

Physiatrie and German Maternal Feminism: Dr. Anna Fischer-Dückelmann Critiques Academic Medicine

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Abstract. Alternative medicine and reform strategies made Anna Fischer-Dückelmann a most controversial, notorious, and widely read women doctor before World War I. She published a dozen titles in 13 languages asserting that national well-being depended on maternal prowess. To her critics, Fischer-Dückelmann's commitment to medical self-help and practices of Physiatrie amounted to medical quackery. Her career has been largely unexamined, yet her feminist critiques and social concerns are not far removed from modern social medicine. For this pioneering doctor, treating physical and emotional ills and promoting the health of families were first steps toward healing the divisions of a world at war.

Résumé. Les approches alternatives et réformistes du docteur Anna Fischer-Dückelmann ont fait d'elle une personne controversée, connue et beaucoup lue dans les années qui ont précédé la Première Guerre Mondiale. Elle a en effet publié une douzaine d'ouvrages, qui ont été traduits dans 13 langues, dans lesquels elle soutenait que la santé, au niveau national, dépendait avant tout des mères. Aux yeux de ses critiques, sa foi dans l'automédication et dans la « physiatrie » relevait du charlatanisme. Sa carrière a été peu étudiée jusqu'ici, mais il ressort que plusieurs de ses approches féministes et de ses préoccupations sociales n'étaient pas très éloignées de ce qui caractérise aujourd'hui la médecine sociale. Pour cette femme-médecin pionnière, le traitement des maladies et la promotion de la santé des familles constituaient les premiers pas vers la réconciliation de mondes en guerre.

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Instead of sewing and knitting instructions, schools for female physiology should be founded to teach girls, of all social strata from the age of twelve years on, about their physical development....Women doctors must take the lead because women are best understood by women.¹

In 1909 *The Canadian Practitioner and Review* published a lecture by pioneering German woman physician Franziska Tiburtius (MD Zürich, 1876) written for a meeting of the International Council of Women in Toronto. In her message, Dr. Tiburtius attempted to explain to a North American audience why Imperial Germany was the last Western nation to allow women to take medical certification examinations. Until 1899, German women medical school graduates could practise their profession only as “irregular healers” comparable to alternative medical practitioners labelled quacks by medical authorities. Tiburtius believed that German authorities were especially constrained by traditions and conservative attitudes relegating women to subordinate social roles.² She cited the example of Anglo-American women doctors like sisters Elizabeth and Emily Blackwell as inspiring German medical students. The Blackwells notably aided Dr. Marie Zakrzewska, who left her practice of midwifery in Berlin to earn her medical degree in Ohio and to found hospitals and women’s medical schools in the United States. Tiburtius said that German women struggled to obtain medical education in their own country because women’s higher education was not supported by private foundations and because the medical establishment was more closely regulated by state bureaucracies than elsewhere in Europe and in America. She concluded that German women’s medical practice lagged 25 years behind that in other countries.³ Not all German women physicians were resigned to wait for acceptance by male colleagues. Dr. Anna Fischer-Dückelmann became one of the most controversial, notorious, and widely read woman doctors in Imperial Germany when she criticized academic medical education and paternalistic social controls over the legal status, educational opportunities, and professional recognition of women.

James Albisetti has described the obstacles faced by German women in science education.⁴ Thomas Bonner discussed the travels of 19th-century women medical students who sought opportunities to matriculate in universities and enter internship programs.⁵ The Institute for the History of Medicine at the Free University of Berlin has begun publishing data on women physicians in Imperial Germany,⁶ but there is no translated history of German women in medicine comparable to Regina Morantz-Sanchez’s volume on American women physicians.⁷ Memoirs of the first generation of university-trained German women doctors like Franziska Tiburtius tell of personal struggles to earn medical credentials and work within the German medical establishment.⁸

Even after certification was available, qualified medical women generally limited their practices to the treatment of women and children. One board of medical examiners openly suggested that women physicians might show proper deference by removing their offices to remote or rural locales.⁹ The most radical women physicians in turn-of-the-century Germany inverted the devaluation of family health concerns by claiming that national well-being centred on the vigour of the family, which depended on women and their maternal skills. The career of Anna Fischer-Dückelmann (1856-1917, MD Zürich, 1896), in particular, was founded on such a premise. There is no complete biography of her life or collection of her private, unpublished documents; however, congruence between the life-stages of this woman doctor and the topics of her writings are manifest in her publications. Much information about her personal biography can be read between the lines of her health books. Her medical work and her personal life were intimately intertwined.

"Maternal feminism" and "physiatrie" are terms that describe Fischer-Dückelmann's ideological standpoints. Maternal feminism refers to her advocacy of women physicians to treat women, a stance that placed her in conflict with much of the male medical establishment. She defined physiatrie as the practice of healthful diet and lifestyle to prevent disease. In her mind these included a vegetarian diet and abstinence from alcohol, not especially popular notions in Imperial Germany. As a contemporary of Franziska Tiburtius, Fischer-Dückelmann's curiosity and open-mindedness to alternative theories of treatment were condemned by many professional colleagues. This was not the type of attention sought by most women physicians. Just five years after Dr. Tiburtius's Canadian message, the prestigious German medical journal *Münchener Medizinische Wochenschrift* 31 published in July 1914 a disclaimer from an editor of a new medical publication called *Dia*. The irate editor, Dr. Adolf Braun, claimed that an announcement in his first issue advertising Frau Dr. Fischer-Dückelmann's books was hidden in a location where he was not able to read it until after publication. He opposed the woman physician's works as quackery and vowed to remove future reference to her books in order to preserve the purity of his "physician-loyal" publication. If it were not possible to avoid paid advertisements of such quack medicine, he would certainly resign as editor of *Dia*. By the time Braun's disclaimer was published, Fischer-Dückelmann had sold over a million copies of her publications, which may have made her unpopular with less successful colleagues and literary competitors. In 1910, when another woman physician, Jenny Springer (MD Zürich, 1897), published her own medical guidebook (*The Woman Doctor of the House*), reviewers expressed the wish that this publication would displace the "lamentably wide popularity of the books by F...D..." linking Fischer-Dückelmann to the "cancerous spread of quackery."¹⁰ German

women physicians used maternal feminist traditions to bolster their career ambitions. Some tried to find niches within the existing medical networks for their practices. Others like Fischer-Dückelmann challenged the professional establishment and its narrow applications of academic medical knowledge and therapeutics.

MATERNAL FEMINISM GREW FROM TRADITIONS OF SPIRITUAL AND ORGANIZED MOTHERHOOD

In Imperial Germany, maternal feminism grew out of an expanded notion of activist women as “mothers of the nation.” Ann Taylor Allen describes how female educators like kindergarten teachers believed that unmarried women could be “spiritual mothers” to younger generations in the first half of the 19th-century. Later women’s movement members termed their own efforts “organized motherhood” in campaigning for sweeping social reforms.¹¹ Women who sought advanced educational opportunities and professional careers in Imperial Germany were part of a feminist movement that differed from others in the western historical experience. Karen Offen has distinguished between “individualist” feminist movements which aimed for an egalitarian status for women and men in Britain, the United States, and Canada and the feminism prevalent in France and other countries, characterized as “relational” feminism. Relational feminism claimed authority to advocate for women’s education and occupations out of a woman’s position in families, particularly as spouses or daughters of patriarchal householders.¹² As early as 1915, Katharine Anthony indicated in her book, *Feminism in Germany and Scandinavia*, that both individualist and relational feminism differ from German maternal feminism. Maternal feminism dominated in German women’s rights campaigns by claiming to represent the interests of women and girls through “motherly” relationships between generations. This maternalist advocacy embraced single women like working female professionals who chose to live outside traditional family structures and included protection of the interests of unwed mothers as in the *Mutterschutz* organization, for example. Obviously all feminist ideologies interacted at different times and places despite differing national traditions. In Germany, Katharine Anthony observed that “feminism [was] associated with revolutionary educational and moral ideas rather than with the agitation for franchise”¹³ or with equal rights campaigns.

PROFESSIONAL OSTRACISM FOR “QUACKERY,” OR FEMINISM BY ANOTHER NAME?

Many 19th-century male physicians argued that there was no need for women medical practitioners other than as subsidiary workers who fol-

lowed directives of men supervisors for midwifery and nursing duties. Women doctors believed that feminine influence in medicine would improve hospital practices and contribute to social welfare work—among the poorer classes and for all women who preferred to consult women physicians. Historically, women practitioners had operated as part of medical families or household occupations. During World War I, university-trained German women doctors proved their competence as assistants in battlefield surgery and as obstetrical specialists on the home front.

By 1914 Anna Fischer-Dückelmann had published a dozen popular medical titles translated into 13 languages, including English. Combining simple explanations of current medical knowledge with descriptions of alternative or traditional medical practices, she gained the admiration of her lay audience and the censure of many professional peers. Her 1000-page medical advice book sold over a million copies in German alone in its first 12 years of publication. She instructed nursing students in Dresden, Germany,¹⁴ taught home nursing skills to international students in Switzerland, and also practised medicine at health spas where she demonstrated dietary modifications and participated in gymnastic training and water therapies along with her students and patients. Integrating popular healing traditions into academic medicine made her reputation among medical reformers in Europe and North America.

Her personal perspectives were that of an outsider, first of all, as a woman physician in a country that had long refused to allow females to take medical certification examinations. She was also an Austrian immigrant to Imperial Germany and she earned her medical degree over the border in Switzerland. Fischer-Dückelmann moved in from the margins of her society—to use bell hook's characterisation¹⁵—and asserted a maternal feminist authority to refashion the German men's medical profession. Feminist Hedwig Dohm had responded to the patronizing attitude of many German physicians: "What if...indeed women were indiscriminately sick, sick; nothing but a great wound in the universe; and we poor invalids in spite of ourselves would really do best—as the wounded animal creeps into a thicket—to vanish within the nursery, the bed-chamber, the lying-in chamber, giving ourselves up solely to the culture of our sex-functions."¹⁶ The patriarchal characterization of women is what prompted Anna Fischer-Dückelmann to earn a medical degree and publish information that women and their families might use to counter such views.

LIFE ON THE BORDERS OF EUROPEAN SOCIETIES

In 1898 the *Verein für erweiterte Frauenbildung in Wien* (Association for Advanced Women's Education in Vienna) published a short autobiographical excerpt written by Anna Fischer-Dückelmann just after she

Figure 1



A portrait of Anne Fischer-Dückelmann. Courtesy of Verlag naturel, Dresden.

graduated from medical school in Zürich. The editor of the association newsletter introduced Dr. Fischer-Dückelmann as an example of a modern professional woman who had not sacrificed family life to pursue a career, but instead went to medical school accompanied by her husband and three children whose welfare she continued to supervise despite demanding academic studies. This ambitious lifestyle was elevated as a possible model for educated women who, at the turn of the century, wanted more than the round of social engagements and entertainments for which *fin de siècle* Viennese society was renowned.

Fischer-Dückelmann's early life-experiences outside Imperial Germany might well have prepared her to criticize standard medical practices. European women born into military or landed families could use those associations to gain authority over medical work as a needed service for war preparation or for stewardship over land and populations. Royal women could advocate women's education and even employment, as did the eldest daughter of Britain's Queen Victoria, *Kaiserin Friedrich* (Victoria) after her marriage into the German ruling family. Aristocratic and even middle-class managerial families might act as if their women were necessarily mothers for the nation. Anna Fischer-Dückelmann was born on 5 July 1856 into the Central European landed gentry and through her career, she built on a familial tradition of social service and medical practice. Her childhood was spent at various forts where her father was stationed as a military physician. In her married life, she lived in many national regions observing differing cultures and commenting on social reform possibilities.

While a child living for intervals on the family estate at Tragwein near Linz in Upper Austria, she also learned the water therapies, which had been part of the medical practices of her paternal grandparents. She was not born on the estate, but in the old Austro-Hungarian province of Galicia in the garrison town of Wadowitz (Polish, Wadowice) eight years after her father, Dr. Friedrich Dückelmann, had served as an officer in the Austro-Hungarian forces suppressing the political rebels of 1848. While a teenager, Fischer-Dükelmann began writing articles on hygiene and dress reform. In these years, her "good and liberally minded" father obtained permission for her to accompany him on patient rounds in garrison hospitals.¹⁷ She met her husband, newspaper editor and social commentator Arnold Fischer, when both of their fathers were posted to the Austro-Hungarian military hospital in Brünn (later Brno in the Czech Republic). In 1876 the couple married in Graz at a time when cadres of young military officers serving at that provincial post discussed reforms of society and politics. The Fischer-Dükelmann family immigrated to the German Empire where Arnold Fischer became a newspaper editor in Frankfurt and Heidelberg until his health failed. Later Anna Fischer-Dükelmann became principal consulting physician at the life-reform colony, Monte Verita, in Ascona, Switzerland, where many émigrés from Graz, as well as from Dresden and Munich, experimented with transformations in the material and spiritual conditions of social life on the eve of World War I. In the judgment of her critics, Anna Fischer-Dükelmann's medical practice and personal life, along with her publications about alternative therapies, amounted to quackery (*Kurpfuscherei*) in their radical departures from established German professional traditions.

GROWING-UP AS A CHILD OF THE *BILDUNGSBÜRGERTUM* (PROFESSIONAL MIDDLE CLASS)

Fischer-Dükelmann came to her view of medicine as a holistic healing for both mind and body out of her education in the humanities. She describes in her 1898 memoir how her early training was in the arts, specifically musical theory and piano technique. Adolescent conflicts over a future occupation originally centred on her love for music and her desire to draw and paint. She considered becoming a portrait painter. In the end, her fascination with science and the healing professions settled the dilemma. The beautiful and well-planned illustrations of her scientific publications demonstrate that her interest in graphics continued to the extent that she executed some drawings herself and made sketches for renderings by other illustrators as well.

At age 15, Anna Dükelmann was experimenting with water cures on ailing house pets. Her first article on preventative medicine and female hygiene was published in the Brünn daily newspaper as an essay

against the prevailing fashion of tight corsetry in 1872. In the next four years until her marriage, Anna credited her well-rounded education in humanities, science, and practical medicine to the influence of her father. Anna further noted that her maternal grandfather was a physician from Hungary, while her paternal grandfather's ancestors practised medicine in Bavaria, specifically in Franconia at Zell am Main. Her paternal grandmother came from an Upper Austrian family that operated a water-cure and bathing spa. Both university-educated physicians and traditional healers were part of the family heritage.¹⁸

Eventually Fischer-Dückelmann's major publications numbered over a dozen monographs, but her earliest writings appeared in local newspapers and journals devoted to hygiene and alternative medical approaches. These special interest papers included those designated as "women's newspapers" and the Frankfurt weekly *Das Volkswohl* (The People's Welfare), which Fischer-Dückelmann founded in 1885 to address a variety of social reform ideas. From publishing, she moved to giving public addresses which were subsequently printed as brochures, including *Neue Küchenlehre für Alle, die auf vernunft-und naturgemässer Grundlage kochen wollen* (New Instructions for Those Concerned with More Sensible and Natural Principles of Cooking, 1888), *Die Reform der weiblichen Kleidung* (Reform of Women's Dress, 1890), and *Die moderne Küche* (The Modern Kitchen, 1890).

COMPREHENSIVE MEDICINE COMBINING "SCHOOL MEDICINE" AND ALTERNATIVE THERAPIES

Fischer-Dückelmann explained that in the midst of all her medical reform efforts during the decade of the 1880s, one day she suddenly asked herself—with some astonishment—why shouldn't she become a real (*voll und ganz*) doctor? After all, she already had been the medical practitioner for her family for a long time. Beyond that, she had gathered medical knowledge through publishing her popular health newspaper *Volkswohl*. She recognized that many hindrances lay in the path to a medical profession, especially for German and other Central European women. She had already gained experience in overcoming social barriers, however, while campaigning for new hygiene reforms; and those earlier successes strengthened her determination to face expected opposition to women doctors from male medical professionals.

While writing about health issues, Anna Fischer-Dückelmann had met one of the first women physicians to earn a degree in Bern, Switzerland, Dr. Hope Bridges Adams-Walther (later Adams-Lehmann, MD 1880). The example of Adams-Walther's Frankfurt medical practice may have further inspired Fischer-Dückelmann's ambitions. In the end, Anna's husband, Arnold Fischer, helped her formulate a plan to enter

her chosen profession beginning with overcoming gaps in her education through private study of the Latin and mathematics courses required for university matriculation. By the autumn of 1889, Anna Fischer-Dückelmann was ready to seek admission to medical courses.¹⁹ Universities in Imperial Germany still did not allow women to matriculate formally for medical degrees. In contrast, the University of Zürich in Switzerland had offered co-educational medical courses in German since 1867.²⁰ In the spring of 1890, her family joined her in Switzerland so that she might oversee the care of her three children.²¹ After six and one-half years of study, Fischer-Dückelmann defended her dissertation on puerperal or childbed fever observations in the Zürich obstetrics clinic. She received her doctoral degree in medicine at age 40 and returned to Germany for an internship in alternative spa therapies, including medicinal diets, massage, and water treatments.

WOMEN-CENTRED MEDICAL PRACTICE

By 1897, Anna Fischer-Dückelmann had become part of the maternal feminist tradition of promoting the concepts of “spiritual” and “organized” motherhood as justifications for female education and careers. She settled into an independent private practice in Dresden at Ritschelstrasse 17 and began rewriting her doctoral dissertation for a popular audience.²² The goal of the book was to describe modern obstetrics and to suggest that preventative health care could reduce difficulties faced by pregnant women. The introductory pages of *Die Geburtshilfe vom physiatrischen Standpunkt* (Obstetrics from the Physiatrie Perspective, 1898, rev. ed. 1902) explained that childbirth is a normal function and not a disease condition necessarily accompanied by pain and suffering. The author taught that the use of natural approaches through diet and external treatments of exercise, massage, and bathing to promote health characterized the practice of preventative physiatrie as opposed to medical cures, which must be applied after diseases or abnormalities appear.

A second volume focusing on medical treatments for women’s diseases as *Die heutigen Behandlungsmethoden der Frauenkrankheiten für Ärzte und Gebildete aller Stände* (Modern Treatment Methods of Women’s Diseases for Doctors and All Educated Readers, 1898, rev. ed. 1902) was aimed at an educated and professional audience. Therein Fischer-Dückelmann recognized that since not all health problems were preventable, modern medical treatments must be employed when needed, while new approaches and cures were tested, modernized, and expanded.²³ A more comprehensive discussion of health education for women beyond pregnancy was published in a third volume, *Entstehung, Verhütung und Heilung der Frauenkrankheiten aller Alterstufen für Frauen und erwachsene Töchter* (Origin, Prevention and Treatment of Women’s Diseases at All Life-stages for Women and Adolescent Girls, 1898, rev. ed. 1902).

A CRITIQUE OF STANDARD MEDICAL EDUCATION AND CLINICAL PRACTICES

In the popular version of her dissertation, Anna Fischer-Dückelmann included a short history of the medical activity of women in the realm of obstetrics.²⁴ She reminded her readers that women had assisted at births almost exclusively in premodern eras, but that at the point where systematic scientific study of nature began, women in such medical practices were most often denied access to the schooling which would further their competence as birth attendants. Master women medical practitioners once trained their apprentices as daughters (*Lehrtöchter*) in a household of medical workers. Notable women doctors and midwives attempted to elevate this training into the most scientific education possible for their times. Critics like medical author K. Schroeder had said that the presence of women at childbirth retarded scientific progress in obstetrics. Fischer-Dückelmann countered his argument by pointing out that women midwives were basically kept uneducated and that the male medical profession generally ignored childbirth practices. Furthermore, when male practitioners became interested in childbirth, women were relegated to serving only as assistants (*die Gehilfin*) to the male physicians.²⁵ Both Fischer-Dückelmann and Anna Kuhnnow (MD Zürich, 1889) wrote abbreviated histories of accomplished women medical workers in response to critics who argued that women were incapable of scientific work.²⁶

Fischer-Dückelmann also observed that women patients' fears about male obstetricians were probably historically grounded, since men were most often called in originally for abnormal births or to extract dead fetuses. Fischer-Dückelmann added that the invention of forceps for routine deliveries increased a woman's terror when these instruments were wielded by men in a forceful and damaging way that often left women permanently wounded or dying as a result. She hoped that her publications would contribute to a judicious use of instruments like forceps and anaesthetics for childbirth in place of the common indiscriminate application of such artificial interventions even when unnecessary. In opposition to male specialists like Professor Hans Runge, who wrote that women almost never give birth without pain, Fischer-Dückelmann asserted that, in her clinical experience, the stronger and the healthier a woman was, the quicker, less painful, and simpler her delivery.²⁷

Anna Fischer-Dückelmann did not hesitate to critique male authorities in her profession even in these first publications after graduation from medical school. Her observations in the university clinics of the treatment of poor women patients had horrified her. She believed that many male practitioners did not take childbirth seriously and often used unneeded force and unnecessary intervention. The effect of this approach might be that teaching new techniques to medical students could compromise patient care. Fischer-Dückelmann described the atti-

tude of some male medical professors and men students in an ironic tone to mimic the disdain of these care-givers: "Of course, the labouring mothers were only poor women of the people, only families of the lower orders (*Stände*), who often, quite suddenly, might be robbed of these mothers by "manly science" and "manly energy."²⁸ She stated further that male physicians who thought of women as too light-headed for scientific learning and too weak to forcefully extract a baby should be aware of the irresponsible behaviours of many male general practice doctors (*praktischen Ärzte*) during childbirth. By using proper techniques rather than brute strength, for example, women dentists had learned to extract teeth just as women obstetricians could assist difficult deliveries; and the entry of educated and sensitive woman physicians into professional obstetrics should improve the birthing experiences of many women, she declared.²⁹

Two hundred years ago, continued her history of childbirth, educated German midwives like Justine Siegemundin contributed to the science of obstetrics even without the benefit of university training; and Siegemundin further passed down knowledge gained through practical experiences by writing descriptions of deliveries for subsequent generations of birth attendants. To credit the wise women (*sages femmes, kluge Frauen*) of other nations, Fischer-Dückelmann cited an earlier French midwife, Madame de la Marche (fl. 1677), who instituted many new practices which were useful even centuries later. These female forebears did not enjoy equal educational or professional opportunities with male physicians of those eras; however, Fischer-Dückelmann believed that women physicians of the modern age would strive to follow historical models of women medical workers until they were recognized as equals with their male contemporaries.³⁰

The author continued by describing for readers the development of gynaecological surgery and the discovery of antiseptics: For surgeons to learn beneficial techniques, women sometimes became experimental subjects who died from haemorrhages, infections or puerperal fevers following operations, while survivors might be permanently disfigured. Antiseptic disinfectants like carbolic and sublimate provided chemical treatments for infections, but might also poison women when poured into the birth canal to kill introduced bacteria; and as Fischer-Dückelmann explained, it is better to avoid infection by asepsis through cleanliness in examination procedures than to employ antiseptic disinfectants on internal tissues after contamination.³¹

Again the author's emphasis was on the prevention of disease or abnormality through preparation and education. In her publications, Fischer-Dückelmann attempted to show her readers how to become knowledgeable consumers of health care, translating Latin medical terms into German, for example, and distinguishing between useful and

merely trendy medical practices. Her espousal of natural healing methods did not prevent her from accepting some interventions. She did not agree with many midwives who rejected outright the use of forceps and other assistance in deliveries. In fact, Fischer-Dückelmann complained that some male obstetricians waited too long before applying necessary instruments, hesitating until women began unnecessarily to pass blood in the urine during difficult presentations or until the patient's pulse indicated systemic distress.³² What she did want to see improved in modern obstetrics was practical and thoughtful case by case decisions by conscientious practitioners as to which treatments were most useful and necessary for the individual mother and infant. She complained that what she termed "school medicine," or formal academic medical study, was lacking in sufficient clinical or practical instruction.³³

In addition, she felt that patients were not educated consumers of health care or childbirth assistance, because women and girls did not receive early or adequate instruction in hygiene principles and they suffered unnecessarily from fears and health difficulties. Since the usual medical practitioners did not emphasise preventative health practices like those of *physiatrie*, in her analysis, women did not develop strong and healthy bodies for childbirth and other adult activities. To correct these errors, Fischer-Dückelmann described in detail the act of giving birth and addressed questions that concerned women like problems of a narrow pelvis, abnormal infant-size, first pregnancies, and weak constitutions.

WOMEN DOCTORS FOR WOMEN'S HEALTH

Sensitivity to women's fears and educational needs was an asset women physicians might bring to reform the medical establishment. Fischer-Dückelmann regretted that the type of so-called scientific objectivity taught to medical students made them less perceptive of their patients' feelings. She cited the case of an elderly countrywoman exposed on a university examining table to a hundred young male students who were expected to ignore her distress at the situation.³⁴ Medical students who entered their profession out of altruistic desire to alleviate human suffering could be hardened to the emotions of their patients by the cavalier attitudes of their academic instructors, and Fischer-Dückelmann regarded the emotional and spiritual condition of the care-givers and their patients as an important part of the healing relationship. She said that the physician should exhibit personal qualities of patience and mercy as a warm human being even though this type of bedside manner was difficult to achieve in the usual hospital settings, which were modelled after military institutions with a discipline inappropriate to healing missions.³⁵

In the mid-19th century, Rudolf Virchow and other physicians sought to dissociate medical practices from oversight by Prussian military

authorities, making it a "free profession" controlled through university admissions and certification testing. In practice, however, doctors retained the authoritative postures of officers over subordinate students and subject patients. At state-run clinics and hospitals especially, women might suffer gruesome and rough treatment, Fischer-Dückelmann observed, when male doctors labelled female resistance or protests prudery or ignorance.³⁶ Both the medically knowledgeable and the less educated women of all classes were made to feel ashamed in such encounters with officious representatives of the medical establishment, according to her judgment; and the result of such an atmosphere was that students learned a crassly materialistic approach to healing including cynicism about patient suffering.³⁷

Additional evidence of the callousness of some medical men during their experimenting on living patients was provided by a contemporary Russian physician. Vikenty Veressayev reported that healthy women in hospitals for minor complaints were inoculated with gonorrhoea bacteria during experiments led by German researcher Ernst Bumm and others. The patients had no idea of their deliberate mistreatment at the hands of their doctors, and the women, and sometimes children, so infected gave no consent to these procedures. One infamous syphilologist, Ricord, inoculated 700 wounds in his experiments.³⁸ In another example from 1887, surgeon Eugen Hahn of Berlin was consulted by a woman with breast cancer judged to be inoperable. "Not wishing to divulge before the patient the hopelessness of her condition by declining to operate upon her, and so as to relieve and reassure her by the psychological illusion of having performed the operation," the surgeon removed part of the breast tumour and transplanted it into the other healthy breast to see if the cancer would flourish there as well; "the inoculation was successful."³⁹ The results of these experiments were published in prestigious German medical journals like the *Berlin klinische Wochenschrift*, making it clear that the medical research establishment accepted their validity, if not morality. Women who believed that male physicians lacked empathy for female patients could find such evidence in the German medical press.

To reform the German medical profession, Fischer-Dückelmann thought that a woman physician must have a complete scientific education identical to that of her male colleagues: Only such medical preparation would provide a woman with authority to reform what she saw as emotional mistreatment of women patients, unwise operations upon them, and senseless experimentation with radical treatments for female health problems. The greater the number of well-trained women physicians, the greater would be feminine influence upon medical practices and upon medical education.⁴⁰ At the time of her writing, male physicians were the educators in medicine and therefore in a position to put

a masculine stamp upon scientific education. The author's unspoken implication was that at some point in the future women physicians might influence medicine as instructors and professors. In the same year of Fischer-Dückelmann's first three publications criticizing medical practices, the 1898 German Physicians' Congress in Jena was audience to Professor Franz Penzoldt's attack on the study of medicine by women.⁴¹ Despite the chorus of disapproval by male practitioners who feared that female physicians might compete too successfully for the loyalty of women patients, the German government finally allowed women candidates to take medical certification examinations the following year. Kürschner's 1899 yearbook for the educated reader then featured a composite portrait of women physicians and other female university doctoral degree holders. Berlin albums of "world doctors" and of "German doctors" published in 1900 and 1901 included portraits and short biographies of Zürich graduates Franziska Tiburtius and Anna Kuhnnow.⁴² Women physicians like Anna Fischer-Dückelmann who practised outside the German capital city were not mentioned, however.

A CASE STUDY FOR FEMINIST LIFE-REFORM: MODIFYING CRIPPLING HIGH-FASHION

From Dresden, Anna Fischer-Dückelmann was writing another volume in her long battle against unhygienic women's clothing, *Schmerzlose Entbindung und weibliche Kleidersünden* (Painless Childbirth and The Sins of Women's Clothing, 1900). Since her schoolgirl essays against corsetry, Fischer-Dückelmann had lectured and published for 25 years about health dangers and possible alternatives to crippling women's fashions. After studying anatomy in medical school, she wanted to link her earlier recommendations for looser fitting clothing to the possible damage to reproductive health created by binding the waists of girls as young as age seven. Many other women physicians, including Dr. Anna Kuhnnow, argued against narrowly cut fashions and overly small, high-heeled shoes, but Fischer-Dückelmann went beyond criticism to suggest alternative models and to provide clothing patterns which might lure women away from slavish devotion to high fashion or from submission to the extreme suggestions of their modish dressmakers. A printed version of her 1890 lectures included asides to indicate when visual aids would show examples of the garments meant to reform female dressing. Listeners were encouraged to invent or sew new undergarments for themselves if necessary. Fischer-Dückelmann drew attention to the practical design of modern male garments that allowed freedom of movement for sport or work and contrasted them to women's ornamental, figure-disguising and activity-inhibiting dress.

In attempting to persuade her audiences of German women to consider dress reform, the author pointed to the efforts of foreign reform

societies. The English and Americans were cited as pioneers in alternative dress. However, costumes, which ignored feminine desire for beautiful garments, did not seem acceptable in Germany.⁴³ Turkish-style trousers popularized by Amelia Bloomer in the United States might have been one such discarded design. Specifically, Fischer-Dückelmann criticized foreign women's associations that had adopted a type of uniform for all members to wear as a demonstration of their reform persuasions. The author argued that one cut of dress would not be suitable for all figures and that beauty need not be sacrificed for utilitarian purposes. An American physician had written that men and women dressed to please the opposite sex.⁴⁴ Fischer-Dückelmann agreed that corsets and padding aimed to correct and disguise what women perceived as shapes unattractive to men. These were unhealthy approaches, argued the author. She suggested, instead of artifice, diet and exercise to improve women's bodies in reality; and reform dress could also gracefully cover all types of figures. As for women who claimed that corsets were necessary to support their backs for proper posture or to hold their stomachs in place, Fischer-Dückelmann suggested exercises to strengthen muscles; after all, nature had not provided female children born with corsets holding them together.⁴⁵ In a final tribute to foreign influence upon dress reform, Fischer-Dückelmann praised the simplicity and beauty of classical garments including a modern adaptation called the "Greek shirt," which she recommended as a basic top or tunic not dependent on corset shaping. Another variation she admired was the Empire style of dress adopted by French women during the post-Revolutionary era. To appeal to German patriotism, Fischer-Dückelmann invoked, from that historical period, the example of Prussian Queen Luise, who was much admired for her maternal spirit and family devotion. Pictures of this honoured royal woman show her gowned in that simple style that could be altered into a modern reform dress with more modest, covered neckline, but without the usual high, tight collars that hindered breathing. Longer dress sleeves, fuller pleated or draped short skirts, high waistlines, and short coats which did not drag trains through the dirt were further modifications suggested to create women's clothing which was both hygienic and aesthetic.⁴⁶ Fischer-Dückelmann recognized that reformers must address the issue of female respectability when modifying the way women presented themselves in public. She decried the spread of corsetry practices into even rural locales where women who wanted to follow modern fashion dictates believed it necessary to affect citified dress to demonstrate their sensibility and knowledge of propriety. To reverse this trend and reform current styles, the author included a virtual primer on how women could effect social changes.

First, she reminded interested reformers that enduring social change would occur gradually. Each well-intentioned person must pay attention

to the way she presented herself and the style of her appearance; however, the single individual alone would not be able to bring about widespread change, no matter how brave in opposing existing mores, the doctor warned. Hopefully, the example of one person could inspire a circle of like-minded women in many cases; then further education required lectures, dissemination of books, and provision of other instructional materials, like clothing patterns, in Fischer-Dückelmann's program. In the end, women must influence not only each other, but also the dress designers and seamstresses; and this process could spread reform ideas to even greater social circles, she believed.⁴⁷ Fischer-Dückelmann was most concerned with changing behaviour of young women so that preventative reforms might be established early in their lives. Naturally, these young women were interested in the attractiveness and beauty of their clothing, the doctor observed, so that education about health would not entirely supersede an interest in fashion; therefore, the approach to changing young minds must not be too heavy-handed or impatient. Feminist activists like Fischer-Dückelmann hoped to create reasonable methods to convince women to change their minds and reform their dress.⁴⁸

A WOMAN DOCTOR EXPLAINS FEMALE SEXUALITY

During the decade of the 1880s, Anna Fischer-Dückelmann had moved from her campaign plans to reform health practices to her plan to complete medical school. While researching her dissertation on childbirth infections, she continued to write popular versions of medical information. After publishing three specialized volumes on the act of childbirth, the prevention of disease in women, and the critique of academic or "school medicine" and its radical or "heroic" treatments for health problems, she turned to a more general discussion of female life-course. Her first book that might be called a general bestseller resulted from her attempts as a woman doctor to explain female sexuality in *Das Geschlechtsleben des Weibes. Eine physiologisch-soziale Studie mit ärztlichen Ratschlägen* (The Sex-life of Woman. A Physiological and Social Study with Advice from a Physician, 1900, 19th reprinting 1919). In this primer, she devoted a chapter to explaining the extent of medical understanding about fertility cycles. Despite Fischer-Dückelmann's best efforts to describe the reproductive process, confusion about comparisons between human ovulation and oestrus in other mammalian species made pregnancy avoidance based on a kind of rhythm method nearly impossible.⁴⁹ Since most mammals ovulate while showing oestrus discharge, some physicians believed humans were also most fertile during menstruation. When actual human ovulation occurred, most often in mid-cycle at approximately the 14th day, ignorance on the part of women and their

medical advisors often caused accidents of unwelcome pregnancies. In publications after 1905, Fischer-Dückelmann was able to describe more helpfully both natural and artificial means to limit or space births.

She hoped that all women would find the courage and strength to speak openly and clearly to a physician about birth control needs because this type of forthrightness between patient and doctor made women become accountable for their own well being.⁵⁰ However, birth control methods could not be openly discussed during most of the German Imperial era. In 1912 Berlin police restricted birth control lectures by socialist doctors to audiences of adult males. Lay health lecturer Alma Wartenburg of Hamburg, for one example, was imprisoned for teaching contraception.⁵¹

Another chapter in her book on female sexuality dealt with problems like infertility and with sexual dissatisfactions, including indifference to developing mature sexual relationships on the part of some women. Once again Anna Fischer-Dückelmann's advice started with improving the whole general health of individuals, adding localized treatments for disease as needed. The modern trend in diagnostics toward describing disease syndromes and relating these to specific cures had led to a "reductionist" view of patient complaints that focused on a "weak heart" or "bad liver" as the one concern of any one medical consultation. Individual patients might be anonymously referred to by their major complaint as in "the case of hysteria" or even more simply "the congested chest," rather than by the person's name or other personal designation. Fischer-Dückelmann never recommended focusing only on specific problem areas, but always insisted general well being depended on preventative practices and regular good health habits.

EDUCATING WOMEN TO GUARD THEIR OWN HEALTH

In the volume on female sexuality, as in all her publications, Fischer-Dückelmann attempted to make women better health care consumers by including a glossary of foreign words and Latin medical terminology for the lay reader. By 1902, she had added an anatomical model of a pregnant woman. Overlays could be lifted to show muscle networks and, on the third level, the skeleton and internal organs, including a foetus in utero. Labels on body parts and an accompanying page of anatomical explanations further informed the general readers.

In her next volume, Fischer-Dückelmann published what may have been the first complete male anatomical drawings for a popular audience. These appeared in the home health encyclopaedia that she titled *Die Frau als Hausärztin* (The Woman as Family Physician). New editions of this 1000-page tome appeared in German for 80 years after its first publication date of 1901. Therein, Fischer-Dückelmann explained and

popularized modern scientific understandings of human biology. She also recorded much traditional wisdom associated with first aid and midwifery. Finally, her herbal recipes with descriptions and illustrations of medicinal plants directed attention toward preventative medical practices as alternatives to the sometimes all-too-heroic efforts of interventionist physicians and surgeons. The book's title recalled the author's own experiences in tending her children, husband, and extended household that inspired her career as a public health educator and made her a model of engaged maternal feminism or "organized motherhood."

"SPIRITUAL MOTHERHOOD" DEMANDS SOCIAL WORK BY THE EDUCATED UPPER CLASSES

Compassion for sufferers whether from physical or mental distress was claimed to motivate the work of women physicians from bourgeois families like Fischer-Dückelmann who argued that women of the educated classes should take an interest in volunteer work to improve medical and mental health care. Public institutions for all types of patients would benefit from improved nursing and the influence of compassionate visitors, she believed.⁵² To that end, as a supervising physician with a reportedly large practice, Anna Fischer-Dückelmann found time to instruct student nurses in Dresden, emphasizing the importance of attitude in patient care: Patients must trust their care-givers; and doctors and attendants must be cheerful and optimistic to maximize a healing relationship. As a woman physician, she took the education and professional status of nurses seriously, treating them with respect and a motherly concern, reported her students.⁵³

In the city, the doctor also continued her involvement with the arts. Known as the cultural Florence of the North, Dresden was home to famous artists, intellectuals, and musicians, many of whom visited Anna Fischer-Dückelmann's house and sampled her vegetarian cuisine. Alcohol was not consumed there, but musical entertainment occupied the company; and when the hostess herself played the piano, guests remembered her performances as exceptionally moving. One observer noted Fischer-Dückelmann was renowned for her interpretations of Beethoven and could well have been a concert pianist.⁵⁴

At the turn of the century, the Fischer-Dückelmann family moved to Dresden-Loschwitz. At Malerstrasse 18, their beautiful villa still stands, 100 years later, high on the suburban hills where gardens and lawns ran down the slopes toward the Elbe River. This multi-story house, built in 1896 by an architect named Schreyer, was constructed of brick, stone, and half-timber *Fachwerk* in a fanciful combination of English country cottage and medieval walled castle, complete with turret tower and crenelated trim. The name of the villa inscribed over its gate was

Artushof, after Celtic King Arthur perhaps. The Fischer-Dückelmann house was large enough to include a private consulting area for patients and close enough to medical institutions for easy access to surgery and convalescent facilities. The environs featured many sanatoria and other medical establishments, several of which, like *Bad Weisser Hirsch* in Dresden-Loschwitz, employed the alternative medical regimes and natural healing treatments favoured by Fischer-Dückelmann.⁵⁵ At least one other woman colleague, Dr. Agnes Freiin von Babo (MD Zürich, 1900) also practised as a physician for women and children in the city. She later became the first consulting woman doctor in Dresden schools.⁵⁶

In the midst of this busy social life and professional career, Anna Fischer-Dückelmann published the 1000-page compendium of her popular health writing as *Die Frau als Hausärztin. Ein ärztliches Nachschlagebuch der Gesundheitspflege und Heilkunde in der Familie mit besonderer Berücksichtigung der Frauen und Kinderkrankheiten, Geburtshilfe und Kinderpflege* (The Woman as Family Physician. A Medical Reference Book of Health Care and Treatments for Families with Special Attention to Women and Children's Diseases, Childbirth and Child Care, 1901, 1 millionth printing 1913, 3 millionth printing 1929, 6th rev. ed. 1981). By 1902, the author was spending part of her year in Berlin working on new reprints of her earliest booklets. During this period, her husband, Arnold Fischer, worked for a time in Vienna as editor of the *Deutsche Zeitung*. According to prefaces in her publications of 1903, Anna was dividing her time between the Dresden family home and Stuttgart where her printer for the great medical advice book constantly reprinted and improved the volume. Her second child, Herbert, married in 1904 and followed his mother's path into medical practice. After that year, Anna seems to have lived less in her Dresden house, spending more time in residence at the spa locations where she practised as medical advisor to patients seeking natural healing cures.

WOMEN PERFORM AS "FAMILY PHYSICIANS"

In the preface to *Die Frau als Hausärztin*, the author declared her belief that people (*das Volk*) had begun to try to help themselves to a healthier lifestyle and that insightful physicians would welcome and try to further this trend. She recognized that some professionals and others would oppose her work as giving too much information to an unprepared lay audience. Fischer-Dückelmann anticipated that other critics would denounce the illustrations in her books as showing too much nudity, and being, therefore, dangerous for public morals.⁵⁷ The physician countered possible criticisms by stating her conviction that the naked human body had become a terrifying sight to some because of conventions forbidding it and because many persons were unaccustomed to seeing nude humans. Her illustrations were meant to affirm the beauty of the

healthy human body and to educate readers about the natural course of human development from conception, through birth and childhood, to adulthood, old age, and death.⁵⁸

Fischer-Dückelmann's title asserting that women were family physicians recalled the author's realization, upon deciding to study medicine, that women acted as household physicians, caring for the well being of and dispensing curative treatments to individuals under one roof. Fischer-Dückelmann's own experiences in that role for her children, husband, and extended household inspired her academic work and subsequent career as a public health educator. Her emphasis on preventative health precautions determined the order of the book's three parts: the first being *Gesundheitspflege* (Health Care), which she cautioned readers not to skim over because the introductory principles of nurturance and diet were basic to all the later teaching. The second part on *Heilkunde* (Healing Treatments) was an elaboration of the author's earlier work on defining and explaining foreign words, scientific terms, and medical conditions for lay readers. The alphabetical ordering of information was preceded by the title announcing the orientation of treatments toward "poison-free healing based upon scientific observations and practical experiences" in her medical casework. The following 400 pages of text and illustrations comprise an encyclopaedic coverage of medical information likely to be encountered by a German woman, of any educational level, according to the author.⁵⁹ The third part entitled *Das Kind* (The Child) resumed the discussion of human sexuality where the opening section left off with the conception of a child.⁶⁰ Drawings of a human zygote and foetus began this description of pregnancy, childbirth, and childhood development to adolescence.

The abundance of illustrations surely enhanced the text for general audiences who may have had little biological instruction. The title page pictures of the three major sections provided clues to the author's worldview. The first engraving represented an idyllic scene in the natural world where two mothers and their pre-adolescent children frolic in a secluded forest stream. The youngest boy is nude, while older children wear partial aprons and the mothers are shown in undershifts. This beginning of a return to a natural state of unclothed humans in the untamed wilderness was signalled by the accompanying proverb attributed to Peterson which proclaims that the secret of healing lies in the avoidance of harm. Harm in this view might be interpreted as the baneful influences of some overly civilized or falsely conceived social conventions like constricting dress.⁶¹

The second major artwork illustrates some of the basic treatments of natural healing and represents the mother in her authoritative healing role over the prone figures of her husband in bed and an infant of indeterminate sex lying in a cot. A young daughter is shown acting as the

mother's assistant in preparing a curative bath. The girl holds a thermometer to regulate the water's heat while the mother's hand rests on a book of health guidance, presumably so that observers understand this is informed treatment by a caring and responsible mother. A window opens into the sickroom to allow fresh air to stream in upon the patients while the rays of sun also shine on their beds. The message of the composition indicates that, in this case, the male family patriarch is completely dependent upon the ministrations of the woman of the house. As the guiding principle of health care beyond the authority of physicians who first resorted to heroic cures through corrective medications and operations, again a Peterson proverb is quoted: only wise is one who learns from everyone and everything. Healing is the art of freeing the life force.⁶²

The primacy of a mother's role in controlling and caring for her infant and young child is represented in the last major picture. A formally attired father was shown peeking in the half-open door of a nursery. The mother in a housedress is lifting a smiling boy baby out of his infant bath, while the barefoot older sister reaches up to her mother and naked little brother. Mother and children and bathtub dominate the centre of the scene while the father looks in from the margin of this domestic sphere. His presence is as peripheral and as little noted by the central figures as the potted plants in the window or the doll and little girl's shoes scattered on the carpet. The father's distant form is drawn in between the mother and boy baby, perhaps drawing attention to his eventual influence upon his son in later years. The German sage, Goethe, is quoted in this final section for his warning that not much can be changed after maturity; be wise enough to begin change with youth.⁶³

Subsequent editions of *Die Frau als Hausärztin* preserved much traditional information for future generations, including botanical drawings and recipes for herbal medications. In 1905, colour plates illustrated 28 commonly mentioned plants like rhubarb and peppermint. Other drawings showed usual emergency first aid treatments like wound bandaging and care for broken bones. One complete section of the book included detailed instructions and diagrams, which might be of assistance to midwives or other home-birth attendants to guide the normal delivery of a baby. The influence of Swiss sanatoria regimens such as the author might have observed during her university study in Zürich contributed information on damp and dry wraps used as extensions of water treatments. The additions of sun and air baths practised for tubercular patients in such mountain retreats were also discussed and illustrated.

By 1910, the growing number of illustrations included an anatomical model of a male and a female figure compared in a side-by-side pose. This separable album was placed in a pocket at the back of the volume so that it might be removed from the book and stored out of view of younger

or less enlightened readers. According to a stamp on an extant copy, at least one library stored this controversial addition in a “locked cabinet” to restrict general access to the sight of the unclothed couple. The eight-page addendum also seems to have been sold alone, possibly as an adjunct to previously purchased editions. Three pages were transparent overlays to show internal bodily structures in the manner of the illustrated expectant mother in the author’s earlier publication. However, as Fischer-Dückelmann noted in her explanations attached to the model pictures, previous publications of anatomy illustrations for popular audiences might show cross-sections of female reproductive organs while leaving the area of male organs a blank spot on the male figure.⁶⁴ These compared figures were complete in all details through all cross-sections. Biological knowledge should not be subject to censorship in this way, asserted the author. Modern families would treat the physiology and health concerns of both sexes in an egalitarian fashion by learning about all human biology. By making the complete anatomical drawings removable, parents could decide at what age to teach children the details, however.

Providing the lay public with some education about human anatomy and physiology was a tradition in the Dresden-based natural healing community. M. Platen, a teacher of natural healing who did not list a formal medical degree among his qualifications, was the director of a sanatorium named *Bilzschener Naturheilanstalt* in Dresden-Radebeul.⁶⁵ His medical instruction book of 1894 also included removable “dissectible” anatomical overlays illustrating a male human figure without genitalia. Within the text, many engravings laid bare the internal female reproductive tract, however. This trend toward more biological information for public knowledge led eventually to the construction of transparent free-standing models of humans after World War I, when the German National Hygiene Museum, planned in 1912, finally was built in Dresden.⁶⁶ Statues that were glass, and later plastic, could be lit electrically to show internal organs, vein networks, and muscle structures. For those interested persons who could not visit the museum in Dresden, traveling shows demonstrated the visible models throughout Germany. Anna Fischer-Dückelmann’s comparison album of male and female anatomy and physiology was one step on this way to exposing the lay public to their own internal structures.

INTERNATIONAL INFLUENCE OF POPULAR MEDICAL WRITINGS

Beyond Germany, the popularity of the author’s compendium of health information resulted in the book’s eventual translation into 13 languages. By the publication of the 1908 English version, those other languages included also French, Polish, Russian, Italian, Spanish, Dutch, Hungarian, Swedish, and Bohemian (Czech). Some of these translations were made

by women physicians the author had met in her university courses or on her travels in Germany and the Austro-Hungarian Empire. Dr. Anna Bayer, medical graduate of the University of Bern in 1881, translated the work into Czech in 1907, and Dr. Vilma Wartha born Countess Hugonnay (MD Zürich, 1879), the first woman medical graduate of the University of Budapest in 1897, translated the volume into Hungarian about the same time.⁶⁷ A book advertisement in 1914 noted further translation into Danish and Portuguese.

Not all these translations were completely faithful to the author's words or even intentions. The English version, for one, was done as an "adaptation" by an unnamed "staff of eminent physicians" for the International Medical Book Co. of Milwaukee, Wisconsin. Associated publishers handled the British distribution of this translation. The "eminent physicians" changed for English readers, however, the gender of authority in medical consultations described in the text by using the personal pronoun "he" when referring to the subject of "the physician."⁶⁸ In more than one instance, male physicians who translated or adapted Fischer-Dückelmann's writings not only expropriated her ideas but even changed the opinions she expressed into the opposite of her own medical philosophy. One extreme example was the complete inversion of Fischer-Dückelmann's advice on family planning. The English adaptation "on the prevention of pregnancy—voluntary sterility or the wilful prevention of conception" declared that "the practice is shockingly widespread, indeed "race-suicide" is deplorably prevalent" and "every artificial means which serves to prevent conception is unnatural, immoral and injurious to health."⁶⁹ These statements stand in contradiction to Fischer-Dückelmann's repeated assertions that it was the quality of children not the quantity of population that should be the desired end of family life. In the 1905 German version of her book, for example, the author devoted eleven pages to descriptions and diagrams of various manufactured devices to prevent pregnancy along with instructions for their most efficacious use.⁷⁰

She began the topic of birth control with an overview of historical attempts to limit reproduction by ancient Greeks and Romans and included cross-cultural comparisons from Asia and Australia. The practices of orthodox Jews for limiting pregnancies in young brides or in nursing mothers as prescribed in the Talmud were described and praised.⁷¹ Finally, the modern alternatives, which the woman doctor compared and evaluated, included condoms, pessary tampons, chemical powders, Mensinga caps, and other barrier methods like rings and diaphragms. The only reproduction precaution translated into the English version was Fischer-Dückelmann's explanation of a rhythm method limiting intercourse to the "third week" of least fertility in a woman's reproductive cycle. The English translators briefly mention that this

“third week” was defined as “the time twenty-one to twenty-six days after menstruation” and abandoned the discussion without defining how to count the beginning of the menstrual cycle and while ignoring the possibilities of irregular or individually varying ovulation.⁷²

Physicians working as English translators were not the only male editors who shaped later versions of *Die Frau als Hausärztin* to their own purposes. Reissues of the volume after Fischer-Dückelmann’s death in 1917 changed the tone of the work as well as updating its scientific information. The 1941 edition added an introduction to German racial hygiene as prescribed by Nazi ideology that was written by Third Reich medical authorities G. R. Heyer and Dr. B. Hörmann, and edited by Dr. E. A. Mueller and Dr. O. Vāth in Munich. After the Second World War, Dr. E. A. Mueller continued to reprint and enlarge the book in 1950, 1951, and 1958.

Considering the broad international appeal of the original work and the cosmopolitan travels and friendships of the original author, the Nazi racism propagated as part of the war-time version of her opus was most subversive of Fischer-Dückelmann’s own purposes and philosophy. She was not anti-Semitic in her publications, since she specifically praised Jewish medical knowledge and health traditions. Indeed, she was even born in Galicia—one of the areas in the old Austro-Hungarian Empire most populated by Jewish residents. She never wrote disparagingly of the Jewish women medical students or doctors who attended the University of Zürich with her.

MID-LIFE CRISES FOR WOMEN AND MEN

Dr. Fischer-Dückelmann was not merely revising her great work in the later years of her life and professional practice. She continued to expand upon her popular accounts of human development and to expound upon her theories of life-reform strategies. By 1911 she was back in Dresden-Loschwitz to publish a new volume entitled *Gesunde Frauen, Ärztlich-literarische Besprechung des Klimakteriums* (Healthy Women. Medical-literary Discussion of Menopause). The title was somewhat misleading in pointing to the topic of “healthy women at change of life” since the text discussed both women in menopause and men in possible mid-life crises. One complete chapter described the little known or acknowledged medical facts of male climacteric or aging. She cited Dr. Kurt Mendel who referred interested readers for further information to the October 1910 issue of *Neurologische Zentralblatt* 20 for an article on “the male change of life.” In a companion chapter, Fischer-Dückelmann discussed the experiences of women so as to maintain the parallel structure of sexual comparisons demonstrated in her 1910 anatomy album of male and female bodies. Throughout the text, references were made to the

author's earlier publications as well as to other medical practitioners and health institutions with similar philosophies of preventative hygiene and natural healing.

The topic of this latest effort in public education was inspired by a recent publication of Danish fiction by Karin Michaëlis about a woman who drastically changes her life at middle-age, translated into German as *Das gefährliche Alter* (The Dangerous Age) by Mathilde Mann. This novel caused a stir for describing the separation of a woman from her husband, her love affair with another man, and her subsequent disappointment and loneliness when her lover finds a younger woman to marry. Comments from German readers ranged from denying that women like the fictional heroine existed in reality to criticisms of the author for creating such a denigrating general portrait of middle-aged women as being at "a dangerous age."⁷³ One German man attacked the woman translator for even making such a foreign work available in the German language, since she thereby transplanted a strange poisonous weed into the garden of German literature,⁷⁴ apparently polluting that noble environment.

Anna Fischer-Dückelmann responded to this xenophobic critique as she previously had opposed other such censorship of public information. To counter hysterical discussions about the literary work and to allay fears about the irrationality of middle-aged women, she included both biological explanations of physiological ageing and provided her own interpretation of the Danish author's intentions in writing about the life story of protagonist Elsie Lindtner. Fischer-Dückelmann began her exposition with a gender analysis: just as the male critic did not understand the life experiences of the fictionalized woman or empathize with the female narrator's point of view, so male physicians could not completely know the female "psyche" and therefore had created many wide-spread misunderstandings regarding female diseases, nervous conditions, and mental illnesses.⁷⁵ Fischer-Dückelmann stated that she did not intend in her book to mount an all-out attack on male doctors; women should find, however, the courage to demand for themselves what men had taken for granted, that is, to be advisors and leaders of their own sex for medical and other purposes.

After all, men did not go to women physicians for advice on sexual matters even though thousands of women had to consult male doctors to reveal the most private problems, observed the author. The small number of woman physicians compounded the problem when women were too shy to speak about intimate problems to men, and women patients resorted to lying about their physical needs out of shame, continued her analysis, in such cases, the male physicians were not at fault; nevertheless, prevailing double standards in available medical care and in expectations about male and female sexuality made it imperative that

women physicians who were also mothers, wives, and women's rights advocates should speak out on behalf of women's right to consult other women who shared female life experiences.⁷⁶

A woman's need for self-knowledge and self-determination was related to another major social and political problem emphasised in Michaëlis's book—the general economic dependency of women upon men. In an entire chapter devoted to describing and criticizing patriarchal laws and practices, Fischer-Dückelmann explained that many female ills and female nervousness related to the lack of purposeful and gainful occupations for women, a state which made it impossible for women to make free choices about their emotional relationships and their personal goals. Like another publication of the same year by Olive Schreiner that denounced female "parasitism,"⁷⁷ Fischer-Dückelmann advanced her argument for women's education and employment with examples from her own experiences and her understanding of existing patriarchal controls in various countries at all socio-economic levels (*die Stände*). Legal status as basic as a woman's citizenship and the justice due to her depended on the citizenship of her husband, not her own nationality, for example. In most cases, women possessed only what men bequeathed to them; married women often did not have the means for self-support, and even the bride's familial inheritance was handed over to the management of the husband, according to Fischer-Dückelmann's observations. In Imperial Germany, women's reform associations (*die Frauenreformvereine*) attempted to introduce pre-marital contracts to guarantee a wife's rights in financial, child-rearing, and inheritance questions; and these were progressive steps toward recognizing women as more equal partners, in her view.⁷⁸ While in countries like Italy, it appeared that women had more rights to their own estates, it was the men of a bride's family who controlled this dowry to protect it from a husband's usurpation while women themselves were treated as children incapable of determining any of their living circumstances. Such economic dependence affected their personal freedom, spiritual development, education, and ultimate satisfaction with their lives, in the experience of the Fischer-Dückelmann family whose eldest daughter Elsa married Alessandro Golfieri and produced at least one granddaughter of Italian descent, Adriana.

When questions of health and natural life-style were raised, Anna Fischer-Dückelmann regularly praised the virtues of country living where people could be in touch with plants, animals, and fresh-air environs. When the question was political and social rights for women, on the other hand, she criticized rural practices that made women virtual slaves to men who demanded to be consulted on every decision, even to the extent of requiring a patriarch's permission for women to buy a bit of underwear. Further, a wife might work industriously on the farm, yet

fear her husband as if she were merely an employee or child in the household.⁷⁹ In her own rural family homeland of Upper Austria, the author had observed such brutal conditions for herself.⁸⁰ Yet, it was not only peasant women who suffered such domination: a countess who was Fischer-Dückelmann's patient had all her wealth delivered to her husband upon her marriage at age 18. The bride's father handed her person and her dowry to the groom, so that when the countess wanted to leave that unhappy union, her husband asserted with the law on his side that she would become penniless. She only escaped the marriage by dying.⁸¹ According to reforming plans of the doctor, if the position of women were altered toward more self-determination, family relationships would not depend on mutual exploitations; instead, women would align themselves to men out of love, trust, and attraction; all young women, the wealthy and those without inheritance alike, should be educated for possible employment so that resulting self-confidence and esteem could be weapons against a future "dangerous age" when dependence and desperation might impel women toward drastic life changes.⁸²

THE WOMAN DOCTOR AS A MODEL OF HER OWN PRESCRIPTION FOR LIFE REFORM

As a counter-example to the disturbed fictional females in Michaëlis's and others' books, Fischer-Dückelmann supplied an engraving of a healthy 55-year-old woman engaged in gymnastic exercises. An accompanying chapter described the characteristics and health practices of this individual who personified the author's ideal of a woman at mid-life. In fact, a reader might ask if the portrait were not of the author herself, since the description of the model parallels her biography.

In 1911 the doctor was a 55-year-old mother and grandmother as the model was portrayed. The activities of both author and model included work of the mind and physical labour in gardens, as well as gymnastic exercise. In youth, the model woman had freed herself from corsets and other binding clothing while practising bodybuilding regimens, as had the physician. The model abstained from alcohol and had followed a vegetarian diet for 25 years, a starting point that coincided in time with Fischer-Dückelmann's interest in reform newsletter publishing during the 1880s. The author described the model as strong, energetic, and harmonious in body and spirit. Fischer-Dückelmann then assured the readers that this "anonymous" model at age 55 did not experience the mid-life dissatisfactions of Michaëlis's fictional protagonist, who was only age 43⁸³ because attitude as well as lifestyle made the difference in maintaining youthfulness. Further, women should realize that every age has its own beauty and satisfactions; and as history, folktales, and literature teach, aged persons were once honoured and respected—something forgotten in the unhealthy modern times.⁸⁴

Figure 2



A Fifty-Year-Old Exercises with Dumbbell (the model is assumed to be the author Anna Fischer-Dückelmann herself). Plate 22 following page 624 Anna Fischer-Dückelmann, *Die Frau als Huusaerztin*. 2nd engl. ed. (Stuttgart: Sueddeutsches, 1905).

The woman artist who drew the model from life positioned the gymnast's arm in front of her face to provide anonymity. The signature of this artist, Clara Wagner Grosch, included a notation that the portrait was done in Locarno. This was the Italian Swiss city near the life-reform colony of Ascona where Fischer-Dückelmann worked from time to time as consulting physician and vegetarian diet advisor.⁸⁵ In posing as her own "healthy woman" model, the physician would only be continuing to draw upon her own personal experiences, as she had testified to doing in other publications when giving other women preventative hygiene advice.

When Fischer-Dückelmann recommended, for example, that cities be built so that inhabitants could enjoy the greenery of gardens and trees, she was describing the type of suburb outside Dresden where her family lived in 1911. Bad air, sleep-disrupting noises, and poor nutrition in crowded city tenements would be mitigated when all districts were planned as such "garden cities,"⁸⁶ she suggested; and poor, as well as wealthy, families needed to get back in touch with more natural environments, including plants and animals. The author was optimistic enough to suggest that the future would bring improvements even as she criticized contemporaries as being out of touch with the best in ancient and rural traditions.

While the physician criticized the wealthier classes for lacking physical exercise and for being overly fed and poorly nourished by the rich

Figure 3



Anna Fischer-Dückelmann having a morning walk in Dresden-Loschwitz. The doctor's villa, "Arthur's Courtyard," is in background. Published by Anna-Maria Blossie on website: www.verlagnaturel.de

food called in Germany *das gute Essen*,⁸⁷ she also pointed out that women of the impoverished working classes lacked both nutritious food and adequate rest while they worked first outside at jobs and afterwards inside the home serving their husbands and families. Fischer-Dückelmann believed such women should be provided vacations at rest homes to recover while working class men who laboured for 12-hour days also needed more time for rest and recovery.⁸⁸ All children ought to be taught good dietary habits in the schools, and for the young, fresh air in the outdoors was especially important, argued the doctor.⁸⁹ In some large German cities, women's charity organizations had provided country homes and rural excursions for urban children and poor families. The Pestalozzi-Froebel House in Berlin, for one, provided such outings for its clients, and the German Red Cross organized *Waldschule*, or summer camps in the woods, for ailing school children.⁹⁰ Women doctors who supported the work of women's reform organizations were exercising their professional authority in a form of social medicine that grew out of public hygiene concerns and expanded to utopian plans for idyllic social and political systems.

Toward the end of her list of recommendations for a healthy middle age, Fischer-Dückelmann revealed her personal plans for moving to a

more salubrious clime. Modern culture had created unnatural conditions in the great German cities so that the search for a healthier life at the turn of the century required relocation to the countryside, she concluded; and there were yet places with inexpensive land to purchase for farming. The example cited in this context by the author turned out to be her own Swiss retreat in the Canton of Tessin. The environs there were most desirable as Fischer-Dückelmann attested: "What sunshine was there, what pure air, what beauty of landscape around Lake Maggiore, where high mountains surrounded the glistening green water." Here well-being would not be defined as possessing riches or surplus goods, but rather measured by the enjoyment of life sought by friends of humanity through social reforms.⁹¹ Soon after publishing this paean to Italian Switzerland and the quality of life in Tessin, the author returned to the Ascona life-reform colony of Monte Verita for increasingly longer periods of residence until her death and interment at that idyllic site.

COMMENTING ON CONTEMPORARY SOCIAL DEBATES INCLUDING BIRTH RATE ANXIETY

Fischer-Dückelmann was still living in Dresden-Loschwitz for a time just before the outbreak of World War I. In 1914 she contributed to an international social debate over birth rate decline in Europe, *Der Geburtenrückgang: Ursachen und Bekämpfung vom Standpunkt des Weibes* (Birth-rate Decline: Causes and Counteractions from the Standpoint of Women). The title asserted that this anxiety-provoking topic would be addressed from the point of view of the women who were bearing and rearing future generations. Arnold Fischer signed the first chapter, explaining how the decline in births was an indicator for the oppression of women in modern culture.⁹² He had previously written essays on Christian socialism and he meant to place the German birth decline in the context of general European history focusing on the plight of women who were often ignored, surprisingly, in discussions of population rates. Other chapters, detailing why women were not producing as many babies, were signed "Dr. F-D."

In the first decades of the 20th century, the French Republic had offered cash incentives to men who fathered many children. Such patriotic patriarchs might be expected to pass these financial benefits down to the mothers bearing and caring for their offspring, but there were no guarantees that women would be allowed to use these monetary rewards for the benefit of the newly born French citizens. German commentators concluded that low birth rates in France "were linked to military weakness and cultural decadence."⁹³ Arnold Fischer perceived the critical social problem in the pre-World War I years to be the relative decline in births in various European nations. This social problem, according to Fis-

cher's analysis, pointed to the central difficulty of the position of women in modern culture.⁹⁴ Gender relationships were therefore superseding class struggles as the defining conflict of the age. As models of motherhood for German-speaking peoples, he pointed to Empress Maria Theresa, ruler of a nation as well as a matriarch of a large family, and to Elizabeth Textor Goethe, mother of the famous German literary figure.

Anna Fischer-Dückelmann agreed with her husband's analysis in part; yet, she emphasized the shameful social conditions and economic poverty of the working class.⁹⁵ She asserted that humanitarians, sociologists, and sensitive physicians might recognize the socio-economic conditions that cause women to avoid childbirth;⁹⁶ nevertheless, no man can know the suffering mothers undergo in carrying, delivering, and nurturing children.⁹⁷ In this book, her usual optimism faltered and she warned that it would serve the German people right to be surpassed in the international competition for healthy children if the nation did not institute widespread social reforms. The woman doctor argued that maintaining the health of mothers had a much greater social importance than building medical institutions or other edifices commissioned by the state. She was distressed that Imperial Germany's bureaucrats spent more on public works including national monuments than on insuring that the "mothers' milk which strengthens the people" should continue to nourish future generations.⁹⁸ Arnold Fischer took an even gloomier tone in observing what he considered as a decline in national hardiness or physical prowess as evidenced by the poor condition of women and future generations of children.⁹⁹ According to his world-historical view, such loss of cultural power denoted the end of one epoch and beginning of another. He could not have envisioned when writing in the spring of 1914 how dramatic would be the end of Imperial German society and what a drastic decline in population would be effected by the Great War beginning in August of that year.

THIRD-WAVE FEMINIST CONCERNS FOR FUTURE GENERATIONS AND FOR GLOBAL SOCIETIES

At the end of her life, Anna Fischer-Dückelmann expanded her medical practice in ways that make her a progenitor for what some feminists today term the "third wave" of feminist advocacy; namely concern for the education of future generations and for the status of women globally. The preface to her instruction manual for nursing sick and wounded at home reported that she was in Ascona, Switzerland, in 1914.¹⁰⁰ German Austrians and German Reich residents founded the German-speaking colony on "Ascona Monti." Other like-minded social reformers came from Holland, France, England, and German-settled areas of Russia. No matter what their country of origin, asserted Anna Fischer-Dückelmann,

as ethical and spirituality-seeking persons, many members of the international community were ready to assist all war wounded in a convalescent home to be named "The Refuge."¹⁰¹

A young Austrian artist suggested non-combatants prepare themselves to assist the wounded and permanently crippled victims of the fighting. To further that goal, Fischer-Dückelmann taught her first wartime nursing course to the international colony members whether their origins were in German-allied nations or in countries designated as enemies. Later in the winter of 1914-15, she taught a large class of women about nursing near the spa where she also worked as consulting physician in Cassel, Germany. Along with dispensing medical information, she found it necessary to encourage the prospective nurses' self-confidence in themselves as competent health-care workers.¹⁰² It was the author's belief that women were called to the profession of healing, and she hoped that transmitting the substance of her nursing courses through publication of this text would assist women to care for the many victims of the current "difficult time." The author dedicated her book to the families and households caring for invalids.

THE SPA AS A REFUGE FOR LIFE-REFORMERS AND SCHOOL FOR PREVENTATIVE MEDICINE

The preface to this last writing of March 1916 listed the Fischer-Dückelmann residences as both her practice site at Goszmann's Sanatorium, Wilhelmshöhe by Cassel, Germany, during summer months and at the Ascona settlement in Tessin, Italian Switzerland, during the winter. This Swiss international colony devoted to life reforms had been in existence since 1902. Belgian Henri Oedekoven and Ida Hoffmann, a German woman studying vegetarianism and nudism, founded a holistic natural-healing settlement at Ascona. They consulted with Fischer-Dückelmann as inventor of a vegetarian regimen later termed the "Gerson diet."¹⁰³ The life-reform settlement on Monte Verita suffered from financial difficulties, since visitors and guests who came to Ascona for rest cures or to escape from the complicated social life of European cities found that primitive living conditions and simple food did not appeal to them for very long. Return clients became few, and not many advocates of natural healing were willing to pay for the perfunctory treatments offered by Oedekoven and Hoffmann.¹⁰⁴ The original vegetarian dishes consisted, for example, of raw vegetables in paper wrappings passed out to residents who were expected to take these meals back to their sleeping cabins to eat in solitude. Anna Fischer-Dückelmann set about reforming this practice. Eventually, the doctor was asked to take over the commercial directorship of the sanatorium.¹⁰⁵ She instituted restaurant-style meals with complete courses of vegetarian dishes served on properly set tables. Reform dressing or undressing (as the case might have been)

was gradually tempered. Even so, the numbers of guests dwindled despite the energetic commercial efforts of Fischer-Dückelmann. By 1912, she was disappointed with the lack of success at Oedenkoven's sanatorium¹⁰⁶ and left Monte Verita periodically over the next five years to pursue her other interests in publishing and medical consulting.

The Ascona colony became an international retreat for artistic individuals escaping not only the conventional social life of European society, but also seeking refuge from the growing horrors of the Great War. The holistic life-style reforms advocated by Ascona settlers had always included explorations of alternative spiritual exercises, including Eastern and theosophical religious practices. In the summer of 1917, for example, Theodor Reuss had set up an irregular Freemasonry order called *Ordo Templi Orientis* on the mountain in what was named the Verita Mystica Lodge.¹⁰⁷ Rudolf Laban was, at that time, also in residence with his troop of women dancers who were creating new forms of modern dance. Laban and all his dancers were inducted into the secret order, with the women forming their own Lodge called *Libertas and Fraternitas*.¹⁰⁸ From 15-25 August 1917, the OTO gathered for a "Nonnational Congress" on Monte Verita during which Laban's dancers, including Mary Wigman, performed at nightfall, midnight, and sunrise to salute the power of sunlight.

Whether Anna Fischer-Dückelmann was witness to these occult and theatrical performances is uncertain. A family friend recalled that the woman doctor had joined one fraternal order, the *Guttempler-Orden*,¹⁰⁹ which had been founded in New York in 1851 for the purpose of combating alcohol use. By 1883, German lodges were formed in Hamburg coinciding with the decade of Fischer-Dückelmann's researching and publishing life-reform news from Frankfurt. What the physician thought of the secret OTO lodges of Reuss and Laban is unrecorded; however, the books published after her death by Arnold Fischer and their daughter Else von Golfieri hint that the Fischer-Dückelmann family was contemplating spiritual mysteries in these years along with fellow residents of Ascona. After his wife's death on 3 December 1917,¹¹⁰ Arnold Fischer published a 200-page book entitled *Das Geheimbündler* (The Secret Fragments, 1921) possibly containing her works in progress. Else Fischer von Golfieri completed what she claimed were her mother's unfinished writings.¹¹¹

The last volume published during Anna Fischer-Dückelmann's own lifetime was a restatement of her "advice for women and their daughters."¹¹² The 1917 issue was retitled as "contributions to (understanding) sexual morality";¹¹³ and its reprinting during the author's residence in Ascona where feminine culture and concerns strongly influenced the artistic life of the community suggests she, too, was engaged in reconsideration of the place of women in modern culture. Her final chapters describe "Autosuggestion" and emotional and psychological treatments

for women, followed by analysis of "Artistic marriage" or problems of male infidelity that might lead to venereal diseases and emotional suffering. Ever thinking in terms of comprehensive and holistic life reform, the woman doctor reaffirmed her commitment to protect women's health by preventative education, adding discussions of what was termed in German feminist circles as a "New Ethic" of moral behaviour for future generations. With the perspective of an outsider, a woman physician of Austrian birth and Swiss experience, Dr. Fischer-Dückelmann thus designed a "motherly"¹¹⁴ and comprehensive refashioning of the German academic medical profession which had claimed to exercise "manly and heroic"¹¹⁵ authority over life and death in prescribing for both health and disease.

Eighty years after the first edition of *Die Frau als Hausärztin*, a Munich physician revised the volume for a sixth time in order to join traditional teachings of natural healing with the newest medical science.¹¹⁶ Dr. Hans-Jürgen Lewitzka-Reitner maintained the original structure of Fischer-Dückelmann's book by beginning with a discussion of normal human development and health maintenance. The second section explained, in the usual alphabetical order, common ailments with their recognizable symptoms and routine treatments. Finally, special emphasis upon children's health was retained in particular explanations of childhood diseases appearing at different ages. Dr. Lewitzka-Reitner added the usual disclaimer of home medical advice authors that this volume should not replace consultation with a physician. Considering the interest of Fischer-Dückelmann in medical practices of other ages and foreign cultures, the original author herself might well have approved Lewitzka-Reitner's addition of a section describing ancient Chinese medicine and the modern study of acupuncture.

Out of a maternal feminist critique of academic medicine, Anna Fischer-Dückelmann developed a combination of Western "school" science with alternative therapies into a holistic approach toward preventative hygiene and healing treatments. Her prescriptions for life reform practices that seemed radical in her day continue to attract adherents 80 years after Fischer-Dückelmann first described them in her publications and demonstrated their efficacy in her medical practice. Today her therapeutic system would mesh with the mixture of professional practices known as modern complementary and comprehensive medicine.

NOTES

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- 3 Tiburtius, "Status," p. 492.
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- 5 Thomas Neville Bonner, *To The Ends of the Earth: Women's Search for Education in Medicine* (Cambridge, Mass.: Harvard University, 1992).
- 6 Eva Brinkschulte, hrsg., *Weibliche Ärzte. Die Durchsetzung des Berufsbildes in Deutschland* (Berlin: Hentrich, 1993).
- 7 Regina Markell Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine* (New York: Oxford University, 1985).
- 8 Paulette Meyer, "From 'Uncertifiable' Medical Practice to the Berlin Clinic of Women Doctors: The Medical Career of Franziska Tiburtius (MD Zürich, 1876)," *Dynamis. Acta Hispanica ad Medicinæ Scientiarumque Historiam Illustrandam*, 19 (1999): 279-303.
- 9 Hedwig Dohm, *Women's Nature and Privilege*, translated by Constance Campbell (Westport, Conn.: Hyperion, 1976), p. 82; also Caroline Schultze, *Die Ärztin m XIX. Jahrhundert* (Leipzig: Hobbing, 1889).
- 10 Johanna Bleker, "Die ersten Ärztinnen und ihre Gesundheitsbücher für Frauen. Hope Bridges Adams-Lehmann (1855-1916), Anna Fischer-Dückelmann (1856-1917) und Jenny Springer (1860-1917)," in Eva Brinkschulte, ed., *Weibliche Ärzte. Die Durchsetzung des Berufsbildes in Deutschland* (Berlin: Hentrich, 1993), p. 78-79.
- 11 Ann Taylor Allen, *Feminism and Motherhood in Germany, 1800-1914* (New Brunswick, N.J.: Rutgers University, 1991).
- 12 Karen Offen, *European Feminisms 1700-1950* (Stanford, Calif.: Stanford University, 2000), p. 21-22.
- 13 Katherine Anthony, *Feminism in Germany and Scandinavia* (New York: Holt, 1915), p. 11.
- 14 Annemarie Körner-Peth, "Anna Fischer-Dückelmann. Eine Frau als Pionierin um die Jahrhundertwende—Vorkämpferin für das medizinische Frauenstudium," *Deutsche Schwesternzeitung*, 11 (1958): 344-45.
- 15 bell hooks, *Feminist Theory: From Margin to Center* (Cambridge, Mass.: South End Press, 1984), preface.
- 16 Anthony, *Feminism*, p. 244.
- 17 Unless otherwise noted, biographical information comes from Anna Fischer-Dückelmann, "Autobiographische Skizze," *Jahresbericht des Vereins für erweiterte Frauenbildung in Wien*, 9 (1897/8): 51-3; also see Bleker, "Gesundheitsbücher," p. 65-83.
- 18 Max Neweklowsky, *Vierhundertjahre Hausgeschichte. Eine Chronik des Hauses Tragwein Nr. 2 und seiner Bewohner* (Linz: Gesellschaft für Landeskunde, 1977).
- 19 Anna Fischer-Dückelmann may have chosen that locale over other universities admitting women students because her first widely disseminated brochure on diet reform had been published in 1888 by the Zürich press of Schröter & Meyer.
- 20 Hanny Rohner, "Die ersten 30 Jahre des medizinischen Frauenstudiums an der Universität Zürich 1867-1897," *Zürcher Medizingeschichtliche Abhandlungen*, 89 (1972).
- 21 During this transitional year of 1890, Dr. Friedrich Dückelmann died in Linz, Austria. Later, Anna Fischer-Dückelmann memorialized her father by dedicating her compendium work *Die Frau als Hausärztin* to him.
- 22 Anna Fischer-Dückelmann, "Die vom April 1888 bis Januar 1895 in der Züricher Frauenklinik beobachteten Fälle von Puerperalfieber," MD dissertation, University of Zürich, 1896.
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- 24 Anna Fischer-Dückelmann, *Die Geburtshilfe vom physiatischen Standpunkt*, 2d ed. (Berlin: Bermühler, 1902), p. 7.
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- 30 Fischer-Dückelmann, *Geburtshilfe*, p. 10.
- 31 Fischer-Dückelmann, *Geburtshilfe*, p. 11.
- 32 Fischer-Dückelmann, *Geburtshilfe*, p. 16.
- 33 Fischer-Dückelmann, *Geburtshilfe*, p. 12.
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- 35 Fischer-Dückelmann, *Behandlungsmethoden*, p. 6.
- 36 Fischer-Dückelmann, *Behandlungsmethoden*, p. 4.
- 37 Fischer-Dückelmann, *Behandlungsmethoden*, p. 5.
- 38 Vikenty Veressayev, *The Memoirs of a Physician*, translated by Simeon Linden (New York: Knopf, 1916), p. 336, 341.
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- 40 Fischer-Dückelmann, *Behandlungsmethoden*, p. 6.
- 41 Franz Penzoldt, *Das Medizinstudium der Frauen* (Jena: Fischer, 1898).
- 42 *Medicinische Welt: Gallerie von Zeitgenossen auf dem Gebiete der Medicinenwissenschaften* (Berlin: Eckstein, 1900) and *Medicinisches Deutschland* (Berlin: Eckstein, 1901).
- 43 Fischer-Dückelmann, *Ueber die Reform der weiblichen Kleidung* (Berlin: Breitkreuz, 1890), p. 11, 22.
- 44 Fischer-Dückelmann, *Kleidung*, p. 19.
- 45 Fischer-Dückelmann, *Kleidung*, p. 18.
- 46 Fischer-Dückelmann, *Kleidung*, p. 24.
- 47 Fischer-Dückelmann, *Kleidung*, p. 21.
- 48 Fischer-Dückelmann, *Kleidung*, p. 22.
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- 52 Fischer-Dückelmann, *Geschlechtsleben*, p. 222.
- 53 Körner-Peth, "Fischer-Dückelmann," p. 344-45.
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- 56 Brinkschulte, *Weibliche Ärzte*, p. 170.
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- 63 Fischer-Dückelmann, *Die Frau*, opp. p. 656.
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- 65 Platen, *Heilmethode*, title page and introduction.
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- 69 Fischer-Dueckelmann, *Wife*, p. 722.
- 70 Fischer-Düeckelmann, *Die Frau*, p. 245-56.
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- 72 Fischer-Dueckelmann, *Wife*, p. 722.
- 73 Anna Fischer-Düeckelmann, *Gesunde Frauen. Ärztlich-literarische Besprechung des Klimakteriums* (Berlin: Hesperus, 1911), p. 9.
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- 79 Fischer-Düeckelmann, *Gesunde Frauen*, p. 112.
- 80 Fischer-Düeckelmann, *Gesunde Frauen*, p. 113.
- 81 Fischer-Düeckelmann, *Gesunde Frauen*, p. 114.
- 82 Fischer-Düeckelmann, *Gesunde Frauen*, p. 116.
- 83 Fischer-Düeckelmann, *Gesunde Frauen*, p. 14.
- 84 Fischer-Düeckelmann, *Gesunde Frauen*, p. 15.
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- 88 Fischer-Düeckelmann, *Gesunde Frauen*, p. 125.
- 89 Fischer-Düeckelmann, *Gesunde Frauen*, p. 124, 140.
- 90 Mrs. Alfred Sidgwick, *Home Life in Germany* (Chautauqua, N.Y.: Chautauqua Press, 1912), p. 12-13, 32-35.
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- 94 Arnold Fischer in Fischer-Düeckelmann, *Der Geburtenrückgang*, p. 14.
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- 96 Fischer-Düeckelmann, *Der Geburtenrückgang*, p. 45.
- 97 Fischer-Düeckelmann, *Der Geburtenrückgang*, p. 65.
- 98 Fischer-Düeckelmann, *Der Geburtenrückgang*, p. 67-68.
- 99 Fischer-Düeckelmann, *Der Geburtenrückgang*, p. 25.
- 100 Anna Fischer-Düeckelmann, *Hausliche Krankenpflege in Kriegszeiten* (Stuttgart: Süddeutsches Verlag-Institut, 1916), p. 7.
- 101 Körner-Peth, "Pionierin," p. 345.
- 102 Fischer-Düeckelmann, *Hausliche Krankenpflege*, p. 9.
- 103 Landmann, *Ascona*, p. 154; and Körner-Peth, "Pionierin," p. 345 says she invented the "Gerson" fruit and vegetable diet described by Erwin Liek-Danzig, *Das Wunder in der Heilkunde* (Munich: Lehmanns, 1931), p. 156-60 as a diet founded in Bielefeld-Cassel. Brinkschulte, *Weibliche Ärzte*, p. 137 lists Dr. Dora Gerson as a suicide during the Nazi regime in Hannover, 24 September 1941.
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- 106 Landmann, *Ascona*, p. 154.
- 107 Martin Green, *The Von Richthofen Sisters* (New York: Basic Books, 1984) and Martin Green, *The Mountain of Truth: The Counterculture Begins, Ascona, 1900-1920* (Hanover, N.H.: University Press, 1986), p. 104.
- 108 Green, *Mountain*, p. 148.

- 109 Körner-Peth, "Pionierin," p. 345.
- 110 Marcella Stern, Private Communication in Vienna, Confirmation by letter of 15 March 1990 from Municipal Archives of Ascona. Both date of death and place of birth are wrong in Körner-Peth, "Pionierin," p. 344-45; Anna was not born on the family estate at Tragwein, Austria, but in Wadowice, now in Poland. She did not die in November, but on 3 December 1917.
- 111 Körner-Peth, "Pionierin," p. 345. Like her mother, Else Fischer von Golfieri travelled throughout Germany and other countries lecturing on topics from her books. After World War II, Else spent time in Ascona, then returned to Germany where she may have been overwhelmed by the wartime destruction of her youthful home city of Dresden. Her life was described as lonely and her death in 1948 as tragic (a suicide?).
- 112 Anna Fischer-Dückelmann, *Entstehung, Verhütung und Heilung der Frauen-krankheiten aller Alterstufen für Frauen und erwachsene Töchter* (Berlin: Bermühler, 1898, rev. ed. 1902).
- 113 Anna Fischer-Dückelmann, *Beiträge zur sexuellen Moral: Aus dem Sprechzimmer einer Aerztin*, 2d ed. (Leipzig: Volger, 1917).
- 114 Körner-Peth, "Pionierin," p. 345.
- 115 Fischer-Dückelmann, *Geburtshilfe*, p. 9.
- 116 Anna Fischer-Dückelmann, *Die Frau als Hausärztin* [1901], 6th rev. ed. Hans-Jürgen Lewitzka-Reitner, ed. (Niedernhausen/Ts.: Falken, 1981).