The anti-politics of health: consensus and conflict in the German natural healing movement, 1890-1910

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Abstract

This article argues that “anti-politics” is a useful tool to understand the broad coalitions that mobilized in pursuit of better health and hygiene in Wilhelmine Germany. In an attempt to complement bio-political analysis that focuses on knowledge production and governmentality, and other studies that focus on institutional and party-political conflict, this article shows how members of the German natural healing movement used “anti-politics” to produce consensus across party-political, class and confessional differences. Using two brief-case studies taken from the German natural healing movement, my work suggests that anti-politics created a space where fluid but durable coalitions formed in pursuit of the shared goal of better health and hygiene for the people. In part because these coalitions were regularly dissolved and reformed, historians have spent less time analyzing these spaces of consensus than they have on other aspects of popular health and hygiene movements. This article shows how focusing more attention on the anti-politics of health can illuminate spaces of shared values that transcended party-political, class and confessional differences.

Keywords
Anti-politics; Natural healing; Health and hygiene; Wilhelmine Germany

A antipolítica da saúde: consenso e conflito no movimento de terapia natural alemão, 1890-1910

Resumo

Este artículo sustenta que a “antipolítica” é uma ferramenta útil para se compreender as amplas coalizões que se mobilizaram na procura de melhores condições de saúde e de higiene na Alemanha na era Guilhermina. Numa tentativa para complementar a análise biopolítica que foca na produção de conhecimento e nas alternativas governamentais, assim como outros estudos que focam os conflitos institucionais e entre partidos políticos, este artigo mostra como os membros do movimento naturista alemão utilizaram a “antipolítica” para produzir um consenso acima e além das diferenças entre partidos políticos, classes sociais e denominações religiosas. Através de dos breves estudos de caso tomados do movimento naturista alemão, este trabalho sugere que a antipolítica gerou um espaço onde se formaram coalizões fluidas, mas duradouras em pós de meta partilhada de fornecer melhor saúde e higiene às pessoas. Devido, em parte, a que estas coalizões de dissolviam e reformulavam regularmente, os historiadores têm prestado menos atenção à análise destes espaços de consenso que a outros aspectos dos movimentos de saúde e higiene popular. Este artigo mostra como maior atenção à antipolítica da saúde pode jorrar luz sobre espaços de valores compartilhados que transcendem as diferenças partidárias, de classe e religiosas.

Palavras-chave
Antipolítica; Naturopatia; Saúde e higiene; Alemanha; Era Guilhermina
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In 1889, the executive committee of the German League for Healthcare and non-Medicinal Healing Associations (Deutscher Bund der Vereine für Gesundheitspflege und arzneilose Heilweise)¹ issued an “urgent plea and warning” to local chapters of their federation warning against speakers who used association meetings and public lectures to broadcast divisive political sentiments.² As an organization made up of social democrats and conservatives, Zionists and anti-Semites, Protestants, Jews, and Catholics, this call to neutrality makes strategic sense. The German League’s mission, after all, was to educate the public about natural therapies and lifestyle, and not to wade into the minefield of shifting political allegiances that represented Germany’s electoral landscape. Key voices at the German League wanted to create a space outside of and above the particularist interests that many considered to be a defining feature of German public life. Theirs was a peculiar brand of “politics”: it was based on consensus rather than competition, collaboration in the face of difference. The executive committee at the German League tried to create coalitions dedicated to a single issue: better health and hygiene. Their efforts were remarkably successful, making the German League into the largest popular health and hygiene movement in Wilhelmine Germany (1890-1918).

In recent decades, there has been an explosion of literature on the “politics of health.” One influential approach focuses on bio-politics, and tries to show how knowledge producers, bureaucratic, police, and administrative actors in a range of historical and geographical settings worked to make healthy bodies productive.³ Based on M. Foucault’s now famous category, historians working with a bio-political analytic have written about sexual and gender ideologies, caloric baselines, industrial hygiene, bio-social data collection, and a host of other topics.⁴ They have shown how the persistent effort to know the human body serves to integrate overlapping systems, from bodily practice to regulatory regimes, from physical and moral education to production techniques.⁵ This work has opened up new ways of seeing the relationship between politics, science, health and the body, and continues to yield startling insights.

Other historians, working with a more narrow definition of “politics,” have focused their attention on differential access to healthcare resources, on gender, race and class inequalities in

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¹ After 1900, the German League of Natural Lifestyle and Healing Associations (Deutscher Bund der Vereine für naturgemäße Lebens – und Heilweise). In the remainder of text, I refer to this umbrella organization as “The German League.”
² Philo v. Walde, “Mitteilungen des Bundesvorstandes,” Naturarzt 17, nº 4 (1889): 74-5, on 74. Nature’s Doctor was the official publication of the German League for Natural Healing.
⁵ Michel Foucault, Power/Knowledge: Selected Interviews and Other Writings, ed. Colin Gordon (New York: Pantheon Books, 1980).
morbidity and on the party-political mobilization of health as an electoral and ideological issue.6 These scholars have shown how much our historical experience of health is defined by economic asymmetries and gradients of power. Much of this is excellent work, and it certainly informs my own thinking.

Where, though, would the executive committee’s “urgent plea and warning” fall in this analytical landscape? Should it be understood as a different kind of bio-political regime? It certainly does not seem to be a “politics of health” in the way that framework has traditionally been deployed.

In this article, I explore a different – complementary – sphere of the political. I argue that the “anti-politics” of health is a way of understanding how lay men and women have imagined and experienced health not as a zone of conflict and competition, but one of collaboration and consensus.7 The “anti-politics” of health allowed individual and institutional actors from across the social, political, and economic spectrum to mobilize around a single complex of issues. It was a way of transcending difference. “Anti-politics” offers a new perspective on the politics of health. It can also help us to understand the “urgent plea and warning” issued by the German League in 1889.

“Anti-politics” as a category of analysis is not without problems. In Latin America, for example, “anti-politics” has come to be associated with the pacification of civilian populations by military dictatorships.8 These historians use “anti-politics” to signify the informal spaces where repressive regimes allowed citizens to come together for peaceful and non-political purposes. In this context, “anti-politics” is the product of a coercive and sometimes murderous state-policy that strips citizens of their right to participate in political processes. Some leftist intellectuals have a different concern. They argue that “anti-politics” is the expression of an apathetic and disempowered consumer society. In this vein, “anti-politics” is the expression of a late capitalism that is able to consistently deflect popular disenfranchisement by focusing discontent on the government.9

There is another, all-together more positive way of understanding anti-politics, though. During student protests in the 1960s and in the anti-nuclear movement in the 1980s, anti-politics was a tool used to mobilize broad coalitions around particular areas of shared interest rather than around party-political programs. In Paris in 1968, for example, striking union workers joined

6 Sanjoy Bhattacharya, Harold Cook, and Anne Hardy eds., History of the Social Determinants of Health: Global Histories, Contemporary Debates (Hyderabad: Orient Blackswan, 2009). This very interesting collection offers a wide-ranging discussion of many of these approaches.

7 I was initially inspired to pursue this line of reasoning by Paul Weindling who claimed that “Eugenics represented a process of substitution of biological values where hitherto the categories of political economy and civil society had predominated. In this sense, eugenics was a form of ‘technocratic anti-politics.’” Health, Race and German Politics between National Unification and Nazism, 1870-1945 (Cambridge: Cambridge University Press, 1989), 20.


protesting students in their challenge to a repressive and unresponsive state. In the 1980s, similarly strange coalitions emerged to protest the placement of nuclear weapons in Central Europe. These were fragile alliances based on shared interests rather than ideological sympathies. At its core, “anti-politics” is about the production of consensus in the face of difference. It may be particularly well-suited to analyzing popular mobilization around questions of improved health and hygiene. After all, this is a goal that has no obvious party political allegiance: everyone agrees that better health and hygiene are good things, even if they disagree about how to achieve these values.

Paul Weindling and Kevin Repp have already demonstrated how useful anti-politics can be, by showing how health, hygiene and social reform initiatives were raised above the political fray in Germany before the Second World War, but I want to push the category farther: in my view, anti-politics represents a sphere of action where citizens are able to shed their party-political selves – forgetting, at least temporarily, their allegiances to Social Democracy or Throne and Altar, for example – and focus on the issues that brought them together. In these moments of collaboration and consensus building, we see historical actors that we would not typically encounter. In most cases, they were not well-known scientists, political figures, or institutional actors. They were, though, important in the way that they helped to popularize a commitment to health and hygiene as universal rights, rather than resources to be contested.

If anti-political strategies were effective in mobilizing coalitions around broad areas of consensus, they were always at risk from the practical problems of creating programmatic statements and on-the-ground initiatives. The anti-politics of health, in other words, were always in danger of colliding with the competing social and political interests of group members. One of the reasons that historians have spent so little effort in exploring the anti-politics of health is that these kinds of coalitions did so often collapse in the face of their differences, that the efforts to create consensus and to collaborate failed. It is the broad argument of this piece, though, that we ignore these zones of fragile consensus to our detriment. I am not alone in suggesting this. Almost five decades ago, E.P. Thompson enjoined historians to focus their attention not just on historical ruptures and transformative moments. He suggested that, by seeking out “history’s losers,” we might recover a layer of historical complexity, one that defined individual lives and everyday experiences. More recently, James Ferguson has argued that historians and anthropologists should be less concerned with determining the “success” and “failure” of particular initiatives, collaborations or coalitions. Instead, the goal for social scientists should be to understand the effects – intended and otherwise – of these efforts.

10 Andrew Feenberg and Jim Freedman, When Poetry Ruled the Streets: The French May Events of 1968 (Albany: SUNY Press, 2001). In his very interesting prologue to the piece, Douglas Kellner describes this as “micropolitics”, XVII.
In this article, I explore two instances where “anti-politics” collapsed in the face of competing conceptions of health, where personalities and party politics fractured coalitions forged around shared issues. By focusing on the anti-politics of health - on the creation and the collapse of consensus in the face of difference - I hope to show how these so-called failures mask a deeper historical flow. The anti-politics of health bring to the surface a space where common-values were articulated and shared, even if these did not always rise to the level of the transformative historical event. What remained, even after civic organizations fell apart and institutional coalitions fractured, was an enduring commitment to health and hygiene as universal rights, rather than as resources to be contested.

The collapse of consensus: The anti-politics of health collides with the politics of health

Everyone in the natural healing movement agreed with the basic principle that Germans needed to be better educated about proper health care, diet, physical fitness, and hygiene. A 1901 brochure published by a natural healing association in the Möckern district of Leipzig, though, claimed that this was itself an enormous task. According to the brochure, the German population had only the most confused idea of what naturopathy (Naturheilkunde) really was: “one person thinks that [it] is simply water treatments, maybe with the coldest water possible. Another person simply lumps it in with vegetarianism, and assumes that the adherents do not eat meat [...] All of this is not naturopathy, which is rather that compendium of tools given to us by nature to become healthy.”

This Leipzig association thought that public ignorance was the chief barrier to the general acceptance of natural healing, and sought to remedy the problem through educational lectures, pamphlets, and working to attract new members to the movement. But if the importance of public pedagogy was widely agreed upon, some were asking how Germans should be educated, and what they should be educated about.

Magnus Hirschfeld, who was a world-renowned sex-researcher and also editor of a popular monthly publication advocating natural healing, thought that it was advocates of natural healing - and not just the general public – who were confused about the nature and the goals of their cause. No doubt, educating “ever wider circles about the principles of natural hygiene and non-chemical therapy” was a worthwhile task. But should pedagogy be limited to educational lectures given at associational meetings and print media circulating in some dusty, lantern-lit public sphere? Hirschfeld thought that the absence of a clear program for the natural healing movement masked real and difficult questions about the group agenda. In the pages of Nature’s Doctor (Naturarzt), the official publication of the German League, he made a plea for a comprehensive program that would define the natural healing movement in coming years. In the debate that he sparked with some

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social democratic contributors, we see one key fault lines that crisscrossed the membership of the German League: by articulating a particular agenda for the natural healing movement, Hirschfeld had created a zone of conflict rather than a way of bridging differences in pursuit of common ideals.

Hirschfeld thought that the natural healing movement should be expansive in its goals, and in one his frequent contributions to *Nature’s Doctor*, one hears echoes of a deeply entrenched Bildungskultur (self-cultivation) that celebrated the cultivation of the “self” as the key to living the best possible life. In the introduction to his “program […] for the natural healing movement”, he argued that those anxious to reform German society had focused their attention too narrowly on issues of social inequality – the “Magenfrage” (question of the stomach) – to the exclusion of equally important, though less well defined problems that affected health and happiness. Like other contributors to *Nature’s Doctor*, Hirschfeld agreed that social and economic inequalities demanded immediate attention. Baseline questions like a living wage and affordable housing were important. He also thought that the natural healing movement should work for the spiritual liberation (Innenbefreiung) of each individual. In his view, this could only be achieved by promoting “comfort, intelligence, prosperity, and pleasure” as factors that played an important role in ensuring health and well-being.  

In the pages of *Nature’s Doctor*, Hirschfeld presented a program - spaced over four issues, each one separated into ten different sections, organized into as many as nineteen subsections – that would make intangible factors like pleasure and self-exploration a key part of the natural healing movement’s popular health and hygiene initiatives. His program included a startling array of proposals aimed at improving the health, hygiene, and happiness of the population. He suggested, for example, replacing “stylish” but impractical footwear which, he claimed, caused “chronic cold feet, flat feet, sweaty feet, corns, bunions, and in-grown toenails” with light weight and loose fitting reform shoes. He called for the decriminalization of homosexuality and the punishment of those who knowingly contributed to the spread of venereal disease. He suggested the reform of labor practices to include greater regulation of factories, an increase in the minimum wage, the introduction of four weeks of annual vacation time for all workers, and the creation of inexpensive rest and relaxation homes for working class families. Practical initiatives were designed not only to ensure improved health and hygiene for the general population, and that working people were protected from the worst excesses of the factory system, but also that people

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17 Ibid, 130.
18 The ten sections were: nutrition, temperance, physical education, clothing reform, moral questions, bathing, Landsettlement, pedagogy, labor, and recreation.
19 Hirschfeld, “Ein Programmentwurf für die deutsche Naturheilbewegung. Teil (II),” *Naturarzt* 25, nº 6 (1897): 167-169. That reform shoes would find their way into Hirschfeld’s program is, in fact, less odd than it at first appears. Clothing reform – in particular, the abolition of the corset – had been a preoccupation of well-known reformers, including Gerling, Paul Schultze Naumberg etc. for years
22 Ibid, 239-40.
had the resources – time, space, money - to enjoy their health. Hirschfeld thought that transforming society required more than providing people with decent food and shelter. The creation of a humane [menschennwürdigen] existence for every member of society could only be achieved by transforming the totality of "life circumstances."

One of the early responses to Hirschfeld came from the Social Democrat Hermann Wolf. In his decades long work in the natural healing movement – he occupied key positions both in the German League and, after 1906, in the explicitly socialist Association for Peoples’ Hygiene – Wolf persistently stressed the social roots of physical, mental, and infectious disease. Health and happiness, personal liberation and self-cultivation were all admirable goals. But to those concerned with the plight of workers hard-pressed to meet even their daily needs, Hirschfeld’s goal of reforming consumption and his rhetoric of personal liberation seemed dangerously naïve. Wolf made this case in a five piece series on health and hygiene for workers.

Citing an 1895 Department of Health report estimating the minimum food costs necessary to sustain the average adult, Wolf reduced the debate about health and hygiene to its caloric baseline. The commission proposed a daily diet consisting of milk, rye bread and lard [Schmalz] for breakfast, beef, lentils, potatoes, lard [Schmalz] and rye bread for lunch, and milk, rice, low fat cheese and rye bread for dinner. The estimated cost was 60 pfennig per day, and according to the department of health, this diet represented an absolute caloric baseline. Even using department of health figures, though, a family of four could expect to spend 1.8 Marks per day, 54 Marks per month and more than 650 Marks per year just to meet their basic nutritional requirements. Government statistics projected that 70% of the Saxon and Prussian populations earned less than 900 Marks per year. With a family of four paying 500 Marks a year just to pay rent in Germany’s rapidly expanding urban centers, achieving the caloric baseline and paying for accommodations was no easy task. Wolf thought that, if the leadership at the German League wanted to focus on pleasure and self-liberation, they might as well admit that theirs’ was a movement for the middle and upper-middle classes. Germany’s working families needed practical solutions about how to stay fit and healthy, they needed facilities where they could find some fresh air, practice healing gymnastics, and bathe.


24 Reinhold Gerling, “Der Kampf in eigenen Lager,” Die Neue Heilkunst, 18, nº 9 (1906): 161-163, 162. Gerling cited Wolf’s priorities, first social democracy, and only secondly Naturheilkunde, as the chief difference between them.


26 The Department of Health was not alone in making such calculations, and as Wolf pointed out, their estimate seemed suspiciously low. Professor Voit and Dr. Lahmann, for example, had respectively set the baseline figures for daily consumption at 70pfsg. and 1.10Mk.

27 Ibid, 12. The ministry accounting figured the family as 2 parents and 2 children, and reckoned that the children would each consume ½ the calories of a full-grown person.


29 Ibid. Many believed that these kinds of financial pressures also contributed to child labor, promiscuity, prostitution, and domestic violence. See, for example, Dr. med. Georg Bonne, “Über die Notwendigkeit einer systematischen Dezentralisation unserer Großstädte in hygienischer, sozialer und volkswirtschaftlicher Beziehung,” Monatschrift für Soziale Medizin. Zentralblatt für die gesamte wissenschaftliche und praktische Sozialmedizin, Band I, nº 8 (1903-4): Part I, 369–76.
In 1901 when Wolf was writing, the German League had grown to roughly 80,000 members in more than 600 local branches - a four-fold increase in less than 10 years. But this widening appeal masked contradictory impulses. It raised questions not just about what the natural healing movement’s true mission was, but about how to mobilize support in the population. The danger posed by these kinds of unresolved tensions can be seen in more and more contentious debates. In 1903, at the general assembly in Magdeburg, Wolf’s insistent coupling of naturopathy and social democracy derailed his nomination to the recently created Public Relations Office, and by 1906, he had been stripped of his position in the German League, a move that precipitated the departure of ten associations which felt their voices inadequately represented in the caucus of natural healing associations.

Wolf’s advocacy of socialism offered the pretext for his expulsion from the German League, but it was not, in the end, the real reason for his forced departure. After all, the editorial staff and executive committee of the German League were home to many with expressly social democratic sympathies. In the end, it was this unwillingness to work towards compromise with different and competing voices in the German League – and not his socialist sympathies – that led to his expulsion.

These upheavals, and others like them, point to some of the deep structural problems facing the German League around the turn of the century. In an effort to generate areas of consensus, and to minimize the potential for conflicts that might eventually tear the natural healing movement apart, its federal charter privileged the ideal of political and confessional neutrality. The goal was to unite individuals from different religious, class, and party political backgrounds behind a broad set of shared values. And while this was relatively unproblematic in the abstract, maintaining this consensus was no easy task when it came to putting these values into practice. It is clear, for example, that Hirschfeld on the one hand, and Wolf on the other, would have agreed on the desirability of a healthier, more physically active, and better educated population. But these seemingly coherent ends could sustain multiple and often competing interpretations. In the context of an associational structure established to foster principles of consensus, programmatic statements on issues like the social causes of illness were bound to polarize: defining causes and projecting solutions necessarily meant excluding competing definitions. This is not to say that the members of associations were obliged to agree on every issue. Rather, they were obliged to agree on key issues if they hoped to collectively achieve their goals. The problems facing local associations, as we shall see in the next section, were different from, but related to those that occurred on the national level.

30 Regin, 50.
31 Here, institutional tensions were also at work, with closer relations between the German League and the Doctors Association for Physical and Dietary Therapies generating antagonism between professional natural healers and the German League. See Cornelia Regin’s wonderful essay, “Naturheilkunde und Naturheilbewegung im Deutschen Kaiserreich: Geschichte, Entwicklung und Probleme eines Bündnisses zwischen professionellen Laienpraktikern und Laienbewegung,” Medizin, Gesellschaft und Geschichte 11(1992): 177-202, see in particular 188-94.
32 Reinhold Gerling, “Der Kampf in eigenen Lager,” Die Neue Heilkunst, 18, n° 9 (1906): 161-163, 162. As Cornelia Regin has shown, the German League continued to make overtures to Wolf through September 1907, offering to reinstate his membership in return for his promise to respect the Federal charter, a compromise he was unwilling to make. See Regin, 194.
The collapse of consensus: Anti-politics in a Leipzig natural healing association

One of the most popular incentives to join natural healing associations came in the form of the small garden plots, often called Schreber-gardens in honor of the reformer Daniel Gottlob Moritz Schreber. Schreber gardens were individual parcels of land, typically on the urban periphery or in an urban green belt, collectively owned by an association, and then let out to association members for a nominal fee. Initially conceived of in Schleswig in 1814 as a way of supplementing the income of the working poor, they became in the final years of the nineteenth century a favorite cause of social reformers concerned with the negative effects of urban overcrowding and environmental degradation. Given the pressure being placed on housing in rapidly developing urban and industrial centers – conditions which often found five or more people sharing a single bedroom - rest, relaxation, and physical exercise were seen as favorable alternatives to the pubs and Schnapps houses that occupied such an important space in the landscape of working class leisure time. While it is unclear from my research which natural healing association was first to offer its members garden plots, we do know that a natural healing association had introduced the idea of small garden plots at the latest in 1894. In the year that it was introduced, membership in the innovative natural healing association jumped roughly 62%, from 174 members in 1893 to 280 in 1894, an increase more than 6 times that of the national average.

The introduction of the garden plots and the addition of recreational, bathing, and sport facilities seemed to be perfectly in keeping with the mission of natural healing associations. It was a chance, as one Leipzig association claimed, to apply in practice the prophylactic agenda that had until then been, and particularly for the less prosperous adherents of natural healing, largely theoretical. Though the creation of garden and recreational facilities seemed tailor made to cement local societies in new and stronger bonds of sociability, and to reconcile the principles of natural healing with practical initiatives aimed at improving public health, they sometimes unearthed fault lines that were difficult to bridge. Some members of local associations thought that garden plots and other social-reform initiatives threatened to obscure the true purpose of natural healing associations by bringing new recruits interested more in gardening and sunbathing than in popular education and naturopathy.

33 Günter Katsch, Deutsches Museum der Kleingartenbewegung Leipzig Kleingärten und Kleingärtner im 19. und 20. Jahrhundert (Leipzig: Sächsische Landesstelle für Museumswesen, 1996), on 29. D.G.M. Schreber also has the distinction of being Daniel Paul Schreber’s father. D.P. Schreber was one of Freud’s best known case-studies on schizophrenia.

34 Ibid, 24.


38 Ibid.


The Leipzig-Reudnitz association, with its roughly 300 members was, by any measure, a very active association.\footnote{StdtL. Kap. 35, # 779. Verein für Gesundheitspflege Leipzig-Ost zu Leipzig-Rundhütz und Leipzig Neustadt. Letter dated February 6, 1905.} In 1903, for example, the association held a total of 43 lecture and discussion evenings.\footnote{StaL PP V 118. Verein für Gesundheitspflege und Arzneilese Heilkunde, Leipzig-Neureudnitz mit Leipzig-Neustadt und Umgebung. “Protokoll der ordentliche Generalversammlung, abgehalten um 25, Oktober, 1903.”} It is useful to compare this with the national average: the 800 associations that made up the German League held more than 10,000 lectures in 1901, for a rough average of about one lecture evening per association per month. The Leipzig Reudnitz association, by contrast, held an average of 3.58 lectures per month. In addition to these works of popular education, the association engaged in a variety of social services initiatives, distributing thousands of liters of milk and thousands of rolls of bread to roughly 80-100 poor children during the summer holidays. For the children of working parents, they also offered kindergarten services.\footnote{StdtL. Kap. 35, # 779. Verein für Gesundheitspflege Leipzig-Ost zu Leipzig-Rundhütz und Leipzig Neustadt. Report to the City Council, Leipzig, 29.3.1905. Report to the city of Leipzig, 22.2.1906.} The Leipzig-Reudnitz association seemed to be accomplishing three things at once, reconciling its educational mission, a social services agenda, and the need to grow the movement. Beginning in 1908 and continuing through most of 1909, though, the association began to fall apart.

On March 21, 1908, members of the executive branch of the Leipzig Reudnitz association Richard Lehmann, Arthur Wille and Magnus Otto – all teachers – proposed a new sunbathing facility and additional garden parcels for members. The executive committee hoped to emulate the success of other local natural healing associations in attracting new members with the promise of expanded facilities. Lehmann, Wille and Otto claimed that larger facilities would also allow the association to expand social services like the so-called milk-colonies, which provided free bread and milk to needy children during school holidays.\footnote{StdtL. Kap. 35, # 779. Verein für Gesundheitspflege Leipzig-Ost zu Leipzig-Rundhütz und Leipzig Neustadt. Report to the City Council, Leipzig, 2. September, 1909.} Their proposal met unexpected resistance from association members, and on two separate occasions the construction of garden sunbathing facilities was rejected.

The first indication of possible tension over the proposed construction came at a regularly scheduled association meeting on March 21, 1908. Little is known about this meeting, except that, in what would have been a direct vote of all association members in attendance, the executive proposal was rejected. In a second meeting, held June 19, 1908, members hostile to the proposed expansion had an opportunity to express their concerns. They claimed that, while the new facilities would certainly be in the interests of those members who had garden parcels, the essence of the natural healing association would be compromised: providing incentives to attract new members had the potential of attracting those elements more interested in cheap garden plots than in the principles of natural healing. The suspicions of dissenting members were amplified by a further proposal filed by the executive committee, this one aimed at changing the association’s classification to that of a Schreber Garden-Association. In a move that provoked general outrage,
the executive committee called a closed-door meeting for July 3, 1908, in which they voted to approve the plan for expansion over the objections of group members. Dissenting members filed a petition with the district court demanding that a special session be convened to review the measures voted on by the executive committee.

The later independent report suggests just how unruly the situation had become. A September 1909 report filed with the Leipzig city council noted that the first months of the year had already seen nine separate charges of slander filed in connection with the matter. The author explained how members siding with the executive committee encountered bitter opposition from the real “adherents of the natural healing method,” who condemned membership in the soon to be renamed association as shameful. Chief among the objections voiced by dissenting members were the numerous events – from the milk colony to holiday excursions – organized by the executive committee, and they voiced these objections loudly in various public assemblies. All of this has the ring of a boisterous, unruly, and ultimately harmless town hall meeting – concerned citizens with too much time, and too little of real concern. I want, though, to highlight a couple of features of this conflict that point to a broader significance.

In their outraged response to the decisions taken by the executive committee, dissenting members reproduced in local terms debates that we have already seen in the pages of Nature’s Doctor: What was the natural healing movement about, and who was it for? According to critics of the new construction, the executive committee and its supporters had “failed to apprehend the purpose of the association, and were not, really, authentic [offizielle] adherents of natural healing practices” at all, and this may help us to understand what the dissident members thought that their association was about: it was about the committed practice of natural healing, and the effort to spread its popularity through pedagogical initiatives. The concern that the central purpose of the association – popular education - would be obscured by incentives for new members and hygiene initiatives for children drove this dissent, and resonated with the concerns being expressed in the publications of the German League. In the end, the dissenting members succeeded in blocking further construction, and the executive committee was forced to resign.

The Leipzig Reudnitz association was, of course, unusual, if only because they held lectures at something like 3.5 times the national average. At the same time, the conflicts that wracked their association in 1908 and 1909 illuminate the kinds of debates that had played out in the pages of Nature’s Doctor: Should the natural healing movement focus on transforming individual bodies, or should it direct its attention to the body social? Was the natural healing movement really about recreation and sociability, or was its object more narrowly pedagogical? In rejecting milk colonies

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and holiday excursions, dissenting members of the Leipzig Reudnitz Association were responding to efforts to shift the emphasis and to change the focus of the natural healing association; they were rejecting the construction of new bathing facilities and more garden plots because this had the potential to come at the expense of natural healing.

Their battle with the executive committee gives us a hint at why Hirschfeld and Wolf had been unsuccessful in their efforts to create a program for the national movement almost a decade earlier. It was not their advocacy of “bourgeois” or “socialist” solutions to very real public health issues that doomed their programs to failure. Rather, it was the fact that they, like the executive committee, “failed to apprehend the purpose of the association,” though not, I think, in the ways that the Reudnitz dissidents imagined. Hirschfeld et al. failed because they ignored the organizing principle of associational life more generally: voluntary collaboration in the service of generally agreed upon ends. Programmatic statements tending towards a broader, and not narrower, definition of the goals of the natural healing movement had failed in the past not because of their content, but because these programs produced new spaces of contention without successfully creating a new consensus to replace them. The challenge that they faced, though they did not recognize it, was tactical: how does one sustain an issue-oriented movement composed of individuals who agreed about general principles, without agreeing about the particulars?

Conclusion

In this article, I argued that “anti-politics” is a potentially useful tool for understanding popular cultures of medicine, but both of the examples I explored can only be described as failures of consensus building and collaboration. A couple of points suggest themselves here, though, that may be worth thinking about. First of all, personalities matter. In the crisis of the German League in 1906, and again in the split of the Leipzig association in 1909, the breakdown of anti-political strategies resulted in part from the qualities of important group members. Unlike the bio-political analytic, which focuses on structure, or the more narrowly political approach, which highlights institutional actors, the anti-politics of health show how historical agents and informal relationships can play a defining role in mobilizing (or derailing) social action. This may be a useful complement to historical work that often tends to focus too heavily on structural analysis to the exclusion of historical agents who experienced them on the ground.

The anti-politics of health is useful in other ways, too. For one thing, it helps us to understand how (national) communities hold together in the face of powerful forces that militate against social cohesion. As we know, members of the German League in particular, and the natural healing movement more generally, came from across the class, confessional, and party political spectrum, and these differences map onto key fissures in Wilhelmine Germany. Historians very
often focus on these differences as a flashpoint for conflict – the opposition parties against the government factions, Protestants against Catholics and so on and so forth. What, though, did these diverse and often hostile groups have in common? How were they able to collaborate in the face of their important differences? I think that anti-politics gives us a tool to explore these subterranean zones where values are shared in spite of important differences, where common values transcended the potential for conflict. It is not at all surprising that these spaces of consensus sometimes collapsed. It is, though, surprising that they left something durable behind: a shared commitment to health as a universal right rather than a contested resource.

Focusing on the breakdown of the anti-political also raises questions about what we mean when we talk about “success” and “failure” in historical terms. In a decades-long project, the German League promoted naturopathy with good results, but naturopathy did not, in the end, replace academic medicine as the dominant Wilhelmine medical regime. The German League was also effective in protecting the rights of lay healers in Germany’s relatively unregulated medical marketplace, but they were not able to elevate them to a place of parity with university trained medical doctors. The German League also failed, in the end, to maintain its political neutrality. In the early years of the Weimar Republic, the German League drifted – with many other Germans – to the political left. In the 1930s – with many other Germans – they drifted to the right, and by the middle of the 1930s, the German League had been systematically co-opted by the Nazis.

If the anti-politics of health “failed” in all of these ways, why, in the final analysis, is it worth thinking about? The anti-politics of health is worth thinking about because it directs our attention from the high to the low, from the transformative event to the everyday experience, from the historical rupture to the subterranean structure. The anti-politics of health helps us to understand why Germans who would, in the 1920s and 30s, fight one another in the streets still bought the same health and healing manuals, cooked the same foods purchased in reform-houses, visited the same natural healers and said so many of the same things about the healing power of nature. It helps us to understand why youth groups on the left and the right of the party-political spectrum thought they would find freedom in forests and health through swimming, sport, and healing gymnastics. It helps us to understand why naturopathy in particular (and medical pluralism in general) make up such an important part of Germany’s medical landscape – past, present, and future. The anti-politics of health also help us to understand the “urgent plea and warning” issued by the German League in 1889.

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