GIVING BIRTH AND/TO THE NEW SCIENCE OF OBSTETRICS: FIN-DE-SIÈCLE GERMAN WOMEN WRITERS' PERCEPTIONS OF THE BIRTHING EXPERIENCE

DISSERTATION

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ABSTRACT

The end of the nineteenth century marked the slow shift from home births towards an increased hospitalization of birthing, which became a firmly established practice in twentieth-century German-speaking countries. In this project, I analyze and contextualize representations of birthing, birthing assistants, and the medicalization of the female body in the late nineteenth and early twentieth centuries in Helene Böhlau's *Halbtier!* (1899), Ilse Frapan's *Arbeit* (1903), and Gabriele Reuter's *Das Tränenhaus* (1908). Böhlau, Frapan, and Reuter wrote their novels at the cusp of a new approach to birthing, and their protagonists grapple with the transition from giving birth at home with minimal medical intervention to viewing birth as a pathological condition that requires support from medical personnel. By bringing together theoretical discourses on the body and on medicalization, I examine what effect the restructuring of birthing assistance, and later the development of the medical specialty of obstetrics, had on women in the late nineteenth and early twentieth centuries, and how women perceived these changed birthing conditions. I argue that each of these literary works challenges the medical history narratives that have portrayed medical advances in obstetrics as a positive change for women across the world. Rather, these works take up questions of female agency and the human cost resulting from medical advancements. I identify the three authors' preoccupation with unwed mothers' birthing experiences and the socio-economic and

moral factors that influence their patient care and access to health care as a crucial commonality between the works examined.

The project begins with a historical overview of the medicalization of birthing in German-speaking countries and of the changing discourses about the female procreative body from the 1750s onwards. The subsequent three literature chapters focus on the portrayal of women's perceptions of the birthing experience, the locales in which women give birth (i.e. birthing clinic, rural birthing house, or at home), and birthing assistants and their interactions with each other and with their female patients. This approach enables me to compare how perceptions of these themes were mediated and represented in literary texts by multiple women writers in the late nineteenth and early twentieth centuries. The project concludes with a discussion of all three novels and what their representations of birthing can tell us about the broader issues the novels address.

This dissertation is dedicated to my family.

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INTRODUCTION

Als vier Fäuste den Leichnam achtlos, ohne jede Barmherzigkeit, die der junge, schmerzzermarterte, verlassene Leib als heiliges Recht hätte verlangen dürfen, in eine Kiste warfen, wie etwas völlig Abgethanes und das Kind auf den Körper der Mutter fallen ließen, und der flache Kistendeckel, der zum Sarg der Alleralleräärmsten gehört und den sie den "Nasentetscher" nennen, darüber gelegt wurde, da war die Tragödie zu Ende.

Helene Böhlau's *Halbtier!* (1899), pg. 159

The story Helene Böhlau tells in her novel *Halbtier!* (1899) starts off like the beginning of a romance novel: a young woman from the lower classes falls in love with a young, handsome, bourgeois university student, and they conceive a child together; however, it is then that the fairy tale beginnings quickly turn into the makings of a tragedy as the young man distances himself from the now pregnant woman, which the law at the time fully supported, and the penniless woman has to give birth at a birthing clinic. After the woman and child die during childbirth, their cadavers are used as objects of scientific study for medical students in the anatomical theater. Once the now deceased woman and the child have physically paid off their "debt" for having used the birthing clinic's resources during their stay, they are discarded like medical waste: the tragedy has run its course. This tragedy that Böhlau constructs in her novel is a fictional portrayal of a woman whose tragic flaws are her gender and social class. This fictional depiction is representative of the reality experienced by thousands of unwed, lower-class mothers

who were mistreated because of their gender and class in a legal and political system that did not value their lives.

The inequitable treatment of unwed mothers and the uncertain futures they faced in a system that was set up to punish them for having a child outside of marriage, while at the same time failing to hold the father of the child responsible, is explored in many fin-de-siècle novels written by women writers, including Helene Böhlau's *Das Recht der Mutter* (1896) and *Halbtier!* (1899), Hedwig Dohm's *Sibilla Dalmar* (1896), Ilse Frapan's *Arbeit* (1903), Gabriele Reuter's *Aus guter Familie* (1895) and *Das Tränenhaus* (1908), Franziska zu Reventlow's *Ellen Olestjerne* (1903), and Clara Viebig's *Das tägliche Brot* (1900). While these novels have, in many cases, been examined together in the secondary literature available on them, the portrayal in the novels of birthing conditions around 1900, and the significance of these portrayals have for the overall narrative, have, surprisingly, not been comprehensively analyzed.

In this project, I take a two-pronged approach to do precisely that: I contribute both to the scholarship available on German women writers and to the secondary literature on representations of medicine and science, more specifically on birthing and birthing assistants, in artistic works. I seek to contribute to the existing scholarship on German women writers at the turn of the century by analyzing and critically observing novels within the context of the medicalization of the birthing process and childbirth practices at the turn of the century, as well as what the portrayals of birthing in these novels can tell a twenty-first century reader about the way in which these women writers used their novels as venues to explore attitudes towards sexuality and socio-political structures such as class and gender. I further examine the conflict between the modern

scientific and medical narrative of progress and the often-critical representations of medicine and science in artistic works. In particular, I assess how literary representations complicate scientific and medical narratives of progress by rendering the negative impact of socioeconomic factors on patient treatment and access to health care. Representations of birthing, birthing assistants, and the medicalization of the female body in the late nineteenth and early twentieth centuries are therefore analyzed within the context of this disrupted progress narrative. Specifically, I examine three novels that provide representative examples of the treatment of birthing in fin-de-siècle novels by prominent German women writers: Helene Böhlau's *Halbtier!* (1899), Ilse Frapan's *Arbeit* (1903), and Gabriele Reuter's *Das Tränenhaus* (1908).

The end of the nineteenth century marked the slow shift from home births towards an increased hospitalization of birthing, which became a firmly established practice in twentieth-century German-speaking countries. Böhlau, Frapan, and Reuter wrote their novels at the cusp of a new approach to birthing, and their protagonists grapple with the transition from giving birth at home with minimal medical intervention, to viewing birth as a pathological condition requiring support from medical personnel. By bringing together theoretical discourses on the body and on medicalization, I examine the effect that the restructuring of birthing assistance, and later the development of the medical specialty of obstetrics, had on women in the late nineteenth century, and how these women perceived changing birthing conditions. I argue that each work challenges the way medical history narratives have portrayed medical advances in obstetrics as a positive change for women across the world. Specifically, these works take up questions of female agency and the human cost resulting from medical advancements, and, in so

doing, they give representative voice to a generation of women who questioned the status quo and the inequitable treatment of women at the turn of the century. I identify their preoccupation with unwed mothers' birthing experiences and the socio-economic and moral factors that influence their patient care and access to health care as a crucial commonality between the works examined.

My methodological approach is rooted in close readings of text passages from representative novels by German women writers and their evaluation in conjunction with secondary literature and historical texts highlighting the social and scientific treatment of women and parallel changes in birthing conditions at the turn of the century in German-speaking countries. I seek to elucidate the gender- and class-based issues facing women at the time, as well as the role played by power dynamics and negotiations in an important time in the cultural history of birthing as it is represented in German literature by women writers. I see the women writers as *Zeitzeugen* exploring and helping to shape important contemporary topics of discussion in their works, and I analyze their novels as *Zeitzeugnisse*, providing testaments to and snapshots of the time in which they were written. The literary works discussed in this dissertation are viewed as cultural products of their time; as such, their aesthetic or literary value will not be discussed as extensively as the cultural and social influences discernible in them.

The climate surrounding questions of birthing and birthing assistance between 1890 and 1914 was one in which different strands of discourse coalesced. The medical community was on the cusp of shifting birthing from a women-centered communal event that took place in the privacy of the home to a pathological condition requiring treatment at a clinic under the supervision of male medical personnel. Meanwhile, newly emerging

feminist movements were decrying the inequitable treatment of unwed mothers and illegitimate children, and, more generally, the inequitable status of women in society, particularly in terms of their access to education and their reproductive rights. The German women writers featured in this dissertation wrote their novels in the context of this tumultuous reframing of the concept and practices of birthing, and they not only reflected on the medical and social discourses surrounding birthing, but they also added the human component which was often conspicuously absent from public discourses. Specifically, they explored in their fictional accounts the ethical dimensions of the meaning of this shift in the birthing experience for the woman giving birth, oftentimes bringing their concerns into alignment with the more radical factions of the bourgeois feminist movement.

The second half of the nineteenth century and into the early twentieth century saw a preoccupation with gender differences, defining the "nature" of woman in various areas of inquiry ranging from psychology to medicine to socio-biology (Weedon 1). Of particular interest in the context of my project is the use of male scientists' readings of a woman's body and biology in socio-biological discourses to prove women's inferiority to men, thus justifying their unequal treatment in society. Women's relegation to an inferior social status entailing constriction to gender roles defined by their relation or lack thereof to men: the roles of wife and mother, of prostitute, or of spinster were based on the newly emerging biological differences (pseudo-) scientists claimed to have discovered throughout the nineteenth century. These newly emerging discourses gained clout in society, as they seemed to confirm the prevailing ideas about women's inferiority propagated over centuries in religious and other ideologies; furthermore, these theories'

"claims to absolute authority were based on [their] newness, [their] claims to scientificity and [their] modernity" (Weedon 1 – 4; See also Diethe 9).

As Jill Fisher asserts in her article "Gendering Science: Contextualizing Historical and Contemporary Pursuits of Difference" (2011), the process of knowledge production in science plays an important role in determining what is researched, who researches, and what the research is used for. Fisher believes that the object of scientific inquiry is frequently based on scientists' pre-existing beliefs and "is usually in sync with broader society's culture and values. Just as science is influenced by society, so too does science have an impact on how society is organized and functions. This reciprocal relationship illustrates that science is not a neutral enterprise" (Fisher 3). The idea that scientific knowledge production naturalizes or produces specific and often patriarchal ideas about gender, sexuality, and reproduction will play a key role in my dissertation. Science and society hailed motherhood and marriage as the ultimate expression of a woman's biological destiny; thus, the only acceptable social status for a woman was in the private sphere tending to a family.[1]

This idealized notion of reproduction within the socially sanctioned bounds of heterosexual marriage, however, remained an ideal and did not reflect the actualities of women's lives in the long nineteenth century. A glaring example of this disparity is precisely the conception of a women's purpose in life being a wife and mother, as compared to the reality of firstly, this ideal existing in contrast to the woman's individual goals and desires, and secondly, the fact that that statistically there were not enough

[1] The husbands of the women who were fulfilling their biological destiny within the sanctioned bounds of marriage had legal control over the women and their children (Tebben, "Der weibliche Blick" 20).

eligible men for middle class women to marry (Weedon 7). The mainstream, moderate part of the bourgeois women's movement for much of the nineteenth century based their political activism on the dualist model of sexual difference, in which men and women are understood to have a different biological make-up and sexual differences which complement each other. The dualist model presupposes different spheres for the two sexes, and supporters of this model sought change through an extension of women's role in the family to the public sphere (Weedon 8 - 13). In the 1890s, another model based on women's equality regardless of biological differences was introduced by the radical wing of the bourgeois women's movement, influenced by models of emancipation from the USA and Great Britain. Supporters of this model argued that women and men could achieve similar things if both sexes were given the same opportunities (Weedon 13). Whereas the more moderate wing of bourgeois feminists tried to improve the situation for women within the socially sanctioned confines of marriage and motherhood, the more radical faction of the bourgeois women's movement sought to change the situation of women by dismantling these ideals. The two groups were not without their ideological commonalities, however: the bourgeois women's movement as a whole wanted to create a social and political climate in which women's voices were represented in the hopes of effecting positive change for women.

The bourgeois feminist movement gained ground in the second half of the nineteenth century in their push for women's education and the right to work, but only through the efforts of the more radical wing of the bourgeois women's movement did issues such as the rights of unmarried women and mothers, women's suffrage, and the sexual double standards inherent in society become topics of importance (Weedon 21, 41;

Diethe 2).[2] The subjects of unmarried mothers and of sexual double standards are especially important for my project because they are directly pertinent to the topic of birthing and the inequalities in access to health care for unmarried mothers. The sexual double standards that permeated society at the time ranged from women being stigmatized if they had sexual relationships out of wedlock while men's promiscuous behavior was condoned by society, to women facing penalties for having children out of wedlock while the fathers of these children were are not held accountable for their involvement in the conception of the child. Society's normalization of men's promiscuous behavior and the demonization of female sexuality were in large part reproduced and articulated in socio-biological discourses rooting a man's supposed increased proclivity for sexual prowess and a woman's supposed disinterest in her sexuality in their respective biological compositions (Tebben, "Der weibliche Blick" 23).

The problematic situation of unwed mothers, including the sexual double standards that turned their situation even direr, coincided with and were amplified by the changes in the way births were framed at the end of the nineteenth century and the beginning of the twentieth century. Most of the births in German-speaking countries at the end of the nineteenth century took place at home, and birthing assistance was still largely provided by female birthing assistants such as midwives. Doctors were only called in to assist a birth if complications arose. Even though the majority of births still

[2] Beginning in 1908 both boys and girls were, according to the law, entitled to receive thirteen years of state education, which would, with the *Abitur,* prepare them for university studies. Before then, starting in 1871, girls were only entitled to a primary education, whereas, boys could obtain their *Abitur*. Before 1908, if given the opportunity girls would prepare for the *Abitur* on their own with the help of tutors – which were only available if the financial means were available – and then pursue university studies outside of Germany, for example, at German-speaking Swiss universities (Diethe 2, Tebben, "Der weibliche Blick" 30 - 31). The topic of education was a unifying factor between the moderate and the radical factions of the bourgeois women's movement because they all agreed that women should have the same access to education as did their male counterparts (Diethe 11).

took place at home, an increasing number of birthing clinics were founded over the course of the nineteenth century. The expansion of birthing clinics facilitated the emergence of the medical specialty of obstetrics, increased the research done on pregnancy and birthing, and provided a space to educate medical personnel on the latest trends in birthing assistance.

While the birthing clinics facilitated the development of obstetrics, and with it several lifesaving medical procedures that found their utility in the twentieth century once antiseptic measures made invasive procedures safer for patients, nineteenth century birthing clinics were still experimenting on their patients in ways that did not necessarily safeguard their patients' wellbeing. The lack of importance placed on patients' wellbeing is compounded by the fact that, based on the socio-historical research done on birthing clinics in the long nineteenth century, the socio-economic status of a pregnant woman was the main factor determining her attendance at a birthing clinic, rather than her need for medical intervention in her pregnancy (Schlumbohm, "Die Schwangeren" 39). Illegitimacy, one of the primary factors leading to a woman's need for the services of a birthing clinic, was considered to be a problem of lower-class women; therefore, giving birth in a clinic was chiefly an experience of women of the lower classes and women who were experiencing medically challenging births (Pawlowsky 209). Another main reason for women to frequent birthing clinics was that they had nowhere else to give birth; other reasons ranged from the women being cast away from their homes because they were unwed and pregnant to the women's status as victims of rape or sexual assault (Seidel 423). The women who went to birthing clinics to give birth were oftentimes exempt from

any type of monetary penalty associated with illegitimacy, which provided another incentive for the women to give birth in a clinical setting (Bueltzingsloewen 27).

It is evident that while birthing clinics were integral to the development of obstetrics, a high human cost was associated with this development, which was shouldered by lower-class, unwed mothers who were subjected to inordinate numbers of physical examinations by doctors and medical students, which helped the institution educate its students as the process of birthing became the object of scientific study (Pawlowsky 206, Schlumbohm "Der Blick" 185). This shift in the relationship between the woman giving birth and the outsiders involved in the woman's birthing process is of great importance because it makes salient a shift in power dynamics. The women giving birth in the birthing clinics rendered through their submission to medical treatment a type of service in exchange for the opportunity to give birth in a somewhat safe environment. "Somewhat safe" must be emphasized here, as only from the 1880s onwards, once antiseptic procedures were put into place and birthing instruments became more refined and less dangerous for the patient, did medical interventions become safer (Seidel 424). These changes to the social and medical frameworks of birthing for unwed mothers made their situation even more precarious. Because they lacked the resources and support network to give birth in a venue and with the birthing assistants of their choosing, these women faced an undignified, uncomfortable, and sometimes fatal birthing experience.

In 1894, the *Bund deutscher Frauenvereine* was founded and provided a political venue for female activists to explore questions of women's voting rights, the socio-economic status of mothers, prostitution, and unequal views on male and female promiscuity (Weedon 113). A decade later, with the issues of unmarried women,

including mothers and their access to health care, and of sexual double standards at the forefront of the radical bourgeois women's and the proletarian feminist movements, the *Bund für Mutterschutz und Sexualreform* was formed to advocate for women's rights (Weedon 98). The more radical offshoot of the mainstream feminist movement sought to combine "campaigns to change public attitudes with practical social work in the form of advice and financial assistance for unmarried mothers" (Weedon 113). The radical wing of the bourgeois women's movement was not viewed favorably by the more mainstream parts of the women's movement based on their different views of what feminism is and what the role of women should be in society, and, in 1908 when the law against women's involvement in politics from the 1850s was lifted (Weedon 23, 113; Evans 25; Diethe 138), the radicals lost momentum as the mainstream women's movement gained followers. Regardless of their differences, the emergence of feminist movements in the nineteenth century gave women, who were up until that point mostly talked about by men and not included in public discourses, a platform to voice their opinions and concerns (Weedon 113).

These opinions and concerns reverberated through the literary works of many women writers at the turn of the century; the novels examined in this project are part of their authors' political engagement. The extent to which they shared the fringe views of more radical factions of bourgeois women's movements was varied; however, the writers discussed in-depth in this dissertation can be aligned more closely with the more radical ideas and ideals of the bourgeois women's movement than with the more moderate ones. As Chris Weedon notes in *Gender, Feminism, and Fiction in Germany: 1840 – 1914* (2006), women writers at the turn of the century often wrote their literary contributions in

conventional and socially acceptable genres such as the novel. They used these conventional genres as frames for their, at the time, radical political ideas (Weedon 18 – 21). Despite the authors' perceived lack of literary innovation and their adherence to conventional genres, Weedon sees the fiction by women writers as a venue for voicing progressive thought through the expression of resistance against the dominant system of patriarchy governing gender relations at the turn of the century, and through an argument for the recognition of the shared humanity between the sexes:

> The agenda that confronted feminist writers was […] deeply rooted in persistent ideologies of class and gender that sought to reproduce a heterosexual patriarchal normality organized around binary articulations of difference. Challenges to this involved engaging with the social reproductions of meanings, values and modes of living, and fiction was a primary and popular site for this. Progressive women's texts variously took the form of resistances, subversions and strategic appropriations of the dominant. (Weedon 168)

In my project, I examine the extent to which Frapan, Böhlau, and Reuter used representations of birthing as examples of the inequitable treatment of women at the time, as well as whether these examples of fictional representations of women's birthing conditions expressed a social reform agenda, or whether they merely reproduced prevalent ideologies about women's roles in society.

Frapan's, Böhlau's, and Reuter's explorations of the woman's role at the turn of the century stands will be situated against the backdrop of the portrayals of women by male writers in the nineteenth century. Karin Tebben in "Der weibliche Blick auf das Fin de siècle. Schriftstellerinnen zwischen Naturalismus und Expressionismus: Zur Einleitung" (1999) argues that mothers and wives were idealized in much of the literature written by male authors at the time. She sees this idealization as part of an effort to provide the female readership with role models for how to fulfill their biological destiny,

and as a means to uphold the status quo by lauding the women who live up to the idealized veneration of motherhood. Three main types of female characters emerge in the literature by male writers: the wife and mother, the *femme fragile*, and the *femme fatale*. All three types are generally depicted as set in their ways and without much room for character development (Tebben, "Der weibliche Blick" 20 – 21). The late-nineteenth century women writers, especially the ones who are included in my project, deconstruct these one-dimensional character types created by male writers. These women writers seek to create alternative portrayals of women who do not fit neatly into the literary types to which male writers have tried to confine them (Tebben, "Der weibliche Blick" 22). While the women writers are able to deconstruct the categories of women provided in the past by male writers, their novels also show some of the limitations of these alternative representations of women in fiction (Tebben, "Der weibliche Blick" 32). In *Halbtier!,* Helene Böhlau's protagonist Isolde is never fully able to combine motherhood with her desire to be a successful and renowned artist, Gabriele Reuter's Cornelie in *Das Tränenhaus* finds inspiration in her new dual role as writer and single mother, but can only achieve this dual role by consciously abnegating her sexual desires towards the father of her child, and in *Arbeit*, Ilse Frapan's Josefine struggles to fulfill her role as mother and doctor, and can only do so by remaining in a loveless marriage to her estranged husband.

The literary climate of the years between 1890 and 1914 provided a fertile ground for the ideas of the more radical women writers. For the title of my dissertation, I specifically chose the term "fin de siècle" to denote the timeframe on which my project focuses because of the connotations held by this marker of time. "Fin de siècle" gives a

name to a period of literary production marked by shifts from more traditional modes of expression to new, more modern ways of rendering the world in literature. The term "fin de siècle" in literature captures the turn of the century as an in-between space: a space marked on the one hand by the end of an era, i.e. historically the end of Bismarck's reign in 1888 and in terms of literary history a break with previous modes of writing, and the beginning of a new time on the other hand, marked by the euphoric envisioning of the future while simultaneously fearing the uncertainty of this new time. In this project, I examine how Böhlau's, Frapan's, and Reuter's works are situated in this in-between space: do they depict the decline and decay of traditional social mores and of attitudes towards traditional forms of birthing assistance, or do they embrace this specific time in German (literary) history as a time for social progress and for envisioning and shaping a different future for women with regard to their reproductive choices?

Naturalism, a mode of writing popular during the fin de siècle, represents a break from more traditional styles of writing; especially young writers and women writers seemed to feel compelled to tell their stories in this way (Tebben, "Der weibliche Blick" 4).[3] The topics explored in naturalism ranged from prostitution to the dissolution of the family, exploring the darker side of society less frequently depicted in art and literature. The women writers' works examined in this project pick up on these topics and incorporate the bourgeois perspective on the lower classes, a common practice in naturalist literature (Tebben, "Der weibliche Blick" 5). What sets their novels apart from

[3] At the end of the nineteenth century, naturalism was a popular mode of writing; just before the beginning of World War I, expressionism became the preferred writing style. As with most literary movements, not every artist and writer immediately changed their mode of writing just because a new era in literary and artistic production was proclaimed; it was a gradual transition (Tebben, "Der weibliche Blick" 1 -2).

those of some of their contemporaries is that the main plot lines are centered on bourgeois families, and that the bourgeois protagonists encounter the suffering of lower-class women. I examine whether these encounters with the high level of desperation and precarity experienced by lower-class women trigger emotional experiences for the bourgeois protagonists that might compel them to seek change and to reevaluate their own lives and opinions.

The women writers whose works are explored in this dissertation used a naturalistic mode of writing to portray certain less socially acceptable topics; of special importance are the authors' deconstructions of the taboos surrounding the female procreative body. I argue that the women writers in my project politicized the lower-class female procreative body as a surface onto which they inscribed their social critique. Nancy Scheper-Hughes and Margaret M. Lock's article "The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology" (1987) clearly distinguishes between three perspectives from which the body can be viewed. The first is the individual body-self, the second is the social body, and the third is the "body politic, an artifact of social and political control" (Scheper-Hughes and Lock 6). My dissertation examines the female procreative body as a politicized body, which refers to "the regulation, surveillance, and control of bodies (individual and collective) in reproduction and sexuality" (Scheper-Hughes and Lock 7-8). My analysis stresses the fact that the perspective of the politicized body itself, the female body, has been neglected in previous scholarship on obstetrics and birthing assistance. Academic discourses up to this point have mostly concerned themselves with writings from outsiders, e.g. doctors, nurses, and midwives, who describe the treatment of the female body. In order to elucidate the

perspective of the women who were the objects of scientific and medical strains of inquiry, I try to find out whether – and if so, how – Böhlau, Frapan, and Reuter constructed their fictional works as fictional spaces to find answers to the following questions: How did the female patients feel about the increasing role of male medical practitioners who partook in and structured their birthing practices? How do the women in question relate to the scientific discourses and practices at the time? Were the women themselves included in or excluded from the knowledge production about their procreative bodies? If they were included, what role did they play, and did they play a role beyond that of the object and subject to be studied? How did women learn about the obstetrical knowledge produced by scientists, doctors and others? What, from their perspective, were the ethical concerns and/or values, and which ethical concerns and/or theories were thrust upon them by outside forces?

I begin my project with a historical overview of the medicalization of birthing in German-speaking countries, and of the changing discourses about the female procreative body from the 1750s onwards. In the subsequent three literature chapters, I discuss these topics in the context of each of the three novels, and I, specifically, focus on the portrayal of women's perceptions of the birthing experience, the locales in which women give birth (i.e. birthing clinic, rural birthing house, or at home), and birthing assistants and their interactions with each other and with the women they are treating. This approach enables me to compare how the perceptions of these themes were mediated and represented in literary texts by multiple women writers in the late nineteenth and early twentieth centuries. I conclude the project with a discussion of all three novels and what their representations of birthing can tell us about the broader issues the novels address.

CHAPTER 1: THE SOCIAL HISTORY OF BIRTHING IN GERMAN-SPEAKING COUNTRIES

The social history of birthing in German-speaking countries from 1750 onwards is a history of change: changes in the way births were assisted, including the personnel in attendance and the devices used to assist the delivery, changes in the location where the births took place, changes in the people attending the births, and changes in how a birth was structured as an event. The one constant amidst these changes was the biological processes endured by the female body while giving birth. Although these biological processes have remained the same across the centuries, the eighteenth and nineteenth centuries saw an increased focus on uncovering precisely what these processes were and how this knowledge could be used to instruct future birthing assistants. An examination of the social history of birthing reveals the underlying social, political, and legal agendas behind the changes in what birthing entailed over the course of the eighteenth and nineteenth centuries.

This chapter focuses on the development of birthing assistance from the mid-eighteenth century throughout the early twentieth century because of the fundamental changes undergone by birthing assistance and the social and cultural perception of birthing during this time. These changes, of course, did not occur instantaneously; they developed over decades, and even centuries. The first tangible manifestations of these changes were made visible when the first birthing clinics and midwifery education

programs were established in the mid-eighteenth century.[4] Around this time, midwifery also began to develop into a profession, and the foundations were laid for modern forms of birthing assistance. These developments continued throughout the nineteenth century and find their culmination in the hospitalization of birthing in the twentieth century.

The first sections of this chapter focus on the process of medicalization beginning in the eighteenth century and culminating in academically-based medicine replacing of traditional forms of medicine in the nineteenth century. The description of the process of medicalization in these sections is informed by the scholarship of the medical and social historians Christian Barthel, Thomas Neville Bonner, Barbara Duden, Claudia Honegger, Axel Karenberg, Franzisca Loetz, Hans-Christoph Seidel, and George Weisz. Following their lines of inquiry, I trace the interplay between the key parties involved in the process of medicalization: the state, the academically-trained medical personnel, and the people seeking medical attention. The five areas of inquiry I follow as a way to explore how the process of medicalization unfolded from the eighteenth century onwards are: the state's health care agenda and its push for medicalization, the academically-trained doctors' professionalization efforts and the subsequent changes in medical education, the rise of the clinic as the space in which medicalization sought to find its ultimate expression, the question of whether medicalization served explicitly as a means to control the population, and the popular acceptance of and demand for medicalization.

The medicalization of birthing essentially ran parallel to general efforts toward the medicalization of the treatment of any and all maladies. However, given the patient

[4] The development of obstetrics "began in Germany with the establishment of midwifery programs at Straßburg in 1728 and Göttingen in 1751. Institutions for teaching obstetrics quickly followed at universities in Berlin (1751); Vienna (1752); Braunschweig (1774); Detmol, Bruchsal, Dresden (1775); and Würzburg (1779)" (Banks 24).

population and medical personnel involved the medicalization of birthing, the discussion of the medicalization of birthing over and above the general medicalization must take into consideration issues of gender and class. Class and gender played important roles for both the female patients and the female medical personnel involved in the birthing process. The patients involved belonged the most vulnerable patient populations at the time – women and newborns – and health care available to women at the time varied based on the individual female patient's social class, marital status, and financial situation. The medical personnel involved in birthing were mostly female midwives and male physicians. Not only did the negotiation between the developing professions of the academically-trained doctor and the certified, professional midwife cause conflicts along gendered lines, but many midwives came also from the lower classes, which created class-based power dynamics. In order to discuss these additional dimensions of the medicalization of birthing, the first two sections of the second half of this chapter focus on the development of birthing clinics and the way female patients were treated there, and the last two sections of this chapter trace the development of midwifery into a profession.

1.1. The Process of Medicalization

The term "medicalization" has been used academically in a variety of ways in recent decades, but for the purposes of this dissertation, it will be used in the following way:[5] Medicalization, in the social history of medicine, describes the process beginning

5 See Franciska Loetz for a thorough overview of the terminology and history of the term in her monograph *Vom Kranken zum Patienten: "Medikalisierung" und medizinische Vergesellschaftung am*

in the mid-eighteenth century that gradually elevated academically-based health care from its marginalized position to a position of dominance, a process that reached fulfillment in the late nineteenth century (Seidel 13). Within the scope of this shift, traditional forms of medicine came to be viewed as alternative to academically-based medicine (Loetz 14). Though a single cause is impossible to isolate, this shift was marked by and also certainly accelerated by the increased importance and professionalization of university-educated doctors, the decreased importance and waning dependence on non-university-trained healers, the development of medical specialties, the rise of the clinic, and the shifting attitude toward sick people, who were increasingly being viewed as patients requiring medical attention (Honegger 201). These developments happened gradually, and their non-uniform implementation across German-speaking countries at the time can be attributed to differing social, spatial, political, and historical factors at play in the different phases of gradual medicalization in German-speaking countries (Loetz 115).

In addition to the shift in which type of medicine was viewed as the dominant one, "medicalization" also refers to the process through which it becomes normal practice for a person to consult a doctor in case of sickness in order to make use of the doctor's medical knowledge acquired through university studies. This progression towards a health care market dominated by university-trained doctors was stimulated by a joining of forces between doctors and the state in the mid-eighteenth century to advance a program of health care that was beneficial both for the medical community, as it gave doctors and their work more clout in society, and for the state, as it promised a healthier population

Beispiel Badens 1750 – 1850 on pages 43 to 56 – here she gives an overview over the German as well as international usages of the word.

that was, at least in theory, more economically productive (Seidel 13). Through medicalization, the population demonstrates an increasing dependence on university-trained medical professionals to tell them what is considered healthy and what is unhealthy, what types of ailments require medical attention, and which course of treatment to take (Seidel 13, 417). Therefore, medicalization impacted not only the public view of the dominant form of medicine, but also the way sick people were perceived as patients once they entered into the health care market dominated by university-trained health care professionals.

Within the social history of medicine, medicalization has been analyzed in terms of five distinct research questions: First, what was the goal of the state's health care agenda and politics, and how was medicalization part of the newly developing state's projects? Second, what role did doctors play in the medicalization of the population, and how did medicalization benefit their professionalization? Third, to what extent was there a demand for and acceptance of medicalization among the population? Fourth, were members of society disciplined to become patients controlled by the enforcers and ideologies of medicalization? And fifth, what role did hospitals play in efforts toward medicalization (Seidel 14 – 21)? Based on this set of questions, I will trace ways in which the German medical system became increasingly medicalized, specifically in the areas of patient treatment, access to health care, medical education, professionalization of medical personnel, spaces dedicated to patient treatment, and medical-scientific knowledge production.

1.1.1. The State's Health Care Agenda

In order to lay the groundwork for an understanding of the way birthing was medicalized over the course of the nineteenth century, it is imperative to first examine the way medicalization spread throughout German-speaking countries at the time. The very specific circumstances surrounding this phenomenon in German-speaking countries in contrast to other European countries in the mid-eighteenth century warrant an explanation of the terms "*medizinische Aufklärung*" and "*medizinische Polizey*" in the context of the cultural understanding of "health" in the mid-eighteenth century. The three key entities that defined health in the mid-eighteenth century were the *Bürger*, the state/government, and health care professionals (Barthel 9). The interplay between these entities and their role in shaping the discourse about "health" must be explored in order to better understand the framework in which medicalization took place.

Health as a topic of importance for the population at large entered political, social, and legal discourses in German-speaking countries during the Enlightenment. Christian Barthel pinpoints this specific timeframe because he sees a distinct shift away from an earlier model of health care concentrating its efforts within the different social classes. Through the process of medicalization, this earlier model, which was founded on more experientially based approaches, shifted to a more centralized approach focused on population health as a means to improve the lifestyles of individuals, advance the state's program of growing the population, and increase the productivity of the existing members of society during this time (Barthel 9; Loetz 85 – 86).

Barthel terms this specific preoccupation with health as a programmatic concern of the overall population "*medizinische Aufklärung*" (24). This term connotes the

bourgeois fixation on health as a marker of success for an enlightened lifestyle (Barthel 24; Honegger, 210). Observing a break with traditional models of what constitutes health, the bourgeois model "propagiert […] Programme und Techniken einer sytematischen (sic) Lebensbewältigung, die das Subjekt zum souveränen Handlungszentrum und Administrator seiner selbst qualifizieren sollen" (Barthel 24). In this model of *medizinische Aufklärung*, the physical body needs to be fully functional in order to guarantee enlightened advancement to the inner workings of the mind (Barthel 24). The maintenance of the enlightened body is first and foremost the responsibility of the *Bürger* himself; he has to ensure the proper functioning of his body through a consciously chosen lifestyle. Once the *Bürger* has reached the limits of his abilities to care for his body, he was strongly pressured by his social station to consult medical professionals who could assist him in making informed decisions about courses of proper treatment of an illness in order to return to the idealized state of health.

For Barbara Duden, this preoccupation with health beginning in the eighteenth century had both a personal and a political dimension. She claims that "health as the goal of individual well-being concealed the context of the administrating and objectivizing of the "body politic," from which the concept itself had arisen" (18). The body as we conceive of it today, Duden claims, was shaped during the eighteenth century when the body became the object of scientific, cultural, and political inquiry. This modern body "assumed a central place in the self-image of the bourgeois classes," as it set them apart from the supposed unhygienic lower classes and the "'externally directed' nobility" by trying to achieve a clean, healthy body (Duden 15). Health was seen as the baseline to which every *Bürger* should aspire; based on this normative prescription of what a

"healthy" body should be, new pathologies requiring medical treatment were discovered in the wake of the *medizinische Aufklärung*. Duden is in agreement with Barthel that a "healthy" bourgeois body was only made possible by the efforts of the medical profession, who themselves were major proponents of the *medizinische Aufklärung* (Duden 19, 184).

The governing body advocating for the agenda of *medizinische Aufklärung* as the maxim for the proper treatment of the body was the newly forming enlightened absolutist government, which increasingly looked to medicine as a means to implement its proposed policies (Barthel 21; Brüggelmann 177). The means by which the government sought to achieve its goals was through the *medizinische Polizey*, which was a subdivision of the *Polizeywissenschaft* (Bathel 23- 24). *Polizeywissenschaft* in the mid- to late eighteenth century was a field of academic inquiry examining the possible ways the state could use its administrative power to optimize the usage of resources and people (Barthel 23, 56). Based on the results of the studies the researchers in the field of *Polizeywissenschaft* conducted, the *medizinische Polizey* was tasked with employing any strategies necessary to ensure that the population was functional, and that their capable bodies could be of benefit to the state (Barthel 23). The *medizinische Polizey* made it their goal to further control the health care available to citizens by increasingly regulating access to health care, standards of care, sanitation rules, and the personnel permitted to provide health care (Barthel 23).

1.1.2. The Rise of the University-Trained Doctor

The perception of doctors as the main driving force behind the *medizinische Aufklärung* is refuted by Barthel, who sees medical professionals more as beneficiaries of the state's program promoting health as a concern for the population than as the catalysts of this movement. The doctors used the state's health care program as a vehicle not only to promote their services to the newly health-conscious *Bürgertum*, but also to use their newfound importance as enforcers of the *medizinische Polizey* as a means to legitimize their profession (Barthel 40 – 41). The doctors benefitted from the structures created by the *medizinische Aufklärung*, including the newly-forming health care system and new paradigms which laid the groundwork for the changes in population health, e.g. emphasis on individual health as a means to strengthen the collective (Barthel 22 – 23). The sociocultural framing of the *medizinische Aufklärung* provided the doctors with the opportunity to establish themselves as a profession and to gain ground as trustworthy personnel who could be consulted in questions of health (Barthel 22 - 23). The relationship between doctors and the state in the establishment and promotion of the ideals of the *medizinische Aufklärung* was a reciprocal one wherein the different parties' agendas informed each other's work (Barthel 57).

In the course of the *medizinische Aufklärung*, the profession of the doctor underwent drastic changes in terms of its hierarchical structure and the way in which the profession established and defined itself. The hierarchy that had been established by the mid-eighteenth century was one where several different categories of health care professionals co-existed: first, university-educated doctors, second, state-certified and guild-organized "Chirurgen, Wundärzte, Barbiere, [und] Bader," and third, the so-called

"Pfuscher," who received this designation based on his legal status over and above his abilities (Barthel 47 – 48, 51). The first two groups were both licensed by the state to practice their medical craft, whereas the third group held no such licensure. During the *medizinische Aufklärung*, doctors lobbied for a more unified and regulated medical system in which the university-educated doctors were at the top of the hierarchy of medical personnel. The doctors insisted on a more centralized system in which knowledge transmission could be monitored and unified, and in which standards of care were established within the medical community (Barthel 47 – 48). These changes were clearly discernible in their implementation from the mid-eighteenth century onwards, but they were only firmly and uniformly enforced by the second half of the nineteenth century (Barthel 47 - 48).

As the profession of the doctor changed, so too did the education necessary to become one. Beginning in the mid-eighteenth century, the German medical education system underwent a gradual reformation culminating in a new structure of medical study that had become prevalent by the late nineteenth century. According to Thomas Neville Bonner's analysis in *Becoming a Physician: Medical Education in Britain, France, Germany, and the United States, 1750 – 1945* (1995), the progression of medical education can be evaluated on a continuum fluctuating between laboratory teaching on one end of the spectrum and bedside teaching on the other. Moreover, the changes undergone by the medical education system can be broken down into distinct time periods, with medical education in the mid-eighteenth century distancing itself from earlier models of medical education focusing on more hands-on approaches, and gravitating towards an approach that combined theoretical and practical medical

education. In the implementation of these approaches, "teachers endeavored to instruct their pupils in the new practical methods of examination and diagnosis as best they could and to instill in them at the same time a sense of the growing authority of medicine as a practical science" (Bonner 145).

In the early nineteenth century, science as a means to further medical knowledge and practice became an important aspect of the whole medical enterprise, a shift that represented major changes to medical education. As the cultural shifts of the Enlightenment period caused the Catholic Church to lose its stronghold on the regulation of scientific inquiry, male scientists were able to study anatomy by dissecting the human body to explore its inner workings and see its interior pathologies, a once forbidden pursuit (Banks 21). The philosophical tenets of *Naturphilosophie*, most notably addressed by Schilling, Fichte, and Hegel in the early nineteenth century, influenced these developments towards a more scientifically-based approach to medicine; "this speculative reasoning about the fundamental nature of things may well have been a positive stimulus to scientific development, [as it promoted] serious examination of the roots of scientific thinking and [freed] medical professors to become independent scholars and thinkers and not merely teachers of practical medicine" (Bonner 163). These developments went hand-in-hand with "the humanistic reforms of higher education in the early nineteenth century that emphasized the unity of all knowledge (*Wissenschaft*)" (Weisz 47). Towards the mid-nineteenth century, however, the unity of knowledge became secondary in German universities because of the increased specialization of academic disciplines after 1840 (Weisz 47).

The need to pass on established knowledge and practices from generation to generation of people involved in medicine has always been an important part of caring for people within a community. Generally speaking, this transmission of knowledge has taken many different more- or less-organized forms over the centuries; the one-on-one teaching relationship between an experienced medical care giver and a novice was for many centuries the most important form of knowledge and skill transfer (Karenberg 25). This type of knowledge transfer was not necessarily tied to a specific locale. Axel Karenberg describes how this began to change gradually as certain spaces were designated for teaching:

> Anatomische Theater (nach 1500), botanische Gärten (nach 1600) und chemische Laboratorien (nach 1700) bildeten die ersten Lehrstätten, in denen der Student das vorzeigbare Objekt neben das Buch und damit die erfahrbare Wirklichkeit neben die überlieferten Wissensmassen stellen konnte. Im Theatrum anatomicum sollte der Schüler präparierend den Bauplan des menschlichen Körpers erkennen, im Hortus medicus botanisierend die Veränderungen der Pflanzen beobachten, im Laboratorium chymicum experimentierend die Verwandlung der Materie verfolgen. (25)

These three locales can be understood as the first prototypes of the new specialized medical faculties that were the forerunners of the clinic. As these venues exemplify, having a specific space dedicated to the transmission of knowledge is not a new phenomenon arising in the eighteenth century (Karenberg 28). The systematic combination of theoretical knowledge available in books, by means experimentation, and through bedside teaching housed within one place specifically delineated for these activities, however, was a new development, and is perhaps the most distinctive feature of the clinic (Karenberg 26).

Throughout the eighteenth and well into the nineteenth century, medical education did not solely take place in universities and clinics, but rather, it was spread between multiple locales in which a variety of approaches towards medical teaching manifested themselves. The efforts of state licensure toward creating standards within medical education slowly eradicated older systems of apprenticeships and purely hands-on training, so that eventually a person had to attend medical school at a university for five years and pass a series of examinations in order to be licensed to practice medicine in Germany. By the mid-nineteenth century, universities had become the primary venue where one could receive a medical education (Bonner 187). Laboratory teaching had become a mainstay in medical education, and new technologies such as the microscope enabled students and teachers alike to examine pathologies and the human body in general in ways that would have been difficult to imagine just 50 years earlier (Bonner 231). Given that "until the late eighteenth century medicine was characterized by profound discontinuities that separated experimentally derived insights, theoretical understanding, and the practical application of knowledge," (Duden, *The Woman beneath the Skin* 1) the restructuring of medical education in the nineteenth century in Germany progressed towards a more balanced approach of incorporating both the theoretical and the practical (bedside teaching) relatively equally. Therefore, Germany served as a model for other countries in terms of how to educate medical students in a well-rounded fashion in the late eighteenth and early nineteenth centuries (Bonner 232). Among the factors contributing to this dual approach to medical education were the strong support universities received from the state to develop its theoretical and practical curriculum for

medical students, and the high level of preparation German students received in their secondary studies at the *Gymnasium* (Bonner 234).

Bonner describes 1870 as the peak of medical education in Germany (Bonner 253), as medical students were better prepared than before to treat patients due to their hands-on medical training and due to the thorough five-year medical degree program comprised, as decreed by a statute in 1869, of "a diploma (*Abitur*) from a classical secondary school (*Gymnasium*), four years of medical study in a university including two semesters in medical and surgical clinics, and the independent delivery of four infants" (Bonner 254). The late nineteenth century marks the peak of medical education in Germany for the aforementioned reasons, but also because it marked an important time in developments in laboratory medicine; "the work of laboratory scientists […] brought a far more sophisticated understanding of the physical and chemical makeup and functioning of the human body and […] produced a host of new tests, instruments, and techniques that were being increasingly used to study the sick patient" (Bonner 251).

The late nineteenth century marked a shift away from Germany as a model for a well-rounded medical education. The German medical education was criticized for placing too much emphasis on laboratory teaching and not enough importance on bedside teaching, and "the very success of laboratory medicine in Germany in bringing science into the curriculum brought with it a steady erosion of traditional clinical teaching" (Bonner 268 – 269). In addition to favoring the scientific advancement of the medical sciences over practical training, universities in German-speaking countries were also faced with increasing numbers of medical students, which made it more difficult to offer students placements in their clinical training programs due to space restrictions in the

clinics (Bonner 270 – 271).[6] This struggle continued well beyond the waning years of the nineteenth century. Despite the criticism the German system received at the end of nineteenth century for being too focused on laboratory teaching, it was the prevailing model in the twentieth century. Many other Western countries followed suit and developed strong medical programs that placed an emphasis on laboratory teaching and research for the advancement of the medical sciences (Bonner 289 – 290).[7] In essence, the progression of medical education as described by Bonner needs to be understood as fluctuating between laboratory teaching on one end of the spectrum and bedside teaching on the other.

The emergence of the university-trained doctor as the expert came only in the wake of the *medizinische Aufklärung* after the mid- to late eighteenth century, and was only firmly established by the mid-nineteenth century once the medical profession became a more cohesive unit with clear rules and regulations. As such, this unit was able to advocate in its entirety on behalf of the newly formed medical profession spearheaded by university-educated doctors instead of disparate groups of medical personnel advocating for gains related to the goals of their individual group (Barthel 48). In terms of health care politics in general, this also means that in the wake of the newly-formed modern administrative state (*Verwaltungsstaat*), these experts could not only advocate for themselves as a more unified profession, but that they could also influence health policies by being called upon by the state to advise about and write policy based on their expert

[6] Bonner cites an example of this by noting that a university in Vienna allowed 900 students to enroll in an anatomy course and almost 600 students in a course in chemistry (271). The sheer number of students made it virtually impossible to provide hands-on training in these courses.
[7] Bacteriology and the advances made in discovering the root causes of various diseases contributed to the favorable opinion on the use of laboratories in medical education (Bonner 289 – 290).

knowledge (Loetz 318). Essentially, all parties mentioned above as a part of the *medizinische Aufklärung* was enmeshed in increasingly complex socio-political systems that laid the groundwork for the politics of health in the twentieth and twenty-first centuries (Barthel 17).

1.1.3. The Demand for and Acceptance of Medicalization

In addition to the state's health politics, the professionalization of medical practitioners, the clinic, and the social disciplining of the population, the demand for and acceptance of medicalization by the populace are important factors in its rise to prominence (Loetz 14). Francisca Loetz is the first German scholar who examines the demand for and acceptance of medicalization in her work, investigating the reciprocal relationship between the state, doctors and other (non-university-trained) medical personnel, and the population (Loetz 15). Loetz seeks to elucidate the interrelationship between these particular groups and members of society in general in order to understand medicine in its social context. The results of her study confirm her hypothesis that instead of speaking of "medicalization," one should rather speak of "medical sociality" (*medizinische Vergesellschaftung*), which constitutes itself through the network between the actors in the newly forming health care system of late eighteenth and nineteenth century Germany (Loetz 15). Her understanding of medicalization, a term whose social development spans from the late eighteenth century with its development of the *absolutistisch aufgeklärten Staat* to the modern administrative state in the nineteenth century, is that

> Medikalisierung ist eine in verschiedenen Ausformungen (Praktiken der Laien- und akademischen Medizin) stattfindende Entwicklung, in der die Beteiligten (Kranke, Therapeuten, Trägerschichten des Staates) aufgrund eines gemeinsamen, aber unterschiedlich motivierten Interesses (Gesundheit als individuelles, medizinisches, berufsständisches, bürokratisches oder gesundheitspolitisches Problem) eine Einheit (eine gemeinsame medikale Lebenswelt) begründen und innerhalb derer diese Interessen sich (durch Disziplinierung und Fürsorge, Angebot und Nachfrage, „Herrschaft von oben“ und „Druck von unten“) verwirklichen. (Loetz 314)

Medicalization in Loetz's context is about the interplay between everyone involved in medicine, and her approach distances itself from an analysis of medicalization as a process that had a strict hierarchical structure in which the state occupied the position of greatest authority, followed by doctors, with patients at the bottom of the hierarchy as the holders of the least power. Rather, Loetz sees these actors as part of a network in which social interactions and motivations determined in what ways medicine was used as a means to help the individual actors within this network (Loetz 40). Therefore, her approach attributes a type of agency to all actors within the system and sees interplay between theoretical and practical approaches to health care. She sees flexibility within the newly emerging health care system of the mid-eighteenth century: the theoretical aspirations of the *medizinische Polizey* and the state met the real-world demands of a population making use of the health care provided by the state (Loetz 321).[8] Despite the interplay she sees between these players, she does, however, still recognize that the

[8] Loetz comes to this conclusion based on her research done on the health care system in Baden from 1750 to 1850, where "der Prozeß der Medikalisierung beruhte daher nicht primär auf politischen Machtverhältnissen, sondern auf gesellschaftlichen Wechselbeziehungen: Daß der Staat Hebammen förderte, Laienheilkundige tolerierte und manchmal legitimierte, daß er mit nicht akademisch-medizinisch abgesichterten Therapien experimentierte und armen bzw. weiblichen Kranken in Form der freien Armen(wund-) Arzt- bzw. Hebammenwahl Freiräume zugestand, läßt erkennen, daß er bei der Umsetzung von aufklärungsmedizinischen Zielsetzungen pragmatisch-realistische Lösungen anstrebte“ (321).

proposed plans for a medicalized Germany at the time differed from the reality of what was happening in German-speaking countries (Loetz 317).

1.1.4. Disciplining the Patient in the Newly-Formed Clinics

The discussion described above of the roles played in the medicalization process by socio-political and educational goals raises another important question: Were members of society disciplined to become patients who could be controlled by the ideologies of medicalization? The three proponents of this idea whose works are most cited on the subject of disciplining of the body are Max Weber, Gerhard Oestreich, and Michel Foucault. Their concepts of discipline are integral to the development of the research on medicalization as it took place during the eighteenth and nineteenth centuries. Their approaches to social discipline have been described and analyzed by various scholars, including Frevert, Loetz, and Seidel; they will therefore not be extensively discussed here, but are rather seen as the intellectual impulses upon which current scholarship on medicalization is based. According to the concepts of discipline brought forth by Weber, Oestreich, and Foucault, discipline in the context of medicalization can be understood as a set of norms articulated by doctors and encouraged by the state that are in turn conferred upon and eventually influence the behaviors of individuals or groups with regard to their health (Seidel 17). The consequence of this theoretical model of discipline would be that the sick person becomes viewed at a social level as a patient who needs to seek out medical attention by subjecting him- or herself to the treatment prescribed by university-trained doctors (Seidel 18). Discipline is seen as a top-down process in which the state, and by extension medical professionals, discipline the bodies

of the people who seek out medical care. Oftentimes, this top-down approach is interpreted as an unequal power-dynamic favoring the state and medical professionals (Seidel 17 – 18).

An essential feature of the theory of discipline within the context of medicalization is the clinic, which provided the state and by extension doctors a space to enforce, study, and document their rules about health. The eighteenth century has been identified as the century in which the clinic as we understand it today came into being. An understanding of the way in which the rise of the clinic was facilitated by a very specific set of circumstances particular to the eighteenth century demands a clear definition of what a clinic is. The term "clinic" is clearly distinguishable from "hospital" or "infirmary" because it specifically denotes an "akademische Ausbildungsstätte, in der am Krankenbett unterrichtet wurde" (Karenberg, 15) and its main goals were "Verstaatlichung," "Akademisierung," and "Spezialisierung" (Karenberg 82). Hospitals, especially in early modern or medieval contexts, had the connotation of first and foremost being charitable institutions (from the Latin: *hospitalis*; hospitable) (Metz-Becker, *Der verwaltete Körper* 73). The main aim of the clinic, however, was not to be charitable, but rather educational and experimental, with the goal of advancing medical research and educating future generations of medical professionals. The newly emerging clinics founded in the second half of the eighteenth century were devoted to the new medical specialties of internal medicine, surgery, and obstetrics (Karenberg 17). Although clinics focused only on these medical specialties, they *de facto* covered every type of medicine that had until then been established (Karenberg 17).[9] At the dawn of the rise of the clinic

[9] Karenberg also notes here that the field of psychiatry was generally not included in any of the clinics, and that the clinics mostly dealt with bodily issues rather than psychological ones.

in the mid-eighteenth century, bedside teaching as a unique feature of the clinic was still in its infancy. At the beginning of the nineteenth century, however, the model of clinical teaching, in which future medical professionals were taught how to interact with patients and to diagnose live patients at their bedside, rather than merely learning from books about medical treatments, became a mainstay in the clinics of the German-speaking countries. As a result of the spread of this practice, the clinic established itself as "neuer Typus von Krankenbehandlungs-, Lehr- und Forschungsstätte" (Karenberg 254). The clinics in the German-speaking countries stood at the forefront of their field throughout the nineteenth century (Karenberg 256; Bonner 232, 253).

The clinic has been identified as the space in which the ideals of the *medizinische Aufklärung* could best be enforced because it effectively removed the sick person from their normal surroundings and put him or her into a space in which doctors were in control over their patients. Consequently, the power balance between the doctor and his patient as it existed outside of the clinic, where people could choose whether they would go to a doctor and to which courses of treatment they would consent, was tipped in favor of the doctors. Once the sick person was admitted to the clinic, he or she became the patient and was thus subject of the care of doctors (Barthel 109). The prevailing sentiment within the population of German-speaking countries was that clinics were to be avoided at all costs, and this attitude remained dominant well into the nineteenth century. Segments of the population such as the bourgeoisie, the upper echelons of society, and even the lower classes – if they could afford to do so – would steer clear of clinics and find alternative spaces and practitioners to cure their ailments by such means as home remedies, consultations with physicians and midwives of their choice, etc. The main

frequenters of clinics well into the nineteenth century were poor people who, due to their marginalized status in society and lack of funds as well as socio-economic status, were forced to go to clinics in order to receive necessary medical care that might heighten their chances of survival (Barthel 109 – 110).

The rise of the clinic occurred in parallel to the process of medicalization; the clinic was seen as the ultimate space in which the discipline envisioned by the *medizinische Polizey* could take place (Barthel 110, 200). Like the process of medicalization, the rise of the clinic was a process occurring over time, and the two processes were intertwined. The pure form of the clinic, in which the traditional tasks of a hospital – caring for and containing the diseased elements of society – were not the primary tasks, was only solidified around 1870, which according to Bonner was also the peak of medical education in Germany (Barthel 187 – 188; Bonner 253). Until that point, most hospitals and clinics had significant overlap in terms of their respective scopes. The hospitals of the early eighteenth century were seen as an insufficiently structured and equipped spaces for the enactment of the maxims of the *medizinische Aufklärung*; consequently, hospitals were restructured over time (Barthel 26) with the help of doctors, whose input was solicited by the state in order to improve conditions in the clinics (Barthel 187).

This restructuring included the acquisition of individual beds for each patient, allowing for a more individualized treatment of each patient; it was also proven to decrease the spread of disease, as the diseased bodies were physically separated from and

therefore less likely to infect one another (Barthel 192). [10] Unfortunately, up until the mid-nineteenth century, before Ignaz Semmelweis's theory of antiseptic procedures changed hygienic regulations in hospitals, doctors and other medical personnel actually inadvertently undermined this potential barrier to the spread of infection created by individual beds and the separation of the diseased by not washing their hands between patients, thus potentially contaminating their subsequent patients (Honegger 209; Seidel 62, 200). Not only did individual beds for patients become mainstays at clinics, but a great emphasis was also placed on improving the buildings themselves, allowing for more air flow, improved heating systems, and more efficacious sanitation facilities (Barthel 193). In addition to the aforementioned alterations to the traditional structure of the hospitals, clinics added anatomical theaters. Autopsies allowed medical students to follow a pathology through to its very end and to obtain an inside look, so to speak, into what was going on inside the diseased body (Barthel 197 – 198).

The ideals of the *medizinische Aufklärung* remained ideals until the late nineteenth century, only becoming reality once the clinic was established as an institution in German-speaking Europe (Barthel 185). The hospitals of the early eighteenth century developed into functional and eventually sanitary institutions over the course of the mid-eighteenth to late nineteenth century (Barthel 26).[11] Ultimately, proponents of theories about the disciplining of the body through the practices of medicalization saw the clinic as the space in which the patient (body) could be regulated, examined, and treated

[10] At the time, people of the lower class generally slept in communal beds, and only the classes of the bourgeoisie and higher had access to single beds which were deemed to have *aufklärerische Tendenzen* such as "die "sittlich bewahrende und erziehende Wirkung" der eigenen Schlafstätte" (Barthel 194).
[11] The use of the term "Reparatur" alludes to the often-used metaphor of the clinic that was used in eighteenth-and nineteenth-century rhetoric to describe the newly emerging clinics as a machine that repairs broken bodies (Barthel 110).

without any outside interruptions and interferences. It opened the patient up to the often-cited Foucauldian "medical gaze" that transformed the human body into "the object of medical examination" (Duden 3 – 4).

1.2. The Medicalization of Birthing

The previous sections of this chapter give a general overview over the process of medicalization in German-speaking countries from the mid-eighteenth century onwards. In this process, a change occurred in terms of what was considered the dominant form of medicine. This process took place gradually: up until the mid- to late nineteenth century, what we now consider traditional forms of medicine were the dominant forms of medicine and academically-based medicine remained a privilege for people who could afford to consult a doctor. Especially in the field of birthing, change occurred gradually; in the following it will become evident that the traditional form of birthing assistance was still largely centered on and provided by female birthing assistants such as midwives. While midwives still attended most births throughout the nineteenth century, the authority over what knowledge was considered pertinent for birthing assistants (both midwives and doctors) was firmly in the hands of the state as the governing and ruling body over medical and midwifery education and of the university-trained doctors who generated this knowledge and educated future doctors and midwives accordingly.

Increasingly in the eighteenth century, the absolutist state worked towards a centralization and bundling of administrative resources, a process that also extended to the sphere of human reproduction (Seidel 94). The *medizinische Polizey* was particularly focused on improving birthing across the German-speaking territories, because they

argued that if women could deliver more babies, and if the survival rates of the mothers and their offspring increased, then population growth should occur as a result ensuring a safer birthing process (Honegger 209). Hence, beginning in the mid-eighteenth century, the *medizinische Polizey* was heavily invested in opening midwifery schools, educating both male and female birthing assistants, and further developing the medical education of doctors (Seidel 417). In the most comprehensive contemporary study done on the medicalization of birthing, *Eine neue "Kultur des Gebärens": Die Medikalisierung von Geburt im 18. und 19. Jahrhundert in Deutschland* (1998), Hans-Christoph Seidel postulates that the medicalization of birthing found its inception in a time when the absolutist rulers wished to increase birth rates, and that agenda persisted throughout the nineteenth century. This political priority underwent revisions as German-speaking territories fell on less prosperous times, but regardless of the financial hardships these states faced, the medicalization of birthing progressed (Seidel 98). In the secondary literature in the field of medical history, the medicalization of birthing is generally described as a linear process "that improved with time, became more effective with medical progress, and changed due to advances in the techniques and profession of medical science, the growth in the understanding of anatomy and physiology, [and] the increase in the number of trained obstetricians" (Banks 84). In this chapter, I take a more critical approach to this narrative and question the effect of the advancement of science on the women involved in the process, namely on the women giving birth and on their midwives.

In the process of medicalization, the female body and birthing became pathologized, and the natural process of childbirth came to be viewed a type of illness

that required treatment and an eventual cure (Banks 28). In addition to changing views of pregnancy and birthing as a type of ailment, the metaphor of the body as machine became one that was increasingly used to describe the female procreative body. The body-as-machine metaphor not only critically comments on the newly-industrialized social conditions of the nineteenth century, but it also implies, as the does construction of pregnancy and birthing as illness, that the female body in its gestational state is in need of repair and requires outside (male) attention (Arney 7 – 8). This change in the significance of pregnancy and birthing in German society in the nineteenth century facilitated the development of the profession of the obstetrician, and also "reconceptualize[d] the phenomenon of birth and [brought] it to a meaning different from the one it had in the hands of midwives" (Arney 21). While male physicians before the mid-eighteenth century were only called when a birth was considered by the midwife to be dangerous, male physicians beginning in the late eighteenth century increasingly attended "normal" births; as they made progress towards establishing themselves as a profession, these doctors worked to gain increased importance as birthing assistants regardless of whether a birth necessitated medical intervention (Banks 40). The rising middle class of the eighteenth century perceived the attendance of a male physician at a birth as a status symbol, since the retention of a private physician was standard practice for the upper classes at the time (Banks 27, 55, 74). The increasing presence of physicians attending births continued throughout the nineteenth century and found its culmination in the hospitalization of birthing in the twentieth century, at which point middle- and upper-class women went to the hospital to deliver their babies. The hospital was a space previously frequented predominantly by lower-class women as a last resort; in the

process of hospitalization becoming the norm, middle- and upper- class women sought out hospitals to give birth because they hoped that their stay would ensure a pain-free delivery through the use of newly-discovered forms of anesthesia such as "twilight sleep."[12]

Birthing in this context had come to be viewed as a productive process led by doctors instead of a rite of passage necessitating socio-cultural framing by midwives (Duden 17 – 18). The imbuing of birthing with the connotations of being a "productive process" whose outcome is a baby goes hand in hand with the mid-nineteenth century rebranding of the common expression of "*generatio*" or "fruitfulness" with "reproduction" (Duden 28). Duden reads this change in nomenclature as an expression of the nineteenth-century preoccupation with economic processes that led to increased production of goods; in her interpretation, this in turn equates the female procreative body with a means to reproduce workers (Duden 28 – 29). The framing of birthing in terms of "reproduction" is another variation of the metaphor of the female procreative body as a machine capable of producing new human beings, but also as a machine containing the potential to break down and thus needing medical intervention to fix any "problems."

The process of the medicalization of birthing occurred in parallel to the general medicalization of society in German-speaking countries. As in the previous sections on the process of medicalization, the following sections on the medicalization of birthing focus on the personnel, spaces, and patients involved in the process. Despite their

[12] "Twilight Sleep" was "introduced by Bernhard Krönig in Germany in 1899, [and] used a combination of morphine and scopolamine and caused an amnesiac and unconscious state. Regarded as a blessing to women because it removed all pain and erased most memory of the birth process, women began using hospitals with increasing regularity to gain access to this procedure" (Banks 80).

somewhat different timelines, the professionalization of both university-trained medical doctors and midwives developed over the course of the late eighteenth and throughout the nineteenth century. The professionalization of doctors and the professionalization of midwives must be analyzed in tandem, as the respective processes of professionalization were influenced by one another. In order to untangle some of the interconnected strands of these developments, the following sections are devoted to the development of birthing clinics, the inception of the medical specialty of obstetrics and the obstetrician, and the professionalization of midwifery. Alongside these sections, I have included discussions of how these developments impacted the women who gave birth at the times when these developments occurred.

1.2.1. The Development of Birthing Clinics

The development of an increasingly male-dominated field of birthing assistance is not to be measured by the numbers of births assisted, because until the turn of the twentieth century, at least 90% of births took place without a doctor present (Seidel 420), and only a little more than 1% of women gave birth in birthing clinics (Seidel 313); rather, the measurement of who controlled the generation and dissemination of knowledge and who had the most influence within the regulation and practice of birthing assistance demonstrates the rise of men in the field of birthing assistance. Up until the late nineteenth century and before the era of hospitalization of birth began in the twentieth century, the main area in which doctors staked their claim was the area of birthing complications; births without complications were left to midwives (Seidel 419). Consequently, in most cases, midwives would see through a pregnant woman's labor

without a doctor present, until the midwife decided that it was time to call a doctor because complications arose (Seidel 422).

Within private practice, doctors shied away from establishing medical practices devoted solely to birthing assistance, because assisting a birth called for a large expenditure of time due to the unforeseeable nature of when a birth takes place and the duration of labor (Seidel 151, 333, 420). This changed towards the end of the nineteenth century, when obstetrics as a medical specialty was coupled with gynecology, and birthing clinics became *Frauenkliniken* that were able to offer a wider range of health care services to women, and not just to women who were pregnant. This shift in the conceptualization of what these clinics were able to offer women also reflected and furthered the process of integrating the specialty of obstetrics into gynecology, which gave obstetricians and gynecologists a broader basis for sustaining a clinic devoted to these specialties (Seidel 342). Not only did "it seem[ ] to make little sense to distinguish between specialists dealing with th[e] reproductive system before and after childbirth and those concerned only with childbirth [, but] many gynecological problems were sequelae of childbirth, while gynecological problems frequently complicated birthing" (Weisz 205). Gynecology as a medical specialty had a reputation for performing "unnecessary and mutilating surgery of the reproductive system" and "the specialty also became associated with questionable electrical machinery" (Weisz 206). As a way to improve the reputation of gynecology, it was combined with "obstetrics, a very well established, rather staid field that had excellent and long-standing representation in academic and hospital medicine" (Weisz 206). Combining these two medical specialties was deemed a worthwhile undertaking because it combined two medical specialties that serve a similar

patient population and, given the sheer increase in patient-volume alone, increased the combined specialties' clout within the medical community.

While private practitioners very seldom devoted their entire practice to providing birthing assistance, becoming certified in birthing assistance became more common towards the mid-nineteenth century (Seidel 419). Obstetrics, once it separated itself from the surgical specialty in the mid-nineteenth century (Seidel 138; Weisz 203), became an integral part of general medical education and practice, "das an allen deutschen Medizinischen Fakultäten durch ein Ordinariat vertreten und zu einem verpflichtenden Bestandteil der ärztlichen Staatsprüfung geworden war" (Seidel 418). The integration of obstetrics into the institution of medical education began in the mid-eighteenth century, proceeding along the general trajectory for the establishment of medical specialties: first, publications, professorships, clinics and professional organizations devoted to the specialty are established, and then the state recognizes the specialty and includes it in the requirements for a medical degree (Seidel 132). The development of the medical specialty of obstetrics, and with it the eventual shift towards the more frequent occurrence of giving birth in a hospital, was deeply connected to the founding of birthing clinics across the German-speaking territories beginning in the mid-eighteenth century. The diversification of the medical profession into different subspecialties allowed for the presence of medical experts who have specialized in particular areas of medicine; through their more focused university studies and practical work in those subspecialties, they are perceived to have superior knowledge that enables them to further research in their chosen area of expertise and to advance their specialty. As part of this development of the medical specialty of obstetrics, the rise of the birthing clinic has been named as one of the

major changes in the historical development of obstetric medicine, as the "Gebärklinik, Asepsis, Narkose und Ultraschall haben gemeinsam die Geburtshilfe radikal verändert" (Wiesemann, "250 Jahre akademische Geburtshilfe" 9).[13]

The state had a vested interest in the establishment of the birthing clinics because it was assumed that increased access to health care would lower maternal and infant mortality rates; this idea was closely linked to the political climate of the time and the wish of the ruling elite to increase birth rates (Bueltzingsloewen 26; Weisz 203). Generally, birth rates increased over the course of the long nineteenth century (Seidel 38 – 42), and the *bevölkerungspolitischen* impetus (Metz-Becker, *Der Verwaltete Körper* 18; Seidel 95) to build these clinics was based on the idea "dass die politische, wirtschaftliche und militärische Stärke eines Staates vor allem auf einer großen Bevölkerungszahl beruhe" (Bueltzingsloewen 26. See also Schlumbohm, „Die Schwangeren" 33). The birthing clinics were seen as venues that would enable the state to increase its population by potentially ensuring a safer environment in which to give birth, consequently decreasing maternal and infant mortality and preventing cases of infanticide.

In addition to supposedly being crucial for the goal of increasing the population, birthing clinics in the German-speaking territories were of utmost importance for the increased professionalization of midwifery because they provided the locale for the expansion of knowledge on the birthing process and the education of future medical personnel (Seidel 418). One of the key elements that set the birthing clinics in German-

[13] The idea of a birth with reduced pain for the mother emerged the private practice beginning in the mid-nineteenth century and was most common for complicated births that required surgical or birthing-instrument related intervention. Anesthesia, i.e. chloroform, was not commonly used during regular births (Seidel 368 – 372).

speaking countries apart from their counterparts in France and in England was the affiliation of most of these clinics with universities by the end of the nineteenth century (Schlumbohm, "Die Schwangeren" 33). The main purpose of the birthing clinic was not charity, but rather education and experimentation with the goal of furthering the medical specialty of obstetrics (Metz-Becker, *Der verwaltete Körper* 73).

Both the link between universities and birthing clinics and the fact that birthing clinics were open to any pregnant woman regardless of class, race, or religious affiliation (Schlumbohm, "Die Schwangeren" 38), are essential factors in setting them from *Armenhäuser, Findelhäuser,* or other charitable institutions. However, socio-historical research done on birthing clinics in the long nineteenth century has shown that the socio-economic status of a pregnant woman, and not whether she needed health care, was the main factor determining her attendance at a birthing clinic (Schlumbohm, "Die Schwangeren" 39). Illegitimacy, another factor that led to a woman's need for the services of a birthing clinic, was considered to be a problem of lower-class women; therefore, giving birth in a clinic was primarily an experience of women of the lower classes and of women experiencing medically-challenging births (Pawlowsky 209). The women who went to birthing clinics to give birth were oftentimes exempt from any type of monetary penalty associated with illegitimacy, which provided another incentive for these women to give birth in a clinical setting (Bueltzingsloewen 27). However, the main reason that women frequented birthing clinics was because they had nowhere else to give birth; other reasons ranged from the women being cast away from their homes because they were unwed and pregnant, to the women's statuses as victims of rape or sexual assault, among other things (Seidel 423).

A key difference between the medicalization of the field of obstetrics and that of other medical specialties is that the patient population targeted by the medicalization efforts was defined by gender and involved one of the most vulnerable subsets of society: women and infants. Since these women, especially unwed mothers of the lower classes, and their future children, generally received the least frequent professional medical treatment, the birthing clinics gave the state greater control over and doctors access to this patient population (Seidel 398). The didactic function of the clinics was clearly tied to the availability of the unwed mothers for examinations and other teaching and research opportunities. Women who went to these clinics and paid for their stays did not have to participate in physical examinations in front of large audiences of medical students (Schlumbohm, "Die Schwangeren" 41). This demonstrates the clear connection between the lower socio-economic status of the poor and unwed mothers and their exploitation for teaching and research purposes in the birthing clinics (Schlumbohm, *Lebendige Phantome* 310, 391).

Expectant mothers who did have the choice of where to give birth and which form of birthing assistance to select were able to give birth at home with a midwife present; the midwife would then call a doctor only in cases where complications arose. The patient treatment in a private practice was quite different from the treatment of women who by entering into a birthing clinic automatically consented to more frequent physical examinations by doctors and students. In private practice, physical examinations were contingent on the approval of the patient and her husband, and were only considered if the patient was experiencing a high-risk pregnancy, or if complications arose during the birth (Seidel 424).

The social acceptance of male birthing assistance was mixed and depended largely on the socio-economic background of the woman giving birth. Even in the late eighteenth century, women of the upper bourgeoisie and women of high social classes invited a doctor into their birthing process simply as an assurance that, should they need it, medical intervention would be available to them (Seidel 399, 424). This practice trickled down to the middle class beginning in the 1830s, when middle class women also consulted doctors immediately if their pregnancies were considered to be high risk (Seidel 401, 424). In the lower classes, a midwife was generally the person assisting births, whereas unwed mothers oftentimes sought services at the birthing clinics (Seidel 381 – 382). However, it must also to be noted that for the lower classes, pregnant women experiencing high-risk pregnancies and births were more likely to accept their need for a doctor than in instances when they were sick and could potentially consult other types of healers before consulting a doctor. Therefore, in birthing, medical interventions and assistance by doctors emerged as more frequent than the usual approach of the lower classes of trying to circumvent the expenses incurred related to other ailments for the assistance of a doctor (Seidel 398).

1.2.2. (Female) Patient Treatment in Birthing Clinics

Loetz attempts to diverge from the two lines of inquiry mentioned in the introductory chapter of this dissertation: the feminist perspective of female patients as victims of the male doctors, on the one hand, and the medical-historical narrative of the achievements of scientific inquiry on the other. It is important to her "daß Frauen und Männer nicht in zwei voneinander getrennten Sphären (männlich-öffentlich versus

weiblich-privat) zu trennen, sondern in einer jeweils geschlechtsspezifischenVersion einer gemeinsamen Welt zu betrachten sind" (Loetz 39). Although Loetz's point about the shared world of the sexes seems to bridge the gap between the narrative of progress and the feminist interpretation, she comes to the conclusion that "Spuren von spezifischer Herrschaftsausübung, von medizinischer "Gewalt," durch Ärzte jedoch lassen sich – abgesehen von den Verhältnissen in den öffentlichen Entbindungsanstalten – nicht finden" (Loetz 323). She concedes the fact that, despite her reading of the developments within the health care system at time suggesting that there was no medical violence enacted against patients in general, the circumstances in birthing clinics were unique in that there existed evidence of medical violence. The birthing clinics, for Loetz, were a site where medical care was provided to patients; however, this care came at a price, and the model of power dynamics was one that functioned in the Foucauldian top-down schema situating doctors at the top of hierarchy and their female patients at the bottom. Within this hierarchical structure, medical personnel in the top and middle echelons of the hierarchy committed acts of medical violence. The female patients at the bottom of the hierarchy were the ones against whom violence was enacted.

As Loetz argues, patient treatment at birthing clinics in the late nineteenth century is an example of medical violence committed by the health care system. The explicit goal of doctors working at these clinics was to understand the mechanical processes of birth, rather than to ensure the most painless birthing experience possible (Loetz 91). The clinics were seen as institutions enabling medical students and doctors to expand their own knowledge and the existing corpus of medical knowledge available on birthing practices; the clinics provided medical professionals with a clinical environment in which

they could test new theories and substantially expand the existing knowledge base. According to contemporary scholarship, the treatment of women in birthing clinics can be characterized as violent because it led in many cases to emotional and physical harm. In addition to the increased risk of contracting a fatal disease at a clinic, the female patients were treated as anatomical models whose purpose was to assist in the medical education of future medical personnel; as such, they were stripped of their humanity.

The general population had a negative perception of birthing clinics for three main reasons: first, the birthing clinics attracted pregnant women who were deemed to be immoral for having had sexual intercourse out of wedlock and whose pregnancies were seen as the ultimate proof of these transgressions; second, it was common knowledge that pregnant women were examined in the clinics by multiple men (male medical personnel); finally, in the case of a fatality in childbirth, an autopsy was performed on the woman's and infant's bodies (Metz-Becker, *Der verwaltete Körper* 305). All three reasons for the negative reputation of the birthing clinics were rooted in the moral taboos associated with the female body at the time. Because the birthing clinics had a very bad reputation among the general population, they were seen as a last resort for women who had no other option available to them.

The newly emergent birthing clinics led to a "krasse[n] Form einer öffentlichen Geburt" (Metz-Becker, "Die Sicht" 209) and inverted the dynamics of a homebirth. The women giving birth in the birthing clinics were rendering a type of service in exchange for the opportunity to give birth in a somewhat safe environment. During a homebirth, the attending women and midwives were present to help the woman giving birth; conversely, during a birth in the birthing clinic, the woman becomes the object of scientific study and

therefore can be understood to be helping the institution to educate its students (Pawlowsky 206). This shift in the relationship between the woman giving birth and the outsiders involved in the woman's birthing process is of great importance when discussing the birthing clinics because it makes salient a shift in power dynamics. During a homebirth the midwife would decide whether a doctor needed to be called in the case of complications; whereas, in a birthing clinic the doctors were always in attendance and decided what type of treatment a woman should receive.

In addition to the physical examination of female patients by male doctors, a practice testing the bounds of socially-accepted norms of decorum, the intervention of doctors during pregnancy or in the process of birthing also bore increased risks for the woman and her unborn child. Only from the 1880s onwards, once antiseptic procedures were put into place and birthing instruments became more refined and less dangerous for the patient, did medical interventions become somewhat safer (Seidel 424). Until then and even afterwards, women were fearful of giving birth with a doctor present because that usually meant that the birth was high risk or complications were expected; however, this fear was more widespread before the standardization of antiseptic and anesthetic procedures that helped lower mortality rates and discomfort during birthing (Seidel 411).

In addition to the dangers posed by new medical procedures to the health and even survival of female patients in the birthing clinics, the spread of disease in the clinics contributed to the stigma associated with them as a site for childbirth. Once the etiology of puerperal fever became known in the first half of the nineteenth century, it became evident that it was the leading cause of death at the time for women in their childbearing years. Until the discovery of the origins of puerperal fever were made public by Ignaz

Semmelweis in 1847, a sizable number of doctors, medical students, nurses, and midwives, had, to varying degrees, infected their patients by not following an antiseptic protocol (Seidel 200 - 201). From the 1880s onwards, medical interventions in birthing became somewhat safer as preventative antiseptic procedures were put into place in hospitals (Seidel 424); as a result, maternal and infant mortality rates decreased (Seidel 411). The chances of curing puerperal fever once it was contracted were only significantly increased in the 1930s and 1940s when sulfonamides were prescribed to women suffering from the infection (Seidel 61).

In addition to the physical risks associated with giving birth at a birthing clinic, there were also emotional and psychological risks associated with a woman's stay there. On the most basic level, the women's feelings of modesty and socially acceptable gendered interactions were violated by having to undress in front of male physicians as well as, frequently, male medical students or birthing helpers (Schlumbohm, "Der Blick" 177). This was not the practice during home births, as these were mostly attended by female midwives, and only in the case of a difficult birth by a male doctor. Traditionally, the "natural" births, were the domain of midwives, whereas male physicians performed "künstliche Geburtshülfe," which included the use of instruments or surgical measures (Schlumbohm, "Der Blick" 182; Schlumbohm, *Lebendige Fantome* 10). In the birthing clinics, however, this division was no longer upheld, as all types of births, both "natural" and "artificial," took place in the presence of male practitioners and students. The sheer number of people present not only during these classroom exercises, but also during the actual birthing process, further exacerbated the women's discomfort. Up to thirty medical students and midwifery students were sometimes present during births (Schlumbohm,

"Der Blick" 185). In some instances, the high number of pelvic exams performed on the birthing women led to further medical complications for these patients (Schlumbohm, *Lebendige Fantome* 7). In these instances, the didactic goals of the institution clearly outweighed concern for the patients' safety and well-being.

The female patients' mistreatment was documented well beyond the time of its occurrence: "auf das Schamgefühl der den Ärzten anvertrauten Frauen nahmen Dienstordnung und Praktizierende wenig Rücksicht, so daß selbst die spätere Historiographie des Faches die unwürdigen Zustände nicht verschwieg" (Metz-Becker, "Die Sicht der Frauen" 195). Medical students trained at the time were also desensitized to such behavior:

> Besonders die angehenden Ärzte lernten, sich über bestimmte Grenzen des Schmerzes, der Scham und der Geduld hinwegzusetzen. Diese Herangehensweise an Schwangere wurde nicht nur dadurch gefördert, dass die Frauen durch ihren Eintritt in die Institution eine solche Behandlung von vorneherein in Kauf nahmen, sondern auch durch den Umgang mit den anatomischen Präparaten. (Loytved 90)

The use of anatomical dolls and other models further distanced the medical students from viewing the female patient as a human being with feelings of shame. Thus, the new practices of examining both living female bodies and anatomical models broke many of the shame taboos of the time and greatly shifted the power dynamics such that doctors were granted even more control over the female body (Schlumbohm, *Lebendige Phantome* 168).

In his article "Der Blick eines Arztes, oder: wie Gebärende zu Patientinnen wurden. Das Entbindungshospital der Universität Göttingen um 1800" (1998), Jürgen Schlumbohm analyzes the notes kept by the obstetrician Friedrich Benjamin Osiander, who was the founder of one of the first birthing clinics in a German-speaking country, on

every pregnant woman who entered his hospital and on the general daily events in the birthing clinic. Schlumbohm explains how the pregnant women were treated as objects of study rather than as human beings with the capacity for experiencing feelings of shame over their loss of dignity. In Osiander's *Denkwürdigkeiten für die Heilkunde und Geburtshülfe aus den Tagebüchern der Königlichen praktischen Anstalten zu Erlernung dieser Wissenschaften in Göttingen ausgehoben* (1794), the obstetrictian articulates what is actually the functional priority of the birthing clinics, namely the advancement of medicine:

> Und da der ganze Zweck dieses Instituts dahin gerichtet ist, daß den Studierenden der Geburtshülfe sowohl als den Hebammen der Vorteil verschafft werde, sich durch Zusehen und Handanlegen zu wahren, der Menschheit nützlichen Geburtshelfern und Hebammen zu bilden; ferner daß der Lehrer Gelegenheit haben möchte, seinen Zuhörern die Lehrsätze der Geburtshülfe in der Natur anschaulich zu machen, so werden auch die ins Haus aufgenommenen Schwangeren und Kreißenden gleichsam als lebendige Fantome angesehen, bei denen alles das (immer freilich mit der größesten Schonung der Gesundheit und des Lebens ihrer und ihres Kindes) vorgenommen wird, was zum Nutzen der Studierenden und Hebammen und zur Erleichterung der Geburtsarbeit vorgenommen werden kann. (qtd. in Schlumbohm's "Der Blick" 191)

Here he describes the pregnant women as "Fantome," which designates them as anatomical models used for the study of the birthing process. However, this statement also implies that the women were not seen as fully human: a *Fantom* can also be a specter, an ethereal, disembodied figure. Nineteenth-century historian and gynecologist Rudolf Dohrn describes this disembodiment:

> In Giessen stand in der Untersuchungsstunde die Schwangere hinter einem dicken Vorhang und der Praktikant durfte nur durch einen Schlitz des Vorhanges seinen Finger in die Genitalien der aufrecht stehenden Schwangeren einführen, worauf der Praktikant über den Befund referierte. – In Göttingen sah man in der abendlichen Untersuchungsstunde die Schwangere auf eine Art von Katafalk aufgebahrt. Ein von der Decke herabhängender Vorhang verdeckte die Gesichtszüge der Schwangeren

> den Augen der Studenten. Ein fremder Besucher glaubt in ein Sektionslokal zu kommen. (qtd. in Metz-Becker's "Akademische Geburtshilfe und ihre Folgen" 234)

The pregnant women who are described here as anatomical models are treated as no more than that – their pregnant bodies, and nothing else, are of importance to the students and teachers described above. The faces of the women are covered in an attempt to keep the women anonymous (Metz-Becker, "Die Sicht" 195); by not revealing their identifying facial features, the women's identities could remain unknown to the people present in the auditorium. However, this could also be interpreted in another way: the doctors and students could wish to remain anonymous as well. The women were not able to see what was happening to them; they could only feel the examination and hear the comments of the teachers and students as they were examining the patient's body. This begs the question of whether the impetus behind this type of anonymization was an effort to preserve the women's dignity, or to preserve the doctors' and students' sense of decorum. After all, it was easier to dissociate oneself from the actual personhood of the women if one did not have to look at their faces conveying emotion and potential feelings of shame. Furthermore, their state of gestation was of the greatest interest to the teachers and students; the rest of the woman - her personality and individuality - were of little concern to the people in the classroom, and could even have been misconstrued as a distraction to the learning process. The usage of living anatomical models stood in sharp contrast to the typical interactions between doctors and their patients at the time, in which a doctor would normally not examine patients physically; rather, he would pose a series of questions as the primary diagnostic tool.

Generally, there was no law protecting the dignity and rights of patients during the eighteenth and nineteenth centuries in German-speaking countries. Each individual institution, rather, either did or did not develop its own set of standards and practices governing doctor-student-personnel-patient interactions. Due to the birthing clinics' primary mission to advance medicine, and given the lack of formal governance of patients' rights at the time, the women's well-being was an afterthought. Quotations from practitioners at the birthing clinics show that while upholding the standards of patient care is mentioned, it is never mentioned first or in a very prominent fashion. According to Osiander, the women who came into the birthing clinics had a clear knowledge of what was in store for them; thus, he saw no problem with the exchange of food, shelter, and assistance in birth for the women's participation in medical procedures and examinations pre- and postpartum. Osiander saw this exchange as a fair one that would lead to the advancement of science and could potentially help many other women in similar situations (Loytved 79).

1.2.3. The Four Phases of Midwifery

Similar to the recent upsurge in research devoted to exploring the gender-based struggles the rise of the birthing clinic engendered, by, for example, Jürgen Schlumbohm, Marita Metz-Becker, Franzisca Loetz, and Hans-Christoph Seidel, the professionalization of midwifery with its history of gender- and class-based struggles has garnered increased interest in contemporary socio-historical scholarship. Scholars such as Gernot Böhme, Lynne Fallwell, and Eva Labouvie have analyzed and traced the history of midwifery, beginning with its roots as a women-centered form of birthing assistance, and developing

into a type of birthing assistance that was clearly divided into different gender- and class-based areas of expertise and authority that had to be negotiated between male physicians and female midwives.

The last section highlighted the power dynamics between the male doctor and the female patient, which is one part of the complex relationship between the birthing woman and her birthing assistants. While the female patient - male doctor relationship is very clearly defined along the lines of a top-down hierarchy, placing the male physician at the top of the hierarchy and the female patient at the bottom, the relationship between the female midwife, the birthing woman, and the male physician is more complex. The midwife not only has responsibilities towards the birthing woman, but she also has to work alongside and for the male physician. The following two sections describe the way midwifery evolved from a solely women-centered form of birthing assistance to a type of birthing assistance that involved a complex set of rules, regulations, and power negotiations between the birthing woman, the midwife, and the male physician.

The term "*Hebamme,*" derived from the Old High German *Heve-amme*, already indicates the important role midwives played "as intermediary between laboring woman and social authority" (Fallwell 17). People in the 21st century may associate the term *amme* with a wet nurse, but "in this context *amme* actually means 'mother' or 'grandmother,' and *heven* is a derivation of the verb *heben* meaning 'to lift'" (Fallwell 17). The term "*Heve-amme*" was first used in the eighth century when midwives were in charge of placing a newborn child onto its father's shield and presenting the baby on the shield to the father, so that he could decide whether he accepted his child as his own or not; in the latter case the child would have been left to die (Fallwell 17 – 18). From its

beginnings, the concept of the midwife as the intermediary between life and death, between birthing woman and (medical) man, and between law and society was one that was scrutinized and negotiated in public discourse. While the biology of birthing "is constant (women conceive, gestate and deliver), how a woman delivers (standing, sitting, flat on her back), where she delivers (home, hospital, clinic) and who attends (doctor, midwife, other) reflect the customs and values of the society in which they occur" (Fallwell 95). Throughout the centuries described in this chapter, birthing evolved from a women-centered event, to an event centered around the family and a few select birthing assistants, and finally to a medical event taking place in a clinical setting (Labouvie 333; Banks, xxi).

The development of midwifery is often portrayed by feminist scholarship as the male physician taking over the domain of birthing assistance, which had traditionally been in the hands of female midwives. While feminist scholarship focuses on questions of gender (in-)equality and power structures, the scholarship in the field of medical history focuses on a narrative of progress in the field of obstetrics and birthing assistance, as well as the increased regulation of midwifery and the changing landscape of midwifery education (Labouvie 18). Recent scholarship on the development of midwifery in German-speaking countries by Seidel, Böhme, and Fallwell, however, has shown that while certain gendered power shifts did occur, the historical development of midwifery was more "about gendered cooperation regarding defining spheres of expertise and authority" (Fallwell 2). Over the course of centuries, German midwives were able make themselves indispensable "without becoming subordinate to physicians, or subsumed

within the practice of nursing" (Fallwell 12), and they have remained an integral part of Germany's health care system to this day.

When discussing the social history of midwifery, it is imperative to examine how society influenced and was influenced by midwives. The contemporary German philosopher Gernot Böhme developed a widely accepted four-tiered system to explain the development of the profession of midwifery over the centuries. [14] This system is centered on the midwives' scope of responsibility. Böhme divides the four phases into the following areas: "midwifery as solidary aid, as office, as traditional profession, and finally as modern profession" (Böhme 379; see also Hampe 5 – 6). Throughout the four phases, the acceptability of a woman becoming a midwife was determined by biological characteristics such as "age, personal experience in childbirth and physical health" and by socio-political factors such as "religion, citizenship and nationality" (Fallwell 102). These factors are constantly (re-)negotiated throughout the four phases and closely reflect the social and political attitudes of their respective times. In the following, I will give a brief overview of the four phases, and then present a more detailed discussion of the traditional phase of midwifery, which includes the time period on which my dissertation focuses: the late nineteenth and early twentieth centuries.

Traditionally, birthing was a women-centered event and women were the main caretakers of pregnant women who gave birth (Banks 1). In the phase of solidary aid, which spans "pre-history to [the] fourteenth century" (Fallwell 19), the women who were present during the birth, and who helped the woman giving birth, were mostly married women, preferably with first-hand birthing experience (Seidel 74; Böhme 379;

[14] Other medical historians such as Hampe, Seidel, and Fallwell have used this model as a starting point for their analyses of the development of midwifery.

Hakemeyer and Keding 63). The core of this community-based group of birthing assistants was the midwife, who led the other birthing assistants. The midwife "had been able through her individual experience to accumulate in a special way the knowledge possessed by all other women as well. In this sense we see the midwife as an expert of the life-world" (Böhme 377). According to Böhme's schema, the first instances of midwives who fell into the category of providing help based on solidarity can be traced back to the tenth century in German-speaking territories (Hampe 6). In this early phase of midwifery, the requirement for becoming a midwife was twofold: first, the midwife had to distinguish herself from the other women by displaying a high level of life-world knowledge (*lebensweltliches Wissen*) acquired through her own childbirth and the observation of others' birthing experiences, and second, she had to be considered a trustworthy, god-fearing woman who conducted herself according to the moral standards of her community (Böhme 379). In this time, a midwife was seen as a valued member of society, "[honored] for her skills and prized as both an expert and an important member of the larger society" (Fallwell 31).

In this phase of midwifery as an act of solidary help between women, the midwives already had to be elected by their peers (*Hebammenwahl*); this election of the town midwife was the precursor to midwifery as an office (Böhme 379). The later phase of midwifery as an office, which "is neither a trade nor a profession in the modern sense; it is rather the officially sanctioned administration of a specific aspect of everyday life" (Böhme 380), began in the Middle Ages and continued until the eighteenth century (Fallwell 19). This phase was closely tied to the medieval "ritualization and ecclesiastical administration of life" (Böhme 380). The office of the midwife included four distinct

functions: firstly, the midwife was able to assist in birthing because of her own experience and observation of others' births; secondly, she structured birth into a socio-cultural event according to the traditions of the region she worked in; thirdly, she could baptize children in order to ensure each child's salvation; and fourthly, she was a witness to the birth, which put her in the position to ensure that children were not switched at birth and that the babies were not killed after being born (Böhme 380; Hampe 6). Midwives during this period had to take a test based more on their moral fiber and birthing experience than on technical aspects of birthing, and they "were appointed and licensed by the church" (Böhme 380 – 381).

The parameters for the regulations for midwifery may have shifted along with the increased secularization of Germany throughout the eighteenth and nineteenth centuries, but the regulation of midwifery remained. The transition from midwifery as an office to midwifery as a traditional profession occurred in the eighteenth century; midwifery remained a traditional profession until the early twentieth century (Böhme 381; Hampe 6 – 7; Fallwell 19). Böhme points out three defining factors leading to the shift from midwifery as an office to midwifery as a traditional profession: "the incipient secularization of all spheres of life, the introduction of a special training program and diplomas for midwives, and the emerging competition from male midwives" (Böhme, 381; see also Hampe 11). In essence, the training for midwifery as a traditional profession can be seen as a type of apprenticeship in which future midwives had to undergo theoretical training in subjects such as anatomy in addition to the hands-on training they acquired while assisting more experienced midwives in births. Furthermore, having given

birth oneself remained a prerequisite for becoming a female midwife (Böhme 381 – 382; Duden 17 – 18).

The role of a midwife in the eighteenth and nineteenth centuries was still tightly enmeshed in being part of a community, whereas in the modern profession of midwifery, whose beginnings can be dated to the early twentieth century, midwives were no longer based on moral and personal characteristics, but rather based on their successful completion of a training program at a clinic (Böhme 381; Hampe 12). Until the development of midwifery as a modern profession, moreover, midwives were solely selected from amongst the older, more experienced, women of a community (Seidel 76 – 77). This changed when midwifery became a profession learned in a hospital setting and based on skills acquired through book learning and not necessarily through direct experience (Böhme 383). Midwives up until the late nineteenth century were also chosen primarily from amongst married women, i.e. women who had given birth within the socially-sanctioned bounds of marriage, as "bearing illegitimate children did not provide one with experience as much as it was an indicator of moral corruption" (Fallwell 100). By and large, women became midwives if they originated from the lower classes who needed the additional income to support their families (Böhme 383).

Once the profession of the midwife shifted to the modern model of midwifery, women and men of all stations of life could become midwives because they no longer needed to be voted on by the community. Rather, they were educated in clinics, and examinations were used as a measure for the aptitude of a future midwife. This shift drastically lowered the average age of a midwife and the socio-economic demographic distribution among midwifery students (Böhme 383; Hampe 7; Seidel 76). The transition

from the traditional model of midwifery to the modern profession of midwifery happened more slowly in rural than in urban areas. In urban areas, future midwives had easier access to clinics for education, and stricter and more frequently enforced rules for midwives accelerated the transition to modern midwifery. In rural areas, change occurred more gradually, as future midwives were still elected by the community up until the early twentieth century, and midwives in general were neither as abundant nor as tightly regulated as in urban areas (Hampe 58 – 59; Seidel 89 – 93).[15]

1.2.4. Negotiating Power: The Professionalization of Midwifery

In this section, I trace the main shifts in the practice of midwifery from a woman-centered form of birthing assistance to a more complex negotiation of ownership of expert knowledge and authority to facilitate the birthing experience. These shifts took place during Böhme's historical-cultural phases of midwifery as an office and midwifery as a traditional profession, and they culminated in the eventual hospitalization of birthing during the phase of modern midwifery. The main conflicts that arose were centered on gender- and class-based power negotiations related to the possession of expert knowledge in birthing, the ability to disseminate this knowledge, and authority over the regulation of midwifery. Contextualizing these conflicts and discerning patterns within their development is essential for understanding what socio-cultural and medical discourses

[15] Midwives in the urban areas were seen as having good social standing, because they were not only allowed to take on apprentices and were part of an organization similar to a guild, but they were even called to court as expert witnesses to testify on issues of "Virginität, Impotenz, Schwangerschaft, des Aborts und der Geburt bei Scheidungs- oder Ungültigkeitsklagen, bei Erbschafts- und Legitimitätsstreitigkeiten oder in Kindsmordsprozessen" (Seidel 90).

Böhlau, Frapan, and Reuter drew from as they crafted representations of power dynamics between doctors, patients, and midwives in their novels.

Before the Enlightenment, when the Church was still more heavily involved in all matters of life, suspicions were leveled against midwives because they were perceived by the church as witnesses to the life-giving moment in which good and evil were understood as being close together. The Church saw the midwives' proximity to and potential power in this important moment as potentially dangerous. As a result, midwives were often accused of witchcraft, and regulations such as those decreed at Regensburg in 1452 prohibited the practice of witchcraft in midwifery (Böhme 380; Hampe 6; Banks 20). The publication of the *Malleus Maleficarum* in the late fifteenth century further propagated these beliefs, and since midwives used natural birthing aids to alleviate pain and to move the birthing process along; "at a time when the Church held that labor was the Lord's just punishment for Eve's original sin," midwives were suspected of being witches aligned with the devil (Ehrenreich and English 41). In *For Her Own Good: Two Centuries of the Experts' Advice to Women* (2005), Barbara Ehrenreich and Deirdre English see these prejudices against midwives as a means for the "male medical profession [to attempt] to eliminate the female healer" (Ehrenreich and English 42). They see further evidence of this in the fact that male physicians were "asked to judge whether certain women were witches" (Ehrenreich and English 43). For the two authors, these attitudes and behaviors towards midwives were exemplary of the type of prejudices and hindrances faced by female midwives. Ehrenreich and English suggest that "the witch trials established the male physician on a moral and intellectual plane vastly above the female healer. It placed him on the side of God and Law, a professional on par with

lawyers and theologians, while it placed her on the side of darkness, evil, and magic" (Ehrenreich and English 44). Therefore, regulations imposed on midwives can be seen as stemming from this climate of distrust and the power of the Church to enforce rules.

In the latest scholarly work on the development of midwifery in German-speaking countries, *Modern German Midwifery, 1885 – 1960* (2013), Lynn Fallwell, agrees with Ehrenreich and English's assessment that the witch hunts in the late fifteenth through seventeenth centuries constituted a means for the Church to control midwives, and that "the fear of being accused of witchcraft became an effective tool for both local officials and the Church to control individual midwives. It also represented another way for them to undermine midwives' expertise" (Fallwell 26). Fallwell situates the witch hunts in the context of the developing medical profession, claiming that the Church was not the only stakeholder with an interest in increasingly regulating and controlling midwifery, as a growing number of official municipal offices began to be held by the likewise swelling population of physicians with an academic background (Fallwell 22). According to Fallwell, these two regulating bodies (the Church and local governmental officials) worked together to further their own interests; "as a result, this period [of midwifery as an office] is marked by increased regulation of midwifery not in terms of its mechanics, but rather in its place within the social hierarchy of public life" (Fallwell 22). Both the Church and the municipal authorities, according to Fallwell, were trying to keep the midwives low in the social hierarchy – just low enough "that they were part of the public sphere but unable to necessarily have any influence upon it" (Fallwell 25).

In large part, the regulation of midwives was documented in midwifery codes that were decreed by either city or ecclesiastical authorities. The Regensburg Code of 1452 is

one such compilation of city ordinances; it became a model for regulations imposed by other cities as well.[16] Fallwell asserts that because the administrative entities of a city could now regulate the practice of midwifery, the midwives' expert knowledge was trumped by the authority of men who held authority in the public sphere, but who had very little to no expert knowledge of their own with regard to assisting births (Fallwell 23). In addition to restrictions in the form of city ordinances, the Church at the time also heavily regulated midwifery. During the witch hunts in 1573, the Catholic Church's Frankfurt Code regulated the practice of midwifery, imposing religious doctrines on its practice (Fallwell 25). The code maintained its control over midwives until the nineteenth century and underwent several official revisions, each of which reflects the changes to which midwifery was subjected throughout the centuries. One example of these changes can be found in the 1703 version of the Frankfurt Code, which stipulated that a midwife was required to consult with a physician and not with another midwife; this highlights the shift from female to male authority on the subject of birthing (Fallwell 27). Another example is the classification in the Frankfurt Code edition of 1841 of birth as an illness requiring medical treatment; this marked the transition in the socio-cultural understanding of birthing from the traditionally female-coded sphere of home births with the assistance of midwives to the male-dominated medical profession and the birthing locale of the birthing clinic (Fallwell 29).

The act of birthing shifted simultaneously from an event situated in the sphere of everyday life to an event removed from everyday life that requires the woman to leave

[16] Other Cities with ordinances similar to the Regensburg Code were "Munich (1488), Strasbourg (1500), Frankfurt (1509), Nuremberg (1522), the Duchy of Württemberg (1549) and Memmingen (1578)" (Fallwell 23).

her familiar surroundings and go to a clinic. Midwives were more flexible in terms of the location and adapted to the surroundings in which the woman in labor found herself, whereas during a clinic birth, the woman had to adapt to new surroundings in order to have access to location-bound male physicians (Fallwell 7). Furthermore, by the late nineteenth and early twentieth century, it became more common for women giving birth to go to the hospital, even if the pregnancy was not high risk. Because the pregnant woman placed herself in the sphere of the hospital, where the doctors hold the highest authority, midwives' authority was marginalized; they were mostly seen as caregivers who assisted the doctors. This demonstrates a rejection of the traditional approach to midwifery in which the midwife held the role of authority among all the women assisting at a birth (Böhme 385).

Over the course of the development of midwifery as a traditional profession, it shifted from female-centered birthing assistance to a male-dominated field where women took on the supporting roles of care personnel, a change that made a strong impact on the transition from midwifery being an office to a modern profession. This shift in dominance over the field of birthing often led to conflict between midwives and doctors: between women and men (Böhme 377, 383). The conflict between midwives and male midwives, barbers, and surgeons was not entirely new, but it came to a head in the eighteenth century because of the restrictions implemented on and against female midwives. Up until the mid-eighteenth century, barbers and surgeons were normally called to assist in a birth once it was (almost always) too late and the mother had to be separated from her unborn child through a post-mortem caesarean section (Seidel 84; Banks 5). The fairly easy access of female midwives to births that were not deemed high-

risk prior to the eighteenth century was in large part due to the fact that men were simply not allowed to examine female bodies due to issues of decorum and religious views. Male midwives and doctors, however, were called to complicated births that endangered the life of the mother and the unborn child. The midwife and the pregnant woman and her family agreed upon the decision as to the need for medical intervention in a midwife-led birth. Once these parties determined the need for a doctor or male midwife, then it was implicitly agreed upon that the birth required medical or surgical assistance. The male birthing assistant and his competencies were implicitly accepted by everyone involved in the birthing process, enabling him to take over the duties of the midwife (Seidel 415 – 416). Various midwifery rulebooks from the sixteenth century onwards stated that midwives were required to consult with a doctor in case of complications during a birth. Paradoxically, up until the mid-eighteenth century, doctors had less practical knowledge about birthing, and were thus no more knowledgeable than the experienced midwives about how to manage these complications. The vesting of this type of authority with the male doctor was based purely on their higher social standing (Seidel 88).

Böhme reflects on this shift toward valuing the competencies of the male, university-trained doctor over the midwife's competencies, and he comes to the conclusion that the shift in the implied possession of knowledge deemed necessary to assist a birth at the time was a key factor in shaping the development of midwifery. Böhme does not focus on the professionalization of midwifery as a whole. Rather, he focuses on the aspect of the transformation of the type of knowledge that was seen as necessary for assisting a birth; he calls this shift "scientization." Scientization refers to a change in the power dynamics of which birthing assistant (the midwife or the doctor) gets

make the decisions, and it also "initiates a separation of the event of childbirth from everyday life, a transfer of childbirth into the synthetic environment of the hospital" (Böhme 377). The professionalization of midwifery refers to the restructuring of the profession of the midwife; scientization refers to the change in knowledge perceived as necessary to perform birthing assistance, that is, a shift from everyday knowledge to medical knowledge; medicalization refers to the process through which birthing was deemed an illness that needed medical assistance, preferably in a birthing clinic and from a university-trained doctor.

The scientization of midwifery and the medicalization of the birthing process led to a change in the type of knowledge that was considered important for birthing. The knowledge that midwives traditionally drew on for their practice was of twofold origin: it was knowledge passed down through generations of women and knowledge acquired through first-hand experience (Seidel 77 – 79).[17] The type of knowledge that gained widely-accepted value in the wake of the medicalization of birth was a knowledge that was acquired from books, lectures, and practical experience gained during medical school. This practical experience was, however, no longer the first-hand experience of giving birth; rather, it was knowledge of how to assist a birth (Böhme 386 – 387).[18]

By the mid-nineteenth century, obstetrics had developed into a medical specialty that generated a corpus of knowledge. The knowledge generated in the science of

[17] Here, Seidel describes how the knowledge of a midwife is a corpus that is "closed," i.e., a specific knowledge which is passed down through generations and that does not vary as much or change as quickly as the corpus of knowledge generated by scientific inquiry. Furthermore, this knowledge is embedded in traditional folk beliefs and medicine (Seidel 77 – 79).

[18] Another factor leading to a minimization of the competencies of midwives and the eventual dominance of academically-trained doctors in the field of obstetrics was that male surgeons achieved recognition by the medical and academic community fairly early in the medicalization efforts of the eighteenth century (Böhme 385).

obstetrics was removed from the individuality and emotionality of any single birthing process, as it was necessary to be able to successfully reproduce the same results, for example, from certain procedures under similar conditions. Due to the standardized conditions of a clinic, obstetrical knowledge could be tested and expanded under conditions that remained similar day after day; thus, clinics were essential in developing an obstetrical corpus of knowledge (Böhme 387). In contrast, midwives founded their authority upon the possession of their life-world knowledge, which was based in approaches closer to natural birthing in which medical interventions were not used. For example, midwives were not allowed to induce labor, as medical knowledge provided the backdrop for induced labor only under a tightly controlled birthing experience. Beginning with the phase of midwifery as a traditional profession, midwives were required to learn about anatomy and to be tested on the subject. This requirement marked a shift toward a dependency of the midwives on the clinical knowledge produced and disseminated by the medical profession; therefore, as Böhme states, midwifery in that sense was not able to become an independent profession generating its own body of academic knowledge (Böhme 389). [19]

According to Böhme, midwifery underwent a scientization that shifted power from the midwife to the doctor as the decision maker in the field of birthing assistance

[19] Fallwell also suggests an interesting correlation between the typefaces used in midwifery versus obstetrics textbooks: midwifery textbooks published at the end of the nineteenth and early twentieth century were printed in Fraktur; whereas, obstetrics textbooks were printed in roman lettering (171). Fallwell interprets the usage of the older, more traditional Fraktur as another way in which midwifery was associated with traditional, more antiquated birthing assistance practices and the newer, more modern roman lettering as a sign of (scientific) progress and objectivity in the obstetrics textbooks (171 – 173). Also, Fallwell points to the more international readability of roman lettering that allows for scientists to exchange their ideas across national borders, in contrast to Fraktur, which has a uniquely German national quality to it and is indicative of the way midwives were viewed by some as "guardians of the national spirit" (173).

(Böhme 377). While midwifery was not able to become an independent profession authorized to produce its own knowledge, it did become a type of profession reflecting

> einerseits die verrechtlichte Unterordnung der Hebammen unter die Ärzte (…), andererseits aber auch, daß die staatlichen Eingriffe ebenso eine Stärkung des Hebammenwesens bedeuten. Die standardisierte Ausbildung an den Hebammenschulen setzte die Hebammen nicht auf den Aussterbeetat, sondern zielte auf eine bessere Qualifizierung und Verberuflichung. (Seidel 421)

Seidel emphasizes the possibilities for female midwives within the newly emerging profession of midwifery, but he, too, analyzes the restructuring of midwifery as a shift in power dynamics. He understands this shift as rooted in the way the eighteenth and nineteenth centuries defined "Geschlechtscharaktere," where any type of nursing or caretaking occupation was a job falling firmly within the woman's scope of responsibility (Seidel 420). Women were deemed incapable of mustering up the intellectual faculties to comprehend the more complex aspects of medicine, and their supposed physical weakness meant that they could not perform operations in which medical instruments needed to be used (Seidel 153 – 154). Seidel postulates that doctors were not actively seeking to marginalize midwifery; rather, they were trying to establish a clear hierarchical structure, with the state in the position of greatest influence, closely followed by doctors as extensions of the state's health care agenda, and midwives somewhere in the middle echelons as caretakers (Seidel 421).

Female midwives were not allowed to use tools as male midwives and doctors were; midwives were therefore not engaged with the aspects of birthing where medical innovations took place, for example, in the usage of birthing tools such as the forceps or the birthing chair, or in the areas of surgical midwifery and antisepsis and anesthesia (Böhme 384 – 385). In the mid-nineteenth century, technological and scientific progress

became more important than ever, and doctors thus garnered public support for improving birthing assistance and "controlling new technology provided opportunities for scientifically trained (male) doctors to take control of the delivery process" (Fallwell 165).

Midwifery regulations, decreed and enforced mostly by men, prohibited midwives not only from using these tools, but also from learning about them and gaining mastery of their usage (Fallwell 28). In the eighteenth century, midwifery schools began to be established as the prerequisite sites of instruction for women wishing to become midwives (Fallwell 28). Even though midwives delivered babies, men were not only in charge of the administrative organization of these schools, but they also taught the midwives how to assist births (Fallwell 28 – 29). Midwifery differed vastly from obstetrical training in the approach to what was considered important knowledge for future midwives and obstetricians. Midwifery training entailed a broader consideration for the larger societal context surrounding a pregnant woman, and midwives were instructed to view "the woman as [a] complete entity, and the implications of the pregnancy and delivery for not only her physical health but also her familial and social relationships" (Fallwell 156). Obstetricians, on the other hand, concentrated on what they deemed "abnormal" births in which they were taught how to identify a problem and how to solve it (Fallwell 156). An example of this approach is the difference in the way midwifery textbooks taught midwives how to prevent a tear in a laboring woman's perineum through non-surgical intervention versus the way obstetrics textbooks focused on instructing future obstetricians on how to prevent a torn perineum by performing an episiotomy (Fallwell 170).

In the second half of the nineteenth century, midwifery was thus an occupation in crisis. Generally, most current contemporary scholarship attributes the struggles midwives faced to the power struggle between female midwives and male physicians. This struggle, however, paints only a partial picture of the power dynamics surrounding the professionalization of midwifery. Two additional features of the struggles midwives faced were the involvement of women who were not trained midwives, and issues of class. In the late nineteenth century when midwives were trying to assert themselves as members of a profession and had to negotiate its boundaries, the so-called *Wochenpflegerinnen* began being trained and hired as care personnel to assist women post-partum in response to the debates about ways to lower infant mortality rates. *Wochenpflegerinnen* were less educated, less experienced with assisting childbirths, and cheaper to employ than midwives. Hence, the midwives saw the entry of *Wochenpflegerinnen* into the workforce as an encroachment on their professional territory. The midwives emphasized the importance of their in-depth training and expertise in contrast to the *Wochenpflegerinnen*, and "in this regard, [they] evoked one of the characteristics of professionalization: the belief in the uniqueness of one's skill set which is acquired through comprehensive formal study" (Fallwell 46).

In addition to the threat of the *Wochenpflegerinnen* to the profession, midwives also had to contend with preconceived notions about their social class. Lower-class midwives had the reputation of having poor hygiene standards that supposedly put their pregnant clients at risk. This type of class-based discrimination becomes evident in the way municipal authorities refused to interact directly with lower-class midwives. The so-called *Ehrbare Frauen* functioned as intermediaries between midwives and municipal

authorities. The *Ehrbaren Frauen* oversaw "the actions of midwives and report[ed] to the council on their behalf" (Fallwell 24) because the council did not wish to have direct contact with the lower-class midwives. Over time, the *Ehrbare Frauen* also preferred not to interact with the lower-class midwives, and another type of intermediary was created: the *Geschworne Weiber* were comprised of women from slightly lower classes than the *Ehrbare Frauen* (Fallwell 24 – 25). This unwillingness by both men and women of the middle and upper classes to interact with lower class midwives demonstrates the class bias inherent in the medical and social systems of the time, which led to this class- and gender-based hierarchical structure.

In the late nineteenth century, midwives assisted in approximately ninety-three percent of births in Germany. Consequently, with high rates of puerperal fever and infant and maternal mortality at the time, close attention was paid to the outcomes of the births that midwives attended (Fallwell 47 - 48). An example of this focus on the outcomes of these births can be found in Doctor Johann Peter Frank's nine-part book series *System einer vollständigen medicinischen Policey* (1779 – 1827), in which he attributed the high mortality rate of mothers and infants to midwives who were not properly trained and lacked proper hygiene (Seidel 101 – 102; Banks 84). His claim and other similar ones by his contemporaries proved to be untrue; women giving birth in birthing clinics were, up until the late nineteenth century, much more likely than were their peers giving birth at home to die during or after childbirth (Seidel 62). Even though more women died of puerperal fever at birthing clinics than in the care of a midwife, people throughout the nineteenth century who were trying to more heavily regulate midwifery blamed midwives for the high rates of infant and maternal mortality. They perceived a connection between

a midwife belonging to the lower classes, who were deemed incapable of proper personal hygiene, and the deaths that should have been attributed to puerperal fever (Fallwell 47 – 48).

In addition, midwives from the lower classes faced economic hardship. In the second half of the nineteenth century, *Armengeburten* became a growing concern for pregnant lower-class women as well as midwives. Increasingly, women of the lower class, often unwed mothers, could not pay the costs associated with birthing. Midwives were faced with the ethical and financial questions of whether they could sustain a midwifery practice in which they took on unpaid births pro bono (Labouvie 12, 323).

In the 1880s, midwifery was an occupation in crisis, as under the *Reichsgewerbeordnung*, established in 1869, midwifery became an occupation granted free enterprise free of government control (Fallwell 30). This led to financial difficulties for many midwives, as they no longer received state support and had to find their own clients in an increasingly competitive market (Fallwell 32). While doctors had organized themselves shortly after the *Reichsgewerbeordnung* was established, midwives did not have an organized support system in place. The timeframe on which my dissertation focuses is one in which midwives in Germany were trying to find their own niche within the newly medicalized realm of birthing and were taking an active role "in carving out occupational authority in the new public sphere of institutionalized medicine" (Fallwell 33). Under the leadership of the young German midwife Olga Gebauer, the first German midwifery organization called the *Verein Berliner Hebammen* was founded in 1885 (Fallwell 36). In 1892, Gebauer became the president of the nationwide umbrella organization *Vereinigung Deutscher Hebammen*, which was founded in 1890 due in large

part to her efforts. By 1910, the organization grew to be one of the biggest women's interest groups in Germany with a total membership of over 30,000 spread across over 550 different regional chapters (Fallwell 37 – 38). [20] The organization held national conferences and even expanded the movement by, for example, hosting the first International Midwifery Congress in Germany in 1900 (Fallwell 37).

In addition to forming a professional organization and hosting national and international conferences, the *Verband Deutscher Hebammen*, and especially its founding member Olga Gebauer, pushed for the establishment of a professional journal, which "was intended to be a resource *for* midwives produced *by* midwives" (Fallwell 39). In 1886, Gebauer published the first *Berliner Hebammen-Zeitung* (Fallwell 38). Shortly after its publication, the journal faced financial issues, and the Staude-Verlag took over the publication of the journal, which was then called the *Allgemeine Deutsche Hebammen-Zeitung* (Fallwell 39). The Staudte-Verlag in collaboration with Gebauer changed the format of the journal to include columns and articles written by male physicians, and Dr. G. Winter was appointed head of the journal with Gebauer in charge of the "midwifery sections" (Fallwell 39). Once again, the male physician's voice and sphere of influence is interjected into the intellectual and professional efforts of the midwives. Nonetheless, the fact that the late nineteenth century saw not only the establishment of a professional organization, but also the inception of a professional journal, shows that, contrary to popular belief, midwives were making efforts to assert midwifery as a profession in and of itself, not an auxiliary to the (male) medical profession (Fallwell 34; Labouvie 333).

[20] As a point of comparison, the Trade Organization of German Nurses only had about 3,500 members at the time (Fallwell 38).

From their initial inception onwards, the three main goals of the midwifery organizations founded in the late nineteenth century in Germany were "first, to further the education of practicing midwives through scientific lectures from physicians; secondly, to hold discussions on topics relevant to childbirth and delivery; thirdly, to establish a health and life insurance [program] assisting midwives in financial need" (Fallwell 36). While not all of these goals were met in the founding years of the *Verein Deutscher Hebammen*, as midwifery was still lacking adequate wages, standardized training, and enforceable laws across Germany, the *Verein Deutscher Hebammen* did significantly improve the social and professional standing of midwives (Fallwell 53). Their professionalization efforts, including the journal, were met with support from various sources. The general political climate of the late nineteenth century, which showed interest in pro-natalism and eugenics, was conducive to supporting any endeavor, including the professionalizing of midwifery, that could increase declining birth rates (Fallwell 11). Fallwell concludes that midwifery made "the transition from a vocation in crisis to an organized profession complete with associations, journals and regular meetings;" midwives were not only part of the shift from birthing as a women-centered experience to a more medicalized process, but they also played an important role in this shift (Fallwell 56 - 57).

CHAPTER 2: HELENE BÖHLAU'S *HALBTIER!* (1899)

In "Weiblichkeit und Moderne," Gisela Brinker-Gabler cites *Halbtier!* as "de[n] provozierendste[n] Frauenroman der Jahrhundertwende" (249). Indeed, the highly polarized reception of Helene Böhlau's novel by its immediate contemporaries supports this claim. The novel's mixed reviews were not segregated along gendered lines; both male and female critics gave the novel both positive and negative reviews (Herwig 230). Recent analyses of the reception history of the novel account for the negative reactions to the novel with a wide range of factors: the novel depicts violence normally reserved for naturalist depictions of domestic violence in the working-class milieu as located within the bourgeois family (Richardson 81), and the novel contains unfavorable reverberations of Nietzsche's philosophy (Grant, "Übermensch" 132). While these rationales certainly contributed to negative critical reception of the novel, they omit an integral point of contention, namely, the novel's controversial birthing scenes. The publishers initially asked Böhlau to edit her descriptions of birthing and the scenes in the anatomical theater to make them less graphic. The graphic depiction of pregnancy and childbirth in *Halbtier!* stood out amongst other contemporary novels, as "even within literary realism, the combination of emotions accompanying pregnancy and childbirth – tiredness, uncertainty, fear – and the relentless work involved in bringing up an infant, are rarely to be seen, even if there is sometimes an intimation of the risks involved to the health of mother and child" (Woodford 81). Böhlau fought to keep these scenes as written because

they were pivotal to the character development of Isolde and the novel as a whole (Herwig 259; Woodford 81). This chapter seeks to specifically highlight the importance of these scenes, and, more generally, the importance of the way birthing is represented in the novel.

In this chapter, I seek to uncover the way that lower-class female characters' birthing conditions are instrumentalized in the novel as catalysts for character development in the bourgeois protagonist Isolde. This chapter examines Böhlau's construction of Isolde's maturation into a socially conscious and compassionate character through her encounters with the birthing conditions in the late nineteenth century. Over the course of the novel, Isolde is exposed to three major birthing scenes: representations of birth and death in art, the births of Isolde's nieces and nephews, and a shop girl giving birth before dying in a birthing clinic. These three birthing scenes represent turning points in Isolde's life. Böhlau's depictions of birthing highlight the negative consequences of procreative acts on the women who give birth; they also focus on how the medical system and the men involved in it at the time mistreated women and had little regard for them beyond their reproductive capacities. Throughout the novel, Isolde is exposed to bourgeois women's birthing conditions of the time, but it is not until she bears witness to the birthing conditions of an unwed lower-class pregnant woman that Isolde becomes proactive about advocating for women's rights. Through Isolde's reaction to the juxtaposition of conditions, Böhlau critiques the medical community's gender- and sex-based biases with regard to the treatment of female patients in birthing clinics, as well as, more generally, the way women were treated in German society at the turn of the century. Isolde's shift in perspective, which leads her to seek social change, was precipitated by

her first-hand experience of seeing the birthing conditions in the birthing clinics after she had previously only seen them mediated through the artist's gaze and second-hand epistolary accounts.

Helene Böhlau wrote her novel *Halbtier!* during what Henriette Herwig and Jürgen Herwig describes as her "feminist phase" in the late nineteenth century (Herwig 252). Böhlau was raised in an upper-class family in Weimar. Even though she received an education through private tutors and her family was very invested in cultivating a life of the mind, Böhlau never received any formal training that could lead to her pursuit of a profession outside of the home (Herwig 246). After a long and drawn out affair with the much older Friedrich Helvig Arnd, Böhlau eventually married him in Constantinople after his conversion to Islam enabled him to divorce his first wife (Herwig 248). Böhlau and her husband then moved to Munich, where she gave birth to her son in 1895 and wrote *Halbtier!*. In addition to recuperating from the difficult birth, Böhlau struggled to combine motherhood with the demands put on her to financially support her family, as her husband was often ill and unable to procure a steady income. Böhlau's novels during this time, such as *Das Recht der Mutter* (1896) and *Halbtier!* (1899), focused on topics such as marriage and motherhood, specifically the situation of unwed mothers, women's right to work, and the role of women in late nineteenth century Germany. In her unconventional dual role as mother and breadwinner of the family, Böhlau became even wearier of the exclusion of women from the male dominated socio-cultural sphere given that she was expected to provide for the family, thereby taking on the traditionally male role in the family, but was excluded from partaking in the intellectual life she desired (Herwig 251). The novels of her "feminist period" represent a clear departure from her

earlier and later works, which were much more conservative in their choice of topics as well as in the degree to which they criticized social conditions of their respective times (Herwig 252).[21]

The novel *Halbtier!* was first published in the *Deutschen Rundschau* under the title *Adam und Eva*. This change in title was suggested by the periodical's editor; Böhlau only begrudgingly complied with his wishes. In naming the novel *Adam und Eva,* the key half-animal metaphor is omitted from the title; its substitution with the allusion to the biblical story of Adam and Eve portrays the woman as the temptress and the man as her victim (Herwig 260; Woodford 81). In later editions of the novel, Böhlau asserted her demand to use the title *Halbtier!*, a title that is more indicative of the actual topic of her novel: the way Böhlau perceives the treatment of women in the late nineteenth century as half-animals. In the novel, Böhlau examines inequalities in society with regard to a woman's involvement in the socio-cultural sphere by constructing a narrative around a young bourgeois woman unable to combine her desire for a family with that of becoming a successful artist. In this fin-de-siècle *Künstler*- and (negative) female *Bildungsroman*, a caesura separates the two main foci of the protagonist Isolde's development: the first half of the novel depicts her maturation into a 17-year-old woman with sexual desires, and the second half of the novel depicts her life five years later, once she has renounced her sexuality in favor of living as a well-known artist (Herwig 225). Isolde becomes a

[21] Böhlau distanced herself from these works later in her career. According to Richardson, Böhlau "in the 1915 edition of the work [ ] apologetically included an introduction that dismissed her novel as a "product of overzealous youth" (Richardson 96). Richardson speculates that this distantiation from her earlier, more radical works, was perhaps a way to guard herself against defamatory accusations: "In the early twentieth century, the unusual circumstances surrounding her marriage once again came to public attention when her husband's ex-wife sued Böhlau, claiming that she had illegally wedded a married man. Subjected to years of defamatory and often anti-Semitic newspaper articles that also questioned her husband's 'secret' Jewish past, Böhlau may have chosen to improve her public image by distancing herself from more radical works such as *Halbtier!*" (Richardson 96).

successful artist, but is depicted as unable to fulfill her desire to have a family of her own in parallel with her artistic pursuits.

In the secondary literature available on *Halbtier!*, Monika Shafi and Alyth F. Grant debate the question of whether the novel's protagonist is able to become an autonomous being within the patriarchal system in which she exists. Both critics conclude that Isolde is unable to attain autonomy; however, the striving for autonomy depicted in the novel highlights the problems of the very patriarchal system that prevents Böhlau's female protagonist from achieving independence. According to Shafi, the protagonist is unable to become autonomous from the patriarchal structures in which she lives, and her quest for this autonomy as well as the failure to assert autonomy within these structures is what ultimately exposes the flaws of the patriarchal system.[22] For Shafi, Böhlau's novel does not depict a reconciliation between societal norms and women's desires, but rather, it highlights the disparity between the two (Shafi 67). Böhlau alerts her readers to the inequalities in the treatment of women at the time; thus, for Shafi, *Halbtier!* is written as a manifesto that calls its readers to take action (Shafi 75). Grant explores the power of art in the novel and its representations of femininity, both of which idealize female self-sacrifice and the way women "are seduced by such images, internalizing their messages, so that they help perpetuate their own subjection" (Grant "Übermensch" 131). Grant claims that Böhlau, through the incorporation of Nietzsche's philosophy in the figure of Isolde, creates a counter-image to the women of the fin-de-siècle who internalize and perpetuate their own oppression. She claims that Böhlau constructs an alternative idealized version of womanhood in Isolde, namely that

[22] In the novel, according to Shafi, all female characters regardless of their socio-economic background become victims of the patriarchal structures in which they live (Shafi 73).

of the female *Übermensch*, but that this new ideal is not one-dimensional; rather, it shows the complex nature of a woman striving for autonomy in a patriarchal system (Grant "Übermensch" 148).

The representations of violence in the novel have garnered the attention of Holger Blaul and Nancy Richardson. Blaul gives a broad overview of the different types of gender-specific violence he sees in *Halbtier!*, whereas Richardson focuses specifically on Isolde's act of violence when she shoots her brother-in-law, Henry Mengersen, when he tries to sexually assault her at the end of the novel. In order to differentiate between the various subcategories of what Blaul calls "gender specific forms of violence," he clusters the violence he sees in the novel under the categories of linguistic, politically motivated, religious, economic, legal, sexual, and cultural violence (Blaul 31). Within each category, Blaul analyzes the personal and structural violences encoded in the novel on the basis of the theory of personal and structural violence developed by contemporary Norwegian sociologist Johan Galtung. Blaul interprets *Halbtier!* as steeped in gender-related violence, and he comes to the conclusion that through her novel, Böhlau decries discrimination against women at the time by highlighting the various forms of violence to which women at the turn of the century were exposed on a daily basis.

Richardson focuses more specifically on Isolde's violent act of killing Mengersen, interpreting this violent act as politically motivated: for Isolde, it represents a moment of liberation and transcendence (Richardson 79) and "the long series of events that accompanies Isolde's development into a 'new woman' also politicizes her final act of violence, by transforming her murder of Mengersen into an act of retribution for all women, rather than a simple act of revenge" (Richardson 84). In her article, Richardson

describes Isolde as the antithesis of her time's conception of the female offender, as she did not fit the profile of the female offender described for example in Cesare Lombroso and Guglielmo Ferrero's work *La donna delinquente* (1894). Richardson sees Isolde's acts of violence rather as responses to a violent environment in which one becomes either a victim of violence or a perpetrator of it (Richardson 82 - 83).[23]

The most recent scholarly contribution to the secondary literature available on *Halbtier!* is by Charlotte Woodford, who examines the changes to the common trope of the anatomist's or artist's report on the dissection of a female body when that description is written by a woman writer (Woodford 75). Woodford interprets both the scenes with Mengersen drawing Isolde and the scene with the shop girl in the anatomic theater as containing a dissection motif, and she draws parallels between the artist mapping out the female body in his art with his paintbrush and the anatomists dissecting the female body to map out its anatomy. Both the artist and the anatomist in *Halbtier!* epitomize the cold, clinical, and detached male gaze in contrast to the narrative's focus on Isolde's empathetic female gaze (Woodford 85). Woodford reads these passages, and Isolde's sympathetic response to victims of the inequalities she witness, as forms of protest fiction against the oppressive patriarchal system. Even though Isolde desires later in the novel to become a mother herself, motherhood and childbirth are depicted as being integral to women's oppression (Woodford 74).

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[23] Another more biographically grounded interpretation of Isolde's shooting of Mengersen appears in Henriette Herwig and Jürgen Herwig's "Nachwort" to the newest edition of the novel: they see the novel as a direct commentary on Böhlau's husband having an affair with his much younger female student/secretary Paula Winkler after the birth of Böhlau's son. They read Böhlau's novel as call for a decision either to continue in a marriage much like the Gebers in the novel, a mostly happily married couple, or, for Böhlau to rid herself of her cheating husband much like Isolde does when she kills her sister's philandering husband Henry Mengersen (Herwig 256 – 257). It remains unclear whether Böhlau's husband read the novel as such, but what is known is that she stayed with her husband until his death in 1911 (Herwig 266).

In a vein similar to Woodford's analysis, I also interpret the artistic rendering of maternal and infant mortality and the dissection scene in the novel. My study of the role of birth and birthing assistants in the novel, however expands beyond these two scenes to include other scenarios in the novel, which opens up my argument to a broader discussion of the effect Isolde's encounters with the birthing conditions at time had on her character development. Furthermore, my interpretation of *Halbtier!* situates Böhlau's depiction of the birthing conditions in socio-historical discourses surrounding midwives, doctors, and birthing hospitals, which is beyond the scope of Woodford's contribution.

For me, as for Blaul, Richardson, Shafi, Grant, and Woodford, *Halbtier!* highlights the oppression of women and the gender-based inequalities that women had to endure in the late nineteenth century. I argue that Isolde's first encounter with maternal and infant mortality in Mengersen's etchings awakens her desire to sacrifice herself for her family. Her understanding of this self-sacrifice is based on her interpretation of the etching as depicting the ultimate female sacrifice of a mother dying during childbirth. Later in the novel, she reevaluates this artistic and social ideal of female self-sacrifice as needing to be more inclusive of fulfilling women's desire to work, to have a family, and to achieve emotional and physical wellbeing. This reassessment only takes place upon Isolde's reexposure to maternal and infant mortality in the context of the anatomic theater. My argument is based on close textual analyses of Isolde's contact with birthing conditions at the time, as well as the role played by the medium through which she has these encounters. Her first encounters with birthing are second-hand renderings mediated through an artistic work and a series of letters chronicling the traumatic birthing experience of her sister, whereas the last encounter in the anatomic theater is as close to a

first-hand experience as Isolde can achieve without giving birth herself. I argue that this encounter with the birthing conditions experienced by an unwed, lower-class mother is the catalyst for Isolde's development into a socially conscious character. While Isolde does not effect change in a very public way at the end of the novel, the trajectory of her development suggests that the awakening of her social conscience could be the beginning of her seeking to improve birthing conditions for women of all social classes.

2.1. The Representation of Birth and Death in Art

At the beginning of the novel, Böhlau constructs Isolde's first encounter with the actual birthing conditions of her time as mediated through art. Given that one of the main storylines in *Halbtier!* is the protagonist's development into an artist, it is only fitting that Isolde's first encounter with the birthing conditions at the time takes place through an artistic lens. In a flashback, Isolde's initial interest in and inspiration for art takes place during a visit to Henry Mengersen's art exhibit when she is fifteen years old; this is also her first encounter with the birthing conditions of the time. She encounters his etchings and is immediately drawn to them, as through these etchings "[hatte sie] eine neue Welt gesehen und gefühlt" (*Halbtier!* 51). Isolde's encounter with Mengersen's art marks a turning point in her character from childhood into adolescence; "von dem Tuscheln, Schauern, dem naiv frechen Treiben der unanständigen Kobolde, die die Leute Backfische nennen, war sie von jener Stunde an getrennt" (*Halbtier!* 53). It is Isolde's first real encounter with Mengersen's art that inspires her to become an artist, and, it is also her first real intellectual encounter with the potentially fatal outcomes of the birthing

conditions at the time, and once she witnesses it, albeit merely through a second-hand visual experience, she cannot return to her youthful ignorance of the subject.

The series of etchings communicates the ideal of female sacrifice for a woman's family, aestheticized and mediated by the male artist. Isolde perceives something noble and worth emulating in the female sacrifice depicted on the canvas. Böhlau includes the role of artistic images as a literary device that highlights the discrepancy between women's perceptions of themselves, men's idealization of women in art, and women's perceptions of representations of women in art created by male artists (Grant "Übermensch" 137). Böhlau's description of the etching is modeled after the painting *Tod* from the cycle *Eine Liebe, Opus X* (1887) by the artist Max Klinger (1857 – 1920) (Herwig 207; Richardson 88; Woodford 84). Given that Böhlau's description of Mengersen's etchings is based on a real-life piece of art, other interpretations than the one Böhlau proposes in *Halbtier!* are possible; for example, the aestheticized and eroticized female corpse being presented on stage available for the voyeuristic gaze of its creator or viewer (See Bronfen 3 – 13 for an example of an interpretation of a similarly staged painting). The verifiability of the painting in real-life gives the reader the opportunity to read Isolde's interpretation of the etching against the backdrop of their own interpretations of the art work.

Mengersen's series of etchings chronicling a love story between a man and a woman is of special interest to Isolde. The last etching of the series depicts the woman who has died along with her child during childbirth. In the etching, "[war] ein Kind geboren. Das Weib lag langgestreckt und tot. Es stand da eine Wasserschale und Tücher lagen da (...) Es war eben geschehen" (*Halbtier!* 53). The typical necessities of a home

birth, that is, a bowl of hot water and towels, are present, and the scene that is depicted clearly indicates that the mother and child died during childbirth. The nature of the relationship between the woman and the child is only established through proximity, not through the use of pronouns or other relational signifiers. Maternal and infant mortality rates were significantly higher in the late nineteenth century than they are today; therefore, this etching is emblematic of the birthing outcomes of a larger number of women at the time (Banks 84; Bueltzingsloewen 26; Fallwell 47-48; Seidel 101-102, 411; Weisz 203; Woodford 82).

In the etching, the man "kniete und hielt den Kopf des toten Weibes in seinen Händen und seinen Kopf hatte er ganz vergraben" (*Halbtier!* 53). Presumably the man in the picture is the father of the child, but once again, this relation is not clearly delineated in Böhlau's description. The only indication given that the man is the dead woman's lover and thus potentially the dead baby's father is that the narrator identifies the woman and man in this etching as the same couple as the one depicted in the previous etchings, which are part of Mengersen's series of etchings viewed by the young Isolde. The lack of identifiers within the description of the etching suggests that the tableau Isolde witnesses stands for a representation of an experience that could be had by anyone, rather than an experience that might be tied to the specific couple in the etching. The father appears to be devastated by the death of his wife and child as he is cradling his deceased wife's head.

Behind the grieving father and the deceased mother, Death is shown to cradle the dead infant: "Hinter den beiden [dem Mann und der Frau] stand der Tod, riesig wie eine mächtige Wand, wie ein Fels und auf seinem Arm lag das eben geborene Kind, gleich

einer welken Blüte, die zufällig ein Sturmstoß auf den Arm des Todes geweht hat, so hing es formlos zusammengefallen" (*Halbtier!* 53). The baby is described as a wilted flower that had collapsed back upon itself. Just as a flower represents beauty and joy in nature, the child had the potential to become something beautiful and live its life, but it never got the chance to blossom. Cradling a child, the action associated in this scene with the figure of Death, is a parental gesture suggesting that the one cradling the child cares for it. Death personified stands behind the parents, described as having the characteristics of a wall and a rock – both solid, sometimes insurmountable objects, which implies that death is final and unshakable once it has taken hold of someone.

When Isolde views this etching, something changes in her, and "das junge Ding vor dem Bild war erschüttert, wie vor nichts noch auf der Welt. Ganz verschüchtert stand sie vor etwas Schrecklichem. Und dazu das Geheimnisvolle, das Unenthüllte – das auch sie selbst anging. Sie fühlte sich vor diesem Bilde bang dämmernd als Weib und fühlte dies mit tiefem leidenschaftliche[m] Erschauern" (*Halbtier!* 53). This encounter with the event of birthing, which only women physically experience, shakes Isolde to her core and leads her to the realization that what is depicted in Mengersen's work of art is relevant to her life insofar as it is connected to her being a woman. Isolde begins to understand the connection for women between love and death: namely, a romantic encounter potentially leading to a pregnancy, which could, for both the woman and the child, lead to death.

In the novel, love is often equated to a type of death for a woman, because succumbing to love in the form of a physical relationship signifies her giving up herself to motherhood and wifedom. Upon her personal awakening caused by her viewing of Mengersen's etchings, Isolde expounds on how women's greatest joy in life is sacrifice:

"Ja, das ist das Größte auf Erden: Weib sein! Sich opfern!" (*Halbtier!* 54). The etching by Mengersen "exalts a feminine ideal of self-sacrifice that links love inevitably with a sacrificial death" (Grant, "Übermensch" 134). Isolde does indeed extrapolate this ideal from her response to the etching, as in these passages, she venerates a woman's sacrifice for the sake of her family (Woodford 83). Later in the novel, because of the transitional stages she undergoes as she witnesses, hears or reads about more instances of women giving birth, Isolde redefines what she sees as the sacrifice women should be expected to make. However, before she can redefine her understanding of female sacrifice, she comes into contact with the way female sacrifice plays out within her family. Once she sees the realities of the kind of suffering this sacrifice entails, as exemplified by her mother and her sister, and then ultimately by the fate of the shop girl, Isolde's initial veneration of the female sacrifice is replaced by a desire to change the situation of women so that they no longer need to make this kind of sacrifice.

2.2. The Bourgeois Birthing Experience

Isolde very distinctly encounters expectations towards women with regard to their procreative bodies as opposed their intellects in the second part of the novel at the point that Marie confides in Isolde that she is unhappy and unfulfilled in her marriage to Mengersen. Marie describes a deep divide between herself and her husband, a divide that is based on his understanding of women as either sexual or intellectual beings, but never

as both.[24] To Mengersen, Marie is the former and Isolde embodies the latter.[25] Through Marie and Isolde's interactions, it becomes clear that both women recognize Mengersen's categorizations of them; despite their efforts, they are unable to make him see that women can be both. This knowledge unites the two sisters, and they confide in each other. Böhlau shows the readers letters from Marie chronicling difficult births and a deep divide between herself and her husband, and letters from her husband Mengersen glossing over the problematic aspects of Marie's birthing experience. Böhlau gives no indication as to whether Isolde replies to the letters or what her reactions are, which suggests that these epistolary testimonies stand on their own without extensive framing with explanations or reactions. By allowing Isolde to see a lack of understanding and empathy for the female birthing experience from Mengersen, whom she admired greatly and whose etchings convinced her that female sacrifice for her family is worth pursuing, Böhlau also allows the reader to see the way an artist can make the worst possible outcome of a birth look aesthetically appealing in art, while in real life being unable to

[24] Marie, who falls into the same patterns as her mother of sacrificing her own wellbeing for that of her family, confides in Isolde that she is unhappy in her marriage and that she feels like her husband only sees her for her reproductive and domestic capabilities. She exclaims: "Nichts bin ich ihm! Gar nichts! das, was ich ihm bin, haß' ich!"(*Halbtier!* 139). Here, Marie acknowledges her feelings about Mengersen's disregard for her as a person who has something to offer beyond being a wife (Herwig 232). Not only does he not acknowledge her intellectual side, but she also indicates the part he does acknowledge she does not like. Marie alludes to domestic abuse patterns which she sees as a reproduction of what her mother has endured in her marriage to Dr. Frey: "Ach Ide – nein! Dumm nicht – verprügelt – abgestorben. – Geschlagen hat er sie nicht - - aber doch verprügelt – mit Worten – mit Gedanken. So eine ewige Mißachtung ist wie ein grauer Regentag. Dabei stirbt die Seele. Ich fühl's – ich werde wie Mama" (*Halbtier!* 140). The frequent use of hyphens or *Gedankenstriche* indicates a type of ellipsis that gives the whole statement a fragmentary and hasty character. This stylistic choice implies that Marie's emotions are unfiltered and urgent. Marie's surprising clarity about her own marital situation shows that she has lost the naivety she went into the marriage with and that despite her mother's best efforts Marie is painfully aware of what women, according to her mother, must endure in a marriage at the time. Even though the abuse is verbal and not physical it does leave marks on the women and diminishes their emotional well-being. Marie is unable to break the vicious cycle of emotionally abusive and physically exhausting marital patters.

[25] Even though Isolde's and Marie's lives turn out differently, "they reflect aspects of the same nexus of problems, illustrating the consequences of a cultural tradition in which women are both worshipped and despised" (Grant, "Übermensch" 137).

empathize with his wife giving birth. Through the juxtapositions of not only art and reality, but also two different epistolary accounts of the same events, Böhlau calls into question the portrayal of the birthing conditions at the time and the human effects of these depictions. In Böhlau's schema, exemplified by Isolde's transformation over the course of the novel, perceptions of birthing can differ from person to person, and the medium through which this experience is portrayed can influence the way the birthing experience is perceived by the recipients of the accounts or depictions of the birthing experience.

The narrator sets the scene for Marie's confession to Isolde about her unhappy marriage by saying: "Marie war damals Mutter ihres ersten Kindes, dessen Geburt ihr fast das Leben gekostet hatte. Seelisch und körperlich konnte sie sich davon lange nicht erholen. Ihr Kind gedieh, aber sie selbst hatte etwas wie vom Frost Getroffenes, etwas Mattes, Stilles, Banges." (*Halbtier!* 138). This passage exemplifies the novel's central theme of birthing as a dangerous undertaking for women at the time. The diction in this passage suggests a type of economic exchange: an exchange that almost cost Marie her life, as it did the woman in the previously described etching by Mengersen. Marie's striving to fulfill her role set out by her family and Mengersen, who can be read as extensions of society, is nearly fatal to her. Not only did she nearly pay with her life in exchange for another human being, but her health and well-being were compromised long thereafter. Her first child prospers, whereas she is left with the consequences of the efforts of her labor. The simile that describes Marie as being "hit by frost, something matte, quiet, and uneasy" suggests that her birthing experience left her numb and that it fundamentally changed her state of being, as water changes into ice crystals when

temperatures fall below freezing. Marie, who was an outgoing person before marrying Mengersen and giving birth to their children, is described as having a different, quieter, and more subdued personality. She is unable to quickly recover either mentally or physically from her birthing experience.

In the following chapter, Mengersen and Marie give very different accounts of the delivery of one of Marie's children. Marie's letter is fraught with descriptions of a horrible birthing experience, whereas Mengersen's letter gives an account that is much more positive and glosses over how difficult the birth was (Woodford 81). The tone of Marie's letter to Isolde suggests that she is stressed and exhausted by the birth and its aftermath and that she is not in a position to write a controlled letter as she writes "ein[en] wirre[n], mit Bleistift gekritzelte[n] Brief" (*Halbtier!* 143):

> "Ide, Todesqual, vierundzwanzig Studenten lang – wie jedes Mal, von Anfang bis zu Ende entsetzlich. Nur mein Wille, meine armen Kinder nicht zu verlassen, erhielt mich am Leben. Nicht chloroformiert, weil Kind sonst absterben - - schon angegriffen. Sonst ist alles in Ordnung. Henry an Vater geschrieben. Denk an mich. Einsam! Einsam! Weißt noch? Ade." (*Halbtier!* 143)

Marie's stenographic writing style in this letter (as opposed to her other letters written in full prose) is full of ellipses, reminiscent of a stream-of-consciousness style. In this instance, this letter conveys immediacy of thought and gives its reader a sense of urgency – Marie is distraught and feels the need to convey this to her confidante, her sister. Marie alludes to a previous conversation between herself and Isolde about her marriage to Mengersen. Isolde's sister feels isolated with her feelings about giving birth.[26]

[26] Interestingly, Marie confides in Isolde and not in her mother, whom Marie correctly identifies as being the woman whose life most closely resembles her own.

Marie's account of the birth of her child is wrought with images of life and death. In this short letter, Marie describes suffering through twenty-four hours of childbirth. She portrays this (in her perception) lengthy process as a recurring timeframe and level of pain she had previously not experienced. Her pains are depicted as excruciating death pangs that last for a whole day; for Marie, giving birth was a painful experience from the beginning to the end. She mentions that giving birth to her first child almost cost her her life. Thus, she alludes to the close proximity between life and death during childbirth, when two lives hang in the balance: that of the mother and that of the child. According to Marie, these intense feelings of pain and the life-threatening nature of these twenty-four hours are part of her birthing experience. Marie claims that her own will to not leave her children is all that kept her alive. This indicates that it was not external factors such as medicine or other outside influences that kept her alive, but rather, the intrinsic motivation and willpower to stay alive for the sake of her children. In fact, Böhlau depicts Marie as refusing to subject herself and her child to any medical interventions, mentioning in her letter that she refuses to be sedated with chloroform out of fear for her child's wellbeing. Here, Marie is depicted as sacrificing herself and her own wellbeing for the benefit of her family, which parallels the ideal of female self-sacrifice Isolde had previously venerated in Mengersen's etchings. Marie's refusal to be sedated also indicates a distrust in the medical system. The critical stance Marie takes towards medical interventions ties in with the negative depiction of the medical personnel in the dissection scene.

Mergensen's letter to Marie's father is very different from Marie's account of her birthing experience: "Alles vortrefflich! Das kleine Ungeheuer ist, was man so einen

"prächtigen Jungen" nennt! Schwere Entbindung, wie wir das nun einmal in der Gewohnheit haben. Marie befindet sich nach ihren Strapazen jetzt mehr als gut. Der Arzt ist außerordentlich zufrieden. Nicht die geringste Ursache zu Besorgnis" (*Halbtier!* 144). Mengersen's letter begins with a description of the outcome of Marie giving birth to their son; he describes his newborn son as a small "Ungeheuer," which in its literal meaning suggests a being that is uncanny or threatening. Mengersen most likely is using "Ungeheuer" as a term of endearment, but given this ambiguous word choice, the diction could just as easily imply the emotional distance Mengersen feels from the whole process of birthing and from his newborn son. Mengersen then goes on to comment that this little monster is "was man so einen "prächtigen Jungen" nennt." Here, Mengersen uses a turn of phrase that is commonly used to describe a male child that looks healthy and well, connoting an ironic detachment that further distances him from the events and people surrounding the birth. Rather than describing any of this from his perspective or using any type of possessive adjectives that would suggest that he recognizes his parental relationship to his son, Mengersen uses a cliché that any stranger could have used, generic in expressing male pride over the birth of a son. Both of these choices suggest that while Mengersen obviously does not deny being the father of this child, he also does not feel a close bond to his child, or at least, his use of language masks his attachment to his son. Mengersen displays male pride in his progeny, but does not display any signs of having bonded with the child, which at the time would have been attributed to a mother's sentiment towards her child.

After announcing that his son is healthy and doing well, Mengersen goes on to briefly comment on the birth itself, which he describes as being difficult. As Marie wrote

in her letter to Isolde, Mengersen mentions that Marie's birthing experience with their first child had also been difficult. However, he does so in a fashion that is vastly different from the way Marie describes these difficult births: by saying "schwere Entbindung, wie wir das nun einmal in der Gewohnheit haben" (*Halbtier!* 144), Mengersen shows that he is aware that the births have not been easy. However, in stark contrast to what Marie describes in her letter, Mengersen puts these recurring difficult events into terms of habit or an everyday occurrence, thereby attenuating the severity of the situations that have put his wife and children in danger. He continues to gloss over the extent of the toll the birth has taken on Marie by saying that "Marie befindet sich nach ihren Strapazen jetzt mehr als gut" (*Halbtier!* 144) – clearly, based on Marie's letter, this does not accurately portray Marie's physical or emotional state after giving birth to her son. In mentioning that the doctor was "außerordentlich zufrieden" (*Halbtier!* 144) with the birth, Mengersen deprives Marie of her agency to articulate for herself how she is feeling; instead, he defers to the professional and gendered authority of the doctor for judging the relative success of the birth process. Mengersen concludes his short letter by saying that there is "nicht die geringste Ursache zu Besorgnis" (*Halbtier!* 144) – suggesting that since the outcome of the birth is positive, that is, with a healthy baby boy and a still living mother, there could not possibly be any other cause for concern. Overall, Mengersen's letter emphasizes that now, after the strenuous birth, everything is going well and that there seemingly is no reason to worry.

Furthermore, Mengersen's letter is written in clear prose and the diction in this letter, a far cry from the choppy writing style of Marie's letter. The discrepancy between the writing styles of the two letters could be explained in terms of the different audiences

to whom the letters are addressed (i.e., Marie writes hers to her sister, with whom she is very close, and shares intimate details of her life; Mengersen writes his letter to his in-laws, with whom he presumably does not share such a close bond). The difference in addressees is, however, arguably not the only reason for the difference in tone, as Marie is exhausted and stressed after her harrowing birth experience, and her letter conveys a sense of urgency about feeling lonely and distraught by the process of birthing and her birthing conditions; Mengersen's letter is an after-the-fact announcement that focuses on the outcome of the birth rather than on the process.

The next letter that Isolde reads from her sister Marie is dated a couple of weeks after the birth to her son. In this letter, Marie discusses the physical toll of being pregnant, giving birth, and adjusting to postpartum life. She describes her postpartum ailments as "Körperschwäche" (*Halbtier!* 144) and laments that "wenn [sie sich] auch kaum bewegen kann vor Schwäche, muß [sie] doch mindestens ein Kind warten und häufig noch eins dazu beaufsichtigen" (*Halbtier!* 144). Not only does she feel physically weak from having recently given birth, but her discomfort is also exacerbated by the fact that she has to take care of her other children. The midwife, "die einzige Person, die um [Marie] besorgt war, mußte leider sehr bald zurück. Sie war anderweitig engagiert. Die biß für [Marie] etwas Ruhe heraus" (*Halbtier!* 144). Without the help of the midwife, Marie feels pulled in many directions, all while still feeling weak and debilitated from giving birth. Mengersen only mentions the doctor in his letter, emphasizing that because the doctor is happy with how the birth unfolded, the birth must have gone well. Mengersen looks to the doctor as an authority figure who safeguards Mengersen's priority, namely, that a healthy child is born. The focus in Mengersen's letter is on the

outcome of the birth rather than on Marie's wellbeing. Marie does not mention the doctor except to note that she refused to let him give her a sedative, whereas she does mention the midwife who was able to help her during and especially after giving birth. This disparity between the two letters demonstrates the extent to which Marie was able to rely on the midwife for more comprehensive care extending beyond the actual event of the birth. The different ways in which Mengersen and Marie refer to the birthing assistants indicates the different emphases each of them places on what type of care a birthing assistant should provide.

In this second letter, Marie tells Isolde that there should be a type of law that forces women and their husbands to live in separate dwellings while a woman is pregnant: "Henry hat recht, - so komisch es klingt – eine Frau, die ein Kind erwartet, sollte nicht im Hause bleiben. […] Wundert mich, daß es nicht so ein solches Gesetz giebt. Für die Frau wäre es im Grunde auch besser" (*Halbtier!* 145). According to Marie, Mengersen is very outspoken about the idea that having a wife at home who is not as aesthetically pleasing in her state of pregnancy is an affront to the artistic sensibilities of her husband (*Halbtier!* 145). Marie mentions in her letter that she at first felt offended by this attitude, but that she eventually saw the benefits of a woman not having to subject herself to these negative attitudes every day during her pregnancy. Here, Marie is depicted as buying into the notion that pregnancy and birthing at the turn of the century were women's issues, and that men, because they are not physically involved in the gestation and birth of their offspring, have the possibility to divorce themselves from the physical and emotional events that take place after conception.

Marie interprets her role in Mengersen's life as a type of buffer between him and the day-to-day actualities that accompany the raising of children. When Marie is weakened after giving birth and has to now manage another child, Mengersen simply leaves: "Mein Mann reist jetzt, weil er ästhetisch gequält ist. Der Herr Wöchner leidet schmerzlich darunter, daß ich meine Mutterpflichten an dem Jüngsten erfüll, - noch schmerzlicher aber darunter, daß ihm jetzt so viel unpoetische Dinge unverhüllt entgegentreten" (*Halbtier!* 144). Here Marie satirically comments on the idea that Mengersen feels like the difficult birth and the fact that Marie now has to take care of her newborn son are an affront to his aesthetic sensibilities and are too much for him to endure.

The tone and content of Mengersen's letter to Marie's family announcing the birth of their son are further called into question by Marie's second letter to Isolde, as Mengersen, who in his aforementioned letter wrote that his whole family is doing well after the birth of their newest addition, does not seem to be coping with his growing family quite as well as he claims in his letter. Marie states that "dieser Realitäts- und Wahrheitsfanatiker kann nämlich absolut nicht die Wirklichkeit vertragen" (*Halbtier!* 144). Marie differentiates between Mengersen's fanatical pursuit of reality or truth in his artistic works, such as the etchings that so fascinated Isolde in her youth, and a real life in which birthing and postpartum life are not as ideal and stylized as they are in his art. Marie's statement reads as a commentary by Böhlau on how male artists create art and male writers fashion literary works that are supposed to depict life in a realist fashion, when really these works only highlight the men's lack of sensitivity for women's experiences.

Earlier in the novel, Mengersen specifically chooses Marie to be his wife because he wants to have a wife for whom having a family is the most important aspiration in life (*Halbtier!* 121). Now, faced with the results of Marie's and his procreative activities, he turns away from his responsibilities as a father and leaves the child rearing to Marie, which in turn leaves her feeling abandoned and overwhelmed. Marie calls the reality of tending to a newborn and raising toddlers at the same time "unpoetisch" (*Halbtier!* 144). This choice of words emphasizes the difference Marie sees between an artistic representation of birthing and motherhood by a male artist, and what these events and life stages are like for a woman who experiences them. The actualities of life seem to lose some of their luster when the artist, his idealizing male gaze, and his artistic tools do not make them aesthetically appealing to his audience.

Marie's second letter to Isolde serves as a critical and sarcastic commentary on the toll Mengersen feels like the birth has taken on him. This sarcastic approach to Mengersen's inability to empathize with his wife reflects in turn on the division of labor between men and women with respect to birthing. Marie calls Mengersen "Herr Wöchner" (*Halbtier!* 144) which implies that Mengersen needs to physically recuperate after the birth of his son, as the term "Wöchnerin" is generally reserved for a new mother during the time after giving birth who needs to recuperate from its physical exertion, and sometimes the injuries sustained because of it. While it is Marie who actually needs rest after the physical exertion of birthing, Mengersen leaves instead of helping with or at least being present for the time after Marie gives birth, thus once again forcing his wife to deal with their children as well as the aftermath of her birthing experience.

The section of the novel in which Isolde reads Marie's letters is not extensively framed with descriptions the protagonist's reactions to the content of the letter. Isolde simply finds Marie's letters: "Sie stand jetzt vor dem Tisch, auf welchem die zwei Briefe lagen, einer, der heute gekommen war und ein anderer, der seit drei Wochen hier schon gelegen hatte" (*Halbtier!* 143). Isolde has not moved the first, older letter from the table, which indicates that she also did not respond to the letter, a fact which is confirmed when Marie begs in her second letter for her sister to respond to her (*Halbtier!* 145). Isolde acknowledges that she has read both letters multiple times, though apparently she did not feel compelled to answer either of them or to visit her sister. Marie mentions in her more recent letter that she understands that Isolde has not come to visit her, as their mother is sick and Isolde supposedly has to care for her (*Halbtier!* 144). Beyond these brief descriptions of Isolde reading the letters, Isolde's only reaction to the letters to which the reader is privy is her acknowledgement of her sister's loneliness; to Marie's exclamation, "Einsam! Einsam! Weißt noch?" Isolde reflects, "O ja, sie wußte!" (*Halbtier!* 143). Marie makes reference to a conversation the two sisters had about how marriage was not the partnership she envisioned herself to have and that Marie felt like Mengersen does not care about her beyond her ability to have children. The fact that Böhlau does not elaborate on Isolde's inner response to Marie's letters could mean that Isolde either did not have a strong reaction to reading her sister's letter, or, that she did but that she did not know how to help or approach her sister.

2.3. Midwives and *Armengeburten*

The minimal narrative framing of Marie and Mengersen's letters gives little to no indication of Isolde's reaction to the missives. This lack of emotional context stands in contrast to Isolde's strong reaction to the begging letter she receives from her brother's pregnant mistress. While it is possible that Isolde reads Marie's letters as cries for help, it is not until Isolde personally witnesses the deplorable birthing conditions that the shop girl experiences that she actually feels compelled to advocate for change. Her sister's pain is insufficient to compel Isolde to write a letter or pay a visit, as suggested by the absence of a direct description of Isolde's emotional response to Marie's letters, but when she encounters the suffering of a lower-class, unwed mother whom she does not know, she cannot stand by, but instead must take action to help the woman.

Between the ages of seventeen and twenty-two, Isolde suppresses any type of desire for a romantic relationship and devotes her time to her art. Shortly after her proclamation at the age of twenty-two that she is ready for love, she opens a letter "den sie übersehen hatte" (*Halbtier!* 149). Böhlau's deliberate phrasing here sets the tone for the rest of this section of the novel, as the letter's author is herself overlooked by both Isolde's family and, more generally, by society. Isolde's life drastically changes as a result of her receipt of this letter, as it sets in motion the events leading to Isolde's reconsideration of her notions about womanhood (Richardson 85 – 86). Even though the letter-form gives a more distanced portrayal of the controversial themes in the novel, if one reads the letters with careful attention to their diction and style, far from being thusly concealed, the novel's controversial themes are actually vividly depicted by the characters who are most closely enmeshed in those issues. Through each letter, the reader

is more closely and personally exposed to the experiences in question; furthermore, the letters set in motion the events in the novel that ultimately lead to Isolde's deeper and more nuanced understanding of the birthing conditions of women at the turn of the century. Without the shop girl's letter, Isolde would have not been confronted with the structural violence inherent in the medical system in general, and in birthing clinics in particular. In the novel, the use of letters functions as the penultimate mediator of knowledge about the birthing conditions of the time. It is the last second-hand information Isolde receives about this central topic before she goes to experience them first-hand in the anatomic theater.

Isolde's experience reading the shop girl's letter is vividly described and "eine Bangigkeit stieg ihr wie von diesem Brief auf – etwas sie Überschauerndes, Sonderbares" (*Halbtier!* 149). Isolde's initial feeling uneasiness, as if in the presence of something peculiar, foreshadows the events that are to follow. The letter addressed to Isolde is from a young woman who works as a shop girl. The young woman's name is not given; throughout the chapters in which she appears, she is merely referred to as "the shop girl." By omitting her given name, the character further guards her anonymity; she never becomes a three-dimensional character, but rather, she remains an archetype representing the experiences of other women in her situation (Richardson 85). The one-dimensionality of the shop girl's character is reflected in Isolde's description of the shop girl's handwriting, "eine[r] Frauenschrift – eine[r] gelenke[n] Schrift ohne Charakter, mit blaßbrauner, gewässerter Tinte" (*Halbtier!* 149). Even the letter's physical appearance is ordinary, without any distinguishing features that would have set her apart from any other woman in her situation. The letter is a plea appealing to Isolde in her philanthropic

capacity, as the young woman is pregnant and needs help. The father of the child has abandoned her, and, as an orphan herself, she does not have a support network. In her letter, the shop girl asks Isolde for help because the midwife she has been staying with up until that point has threatened to send her to a birthing clinic. The midwife has apparently issued this ultimatum because the young woman is unable to pay for her midwifery services. In her letter, the young pleads with Isolde for monetary assistance to avoid being forced to labor and deliver at a birthing clinic.

The shop girl clearly articulates that she is afraid to go to the birthing clinic because of the way she thinks pregnant women are treated in these facilities: "Daß ich dort niederkommen soll! so nackt und bloß vor aller Augen. Die Hebamme sagt, der Kopf wird einem verdeckt!" (*Halbtier!* 150). The shop girl's fears of having to give birth at a birthing clinic are heightened by the midwife's statement reflecting the actual patient treatment at birthing clinics, which was known to the public. The shop girl, who also serves as a stand-in for other women of her class, gives voice to the common public opinion about the conditions facing women at birthing clinics in Wilhelminian Germany. Through the figure of the shop girl and the concern she expresses, Böhlau illustrates the stigmatization of female patients forced to undergo medical examination by multiple male medical practitioners, up to the point of the likely dissection of the patients' bodies, should they die in childbirth (Metz-Becker, *Der verwaltete Körper* 305).[27] However, rather than passing moral judgment, as popular opinion did at the time, against the shop

[27] Until the early nineteenth century, only executed criminals were dissected for medical education purposes (Woodford 82).

girl for having to give birth at a birthing clinic, Isolde shows compassion toward the woman.[28]

Böhlau thus reevaluates social discourses surrounding birthing clinics: while popular opinion held that women who give birth at birthing clinics deserved to be treated without respect because the reason they have to give birth there was considered shameful and denigrating, Böhlau instead depicts Isolde as feeling compelled to help the shop girl because of how she became pregnant. For Isolde, the fact that the woman has no support system and has been abandoned by the father of the child elicits a compassionate response. In her letter to Isolde, the shop girl draws on rumors circulating about the treatment of patients in birthing clinics in order to appeal to Isolde for financial assistance. Tapping into this public discourse by substantiating it with a statement from the midwife strengthens the plea in the shop girl's letter and ultimately succeeds in appealing to Isolde's compassion.

The concept of the anatomical model, which Jürgen Schlumbohm articulates in *Lebendige Phantome: Ein Entbindungshospital und seine Patientinnen 1751 – 1830*, also resonates with the shop girl's statement. Schlumbohm describes in his study how unwed mothers' pregnant bodies were used as anatomical models on which medical students were allowed to practice physical examinations. The women were often examined in front of large audiences by multiple students and doctors. Covering the women's faces was a common practice, intended to preserve their anonymity as well as the practitioners'

[28] Woodford interprets Isolde's non-judgmental reaction as standing in contrast with the midwife's discompassionate response of sending the shop girl to the birthing clinic (Woodford 85). While it is possible that the midwife was unjustly judging the shop girl, it seems more likely that she has adopted this stance out of self-preservation because of the high rate of *Armengeburten* that strained midwives' capacity to provide their services to women who could not pay for their services.

sense of decorum (Schlumbohm, "Die Schwangeren" 41; "Der Blick" 185). Schlumbohm's reconstruction based on historical facts is reflected in Böhlau's fictional account. Unlike Schlumbohm, however, Böhlau writes not in retrospect, but rather by incorporating contemporary public perceptions and the sentiments of women who were actual witnesses to the operations of birthing clinics. The embeddedness of Böhlau's characters in the issues she explores makes even more crucial a reading of her work against the backdrop of contemporary scholarship on nineteenth-century birthing clinics. Furthermore, Böhlau articulates a narrative that questions scientific progress using tactics very similar to those constructed by feminist scholars a century later: a narrative opposed to that of the scientific community at the turn of the century that praised birthing clinics as sites of medical and scientific progress. Isolde's encounter with the shop girl's treatment at the birthing clinic highlights the human cost of medical experimentation and education. The fact that Isolde reacts so strongly to the shop girl's treatment at the birthing clinic, which itself had stemmed from the inequality of access to health care, signals an important step in her development into a more socially conscious character. While the scientific community at the time would restructure the narrative of the shop girl's dead body being used to educate future medical personnel to portray the shop girl doing a selfless service to the greater good, Isolde understands that socio-economic factors – factors that were in large part out of the girl's control – led to the shop girl's body being dissected in the anatomical lab.

Böhlau depicts Isolde as feeling immediately compelled to act once she reads the letter:

> Ja, von diesem Brief stieg es bang und schwer auf. Als wenn zwei arme, zitternde Hände sie faßten und zur Thüre drängten, so empfand sie´s: „Geh – geh – ach geh doch!“ Sie fühlte sich wie nicht allein in ihrem Zimmer. Das, was aus dem Briefe aufgestiegen, erfüllte es ganz und gar, war leibhaftig da, so weh, so hilflos, hilfesuchend. Und sie ging. (*Halbtier!* 150 – 151)

Isolde feels physically compelled to act. The motif of hands pushing her to find the shop girl arises twice in Isolde's quest to find the shop girl (*Halbtier!* 150, 152). Given that Isolde is reading the letter from the shop girl, and given that the hands are described as poor, the hands that physically move Isolde toward the door must be read as those of the shop girl. Isolde feels as though the letter is speaking to her and is in the imperative, urging her to help the shop girl. The content of the letter fills the room and takes on an almost physical presence that compels Isolde to act (Woodford 85).[29] The words describing the letter's sentiment, "weh," "hilflos" and "hilfesuchend," suggest that the desperation for assistance is what ultimately moves Isolde to help the shop girl. Soon thereafter, Isolde sets out to find the shop girl, and "ihr Herz klopfte der fremden Not entgegen" (*Halbtier!* 151). Again, it is the shop girl's helplessness and destitution that elicits a compassionate response from Isolde, [30] which stands in stark contrast to her response to Marie's letter about the difficulties of her birth and postpartum life, at which point Isolde had not felt compelled to act.

Isolde seeks the young woman in need; as she leaves the house late in the evening, her brother Karl, whom the midwife later reveals as the father of the shop girl's

[29] The letter "becomes the physical embodiment of the helpless young woman, which Isolde protectively carries in her pocket as she travels into some of the more disreputable parts of the city" (Richardson 86).
[30] The theme of a bourgeois female protagonist trying to help an unmarried mother and her child was also present in Gabriele Reuter's *Aus guter Familie* (1895). A key difference between the two novels is the presence of the dissection scene in *Halbtier!*, which graphically depicts the fatal outcome of the shop girl's birthing experience at a birthing clinic (Richardson 85).

child, sees her leave. At this point, Böhlau foreshadows Isolde's brother's involvement in the events of the chapter. The author carefully constructs her narrative so as to slowly reveal the layers of information to which Isolde is privy: not only does Isolde come into contact with the birthing conditions of the time as mediated through works of art, letters, and her first-hand eyewitness experience, but Böhlau also employs proleptic imagery to gradually impart these same degrees of knowledge. Given Isolde's socio-economic background and her station in life, her circumstances surrounding giving birth would differ greatly from those of the shop girl; she would most likely give birth at home under supervision of a doctor, as did her sister Marie. The shop girl's predicament is the catalyst that compels Isolde to strive for change not only on a personal level, but more broadly on a societal level.

The midwife whom Isolde encounters is depicted as a character of the lower classes, as was characteristic of her time. The first time Isolde meets the midwife, the latter is described as "eine starke Person in einem verschabten Prinzeß-morgenkleid, das sie mit einer ordinären Petroleumlampe beleuchtete" (*Halbtier!* 151). Here, the midwife and her possessions are described with a series of attributes (coarse, strong, shabby, ordinary) that sets her in stark contrast to her own first perception of Isolde as a "vornehme[s], junge[s] Mädchen" (*Halbtier!* 151). These two descriptions establish the clear distinction between the midwife's lower-class standing and Isolde's membership in the bourgeois class. This difference is further highlighted in the speech patterns of the two characters: Isolde speaks in standard High German, whereas the midwife's speech is infused with Bavarian dialect. As is common in naturalist works, the use of different registers indicates the social and socio-economic status of each character (Herwig 236).

The midwife explains to Isolde that she had no other choice than to send the shop girl to the birthing clinic:

> Ich hab sie heut in die Sonnenstraße gebracht, gnädiges Fräulein. Da ist sie wohl aufgehoben, besser dran als bei mir. Sehn Sie, unsereins muß oft mehr herhalten als recht ist. Die jungen Mädchen, - wie das so ist, - sparen thuns net, mit ei´mal stehns vor der Bescherung. Da soll die Hebamme herhalten. Wenns irgend angeht, hat er sich bei Zeiten gedrückt. Wissens Fräulein – verzeihens; wir sind doch auch net da, um alles auszubaden. Für solche ist eben die Anstalt in der Sonnenstraße. Möcht wissen für wen sonsten, wenn net für die! (*Halbtier!* 152)

The midwife's reason for sending the shop girl to the birthing clinic is that the young woman did not have the necessary funds to pay for the midwife's services.[31] The midwife hypothesizes that the young women who are sent to birthing clinics have squandered their money without saving for their futures; this theory implies that these women had been in a position to save money in the first place, which is itself unlikely given their limited financial resources. The midwife also criticizes the fathers of the unborn children for having left the expectant mothers to cope alone with the ramifications of their procreativity. The midwife justifies her choice to send the shop girl to the birthing clinic by emphasizing the soon-to-be parents' lack of preparedness and general inability to conscientiously take responsibility for their actions.[32] The midwife is not depicted taking

[31] As Woodford points out, the shop girl also did not offer her services as an assistant to the midwife in payment (Woodford 82). While that is a valid assumption, it seems as though there could be other reasons for the shop girl and the midwife not to arrive at such an agreement, for example, the midwife could have been at capacity and thus not require the shop girl's services.

[32] For Blaul, the main reason for the shop girl's need to go to a birthing clinic is that the shop girl could not afford to have an abortion because the combination of her own lack of resources and Isolde's brother's refusal to take responsibility for his actions. Though abortions were criminalized at the time, Blaul contends that the shop girl's death could have been avoided by her having an abortion (Blaul 36). In his article, he does not go into detail about the criminal consequences an abortion could have had for the shop girl, nor does he account for the high rates of medical complications that arose out of illegally performed abortions. While he does discuss the structural and personal violence he sees enacted against the shop girl, his argument fails to account sufficiently for the possibly fatal outcome of an illegal abortion. Indeed, an abortion might have saved the shop girl from dying in childbirth, but it could have led nonetheless to her death, or incarceration.

personal pleasure in sending young pregnant women to birthing clinics; rather, through her character, Böhlau criticizes the structural hurdles that are in place to prevent the midwife from providing adequate, dignified health care for women like the shop girl.

In the second half of the nineteenth century, midwives like the one in *Halbtier!* faced economic hardship because of changing regulations on midwifery. Böhlau's depiction of the lower-class midwife is a timely portrayal of the midwifery profession in crisis. After the establishment of the *Reichsgewerbeordnung* in 1869, midwifery was an occupation free of government control, which in turn meant that the state no longer supported midwives, who thus had to seek out their own clients (Fallwell 30 – 32). To further exacerbate their economic struggles at the time, *Armengeburten* were a growing concern for pregnant lower-class women as well as for midwives because the state was not supporting midwives caring for lower-class women anymore. Increasingly, women of the lower class (often unwed mothers like the shop girl in *Halbtier!*) could not pay the costs surrounding birthing. Midwives were faced with the ethical and financial dilemma of whether they could sustain a midwifery practice in which they took on unpaid births pro bono (Labouvie 12, 323). By not giving the midwife a name, a more in-depth character description, or features that would distinguish her in the novel from other midwives, it seems as though Böhlau is using the midwife, like the shop girl, as a representative for midwives at the time. The midwife in this narrative makes the choice to protect herself rather than the shop girl because of the financial threat treating the shop girl would pose to the midwife's livelihood. Isolde's understanding of the birthing conditions are affected by her encounter with the midwife in that the interaction highlights for Isolde the systemic hurdles faced by unmarried mothers of a low socio-

economic background as they are unable to access the health care they need because of their inability to pay for it.

2.4. The Anatomy of Giving Birth at a Birthing Clinic

In the narrative, the information the midwife reveals to Isolde comes too late; the shop girl has already been admitted to the clinic where she died in childbirth and is now being dissected. The resulting scene in the anatomic theater is the most important component of Isolde's journey towards seeking to improve the condition of women at the turn of the century. Because she did not open the shop girl's letter soon enough, Isolde is unable to help the shop girl. By portraying the consequences of this delay for the dead shop girl and her child in the anatomic theater, Böhlau allows her protagonist to experience the full shock of witnessing what conditions were like for women whose only option was to give birth at the birthing clinic. At the beginning of the scene in the anatomic theater, Isolde has a flashback to Mengersen's etchings and how they depicted the ultimate sacrifice a woman can make for her family. A reevaluation of Mengersen's etchings takes place in this scene, as Isolde is no longer enthralled by the depiction of maternal and infant mortality mediated through the artistic, idealized etchings; rather, she is struck by the dehumanization and humiliation the shop girl suffers in real life. It is as a direct result of this experience that Isolde seeks to influence social change (Grant, "Übermensch" 142; Woodford 84, 85, 87).[33]

[33] Woodford interprets both the scenes with Mengersen drawing Isolde and the scene with the shop girl in the anatomic theater as containing a dissection motif. After Isolde sees Mengersen's etchings and meets him in real life for the first time, decides to pose naked for him. For Woodford, the way the doctors treat and dissect the cadaver in the anatomic theater is eerily similar to the way Mengersen treats Isolde when she disrobes for him: "The act of male artistic creation is linked to the scalpel and to death. Mengersen seeks knowledge of her body – he wishes to map it out with his paint brush – without engaging with her as a subject. He resists any temptation to express warmth or passion and confronts her with a cold, clinical

When Isolde first arrives at the birthing clinic, she is not allowed to see the shop girl and is sent home without much of an explanation as to the current stage of the shop girl's labor process. Isolde resigns herself to returning the next day; on her way home from the Sonnenstraße, she muses about what she assumes is happening to the shop girl at the clinic: "Das Kind ihres Bruders wurde da drin in dem Haus geboren von einem armen, ganz verlassenen, preisgegebenen Geschöpf. Weil sie arm war, mußte sie alles über sich ergehen lassen, was an Entsetzen auszudenken ist; weil man ihr Barmherzigkeit erwies, mußte sie mit dem Einzigen, was sie hatte, mit der Scham ihrer armen Seele überzahlen (*Halbtier!* 154). Isolde very clearly establishes the cause for and effect of the shop girl's admission to the birthing clinic: she is poor and therefore has no choice other than to subject herself to treatment there and its consequences.[34]

The capitalistic exchange of allowing a woman's body to be used as an object of medical study in trade for a place to give birth was an essential part of the structure of the

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gaze. The motif of dissection is continued in Böhlau's novel when the artistic representation of the woman who has died in childbirth is transformed into a powerful physical image in the novel, and the dispassionately scientific male gaze is juxtaposed with a sympathetic female one" (Woodford 85). In her analysis, Woodford fails to account for the mode of production of the etching of maternal and infant mortality. Woodford calls them paintings (Woodford 84), but in the novel they are clearly marked as "Radierungen" (*Halbtier!* 51). Woodford equates Mengersen's paint brush with an anatomist's scalpel when he tries to paint Isolde and interprets Isolde's willingness to pose naked for Mengersen as a result of her venerating his series of etchings which she saw as a teenager (Woodford 84 – 85). Given that etchings are not paintings and do not explicitly involve the use of paint brushes, I think that this analogy, while an interesting comparison and certainly correct in the spirit of the anatomist and the artist trying to uncover the anatomy of the female body, does not map onto each other as neatly as Woodford argues it does.

[34] Woodford argues that the decreasing mortality rate for women in childbirth towards the end of the century means that the blame for the shop girls death rests with the doctors at the birthing clinic: "Maternal mortality rates had fallen since the 1880s as a result of an increased understanding of infectious agents and the need for proper hygiene (…) We are to understand, therefore, that the death of the young shop assistant during her labour in *Halbtier!* is the result not only of her abandonment by her lover but also by the callous medical treatment she receives in labour" (Woodford 82). While this could be true, it is not substantiated with evidence from the novel. The novel places much greater narrative emphasis on the undignified treatment of the shop girl in the anatomic theater, but her cause of death remains undetermined. An oversight in hygienic protocol of improper patient treatment at the clinic was not necessarily the cause of death for the shop girl. Untreatable complications arising during the birth, along with a variety of other unknown issues, could have also killed the woman and her child.

birthing clinic. Through Isolde's observations, Böhlau sharply critiques this structure and its exploitation of the female procreative body. Isolde also criticizes another key feature of the birthing clinic, one which according to Foucault was crucial to the clinic's rise to prominence, namely, the maintenance of records about patients and the way that this in turn enabled physicians to keep track of minute details of their patients' conditions (Foucault 107). Isolde envisions the shop girl subjected to this practice before her death: "ihre Schmerzen, ihre Todesnot wurden kühl beobachtet, notiert, vielleicht belächelt" (*Halbtier!* 154). Here, the doctors are portrayed as emotionally detached from their work and out of touch with their patients' suffering and pain. Isolde imagines that the doctors most likely did not try to alleviate the shop girl's suffering, but rather noted it as an observation of the pain levels suffered by patients giving birth. The doctors' gaze is cold in her mind's eye; Isolde even speculates that the doctors might have smiled at the woman's pain.

From Isolde's perspective as the focalizer of this scene, her speculations become a reality when she attempts again to find the shop girl at the birthing clinic the next day. Upon Isolde's arrival, she is sent to the anatomical section after the person who lets her into the clinic cautions her against it.[35] Once inside the anatomic theater, Isolde sees that the shop girl is dead and "da lag ihres Bruders Weib nackt vor kalten Blicken. Neben der Mutter ihres Bruders Kind, wie eine welke Blütenknospe, formlos, schlaff. Isolde drückte sich an die graue Wand und starrte auf die Gruppe junger Männer in weißen Röcken und auf den langgestreckten, nackten, zermarterten Leib" (*Halbtier!* 157). Here once again, attention is brought to the objectification of the female body by the gaze of the onlookers,

[35] At the time, lay people and not just doctors and medical students were granted access to anatomic theaters (Woodford 86).

and as with the doctors in Isolde's imagination, the gaze is a cold one, devoid of any acknowledgement of the humanity that these dead bodies once had (Woodford 86). Isolde's visit to the birthing clinic is steeped in adjectives denoting a certain level of frosty detachment of the medical personnel towards its patients, which resonates with her vision of the clinic and what the shop girl might be experiencing there.

Another aspect of the conditions in the birthing clinics that is referenced both here and in the shop girl's letter is the level of shame associated with giving birth at a clinic. Isolde's newfound understanding of a woman's undignified and even inhuman treatment at a clinic resonates with the historical records of the treatment of female patients at birthing clinics, as discussed in the previous section. Particularly in this scene, Böhlau validates popular discourses surrounding the birthing conditions imposed on women at the time. Although the material conditions of patient treatment in birthing clinics at the time were known to the public, Isolde's shock at actually witnessing these conditions indicates that seeing the conditions has a much greater effect than simply being aware of them on the basis of common knowledge and public discourse. Isolde is thus spurred to action by having witnessed the inhumane treatment of the shop girl's cadaver.

The once abstract depiction of the dead baby as a wilted flower in Mengersen's etchings comes to life in the scene Isolde witnesses in the anatomical theater; now, however, Isolde is depicted as deriving no aesthetic pleasure from viewing the tableau before her. When Isolde views the etchings as an adolescent, she is moved by their aesthetic appeal and the idealization of female sacrifice. This time, confronted as she is with the unmediated reality of death in childbirth, Isolde reevaluates her preconceived notions of the idealization of feminine sacrifice (Woodford 86). Male painters such as

Brodnax, Simonet, Hasselhorst, and Klinger[36] have produced works of art depicting events that transpire in a dissecting room, specifically instances in which a female body is dissected by a male anatomist. [37] Their works of art feed into and are inspired by "a general curiosity about women, their bodies and death that was especially widespread during the nineteenth and early twentieth century" (Jordanova 100). The artists' depictions usually possess erotic undercurrents, depicting the female corpse as a beautiful ephemeral being waiting for the male anatomist to undercover her.[38] The fictional artist Mengersen follows in this tradition; in her youth, Isolde too is moved by these images. However, years later when Isolde is confronted with female sacrifice absent the lens of the artist directing her gaze, she is shocked into action by what she sees. Here, as she has done throughout the novel, Böhlau juxtaposes reality with art. However, in this section of the novel, in contrast to the others, Isolde is depicted as being spurred on not only to engage with the images and accounts of birthing experiences she sees and hears about, but indeed to actively seek to change something about the subpar birthing conditions at the time.

The narration of the passages in the anatomic theater gives a very graphic and naturalistic depiction of a woman whose body has been dissected. This takes away the beauty and innocence with which artists including Mengersen imbue their depictions of female death. Isolde herself becomes an observer in the anatomical theater, and thus also voyeuristically gazes at the dead bodies. In this scene, especially with the repetitions of

[36] The figure of Henry Mengersen and his works are based on the artist Max Klinger (Herwig 238; Richardson 88).
[37] See Ludmilla Jordanova's *Sexual Visions* for detailed descriptions of their paintings.
[38] Elizabeth Bronfen gives a very detailed interpretation of Gabriel von Max's painting *Der Anatom* in her first chapter "Preparing for an Autopsy" in her book *Over Her Dead Body: Death, Femininity and the Aesthetic* (New York: Routledge, 1992) 3 – 14.

parallel imageries linking Mengersen's etchings and the dissection scene, "it seems necessary to stress the fundamental difference between real violence done to a physical body and any "imagined" one (which represents this "dangerous fantasy" on paper or canvas without any concretely violated body as its ultimate signified)" (Bronfen 59). Isolde's reaction to the etching and then to the real life event highlights the juxtaposition between this fantasy and reality. In fact, the novel consistently calls into question "images of femininity current in the arts and philosophy of the nineteenth century that idealized such notions as self-sacrifice" (Grant, "Übermensch" 131). Furthermore, Alyth F. Grant points out a disparity between the idealized femininity that is celebrated in art and the actual condition of women at the turn of the century. These images "exert ideological power, not only over men, but over women too, helping perpetuate women's willingness to participate in their own subjection" (Grant, "Übermensch" 134). As a result of her encounter with the shop girl's dead body in the anatomic theater, Isolde breaks with this trend, coming to understand as she does that these images are nothing but that – images created by men in order to channel their creators' views of women – although the reality of what women experience differs greatly from that objectifying aesthetic portrayal (Grant, "Übermensch" 142).

The gaping disparity between Mengersen's depiction of death in childbirth and the reality caused by that suffering is made apparent in the autopsy that takes place at the birthing clinic. The shop girl is dissected in front of Isolde's eyes: "Da fuhr ein Schnitt über Brust und Leib des toten Weibes. Das stille reine Gesicht mit den schweren, starren Augenlidern lag teilnahmlos, voll rührender Hoheit über all dem Entsetzen, dem blutigen Gräßlichen, was da geschah" (*Halbtier!* 157). The dissection is described in terms that

exacerbate both Isolde's and the reader's sense of bearing witness to an act of violation: the usage of a body that has not voluntarily consented to what is being done to it for scientific purposes. The woman's face is described as still and pure, denoting innocence as well as detachment from what is happening to her.[39] Isolde's description of the scene juxtaposes this calm, detached face with the brutality that the doctors enact upon the woman by dissecting her cadaver which underscores the gendered division of men as scientists and women's bodies as objects to be studied (Woodford 86, 87). Isolde is not a medical professional and does not acknowledge that dissecting a cadaver could in any way help advance medicine by teaching future generations of medical students or by helping uncover the pathologies of an illness. To her, the autopsy is reduced to the gory fact of its brutal violation of the shop girl's body and the structural social violence that brought the shop girl to the birthing clinic in the first place.

Unlike most depictions of female death in the nineteenth century, which "carefully concealed the female body under some sort of covering that masked the physical traces of death, Böhlau removes all material barriers to the woman's form, making her appear as vulnerable and victimized as she was in life" (Richardson 88; See also Bronfen 11). The doctors cut open the dead woman's body and start to expose another layer of the woman to the outside world. Her exposed insides lie on the table, a procedure that, according to Ludmilla Jordanova, represents an unveiling of sorts: "First the body itself can be unveiled by the removal of its enveloping tissues. Second, a particular person, procedure or piece of information can be revealed in the process – an

[39] Woodford interprets the description of the cadaver as "also an elevation of death which can perhaps be understood through the Buddhist motifs in the novel. Böhlau expresses the possibility of life after death in the form of reincarnation as a way of finding meaning in suffering" (Woodford 87).

identity made manifest. Third, at an abstract level, nature can be unveiled by science" (Jordanova 106). The bodies being exposed in this context are the bodies of a dead woman and her child. The doctors do not appear to care about the woman's identity, seeing her instead as an object, devoid of humanity, to be studied. The nature that the medical personnel seek to expose here is the inner working of the human body, specifically the concrete traces that specific bodies contain, which the scientists might in turn interpret in pursuit of an understanding of the anatomy of child birth and the way the mother's and infant's bodies react to the process of birthing. Böhlau does not even once attribute any importance to what this dissection could mean for the advancement of obstetrics or the benefit of further research on childbirth for future generations of mothers and their children. Böhlau is instead highly critical of the narrative of progress that characterized many contemporary accounts of medical procedures such as dissections.

In contrast, Böhlau depicts the dissection scene as the site of collision between the advancement of science (particularly the medical specialty of obstetrics) and the human cost associated with that advancement. The male medical students and their teacher stand around the deceased woman's body; while dissecting her, they make a misogynistic joke at her expense. In this scene, Isolde perceives the disconnect between the "jammervoll zerrissene[n], zermarterte[n] Geschöpf" and the doctors who "fühlten sich im Besitz strotzender Kräfte, strammer Jugend" (*Halbtier!* 157). The men, full of life, still feel the need to exhibit their superiority over a dead woman who has obviously suffered immensely (Woodford 86). The threshold of what constitutes civil behavior is lowered firstly, because the object of their display of masculinity is dead and cannot defend herself, and secondly because "der zerrissene, unverhüllte Körper, der hier vor frechen

kalten Blicken lag, war das Weib, dem alles ohne Sch[e]u geboten werden konnte, das Weib, das nie zur Menschenwürde noch gelangt war" (*Halbtier!* 158). According to Isolde, the anatomists fail to consider the dignity of the dead woman; their sole interest is in the cadaver they are dissecting.

Perhaps their joke might have been meant to lighten the mood during an anatomy lesson, but even so, Isolde finds this behavior appalling. The frequent use of the noun "Weib" in the above quoted passage further indicates that Isolde ties the anatomists' indiscretion to the gender of the woman. The anatomists' joke is only alluded to, not explicitly cited in the passage, yet the reader can deduce that the joke was based on a sexist comment by one of the anatomists, as it was "ein Witz so voller Weib-Verachtung" (*Halbtier!* 157). Because of the way the men in the anatomic theater flippantly make jokes about and show little regard for the dignity of the dead body in front of them, it is clear that they view their female patients as nothing more than objects to be studied. In the novel, the shop girl is depicted as being stripped of any humanity that would have allowed for a more dignified treatment of her deceased body.

Once the autopsy is over the woman's body is discarded like medical waste:

> Als vier Fäuste den Leichnam achtlos, ohne jede Barmherzigkeit, die der junge, schmerzzermarterte, verlassene Leib als heiliges Recht hätte verlangen dürfen, in eine Kiste warfen, wie etwas völlig Abgethanes und das Kind auf den Körper der Mutter fallen ließen, und der flache Kistendeckel, der zum Sarg der Allerallerärmsten gehört und den sie den „Nasentetscher" nennen, darüber gelegt wurde, da war die Tragödie zu Ende. (*Halbtier!* 159)

This passage demonstrates that once the mistreated and abused female body has served its purpose as an educational tool for the medical students and doctors in the birthing clinic, it is unceremoniously placed in a small coffin reserved for the poorest of the poor.

Observing this act, Isolde asserts that the woman deserved better treatment, not only after her death, but also throughout her life as her "holy right." The reference to the proceedings in the anatomic theater as a "tragedy" implies that there is no happy ending for the shop girl. Her poverty is her downfall; her naïveté to assume that the father of her child would take care of her and her unborn child despite her poverty is her tragic flaw.

In a further cruel twist of dramatic irony, the birthing clinic in which the shop girl gives birth is located on a street called *Sonnenstraße*.[40] There is nothing sunny about her fate, but this street name connects the events of this subplot to the sun, which represents strength, growth and life. The poor shop girl's fate ironically finds its tragic end in a place called the *Sonnenstraße*, but the street name seems to be more indicative of or connected to Isolde's experiences there: she is saddened and shocked by the events that unfold in front of her, but she also experiences a rebirth. She sees the female procreative body being destroyed and exposed during her visit to the dissecting room; despite the mistreated body she sees before her, for Isolde there was "etwas in dem Totenantlitz, etwas Sieghaftes. Und dies Sieghafte fühlte sie in sich selbst" (*Halbtier!* 158). Isolde identifies emotionally with the fate of the shop girl (Woodford 87). Feeling inspired, "[ging sie], die ganze Seele voller Weltliebe, bereit sich zu opfern, - bereit, mit ihrem Leben einzustehen gegen die ganze Welt. Und draußen war voller Frühling, Werdelust und Werdekraft in der warmen, sonnendurchströmten Luft" (*Halbtier!* 159). She leaves the dissecting room and realizes that the perspective she had as a teenager of the meaning of sacrifice for a woman must to be reevaluated, and "Isolde comes to see that such a woman´s fate as an object of men´s whims and desires has not been decreed by nature,

[40] The clinic was located near the Sendlinger Torplatz at the time (Herwig 213).

and that in the strength and will still evident in the dead woman´s face lies the potential for woman to be the subject of her own destiny" (Grant, "Übermensch" 142 – 143).

Isolde's newfound feelings of solidarity toward those who suffer transform her desire to fight for women's rights so that the sacrifice women make is not "that of a victim of the social order, but that of a self-determined subject" (Grant, "Übermensch" 142). Although women should, in her mind, still sacrifice, she sees women in the future making this sacrifice out of their own volition (Grant, "Blaustrumpf" 101). She envisions a world where women are not determined by their reproductive activities, but are seen as human beings who have something more to offer to the world than birthing and caring for children. The imagery of spring in the description following Isolde's departure from the anatomy lab symbolizes the change, renewal, and re-awakening Isolde experiences at the end of the novel. For the first time, she acknowledges that the situation of women needs to be changed regardless of their station in life. Specifically, gender- and sex-based biases within the medical community with regard to the treatment of female patients in birthing clinics and, more generally, the way women are treated in German society in the narrative present, need to be addressed. This shift in perspective is precipitated by her first-hand experience of seeing the conditions in the birthing clinics after she had previously only seen them mediated through the artist's gaze and the second-hand epistolary accounts from Mengersen and Marie. As an adolescent seeing Mengersen's artistic portrayal of maternal and infant mortality in the etching, and later witnessing the suffering of her mother and her sister, she did not feel compelled to act.[41] It is only after her visit to the

[41] Richardson observes that the episode describing the shop girl's death and dissection is given quite a bit of space in the novel; whereas, Isolde's fatal shooting of her brother-in-law Mengersen only mentioned in passing (Richardson 94).

clinic and the shop girl's death that she decides to take action based on her newfound knowledge about the birthing conditions of the lower classes, and on the compassion she feels towards the shop girl's plight.

After encountering the conditions at the birthing clinic, Isolde seeks out like-minded women who want to change the way society views women and their procreative bodies. Isolde aims to fight for more dignity for women; most importantly, she wants women to have more control over the way their bodies are viewed and treated. Inspired by the death of the shop girl, she attends a meeting of the local *Frauenverein*, but there she is underwhelmed by the lack of activism among the organization's members. While the women in attendance of the meeting discuss what Isolde views as trivial and mundane topics, Isolde day-dreams about the possibilities of what the *Frauenverein* or women's political activism in general could become:

> Breitet eure großen Flügel aus wie Glucken. Bereitet dem jungen starken Weib ein Nest. Ein eigenes Nest mitten in der harten, frechen Welt. Baut eine uneinnehmbare Veste aus eurem Willen. Ohne daß ein Funke von Verachtung in eurem Blick aufsteigt, laßt in unangetasteter Reinheit das junge Weib ein Kind ihr eigen nennen dürfen. – Ein Kind und Arbeit! Gebt ihnen Arbeit, bei der ihnen die Seele weit wird, und ein Kind, das ihnen das Herz froh macht. Seht ihr – ich gebe euch den großen Willen – nehmt ihn! Laßt sie nicht in der Arbeit nach einem Kind hungernd, wie ein Raubtier verlangen. Macht etwas Ganzes aus ihr! (…) Und aus diesem kleinen Nest wird eine neue starke Menschheit kommen – allen zum Trotz, die eine Menschheit von Sklaven und Haustieren wollen. (*Halbtier!* 167)

Isolde envisions the older generation providing a type of nest, or metaphorical safe political space in which younger women can work to attain what Isolde considers the two components of a fulfilled life for a woman: work and a child. The extension of the metaphor of older women serving as mother hens who protect the younger women by

giving them a nest in which to develop into maturity paints a picture that is coded as very feminine in that the women take on the role of caretakers who protect their young.

All of this is only a day-dream and Isolde quickly learns that the time for real change was not yet upon her: "was ein Sturm sein sollte, war noch ein kleiner, spitzer Luftzug wie aus einer Fensterritze" (*Halbtier!* 168). This simile indicates that Isolde does see potential in the *Frauenverein*, but that at this point in time that potential is unrealized and still in its beginning stages. The law at the time forbade women from partaking in political activities and when they did gather they were limited to discussing topics such as education (Blaul 35).[42] The types of questions Isolde wants to find answers to such as how the treatment of unwed mothers in society could be improved were not discussed because the majority of bourgeois women's movements opposed this lifestyle model and harshly judged unwed mothers (Shafi 75; Richardson 91). In the political arena Isolde had no prospects of effecting real change, but just the fact that Isolde does go to the *Frauenverein* signifies a major shift in her thinking and demonstrates her desire to enact change on a broader level.

Through the changes in Isolde's mindset over the course of the novel, Böhlau calls her readers to take action against the inequalities perpetuated by the patriarchal system in place at the turn of the century. The three major birthing scenes discussed in this dissertation chapter (the representation of birth and death in art, the births of Isolde's nieces and nephews, and the shop girl giving birth and dying in a birthing clinic) serve as catalysts for Isolde: as a result of these scenes, Isolde is confronted with the birthing conditions of women across the various social strata. Based on the depictions of the three

[42] This gender specific law remained in effect until 1908 (Blaul 35).

birthing scenes in the novel, the conditions were not ideal for women in any social class, but they were especially deplorable for unwed mothers of the lower classes. By highlighting the undignified treatment of the shop girl's cadaver in the birthing clinic, Böhlau draws attention to women's unequal access to health care as well as the vast differences in patient treatment based on the socio-economic status of the patient in fin-de-siècle Germany.

CHAPTER 3: ILSE FRAPAN'S *ARBEIT* (1903)

Ilse Frapan's novel *Arbeit* might be read as a novel of women's emancipation, but many of her contemporaries read it as a novel about the medical establishment. The critical depiction of the medical establishment in Zurich in *Arbeit*, and especially of the doctors' treatment of their new female colleagues and of the lower-class patients they treated, garnered unfavorable responses from medical professionals who felt attacked by the literary representation. Zurich surgeon Ulrich Krönlein was a particularly vocal critic of the novel, calling it a personal attack on the way medicine was practiced in Zurich; he did not see Frapan's portrayal as a commentary on the state of medical educational practices across German-speaking countries (Kraft-Schwenk 79; Woodford 151). He not only published a scathing review of the novel in the *Neue Zurcher Zeitung* on May 23, 1903, but he also assembled a protest rally in his surgical clinic. Only men attended the rally, and at the end of it they passed a resolution in which they decried the unjust attacks they felt the novel leveled against them and their profession (Kraft-Schwenk 79; Woodford 152). Frapan commented on Krönlein's accusations and efforts to level protests against the novel in a letter to Robert Seidel on June 21, 1903:

> Möchten nur meine Verteidiger und Freunde, zu denen ich mich glücklich schätze, Sie zählen zu dürfen, es recht klar hinstellen, dass nicht Hass gegen die Aerzte, sondern Liebe zur Menschheit mir mein Buch diktiert hat! Die Zürcher Kliniken sind ja gewiss genauso wie die Kliniken der ganzen Welt und Professoren, wie ich sie geschildert, kennt nicht nur der Studierende, sondern jeder Mensch, der einmal einen „Spezialarzt" gebraucht hat. Qui s'excuse s'accuse! Nicht ich, nein Prof. Krönlein und mit ihm die Protestversammlung haben die Sache zu einer Zürcher

> Angelegenheit gemacht, während sie durchaus international ist. (qtd. in Kraft-Schwenk 79)[43]

Frapan further elaborated in the weekly social-democratic journal *Die Zukunft* on her sources for her portrayal of the medical profession, stating that she drew her inspiration from stories from various medical faculties, not just the one in Zurich, and that Krönlein's outrage at the novel showed that there must have been some truth to her condemnation of the misogynistic and classist medical profession (Woodford 151 – 152).

The strong negative reaction to the novel from Krönlein and others called supporters of Frapan's work to action. Socialist doctors supported Frapan's critical examination of their profession. The theme of the July 1903 edition of the Socialist journal *Neuer Postillion – humoristisch-satirisches Monatsblatt der schweizerischen Arbeiterschaft* was centered on Frapan's novel. This journal edition focused on the conditions experienced by patients and doctors at Swiss and German hospitals, and the scene from the novel in which a poor seamstress is dissected and degraded by a doctor in front his medical students was depicted in a cartoon (Kraft-Schwenk 79; Woodford 152). The controversy of positive and negative responses surrounding the novel's depiction of the medical establishment and its practices at the time of the novel's publication shows that Frapan's commentary on and critique of the medical system struck a chord with medical professionals at the time.

Frapan's three *Studentinnenromane Die Betrogenen* (1898), *Wir Frauen haben kein Vaterland: Monologe einer Fledermaus* (1899), and *Arbeit* (1903) are often mentioned together, as they, as the author herself acknowledged, stand out amongst her

[43] In: Zentralbibliothek Zürich; Nachl. R. Seidel 94.11.

other literary works. Frapan's other works, such as *Hamburger Novellen* (1887) and *Was der Alltag dichtet: Novellen* (1899), are viewed as more palatable for a wider audience, since they focus less on questioning the status of women and other marginalized populations in society and more on portrayals of a bourgeois *Heimatsbild* set in Hamburg or in a rural village (Kraft-Schwenk 76; Einsele 18). Due her limited options with regard to working outside of the home as a woman, Frapan lived off the proceeds of selling her literary works.[44] Frapan wrote these novels to appeal to the more conservative, bourgeois readership of the *Deutsche Rundschau*, which published her early works of poetic realism (Woodford 145). In contrast, the topics Frapan explores in *Arbeit*, *Die Betrogenen*, and *Wir Frauen haben kein Vaterland* are more aligned with questions the women's movement was grappling with at the time, such as women's right to higher education and work, unwed mothers' and illegitimate children's rights, and women's reproductive rights (Kraft-Schwenk 67). In a letter to Julius Rodenberg on August 27, 1901 Frapan writes

[44] *Arbeit* bears similarities to events and people in Frapan's own life, or was at least inspired by them. The novel's author, Elise Therese Levin, later "Ilse Frapan" or "Ilse Frapan-Akunian," was born in 1849 in Hamburg to petit bourgeois, Lutheran parents (Kraft-Schwenk 13, 18; Einsele 18). After working as a school teacher for a few years, which at the time was one of the few professions open to women, she decided to matriculate as one of the first female university students in Zurich, where she studied botany and zoology in the 1890s (Kraft-Schwenk 23, 59; Einsele 18). Frapan decided to pursue a university degree because she thought that she could support herself and her partner by working as a scientist. She never finished her studies, but instead supported herself through her writing until her death, which led to her struggling financially (Woodford 145). Throughout her life, Frapan was an activist for children's and women's rights, including her work in the *Bund für Mutterschutz* and the *Zürcher Vereinigung für Kinderschutz* (Borst 171; Einsele 19; Holzinger 199; Kraft-Schwenk 61 - 67). Emma Mandelbaum was her long-term companion for over 25 years and together they moved from Hamburg to Zurich and then to Geneva (Kraft-Schwenk 32; Einsele 18). From 1901 to 1907, the Armenian writer Iwan Akunoff, lived with Mandelbaum and Frapan (Woodford 146; Kraft-Schwenk 87, 94). When Frapan found out in November of 1908 that she had incurable stomach cancer, she and Mandelbaum decided to die together by committing murder-suicide. On December 2, 1908 Mandelbaum shot first Frapan and then herself (Einsele 20; Kraft-Schwenk 95; Woodford 158). During the following days, news of their deaths appeared in newspapers across central Europe, and on December 5, 1908 Frapan and Mandelbaum were laid to rest at the cemetery for the poor in Geneva (Einsele 20; Kraft-Schwenk 94 – 97).

about how she used these novels as a way to differentiate her social commentary from the literature written by other women writers at the time:

> Daß ich diese Sache einmal mir von Herzen sagen muß, war unumgänglich; die neueste Frauenlitteratur gefällt sich darin, die Frau wieder ganz in das Dunkle des Trieblebens hinabzudrücken als in ihr einzig-originelles, ihr eigentümliches Gebiet. Ich bin sehr traurig und empört darüber, und kann das nicht so weiter ertragen! Ich mußte Protest erheben im Namen meiner eigenen Empfindungen [und] derer aller aufstrebenden Frauen. Einmal wollte ich zeigen, was eine wirklich moderne Frau ist, [und] was sie leisten kann. (qtd. in Kraft-Schwenk 77)[45]

Here, Frapan asserts that she wants to articulate her conception of modern womanhood. She sees her work in contrast the portrayal of women in other literature written by women writers for a predominantly female readership. Instead of representing modern womanhood as centered on women's romantic lives and their relationships with men, Frapan's conception of modern womanhood focuses on women's emancipation, rights, and career trajectories.

Frapan wrote *Arbeit* between 1899 and 1900, and the piece was first published in *Westermanns Monathefte* with the title *Arbeit mein Opium* in 1902 (Kraft-Schwenk 76).[46] About 40 reviews of the novel exist, most of which were published in larger Swiss, German, and Austrian newspapers of the time (Kraft-Schwenk 81). The novel went into a second edition in the same year as its first novel-format printing, 1903, which attests to the attention it received (Kraft-Schwenk 82). *Arbeit* is divided into five books, which essentially function as long chapters. The first three books chronicle its protagonist

[45] In: Goethe- und Schiller-Archiv Weimar, Julius Rodenberg VII,3,3.
[46] The first title of the novel refers to the section in the novel in which Josefine proclaims "Arbeit, mein Opium! Mein Rausch!" after her child dies and she seeks refuge in her work (*Arbeit* 51). Here, Frapan references Karl Marx's assertion that religion is the opiate of the masses (Woodford 144). Frapan's novel *Wir Frauen haben kein Vaterland* (1899) "echoes Marx's slogan from the Communist Manifesto ‚die Arbeiter haben kein Vaterland'" (Woodford 146).

Josefine Geyer in the five years spent obtaining her doctorate of medicine in Zurich while her husband, a physician himself, is in prison for an unnamed offense.[47] The couple has four children, and one child dies suddenly while living with Josefine's father as Josefine pursues her medical degree. In addition to struggling to balance her de facto single-motherhood with her medical studies, Josefine is confronted during her studies with the inhumane treatment of lower-class women and men as objects of study and experimentation for the medical doctors and their students. Josefine falls in love with a man named Hovannessian; even though they feel a mutual attraction to each other, their relationship is never consummated because of Josefine's marital status and her refusal to divorce from her estranged and incarcerated husband. In the second half of the novel, Josefine finishes her degree, and once her husband George Geyer is released from prison, she not only establishes herself as a doctor (taking over her husband's former practice), but she also has to negotiate her role in her husband's struggle to come to terms with his imprisonment and with his life after prison.

The scarce secondary literature on *Arbeit* focuses on the novel as a piece of fiction critically engaged with the newly emerging female doctors in Switzerland and the obstacles they faced trying to enter a male-dominated profession. The two main contributors to the secondary literature available on the novel, Chris Weedon and Charlotte Woodford, both focus on the problems and questions the novel raises about gender and socio-economic status, and how these two factors influence Josefine's character development. Weedon analyzes how the medical establishment in *Arbeit* is depicted as a hierarchical, patriarchal structure that mirrors society at the time, which

[47] Woodford speculates that he was incarcerated for performing illegal abortions; allusions to George's offense in the novel substantiate her claim (Woodford 144).

Frapan portrays as devoid of values stereotypically coded as feminine, such as compassion and respect for all human life (Weedon 60 – 61). The novel is a critical commentary for Weedon on the larger societal problems Frapan saw in her time; in the novel, Frapan depicts her protagonist as fueled by the inequality she encounters. Weedon also claims that Frapan's protagonist proceeds through a typical character development for female protagonists at the time by remaining in a loveless and sexless marriage for the sake of her children and consequently becoming a caretaker and mother-figure for her husband (Weedon 60 – 62).

While Weedon refrains from categorizing *Arbeit* as a specific type of novel, Woodford categorizes *Arbeit* as protest fiction intended to speak out against the prevalent fictional narratives at the time, which focused on women's perceived sexual emancipation; instead of being truly emancipatory, these stories depicted women as very one-dimensionally tied to their sexual drives (Woodford 146). In order to counter these depictions, Frapan constructs a narrative about a woman who emancipates herself to the fullest extent possible in turn-of-the-century Switzerland, by becoming financially independent from her husband and father. At the heart of Frapan's protest fiction lies for Woodford the author's desire to reveal the difficulties faced by seeking to enter a male-dominated profession perceived as inaccessible to women. Through the act of portraying these women and having successfully achieved this feat herself, albeit at a high cost to her personal life, Frapan protested against the fictional narratives of the time depicting women as incapable of surmounting any hurdles barring them from economic independence from men (Woodford 146). Woodford sees Frapan's choice of creating a protagonist who is struggling to enter the medical profession as adding another layer to

the social critique inherent in *Arbeit*: Josefine's struggle to succeed in a male-dominated profession and her perspective as a woman and therefore as an outsider allows her to see the faults of the male-dominated medical establishment at the time (Woodford 146 – 147).

Both critics analyze Josefine's character development in terms of her relationship to her husband, particularly in light of the fact that Josefine can only emancipate herself by remaining in the confines of her loveless marriage while obtaining the qualifications necessary to enter into a profession that allows her to support her family. Given that the focus of this dissertation is on representations of birthing and birthing assistants by German women writers, I will not replicate Weedon and Woodford's arguments about Josefine as wife and breadwinner in this chapter. Instead, I will expand their arguments as they treat the novel's critical engagement with the medical establishment in Zurich. By analyzing Josefine's role as a birthing assistant, I highlight an important aspect of Josefine's emancipation and her advocacy for more humane patient treatment that extends to patients of all socio-economic backgrounds.

To this end, I conduct close readings of passages in which Josefine is depicted as a female medical student struggling to articulate her own, more compassionate philosophy of medical practice. The close readings are therefore set for the most part in the anatomy lab and in the clinic. While Weedon and Woodford's readings of the novel include, as mine does, interpretations of Josefine trying to counter the inhumane patient treatment she encounters during her studies, they do not take into account the points at which Josefine momentarily finds herself contributing to the undignified and callous treatment of lower-class patients. While the section in the novel to which I am alluding

demonstrates that Josefine has internalized certain behavioral patterns that she later condemns, the next section of the text shows that Josefine does practice medicine in the more humane way that she envisions as a counterbalance to that same undignified patient treatment. Once Josefine has progressed through her studies to the point that she works in a clinic as a resident, she is allowed to perform her first solo procedure as a doctor: assisting a woman giving birth. In this birthing scene, Josefine takes on for the first time the role of doctor, which in the context of birthing assistance was traditionally reserved for men. Over the course of the birth, she provides her patient with care that appears to incorporate the patient-centered, holistic approach of midwifery into the practice of a medical doctor. This crucial experience enables Josefine to recalibrate her understanding of what dignified patient care should entail, and she seeks to enact such care in her own medical practice and in her social advocacy towards the end of the novel.

Despite the brevity of this scene relative to the rest of the novel, the birthing scene is a watershed moment for Josefine in her development towards becoming a doctor. Over the course of her medical studies, Josefine strongly identifies with the patients she treats and the cadavers she learns from. Her empathy towards them is juxtaposed with the behavior of the other medical students, who seem to have attained the level of objectivity that is portrayed as desirable for medical practitioners and is marked by detachment from their patients. Josefine briefly finds herself displaying these same desired characteristics. When she catches herself emulating her professor's bedside manner, she reflects on her behavior and quickly becomes conscious of avoiding that type of patient treatment. Her first patient interaction marked by this new consciousness is when she assists the birth. Therefore, the birthing scene depicts not only the birth of a child, but also the symbolic

birth of Josefine as a more humane doctor whose medical practice is built on compassion and empathy for her patients. Here, in this novel whose plot largely concerns the professional and emotional development of one of the first female doctors in Switzerland, a birth scene plays a crucial role as it stands in for the birth of a new kind of medicine characterized by compassionate and empathetic care.

3.1. Using the Poor Body for its Anatomy: (Female) Medical Students and Lower-Class Patients

Book Two of *Arbeit* depicts the beginning stages of Josefine's medical education and is set mostly in the anatomy lab where Josefine and her fellow medical students learn gross anatomy by dissecting cadavers. Josefine deviates from the behavioral norm set by the other medical students in the anatomy lab in that even though she receives the same medical education they do, which prizes scientific objectivity as one of its main goals, she is unable distance herself from her patients. In Book Two, Josefine's inability to attain the level of objectivity that is the desired outcome of a medical curriculum is juxtaposed with portrayals of her fellow medical students who, like their professor, seem to display the desired detachment from the patients whom they examine. Rather than portray as a failure Josefine's inability to fulfill this aspect of the medical curriculum, Josefine's identification with and empathetic response to her patients must be understood as imperative to her growing social conscience. Frapan portrays this social awareness as a positive character trait, which Josefine is able to develop because of her status as an outsider in an already marginalized group.

Especially early in the course of Josefine's medical studies, she empathizes with the patients she treats and the cadavers from which she learns. Woodford argues that "Josefine's emotional sensitivity as a mother provides her with empathetic skills which allow her to diagnose social injustice within the medical profession" (Woodford 149 - 150). This sensitivity is particularly emphasized in the scene portraying Josefine's encounter with a poor seamstress's cadaver after the seamstress has killed herself and her child by drowning. Through a stream-of-consciousness narrative along with interjections from outside characters, Josefine is shown to strongly identify with the cadaver she dissects, and her fellow medical students and professors evaluate her subsequent actions. Josefine's thoughts and actions show that she is unable to dissociate herself from the similarities she sees between the deceased woman and herself, especially their shared experience of motherhood: "Eine Mutter mit ihrem Kind im Arm – in der Siehl gestern – heute hier – zerstückt – von einer anderen Mutter, die an ihrem toten Leibe den Bau – die normale Anatomie studiert" (*Arbeit* 30). This passage highlights not only the fact that both anatomist and subject are mothers, but also that this meeting between the two takes place under unconventional circumstances. For two women to encounter one another in the anatomical theater, a space typically coded as masculine at the time, was highly unusual, especially with one woman being the medical student learning gross anatomy from the other woman's cadaver. Here, Frapan explores what this encounter could look like and what effect it can have on a woman who embodies a dual role as female medical student and mother. If Josefine were not a medical student studying gross anatomy, then she might have heard about the woman's suicide verbally, but she would have not been confronted with her cadaver and might not have reacted so strongly to the encounter.

Seeing and studying the dead woman's body in her own capacity as medical student makes it more difficult for Josefine to distance herself from the seamstress, and for her to not draw parallels between herself and the deceased woman.

Eventhough Frapan mentions at the beginning of Book Two that Josefine has been to the anatomy lab and has taken part in dissections before, this specific dissection receives particular emphasis because it exemplifies Josefine's dual role as mother and medical student (*Arbeit* 29). Josefine has performed other autopsies, but during this one "weicht [Josefine] zurück, es ist ihr immer noch schwer" (*Arbeit* 29). Although previous dissections have been difficult for her, this dissection is different from its predecessors in that this one elicits from her a physical reaction to seeing the cadaver. When Josefine almost faints at the sight of the cadaver, another female medical student nonchalantly offers Josefine a cigarette to calm her nerves, and then continues to eat her own lunch: "'Können Sie sogar hier essen?' ruft Josefine fast erschrocken. Die Kollegin kaut. 'Nur Beefsteak, englisch, nicht. Es ist 'ne gewisse Ähnlichkeit. Aber mein harmloses Butterbrot – warum nicht?'" (*Arbeit* 30). Josefine's colleague displays a high level of comfort with the women's proximity to cadavers, able even to ingest food while in the presence of a corpse, with the colleague's emotional distance standing in stark contrast to Josefine's physical, almost visceral reaction to the process of dissection.

In addition to being physically unable to suppress her reaction to the cadaver, Josefine is also unable to emotionally dissociate herself from the cadaver and the woman the cadaver once was. In this dissection scene, the cadaver's body parts are distributed among the medical students, with Josefine receiving the hand: "Die Hand ist's, die sie bekommen hat, die rechte Hand der Selbstmörderin. Eine feine, jugendliche Hand, die

Finger von Nadeln zerstochen. Die Hand einer fleißigen Näherin." (*Arbeit* 30). The language over the course of this passage shifts from identifying the deceased woman solely by the way she died, "Selbstmörderin," to identifying her by her profession, "Näherin." The adjective "fleißig" that precedes the professional designation indicates an inference that Josefine has made about the seamstress's mode of productivity based on the multiple needle prick marks on her hand. This subtle and nuanced change in how Josefine refers to the cadaver indicates that Josefine has humanized it and has enriched the identity of the dead woman in front of her on the dissection table with a richer picture of the living woman who was once a mother and worked hard to provide for her family in much the same way that Josefine does (Woodford 150).

The seamstress's murder/suicide of herself and her child by drowning underscores the commonalities between that woman and Josefine, whose own desire to kill herself and her children in this same fashion received multiple mentions during Book One of *Arbeit*. As Josefine dissects the hand of the seamstress, the reader has access to her thoughts: "Warum sprang sie in die Siehl? Sitzt ihr Mann vielleicht im Zuchthaus? Und die Kindesleiche? Die ist gleich in Eis gelegt, nicht wahr? Ach richtig, daß ich es nicht vergesse – morgen ist Röslis Geburtstag. Die kleine Wachspuppe muß ich noch kaufen, sie freut sich so darauf! Liebes Rösli du!" (*Arbeit* 31). Josefine is interested, as she dissects the woman's hand, in learning more about the seamstress's life; the questions she poses and associations she makes show the parallels between the two women's lives (e.g. Josefine's own husband is in prison, therefore, perhaps the seamstress's husband is also in prison; she wonders what happened to the body of the child, which reminds her of her own daughter's upcoming birthday). Josefine's desire to know and reconstruct what

drove the seamstress to commit suicide illustrates the extent to which she identifies with the seamstress, as the possible scenarios she envisions are rooted in Josefine's own experience. The lack of information available about the cadaver's personal history also shows that little is known about the origins or background of the anatomical theater's cadavers beyond how they died and what social class they belong to, a fact that underscores the difference between the discompassionate approach of most anatomists and the more emotional, personalized approach that Josefine brings to her task.

While Frapan reveals the similarities between the two women, she also includes Josefine's thought processes in the narrative in order to point out the different life choices the women make. One key difference between the two women is that while Josefine contemplates suicide, she ultimately does not act on her desire to end her life, focusing instead on providing for her family. Josefine's work gives her life meaning and provides her with a distraction from her troubled personal life. In this context, it is significant that Josefine's mind jumps from the dead seamstress to remembering that she still needs to buy a birthday present for Rösli. Josefine's musing as to where the seamstress's child's corpse is transitions logically to her thoughts about her own child. In remembering her daughter's birthday, Josefine is reminded of her ties to her children. From a sociological perspective, birthdays serve to strengthen familial ties by celebrating the day another family member was brought into the family, and by remembering the rituals surrounding the birthing process (Villa et al. 11). Josefine remembers her daughter's birthday and feels connected to her role as the person who has given Rösli life, and who, especially in the absence of Rösli´s father, needs to provide for the child.[48]

[48] Rösli's birthday is mentioned again later in the novel when George returns from prison. In this section, Rösli´s birthday is used to mark the time that has elapsed between George going to and returning from

Josefine is depicted in Books One and Two of *Arbeit* as a medical student who lacks the objectivity that she might be expected to acquire over the course of her studies. While this lack of objectivity is considered normal in the early stages of medical studies, the medical training process is expected give students experience becoming more objective and less emotionally invested in their patients. Far from being simply another medical student struggling to distance herself from a patient or cadaver, Josefine's apparent inability and lack of desire to distance herself from the dead seamstress is actually the beginning of her growing social conscience that calls for a more humane treatment of lower-class patients as well as of female medical students. Based on the doctors' and medical students' unwillingness to recognize and fight the inequalities portrayed over the course of the novel, Frapan depicts the medical establishment as lacking Josefine's level of professional and personal self-reflection and her willingness to fight for a more humane medical system.

In reference to the dead seamstress whose hand Josefine is tasked with dissecting, the prosector performing the dissection callously remarks, "Wir haben noch keinen Proletarier seziert, der nicht auch sein bißchen Fett gehabt hätte" (*Arbeit* 30).[49] A room full of medical students hears the joke, made at the expense of the dead woman. The students shift around uncomfortably: "Sie scharren wieder. Der Prosektor ist durchaus unbeliebt" (*Arbeit* 30). This the only commentary given in the scene about the students'

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prison. The mentioning of this recurring, annual event, which is integral to reaffirming familial ties, also foreshadows the following reunion of husband and wife and the husband´s (problematic) reintegration into the familial unit (*Arbeit* 120).

[49] This scene provided the basis in the July 1903 edition of the Socialist journal *Neuer Postillion – humoristisch-satirisches Monatsblatt der schweizerischen Arbeiterschaft* for the cartoon in which a group of medical students and their professor are depicted standing around and hunching over a woman's cadaver with the caption: "Wir haben noch keinen Proletarier seziert, der nicht auch sein bißchen Fett gehabt hätte." (Kraft-Schwenk 79; Woodford 152; original quotation: *Arbeit* 30).

immediate reactions to the prosector's comment, implying that while the students did not like the prosector or perhaps his demeaning comment, neither did they want to engage in conversation on the topic, but instead move on as a group to dissect the cadaver. In this passage, Frapan characterizes the prosector as a medical professional completely devoid of any compassion for the humanity or dignity of the bodies he dissects. His character is emblematic of what Frapan perceives to be a major issue facing the medical establishment of her time: doctors and medical students viewing a patient or cadaver as a dehumanized object to be studied and experimented on, which leads to the undignified and inhumane treatment of patients. Whereas Josefine's thoughts to which the reader is privy center around the human and personal aspects of the seamstress, the prosector's statement downplays the very poverty that brings the patient population from the lower classes in to seek medical treatment in a clinic in the first place. His statement implies that the situation of people from the lower classes is not as dire as it is made out to be – after all, they are not emaciated skeletons.

In the novel, students can be seen to reproduce such behavior from the medical instructors. Frapan depicts the relative speed with which this transfer occurs when one of the male medical students proceeds to blow up the stomach of the seamstress's cadaver. The student shows the blown-up stomach to his fellow medical students, and when Josefine confronts him about his behavior, he justifies his actions by referring back to the prosector's classist joke. The student uses similar language in his response to Josefine as the prosector did in his remark: "Ich hab's ja nur ausmessen wollen, wieviel Kubikcentimeter Inhalt so en Proletariermagen faßt" (*Arbeit* 32). Both the prosector and the student connect the woman's social class to body parts using the term "Proletarier."

Here, the use of this modifier implies that the stomach of a person from the lower classes is different from that of other people; in other words, that there is something unique about the anatomy of a person from the lower classes that distinguishes their biology from that of people of the middle and upper classes.[50] In this context, the reference to the lower-class status and the implied different biological make-up of the woman is used to justify the anatomists' behavior towards her body. Whether the student actually believes in an anatomical difference between bodies from the upper and lower classes is not mentioned, which suggests that the student mimics the prosector's attitude as expressed in his behavior and word choice and without reflection on the broader implications of his actions. His behavior towards the woman's cadaver, however, aligns with the common conception of the time that people from the lower classes experienced fewer or less intense feelings of shame than did people from the upper classes because of their different (socio-economic) circumstances (Borst 188). Even though the cadaver is not alive at the time of the dissection, and despite the fact that it can therefore not experience emotions (e.g., feelings of shame), the threshold for the medical student and the prosector for the dignified treatment of a human body appears to be lowered because of the seamstress's low socio-economic status.

Even though the prosector's joke is a verbal slight towards the woman and not an action towards the woman's cadaver, Frapan shows in this section that it is a slippery slope from a teacher's seemingly off-the-cuff joke to a student's mistreatment of a

[50] This sentiment of lower-class bodies being different and subpar as compared to middle- and upper-class bodies is reiterated by characters throughout the novel. Josefine does not agree with this notion, but rather identifies with the lower-class characters because of their shared humanity: "Ja, sie identifizierte sich mit dem armen verschüchterten Zimmermädle, sie hielt sich nicht für "feinere Rasse", wie Helene Begas es unbewußt immer tat" (*Arbeit* 98).

cadaver. The instructor's undignified behavior towards the cadaver is linguistic in nature. His student's behavior mimics both the linguistic behavior of the prosector (using the term "Proletarier") and the implications of the prosector's language. His student takes the prosector's verbal cues to mean that cadavers from the lower classes do not deserve to be treated with respect. The student puts the prosector's words into action by blowing up the cadaver's stomach to make it appear full. The inflated stomach of the cadaver is a physical representation of the prosector's remark: a full or inflated stomach represents satiation after having eaten enough to fill one's stomach. The prosector's joke about people from the lower classes still having fat reserves on their body, which signifies to him that they are not too poor to eat, is visually represented by his student's actions. In this section, Frapan demonstrates the reproduction of the way the teacher treats his patients in the form of an escalation by the medical students, who not only learn the skills and knowledge necessary to treat patients, but also acquire their (poor) bedside manner from their teachers.

This scene also establishes Josefine as an outsider in an already marginalized group. Josefine is a female medical student, which was uncommon at the time; she is also the only medical student who speaks out against the mistreatment of the lower-class patients and against the inequalities she sees in the treatment of female and male medical students. While the other female medical students in the novel do not participate in the disrespectful mistreatment of the lower-class patients as exemplified by the cadaver of the seamstress, those female students do maintain a low profile so as to not draw attention to the fact that they are women in a male-dominated profession. The following exchange

during the dissection of the seamstress between Josefine and her female colleague is a representative example of this:

> "Nein aber! ruft die Kollegin, "der Lausbub, der Luzerner, sehen Sie, was der macht. Hat den Magen da genommen und bläst ihn auf wie 'nen Dudelsack! Seelenroheit!" Der Bursche lacht "hihi!" Ein paar lachen mit. "Pfui!" schreit Josefine. Es ist ihr so entfahren, ganz laut und empört. Alle gucken sie an. Einige nicken. "Das hätten Sie sich sparen können," sagt die Kollegin, "der bringt's in die Bierzeitung, passen Sie nur auf. Man muß diese Dinge nicht so ernsthaft nehmen. Der Lausbub kommt vom Frühshoppen. Das macht nur böses Blut gegen uns Weibliche. Tun Sie das, bitte nicht wieder." Josefines Gesicht zuckt. "Immer werd ich pfui schreien, wenn's nötig ist. Sollen wir überall dabei sein und schweigen? Man läßt uns zu – nun – wir wollen den Ton mit bestimmen, der hier herrschen darf!" (*Arbeit* 31)

While Josefine's female colleague voices her indignation about the male medical student's behavior only to Josefine, Josefine audibly voices her disgust to the whole class, much to the dismay of her female colleague. This exchange between Josefine and her colleague calls attention to their marginal status as women in the male-dominated field of medicine. Josefine's female colleague is shown to have internalized her marginalization, as she is afraid of voicing aloud her unfavorable opinion of the way the undignified treatment of the cadaver is encouraged or at least tolerated by other medical students (Woodford 150).

Josefine, on the other hand, sees the acceptance of female medical students at universities as an opportunity to actively shape the medical education program. She does not criticize the curriculum, but she criticizes its implementation and the learning environment. Whereas other female medical students try to blend in and to not ruffle any feathers because they see their position at the university as precarious and unstable, Josefine questions what her place within the medical school's structure is and how she

could improve the overall experience for everyone involved, including female medical students and their lower-class patients (Weedon 60; Woodford 147).

Allowing female medical students to pursue a medical degree disrupted the traditional configuration of medical studies. Traditionally, women would only enter the space of the anatomy lab as the cadavers to be dissected, rather than as the medical students and doctors performing the dissection. In *Arbeit*, the new female medical students perform tasks conventionally reserved for male doctors. A comparison between the more traditional gender dynamics of the dissection scene in *Halbtier!* with the novel inclusion of female medical practitioners in the dissection scene is therefore fruitful for a better understanding of Josefine's character development in *Arbeit*. Juxtaposing the dissections scenes in these novels allows for a more nuanced reading of the function of the scene in each novel, and of the role played by the gender and socio-economic status of the characters present during each dissection. Frapan reportedly read and approved of Helene Böhlau's novel *Halbtier!*, which also includes a scene in which a young woman from the lower classes is dissected in an anatomic theater (Woodford 150). In *Halbtier!*, Isolde sees the dissection of the cadavers of her brother's mistress and child in the anatomical theater. Isolde is neither a mother nor a medical student like Josefine; she has no legitimate reason to enter into this space beyond her curiosity about the fate of the shop girl. Josefine, however, is a medical student whose presence is required at the seamstress' dissection as part of her medical studies. Like Böhlau, Frapan portrays a poor mother's corpse being dissected by a professor and his medical students; however, Frapan reframes and reanalyzes the scenario.

In *Halbtier!*, Isolde witnesses the dissection and is shocked and appalled at what she sees. Even the medical procedures standard during an autopsy, such as cutting open the cadaver's skin to expose the underlying tissue, are described as being "furchtbar" and "blutig[ ]" (*Halbtier!* 157). Isolde is not a medical student like Josefine, and as such, she fails to see the necessity of dissecting cadavers in order to learn anatomy from them. The focus of the passage on Isolde's visit to the anatomy lab is on Isolde's shocked and dismayed reaction to the group of male medical students and professors, the latter dissecting the shop girl's cadaver. The description of the male medical gaze on the deceased female body is filtered through Isolde's perception of the impropriety she sees inherent in the practice of anatomy study on female procreative bodies. Isolde does not disrupt the dissection, as Josefine does, but rather observes the scene in front of her, as she did previously when she viewed Mengersen's etchings depicting a dead mother and her dead child. Isolde's reading of the scene underscores the traditional tableau of male doctors dissecting a female body; as such, her focus is on the gendered divide between the agency of the subjects who dissect and the lack of agency of the object who is dissected. The dynamic between Isolde and the doctors is reminiscent of a painting or an etching in that it is, through its artistic rendition, frozen in time, making an intervention or disruption of the scene nearly impossible.

In *Arbeit*, Frapan inserts her female protagonist actively into the space of the anatomic theater, which in art and literature up to that point was mainly dominated by images of and narratives about male anatomists and medical students who dissect a female body. Here, the stereotypical gender distribution is disrupted, as the dissection is not merely witnessed by a woman or performed on a woman, but it is the woman who

partakes in the dissection. In *Arbeit*, because the woman bearing witness to the dissection is not only a bystander, but rather a participant in the dissection, more emphasis is placed on the female medical student's gaze, her own actions in the dissection, and her interpretation of the male medical students' and doctors' behavior than on the men's visual evaluation of the female cadaver (Woodford 149). Unlike Isolde, Josefine does not question the necessity of having to dissect cadavers to learn from them. As a medical student, this is part of her curriculum. Even though she does not object to the practice of dissecting cadavers, she is critical of the way in which the dissection unfolds. As a participant in the dissection, she can shape its development; even simply her mere presence as a medical student has disrupted the traditional structure of a dissection scene. Josefine cannot witness the dissection in the same way Isolde does, simply because Josefine has entered the tableau and is an active participant.

An important similarity between the two very different depictions of dissections in *Halbtier!* and *Arbeit* is the object of the novels' respective dissections. The cadavers dissected in both scenes are those of lower-class young mothers. In both novels, the usage of poor bodies for medical education is criticized, but each novel places a different emphasis on what role the gender of the poor body plays. In *Halbtier!*, the events leading up to the shop girl's dissection are made explicit through Isolde's search for the shop girl through a series of clues provided in the shop girl's letter and by the midwife. The narrative is centered on the fact that the shop girl is an unwed, poor mother whose only option, due to her lack for financial or other support, had been to give birth at a birthing clinic. While the shop girl's poverty is a contributing factor to admission to the birthing clinic, the main focus of the narrative in *Halbtier!* is on the shop girl's gender and how

her pregnancy and her mistreatment by men led to her eventual anonymous death at the birthing clinic. In *Arbeit*, by contrast, Josefine never finds out why the seamstress committed suicide. Whereas Isolde was led to witnessing the dissection by her knowledge of personal facts about the girl's life, Josefine try to reconstruct the possible reasons for why the seamstress committed suicide. Given the lack of information about the seamstress's background and whether her suicide is a direct consequence of her gender, the main critique voiced in the dissection scene in *Arbeit* is of the seamstress' poverty, which led to her body's dissection in the anatomic theater. The fact that in both novels a joke by a professor in the anatomical theater is mentioned serves to underscore the different emphases that the two novels place on the importance of gender in both novels. In *Halbtier!*, the joke is not stated verbatim, but rather, the misogynistic intention of the joke is highlighted, interpreted by Isolde as "ein Witz so voller Weib-Verachtung" (*Halbtier!* 157; Woodford 150). In contrast, the joke in *Arbeit* is quoted directly, and it focuses not on the woman's gender, but on her status as a member of the lower classes.

In both novels, the experience of witnessing, and in Josefine's case participating in, the dissection of a female cadaver leads to the awakening of Isolde's and Josefine's social consciousnesses, with both characters deciding to take action against the inequalities exemplified by the medical dissections. In Isolde's case, this awakening takes on the form of her decision to improve the situation of poor, unwed mothers by going to the *Frauenverein* to seek a political platform from which to enact change. For Josefine, her growing social consciousness initially drives an attempt to overhaul the entire medical system such that lower-class bodies would no longer be exploited for medical studies, and such that their male peers and professors would treat female medical students

with more respect. Later in the novel, Josefine continues to enact change through her own medical practice, in which she practices and advocates for a more dignified and humane patient treatment characterized by compassion. Isolde's and Josefine's foci of their activism, much like the foci of the two different dissection scenes, differ: Isolde's activism focuses on improving poor, unwed mothers' lives, while Josefine's focus is on improving all lower-class patients' lives regardless of their gender. Isolde, a mere witness to the dissection, cannot use her own medical practice as an avenue to affect change, whereas Josefine is able to change the lives of her patients by providing them with more dignified medical care.

3.2. Becoming a (Female) Doctor: Clinics, Hubris, and Humanity

Once Josefine completes her studies in the anatomy lab, she moves on to working with living patients at a clinic. Her time in studying anatomy is distinguished by her status as an outsider (both as one of the few female medical students, and as the only medical student willing to voice her objections to the *status quo*) and by her identification with the seamstress's cadaver. During this time, Josefine is unable to achieve the objectivity prized by the medical studies curriculum. After a time at the clinic, however, Josefine momentarily achieves the desired level of objectivity and detachment from her patients, but it is precisely that moment when she realizes that she has become a practitioner who sees her patients as objects to be studied, and this epiphany is imperative for her development as a doctor. This moment of self-reflection about the extent to which she has internalized her professor's inhumane patient treatment allows her to reconsider, and from then on to practice medicine with the more compassionate bedside manner that

is the defining characteristic of Josefine's career as a more dignified patient care provider.

The text shows Josefine as reflecting closely about female medical students in general and herself in particular:

> [D]iese Medizinerinnen konnten oder wollten nie über ihren Beruf hinaussehen, sie schoben alles Grübeln als unfruchtbar weit von sich und suchten ihr Ziel auf möglichst schnellem Wege zu erreichen. Dann wollten sie ihren leidenden Geschlechtsgenossinnen nach Kräften in allen Leibesnöten beistehen und sich selbst eine geachtete Stellung in der Gesellschaft erwerben. (…) Auch sie war zu diesem Studium gekommen, um eine geachtete Stellung in der Gesellschaft, dazu Brot für ihre Kinder und ihren unglücklichen Mann zu erwerben. (…) Die ersten Jahre ihres Studiums waren in glücklicher Täuschung verflossen, ihre heiße Arbeit schien so planvoll, so unbestechlich, so ehrlich und erfolgverheißend. Und nun, in den Kliniken, brachte ihr jeder Tag eine neue, furchtbare Erleuchtung. (*Arbeit* 57)

Josefine identifies commonalities between her own and the other female medical students' desires to become doctors in order to help women in need, in order to elevate their own social standing, and in order to provide for their families. Even though Josefine initially matriculated in medical school for similar reasons as did her female colleagues, her perspective on medicine and its practitioners changes over the course of her studies as she discovers the inequalities based on gender and socio-economic status inherent in the medical system (*Arbeit* 57; Woodford 144; Weedon 60).

Her time at the clinic is crucial to Josefine's development. The description of Josefine's work at a clinic after she completes her third medical school exam depicts her struggle to reconcile knowledge attained from books, teachers, and cadavers with the reality of treating live patients: "Die 'wissenschaftliche' Haltung, welche vor den Leichen des Präpariersaals mühsam errungen worden, zerbrach vor dem lebendigen Leiden, vor dem Stöhnen und Ächzen, dem Wimmern der Angst, dem Schreien der Qual, vor dem

trostsuchenden Fleheblick der gepeinigten Kranken, vor ihrem hilflosen Hinabsinken in die unersättliche Grube" (*Arbeit* 51). The diction in this passage juxtaposes the "wissenschaftliche Haltung" medical students are supposed to acquire in their studies with the way doctor-patient interactions unfold at a clinic, with the latter characterized by multiple nouns denoting suffering and pain. The human suffering that characterizes Josefine's work at the clinic is depicted in terms of a soundscape of non-articulate groans and other utterances of pain.

In addition to Josefine's struggle to transition from working on cadavers to working with living patients, the efficacy of clinics is called into question for their supposed fostering of medical discoveries intended to alleviate this human suffering:

> Alles, was bestand, war gut in den Augen derer, die aus diesem Stand der Dinge Vorteil zogen. Zur Ergänzung der heutigen Gesellschaftsordnung (…) gehörten ganz notwendig diese schönen Hospitäler mit den prachtvollen Operationssälen, mit den sinnreichen Operationstischen aus Glas und Eisen, mit den eleganten Glasschränken voll blitzender Instrumente zum Abschneiden der zerschmetterten Arme und Beine, mit den vervollkommneten Tobzellen für die Tobsüchtigen, mit den Röntgenstrahlapperaten zur Behandlung der Tuberkulosen (…) Alles dies mußte sein. Die Humanität erforderte dies. Die Humanität erforderte, daß die Glastische zum Abschneiden der zerschmetterten oder verfaulten Arme und Beine von Glas und Eisen seien, (…) aber keinem fiel es ein, daß die Humanität eigentlich erforderte, daß man Mittel ausdächte, wie alle diese so außerordentlich human aussehenden, grausig- appetitlich sich darstellenden Personen und Dinge überflüssig zu machen seien. (*Arbeit* 61)

In this section, Frapan employs anaphora to list new medical discoveries such as x-rays, discovered by the German physicist Wilhelm Conrad Röntgen in 1895, and their use in clinics to help doctors diagnose and treat patients. Rhetorically, Frapan's new definition for the term *Humanität* highlights Josefine's growing critique against the medical system. As each new medical discovery, apparatus, or invention is listed, the narrator

hypothesizes the humanitarian impulse that drove the researchers to create them. For Josefine, this type of *Humanität* is not true to the meaning of the word, as these discoveries did not come about out of a desire to help other people, but rather served the researchers' own needs for recognition and profit and for a *Daseinsberechtigung* for their profession. Implied in this ironic critique is the notion that true *Humanität*, for Josefine, should instead entail treating the root of patients' problems (in this case, the poor working and living conditions for people of the lower classes) by making their need for medical assistance obsolete.

Consequently, in addition to scrutinizing the treatment of lower-class patients in the clinics, which in turn uses their bodies as sites for experimentation and for the education of future medical personnel, Frapan also more generally criticizes the systemic conditions that lead to lower-class patients seeking out medical assistance at a clinic. Through Josefine's experiences, thoughts, and actions, Frapan argues that if the living and working conditions of the lower classes were improved, then they would have less need for medical attention. The medical system, according to Frapan, is only able to benefit from using lower-class patients' bodies in the medical education system because of their poverty, which leads them to seek out medical treatment for illnesses or injuries stemming from their social circumstances. For Frapan, the need for medical attention should be eliminated as much as possible, especially when it is due to poor working and living conditions that could be improved through social change. However, when people from the lower classes do require medical attention, their treatment as patients should be as dignified as possible.

As part of the system focused on advancing medicine rather than on the best interests of its patients, the doctors like the male doctor speaking in the following quotation feel in control because they perceive themselves to hold power over their patients' lives: "Und er sagte: (…) 'Inzwischen probieren wir, inzwischen experimentieren wir und fühlen uns Herren über Leben und Tod. Unter unseren Händen quillt das jüngste Leben ans Licht. Wir übergeben es dem Licht, wie wir den Sterbenden dem Grabe übergeben. Wir beherrschen das Leben vom Ende bis zum Anfang, vom Anfang bis zum Ende'" (*Arbeit* 52). Josefine evokes the collective voice of all medical doctors by letting an unidentified male doctor ("er") speak using the first person plural personal pronoun "wir." Important to note in this passage is that the male doctor uses "Herren über Leben und Tod," which firmly roots the doctors' mastery he sees doctors having over life and death as a male mastery. In this passage, Frapan gives voice to the hubris she sees emanating from male doctors, who feel that they hold power over life and death because they assist in births, the life-giving moment in a person's life, and either try to prolong life through medical interventions or use palliative measures to ease a patient's discomfort while dying. Josefine describes the doctors as "sicherheitstrunken" by the power they perceive themselves to possess (*Arbeit* 53). At this point in the novel, Josefine distances herself from the "we," the collective voice of the male medical doctors; yet later in the novel, after several transitional moments, she includes herself in the collective voice of the medical profession.

Josefine speaks up again and voices her discontent with treatment of patients at the clinic after a professor forces a patient to turn his face towards him and the medical students in order for the medical students to observe the dying man's last breaths. The

doctor feels insulted at Josefine's objections; "er haßte diese weiblichen Studierenden. Ihre Mißbilligung war eine Kritik seiner Sicherheitstrunkenheit, darum waren sie ihm zuwider" (*Arbeit* 53). Frapan frames this exchange between the male doctor and Josefine as a direct confrontation between a male doctor and a female medical student, drawing attention the conflict as centered on each party's gender. Frapan depicts female medical students as the ones who question male doctors' treatment of their patients. Through Josefine's perception of the altercation, the male doctor's reactions to her are described as being negatively biased by his unfavorable view of female medical students.

The same doctor then asks Josefine to perform an examination of a male patient. Josefine believes that the doctor is not concerned with creating a learning opportunity for her to practice her skills, but that he wants her to perform the examination as a punishment for her insubordination:

> Ein kranker Mann lag vor dem Auditorium. Der Sicherheitstrunkene hieß den Wärter den Kranken entblößen. Noch weiter! noch mehr! ganz! Er hieß den entblößten Kranken auf einen Stuhl stellen, überall frei sichtbar. Und dann blickte er sich suchend um und rief Josefine zur peinlichsten, verletzenden Untersuchung. Peinlich und verletzend war die Untersuchung für den Kranken. Peinlich und verletzend war die Untersuchung für die Untersuchende. Peinlich und verletzend war die Untersuchung für die diensttuende Schwester. Peinlich und verletzend war der ganze Auftritt für die Studierenden. Und diese peinlichste, verletzendste Untersuchung war völlig nutzlos, war nur eine Strafe, war nur eine Rache, war nur eine Rohheit des frauenfeindlichen deutschen Professors. (*Arbeit* 53 – 54)[51]

The anaphoric repetition of "peinlich und verletzend war die Untersuchung" gives this section a rhythmic quality as well as emphasizes the high degree to which the

[51] In the novel, Helene Begas, a female mathematician and Josefine's roommate, mentions that the situation for female university/medical students in Germany is worse than in Switzerland. Female students in Germany, according to her, could face harsher consequences for voicing their opinions than does Josefine (*Arbeit* 96). Weedon also places importance on Josefine being Swiss and not German because she is "thus less confined by legal and social constrictions" (Weedon 59).

examination was embarrassing and offensive. In each variation of this sentence Josefine names another party for whom the examination is embarrassing and offensive: the patient, Josefine, the attending nurse, and the medical students. The frequent use of the repetition of the negative attributes of shame and violation highlights how Josefine interprets the doctor's request as an affront to her dignity and to that of the people present during the examination.

The doctor who ordered the examination is, contrarily, not included in this enumeration. Rather, he appears in the next sentence, when the examination is described as a useless punishment through which the doctor chose to take revenge against Josefine for questioning his authority. Through this use of anaphora and by using Josefine as the focalizer through whose eyes the reader experiences the scene, Frapan seeks to elicit feelings of outrage with the doctor's treatment of his patient and his students. In the explanation of the doctor's reason for selecting Josefine to perform the examination, the use of the word "nur" forbids alternative interpretations of this scene – he could only have made her do it out of revenge. This clear-cut depiction of the doctor as the one holding the power over both the patient and Josefine portrays and critiques a hierarchy in which any dissent toward the ideals espoused by the medical system, or the attributes of any marginalized status, leads to undignified treatment within the system.

While Josefine tries on this occasion to voice her discontent, she also tries to gain access to the higher ranks of this hierarchy, temporarily internalizing and enacting the very behaviors to which she previously saw herself as diametrically opposed. This takes place during Josefine's studies at the clinic when she assists in the case of a seamstress who is at the clinic for her tenth operation for tuberculosis. Josefine criticizes an

anamnesis that the medical community proposes about the seamstress's case in a medical journal (Woodford 151). The section of the novel devoted to Josefine's interaction with the tuberculous woman begins with what Josefine describes as a dry account in a medical journal of the woman's nine operations. Each operation is described in terms of the date the operation took place, which body part was treated, and what the treatment was (*Arbeit* 61 - 62). Frapan juxtaposes this factual account with Josefine's emotionally charged encounter with the seamstress, in which the patient recounts her six-year medical journey, culminating in a tenth operation, to Josefine, who meets the woman after her last operation and listens to the seamstress's life story about the poor living and working conditions that led to the woman's illness. Over the course of this conversation, the seamstress questions the necessity of the many operations to prolong her life, and whether it would have been better for her to have died earlier to avoid the pain and suffering she had endured over six years of intensive medical interventions (*Arbeit* 62; Woodford 151).

Woodford describes the outcome of this interaction in the following manner: "While the professors have been looking for physical symptoms that they can understand and treat, Josefine can see the social causes of the woman's ill-health, which require different interventions in public hygiene and welfare to make any difference" (Woodford 151). Although Josefine does listen to the woman's story, and she does come to the conclusion that societal change is necessary to prevent lower-class patients' need for medical interventions, Woodford's interpretation of this section of the novel fails to account for Josefine's behavior during her encounter with the seamstress, or for Josefine's self-reflective analysis of the part she herself plays in perpetuating the

seamstress's illness narrative. Woodford reads this passage as "a conflict between [Josefine's] emotional connection with the patients and the cold rationality of their treatment as merely objects of an experiment or learning process" (Woodford 151). However, this section of the novel describes not a conflict, but rather, it depicts Josefine behaving in accord with the norms of her profession. If there is any conflict at all in this encounter, it is between Josefine's identification with her new profession and the empathy and compassion she had earlier felt toward the deceased seamstress she dissected in the anatomic theater—until she reflects on her behavior and realizes what she has become.

Upon learning that the hospitalized seamstress earned her living by sewing button holes, Josefine tabulates how many button holes the woman would have had to sew in order to earn her weekly wage. While the woman recounts the poor living and working conditions she had endured, Josefine apparently unconsciously continues her calculations; Frapan constructs this section such that the reader is only made aware of what Josefine is doing once the woman's account is over. The reader first processes only the woman's story, but once Josefine realizes what she has been doing, the reader becomes aware of the behavior as well:

> Josefine sah wie erschreckend auf das Notizblatt, das mit Zahlen bedeckt war. Sie hatte diese Ziffern geschrieben, sie hatte die Summe der Knopflöcher berechnet, während die Arme vor ihr den kurzen, furchtbaren Bericht gab über das, was ihr Leben gewesen war. Die Tatsache traf Josefine wie ein unerwarteter Blick in den Spiegel. Sie erblickte sich selbst, und sie sah in ihrem eigenen Bilde das Bild aller Menschen ihrer Kaste und ihres Berufes. „Ja! ja! ja! das sind wir! so sind wir! wir rechnen, während sie verbluten! Wir rechnen, und wir glauben, daß wir etwas für sie tun, wenn wir die Schweißtropfen zählen, die sie für uns vergießen! Das ist die Wissenschaft! So ist ihre Stellung zum lebendigen, leidenden, blutenden Leben! Nie, nie, nie wird dem lebendigen, leidenden blutenden Leben durch die Wissenschaft Hilfe kommen!" (*Arbeit* 64 – 65)

Here, Josefine realizes that she has just exhibited the same behavior she previously condemned in her mostly male colleagues. Instead of focusing her attention on the woman's account and exhibiting the important (stereotypically more feminine) characteristics that a doctor should possess of compassion and empathy, she had concentrated on quantifying the woman's life in the number of buttonholes she has sewn. After Josefine comes to this realization, the narrative continues as a verbal exclamation in which Josefine uses the first person plural to denote that she includes herself in the voice of her profession as a result of her behavior alignment with the norms that she internalized from her instructors and colleagues. Her subject position moves from that of herself as an individual to that of the collective of the medical profession. By using direct speech, Frapan foregrounds Josefine's perception of herself as having been absorbed into the collective "we" of the medical profession she had previously so vehemently critiqued.

In the passage's figurative mirror, Josefine finds the norms of the medical profession reflected in her own behavior, and she is horrified by what she sees. Even though she now includes herself in the collective "we" of the medical establishment, she does not see this inclusion as a positive development; rather, she is self-reflective and criticizes that this type of patient treatment is not conducive to helping patients. This moment influences her for years to come: "Oft noch in späteren, stumpferen Jahren gedachte Josefine dieser Augenblicke vor der verstümmelten Kranken, wo in ihre bittere Verzweiflung die ersten Tropfen der Selbstverachtung geflossen waren" (*Arbeit* 65). Josefine's interaction with the tuberculous seamstress marks a turning point for her, after which time she recalls feelings of shame over the way she treated her patient to remind herself to enact more humane patient treatment in her medical practice.

3.3. Birthing and Regaining Humanity: A New (Feminine) Model of Doctoring

While the previous section shows that Josefine has internalized certain behavioral patterns she condemns, it also shows that she immediately recognizes that her behavior fails to align with her philosophy of humane medical practice. After this turning point, the novel focuses on Josefine's relationships with her roommates and Hovannessian, returning to a portrayal of Josefine practicing medicine when she performs her first solo procedure. After her moment of self-reflection, Josefine does practice medicine in the more humane way she envisioned as a counterbalance to the undignified patient treatment she encountered during her medical studies. Once Josefine has progressed through her studies and works at a clinic as a resident, she is allowed to perform her first solo-procedure as a doctor: assisting a woman in giving birth. It is crucial for Josefine's character development specifically that her first unsupervised procedure is assisting a birth. In this birthing scene, a woman takes on the role of doctor, which in the context of birthing assistance was traditionally reserved for men,[52] and Josefine provides her patient with care that appears to incorporate the patient-centered, holistic approach of midwifery into the practice of a medical doctor. Unlike the scenes in the novel about Josefine's time as a medical student, the birthing scene is devoid of any critiques of the medical system, focusing instead on the way the birth unfolds and on Josefine's role in facilitating the birthing process for her patient. In this scene, Josefine is able for the first time to practice, by herself and without any outside intervention, the more dignified and humane type of medicine she imagined earlier in the novel. The birth taking place in this scene is not only

[52] From the 1750s onwards, with the emergence of birthing clinics, male doctors were usually called to assist a birth if complications arose that required medical intervention. Otherwise, midwives were the ones who assisted births.

the literal birth of a baby, but also the symbolic birth of Josefine as a doctor. Before assisting in this birth, Josefine had contemplated suicide; the fulfillment she feels after performing her work to her satisfaction deters her from taking her life. Thus, the birthing scene reflects a moment of personal growth for Josefine as she looks beyond herself and her problems to another person who needs her help.

In the description of the birthing scene, only three women are present for the birth (Josefine, the *Oberwärterin*, and the woman giving birth), and no men are in attendance. Josefine is called to the scene as the attending doctor, and due to emotionally taxing issues in her private life, she arrives at the clinic in a frazzled state of mind: "Die Oberwärterin guckt sie befremdet an, die Praktikantin Josefine scheint ihr viel zu aufgeregt (…) Aber wie sie den Hut abgelegt hat und die Handschuhe wegtut, hat sie ja schon ein ganz anderes Gesicht. Die Erregung ist wie weggewischt, hier ist nur tiefer Ernst und ein Aufgehen in ihrer Aufgabe" (*Arbeit* 105). Based on her job title, the *Oberwärterin* presumably has extensive experience working at a clinic and overseeing personnel, including medical students and residents. She has most likely seen many medical students and residents arrive for the first medical procedure they will perform unsupervised. The reader can logically assume that the *Oberwärterin* can read the state of mind of a student or resident, and her implied authority also lends credibility to her assessment of Josefine's state of mind. Josefine's demeanor is described in this passage as changing completely upon her arrival at the clinic, as having "schon ein ganz anderes Gesicht." The emotional upheaval reflected from Josefine's private life is exchanged for a steadfast dedication to her work, and her facial expression changes from agitation to

earnestness. Through the *Oberwärterin*'s observation of her, Josefine is portrayed as gaining confidence in her abilities as she enters the clinic.

When she enters the space of the hospital, the *Oberwärterin* calls her a "Praktikantin" twice, which shows how in the eyes of the clinic personnel, she not quite yet a self-sufficient doctor, but still a doctor-in-training (*Arbeit* 105). Once she is on her own with her patient, however, she is referred to in terms of her function in relation to her patient: during the birth, Josefine is called both an "Ärztin" and a "Helferin" (*Arbeit* 105 – 106). For the *Oberwärterin*, Josefine is an apprentice, but for the woman giving birth, Josefine is her doctor and assistant. This focus on Josefine's function with relation to these two women shows that Josefine identifies and is identified by other characters as a doctor and a helper to her patients, signaling an acceptance of her new status by other medical professionals and by her patients. The birthing scene depicts Josefine as having arrived in her chosen profession as the type of medical professional she envisioned herself to be. Josefine's new model of empathetic and compassionate medical practice, beginning in the birthing scene, shows Josefine combining her ability to identify with her patients with the patient treatment skills she acquired in her medical studies.

Even though Josefine has begun to identify herself with the collective "we" of the medical establishment, she does not perform her medical duties like the male doctors and medical students described in Book Two. During the birth, Josefine exhibits the compassion and empathy that she had previously found lacking in medical students and doctors during her studies at the clinic and in the anatomy lab, and that she also set as a goal for herself at the end of the previous section.

> Am Bett der sich windenden, schreienden Frau gewinnt Josefine alle Ruhe wieder. Das arme Dienstmädchen, das in seinen Schmerzen um den Tod winselt – sie besänftigt es liebevoll, weist es zurecht, sagt ihm, daß es leben müsse, um ihr Kind zu geben. Und das seltsame blinde Gesetz des Lebens um jeden Preis ergreift sie beide, die Gebärende und die Ärztin. Wem gebe ich mein Kind? Dem Licht? dem Tage? der Finsternis? grausamer Verfolgung? Die Arme fragt es nicht, sie duldet, sie hält aus. Und in demselben blinden Lebensdrang, der die Mutter beherrscht, tut mit Kraft und mit keinen Augenblick erschlaffender Umsicht die Helferin, was sie zu machen hat. Den ganzen Abend bleibt sie, die ganze Nacht am Bette der Ringenden. (*Arbeit* 105 – 106)

Here, Josefine demonstrates a compassionate bedside manner in which she acknowledges and does not diminish the pain the birthing woman feels. Whereas Josefine had not truly attended to the tuberculous seamstress's pain, she responds to the birthing woman's pain and tries to alleviate it. Josefine's changed response to the birthing woman's pain shows that her realization about her lack of compassion in her interaction with the tuberculous seamstress prompted Josefine to change her behavior and to treat her patients in a more empathetic manner.

Josefine gives the birthing woman directions in a dignified way, and is not described performing any unnecessary or hurtful examinations. Unlike when Josefine was forced by her professor to examine a male patient in front of her peers and hospital staff, Josefine avoids making medical treatment a negative experience for either the patient or herself as the practitioner. Her practice also differs from the way examinations in birthing clinics have been described as undignified and harmful by historical sources, such as Schlumbohm's study on the use of women as anatomical models who had to give birth in front of large audiences and were often examined by multiple medical practitioners; this practice, in addition to causing emotional and physical discomfort, sometimes led to further medical complications for the women giving birth

(Schlumbohm, "Der Blick" 177, 185; Schlumbohm *Lebendige Fantome* 7). Josefine stays with the birthing woman all night, thinking only of the needs of her patient, which is reminiscent of Reuter's description of the midwife performing her duties without considering her own needs in *Das Tränenhaus*. Here, Josefine embodies the principles of midwifery, providing the birthing woman with compassionate care that does not center on medical interventions, but rather focuses on providing support for the woman giving birth. The novelty Frapan is depicting here is that the woman assisting the birth all night, a role that traditionally would have been filled by a midwife, is actually an academically-trained doctor.

The earlier scene in which Josefine identifies with the deceased seamstress in the anatomical theater and draws parallels between their shared experiences of motherhood gives an early glimpse into Josefine's journey towards becoming an academically-trained female doctor who provides patient-centered care. In the birthing scene, Josefine is once again shown to empathize with her patient based on her own insight into the struggles of motherhood when, in the middle of the passage, a series of questions is asked in the first person singular: "Wem gebe ich mein Kind? Dem Licht? dem Tage? der Finsternis? grausamer Verfolgung?" (*Arbeit* 105). It is unclear who asks these questions – it is not the birthing woman, though it is suggested that these questions may also be on her mind. It appears as though these questions are on both Josefine's and her patient's minds, and yet, they are not attributed to either of the women. Perhaps this narrative choice is a nod to the universality of the uncertain thoughts that visit all women in childbirth, or perhaps this set of questions is shared only between the servant girl and the doctor, herself a mother, assisting her as she gives birth.

The birthing scene comes at a pivotal point in the narrative for Josefine, as she is once again, contemplating suicide. At the beginning of the scene, the *Oberwärterin* wonders: "Weiß diese Praktikantin auch, daß hier zwei Menschenleben von ihr abhängen?" (*Arbeit* 105). Because of Josefine's frazzled appearance when she enters the clinic, the *Oberwärterin* questions whether Josefine is aware of the gravity of the situation – that when assisting a birth, the doctor is both responsible for the life of the woman giving birth and the life of the unborn child. The importance of Josefine's encounter with someone else's life-or-death situation while she is having suicidal thoughts is underscored when, at the end of the scene, the narrator intimates that Josefine would have taken her own life, had she not been called to assist this birth: "In dieser Nacht, in der sie gewünscht hatte, sich das Leben zu nehmen, in der sie sich das Leben genommen hätte, wäre sie ein freier Mensch gewesen, nicht eine Mutter und Helferin – in dieser selben Nacht verhalf sie einem Wesen zum Leben und erhielt das andere in seinen Nöten" (*Arbeit* 106). While the roles she inhabits, those of mother and helper, have brought about a sensation of confinement and imprisonment, her ties to her family and to her community give her a reason to live. Josefine has preserved herself through her distress by helping someone else. The interpretation that assisting in the servant girl's birth saves both her life and that of mother and child is further supported by the reference to both women finding a renewed will to live "in demselben blinden Lebensdrang" (*Arbeit* 105 – 106). Here, the will to live is blind and indiscriminate as it applies and takes a hold of both the birthing assistant and the woman giving birth.

It is crucial that the traditionally female-centered event of birthing is the first scene in which Josefine comes into her own as a doctor. In this scene, Josefine enacts the

values she advocates for in Book Two in her own medical practice. She is compassionate towards the woman giving birth; there is no undignified treatment of the patient by her doctor. The birthing scene at the clinic is devoid of competition or harassment from male medical students or doctors, and in this female space, Josefine is able to be compassionate and empathetic towards her patient. Frapan's choice to have Josefine first enact these character traits of a more humane medical doctor while assisting a birth is logical, as she draws on the traditional narrative of birthing being an event normally assisted by women. Frapan adds a new dimension to this traditionally female event by showing one of the first female medical students in Switzerland assisting a birth as a doctor, not as a nurse or as a midwife. In this portrayal, Frapan advocates for the benefits of educating women to be doctors because they, like Josefine, should be able to combine medical knowledge with a more compassionate and patient-centered approach to treating patients (Woodford 146). The birthing scene, which has not been analyzed in the secondary literature available on *Arbeit*, is the key scene in which Josefine is first shown to provide more patient-centered and empathetic patient care.

In this scene, it is only briefly mentioned that the woman giving birth is a *Dienstmädchen*, a servant girl. The names used over the course of the birthing scene for the mother-to-be are indicative of a progression in the way Josefine views her patient. Here, Josefine, on a smaller scale, goes through the same stages she had previously experienced during the years of her medical studies: She identifies with her patient, shows compassion for the treatment the woman receives because of her social class, and then acknowledges and responds to the humanity of the patient, which results in Josefine providing compassionate patient care.

At first the woman is described as a "sich windende[ ], schreiende[ ] Frau" (*Arbeit* 105). Here, the emphasis is first placed on her womanhood, which highlights the gender of Josefine's first patient as a doctor acting alone in her professional capacity. The woman is described as writhing and yelling, indicating that she is in labor and is experiencing a lot of pain during her contractions; she is later referred to as the "Ringende," further emphasizing her pain and struggle during childbirth (*Arbeit* 106). The reader learns more about the patient's identity when she is referred to as a "Dienstmädchen" (*Arbeit* 105), which denotes the woman's socio-economic status and profession. To readers at the time, the woman's profession and the fact that she is giving birth alone and at a clinic would have conjured up images of the maid who was impregnated by her employer or by another suitor who, like Isolde's brother in *Halbtier!*, was unwilling or unable to legitimize her pregnancy through marriage.[53]

By using the ambiguous term "die Arme" to describe the patient as she is in the throes of labor, Frapan highlights both the woman's precarious and potentially dangerous situation while giving birth, and the woman's low socio-economic status (*Arbeit* 105). On another level, it also suggests that the woman is pitiable and that her situation calls for a compassionate reaction. Finally, the woman is called "die Gebärende" and "die Mutter" as she progresses closer to delivering her child, highlighting both her current state of being and the projected outcome of her labor pains (*Arbeit* 105 – 106). At the end of this progression of names, Josefine uses the term "Mensch" to describe the woman (*Arbeit* 106). The other names for the woman giving birth all referred specifically to the woman's

[53] Examples of this trope can be found in Gabriele Reuter's *Aus guter Familie* (1895) and *Das Tränenhaus* (1908), and Clara Viebig's *Das tägliche Brot* (1900).

sex, and to the birthing process. By using the term "Mensch," Frapan refocuses Josefine's desire to help the woman on her humanity and not on the woman's gender.

Josefine using "Mensch" to describe the birthing woman at the end of the scene is also symbolic of Josefine's finally being in a position, because she is now allowed to practice medicine on her own terms without supervision, to enact the humane patient treatment she envisioned during her medical studies, providing dignified patient treatment regardless of a person's gender or socio-economic background. After Josefine had caught herself practicing the type of detached and distant bedside manner she observed in her professors, she had acknowledged her similarity to them, and realized that this type of behavior was opposed to her philosophy of practice. The birthing scene represents a watershed moment for Josefine in which she is able to practice the dignified and empathetic bedside manner that is truly representative of her ideals for a humane medical practice. At the end of the birthing scene, Josefine experiences contentment with the way she handled the birth and feels like she has accomplished what she had set out to do: "Eine Ruhe, wie sie ihr lange fern geblieben, senkte sich mit der Ermüdung der Muskeln auf ihre Sinne. Als habe sie ein Ziel, ein langersehntes, jetzt unverhofft erreicht" (*Arbeit* 106).

For the rest of the novel, Josefine remains a champion for patients' rights and advocates for more humane treatment of all patients, regardless of their gender or socio-economic background. Her public appearances at socialist gatherings give her a platform to argue for workers' rights, and her publications advocating for child welfare reach a broad audience (*Arbeit* 157, 191). Through her public outreach in the form of speeches and publications and the completion of her dissertation, a highly unusual accomplishment

for women at the time, Josefine contributes to the body of academic medical knowledge and also advocates for marginalized groups.[54] In the birthing scene, Josefine gains confidence in her abilities as a doctor and enacts the humanitarian principles for which she later publicly advocates.[55]

[54] The novel ends with a bedridden man contacting Josefine to help him help two orphaned boys receive better treatment in their foster home. This section shows that Josefine's reputation for being a champion of children's welfare has preceded her, and it highlights the wide-ranging effect of her advocacy (*Arbeit* 187).
[55] Josefine's humanitarian engagement mirrors Frapan's own real-life activism in the *Bund für Mutterschutz* and the *Zürcher Vereinigung für Kinderschutz* (Borst 171; Einsele 19; Holzinger 199; Kraft-Schwenk 61 - 67).

CHAPTER 4: GABRIELE REUTER'S *DAS TRÄNENHAUS* (1908)

Gabriele Reuter is often named as one of the most prominent fin-de-siècle women writers whose works were widely read between 1895 and 1914 (Tebben, "Psycholgie und Gesellschaftskritik" 285; Mellmann 286). Reuter's most well-known novel, *Aus guter Familie*, published in 1895, became a bestseller and was extremely successful, with 28 editions published before 1931 (Mellmann 287; Tebben, "Gott im Himmel" 298; Beuys 89). Reuter was a quite prolific writer who, along with various other women writers at the time, explored what women's lives where like at the end of the nineteenth century. Reuter, like Böhlau and Frapan, was not afraid to question the current social order and its impact on women's lives. Although the topic is portrayed only in a minor sub-plot of the wildly successful *Aus guter Familie*, the issue of unwed mothers and their children was to become a larger focus of her subsequent work (Hock 111).

In her novel *Das Tränenhaus*, first published in 1908, Reuter constructs a narrative surrounding the life of fictional figure Cornelie Reimann, a well-known author who writes about women's issues and rights. Once she becomes pregnant with her daughter Gerda, Cornelie decides to leave her familiar surroundings to go to the Tränenhaus, a house for unwed mothers who need a place to stay while they are pregnant and when they give birth. Unbeknownst to Cornelie before going to the Tränenhaus, the house is run by a midwife who takes advantage of the women in her care, yet despite

these shortcomings, Cornelie decides to stay there because of the other unwed mothers at the house with whom she forms a strong bond.

Even before the novel was published, Reuter announced its imminent publication in *Westermanns Illustrierte Monatshefte*, stating that the novel deals with the "traurigsten Kapitel in der Leidensgeschichte des Weibes" caused by "die Verfolgungswut des herrschenden Sittenkodex" (Beuys 205). The explosiveness of the topic, which called into question the status quo of treating unwed mothers as social pariahs, elicited a less than enthusiastic response from critics. On January 31, 1909 Reuter was supposed to give a reading at the *Württembergischen Verein für Mutterschutz*, but anticipation of a potential political uproar around her reading caused a last-minute cancellation of the event (Mellmann 295 – 296; Beuys 211). While today's scholars of Reuter's work appreciate her for her progressive ideas and bold choice of subject matter, literary critics of her time, especially members of the more moderate faction of the bourgeois women's movement, were put off by the beliefs Reuter articulated in novels such as *Das Tränenhaus* (for example, that traditional concepts of marriage were outdated and that other family configurations such as working, single mothers and their children should be embraced rather than ostracized by society) (Tebben, *Literarische Intimität* 172). Even though critics did not write favorable reviews of the novel, the public did read it, perhaps precisely because of the taboo topics it candidly addressed and because of the controversy that ensued (Beuys 206).

About 180,000 children were born out of wedlock each year around the turn of the century (Schneider 72; Evans, 121; Beuys 209). In 1905, 53 public figures, including Sigmund Freud and Gerhart Hauptmann, petitioned for the establishment of a *Bund für*

Mutterschutz, using the motto "180 000 uneheliche Kinder" as the slogan for their campaign (Beuys 209). Their campaign came in response to public debate about new legislation concerning paternity of children born out of wedlock, introduced in 1900 in the new *Bürgerliches Gesetzbuch* (BGB). According to these new laws, a child born out of wedlock became the charge of its mother and was not related to its father. While it was the mother's duty to take care of the child, the child legally became a ward of the state (Beuys 210; Woodford 123).[56] In addition, it was widely known that illegitimate children were more likely to die before their first birthdays than were children born to married parents: within their first year of life, thirty-four percent of illegitimate children died, a rate twice as high as amongst children born to married parents (Beuys 210). *Das Tränenhaus* fueled the flames of these ongoing widespread political and legal debates about the situation of unwed mothers and their illegitimate children.

For Reuter, public discourses surrounding unwed mothers and their rights (or lack thereof) did not sufficiently consider the fact that any healthy child, born in or out of wedlock, is an important member of society (Woodford 125). Reuter's pronatalist tendencies at the turn of the century were grounded in newly emerging public interest in eugenics; Reuter argued "for the importance of protecting all healthy human life, regardless of the circumstances of the subject's birth, in order to improve the state of the nation" (Woodford 133). As part of her effort to destigmatize unwed motherhood and to help protect mothers and their children, Reuter fought against the discriminatory legislation of the BGB in the *Bund für Mutterschutz* (BfM) in Munich and was listed as one of the authors of BfM's journal *Mutterschutz*, retitled as *Die Neue Generation*

[56] This law remained in effect in Germany until 1998.

starting in 1908 (Beuys 210; Woodford 133). Eventually, she decided to focus primarily on creating literary works because she felt that her literary efforts could be of more help to the cause (Diethe 177). Another factor influencing her decision to reserve her political activity for her literary works was her recognition of the good leadership in place in the women´s movement, which meant that she did not feel compelled to contribute to the cause in a leadership capacity (Beuys 309).

Reuter's initial interest in the cause was a personal one: on October 28, 1897 Reuter gave birth to her daughter Elisabeth Reuter, called Lili, in Erbach, Württemberg (Beuys 208 – 209; Hock 103; Woodford 133). Reuter kept the identity of the father a secret during her lifetime; only in the twenty-first century was Lili's father revealed to be Benno Rüttenhauer (Beuys 208 – 209). Reuter, who never married the father of her child, gave birth to her daughter in a setting similar to the one she describes in *Das Tränenhaus* (Diethe 178; Tebben, "Gott im Himmel" 301). The circumstances surrounding the birth of the author's child are not the only autobiographical elements in the novel as Reuter, like her fictional character Cornelie, "exulted in the birth of her child and regarded this as her most important achievement" (Diethe 178). Critics have consequently called the novel a *Schlüsselroman* for Reuter; because of its clear political leanings towards exposing the double standard between the treatment of male and female sexuality and the stigmatization of single motherhood, it has also been categorized as a *Tendenzroman* (Beuys 209; Hock 113).

The strong political views expressed in the 1908 version of *Das Tränenhaus*, were toned down for the republication of the novel in 1923/26.[57] It was republished in a

[57] Woodford references a 1923 edition of the novel, and Carsten Dürkob references a 1926 version. It appears as though both versions include the changes discussed in this section of the dissertation.

shortened format, with eight chapters cut from the twenty-four chapter 1908 original; other editorial revisions Reuters undertook presented the 1923/26 edition of the novel as a tamer version of its original, presenting in much milder form the topics of abortion, contraception, and unwed motherhood (Woodford 138). Reuter's reasons for these editorial choices have not been satisfactorily discussed in the secondary literature available on *Das Tränenhaus*. Woodford speculates that Reuter's decision to make these changes to the 1923/26 edition was in large part informed by the changing political landscape of the time. When Reuter first published the novel in 1908, the novel had clear pronatalist tendencies, openly expressing Cornelie's stance against abortion, for example. In the 1923/26 version, these tendencies were toned down, which Woodford attributes to the debates in the early 1920s about §218 of the *Strafgesetzbuch*, which criminalized abortion. Woodford argues that both the 1908 and the 1923/26 versions of the novel are representative of the political climate under which they were conceived, and that Reuter's changing position on reproductive issues is reflected in the editorial choices she made (Woodford 138 – 139). Carsten Dürkob agrees with Woodford's assessment that the two different versions of the novel reflect the social and political changes of the different times at which they were published. He, however, sees the 1923/26 edition as dated, as Reuter fails to suggest any new solutions or suggestions for the question of how unwed mothers and their children should be treated, despite the changed political climate which would have perhaps called for different answers than had been appropriate two decades previously (Dürkob 177 – 178).

Despite Reuter's prominence in her time, she has been omitted from the contemporary literary canon (Mellmann 286). While Reuter's *Aus guter Familie* received

scholarly attention from researchers focusing their work on rediscovery of Reuter's opus with the goal of making it accessible to a larger contemporary audience, over the past three decades, only a small number of literary critics have devoted their scholarship to *Das Tränenhaus*. Georgia A. Schneider writes about Reuter's construction of her characters as representative of ordinary women at the time. In her analysis of *Das Tränenhaus*, Schneider details how Cornelie, who before her stay at the Tränenhaus had never encountered lower-class women and their problems in such a visceral way, based her impressions of those women on idealized notions developed in her readings on the subject. Schneider concludes that Cornelie changes her ideas about the plight of unwed mothers, finding the idealized notions she previously held dispelled at the Tränenhaus. Ultimately, Cornelie understands that unwed mothers are "neither saints not villains, they are only ordinary women" (Schneider 63). Schneider asserts that Reuter's aim was to demonstrate "the essential ordinariness of the social pariah" (Schneider 71).

Almost a decade later, Karin Tebben explored Reuter's understanding of *Mutterliebe* in *Das Tränenhaus*. Tebben postulates that all women living at the Tränenhaus in the novel are subjected to physical and psychological male violence, which is present in all social classes, and only manifests itself in different forms based on the social class to which the women and men belong (Tebben, "Gott im Himmel" 302; Tebben, "Psychologie und Gesellschaftskritik" 277). Tebben claims that motherhood is an essential part of the nature of women in the novel. However, Tebben demonstrates how women have developed mechanisms to counteract the *Mutterliebe* they feel for their offspring, which used to be instinctual for them, but which is now repressed after centuries of women being subjugated and finding themselves in precarious situations.

Tebben argues that in Reuter's concept of *Mutterliebe*, this emotion is based in a woman's psyche and her milieu, and not in her biology (Tebben, "Gott im Himmel" 302; Tebben, "Psychologie und Gesellschaftskritik" 277). Chris Weedon echoes Tebben's interpretation of *Mutterliebe* and expands on the way the women at the Tränenhaus have internalized negative perceptions of single motherhood. As a consequence of these negative perceptions, Weedon argues, the women have repressed all *Mutterliebe* for their children, as this makes it easier for them to dissociate themselves from the visible signs of their socially unacceptable life choices (Weedon 106).

While both Tebben and Weedon focus on the women's psychological coping mechanisms for dealing with their precarious situations, Lisabeth Hock focuses instead on the connection between melancholy, creativity, and motherhood. Hock argues that *Das Tränenhaus* explores the potential causes for melancholic illness in women, and that Reuter "chose a multivalent approach that acknowledged and explored the causes of melancholic illness in women while simultaneously appropriating the concept of melancholic genius to establish a connection between motherhood and creativity" (Hock 107). According to Hock, Reuter constructs Cornelie as a melancholic artist, a figure that at the time was predominantly portrayed as being male (Hock 103).

The most recent contribution to the secondary literature available on *Das Tränenhaus*, an analysis by Charlotte Woodford, situates the novel within Reuter's engagement with the *Bund für Mutterschutz* (Woodford 139). She argues that the women in the house share their life stories in order to process their experiences, which in turn allows them to grow a bond that sustains them throughout their time at the Tränenhaus (Woodford 134 – 135). Furthermore, Woodford attributes Cornelie's eventual willingness

to advocate for women and their children as a result of first-hand experience with the plight of unwed mothers and how society treats them as social outsiders (Woodford 139). Reuter's pronatalist perspective, according to Woodford, therefore permeates the novel, most pointedly expressed in the character of Cornelie, who in the 1908 edition of the novel vocally opposes abortion and advocates for the rights of healthy mothers – regardless of their marital status – having healthy children to advance the nation (Woodford 133).

All of these scholars conclude that, ultimately, Reuter's vision of progress and of a better future for unwed mothers is based on women's solidarity. Reuter is understood in the secondary literature as arguing for a future in which women who support each other can facilitate social change by advocating for better treatment of unwed mothers in society (Weedon 108; Tebben, *Literarische Intimität* 169, 175, 178). Cornelie is a figure who, through her experiences of the birth of her daughter and what single motherhood can mean for women from different backgrounds, has a deeper and more nuanced understanding of motherhood, which in turn leads her to seek out social change for all women, regardless of their social class, marital status, or background (Richards 162; Schneider 60, 80; Woodford 135).

My interpretation of the novel expands on interpretations from previous scholarship on the solidarity of the women in the house as the transformative force behind Cornelie's more comprehensive understanding of the situation of unwed mothers, focusing my analysis on the novel's representations of birthing assistants: two doctors and one midwife. The novel's emphasis on women's solidarity as a key component in fostering the wellbeing of unwed mothers colors the protagonist's every interaction with

other characters in the novel. The supportive behavior of the doctors, Cornelie, and the women exemplifies how society should treat unwed mothers. Through this lens of how unwed mothers should be treated, the midwife's poor treatment of the women at the house, except for when they give birth, serves as a counter-example of how unwed mothers should not be treated. The midwife's negative attitude toward the women during their stay with her not only brings the women in the house closer together, but it also gives Cornelie a better understanding of the challenges facing unwed mothers and allows her to begin her fight to better the situation of unwed mothers, even while she is staying at the house. Cornelie does so by supporting her fellow house mates, oftentimes against the midwife, and by standing up to the midwife in ways that the other women cannot.

In both *Halbtier!* and *Arbeit*, the medicalization of birthing and the disciplining of women's procreative bodies in the birthing clinics is portrayed as a negative development that promotes undignified and inhumane patient treatment and the exploitation of lower-class, unwed mothers. In contrast, in *Das Tränenhaus*, medicalization is portrayed as a positive development for unwed mothers. In *Halbtier!* and *Arbeit*, the Foucauldian top-down schema of power is exemplified by the doctors and medical students, who hold power over their female patients in the birthing clinics. In *Das Tränenhaus*, by contrast, Loetz's model of *medizinische Vergesellschaftung* is illustrated; the birthing assistants and the unwed mothers are actors within a network that is not defined by a strict hierarchy in which doctors have absolute power over midwives and female patients. Rather, all actors within the network have at least some control over the way they treat the others, and over how they represent their interests (Loetz 40). The unwed mothers in the novel are interested in giving birth away from prying eyes and with the necessary

medical support to ensure the safe delivery of their children. The doctors want to help the women deliver healthy babies. The midwife is the most ambiguous character in the novel with regard to how she represents her interests; she clearly wants to profit off of the women in her care, but she also provides the women with good birthing assistance when they give birth so that she can keep attracting pregnant women to the house.

The question Loetz explores in her study of whether there was acceptance and demand for medicalization is pertinent to my analysis of the birthing assistants in *Das Tränenhaus*. The women in the house clearly represent a demand for birthing assistance, and more specifically in Cornelie's case, for medical interventions by doctors; without the intervention of the *Landarzt* and the *Frauenarzt*, Cornelie would have died. The novel's framing of Cornelie's interactions with the doctors as a positive and mutually rewarding experience demonstrates acceptance for medicalization and medical interventions. Cornelie endorses the medical interventions that are employed during her birthing experience, and she makes it clear that she sees medical doctors as paramount to the improvement of the situation of unwed mothers, as they are more concerned with the positive outcome of the women's birthing than with chastising them for their illegitimate pregnancies. Reuter emphasizes the positive attitudes of all three birthing assistants while they assist Cornelie at her birth. These positive attitudes during the unwed mothers' births shares characteristics with the women's mutual solidarity, in that both the women and the birthing assistants do everything necessary to ensure the safety and wellbeing of mother and child.

Over the course of the novel, Cornelie undergoes a growth process, during which she realizes that she is part of a long line of unwed mothers who have frequented the

Tränenhaus before her. Cornelie also learns that unwed mothers need support from each other and from their birthing assistants, as they will not receive that support from their families or from society in general. In this novel, the medicalization of birthing and the increased medical interventions available to women are portrayed as positive developments for unwed mothers because when it comes to providing birthing assistance to a woman in childbirth, it should not matter how the woman became pregnant, but rather, the focus should be on helping mother and child to survive the birth. Ultimately, Cornelie leaves the Tränenhaus to improve the situation of unwed mothers on a larger scale. She does so only after she has expanded her worldview by going through the hardships normally facing unwed, lower-class mothers, and by witnessing and experiencing the support they receive from each other and from their birthing assistants.

4.1. Women's Solidarity at the Tränenhaus

The novel explores what could transpire in a birthing house that is secluded from society and where the women awaiting the end of their pregnancy would, due to their shared predicament and close proximity, have to interact with each other. [58] The women

[58] "Das kleine Haus lag in einer freundlichen Wiesengegend Württembergs" (*Das Tränenhaus* (1908) 28) is how the Tränenhaus is first introduced to the reader. Immediately, two key features of the house are made salient: it is a *small* house that is situated in a *rural* community in Southern Germany. The first paragraph describing of the outward appearance of the Tränenhaus, the luscious green landscape, and the picturesque village, including a castle, sets up the expectation that the Tränenhaus is on par with its bucolic, peaceful surroundings. However, it immediately becomes clear that the Tränenhaus is not as idyllic as its surroundings. The Tränenhaus is hidden from view, accessible only from a poorly kept path, and "alles zeigte, daß niemand ein Interesse daran nahm, den Pfad in gangbarem Zustande zu erhalten. Er führte ja auch nur zu einem Gehöft notorisch verkommener armer Leute, und weiter zu dem kleinen Häuschen, von dem die Frauen im Dorf mit einem gewissen halblauten Ton der Scheu redeten, und die Männer mit einem zweideutigen Grinsen" (*Das Tränenhaus* (1908) 28). The peripheral position of the house with relation to the village is a characteristic that it shares with the women who are guests of the house – they are viewed as outcasts from society who need or want to be hidden from view (Schneider 63). The women of the village talk about the inhabitants of the house in hushed voices, as though they are afraid of talking about them and their problematic situation too loudly, while the men of the village speak of them in suggestive ways that indicate that they see the women living at the Tränenhaus as women who have had sexual relations outside

in the house come from a wide range of backgrounds – Annerle, for example, is a bookkeeper, Toni is the daughter of a protestant school teacher, and Cornelie is an accomplished author – and yet, these women who would normally not interact with each other come together to spend months together in seclusion. They are brought into contact by the uniting factor that they are all unwed mothers who are either sent to the Tränenhaus by family members, as is the case for Toni, or who come voluntarily, like Cornelie, to escape social scrutiny and ostracism. [59] These unlikely housemates not only experience their own childbirths, but they also partake in those of the other women in the house. Woodford argues that the women in the house share their life stories in order to process their experiences (Woodford 134 – 135; Hock 114).[60] However, not only do the

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of wedlock – 'loose women.' The narrator describes the Tränenhaus as the antithesis to other institutions that provided birthing assistance in the late nineteenth century: "eine "Anstalt" in irgend einem Sinne von modern hygienischem Komfort war dies nun freilich nicht" (*Das Tränenhaus* (1908) 36). The lack of hygiene at the Tränenhaus will, later in the novel, nearly cost some of the women their lives, but the women do not have a choice beyond awaiting their due date at the "armselige, baufällige Hütte" that is the Tränenhaus (*Das Tränenhaus* (1908) 253).

[59] The specific house in the novel received its name, "Tränenhaus," from the copious amount of tears its inhabitants have shed in the house over the years. Annerle lets Cornelie in on the secret how the house got its name: "Man schläft nit extra gut hier im Tränenhaus – so heißen wir als die verfluchte Hütte" (*Das Tränenhaus* (1908) 54). The author uses personification to highlight the house as a character in the novel: "Es schien Cornelien, als wimmere das ganze kleine dürftige Haus, als vereinten sich alle Tränen, die in seinem Innern schon geflossen sein mochten, zu einem Regen, der mit geisterhaften Gewinsel aus den Poren des Mauerwerkes, aus den Ritzen der Dielen, aus den Kissen der Lagerstätten empordrang und hilflos, hoffnungslos, doch unerschöpflich der Nacht und dem Dunkel die Schmerzen klagte, die dem harten Tageslicht verborgen werden mußten" (*Das Tränenhaus* (1908) 45). Reuter lets the house tell the story of the pain and suffering its inhabitants have suffered through the decades. This personification is mediated through Cornelie's perception of the house; in the narrative, it is she, the writer, who personifies the house, highlighting the importance the house holds for her. The sheer quantity of tears that have been accumulated over the years are described as having formed into figurative rain that quells forth at night. The permeating power of this rain highlights how many tears have been shed in the house; since tears are symbolic of pain and a physical reaction to heightened emotions, Cornelie perceives the house as a place of suffering for its inhabitants. This suffering is hidden from view during the day when the normal routine of the house conceals what the inhabitants suffer, but under cover of night, the women's suffering finds its tearful outlet. Hock interprets the Tränenhaus as "a metaphorical space representing the melancholy of both the protagonist and the women with whom she lives" (Hock 113).

[60] In the beginning, Cornelie tries to seclude herself from the routine at the house as a means to ensure her privacy and to set herself apart from the other women. As Cornelie's pregnancy progresses she learns that doing so does not actually lead to a more pleasant stay at the house, but rather that it isolates her (Hock 114). Given the small space and lack of distractions on a daily basis, Cornelie eventually becomes acquainted with the women in the house and even tries to advocate for their wellbeing. Cornelie realizes

women share their own life stories with one another, but they also become part of each other's life stories, forming strong bonds as they go through their pregnancies together. As Richards, Schneider, Tebben, Weedon, and Woodford argue, the solidarity the women feel in the novel is a model for a future in which women who support each other can facilitate social change (Richards 162; Schneider 60, 80; Tebben, *Literarische Intimität* 169, 175, 178; Weedon 108; Woodford 135). Cornelie forms bonds with the women at the house, and through their friendships, Cornelie is able to learn more about the situation of unwed mothers at the time.[61] By pulling back the curtain for Cornelie and providing her with first-hand experiences of what she had previously only intellectually engaged with in her writing, Reuter allows her protagonist to grow beyond her academically-based understanding of the situation of women at the time and to arrive at a fuller comprehension of issues associated with unwed motherhood. Her elevated social status allows her to advocate for the women during their time at the house, and later to advocate for unwed mothers in a more public forum. Cornelie's relationships with Annerle and Toni serve as representative examples of Cornelie forming bonds with the women at the house and subsequently advocating for improvements to their social situations.

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that she cannot stay at the house and isolate herself from the others because the women are reliant on each other's support.

[61] Cornelie has become part of the lineage of women who share a similar fate, but because of this, she can no longer claim that her situation is unique or different from that of the women at the Tränenhaus. The powerful passage in which she expresses this realization clearly shows Cornelie's entry into this lineage of the stigmatized women: "Cornelie senkte ihren Kopf tief in der Erkenntnis, daß mit dem Augenblick, da sie zum erstenmal menschliches Glück genossen hatte, sie eingetreten war in den Kreis der Gehezten, Verfolgten, Verfehmten – preisgegeben jeder Gemeinheit – nichts anderes mehr als eines jener armen, kleinen, mißhandelten Mädchen um sie her" (*Das Tränenhaus* (1908) 93). Reuter depicts Cornelie as undergoing this learning process so that she can reemerge at the end of the novel as someone who, armed with this newfound experiential knowledge of the plight of unwed mothers, can use her education and prominence as a writer, to appeal to the public to change the way unwed mothers and their children are treated in society.

Toni is a 17-year-old pregnant woman whose child was conceived, not only out of wedlock, but through rape (*Das Tränenhaus* (1908) 61 – 62). She is emblematic of the young woman who is seduced by promises of marriage from a man who turns out to be a con man. Her family decides to send her to the Tränenhaus so that her pregnancy does not become public knowledge in their church community. They cover up the real reason for her absence by saying that Toni is away in Augsburg and "dort in Augsburg lernte Toni offiziell die Wirtschaft" (*Das Tränenhaus* (1908) 76). By pretending that Toni is away studying, trying to better herself and her chances of getting employment, her family covers up the real reason for her absence from home.[62] Toni is very homesick, and her yearning for her family is symbolized by her constant physical hunger for food: "[Es] quälte sie fortwährend ein unerträglicher Hunger. Wo sie ging und stand sah man Toni an einem Landjäger kauen – an einer dieser steinharten, geräucherten, flachgepreßten bayerischen Würste, welche die einzigen Liebesgaben bildeten, die Tonis Familie ihr ab und zu in die Verbannung zukommen ließ" (*Das Tränenhaus* (1908) 62). The infrequent care packages from her family, containing only these slender and tough-to-eat sausages, are symbolic of Toni's father's visits to the Tränenhaus, which are the only contact Toni has to her family. These visits are, just like the sausages, insufficient to satisfy Toni's hunger for attention and care from her family (Schneider 72).

[62] In the novel, the real reason for the women being away from their homes for an extended period of time while they are at the Tränenhaus is often covered up. For example, the family of the university student who had an affair with her professor covers up her stay at the Tränenhaus and the reason for her being there by telling people that she died while hiking in the mountains (*Das Tränenhaus* (1908) 157). Reuter shows that women and their families dealt with this particular facet of unwed motherhood in a variety of ways. One consistency across these cases in the way the women's families deal with their daughters, mistresses, etc. living at the Tränenhaus is that for the women, alternate stories for the cause and location of their absence are concocted to conceal that they are at the Tränenhaus.

In her former life, Toni had come into a small inheritance and was immediately targeted by a fortune hunter who raped her twice, and then, after realizing that she did not have as much money as he thought she did, left her (*Das Tränenhaus* (1908) 61). Reuter depicts Toni as a product of her milieu, which forcefully manifested itself on her body and is now made visible through the birth of her child. Toni's child bears the outward appearance of a child who was violently conceived: "es war, als habe das Verbrechen, das ihn gezeugt, ihm seinen Makel auf die Stirn gedrückt" (*Das Tränenhaus* (1908) 238). By suggesting that the child is outwardly ugly because of the way it was conceived, Reuter makes use of the common superstition at the time and the literary trope of form matching content, or, put differently, of outward appearances matching the origin or the inner disposition of the character. Here, the stigma attached to having children out of wedlock, and even worse in the public opinion of the time, a child born as a product of rape, is very vividly made manifest in the physical appearance of the illegitimate child. In contrast to Toni's child, Annerle's child is healthy and good-looking, reflecting its mother's positive outlook on life and the more favorable circumstances under which it was conceived (Tebben, *Literarische Intimität* 169).

The novel portrays Cornelie as a type of mother-figure for Toni, and Toni as a traumatized child who idolizes Cornelie (*Das Tränenhaus* (1908) 201; Woodford 135). Throughout the narrative, it is emphasized that Toni is very child-like; even when she gives birth to her son, she yells out with an "angstvollen, verzweifelten Kinderstimme" (*Das Tränenhaus* (1908) 215). Cornelie fills an emotional void for Toni and is very involved in Toni's birthing process. In contrast to Isolde, Cornelie is able to help Toni, who bears similarities to the shop girl in *Halbtier!*, during her birthing experience by

calming Toni down and supporting her. The day after Toni gives birth, she asks Cornelie to notify her family:

> Man nannte sie eine Meisterin des Wortes, die an der Menschen Herzen zu rühren verstand – nie noch hatte sie so inbrünstig begehrt, mit dem Worte zu wirken, wie in diesem Brief, in dem sie den fernen Eltern sprach von dem tapferen Ausharren, von dem klagelosen Dulden ihrer Tochter – von der Hochachtung, die sie in allen diesen Monaten vor dem stillen Mädchen bekommen habe – und – sie konnte es nicht lassen – sie mußte die Mutter fragen, ob sie nicht im Geiste empfunden, wie das Kind in seinen Schmerzen so unablässig nach ihr gerufen habe? (*Das Tränenhaus* (1908) 216)

Cornelie feels flattered at being asked to notify Toni's parents of their grandson's birth. Instead of simply communicating the facts, however, she uses the opportunity to fault Toni's parents for how they treat their daughter and for the fact they are absent even when she gives birth. At first Cornelie addresses both Toni's father and her mother, but the question of whether Toni's pain while giving birth was not intuited at a distance, she only addresses to Toni's mother. She thereby suggests that Toni's mother might be better able to emphasize with her daughter, having experienced childbirth herself. She also implicitly proposes that a mother's bond to her children is stronger than that of a father, as it is the mother who should have felt her daughter's pain, which ties in with the common belief at the time that mothers are supposed to bond with their children, while this bond is considered unnecessary for fathers. Not only does Cornelie's willingness to write the letter for Toni show that she cares about her, but the fact that Cornelie feels the need to chastise Toni's mother for not being present when her daughter needed her shows that Cornelie feels protective of Toni and wants to advocate for her wellbeing.

The character of Annerle is a somewhat stereotypical representation of a woman who believes that the man she loves will one day make an "honest" woman out of her by

marrying her. In the novel, this does not happen, and Reuter makes it clear that Annerle's story will most likely not have a happy ending; it is already her second time at the Tränenhaus, and the father of her children has not yet married her because his family is pressuring him into considering marrying a woman with a substantial dowry (*Das Tränenhaus* (1908) 56). Annerle is depicted as a happy-go-lucky woman, in contrast to Cornelie, who is more serious in her outlook on life. This difference in the two women's personalities is, for example, signified by their different choices as to what type of literature they read: Annerle reads romances and envisions herself to be the heroine of one of these novels, whereas Cornelie reads philosophical texts and spends her time pondering how she could improve the situation of women at the turn of the century (*Das Tränenhaus* (1908) 79). Reuter depicts Annerle as the personification of a literary character:

> Zum ersten Mal lernte Cornelie in der kleinen Buchhalterin eine jener munteren Lebenskünstlerinnen kennen, die ihr in der Historie wohl unter klingenderen Namen, in der Literaturgeschichte zuweilen durch die Schilderung eines verliebten Autors, in ihrer bürgerlichen Mädchenexistenz aber noch nie entgegengetreten waren. (*Das Tränenhaus* (1908) 81)

Annerle is the embodiment of a literary character for Cornelie – a literary character constructed by a male author. As in *Halbtier!* and *Arbeit*, the topic of male writers' and artists' aestheticized and idealized representations of women is taken up in *Das Tränenhaus*, and, as is the case in Böhlau's and Frapan's novels, Reuter's protagonist is quickly disillusioned when she encounters real-life incarnations of these women. By drawing this comparison and stating categorically that such a character indeed exists in her fictional world, Reuter suggests that Cornelie to a certain extent believes that there is some truth to male writers' aestheticized and idealized representations of women.

Annerle is able to rely on her quick wit and ability to adapt to her environment as fictional *Lebenskünstlerinnen* are generally able to do; however, Cornelie's mental categorization of Annerle as an embodiment of a literary character as a male author would construct her ends when Annerle gives birth. Annerle's birthing experience shows that she is not as inviolable as *Lebenskünstlerinnen* are usually portrayed to be in fictional works: during labor and after giving birth, Annerle is vulnerable.

This initial typecasting of Annerle as a happy-go-lucky bonne vivante who takes life as it comes without thinking much about the consequences of her actions is complicated in the novel when Annerle gives birth and is not able to fend for herself quite as well as she usually does. Annerle is weakened from just having given birth when she is approached by the uncle of the father of her child, who offers Annerle money in exchange for her abnegation of any claims for compensation or acknowledgement of paternity she might make towards the father of the child. The midwife allows the uncle to speak to Annerle even though she is clearly not in any condition to make important decisions about the future of her child. Cornelie, rather than the midwife who should protect her wards so that they can recover postpartum, steps in and acts protectively toward Annerle, just as she did toward Toni. Once again, it is Cornelie's demeanor and social standing that allow her to speak with authority on behalf of the women she is trying to protect:

> "Ich habe leider kein Recht, Sie mit Gewalt entfernen zu lassen," sagte sie höflich, aber bestimmt. "Ich erinnere Sie nur daran, daß Sie in diesem Augenblick die Verantwortung für zwei Menschenleben tragen! Fräulein Anna hat vor wenigen Stunden ein Kind geboren….Ich weiß nicht, ob Sie Vater und Gatte sind – aber alt genug sind Sie, um zu wissen, was ein Frau in diesen Stunden zu leiden hat! Sie danach im ersten Schlaf zu stören – sie über eine Stunde lang mit verantwortlichen Geschäften zu peinigen, ist mehr als unüberlegt – es ist eine Roheit – eine raffinierte Grausamkeit."

> Es war fast, als empfände er die harten Worte der Frau, die so unbegreiflich wenig in diese zweideutige Umgebung gehörte, wie Peitschenhiebe, die ihn entflammten. (*Das Tränenhaus* (1908) 194 – 195)

While Cornelie acknowledges that she does not have any actual power to remove the man from the premises, she does know that her appearance and her ability to present a reasonable argument are a persuasive combination. By providing a rational argument as to why the man should leave, which includes a reference to the fact that Annerle is physically and mentally exhausted from just having given birth, Cornelie engages in the masculine-coded sphere of rhetoric. She does so first by referring to the common knowledge that a woman needs rest after giving birth, and by then appealing to the man's personal experience and common sense about childbirth. Cornelie exposes the man's intentions for the timing of his visit: she knows that he is there because this time in Annerle's life is probably one of the few times he could find her in a weak enough position that she would actually consider his offer. His "raffinierte Grausamkeit" is a calculated cruelty he inflicts on Annerle to convince her to relinquish any claim to support from the father of her child. The fact that a woman uses such strong language and reasoning to compel him to abandon his cause infuriates him. Cornelie is aware of this, but does not back down, telling him instead that he should leave before she returns to check on Annerle. The uncle complies (*Das Tränenhaus* (1908) 194 – 195). In this instance, like in the scenario immediately after Toni gives birth, Cornelie protects her new friend from the outside world in ways that indicate not only the bond she feels with the women, leading her to act as their protector, but also the rising level of awareness

Cornelie has about the situation of unwed mothers, as she sees firsthand the way people try to take advantage of them and their situation.[63]

The women giving birth at the Tränenhaus are emblematic of the different paths their stay at the birthing house can take: some bide their time and eventually return to their former lives with or without their newborn children, while others never leave the Tränenhaus alive. Regardless of the various outcomes of their time at the house, most women stay at the Tränenhaus because they are trying to conceal their pregnancies from prying eyes.[64] The women's experiences at the Tränenhaus open Cornelie up to a deeper understanding of their shared fate as unwed mothers.[65] Through the prism of solidarity and respect as positive attitudes in the novel, the attitudes of the birthing assistants towards the unwed mothers in their care are evaluated. The differences in the ways the medical professionals treat the women show how women should and should not be treated.

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[63] The support Cornelie provides Annerle, the latter is able to reciprocate. Annerle gives Cornelie her room, which has a functioning fireplace and enough room to allow for the necessary materials and people involved in the birth of Cornelie's daughter (*Das Tränenhaus* (1908) 213 – 214). Annerle's generosity and Cornelie's ability to accept Annerle's help show the extent to which the women have formed a community during their time at the Tränenhaus, and to which they are willing to rely on each other for support.

[64] As an introduction for the reader to the inhabitants of the Tränenhaus, the general path of the women who give birth at the house is described: "Sie trieben dann eine Weile in dem Hüttchen ihr geheimnisvolles Unwesen, - blasse Mädchen mit unförmigen Gestalten, die zu zweien und dreien in den einsamen Feldwegen spazieren gingen, bis sie eines Tages wieder verschwunden waren. Gewöhnlich tauchte nach solchem Verschwinden in der unteren Straße bei den armen Witwen in einem der bunten Vorgärtchen ein neuer Kinderwagen auf und der scheue Gast ließ dem Dorf einen munter krähenden Erdenbürger als Pfand seines Besuches zurück" (*Das Tränenhaus* (1908) 29 – 30). Reuter describes the pregnant women residing at the Tränenhaus as though they are apparitions who haunt the house and its surroundings for a while, only to leave behind the proof of their stay at the Tränenhaus with the poor widows of the village. This description highlights many of the issues Reuter explores in her novel: pregnant women seeking out the house for its seclusion and privacy in order to give birth to children born out of wedlock, their time at the house being a finite amount of time determined by the length of their pregnancy, and some of the women's wish to leave their children behind because they are seen as physical evidence of past indiscretions.

[65] Schneider and Dürkob observe that Reuter constructs her narrative about Cornelie's development as occurring parallel to the seasons (Schneider 60; Dürkob 176): "In this novel Reuter blocks out the narrative in accord with the cycle of gestation. The story begins in spring, a time of germination, and ends in the fall, the harvest season" (Schneider 60).

4.2. The Problematic Situation of the Traditional Midwife

The main birthing assistant who also runs the house is the midwife, Frau Uffenbacher. In the novel, she is constructed as a complex character who, except for her skillful midwifery services while assisting births, is abusive and vindictive.[66] She verbally abuses and blackmails the women who seek shelter in her house, she does not respect the women's privacy, and she is financially irresponsible.[67] The portrayal of the midwife as a morally corrupt character is subversive with respect to the supposed selection process for midwives at the time for of their strong moral compass and goodness of character (Böhme 381; Hampe 12). The portrayal of the midwife as a morally questionable character is, however, aligned with the negative portrayals of midwives in popular public discourses, which are likely derived from centuries of stereotypes of the unhygienic, morally corrupt, and lower-class midwife (Fallwell 46). Reuter uses these stereotypes as a blueprint for the character of the midwife, but instead of depicting the midwife as lacking morals or professional competence, Reuter presents a more nuanced portrayal of a midwife in order to complicate the negative image of midwives in popular discourses, instead depicting a midwife who is morally questionable but is professionally competent.[68] In her patients' times of need at the Tränenhaus during their labors and deliveries, the midwife is portrayed as a competent birthing assistant who exemplifies the kind of attitude toward the unwed mothers in her care that is valued as

[66] Frau Uffenbacher's first name is Ursula. Dürkob speculates that perhaps this is an ironic comment on the midwife's rather animal-like, unrefined manners, as Ursula means "little, female bear" in Latin (Dürkob 173).
[67] Schneider highlights in her analysis both the fact that the midwife provides comic relief, and the fact that she is abusive toward the women in her care (Schneider 68 – 69).
[68] Dürkob and Schneider interpret the midwife's questionable morals as a critique of the moral state of Wilhelminian Germany at the time – if not even a midwife could be trusted, then serious social problems must underlie the situation (Dürkob 172 – 173; Schneider 168). Furthermore, Dürkob sees the midwife as having internalized public judgmental values about unwed mothers (Dürkob 174).

positive throughout the novel. Before and after assisting the births, however, the midwife treats the women the way society viewed them, with disrespect because of their illegitimate pregnancies.

The narrator's sarcastic description of what supposedly awaits more affluent guests at the midwife's birthing house outlines how the midwife advertised her establishment to Cornelie:

> Gebildeten Damen höherer Stände, welche sich für eine Zeitlang von der Welt zurückzuziehen wünschten, waren darin alle Vorteile, die ein mehrmonatlicher Aufenthalt in dem gastlichen Hause von Frau Uffenbacher bot, mit unwiderstehlicher Liebenswürdigkeit auseinandergesetzt worden. Das verfallene und von der ärmsten Dorfmagd verachtete Hüttchen an der Hügelflanke nahm in diesen Darlegungen den Charakter eines heiteren *buen retiro* an, in dessen Lauben und Ruheplätzen ein weltabgeschiedener Friede herrschte, während alle Bequemlichkeiten an Fluß- und Wannenbädern, an vorzüglicher Kost, an fachgemäßer ärztlicher Pflege mit einer Art von fachmännischer Selbstverständlichkeit zugesichert wurden, ebenso wie den Damen die allerstrengste Diskretion und eine gewissermaßen über die allerstrengste Diskretion noch hinausgehende Geheimhaltung ihrer Lebensumstände treuherzig und zugleich mit geschäftlichem Ernste zugesichert wurde (*Das Tränenhaus* (1908) 30).

The reader soon learns that this florid and sarcastic description very accurately points toward the shortcomings of the *Tränenhaus*. Elaborate and proleptic, the description foreshadows Cornelie's experiences during her stay at the house: it is by no means a quiet retreat without visitors, the food served to the pregnant and post-partum guests lacks nutrition and is of questionable quality, proper medical care is only sought out in extreme circumstances, and discretion for the situation that brought the women to the house is not guaranteed, but is rather used as leverage against them by the midwife. This ironic introduction to what awaits Cornelie at the Tränenhaus suggests the main themes of the

novel, especially a narrative that looks critically at rural midwifery practices in the late-nineteenth and early-twentieth century.

In order to convince women to consider the Tränenhaus as a place to give birth, Frau Uffenbacher portrays herself as a trustworthy midwife who provides a safe environment for the women entrusting themselves to her. Once the women have agreed to stay at the Tränenhaus, however, she does not respect those who come to her for help, seeing them solely as a means to make money (*Das Tränenhaus* (1908) 50, 72). Frau Uffenbacher even goes so far as to blackmail the women by requesting their home addresses so that she can, as she claims, contact their families in case of emergency. This, however, is only a pretense; in more than one case, the midwife threatens to reveal the women's illegitimate pregnancies to their families and to other people from whom the women are trying to conceal this information (*Das Tränenhaus* (1908) 58, 63, 91). In addition to this potential breach of trust, the midwife also gossips about the women who have lived and are living at the Tränenhaus, freely revealing confidential information about women who explicitly wanted to give birth at a place where their privacy would be respected (*Das Tränenhaus* (1908) 37). By highlighting these corrupt practices, Reuter draws on the fears held at the time by women pregnant with illegitimate children, namely that their vulnerable state could be exposed and that they would have to face not only the consequences of their socially stigmatized state, but also monetary and legal penalties associated with having children out of wedlock (Bueltzingsloewen 27; Metz-Becker, *Der verwaltete Körper* 305).

The midwife is also indebted to various people and shows a severe lack of financial responsibility. Only able to take possession of the Tränenhaus because a

wealthy benefactor loaned her money to take over the house from the previous, now deceased, owner (*Das Tränenhaus* (1908) 56), the midwife can barely afford to keep the house open and operational because she mismanages her money, which she spends on decadent food and alcoholic beverages while the women of the house have to eat a lackluster diet devoid of nutrients (*Das Tränenhaus* (1908) 123 – 125). The midwife is also indebted to a local baker, whose wife decides to move into the Tränenhaus either until the midwife can pay her back, or until she has recuperated her lost money through room and board (*Das Tränenhaus* (1908) 168).

Frau Uffenbacher is a greedy character whose focus is on making money so that she can indulge in her vices rather than improving the living conditions at the Tränenhaus. When a couple of drunk men visit the Tränenhaus in the middle of the night looking for the maid and consequently for the other women in the house, the midwife compels the men to leave by pouring buckets of water over their heads. While one could view this plotline as an example of a positive behavior from the midwife (i.e. feeling protective of the women living in her house) as does Cornelie, this faint hope of a positive character development is immediately diminished in the next section, when it is revealed that the midwife could not sanction her maid for attracting the drunk men to the house because she owed her maid money. The midwife indebts herself to the people around her, thereby potentially endangering the women at the house.

The women at the house are well aware of the midwife's poor financial management; Annerle flippantly makes the snide remark to Cornelie, "Das Mistvieh, (…) schauen's Fräulein Cornelie, wann einer der Uffenbacherin Geld geboten hätt', wir wären keine Stund' sicher in unsre Betten gewesen – die, wann's kuppeln könnt', tät's schon arg

gern'" (*Das Tränenhaus* (1908) 114). The women's awareness of and indignation at the midwife's proclivity for trying to make a profit off of them in any way she can, even by possibly prostituting them not only amplifies the stereotype of the financially unstable midwife and *Kupplerin* who wants to profit off of the pregnant women's dire situation, but also highlights the extent to which the women who go to the Tränenhaus to give birth are subjected to potentially dangerous situations and are at the mercy of the midwife.[69]

The midwife's vindictive character also becomes apparent when she takes out her frustrations with Cornelie on her newborn daughter, Gerda. The gullible midwife believes that Cornelie is British royalty based on an article written in English about Cornelie, which Annerle had purposefully translated incorrectly into German for the midwife (*Das Tränenhaus* (1908) 207 – 210). The midwife has to rely on Annerle's information because she does not possess the English translation skills necessary to verify the information for herself, a fact that highlights the midwife's lack of formal education. As a consequence of the midwife's assumption that Cornelie is very well situated, the midwife envisions the favorable treatment she could receive if she treats Cornelie well. Once again, the midwife is portrayed as a greedy and opportunistic woman who does not out of her own volition treat her houseguests well, but only does so when she thinks that she can benefit from doing so. When the midwife sees Rudi, the father of Cornelie's daughter, who is not a member of the nobility, the midwife is disappointed and realizes that her

[69] Another example of the midwife trying to *kuppel*: she receives a letter from a tailor who wants to marry a woman, regardless of her history or whether she already has children, if she can financially contribute to his expanding business (*Das Tränenhaus* (1908) 98). The midwife presents this to the women as a great opportunity to get married and to legitimize their pregnancies. This reveals the midwife's opinion of marriage, which echos that of popular opinion, particularly about marriages in the lower classes: for the midwife, marriage is an economic exchange, in which money can buy protection for women and children against social stigmas and other negative ramifications that come along with illegitimacy (*Das Tränenhaus* (1908) 98).

hopes of benefitting from Cornelie's supposed marriage to a lord major are unfounded. Frau Uffenbacher takes revenge for this perceived affront by bathing Gerda in dirty bath water against Cornelie's wishes (*Das Tränenhaus* (1908) 251).

In addition to being vindictive, financially irresponsible, and greedy, the midwife resorts to illegal practices when caring for the infants living at the Tränenhaus. She insists that the newborns sleep in her room for the first couple of nights after their birth (*Das Tränenhaus* (1908) 198). Cornelie begins to question why Annerle's newborn son not only sleeps so soundly day and night, but also why his eyes look dull. Toni tells Cornelie that the midwife administers opiates to the newborn children so that they sleep better and longer (*Das Tränenhaus* (1908) 199). Cornelie questions this harmful practice and discovers that the midwife has been getting prescriptions for the opium from two different doctors in two different cities in order to obtain larger quantities of opium, thus effectively committing prescription fraud (*Das Tränenhaus* (1908) 200). The midwife is not only depicted as engaging in criminal acts of prescription fraud, but she is also shown to endanger the children of the women who give birth at the Tränenhaus.

The aforementioned depictions of the midwife in the novel paint her as a character who makes morally questionable and sometimes criminal choices. The only instances throughout the novel in which the midwife's actions are portrayed as untainted by questionable intentions is when she assists the women of the house in their birthing. The midwife's skills as a birthing assistant, though she remains a poor caretaker of the women and children in her care is mirrored in her own birthing history. One of the selection criteria for rural midwives was to have given birth, and Frau Uffenbacher had given birth to nine children in the course of her life, fulfilling this prerequisite for

becoming a rural midwife (Böhme 381 – 382; Duden 17 – 18). In the narrative, however, even the fulfillment of this requirement is not portrayed as indicative of the midwife's moral character or her ability to be a good midwife. Reuter thereby critiques the notion that a criterion for midwives at the time was to have given birth, which Reuter viewed as a poor indicator of a woman's moral character and her ability to assist births. Even though Frau Uffenbacher had birthed children, several of them had died, and the other children no longer have any contact with her (*Das Tränenhaus* (1908) 74). This seeming inability to care for her own children or to be a mother figure for them correlates with the way the midwife is depicted as an uncaring caretaker of the pregnant women at her house; the only instance when she successfully performs her role as midwife is during the actual birth of a child, thus mirroring her ability to birth children herself and her inability to care for them once they are born.

When she assists in births, the midwife's demeanor changes; "wenn die sonst so zornwütige Hebamme im Dienst war, hatte sie sich ganz zur weisen Frau umgewandelt [und] [m]it unerschütterlicher Sanftmut waltete sie ihres Amtes" (*Das Tränenhaus* (1908) 188). Here, the midwife's profession is referred to as her "Amt" which aligns with the way midwifery, according to Hans Christoph Seidel, did not modernize in rural communities as quickly as it did in urban areas where at the turn of the century midwifery was on the cusp of becoming a modern profession (Seidel 89 – 93; Hampe 58 – 59). In calling the midwife's occupation an "Amt," Reuter indicates markers of midwifery as an office to which women were still elected by the community, were required to have given birth themselves, were older and more experienced women, and were not university trained (Seidel 76 – 77). The midwife is described as undergoing a transformation from

an angry person to someone who performs her duties with a gentleness uncharacteristic of her usual behavior toward the women in her house. The word "umwandeln" indicates that the role that she plays during births is not a natural part of her character, but rather, it is something into which she needs to consciously transform herself in order to do her work. Frau Uffenbacher, when assisting a birth, takes on the role of the "wise woman" who through her experiential knowledge of childbirth and the traditions surrounding it is able to be a competent and helpful birthing assistant.

In the novel, the recurring motif of birthing and womanhood being equivalent to a type of combat is taken up in the simile of the midwife as a soldier when she assists Cornelie in giving birth to her daughter Gerda: "Die Uffenbacherin hatte alle wilden Zukunftswünsche vergessen, fragte nicht mehr nach Mittag- und Vesperbrot, stand wie ein Soldat in der Schlacht, tapfer, geduldig und brav" (*Das Tränenhaus* (1908) 223). Here, the midwife is described as forsaking her own physical and emotional needs for the sake of the woman who needs her assistance (Schneider 70 – 71), and her qualities while assisting a birth are equated to the virtues of a soldier in battle. Frau Uffenbacher transforms into a person who is skilled at crisis management and who is patient with and kind to those who need her. Basically, she embodies the qualities a midwife should have, according to midwifery manuals, in order to perform her work. Incidentally, these qualities also correspond with masculine-coded behaviors that a soldier would have and that were endorsed and called for in the process of medicalization, which was unsurprisingly dominated by men. Reuter highlights these positive qualities in the midwife, which supports the argument that the novel depicts the medicalization of birthing as a positive development.

In addition to dutifully assisting the birthing woman during labor, the midwife strictly adheres to the code of ethics established in midwifery manuals in that she does not allow herself to be pressured into committing infanticide. In the moral debates of the time, midwives assisting unwed mothers were often accused of helping unwed mothers commit infanticide, as the unwed mothers supposedly wanted to rid themselves of their illegitimate children and the midwives wanted to profit from the women's desperation. In the novel, one of the women seeking Frau Uffenbacher's help becomes upset that the midwife refuses to strangle her newborn child with its umbilical cord. The midwife takes pride in her steadfast refusal. She prides herself on her ethics and the fact that her greed does not extend to making money through criminal, unethical means, at least not when it comes to her midwifery:

> "So ein Tier….da hätt' ich können ein schönes Geld verdienen, wenn ich so was tät' …. Da braucht' ich mich nit zu plage mit solche Viecher….Das kann der Frau Uffenbacher niemand nachsagen….mein Amt hab' ich immer in Ehren verwaltet (…) Ich hab' noch kein Kind mit der Nabelschnur erwürgt," wiederholte die Hebamme, wie in einem biblischen Triumpfgesang ihrer eigenen Tugenden. "Ich kann nit begreife, wie andre so etwas tun könne – so ein arm's unschuldig's Würmle – da würd' einem ja Gott strafen an der ewigen Seligkeit. Das tät ich nit – und wenn sie mir eine ganze Kiste Wein schicken tät'!" (*Das Tränenhaus* (1908) 176 - 177)

This passage shows Reuter strategically deploying the negative image of the midwife as closely involved by virtue of her work in matters of life and death, and who could therefore potentially abuse her power in favor of one over the other (Böhme 380; Hampe 6). In this section, the midwife emphasizes her awareness that infanticide is both illegal in the eyes of the law and sinful according to church doctrine. Frau Uffenbacher demonstrates that despite some of her shortcomings, she does adhere to a code of ethics, which further illustrates the complexity with which Reuter imbues her portrayal of the

midwife. Reuter does not contribute to the demonization of midwifery, but rather demonstrates that the tradition of midwifery, with its long tradition and its basis in experiential knowledge, is a valuable form of birthing assistance, despite the fact that midwifery, much like unwed motherhood, suffered from societal stigmas.

Reuter complicates her depiction of a rural midwife by setting her up as a foil to Cornelie, who throughout the novel is depicted as a character with sound moral standards for herself and others.[70] Because of Cornelie's pregnancy and her desire to give birth somewhere away from the public, Cornelie finds herself at the mercy of the midwife. Reuter is able to draw out the two women´s character traits more strikingly in contrast to one another through her depiction of their interactions, in which Cornelie is portrayed as an educated, moral, and worldly woman and the midwife as a formally uneducated, rural, and at times morally questionable person. The two have very different upbringings and levels of education, with the midwife having received hands-on training for her office, and Cornelie having been well educated for a woman at the time; her education enabled her to become a famous author.[71] The two women's differences lead to an apparent mutual distaste, both sides of which are shown in the novel. The midwife feels that Cornelie has become a threat to her position of power in the house:

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[70] Hock points out that "from our present-day standpoint, Reuter's depiction of Cornelie as a more cultured and thus superior to others in the Tränenhaus is troubling, especially when underscored by depictions of her as a tall, fair, healthy northern German" (Hock 115).

[71] While the midwife is clearly portrayed as a mixed character in the novel sometimes with her bad characteristics outweighing the good, the negative portrayal of the midwife also provides comic relief in the novel. Throughout the novel, humorous passages poke fun at the discrepancy between Cornelie's and Frau Uffenbacher's social classes and general environments. Not only does the midwife display her behind to a group of women with whom she is quarrelling, but during that fight, she also enlightens Cornelie to previously unknown vocabulary: "[Cornelies] geringe Kenntnis von den volkstümlichen Ausdrücken für die zarten Dinge der Liebe wurde an diesem Abend um eine tüchtige Anzahl saftiger Kernworte vermehrt" (*Das Tränenhaus* (1908) 51 - 52).

> Dergleichen war ihr noch nicht geschehen, in ihrer ganzen Praxis nicht. Immer hatte sie nur winselnde, hilflose, ihrer Macht preisgegebene Weiber unter ihren Händen gehabt. Nun fühlte sie mit dumpfem Staunen etwas Fremdes, die Kraft eines Geistes, vor der ihre brutale und dumme Macht sich feige verkroch, wie der Hund vor dem Blick des Herrn. (*Das Tränenhaus* (1908) 74)

The narrator clearly identifies Cornelie's intellect as the culprit in the midwife's aversion toward her. In this passage, the diction aligns the midwife with a series of emotions rather than with intellectual capacities. Her thought process is thus not designated as such in the text, but rather, it is a process of feeling (i.e. "nun *fühlte* sie…")[72] and her power is described as brutal, dumb, and cowardly, retreating from Cornelie's intellect (*Das Tränenhaus* (1908) 74). Her power, behaving in this passage like an animal, appears to take on a life on its own, thus emphasizing the great importance the midwife places on her power over the women.

Cornelie perpetuates the antagonistic relationship between herself and the midwife by intentionally contradicting her in front of the other women and making it very clear that she is a woman of means and intellect. Cornelie characterizes this relationship as a "Kampf" (*Das Tränenhaus* (1908) 74): "Sie waren Feinde, und würden es bleiben, bis die Zeit in diesem Hause durchlitten war – ja vielleicht – wer konnte in die Zukunft sehen – für länger noch – für viel länger…" (*Das Tränenhaus* (1908) 93). While Cornelie sees their relationship as a type of battle or struggle, she is also aware that in this war she will, at some point, be at the mercy of her opponent during the birth of her child. As described above, the midwife stands by Cornelie, soldier-like, in Cornelie's time of need (*Das Tränenhaus* (1908) 223), a fact that reiterates the rhetoric of war used to describe the two women's relationship throughout the novel. It is only in that moment that the

[72] Italics by dissertation author.

rhetorical references to war are to be understood as positive; both before and after the birth, the two are identified as enemies. This indicates that while the women may not see eye-to-eye on the subject of treatment of unwed mothers, they do agree, as do the doctors, that children deserve the right to be born with the fewest complications possible, regardless of whether they were conceived in or out of wedlock.

Another example of the antagonistic relationship between Cornelie and the midwife occurs when university-trained doctors appear. Towards the end of the novel, it is revealed that out of spite, the midwife ignores the rules of proper nutrition for Gerda because the midwife is jealous of the doctors, with whom Cornelie has a better relationship and whose advice she follows instead of the midwife's (*Das Tränenhaus* (1908) 236). The midwife continuously neglects to provide quality care for both the women and the children entrusted to her, which stands in contrast to university-trained doctors, whose depiction in the novel is generally caring and warm. This portrayal of the doctors further intensifies the contrasts between Cornelie and the midwife: the midwife has a deep-seated antipathy towards the doctors, as she does towards Cornelie, due feelings of inferiority to both parties because of their level of education and their resultant clout with her guests (*Das Tränenhaus* (1908) 148 – 149).

The midwife is a complex and ultimately morally ambivalent character in the novel. On the one hand, she treats the women at the Tränenhaus poorly and justifies this behavior with the socially acceptable notion that unwed mothers do not deserve respect because of the sexual relations they chose to have out of wedlock. On the other hand, the midwife provides skilled and compassionate birthing assistance to the women in her care. As shown through the positive valuation of the women's solidarity in the novel,

characteristics such as compassion and respect towards unwed mothers are commendable. In showing the midwife not to possess these character traits when interacting with the women in her care, Reuter has a created a figure representative of the public opinion of unwed mothers. The midwife does, however, possess these qualities when she assists the women during their birthing experiences. This portrayal of the midwife as such an ambivalent figure demonstrates that the midwife's soldier-like solidarity towards the women when they give birth is the type of solidarity that the women need, and that the midwife's otherwise negative treatment of the women betrays that solidarity. Reuter's portrayal of the midwife's poor treatment of the women mirrors the depiction of unwed mothers and their treatment at the hands of mainstream society, which stigmatizes and ostracizes them because of how they became pregnant. By emphasizing the instances when the midwife treats the women in her care with respect, Reuter makes clear her desire that unwed mothers should be treated with respect by society at large.

4.3. The (New) Medical Establishment and Medical Science

The midwife is portrayed as an ambivalent character, epitomizing both the negative treatment unwed mothers received in society because of how they got pregnant, and the steadfast birthing assistance the women need when giving birth. The depiction of the midwife is further complicated by the stereotypes about midwifery Reuter evokes when she paints the midwife as a financially irresponsible and sometimes morally reprehensible character. Despite the midwife's flaws, she is nonetheless an essential part of the women's team of birthing assistants. She is the one who holds the power to call the

doctors for further assistance when she realizes that her limits have been reached in terms of her capacity to assist the women when they give birth. In the novel, the midwife is shown to only reluctantly call for the help of the doctors, but she does so nonetheless if she deems it necessary, as she does in Cornelie's case. The midwife's choice to reach out to the doctors exemplifies Loetz's concept of the network of birthing assistance providers and those who are in need of birthing assistance working together for the best possible outcome of a birth. Using Loetz's theory of *medizinische Vergesellschaftung* allows for an interpretation of the interactions between the midwife, the doctors and Cornelie during Cornelie's birthing experience as being part of a network in which social interactions and motivations determine the way medicine is used as a means to help the individual actors.

In the novel, two doctors play an important role – the country doctor Dr. Schwärzle and an obstetrician from Stuttgart. The doctors are both portrayed as having an excellent bedside manner that quickly gains the trust of the women whom they treat at the Tränenhaus. In addition to being able to calm the women during their birthing experiences, the doctors are also able to administer anesthesia to further mitigate the women's pain, and they can perform advanced procedures to intervene in potentially high-risk births. Even though both doctors are portrayed as well educated and knowledgeable in their fields, their interactions during births emphasize that even within their high level of education, the two have different levels of authority and expertise based on their level of formal academic training. This disparity in the level of training of the two doctors demonstrates that the increased degree of medical specialization over the course of the nineteenth century has produced doctors with varying levels of expertise, so that the appropriate practitioner can be called upon, should a patient's medical situation

require it. In the passages describing the doctors and their interactions with the midwife and Cornelie, it becomes clear that Reuter intended for a positive portrayal of the doctors and the type of birthing assistance with which they are able to provide Cornelie. Reuter, unlike Böhlau and Frapan, depicts the medicalization of birthing, and with it the increased degree of specialization within the field of obstetrics, as a positive development. The doctors are pleasant and respectful toward women at the house; Reuter particularly emphasizes the doctors' pleasant bedside manner and the respect with which they treat Cornelie.

The doctors only come to the Tränenhaus once the midwife calls them, either due to an emergency situation already unfolding, or when she suspects that a birth will likely yield complications necessitating the attendance of a doctor. The midwife, due to her antipathy towards the doctors and her fear of them encroaching on her territory, only reluctantly summons the doctors to a birth when doing so is absolutely necessary (*Das Tränenhaus* (1908) 149).The midwife's authority over the decision as to whether the intervention of a doctor is necessary aligns with the common practices and attitudes reported of rural midwives at the time (Seidel 415 – 416).

Dr. Schwärzle is the first doctor to treat Cornelie while she is giving birth; he is called because her labor displays complications that the midwife deems severe enough to warrant soliciting the help of the doctor. Dr. Schwärzle's bedside manner is warm and comforting:

> Unbegreiflich lange verzögerte sich die Stunde der Befreiung für Cornelie. Der Doktor Schwärzle, den sie befragte, versuchte ihre Sorge zu zerstreuen: solche Anomalien kämen hin und wieder vor, erwiesen sich später ohne Schaden für Mutter und Kind, ihr Körper sei so ausnehmend geschaffen für die Mutterschaft, daß sie auch einer erschwerten Entbindung mit Ruhe entgegensehen könne. (*Das Tränenhaus* (1908) 211)

The doctor clearly has a good rapport with his patients even before he assists in their births. He reassures Cornelie prior to her delivery by drawing on his experience as a practitioner who has witnessed and assisted many births, and who is thus well versed in female anatomy (knowledge that he presumably acquired during his medical education) (Bonner 253).

In addition to calming their patients with a pleasant and reassuring bedside manner, the doctors can also administer anesthesia in order provide relief to their patients. In contrast to university-trained doctors of the time, midwives were not allowed to administer anesthesia (Böhme 384 – 385).[73] Here, Reuter highlights aid that doctors could provide to birthing women in ways that midwives were not permitted to, thus emphasizing the difference between the services and care that doctors and midwives could provide birthing women. Dr. Schwärzle is "unermüdlich in den Versuchen, ihr Erleichterung zu verschaffen," such that once the doctor deems Cornelie's situation dire enough he gives her an anesthetic to allieviate her pain: "Etwas wurde über [Cornelies] Gesicht gelegt, sie atmete einen süßlichen, fremden Duft – murmelte Zahlen – und sank erlöst in ein tiefes Dunkel, wie in die göttliche Ruhe der Vernichtung" (*Das Tränenhaus* (1908) 224). Dr. Schwärzle presumably anaesthetizes Cornelie with chloroform (which has a sweet odor as described here), which was a common aesthetic used in obstetrics at the time and was administered by placing a cloth soaked in the substance over the patient's mouth (Caton 62).[74] The simile at the end of the description implies that the

[73] The doctor is shown to administer anesthesia in a safe and monitored way, in contrast to the way the midwife earlier in the novel misuses opiates to calm the newborn babies.

[74] Chloroform was widely used as an anesthetic during childbirth during the second half of the nineteenth century. Studies done on the effects of chloroform on the patient's body subsequently discovered that it has potentially hazardous side effects such as death by overdose, alterations in "pulse rate, respiration, and other vital functions" (Caton 39), and damage to the patient's liver (Caton 10).

anesthesia, while providing relief, also obliterates the patient's consciousness and her ability to experience and potentially intervene in what is done to her (*Das Tränenhaus* (1908) 224). The darkness described here and the potential for destruction highlight the risks associated with anesthetics including the possibility of a patient's death during any given procedure, especially those that had not been extensively tested in Reuter's time.

Reuter establishes the distinction between the doctor's and the midwife's areas of authority and expertise first by showing the doctor's capability to administer anesthesia, and second by describing the very bloody and difficult birth of Cornelie's child. The birth is described only in retrospect and focusing on the outcome of the medical procedures:

> Im Zimmer, an der niedern Decke schwelten graue Rauchwolken, die aus dem Ofen quollen. Eine Lampe brannte. Der fremde Arzt, ein eleganter Herr in einem langen schwarzen Rock, befestigte sich die Manschetten mit goldnen Knöpfen. Der kleine Dr. Schwärzle stand mit hochaufgestreiften Hemdärmeln, eine blaue Schürze der Frau Uffenbacher war sonderbar um seinen Hals gebunden, er wusch sich in der Waschschüssel etwas rotes von den Armen. Und auf den weißen Dielen sah Cornelie einen roten trägen Strom langsam gegen den Ofen zu schleichen. Eine alte Frau mit entzündeten Augen in dem herrenhaften Gesicht tauchte einen Scheuerlappen in den roten Strom und wand ihn dann in einem Eimer aus. Konnte das Blut sein? Ihr eigenes Blut? (*Das Tränenhaus* (1908) 225 – 226)[75]

Describing the outcome of the operation from Cornelie's perspective in this case highlights her lack of awareness of the events that transpired during her unconsciousness and the confusion that a patient experiences after being sedated. Clearly, the birth involved the shedding of copious amounts of blood and the intervention of two doctors in

[75] Even though the doctors are able to attenuate a lot of Cornelie's pain, Cornelie experiences the birth of her child as a violent act that has little in common with the romanticized and aestheticized representations of birthing in works of art. This becomes even more clear when Cornelie gives birth herself and her previously aestheticized notions about giving birth are destroyed "bis das Leben brutal und gewaltig die Ästhetik zerschlug, und ihr nun die Glieder auseinanderiß, um neues Leben zu gebären" (*Das Tränenhaus* (1908) 222). Here, Reuter brutally juxtaposes the literary writings about birthing which romanticize it with the lived experience of the biological process.

her birthing process. The first doctor described in this passage distinguishes himself on the basis of his finer clothing, his golden cuff links, and his description as an elegant man. The second doctor is shorter than the first doctor, rather disheveled, and wearing the midwife's apron. This physical disparity between the two doctors is emblematic of their difference in specialized training and resultant standing in the medical community.

In this passage, the two doctors are cleaning themselves up after having provided birthing assistance to Cornelie. The character Dr. Schwärzle has been previously introduced to the reader of the novel, but the other doctor had apparently only entered the scene once Cornelie had already been sedated (*Das Tränenhaus* (1908) 223). This doctor is a *Frauenarzt* from Stuttgart (*Das Tränenhaus* (1908) 234). Reuter establishes a hierarchy between the two doctors, in which the specialist from Stuttgart, due to his specialization in gynecology and obstetrics, holds more authority than does the *Landarzt* Dr. Schwärzle. The *Frauenarzt* is representative of the highest form of academic certification depicted in the novel, namely, the highly educated gynecological and obstetrical specialist practicing in a metropolitan area, who has a specialization in a specific medical field and ties to a clinic where he generates new medical knowledge.

Reuter establishes this distinction in rank between the two doctors by constructing the chapters recounting Cornelie giving birth in a way that lets Cornelie, the midwife, and the two doctors interact with each other. The midwife's lower hierarchical position has already been established; it is clear that the midwife's capabilities, legal rights, and areas of expertise (for example, administering anesthetics) have limits when she has to call the doctor to help her assist in the birth of Cornelie's daughter. In her interactions with the doctors, Cornelie asks informed questions about her condition when she contracts a fever

after giving birth, leading both doctors to acknowledge "daß hier eine gebildete Frau klar und sicher ihren Zustand überblickte" (*Das Tränenhaus* (1908) 234). This acknowledgement permits Reuter to use Cornelie's interactions with the doctors as prisms through which to convey the importance to the narrative of university-trained birthing assistants and the hierarchical structures in place to establish a chain of command among the birthing assistants. Cornelie is introduced to the reader at the beginning of the novel as an educated, successful author who can stand up to the less educated, rural midwife because of her advanced education. By depicting the educated and worldly Cornelie as able to communicate effectively with the university-trained doctors, Reuter further highlights the difference in education and social standing between the midwife and the doctors.

The narrative's differentiation between the *Landarzt* and the *Frauenarzt* becomes evident not only through their outward appearance, as discussed above, but also in their interactions with Cornelie. The *Landarzt* is depicted as the caring, nurturing local physician who makes an effort to get to know his patients beyond that individual's physical ailments. The *Landarzt* befriends Cornelie, who gives birth on the same day that his daughter does. The two bond over this carefully constructed coincidence about which the two characters converse (*Das Tränenhaus* (1908) 224). In Cornelie and Dr. Schwärzle's interactions, the rural family physician is set up in contrast to the well-educated and worldly Cornelie. The *Landarzt* demonstrates his awareness of their differences when he comments on the public life Cornelie had led before coming to the Tränenhaus: "'Dagegen kommt einem nun so eine Existenz von einem schwäbischen Landarzt freilich arg schlicht vor,' sagte er einem mit seinem guten, humorvollen

Lächeln. Cornelie antwortete ernst: ‚Seien Sie zufrieden, lieber Doktor – in solchem einfachen, arbeitsvollen Leben wie das Ihre, verbirgt sich unseres Volkes sicherste Kraft'" (*Das Tränenhaus* (1908) 235). Cornelie counters the doctor's comment about the down-to-earth nature of his work in an attempt to validate his line of work as integral to the well-being of Germany. Reuter taps into the *bevölkerungspolitischen* discourses used by the medical profession to give their profession clout and importance; these discourses elevate the profession of the university-trained doctor to one that is fundamentally enmeshed in the social fabric of the country and that is vital to its survival (Honegger 209; Seidel 98). Her allusion to these discourses also underscores Reuter's pronatalist agenda in the novel in that Cornelie's acknowledgement of the importance she attributes to the rural doctor's profession for the future of the nation, which ties in with Reuter's conviction that healthy parents and children are essential to the wellbeing of Germany (Woodford 133).

In contrast to Cornelie's very personal interactions with the *Landarzt*, the focus of her interactions with the *Frauenarzt* is on exchanging knowledge. The *Frauenarzt* is depicted as Cornelie's intellectual equal, placed by Reuter at the hierarchical position of greatest authority during Cornelie's birthing experience at the Tränenhaus. The *Frauenarzt* is the one who gives Cornelie prescriptions and who suggests behavioral modifications to ensure that she recovers from her fever; he also has the final say over every aspect of Cornelie's treatment, and only once he is consulted does Cornelie follow any orders or prescriptions (*Das Tränenhaus* (1908) 234 – 235). Furthermore, he makes it known that he comes from an educational and professional background exceeding those of the *Landarzt*. After Cornelie's difficult birth, the *Frauenarzt* congratulates the

Landarzt for his good work: "Meinen Glückwunsch," sagte auch der fremde Arzt. "Der Doktor Schwärzle hat heut' sein Meisterstück vollbracht. Eine Leistung, die unseren ersten Professoren zur Ehre gereichen würde" (*Das Tränenhaus* (1908) 226 – 227). This comment is a pleasant gesture showing that the *Landarzt*, even though he has received a less specialized education than the *Frauenarzt*, is good at what he does, and that his work is on par with that of his colleagues at the *Frauenklinik*. The comment suggests that there is a generally expected discrepancy between the levels of work that can be expected from a rural, general physician and from a university-trained doctor practicing gynecology and obstetrics at a university-affiliated clinic.[76]

The difference in education level between the two doctors shows the development of the medical specialty of obstetrics that came about as birthing underwent the medicalization process in the long nineteenth century. The doctors embody the positive attributes and attitudes Reuter highlights throughout the novel with regard to the treatment of unwed mothers. The doctors, like the women amongst themselves, respect the women, regardless of the fact that the women are treated as social outcasts because they are pregnant and unmarried. For the doctors, the circumstances under which the women entered the Tränenhaus or conceived their children is not important, as their focus is on ensuring the safe outcome of the births and the wellbeing of the mothers and their children. In many ways, the doctors in *Das Tränenhaus* exemplify the type of humane patient treatment Josefine advocates for in her own practice in *Arbeit*.

After living with the women at the Tränenhaus and experiencing quality care from her birthing assistants during her birthing experience, Cornelie changes her mind about

[76] Woodford points out that in this passage, the *Frauenarzt* interjects the congratulations intended for the new mother to highlight the male doctor's achievements instead of the new mother's (Woodford 137).

how to be an advocate for women. At the beginning of the novel, Cornelie comes to the Tränenhaus because she is seeking refuge from the public scrutiny that would have followed an official announcement of her pregnancy (*Das Tränenhaus* (1908) 26). Even though Cornelie had not planned to instrumentalize her pregnancy as a platform for political activism at that point,[77] her thinking towards the end of the novel, through her broadened understanding of unwed motherhood, has led her to embrace her new role as mother and to expand it to encompass political advocacy for unwed mothers:

> Hatte sich ihr Charakter, ihre Gemütsart irgendwie zum Bösen verändert, dadurch, daß sie ein Kind bekam, ohne eine Ehefrau zu sein? Ihr Denken war reicher, ihre Erfahrungen tiefer, ihr Empfinden voller und reiner geworden in diesen Monaten der Erwartung, sie empfand es mit dem tiefen Glück, mit dem jeder starke Mensch sich wachsen fühlte. Nun legte das Bewußtsein der gewonnenen Kraft ihr eine Verpflichtung auf, der sie sich nicht mehr zu entziehen dachte. Nicht in die Einsamkeit galt es zu fliehen. Nein – dort, gerade dort, wo man sie früher gekannt, wo sie früher gelebt und gewirkt hatte, dort wollte sie mit ihrem Kinde weiter leben, arbeiten und wirken. Zeugnis mußte sie ablegen für sich und für die anderen, denen sie sich durch unzerreißbare Bande verbunden fühlte. Zwingen mußte sie die Menschen zur Achtung vor dem selbsterwählten Lebenslos, zu einer Anerkennung, die auch ihren verfolgten Schwestern zu gute kommen sollte. (*Das Tränenhaus* (1908) 239 – 240)

In this passage, Cornelie poses the question of whether her character has changed for the worse since having given birth to a child out of wedlock. Answering this question with a resounding "no," she explains how much she has learned about herself and about other women her similar situation. This statement opposes the social stigma attached at the time to unwed mothers, whom society ostracized because of their pregnancy outside of the socially sanctioned bounds of marriage, much like the midwife derided her guests at the Tränenhaus for the same reason. Based on the moral supposition that unwed mothers

[77] Here, Dürkob sees a correlation between the fictional character Cornelie and her creator Gabriele Reuter, both of whom kept comments about their pregnancies to a minimum in public (Dürkob 178).

have an inherent character flaw that led them to get pregnant without being married to the father of the child, this stigma against unwed mothers is both identified and criticized in Cornelie's rhetorical question and answer. She did go to the Tränenhaus in order to escape to public stigmatization of her pregnancy, but that she has since learned to embrace her new situation. Cornelie's resolution to not hide anymore, and to even to make a public statement by going back to where she previously lived, shows the development she has undergone in the course of the novel. She even wants to go one step further and use her political platform to effect change. The question and answer format of this passage is a powerful representation of Cornelie answering this question about unwed motherhood for herself, and Reuter answering this question for her readers.

The end of the novel supports this reading of Cornelie coming to the realization that she is now part of a community of women who not only need to support each other, but also need to protect their futures and those of their children: "Sie war nun aufgenommen als ein Glied in der Kette derer, die zu Hüterinnen der Zukunft berufen sind" (*Das Tränenhaus* (1908) 241).[78] The last sentence of the novel expresses Cornelie's wishes for her daughter: "Wieder umfaßte ihre Hand liebkosend sein festes, rundes Köpfchen, das ihr fast das Leben gekostet hatte, und dabei dachte die Mutter: Gott erhalte dir deinen harten Schädel und einen harten Willen geb' er dir dazu, denn beides kann ein Weib gebrauchen" (*Das Tränenhaus* (1908) 254). Cornelie is now identified as a mother, which indicates her new role. Gerda's head in this passage on one level literally describes

[78] The secondary literature also identifies this moment, among others, as a key moment in which Cornelie articulates the extent to which she now identifies with the other women and sees herself as part of a long lineage of unwed mothers. Also, this realization is seen as an important moment towards Cornelie realizing that she needs to effect social change which can only be done if someone bears witness to the situation of unwed mothers and presents this new understanding of the plight of unwed mothers to the public (Hock 117; Weedon 108; Woodford 135).

her head, the size of which caused complications during her birth, and on another level figuratively represents Cornelie's journey over the past nine months: Being pregnant with Gerda not only almost cost Cornelie her life while giving birth to Gerda, but it also almost cost her the life she had created for herself and her status as famous author and intellectual. However, her pregnancy with Gerda has changed her perspective on women's reproductive rights, and Gerda's birth is symbolic of Cornelie's birth as a more enlightened woman who is better able to empathize with women and wants to effect change for them.[79] The message Cornelie wants her daughter to internalize is that she needs to develop into a strong, intelligent woman. Reuter does not use the more gender-neutral term "person" or "human" to describe what Gerda should become, but instead she uses "Weib", tying in with the concept of women's solidarity that is prevalent in the novel, as Cornelie sees strength and power in being a woman and in supporting other women.[80]

[79] As Schneider succinctly puts it: "Having an illegitimate child has given new legitimacy to [Cornelie's] life" (Schneider 80).
[80] Dürkob argues that "das Bild der vereinigten Frauen ist eher eine Projektionsfläche, ein Hinweis darauf, dass etwas geschehen muss. Was das denn sein müsste, formuliert die Autorin nicht – eine Ausgestaltung einer solchen Vereinigung ist nicht mehr ihre Sache" (Dürkob 177).

CONCLUSION

Michelle Mattson describes literary works as moral laboratories, providing "expansive narrative spaces in which to think through the implications of ethical theories and the questions they leave open" (Matteson 54). The women writers discussed in my project take reproductive issues out of bio-medical discourses to examine them in a literary space in which they can explore the ethical implications of these issues in a socio-cultural rather than in a purely scientific space. Böhlau, Frapan, and Reuter used their novels as moral laboratories to critically examine the theories behind their times' perceived (biological) differences between the genders and the consequences of the propagation of these notions on the reproductive rights of women and their treatment during pregnancy and birthing. The three writers were working toward new ways to express the uncertainties that accompanied the shift toward a modern society; in their novelistic representations of the birthing conditions at the turn of the century, they found a space to reflect on and contribute to shifts in the fabric of modern society and the female role within it.

The process of medicalization that began in the eighteenth century and culminated when academically-based medicine replaced traditionally-based forms of medicine as the dominant type of medicine in the nineteenth century. Class and gender played important roles in the medicalization of birthing both for the female patients and for the female medical personnel involved in the birthing process. The patients involved in birthing

came from the most vulnerable patient population at the time – women and newborns - and the health care available to women at the time varied based on the individual patient's social class, marital status, and financial situation. The medical personnel involved in birthing were mostly female midwives and male physicians; thus, the medicalization of birthing engendered not only conflicts along gendered lines in the negotiation between the developing professions of the academically-trained doctor and of the midwife, but it also brought about class-based power negotiations stemming from the fact that many midwives and female patients in the birthing clinics belonged to the lower classes. These struggles between the genders and the classes raised ethical questions about issues such as equitable access to dignified health care and the human cost of scientific progress; thus, although the developments that I synthesized in my chapter on the social history of birthing played out in scientific and academic arenas, their accompanying ethical dilemmas were ripe for exploration on the literary stage.

In their novels, Böhlau, Frapan, and Reuter created representations of birthing and birthing assistants to exemplify the inequitable treatment of women in society, and, more specifically, the inequitable treatment of lower-class women. While all three writers depicted in some form the plight of the unwed lower-class mother, they did not necessarily write their novels as a call to action in support of lower-class women. Because social class and marital status exacerbated the problematic treatment of these mothers in the health care system and in society, they provided the bourgeois women writers with an amplified example of the inequitable treatment of all women at the time. The writers' use of the birthing conditions faced by lower-class women also removed the very open social critique from the sphere of the bourgeois family to that of the lower

classes, since open, naturalistic critiques of the bourgeois family were, at the time, not very common. In the three novels, the plights of various lower-class women serve as catalysts for the bourgeois protagonists' character development into socially conscious characters, who seek to effect change for women within the bourgeois family, or who wish to propose alternative models of acceptable family structures for bourgeois women.

In *Halbtier!*, the protagonist comes into contact with three characters' different perspectives on childbirth: an etching by her brother-in-law depicting his aesthetic representation of death in childbirth, the disparate epistolary descriptions of her sister's brother-in-law's perceptions of the sister giving birth to her children at home, and the undignified deaths and dissections of her brother's former lover and their illegitimate child in an anatomical theater. Böhlau shows how Isolde, through her encounters with these birthing scenes, gradually reevaluates her perception of the birthing conditions, and by extension the social condition, of women in fin-de-siècle Germany. It is only when Isolde comes into contact with an unmediated experience, one that is neither an artistic nor a second-hand epistolary perspective, of what the birthing conditions were really like for a large percentage of women (namely, unwed, lower-class mothers) does she seek to effect change. Isolde's experience of witnessing the undignified treatment of the dead woman and her child as anatomical models in the anatomical theater impels her to seek out change in the political arena. By showing the general social lack of interest in the situation of lower-class, unwed mothers, and by commenting on the ineffectiveness of members of the bourgeois women's movement, Böhlau uses the novel first as a vehicle to sharply critique the exploitation of lower-class unwed mothers in the medical system, and

second as a call to action for the more radical factions of the bourgeois women's movement to not stand idly by in the face of such inequalities.

In her novel *Arbeit*, Frapan casts a critical eye against the Swiss medical system and offers an open critique of the strict hierarchies in hospitals and the medical establishment, including the misogynistic treatment of female medical students and the questionable treatment of lower-class patients. In the course of her medical studies, Josefine strongly identifies with the patients she treats and the cadavers she learns from. Her identification with and empathy towards them is juxtaposed with the behavior of the other medical students, who seem to have attained the level of objectivity and detachment from their patients that was at the time desirable for medical practitioners. Josefine momentarily finds herself displaying these desired characteristics, but when she catches herself emulating her professor's distant and disengaged bedside manner, she reflects on her behavior and quickly returns to striving for a more empathetic form of patient treatment. The first time she is able to implement this is when she assists at a birth. In this birthing scene, Josefine takes on the role of doctor, which in the context of birthing assistance was traditionally reserved for men. At the birth, she is shown to provide her patient with care that incorporates the patient-centered, holistic approach of midwifery into the practice of a medical doctor. After this crucial experience, Josefine is able to recalibrate her understanding of what dignified patient care should entail, and she seeks to enact this in her own medical practice and in her social advocacy toward the end of the novel.

In *Das Tränenhaus*, Reuter, unlike Böhlau and Frapan, portrays the medicalization of birthing and the increased medical interventions available to women as

positive developments for unwed mothers, demonstrating that it should not matter how the woman became pregnant, and that mother and child always have access to the medical care necessary to help them survive the birth. The two doctors, who provide Cornelie with birthing assistance, are portrayed as knowledgeable, non-judgmental birthing assistants focused on providing the birthing women at the Tränenhaus, regardless of how they became pregnant, with excellent medical care. The midwife is a more ambivalent character who provides the women with good birthing assistance while they give birth, but otherwise mistreats them during their stay at the Tränenhaus, which reflects how society at large treats unwed mothers. In *Das Tränenhaus*, the portrayal of medical professionals' interactions with their female patients is more nuanced than the portrayal of the treatment of women in birthing clinics, for example in *Halbtier!*, where men were at the top of the hierarchy exerting power over female midwives and patients. In *Das Tränenhaus*, Loetz's concept of *medizinische Vergesellschaftung* is exemplified as it becomes clear in the midwife's, the doctors', and Cornelie's interactions during Cornelie's birthing experience that they are all part of a network in which social interactions and motivations determine the way medicine is used as a means to help the individual actors within this network. This type of collaboration amongst the birthing assistants and their patients is highly valued in the novel as it mirrors the solidarity the women experience among each other. Cornelie expands her worldview by encountering the hardships facing unwed lower-class mothers and by witnessing and experiencing the support they receive from each other and their birthing assistants. She reemerges at the end of the novel as someone who, armed with her newfound experiential knowledge on the difficult situation of unwed mothers, can appeal through her education and

prominence as a writer to the public to change the way unwed mothers and their children are treated in society.

All three novels explore the ethical and moral dimensions of unwed motherhood and how unwed mothers are stigmatized and treated as second-class citizens from the moment they become pregnant. The spaces where the protagonists encounter these unwed mothers are all specifically designed to capitalize on the women's lack of support and on society's desire to keep the situation of these women hidden. The Tränenhaus is the most physical representation of this stigmatization, as it is a physical structure utilized specifically to house unwed mothers and keep them in seclusion until their children are born. The birthing clinics in *Halbtier!* and in *Arbeit* also represent the subjugation of women's bodies by means of their exploitation for scientific inquiry. Within these spaces, birthing assistants are portrayed as profiting off of the women's need to have a place in which to give birth: Frau Uffenbacher makes a living by providing room, board, and birthing assistance to unwed mothers and treats her boarders poorly because of their status as social outcasts, and the doctors in the birthing clinics use the women's and children's bodies as objects for scientific exploration and upon their deaths as anatomical models intended to help educate future medical personnel. The three novels make evident the stereotypes surrounding these social and medical practices and allow their protagonists to critically observe them in order to raise related ethical questions in the mind of the reader.

While some of these stereotypes have their basis in popular discourses, others are founded on the idealized and aestheticized representations of female procreativity portrayed in literature and art by male writers and artists. As such, these representations

are complicit in keeping hidden the real situation of unwed mothers. Both Böhlau and Frapan deconstruct the motif of eroticized and aestheticized female death in their renditions of maternal and infant mortality. Viewing Mengersen's etchings awakens Isolde's youthful exaltation of female sacrifice that is grounded in a woman sacrificing herself for the wellbeing of her family. Later in the novel, Isolde reevaluates this sacrifice when she witnesses the dissection of the shop girl, which is reminiscent of male artists' representations of a dead woman being dissected by male anatomists. This time, Isolde does not see the masculine representation of the death of the female body as worth emulating, but rather, she views it as an inaccurate depiction of women's death, perceiving the violence enacted upon the female body at the hands of the male scientists and artists. Like Böhlau, Frapan uses the dissection motif as a useful trope to articulate the inequalities and poor patient treatment inherent in the medical practice of using lower-class bodies as sites for medical experimentation and exploration. Frapan, unlike Böhlau, however, has her protagonist enter the scene and actively participate in the dissection. Deconstructing artistic representations mediated by the male gaze allows Frapan and Böhlau to reclaim those images for themselves and to reframe them from a female perspective.

In my project, I examine the extent to which Frapan, Böhlau, and Reuter use representations of birthing as examples of women's inequitable treatment at the time, and whether these fictional representations of women's birthing conditions express a social reform agenda, or whether they merely reproduce prevalent ideologies about women's roles in society. In all three novels, births are represented as both the physical event of a child coming into the world, and as the metaphorical birth of a new type of woman who

seeks to change and improve the situation for women of all classes. In *Das Tränenhaus*, the birth of Cornelie's daughter also represents Cornelie's birth as a woman who has reevaluated her stance on her status as an unwed mother, seeing this now as a political platform to advocate for change. In *Halbtier!*, Isolde is spurred into action by what she witnesses in the anatomical theater and rethinks the notion of female sacrifice for the family as something worth emulating. In *Arbeit*, Josefine is the one assisting a birth, which, in addition to the birth of a child, symbolizes the birth of Josefine as a compassionate and humane doctor who wants to improve the situation of lower-class patients by providing them with dignified health care and by publically advocating for them through her elevated social status as a doctor.

The social change the protagonists seek to enact as a result of their transformative encounters with the birthing conditions of their time is not clearly laid out in the novels. Given the moment in (literary) history in which these women writers were writing, it is not surprising that they have not laid out more concrete plans for their protagonists. At the turn of the century, the women's movement was gaining momentum, but it was still very much in its beginning stages. By leaving uncertain the political activism of their protagonists the three writers mirror the uncertainty facing feminist political activism in Germany at the time. However, portraying their protagonists as women who want to take action – Isolde goes to the *Frauenverein* in the hope that she can improve the situation of women, Cornelie sees women's solidarity as a key component for the future of women's activism; and Josefine wants to use her own medical practice as a platform to advocate for a more humane health care system – symbolizes their unwillingness to stand idly by while society ostracizes women for their reproductive choices.

The literary works of male writers up until the end of the nineteenth century and well into the early twentieth century can be characterized as deliberately omitting any in-depth examination of the birthing conditions of the time periods during which they wrote. The novels in this dissertation fill this gap in literary discourse and provide a venue for the discussion of the uniquely female-centered event of birthing from a woman's perspective. The fact the Böhlau, Frapan, and Reuter chose to specifically focus on this *Leerstelle* in the cultural imaginary encompassing women's experiences of birthing and birthing assistance highlights the fact that these women writers saw a need for an exploration of birthing conditions in fin-de-siècle German-language literature. Not only did Böhlau, Frapan, and Reuter depict their perceptions of and the common ideologies about birthing from a female perspective, but they indeed used their novels as moral laboratories to critically examine questions of women's reproductive rights and women's treatment during pregnancy and birthing.

Exploring the birthing motif in these novels provides a basis for these moral explorations of women's rights, but they also provide a larger commentary on the situation of women writers and women at the turn of the century, who availed themselves of poetic realism and naturalism to describe the situation of women at the time. Only a century before, such graphic literary representations of the female body, especially in literature by women, would have been nearly unthinkable, and in creating such depictions, the authors unveil ideas and situations that had until then been hidden. The women writers in my project insert themselves into the literary movements of their time, which had been dominated by male writers, and they use new literary modes to communicate their uniquely female perspectives. Böhlau, Frapan, and Reuter explore the

situation of women at the time by examining how women were treated when they were at their most vulnerable. The fact that, from their perspective, the medical system exploits their bodies at their time of greatest need for personal and social support is indicative of their overall treatment as second-class citizens who do not have the same rights as men.

In my dissertation, I examine how these women writers grappled with ethical questions, such as: How did women relate to the scientific discourses and practices at the time? Were the women themselves included in or excluded from the knowledge production about their procreative bodies? If they were included, what role did they play, and did they play a role beyond that of the object to be studied? How did women learn about the obstetrical knowledge produced by scientists, doctors and others? What, from their perspective, were the most important ethical concerns and values, and which ethical concerns or theories were thrust upon them by outside forces? The ethical questions I explore in my project are as relevant today as they were one hundred years ago: analyzing fictional representations of birthing in the late-nineteenth century has crucial relevance to thinking about the development of obstetrics and reproductive technologies from the mid-twentieth century onward, since these questions of female agency, access to health care, and the human cost of medical advancements the women writers of the late nineteenth century explored in their novels remain pertinent. Fictional representations could also lend critical insight to the impact on birthing women of the hospitalization of birthing in the twentieth and twenty-first centuries, or a new perspective on women's access to birthing assistance following the implementation of the two-tiered public and private health insurance system in Germany. Beyond the structural implications of the changing health care system on birthing women, one could also explore the ethical

questions I examined in my dissertation to see how they apply to and give us a way of analyzing literary representations of newly emerging reproductive technologies and options such IVF and surrogacy, or representations of issues such as abortion and birth control that have been hotly debated for centuries.

In *Halbtier!*, Mengersen's etching of a woman and her baby who have died during childbirth is ultimately criticized as an aestheticized and romanticized representation that fails to critically engage with the individual and social circumstances that might have brought about the woman's death. Böhlau, Frapan, and Reuter prove through the experiences of their protagonists that aesthetic representations of the birth process in particular, and of the systemic violence enacted in general upon the lower classes by the growing medical establishment of the time, are capable of deeply engaging with such issues. All three of these authors make use of their privileged (bourgeois, educated) position within a marginalized group (fin-de-siècle women) to give voice to suffering that might otherwise be invisible to their readers, and in so doing, they contributed in their own ways to the social advancements that helped and continue to help bring about equality for women and for members of lower socio-economic classes.

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