

German medical history since the 1960s: Challenges and perspectives¹

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Summary

Changes in the academic discipline of medical history in Germany since the 1960s were mainly driven by curricular reforms in medical education at large and by challenges from other disciplines, such as general history and medical ethics.

In the 1960s and the 1970s there was an expansion of the discipline of medical history in Germany and also a gradual opening of the field. Medical history had so far in many places been history written by physicians for a physicians' audience. Now the discipline intensified its contacts with general history, which in turn discovered a subject which seemed interesting and contained new and promising perspectives.

However, from the late 1980s onwards, supported by curricular reforms in the medical schools, and by the introduction of medical ethics, this trend was effectively reversed. The discipline of medical history often became institutionally combined with medical ethics and in many places lost its ground to the latter. Its academic profile became unclear and around the millennium medical history in Germany by and large seems to have retreated into the medical faculties again.

Introduction

Let me begin with an anecdote: A historian was once asked about when the writing of history really starts. His answer was 'That's when the last contemporary witness is dead'. Of course, he had no intention to revile the field of contemporary history as such. Rather this fellow historian wanted to point to the notorious unreliability and deceptiveness of witnesses' ac-

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counts who often tell autobiographies at the expense of larger histories. This anecdote should serve to warn you that the recent history of German medical history, which I will be talking about, is one I have been living in myself for almost 15 years. I will attempt to give you an overview over the path that the field took in Germany over the last 40 years, and along that way I will highlight some of the international context where that seems appropriate. My aim is neither to give a full picture nor a comprehensive bibliographic survey, but rather to sketch out what I see as the main developments in the last decades.²

The pre-history

Modern German medical history as an independent field got started around the year 1900 when scholars like Julius Pagel (1851-1912), Karl Sudhoff (1853-1938) and others created a corpus of knowledge that essentially consisted of biographical work and of editions of medical texts from antiquity and the middle ages.³ The foundation of professional societies such as the „Deutsche Gesellschaft für Geschichte der Naturwissenschaft, Medizin und Technik“ (1901) and of a journal that came to be known as *Sudhoff's Archiv* (1907) also took place in this period.

Intellectually, the field of medical history was heavily dependant on classical philology whose methods of editing old text was expanded into the medical tradition. And the outcome were e.g. editions of the *Corpus Hippocraticum*, of texts from Roman medicine and from German Paracelsian medicine. It is also from these days on, that new institutes for medical history which were founded in Germany, usually were placed in the medical faculties. For the decades to come, medical history therefore remained as a field which was physically and intellectually close to medicine.

The interwar years saw a gradual expansion of this still very small field consisting of no more than a handful of professionals.⁴ Methodological innovations were under way with Henry Ernest Siegrist's (1891-1957) reception of cultural history and his later turn to sociology, Erwin H. Ackerknecht's (1906-1988) much more political approach to 19th century medicine and Paul Diepgen's (1878-1966) attempts to write a history of

² Literature cited, places and names mentioned are only intended to illustrate my arguments. This text is not a bibliographic survey of the field. Such overviews can be found in Dinges 2004; Labisch 2002; Roelcke 1994.

³ See the contributions in Frewer and Roelcke 2001. It is not that the field did not exist prior to that era, but it was around 1900 that it developed some features which remained dominant for decades to come.

⁴ For overviews see Eulner 1970.

ideas of modern medicine. However, during the Nazi-era many of the proponents of such modern concepts of medical history had to emigrate. Consequently, the years 1933 to 1945 completed a process of self isolation in German medical history that can also be observed in some other fields and which had begun in 1914.

The year 1945 and the subsequent foundation of two German states changed the pre-existing situation only faintly.⁵ In the German Federal Republic which is in my primary focus of interest, the curricular framework and the audience of medical students and physicians experienced few changes. Medical history remained to be seen as a humanistic complement to the professional self of doctors who in turn accepted the necessity for physicians to possess or at least pretend to have a classical background.⁶

A changing world: The 1960ies and 1970ies

A whole number of elements came into play from the mid 1960s on that resulted in a sweeping re-arrangement of the field in the subsequent years. In this period, the classical tradition gradually became less visible in medicine. Medical history which had essentially relied on a cultural comprehensiveness as a justification for its usefulness had to look for new audiences and new stories to tell. The subsequent changes can be summed up in four points:

1. There was a remarkable expansion of the German university system from the 1960ies onwards. With the fast growth of the numbers of medical students, medical history had to face a soaring number of students. Aided by a recommendation of a high-profile advisory council for science policy, the “Wissenschaftsrat”, the result was the foundation or expansion of a number of institutes in the field.⁷
2. This general build-up of the university system was accompanied by a nation-wide curricular reform in medical education, an amendment to the so-called “Aprobationsordnung für Ärzte” (AO) in 1970 that – among many other things, such as “multiple choice”-examinations - introduced compulsory training in medical Latin, “medizinische Terminologie” for med-

⁵ For an overview: Roelcke 1994.

⁶ See for example Artelt 1949 who offered an introduction which was closely related to German historiographic traditions as developed by Ludwig Dilthey and others around 1900.

⁷ *Empfehlungen des Wissenschaftsrates zum Ausbau der wissenschaftlichen Hochschulen bis 1970* 1967.

ical students. Although medical Latin technically could have been taught by anyone with a proficiency in Latin, this language course usually came to rest in the hands of medical historians. This more than compensated for the otherwise dwindling interest for the field in medical faculties. It also seems to have initiated a process of making the field more heterogeneous in terms of qualifications. Academics whose principal training had been in humanities rather than in medicine began to enter the field in these years.⁸

3. At about the same time a younger generation of medical historians gradually opened medical history towards the wider public. Political discussions about the role of prominent protagonists in the Nazi-era and a perceived need to raise professional standards resulted in the foundation of a second professional society related to the field, the *Gesellschaft für Wissenschaftsgeschichte*, in 1965.⁹ The following year saw the foundation of a second journal, the *Medizinhistorisches Journal*. Only a few years later popular writings such as Thomas McKeown's (1911-1988) "The Role of Medicine" (1976) or Ivan Illich's (1926-2002) "Medical Nemesis" (1975) and early discussions about the history of medicine in national socialism¹⁰ gave impulses for the field so that it gradually expanded its focus and audience even more. A couple of years later, in 1978, a professional society, the "Fachverband Medizingeschichte", was founded to take care of the interests of the discipline in the medical world.¹¹

4. From the 1970s on the discipline was gradually transformed from what had so far been largely a history *in* medicine into a history *of* medicine that positively responded to the methodological challenges posed by general

⁸ For example: Werner Friedrich Kümmel (History, Ancient Greek, Musicology and Philosophy), Renate Wittern (Classical Philology and Ancient History), Ursula Weisser (Oriental and Indogerman Philology, Islamic Science and History of Natural Sciences), Klaus-Dietrich Fischer (Classical Philology and Anglistics).

⁹ Jobmann 1998.

¹⁰ A documentation of the Nuremberg trials on crimes committed by Nazi doctors by Alexander Mitscherlich and Fred Mielke (Mitscherlich and Mielke 1960) that first been published in 1949 had found only a small audience in those days, not least due to successful attempts by medical officials to actively hamper its circulation. Its re-edition in 1960 then became a standard sourcebook for the history of medicine in national socialism. Medical historians like Gerhard Baader, Fridolf Kudlien and others then opened the field for the discipline. The volume Baader and Schultz 1980, covering debates during a meeting of health professionals in 1980 (Gesundheitstag), gives a good impression of the growing concern for that history in the 1970ies.

¹¹ See <http://www.fachverband-medizingeschichte.de/> for details.

history and – remember we are in the 1970s – by sociology. Medical historians like Fritz Hartmann, Eduard Seidler and Gunter Mann wanted to put medical history into a larger context and a few years later Alfons Labisch claimed the status of the field as a social science.¹² It is also remarkable that it was in this period that a number of academics whose principal training had not been in medicine were able to pursue successful careers in medical history.¹³ To be wearing a white doctor's coat while working as a medical historian slowly became unfashionable in these years.

The 1980s

At about the same time when medical history became a more open discipline, general historians began to discover this peculiar history as an important part of history at large. Mostly guided by sociological theories, historians like Ute Frevert, Gerd Göckenjahn or Claudia Huerkamp interpreted the history of medicine as one of the aspirations by the physicians to take control of the medical market from the late 18th century onwards.¹⁴ The essential line in that process, according to the authors representing this direction, was the monopolising or at least control of the medical market which was taken over by academically trained physicians, including their pushing aside of competitors like midwives, artisan surgeons etc. What this resulted in was the medicalisation of health at large. So hygiene, which was a broad and heterogeneous movement in early 19th century, became more or less redefined around medical theories as medical bacteriology.¹⁵

Another trend in research that expanded the field of history of medicine was historical demography and social history. Here authors like Arthur Imhof, Øivind Larsen and Reinhard Spree and others did a lot to expand our knowledge about conditions for life and causes of death and disease in modernity.¹⁶

Even though the communication between medical and general historians from time to time included sharp undertones and sometimes even accusations of mutual incompetence¹⁷, a general stimulus to medical history

¹² Labisch 1980.

¹³ Such as e.g. Dietrich von Engelhardt, Werner Friedrich Kümmel, Ursula Weisser or Renate Wittern, who held or still hold chairs in Lübeck, Mainz, Hamburg, and Erlangen.

¹⁴ Francisca Loetz' doctoral thesis (Loetz 1993) provides a comprehensive overview and discussion of such work.

¹⁵ See e.g. Labisch 1992; Frey 1997; Hardy 2005.

¹⁶ Imhof and Larsen 1976; Spree 1981.

¹⁷ See the controversy between Ute Frevert and Gunter Mann in the *Frankfurter Allgemeine Zeitung* in 1987, reviewed in Dinges 2004: 211/12.

as a discipline was a valuable outcome when seen in retrospect. Important works by medical historians such as Johanna Bleker, Wolfgang Eckart, Alfons Labisch, Heinz Peter Schmiedebach and many others were visibly and fruitfully inspired by the broader perspective which the 1980s offered to the field.¹⁸ The distance between the fields of medical and general history seemed to diminish in these years and one could name a number of fine volumes that resulted from cross-disciplinary discussions.¹⁹

A second and rather different stimulus came from within the medical profession itself: In the 1980s the need to explore the history of medicine under National Socialism became more widely felt.²⁰ That peculiar history has remained in the focus of interest till today, and one could argue that the heuristic peculiarities it offers has been a continuous reminder to medical historians that a certain minimum of methodological standards have to be observed.²¹

Once triggered, the interest that general historians took in the history of medicine has remained constant. Up until today important work in the history of medicine is often written by colleagues in other historical disciplines.²² In this context the role of the Robert Bosch Institute for the history of medicine in Stuttgart is of importance. In 1989, its yearbook was given a new title “Medizin, Geschichte und Gesellschaft” (MedGG) that reflects the atmosphere of these years. MedGG developed into a platform for the social and later the cultural history of medicine, which Robert Jütte, its current director launched in a programmatic paper in 1991.²³ In close connection with this institute important works by colleagues with both medical and historical backgrounds, such as Martin Dinges, Francisca Loetz, Sabine Sander, Thomas Schlich, Eberhard Wolf and others have been produced.

¹⁸ Bleker, et al. 1995; Eckart 1997; Labisch 1992; Schmiedebach 1995. A lot more titles could be named adding to these three which were on the author’s reading list in these years.

¹⁹ As examples from the author’s reading: Mann and Winau 1977; Frei 1991.

²⁰ Bleker and Jachertz 1993 (1989) covering a much disputed series of articles in the widely read *Deutsches Ärzteblatt*, the weekly journal of the German chamber of physicians (Bundesärztekammer).

²¹ One reason for this could be that many colleagues from other countries and disciplines are present in this particular field of research.

²² For an overview: Dinges 2004.

²³ Jütte 1990. The yearbook is older, but it was given the new and somewhat programmatic title in volume 8 1989. See also Robert Jütte’s editorial to the first renamed volume.

Ethics and hot seats: New challenges

However, from the early 1990s onwards a new set of cognitive and institutional challenges made medical history move in different directions. Such challenges have in the past 15 years substantially changed the intellectual climate, institutional basis and professional composition of the field. It is, of course, the much disputed and worldwide rise of medical ethics that I am talking about here.

In Germany the upgrade of medical ethics resulted in a sweeping rearrangement of the field.²⁴ When in the late 1980ies the rising interest in medical ethics was felt, some of the rather prolific medical historians aimed at embracing rather than opposing the new field. At the same time medical ethics was quickly developing into a more professional form.²⁵ Medical faculties who ventured into building up capacities in that new speciality often did so at the expense of medical history. The visible result of this process can be summed up as a hyphenization of the field: Usually upon replacement of chair holders or directors, institutes names became lengthened into “Institute for Ethics, Theory and History of Medicine” or the like. A closer look at the profiles of such revamped places discloses a variety of intellectual goods on storage behind the new window dressings: While some colleagues tried to integrate the two fields and continued in historical research, others more decidedly shifted their focus in the direction of ethical research to which medical history would then be little more than a repository of useful stories. My personal interpretation is that this process – despite stimulating work by individual colleagues – gradually dwarfed and undermined the intellectual capacities of the field at large.

The transition that the field of medical history had to face in the mid 1990s was further accelerated by discussions about a nation-wide curricular reform of the medical education in these years. It showed that medical history as such was in the hands of those who were in command of the planning. Early versions of the new licensing regulations for physicians, the “Approbationsordnung für Ärzte” (AoÄ), which essentially define the medical curriculum, became public in 1997. It turned out that medical history

²⁴ See Cooter 1995 for a polemical account from the earlier days. A collection of papers on the relatedness of the two fields can be found in Frewer and Neumann 2001.

²⁵ The „Akademie für Ethik in der Medizin“, which also edits the Journal *Ethik in der Medizin*, was founded in 1986. Eduard Seidler; Richard Toellner and Ulrich Tröhler at that time institute directors in Freiburg, Münster and Göttingen, and influential colleagues were among the list of founding members. Personal notes by the society’s manager Dieter Simon (Göttingen) obtained by the author through Klaus Gahl (Braunschweig).

had entirely vanished from the list of subjects to be taught. While the extinction of the field seemed a threatening prospect in these days²⁶ the final result in 2001, when the new regulations were launched, turned out to be somewhat less gloomy. In fact it did more to deepen the trends which had emerged in the previous years. While medical history finally lost its traditional, exclusive but small place in the curriculum, a new compulsory course branded “History, Theory and Ethics” was created, which all in all substantially expanded the curricular basis of the new hyphenated field of ethics and history of medicine.²⁷

What’s interesting is that while institutional and curricular reforms forcefully drew the field into the direction of incorporation with medical ethics, intellectual challenges in the 1990s offered formidable alternatives to more historically minded younger colleagues. It is not that the *history of science* was new in itself, but it was in these years that the intellectual stimulus it offered became widely felt in German medical history. Aided by international debates on how the history of medicine could profit from the neighbouring field²⁸ and guided by historical investigations of basic medical research such as physiology²⁹, the history of science offered alternatives to those who wanted to practice advanced forms of medical history. The foundation of a large research institute of the field in 1994, the Max-Planck-Institute for the History of Science in Berlin, in which at least one department is devoted to the study of the history of the biological sciences (but not medicine) offered a point of crystallisation that was made use of by some colleagues. An edited volume published in 1997 “Medizingeschichte: Aufgaben, Probleme, Perspektiven”³⁰ (Medical History. Tasks, Problems, Perspectives) illustrates the attractions that various methodologies from history of science seemed to offer to those who continued to see themselves

²⁶ See Johanna Bleker’s in these days widely recognised “Cry for help from German History of Medicine” published in the internet discussion list H-Sci-Med-Tech (<http://www.h-net.org/~smt/>) on 12.11.1997.

²⁷ The German title of the course is “Querschnittsbereich Geschichte, Theorie und Ethik der Medizin”. A Group of authors from Hannover will shortly be publishing an overview on that course as taught by Institutes for history and ethics in Germany in *GMS Zeitschrift für Medizinische Ausbildung*. The paper is based on a survey which was performed through the *Fachverband Medizingeschichte* (Möller, et al. 2006).

²⁸ Warner 1995.

²⁹ See e.g. for the Germany the volumes Rheinberger and Hagner 1993; Hagner, et al. 1994. Internationally, Andrew Cunningham and Perry Williams’ widely read volume on “The laboratory revolution in medicine” (Cunningham and Williams 1992) gives fine examples on transfer between history of science and medical history.

³⁰ Paul and Schlich 1998.

as medical historians. While the authors all agreed that German history of medicine needed vivid exchange with neighbouring fields most of them choose history of science or science studies for that purpose, while only a few resorted to new trends in general history such as cultural history. Although it makes little sense to see such alignments as being opposing in any sense, it seemed that by the mid 1990s history of science had gradually replaced general history as a leading discipline for German historians of medicine. There is a notable side-effect to this trend: German medical history had become more international towards the millennium.

The changes were to become even more relevant when in 2002 career patterns for younger scholars from any field changed dramatically in Germany. While German academics traditionally stayed on temporary positions for longer periods the federal government attempted to speed up careers by introducing a maximum employment period of twelve years on non tenured positions.³¹ Since that period in fact was intended to cover the entire path from graduation to holding a chair it proved to be too short for many and created, as a newspaper put it, a generation of ‘juniors on the hot seat’ (Schleudersitz).³² It effectively terminated numerous careers or made emigration to foreign countries seem as an attractive option.

The wave of emigration of relatively young, usually more historically minded scholars which the discipline of medical history experienced after 2000 was thus a variation of a global trend which rocked the German academia in these years. In the case of medical history most went to the land of milk and honey of that field, Great Britain,³³ but some left for the US, Canada and other places, thereby making good use of the internationalisation of the field that had occurred a few years earlier.

An outlook

Looking back at 30 years of medical history in Germany reveals that what remains these days is a changed field. Instead of a full grown conclusion I want to list what I see as the essential features of the state of the art today:

³¹ Technically through an amendment to the federal law on universities the „Hochschulrahmengesetz“.

³² Best documentation of this is to be found in: historicum.net/aktuell/diskussion/hrg. The newspaper is *Süddeutsche Zeitung* where on 2.8.2004 Marion Schmidt wrote about “Junioren auf dem Schleudersitz“.

³³ A few names of German colleagues who practice medical history in Great Britain these days: Flurin Condrau (Manchester), Andreas Holger Maehle (Durham), Thomas Rütten (Newcastle), Lutz Sauerteig (Durham), Claudia Stein (Warwick), Carsten Timmermann (Manchester). Cf. Köhler and Dobrinkat 2006. On the same day the newspaper also covered short pieces on two such careers by Carsten Timmermann and Lutz Sauerteig.

The academic discipline of medical history is a lot smaller today than it was a generation ago: A place like Berlin that hosted no less than three permanent professorships in 1990 has just one non-tenured professorship left. Many other institutes have dwindled or ceased to exist. And in some places where medical history does still exist, it has lost the status of a faculty institute with a professorship and is simply present with a lower rank lecturer position such as in Marburg, Magdeburg, Rostock or Greifswald. Other institutes like in Bochum, Freiburg, Göttingen, Münster etc. are fairly stable in their staffing, but have developed into places where medical history is only one focus among others, notably medical ethics. However, in a few places like in Gießen or in Würzburg, upon replacements heads of departments were chosen who have a strong historical research profile.

Adding to this, I would like to draw attention to some interesting trends in the social history of the field. These become visible if we step back from all those debates about medical ethics, histories of sciences, federal laws on academics careers and the like:

In the first decades after World War II medical history in Germany was practiced by physicians wearing white coats and talking to a predominantly medical audience. The 1970s and 1980s changed the appearance and composition of the field. While white coats disappeared, non-medical scholars rose to professorships in considerable numbers. At the same time professional standards became more closely related to those of the social sciences, general history in particular. During the 1990s this trend was effectively reversed in some respects. It is not that the white coats returned, but during the last 10 years nobody has been made a professor in the field who did not have a doctor's licence. The need to teach a course that combines history, theory and ethics of medicine and which does exist nowhere outside of medical faculties has further accelerated the retreat of medical history into medical faculties. It needs to be clearly emphasised that this outlook and the associated career patterns are different from in other European countries, notably in Great Britain, where medical history hosts scholars with a diversity of professional backgrounds.

In a remarkable speech delivered in 2001³⁴, Alfons Labisch, head of the institute in Düsseldorf, has tried to intellectually come to terms with the ongoing changes which seem to enforce a new definition of medical humanities for him. Labisch's redefinition of the history of medicine as a

³⁴ Labisch 2002. Labisch's text grew out of a key-note lecture delivered to the Deutsche Gesellschaft für die Geschichte der Medizin, Naturwissenschaft und Technik in Hamburg, annual meeting, 1991.

medical humanity may be disputable, but it is certainly an attempt to develop a definition of medical history that reflects the changes in the past decades which I have discussed here. He clearly states that the traditional purpose of medical history, namely supplying a humanistic complement to the physicians self by teaching a canon of classical medical texts is no longer sought for by medical faculties. He also acknowledges that medical history has increasingly become a history of medicine in the past decades, which means a discipline that meets the methodological requirements of the social sciences and which does not necessarily address a medical audience. In what seems to be a certain revision of his own older positions he then forcefully argues that such studies need to be supplemented with a history *in* medicine that supplies answers to medical questions for a medical audience. This reformed discipline would then be intended to provide and reflect the anthropological basis of the various medical sciences. Medical history, which has seemed to lack a substantial legitimacy as a sub-discipline of medicine in the past decades, is envisioned by Labisch to be revitalised as a meta-discourse of medicine.

We do not have to discuss Labisch's position in detail to realise that it is well suited to supply an intellectual framework for this re-medicalisation of German medical history which I have described as an essential feature of the development of that field in the past 20 years.

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