocates.

Anti-Alcoholism: A Doctor's Concern

Just as women proved to be essential to the struggle against alcoholism, so too did doctors. For one, doctors had been medically trained and licensed and alcoholism was, in fact, a *medical* problem.⁴⁵⁰ Alcohol harmed the body, and it was, as a result, the duty of doctors to be on hand for treatment and/or advice. Specifically, it was the duty of the doctor to give guidance about possible nerve basis or organ damage caused by alcohol. The doctor was especially needed for medical counsel in the selection of cases where alcoholism was the symptom of a serious disease like mental illness or epilepsy.⁴⁵¹ Furthermore, the prevention of alcoholism as well as therapy for alcoholism, which generally consisted of producing the desire to abstain permanently from the use of alcohol, demanded consistent intervention from doctors. As one privy medical counselor simply put it, an alcoholic was in principle a sick person, and therefore, in itself the object of medial custody and handling.⁴⁵²

Beyond being a strictly medical issue, alcoholism was also a social problem, meaning that it had indirect or direct effects on German society because of its purported link to genetics. With physicians emerging as authorities on Weimar social and family life, given that qualitative population politics dominated the day, it only made sense, then, for doctors to also manage alcoholism. Doctors were called to cooperate with the

⁴⁵⁰ Ironically, the anti-alcohol campaign also became closely connected to the life reform movement, which criticized the mainstream medical profession and experimented with new methods of combating illness. For more on life reform, see Michael Hau, *The Cult of Health and Beauty: A Social History, 1890-1930* (Chicago: The University of Chicago Press, 2003).

⁴⁵¹ Dr. med. Röder, "Der Arzt ist zur Mitarbeit an der Trinkerfürsorgestelle berufen," 1909 in BArch, R 86/5196.

⁴⁵² Dr. Max Fischer, "Ärzteschaft und organisierte Arbeit gegen den Alkoholismus," *Deutsches Ärzteblatt* 60.12 (April 21, 1931): 157.

alcoholic welfare clinics because of alcohol's social harms. Excessive drinking registered significant impacts on society's productivity because alcohol caused inefficient work habits, unemployment, and early death. More directly, alcohol impaired judgment and morality,⁴⁵³ thus resulting in the high rates of crime and mental illness.⁴⁵⁴ One anti-alcohol organization cited that nearly 50 percent of mental illnesses, 84 percent of sex crimes, of 65 percent of felonies, and 75 percent of misdemeanors emerged from alcohol consumption.⁴⁵⁵ The Freiburg Doctors' Association (*Verein Freiburger Ärzte*) believed that, they "as doctors saw first and foremost the health damages caused by the abuse of alcohol" but that they were "also able to follow the disruptive moral and economic consequences, especially within the family."⁴⁵⁶ The *Münchener Medizinische Wochenschrift*, in its call to the medical profession to be the leaders in the fight against alcohol and tobacco, confirmed the burden on the German budget caused by the continued use of grain, potatoes, and sugar on the manufacture of alcohol, which could instead be used to alleviate the misery of children.⁴⁵⁷ German physicians, in other words, were the most suitable individuals to spearhead the anti-alcohol movement because they understood the health and social consequences of alcohol.

⁴⁵³ Röder, "Der Arzt ist zur Mitarbeit an der Trinkerfürsorgestelle berufen" in BArch, R 86/5196.

⁴⁵⁴ Weindling, *Health, Race and German Politics between National Unification and Nazism*, 71. According to the Women's League for an Alcohol-Free Culture, Reich criminal statistics linked an escalation of crimes to the increased use of alcohol. See "Frauen hört!" in BArch, R 1501/26382, Bl. 42. The *Deutsches Ärzteblatt* reported that the growth of alcohol criminality and the influx of alcohol-caused sick people in the welfare agencies and hospitals spoke for themselves. See Fischer, "Ärzteschaft und organisierte Arbeit gegen den Alkoholismus," 158. The Committee for the Ban of Alcohol in Germany also claimed that alcohol destroyed morality and self-discipline. See Ausschuß für Alkoholverbot in Deutschland, "Tatsachen" in LArch-Berlin B Rep.235-01, MF 2158-2168.

⁴⁵⁵ Ausschuß für Alkoholverbot in Deutschland, "Tatsachen" in LArch-Berlin B Rep.235-01, MF 2158-2168.

⁴⁵⁶ Letter from Verein Freiburger Ärzte to the Reich Ministry, the Reichstag, medical associations, daily newspapers, and the medical press, January 27, 1923 in BArch, R 86/5200.

⁴⁵⁷ *Münchener Medizinische Wochenschrift* 68.26 (June 30, 1921) in BArch, R 86/5187.

Overall, medical organizations and doctors echoed this language, as they sought to combat and treat alcoholism. Doctors in the *Aerztliches Vereinsblatt für Deutschland* subscribed to the view that physicians should not only be advisors at alcoholic welfare centers, but head them as well. After all, it was in their professional interest to do so.⁴⁵⁸ Licensed doctors could medicalize and take over yet another social welfare field at a time when lay practitioners were threatening their profession. Historically, lay practitioners had treated chronic diseases like alcoholism and venereal disease through hypnosis, but the medical profession slowly joined politicians and police authorities throughout the first decades of the twentieth century to keep lay practitioners under control.⁴⁵⁹ Moreover, in the postwar period, the overwhelming number of physicians (with male practitioners returning from their war duties and women entering medicine at higher numbers than ever before), combined with the shortage of positions in the economic downturn, created an atmosphere of rigorous competition—another incentive to eliminate the rivalry stemming from lay practitioners in the anti-alcohol movement and the medical profession in general.

Other medical journals—*Münchener Medizinische Wochenschrift* mentioned above as well as *Deutsches Ärzteblatt*—similarly advocated for doctors to take a leading role in the campaign against alcohol consumption, especially through anti-alcohol organizations. Dr. Max Fischer suggested to his colleagues the advantages of joining a large association dedicated to the fight against alcohol, namely a public health presence through articles, events, or lectures. He thought every doctor should belong to an anti-

⁴⁵⁸ Röder, “Zur Alkoholfrage” in BArch, R 86/5196. See also Dr. Haeseler, “Zur Alkoholfrage,” *Aerztliches Vereinsblatt für Deutschland* 38.726 (September 7, 1909).

⁴⁵⁹ Weindling, *Health, Race and German Politics between National Unification and Nazism*, 23-24.

alcohol organization, whether it advocated temperance or pressed for full abstinence. This type of involvement illustrated a fulfillment of their medical-ethical duties as the “natural trustees of the people’s health.”⁴⁶⁰ The Freiburg Medical Association also agreed that as the “guardians of health,” doctors could not let the misuse of alcohol continue to go unnoticed.⁴⁶¹ Using such authoritative titles, as well as their medical and social expertise, helped physicians endorse their powerful positions within the anti-alcohol campaign

The Anti-Alcohol Campaign: Fittingly a Place for Female Physicians

If anti-alcoholism was concurrently an issue for women and the medical profession, female physicians seemed the ideal candidates to become engaged in the anti-alcohol movement. They possessed both unique nurturing qualities as women as well as a strong scientific background, which meant they could provide support to alcoholics and their families and keep them all informed of genetic or medical problems. And although, women doctors were not working in the campaign against alcohol in extraordinary numbers,⁴⁶² devoting much more of their time (and publications in *Die Ärztin*) to

⁴⁶⁰ Fischer, “Ärzteschaft und organisierte Arbeit gegen den Alkoholismus,” 157-158.

⁴⁶¹ Letter from Verein Freiburger Ärzte in BArch, R86/5200.

⁴⁶² One article in *Die Ärztin* cited that some 400 male colleagues and 12-15 female colleagues were involved in the struggle against alcoholism. See Emil Abderhalden, “Die Ärztin und die Alkoholfrage,” *Vierteljahrschrift deutscher Ärztinnen* 1.4 (March 1925): 81. In unpublished data for their book *Ärztinnen aus dem Kaiserreich*, Bleker and Schleiermacher identified nine female physicians as falling under the “Alcohol” category. By searching all the female doctors in their study (that is, the 792 women doctors who, to their knowledge, had been licensed by 1918), they were able to assign 204 of them to one or more of the following categories: 218, Alkohol, Arbeitsmedizin, Aufklärung, Beamtin, Beratung, Bevölkerungspolitik, Kasse, Öffentliches Gesundheitsdienst, Polizei, Prostitution, Schule, Sozialpolitik, Sport. By “Alkohol”, they meant those women physicians involved in the abstinence movement and the like. The nine women doctors they identified were: Clara Bender, Agnes Bluhm, Anna Fischer-Dückelmann, Agnes Hacker, Ottilie Hoffmann, Lotte Landé, Else Liefmann, Margarethe Riderer-Kleemann, and Marie Charlotte Anna Snell. Again, this only included those women physicians licensed before 1918 so Abderhalden’s slightly higher estimate from 1925 is probably more accurate. Bleker and Schliermacher also noted that among the nine female physicians involved in the abstinence movement, five of them (Bender, Landé, Liefmann, Riderer-Kleemann, and Snell) were members of the BDÄ’s Committee to Combat Alcohol, corroborated by Riderer-Kleemann’s list of the BDÄ’s expanded alcohol committee in

marriage counseling, school health care, the new Law for Combating Venereal Diseases, and abortion,⁴⁶³ those few physicians focused on the ways that alcohol influenced women, children, and the family. In this sense, they limited their professional expertise to domestic matters, thus revealing their overall confinement in medicine.

After founding their professional organization and journal, female doctors realized very early on that they could offer something special to the anti-alcohol crusade. In its first year of publication, *Die Ärztin* contained an article, “The Female Physician and the Alcohol Question,” in which it endorsed the medical profession as the best vocation for knowing how to prevent and address dangers like venereal disease and alcoholism that threatened the *Volk*. However, the author, physiologist Emil Abderhalden (1877-1950), specifically lauded women within this field of medicine: “much deeper than the doctor, often the female doctor grasps the enormous damages which venereal disease, alcoholism, and so on bring to the family and how they affect many generations.”⁴⁶⁴

Women physicians, according to Abderhalden, were the most suitable for this type of work because they personally felt the impact of alcohol on children and families; not only did female doctors see the troubles drunken men caused to their primarily women and youth patients, but they may have even experienced such misfortune themselves.

Historian Atina Grossmann, for example, argues that women physicians treated desperate pregnant women all the time, understanding their powerlessness to abstain from sex with

“Bericht über die Gründung der Frauenarbeitsgemeinschaft zur Bekämpfung der Alkoholnot,” 15. Sabine Schleiermacher gave me this unpublished data from her personal files on February 24, 2009.

⁴⁶³ Although abortion was a central topic in *Die Ärztin* and among women doctors in general, and an issue that they were very dedicated to, I do not include it among the “spaces” in which female physicians worked in this dissertation because Atina Grossmann and Cornelia Osborne have both sufficiently handled the political and cultural involvement of female physicians in the fight against Paragraph 218, the law forbidding abortion. See especially Grossmann, *Reforming Sex* and Osborne, *Cultures of Abortion in Weimar Germany*.

⁴⁶⁴ Abderhalden, “Die Ärztin und die Alkoholfrage,” 81.

their alcoholic husbands or to encourage them to use contraception. This sympathy led to female doctors' widespread support of legal and easily accessible contraception, abortion, and sterilization.⁴⁶⁵ Female physicians' struggle against alcoholism, then, was linked to their other advocacy programs, such as their insistence that birth control be distributed in sex and marriage counseling centers, their demands for Paragraph 218 to be overturned, and even their calls for the sterilization of asocial elements of the proletariat.

In addition to extolling the merits of women doctors working in the anti-alcohol movement, Abderhalden also questioned the lack of participation of male and female colleagues in anti-alcohol organizations. In total, only some 400 male doctors and 12 to 15 female doctors were involved in anti-alcoholism—shameful in comparison to his native Switzerland, a country with as many residents as the city of Berlin which already had 150 male and female doctors assembled in the anti-alcohol campaign. In fact, although the alcohol problem had become more severe, there were perhaps less female medical students and doctors abstaining from alcohol and cooperating in the struggle against alcoholism than there had been in the past.⁴⁶⁶ According to Abderhalden, there were undoubtedly more women doctors who drank than those who were members of the Association of Abstaining Physicians (*Verein abstinenter Ärzte*), even though experience had shown that this organization boasted a considerable amount of power due to its large member base. Individual efforts in the crusade against alcohol, he claimed, had very little influence, which was why Abderhalden recommended that each one of his colleagues—male and female—join the association. With more members, the

⁴⁶⁵ See Grossmann, "Berliner Ärztinnen und Volksgesundheit in der Weimarer Republik," 205.

⁴⁶⁶ The author claimed that in his time (presumably within the first two decades of the twentieth century), all female medical students had abstained from alcohol and were involved in the movement. See Abderhalden, "Die Ärztin und die Alkoholfrage," 81.

Association of Abstaining Physicians would be better equipped to fulfill its goals of obtaining community self-determination rights regarding the opening of new taprooms, implementing alcohol-free youth education, expanding alcoholic welfare, creating tasty, alcohol-free drinks, and enabling more extensive research on the effects of alcohol.⁴⁶⁷

In addition to encouraging members to join organizations dedicated to the fight against alcohol, the *Bund Deutscher Ärztinnen* (League of German Female Physicians; BDÄ) also condemned female colleagues who advocated alcohol for medicinal purposes. Dr. Grete Schüler-Helbing, a long-established specialist in orthopedic rehabilitation in Berlin, published an article entitled “Woman and Alcohol,” in which she recommended between a half liter and a liter of strong beer for sleep and wine, cognac, or liquor to cure a depressed mood or to give one temporary confidence. In this first ever public recommendation for the use of alcohol by a woman, Schüler-Helbing maintained that alcohol in small doses was not a poison, but in fact, quite beneficial. The BDÄ responded to Schüler-Helbing by publishing a scathing criticism of her article in *Die Ärztin*, indicating the clear stance of the organization on matters of alcohol. Dr. Else Liefmann, the co-chair and later the chair of the BDÄ’s Committee to Combat Alcohol (*Ausschuß zur Bekämpfung des Alkohols*),⁴⁶⁸ found it “almost grotesque” that a female doctor could support the use of alcohol. Up until Schüler-Helbing’s endorsement, only men had defended alcohol consumption because, according to Liefmann, women were the ones who had suffered from alcohol abuse, as had their children and their orderly

⁴⁶⁷ Abderhalden, “Die Ärztin und die Alkoholfrage,” 81-82.

⁴⁶⁸ Members of the committee in 1928, when Liefmann was chair, included Dr. Clara Bender (Breslau: now Wrocław, Poland), Dr. Elisabeth Soecknick (Elbing: now Elbląg, Poland), Dr. Riderer-Kleemann (Berlin-Charlottenburg,) Dr. Maria Snell (Dresden), Dr. Lotte Landé (Frankfurt am Main), Dr. v. Schütz (Erfurt), and Dr. Hedwig Rohling (Cologne). See Riderer-Kleemann, “Bericht über die Gründung der Frauenarbeitsgemeinschaft zur Bekämpfung der Alkoholnot,” 15.

family lives. Liefmann disparaged Schüler-Helbing for neglecting the fact that her endorsement of drinking, even if it was only one glass of wine to help ease pain, could result in overindulgence or create a drinking habit. Liefmann further disapproved of Schüler-Helbing's recommendation to new mothers to only consume low dosages of alcohol. Schüler-Helbing was clearly unaware that alcohol passed to the milk of nursing mothers, which was by no means healthy for infants. Lastly, Liefmann admonished Schüler-Helbing for ignoring the links between alcohol consumption and venereal disease, and especially the vulnerability of adolescents to both.⁴⁶⁹

Through her critique of Schüler-Helbing and her approval of alcohol, Liefmann revealed first and foremost a maternalist disposition, which was characteristic of women doctors involved in anti-alcoholism. By mentioning the destruction alcohol and venereal disease had on youth, Liefmann proved that alcoholism was an issue for women doctors when youth were concerned. Helping youth avoid the enticement of alcohol was, additionally, the type of work that Liefmann and other female physicians sought to achieve within the anti-alcohol crusade, indicated by the fact that alcohol-free youth education became a primary objective of anti-alcohol organizations they joined.⁴⁷⁰

Liefmann's maternalism also reappeared when she showcased her expertise on the ways alcohol affected nursing mothers and infants. She proved her influence within the anti-alcohol movement by discussing the intimate act of nursing.

Similarly, Dr. Agnes Bluhm—one of the early eugenicists involved in anti-alcoholism—spoke on the influences of alcohol consumption on expectant and nursing

⁴⁶⁹ Dr. Else Liefmann, "Die Frau und der Alkohol," *Vierteljahrschrift deutscher Ärztinnen* 3.4 (October 1927): 117-118.

⁴⁷⁰ As noted in the previous paragraph, the Association of Abstaining Physicians, which *Die Ärztin* encouraged female doctors to become involved in, made alcohol-free youth education one of its main goals. The Women's League for an Alcohol-Free Culture also held this as one of its goals.

mothers at the Second German Congress for Alcohol-Free Youth Education (*Zweiter deutscher Kongreß für alkoholfreie Jugenderziehung*), held May 21-25, 1922 in Berlin. At the Congress, 50 youth associations with approximately 2.5 million members presented a resolution which called for sharp anti-alcohol provisions.⁴⁷¹ A large number of young people spoke at this event, but Bluhm's lecture in particular centered on her belief that alcohol-free youth education had to begin in the womb, at the moment a woman became conscious of her pregnancy. Hence, she thought it necessary to dispense advice to expectant mothers, who she stressed should abstain from any alcohol consumption because mothers transferred a large percentage of the alcohol they drank to their progeny, whose bodies could not process alcohol as well as adults. Similar to how an expectant mother passed alcohol to offspring in the womb, a nursing mother passed alcohol to an infant through her milk, which was why nursing mothers should also avoid all alcoholic beverages. Bluhm urged expectant and nursing mothers to drink milk for its calcium, which was good for children and helped to prevent rickets.⁴⁷² Bluhm, like Leifmann, focused her attention within the anti-alcohol campaign on helping women and children. Although Bluhm was engaged with other academics in the anti-alcohol movement, primarily in Zurich,⁴⁷³ she displayed her most prominent participation in congresses like this one (focused on youth) and restricted her work in anti-alcoholism to women's issues, such as breastfeeding. In this way, Liefmann, Bluhm, and other women

⁴⁷¹ Theo Gläß, "Die deutsche Jugend und die Alkoholfrage," *Die Ärztin* 8.2 (February 1932): 33.

⁴⁷² Leitsätze der Vorträge. Zweiter deutscher Kongreß für alkoholfreie Jugenderziehung, May 21-25, 1922 in BArch, R 86/5187.

⁴⁷³ She encountered August Forel, Alfred Ploetz, Gerhard Hauptmann, and Ludwig Plate through her medical studies in Zürich. She was a student of Forel's and along with him and Gustav von Bunge, she was involved in the anti-alcohol movement there. She also participated in political discussion at Hauptmann's house, and Ploetz introduced her to ideas of racial doctrine. See Buchin, "Dokumentation: Ärztinnen aus dem Kaiserreich," <http://web.fu-berlin.de/aeik/index.html>.

physicians remained tethered to a medical track in which they evoked their female identity to serve women and children.

Beyond just their maternal tendencies, the efforts of Liefmann, Bluhm, and their colleagues within the anti-alcohol movement also exhibited their class-based eugenic leanings. In addition to supporting a campaign that eugenicists had pioneered since its very founding, some female doctors were also quite explicit in their views that alcoholism was a destructive heritable trait that needed to be eliminated from the population. *Die Ärztin* reported in 1932 that the controversy over whether or not alcohol could damage one's genetic make-up had been resolved through the work of Agnes Bluhm. In a 1930 experimental study on alcohol and offspring, Bluhm had determined that alcohol was capable of causing genetic changes. This knowledge of alcohol heredity, according to Bluhm was not required, however, to justify a fervent battle against alcoholism. In her opinion, the severe social and moral costs of alcohol misuse were enough to fully rationalize a strong movement against alcohol consumption.⁴⁷⁴ Even if her research had proven alcohol as genetically transmissible, Bluhm also defended the fight against alcoholism in light of the overwhelming amount of social (and what some considered moral) problems—poverty, crime, venereal disease, prostitution, abuse, and overpopulation among the poor—that could be associated with it.⁴⁷⁵ Such widespread alcoholism could cause damage to a group that Bluhm called “civilized people,” clearly a matter of concern because of the overwhelming number of “inferior” elements who

⁴⁷⁴ Gläß, “Die deutsche Jugend und die Alkoholfrage,” 36. Bluhm's study was published in *Internationale Zeitschrift gegen dem Alkoholismus* (1930) under the title “Sind Alkoholschäden erbbar?”

⁴⁷⁵In addition to what has been previously cited linking alcohol consumption to such social problems, *Die Ärztin* also stated in 1925 that one could recognize the frightening increase of alcohol-caused disease, misfortune, and violence, which was spreading among the masses. See Straecker, “Was ist gegen den deutschen Alkoholismus gegenwärtig möglich und nötig?” 136

eugenicists believed to be taking over the struggle for existence.⁴⁷⁶ Bluhm was certainly trying to protect particular members of the population—namely, the upper classes—from the harms of alcohol.

Liefmann also understood that there were “weaklings” (*Schwache*) among the *Volk*—something she, in fact, criticized Schüler-Helbing for neglecting.⁴⁷⁷ By promoting the use of alcohol, Schüler-Helbing tempted these “weaklings,” which only compounded the problems of impoverished or diseased individuals (already considered part of this “weakling” category). Liefmann even acknowledged her own favoritism of a social hygienic view. Because Schüler-Helbing ignored the larger consequences alcohol might have on the population’s weaker elements, her views could “certainly not be named as an outpouring of a social hygienic sense of responsibility.”⁴⁷⁸ Liefmann understood the consequences alcohol had on lower-class individuals, for example, and supported a social hygienic view that prevented the further spread of alcoholism among these “weaklings.”

Like their colleagues in the youth welfare movement, female physicians also pinpointed alcohol as the root of other social ills. Friederike Stelzner, a school doctor in and practicing physician in Berlin who grappled with school health care from what she called a “socio-medical-psychiatric” view, concluded, in a 1929 study, that in families of female welfare pupils, more than 50 percent of their fathers were alcoholics.⁴⁷⁹ Her study joined others which confirmed the relationship between alcoholic parents and youth welfare or youth criminality.⁴⁸⁰ Hertha Riese, the medical leader of the Bund für

⁴⁷⁶ Gläß, “Die deutsche Jugend und die Alkoholfrage,” 36.

⁴⁷⁷ Liefmann, “Die Frau und der Alkohol,” 118.

⁴⁷⁸ Liefmann, “Die Frau und der Alkohol,” 118.

⁴⁷⁹ Gläß, “Die deutsche Jugend und die Alkoholfrage,” 36. See Helene Friederike Stelzner, *Weibliche Fürsorgezöglinge ihre psychologische und psychopathologische Wertung* (Berlin: Karger, 1929).

⁴⁸⁰ Prof. Dr. med. Többen determined that for 1926, in Westphalia 23.05 percent and in Prussia 18.09 percent of the fathers of welfare pupils were drinkers. See his study: “Gefährdung, Verwahrlosung

Mutterschutz's sexual counseling center in Frankfurt, also noted a connection between alcoholic parents and the destitution of children. She found that drinking women had, in general, a larger number of children. In fact, of all those advice-seekers from the sexual counseling center, alcoholic women had the highest average number of children with 5.4 live births, and the highest average number of abortions with 1.6 (for an average of seven pregnancies for each of these women). And furthermore, Riese reported that the health conditions of those children conceived under intoxication were even worse than those in socially damaged families. Additionally, the mortality rate of the children of drinkers surpassed that of all other groups.⁴⁸¹ The research of Stelzner and Riese within anti-alcoholism not only displayed female doctors' continued attention to alcohol's impact on children, but it also illustrated that they were no strangers to the idea—present throughout the larger anti-alcohol movement—that alcoholism only compounded other socially inheritable problems (like poverty and crime) and was becoming a greater burden on society, and thus, needed to be eradicated.

Because women doctors treated mostly lower-class women and children in their other work spaces—marriage counseling centers and schools—they knew firsthand that alcoholism only exacerbated the suffering these individuals often faced. Many of these women and children were already susceptible to conditions like criminality, poverty, venereal disease, and overpopulation, and alcohol consumption only multiplied their difficulties. It was precisely these alcohol-caused social (and genetic) problems that affected their patients and students, as well as the mental disorders believed to emerge as

und Kriminalität der Jugend in ihren Beziehungen zum Alkoholismus" *Alkoholfreies Jugendleben* (Berlin, 1930). Moreover, Berlin Judicial Assistance files showed that in almost 10 percent of their cases, the father or mother of youth delinquents were drinkers. See Gläß, "Die deutsche Jugend und die Alkoholfrage," 36.

⁴⁸¹ Gläß, "Die deutsche Jugend und die Alkoholfrage," 36. See Hertha Riese, *Die sexuelle Not unserer Zeit* (Leipzig: Hesse & Becker, 1927).

a direct result of alcoholism, that led female physicians to take up the anti-alcohol cause and to side with a eugenically-founded movement that called for alcohol's elimination from the gene pool. Women doctors especially wanted to protect the upper classes from the perils of alcohol, and worked to prevent the further destruction of alcoholism among the lower-classes. More to the point, in the few articles that *Die Ärztin* did incorporate regarding the work female physicians were doing in the anti-alcohol movement, the topics primarily revolved around youth or women, reflecting the areas in which its reader base was both interested in and involved in. The same would hold true for the campaign against venereal disease and prostitution, the next medical space where female doctors exerted their influence.

Law for Combating Venereal Diseases: A Social Hygiene Issue becomes Policy

Women physicians initially became involved in the anti-VD movement with the emergence of the Law for Combating Venereal Diseases. Before World War I ended, concerns that VD posed a threat to German national strength had become so prevalent that the government drafted and sent a new Law for Combating Venereal Diseases to the Reichstag for approval on February 19, 1918. The Reichstag's Population Policy Committee had eighteen different meetings about the terms of the law during the course of the year, but because of the ongoing Revolution, the law was never passed. Instead, coinciding with the return of millions of soldiers from the front, an Emergency Decree was issued on December 11, 1918. It included all provisions agreed upon up until that point, namely that venereal disease would be classified as syphilis, gonorrhea, and chancroid; that people deemed likely to pass it could be forcibly treated with the exception of life-threatening treatments which required the consent of the patient; and

that whoever engaged in sexual activity knowing (or suspecting) that he or she had a venereal disease could be punished with up to three years imprisonment or more. Finally, “all treatment for VD was to be accompanied by education about the danger and mode of transmission and about the legal provisions for prosecution under the Emergency Decree.”⁴⁸²

After almost a decade of political debates over its content and breadth, the Reichstag passed the Law for Combating Venereal Diseases on February 18, 1927, and it took effect on October 1, 1927. This law, in contrast to the numerous previous drafts submitted, privileged a “social hygienic perspective,” and included similar provisions to the 1918 version. Anyone who knew or suspected that he or she was suffering from a venereal disease was required to seek treatment from an accredited German doctor. Those who were financially unable to seek treatment were provided free access. Only certified German doctors could treat venereal disease, and only medical or pharmaceutical journals could advertise medications for VD. Venereal disease control measures, in other words, were no longer in the hands of police, but were implemented “under the auspices of local health care authorities in cooperation with welfare and charity organizations and with existing and newly constructed counseling clinics.” People who were “urgently suspected” of carrying and spreading VD could be required to produce medical certification (*Gesundheitszeugnis*) of their clean health,⁴⁸³ and if they

⁴⁸² Timm, “The Politics of Fertility,” 69-70.

⁴⁸³ There was at least one known suggestion that men (only) be required to obtain a medical certificate guaranteeing that they were disease-free before marriage (in a similar way that marriage health certificates were exchanged before marriage). The proposed law would obligate doctors to examine adult men for the venereal diseases designated in the Emergency Decree from 1918, and to then issue an *Einheitszeugnis* (male-only health certificate) stating whether or not a man was infected. The purpose of these certificates was to guarantee that men did not infect their future wives with VD. Both the RGA and the Reich Health Council considered the law, but never passed it. See Letter from Dr. jur. E. Schubart to

refused to do so, they faced compulsory examination, hospital confinement, or obligatory treatment. Infected individuals who had intercourse with another person, whether or not disease transmission occurred, could be imprisoned for three years.⁴⁸⁴

The law also required doctors to distribute an officially approved educational leaflet at the beginning of treatment. The purpose of these instructional leaflets was to educate the patients about the nature and contagiousness of the disease, as well as about the criminality of endangering others through sexual intercourse. This also prevented patients from making excuses about their ignorance of contagiousness. Even while the Reichstag members debated the law, the RMI believed that educating patients through the dispersal of these leaflets was one of the most effective means of preventing venereal disease.⁴⁸⁵ As long as the patient remained in treatment and did not pose a threat of contagion, the 1927 law stated the he or she could remain in the hands of the doctor; doctors were required to report cases of venereal disease to the public health authorities only when this was not the case. If doctors did not abide by this and instead passed information about a patient to a third party, they could be fined or serve time in jail, or both. Other educational means, such as lectures, publications, pictures, and exhibits⁴⁸⁶ about the causes, effects, and dangers of venereal disease were legal, and the law also gave the government the right “to approve, regulate, advertise, and display prophylactic

the Reich Justice Minister, July 7, 1919 in BArch, R 1501/11875, Bl. 39-42 and Letter from the RGA to RMI, September 6, 1919 in BArch, 1501/11875, Bl. 127.

⁴⁸⁴ Timm, “The Politics of Fertility,” 161-162.

⁴⁸⁵ Letter from RMI to all state governments (and for Prussia the Ministry of Public Welfare), November 12, 1921 in BArch, R 1501/11877, Bl. 181. See also Letter from RMI to all state governments, February 14, 1920 in BArch, 1501/11875, Bl. 254-255.

⁴⁸⁶ One such example was an exhibit sponsored by the Hygiene Museum in Dresden and the DGBG in October 1919, which educated the public about venereal disease. See Letter from Verein für das National-Hygiene-Museum and the DGBG to RMI, September 25, 1919 and an invitation for the opening of the exhibit, October 7, 1919 in BArch, R 1501/11875, Bl. 134-135 and 183.

substances.”⁴⁸⁷ After the ban on contraceptives had been lifted, many cities installed vending machines for the sale of condoms in men’s public bathrooms. Health offices and the newly opened VD counseling centers became advocates for the use of condoms and freely distributed them among visitors. Such widespread availability of contraception, historian Cornelia Usborne argues, led to the general public’s acceptance of contraception in cities.⁴⁸⁸ And the improved access to contraception, Roos claims, “marked an important gain in reproductive rights” for women.⁴⁸⁹

Finally, in terms of regulating prostitution, the 1927 law officially abolished *Reglementierung* and decriminalized prostitution in general. The conditions under which prostitutes worked and lived greatly improved. The police could no longer confine prostitutes to certain streets or houses, as had been the case with state-regulated *Kasernierung* (quartering). Prostitutes had protection against exploitative landlords and could now live in neighborhoods of their choice, as well as with other prostitutes. They could dress however they liked and move freely throughout the city. There were no longer restrictions on their access to public transport or public areas, museums, theaters, or restaurants. Prostitutes no longer needed police permission if they wanted to travel, move, or leave their homes after dark. Women suspected of prostitution could not be arrested or penalized without a proper trial. There was also now a legal basis for requiring health exams of women suspected of prostitution—the medical certificates required of people “urgently suspected” of being infected with VD. Women under medical supervision had the right to choose a private physician to be tested for VD, which historian Julia Roos claims, many of them did despite the fact that they had to

⁴⁸⁷Timm, “The Politics of Fertility,” 161-162.

⁴⁸⁸ Usborne, *The Politics of the Body in Weimar Germany*, 111-112.

⁴⁸⁹ Roos, “Weimar’s Crisis Through the Lens of Gender,” 184-185.

personally incur the cost to do so. Even though public solicitation was outlawed in towns smaller than 15,000 residents or in places deemed offensive, such as near churches, schools, or areas where children congregated, open public prostitution ceased to be a criminal offense. Because the 1927 Law granted prostitutes key civil rights, such as due process and freedom of movement, Roos has called it a triumph for bourgeois feminists, Social Democrats, and other opponents of *Reglementierung*.⁴⁹⁰

This portion of the Law for Combating Venereal Diseases attracted particular attention from female physicians, who had previously weighed the positive aspects of quartering for prostitutes and society at large in *Die Ärztin*. The housing of prostitutes on certain streets or in certain areas of the city protected them, Dr. de Lemos thought, from the exploitation that they often faced in brothels. Moreover, they could inhabit their own apartments and the city generally left them to practice their trade within these designated areas. Quartering was also advantageous to society as a whole, as it attempted to eradicate all street prostitutes, making the streets cleaner and safer, and allowed for the monitoring of hygienic conditions, which in addition to protecting women from abuse also protected the middle class—perceived as the primary group threatened by prostitution⁴⁹¹—from insanitariness and disease. De Lemos, then, saw quartering as a means to end the exploitation of women. She also viewed quartering as beneficial to the general welfare of society, and especially the threatened middle- and upper-classes, who women doctors aimed to protect from the vices of the proletariat. In the debates about quartering, female physicians put the interests of their patients *and* those of society in the

⁴⁹⁰ Roos, “Weimar’s Crisis Through the Lens of Gender,” 130-134. See also Timm, “The Politics of Fertility,” 161-162.

⁴⁹¹ de Lemos, “Das gegenwärtige Prostitutionswesen in Hamburg in seinen Beziehungen zur Abschaffung der Bordelle,” 18.

foreground, and often conflated the two. They saw how lower-class women prostitutes experienced police exploitation, but they also understood how the community suffered from disease because of the unhygienic conditions associated with unregulated prostitution.

In terms of the disadvantages, women doctors argued that quartering, as well as brothels, simply through their mere existence, induced curiosity and were seductive tourist spots for locals and foreigners. And rather than providing health protection for prostitutes and middle-class customers, according to police doctor de Lemos, quartering was only a ploy for health security, which would increase the foolishness of men and would reassure any existing doubts they had about going to a prostitute. This would thus augment the demand for prostitutes as well as increase the number of venereal diseases. She suggested that segregating prostitutes was still senseless in the fight against VD because infected men would continue to infect healthy women unless a doctor examined every individual who entered the quartered zone—something she saw as “unfeasible.”⁴⁹² Perhaps what was needed was the type of reformed state monitoring that Hildegrad Canon, another female physician active in the fight against venereal disease and prostitution, proposed in 1934—a time in which it was, in fact, more viable. In Canon’s proposition, this new form of quartering made the state responsible for assigning women to certain houses, determining apartment prices, and supervising the health of prostitutes

⁴⁹² de Lemos, “Das gegenwärtige Prostitutionswesen in Hamburg in seinen Beziehungen zur Abschaffung der Bordelle,” 19.

by establishing an examination station in each house to examine customers for infection.⁴⁹³

Ultimately, women doctors like de Lemos agreed with the abolishment of quartering in the Law for Combating Venereal Diseases, viewing it as unnecessary. However, they were not as critical of the earlier state-regulated system of prostitution as the Weimar women's movement, for instance. While feminists criticized *Reglementierung* "as a repressive system buttressed by a misogynistic sexual double standard,"⁴⁹⁴ female physicians recognized the benefits state control had on preventing the spread of prostitution and the spread of disease among the upper classes. Weimar-era women doctors clearly had other concerns in addition to their patients, demonstrating that they were not always as radical as those involved in women's rights. And their successors in the Nazi era certainly agreed, as they saw quartering as something that required reform and state monitoring. Their requests for the state to play a larger role in personal matters in the Weimar Republic continued in the Nazi regime as well, and perhaps even led to Nazism's appeal among some women physicians. Most importantly, women doctor's discourse about the guidelines and effectiveness of the Anti-VD Law in *Die Ärztin* showed just one example of how they become involved in a new area of medicine. Additionally, the law, which provided a reformed basis for the control of prostitution and venereal disease in general, also presented female physicians with a means to participate in the regulation of both through work opportunities in the newly-opened VD counseling centers.

⁴⁹³ Dr. Hildegrad Canon, "Kritische Betrachtungen über die verschiedenen Systeme der Ueberwachung der Prostitution und der Bekämpfung der Geschlechtskrankheiten," *Die Ärztin* 10.3 (March 1934): 52.

⁴⁹⁴ Roos, "Weimar's Crisis Through the Lens of Gender," 143.

Venereal Disease Counseling Centers: A Space for Female Physicians

Around the same time that government authorities were debating a new national Law for Combating Venereal Diseases, state-sponsored, health-insurance supported venereal disease centers began to appear throughout the Reich. Their primary goal was to help supervise the growing number of VD patients. The first clinic opened as an experiment in Berlin-Lichtenberg in the early twentieth century, but later moved to Beelitz because it failed to attract enough patients. The Reich Insurance Bureau set up a meeting of regional health agencies in 1913 to discuss the possibility of a national network of VD clinics that could survey patients when they moved between jurisdictions. No such network was ever established, but these discussions inspired the opening of the first permanent municipal center for syphilitic patients on January 1, 1914 in Hamburg, as well as a Prussian War Ministry decree in July 1915 that mandated the examination and treatment of venereal disease for all discharged soldiers in military clinics.⁴⁹⁵ In November 1915, the German state insurance institutions convened again. Aware of their responsibility to organize an effective fight against VD, they decided to establish counseling centers for the monitoring of venereal disease in consultation with the medical profession and health insurance institutions. Although they had no disciplinary powers, they aspired to help control the spread of VD by raising public awareness and by improving access to medical advice and treatment. Educated medical specialists became the leaders of these clinics, which were modeled after lung care clinics, as they made advising, prevention, and control (not treatment and healing) their goals. Only in necessary cases did the clinics administer treatment for people suspected of syphilis, gonorrhea, or chancroid, and then kept patients under medical supervision after the

⁴⁹⁵ Timm, "The Politics of Fertility," 134-135.

conclusion of treatment. Most importantly, the clinics aimed to acquire and maintain the trust of infected patients under all circumstances.⁴⁹⁶

In the following years, more and more clinics opened, often with opposition from free-practicing doctors who saw this new system of venereal disease counseling centers as “a threat to their economic well-being and an insult to their abilities to deal with VD patients on a case by case, personalized basis.”⁴⁹⁷ Overcoming these restraints and prejudices of the medical profession was one of the difficulties the centers faced, but the needs of society as well as propaganda promoting the clinics proved to be beneficial in gaining the public’s trust. In August 1916, for example, the state insurance institution in Westphalia had already opened three counseling centers, which quickly acquired the trust of patients, as evidenced by the 223 people who visited the clinics in the first five months of their opening (until the end of 1916). The state insurance institution in Westphalia added two additional clinics in March 1918 and another four at the end of 1918. Such expansion was due to the starkly increasing number of people seeking advice. The 223 advice-seekers in 1916 increased to 797 in 1917, 2,216 in 1918, and 10,194 in 1919, reflecting both the massive number of people that suspected they might have VD (and many of them did),⁴⁹⁸ as well as the ever-increasing trust people put in these centers. By 1920, there were over sixteen clinics in Westphalia, the most of any province.⁴⁹⁹ The situation in the VD clinic in Berlin was similar. The counseling center there opened on

⁴⁹⁶ Meeting Minutes, “Bekämpfung der Geschlechtskrankheiten, der Gewerbsunzucht und der Kriminalität durch soziale Massnahmen” in BArch, R 1501/11876, Bl. 102-103.

⁴⁹⁷ Timm, “The Politics of Fertility,” 135.

⁴⁹⁸ During the first three years that the counseling centers were in existence, there were 13,500 people with VD reported in Westphalia (9,047 men and 4,384 women). See Meeting Minutes, “Bekämpfung der Geschlechtskrankheiten, der Gewerbsunzucht und der Kriminalität durch soziale Massnahmen” in BArch, R 1501/11876, Bl. 103.

⁴⁹⁹ Meeting Minutes, “Bekämpfung der Geschlechtskrankheiten, der Gewerbsunzucht und der Kriminalität durch soziale Massnahmen” in BArch, R 1501/11876, Bl. 103-104.

May 2, 1917 and saw 3,550 visitors that year. In 1919, 8,567 people (7,250 men and 1,337 women) visited the clinic and in 1920, 10,321 people (8,586 men and 1,735 women) visited the clinic.⁵⁰⁰ By the end of 1919, the German state insurance institutions had over 138 centers, with 100,361 visitors in 1919, one-third of whom came on their own accord.⁵⁰¹ The population's growing trust in these establishments was unmistakable.

This issue of trust, in fact, became a rallying call for various women's organizations in their demands that women physicians be employed in new venereal disease counseling centers. In their view, if these centers wanted to gain the trust of their patients, one means of accomplishing this was to ensure that women doctors were always present to treat the rising number of female patients who visited the centers. No longer was it sufficient for the public to rely on the services of these clinics to help prevent the spread of venereal disease; it now became essential to employ a certain type of doctor who best catered to the needs of the patients. In this regard, venereal disease counseling centers were reminiscent of Weimar marriage counseling centers, which sought to employ physicians who could develop trusting relationships with their patients.

Just as female doctors positioned themselves as ideal confidants for female patients in marriage counseling centers, women physicians and women's organizations also maintained that women would be drawn to the new venereal disease counseling centers if they knew they would be examined by a female doctor. For example, Katharina Scheven, a leading member of the Association for the Promotion of Morality (*Verband zur Förderung der Sittlichkeit*), the German branch of the International

⁵⁰⁰ Prof. Dr. Pinkus, Leader of the Beratungsstelle für Geschlechtskranke der Landesversicherungsanstalt Berlin, "Bericht über das Jahr 1920" in BArch, R 1501/11877, Bl. 67. See also Timm, "The Politics of Fertility," 140.

⁵⁰¹ Meeting Minutes, "Bekämpfung der Geschlechtskrankheiten, der Gewerbsunzucht und der Kriminalität durch soziale Massnahmen" in BArch, R 1501/11876, Bl. 104.

Abolitionist Federation,⁵⁰² asked the RMI in June 1919 to establish venereal disease counseling centers specifically for female VD patients in all large and mid-sized German cities. She also requested that these clinics be placed under female leadership, which would attract more female patients. In her opinion, “female patients would, in fact, utilize venereal disease centers if they were given the opportunity to confide in a woman doctor.” After all, “a venereal disease [was] often seen as shameful,” and “therefore, it [was] necessary to give these patients any relief necessary to spare their feelings.”⁵⁰³ She saw it as especially crucial to protect the modesty of the large number of women and girls who acquired a venereal disease after they had illegitimate sex. Rather than continuously condemning them as “morally inferior,” Scheven thought it was better to seek them out to prevent them from sinking into prostitution.⁵⁰⁴ In other words, Scheven promoted an interventionist method focused on prevention and reform, where young girls trusted VD centers and doctors enough to visit them and heed their advice. Allowing them to lapse into further moral degradation would only exacerbate the societal burden they had already caused. Scheven’s saw it as her maternalistic duty to help these lower-class “fallen women.” In doing so, she also advocated middle-class morality, reflecting her own class background and biases.

⁵⁰² The International Abolitionist Federation established its first German branches in 1899 in Hamburg and Berlin. The organization was officially organized in Dresden in 1903 under the leadership of Scheven. By 1913, the organization had seventeen local chapters with 1,200 members total. According to Roos, “German abolitionists opposed state-regulated prostitution on the grounds that the system constituted a ‘discriminatory law against the female sex’ which violated key principles of social and moral justice.” Through the system of *Reglementierung*, the Association thought the state was exclusively penalizing women for an act committed by both sexes. In 1907, the BDF officially adopted an abolitionist position—something that Roos and Ann Taylor Allen claim the German branch of the International Abolitionist Federation influenced. See Roos, “Weimar’s Crisis Through the Lens of Gender,” 151-152 and Ann Taylor Allen, “Feminism, Venereal Diseases, and the State in Germany, 1890-1918,” *Journal of the History of Sexuality* 4.1 (July 1993): 28, 33.

⁵⁰³ Letter from Katharina Scheven to RMI, June 7, 1919 in BArch, R 1501/11874, Bl, 142.

⁵⁰⁴ Letter from Scheven to RMI in BArch, R 1501/11874, Bl, 142.

The BDÄ also championed the cause of endangered women and girls. Even more important than assisting girls with loose sexual behavior, Dr. Canon, for one, believed VD counseling centers needed female physicians to help inexperienced, frightened, and sexually abused young girls. According to patient statements, as well as Canon's communication with welfare workers, the aid women doctors could offer to these types of patients, specifically, significantly facilitated the ultimate decision to let female physicians govern the examination and treatment of women at risk in VD clinics.⁵⁰⁵ The BDÄ argued that only through the union of welfare and medical work, which emphasized care, education, counseling, and prevention for these individuals, could the fight against venereal disease be effective.⁵⁰⁶ As Annette Timm points out, arguments for this type of integrated welfare and medical care stemmed from the fact that several different agencies counseled the same families for related, yet overlapping problems.⁵⁰⁷ The prime example was the family who sought marriage counseling because the couple was having marital problems; alcoholic care and venereal disease counseling because the husband was a casualty of both; youth welfare and psychiatric care because the children lied, stole, and severely disrespected their parents; and financial aid because of the unemployment of one or both parents.⁵⁰⁸ Clearly, these interconnected problems were no longer only private matters; divorce, alcohol, venereal disease, criminality, and unemployment were perils that weakened the nation. In terms of venereal disease, then, education and prevention

⁵⁰⁵ Dr. Hildegrad Canon, "Zur Frage der Tätigkeit weiblicher Aerzte and Beratungsstellen für Geschlechtskrankheiten," *Die Ärztin* 10.2 (February 1934): 31.

⁵⁰⁶ Hermine Heusler-Edenhuizen, President of the BDÄ to RMI, September 22, 1926 in BArch, R 1501/11880, Bl. 32.

⁵⁰⁷ Timm, "The Politics of Fertility," 136.

⁵⁰⁸ This is a hypothetical family, but was quite close to some of the patients that Ilse Szagunn saw in her role as a doctor in the marriage counseling center in Berlin-Friedenau. See descriptions of Szagunn's patients in Ilse Szagunn, "Bericht über meine Tätigkeit als Ärztin an der Eheberatungsstelle Berlin-Friedenau im Jahre 1933" in ADW, CA/GfSt 247, 7a (or in Chapter 1).

became the key components of leading an effective anti-VD campaign. Women doctors—already the nation’s educators in spaces like marriage counseling centers and schools—were ideally suited for these types of tasks, at least in terms of treating female patients, in venereal disease clinics as well.

The *Bund Deutscher Frauenvereine* (League of German Women’s Associations; BDF), as an advocate for women, recognized how valuable female physicians could be in propelling the anti-VD movement. In its plea to the Reich Ministry of the Interior in December 1927, the BDF also insisted on the employment of female doctors in VD counseling centers with the founding of the new Law for Combating Venereal Diseases. The BDF highlighted the fact that female patients in various cities throughout Germany had already complained about the lack of availability of female physicians, and on behalf of the feelings and wishes of these patients, the organization now demanded same-sex treatment.⁵⁰⁹ In addition to the shameful feelings that accompanied young women and girls into VD clinics, the examinations to test for VD were also quite intimate—another argument in favor of employing women doctors in these spaces. Marie Kaufmann-Wolf, a specialist in dermatology who fought for equality between men and women in the campaign against venereal disease, noted the closeness with which female prostitutes—often unfairly singled out for VD testing under *Reglementierung*—for example, were examined.⁵¹⁰ Women doctors and feminist organizations, then, clearly put some pressure

⁵⁰⁹ Letter from the BDF to RMI, December 31, 1927 in BArch, R 1501/11880, Bl. 278-279.

⁵¹⁰ Doctors would examine at least their faces, mouths, lips, arms, breasts, neck glands, and auxiliary glands, and usually a woman’s anus, small and large labia, stomach and thigh skin, inguinal glands, ducts of the Bartholin’s glands, urethra, vagina, and cervix. Dr. med. Marie Kaufmann-Wolf, “Die Reglementierung der Prostitution,” in *Einführung in das Studium der Prostitutionfrage*, ed. Anna Pappritz (Leipzig: Johann Ambrosius Barth, 1919), 100.

on the government to account for the treatment of men as well as women, as it debated the provisions of the Law for Combating Venereal Diseases throughout the 1920s.

In the first half of the decade, however, the government showed little sensitivity to these requests that a patient's sex be considered. The President of the RGA, Franz Bumm, for one, dismissed the Association for the Promotion of Morality's claim that female patients felt more shame about revealing their cases of VD to doctors. He asserted that men felt just as much shame about their own venereal diseases and required an equal amount of courage to disclose personal information about their sexual affairs. Additionally, he rejected the view that women and girls had fewer anxieties about visiting venereal disease counseling centers under female leadership, noting that such claims had no basis in reality. In fact, Bumm claimed that experience had shown that many women preferred to go to male doctors, who they thought would not judge such moral questions as harshly as their same sex companions, and because male doctors had more experience, expertise, and discretion. All this language of trusting relationships developing in venereal disease counseling centers, Bumm maintained, depended less on the gender of the leaders and more on their performance, reliability, philanthropic spirit, and tact.⁵¹¹

Female physicians like Canon responded to such allegations by noting that in her 24 years of practical experience, she found that even those women with less shame (because of their frequent sexual encounters) treated the opportunity to see a family doctor as a "blessing."⁵¹² The toil of female physicians and feminist organizations, in the end, was not completely overlooked. By the late 1920s, the government had become more supportive of the idea of employing female doctors in counseling centers to treat

⁵¹¹ Letter from Bumm to RMI, July 19, 1919 in BArch, R 1501/11875, Bl. 81.

⁵¹² Canon, "Zur Frage der Tätigkeit weiblicher Aerzte and Beratungsstellen für Geschlechtskrankheiten," 31.

female patients, where in certain states like Prussia, they were included in the guidelines for the 1927 Anti-VD Law. The law also included provisions allowing for women to demand female doctors when they were available.⁵¹³

After the government recognized the necessity of same-sex treatment, it became standard practice such that when the new Nazi regime attempted to fire some female physicians in these positions, women doctors did not let it go unnoticed. Canon brought attention to the fact that the advising and handling of infected women and children by women had been in place since the beginning of the twentieth century. The cultural demand for female physicians to complement the practice of their male colleagues, she insisted, was so strong that women doctors even had to be available on all Sundays and holidays, and could not find male substitutes if they needed time off. To Canon, the destruction of a system that had been in existence for almost 30 years considerably impaired the fight against VD and stood as an obstacle for the effective enforcement of the still relatively new Law for Combating Venereal Diseases. Even with a new totalitarian regime in place, female doctors saw it as their duty to ensure the employment of women physicians in each counseling center for women infected with VD.⁵¹⁴

⁵¹³ Timm, "The Politics of Fertility," 137, 173.

⁵¹⁴ Canon, "Zur Frage der Tätigkeit weiblicher Aerzte und Beratungsstellen für Geschlechtskrankheiten," 30-31. It should be noted that Canon's perseverance in the fight against venereal disease and prostitution after 1933 did not go without criticism from her colleagues who fell in line with the views of the new regime. Dr. Helfriede Schmidt-Meyer, for example, disapproved of Canon's display of individualist thoughts about prostitution under a totalitarian regime in another one of her articles from 1934. Schmidt-Meyer specifically disparaged Canon for ignoring a discussion of race in her fight against prostitution and venereal disease. According to Schmidt-Meyer, Canon should have recognized that the racial prosperity of the nation was dependent on an effective fight of these evils. See Canon's original article: Canon, "Kritische Betrachtungen über die verschiedenen Systeme der Ueberwachung der Prostitution und der Bekämpfung der Geschlechtskrankheiten," 51-52 and Schmidt-Meyer's critique: Schmidt-Meyer, "Zurückweisung der Canon'schem 'Kritischen Bemerkungen über die verschiedenen Systeme der Ueberwachung der Prostitution und der Bekämpfung der Geschlechtskrankheiten,'" *Die Ärztin* 10.4 (April 1934): 65-66.

The founding of venereal disease clinics throughout the German Reich, like the creation of marriage counseling centers and the expansion of youth welfare, coincided with the entry of large numbers of women into the medical profession. It made sense, then, that women doctors would fill this new public welfare niche by finding work in these fields. Similarly, like marriage counseling centers and the youth welfare movement, VD clinics were especially attractive to female physicians because of the structure and nature of the services they offered. Because the clinics functioned similarly to marriage counseling centers with office hours a couple of times a week, women physicians could adequately balance their professional and personal lives. Those women who desired families had time to stay at home with their children while also dedicating themselves to the welfare causes that were important to them. Additionally, any woman doctor who worked in her own primary care practice, or as was often the case, with her husband, also had time to work a few hours on the side in a VD clinic. The goals of the clinics—educating patients about how to avoid passing VD on, acquiring the trust of the public and developing trusting relationships with patients, and in extreme cases, caring for patients afflicted with VD during treatment—also corresponded to the inherent qualities that women were thought to possess from their work in the home as well as other fields in medicine. They were, in other words, the dependable, nurturing, and experienced educators that these clinics and the Weimar state needed to attract the public, and especially women, in the fight against VD.

Women's most important contribution to the anti-VD campaign, however, was the treatment they offered women. Doctors and feminist organizations alike never demanded the presence of female physicians for any other reason than to treat female patients.

While this certainly helped the Weimar state's anti-VD movement, drawing otherwise embarrassed and reluctant women to VD clinics, and enabling women doctors to occupy new positions in medicine (particularly after the 1927 law made the availability of female doctors for female patients standard protocol), such language was also limiting. By limiting their treatment to women, these doctors fulfilled the expectations of their male colleagues. Male doctors had continuously maintained that women were only needed in the profession to treat other women and children. By also advocating this view (and following it in practice), women remained just where men wanted them—in subordinate, lower-paid, often part-time jobs, or in other words, in places where they could be kept under a watchful eye to prevent any threat they posed to an already vulnerable group of male physicians. Yet, without calling attention to the care they could provide exclusively to women, neither female physicians nor the anti-VD campaign would have benefitted.

After all, Dr. Josephine Höber, a member of the BDÄ's Committee for the Prevention of Venereal Disease, and her fellow members of the BDF's Committee for the Prevention of Venereal Disease,⁵¹⁵ recognized that “only through the vigilance and active participation” of women and women's organizations (like the BDÄ) would the effective implementation of the Anti-VD Law be possible.⁵¹⁶ In reality, this was true since the law asserted that in certain states, female physicians should be available for women. And although it is unknown whether more women visited venereal disease clinics after the

⁵¹⁵ It was not uncommon for female physicians to serve on the corresponding committees in the BDÄ and BDF. For example, letters between BDÄ and BDF members demonstrate that Anne-Marie Durand-Wever served on the Committee for the Physical Education of Women for both organizations, and in fact, the BDÄ chose her for this committee because of her analogous work in the BDF. See letters from March 1926 regarding this matter in LArch-Berlin B Rep.235-01, MF 2158-2168.

⁵¹⁶ “Der Wortlaut des Gesetzes,” was part of a special issue of *Nachrichtenblatt*, the journal of the BDF, called “Bekämpfung der Geschlechtskrankheiten. Das neue Gesetz. Welche Aufgaben erwachsen den Bundesverbänden und deren Vereinen?” September 5, 1927 in LArch-Berlin B Rep.235-01, MF 2158-2168.

implementation of the law, it was clear than women doctors became involved in a field once forbidden to them.

Fighting the Double Standard: Women Doctors Become Political Activists

Besides their labor in new venereal disease clinics, women physicians channeled their energy into the anti-VD campaign in other forms as well. They participated in meetings and conferences on the fight against venereal disease, they were active members of the DGBG, they reported on the effectiveness of the Anti-VD Law in *Die Ärztin*,⁵¹⁷ and they also worked for the health authorities to implement the law. They were, in other words, involved in a larger discourse about venereal disease that emerged, following a similar trajectory to their entry into the German medical world. Fridericia Gräfin von Geldern-Egmond, originally licensed in Switzerland in 1897 and then in Germany in 1902, was a member of the DGBG (founded in 1902) by 1903 and a participant at its First Congress in March of that year in Frankfurt, along with Elisabeth Winterhalter, who was on the organizational committee of the congress.⁵¹⁸ Hope Bridges Adams-Lehmann, recognized as a German licensed physician in 1904 through a federal court decision some 25 years after she had passed the state medical exam in Leipzig, was, like von Geldern-Egmond, a specialist in women's health and an early member of the DGBG. Other early members included Agnes Hacker, Pauline Rosenthal, Jenny Springer and Franziska Tiburtius.⁵¹⁹

⁵¹⁷ See for example Anna Pappritz, "Die Wirkungen des neuen Gesetzes zur Bekämpfung der Geschlechtskrankheiten," *Monatsschrift deutscher Ärztinnen* 5.2 (February 1929): 22-24; Dr. Eva Hensel, "Die bisherige Durchführung des Reichgesetzes zur Bekämpfung der Geschlechtskrankheiten," *Die Ärztin* 7.10 (October 1931): 238-243; and Dr. Eva Hensel, "Die bisherige Durchführung des Reichgesetzes zur Bekämpfung der Geschlechtskrankheiten," *Die Ärztin* 7.11 (November 1931): 261-265.

⁵¹⁸ Buchin, "Dokumentation: Ärztinnen aus dem Kaiserreich," <http://web.fu-berlin.de/aeik/index.html>.

⁵¹⁹ Buchin, "Dokumentation: Ärztinnen aus dem Kaiserreich," <http://web.fu-berlin.de/aeik/index.html>.

Katharina Klingelhöfer and Kaufmann-Wolf, also part of the first generation of women doctors in Germany, participated in the movement against venereal disease through various conferences. Klingelhöfer, an anti-VD proponent, discussed the waiver of medical confidentiality and the classification of patients at a 1920 meeting regarding the Fight of Venereal Disease, Prostitution and Criminality through Social Measures.⁵²⁰ Kaufmann-Wolf gave a lecture entitled “Medical Perspective to the Law for Combating Venereal Diseases” at a BDF Conference on the Question of the Forthcoming Legislation to Combat Venereal Diseases in October of the same year.⁵²¹ At the conference, which sought to bring together women from parliamentary, municipal, law enforcement, medical, and feminist circles to adopt a uniform opinion about the legislation and to discuss their further demands of the new law, Kaufmann-Wolf talked about the nature and consequences of syphilis and gonorrhea and evaluated the advantages and disadvantages of compulsory treatment for each disease. Embracing the goal of the conference—to demand a higher and equal sexual morality for men and women—she “spoke out of a strong, intuitive sentiment of women (*Frauenempfinden*),”⁵²² demonstrating precisely how women doctors (and women’s organizations) chose to connect to the fight against VD. They insisted on similar standards of sexual morality for men and women, especially in the new legislation, and they also claimed an instinctive ability to treat women in the fight against venereal disease. They fought for equivalent sexual mores and legal rights, and subjected themselves to a paradigm of difference.

⁵²⁰ Meeting Minutes, “Bekämpfung der Geschlechtskrankheiten, der Gewerbsunzucht und der Kriminalität durch soziale Massnahmen,” in BArch, R 1501/11876, Bl. 106.

⁵²¹ Einladung, Konferenz zur Frage der bevorstehenden Gesetzgebung zur Bekämpfung der Geschlechtskrankheiten, September 15, 1920 in LArch-Berlin B Rep.235-01, MF 3153-3161.

⁵²² Marie Stritt, “Die Bundeskonferenz zur Frage der Bekämpfung der Geschlechtskrankheiten,” *Die Frauenfrage. Zentralblatt des Bundes Deutscher Frauenvereine* 22.3 (October 15, 1920) in LArch-Berlin B Rep.235-01, MF 3153-3161. See also the minutes from the conference from October 2, 1920 in LArch-Berlin B Rep.235-01, MF 3153-3161.

This rhetoric primarily appeared, as the above case illustrates, in conversations about the 1927 Anti-VD Law, which afforded women doctors a plethora of scholarly and practical opportunities to participate in a new public welfare field. In terms of practical work, after the law went into effect, the health authorities in places like Hamburg created positions for female doctors. Gender specific views somewhat motivated the establishment of positions for women, and therefore, they were assigned to a field of activity, which was connected with gender specific expectations. In this regard, the Hamburg health authorities followed a precedent that had existed since the end of the nineteenth century to employ female police doctors to perform the mandatory examination of prostitutes or suspicious women under *Reglementierung*. People like the Swiss trained Agnes Hacker, who by 1900 had a contract with the Berlin *Sittenpolizei*, and Natalie Ferchland, who took over Hacker's job in 1905 and worked on a part-time basis until 1929, were pioneers in the field, which made the morality argument its focal point. Many men also already viewed a potential breach in young girls' sense of shame and false accusations of prostitution in young women as serious problems during the first decades of the twentieth century.⁵²³

Once the 1927 Venereal Disease Law went into effect, Hildegard Menzi and Anita de Lemos, both dermatologists, worked for the *Tag- und Nachtdienst* (Day and Night Service) for the Hamburg health authorities. While Menzi was only active for one year with the health office, de Lemos had been involved in venereal disease care for a long time. By 1921, she had already opened a specialty practice for skin and venereal diseases in Hamburg, the first female doctor to do so. From 1922 to 1927, she was the examination and trust doctor for the welfare office of the Hamburg police (*Pflegeamt der*

⁵²³ Bleker and Schleiermacher, 109-110.

Polizeibehörde).⁵²⁴ Starting in 1924, she was the house doctor in a runaway home (*Durchgangsheim*) for homeless girls for the Alstertwiete neighborhood youth authority, and beginning in 1927, the police authorities commissioned her to examine young girls who had been apprehended by the police for the first time.⁵²⁵ These “feminine activities of women doctors” appeared attractive to city authorities, who sought to fill these types of positions with female physicians only. Moreover, the nature of this type of work was such that women physicians could only be replaced by other women physicians, meaning that in order for one woman to get her vacation time approved, she had to find a female colleague to take over as her substitute. After all, female doctors were caring for female patients and male doctors for male patients, according to Menzi’s descriptions of her activities.⁵²⁶

The VD care that these physicians performed could be perceived strictly as a medical endeavor since they were simply treating patients in their jobs working for city health offices or the police. I would argue, however, that in addition to their participation at conferences and meetings regarding VD legislation and their roles in anti-VD associations, the political activism of female physicians really transpired through their writings. It was in the pages of *Die Ärztin* and other women’s journals that they expressed their longing to help prostitutes overcome the sexual double standard and critiqued the policy of *Reglementierung* for perpetuating it. *Die Ärztin* blatantly highlighted, for example, its stance towards the injustice embedded in state-regulated

⁵²⁴ For more on the establishment and tasks of welfare offices, see Roos, “Weimar’s Crisis Through the Lens of Gender,” 188-202.

⁵²⁵ For this work, de Lemos earned 3.80 Marks per hour. In general, female physicians were employed exclusively on an hourly basis and had no job security. See Bleker and Schleiermacher, 110.

⁵²⁶ Bleker and Schleiermacher, 110-111. They collected this information from the personal files of Hidegard Menzi in the Staatsarchiv Hamburg.

prostitution by publishing an article by Anna Pappritz in 1925. Pappritz, a leader in Germany's branch of the International Abolitionist Federation and longtime BDF executive, strongly criticized state-regulated prostitution, which she thought singled out women as the only carriers of VD. She hoped the new Anti-VD Law—still under debate—would help change this mindset and lead authorities to see that the reporting and treatment of men was also crucial to the fight against VD. This would add to the positive ethical strides the Law for Combating Venereal Disease had already made in breaking with the double standard. Pappritz also saw the efforts of female doctors in welfare offices, schools, VD counseling centers, and in police forces as essential to managing the terrible epidemic of venereal disease.⁵²⁷ By drawing attention to the unfairness of *Reglementierung* and praising more recent efforts to hold men and women to similar sexual norms, the BDÄ—initially claiming to be an apolitical association⁵²⁸—through its mouthpiece, *Die Ärztin*, revealed itself as political by siding with the abolitionist viewpoint that advocated for the equal treatment of men and women.

This type of political activism was even more evident in Meta Oelze-Rheinboldt's critique of state-regulated prostitution in 1925. Oelze-Rheinboldt, a dermatologist in Leipzig, harshly noted Germany's failures in terms of drafting a uniform national law on prostitution and VD, and thus, she thought Germany fell considerably behind other civilized states in this regard. Attempts at reforming the current version of the Anti-VD Law had, in her opinion, been unsuccessful and only resulted in more confusion in

⁵²⁷ Anna Pappritz, "Das Gesetz zur Bekämpfung der Geschlechtskrankheiten," *Vierteljahrsschrift deutscher Ärztinnen* 1.6 (October 1925): 157-159.

⁵²⁸ "Aufruf!" *Vierteljahrsschrift deutscher Ärztinnen* 1.1 (July 1924): 2. In this initial call for the founding of the BDÄ, it stated that in its affiliation with the International Medical Women's Association, there would be no political questions addressed at their annual congresses. Instead, the objective of these congresses was the exchange of information and experiences in the fields of social hygiene and social hygiene legislation.

various states and cities. According to Oelze-Rheinboldt, it was a “significant failure of the present draft of the law” that a discourse about the undisputable rights of female patients to be examined by a female doctor appeared nowhere. She saw this as especially problematic considering that women were so conspicuously, and often falsely, suspected of having VD under *Reglementierung*. She also noted that counseling centers were not consistently employing doctors for female patients,⁵²⁹ who were the individuals most often sought for examination.⁵³⁰ Oelze-Rheinboldt became an activist for women both by underlining the bias in state-regulated prostitution, which viewed women as the main source of infection, and by declaring it absolutely necessary that the new Anti-VD Law legally establish the moral rights of a female patient to receive treatment from a female doctor. By backing women’s access to fair treatment, female physicians like Oelze-Rheinboldt were pioneers in the movement for equalized medical care. Their demands for women’s medical rights were perhaps also somewhat opportunistic since they would be the ones receiving jobs once these claims came to fruition. Female doctors promoted sameness in terms of the Anti-VD Law and VD treatment, and they also understood that their differences as women, which they argued entitled them (and not men) to be tending to female patients, would benefit them professionally.

Dr. Kaufmann-Wolf similarly insisted on fairness for men and women, who she thought, should take joint responsibility for the same (sexual) offense committed. She admonished the idea that a man could walk free at the cost of the woman, who was usually targeted as the source of VD under state-regulated prostitution. Prostitutes, in

⁵²⁹ She wrote this in 1925 before the final version of the law included this provision for certain states.

⁵³⁰ Dr. med. Meta Oelze-Rheinboldt, “Zum neuen Gesetzenwurf zur Bekämpfung der Geschlechtskrankheiten,” *Vierteljahrsschrift deutscher Ärztinnen* 1.6 (October 1925): 161.

fact, were not the source of all venereal disease infections, and Kaufman-Wolf found it ludicrous that the men who visited these “sources of infection” multiple times and then repeatedly passed their diseases on were, in a sense, relieved of any sort of obligation. The anti-VD campaign could, in her view, never be described as successful or just if it continued to exclude men, which was why she, like her colleagues, maintained that equal, anonymous reporting and treatment was needed for both sexes.⁵³¹ Kaufmann-Wolf took her political argument even further, however, as she encouraged other women to become involved in the anti-VD and abolitionist movements by drawing attention to women’s instinctive desire to fight the double standard present in *Reglementierung*. She asserted that women should not tire of the fight against the double standard, which undermined the prestige and dignity of all women. She wanted women to stand together unanimously on this issue—the refusal to subject men and women afflicted with VD to the same law—and not let their political differences seep through. After all, she declared there was an “instinctive feeling of awareness in us [women] to be the defenders of fundamental women’s rights.”⁵³² This type of language, reminiscent of the German women’s movement, clearly exemplified her taking a stance against the inequality women faced in state-regulated prostitution, as she turned her medical-role into a more political one.

Kaufmann-Wolf claimed that her natural, womanly instincts motivated and enabled women’s participation in the fight against state-regulated prostitution and VD. Her colleagues, too, advocated that discrimination against women in VD counseling centers be overturned by employing a strategy that focused on women’s inherent differences, which therefore, granted them the basic right to be examined by doctors of

⁵³¹ Dr. med. Marie Kaufmann-Wolf, “Zur Bekämpfung der Geschlechtskrankheiten,” *Die Frau* 27.8 (May 1920): 233-234.

⁵³² Kaufmann-Wolf, “Zur Bekämpfung der Geschlechtskrankheiten,” 233-235.

their same sex. The tactics of women doctors in the anti-VD campaign combined the notion that the female body was different, and thus merited special treatment, with the suggestion that all bodies (male or female) be considered equal under the law. Their language about bodies and an innate womanliness opened up a new discursive space for them to make political demands. No longer were these doctors debating venereal disease as a purely medical topic; VD became a political space for them as well, as conversations now turned towards fundamental rights and equality. And although as Schleiermacher illustrates, there were only a few cases in which female physicians' engagement in social welfare themes, including the fight against prostitution and venereal disease, actually led to an active political health career in political organizations, associations, or parties,⁵³³ there can be no denying that, through their writings about VD, they became advocates for women.

Sex, Alcohol, and Disease: Conclusions

The social ills of prostitution, venereal disease, and alcohol particularly affected women and children in the Weimar period, thereby creating a site for women doctors to intervene. Women doctors began to address these problems precisely when alcohol and venereal disease started to affect marriage and familial relations and when youth became exposed to VD and prostitution. They became especially concerned when these vices encroached on the upper- and middle-classes, especially when middle-class men visited prostitutes, when middle-class women turned to prostitution out of economic desperation, or when the "civilized" classes began to drink. Dr. Oelze-Rheinboldt also became concerned that the "staggering infections" of VD in the masses were now drifting into all

⁵³³ Schleiermacher, "Rassenhygienische Mission und berufliche Diskriminierung," 95-96.

classes.⁵³⁴ Just as these problems affected women, children, and the home (which was the reason women doctors initially intervened), this was also the rhetoric women physicians used to carve a professional space within these movements. They centered their concerns in the anti-alcohol campaign around how alcohol affected nursing mothers. Similarly, they directed their efforts in the anti-VD movement at fighting the injustices against women in state-regulated prostitution and at demanding equal access and treatment for women in VD counseling centers.

Perhaps one of the most remarkable things about female physicians' commitment to these fields was the way in which, in addition to medical specialists in women's health, they also became political advocates for women. This political activism for women, I would argue, really differentiated their work in the anti-VD campaign from their anti-alcohol endeavors, also discussed in this chapter, and aligned their anti-VD work with the types of behavior they displayed working in marriage counseling centers and in school health reform. Women doctors were not apolitical in their anti-alcohol activities, as their promotion of class-based eugenics in this field was certainly a political endeavor. Yet, their understanding of fundamental women's rights did not manifest itself in the same way that it did in their demands for equal treatment in VD clinics, in their fight against the double standard in the Anti-VD Law, in their requests for greater access to birth control in marriage counseling centers, or in their advocacy of equal attention and funding to women's physical education in vocational schools. In these medical spaces, and especially in the anti-VD campaign, women physicians seemed much more aware of the injustices that women faced. To a certain degree, they fell in line with the strong

⁵³⁴ Oelze-Rheinboldt, "Zum neuen Gesetzenwurf zur Bekämpfung der Geschlechtskrankheiten," 161-162.

feminist and abolitionist critiques of of *Reglementierung*,⁵³⁵ as they recognized the unfair treatment women received under this system. They were not always as radical, however, as these groups—as the example of debates about quartering showed—because they also had the state’s interest in mind. In school physical education, too, female doctors recognized that girls were treated like second-class children to their male peers with fewer facilities, limited time to use those amenities available, or a lack of gym curriculum altogether. Whether in schools or VD counseling centers, female doctors aspired to put an end to this second-class treatment of women. The nature of their arguments was also similar in these two fields. They called for women’s equal access to and treatment in VD clinics and school physical education by pointing out women’s differences. This, they asserted, merited their students and patients a separate yet equal health program in schools and VD clinics with doctors of their same sex. In marriage counseling centers, the recognition of basic rights was also present, as female physicians argued not only that overburdened, poor women should have free access to contraception, but also that their inner-most secrets about marriage and motherhood deserved the ear of someone who could most understand them because she had also experienced them herself. Supporting women’s basic needs and rights in these different medical spaces confirmed female physicians as political beings

Whereas the anti-VD campaign lacked eugenics language, the anti-alcohol campaign did not. Not only were some of its founders and initial trailblazers eugenicists, but the few female physicians active in the anti-alcohol movement were also intent on calling attention to the destructive effects of alcohol on the German gene pool. Agnes

⁵³⁵ For a very good discussion of these criticisms, see Roos, “Weimar’s Crisis Through the Lens of Gender,” especially chapter 3.

Bluhm, especially, spent her career arguing that alcohol could cause genetic damage. Perhaps the Weimar movement lacked the extremism that people today associate with Nazi eugenics in that it did not call for all alcoholics to be sterilized or eliminated, but it most certainly saw alcoholism as a genetically harmful trait and sought to remove it, especially from the most respectable classes in society. Writings from this campaign also connected alcoholism to other social ills like criminality, mental problems, and high birth rates among the impoverished classes, which already proved to be a financial burden on society. It was not until after 1933 that the Nazis, based on the possible harm alcohol could cause to the German germ plasm, justified the sterilization of chronic alcoholics in the 1933 Sterilization Law.⁵³⁶ The eugenics tone present in the anti-alcohol campaign was also what demarcated it from the anti-VD movement, where the presence of eugenics language was almost non-existent, most likely because venereal disease was not believed to be a heritable trait. It was instead something that was caught and treated in one's lifetime, unlike the poverty or criminality or alcoholism that plagued and perpetuated itself among the lower classes. There were a few fears from female doctors that venereal disease and prostitution were spreading to parts of the so-called "respectable society,"⁵³⁷ but there was no discussion of VD as genetic, and therefore, transmissible. For all the eugenics-type prose that was embedded in anti-alcoholism, marriage counseling certificates, birth control, and school health capability levels, it always appeared to be

⁵³⁶ Proctor, *The Nazi War on Cancer*, 142, 153. Proctor also notes that "alcohol today is known to cause congenital damage to the developing fetus, but there is no evidence of a mutagenic effect that might be passed via the germ-line into subsequent generations."

⁵³⁷ See for example de Lemos, "Das gegenwärtige Prostitutionswesen in Hamburg in seinen Beziehungen zur Abschaffung der Bordelle," 18, who asserted that the border between prostitution and the bourgeoisie was disappearing because middle-class women now turned to prostitution to support themselves during a time of badly paid female work. Prostitution (and by extension VD) now invaded the middle-class due to the economic circumstances of the time. See also Oelze-Rheinboldt, "Zum neuen Gesetzenwurf zur Bekämpfung der Geschlechtskrankheiten," 161-162.

more a class-based issue than a racial one, as was the case in the Nazi period. For women doctors in these 1920s medical spaces, eugenics meant controlling the reproductive lives of the lower, inferior classes, as well as preventing the spread of social and genetic ills among the upper classes. It was not focused on the elimination of racial minorities. The female medical profession would take a much more racial stance in the work they did after 1933.

Building the *Volksgemeinschaft*, Fighting Cancer, and Supporting Racial Hygiene under Nazism

The emergence of the Nazi Party offered its supporters a myriad of opportunities for employment, education, funding, and to feel a part of what Hitler called his *Volksgemeinschaft* or people's community. Substantial evidence indicates that the *Nationalsozialistische Deutsche Arbeiterpartei* (National Socialist German Workers' Party; NSDAP) received especially strong support from traditional professionals, such as lawyers and civil servants, who became further disillusioned with the Weimar Republic as the crises of overcrowding, inflation, status loss, and organizational competition within their various occupations grew.⁵³⁸ Doctors were no exception to this rule, and in fact, were among some of the strongest supporters of the Nazi Party before 1933.⁵³⁹ Women also, attracted to promises of *Kinder, Küche, und Kinder* and reacting to the growing feminist movement and entrance of women to the labor force—and therefore a shift away from the home and family—eagerly voted for Hitler, even appearing to surpass men in the Nazi electorate in the final elections of the Weimar period.⁵⁴⁰

⁵³⁸ The following are among most important works that handle the question of professionals, especially doctors, voting for Hitler: Thomas Childers, ed., *The Formation of the Nazi Constituency, 1919-1933* (London: Croom Helm, 1986); Childers, *The Nazi Voter*; Hamilton, *Who Voted for Hitler?*; Jarausch, "The Crisis of German Professions"; Kater, *The Nazi Party*.

⁵³⁹ Michael Kater has written extensively about the proclivity of doctors to welcome and support Hitler: Kater, *Doctors Under Hitler*; Michael H. Kater, "Hitler's Early Doctors: Nazi Physicians in Predepression Germany," *Journal of Modern History* 59 (1972): 207-255; Kater, "The Nazi Physicians' League of 1929"; Michael H. Kater, "Physicians in Crisis at the End of the Weimar Republic," in *Unemployment and the Great Depression in Weimar Germany*, ed. Peter D. Stachura (Basingstoke: Macmillan, 1986); Kater, "Professionalization and Socialization of Physicians in Wilhelmine and Weimar Germany."

⁵⁴⁰ Childers, *The Nazi Voter*, 265. Childers argues that "the male-dominated NSDAP attracted a steadily increasing percentage of women voters after 1928." In addition, historians Renate Bridenthal, Richard Evans, and Michelle Mouton all consider how and why German women—including Gertrud Bäumer and others involved in the feminist movement—looked positively on the Nazi regime and backed Hitler. This was seemingly contradictory to their own interests since the male-dominated Nazi Party wanted to limit women's access to universities and to certain professions. However, responding to their nostalgia for a time in which motherhood was treated with respect, and hoping for the means to run their

Most female doctors naturally also saw the appeal of Nazism. National Socialism presented them a number of new opportunities. Emmi Drexel, a school doctor in Berlin, lauded the opportunities that National Socialism offered to contribute to new national educational tasks—something she deemed particular to the “feminine essence.” Whereas the Weimar Republic was certainly committed to promoting large families and a distinct German nationalism, National Socialism now made the “spiritual recovery of the *Volk*” a national goal and one of the most important duties of German doctors like herself.⁵⁴¹ Drexel exemplified the number of women who gained new health and population policy positions under the Nazi umbrella of national and völkisch ideals like the *Volksgesundheit*. Despite their expulsion from the elite health insurance practices, they continued their work for women and children in the Nazi *Bund Deutscher Mädel* (League of German Girls; BDM), teaching and enlightening young girls, and for the *Reichsmütterdienst* (Reich Mothers’ Service), educating mothers. Women doctors were also valuable to the regime in racial hygiene matters based upon the authority they commanded with their women patients, particularly their abilities to awaken women’s inner desires for children.⁵⁴² Michael Kater has argued that over half of women physicians became affiliated with Nazism.⁵⁴³

This chapter addresses the allure of National Socialism for female physicians during the Nazi era. A minority of female physicians, either by choice or coercion, left

families with dignity—both of which the Nazi regime promised—women failed to embrace their supposed emancipation. They instead “vot[ed] themselves back into the bondage of housewifery,” as Bridenthal states. See Bridenthal, “Beyond Kinder, Küche, Kirche: Weimar Women at Work,” *Central European History* 6 (1973): pgs 148-166; Evans, *The Feminist Movement in Germany, 1894-1933* (London: SAGE Publications, 1976); Mouton, *From Nurturing the Nation to Purifying the Volk*.

⁵⁴¹ Dr. med. Emmi Drexel, “Über schulärztliche Arbeit,” *Die Ärztin* 13.7 (July 1937): 206-211.

⁵⁴² Becker-Schäfer, “Die Aerztin im neuen Staat,” 169-170 and Agnes Bluhm, “Aerztin und Rassenhygiene,” *Die Ärztin* 9.10 (October 1933): 209.

⁵⁴³ Kater, *Doctors Under Hitler*, 106-107.

Germany or were forced out of the profession and purged from the *Bund Deutscher Ärztinnen* (League of German Female Physicians; BDÄ) after 1933.⁵⁴⁴ This chapter considers the activities of those female doctors who continued their profession in Nazi Germany. Despite the regime change, I argue that women doctors continued to perform similar types of work that they did in the Weimar Republic, championing themselves as experts in women's and children's health through their employment in the BDM and the *Reichsmütterdienst*. They maintained that they could enhance the *Volksgemeinschaft* by preparing young girls in the BDM to be the healthy, responsible members of the future generation and by molding mothers in the *Reichsmütterdienst* to be more health conscious. My findings support Kater's claim that women doctors' presence was proportionately stronger in the service-oriented spaces like the Nazi Student League and the Hitler Youth—or its feminine wing, the BDM—than in the male-centered organizations of the Nazi Party like the Nazi Physicians' League.⁵⁴⁵ While they continued to promote women's and children's health, this took on a far different meaning than it had during the democratic Weimar era. Medicine became tailored toward fulfilling the ideological goals of the Nazi state, which consciously utilized women doctors to indoctrinate women and children to its exclusionary, racial health policies.

In addition to carving a niche for themselves in Nazi medicine by proclaiming a particular “feminine” expertise for the health of approximately one half of the *Volksgemeinschaft*, female physicians also participated in Nazi causes. This included everything from the anti-smoking campaign—an offshoot of the anti-alcoholism

⁵⁴⁴ See Bleker, “Anerkennung durch Unterordnung? Ärztinnen und Nationalsozialismus”; Bleker and Eckelmann; Eckelmann; Grossmann, “Berliner Ärztinnen und Volksgesundheit in der Weimarer Republik”; Grossmann, “German Women Doctors From Berlin to New York”; Schleiermacher, “Rassenhygienische Mission und berufliche Diskriminierung.”

⁵⁴⁵ Kater, *Doctors Under Hitler*, 106-107.

movement—to racial hygiene training at Alt-Rehse, the doctor’s training school for racial hygiene matters during the Third Reich. Anti-smoking was compatible with Nazi views of promoting healthy motherhood, as Robert Proctor has previously demonstrated,⁵⁴⁶ but it also connected to women physicians’ participation in fields that affected women and children. Smoking, like its companion toxin, alcohol, surely did. Not only did the Nazis deem smoking dangerous to women and their future children, who female physicians claimed responsibility for, but Nazi authorities also viewed it as a threat to the German germ plasma overall, as it corrupted civilization, led to a decreased work ethic, and resulted in inefficiency in the military.⁵⁴⁷ The anti-smoking campaign fit well with the Nazi ideologies of mass mobilization, militarism, paternalism, and eugenics, denoting that it was not very far removed from the racial hygiene training that doctors received elsewhere. Women doctors, who always reported favorably about their experiences at the racial hygiene educational camp at Alt-Rehse, then translated this training into practical application either in the BDM or onto the pages of *Die Ärztin*, where they discussed the special role they would play in achieving the racial hygienic goals of the Nazi state.⁵⁴⁸

Whether they were working for Hitler’s anti-smoking campaign or promoting his ideas of a superior race, female physicians who remained involved with the BDÄ upheld the aims of a repressive dictatorship. In emphasizing the unique “doctor-mother” roles they could play, they situated their professional work within the paradigm of the

⁵⁴⁶ See Robert Proctor, “The Nazi War on Tobacco: Ideology, Evidence, and Public Health Consequences,” *Bulletin of the History of Medicine* 71 (1997): 435-488 and Proctor, *The Nazi War on Cancer*.

⁵⁴⁷ Proctor, “The Nazi War on Tobacco,” 441, 447-449.

⁵⁴⁸ See for example Bluhm, “Ärztin und Rassenhygiene,” 209 and Dr. Lea Thimm, “Agnes Bluhm: Die rassenhygienischen Aufgaben des weiblichen Arztes,” *Die Ärztin* 12.7 (July 1936): 135-139.

feminine-doctor duties of the new state.⁵⁴⁹ On the one hand, this can be viewed as an honest attempt to make room for themselves in an overcrowded, unreceptive, and even hostile profession. It is well documented that the Nazis not only wanted women to stay at home, but also sought to keep women out of universities and certain professions, and even passed laws that discriminated against married women doctors whose husbands already had adequate income.⁵⁵⁰ And yet on the other hand, this raises questions about women doctors' further culpability, as they fought so determinedly to work for the National Socialist state. Historians Johanna Bleker and Christine Eckelmann contend that creating this concept of the "doctor-mother" in the new state was a defense strategy of female doctors, who were battling an antagonistic medical profession.⁵⁵¹ My findings suggest that this was the case to a large extent, but I also view these female physicians as a bit more opportunistic, and also more prepared to assume their jobs under Nazism because of their previous work in the Weimar period. Their work in Weimar women's

⁵⁴⁹ Among the practical tasks Dr. Becker-Schäfer outlined for female doctors under Nazism were protecting mothers and their unborn children and educating German women to be responsible comrades. Dr. Maria Monheim also highlighted women physicians' "natural leadership qualities for [their] sisters." See Becker-Schäfer, "Die Aerztin im neuen Staat," 168-170 and Monheim, "Offener Brief an die Mitglieder des Bundes Deutscher Aerztinnen," *Die Ärztin* 9.6 (June 1933): 122-124. See also Bleker and Eckelmann, 91.

⁵⁵⁰ In December 1933, the head of the Reich Association of Physicians publicly declared that it was the goal of the NSDAP to get rid of all women doctors. Additionally, in 1934, married women doctors whose husbands had adequate income were barred from panel practice, that is from working for official health insurance organizations. Historian Jacques Pauwels argues, however, that only 115 female doctors were affected by this, not the estimated 600-700. There were well over 4,000 women doctors at the time so their position in the profession was hardly jeopardized. Pauwels also maintains that the "spirited opposition put up by the association of women doctors" also helped them maintain their position. See Pauwels, 24. Sabine Schleiermacher agrees that even though the BDÄ supported the new health policies of the Nazi state right away, the organization attempted to set itself aside from the male dominated medical profession with a list of priorities that differed, including a campaign against the *Doppelverdiener* (double earner) law. The double earner law, passed by German Chancellor Heinrich Brüning in 1932, forbade married women civil servants who were double wage earners from working. In 1933, the BDÄ foresaw that this law threatened to disqualify married female physicians from admission as panel practice doctors, which it eventually did. See Schleiermacher, "Rassenhygienische Mission und berufliche Diskriminierung," 101. Johanna Bleker claims that the discrimination against women in medicine started with Brüning, who passed the double earner law and put caps on women entering medicine at five percent in 1932. She asserts that female doctors lost a lot of their civil servant and clinic positions, even before 1933. See Bleker, "Anerkennung durch Unterordnung? Ärztinnen und Nationalsozialismus," 126-127.

⁵⁵¹ Bleker and Eckelmann, 95.

and children's health groomed them for similar activities in the Nazi period, but more importantly, their advocacy of class-based eugenics language allowed them to make an easy transition to the more radical racial policies of the Nazis.

***Gleichschaltung* of the BDÄ**

The narrative of the BDÄ following Hitler's rise to power has been well documented in German historiography.⁵⁵² In the first few weeks after Hitler came to power, there was no immediate sign of change for the BDÄ or the lives of women doctors. In 1933, the organization had over 900 members, which was nearly one fourth of all practicing female physicians in the Reich (or 4,367 out of a total of 51,067 physicians in Germany).⁵⁵³ 572 identified themselves as "non-Aryan."⁵⁵⁴

The first signs of the *Gleichschaltung* of the BDÄ came on April 2, 1933 when, per the request of individual local chapters, the board and editorial management resigned and were replaced with temporary management. The coordination was completed two weeks later.⁵⁵⁵ Eckelmann and Bleker view this initial action as one of obedience that allowed the BDÄ to continue its existence.⁵⁵⁶ Female doctors quickly recognized this

⁵⁵² See Bleker, "Anerkennung durch Unterordnung? Ärztinnen und Nationalsozialismus"; Bleker and Eckelmann; Eckelmann; Grossmann, "Berliner Ärztinnen und Volksgesundheit in der Weimarer Republik"; Grossmann, "German Women Doctors From Berlin to New York"; Grossmann, *Reforming Sex*; Kater, *Doctors Under Hitler*; Schleiermacher, "Ärztinnen zwischen Sozialhygiene und Eugenik in der Weimarer Republik"; Schleiermacher, "Rassenhygienische Mission und berufliche Diskriminierung."

⁵⁵³ The total number of physicians in Germany is based on my findings in the *Statistik des Deutschen Reichs*. The number of BDÄ members comes from Grossmann, "German Women Doctors From Berlin to New York," 67-68 and corresponds to numbers in Bleker and Eckelmann, 88 and Eckelmann, 4.

⁵⁵⁴ Bleker and Eckelmann, 88. Whether "non-Aryan" in this case equated to "Jewish" is not clear. However, both Grossmann and Bleker estimate that the number of Jewish female physicians was significant. Bleker claims that every fifth women doctor was Jewish, which she concludes from the fact that about 300 doctors of the 1,500 panel practice female physicians were barred in 1933. See Bleker, "Anerkennung durch Unterordnung? Ärztinnen und Nationalsozialismus," 127, 135. Grossmann, based on numbers from *Die Ärztin* and *Statistik des Deutschen Reichs*, claims that 722 of the 6,785 physicians in Berlin were women and of these, 270 were Jewish (approximately 38 percent of women doctors). See Grossmann, "German Women Doctors From Berlin to New York," 67-68.

⁵⁵⁵ "Mitteilungen des Vorstandes," *Die Ärztin* 9.5 (May 1933): 102.

⁵⁵⁶ Bleker and Eckelmann, 88.

new transition to Nazism, as evidenced in the diary entries of Hertha Nathorff, who was then working in a family and marriage counseling center in Berlin. On February 2, 1933, she noted the first derogatory comments about Jews in her office hours, but it was on April 16, 1933, when Nathorff attended a meeting of the BDÄ, that she truly discerned how the regime change would affect her life. Although attending these meetings was a familiar practice to Nathorff, on this particular day, she perceived a “strange atmosphere” and did not recognize many of the unfamiliar faces. After a man explained that the *Gleichschaltung*—an alien word to Nathorff and her colleagues—was required of the BDÄ, all Jewish doctors were asked to leave the meeting. Nathorff then describes how all Jewish and so-called half Jewish doctors, and some “German” doctors silently stood and left the room, “pale, shocked to the core.” She expressed how “agitated, sad, and broken-hearted” she was, as well as her shame for her “German” colleagues.⁵⁵⁷

The coordination progressed quite rapidly thereafter. In a May 10, 1933 meeting of the BDÄ, Dr. Gerhard Wagner, who had already been the Nazi physician’s leader (*Reichärztführer*), appointed Dr. Lea Thimm the provisional leader of the association. Additionally, Thimm would take over the editorial staff of the *Die Ärztin*, which reported that these steps were necessary in light of the “threatening danger” of the association, whose existence now depended on the government.⁵⁵⁸ Moreover, the individual local chapters were required to make the following changes:

1. All local leaders of Jewish descent had to resign, but their membership and cooperation was not affected so long as it was “objectively scientifically acceptable” and did not allude to “organizational and ideological questions.”

⁵⁵⁷ Wolfgang Benz, ed., *Das Tagebuch der Hertha Nathorff. Berlin-New York Auszeichnungen 1933 bis 1945* (Frankfurt am Main: Fischer Taschenbuch Verlag, 1988), 35,40.

⁵⁵⁸ “Die Ereignisse,” *Die Ärztin* 9.6 (June 1933): 117.

2. All local leaders of non-Jewish descent had to agree to the *Gleichschaltung* “without conflict” and in the case that they did not, they would have to temporarily step down from office until their desire for cooperation had been observed.
3. Local leaders not affected by measures 1 and 2 should send in a short report about the atmosphere of the local chapters and indicate the ratio of Jewish to German colleagues.

The subsequent member meeting in Hamburg was also canceled because of the short amount of time Thimm had to prepare for it, but she assured the members that she would arrange a new meeting time and place as soon as the necessary contacts and cooperation with various local chapters was under way.⁵⁵⁹

The BDÄ became officially closed to German-Jewish members at the end of June. After this, the organization abandoned its former non-alignment. In its 1924 bylaws, the BDÄ had espoused neutrality on issues of politics, religion, and race. Many women doctors, too, conformed to these early requirements.⁵⁶⁰ In the BDÄ’s affiliation with the International Medical Women’s Association, there were to be no political questions addressed at their annual congresses, as indicated in an early summons. Rather, these congresses were simply a time to exchange experiences in the field of social hygiene.⁵⁶¹

⁵⁵⁹ “Die Ereignisse,” 117.

⁵⁶⁰ In the prologue to her diary, Nathorff recounts how she was asked her position on Paragraph 218 when she applied for a job in family and marriage counseling. She stated that while she thought and felt democratic, she disapproved of all political charges in the medical profession. Moreover, when recalling how her patients would bring their political moods to consultations, she reasserted that she was a doctor, who had no interest in politics. See Benz, 29, 36-37. Eckelmann also maintains that the majority of BDÄ members belonged to no political faction. See Eckelmann, 24.

⁵⁶¹ “Aufruf!” 2. In the news section from the first issue of *Die Ärztin*, the BDÄ also reaffirmed its apolitical stance, even on popular issues such as the abolishment of Paragraph 218. The editors stated they would be taking no position on the question of the abolishment of Paragraph 218, and would consider both

The BDÄ had been founded with a social hygiene agenda in mind, as the original duties of the association included the “handling of social-hygiene questions from the standpoint of a doctor as a woman.”⁵⁶² This implied control over social and health policy decisions, which female doctors clearly abided by through their involvement in marriage counseling, girls’ physical education reform, and the campaigns against alcohol, venereal disease, and prostitution. Demanding that the state take control over peoples’ fitness for marriage was certainly fulfilling the social hygiene objectives the BDÄ sought to embody. Schleiermacher notes, however, that after 1933, women physicians simply pointed this social hygiene agenda in the direction of eugenics and racial hygiene by abandoning the social hygiene responsibilities from the statutes and replacing them with racial hygiene. The new leadership also deleted the clauses about political and religious neutrality from the 1924 bylaws.⁵⁶³ And although Nathorff recalled that some “German” colleagues walked out with her and her Jewish colleagues in April 1933, only one non-Jewish German doctor publically quit the BDÄ.⁵⁶⁴

In June 1933, the editorial staff of *Die Ärztin* reported that the “coordination can be labeled as a sweeping success.” By this time, 21 of the 26 local chapters had “declared their full willingness to work further under the changed political circumstances and in accordance with the spirit of the new age.”⁵⁶⁵ Two chapter leaders even resigned without having yet received notification of the new regulations. With the exception of three local chapters, all had complied by sending information about the attitudes of their

pro and con arguments. See “Bundesnachrichten,” *Vierteljahrsschrift deutscher Ärztinnen* 1.1 (July 1924): 13.

⁵⁶² “Aufruf!” 2.

⁵⁶³ Schleiermacher, “Rassenhygienische Mission und berufliche Diskriminierung,” 100-101. See also Bleker and Eckelmann, 90.

⁵⁶⁴ Bleker and Eckelmann, 90.

⁵⁶⁵ “Die Ereignisse,” 117.

members. These letters reflected “a fresh and hopeful spirit,” and the overall depression that had been weighing on Germany since the beginning of the year, the editors declared, “appeared to give way to new life and new hope” in the BDÄ.⁵⁶⁶

The editors showcased the remarks from the report of Dr. Maria Monheim, the leader of the Munich chapter, who they viewed as exemplary of this spirited attitude. She explained her previous reluctance to participate in politics as stemming from the feminine instincts of female doctors and the apolitical attitude of the BDÄ. Monheim asserted that she and her colleagues were “always neutral” unless they were occupied “with questions that corresponded to our feminine-medical interest or to which we as women had something particular to say, or which also could be resolved in a specific way due to our mental attitude as women.” She expressed hope, however, that with the recognition of the BDÄ as an organization of the state, women would now be able to work with the state to craft policy. Although she described a “strong sense of community” among members of the BDÄ resulting from their shared material plight, Monheim also defended the obvious “national” feelings they held and their ability to socially adjust their medical activity and professional ethical views. She also emphasized the nature of Bavarians as “more down to earth, closer to nature,” and therefore, as also “more race-conscious,” which led to the successful purge of Jews from her local chapter, leaving only three or four remaining out of 40 members.⁵⁶⁷

Monheim’s changed disposition was emblematic of many non-Jewish German members of the BDÄ in 1933. She had been educated under the old system, distinguished as part of the first generation of practicing female physicians in Germany.

⁵⁶⁶ “Die Ereignisse,” 118.

⁵⁶⁷ Monheim’s report in “Die Ereignisse,” 118.

After attending medical school in Munich, she received her license in 1912 and then embarked upon her long career as an assistant and subsequently a practicing physician. Like many of her peers, she worked in a pregnancy clinic and then eventually as a gynecologist. And she, along with many colleagues, joined the BDÄ in 1927, but remained apolitical and admittedly only pursued interests that involved women and children and the family.⁵⁶⁸

It was not until 1933 with the coordination of the BDÄ that Monheim began to articulate her political voice. While she had been hesitant to join a political party, she now attested to her hope that she and other women could become participating members of the state. And even though she still sought to protect the interests and opinions of her chapter's members, cautious to reveal too much about the atmosphere of the group in her report, she assured Thimm and the other editors of the Munich chapter's willingness to serve the *Volk* and "to do their duty with the use of all force."⁵⁶⁹ She also encouraged the BDÄ as a whole to abandon its political neutrality and discard any reservations about Hitler, who had since acknowledged all their previous concerns about the position of women and mothers in the new state. Monheim assured the BDÄ that while Nazism purportedly restricted women to reproductive roles, the new regime offered women doctors an unprecedented opportunity to cooperate in the promising work of reorganizing the care of women, mothers, and the family.⁵⁷⁰ Beyond simply stating political rhetoric, Monheim assumed an active political role after 1933, first by proposing that certain colleagues serve on the BDÄ's board (among them herself) and then by becoming a member of the National Socialist Women's Organization (*NS-Frauenschaft*).

⁵⁶⁸ Monheim's report in "Die Ereignisse," 118.

⁵⁶⁹ Monheim's report in "Die Ereignisse," 118.

⁵⁷⁰ Monheim, "Offener Brief an die Mitglieder des Bundes Deutscher Aerztinnen," 123-124.

Monheim was not alone in her support of Nazism. Ilse Szagunn, who had also been a part of the first generation of women physicians in Germany and seasoned in clinical and educational medicine, experienced few professional changes with the rise of National Socialism. Under this new regime, she continued her advocacy for children's medicine and pregnancy care, a bulwark of population politics and racial hygiene.⁵⁷¹ Szaugunn typified women doctors who replaced social hygiene with racial hygiene after 1933. And although she defined social hygiene broadly,⁵⁷² her life's work demonstrates that she fused her professional ambition with social needs by promoting marriage and large families and making the welfare of the German *Volk* a primary concern in her public health efforts.⁵⁷³ She also publicly discussed her early interest in social hygiene, inspired by her work with Adolf Gottstein (1857-1941), a practicing physician and one of the founders of social hygiene as a special field. She implemented these ideas as a part-time school doctor at the girl's vocational school in Charlottenburg where she was responsible for 3,000 students.⁵⁷⁴ She saw the state "preservation and support of motherhood" as fundamental,⁵⁷⁵ and she thought health education curriculum should include sex education, professional health advising, and marriage counseling, and noted that some of her own landmark work included teaching women that they had a greater responsibility when it came to sex.⁵⁷⁶

⁵⁷¹ Schleiermacher, "Rassenhygienische Mission und berufliche Diskriminierung," 97.

⁵⁷² In her 1961 "Vita," Szaugunn defined social hygiene as "the recording of healthy and sick people in their total inner and outer world." See Szagunn, "Vita von Ilse Szagunn," 261.

⁵⁷³ Sach, 35.

⁵⁷⁴ Szagunn, "Vita von Ilse Szagunn," 261-262.

⁵⁷⁵ Schleiermacher, "Ärztinnen zwischen Sozialhygiene und Eugenik in der Weimarer Republik," 3.

⁵⁷⁶ Szagunn, "Probleme der schulärztlichen Versorgung der Berufsschulen," 90-92 and Szagunn, "Vita von Ilse Szagun," 262. According to Schleiermacher, Szagunn thought children and youth should have an understanding of health, in which the values (*Wertigkeiten*) of Volk and race are inherent. See Schleiermacher, "Ärztinnen zwischen Sozialhygiene und Eugenik in der Weimarer Republik," 3.

Although she was fired from her job as a vocational school doctor in 1931 because of the *Doppelverdiener* law, Szagunn continued her work in the Friedenau marriage counseling center well into the Nazi regime.⁵⁷⁷ While numerous marriage and sex counseling centers closed during the Nazi period or had to close for financial reasons, Szagunn's clinic continued to exist. Not only was it a religiously-affiliated clinic, but as Sabine Schleiermacher has argued, Szagunn had previously supported eugenics, and thus, was not seen as a threat to the regime. Her earlier ideas about marriage and family mirrored Nazi politics, making it easier for her and her clinic to partake in the Nazi state. After 1933, Nazi policy demanded that conservative marriage counseling centers provide advice on the sterilization of people labeled "inferior."⁵⁷⁸

Szagunn, unlike Monheim, had been quite political before 1933. Her activism can be traced to her first semester of medical school, where she founded the Berlin chapter of the German Academic Women's League (*Deutsch-Akademischer Frauenbund*), an anti-Semitic organization with very nationalist tones that sought to educate women about their responsibilities to their country. Women even had to be of German heritage and speak the German language to join, which ultimately excluded about 40 percent of the medical students of the time because they were of Russian descent.⁵⁷⁹ Although such work, in hindsight, foreshadows Szagunn's future Nazi

⁵⁷⁷ Louisa Sach claims that all non-official marriage and sex counseling centers became integrated into Nazi race and health policies. See Sach, 21. However, Bleker, Schleiermacher, and Jutta Buchin, the librarian at the Charité's Institute for the History of Medicine in Berlin, provide evidence that Szagunn continued her work in the Friedenau center, at least on a voluntary basis, after 1933. The annual reports I found in the ADW, which run through 1935, also confirm this.

⁵⁷⁸ Schleiermacher, "Ärztinnen zwischen Sozialhygiene und Eugenik in der Weimarer Republik," 4.

⁵⁷⁹ Sach, 41. This anti-Semitic women's group had enough university branches to form a national organization, the German Association of Academic Women's Organizations (*Deutscher Verband Akademischer Frauenvereine*), in 1914. The organization encouraged member's activity in student affairs and promoted both the women's movement and "national questions." In an effort to cultivate *Deutschtum*

affiliations, her work with this organization was an instrument to make the medical school environment more hospitable to a certain group of women students after they were first admitted. Szagunn campaigned for the establishment of female student housing and fought the ongoing injustices against women students. Szagunn carried this political disposition into her career. She served as the Charlottenburg district health deputy for the German People's Party (*Deutsche Volkspartei*; DVP) from 1925-1928, as well as the Berlin central health deputy for the DVP—a center-right party from which the Nazis would eventually gain many of their supporters.⁵⁸⁰ As a member of the Prussian Health Council (*Preußischer Landesgesundheitsrat*) from 1921 to 1933, Szagunn was a member of the Committee for School Health Care (*Ausschuß für Schulgesundheitspflege*) and the Committee for Population Politics and Racial Hygiene (*Ausschuß für Bevölkerungspolitik und Rassenhygiene*). Through these committees, she participated in a discussion about eugenics-based abortion and sterilization laws, which would have, as she claimed, served the *Volkswohlfahrt* (welfare of the people). Moreover, she embraced the eugenic leanings of the Health Council, which made the eugenic education of youth a priority and supported the voluntary exchange of marriage health certificates. While the Health Council condemned the death of unworthy lives and doctors who conducted voluntary sterilization for research, it did promote housing developments for “genetically healthy

(Germanness) among the female student population, the organization banned Jews. See Marion Kaplan, *The Making of the Jewish Middle Class: Women, Family, and Identity in Imperial Germany* (New York: Oxford University Press, 1991), 150.

⁵⁸⁰ The members of the BDF, which encompassed the BDÄ, primarily belonged to the German Democratic Party (*Deutsche Demokratische Partei*; DDP), the DVP, and the German National People's Party (*Deutschnationale Volkspartei*; DNVP) during the Weimar period. The Nazis eventually gained their support from middle-class, Protestant organizations like the BDF. The DDP, DVP, and DNVP lost most of their supporters to the Nazis. See Evans, *The Feminist Movement in Germany*, 244, 253.

families as a positive population measure.”⁵⁸¹ Szagunn, in other words, was well immersed in so-called positive eugenics before 1933.

When the Health Council dissolved in 1933, Szagunn made a smooth transition to the Nazi political sphere. In 1940, she worked for the Office for People’s Health (*Amt für Volksgesundheit*), a NSDAP authorized bureau, covering the situation of still-births in Germany.⁵⁸² She also received a special order from the Ministry of Labor (*Reichsarbeitsministerium*) in 1941 to ascertain the state of working mothers who breastfed.⁵⁸³ Clearly, the population policy nature of her work persisted. She also assumed editorial responsibilities of *Die Ärztin* after the death of Dr. Edith von Lölhöffel from 1941 until its termination in 1944—a position the *Amt für Volksgesundheit* approved her for. And it was no secret that *Die Ärztin*, the mouthpiece of the BDÄ, had pro-Nazi inclinations by the time she became editor. The themes of the articles changed after 1933, focusing on achievements of the new state, the questions of sterilization and abortion, the prevention of “genetically diseased offspring,” or other reports on racial hygiene.⁵⁸⁴ It was Szagunn’s work prior to 1933 in social hygiene and eugenics spheres that likely made her both attractive to the Nazi regime and prepared to take on these important leadership roles. In reflecting on these political experiences later in life, Szagunn expressed gratitude for the numerous chances she had to sit on committees and especially to voice the opinions of women’s organizations against measures, such as Paragraph 218, to influential national committees.⁵⁸⁵

⁵⁸¹ Szagunn, “Vita von Ilse Szagunn,” 263.

⁵⁸² Sach, 22.

⁵⁸³ Buchin, “Dokumentation: Ärztinnen aus dem Kaiserreich,” <http://web.fu-berlin.de/aeik/index.html>.

⁵⁸⁴ Sach, 50.

⁵⁸⁵ Szagunn, “Vita von Ilse Szagunn,” 264.

Szagunn was exceptional compared with other BDÄ doctors precisely because she acknowledged her political leanings and openly discussed professional cooperation with the Nazi regime. However, most non-Jewish German female doctors in the BDÄ continued their work under Nazism, attracted to the new regime's promises to allow them to continue their personal and professional advocacy by crafting comprehensive social programs for pregnant women and children. While scholars like Christine Eckelmann have argued that the BDÄ was apolitical,⁵⁸⁶ this does not align with the doctors' work in the organization. In addition to their pre-1933 political efforts to secure women access to birth control and to equal school health programs and VD medical treatment, the inclusion of women in medicine was in itself a political undertaking that spanned both regimes. After 1933, German women doctors were overt political actors because they participated in Nazi programs, assisted with the war effort, and endorsed Nazi policies in *Die Ärztin*, which functioned as an extension of the state. Despite their justification that they were helping women and children or fighting valuable causes, doctors were still collaborating with a malevolent state, and therefore, must also be considered guilty of promoting and indoctrinating others to Nazi discriminatory racial policies.

Overall, the coordination of the BDÄ transpired quickly and easily. After the announcement of successful coordination in June 1933, the local chapter managerial board assembled in Berlin on June 24-25 to express their concerns about the existence of the organization, but Thimm attempted to allay these fears with the takeover of the board. Monheim proposed that Thimm become the leader of the BDÄ, but it was not until the

⁵⁸⁶ Eckelmann concluded that the BDÄ was apolitical from its beginnings, which she argues made resistance against the later Nazi take-over difficult. She argues that in 1933, rather than dissolving, "the majority of colleagues apparently saw it as more favorable to 'submit to the given' needs." See Eckelmann, 47, 63. This quote comes from Monheim's report in "Die Ereignisse," 118.

January 28, 1934 member meeting of the BDÄ that she was officially voted into office. She then named her new co-board members, who were also aligned with the goals of the Nazi state.⁵⁸⁷ Doctors like Laura Turnau, a founding member of the BDÄ and earlier board member, who was also Jewish, had already stepped down from her position as the career advisor the previous year.⁵⁸⁸ Of the eight board members serving when Hitler came to power, four were eliminated on the basis of their Jewish background, including Lizzie Hoffa, Erna Ball, Gertrud Bry, and the managerial editor Käte Wassertrüdingen.⁵⁸⁹ The BDÄ successfully coordinated itself by purging all Jewish and left-leaning colleagues while promoting right wing doctors, such as Thimm, Monheim, and Szagunn, to leadership positions.

Between 1933 and 1935, the Nazi state enacted further measures against German-Jewish doctors by eliminating them from civil service positions, dismissing them from state and city hospitals, barring them from the health insurance practices, and revoking their licenses if they were classified as Jewish.⁵⁹⁰ In total, Bleker has estimated that some 600 female doctors were affected.⁵⁹¹ On April 1, 1936, a law went into effect that stated that the *Reichsärzteführung* would regulate all medical organizations and that all medical

⁵⁸⁷ Lena Ohnesorge, who received her medical license in 1924 and was a practicing physician in Prenzlau and a contract physician for the provincial reformatory for girls and the provincial nursing and infirmary institute for women until the end of the Third Reich, later recalled that at this meeting, Thimm spoke about the continued existence of the BDÄ and the recognition of employment for women in the Nazi state. See her comments in “Kurzgeschichte des ‘Deutschen Ärztinnenbundes,’” *Mitteilungsblatt des deutschen Ärztinnenbundes e.V.* 17.12 (1970): 10, as quoted in Eckelmann, 46. See the BDÄ report about the meeting: “Bericht über die 5. Ordentliche Mitgliederversammlung des Bundes Deutscher Ärztinnen am 28. Januar 1934,” *Die Ärztin* 10.2 (February 1934): 25.

⁵⁸⁸ Turnau, it seems, did not resign with any ill will towards the BDÄ, even remaining available to her successor to pass on knowledge and experience. See “Die Ereignisse,” 118.

⁵⁸⁹ “Mitteilungen des Vorstandes,” 102. In the Berlin chapter, the *Gleichschaltung* affected six of the board members. See Eckelmann, 47.

⁵⁹⁰ Nathorff reported this experience in her diary on August 5, 1938. See Benz, 112.

⁵⁹¹ Bleker, “Anerkennung durch Unterordnung? Ärztinnen und Nationalsozialismus,” 127. The number of doctors eliminated from the BDÄ is unknown because member lists have not been found. See Eckelmann, 47.

associations with professional or economic interests could only continue to work with the approval of the *Reichsärztekammer* (Reich Physicians' Chamber; RÄK).⁵⁹² In the fall of 1936, the *Nationalsozialistischer Deutscher Ärztebund* (National Socialist German Physicians' League; NSDÄB), officially took over the ideological leadership of doctors and held its first training course for female physicians at its new racial hygiene training center in Alt-Rehse. These first training courses were in no way affiliated with the BDÄ; rather, the NSDÄB summoned the first 130 voluntary BDM physicians to attend. This was the beginning of the NSDÄB's ideological and political takeover of the BDÄ, which up until that point, Thimm and other party comrades had administered somewhat independently. In January 1937, *Die Ärztin* reported that as of December 15, 1936, the BDÄ had disbanded.⁵⁹³ It was at this point that von Lölhöffel took over the journal to be followed by Szagunn. The journal continued to publish until 1944. The only semblance of another professional organization for female physicians was in September 1938 when the *Reichsärztführer*, Gerhard Wagner, anticipating the impending war and need for women doctors, founded a "Female Physicians Department" within the RÄK. This department claimed to represent the interests of women physicians and adopted political stances for them. Dr. Ursula Kuhlo became the leader of this department.⁵⁹⁴ Kuhlo, who had been advocating for the political representation of female doctors since 1937,⁵⁹⁵ eventually acquiesced to male physicians' views until the end of the war.⁵⁹⁶

⁵⁹² The RÄK also had to approve the choice of all leaders, according to the new by-laws. See Eckelmann, 46.

⁵⁹³ "Bundesnachrichten," *Die Ärztin* 13.1 (January 1937): 22.

⁵⁹⁴ Ursula Kuhlo, "Das Referat Ärztinnen," *Die Ärztin* 16.5 (May 1940): 114.

⁵⁹⁵ Eckelmann, 60-61.

⁵⁹⁶ Kater, *Doctors under Hitler*, 106.

Working for the Bund Deutscher Mädels and the *Reichsmütterdienst*

With the *Gleichschaltung* completed within a year of Hitler's rise to power, women physicians carved novel spaces within the regime to continue their professional advocacy. Women doctors initially marketed themselves to Nazis, especially the medical leadership, by emphasizing the ways in which they could assist in achieving new health and population goals. Because the construction and preservation of the *Volksgemeinschaft* was one of the main tenets of Nazism,⁵⁹⁷ Dr. Gertrudis Becker-Schäfer, a practicing physician in Wuppertal and member of the BDÄ, advocated that female doctors, who came into daily contact with living members of the *Volk*, were among the "most able" individuals to fulfill this task. In fact, they claimed to be much more capable of fulfilling the Nazi world view than their male peers. Becker-Schäfer criticized the "mechanization" of the medical profession, which stemmed from male doctor's growing specialization to earn more income. She argued that through their "mechanization," male physicians neglected treating patients in totality. Women doctors did not engage in these practices because they were not as interested in material rewards and valued developing close human relationships with their patients.⁵⁹⁸ Indeed, female physicians showcased their abilities to serve as a "doctor-mother" or *Volksärztin* (people's doctor) under Nazism,⁵⁹⁹ thereby extending the same, holistic approach to medicine they had employed when they stressed their suitability to work in Weimar marriage counseling centers.

⁵⁹⁷ For more on the formation of the *Volksgemeinschaft*, see for example, Michael Wildt's recent book: *Volksgemeinschaft als Selbstermächtigung. Gewalt gegen Juden in der deutschen Provinz 1919 bis 1939* (Hamburg: Hamburger Edition, 2007). Wildt argues that local anti-Semitic violence was central to the creation of the *Volksgemeinschaft*. In addition to the daily public discrimination and exclusion of Jews, which drove them out of Germany, the Nazis overturned the liberal democratic order, and thus, built an exclusionary "people's community" based on a racial vision of society.

⁵⁹⁸ Becker-Schäfer, "Die Aerztin im neuen Staat," 168-169.

⁵⁹⁹ Becker-Schäfer, "Die Aerztin im neuen Staat," 170. See also Blecker and Eckelmann, 91.

To help execute the aims of population policy under National Socialism, women doctors emphasized their unique abilities to develop personal relationships with patients and to awaken and educate women's motherly instincts. According to Becker-Schäfer, female physicians could fortify "the heroism of motherhood" in all German women, similar to how men understood their military obligations to the state. Becker-Schäfer and her colleagues were both role models and confidants for their women and youth patients, who identified and trusted them because they saw in them same-sex companions, and most importantly, women who were also married and mothers. It was this married woman doctor who was also a mother that Becker-Schäfer upheld as the ideal model and the most natural leader for other women.⁶⁰⁰ Women doctors, in other words, could lead the way to the *Volksgemeinschaft* through example. They would be the individuals caring for working women, mothers, and youth on Germany's path to physical and spiritual recovery. Monheim also thought women physicians were especially capable of fulfilling the specific feminine-medical duties that accompanied National Socialism. She argued that women's instinctual nature and empathetic attitude led them to make the right decisions during very difficult times.⁶⁰¹

Women doctors, then, employed maternalist language to argue that they could be both the ideal Nazi image of a woman and could offer more to the new state than their male colleagues because they were no longer simply medical authorities, but also trustworthy confidants to their patients. In this sense, female physicians continued to adhere to traditional understandings of gender roles, especially by championing marriage and motherhood. The ability of female physicians to serve as models for their patients, to

⁶⁰⁰ Becker-Schäfer, "Die Aerztin im neuen Staat," 169-170.

⁶⁰¹ Monheim, "Offener Brief an die Mitglieder des Bundes Deutscher Aerztinnen," 123.

influence them on relevant national policies, such as alcohol consumption, and to develop personal relationships with them such that women felt comfortable enough to discuss intimate issues, had already led the Weimar state to value their work in spaces like schools and marriage counseling centers. But under Nazism, women doctors could carry on this legacy while also upholding the goal of the state: to build a healthy *Volksgemeinschaft*. Women physicians like Becker-Schäfer were not remiss to mention the social value of the work that she and her colleagues undertook for the *Volk*.⁶⁰²

One of the primary spaces that this rhetoric came to fruition during the Third Reich was in the League of German Girls, the female branch of the Hitler Youth. The BDM, founded in 1930, was the only female youth organization in Nazi Germany. It did not gain a mass following until after Hitler came to power and grew rapidly throughout the mid-1930s until membership became compulsory for eligible girls between the ages of 10 and 18 in 1936. Eligibility requirements included German ethnicity, German citizenship, and physical and mental fitness. Just like the Hitler Youth, the BDM divided members into separate sections based on age. The *Jungmädelsbund* (Young Girl's League; JM) included girls between the ages of 10 and 14, the *Bund Deutscher Mädel* proper consisted of girls between the ages of 14 and 18, and the *BDM-Werk "Glaube und Schönheit"* (BDM section "Faith and Beauty"), added in 1938, embraced young women between the ages of 17 and 21 on a voluntary basis. The main activities of the JM and the BDM proper—a several hour time commitment each week—entailed camping trips and other short excursions, sports, Saturday outdoor trainings, community service, political activities, such as participation at festivals and public rallies, summer camps, and social evenings that included singing and arts and crafts. This training was intended

⁶⁰² Becker-Schäfer, "Die Aerztin im neuen Staat," 170

to educate girls in National Socialist ideology and to prepare them for their future tasks within the *Volksgemeinschaft*, namely as wives, mothers, and homemakers. The “Faith and Beauty” section focused primarily on grooming young women for marriage, motherhood, and domestic life, with a strong emphasis placed on home economics so women could ideally properly run a household and care for their children. It also devoted attention to education, job training, and helping young women meet their future career goals. Physical training and ideological schooling remained significant components of the “Faith and Beauty” section, which only required two to three weekly hours of service from young women, who were often busy working women themselves. The “Faith and Beauty” section served as a type of liminal organization for older adolescents between the BDM and NS-Frauenschaft, whose ranks women graduated into at the age of 21.⁶⁰³

Both physical training and health education were especially important for the young girls in the BDM. Hygiene and proper dress codes were of equal importance. Through addressing concerns about the body, the BDM took a private issue and made it public, thereby connecting physical fitness, health, and dress with the interests of the

⁶⁰³ The most recent comprehensive English account of the BDM is Dagmar Reese’s *Growing Up Female in Nazi Germany*, trans. William Templar (Ann Arbor: The University of Michigan Press, 2006). See also Lisa Pine’s work on the BDM in *Hitler’s “National Community”: Society and Culture in Nazi Germany* (London: Hodder Education, 2007) and “Creating Conformity: The Training of Girls in the Bund Deutscher Mädel” *European History Quarterly* 33:3 (July 2003): 367-385. Other important contributions on the BDM include: Martin Klaus, *Mädchen in der Hitlerjugend: Die Erziehung zur “deutschen Frau”* (Cologne: Pahl-Rugenstein, 1980); Martin Klaus, *Mädchen im Dritten Reich. Der Bund Deutscher Mädel (BDM)* (Cologne: Pahl-Rugenstein, 1983); Gabriele Kinz, *Der Bund Deutscher Mädel. Ein Beitrag zur außerschulischen Mädchenerziehung im Nationalsozialismus* (Frankfurt am Main: P. Lang, 1990); Birgit Jürgens, *Zur Geschichte des BDM (Bund Deutscher Mädel) von 1923 bis 1939* (Frankfurt am Main: P. Lang, 1994); Dagmar Reese, ‘Straff, aber nicht stramm — herb, aber nicht derb’. *Zur Vergesellschaftung der Mädchen durch den Bund Deutscher Mädel im sozialkulturellen Vergleich zweier Milieus* (Weinheim: Beltz, 1989); Dagmar Reese, “Bund Deutscher Mädel — Zur Geschichte der weiblichen deutschen Jugend im Dritten Reich,” in *Mutterkreuz und Arbeitsbuch: Zur Geschichte der Frauen in der Weimarer Republik und im Nationalsozialismus*, ed. Frauengruppe Faschismusforschung (Frankfurt am Main: Fischer, 1981); Gisela Miller-Kipp, ed., ‘Auch du gehörst dem Führer’: *Die Geschichte des Bundes Deutscher Mädel (BDM) in Quellen und Dokumenten* (Weinheim: Juventa, 2001). On the “Glaube und Schönheit” section, see Sabine Hering and Klaus Schilde, *Das BDM-Werk “Glaube und Schönheit.” Die Organisation junger Frauen im Nationalsozialismus* (Berlin: Metropol, 2000).

nation. Both physical training and health aimed to indoctrinate German youth in National Socialist racial-biological ideals. This could be seen in the form, regulation, and discipline of BDM sporting or dancing activities, which did not allow any expression of individualized or spontaneous movement, but instead sought to produce fit girls who would develop into healthy women, give birth to strong children, and ultimately preserve the heredity of the *Volk*. The creation of an achievement badge to reward physical prowess and training manuals for the JM and the BDM proper reflected the notion that sport was about building camaraderie among a generation of healthy girls who would become the nation's future mothers. Nazi ideology, in other words, was implicit in BDM physical training. Health education, too, focused on fulfilling Nazi goals to create a pure and fit race. BDM leaders stressed proper nutrition, comfortable clothing, sufficient sleep, adequate housing, good skin and dental care, and an overall way of life that balanced physical exercise with leisure and relaxation. BDM girls from urban areas also spent time in the countryside in order to gain an appreciation for the German homeland.⁶⁰⁴

Given the BDM's emphasis on physical exercise and health education, it is not surprising that female physicians became heavily involved in the organization. Once it was clear that the BDM was the only female youth organization focused on girls' health, women doctors seized on this new space to implement their ideas about the health monitoring and care of its members. The BDÄ already considered it "one of the most important duties to enforce the health monitoring of German female youth,"⁶⁰⁵ evidenced also in the work they did in school health reform in the Weimar period. In fact, the work

⁶⁰⁴ Pine, "Creating Conformity," 371-374.

⁶⁰⁵ Dr. Auguste Hoffmann, "Die Aufgaben der Aerztin im Bund Deutscher Mädel," *Die Ärztin* 10.2 (February 1934): 31-33.

BDM physicians (as they came to be known) did for the organization paralleled their work in schools and, in fact, built on school medical exams and served as a supplement to the work of vocational school doctors. This work entailed determining the health condition of individual *Mädels* (girls) through regular medical examinations that covered the heart, lungs, blood pressure, pulse, cardiovascular functions, mouth and throat organs, teeth, stomach, reflexes, and the condition of a girl's skin, posture, feet, and nutrition. In addition, BDM physicians searched for infections like angina, scarlet fever, rheumatoid arthritis, and any susceptibility toward colds among parents and siblings in medical histories. Most importantly, they checked for hereditary diseases, which, if found, would disqualify girls from membership. They recorded the physical activity of girls, along with height, weight, chest measurement, sight, and hearing. Finally, these exams assessed racial features to determine which girls would be admitted. After a little practice, female doctors were supposed to be able to quickly judge from a girl's skull, face shape, hair, skin, and eye color if it was even worthwhile to perform an exam.⁶⁰⁶ These health exams, which sought to record and isolate the physical and mental problems of young girls, reflected the goals of the BDM to incorporate National Socialist ideas about racial biology and the *Volksgemeinschaft* into its physical training and health education programs. By forbidding girls who were seen as physically, mentally or racially unfit, or genetically diseased, from joining, the BDM created an exclusionary community of Germany's healthiest individuals. The female physicians performing these exams were implementing the dogma of the BDM, which ultimately mirrored that of the Nazi state to create an exclusionary people's community.

⁶⁰⁶ Hoffmann, "Die Aufgaben der Aerztin im Bund Deutscher Mädel," 31-32.

BDM doctors recorded their exam findings on health cards, which maintained consistency in all local chapters throughout the Reich. These health cards noted the necessary measures to improve health (for example, medical and dental treatment, recovery relocation, and reassessment), as well as to what extent individual girls could participate in their required service to the BDM, particularly physical exercise.⁶⁰⁷ BDM physicians then gave these summary findings to BDM leaders,⁶⁰⁸ who were responsible for preserving the medical confidentiality of BDM members and for ensuring that the necessary medical measures be enacted. The close contact and cooperation between BDM physicians and BDM leaders was essential for the successful completion of these examinations. The leaders, according to Dr. Auguste Hoffman, the Berlin regional BDM physician and a medical consultant for the organization, had to trust the physicians, to listen to their advice, and to subordinate themselves unconditionally to their medical expertise on questions of health.⁶⁰⁹ Hoffmann even claimed that the effective execution of medical care depended on BDM leaders knowing when to consult BDM physicians

⁶⁰⁷ It is unclear how frequently doctors used these health cards.

⁶⁰⁸ Because of the size and constant expansion of the League of German Girls, there was a great need for leaders. This meant that girls within each section of the BDM (JM, BDM proper, and “Glaube und Schönheit”) were appointed to leadership positions. The leader of the *Mädelschar* (girl’s platoon), which consisted of four *Mädelschaft* (girl’s squad), each with ten to fifteen girls, selected certain girls to complete a preparation regimen in order to become leaders. After the completion of this regimen, these girls became leaders of their own *Mädelschaft*, as commissioned by their local authority. Every leader went through a six month probationary period, after which they were officially promoted to the position of *BDM-Führerin* (BDM-leader). A squad leader could take an advanced course in order to be promoted to the position of platoon leader. At this point, she undertook a core training program for BDM leaders, which included monthly participation in a weekend course. She could also voluntarily attend courses at the Girls’ Leadership Training Centers of the Hitler Youth (*Führerinnenschulungswerk der Hitlerjugend*). Those girls who wanted to advance to the next level of leadership—the *Mädelgruppe* (girl’s company) consisting of four platoons—continued their training at a regional leader’s school. To become a leader at the next level, the *Mädelring* (girl’s battalion) comprised of three to five companies, girls attended the Reich School for Leaders of BDM battalions or a course for leaders at the Academy for Youth Leadership (*Akademie der Jungedführung*). All BDM-leaders with the exception of the *Hauptmädelführerin* worked on a voluntary basis. Within the “Glaube und Schönheit” section, leaders were educated and supervised specific study groups, including one leader responsible for “political-ideological schooling.” See Reese, *Growing Up Female in Nazi Germany*, 25-26.

⁶⁰⁹ Hoffmann, “Die Aufgaben der Aerztin im Bund Deutscher Mädel,” 31-32.

and putting an enormous amount of confidence in them.⁶¹⁰ In other words, the balance of power between BDM leaders and physicians often shifted heavily in favor of Hoffman and her colleagues, who could assert their authority and influence over *Mädels*.

Dr. Josephine Bilz, a BDM subdistrict (*Untergau*) leader and an employee for the Reich Youth Leadership health office, commented on this delicate relationship between BDM physicians and BDM leaders in a later article of *Die Ärztin*.⁶¹¹ She referred to the “special trusting relationship” that developed between physician and leader, but Bilz also highlighted the emotional guidance and companionship that physicians provided to young BDM leaders. These leaders, who were of the same age as the girls in their squads or platoons, often confided in physicians while undergoing their own developmental process. BDM leaders had the double burden of being responsible for other adolescent girls while experiencing the physical and emotional changes of maturity themselves, and thus, often sought out doctors for support. As Bilz recalled, the leaders would often plead to see doctors to discuss a concern about the physical or emotional well-being of one of their girls, but this was only a ploy to talk to doctors about some deeper need or conflict. Although leaders did not proclaim to be looking for a maternal friend or teacher, that was precisely what BDM doctors offered them. Hoffman, Bilz, and other physicians like them could be medical experts as well as caring companions to these young leaders during adolescence because their maternal abilities allowed them to grasp the most inner emotional issues without asking too many embarrassing questions. Bilz asserted that BDM physicians “instinctively sensed” the problems of the young leaders and

⁶¹⁰ Dr. Auguste Hoffmann, “Die erzieherische Aufgabe der Aerztin im BDM,” *Die Ärztin* 10.12 (December 1934): 205.

⁶¹¹ Dr. med. Josephine Bilz, “BDM.-Ärztin und BDM.-Führerin,” *Die Ärztin* 17.5 (May 1941): 212-214.

unobtrusively guided them through any hardships with very little explanation.⁶¹² BDM physicians, then, used the rhetoric of motherhood and femininity to make a case that they were indispensable to the effective education and preparation of German female youth on all questions of physical and mental health, and served as intimate advisors or mentors to BDM leaders throughout maturity.

In addition to offering support and companionship to BDM leaders, BDM physicians primarily cared for the *Mädels* themselves and not only by performing routine health exams. Approximately 1500 female physicians worked for the BDM on a voluntary or full-time basis.⁶¹³ Their educational responsibilities—indoctrinating young girls to Nazi ideas of racial hygiene, building camaraderie among the various age-groups, educating girls in matters of biology and health, and preparing them for motherhood—ranked as an important task for BDM physicians, alongside administering fitness exams and providing medical support for members.⁶¹⁴ Because they were interacting with girls during a critical developmental phase in life, BDM doctors had a crucial function to counsel girls on biological questions and to teach them to maintain a clean and health personal lifestyle. Naturally, children already received this type of health instruction in schools, and after the Nazi takeover of power, the bounds of health care greatly expanded. The Nazi leadership, even in wartime, supported educating girls on the basics of personal physical care, dental care, healthy nutrition, its position on alcohol and smoking, morality, and the management of a healthy family, *Volk*, and race—and the

⁶¹² Bilz, “BDM.-Ärztin und BDM.-Führerin,” 213-214.

⁶¹³ This number comes from Dr. med. Ulla Kuhlo, “Gesundheitsdienst im Bund deutscher Mädel,” *Die Ärztin* 17.5 (May 1941): 199.

⁶¹⁴ At the first workshop for BDM physicians throughout the Reich, held in Potsdam November 4-5, 1934, Hoffmann maintained that “one of the most important duties of female physicians in the BDM was educational.” She also named medical support and the performance of fitness exams as other key tasks for BDM physicians. See Hoffmann, “Die erzieherische Aufgabe der Aerztin im BDM,” 205.

BDM echoed this message.⁶¹⁵ Schools, especially elementary schools, were supposed to provide German youth with this fundamental education, and the BDM was only supposed to supplement school lessons.⁶¹⁶ However, doctors like Erika Geisler, a BDM subdistrict (*Untergau*) leader and a department head for the Reich Youth Leadership health office, cited the deficiencies of school health lessons and praised the guidance and support the BDM offered girls until the age of 21—therefore, all the way through the crucial developmental phase.⁶¹⁷

While Geisler may have simply sought to pay tribute to the work that she and her colleagues did, there was certainly some truth to the fact that the adolescent years were imperative because of the biological and psychological changes young girls underwent, and also because of the potential pressures they faced from their peers—both of which school doctors had already identified in the Weimar period. In this way, BDM physicians performed an important service to girls by guiding them through adolescence. BDM doctors understood that they could maintain a strong influence over them, especially as girls struggled to find a community of accepting peers and exemplary adults. Dr. Ulla Kuhlo, a BDM regional leader and an office assistant in the Reich Youth Leadership health office, in fact, argued that the BDM was more significant than the family during this time, and that the words of its leaders often meant more than parental instruction.⁶¹⁸ BDM physicians, in other words, claimed they could have quite a profound educational influence over *Mädels*, even if they did not always disclose the concrete success of such

⁶¹⁵ Kuhlo, “Gesundheitsdienst im Bund deutscher Mädel,” 197.

⁶¹⁶ Both Hoffmann, “Die Aufgaben der Aerztin im Bund Deutscher Mädel,” 32 (above) and Dr. med. Erika Geisler, “Ziel und Wege in der Gesundheitserziehung des Mädels,” *Die Ärztin* 17.5 (May 1941): 201 made this argument.

⁶¹⁷ Geisler, “Ziel und Wege in der Gesundheitserziehung des Mädels,” 201

⁶¹⁸ Kuhlo, “Gesundheitsdienst im Bund deutscher Mädel,” 195.

efforts. Regardless of whether they exaggerated their authority over girls in the BDM, Kuhlo demonstrated how BDM physicians self-mobilized for the Nazi state.

Seemingly, the impact that BDM physicians had on *Mädels* would be minimal, considering they only saw them twice a week. Kuhlo even expressed her concerns about the effectiveness that she and her colleagues had on shaping BDM members' lifestyles. She believed that it was really the childhood home or workplace—where girls spent their entire day—that was most influential. While Kuhlo recognized the important role of parents and home routines in educating girls about healthy lifestyles, she also acknowledged their failure. According to her, few parents and educational institutions devoted any attention to things like owning a toothbrush and using it twice a day. The support homes and schools offered in terms of the basic requirements of personal hygiene, she claimed, left much to be desired. She observed this lack of knowledge among *Mädels*, especially those from the countryside, and blamed mothers for their negligence in teaching the easy, practical goals of health education to their children. Kuhlo maintained that it was the responsibility of BDM doctors to intervene when mothers failed to advise and aid their girls during adolescence.⁶¹⁹ BDM physicians, then, were not only compensating for the deficient education girls received in schools, but also for the inadequacies of their mothers as well.

It was often during the BDM mother evenings (*Mütterabende*) that mothers' shortfalls were exposed. These evenings, in which BDM physicians and leaders worked to establish and deepen their relationships to the parents of the girls entrusted to them, glaringly demonstrated just how little assistance mothers provided their daughters and how often they lacked an understanding of their daughters' needs, according to Kuhlo.

⁶¹⁹ Kuhlo, "Gesundheitsdienst im Bund deutscher Mädel," 197-198.

As Kuhlo reported, on these evenings, BDM doctors begged mothers to get involved.⁶²⁰ Dr. Grete Deicke-Busch, a BDM district leader and regional doctor in Düsseldorf, described how physicians made themselves available to mothers on these evenings to answer their health education questions. BDM physicians also shared information about the health lifestyles and moral attitudes required of girls in the BDM—information that mothers were both interested in and thankful for. Deicke-Busch also noted that they often asked married female doctors, who were themselves mothers, to participate in these evenings. She found that it was difficult, if not impossible, for physicians to speak in front of mothers without the expertise that came from their personal experience as well as their medical training.⁶²¹ The tendencies of female physicians to remain tied to their traditional societal roles that existed in the Weimar period also persisted in the Nazi era, as they continued to promote marriage and motherhood as attributes that enhanced their medical expertise.

On these mother evenings, BDM physicians, who were also ideally married mothers, and therefore, professional and personal trustworthy references, educated mothers about the health activities of their daughters. They also provided mothers the tools to help their daughters when they came to them with questions about their own health or sex. This was especially important after the onset of World War II because of the strains the war put on family education with the absence of fathers and the employment of mothers. Deicke-Busch encouraged mothers to learn to develop open, honest relationships with their daughters at a young age so their daughters would be more apt to turn to them for problems they faced during adolescence. BDM physicians also

⁶²⁰ Kuhlo, "Gesundheitsdienst im Bund deutscher Mädel," 198.

⁶²¹ Dr. med. Grete Deicke-Busch, "BDM.-Ärztin und Elternhaus," *Die Ärztin* 17.5 (May 1941): 217.

instructed mothers to maintain positive educational influences in the home at all times. In the case of alcohol and smoking, for example, Deicke-Busch encouraged mothers to put an end to all teasing or pressure their daughters received from older siblings. The BDM already taught girls to reject alcohol and cigarettes, but if parents did not echo this message at home, all the work carried out within the BDM would be futile. BDM physicians could also significantly influence mothers in terms of proper nutrition as well as the best types of recreational and physical activities for their children. In general, what BDM physicians were actually doing was educating mothers about motherhood—something that Deicke-Busch admitted she was consciously and unconsciously doing.⁶²² Teaching motherhood was also the primary goal of the *Reichsmütterdienst*.

If BDM physicians created trusting relationship with mothers, they could ultimately do their jobs more effectively. But effective work also meant much more than enlisting mothers as allies in the process of inculcating their doctrine; it also meant successfully achieving the overall educational goals of the Nazi state.⁶²³ Because female doctors gained the confidence of mothers through events like the mother evenings, they were able to exert strong influence over *Mädels*, and thus, could indoctrinate them in National Socialist ideology. Hitler and the Nazi state ultimately reaped the benefits of this empathetic, unquestioning relationship between BDM physicians and mothers. The health fitness admission examinations, which prohibited membership in the BDM altogether if one was deemed “unfit” due to a “serious disease, physical malformation, or asocial element” already trained ten year old girls in Nazi exclusionary policies. The BDM implemented similar types of segregation policies in the case that a *Mädel* became

⁶²² Deicke-Busch, “BDM.-Ärztin und Elternhaus,” 217.

⁶²³ Deicke-Busch, “BDM.-Ärztin und Elternhaus,” 218.

“temporarily unfit” to participate in BDM service because of an “acute disease” or if a girl was deemed “limitedly fit,” meaning she could not participate in certain activities like camping or sports.⁶²⁴

In addition, BDM doctors indoctrinated girls through health training. Not only did *Jungmädel* learn from a very early age to take pride in keeping their bodies clean, wearing matching uniforms, and rejecting vices like alcohol and smoking, but most importantly, they learned that these were requirements of national pride. On their first overnight trips and then through later camping trips or travel, BDM doctors continued to school *Jungmädel*s and then *Mädel*s about healthy clothing and proper nutrition. Girls in the BDM proper gained an appreciation for the joys of physical exercise through afternoon sports, and they discovered the importance of developing a connection with nature through summer camping—both of which were fundamental facets of National Socialist dogma.⁶²⁵ The BDM clearly incorporated the Nazi ideology of *Blut und Boden* (blood and soil), which celebrated the relationship of people to the land, into its activities. For example, during the *Pflichtjahr*,⁶²⁶ or year of obligatory service in the home or on the farm, girls also acquired an appreciation for nature through strenuous rural labor. “Glaube und Schönheit” members learned that beauty was something that was always connected to health and racial purity by studying art from different periods of history and by performing weekly community work in areas like “Healthy Girl, Healthy *Volk*,” which instructed girls about the relationship between personal health and lifestyle and racial and

⁶²⁴ Kuhlo, “Gesundheitsdienst im Bund deutscher Mädel,” 196.

⁶²⁵ Geisler, “Ziel und Wege in der Gesundheitserziehung des Mädel,” 201-202.

⁶²⁶ When girls reached the age of seventeen, the BDM encouraged them to serve a *Pflichtjahr*. According to a decree introduced on February 15, 1938 by Hermann Göring, it was compulsory for all single women under the age of 25 to prove they had done a year of service working in agriculture or domestic service in order to be employed in private or state factories or offices as a blue-collar or white-collar workers. See Reese, *Growing Up Female in Nazi Germany* 24.

population policy decisions.⁶²⁷ In fact, Deicke-Busch ranked the proper training of girls in racial hygiene and Nazi ideas, with the medical monitoring of *Mädels*, as one of the most important responsibilities of BDM physicians.⁶²⁸ Some physicians, such as Erika Geisler, recognized that “the Führer gradually grew into the youth” through these types of BDM programs, but also that such activities taught girls that their health and service in the BDM were vital for the community and the state.⁶²⁹

While binding girls to the *Volksgemeinschaft* and to the German landscape or German culture were goals of both BDM physicians and the Nazi party,⁶³⁰ so too was awakening feelings of comradeship. Deicke-Busch maintained that the tight bonding of BDM members was necessary to the goals it set out to achieve, which included encouraging girls to care for their own health, physically toughening them through sports, and helping them detect social ills early in order to prevent any harms they might cause.⁶³¹ Singing German songs or viewing German art, furthermore, built the type of patriotism in *Mädels* that the Nazis desired. It was not until girls joined the “Faith and Beauty” section that the dominant principles of camaraderie began to wane, as they pursued more individualized interests. However, their participation in large celebrations like rallies or parades allowed them to remain connected to the larger youth community, which was a key part of Hitler’s Reich.⁶³²

Crucial to the success of creating this camaraderie was the behavior, dress, and participation of BDM doctors. Externally, BDM physicians wore the same clothing as

⁶²⁷ Geisler, “Ziel und Wege in der Gesundheitserziehung des Mädels,” 204-205.

⁶²⁸ Dr. Grete Deicke-Busch, “Aerztliche Arbeit im B.d.M.,” *Die Ärztin* 10.1 (January 1934): 8.

⁶²⁹ Geisler, “Ziel und Wege in der Gesundheitserziehung des Mädels,” 201-202.

⁶³⁰ Deicke-Busch, “Aerztliche Arbeit im B.d.M.,” 7. See also Kuhlo, “Gesundheitsdienst im Bund deutscher Mädels,” 194.

⁶³¹ Deicke-Busch, “Aerztliche Arbeit im B.d.M.,” 7.

⁶³² Kuhlo, “Gesundheitsdienst im Bund deutscher Mädels,” 195.

Mädels when they participated in a BDM function, abided by the same laws of the organization, and participated—so far as possible—in everyday service activities, sports, competitions, travel, and camping trips.⁶³³ They had to carefully balance maintaining an internal youthfulness as a comrade to the girls as well as a sense of authority. In other words, BDM doctors had the “contradictory duty” of remaining in the middle of the youth movement and yet standing aside in order to allow the girls’ process of maturity to occur on its own.⁶³⁴ Some BDM physicians sought to enlist certain types of female doctors, who were better suited for this balancing act. BDM doctor Auguste Hoffmann, for one, urged finding younger colleagues to do this type of work,⁶³⁵ presumably because they would have more in common with BDM members, who ranged from 10 to 21 years old. Moreover, Dr. Ursula Kuhlo insisted that married doctors with children provided the best help on camping trips,⁶³⁶ demonstrating once again that women doctors defended marriage and motherhood as qualities that made them more knowledgeable. BDM doctors ultimately understood that their participation led to a stronger relationship with the *Mädels*. By wearing their uniform, experiencing their travels, singing their songs, and joining them in other activities, BDM physicians maintained that they gained the trust of girls in a way that they likely would not have had they remained outside of the community.⁶³⁷ Consequently, BDM doctors like Deicke-Busch, Kuhlo, Bilz, Geisler, and Hoffmann, could do their jobs more effectively and could perhaps even, through this

⁶³³ Kuhlo, “Gesundheitsdienst im Bund deutscher Mädel,” 199.

⁶³⁴ Bilz, “BDM.-Ärztin und BDM.-Führerin,” 212.

⁶³⁵ Hoffmann, “Die erzieherische Aufgabe der Aerztin im BDM,” 205.

⁶³⁶ Kuhlo, “Gesundheitsdienst im Bund deutscher Mädel,” 199.

⁶³⁷ Hoffmann, “Die erzieherische Aufgabe der Aerztin im BDM,” 205.

close contact, awaken a desire within *Mädels* to become doctors themselves—a fundamental step to building the future medical profession.⁶³⁸

Besides directing girls towards the medical profession, BDM doctors also worked to prepare young girls for motherhood, thus instilling in them another basic element of Nazi ideology. First, they made it clear that they understood it to be their responsibility to physically and mentally educate girls for motherhood. They were not shy about admitting that they were rearing the future “leaders of German families,” and therefore, ensuring the growth of the next generation of healthy women, on which the German state depended.⁶³⁹ Next, in schooling *Mädels* about the moral position of the BDM, doctors like Kuhlo connected a good moral attitude to proper motherhood.⁶⁴⁰ And finally, BDM physicians, in making motherhood the objective of health education, discouraged girls from overexertion in their professional lives, sports, or BDM service, fearing that any damages, especially to the genitalia, would prevent *Mädels* from motherhood.⁶⁴¹ Accordingly, they aimed to avoid any excess of physical or mental strains when designing the BDM service plan.⁶⁴² By centering the BDM program on grooming girls for motherhood—morally, mentally, and physically—women physicians adopted the same principles they had as school doctors in the Weimar period. As professional women, who were no longer fighting to solidify their place in medicine, they continued to promote a domestic lifestyle and maternity as the epitome of women’s existence. This was maternalism, as Koven and Michel point out, working on two levels—championing

⁶³⁸ Kuhlo, “Gesundheitsdienst im Bund deutscher Mädel,” 199-200.

⁶³⁹ Deicke-Busch, “Aerztliche Arbeit im B.d.M.,” 7-8.

⁶⁴⁰ Kuhlo, “Gesundheitsdienst im Bund deutscher Mädel,” 197.

⁶⁴¹ Both Hoffmann, “Die Aufgaben der Aerztin im Bund Deutscher Mädel,” 31-32 and Geisler, “Ziel und Wege in der Gesundheitserziehung des Mädels,” 200-202 emphasized this point.

⁶⁴² Kuhlo, “Gesundheitsdienst im Bund deutscher Mädel,” 194.

private domesticity while legitimizing women's public professional roles, especially their own.

When they were not encouraging women towards motherhood through BDM curriculum, female doctors were helping educate mothers through the *Reichsmütterdienst*. The Nazi Party, established the *Reichsmütterdienst* early in 1934 as part of the *Deutsche Frauenwerk* (German Women's Section), which was a political organization that sought to ideologically enlist women. In a very similar way that BDM mother evenings coached the mothers of BDM members in proper motherhood techniques, the *Reichsmütterdienst* taught motherhood through *Mütterschulung* (mothers training). According to the *Mütterschulung* guidelines, this program aimed to physically and mentally train competent mothers, who recognized the important obligations of motherhood for the German *Volk* and the German state.⁶⁴³ Mothers training occurred either in newly opened mother schools in cities, in 4-6 week mothers training courses, or during mothers' free time. In rural areas, the *Reichsmütterdienst* held rotating courses and established *Heimmütterschulen* (home mother schools), where women could take abridged courses in the home and then advise and assist their neighbors since medical personnel were often unavailable.⁶⁴⁴

Similar to the BDM, the general curriculum of *Mütterschulung* consisted of training mothers in National Socialist ideology and about their duties in the new state, which included ensuring the future *Volk* through the education and care of genetically

⁶⁴³ "Richtlinien des Reichsmütterdienstes im Deutschen Frauenwerk zur Durchführung der Mütterschulung," *Die Ärztin* 10.6 (June 1934): 106.

⁶⁴⁴ Erna Röpke discussed these Heimmütterschulen in two different articles: Röpke, "Die Ärztin im Reichsmütterdienst," *Die Ärztin* 12.2 (February 1936): 46 and Röpke, "Die Mitarbeit der Ärztin in der deutschen Frauenarbeit, besonders in der Arbeit des Reichsmütterdienstes im Deutschen Frauenwerk," *Die Ärztin* 13.4 (April 1937): 98-99.

healthy children. In addition, mothers learned how to manage the household through courses in cooking, sewing, and accounting and shopping. They learned about pregnancy, birth, infant and childcare, and how to physically and mentally raise healthy children or how to handle difficult children. In courses on health and nursing care, mothers gained knowledge about the health maintenance of the family, children's diseases, infectious diseases, and household nursing. There was also a religious and moral education component to mothers training which taught women about marriage through religion by focusing on topics of children and religion and religious morals in the household.⁶⁴⁵ The *Mütterschulung*'s teachers consisted of people educated in a number of different disciplines, including female caregivers, trade teachers, agricultural household teachers, youth leaders, nurses, and naturally, female doctors,⁶⁴⁶ who were primarily employed to educate mothers in health-related courses and questions. Female physicians like Erika Geisler viewed the work that she and her colleagues performed for the *Reichsmütterdienst* as closing the noticeable gap in the health education that parents gave to their children.⁶⁴⁷ In other words, female doctors sought to fill in where parents were lacking, ignorant or negligent. Similar to how school doctors taught the scientific art of mothering to their students' negligent parents, doctors working for the *Reichsmütterdienst*, like their colleagues in the BDM, also aspired to scientifically teach motherhood to failing mothers. The difference under Hitler's regime was that motherhood now had a National Socialist ideological element to it.

⁶⁴⁵ "Richtlinien des Reichsmütterdienstes im Deutschen Frauenwerk zur Durchführung der Mütterschulung," 107-108.

⁶⁴⁶ Röpke, "Die Ärztin im Reichsmütterdienst," 43-44 and Röpke, "Die Mitarbeit der Ärztin in der deutschen Frauenarbeit, besonders in der Arbeit des Reichsmütterdienstes im Deutschen Frauenwerk," 100. By 1937, Röpke stated that there were 1,000 full-time teachers and 2,000 part-time teachers employed in the *Reichsmütterdienst*.

⁶⁴⁷ Geisler, "Ziel und Wege in der Gesundheitserziehung des Mädels," 201.

The *Reichsmütterdienst*, as a whole, also worked to close the gap between the group of women who strongly supported National Socialism and those who were merely neutral. Rather than simply educating and training women in Nazi ideology, the *Reichsmütterdienst* aimed to indoctrinate women to become followers of Hitler. It was for this reason, Dr. Erna Röpke, departmental leader of the *Reichsmütterdienst*, explained that the organization was part of the *Deutsche Frauenwerk* and not the *NS-Frauenschaft*. Even though both were divisions within the National Socialist community, the *NS-Frauenschaft* included already loyal Nazi believers, whereas the *Deutsche Frauenwerk* amassed the women who stood outside of Nazism and who did not belong to any Nazi organizations, and ideologically guided them. The *Reichsmütterdienst*, then, “posed a political task” for all those involved, and Röpke noted that doctors, teachers, and the like had to realize that they had a “political mission” to achieve.⁶⁴⁸ This overtly political attitude in *Die Ärztin* was much different than the political neutrality the journal once exhibited. Medical journals and medicine in general became infused with Nazi ideology after 1933, as the individualized interest of patients most certainly came second to the racial political goals of National Socialism.

In order to accomplish this political mission, those women doctors and any other women who worked for the *Reichsmütterdienst* had to be supporters of National Socialism. Moreover, Nazi ideas had to be consciously woven into all mothers training courses, whether they were about health, household management, home design, or child and infant care. *Mütherschulung*, in other words, taught each German woman that the work she did as a mother influenced the entire *Volk*. This meant, for example, that courses schooled mothers how to sacrifice for the good of the nation, especially during

⁶⁴⁸ Röpke, “Die Ärztin im Reichsmütterdienst,” 41-42.

rebuilding periods, without protest. In cooking courses, women learned the relationship between the small family household and the large household of the German *Volk*. Household management courses instructed women to buy German products when shopping, and sewing courses taught mothers how to repair and alter clothing, how to make children's clothing, and how to produce something new out of something old.⁶⁴⁹ Women discovered how to create a comfortable home with limited resources—situations they encountered both during the Depression and during World War II. In home design courses, women learned how important it was to maintain the home as a place of rest since the rest of life was so hectic. Historian Claudia Koonz has suggested that examples like this demonstrate that German women maintained the home as a site of normalcy for their husbands and sons, many of whom were Nazis, and therefore, must be counted as culpable for the regime's crimes.⁶⁵⁰ However, my own findings suggest that *Mütterschulung* provided a scientific guide to mothering that aimed to help women deal with the practical problems they encountered in their daily lives. And while I argue that motherhood was fused with Nazi ideology, I do not see all mothers as Nazi criminals simply for adopting scientific solutions to the everyday realities of economic hardship and war.

The BDÄ insisted that the *Reichsmütterdienst*, although it technically fell under the bureaucracy of the National Socialist state, should be given free reign to implement its maternal training and its medical assistance and protection for fit mothers.⁶⁵¹ This argument revealed just how critical female doctors thought this work was for the German

⁶⁴⁹ Röpke, "Die Ärztin im Reichsmütterdienst," 42.

⁶⁵⁰ See Koonz, *Mothers in the Fatherland: Women*.

⁶⁵¹ Kiara Lönnies, "Reichsmütterhilfsamt—Reichsmütterdienst," *Die Ärztin* 10.2 (February 1934): 35-36.

state—so significant that it should not be beholden to routine bureaucratic measures. The BDÄ also recognized that the most efficient way to teach motherhood was to have women educate women, and more importantly, to have mothers train mothers.⁶⁵² Dr. Erna Röpke, for one, understood that a man could never achieve the goals of *Mütterschulung*, and explained that the *Reichsmütterdienst* would only invite male doctors to give lectures during their social evenings if they truly understood how to speak to women. She instead insisted that married female physicians were the most desirable candidates for this type of work.⁶⁵³ Röpke insisted that these women could often still lead *Mütterschulung* courses alongside their responsibilities in their own practices and in the home as mothers. If for some reason, a woman doctor could not complete an entire course, the *Reichsmütterdienst* asked them to at least make themselves available on the last evening for questions, especially for those courses dealing with racial or genetic care. If anybody but a doctor led the course, physicians had to be on hand to advise teachers and to ensure that they followed the required teaching method of open discussion, rather than lecturing, during the course.⁶⁵⁴

Röpke, after speaking with many leaders of *Mütterschulung* courses, remarked that they derived just as much enjoyment and satisfaction out of teaching the courses as the mothers taking them. After all, according to Röpke, doctors had the opportunity, through their teaching, to practically implement their many years of learning. They were also able to contribute to the education of the *Volk* in an unprecedented way.⁶⁵⁵ Overall, the *Mütterschulung* courses allowed mothers to develop “a bond of genuine camaraderie”

⁶⁵² Lönnies, “Reichsmütterhilfsamt—Reichsmütterdienst,” 35-36.

⁶⁵³ Röpke, “Die Ärztin im Reichsmütterdienst,” 44.

⁶⁵⁴ Röpke, “Die Ärztin im Reichsmütterdienst,” 44.

⁶⁵⁵ Röpke, “Die Ärztin im Reichsmütterdienst,” 44.

with female physicians—their “understanding sisters” with whom they shared a common womanly duty: motherhood.⁶⁵⁶

Those female doctors working for the *Reichsmütterdienst*, then, employed the same maternal rhetoric as BDM doctors. This language likely stemmed from their predecessors who worked as marriage counselors and school doctors during the Weimar Republic. And just as marriage counseling centers and schools were new work spaces for women doctors during the 1920s, the BDM and the *Reichsmütterdienst* maintained the same function in the 1930s. Yet this time, the benefits were two-fold: female physicians found room for their medical and educational voices under a strict totalitarian regime and additionally, the Nazi state could rely on some women doctors to indoctrinate women and children to become supporters of the regime. The Weimar state, although it may have recognized the value in utilizing female doctors in particular areas, did not as obviously employ them for larger objectives, thus signifying a point of demarcation between the two regimes. Female physicians or other women’s organizations were generally the only individuals in the Weimar era who realized that women doctors could draw women into marriage counseling centers or attract them to the anti-alcohol and anti-VD campaigns. Only in the case of the 1927 Anti-VD Law did the state acknowledge the benefit of employing women doctors in VD counseling centers by making this policy. The Nazi state, on the other hand, consciously utilized physicians in the BDM and the *Reichsmütterdienst* to train women and girls in its ideology.

Building Camaraderie and Indoctrinating Women through Racial Hygiene Training

One of the primary ways in which the Nazi state came to depend on female

⁶⁵⁶ Röpke, “Die Mitarbeit der Ärztin in der deutschen Frauenarbeit, besonders in der Arbeit des Reichsmütterdienstes im Deutschen Frauenwerk,” 97-98.

physicians was through women's indoctrination to racial hygiene. Women doctors already attempted to sell themselves to Nazi medical leadership as the "people's doctor" who could offer women someone trustworthy to identify with. For example, Agnes Bluhm, a leading racial hygienist and physician, stated that "no profession [was] more qualified than the medical profession" to fulfill the regime's racial hygiene goals. She saw the female portion of the profession at least as important if not more essential than her male colleagues to the Nazi racial hygiene agenda because "the woman doctor lent a more willing ear than the male doctor."⁶⁵⁷ In her 1936 book, *The Racial Hygiene Duties of the Female Doctor*, Bluhm expanded on these beliefs, claiming that those doctors who had the highest trust of their patients—oftentimes women—also had the chance to offer their patients the most effective education, especially in terms of racial hygiene.⁶⁵⁸ This is a vivid example of how women doctors self-mobilized for the Nazi state. The Nazi medical leadership also recognized that because women physicians were such influential examples to their patients, they could guarantee the enforcement of racial hygiene objectives. Female doctors could be the archetypes of Nazi health and population policies, which were infused with racial hygiene, among their women and youth patients.⁶⁵⁹ Therefore, it seemed practical for the medical leadership to appropriately train female physicians in the principles of racial hygiene at the educational training camp for doctors at Alt-Rehse.

The *Ärzt Führerschule* (leadership school for physicians) was a specialized ideological training center for young physicians, civil servants in the health sector, and midwives. It was located in the small village of Alt-Rehse at the Tollensesee in

⁶⁵⁷ Bluhm, "Aerztin und Rassenhygiene," 209.

⁶⁵⁸ Thimm, "Agnes Bluhm: Die rassenhygienischen Aufgaben des weiblichen Arztes," 137.

⁶⁵⁹ Schleiermacher, "Rassenhygienische Mission und berufliche Diskriminierung," 101-102.

Mecklenburg in Northern Germany. The NSDAP, under the leadership of Dr. Gerhard Wagner, planned and built the training center, which opened on June 1, 1935. Since 1897, the estate of Alt-Rehse had belonged to the Hauff family, who inherited it after much disagreement about whether or not to sell the estate. Hitler first expressed his interest in purchasing Alt-Rehse in October 1933. He thought it could be used as a training camp for doctors and asked the medical profession to support this endeavor by resolving the difficulties of purchasing the land as soon as possible. The Hartmannbund, the predecessor to the *Kassenärztliche Vereinigung Deutschland* (Association of Health Insurance Physicians; KVD), compensated the Hauff family for the property in 1934. When the KVD succeeded the Hartmannbund, it took over Alt-Rehse.

Hans Haedenkamp, the architect commissioned to design the *Ärztzuführenschule*, broke ground on the property on August 2, 1934. Not only did he rehabilitate and reconstruct existing buildings, but he also built the school and dormitories and revitalized the village as well as the street between the train station and Alt-Rehse.⁶⁶⁰ The facility Haedenkamp planned purposefully included the landscape surrounding it. He constructed dormitories with views of the lake and arranged them among old trees. He intentionally placed the communal house at the highest and most beautiful place in the park with balcony views of the Tollensesee. By situating the leadership school in the surrounding nature, Haedenkamp evoked the National Socialist ideology *Blut und Boden*, which championed nature, natural therapies, and rural living. This was also true for *Reichsärztführer* Wagner, an avid supporter of naturopathy as well as an advocate for the construction of Alt-Rehse. Dr. Hans Deuschl, the leader of the school, stated that

⁶⁶⁰ In total, he employed 500 workers, 50 craftsmen companies, and 30 delivery companies, pouring tons of money into the local Mecklenburg economy. See Anja Peters, *Der Geist von Alt-Rehse. Die Hebammenkurse an der Reichärzteschule, 1935-1941* (Frankfurt am Main: Mabuse-Verlag, 2005), 30.

because National Socialist doctors were “pioneers for new biological principles in medicine and natural science, which are most closely rooted with the blood and soil of [their] Fatherland,” they chose to establish the educational site in the calm of beautiful landscape rather than in a bustling city.⁶⁶¹ Female physicians’ accounts of their experiences at Alt-Rehse to a great extent recalled the natural beauty of the surroundings and how this made them feel more connected to the goals they set out to achieve there.

Starting in June 1935, the Reich medical leadership invited medical professionals to the training center for short courses between two and four weeks. These courses ran year-round. The program included topics related to Nazi ideology and its application to medicine and public health. The participants heard lectures about racial medicine, euthanasia, and public health from many famous German politicians and physicians and combined this intellectual component with physical training, sports, harvesting for the local population, and the construction of roads. All participants wore a common uniform and individuals from different parts of the country roomed together in order to create camaraderie. This reflected the atmosphere that Wagner thought should govern Alt-Rehse, which he outlined in a speech on the day the school opened. He asserted that doctors had to learn to subordinate themselves if they wanted to become leaders. They also had to endure stalwart self-discipline in the school in order to later become the educators of the *Volk*. A “soldierly spirit of simplicity, obedience, and selfless devotion to duty” should dominate Alt-Rehse, as participants learned to cooperate as comrades in their service to the *Volks-gesundheit*.⁶⁶² Nazi ideals of militarism clearly played a role in how these doctors were now trained. Under Hitler’s totalitarian state, doctors became the

⁶⁶¹ Peters, 28-31.

⁶⁶² Peters, 34.

army of individuals, not to defend the country from its invading enemies, but to protect the health of the *Volk*, and Alt-Rehse was their training ground.

When the training center first opened, the medical leadership only invited National Socialist doctors in leadership positions to attend, but then opened the school to medical colleagues at the beginning of their careers and to other professional groups who had connections to health management—namely, midwives. In 1936, for example, the school held two courses for young doctors as well as one for midwives alongside other courses for especially qualified medical practitioners and assistants. The courses for younger physicians were free and counted towards their medical internship.⁶⁶³ The first National Socialist training course for female doctors at Alt-Rehse took place September 16-24, 1936. The medical leadership invited approximately 130 women physicians—most of whom were BDM doctors—from all regions of the Reich, to participate. Overall, the participants reported that the course proved successful in every respect—the hospitality in the dormitories, the beauty of the landscape, and the good camaraderie between the participants. All of this created the friendliest possible setting for their first experience at a large medical and ideological-political training week for female doctors.⁶⁶⁴

Die Ärztin viewed women physicians' participation in the training course as especially significant because for the first time, German medical authorities officially recognized the professional leadership of women. By inviting them to Alt-Rehse, the medical leadership acknowledged that women physicians were necessary and important members of the *Volksgemeinschaft*. This invitation also confirmed that medical

⁶⁶³ Peters, 35.

⁶⁶⁴ "Alt-Rehse," *Die Ärztin* 12.10 (October 1936): 187.

authorities had accepted that women doctors required a deeper knowledge of politics and ideology (like any other professional group) to best provide for the *Volksgemeinschaft*.⁶⁶⁵ In other words, despite all efforts to limit women's participation in the medical profession—through, for example, health insurance practice and university admission regulations⁶⁶⁶—women working in medicine finally received a stamp of approval from the profession's leaders. Even *Die Ärztin* admitted that Alt-Rehse represented a reversal of policy, and while certain regulations against women would likely provisionally continue, they could be considered defunct. No longer, the journal predicted, would the regime attempt to gradually eradicate female doctors through economic restraint.⁶⁶⁷

Die Ärztin's reports about Alt-Rehse, infused with propaganda,⁶⁶⁸ reveal the conceptualization of Alt-Rehse as a means to commit women doctors to National Socialist ideology. In this sense, I agree with Anja Peters, who distinguishes the structure and course content of the training school as promoting Völkisch, racial ideology.⁶⁶⁹ The attention that female physicians gave to the picturesque setting of the school, the camaraderie that developed among participants, and the structural and educational content of the training center, in their accounts of the time they spent at Alt-Rehse, demonstrates the school's successful implementation of this Völkisch, racial rhetoric.

⁶⁶⁵ "Alt-Rehse," 187.

⁶⁶⁶ Jacques Pauwels gives a good overview of how and why the Nazis attempted to exclude women from the universities. He also demonstrates that the NSDAP sought to get rid of all women doctors by barring them from the health insurance organizations if they were married to men who had adequate income. See Pauwels, 15-17, 24. Similarly, Michael Kater has discussed how the Nazi health administration systematically discouraged women, especially married women, from practicing medicine. For example, Gerhard Wagner, the Nazi physicians' leader, declared in December 1933 that the Nazi party intended "to rid the nation gradually of all female doctors by curtailing university (medical) training for women." See Kater, *Doctors under Hitler*, 92-94.

⁶⁶⁷ "Alt-Rehse," 187.

⁶⁶⁸ I use these reports judiciously because they are the only remaining reports of Alt-Rehse from female physicians. All other records and written material was destroyed at the end of the war. While I recognize the party line behind these reports, they are the only historical sources available to capture the experiences of women doctors at Alt-Rehse.

⁶⁶⁹ Peters, 40-41.

In their reports about the first training course for female physicians, participants expressed how uneasy they felt upon arriving at Alt-Rehse, but how the “idyllic Mecklenburg landscape on the Tolensesee” quickly calmed all feelings of nervousness.⁶⁷⁰ Dr. Heidepriem, a head doctor (*Hauptärztin*) for the BDM, who attended the first training course, described the “tense expectations” that she and the other participants felt after exiting the bus that brought them to Alt-Rehse. After receiving some food and being assigned a dorm room, usually with seven strangers, Heidepriem remarked that everything felt very unusual the first night and that sleep did not come easily.⁶⁷¹ Another account in *Die Ärztin* confirmed that participants felt “somewhat worried” as they were distributed into rooms with seven unknown people—something they had never experienced before.⁶⁷² Dr. Gertrud Bambach’s memory of the second women doctors’ training course at Alt-Rehse, which took place September 23-30, 1937, also described the chaos upon their arrival at an unfamiliar train station. The participants stood together “with uncomfortable reticence” until they were pushed towards a van where they were ordered to load their suitcases, not knowing if they would ever see them again. There was no time for reflection, however, as they quickly loaded a bus and were on their way to Alt-Rehse.⁶⁷³

Despite the nervousness female physicians experienced after arriving at Alt-Rehse, or the uncomfortable feelings of sharing a room with strangers, their memories always testified to how the beauty of Alt-Rehse and the comradeship developed in their

⁶⁷⁰ “Teilnehmerinnen am 1. Ärztinnenlehrgang Alt-Rehse, herhören!” *Die Ärztin* 12.11 (November 1936): 218.

⁶⁷¹ Dr. L. Heidepriem, “Der erste Ärztinnenlehrgang in Alt-Rehse,” *Deutsches Ärzteblatt* 66.43 (October 24, 1936): 1056.

⁶⁷² “Teilnehmerinnen am 1. Ärztinnenlehrgang Alt-Rehse, herhören!” 218.

⁶⁷³ Dr. Gertrud Bambach, “Wie wir Alt-Rehse erlebten,” *Die Ärztin* 13.11 (November 1937): 334.

dormitories reassured them. After an uncomfortable, sleepless first night, a cruel, deafening bell awoke them at 6:00AM for the beginning of the day's athletic activities, regardless of the weather. However, none of this seemed to matter to Heidepriem, who noted that the morning mist and sun conjured an image of a fairy-tale landscape.⁶⁷⁴ Bambach also observed how even in the chilly, dewy morning fog, the doctors became distracted from the activities they were doing when the sun slowly rose over the horizon and illuminated the flags flapping in the morning wind. Such beauty encouraged them to give thanks for their experience at Alt-Rehse. Even if every German doctor knew what Alt-Rehse looked like from the numerous accounts in *Deutsches Ärzteblatt* (ironically the journal Heidepriem published her account in), Bambach insisted that even the most perfect pictures and the most animated accounts could not come close to depicting the beauty of the landscape. She thought “one had to see it with his or her own eyes and experience it with his or her own heart.” Bambach described how the Tollensesee twinkled throughout the day and how the dormitories were isolated in the middle of a meadow. Even in total darkness, participants, especially those from the large city who hardly witnessed such natural beauty, could enjoy the “magical sight of a moonlit landscape.” All their previous worries and the everyday thoughts that accompanied them to Alt-Rehse “sank in the still of the night.”⁶⁷⁵

The connection Bambach, Heidepriem, and other women physicians felt towards the beauty of the land erased all their apprehensions. It seems, then, that the architect's original plan to include the surrounding landscape proved effective. Additionally, the participants gained a new appreciation for their Völkisch roots—a key component of

⁶⁷⁴ Heidepriem, “Der erste Ärztinnenlehrgang in Alt-Rehse,” 1056.

⁶⁷⁵ Bambach, “Wie wir Alt-Rehse erlebten,” 335.

Nazi ideology. The participants understood, for example, how the buildings and setting of Alt-Rehse consciously fit the harmony of the landscape,⁶⁷⁶ meaning that their experiences allowed them to grasp how individuals could remain in touch with their Völkisch past in the face of modern urbanization and industrialization. Female physicians also reported a “spiritual revival” living and working in such a beautiful natural setting.⁶⁷⁷ Women doctors who participated in the *Ärzt Führerschule* at Alt-Rehse were, therefore, aware of the importance of nature and *Blut und Boden* in Nazi ideology, and also experienced a renewed sense of purpose in their work and their belief in its ideology at Alt-Rehse.

The camaraderie that female physicians experienced at Alt-Rehse erased all of their preliminary feelings of uneasiness and further indoctrinated participants to Nazi ideals. What was at first an awkward situation—sleeping in a room full of strangers—quickly became the foundation of enduring friendships, according to the published reports. It was in these dorm rooms, Bambach declared, “where one did not talk about comradeship, but experienced it.” To her and the other participants, “Alt-Rehse [was] more than a course, more also than just a community of female doctors.” It was the beginning of an unspoken bond.⁶⁷⁸ Heidepriem, who could barely get any sleep the first night because of the strangeness of the living situation, later attested that this style of living together was what contributed to the creation of the best camaraderie—something

⁶⁷⁶ “Teilnehmerinnen am 1. Ärztinnenlehrgang Alt-Rehse, herhören!” 218.

⁶⁷⁷ “Teilnehmerinnen am 1. Ärztinnenlehrgang Alt-Rehse, herhören!” 218.

⁶⁷⁸ Bambach, “Wie wir Alt-Rehse erlebten,” 335.

that they hardly thought possible.⁶⁷⁹ By the end of the course, participants reported wanting to stay longer because of the friendships they made in the dorms.⁶⁸⁰

Feelings of camaraderie also emerged outside of the dorms—through the collective march to the community house, the lining up of participants, the singing of songs, and the hoisting of flags. All of these pre-dawn activities were reminiscent of the annual Nuremberg Nazi Party Rallies. The service uniform that Alt-Rehse participants were required to wear also created a sense of unity among disparate individuals. Even if there was some grumbling about not being able to wear their fashionable clothing at the beginning of the first training course, one participant recounted how the matching uniforms contributed to the “unique camaraderie between 127 participants who were largely unknown to one another until now.” The uniform abolished all differences in financial background, age, or hometown, and instead “quickly produced one community”—one that would endure well beyond their time in Alt-Rehse.⁶⁸¹

It was generally in the evenings, after the more serious activities of the day had finished, or in their free-time between lectures and excursions, that participants developed the strongest sense of companionship. Heidepriem described how during their long evenings of getting to know one another, there were no strict rules and Dr. Deuschl even loosened the smoking ban and allowed the young women to break curfew. These nights were full of laughter, happiness, and comfort, and in her mind, they proved to be just as important in the consolidation of camaraderie as the excursions or more serious activities.⁶⁸² Bambach’s accounts of the time “in between lectures” when they discussed

⁶⁷⁹ Heidepriem, “Der erste Ärztinnenlehrgang in Alt-Rehse,” 1056.

⁶⁸⁰ “Teilnehmerinnen am 1. Ärztinnenlehrgang Alt-Rehse, herhören!” 218.

⁶⁸¹ “Teilnehmerinnen am 1. Ärztinnenlehrgang Alt-Rehse, herhören!” 218.

⁶⁸² Heidepriem, “Der erste Ärztinnenlehrgang in Alt-Rehse,” 1057.

their motivations, or when they sang, played sports, or collected nuts for the animals, were also some of her most memorable.⁶⁸³ The same held true for Dr. Elisabeth Baecker-Vowinckel, a participant at the eighth training course for female physicians, held July 5-15, 1939. She described the “spirit of comradeship” created through sailboat rides, swimming, singing, playing music, playing sports, and especially during the farewell party,⁶⁸⁴ when many of the doctors expressed their desire to remain at Alt-Rehse. To Baecker-Vowinckel, the fact that they all felt so happy and united on this last night proved that the goals of the Nazi movement and its medical leadership had brought them closer together: “We all put ‘you’ over ‘I’. We did not see personal gain, but rather we only had the common higher goal in mind. It was a big family that came together in song, proud to be allowed to work for greater Germany.”⁶⁸⁵ Recollections like this show that Alt-Rehse fostered feelings of solidarity that could easily be directed towards the larger Nazi regime once doctors left the training school. Participating in a march to the communal house was not that different than marching on the grounds in Nuremberg, thus revealing how Alt-Rehse indoctrinated participants to the ideological rituals of National Socialism. Most importantly, women doctors could then convey these learned ideological practices to girls in the BDM. Because they had experienced feelings of camaraderie themselves at Alt-Rehse, they could be much more effective BDM physicians. They understood how to create comradeship among adolescent girls through

⁶⁸³ Bambach, “Wie wir Alt-Rehse erlebten,” 337.

⁶⁸⁴ Heidepriem also thought the high point of her experience at Alt-Rehse was the farewell party, which she described as “the highest happiness and perfection.” See Heidepriem, “Der erste Ärztinnenlehrgang in Alt-Rehse,” 1057.

⁶⁸⁵ Dr. med. Elisabeth Baecker-Vowinckel, “8. Schulungslehrgang für Ärztinnen in Alt-Rehse vom 5.-15. Juli 1939,” *Die Ärztin* 15.8 (August 1939): 262.

singing songs and wearing matching uniforms, and they also recognized that these traditions could be pointed towards the larger Nazi state as well.

Indoctrination to racial hygiene and *Blut und Boden* ideologies was quite blatant at Alt-Rehse. This came in the form of lectures from representatives from the genetic biological institute, the Hitler Youth, the BDM, the racial-political office of the NSDAP, and the offices for people's health and public welfare. These lectures covered everything from the Nuremberg racial laws and the education and protection of youth in associations like the Hitler Youth and the BDM, to the connected problems of abortion, venereal disease, nicotine, and alcohol. In addition, either the *Reichsärztführer*—Wagner and then his successor Dr. Leonardo Conti—or a representative from his office made the journey to Alt-Rehse to emphasize how important it was for doctors to ensure the health management of the *Volk*. The speakers from this office, in particular, stressed the critical role doctors played in treating the large part of the population that became unfit for work by the age of 40 due to physical or mental stress. The treatment and recovery of the *Volk*, and the prevention of future disease, were the means by which doctors could service the party and state.⁶⁸⁶ Medicine, then, had a new ideological element to it. No longer were doctors only assisting their individual patients; they were also helping the goals of the party and state.

In the female physicians' accounts of their time at Alt-Rehse—published in journals edited under totalitarian conditions—they generally reacted quite positively to the lecturers. Heidepriem thought the speakers were “excellent” and considered it to be “extraordinarily gratifying” to hear many different people state that the cooperation of women doctors was both desired and necessary. She was also pleased with the fact that

⁶⁸⁶ Heidepriem, “Der erste Ärztinnenlehrgang in Alt-Rehse,” 1056.

the medical leadership now made the education of female physicians a priority.⁶⁸⁷ *Die Ärztin* reported that participants at the first training course understood that the lectures “served the greater goals...of health management in the Third Reich.” Women doctors may have only spent a short amount of time at Alt-Rehse, but these lectures clearly had an impact on them, as many experienced a powerful impetus for the work they did in the BDM afterwards.⁶⁸⁸ The women physicians at this first training course acknowledged the success Nazism had achieved in implementing its racial hygiene goals, and by the end, they realized how the regime now relied on them to preserve the legacy of the National Socialist *Kämpfertum* (struggle).⁶⁸⁹

The indoctrination that took place at Alt-Rehse, whether it was more indirect, through the promotion of comradeship or appreciation of the land, or more transparent, through lectures like “Influences of Inheritance and Environment,” mentally prepared doctors for the types of medical activities they became involved in during World War II. The historian Anja Peters argues that “it is reasonable to believe that a substantial proportion of these young physicians later became active in different extermination programs and genocide actions during the war years.”⁶⁹⁰ Although there were not many female physicians directly involved in extermination and genocide, and despite the lack of evidence because of the destruction of materials at the end of the war, there were a few cases of women doctors openly participating in Nazi racial hygiene in authoritative positions. Dr. Bahr, for one, as an employee of the NSDAP’s racial political office, checked for any Jewish ancestors in the pedigrees of ordinary citizens. For those she

⁶⁸⁷ Heidepriem, “Der erste Ärztinnenlehrgang in Alt-Rehse,” 1056-1057.

⁶⁸⁸ “Teilnehmerinnen am 1. Ärztinnenlehrgang Alt-Rehse, herhören!” 218.

⁶⁸⁹ “Alt-Rehse,” 188.

⁶⁹⁰ Peters, 7-8.

found with Jewish lineage, there were disastrous consequences. And probably the most famous was Dr. Herta Oberheuser, a pediatrician who joined the Nazi party at the age of 26 and eventually became employed on the medical staff at Ravensbrück, a concentration camp exclusively for women. She participated in cruel experiments and helped cause the death of many victims, was one of the most ambitious female professionals, and also one of the most ideologically perverted. As Kater writes, “To the extent that she may initially have been a victim of the politics of the Third Reich, she ended up bearing a major share of responsibility for its crimes.”⁶⁹¹ Oberheuser was truly exceptional in how candidly she carried out the principles female doctors learned at Alt-Rehse.

The majority of female physicians brought the ideological preparation they received at Alt-Rehse back to their jobs in the BDM or the *Reichsmütterdienst*, or conveyed it on the pages of *Die Ärztin*. Just as the medical leadership divided them into three groups based on ability—experienced, intermediate, and physically handicapped—to exercise at Alt-Rehse, they, too, categorized their own BDM members into superior and inferior groups.⁶⁹² Not only was membership in the BDM only open to those *Mädels* deemed physically and mentally fit based on the successful completion of a medical exam, but there were also racial prerequisites to join the organization. Doctors could easily exclude girls from the BDM and even from the initial medical exam if they considered them racially inferior just by looking at them.⁶⁹³ In addition, women doctors transferred what they learned at Alt-Rehse about championing motherhood back to their jobs within the *Reichsmütterdienst*. Just as the medical leadership rewarded Alt-Rehse participants with the most children with a photo album as a special honor, female doctors

⁶⁹¹ Kater, *Doctors under Hitler*, 109-110.

⁶⁹² Bambach, “Wie wir Alt-Rehse erlebten,” 337.

⁶⁹³ Hoffmann, “Die Aufgaben der Aerztin im Bund Deutscher Mädels,” 31.

working in the *Reichsmütterdienst* educated women about the incentives of being fit mothers with numerous children.⁶⁹⁴ In both cases, mothers with large families were rewarded in a form of positive eugenics.

Even if women doctors brought the principles learned at Alt-Rehse back home with them, the evidence suggests that Alt-Rehse only functioned as a teaching and preparatory site for introducing the ideology that would eventually lead to things like euthanasia, selection, special action, mass sterilization, and medical experiments. It was a place for instilling theory, not for undertaking practice.⁶⁹⁵ Female physicians were pleased with their participation at the training courses at Alt-Rehse, and especially the medical leadership's acknowledgement that they played a crucial role in the promotion of racial hygiene. These doctors already recognized the critical responsibility that women had in ensuring a healthy, future *Volk*. Additionally, women physicians knew that they offered something unique to the Nazi state by instructing young girls and mothers about this important racial hygiene duty.⁶⁹⁶ By supporting the cause of racial hygiene, they now fit themselves into the ideological medical goals of the Third Reich. The same could be said for their work in the anti-smoking campaign as well.

Fulfilling a “Special Obligation” in the Nazi Anti-Smoking Campaign

Perhaps one of the Nazi Party's most surprising scientific endeavors was the campaign against smoking. Robert Proctor, the historical authority on the Nazi fight against smoking, has demonstrated that the regime not only launched an aggressive anti-

⁶⁹⁴ Heidepriem, “Der erste Ärztinnenlehrgang in Alt-Rehse,” 1057. This was similar to the Nazi policy of publically honoring worthy German mothers through the awarding of the *Mutterkreuz* (Mothers Cross). For more on this and other Nazi family policies, see Mouton, 18.

⁶⁹⁵ Anja Peters has made a similar argument. See Peters, 39-40.

⁶⁹⁶ Dr. med. Else Petri, “Rassenhygienische Verantwortung der Frau,” *Die Ärztin* 13.12 (December 1937): 361-362 and Bluhm, “Aerztin und Rassenhygiene,” 209.

smoking campaign, but also boasted the world's most sophisticated tobacco epidemiology. The regime's strong movement against smoking involved extensive public education, bans on certain smoking advertisements, and bans on smoking in many public spaces.⁶⁹⁷ The Nazi medical elite, and Hitler in particular, played an important role in how much attention and funding tobacco health research received, and they were especially instrumental in leading the campaign by example. With widespread support coming from Nazi leaders, Proctor shows that German scientists were the first to prove that smoking was the major cause of lung cancer, thus meriting a reevaluation of the scientific, medical, and public health feats that the Nazi regime could achieve. "The Nazi war on tobacco," he argues, "shows that what most people would concede to be 'good' science [could] be pursued in the name of antidemocratic ideals."⁶⁹⁸ Strong prejudices against the Nazi regime—a regime that used scientific principles and practices to orchestrate inhumane medical experiments and genocidal selection during the Holocaust—have obscured its success in fields like cancer research. Proctor, then, argues for a more nuanced analysis of Nazi science.

In order to grasp what Proctor calls the "symbiotic" relationship between science and politics at the time, he asserts that one needs to understand how fascist ideology inspired and guided the anti-smoking policies.⁶⁹⁹ While the Nazis can be lauded as the leaders in cancer research, there were limits to the link between totalitarian leaders and progressive public health policies. This was not a case of politics suppressing science or of science unwillingly conforming to political ideals; rather, the fight against tobacco fit well with Nazi values. For example, the anti-tobacco campaign drew from eugenics

⁶⁹⁷ Proctor, "The Nazi War on Tobacco," 436-437.

⁶⁹⁸ Proctor, "The Nazi War on Tobacco," 438.

⁶⁹⁹ Proctor, "The Nazi War on Tobacco," 438.

rhetoric, as it claimed that tobacco led to a diseased civilization and “the corruption of the German germ plasm.”⁷⁰⁰ Tobacco became a metaphor for all that was seen as wrong with society, including German soldiers whose use of tobacco hindered their military prowess, Jewish capitalists who were spreading the tobacco habits in Europe, and the French who had spurred the uptake of smoking with their salon culture during the Revolution. Cancer prevention was no longer framed as a matter of social or personal hygiene, but as a means of protection for Germany’s deteriorating culture. It, thus, complemented the Nazi approach to many national problems.

Most importantly, the anti-tobacco movement was compatible with Nazi reproductive policies aimed at sustaining a group of women who could produce superior offspring. Smoking both thwarted women’s potential from marriage and prevented them from giving birth to the healthy, future generation needed to carry Hitler’s thousand-year Reich forward. As Proctor explains, Nazi medical authorities thought smoking women aged prematurely, thus making them less desirable as wives. Moreover, a leading German gynecology journal reported that women who smoked were more likely to remain childless than those who did not smoke. One Nazi physician also argued that smoking during pregnancy led to the growing number of stillbirths and miscarriages. Prominent racial hygienist and doctor, Agnes Bluhm, also argued in *The Racial Hygiene Duties of the Female Doctor* that smoking could cause spontaneous abortions. All of this troubled Nazi leaders, “who placed a premium on ensuring a high birthrate among healthy German women.”⁷⁰¹

⁷⁰⁰ Proctor, “The Nazi War on Tobacco,” 441.

⁷⁰¹ Proctor, “The Nazi War on Tobacco,” 448-449.

Women doctors entered the discussion about tobacco precisely because the regime needed to encourage women's health during pregnancy, childbirth, and nursing. Women physicians were already advocates of the idea that they could best educate women and children about Nazi practices of responsible motherhood through their work in the BDM and the *Reichsmütterdienst*. The anti-smoking campaign, then, fell into this same line of work because female doctors could use their special attributes as trustworthy companions and medical authorities to indoctrinate women to the Nazi view that smoking affected their ability to be suitable mothers. The BDÄ, through its journal, *Die Ärztin*, became especially interested in questions of how smoking affected women and their reproductive abilities, as well as what female physicians could do to help women understand the risks of smoking. *Die Ärztin* carried an article from the president of the Reich Health Bureau, Dr. Hans Reiter, on the biological dangers of smoking, including the effects tobacco had on women, considering the readership he was writing for. Reiter confirmed what other leading Nazi medical authorities already thought about the threat smoking posed to German women's potential to marry and to produce healthy offspring. He alluded to the premature aging of women who smoked, which made them less desirable as wives. He also identified that smoking caused a general weakening of the thyroid functions and anemia in women. Women could experience problems during menstruation, which had repercussions later in life when they wanted to bear children. Infertility could also result due to germ damage.⁷⁰²

In terms of pregnant women who smoked, Reiter indicated that this was harmful to the child in the womb, and often resulted in a higher number of miscarriages and

⁷⁰² Professor Dr. Hans Reiter, "Die biologischen Gefahren des Rauchens unter besonderer Berücksichtigung der Gefährdung der Frau," *Die Ärztin* 16.3 (March 1940): 54.

stillbirths. The infants of smoking mothers suffered when nicotine contaminated breast milk. The children of smoking mothers also had a higher pulse rate. In general, Reiter argued that the harmful effects of smoking were evident in the “poor success and backwardness of these children.”⁷⁰³ Clearly, the Nazis’ agenda attempted to prevent a higher incidence of inferior children. Reiter’s most extreme assertion was that women used tobacco as an abortifacient since nicotine could initiate labor, demonstrating the irrational fears of Nazi medical authorities regarding the perceived threat of an abortion problem.⁷⁰⁴ The aforementioned risks of smoking, according to Reiter, developed more often in female tobacco workers—a group that experienced a higher morbidity rate than others because of their increased tobacco abuse. They experienced more extreme problems, such as the late onset of puberty, difficulties during menstruation and pregnancy, and a higher rate of miscarriages, premature births, stillbirths, and infant and child mortality.⁷⁰⁵

Ilse Wünsche, a candidate of medicine at the University of Heidelberg, along with a group of female students there, refuted this evidence on tobacco workers in their own research on the reproductive problems of female tobacco workers. After surveying and evaluating a total of 671 female workers from eight different tobacco factories in Heidelberg and its surroundings, Wünsche reported that their findings showed that tobacco workers did not suffer from diseases in higher proportion than workers in other organizations, apart from a few exceptions who were oversensitive to nicotine. This also applied to gynecological diseases, including birth or menstruation problems. Their results revealed that the cause of disease depended more on the general risks of factory

⁷⁰³ Reiter, “Die biologischen Gefahren des Rauchens,” 54.

⁷⁰⁴ Reiter, “Die biologischen Gefahren des Rauchens,” 55.

⁷⁰⁵ Reiter, “Die biologischen Gefahren des Rauchens,” 55.

work than on the intake of nicotine. They found it unlikely that nicotine affected women's reproductive organs, or that it caused sterility or abortion. Women tobacco workers also did not have a higher number of miscarriages than women in other trades. In fact, Wünsche and her colleagues discovered a decrease in miscarriages since 1934 and noted that the average number of children among female tobacco workers was 2.06—more than the national average. Moreover, women tobacco workers over the age of 35 had an average of 2.8 children, which also remained above the national average. Their study did show, as Reiter claimed, that there were a higher number of infant and child deaths in tobacco-producing regions. This had to do with the effects of nicotine, especially since mothers often went back to work in factories while they were still breastfeeding, but also with women's social and hygienic conditions. For example, mothers were often unable to care for their children due to a lack of time and money, thereby leaving them with inadequate attention and nutrition.⁷⁰⁶

Overall, in comparison to Reiter's and other Nazi medical leaders' assertions, Wünsche's analysis found no evidence that high exposure to nicotine damaged the reproductive organs of female tobacco workers. This is not to say that Wünsche was correct or that Reiter was incorrect, but rather, this discussion about the reproductive lives of female tobacco workers demonstrates that women physicians, and even women medical students, were interested in the links between smoking and reproductive ability. It also shows that they were concerned about providing women an effective medical education about the consequences of smoking. Wünsche and her colleagues, for instance, recommended removing a number of health risks and improving the hygienic conditions

⁷⁰⁶ Cand. Med. Ilse Wünsche, "Mutterschaft und Frauenarbeit im Tabakgewerbe," *Die Ärztin* 15.6 (June 1939): 191-195.

in tobacco factories, and even suggested employing doctors in factories to care for endangered expectant and nursing mothers.⁷⁰⁷ Furthermore, Reiter recognized that tobacco caused a “curtailment of national achievement” because of a decrease in physical and mental performance. He, therefore, encouraged those who were entrusted with the care of the *Volksgesundheit*—doctors, educators, and state and party officials—to join the fight against smoking. It was imperative that these leaders educate groups that were particularly susceptible—youth, women, and the “weak”—about the dangers of tobacco. Reiter noted that women were particularly fit for this educational work. Women’s exemplary behavior and their influence over men proved to be the most effective educational tools. Reiter even deemed this approach more effective than official propaganda methods or forced measures. However, women could also hold lectures, organize school workshops, and pass out leaflets and brochures, and they could widely publicize the risks of smoking in the press, theater, and on the radio. Moreover, Reiter suggested that prohibiting youth and women from smoking in public and similar compulsory measures were acceptable.⁷⁰⁸ More extensive coercive measures, such as imprisoning smokers to concentration camps or sterilizing them—both of which the Nazis implemented against alcoholics—never materialized.⁷⁰⁹

In addition to urging women already devoted to education to get involved in the anti-smoking campaign, Nazi medical leaders also recognized the benefits of employing female physicians for this task. Besides being educators, women doctors also cared for women and children, meaning that, as influential and trustworthy companions, female physicians could advise and warn women and children about the dangers of tobacco. Just

⁷⁰⁷ Wünsche, “Mutterschaft und Frauenarbeit im Tabakgewerbe,” 195.

⁷⁰⁸ Reiter, “Die biologischen Gefahren des Rauchens,” 55-56.

⁷⁰⁹ Proctor, *The Nazi War on Cancer*, 153.

as the Nazi regime could rely on women physicians to become advocates of Nazi ideology (like racial hygiene), it could also utilize female doctors to enlist women and children in the movement against smoking. Their efforts were even more crucial with the emerging war. Not only did tobacco undermine the strength of Germans fighting World War II, but almost all the men who were actively involved in the campaign were now rushing off to war. Women physicians, then, had a “special obligation” to step in and fulfill their part of Germany’s defensive struggle, according to one Nazi doctor. And because Germany was involved in a defensive battle against other nations as well as against its own internal problems (like smoking), the *German* female physician, specifically, had more demanded of her than physicians in other countries.⁷¹⁰

Women doctors, although recognized as playing a critical role in the anti-smoking movement, were only supposed to lead the fight against tobacco in the women’s world. Physician Fritz Lickint was careful to point out that female physicians should only direct their efforts towards maintaining the health of German women and of endangered adolescents. Women physicians’ duties entailed establishing awareness about the risks of smoking to those within “their sphere of influence.” The German female doctor had to point out the threats tobacco posed for fertility and pregnancy. She had to discourage nursing mothers from smoking. Her overall goal should be to make the women’s world totally free of tobacco within a few years—an undertaking that not easy, according to Lickint, because of the considerable number of “better women” who partook in this bad habit.⁷¹¹ Clearly, Nazi physicians were troubled by the idea that smoking was not just weakening the general *Volk*, but certain members in particular, namely the so-called

⁷¹⁰ Dr. med. Fritz Lickint, “Die deutsche Ärztin und die Tabakfrage,” *Die Ärztin* 15.11 (November 1939): 310.

⁷¹¹ Lickint, “Die deutsche Ärztin und die Tabakfrage,” 310.

“superior” academic women. Female doctors had to concentrate specifically on preventing these educated women from smoking so that they would be able to produce a higher number of healthier children than the lower classes. Undoubtedly, class-based eugenics was still quite pervasive alongside racial hygiene under Nazism. The most effective way for women doctors to indoctrinate Germany’s “better women” in the battle against tobacco was to lead by example. Lickint, after all, was referring to women physicians’ academic counterparts, and there was no better way for doctors to educate and enlist them than to be models for their colleagues. If women doctors publicized that they lived tobacco-free because of the risks smoking had for “the female body and its special duty,” Lickint thought it would certainly be possible for them to garner support from other women as well.⁷¹²

Lickint’s suggestion that women doctors focus their anti-tobacco efforts exclusively on women and children was very typical of other Nazi and even Weimar medical authorities. And this was also a consistent theme from women’s entrance into medical schools. Males in the profession thought that if women were going to work in medicine, they should only treat women and children. And female doctors often succumbed to this demand. Their work in the Nazi anti-smoking campaign was no exception. Dr. Baecker-Vowinckel exemplified this in lectures, such as “The Harms of Tobacco and Alcohol for Woman and Child and their Meaning in Wartime,” at a workshop of the Bureau against the Hazards of Alcohol and Tobacco in 1944. This organization was established in June 1939 from the remnants of the German Association Against Alcoholism (*Deutscher Verein gegen den Alkoholismus*). In her lecture, Baecker-Vowinckel focused on similar themes that the president of the Reich Health

⁷¹² Lickint, “Die deutsche Ärztin und die Tabakfrage,” 310.

Bureau, Reiter, had discussed, including the consequences tobacco had for the growth and maturation of children and for women during menstruation, pregnancy, birth, and while nursing.⁷¹³ Female physicians like Baecker-Vowinckel centered their efforts primarily on enlightening women to the damages smoking could have during pregnancy or while nursing and on advocating tobacco and alcohol-free lifestyles among youth.

The Nazi anti-tobacco movement was closely linked to the regime's anti-alcohol campaign—a continuation of the popular Weimar-era movement that women physicians were involved in. By the time Hitler came to power, the German Anti-alcoholism Association, founded in 1883, had nineteen regional and 254 local associations, plus sixteen women's groups. The Berlin women's branch alone had one thousand members. For the Nazis, drinking, like smoking, was “a financial drain on the nation, a health hazard, and a source of endless corruption and vice.” They, thus, included alcohol among the cancer-causing toxins⁷¹⁴ that needed to be eradicated in their push for a healthier, more natural way of living.⁷¹⁵ Because anti-alcoholism was already familiar territory for female doctors, it made sense for them to become active in the anti-smoking campaign after the two became intimately connected under Nazism. The majority of their endeavors in the joint anti-alcohol and anti-smoking campaign focused on protecting adolescents.

⁷¹³ Dr. med. Baecker-Vowinckel, “Arbeitstagung der Hauptreferentinnen für die Frauenarbeit der Reichsstelle gegen die Alkohol und die Tabakgefahren,” *Die Ärztin* 20.9/10 (September/October 1944): 147-148.

⁷¹⁴ Proctor claims that the idea that alcohol might be a cause of cancer dates back to the nineteenth century. He notes that drinking liquor was said to cause stomach tumors and that alcohol-related occupations were thought to have high rates of cancer. The nineteenth century theory, which persisted into the 1940s, was that chronic alcohol consumption resulted in a general “stomach catarrh” which then progressed to cancer. Proctor, *The Nazi War on Cancer*, 142-143.

⁷¹⁵ Proctor, *The Nazi War on Cancer*, 141-142.

Women physicians, who sought to protect youth from the perils of smoking, were actively involved in the Bureau against the Hazards of Alcohol and Tobacco (*Reichsstelle gegen die Alkohol- und Tabakgefahren*) and in the *Deutsche Frauenwerk's* anti-smoking efforts. The Bureau against the Hazards of Alcohol and Tobacco, which grew out of Germany's leading anti-alcohol association in 1939, was organized in very typical Nazi fashion with a *Gaustelle* in all *Gauen* (districts). The Bureau's main duties involved supervising propaganda ads, coordinating the distribution of alcohol-free drinks, and administering Germany's *Trinkerberatungsstelle* (drinker counseling centers) and *Trinkerfürsorgestelle* (drinker welfare offices).⁷¹⁶ There was also a separate women's committee, which held its own conferences, meetings, and workshops. The aforementioned lecture that doctor Baecker-Vowinckel gave was at one of these women's workshops. Baecker-Vowinckel was the women's consultant for the Bureau and often spoke at the women's committee meetings. Their 1941 meeting focused solely on the theme of "Youth and People's Poisons (*Volksgifte*)."⁷¹⁷ Representatives from the Reich Youth Leadership office, the schools, the Hitler Youth,⁷¹⁷ and even mothers joined Baecker-Vowinckel in advocating alcohol and tobacco-free curriculum in schools and similar types of instruction in the home. They also supported expanded police regulations to protect youth from these toxins.⁷¹⁸

⁷¹⁶ Proctor, *The Nazi War on Cancer*, 199 and 319n78.

⁷¹⁷ Female physicians were already well aware of the Hitler Youth's strong stance against alcohol and tobacco. In April 1940, one of the organization's national doctors published an article in *Die Ärztin*, claiming that the Hitler Youth (which included the BDM) recognized that alcohol and tobacco were severely damaging to youth, and even to adults, and therefore, rejected the use of such substances and suggested banning the sale of alcohol and tobacco products to youth under the age of 18. The Hitler Youth also acknowledged that leading by example was the best educational method to an alcohol and tobacco-free lifestyle for youth. See Dr. med. Robert Hördemann, "Über die Einstellung der HJ gegenüber den Genußgiften Alkohol und Tabak," *Die Ärztin* 16.4 (April 1940): 81-82.

⁷¹⁸ Dr. Ursula Romann, "Tagung des Frauenausschusses der Reichsstelle gegen die Alkohol- und Tabakgefahren," *Die Ärztin* 17.7 (June 1941): 316.

Baecker-Vowinckel was simultaneously the leader of a department of the *Deutsche Frauenwerk*, “*Kampf den Volksgiften*,” that was also working towards combating alcohol and tobacco. Baecker-Vowinckel and her co-leader, physician Edith von Lölhöffel, advised women of their unique responsibility to educate children to understand the ill effects of drinking and smoking. The *Deutsche Frauenwerk*, in addition, appointed administrators in all districts of the Reich to perform similar didactic tasks. It aimed to provide women and mothers the tools to rear their children towards alcohol- and tobacco-free lifestyles. Through their work in the *Deutsche Frauenwerk*, doctors like Baecker-Vowinckel and von Lölhöffel disseminated information, held public lectures, and popularized forms of sociability that did not involve smoking and drinking. Furthermore, the organization created wallet cards and posters for women that contained recipes for alcohol-free party drinks and facts about the developmental effects of smoking on children.⁷¹⁹ Besides her work in the *Deutsche Frauenwerk*, von Lölhöffel was a member of the “Youth and Educator” department of the Bureau against the Hazards of Alcohol and Tobacco where she participated in workshops on alcohol and tobacco-free youth education and on how to protect youth from these poisons, especially during wartime.⁷²⁰

Their attention towards protecting youth from the dangers of alcohol and tobacco allowed doctors like Baecker-Vowinckel and von Lölhöffel to contribute to larger discourses about the subject that were already taking place in Nazi organizations, such as the Bureau against the Hazards of Alcohol and Tobacco and the *Deutsche Frauenwerk*.

⁷¹⁹ Dr. med. Edith von Lölhöffel, “Aufgaben der Frau für eine alkohol- und tabakfreie Jugenderziehung,” *Die Ärztin* 16.12 (December 1940): 380-382.

⁷²⁰ Ilse Szagunn, “Erste Arbeitstagung der Abteilung ‘Jugend und Erzieher’ der Reichsstelle gegen die Alkohol- und Tabakgefahren,” *Die Ärztin* 16.12 (December 1940): 399-402.

Their focus on youth offered women doctors room to make an impact in the anti-smoking campaign. Through their participation in anti-smoking workshops, meetings, and conferences, they demonstrated their affinity to Nazi causes and also made it their goal to recruit other women to see the advantages of an alcohol and tobacco-free youth education, thus exemplifying the unique service they could and did provide to the regime.

Conclusions: The Face of the BDÄ under Nazism

It is fair to say that the *Gleichschaltung* of the BDÄ was a success. The organization eliminated all Jews and political opponents and Nazi sympathizers took over its leadership roles. The association, which was previously unaffiliated with a political party, assumed a rigid political stance—one that supported the Nazi goals of racial hygiene and the campaign against tobacco, and one that sought to indoctrinate women and children to become believers of Nazi ideals about health, nature, comradeship, racial biology, and proper motherhood. Historian Atina Grossmann argues that the BDÄ easily succumbed to the pressures of Nazi coordination because the trusted language of motherhood, eugenics, and social hygiene from the Weimar Republic remained the same in the Nazi period; she claims only its meaning changed. Women doctors, in her opinion, did not understand this altered language, but simply heard the familiar “motherhood-eugenics” discourse and adopted the new regime’s politics.⁷²¹ While female physicians were, in fact, already familiar with class-based eugenics because of their work in marriage counseling centers, schools, and the movement against alcoholism in the Weimar era, which allowed them to more easily accept the race-based eugenics of the Nazis, they were perhaps not as submissive as Grossmann suggests.

⁷²¹ Grossmann, “Berliner Ärztinnen und Volksgesundheit in der Weimarer Republik,” 214-215.

I instead see the BDÄ members who continued to work within the confines of the Nazism as active proponents of the services they could offer to the party and state. While the state recognized how it could employ women physicians to enlist other women and children to its causes, female doctors also identified the ways they could benefit the regime (as women's trusted advisors), as well as a means to fit themselves into current medical debates. This was why, for instance, they concentrated their efforts in the anti-tobacco movement around protecting women and youth from smoking. On the one hand, this type of work was a natural extension of both their activities in the home as well as their existing professional projects during the Weimar period. The Weimar state had already entrusted women physicians to train women to be proper mothers and to educate youth to be healthy. And this was a task women doctors succeeded at because women confided in them to a greater extent than men. And yet on the other hand, this type of work was appealing to Nazi medical authorities because they viewed tobacco as a threat to the Reich's goal to nurture suitable mothers. Therefore, female doctors would no longer be further outcast; they were necessary to the goals of the Nazi state and they were also situating their activities within existing frameworks. Rather than subverting the dominant paradigm, members of the BDÄ adopted Nazi ideology.

This is not to say that all women physicians accepted and promoted Nazism. As Gisela Bock has pointed out, women under Nazism could become victims, perpetrators, bystanders, and followers, and sometimes fell under more than one category at different times or even concurrently.⁷²² For the approximately one-third of Jewish women doctors

⁷²² See Gisela Bock, "Ordinary Women in Nazi Germany: Perpetrators, Victims, Followers, and Bystanders," in *Women in the Holocaust*, ed. Dalia Ofer and Lenore J. Weitzman (New Haven, Yale University Press, 1998), 85-100. See also Schleiermacher, "Rassenhygienische Mission und berufliche Diskriminierung," 99-100.

practicing medicine before 1933, Nazism meant loss of citizenship, emigration for the fortunate and death for those unable to escape the so-called Final Solution. This dissertation has examined the other two-thirds, the non-Jewish German female physicians whose careers spanned the Weimar Republic and the Nazi regime. These women demonstrated their value to both the Weimar and the Nazi regimes by placing themselves at the center of women's and children's medicine. Under the German dictatorship and ideological mobilization, the goals of good health for women and children took on a meaning quite distinct from those it had in the social welfare provisions of the first German democracy.

Conclusions

Women doctors certainly created a space for themselves in the Weimar and Nazi medical profession. How they came to accomplish this has been the focus of this dissertation. Their struggle to be admitted to medical study was a long one, as they faced the hostility of men who feared that the caring and healing aspects of medicine made women more naturally suited for this profession. Men already encountered competition from lay healers and midwives for authority over the profession in the late nineteenth century, and therefore, initially encouraged women onto medical tracks where they would only serve women and children. German feminists Helene Lange and Mathilde Weber called attention to the need for women doctors, citing women's modesty as an important factor in allowing women to study medicine. Female physicians, they argued, were necessary to treat women patients and women's diseases, and medicine was well suited to the qualities and talents they acquired in motherhood.⁷²³ Women finally achieved entrance to German universities, and thereby medical study, in the first decade of the twentieth century—relatively late compared to women in other Western European countries and the United States. The number of female physicians continued to grow, and after World War I, the Weimar Constitution promised them full professional equality. Male discrimination in the medical profession, however, did not cease in the interwar period. Men now faced the new threat of an overcrowded profession with so many individuals returning from war and many newly licensed women doctors. As a result, men continued their efforts to steer women into marginal fields by discriminating against them in the most elite areas of employment like the health insurance practices. In the

⁷²³ See Mazón's book for a longer discussion of these arguments.

final year of the Republic, the profession's bias against women became state-sanctioned with the passage of a *Doppelverdiener* law against married women civil servants who were double wage earners. Just two years later, the Nazi regime passed another law that forbade married women whose husbands had adequate income from working for the choice health insurance practices. The Nazi Party also made it very clear that it wanted to limit women's access to medical study and to the profession in general.⁷²⁴

Although women doctors were clearly the victims of Weimar and then Nazi discriminatory medical policies, this dissertation has shown that they were by no means only passive observers of their own careers. Female physicians, I argue, also made choices about the employment paths they took. While working in marriage counseling centers, schools, and in the anti-alcohol and anti-VD campaigns meant they were secluded to the periphery of medicine, they certainly did not see it this way. Rather, these medical spaces offered them the opportunity to showcase their expertise in women's and children's health based on both their biological training and their personal experiences as women and mothers. This latter fact was also what they claimed made them more qualified for these positions than their male colleagues. In addition, because of their part-time or irregular hours, these jobs offered female doctors the flexibility to pursue professional careers, especially in fields that were of a personal interest to many of them, as well as motherhood. The nature of the work they performed in these spaces was akin to their domestic responsibilities, meaning they could both use this fact to prove their professional worth and could straddle their obligations as mothers and workers under a similar rubric of activities. They solved their own work family dilemma by pursuing this sensible, less resistant path.

⁷²⁴ See Pauwels, 24.

Female doctors' active decision-making roles were also apparent in the way they became autonomous and authoritative in what became their own medical spaces on the fringes of medicine. The women's exclusivity of places like marriage counseling centers, girls' vocational schools, and later the *Bund Deutscher Mädel* (League of German Girls; BDM) or the *Reichsmütterdienst* (Reich Mothers' Service) meant female physicians often had more control and became more active than they may have had in spaces where they were under the watch of outsiders, and especially men. They demonstrated their command of such fields by broadening their duties within them from the mere medical advisor, teacher, or collaborator to also become political, educational, and social leaders for their patients and students. While their maternalistic language was somewhat denigrating towards these primarily lower-class individuals, women physicians also made political, educational, and social demands for their patients and students, thereby making gains for these individuals and for women's and children's health more broadly. Especially in light of the failed professional promises for women during the Weimar Republic, acquiring access to birth control for all women in marriage counseling centers, equalizing girls' physical education curriculum in schools, and achieving equivalent treatment for women in VD counseling centers, was meaningful work. In this sense, I would argue that female physicians redefined and expanded the practice of medicine during the Weimar Republic. As medical professionals, they worked to acquire political, educational, and social rights for their underprivileged and often overlooked lower-class female and youth patients. They also fostered an atmosphere of trust between patient and doctor, resulting in a nurturing and maternal relationship. There appeared to be

something intrinsically female about the way these women practiced medicine. This did not, mean, however, that it was any less valuable than the way men practiced medicine.

Female physicians certainly argued that their inherent womanhood and motherhood made them more qualified to assist the Weimar regime achieve its goals in the areas of marriage counseling or in the anti-alcohol or anti-VD campaigns. Although the Weimar state may not have officially acknowledged their abilities to do so, women doctors asserted that they could be more effective promoters of pre-marital health certificates or could more easily draw women into the anti-alcohol or anti-VD campaigns. Women, they maintained, were more likely to discuss their intimate marital problems and visit clinics if they employed a female marriage counselor. Similarly, female doctors argued that venereal disease clinics would attract more women if they knew that their modesty and embarrassment would be protected by the comfort of seeing a woman physician. And female physicians, who as women and mothers certainly understood how alcoholism affected marriage and the family, could also convey this message to their fellow sisters in an attempt to recruit supporters to the anti-alcohol movement.

After 1933, female doctors became even more explicit about how their innate abilities could help the Nazi state accomplish its health goals. The members of the BDÄ who did not fall victim to Hitler's anti-Semitic policies unashamedly advertised themselves as *Volksärztinnen* who could lure apolitical women to support National Socialism and could indoctrinate them to its racial hygiene ideology. In contrast to the Weimar state, the Nazis recognized the value women doctors provided to the regime and openly employed them for these larger medical objectives in less-peripheral, national organizations, such as the BDM and the *Reichsmütterdienst*. Although women doctors

continued to direct women's and children's medicine using the same maternalistic language under Nazism, the face of the medicine they practiced changed to incorporate the racial ideological goals of the state—something the Weimar version had lacked.

My findings suggest, then, that in the face of Weimar and Nazi discriminatory medical practices, the female portion of the medical profession “self-mobilized” to create a niche of expertise in women's and children's health. Helmuth Trischler has defined “self-mobilization” in reference to aeronautical researchers under National Socialism as “voluntary involvement, the free devotion of an individual's ability, above and beyond the professional call of duty, to advance the objectives of the regime.”⁷²⁵ In this regard, I see continuity between the types of work women doctors performed for both regimes, but also in their mobilization methods. In both the Weimar and Nazi state, BDÄ members asserted that they had a unique perspective and natural-given abilities to improve medicine in a number of different areas, namely those centered on the well-being of women and children. They voluntarily chose to support the health programs in each regime. In the Weimar Republic, this included social welfare goals, such as reducing alcoholism, preventing the spread of VD, or providing adequate health education to girls in schools. In the Nazi-era, it consisted of a campaign against smoking and the more destructive indoctrination of mothers in the *Reichsmütterdienst* and of young girls in the BDM to racial hygiene practices.

In allying with these various health projects, women physicians often did much more than the tasks required of them, demonstrating that they fit with Trischler's definition. In municipal, religious, and private marriage counseling centers, they provided much more than the pre-marital health exams mandated by certain states like

⁷²⁵ Trischler, 73.

Prussia, and instead primarily distributed birth control and marital advice to women, based on their cited reasons for visiting clinics in the first place. In some cases, they performed abortions or sterilization, or even offered legal or economic advice. More often than not, they served as a source of comfort to women who came to them with intimate problems, such as domestic violence or sexual dysfunction. In schools too, female doctors went above the call of duty to administer annual fitness exams for students. Rather, they advised girls about healthy clothing choices and supported them as they confronted menstruation. In addition, they moved their work from the schoolhouses into the home, writing instructional pamphlets and holding workshops for mothers about proper childcare. They also broadened their work to the larger public sphere by convening conferences, such as the 1925 Conference on the Physical Education of Women. In the anti-VD campaign, women doctors became political activists for women, as they fought the double standard embedded in state-regulated prostitution. Under Nazism, they incorporated Nazi ideologies like *Blut und Boden* and comradeship into the activities of the BDM, and trained mothers in the *Reichsmütterdienst* to be aware of their larger obligations to the German *Volk* and German state through *Mütterschulung* courses. These women physicians were certainly self-mobilized, demonstrating how a professional group, notwithstanding systematic discrimination or perhaps even *because* of it, found ways to showcase their talents and often performed their jobs more eagerly and more comprehensively than required.

Their advocacy of class-based eugenics in marriage counseling centers, schools, and the anti-alcohol campaign was another example of their self-mobilization efforts. In addition to supporting the eugenic aims of municipal marriage counseling, some female

physicians also promoted different types of birth control based on women's intelligence levels, and generally held extra advising sessions for lower-class women, who they consistently encouraged to use birth control. At least two doctors performed sterilization on lower-class women who they complained failed to properly use birth control and came to clinics asking for abortions over and over again. In the anti-alcohol movement, they attempted to prevent the spread of alcoholism in the upper classes, viewing it as a primarily lower-class vice. In schools, they centered their efforts on improving the child-care abilities of working-class mothers, whose parenting skills they often criticized. They also used language to differentiate between more and less physically and mentally capable children, just as they later did in the BDM. In this sense, I also see continuity between class-based eugenics and racial hygiene. Although I recognize distinctions between the two, there can be no doubt that women physicians' advocacy of class-based eugenics before 1933 eased their transition to Nazi racial practices.

So the question remains as to whether female doctors, if they remained in marginal fields and if they were practicing a particularly feminine style of medicine, were actually able to advance their own professional ambitions or the medical rights of their patients. In other words, did their maternalistic strategy work? These women were definitively pioneers in the German medical profession, especially during the Weimar period. For one, they made women's and children's health, which was already a national topic of concern, even more prominent. They centered women's issues like menstruation, access to birth control, healthy nursing, proper clothing, and motherhood in medical discourse. They attained a separate physical education program for girls in schools and accomplished their goal of getting certain states to provide female physicians

for female patients in VD clinics. It is also safe to assume that their patients, who now had someone to turn to with their intimate, embarrassing problems, felt at ease knowing there was a woman doctor on hand to assist them. Lower-class women who, prior to this, often lacked a voice or a place to turn for medical help, found solidarity with other women in the atmosphere of the waiting-room and relief in receiving empathy and comfort from women doctors.⁷²⁶ Besides providing a trustworthy companion to women and children, women doctors also did a service for their own professional objectives. They became experts in women's and children's health, and thereby valuable to the Weimar and later to the Nazi state. They reconciled their own career ambitions with their motherhood roles by finding a niche that allowed them the flexibility to do both. They found or created spaces in which they could be autonomous and could develop meaningful relationships with their colleagues and patients, resulting in their activism and broadened influential medical roles. Female physicians, then, through their use of the rhetoric of motherhood turned the tables on the medical profession's discriminatory policies and opened up new discursive spaces to make political and social demands for their patients and for themselves. After 1933, the BDÄ remained advocates for women's and children's health, and for their own position in medicine, but the maternalist impulses that served the cause of social reform in the Weimar years became the handmaidens to the purposes of the Nazi regime.

⁷²⁶ Osborne, *The Politics of the Body in Weimar Germany*, 123. Kristine von Soden talks about the atmosphere of clinics in her book, *Sexualberatungsstellen der Weimarer Republik*, especially 125-144. Michelle Mouton argues that it was precisely *because* of this female solidarity in clinic waiting rooms that the Nazis found Weimar marriage and sex counseling centers reprehensible and lashed out against them. See Mouton, 49.

Bibliography

Archival Sources

Berlin

Archiv des Diakonischen Werkes der EKD

Central-Ausschuß für die Innere Mission der deutschen evangelischen Kirche, Referat
Gesundheitsfürsorge (CA/G)

Central-Ausschuß für Innere Mission der deutschen evangelischen Kirche, Referat
Gefährdetenfürsorge und Straffälligenhilfe (CA/GfSt)

Bundesarchiv

Deutscher Gemeindetag (R 36)

Hauptarchiv der NSDAP (NS 26)

Hauptamt für Volkswohlfahrt der NSDAP (NS 37)

Reichministerium des Innern (R 1501)

Reichsministerium für Wissenschaft, Erziehung und Volksbildung (R 4901)

Reichsgesundheitsamt (R 86)

Landesarchiv

Bund Deutscher Frauenvereine, Helene-Lange Archiv (B Rep.235-01)

Deutscher Akademikerinnenbund, Helene-Lange Archiv (B Rep.235-05)

Deutscher Ärztinnenbund, Helene-Lange Archiv (B Rep.235-08)

Nachlass Anna Pappritz (B Rep.235-13)

Nachlass Helene Lange (B Rep.235-11)

Nachlass Hermine Heusler-Edenhuizen (E Rep.300-52)

Zeitungsausschnittsammlung, Helene-Lange Archiv (B Rep.235-20)

Dresden

Deutsches Hygiene Museum

Journals

Deutsches Ärzteblatt

Die Ärztin

Monatsschrift deutscher Ärztinnen

Reichsmedizinalkalender für Deutschland

Statistik des Deutschen Reichs

Vierteljahrsschrift deutscher Ärztinnen

Books, Articles, Dissertations (Primary)

Adams-Lehmann, Hope Bridges. *Das Frauenbuch. Ein ärztlicher Ratgeber für die Frau*

in der Familie und bei Frauenkrankheiten. Stuttgart: Süddeutsches Verl.-Inst., 1897.

Adelsberger, Lucie. "Die Frau als Ärztin." In *Die Kultur der Frau. Eine Lebenssymphonie der Frau des XX. Jahrhunderts*, edited by Ada Schmidt-Beil. Berlin: Verlag für Kultur und Wissenschaft GmbH, 1931.

_____. "Aus der Kriegsarbeit der Ärztinnen." *Deutsches Ärzteblatt* 70.18 (May 4, 1940): 213.

Bäumer, Gertrud. *Krisis des Frauenstudiums.* Leipzig: Voigtlanders, 1932.

Benz, Wolfgang, ed. *Das Tagebuch der Hertha Nathorff. Berlin-New York Auszeichnungen 1933 bis 1945.* Frankfurt am Main: Fischer Taschenbuch, 1988.

Bischoff, Theodore. *Das Studium und die Ausübung der Medizin durch Frauen.* Munich, 1872.

Blum, Agnes. *Die rassenhygienischen Aufgaben des weiblichen Arztes.* Berlin: Alfred Metzner, 1936.

Broecker, Anne. "Gesundheitsfürsorge." In *Die Kultur der Frau. Eine Lebenssymphonie der Frau des XX. Jahrhunderts*, edited by Ada Schmidt-Beil. Berlin: Verlag für Kultur und Wissenschaft GmbH, 1931.

Blum, Agnes. "Wie behüten wir die Familie vor dem Einfluß des Alkoholismus?" *Das Kommende Geschlecht* 2.2 (November 1922): 94-109.

Busse-Wilson, Elisabeth. "Das moralische Dilemma in der modernen Mädchenerziehung." In *Die Kultur der Frau. Eine Lebenssymphonie der Frau des XX. Jahrhunderts*, edited by Ada Schmidt-Beil. Berlin: Verlag für Kultur und Wissenschaft GmbH, 1931.

Darwin, Charles. *On The Origin of Species by Means of Natural Selection, or the Preservation of Favoured Races in the Struggle for Life.* London: John Murray, 1859.

Dreuw, Wilhelm Heinrich. "Gesetzliche Bekämpfung der Geschlechtskrankheiten." *Zeitschrift für Medizinalbeamte* 35.10 (May 20, 1922): 249-256.

Durand-Wever, Anne-Marie. "Die ärztliche Erfahrungen über medizinisch indizierte Konzeptionsverhütung." *Die Medizinische Welt* 5.21 (May 23, 1931): 759-760.

Durand-Wever, Anne-Marie. "Die ärztliche Erfahrungen über medizinisch indizierte Konzeptionsverhütung." *Die Medizinische Welt* 5.23 (June 6, 1931): 826-827.

- Durand-Wever, Anne-Marie. "Die ärztliche Erfahrungen über medizinisch indizierte Konzeptionsverhütung." *Die Medizinische Welt* 5.26 (June 27, 1931): 936-937.
- Durand-Wever, Anne-Marie. "Ehe und Erziehungsberatung." In *Die Kultur der Frau. Eine Lebenssymphonie der Frau des XX. Jahrhunderts*, edited by Ada Schmidt-Beil. Berlin: Verlag für Kultur und Wissenschaft GmbH, 1931.
- Durand-Wever, Anne-Marie. *Der Frauenkörper in gesunden und kranken Tagen*. Berlin: Asklepios, 1930.
- Durand-Wever, Annemarie. "Für und wider den § 218." *Die Medizinische Welt* 4.31 (August 2, 1930): 1121.
- Durand-Wever, Annemarie. "Der Kampf um den § 218 auf der Bühne." *Die Medizinische Welt* 4.22 (May 31, 1930): 785-786.
- Durand-Wever, Anne-Marie. "Umfang und Ursache der Geburtenbeschränkung." *Die Medizinische Welt* 7.7 (February 14, 1931): 243-245.
- Durand-Wever, Anne-Marie. "Umfang und Ursache der Geburtenbeschränkung." *Die Medizinische Welt* 7.9 (February 28, 1931): 315-317.
- Fischer, Max. "Ärztenschaft und organisierte Arbeit gegen den Alkoholismus," *Deutsches Ärzteblatt* 60.12 (April 21, 1931): 157-158..
- Fraenkel, Marta. "Die Frauengruppe auf der Internationalen Hygiene-Ausstellung." *Mutter und Kind* 8.7 (July 1930): 97-98.
- Fraenkel, Marta. "Hygiene-Ausstellung, eine Hochschule für jedermann!" In *Das Deutsche Hygiene-Museum und Die Internationale Hygiene-Ausstellung Dresden 1930*, edited by Presse-Stelle des Deutschen Hygiene-Museums und die Internationalen Hygiene-Ausstellung Dresden 1930. Dresden: Wolfgang Jess, 1930.
- Fraenkel, Marta. "Das Kind auf der Internat. Hygiene-Ausstellung." *Kleine Kinder* 3.9 (June 1930): 161-165.
- Fraenkel, Marta. "Eine 'Kinderwoche' in der Hygiene-Ausstellung." *Kleine Kinder* 4.10 (July 1931): 182-183.
- Fraenkel, Matha. "Ziel und Wesen einer Hygiene-Ausstellung." *Hygiene-Sonderheft der Zeitschrift für Desinfektions- und Gesundheitswesen* 22.5 (May 1930): 259-264.
- Fraenkel, Marta. "Zur Kinderwoche!" *Internationale Hygiene-Ausstellung. Offizielle Ausstellungszeitung* 3 (June 15, 1931): 4-5.

- Frankenthal, Käthe. "Ärztenschaft und Faschismus." *Der sozialistische Arzt* 8.6 (June 1932): 101-107.
- Frankenthal, Käthe. *Der dreifache Fluch: Jüdin, Intellektuelle, Sozialistin. Lebenserinnerungen einer Ärztin in Deutschland und Exil.* Edited by Kathleen M. Pearle und Stephan Leibfried. New York: Basic Books, 1981.
- Frankenthal, Käthe. "Zur Frage der Geburtenregelung." *Die Genossin* 6.9 (September 1929): 388-392.
- Gläser, Erna. *Eheberatungsstellen und Geburtenverhütung.* Stuttgart: Ferdinand Enke, 1932.
- Grotjahn, Alfred. "Soziale Hygiene (Definition)." In *Handwörterbuch der Sozialen Hygiene*, edited by A. Grotjahn and J. Kaup. Leipzig, 1912.
- Haeseler. "Zur Alkoholfrage." *Aerztliches Vereinsblatt für Deutschland* 38.726 (September 7, 1909).
- Heidepriem, L. "Der erste Ärztinnenlehrgang in Alt-Rehse." *Deutsches Ärzteblatt* 66.43 (October 24, 1936): 1056-1057.
- Heusler, Otto. "Der Beruf der Ärztin im Lichte 'nationaler, sozialer und ethischer Erkenntnis. Eine Erwiderung.'" *Deutsches Ärzteblatt* 61.20 (July 11, 1932): 271-272.
- Heusler, Otto. "Der Beruf der Ärztin im Lichte 'nationaler, sozialer und ethischer Erkenntnis. Eine Erwiderung.'" *Deutsches Ärzteblatt* 61.21 (July 21, 1932): 285-286.
- Heusler-Edenhuizen, Hermine. "Der Bund Deutscher Aerztinnen." *Die Studentin* 4.7 (January 1, 1928): 106-108.
- Heusler-Edenhuizen, Hermine. "Eheberatungsstellen," *Soziale Praxis* 37.8 (February 23, 1928): 187.
- Heusler-Edenhuizen, Hermine. "§ 218 vom Standpunkt der Frau," *Deutsches Ärzteblatt* 60.13 (May 1, 1931): 173-175.
- Heusler-Edenhuizen, Hermine. "Die sexuelle Not unserer Jugend," *Die Frau* 35.10 (July 1928): 605-611.
- Hirsch, Max. "Gesundheitswesen und Krankenfürsorge. Das Chaos der Eheberatung." *Deutsche Medizinische Wochenschrift* 18.57 (May 1, 1931): 764-767.
- Höber, Josephine. "Zweck, Erfahrungen und Ziele der Eheberatung." *Die Frau* 36.3

(December 1928): 142-148.

Kaufmann-Wolf, Marie. "Die Reglementierung der Prostitution." In *Einführung in das Studium der Prostitutionfrage*, edited by Anna Papritz. Leipzig: Johann Ambrosius Barth, 1919.

Kaufmann-Wolf, Marie. "Zur Bekämpfung der Geschlechtskrankheiten." *Die Frau* 27.8 (May 1920): 233-235.

Kelchner, Mathilde. *Die Frau und der weibliche Arzt: Eine psychologische Untersuchung auf Grund einer Umfrage*. Leipzig: Adolph Klein, 1934.

Kienle, Elsa. *Frauen. Aus dem Tagebuch einer Ärztin*. Berlin: Schmetterling Verlag, 1932.

Laroe, Else K. *Mit Skalpell und Nadel. Das abenteuerliche Leben eine Chirurgin*. Rüschiikon-Zürich: Albert Müller Verlag, 1968.

Mayer, Anna. "Jugendamt und Jugendwohlfahrt." In *Die Kultur der Frau. Eine Lebenssymphonie der Frau des XX. Jahrhunderts*, edited by Ada Schmidt-Beil. Berlin: Verlag für Kultur und Wissenschaft GmbH, 1931.

Mitscherlich, Alexander and Fred Mielke. "Epilogue: Seven Were Hanged." In *The Nazi Doctors and the Nuremberg Code: Human Rights in Human Experimentation*, edited by George J. Annas and Michael A. Grodin. New York: Oxford University Press, 1992.

Mitscherlich, Alexander and Fred Mielke. *The Death Doctors*. Translated by James Cleugh. London: Elek Books, 1962.

Müller, P. *Ueber die Zulassung der Frauen zum Studium der Medizin*. Hamburg: A.G., 1894.

Nathorff, Hertha. "Zum Problem der Geburtenregelung." *Die Medizinische Welt* 4.24 (June 14, 1930): 862-863.

Neisser-Schroeter, Lotte. *Enquete über die Ehe- und Sexualberatungsstellen in Deutschland mit Berücksichtigung der Geburtenregelung*. Berlin: Verlag der neuen Generation, 1928.

Niedermeyer, Albert Dr. "Die Aufgaben des Frauenarztes bei der Eheberatung." In *Veröffentlichungen aus dem Gebiete der Medizinalverwaltung*, edited by Otto Lenz. Berlin: Richard Schoetz, 1929.

Prinz, Elizabeth. "Ehe- und Sexualreform. Zur Frage der Ethik und Diätetik des

- Sexuallebens.” *Die Neue Generation* 27.7/8/9 (July/August/September 1931): 159-162.
- Profé, Alice. “Frauensport aus Ärztliche Sicht [1928].” In *Frau und Sport*, edited by Gertrud Pfister. Frankfurt am Main: Fischer Taschenbuch, 1980.
- Profé, Alice. “Die körperliche Erziehung unsere Mädchen.” *Körper und Geist* 14 (1905/1906): 135-139.
- Profé, Alice. “Mädchen—Kinder Zweiter Klasse? [1912]” In *Frau und Sport*, edited by Gertrud Pfister. Frankfurt am Main: Fischer Taschenbuch, 1980.
- Profé, Alice. “Soll auch die Frau Leistungssport treiben? [1928]” In *Frau und Sport*, edited by Gertrud Pfister. Frankfurt am Main: Fischer Taschenbuch, 1980.
- Profé, Alice. “Unser Mädchenturnen.” *Körper und Geist* 14 (1905/1906): 404-409.
- Profé, Alice. “Unsinn in Mädchenturnen [1908].” In *Frau und Sport*, edited by Gertrud Pfister. Frankfurt am Main: Fischer Taschenbuch, 1980.
- Profé, Alice. “Zur Hygiene der Frauen- und Mädchenkleidung.” *Medizinische Klinik* 22 (1914): 1-4.
- Riderer-Kleemann, Margarete. “Die gesundheitlicher Erziehung in der Mädchenschule.” *Gesundheit und Erziehung* 47.2 (February 1934): 59-65.
- Riegger, Luise. “Die Frau in der Jugendbewegung.” In *Die Kultur der Frau. Eine Lebenssymphonie der Frau des XX. Jahrhunderts*, edited by Ada Schmidt-Beil. Berlin: Verlag für Kultur und Wissenschaft GmbH, 1931.
- Riese, Hertha. “Erfahrungen der Sexualberatungsstelle Frankfurt A.M. nebst Grundsätzlichen Bemerkungen über Geburtsregelungspolitik.” *Die Neue Generation* 21.10 (October 1925): 250-255.
- Riese, Hertha. “Soll der Staat Heiratsvermittler werden? Ueber die Notwendigkeit der Einrichtung staatlicher Ehevermittlungsstellen.” *Berliner Tageblatt*, January 8, 1928.
- Riese, Hertha. *Die sexuelle Not unserer Zeit*. Leipzig: Hesse & Becker, 1927.
- Sachs, Bertha. “Neuartige Körperpflege.” In *Die Kultur der Frau. Eine Lebenssymphonie der Frau des XX. Jahrhunderts*, edited by Ada Schmidt-Beil. Berlin: Verlag für Kultur und Wissenschaft GmbH, 1931.
- Scheffin-Döring, “Die Mutterschaftsaufgabe der Frau.” In *Die Kultur der Frau. Eine Lebenssymphonie der Frau des XX. Jahrhunderts*, edited by Ada Schmidt-Beil. Berlin: Verlag für Kultur und Wissenschaft GmbH, 1931.

- Schwerin, Ludwig. *Die Zulassung der Frauen zur Ausübung des ärztlichen Berufes*. Berlin: Carl Habel, 1880.
- Schlossmann, Aruther. "Zur Eröffnung der Kinderwoche der Internationalen Hygiene-Ausstellung in Dresden." *Kleine Kinder* 4.10 (July 1931): 181.
- Staunder. "Die Standespolitik der deutschen Ärzte im Dienst der Volksgemeinschaft." *Deutsches Ärzteblatt* 61.3 (January 21, 1932): 41-42.
- Stelzner, Helenefriderike. "Ärztin." In *Das Frauenbuch, Frauenberufe und – Ausbildungstätten*, edited by Eugenie von Soden. Stuttgart: Franckh'sche Verlag, 1913.
- Stelzner, Helenefriderike. "Die Hygiene in der Entwicklungsjahre," *Die Welt der Frau* 38 (1908): 593-595.
- Stelzner, Helenefriderike. "Soziale Medizin und Hygiene. Ein Beitrag zur Materie von der Verhütung unwerten Lebens." *Münchener Medizinische Wochenschrift* 28 (July 10, 1925): 1165-1168.
- Stelzner, Helenefriderike. *Weibliche Fürsorgezöglinge: ihre psychologische und psychopathologische Wertung*. Berlin: Karger, 1929.
- Stelzner, Helenefriderike. "Zur Hygiene der weiblichen Seele," *Die Welt der Frau* 34 (1906): 529-531.
- Szagunn, Ilse. "Der Arbeitsdienst für die weibliche Jugend. Aus der Arbeit einer Lagerärztin." *Gesundheit und Erziehung* 47.7 (July 1934): 262-266.
- Szagunn, Ilse. "Die Aufgaben der Mutter als Hüterin der Gesundheit." *Gesundheit und Erziehung* 47.2 (February 1934): 49-58.
- Szagunn, Ilse. "Gesundheitsfürsorge für die schulentlassene Jugend." *Hamburger Correspondent*, April 18, 1926.
- Szagunn, Ilse. "Die Kommunal- und Fürsorgeärztin." *Die Studentin* 4.7 (January 1, 1928): 104-106.
- Szagunn, Ilse. "Schulärztliche Untersuchungen an Lyzeen und Studienanstalten." *Zeitschrift für Schulgesundheitspflege und Soziale Hygiene* 39 (1926): 459-460.
- Szagunn, Ilse. "Über die schulärztliche Tätigkeit an Fortbildungsschulen." *Zeitschrift für Schulgesundheitspflege* 34 (1921): 84-89.
- Szagunn, Ilse. "Vita von Ise Szagunn. Ein Lebensbild in der Zeit." *Berliner Medizin*

12.11 (1961): 261.

Szagunn, Ilse. "Warum Ärztinnenbund?" *Berliner Ärzteblatt* 64.2 (January 16, 1951): 27.

Turnau, Laura. "Die Ärztin." *Merkblätter für Berufsberatung der Deutschen Zentralstelle für Berufsberatung der Akademiker* (1928).

Turnau, Laura. "Der Beruf der Aerztin." *Die Studentin* 4.7 (January 1, 1928): 97-99.

Turnau, Laura. "Meine Autobiographie." *Mitteilungsblatt des Deutschen Ärztinnenbundes* 18.2 (February 1971): 8-13.

Turnau, Laura. "Meine Autobiographie." *Mitteilungsblatt des Deutschen Ärztinnenbundes* 18.4 (April 1971): 2-4.

Weber, Mathilde. *Ärztinnen für Frauenkrankheiten: eine ethische und sanitäre Notwendigkeit*. Tübingen: Franz Fues Verlag, 1888.

Wolff, Charlotte. *Augenblicke verändern uns mehr als die Zeit. Eine Autobiographie*. Translated by Michaela Huber. Frankfurt am Main: Fischer Taschenbuch, 1990.

Wolff, Charlotte. *Hindsight. An Autobiography*. London: Quartet Books Ltd., 1980.

von Lölhoffel, Edith. "Die Frau im Sport." In *Die Kultur der Frau. Eine Lebenssymphonie der Frau des XX. Jahrhunderts*, edited by Ada Schmidt-Beil. Berlin: Verlag für Kultur und Wissenschaft GmbH, 1931.

von Renthe-Fink, Barbara. *So alt wie das Jahrhundert. Lebensbericht einer Berliner Ärztin*. Frankfurt: R.G. Fischer, 1982.

Books, Articles, Dissertations (Secondary)

Adams, Julia and Tasleem Padamsee. "Signs and Regimes: Rereading Feminist Work on Welfare States." *Social Politics* 9.2 (September 2002): 187-202.

Albisetti, James. "The Fight for Female Physicians in Imperial Germany." *Central European History* 15 (1982): 99-123.

Allen, Ann Taylor. "Feminism and Eugenics in Germany and Britain, 1900-1940: A Comparative Perspective." *German Studies Review* 23.3 (October 2000): 477-506.

Allen, Ann Taylor. *Feminism and Motherhood in Germany, 1800-1914*. New Brunswick, NJ: Rutgers University Press, 1991.

- Allen, Ann Taylor. "Feminism, Venereal Diseases, and the State in Germany, 1890-1918." *Journal of the History of Sexuality* 4.1 (July 1993): 27-50.
- Allen, Ann Taylor. "German Radical Feminism and Eugenics, 1900-1908." *German Studies Review* 11.1 (February 1988): 31-56.
- Althusser, Louis. *Lenin and Philosophy and Other Essays*. New York: Monthly Review Press, 2001.
- Annas, George J. and Michael A. Grodin, eds. *The Nazi Doctors and the Nuremberg Code: Human Rights in Human Experimentation*. New York: Oxford University Press, 1992.
- Aschenbrenner, Susanne. "Marta Fraenkel (1896-1976). Ärztin, Museumspädagogin und Public Health Officer." Med. diss., Rheinisch-Westfälischen Technischen Hochschule, 2000.
- Baranowski, Shelly. *Strength through Joy: Consumerism and Mass Tourism in the Third Reich*. New York: Cambridge University Press, 2004.
- Barinaga, Marcia. "Is There a Female Style of Doing Science?" *Science* 260.5106 (April 16, 1993): 384-391.
- Berger, Uta, ed. *Ärztin in Vergangenheit-Gegenwart-Zukunft, 1924-1999. Festschrift des Deutschen Ärztinbundes e.V.* Greven: WWF Verl.-Ges., 1999.
- Berning, Cornelia. "Die Einbindung der Ärztinnen in das frauenpolitische Konzept des Nationalsozialismus unter besonderer Berücksichtigung ihrer Studien- und Berufssituation." Med. diss., Westfälische Wilhelms-Universität Münster, 1994.
- Bessel, Richard. *Germany after the First World War*. New York: Oxford University Press, 1993.
- Bleker, Johanna. "Agnes Bluhm, die Wissenschaftlerin unter den Rassenhygienikerin, und die Frauenbewegung." *Acta Historica Leopoldina* 48 (2007): 89-111.
- Bleker, Johanna. "Anerkennung durch Unterordnung? Ärztinnen und Nationalsozialismus." In *Weibliche Ärzte: die Durchsetzung des Berufsbildes in Deutschland*, edited by Eva Brinkschulte. Berlin: Edition Hentrich, 1993.
- Bleker, Johanna. "Die Frau als Weib: Sex und Gender in der Medizingeschichte." *Geschlechterverhältnisse in Medizin, Naturwissenschaft und Technik*, edited by Christoph Meinel and Monika Renneberg. Bassum: Verlag für Geschichte der Naturwissenschaften und der Technik, 1996.
- Bleker, Johanna and Chrstine Eckelmann. "Der Erfolg der Gleichschaltungsaktion kann

als durchschlagend bezeichnet werden' – 'Der Bund Deutscher Ärztinnen' 1933 bis 1936." In *Medizin im "Dritten Reich"*, edited by Johanna Bleker and Norbert Jachertz. Köln: Deutscher Ärzte-Verlag, 1993.

- Bleker, Johanna and Sabine Schleiermacher. *Ärztinnen aus dem Kaiserreich: Lebensläufe einer Generation*. Weinheim: Deutscher Studien Verlag, 2000.
- Bleker, Johanna and Svenja Ludwig. *Emanzipation und Eugenik: die Briefe der Frauenrechtlerin, Rassenhygienikerin und Genetikerin Agnes Bluhm an den Studienfreund Alfred Ploetz aus den Jahren 1901-1938*. Husum: Matthiesen, 2007.
- Bock, Gisela. "Antinatalism, Maternity and Paternity in National Socialist Racism." In *Nazism and German Society, 1933-1945*, edited by David Crew. New York: Routledge, 1994.
- Bock, Gisela. "Ganz normale Frauen. Täter, Opfer, Mitläufer, und Zuschauer im Nationalsozialismus." In *Zwischen Karriere und Verfolgung: Handlungsräume von Frauen im nationalsozialistischen Deutschland*, edited by Kirsten Heinsohn, Barbara Vogel, and Ulrike Weckel. Frankfurt am Main: Campus Verlag, 1997.
- Bock, Gisela. "Ordinary Women in Nazi Germany: Perpetrators, Victims, Followers, and Bystanders." In *Women in the Holocaust*, edited by Dalia Ofer and Lenore J. Weitzman. New Haven, Yale University Press, 1998.
- Bock, Gisela. "Racism and Sexism in Nazi Germany: Motherhood, Compulsory Sterilization, and the State." In *Different Voices: Women and the Holocaust*, edited by Carol Rittner and John K. Roth. New York: Paragon House, 1993.
- Bridenthal, Renate. "Beyond Kinder, Küche, Kirche: Weimar Women at Work." *Central European History* 6 (1973): 148-166.
- Bridenthal, Renate, Atina Grossmann, and Marion Kaplan, eds. *When Biology Became Destiny: Women in Weimar and Nazi Germany*. New York: Monthly Review Press, 1984.
- Briggs, Laura. "Discourses of 'Forced Sterilization' in Puerto Rico: The Problem with the Speaking Subaltern." *Differences* 10.2 (Summer 1998): 30-67.
- Briggs, Laura. *Reproducing Empire: Race, Sex, Science, and U.S. Imperialism in Puerto Rico*. Berkeley: University of California Press, 2002.
- Brinkschulte, Eva, ed. *Weibliche Ärzte: die Durchsetzung des Berufsbildes in Deutschland*. Berlin: Edition Hentrich, 1993.
- Buchin, Jutta. "Dokumentation: Ärztinnen aus dem Kaiserreich." Berlin: Institute für

- Geschichte der Medizin, 2003. <http://web.fu-berlin.de/aeik/index.html>.
- Cahn, Susan K. *Coming on Strong: Gender and Sexuality in Twentieth-Century Women's Sport*. New York: Free Press, 1994.
- Campbell, Annily. *Childfree and Sterilized: Women's Decisions and Medical Responses*. New York: Cassell, 1999.
- Childers, Thomas, ed. *The Formation of the Nazi Constituency, 1919-1933*. London: Croom Helm, 1986.
- Childers, Thomas. *The Nazi Voter: The Social Foundations of Fascism in Germany, 1919-1933*. Chapel Hill: The University of North Carolina Press, 1983.
- Cocks, Geoffrey. "The Old as New: The Nuremberg Doctors' Trial and Medicine in Modern Germany." In *Medicine and Modernity: Public Health and Medical Care in Nineteenth- and Twentieth-Century Germany*, edited by Manfred Berg and Geoffrey Cocks. Washington D.C.: German Historical Institute, 1997.
- Cocks, Geoffrey and Konrad H. Jarausch, eds. *German Professions, 1800-1950*. New York: Oxford University Press, 1990
- Collins, Patricia Hill. "Defining Black Feminist Thought." In *Feminist Theory Reader: Local and Global Perspectives*, edited by Carole R. McCann and Seung-Kyung Kim. New York: Routledge, 2010.
- Connelly, Matthew. *Fatal Misconception: The Struggle to Control World Populations*. Cambridge, MA: Belknap Press of Harvard University Press, 2008.
- Cowan, Ruth Schwartz. *More Work For Mother: The Ironies of Household Technology from the Open Hearth to the Microwave*. New York: Basic Books, 1983.
- Dickinson Edward Ross. *The Politics of German Child Welfare From the Empire to the Federal Republic*. Cambridge, MA: Harvard University Press, 1996.
- Doerry, Martin. *Mein verwundetes Herz. Das Leben der Lilli Jahn 1900-1944*. Munich: Deutscher Taschenbuch Verlag, 2002.
- Eckelmann, Christine. *Ärztinnen in der Weimarer Zeit und im Nationalsozialismus: eine Untersuchung über den Bund Deutscher Ärztinnen*. Wermelskirchen: Verlag für Wissenschaft, Forschung und Technik, 1992.
- Eifert, Christiane. "Coming to Terms with the State: Maternalist Politics and the Development of the Welfare State in Weimar Germany." *Central European History* 30.1 (1997): 25-47.

- Erben, Ulrike. “‘Die Ärztin gehört mit an die vorderste Front.’ Das Berufsbild der deutschen Ärztin im Nationalsozialismus im Spiegel der Zeitschrift *Die Ärztin*.” In *Dienste der Volksgesundheit*, edited by Ingrid Arias. Vienna: Verlagshaus der Ärzte, 2006.
- Evans, Richard J. *The Feminist Movement in Germany, 1894-1933*. London: Sage Publications, 1976.
- Evans, Richard J. “Prostitution, State and Society in Imperial Germany.” *Past & Present* 70.1 (February 1976): 106-129.
- Evans, Sara M. *Born for Liberty: A History of Women in America*. New York: Simon & Schuster, 1997.
- Fallwell, Lynne Anne. “Nazism Delivered: The Ethos and Legacy of Midwifery in 20th Century Germany.” Ph.D. diss., Pennsylvania State University, 2003.
- Frevert, Ute. *Women in German History: From Bourgeois Emancipation to Sexual Liberation*. Oxford: Berg Publishes Limited, 1989.
- Fuchs-Heinritz, Werner, Martin Kohli, and Fritz Schütze, eds. *Wiebke Lohfeld Im Dazwischen. Porträt der jüdischen und deutschen Ärztin Paula Tobias (1886-1970)*. Opladen: Leske + Budrich, 2003.
- Gallin, Alice. *Midwives to Nazism: University Professors in Weimar Germany, 1925-1933*. Macon, GA: Mercer University Press, 1986.
- Gamper, Martina. “‘Du hast die Pflicht gesund zu sein.’ BDM-Ärztinnen in Wien.” In *Dienste der Volksgesundheit*, edited by Ingrid Arias. Vienna: Verlagshaus der Ärzte, 2006.
- Glaser, Edith. *Hindernisse, Umwege, Sackgassen. Die Anfänge des Frauenstudiums in Tübingen (1904-1934)*. Weinheim: Deutscher Studien Verlag, 1992.
- Gordon, Linda. *Woman's Body, Woman's Right: A Social History of Birth Control in America*. New York: Grossman, 1976.
- Grossmann, Atina. “Abortion and Economic Crisis: The 1931 Campaign against Paragraph 218.” In *When Biology Became Destiny: Women in Weimar and Nazi Germany*, edited by Renate Bridenthal, Atina Grossmann, and Marion Kaplan. New York: Monthly Review Press, 1984.
- Grossmann, Atina. “Berliner Ärztinnen und Volksgesundheit in der Weimarer Republik: Zwischen Sexualreform und Eugenik.” In *Unter allen Umständen: Frauengeschichte(n) in Berlin*, edited by Christiane Eifert and Susanne Rouette. Berlin: Rotation, 1986.

- Grossmann, Atina. "Feminist Debates about Women and National Socialism." *Gender and History* 3.3 (Autumn 1991): 350-358.
- Grossmann, Atina. "Gender and Rationalization: Questions about the German/American Comparison." *Social Politics* 4 (Spring 1997): 6-18.
- Grossmann, Atina. "German Women Doctors From Berlin to New York: Maternity and Modernity in Weimar and in Exile." *Feminist Studies* 19.1 (Spring 1993): 65-88.
- Grossmann, Atina. "Girllkultur or Thoroughly Rationalized Female: A New Woman in Weimar Germany?" *Women in Culture and Politics: A Century of Change*, edited by Judith Friedlander and others. Bloomington: Indiana University Press, 1986.
- Grossmann, Atina. "The New Woman and the Rationalization of Sexuality in Weimar Germany." In *Powers of Desire: The Politics of Sexuality*, edited by Ann Snitow, Christine Stansell, and Sharon Thompson. New York: Monthly Review Press, 1983.
- Grossmann, Atina. *Reforming Sex: The German Movement for Birth Control and Abortion Reform, 1920-1950*. New York: Oxford University Press, 1995.
- Hackett, Amy. "Helene Stöcker: Left-Wing Intellectual and Sex Reformer." *When Biology Became Destiny: Women in Weimar and Nazi Germany*, edited by Renate Bridenthal, Atina Grossmann, and Marion Kaplan. New York: Monthly Review Press, 1984.
- Hamilton, Richard F. *Who Voted for Hitler?* Princeton, NJ: Princeton University Press, 1982.
- Hartsock, Nancy C.M. "The Feminist Standpoint: Toward a Specifically Feminist Historical Materialism. In *Feminist Theory Reader: Local and Global Perspectives*, edited by Carole R. McCann and Seung-Kyung Kim. New York: Routledge, 2010.
- Harvey, Elizabeth. *Youth and the Welfare State in Weimar Germany*. Oxford: Clarendon Press, 1993.
- Hau, Michael. *The Cult of Health and Beauty: A Social History, 1890-1930*. Chicago: The University of Chicago Press, 2003.
- Herf, Jeffrey. *Reactionary Modernism: Technology, Culture, and Politics in Weimar and the Third Reich*. New York: Cambridge University Press, 1984.
- Hering, Sabine and Klaus Schilde. *Das BDM-Werk "Glaube und Schönheit."* Die

- Organisation junger Frauen im Nationalsozialismus.* Berlin: Metropol, 2000.
- Hong, Young-Sun. "Gender, Citizenship, and the Welfare State: Social Work and the Politics of Femininity in the Weimar Republic." *Central European History* 30.1 (1997): 1-24.
- Hoesch, Kristin. *Ärztinnen für Frauen. Kliniken in Berlin, 1877-1914.* Stuttgart: Metzler, 1995.
- Huerkamp, Claudia. "The Making of the Modern Medical Profession, 1800-1914: Prussian Doctors in the Nineteenth Century." In *German Professions, 1800-1950*, edited by Geoffrey Cocks and Konrad H. Jarausch. New York: Oxford University Press, 1990.
- Jacob, Wilson Chacko. "Working Out Egypt: Masculinity and Subject Formation between Colonial Modernity and Nationalism, 1870-1940." Ph.D. diss., New York University, 2005.
- Jarausch, Konrad H. "The Crisis of German Professions, 1918-1933." *Journal of Contemporary History* 20 (1985): 379-398.
- Jarausch, Konrad H. "The German Professions in History and Theory." In *German Professions, 1800-1950*, edited by Geoffrey Cocks and Konrad H. Jarausch. New York: Oxford University Press, 1990.
- Jarausch, Konrad H. *The Transformation of Higher Learning: Expansion, Diversification, Social Opening, and Professionalization in England, Germany, Russia, and the United States.* Chicago: University of Chicago Press, 1983.
- Jarausch, Konrad H. *The Unfree Professions: German Lawyers, Teachers, and Engineers, 1900-1950.* New York: Oxford University Press, 1990.
- Jürgens, Birgit. *Zur Geschichte des BDM (Bund Deutscher Mädel) von 1923 bis 1939.* Frankfurt am Main: P. Lang, 1994.
- Kaplan, Marion. *The Making of the Jewish Middle Class: Women, Family, and Identity in Imperial Germany.* New York: Oxford University Press, 1991.
- Kater, Michael H. "Ärzte und Politik in Deutschland, 1848-1945." *Jahrbuch des Instituts für Geschichte der Medizin der Robert Bosch Stiftung* 5 (1987): 34-48.
- Kater, Michael H. "The Burden of the Past: Problems of a Modern Historiography of Physicians and Medicine in Nazi Germany." *German Studies Review* 10.1 (1987): 31-56.
- Kater, Michael H. *Doctors Under Hitler.* Chapel Hill: The University of North Carolina

- Press, 1989.
- Kater, Michael H. "Hitler's Early Doctors: Nazi Physicians in Predepression Germany." *Journal of Modern History* 59 (1972): 207-255.
- Kater, Michael H. "Krisis des Frauenstudiums in der Weimarer Republik." *Vierteljahrschrift für Sozial-und Wirtschaftsgeschichte* 59 (1972): 207-255.
- Kater, Michael H. "Medizin und Mediziner im Dritten Reich. Eine Bestandsaufnahme" *Historische Zeitschrift* 244.2 (April 1987): 299-352.
- Kater, Michael H. *The Nazi Party: A Social Profile of Members and Leaders, 1919-1945*. Cambridge, MA: Harvard University Press, 1983.
- Kater, Michael H. "The Nazi Physicians' League of 1929. Causes and Consequences." In *The Formation of the Nazi Constituency, 1919-1933*, edited by Thomas Childers. London: Croom Helm, 1986.
- Kater, Michael H. "Physicians in Crisis at the End of the Weimar Republic." In *Unemployment and the Great Depression in Weimar Germany*, edited by Peter D. Stachura. Basingstoke: Macmillan, 1986.
- Kater, Michael H. "Professionalization and Socialization of Physicians in Wilhelmine and Weimar Germany." *Journal of Contemporary History* 20 (1985): 677-701.
- Kaufmann, Doris. *Geschichte der Kaiser-Wilhelm-Gesellschaft im Nationalsozialismus*. Göttingen: Wallstein, 2000.
- Kavčič, Silvija. "Dr. Herta Oberheuser-Karriere einer Ärztin." In *Frauen als Täterinnen und Mittäterinnen im Nationalsozialismus. Gestaltungsspielräume und Handlungsmöglichkeiten: Beiträge zum 5. Tag der Frauen- und Geschlechterforschung an der Martin-Luther-Universität Halle-Wittenberg*, edited by Viola Schubert-Lehnhardt and Sylvia Korch. Halle: Martin-Luther-Universität Halle-Wittenberg, 2006.
- Keller, Evelyn Fox. "The Anomaly of a Woman in Physics." In *Women, Science and Technology: A Reader in Feminist Science Studies*, edited by Mary Weyer. New York: Routledge, 2001.
- Keller, Evelyn Fox. *A Feeling for the Organism: The Life and Work of Barbara McClintock*. New York: W. H. Freeman and Company, 1983.
- Kevles, Daniel. "Eugenics Then and Genetics Now—Avoiding the Pitfalls of the Past." In *The Implications of Genetics for Health Professional Education*, edited by Mary Hager. New York: Josiah Macy, Jr. Foundation, 1999.

- Kevles, Daniel J. *In the Name of Eugenics: Genetics and the Uses of Human Heredity*. Cambridge, MA: Harvard University Press, 1995.
- Kinz, Gabriele. *Der Bund Deutscher Mädel. Ein Beitrag zur außerschulischen Mädchenerziehung im Nationalsozialismus*. Frankfurt am Main: P. Lang, 1990.
- Klaus, Martin. *Mädchen in der Hitlerjugend: Die Erziehung zur "deutschen Frau"*. Cologne: Pahl-Rugenstein, 1980.
- Klaus, Martin. *Mädchen im Dritten Reich. Der Bund Deutscher Mädel (BDM)*. Cologne: Pahl-Rugenstein, 1983.
- Kohlstedt, Sally Gregory. "Nature, Not Books: Scientists and the Origins of the Nature-Study Movement in the 1890s." *Isis* 96.3 (September 2005): 324-352.
- Kohlstedt, Sally Gregory. "Parlors, Primers, and Public Schooling: Education for Science in Nineteenth-Century America." *Isis* 81.3 (September 1990): 424-445.
- Koven, Seth and Sonya Michel, eds. *Mothers of a New World: Maternalist Politics and the Origins of Welfare States*. New York: Routledge, 1993.
- Koven, Seth and Sonya Michel. "Womanly Duties: Maternalist Politics and the Origins of Welfare States in France, Germany, Great Britain, and the United States, 1880-1920." *The American Historical Review* 95.4 (October 1990): 1076-1108.
- Koonz, Claudia. "Eugenics, Gender, and Ethics in Nazi Germany: The Debate about Involuntary Sterilization, 1933-1936." In *Reevaluating the Third Reich*, edited by Thomas Childers and Jane Caplan. New York: Holmes and Meier Publishing Inc., 1993.
- Koonz, Claudia. *Mothers in the Fatherland: Women, The Family, and Nazi Politics*. New York: St. Martin's Press, 1987.
- Krauss, Martina. *Die Frau der Zukunft. Dr. Hope Bridges Adams Lehmann, 1855-1916: Ärztin und Reformerin*. Munich: Buchendorfer, 2002.
- Kühl, Stefan. *The Nazi Connection: Eugenics, American Racism, and German National Socialism*. New York: Oxford University Press, 1994.
- Lamberti, Marjorie. *The Politics of Education: Teachers and School Reform in Weimar Germany*. New York: Berghahn Books, 2002.
- Lamberti, Marjorie. *State, Society, and the Elementary School in Imperial Germany*. New York: Oxford University Press, 1989.
- Laquer, Walter Z. *Young Germany: A History of the German Youth Movement*. New

- York: Basic Books, 1962.
- Lifton, Robert Jay. *The Nazi Doctors: Medical Killing and the Psychology of Genocide*. New York: Basic Books, 1986.
- Ludwig, Karl-Heinz. *Technik, Ingenieure und Gesellschaft: Geschichte des Vereins Deutscher Ingenieure, 1856-1981*. Düsseldorf: VDI-Verlag, 1981.
- Mahler, Stefanie. "Die eugenische Argumentation der Ärzte und Ärztinnen in der Bewegung gegen den §218 in der Weimarer Republik." M.A. Thesis, Freie Universität, 1996.
- Mazón, Patricia M. *Gender and the Modern Research University: The Admission of Women to German Higher Education, 1865-1914*. Stanford: Stanford University Press, 2003.
- Mazower, Mark. *Dark Continent: Europe's Twentieth Century*. New York: Alfred A. Knopf, 1999.
- McFarland-Icke, Bronwyn Rebekah. *Nurses in Nazi Germany: Moral Choice in History*. Princeton, NJ: Princeton University Press, 1999.
- Merton, Robert K. "The Matthew Effect in Science." *Science* 159.3810 (January 5, 1968): 56-63.
- Michalczyk, John J., ed. *Medicine, Ethics, and the Third Reich: Historical and Contemporary Issues*. Kansas City, MO: Sheed and Ward, 1994.
- Michel, Sonya. "Maternalism Reconsidered." In *Beyond Maternalism: Motherhood and Method*, edited by Rebecca Plant and Marian van der Klein. New York: Berghahn Books, forthcoming, 2011.
- Miller-Kipp, Gisela, ed. *'Auch du gehörst dem Führer': Die Geschichte des Bundes Deutscher Mädel (BDM) in Quellen und Dokumenten*. Weinheim: Juventa, 2001.
- Mitterauer, Michael. *A History of Youth*. Translated by Graeme Dunphy. Cambridge, MA: Blackwell Publishers, 1992.
- Morantz-Sanchez, Regina. "Bringing Science into the Home: Women Enter the Medical Profession." Chap. 3 in *Sympathy and Science: Women Physicians in American Medicine*. New York: Oxford University Press, 1985.
- Mouton, Michelle. *From Nurturing the Nation to Purifying the Volk: Weimar and Nazi Family Policy, 1918-1945*. New York: Cambridge University Press, 2007.
- Müller, Manfred. "Mörder von zwölf Millionen. Die Ärzteschule in Alt-Rehse am

- Tollensesee," *Freie Erde* 217 (1982): 4.
- Müller-Hill, Benno. "Eugenics: The Science and Religion of the Nazis." In *When Medicine Went Mad: Bioethics and the Holocaust*, edited by Arthur L. Caplan. Totowa, New Jersey: Humana Press, 1992.
- Nelson, Jennifer A. "'Abortions under Community Control': Feminism, Nationalism, and the Politics of Reproduction among New York City's Young Lords." *Journal of Women's History* 13.1 (2001): 157-180.
- Noakes, Jeremy. "Nazism and Eugenics: The Background to the Nazi Sterilization Law of 14 July 1933." In *Ideas into Politics: Aspects of European History, 1880-1950*, edited by R.J. Bullen, H. Pogge von Strandmann, and A.B. Polonsky. London: Croom Helm, 1984.
- Offen, Karen. "Liberty, Equality, and Justice for Women: The Theory and Practice of Feminism in Nineteenth-Century Europe." In *Becoming Visible: Women in European History*, edited by Renate Bridenthal, Claudia Koonz, and Susan Stuard. Boston: Houghton Mifflin Company, 1997.
- Oldenziel, Ruth. "Man the Maker, Woman the Consumer: The Consumption Junction Revisited." In *Feminism in Twentieth Century Science, Technology and Medicine*, edited by Angela N.H. Creager, Elizabeth Lunbeck, and Londa Schiebinger. Chicago: University of Chicago Press, 2001.
- Oreskes, Naomi. "Objectivity or Heroism? On the Invisibility of Women in Science." *Osiris* 11 (1996): 87-113.
- Pauwels, Jacques R. *Women, Nazis, and Universities: Female University Students in the Third Reich, 1933-1945*. Westport, CT: Greenwood Press, 1984.
- Petchesky, Rosalind Pollack. *Global Prescriptions: Gendering Health and Human Rights*. London: Zed Books, 2003.
- Peters, Anja. *Der Geist von Alt-Rehse. Die Hebammenkurse an der Reichsärzteschule, 1935-1941*. Frankfurt am Main: Mabuse-Verlag, 2005.
- Peukert, Detlev J. K. *The Weimar Republic: The Crisis of Classical Modernity*. Trans. by Richard Deveson. New York: Hill and Wang, 1987.
- Pine, Lisa. "Creating Conformity: The Training of Girls in the Bund Deutscher Mädel." *European History Quarterly* 33:3 (July 2003): 367-385.
- Pine, Lisa. *Hitler's "National Community": Society and Culture in Nazi Germany*. London: Hodder Education, 2007.

- Plant, Rebecca Jo and Marian van der Klein, "A New Generation of Scholars on Maternalism." In *Beyond Maternalism: Motherhood and Method*, edited by Rebecca Plant and Marian van der Klein. New York: Berghahn Books, forthcoming, 2011.
- Plotkin, Diane M. "Medicine in the Shadow of Nuremberg." In *Problems Unique to the Holocaust*, edited by Harry James Cargas. Lexington, KY: University Press of Kentucky, 1999.
- Prahm, Heyo. *Hermine Heusler-Edenhuizen. Die erste deutsche Frauenärztin Lebenserinnerungen. Im Kampf um den ärztlichen Beruf der Frau*. Opladen: Verlag Barbara Budrich, 2006.
- Proctor, Robert. *The Nazi War on Cancer*. Princeton, NJ: Princeton University Press, 1999.
- Proctor Robert. "The Nazi War on Tobacco: Ideology, Evidence, and Public Health Consequences." *Bulletin of the History of Medicine* 71 (1997): 435-488.
- Proctor, Robert. *Racial Hygiene: Medicine under the Nazis*. Cambridge, MA: Harvard University Press, 1988.
- Pross, Christian. "Nazi Doctors, German Medicine, and Historical Truth." In *The Nazi Doctors and the Nuremberg Code: Human Rights in Human Experimentation*, edited by George J. Annas and Michael A. Grodin, eds. New York: Oxford University Press, 1992.
- Pycior, Helena M. "Marie Curie's 'Anti-Natural Path': Time Only for Science and Family." In *Uneasy Careers and Intimate Lives: Women in Science, 1789-1979*, edited by Pnina G. Abir-Am and Dorinda Outram. New Brunswick, NJ: Rutgers University Press, 1987.
- Rabkin, Yakob M. and Elena Z. Mirskaya. "Science and Totalitarianism: Lessons for the Twenty-First Century." In *Science and Ideology*, edited by Mark Walker. New York: Routledge, 2003.
- Rabinow, Paul, ed. *The Foucault Reader*. New York: Pantheon Books, 1984.
- Ras, Marion E.P. *Body, Femininity, and Nationalism: Girls in the German Youth Movement. 1900-1934*. New York: Routledge, 2008.
- Reese, Dagmar. "Bund Deutscher Mädels—Zur Geschichte der weiblichen deutschen Jugend im Dritten Reich." In *Mutterkreuz und Arbeitsbuch: Zur Geschichte der Frauen in der Weimarer Republik und im Nationalsozialismus*, edited by Frauengruppe Faschismusforschung. Frankfurt am Main: Fischer, 1981.

- Reese, Dagmar. *Growing Up Female in Nazi Germany*. Translated by William Templer. Ann Arbor: The University of Michigan Press, 2006.
- Reese, Dagmar. 'Straff, aber nicht stramm — herb, aber nicht derb'. *Zur Vergesellschaftung der Mädchen durch den Bund Deutscher Mädel im sozialkulturellen Vergleich zweier Milieus*. Weinheim: Beltz, 1989.
- Reinert, Kirsten. *Frauen und Sexualreform: 1897-1933*. Herbolzheim: Centaurus Verlag, 2000.
- Remy, Steven P. *The Heidelberg Myth: The Nazification and Denazification of a German University*. Cambridge: Harvard University Press, 2002.
- Renneberg, Monika and Mark Walker, eds. *Science, Technology, and National Socialism*. New York: Cambridge University Press, 1994.
- Roos, Julia. "Weimar's Crisis Through the Lens of Gender: The Case of Prostitution." Ph.D. diss., Carnegie Mellon University, 2001.
- Roos, Julia. *Weimar Through the Lens of Gender: Prostitution Reform, Woman's Emancipation, and German Democracy, 1919-1933*. Ann Arbor: University of Michigan Press, 2010.
- Rosser, Sue V. *Female-Friendly Science*. New York: Pergamon Press, 1990.
- Rossiter, Margaret W. "The Matthew Matilda Effect in Science." *Social Studies of Science* 23.2 (May 1993): 325-341.
- Rossiter, Margaret W. "Which Women? Which Science?" *Osiris* 12 (1997): 169-185.
- Sach, Louisa. "Gedenke, daß du eine deutsche Frau bist! Die Ärztin und Bevölkerungspolitikerin Ilse Szagunn (1887-1971) in der Weimarer Republik und im Nationalsozialismus." Med. diss., Freie Universität, 2006.
- Schiebinger, Londa. *Has Feminism Changed Science?* Cambridge, MA: Harvard, 1999.
- Schiebinger, Londa. "Maria Winkelmann at the Berlin Academy: A Turning Point for Women in Science." *Isis* 78.2 (June 1987): 174-200.
- Schleiermacher, Sabine. "Ärztinnen zwischen Sozialhygiene und Eugenik in der Weimarer Republik." In *Medizin und Gewissen. 50 Jahre Medizin nach dem Nürnberger Ärzteprozeß*, edited by Stephan Kolb und Horst Seithe. CD-ROM. Berlin, 1998.
- Schleiermacher, Sabine. "Die Frau als Hausärztin und Mutter: Das Frauenbild in der

- Gesundheitsaufklärung.” In *Haupttasche gesund! Gesundheitsaufklärung zwischen Disziplinierung und Emanzipation*, edited by Susanne Roessiger and Heidrun Merk. Marburg: Jonas Verlag, 1998.
- Schleiermacher, Sabine. “Gesundheitsfürsorge und –wissenschaft. Aufbau weiblicher Kompetenz außerhalb der traditionellen scientific community.” In *Der Eintritt der Frauen in die Gelehrtenrepublik: zur Geschlechterfrage im akademischen Selbstverständnis und in der wissenschaftlichen Praxis am Anfang des 20. Jahrhunderts*, edited by Johanna Bleker. Husum: Matthiesen, 1998.
- Schleiermacher, Sabine. “Racial Hygiene and Deliberate Parenthood: Two Sides of Demographer Hans Harmsen’s Population Policy.” *Issues in Reproductive and Genetic Engineering* 3.3 (1990): 201-210.
- Schleiermacher, Sabine. “Rassenhygienische Mission und berufliche Diskriminierung: Übereinstimmung zwischen Ärztinnen und Nationalsozialismus.” In *Ärztinnen—Patientinnen: Frauen im deutschen und britischen Gesundheitswesen des 20. Jahrhunderts*, edited by Ulrike Lindner and Merith Niehuss. Köln: Böhlau Verlag, 2002.
- Schoen, Johanna. “Between Choice and Coercion: Women and the Politics of Sterilization in North Carolina, 1929-1975.” *Journal of Women’s History* 13.1 (Spring 2001): 132-156.
- Schoenbaum, David. *Hitler’s Social Revolution: Class and Status in Nazi Germany, 1933-1939*. Garden City, NY: Doubleday and Company, Inc., 1966.
- Schwoch, Rebecca. *Ärztliche Standespolitik im Nationalsozialismus: Julius Hadrich and Karl Haedenkamp als Beispiele*. Husum, Mattiesen, 2001.
- Schwoch, Rebecca. “‘Ich glaube, damals immer eine einwandfreie Haltung gehabt zu haben.’ Die Kinderärztin und Neurologin Gertrud Soeken und der Nationalsozialismus.” *Medizin Historisches Journal* 41 (2006): 315-353.
- Scott, Joan Wallach. “Deconstructing Equality-versus-Difference: Or, The Uses of Poststructuralist Theory for Feminism.” *Feminist Studies* 14.1 (Spring 1988): 32-50.
- Scott, Joan Wallach. *Gender and the Politics of History, Revised Edition*. New York: Columbia University Press, 1999.
- Shteir, Ann B. “Botany in the Breakfast Room: Women and Early Nineteenth-Century British Plant Study.” In *Uneasy Careers and Intimate Lives: Women in Science, 1789-1979*, edited by Pnina G. Abir-Am and Dorinda Outram. New Brunswick, NJ: Rutgers, 1987.
- Solomon, Susan Gross. “The Demographic Argument in Soviet Debates over the

- Legalization of Abortion in the 1920s.” In *Doctors, Politics, and Society: Historical Essays*, edited by Dorothy Porter and Ray Porter. Atlanta, GA: Rodopi, 1993.
- Solomon, Susan Gross. “The Expert and the State in Russian Public Health: Continuities and Changes Across the Revolutionary Divide.” In *The History of Public Health and the Modern State*, edited by Dorothy Porter. Atlanta, GA: Rodopi, 1994.
- Solomon, Susan Gross. “The Limits of Government Patronage of Sciences: Social Hygiene and the Soviet State, 1920-1930.” *Social History of Medicine* 3.3 (1990): 405-435.
- Steinecke, Verena. *Ich musste zuerst Rebellin werden. Trotz Bedrohung und Gefahr— das gute und wunderbare Leben der Ärztin Else Kienle*. Stuttgart: Schmetterling Verlag, 1992.
- Stepan, Nancy Leys. *“The Hour of Eugenics”: Race, Gender, and Nation in Latin America*. Ithaca: Cornell University Press, 1991.
- Stephenson, Jill. “Girls’ Higher Education in Germany in the 1930s.” *Journal of Contemporary History* 10.1 (1975): 41-69.
- Stephenson, Jill. “Women and the Professions in Germany, 1900-1945.” In *German Professions, 1800-1950*, edited by Geoffrey Cocks and Konrad H. Jarausch. New York: Oxford University Press, 1990.
- Stephenson, Jill. *Women in Nazi Germany*. London: Pearson, 2001.
- Stöckel, Sigrid. *Säuglingsfürsorge zwischen sozialer Hygiene und Eugenik: Das Beispiel Berlins im Kaiserreich und in der Weimarer Republik*. Berlin: Walter de Gruyter, 1996.
- Stommer, Rainer, ed. *Medizin im Dienste der Rassenideologie: die “Führerschule der Deutschen Ärzteschaft” in Alt Rehse*. Berlin: Links, 2008.
- Svenja, Ludwig. “Agnes Bluhm (1862-1943). Briefe an Alfred Ploetz (1860-1940) aus den Jahren 1901-1938.” Med. diss., Freie Universität, 1998.
- Terrall, Mary. “Salon, Academy and Boudoir: Generation and Desire in Maupertuis’s Science of Life.” *Isis* 87.2 (June 1996): 217-229.
- Timm, Annette. *The Politics of Fertility in Twentieth-Century Berlin*. New York: Cambridge University Press, 2010.
- Timm, Annette. “The Politics of Fertility: Population Politics and Health Care in Berlin, 1919-1972 .” Ph.D. diss., University of Chicago, 1999.

- Trischler, Helmuth. "Self-mobilization or Resistance? Aeronautical Research and National Socialism." In *Science, Technology, and National Socialism*, edited by Monika Renneberg and Mark Walker. New York: Cambridge University Press, 1994.
- Tyrrell, Ian. *Woman's World/Woman's Empire: The Woman's Christian Temperance Union in International Perspective, 1880-1930*. Chapel Hill: University of North Carolina Press, 1991.
- Usborne, Cornelia. "Abortion in Weimar Germany – The Debate Amongst the Medical Profession." *Continuity and Change* 5.2 (1990): 199-224.
- Usborne, Cornelia. "Body Biological to Body Politic: Women's Demands for Reproductive Self-Determination in World War I and Early Weimar Germany." In *Citizenship and National Identity in Twentieth-Century Germany*, edited by Geoff Eley and Jan Palmowski. Stanford, CA: Stanford University Press, 2008.
- Usborne, Cornelia. *Cultures of Abortion in Weimar Germany*. New York: Berghahn Books, 2007.
- Usborne, Cornelia. *The Politics of the Body in Weimar Germany: Women's Reproductive Rights and Duties*. London: Macmillan Press, 1992.
- Usborne, Cornelia. "Women Doctors and Gender Identity in Weimar Germany (1918-1933)." In *Women and Modern Medicine*, edited by Lawrence Conrad and Anne Hardy. New York: Editions Rodopi, 2001.
- Walker, Mark. *Nazi Science: Myth, Truth, and the German Atomic Bomb*. New York: Plenum Press, 1995.
- Weinbaum, Alys Eve, Lynn M. Thomas, Priti Ramamurthy, Uta G. Poiger, Madeleine Yue Dong, and Tani E. Barlow, eds. *The Modern Girl around the World: Consumption, Modernity, and Globalization*. Durham: Duke University Press, 2008.
- Weindling, Paul. "Eugenics and the Welfare State During the Weimar Republic." In *The State and Social Change in Germany, 1880-1980*, edited by W.R. Lee and Eve Rosenhaft. New York, 1990.
- Weindling, Paul. *Health, Race and German Politics between National Unification and Nazism, 1870-1945*. New York: Cambridge University Press, 1989.
- Weindling, Paul. "The Medical Profession, Social Hygiene and the Birth Rate in Germany, 1914-18." In *The Upheaval of War: Family, Work and Welfare in Europe, 1914-1918*, edited by Richard Wall and Jay Winter. Cambridge: Cambridge University Press, 1988.

- Weindling, Paul. *Nazi Medicine and the Nuremberg Trials: From Medical War Crimes to Informed Consent*. New York: Palgrave Macmillan, 2004.
- Weiss, Sheila Faith. "Die Rassenhygienische Bewegung in Deutschland, 1904-1933." In *Der Wert des Menschen. Medizin in Deutschland, 1918-1945*, edited by Christian Pross and Götz Aly. Berlin: Ärztekammer Berlin in Zusammenarbeit mit der Bundesärztekammer, 1989.
- Weiss, Sheila Faith. "German Eugenics, 1890-1933." In *Deadly Medicine: Creating the Master Race*, edited by Dieter Kuntz. Washington D.C.: United States Holocaust Memorial Museum, 2004.
- Weitz, Eric D. *Weimar Germany: Promise and Tragedy*. New Jersey: Princeton University Press, 2007.
- Wildt, Michael. *Volksgemeinschaft als Selbstermächtigung. Gewalt gegen Juden in der deutschen Provinz 1919 bis 1939*. Hamburg: Hamburger Edition, 2007.
- von Oertzen, Monika. "'Nicht nur fort sollst du dich pflanzen, sondern hinauf.' Die Ärztin und Sexualreformerin Anne-Marie Durand-Wever (1889-1970). In *Weibliche Ärzte: Die Durchsetzung des Berufsbildes in Deutschland*, edited by Eva Brinkschulte. Berlin: Edition Hentrich, 1993.
- von Saldern, Adelheid. "Victims or Perpetrators? Controversies about the Role of Women in the Nazi State." In *Nazism and German Society, 1933-1945*, edited by David Crew. New York: Routledge, 1994.
- von Soden, Kristine. *Sexualberatungsstellen der Weimarer Republik, 1919-1933*. Berlin: Edition Hentrich, 1988.