

The Medical Discourse on Female Physical Culture in Germany in the 19th and Early 20th Centuries

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Since the establishment of gynecology as an acknowledged branch of medicine in the 19th century, medical science has had a considerable influence on the development and popularization of women's *Turnen* (German gymnastics) and sports, since physicians were considered experts on the subject of the female body. In fact, the medical profession has felt authorized to speak on almost all aspects of women's lives, including *Turnen* and sport.¹ This paper discusses the presentation and development of medical views on the female body in Germany. This medical discourse is viewed within the context of, first, the history of women's sport and, second, the dependence of medical research and knowledge on the prevailing patterns of thoughts as well as on the professional and social conditions of this historical period.

The medical perspective shows that physical culture cannot be regarded in isolation and that it is relevant to women's social roles and to women's everyday knowledge about themselves. There were close links between the discourse about the female body and the construction and legitimation of a social ideology based on the differences between the sexes.

The Physician as Expert

At the end of the 18th and in the early 19th centuries, in Germany as well as in other western countries, attempts were made to discover the "nature" of women, to define their physical and mental traits. Following the Enlightenment

1. See Esther Fischer-Homberger, *Krankheit Frau* (Bern: Huber Verlag, 1979); Ute Frevort, "Frauen und Ärzte im späten 18. und frühen 19. Jahrhundert—Zur Sozialgeschichte eines Gewaltverhältnisses," in A. Kuhn and J. Rüsen, eds., *Frauen in der Geschichte II* (Düsseldorf: Schwann, 1982): 117-210; Claudia Honegger "Überlegungen zur Medikalisierung des weiblichen Körpers," in A. E. Imhof, ed., *Leib und Leben in der Geschichte der Neuzeit* (Berlin: Dunker & Humblot, 1983): 203-214; Marianne Rodenstein, "Somatische Kultur und Gebärdpolitik. Tendenzen in der Gesundheitspolitik für Frauen" in I. Kickbusch and B. Riedmüller, eds., *Die armen Frauen, Frauen und Sozialpolitik* (Frankfurt: Suhrkamp, 1984): 103-134. For the situation in North-America see John S. Haller and Robin M. Haller: *The Physician and Sexuality in Victorian America* (Urbana/Chicago/London: University of Illinois Press, 1974); Barbara Ehrenreich and Deirdre English. *For Her Own Good. 150 Years of Experts Advice to Women* (New York: Anchor Press, 1979); Edward Shorter, *Der weibliche Körper als Schicksal* (München: Piper, 1984); Carol Smith-Rosenberg and Charles Rosenberg "The Female Animal: Medical and Biological Views of Women and her Role in Nineteenth-Century America" in J. Walzer Leavitt, ed., *Women and Health in America* (Madison: University of Wisconsin Press, 1984): 12-27.

and the changes in values which were taking place, and as a result of the Industrial Revolution and the rise of capitalism, the economic and social structure of society changed.² In feudal society, men and women had different but equally important roles to play in the social system in order to secure their existence. The hierarchical structure of the social system, including the family, was thought to be a creation of divine will and unchangeable.³ With the growth of manufacturing and later the factory system, a new differentiation between work and family life developed, separating the two more and more, and, consequently, giving the roles of the sexes a different dimension: the man was to become the breadwinner while the woman took on the role of wife and mother. Although this separation was only characteristic of the bourgeois nuclear family, it was a major component of the prevailing ideology.⁴

The changes in the economic structure and the accompanying ideological changes had far-reaching effects on women's lives and perspectives. Although they did less production work due to the rise of industrial manufacturing, their tasks increased in the reproductive field, in the rearing of children who were no longer brought up almost automatically in a large family. This women's work, the psychic and physical reproduction of society, had no marketable value, was not acknowledged as real work and was unpaid. The woman's domain, the house, was regarded as a refuge by the man who worked outside the home and saw the woman as the "other sex."⁵

The concrete effects of these changes on women's social conditions differed considerably according to their social background. While women from the lower classes had to work more than before, since they had to work outside the home as well as inside to help support the family,⁶ women from the upper classes demonstrated the status of their husbands by conspicuous leisure rather than by having an opportunity to earn their own living.⁷

As this new social and sexual order was no longer based on the Bible, it needed a new legitimation. While philosophers stressed the differences in intellect and character between the two sexes, the doctors relied on biology.

2. See especially Margit Twellman, *Die deutsche Frauenbewegung. Ihre Anfänge und erste Entwicklung, 1843-1898* (Meisenheim am Glan: Marburger Abhandlungen zur politischen Wissenschaft, 1972); Ute Gerhard, *Verhältnisse und Verhinderungen. Frauenarbeit, Familie und Rechte der Frauen im 19. Jahrhundert* (Frankfurt: Suhrkamp, 1978); Bettina Heintz and Claudia Honegger, "Zum Strukturwandel weiblicher Widerstandsformen im 19. Jahrhundert," in Bettina Heintz and Claudia Honegger, eds., *Listen der Ohnmacht, Zur Sozialgeschichte weiblicher Widerstandsformen* (Frankfurt: Europäische Verlagsanstalt, 1981): 7-68; Ute Frevert, *Frauen-Geschichte. Zwischen Bürgerlicher Verbesserung und Neuer Weiblichkeit* (Frankfurt: Suhrkamp, 1986).

3. See Karin Hausen, "Die Polarisierung der 'Geschlechtscharaktere'—eine Spiegelung der Dissoziation van Erwerbs—und Familienleben" in Heide Rosenbaum, ed., *Seminar: Familie und Gesellschaftsstruktur* (Frankfurt: Suhrkamp, 1978): 161-195; Ehrenreich and English, *For Her Own Good*.

4. For the different types of families see Heidi Rosenbaum, *Formen der Familie* (Frankfurt: Suhrkamp, 1982).

5. Anette Kuhn, "Das Geschlecht—eine historische Kategorie?" in I. Brehmer et al., eds., *Frauen in der Geschichte. Bd. IV* (Düsseldorf: Schwann, 1983): 29-50; see as well Simone de Beauvoir, *Das andere Geschlecht* (Reinbek: rororo, 1968). Bonnie S. Anderson and Judith P. Zinsser, *A History of their Own. Women in Europe from Prehistory to the Present. Vol. II* (New York: Harper & Row, 1988), especially p. 143ff.

6. Gisela Brinker-Gaber, ed., *Frauenarbeit und Beruf* (Frankfurt: Fischer, 1979); Sabine Richebächer, *Uns fehlt nur eine Kleinigkeit. Deutsche proletarische Frauenbewegung 1890-1914* (Frankfurt: Fischer 1982).

7. Frevert, *Frauen-Geschichte*; Sibylle Meyer, "Die Mühsame Arbeit des demonstrativen Müßiggangs. Über die häuslichen Pflichten der Beamtenfrauen im Kaiserreich," in Karin Hausen, ed., *Frauen suchen ihre Geschichte* (München: Beck, 1983): 172-195.

They attributed the alleged polarity of the distinguishing features of men and women—male activity vs. female passivity, to the different positions of sexual organs: “The second trait, which shows that in women interior life forming and preserving, predominates, whereas in man exterior life, creating and acting, is predominant, is already indicated by the fact that a woman’s ovaries are inside the pelvis, while the testicles of the man are on the outside of the body.”⁸

Another medical argument in order to legitimize social differences through biological ones was based on anthropometrical measurements which were performed throughout the 19th century. The “natural” superiority of men as well as of the white race seemed to be proven by such sciences as craniometry. Carl Vogt, a professor at Geneva, summed this up in 1864 in the following terms: “The adult Negro partakes, as regards his intellectual faculties, of the nature of the child, the female, and the senile white.”⁹

There was general consensus that women were the “weaker sex,” afflicted by ailing health during menstruation and pregnancy, and inferior to men in bodily structure and function. Thus the experts of the Berlin Medical Association on the subject of girls’ *Turnen* regard the “weaker organization” of the female sex as self-evident.¹⁰

Women’s physical traits seem to explain their mental deficiencies, and their physical functions seemed to determine their destiny, in accordance with the formula “biology is destiny.” From the medical point of view, women’s lives were completely governed by biological phases: birth, puberty, menstruation, marriage and sexuality, pregnancy and childbirth, menopause, old age and death.¹¹

The myth of female frailty is not based solely on the medical profession’s pathologizing of the female, but had a real component as well: many women at the time took flight into illness, as they wanted to resemble the female image of the time and could expect respect and consideration if they were frail and in poor health.¹²

Finally, it should not be forgotten that the physical health of women, even if they came from well-off families and did not suffer from the undernourishment and overwork prevalent in the lower classes, was not satisfactory. On the one hand, childbirth presented a considerable risk to a woman’s health and even her

8. As cited in Rodenstein, *Somatische Kultur*, 108; see for North-America Haller and Haller, *Physician and Sexuality*, especially 69; for the theory of “gender-polarity” see Hausen, “Polarisierung der ‘Geschlechtscharaktere’; Heintz and Honegger, “Zum Strukturwandel,” 31-36.

9. Carl Vogt, *Lectures on man, his place in creation. and the history of the earth* (London, 1864): 192; see e.g. P. J. Möbius, *Über den physiologischen Schwachsinn des Weibes* (Halle: Carl Marhold, 1900): 4-14; Elizabeth Fee, “Nineteenth-Century Craniology: The Study of the Female Skull,” *Bulletin of the History of Medicine* 53 (1979): 415-433; for more literature see Haller and Haller, *Physician and Sexuality*, 47 ff.

10. Published in *Deutsche Turnzeitung* 9 (1864): 341; see as well Fischer-Homberger, *Krankheit Frau*, 49-84.

11. See e.g. C. H. Stratz, *Die Körperpflege der Frau* (Stuttgart: Enke, 3, ed. 1916); see as well Rudolf Virchow, “Der puerperale Zustand. Das Weib und die Zelle,” in *Gesammelte Abhandlungen zur wissenschaftlichen Medicin* (Frankfurt: Meidinger, 1856): 735-779; Hedwig Dohm, *Die Antifeministen* (Berlin: Ferd. Dümmlers Verlagsbuchhandlung, 1902): 34-79.

12. This mentioned among others Rodenstein, “Somatische Kultur.” The medical science cared especially for upper and middle class women because they were potential clients. Proletarian women were looked upon as strong and healthy.

life. On the other hand, disorders like deformities of the spine, anaemia, shortness of breath, fainting, weak nerves and hysteria were typical illnesses of women which largely resulted (and this was fully acknowledged by the medical profession) from the living conditions of women at the time: "There they sit, poor miserable creatures all day long, year in year out; the weak are constantly at the brink of illness, approaching an early grave, while even the healthier ones are infected with the germs of dire illness and deformities of the spine."¹³

In addition to this lack of movement, women's garments added to the weakening of the female body, as the philanthropist Vieth dramatically described in his *Enzyklopädie der Leibesübungen*: "The muscles of the back, which serve to keep it erect, are losing their strength since the stiff wall of the girdle is making them useless . . . therefore women who wear girdles during the day collapse like skeletons in the evening when they take them off."¹⁴

As early as in the 18th century noted physicians like the Göttingen professor Johan Peter Franck demanded in his major work *System einer vollständigen medicinischen Polizey* "the physical strengthening of the female sex."¹⁵ Such demands, which ran counter to the ideals of female beauty and the tastes of court society, had no chance of realization. It was not until the 1830s—at the time of the prohibition of *Turnen* in Germany—that *Turner* teachers such as Eiselen and Werner opened up a new market for their profession, advocating the teaching of *Turnen* for the benefits it would bring to girls' health. They offered *Turner* courses with an emphasis on health, beauty, and grace to the daughters of well-to-do families. With the help of medical arguments, they attempted to improve the situation of girls' *Turnen*.¹⁶ Werner praises the positive effects of women's physical development in the following terms: "Increased muscular strength will protect her from the afflictions of life and from physical disorders as most deformations of the spine are the result of muscular weaknesses; her beauty will grow owing to the blossoming and rounding of her delicate body which health will bring and to the easy grace with which she will perform all her movements."¹⁷

In spite of such positive views—expressed mainly, it must be said, by those teachers who had a vested interest in girls' *Turnen*—the spread of gymnastics for girls, not to mention women's gymnastics, progressed only very slowly.

Instead of *Turner* exercises, which were considered "male," women and girls offered orthopaedic gymnastics as a remedy for all sports of women's diseases. In an article on the Institute of Orthopaedic Gymnastics in Berlin run by Dr.

13. Werner as cited in Adolf Bluemcke, *Die Körperschule der deutschen Frau in Wandel der Jahrhunderte*, (Dresden: Limpert, 1928): 78f.

14. Gerhard U. A. Vieth. *Versuch einer Encyklopädie der Leibesübungen*. 2. Teil (Berlin: 1875; reprint Dresden: Limpert, 1930): 94. We have to take into consideration, that the somatic culture is determined by the social status and the living conditions.

15. Cited in Herbert Hänel, *Deutsche Ärzte des 18. Jahrhunderts über Leibesübungen* (Frankfurt: Limpert, 1972): 72.

16. For the development of the physical education of girls and for the situation of female physical education teachers see Gertrud Pfister, "Mädchen-Körper-Erziehung," in M. Klewitz, U. Schildmann and T. Wobbe, eds., *Frauenberufe-haushaltsnah?* (Pfaffenweiler: Centaurus, 1989) 99-139.

17. Werner as cited in Bluemcke, *Die Körperschule*, 81.

Löwenstein, the newspaper *Vossische Zeitung* reported: “In 1855 36 women were treated for deformities of the spine, of which one half have been cured. There has also been success in healing St. Vitus’ dance, diseases of the reproductive organs, hypochondria, constipation, piles, weak chests and a propensity for tuberculosis.”¹⁸

In the 1850s many such institutes flourished in Germany, securing for medical practitioners a part of the growing market in women’s physical culture.¹⁹ A number of private girls’ schools had introduced *Turnen* from the 1850s onwards, particularly to impress upon the rich fathers of their female pupils their attractive and comprehensive course offerings. Statistics on physical education in Berlin in 1868 show, however, that not even 4% of the 36,573 girls did gymnastics in school.²⁰ This situation prompted the Association of Berlin Physical Educators to become active on behalf of the girls’ health and the state of their own profession. In 1864 they called on the Prussian Minister of Education to integrate compulsory physical education into the regular schedule at girls’ schools. They were supported by the Berlin Medical Association which, in an official statement, declared:

General weakness of muscles and nerves, nervous diseases of all kinds, anorexia nervosa, anaemia, poor growth, narrow chests, lordosis [curvature of the spine forward] and scoliosis are notoriously frequent diseases of girls . . . We realize that, together with other physical exercises, methodologically sound *Turnen* is a major therapeutic technique.²¹

In spite of this lobbying by the medical association, the authorities did not follow the advice of the physical educators due to the wishes of their pupils’ parents and their own financial situation. Their answer to the appeal was that the state had no authority either to force the parents to make their daughters do *Turnen* or to oblige the cities to pay for such facilities.²²

After the foundation of the German Empire in 1871, rapid industrialization and urbanization worsened the living conditions of much of the population. Public health was threatened by long working hours, unhygienic living conditions, and the hectic life of the big cities. Doctors like Virchow, Klopsch, and E. Angerstein reacted to these conditions by renewing demands for improvements in the physical education of the younger generation.²³ In spite of such efforts, in Prussia it took until the end of World War I to make physical education compulsory in girls’ primary schools in rural districts.

Resistance to the introduction of compulsory *Turnen* into the school system could be legitimized by pointing to ambiguous statements coming from the

18. *Neue Jahrbücher für die Turnkunst* 2 (1856): 96.

19. The different methods of healing were discussed e.g. in the *Athenäum für rationelle Gymnastik*, ed. H. Rothstein and A. C. Neumann.

20. *Deutsche Turnzeitung* 13 (1868): XVIII.

21. As cited in *Deutsche Turnzeitung* 9 (1864): 341.

22. *Deutsche Turnzeitung* 9 (1864): 348.

23. See the collection of sources in Eleonore Saloman, *Die Entwicklung des Mädchenturnens und die Stellung der Turnlehrerinnen in Deutschland (1871-1900)* (Diss. Greifswald 1969); Kurt Märker, *Frau und Sport aus sportmedizinischer Sicht* (Leipzig: Johann Ambrosius Barth, 1983)

medical profession. The few doctors who took a position on this topic at all²⁴ generally recommended making girls fit, but they also warned about too much physical education. At their 1880 congress in Berlin, the pediatricians expressed their concern about *Turnen*. One Dr. Levy wrote an article against rope-jumping for girls for the popular magazine *Gartenlaube*, arguing that it made the feet flat, damaged the lungs, and caused twisting of the bowels as well as chronic headaches.²⁵ Medical arguments were frequently used by laymen to support their own arguments. Kloß, the director of the gymnastics teachers training institute of Saxony and an acknowledged expert in the field of girls' *Turnen*, campaigned against the "unwomanliness" of *Turnen* with the argument that the "female body requires careful treatment":²⁶

Every exercise which requires sudden and jerking movements is to be avoided on account of the particular position of the female reproductive organs. One should not overlook the fact that the female body, because of its particular function, is open at the lower end so that vigorous physical exercise might cause a prolapse to occur.²⁷

The medical reservations against many exercises were particularly effective as they reinforced extant aesthetic and moral standards. These developments confirmed the aims and contents of girls' *Turnen* and helped to shape behavioral norms for women in everyday situations.

The Medical Discourse on Women's Physical Culture Between Tradition and Modernity

Toward the end of the nineteenth century the traditional conception of the "nature" of women began to lose its validity due to the general social changes. A major break in this tradition was the grudging acceptance of women's gainful employment. The increase in female employment is attributable to many interrelated factors such as the mechanization of many occupations and the rise of new jobs such as telephone operator and secretary, which also seemed suitable for bourgeois women. There was also a rising demand for jobs for unmarried women from the middle classes who were no longer occupied in the households of their parents due to a redistribution of functions. Gainful employment for unmarried women was therefore one of the central demands of the bourgeois women's movement.²⁸

While the employment of women in relatively low-status positions and fields which were considered female was socially accepted, there was considerable debate as to whether women should be admitted to the universities and the academic professions. In particular, members of such prestigious professions as law, medicine and university teaching tried to prevent the admission of women with familiar arguments about the bipolar theory of the sexes and female

24. Vgl. Auguste Hoffmann, *Frau und Leibesübungen im Wandel der Zeit* (Schorndorf: Hoffmann, 1965). Auguste Hoffman was as a physician especially interested in the statements of doctors.

25. Levy as cited in Salomon, *Die Entwicklung des Mädchenturnens*, 92.

26. Kloß as cited in Bluemcke, *Die Körperschule*, 138.

27. Kloß as cited in Bluemcke, *Die Körperschule*, 141.

28. See Gisela Brinker-Gabler, ed., *Frauenarbeit und Beruf* (Frankfurt: Fischer, 1979); Angelika Willms-Herget, *Frauenarbeit. Zur Integration der Frauen in den Arbeitsmarkt* (Frankfurt: Campus 1985).

weakness.²⁹ Members of the women's movement propagated new, albeit differing ideas on the essential nature of women. For some the so-called female nature was a product of education and social conditions; others pointed instead to the concept of "spiritual motherhood." Women like Helene Lange were convinced that women differed from men not only in their physical skills but also in their thinking and behavior patterns. They demanded for women an equal role in society because of their specific qualities, i.e., "spiritual motherhood."³⁰ The public debate on women, their abilities and their functions, was therefore full of controversy and ambivalence at the turn of the century.

The traditional female ideal of helplessness and frailty was also called into question from a different quarter. The drop in the birthrate, particularly in the higher classes, and the large number of people found unfit for military service gave rise to considerable concern in the nationalistic climate of the Wilhelminian empire. The military potential of the German population seemed to be threatened at a time of military tension and rearmament. The argument that "the strong are born only by the strong" suggested that women should be more robust and healthy.³¹

Towards the end of the nineteenth century women began to participate more and more in *Turnen*, games, and sports, often on the initiative of female physical education teachers. The rising interest of women in physical fitness coincided with new directions in physical culture, particularly in the games and sports movements. This opened up new opportunities for women, but also erected new barriers in that competition and records contradicted the female ideal of this period.³²

Due to the contradictions between contemporary images of the female and their actual living conditions, *Turnen* for girls and women developed slowly. In 1913/14 only 6% of the members of the *Deutsche Turnerschaft* (*German Gymnastics Association; DT*) and 9% of the *Arbeiterturnerbund* (*Workers' Gymnastics Federation; ATB*) were female, and not even 5% of the girls in primary education in Prussia had physical education classes.³³ Doctors now called for a broadening and intensifying of physical education for girls. This initiative took on increasing importance when it was shown that as many as 70% of schoolage girls had an abnormal formation of the spine.³⁴ Weakness of the

29. See especially Dohm, *Die Antifeminsten*; Twellman, *Die deutsche Frauenbewegung*.

30. See e.g., Friedrun Bastkowski et al., eds., *Frauenbewegung und die "Neue Frau" 1890 bis 1933* (Frankfurt: Historisches Museum Frankfurt, 1980); Gertrud Pfister, "Sportler für den Krieg. Die Militarisierung der Turn-, Spiel- und Sportbewegung im wilhelminischen Kaiserreich," in S. Güldenpfennig and H. Meyer, eds., *Sportler für den Krieg* (Köln: Pahl Rugenstein, 1983): 96-119.

31. See Gertrud Pfister and Hans Langenfeld, "Die Leibesübungen für das weibliche Geschlecht-ein Mittel zur Emanzipation der Frau?" in H. Ueberhorst, ed., *Geschichte der Leibesübungen. Bd. 3/1* (Berlin: Bartels & Wernitz, 1980): 485-521.

32. For the percentage of women in the Deutsche Turnerschaft see Rudolf Gasch, *Handbuch des gesamten Turnwesens* (Leipzig/Wien: A. Pichlers Witwe und Sohn, 1920), 101; Women in the worker sport movement (Arbeiterturnerbund) Gasch, *Handbuch, 16*: for the physical education of girls see Carl Rossow, ed., *Zweite Statistik des Schulturnens in Deutschland* (Gotha: Thienemann, 1908), 182f.

33. See *Deutsche Turnzeitung 46* (1901): 803; Edmund Neuendorff, *Geschichte der neuen deutschen Leibesübung vom Beginn des 18. Jahrhunderts bis zur Gegenwart. Bd. IV*, (Dresden: Limpert, 1932), 408.

34. See e.g. Alice Profé, "Die Ertüchtigung unserer Frauen," *Jahrbuch für Volks- und Jugendspiele 22* (1913): 47-67.

organs and muscles, tuberculosis, anaemia, and other diseases prevalent among girls were regarded as a considered consequence of insufficient physical exercise.³⁵ This led medical authorities like F. A. Schmidt, G. Zander, and R. du Bois-Reymond to recommend physical education for girls, not as a meaningless diversion but as a useful measure in the active prevention of disease and for convalescence.

Several of the first female doctors of medicine also strongly recommended the strengthening of the female sex. Since women were excluded from universities in the 19th century (in Prussia until 1908), including medical studies, only those who had studied abroad could practice medicine. In this way, women had been generally excluded from medical discussion about the female body.

The first books of medical advice for women by female doctors appeared only at the turn of the century: *Das goldene Frauenbuch* by Fischer-Dückelmann and *Das Frauenbuch* by Adams-Lehmann. Both doctors encouraged their readers to strengthen their bodies and be physically active as much as they liked. Fischer-Dückelmann went as far as recommending soccer, but only for "sturdy types and women in sports attire."³⁶ Adams-Lehmann, an English M.D. living in Germany, made many unconventional recommendations in her book, which went into many editions. For her, physical weakness in women was a result of their way of life; their inferiority was not "natural but man-made."³⁷ The same position was taken by the Berlin doctor Alice Profé, a high-ranking member of the influential *Zentralausschuss für Volks- und Jugendspiele* (Central Commission on National and Youth Games). She explained repeatedly, as at a conference in 1912, that "female weakness" was the result of many related factors, including education, neglect of the body, and clothing.³⁸ She therefore demanded complete equality of the sexes in the fields of *Turnen*, games, and sports with the following argument: "There is no such thing as male *Turnen* or female *Turnen*. The same exercises have the same effects on the human organism."³⁹ She concluded her lecture (1912) with the following warning addressed to the male members of her audience: "You should not claim to know what is female and what is not. Female attributes are just as deeply rooted in our nature as attributes in men. Men will always err if they try to explain to women what female attributes are."⁴⁰

Profé thus demanded that, in all questions concerning women, women themselves should be duly represented. This demand was vehemently attacked by the male doctors who saw their status as experts in jeopardy. As part of their strategy to bar women from the profession, they used arguments based on the alleged "natural" deficiencies inherent in women, such as their indisposition

35. See the discussion in *Monatsschrift für das gesamte Turnwesen* 26 (1907): 200ff.

36. Anna Fischer-Dückelmann, *Die Frau als Hausärztin. Ein ärztliches Nachschlagebuch für die Frau* (Dresden/Stuttgart: Süddeutsches Verlagsinstitut, 2. ed. 1905): 181.

37. She said this in a lecture, which is partially published in Gertrud Pfister, ed., *Frau und Sport, Frühe Texte* (Frankfurt: Fisher, 1980): 224.

38. Profé, "Ertüchtigung unserer Frauen," 58.

39. Profé, "Ertüchtigung unserer Frauen," 65.

40. Profé, "Ertüchtigung unserer Frauen," 67.

during menstruation, in order to demonstrate unsuitability of women for the medical profession.⁴¹ Part of their scheme was to warn women about the dangers of mental and physical strain in working life as well as in *Turnen* and sports. In 1898 a Berlin doctor named Gerson claimed in typical fashion that “violent movements of the body can cause a shift in the position and a loosening of the uterus as well as prolapse and bleeding, with resulting sterility, thus defeating a woman’s true purpose in life, i.e., the bringing forth of strong children.”⁴²

The “peculiar nature of the female body” and contemporary ideals of beauty and femininity set very narrow limits for women’s physical culture.⁴³ Only sports like tennis and figure-skating were considered wholly suitable, since the well-to-do young ladies could play their customary roles as erotic, decorative objects and increase the social prestige of the family by their conspicuous leisure.

On the whole, the medical profession was not particularly concerned with the physical culture of girls and women as it was not yet considered a menace. Doctors were concentrating on different battlegrounds in the “war of the sexes,” such as in the fight women had taken up for admittance to academic professions.

The Medical Debate on Women’s Sports in the Weimar Republic

During the period of the Weimar Republic (1919-1933), the medical profession’s interest in women’s physical culture increased considerably. At the same time, the controversies became more complicated as the so-called “woman’s issue” gained momentum as women entered many previously male domains such as politics, the labor market, and sports. Relations between the sexes changed for many reasons, including the increasing number of women in the labor force during World War I, the declining importance of physical strength due to the mechanization of many jobs, the opening of many academic professions to women and, finally, women’s suffrage.⁴⁴ Women were also caught up in the general enthusiasm for sports and started to participate to a hitherto unknown degree in gymnastics, games and sports. The membership of the *Deutsche Turnerschaft*, a traditionally male domain in which the values of masculinity and military spirit dominated, was 21% female by 1930.⁴⁵ Women were even able to participate in the Olympic Games in spite of the opposition of

41. See Dohm, *Antifeministen*; For the professionalisation of physicians in the 19th century see Claudia Huerkamp, “Ärzte und Professionalisierung in Deutschland. Überlegungen zum Wandel des Arztberufes im 19. Jahrhundert,” *Geschichte und Gesellschaft* 6 (1980): 349–382.

42. Karl Gerson, “Die Hygiene des Mädchenturnens,” *Zeitschrift für Turnen und Jugendspiel* 8 (1898): 151.

43. See Profé, “Ertüchtigung unserer Frauen”; see as well C. Partsch, “Medizinische Gesichtspunkte für das Frauenturnen,” *Deutsche Turnzeitung* 54 (1909): 334–337; Hermann Paull, “Neue Gesichtspunkte für das Frauenturnen,” *Deutsche Turnzeitung* 57 (1912): 277–279.

44. For the situation of women during the Weimar Republic see Bastkowski, *Frauenbewegung*, Barbara Greven-Aschoff, “Sozialer Wandel und Frauenbewegung,” *Geschichte und Gesellschaft. Zeitschrift für Historische Sozialwissenschaft* 7 (1981): 328–346; Frevert, *Frauen-Geschichte*; for the gainful employment of women see Stefan Bajohr, *Die Hälfte der Fabrik. Geschichte der Frauenarbeit in Deutschland 1914 bis 1945* (Marburg: Verlag Arbeiterbewegung und Gesellschaftswissenschaft, 1979); Brinker-Gabler, *Frauenarbeit und Beruf*; Willms-Heguet, *Frauenarbeit*.

45. See *Jahrbuch der Leibesübungen* 38 (1930): 71.

their founder, Pierre de Coubertin.⁴⁶ By 1928 almost 10% of Olympic Games participants were women. On the German team the percentage of women amounted to 14%, and they were even more successful than the men.⁴⁷

The medical discourse on women's physical culture adapted itself to this new situation. Its central theme was the forms of physical education and sports suitable for women. The main controversies took place in the field of competitive sports, where both educators and medical practitioners, in particular gynecologists, felt called upon to offer their views.⁴⁸

Just as the social fate of women in other respects was determined by their bodies, so women's physical culture was determined, in the view of the medical profession, by the women's obligation to bear children. Women seemed to be both the products and captives of their reproductive systems. For most doctors the only question raised by women's participation in sports was that of the possible effects on childbirth: "As the main task of the female body is to bear children, we can judge women's health primarily according to how she fulfills this task,"⁴⁹ Or "All sports activities undertaken by adult women have to be judged from the point of view of reproduction."⁵⁰

Quotations such as these, with which one could fill pages, are a mirror of the androcentric view of many doctors of this era and show their attempt to reduce women to this biological function. Although no one really knew the effects of physical exertion and athletic activity on the number of births and on the course of childbirth, most doctors, like Sellheim, Runge, Müller and many others, discouraged women from participating in competitive and strenuous sports. They used strategies typical of the medical debate of the time: doctors' prejudices were claimed to be based upon objective knowledge, stated with the full authority of medical science and embedded in pseudo-scientific explanations.⁵¹ To describe the connection between the ability to bear children and participation in sports, the gynecologists developed four theories which were even then partially outdated and certainly untenable:

1.) The "vitalistic" theory, popular in the nineteenth century, contended that human organs contained only a limited, nonrenewable amount of energy. This meant, when applied to women's sports, that women should preserve their energy for their essential purpose in life. Müller, for example, argued: "The conservation of energy is particularly important for girls and women. They should not spend the remainder of the energy which is left after work and

46. See e.g. Ellen W. Gerber, et al., *The American Women in Sport* (Reading: Addison-Wesely Pub., 1974); Uriel Simri, *A Concise World History of Women's Sports*, (Netanya: Wingate Institute, 1983).

47. See Gertrud Pfister and Gerd von der Lippe, "Die Olympischen Spiele und der Frauensport in Deutschland und Norwegen," Paper presented at the HISPA-Congress 1989 in Olympia.

48. See the presentation of sources in Hoffman, *Frau und Leibesübungen*.

49. Franz Kirchberg, "Frauensport und Frauengymnastik an der Deutschen Hochschule für Leibesübungen," *Monatsschrift für Turnen, Spiel und Sport* 43 (1924): 411.

50. Heinz Küstner, "Frau und Sport," *Die Medizinische Welt* (1931): 791. The physicians emphasized the importance of motherhood for women among other reasons because the gender roles were changing and motherhood seemed to be in danger at a time when people discussed birth control and abortion.

51. See Hoffmann, *Frau und Leibesübungen*; see for the situation today Marie-Luise Klein, "Die Frau ist eine Fehlkonstruktion, der Mann das Maß aller Dinge." *Olympische Jugend* (August, 1988); 4-7.

pleasure . . . This reserve of strength belongs to the future child. Its premature exhaustion violates the nature of girls and women.”⁵²

The “vitalistic” theory was particularly effective in maintaining control over the female body, ignoring as it did the experiences of those girls and women who were active in sports and playing on women’s fears about the future consequences of such activities.

2.) Another theme of the nineteenth century was the notion that the uterus was the most vulnerable and endangered part of the female body. Even in the Weimar Republic, gynecologists like Sellheim, who claimed that he was “an expert of the female abdomen,” were still of the opinion that the “uterus is pulling at its ligaments with every vigorous jump a woman makes, and may even tilt backwards.”⁵³ Excessive physical exercise was claimed to have an inhibiting effect on the development of the pelvis and, as a result, cause difficulties during childbirth.⁵⁴ Westmann and his colleagues did not realize that their argument was at odds with another tenet of sports medicine, namely, that the physical endowments of the sexes were natural, immutable and specific to that particular sex.

3.) A theory established by the influential gynecologist Dr. Hugo Sellheim attracted the most attention. He claimed that men had strong, taut muscles while women had loose, slack ones which ought to be capable of expansion. This theory was cited repeatedly right up to the 1970s. “Each attempt to train the muscles of the female abdomen and pelvis leads to a tautening of the muscle fibres so that childbirth becomes much more difficult, if not impossible.”⁵⁵

The notion that women might lose their ability to bear children was closely linked with the fear that they could become physically and psychologically more masculine and be turned away from heterosexuality. Krieg, for example, assumed that intensive physical exercise was apt to make women more masculine and that

masculine women lose their natural feelings for their purpose in life as women and mothers. Essential female feelings become numbed and hard; the sense for small, sometimes insignificant household duties is lost . . . even the female desire for children is gone . . . and, in addition, women whose sexual role is disturbed cannot give birth to children with clear sexual identities either. Their children will run the risk of having perverse natures or tendencies.h06.0⁵⁶

Sellheim, too, gave vivid descriptions of the effects of women’s sports, opposing, as he called it, “the wanton destruction of a part of their femininity.” According to him, “femininity and a masculine build of the body are contradic-

52. Johannes Müller, *Eignung der Frauen und Mädchen für Leibesübungen* (Leipzig: Naumann, 1927): 6.

53. Hugo Sellheim, “Auswertung der Gymnastik der Frau für die ärztliche Praxis,” *Medizinische Klinik* 27 (1931): 1741.

54. Stefan Westmann, *Frauensport und Frauenkörper* (Leipzig: Kabitzsch, 1930): 16; see as well Hoffman, *Frau und Leibesübungen*, 80.

55. Hugo Sellheim, *Hygiene und Diätetik der Frau* (München: Bergman”, 1926); Hugo Sellheim, “Frau und Gymnastik,” *Die Umschau* 33 (1929): 283-287; Sellheim, “Auswertung da Gymnastik der Frau für die ärztliche Praxis.”

56. J. Krieg, *Tumen und Sport für das weibliche Geschlecht* (Hamburg: C. Boysen, 1922): 20.

tions . . . Too frequent exercises, as practised by males, will masculinize . . . The female abdominal organs wither and the artificially created virago is complete.”⁵⁷

The so-called “masculinization” of women was not only opposed on the grounds that is seemed to present a threat to the essential purpose of women, but also because it was a threat to the division of labor and, consequently, the dominating structure of society. Polarity of the sexes, not their mutual assimilation, was proclaimed as the prerequisite for the future development of society. Among, others, Matthias asked the (rhetorical) question in his standard textbook *On Women, Their Bodies and its Care through Gymnastics* whether a growing resemblance between the sexes was “in the best interests of culture and race.” Along with many other of his colleagues, he maintained that any progress in culture could only be achieved by differentiation of the sexes.⁵⁸ The physical differences between the sexes were therefore given central importance in the medical treatise of the 1920s. The female body’s differences from the male body were described in a far more differentiated way than they had been in the 19th century.

Man was the norm; measured accordingly, woman was described as deviant and deficient. In many works the anatomical and physiological differences between the sexes were generalized, often exaggerated, and directly or indirectly judged. Sellheim characterized the female organs as “incomplete.”⁵⁹ Müller held women to be underprivileged physically due to their bodily proportions, their smaller lung capacity, smaller heart volume and smaller number of red blood corpuscles.⁶⁰ Friedel compared the male body to a trunk with its many compartments and the female body to a sack.⁶¹ The differences were illustrated all the more clearly by placing pictures of pyknic [heavily built] women next to athletic men to stress the impression that woman was a mis-construction and man the measure of all things.⁶² Although women doctors like Profé and Adams-Lehmann had already pointed out the social and cultural adaptation of the female body prior to World War I, mainstream medicine insisted on the weakness of the female body as an anthropological constant. Again it was Sellheim who put it in a nutshell: “Women, with their soft curves and broad pelvis, are regularly failing in these exercises [The German Sporting Badge]. Their running is designed to be caught up with, as the saying goes.”⁶³

57. Sellheim, “Auswertung der Gymnastik der Frau für die weibliche Praxis,” 1740. Runge demanded as well, that the physical education of girls and women may not change the specific feminine type of the body. See Hans Runge, “Der Einfluß von Leibesübungen auf den weiblichen Körper,” *Deutsche Medizinische Wochenschrift* 59 (1933): 313–16.

58. Westmann, *Frauensport und Frauenkörper*, 41.

59. Sellheim, “Frau und Gymnastik,” 283.

60. Johannes Müller, *Die Leibesübungen* (Leipzig/Berlin: Teubner, 1928): 457.

61. Friedel, “Der weibliche Körper beim Sport,” *Monatsschrift für Turnen, Spiel und Sport* 43 (1924): 423.

62. Klein, “die Frau ist eine Fehlkonstruktion.” The physicians emphasized the psychological gender differences as well. See e.g., Körting, “Leistungsgrenzen der Frau,” *Deutsche Turnzeitung* 72 (1927): 373. He wrote, “daß mit Rücksicht auf das empfindlichere und zartere Nervensystem der Frau und wegen ihrer nicht auf Kampf, sondern auf Harmonie bestimmten seelischen Veranlagung das Frauenturnen von allem unruhigen Hetzen, von aller ehrgeizigen Preisjägererei, von jeder krampfigen Anstrengung freigehalten werden muß.”

63. Sellheim, “Auswertung der Gymnastik der Frau,” 1741.

While the doctors were against competitions for women, their recommendations concerning sports were quite contradictory. Only gymnastics, and especially exercises for the hips and the lower half of the trunk, were generally accepted. Körting thought swimming particularly suitable, while Krieg thought it particularly dangerous.⁶⁴ Riding, rowing, and cycling were considered dangerous by Krieg. While Müller thought it safe and to recommend jumping for healthy women,⁶⁵ many of colleagues strongly advised against any kind of exercise likely to convulse the organs of the lower body. Even contemporary writers realized the absurdity of this debate:

It is amusing to hear which sports are particularly unfavorable. Some hold the long jump, others the high jump to be dangerous, some are against the 800m race, but in favor of the 400m, while others are against the 100m; some are against long distances but in favor of cross country running; some are against any rigorous exercise and therefore against gymnastics on apparatus, but for downhill skiing, ice skating and mountain climbing; others are against any severe stress caused to the nerves but for tennis and fencing. Many are against motorcycling, almost all against rowing competitions, some for and some against horse-riding. . . .⁶⁶

All exercises which required strength, courage, endurance, or other traits which men considered “unfeminine” because of male ideals of beauty or “common sense” were discouraged by the medical profession and branded as potentially dangerous.⁶⁷

Although many well-known doctors were more or less against women’s sports, their opinions and demands did not remain uncontradicted. In 1926 the nestor of German sports medicine, F. A. Schmidt, opposed Sellheim’s theory of the taut muscle fibre, pointing out—not without irony—that by employing a living subject, everyone could easily convince himself that female muscles contract when stimulated rather than expand.⁶⁸

Only a few doctors, e.g., Kirchberg, were ready to accept women’s competitive sports; even fewer were unconditionally in favor of them. The most committed advocate of women’s sport seems to have been Kost, who also realized that it was almost exclusively men who spoke up against women’s sports and “were so ready to give warnings and make prohibitions.”⁶⁹

The paternalistic attitude of the male doctors and the subjectivity of their learned opinions become particularly clear when compared with the remarks of female doctors. To the extent that the latter spoke up about women’s sports at all, their opinions were fundamentally different from those of their male colleagues. In spite of very differing attitudes regarding the so-called “women’s

64. Körting, “Leishmgs Grenzen der Frau”: Krieg, *Turnen und Sport*, 26.

65. Müller, *Die Leibesübungen*, 460. Wiegels warned even against long lasting exercises in hanging because “eine schädliche Blutüberfüllung der unteren Körperpartien hervorgerufen werden kann”; see W. Wiegels, “Entwicklung von Sport und Leibesübungen der Frau; ihre prophylaktische und therapeutische Bedeutung für die Gynäkologie,” *Zentralblatt für Gynäkologie* 50 (1926): 1840.

66. Richard Kost, “Denkschrift zur Frage des Frauensports,” *Deutsche Turnzeitung* 78 (1933): 81.

67. Kost (ibid.) pointed out that judgment based on aesthetic values is no scientific proof.

68. Ferdinand August Schmidt, “Geheimrat Sellheim und das Frauenturnen,” *Die Leibesübungen* 45 (1926): 217.

69. Kost, “Denkschrift,” 81.

issue,” the great majority of them agreed—presumably because of their experience with their own bodies—that women by nature were not as weak and needful of care and rest as was claimed by many medical textbooks. Hede Bergmann, a doctor of sports medicine, termed the opinions of her male counterparts “unscientific” at a national women’s gymnastics and sports seminar in 1929. She concluded her lecture by remarking: “I am delighted that almost all female colleagues present here are diametrically opposed in their opinions to colleague Franzmeyer and will help to further competition for healthy women.”⁷⁰

It was not easy to counter the many arguments against women’s sports. In many articles, female doctors like Casper (1928), Profé (1929), Hoffa (1929), Düntzer and Hellendall (1929) or Lölhöffel (1931) discussed the recommendations of their male colleagues. As there was practically no empirical knowledge about the effects of sports on the female organs, these and other doctors started their own systematic research particularly with regard to its effect on menstruation and childbirth. Hörnicke (1924) showed experimentally that the so-called “female type of breathing,” i.e., shallow chest breathing, like anaemia, is not a natural female condition but the consequence of habits and customs such as the corset.⁷¹ Hoffa (1929) was able to demonstrate after examining 200 girls and women (aged 14-35) that practising sports improved women’s vital capacity significantly. In 1928 Düntzer and Hellendall interviewed and examined 1561 female participants at the *Turnfest* [gymnastics festival] and were unable to discover any negative effects of sporting activities.⁷²

They also demonstrated—just like Casper (1928) before them—that the assumption that sport impaired a woman’s ability to bear children or actually complicated childbirth was totally unfounded. Casper stated after 50 interviews: “There are no indications that the effects of sport on the female body are any different from its effects on the male body.”⁷³

It was mainly women who took up the question of the effect of sport on menstruation and tried to resolve the question of whether women could still practise sports during their periods. The work of Düntzer and Hellendall (1929), and of Schöppe (1931) and others prompted most female doctors to recommend physical activity—but not extraordinary exertion—even during menstruation. Most male doctors recommended the avoidance of exercise as they considered menstruation to be, if not quite a pathological condition, then at least “a problem.” In his handbook of gynecology the acknowledged authority Sellheim (1926) stated the menstrual blood and the female organs during menstruation were “poisonous.”⁷⁴

70. *Frauenturn- und Sporttagung zu Berlin. 12. bis 15. Juni 1929* (Berlin: August Rehder, 1929): 55.

71. Elisabeth Hörnicke, “Atmung und Leistungsfähigkeit,” *Münchener Medizinische Wochenschrift* 68 (1924): 1835-1838.

72. Emilie Düntzer and Martha Hellendall, “Einwirkungen der Leibesübungen auf weibliche Konstitution, Geburt und Menstruation,” *Münchener Medizinische Wochenschrift* 71 (1929): 1835-1838.

73. Hildegard Casper, “Sporttraining und Geburtsverlauf,” *Deutsche Medizinische Wochenschrift* 54 (1928): 823.

74. Sellheim, *Hygiene und Diätetik*, 47.

The results of investigations into women's sports were summarized at an international congress of women doctors in 1934. In Germany 120 scientific publications on women's sports had appeared by then, and some 10,000 girls and women who practised sports had been examined. There were no results from any studies meeting scientific standards from which one could conclude that reservations about women's competitive sports were justified.⁷⁵ But the opponents of women's sports were not convinced by this. They were not even willing to join in the scientific discussion, claiming that women were not willing to speak about women's issues objectively. In 1930 Westmann remarked:

It is obvious that all the publications in this field try to show, using all kinds of tricks, that the senseless imitation of male physical exercise has not yet done any harm to the female body. This is easily explained by the fact that the literature on this subject is almost exclusively written by women. The unbiased male observer may be permitted to ask whether these female authors are perhaps motivated by the unconscious desire to make up for their (quite unnecessary) inferiority complexes.⁷⁶

The opposite position was taken by Alice Profé, who claimed that only women could decide on physical culture suitable for women.⁷⁷ She did not stress the differences between the sexes but rather the similarities:

There is no muscle which is built and works in a female fashion and which reacts in a special matter to the exertion of physical exercises; there is no female blood, no female breathing, which makes the female particularly suitable for swinging movements. None of these claims has a scientific basis. Just as women do not eat differently from men to gain strength, neither do they need different exercises from men to achieve a strengthening of their bodies.⁷⁸

Summary and Perspectives

The medical discourse on physical culture for women reflects the relationship between the sexes. During the period prior to the First World War, when there was no threat to male dominance, the positive view points predominated. "The demands of the medical profession aimed at *more* physical education for girls. It was never expected that this would result in too much."⁷⁹ Only in the Weimar Republic, when women entered many male domains and became active in sports, did the warnings about health hazards increase along with attempts to exclude women from many other fields. The further development of medical science, and the growing commitment of female doctors, encouraged a more differentiated discussion and more subtle discriminations, while the voices of those who refuted the prejudices and overcame the reservations about women's sports became louder and stronger.

75. See Hoffman, *Leibesübungen der Frau*.

76. Westmann, *Frauensport und Frauenkörper*, 3.

77. Alice Profé, "Neuzeitliche Betrachtungen über die Leibesübungen der Frauen," *Reichsbahn-Turn- und Sportzeitung* (1929): 133.

78. As cited in Pfister, *Frau und Sport*, 114.

79. Hoffman, *Frau und Leibesübungen*, 78.

Although the role of women in society and scientific opinion about women's issues underwent radical changes during this period, the general attitude of mainstream medicine towards the female body and the nature of the female remained basically unchanged for over a hundred years:

- women were defined through their bodies and reduced to their biological functions;
- the alleged effects on a woman's ability to bear children determined which physical activities were permissible for women and which were not;
- even today the male body is the standard in sports medicine by which the female body is measured and compared to which the female body is considered inferior;
- any attempt to interpret sexual differences as the consequences of social conditions or to change these conditions was attacked;
- since the 19th century doctors have demanded that they should be acknowledged as experts, permitting them to transform bias into learned opinion and thus exert power and control. The experience of the sportswomen, on the other hand, was considered irrelevant and unscientific.

Of course there were also doctors who thought it was their duty to warn the "weaker sex" of possible dangers. On the whole, however, the medical debate about women's physical culture resulted in the exclusion of women from many fields, including medicine itself. The control of female sexuality played an important role in the development and conservation of the asymmetrical relationship between the sexes. For many doctors who were concerned with the question of women and sport, it was important to avoid making men out of women and to ensure their heterosexual orientation. As the relationship between the sexes was determined by their biological make-up, physical culture played a major role in the construction of male dominance. The exclusion as well as the integration of women could signify their inferior position.

The conflicting opinions on the issue of women's sports and the radical changes wrought in sports medicine reveal clearly that medical opinion (and not only medical opinion but scientific knowledge as a whole) is dependent both on the progress made in research at a given point in time and on socially specific interests which guide the individual researcher to his or her results. Medical science, as revealed in studies by Haller and Haller, Ehrenreich and English and, with regard to sport, Park, Lenskyj and Vertinsky, seems to have legitimated the prevailing relationship between the sexes into other countries, too.⁸⁰ An important task for sport historiographers would be, as a further step, to analyze similarities and differences which occur in the medical discourses of different societies.

80. Haller and Haller, *Physician and Sexuality*; Ehrenreich and English, *For Her Own Good*; Helen Lenskyj, *Out of Bounds. Women, Sport and Sexuality*. (Toronto: Women's Press, 1986); Patricia Vertinsky, "Body Shapes: The Role of the Medical Establishment Informing Female Exercise and Physical Education in Nineteenth Century North America," in T. Mangan and R. Park, eds., *From 'Fair Sex' to Feminism* (London: Frank Cass, 1987), 256-282; Roberta Park, "Sport, Gender and Society in a Transatlantic Victorian Perspective," in T. Mangan and R. Parks, eds., *From 'Fair Sex' to Feminism* (London: Frank Cass, 1987), 58-97.