

From «Uncertifiable» Medical Practice to the Berlin Clinic of Women Doctors: The Medical Career of Franziska Tiburtius (M. D. Zürich, 1876)

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SUMMARY

1.—Gendered Medical Professionalization. 2.—Middle-class Women after the Industrial Revolution. 3.—Colleagues in the German Medical Establishment. 4.—German Certification Struggles. 5.—The *Züricher Garde* Makes Its Mark upon German Medical Practices.

ABSTRACT

Problems in gender expectations and relationships complicated increasing professionalization of medical arts at an important point of transformation toward the modern industrial European state. Subordination of women's work in these processes altered possible outcomes for German society in general and for female medical careers in particular. Franziska Tiburtius was one of twenty German women graduated from the coeducational medical school in Zürich, Switzerland, in the nineteenth century. She was a founder of the Clinic of Women Doctors despite prohibitions against certifying women as physicians. Imperial Germany was the last Western nation to admit women to full medical practice in 1899.

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Before the end of the nineteenth century, twenty women listing states in Imperial Germany as their homelands graduated from the coeducational medical school at the University of Zürich, Switzerland. This *Züricher Garde*, or cohort of pioneering university-educated women doctors, changed the German medical establishment through women-centered clinical and private practices and by writings in support of women's advanced education and professional work. Memoirs by the first generation of German women doctors, like Franziska Tiburtius, and publications by younger physicians, like Agnes Bluhm, Elizabeth Winterhalter, Anna Kuhnnow and Anna Fischer-Dückelmann, tell stories of their struggles to gain medical degrees and subsequent difficulties in refashioning the German medical profession toward preventative health and life reform measures (1).

Franziska Tiburtius (1843-1927) reported that she and her friend Emilie Lehmus (1841-1932) often discussed their desire to establish a general practice clinic for women in a working-class neighborhood of Berlin. As students in Zürich, Switzerland, and during their year of internship in Dresden, Germany, the two women physicians had observed first-hand that women workers benefited from accessible health care near their own homes (2). In a general or polyclinic, multiple health concerns of women and children could be addressed, not just specialized obstetric and gynecological treatments for women. Another unspoken consideration might be that such a polyclinic would identify Drs. Tiburtius and Lehmus as general practice physicians in contrast to other women medical workers limited in Germany to midwifery cases. Women physicians in possession of Zürich medical diplomas had received an education

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- (1) TIBURTIUS, Franziska. *Erinnerungen einer Achtzigjährigen*, Berlin, Schwetschke, 1923; BLUHM, Agnes. Dank an meine Studienzeit. *Die Ärztin*, 1941, 17, 527-535; WINTERHALTER, Elizabeth. Elizabeth Winterhalter. In: Elga Kern (ed.), *Führende Frauen Europas*, Munich, Reinhardt, 1930, pp. 30-35; KUHNOW, Anna. *Gedanken und Erfahrungen über Frauenbildung und Frauenberuf*, Leipzig, Haacke, 1896; FISCHER-DÜCKELMANN, Anna. Autobiographische Skizze. *Jahresbericht des Vereins für erweiterte Frauenbildung in Wien*, 1897/8, 9, 51-53. See MEYER, Paulette. *Women Doctors Refashion a Men's Profession: Medical Careers of Nineteenth-Century Zürich University Graduates in Germany*, Minneapolis, Diss., University of Minnesota, 1997. Translations and paraphrases from German sources are mine. PM.
- (2) TIBURTIUS, note 1, p. 151.

equal to their male contemporaries, as acknowledged informally by the Medical Minister for Berlin, Dr. Skreszka (3). In formal legal status, however, women physicians could not be distinguished from midwives or even «irregular» healers because women medical graduates were categorically excluded from German physicians certification examinations until 1899. Even a written certificate from the supervising physician of their Dresden internship, Dr. Franz Winckel, attesting to their experience as medical graduates in teaching midwifery, did not sway bureaucratic authorities who barred women from German medical certification. The following story of Drs. Tiburtius and Lehmus's career paths and social service in building their «uncertifiable» medical practice into the Berlin Clinic of the Women Doctors adds dimensions to the history of women in professions and gives voice to German feminist concerns that echo into modern history.

These first women doctors in the Imperial German *Kaiserreich* describe how, as pioneering medical professionals, they experienced gendered strictures limiting aspirations of medical women. Midwifery and nursing were the traditional medical occupations for women; however, these practices were marked as unsuitable for daughters of the higher socioeconomic orders (4). At the upper end of the medical practice hierarchy, even women who earned full medical degrees in foreign universities were not permitted to practice their profession as certified German physicians until the turn of the century.

The model of German medical training was regarded as the modern standard for other universities including Johns Hopkins Medical School founded during the 1890s (5). At this American institution, however, women medical students were admitted from 1893 on because the major woman donor to the building fund, heiress to the Baltimore and

(3) TIBURTIUS, note 1, p. 149.

(4) VIETOR, Agnes (ed.). *A Woman's Quest: The Life of Marie E. Zakrzewska, M.D.*, New York, Appleton, 1924, p. 37. These are the edited memoirs of the Chief Midwife in the Berlin Charité Hospital. Zakrzewska (1829-1902) emigrated and earned her American medical degree in 1856.

(5) See BONNER, Thomas Neville. *American Doctors and German Universities: A Chapter in International Intellectual Relations 1870-1914*, Lincoln, University of Nebraska, 1963.

Ohio Railroad fortune Mary Garrett, had insisted on coeducation (6). In contrast during the decade before World War I, Imperial Germany was the last Western European nation to certify women doctors as legally recognized physicians and to allow its female citizens to formally matriculate as university students. Such long-standing legal impediments to female education and professional practices were only the most visible indicators of other political, economic and social disabilities which distinguished the life experiences of German women from those of European and American contemporaries during the *Kaiserreich* of 1871-1918.

Previous research on the education of German women and on the increasing professionalization of German medicine has concentrated on impediments to gender equity in learning opportunities and on the structuring of medical practices into regulated and limited employment (7). Most existing accounts have not detailed either the experiences of those women who attempted to enter medical careers or the successes they did achieve. General histories of medicine normally do not name women physicians or medical practitioners and neglect even statistical evidence of female presence in various medical careers (8). Careful reading and analysis of personal accounts and life histories written by women like Franziska Tiburtius and others who lived during the Imperial Era, and who managed to become physicians despite social and political obstacles, document conflicts over female efforts to join the medical profession on an equal basis with male colleagues.

1. *GENDERED MEDICAL PROFESSIONALIZATION*

Significant determinants in the course of medical professionalization were legal controls exercised by the Imperial German government and

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- (6) MORANTZ-SANCHEZ, Regina Markell. *Sympathy and Science: Women Physicians in American Medicine*, New York, Oxford, 1985, p. 87.
 - (7) KATER, Michael H. Professionalization and Socialization of Physicians in Wilhelmine and Weimar Germany. *Journal of Contemporary History*, 1985, 20, 677-701.
 - (8) See SIGERIST, Henry E. *A History of Medicine*, 2 vols., New York, Oxford, 1951-61. and SIGERIST, Henry E. *Grosse Ärzte: Eine Geschichte der Heilkunde in Lebensbildern*. Munich, Lehmanns, 1932.

social sanctions threatened by bourgeois civil society. The economic incentives to create hierarchical strata in medical service sectors and segments have been discussed in research on job markets during the modern era without full attention to the gendered character of professionalization strategies (9). Contests between German bureaucratic hierarchies of control and local initiatives in popular health care caught women healers and midwives in the middle of demands for services by poor and neglected patients and legal sanctions threatened against «quacks» or medics who had not completed either the formal requirements of academic training or the testing by corporations of physicians given regulatory power over various types of curative practitioners. In the late seventeenth century, the German medical establishment was one of the earliest groups of physicians to accomplish a narrowing of competition in their job market through educational requirements including full university diplomas for certified physicians and by means of state-approved testing for practitioners at various levels of competence, including licensed midwives and barber surgeons (10). Many of the first women physicians came from rural areas where such certified medical personnel were in short supply and thus women healers were often called upon to treat local ill.

In addition, Doctor of Medicine Franziska Tiburtius of Rügen and her sister-in-law Doctor of Dentistry Henriette Hirschfeld-Tiburtius (1834-1911) of Sylt grew up on islands in the border regions of the *Kaiserreich* where a «garrison mentality» also could motivate women residents to public service among those beleaguered communities distant from urban medical centers. In other cases, the homes of several early German women physicians were near alternative healing establishments where popular health traditions directed sufferers to the locales of hot springs or pools used as medicinal spas. These ancient pilgrimage sites drew ailing patients of all classes. The Tiburtius family lived near such a spa. In many such alternative healing practices, religious devotions were

(9) WITZ, Anne. *Professions and Patriarchy*, London, Routledge, 1992, p. 5.

(10) HUERKAMP, Claudia. Die preussisch-deutsche Ärzteschaft als Teil des Bildungsbürgertums: Wandel in Lage und Selbstverständnis vom ausgehenden 18. Jahrhundert bis zum Kaiserreich. In: W. Conze and J. Kocha (eds.), *Bildungsbürgertum im 19. Jahrhundert*, Stuttgart, Klett-Cotta, 1985, pp. 358-387.

coupled with visits to hot springs which had been regarded as miraculous places for divine cures.

Pastors and priests (11) became involved in health practices particularly at these sites. Future women physicians from such rural locations brought to their academic studies intimate knowledge of the needs of marginalized sick and impoverished villagers. Those women familiar with home remedies and spa hygiene practices might well be more open-minded about traditional healing insights than students exposed to only the academic knowledge of disease taught in medical schools. By shutting these types of pragmatically experienced women out of modern medical practices for such a long period, the German medical establishment lost an opportunity to combine advanced scientific training with alternative knowledge transmitted at spa locales through popular healing traditions.

Ninety percent of the first twenty German women medical graduates of Zürich University came from homelands outside the *Kaisereich* center—the capital city of Berlin—although many women doctors went to practice there after earning diplomas (12). Perhaps their origins as outsiders from the margins of German territory made it easier for them to behave in exceptional ways, to pursue advanced education abroad, to practice as «irregular» doctors, and to challenge prejudices against women physicians in the men's medical profession.

By the end of the nineteenth century, German women physicians were able to combine successful academic training with typically feminized household concerns for preventive medical practices by publishing popular guides to medical knowledge (13). Evidence of the maternalist bent of German feminist movements is found in the writings by women physicians for a female audience as a means to spread knowledge and female support between individual women and through successive generations.

(11) See KNEIPPE, Fr. Sebastian. *Thus Shalt Thou Live. Hints and Advices for the Healthy and the Sick*, [1889] trans. 2nd. ed., Kempten, Bavaria, Koesl, 1895.

(12) MEYER, note 1, pp. 19-20.

(13) FISCHER-DÜCKELMANN, Anna. *Die Frau als Hausärztin. Ein ärztliches Nachschlagetuch der Gesundheitspflege und Heilkunde in der Familie mit besonderer Berücksichtigung der Frauen- und Kinderkrankheiten, Geburtshilfe und Kinderpflege*, Stuttgart, Süddeutsches, 1901. This thousand-page home medical advice book sold over one million copies before World War I.

The question of what women can and should study comprised a basic foundation of the debate over female capabilities (*die Frauenfrage*). Women doctors often suggested changes in women's education and the Zürich University graduates also outlined radical reforms of women's legal and employment status in Germany beyond challenging existing barriers to women in the established men's medical profession (14).

Nineteenth century German women attempted to re-enter the medical profession through university medical school education. The coeducational University of Zürich became a most attractive alternative site for women medical students when Imperial German universities categorically refused formal admission or matriculation to all women. Subordination of women doctors in the German medical establishment persisted even after Imperial German universities admitted women students and after women graduates passed *Kaiserreich* certification examinations. Political revolution in Germany following World War I liberalized legal restrictions on women's education and employment; however, civil society in Germany and the existing men's professional organizations, which shaped career paths in medicine, did not support egalitarian ambitions for women physicians.

At the Zürich University Polyclinic, women student physicians may have consulted with patients of both genders divided according to their medical complaints. Rather than studying midwifery or obstetrics and gynecological specialties, Dr. Lehmus had written her medical dissertation on ophthalmology, while Dr. Tiburtius had studied the physiological effects of chronic lead poisoning with Professor of Internal Medicine Huguenin. In Germany, however, it might well have been more prudent for these two pioneering women physicians to limit their practice to women patients and their pre-adolescent children even while attempting to treat more than complaints of «women's diseases». As a contemporary biographer reported, these first two women doctors could expect that their first year of independent practice would be difficult since they would meet up against «old, deeply rooted views» on the limitations of female capabilities and the restrictions for women's professions (15).

(14) See KUHNOW, note 1.

(15) *MEDICINISCHES Deutschland*, Berlin, Eckstein, 1901, n.p.

In these circumstances, Franziska Tiburtius felt fortunate that she and her partner Emilie Lehmus could begin their private uncertifiable medical practice in 1877 as part of the established medical household of the Tiburtius family in Berlin. The waiting room for dental patients of Henriette Hirschfeld-Tiburtius D.D.S. then doubled as waiting room for the private medical patients of the new women physicians (16). Even in this favorable setting, Franziska Tiburtius noted with some amusement that regardless of vigorous arguments by leading German *Frauenrechtlerinnen* (women's rights advocates) for women's opportunity to choose women physicians, socially prominent ladies were often cautious about visiting the consulting rooms of women physicians. Some rich and important families first sent employees like maids and cooks to see the lady doctors. If that experience worked out well, then the «*gnädige Frau selbst*» (gracious lady herself) might appear. Or perhaps she sent her children accompanied by a governess (17).

Nevertheless, family connections of both women, including Dr. Lehmus's sister and brother-in-law, Berlin Professor of Theology Deutsch, introduced notable Berlin society to the women doctors' medical practice. In addition, women activists in *die Frauenbewegung* (women's movement) often patronized the dental practice of Franziska Tiburtius's sister-in-law Henriette Hirschfeld-Tiburtius D.D.S. as a matter of principle in support of women professionals. Through early feminist organizations for social change, the recent Zürich graduates met and cultivated potential patients and donors who might support their projected charity clinic for workers' families. In this way, the most important contribution of a building for the clinic was donated by a wealthy industrialist who, with his wife, was a dental patient of Henriette Hirschfeld-Tiburtius.

Many of the first German women doctors came from family backgrounds that included physicians or other professionals trained in social service occupations even though those families lived in rural locales for the most part. Another path to traditional medical practices for women had been through religious vocations. Like Emilie Lehmus, who was the

(16) TIBURTIUS, note 1, p. 143.

(17) TIBURTIUS, note 1, p. 160.

daughter of a Protestant pastor in Fürth, Bavaria, several of the women students at Zürich came out of religious establishments and from families with traditions of service to state, church and society. Other later Bavarian women doctors, Elizabeth Winterhalter and Friderica von Geldern-Egmond, were students in Roman Catholic convent schools from families of the landed aristocratic classes whose members felt duty-bound to contribute service to political superiors through military or government civil service. Franziska Tiburtius was also the child of an estate owner while her mother came from a Protestant pastor's family (18). Her Prussian-Pomeranian family lived on the Baltic Island of Rügen in the borderlands of the German states. Tiburtius's brother became a physician in the Imperial military forces stationed in Berlin. Their Junker landed class, too, followed an ethos that all Prussians should serve their nation. This imperative extended to women who as mothers produced and nurtured future citizens. Career-oriented women like Tiburtius hoped to enlarge the boundaries of female service to what German feminists termed «spiritual» motherhood or «organized» motherhood for fostering the physical and mental development of a new national generation (19).

2. MIDDLE-CLASS WOMEN AFTER THE INDUSTRIAL REVOLUTION

With the mechanization of textile production through factories and the systematization of public schools in German lands, the two most common occupations of women in middle class families—namely, needlework and child care—were concentrated and centralized outside individual households. Married women who were not actively engaged in rearing children and single adult women from educated families began to look for employment outside their homes. At the beginning of the nineteenth century, respectable paid work positions for women were limited to those of governess or lady's companion in prosperous homes or that of a teacher in girls' schools. Many future women physicians

(18) BLUHM, Agnes. Dr. med. Emilie Lehmus. *Die Ärztin*, 1931, 7, 199.

(19) See ALLEN, Ann Taylor. *Feminism and Motherhood in Germany 1800-1914*, New Brunswick, Rutgers University, 1990.

first trained or actually worked as teachers while Henriette Hirschfeld-Tiburtius was a lady's companion before studying dentistry (20).

In the 1860s, wars of German unification and expansion inspired women with varying degrees of training to assist in nursing wounded soldiers even as they had always cared for members of their own families who became injured or ill. The Prussian revision of the German commercial code in 1869 guaranteed unlicensed «healers» the liberty to practice medical treatments (*die Kurierfreiheit*), as long as they did not claim to be tested and officially certified physicians. In this time of more *laissez faire* medical practices, Henriette Hirschfeld, another pastor's daughter and the future sister-in-law of Franziska Tiburtius, determined to study dentistry in the United States of America after suffering problems with her own teeth (21). Dentistry and apothecary work were then considered subordinate medical practices, akin to midwifery and nursing that did not require formal university diplomas. Women who were not permitted to matriculate in the German universities might still learn such medical skills through a combination of apprenticeship and classroom instruction.

The practice of medicine as fully educated and certified physicians did seem appropriate and desirable to some ambitious young middle-class women. A few men in educated families also encouraged, or at least accepted, the goals of medical training and careers for their women relatives. Emilie Lehmus's pastor father was the one who taught her the necessary Latin for matriculating at Zürich University, once she decided on that course. Franziska Tiburtius's physician brother also encouraged her to pursue medical training rather than open a private girls' school which she had considered doing.

An atmosphere of economic expansiveness and optimism about future possibilities for social and political change followed the victory of Prussian-led German forces in the Franco-Prussian war of 1871. Increasing public education was a goal for the newly centralized, Prussian-dominated *Kaiserreich*. Female training of some sort was part of this campaign. Further, a skewed demographic balance with a perceived surplus of

(20) ALBISETTI, James C. *Schooling German Girls and Women*, Princeton, Princeton University, 1988, p. 124.

(21) ALBISETTI, note 20.

women made families consider strategies to deal with unmarried female relatives who required financial support through family funding or self-employment (22). Upper and middle classes feared downward mobility in the flux of rapid economic and political change. The financial drain of supporting surplus daughters, for whom marriage partners and bridal dowries might never materialize, was a concern that could be lessened if women were given greater educational and career opportunities. Franziska Tiburtius termed this change in female aspirations the «Revolution of the Aunts» (23).

Several of the first women physicians did come from such large families, including Emilie Lehmus, who was the third of six sisters. Franziska Tiburtius was the youngest of nine children, and Elizabeth Winterhalter was the youngest of thirteen. Both Tiburtius and Winterhalter grew up without their fathers who had died while the girls were youngsters, leaving widowed mothers to nurture and support their surviving children. In such cases, brothers or male guardians might arrange for advanced education to make young women self-supporting. Such proxy male advocates were necessary actors for German women in political and financial dealings where females were disenfranchised and disempowered.

Notable sponsors and male advocates for improved female education included royal patrons of schools and training facilities designed to enable women to find honorable employment they might need to support themselves or their families. Some courses even prepared women for social work with the growing numbers of city-dwelling industrial workers and underemployed poor. Early nineteenth-century male advocates for women's educational institutions included Friedrich Froebel of the kindergarten teacher training courses and Adolph Lette, who organized training classes in practical subjects for women. Proto-feminist self-help movements ranged from those sponsored by activist writers like Mathilde

(22) DOHM, Hedwig. *Women's Nature and Privilege*, [1896] trans. Constance Campbell. Reprinted Westport, Hyperion, 1976, p. 42, estimated at the time of the 1871 unification of Germany that one and one-quarter million women remained unmarried in Prussia alone.

(23) TIBURTIUS, Franziska. The Development of the Study of Medicine for Women in Germany, and Present Status. *Canadian Practitioner and Review*, 1909, 34, 492-500 [p. 493].

Weber, who organized schools for female household help among her other projects, to the educational reforms planned by maternal separatists like Helene Lange, who wanted to see women administering schools and social services. More radical women in groups like Berlin's organization for women's welfare, *Frauenwohl*, sought cross-class alliances between upper and lower class women for the purpose of promoting societal reforms to benefit poorer families. The varieties of reform ideas and educational initiatives debated in public exchanges beginning in the early 1870s reflect interactions between the free-wheeling capitalist expansiveness of the Imperial formative era (*die Gründerzeit*) and the protectionist or maternalist claims and strategies of the German women's movement (*die Frauenbewegung*) (24).

In Tiburtius's opinion, during the rapid political and economic changes of *die Gründerzeit*, three approaches to improving social welfare opened up possibilities for professional women's employment: the state-sponsored insurance system for elderly and ill workers, charitable projects of religious organizations, and finally, the voluntary efforts of middle-class reformers to improve the lives of the general public (25). Tiburtius commented that before the Imperial Era began in 1871, Ferdinand Lasalle did excite discussions in some salon circles of the «social question» or plight of workers in new industrial factory systems (26). His early death in a duel ended most of his influence on middle-class reformers. In regard to later labor agitation, Tiburtius did not discuss political reform parties like the Social Democrats or other workers' self-help organizations in her autobiographical writings. This omission has prompted the opinion that «her memoirs offer a picture of a very upright Pomeranian-Prussian family whose values prejudiced her political judgment in a catastrophic way» (27). Yet, as Tiburtius explained, the middle-class

(24) See JOERES, Ruth-Ellen B.; MAYNES, Mary Jo (eds.). *German Women in the Eighteenth and Nineteenth Centuries: A Social and Literary History*, Bloomington, University of Indiana, 1986.

(25) TIBURTIUS, note 1, pp. 163-164.

(26) TIBURTIUS, note 1, pp. 162-163.

(27) JACOBI-DITTRICH, Juliane. Growing Up Female in the Nineteenth Century. In: John C. Fout (ed.), *German Women in the Nineteenth Century*, New York, Holmes & Meier, 1984, pp. 197-217 [p. 201].

milieu was where both she and her partner, Emilie Lehmus lived and from which they derived financial and emotional support for the ameliorative efforts of their charity clinic. Suggestions for more radical social reforms that engaged working-class politicians did not easily mesh with bourgeois efforts at philanthropy.

Despite welcomed monetary and other contributions of many middle-class family members and friends to feminist projects, most German male medical professionals were reluctant to accept any women doctors as colleagues. For instance, in the early years of their Berlin charity clinic operations, the women physicians had to answer to many anonymous complaints made to Prussian officials about female medical practice. In one case, Dr. Franziska Tiburtius was called to display her diploma from the prestigious University of Zürich (Switzerland) to a young Prussian state bureaucrat. This official then explained that by calling herself «Dr. med.», Tiburtius implied she had been certified to practice medicine by German examinations which women were not allowed to take. His judgment was that she must have her sign repainted to show, in additional detail, the foreign origin of her medical qualifications: «Dr. med. der Universität Zürich Tiburtius».

On the other hand, Tiburtius pointed out that women physicians practicing in Germany «found much interest and good-will among the public» (28) despite theoretical objections that the profession of medicine

«would be entirely hopeless in a conservative country like ours—women would not have confidence in women in the professional way, and so forth. But every theoretical opposition attracts the attention of the public and I really think it possible that the discussion was useful to the movement» (29).

In fact, after the Berlin charity clinic sported its newly painted signboard with the longer titles in front of the women doctors' names, more patients than ever before flocked to consult the female physicians with those numerous words describing their qualifications in print (30).

(28) TIBURTIUS, note 23 p. 495.

(29) TIBURTIUS, note 23, pp. 492-493.

(30) TIBURTIUS, note 1, pp. 153-154.

In the 1870s and 1880s, it was a struggle for the first two German women doctors to conduct an uncertified practice in competition with male physicians who could work either in private practice or as salaried doctors in the state-sponsored medical insurance system for German workers. Even as late as 1898, when Dr. Gisela Kuhn was hired by an insurance society in Remscheid near Cologne to practice as its physician on the basis of her Zürich education and Swiss certification, she was shortly thereafter banned from German practice and from employment in a state-sponsored position (31). In this instance, Dr. Kuhn left Imperial German territory in 1899 to work for the Austro-Hungarian Empire among Muslim women at the Bosnian city of Banjaluka. Other women graduates of Swiss universities similarly employed at one time in Bosnia included Dr. Anna Bayer at the city of Tuzla in 1891; Dr. Theodora von Krajewska at Dolnja Tuzla in 1893 and at Sarajevo in 1899; and finally, Zürich University graduates Dr. Bohuslava Keck at the city of Mostar in 1896 and Dr. Anna Kuhnow employed by the Austro-Hungarian government for Bosnia-Herzegovina in 1898. Zürich graduate Dr. Marie Prita practiced medicine in neighboring Serbia after earning her diploma in 1893 (32). The Imperial German government did not open comparable opportunities to women doctors even in remote and underserved rural practices.

Toward the end of the nineteenth century, Tiburtius reported that women physicians were often hired to administer private life insurance examinations to German women workers who preferred female doctors (33). The Berlin Clinic of Women Doctors was originally employed by the privately sponsored Lette Association (*der Lette Verein*) to care for women students (34). Georgina Archer, the director of the Victoria Lyceum, also invited Drs. Lehmus and Tiburtius to teach health and hygiene courses to audiences of girls and women. Miss Archer was the tutor for

(31) ZIEGELER, Beate. «Zum Heile der Moral und der Gesundheit ihres Geschlechtes. »: argumente für Frauenmedizinstudium und Ärztinnen-Praxis um 1900. In: Eva Brinkschulte (ed.), *Weibliche Ärzte. Die Durchsetzung des Berufsbildes in Deutschland*, Berlin, Hentrich, 1993, pp. 33-43.

(32) The activity of women physicians in Bosnia and Serbia is detailed in: HEINDL, W.; TICHY, M. (eds.). *Durch Erkenntnis zu Freiheit und Glück ...*, Vienna, WUV, 1990, pp. 216-219.

(33) TIBURTIUS, note 23, p. 496.

(34) TIBURTIUS, note 1, p. 165.

the children of the royal family, and her private school was founded in 1869 by Prussian Crown Princess Victoria to provide advanced education to young women at the level necessary for university preparatory courses. Since 1866 the Crown Princess had served as patron of the Lette Association and its educational institution which provided work training for women who must support themselves or dependents (35). Founder Dr. Adolph Lette included scientific and medical employment among those he considered suitable for respectable women: on this list of possibilities were «medical and surgical occupations, midwifery, and nursing; painting, sculpture, the preparation of models, copper and wood engraving, lithographing, and pattern-making; the preparation of chemical, microscopic, and optical objects» (36).

Beyond her endowment of advanced education for women, the Crown Princess herself was interested in medical care. As the Princess Royal and eldest daughter of Britain's Queen Victoria, the future Kaiserin Friedrich had met with Florence Nightingale in England to discuss nursing and military hospital arrangements (37). In Germany, the Crown Princess entrusted her children's dental care to Dr. Henriette Hirschfeld-Tiburtius. The Tiburtius family, thus, met the Hohenzollern rulers through their medical consultations and in the course of the charity work visited by the Crown Princess and her mother-in-law, Kaiserin Augusta. The latter also interested herself in medical projects, including the Augusta Hospital and an associated school for nurses (38). In the course of their professional activities, Drs. Tiburtius and Lehmus gained the recognition of the royal family and were offered opportunities to teach hygiene and to hold medical consultations with students in the private girls' schools. As Franziska Tiburtius reported, many bourgeois Germans of their acquaintance considered themselves loyal «monarchists» (39)

(35) OBSCHERNITZKI, Doris. *Die Frau Ihre Arbeit. Zur Geschichte einer Berliner Institution 1866-1986*, Berlin, Hentrich, 1987, p. 32.

(36) ANTHONY, Katharine. *Feminism in Germany and Scandinavia*, New York, Holt, 1915, p. 183.

(37) FARAGO, Ladislav; SINCLAIR, Andrew. *Royal Web: The Story of Princess Victoria and Frederick of Prussia*, New York, McGraw-Hill, 1982, p. 28.

(38) OBSCHERNITZKY, note 35, p. 33.

(39) TIBURTIUS, note 1, pp. 166-167.

during the early decades of the Imperial Era when military triumphs of the Franco-Prussian War and optimism for national progress inspired by unification of German states reflected favorably on the Hohenzollern dynasty.

A circle of educated and socially concerned women interacted at that time with women of the royal family. Kaiserin Augusta, for example, often visited installations where Lina Morgenstern fed impoverished families. The reigning Kaiserin showed concern for the plight of the hungry and demonstrated her gratitude for the efforts of the charitable cooks by tasting and complimenting the soup of the day (40). Tiburtius listed the following individuals and their social works as important to Crown Princess Victoria 's plans for public health and social reforms: women's educational advocate Helene Lange, Henriette Schrader of the Kindergarten movement, Hedwig Heyl for promoting home economics studies, Minna Cauer as a campaigner for political rights, and dentist Henriette Hirschfeld-Tiburtius as an example of a professional medical woman who also managed a familial household. The Tiburtius sisters-in-law felt they could sympathize with employed women of the middle classes as well as interact with aristocratic families or aid working class clientele in the charity institutions.

In fact, Franziska Tiburtius reported that her camaraderie with governesses employed by Berlin families gave her entrée into many homes (41). In these households, she experienced some of the greatest satisfactions of her medical career by consulting with successive generations of families whom she regarded as friends. Watching the children of these families grow to adulthood and advising them on preventative health measures, as well as treating illnesses, became rewarding beyond monetary considerations (42).

3. COLLEAGUES IN THE GERMAN MEDICAL ESTABLISHMENT

As practitioners interpreting new scientific thinking and medical discoveries, nineteenth-century doctors were replacing the familial

(40) TIBURTIUS, note 1, p. 166.

(41) TIBURTIUS, note 1, p. 160.

(42) TIBURTIUS, note 1, p. 162.

confessional figures of the religious priest or pastor or rabbi. In modern life, the physician became a consultant for family members, offering not absolution from sins, but giving expert guidance for improving life styles. Physicians in the most lucrative private practices became truly «family doctors» as they attended important functions like births, illnesses, deaths, and, in addition, more pleasant affairs of dinner parties and social events. In Germany, male physicians feared that if women medical practitioners independently attended birthings, for instance, the women of a household might rely less on male medical guidance in general. Most male physicians did not want to share fees and influence with women doctors. Midwives and nurses under male medical direction were less of a threat to expertise and leadership

During the first year of Drs. Tiburtius and Lehmus's practice, the jealousy of one male physician immediately surfaced in a challenge to their competence to teach women's hygiene courses. This famous University Professor of Medicine, identified only by initials in Tiburtius's memoirs as «R»[udoph?] «V»[irchow?], vetoed the selection of uncertified women physicians to lecture in the Victoria Lyceum. Because the courses had already been advertised in printed announcements and published in the newspapers, Drs. Tiburtius and Lehmus proceeded to lecture despite the eminent male authority's resignation from the medical council (*das Kuratorium*) in protest. Both women physicians had previously passed state examinations qualifying them to teach upper levels of school, but theirs was the first publicly offered hygiene course for women; male medical professors did not want to share such an opportunity with women instructors. In later years, Dr. Tiburtius noted with satisfaction, members of this very offended professor's family consulted with her about their medical complaints (43).

Further harassment of the new women doctors included controls on the advertisement of their practice and other petty and more serious challenges to their competence to practice medicine, such as bureaucrats refusing to allow them to take the Prussian state midwives qualification examination (44). As a German biography of the two women pioneers

(43) TIBURTIUS, note 1, p. 150.

(44) TIBURTIUS, note 1, p. 149.

notes, the fact that the pair could support each other professionally as medical colleagues and emotionally as long-time companions enhanced their endurance and their determination to continue working despite this opposition from parts of the Berlin medical establishment (45).

Without certification, it was not legal for the women to sign birth or death documents, for example, and the role of Dr. Karl Tiburtius in providing his signature for such cases may have been crucial (46). Franziska Tiburtius did not specifically describe the formal or legal assistance her brother Karl might have provided to legitimate the women physicians' activities, but mentions that she and Dr. Lehmus did become bold enough eventually to request consultations and assistance from male colleagues (47). It was certainly necessary to seek help from male doctors when cases required surgery or hospitalization in state institutions because the women physicians could not admit patients themselves, nor practice medicine in these establishments. In 1881, a privately funded four-bed nursing facility did provide one alternative for sick women who had no family to care for them at home or for women wanting to avoid the barracks-like conditions in the Charité Hospital of Berlin. Nursing deaconesses provided care in the new setting where the women physicians could attend their bed-ridden patients as well. In 1894 the Berlin Women's Nursing Association (*der Berliner Frauenpflegeverein*) formally took over the facility as one of its projects.

For almost fifteen years, Drs. Lehmus and Tiburtius practiced as the only women physicians in Berlin. Their patient load numbered more than one thousand cases every year (48). In the decade of the 1890s, what Franziska Tiburtius named «the second generation» of Zürich University graduates was ready to join the women colleagues in Berlin.

(45) BORNEMANN, Regina. Erste weibliche Ärzte. Die Beispiele der 'Fräulein Doctores' Emilie Lehmus (1841-1932) und Franziska Tiburtius (1843-1927)—Biographisches und Autobiographisches. In: Eva Brinkschulte (ed.), *Weibliche Ärzte. Die Durchsetzung des Berufsbildes in Deutschland*, Berlin, Hentrich, 1993, pp. 24-32.

(46) HOESCH, Kristin. Die Kliniken weiblicher Ärzte in Berlin 1877-1933. In: Eva Brinkschulte (ed.), *Weibliche Ärzte. Die Durchsetzung des Berufsbildes in Deutschland*. Berlin, Hentrich, 1993, pp. 44-55, [n.15].

(47) TIBURTIUS, note 1, p. 151.

(48) TIBURTIUS, note 1, p. 152.

These new doctors included women who had been able to intern at many of the great European clinics—opportunities not open to Drs. Lehmus and Tiburtius as the «first generation» of university medical graduates. Two Berlin practitioners, Agnes Bluhm (M.D. Zürich, 1890) and Agnes Hacker (M.D. Zürich, 1897) had refined their surgical techniques and gynecological specialization through assistantships with that faithful champion of women physicians, Dr. Franz Winckel, who practiced in Munich at the turn of the century. Other renowned professors who accepted women interns in this period included Wertheim in Vienna, Ziegenspeck in Munich, and Sängner in Leipzig (49). After 1894, the new women surgeons could operate at a gynecological clinic and recovery facility supported by activist women and eventually managed by an experienced administrator, Anna Knoop (50).

Franziska Tiburtius believed that the growing numbers of women physicians working in her Berlin Clinic of Women Doctors were joined in a type of «spiritual communism» through their sharing of professional knowledge and practical experience. This communality was possible because the numbers of women doctors was small but united in their efforts to overcome the social and legal obstacles to their practice (51). In later years, individuals within the group went separate ways. The early death in 1909 of gifted surgeon Agnes Hacker was a particularly great loss. Following her own retirement from active clinical practice that same year, Franziska Tiburtius spoke to an international audience in Canada. She explained that German reluctance to accept women physicians lay «in the whole order of things» that led «in the German character to a tendency to conservatism and respect for everything of historical growth» (52). Thirty years earlier, when his two women medical students began their Berlin clinical practice, Anatomy Professor Hermann Meyer had told alumni of the University of Zürich in 1878 that:

«it is not for us [men] to hinder or make more difficult the educational aspirations of any woman. Give women all the instruction they demand.

(49) TIBURTIUS, note 1, p. 173.

(50) HOESCH, note 46, p. 50.

(51) TIBURTIUS, note 1, p. 178.

(52) TIBURTIUS, note 23, p. 494.

Then at least one can say, if their efforts fail, that we [men] did not undermine their efforts out of self-interest or greed» (53).

By way of comparison, Russian doctors, like their German and Swiss colleagues in Professor Meyer's audience, worried that women physicians would endanger the income level of men already in medical practice:

«[the] material position of doctors is ever becoming worse. And now woman enters the lists as a new rival—much desired, and at the same time most formidable. As everywhere, where she enters into competition with man—being satisfied with less pay for the same amount of work—she lowers the average level of prosperity. Data furnished by Dr. Grebenshtshikoff show that the mean salary (in Russia) of male doctors in the public service amounts to 1161 roubles, while that of the female physician is only 833 roubles. With the increase of the number of medically qualified women, there can be no doubt that the average earnings of the doctors will ever become less ... [at the same time] half the doctors residing in Berlin barely earn 150 marks (*circa* \$37) a month [in 1896]» (54).

German women physicians were thus viewed as threats to male professionals who feared economic competition and who were anxious about dislocations in traditional social order and gender rankings (55).

4. GERMAN CERTIFICATION STRUGGLES

In defense of medical practice by women, social reformer Mathilde Weber wrote two widely distributed pamphlets *Women Doctors for Women's Diseases, an Ethical and Sanitary Necessity* and *A Visit to the Women Students*

(53) WEBER, Mathilde. *Ein Besuch in Zürich bei den weiblichen Studierenden der Medizin*. Stuttgart, Franz Fues, 1888, p. 9.

(54) VERESSAYEV, Vikenty. *The Memoirs of a Physician*, [1900], trans. Simeon Linden. New York, Knopf, 1916, pp. 303-304.

(55) For more international comparisons of women's search for medical education and professional recognition, see BONNER, Thomas Neville. *To the Ends of the Earth: Women's Search for Education in Medicine*, Cambridge, Harvard, Cambridge, 1992.

of *Medicine in Zürich (Aerztinnen für Frauenkrankheiten, eine ethische und sanitäre Notwendigkeit* and *Ein Besuch in Zürich bei den weiblichen Studierenden der Medizin*). These and the many other publications for and against German women in medical practices were especially important in the pivotal year of 1888, when three different rulers occupied the Imperial German throne (56). Kaiser William I ruled Imperial Germany until age 91, and many social critics hoped his heir, the new Kaiser Friedrich III, husband of the sympathetic Crown Princess Victoria, would be ready to institute important political and social reforms upon ascending the throne. As early as 1887, however, reformers like Mathilde Weber could no longer count on a long period of rule open to changes in women's education, since Crown Prince Friedrich was diagnosed as having terminal throat cancer. Helene Lange, who was a leader of German women teachers, then helped organize petitions to show public support for women teachers to be employed in girls' schools and for opening universities to women students of medicine and philosophy (57). In March 1888, Kaiser Wilhelm I died; but during the 99 days of his new reign, the doomed Kaiser Friedrich could accomplish few reforms through government bureaucracies. The third kaiser of that year, Wilhelm II, ruled Imperial Germany after his father's death in June 1888. Subsequently, women's movement leaders organized campaigns to petition the state and national governments. By 1891 forty thousand German women and fifteen thousand German men signed an appeal for «female physicians for women's diseases» (58).

After his retirement from Zürich University, the influential Anatomy Professor [Georg] Hermann Meyer returned to his home at Frankfurt am Main, Germany. He joined the *Kaiserreich* certification debate in 1890 with an article published in the popular *Summer House Illustrated Family Magazine (Die Gartenlaube)*. His arguments in favor of certifying women physicians pointed to the models of other western nations where women practiced medicine. Additionally, he cited his experience in

(56) See NICHOLS, J. Alden. *The Year of the Three Kaisers*, Urbana, University of Illinois, 1987.

(57) ALBISETTI, note 20, p. 160.

(58) ALBISETTI, James C. The Fight for Female Physicians in Imperial Germany. *Central European History*, 1982, 15, 99-123 [pp. 108-109].

successfully teaching women doctors now working in Germany. Finally, the professor spoke as a member of the medical collegium and a citizen of the German nation to demand that the political authorities exercise their responsibility toward the public as medical consumers by testing the women physicians in practice to assure their competence through certification examinations (59).

Professor Meyer died two years later, before his Zürich women students could prove themselves in the German certification testing. Interestingly, one of his obituary tributes was written by Berlin Professor Wilhelm Waldeyer, who as an adamant opponent of women doctors refused to admit women students to his anatomy courses. This fact indicates that when German medical authorities like Waldeyer disparaged women graduates of Zürich medical courses, they did not fault, for the most part, the quality of their medical education as provided by teachers like Meyer. Actually, Professors of Medicine in Zürich were widely regarded as experts in their fields of specialization. It was the concept of medical coeducation and the political commitment to «good Zürich justice» for both genders that confounded the German medical conservatives who shrank from the specter of female colleagues. For one example, a last ditch effort in the 1890s to discredit the six women physicians practicing in Berlin was begun by a university professor who named the Zürich graduates along with a practicing medical «magnetopath» in a class action suit meant to end «quack doctoring» (*Kurpfuscherei*) (60).

Twenty years after Franziska Tiburtius was compelled to repaint her professional signboard to appease worried male competitors, another telling example of male anxieties and fantasies about women physicians surfaced in a keynote address to the 1898 German Physicians' Congress. Attempting to illustrate why women should not practice medicine in Imperial Germany, Professor Franz Penzoldt recalled «the indelible and disagreeable impression» (61) he suffered when observing a male patient displaying venereal disease while in the company of a visiting female medical student. Dr. Penzoldt was traumatized by this coeducational

(59) MEYER, [Georg] Hermann. *Die Frauen und der ärztliche Beruf. Die Gartenlaube*, 1890, 18, 654-656.

(60) TIBURTIUS, note 1, p. 154.

(61) Cited in ALBISETTI, note 20, p. 200.

experience. How the woman student reacted was not recorded: threats to male sensibilities appeared to be of paramount concern in conflicts over women's attendance in medical courses and over the work of women physicians in the German medical profession. Theoretical arguments against women physicians continued to be raised for more than ten years after Mathilde Weber's 1888 visit to the Zürich University women students. Further, it took twenty years of recommendations by reformers and requests by women before the Prussian state government agreed to open its universities to female degree candidates. In 1908, women could finally study medicine in Berlin although an obdurate professor like Wilhelm Waldeyer might still insist that his course should be closed to all women. A special anatomy course for women only was taught eventually by Waldeyer's assistants in a separate attic laboratory (62).

5. *THE ZÜRICHER GARDE MAKES ITS MARK UPON GERMAN MEDICAL PRACTICES*

Franziska Tiburtius was proud to report that the «second generation» of women physicians practicing in her Berlin polyclinic came to Germany with the «stamp of Zürich» marking their prowess (63). One element in that Swiss university education had been an emphasis on preventative and nurturing medical treatments in place of drastic and heroic interventionist therapies often current in German practice. Famous physicians might prescribe formidable medications blending twelve or more ingredients, for example, as one proof of their vast professional knowledge (64). In the course of Drs. Tiburtius and Lehmus's careers, this old school of «physiking» was replaced by more modern hygiene and dietetics taught in Zürich and other scientific universities, as well as by systematic diagnosis and aseptic and antiseptic methods of treatment and surgery (65).

(62) BURCHARDT, Anja. Die Durchsetzung des medizinischen Frauenstudiums in Deutschland. In: Eva Brinkschulte (ed.), *Weibliche Ärzte. Die Durchsetzung des Berufsbildes in Deutschland*, Berlin, Hentrich, 1993, pp. 10-21.

(63) TIBURTIUS, note 1, p. 174.

(64) TIBURTIUS, note 1, p. 155.

(65) TIBURTIUS, note 1, p. 158.

By the year 1899 when women were finally allowed to take the German state medical certification examinations, younger members of the «Zürich cohort» (*die Züricher Garde*) were consulting with patients in both clinical and private practice settings. Private insurance cooperatives had hired Paulina Ploetz-Rudin (M.D. Zürich, 1890), Agnes Bluhm, and Agnes Hacker to examine their members (66). Agnes Hacker had also been employed by 1900, even without certification, as Berlin's first women physician consultant to the police department. She examined arrested prostitutes and supervised a recovery institution for imprisoned women with the goal of mitigating the controversial German institution of state-regulated prostitution (67).

As many as eight women graduates of Zürich University passed German certification examinations by 1909. The two pioneering partners of the Berlin Clinic of Women Doctors were not among this number, however. Dr. Emilie Lehmus retired in 1900 after two serious illnesses. She lived the next thirty-two years of her long life in Bavaria with various relatives. Dr. Franziska Tiburtius continued working with her younger colleagues for another seven years before retiring to live in Berlin through World War I and into the new era of post-Imperial Germany. She had practiced medicine in Germany actively for thirty years, and her life ended in the Berlin Clinic of Women Doctors, which she and Dr. Lehmus had founded fifty years earlier.

Explaining why she did not attempt the long-awaited certification tests, in her «memoirs as an eighty-year-old», Franziska Tiburtius recalled difficulties of her first year in practice resulting from thwarted attempts to gain official recognition of her professional status in 1877. Even as a «voluntary» intern at Franz Winckel's Women's Clinic in Dresden, she was rebuffed by Saxon Minister of Public Worship and Education Gerber when she requested the opportunity to take certification examinations in that German state. He referred her to the Prussian state authority. There Minister Aera Falck forwarded her request to the Imperial bureaucracy (*das Reichskanzleramt*) where the appeal was denied without

(66) HOESCH, note 46, p. 60.

(67) HOESCH, note 46, p. 61.

explanation (68). Other officials at other times also refused her permission to sit for formal testing leading to German graduation documents (*das Maturitätsexamen*). One anonymous bureaucrat, did express sympathy that yes, Dr. Tiburtius had suffered an injustice, having been born «thirty years too early» to fulfill her professional goals in Germany (69). After waiting for almost that long, twenty-three years to be exact after Franziska Tiburtius left Zürich to re-enter Imperial Germany, this trail-blazing woman doctor decided that she had proved her competence to Berlin society and to colleagues through her years of «uncertifiable» medical practice. At age 56, she declined to sit for the first state examinations open to her in 1899.

Historians David Blackbourne and Geoff Eley have argued that although German Imperial governments often took conservative and autocratic stances, middle-class citizenry sometimes operated their own institutions and voluntary organizations in a more liberal and democratic manner during the *Kaiserreich* (70). When it came to professional medical organizations in German civil society, however, state authorities reinforced exclusionary aims of middle-class male physicians in a systematic devaluing of women's medical practice. Even the voluntary efforts of well-intentioned bourgeois reformers, including Dr. Jenny Bornstein-Barth (M. D. Zürich, 1898, German Certification, 1902), could not raise enough money to fund a women's hospital like those built abroad by charitable organizations (71). Just before the outbreak of the First World War, the Lyceum Club officially began collections in 1914 for a new facility more complex than the old Women Doctors' Clinic to be named the Berlin Hospital of Women Doctors, but the contributions and the timing made this campaign too little and too late for women in Imperial Germany. It remained for the medical clinics and nursing facilities established by the two pioneering Zürich graduates Dr. Emilie Lehmus and Dr. Franziska Tiburtius to provide the best practical evidence of women doctors' contributions to women's health in Berlin.

(68) TIBURTIUS, note 1, p. 148.

(69) TIBURTIUS, note 1, p. 149.

(70) See BLACKBOURN, David; ELEY, Geoff. *The Peculiarities of German History: Bourgeois Society and Politics in Nineteenth-Century Germany*, New York, Oxford, 1984.

(71) See LOVEJOY, Esther Pohl. *Women Doctors of the World*, New York, Macmillan, 1957.

