

Men's Bodies 'Explained' on a Daily Basis in Letters from Patients to Samuel Hahnemann (1830–35)

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Different Patients

AN ALSLEBEN MERCHANT named Tischmeyer wrote to Dr Samuel Hahnemann at Köthen/Anhalt on 26 October 1832, describing his state of health in the following terms:

Continuous pinching together and feeling of being full from above the navel downwards, often unbearable. Constant dull repeating, which must always be remedied because otherwise alarm mounts and stomach-aches and salivation result. Eating meat increases the constriction and feeling of heaviness. Consuming large quantities of sugar relieves the alarm and the stomach-aches. Spit contains grey mucus, sleep irregular, often poor. Hands and feet cold. Mood depressed. Listlessness of body and mind.¹

Tischmeyer sent the doctor a brief list of complaints which centre on stomach and digestive disorders. He locates precisely the feeling of pressure, describes its strength and duration, and even says what he is doing about it himself. He stimulates repeating (burping) in order to rid himself of the accompanying feelings of alarm. This appears to play an important role, as emerges from a letter written about a year earlier:

The pinching together of the lower abdomen has again drawn itself straight across the navel, making this area dully sensitive and inducing a very eerie and constantly alarming feeling of melancholy. The pinching and repeating

have become unbearable as a result and sleep very poor, meagre, and only to be had in meagre spells of a few hours at a time, with constant interruption and discomfort. Also frequent iciness and cold shivers running over the skin. Heavy sugar requirement.²

Tischmeyer stresses how the complaints lacing him in, as it were, have a life of their own. There is also more emphasis on the fears inspired by these mysterious 'goings-on' in the body. The later letter talks less about the psychological aspect and more about the medical. In both letters Tischmeyer also mentions coldness in the extremities or 'cold shivers running over the skin' as well as his 'sugar requirement', rather than, for example, his desire for sugar. Sugar is clearly credited with healing properties. In the second letter the relaxing effect of eating sugar is described in greater detail and there is a reference to spit. In addition, both letters contain statements about Tischmeyer's melancholy mood, culminating in a reference to 'listlessness of body and mind'. In other words, Tischmeyer's physical perceptions are characterised by a close correlation between, in today's terms, physical and mental symptoms; pointing to what is commonly described as a 'holistic' view of the body. The great importance attributed to eating habits accords with this picture.

In a letter of 18 November 1833 another patient, Cantor Schuster of Lagow (Neumark, near Posen in present-day Poland), wrote to Hahnemann:

Esteemed Councillor [*Hofrat*],

Please find enclosed the continuation of my medical report, interrupted on 29 August, which runs as follows:

30 [August]. Pressure in abdomen. After breakfast, pinching in abdomen, pain in left temple. Tingling at several points on body. Pressure on right-hand side of back. As pressure felt, discomfort in tip of nose. Pain in l. forehead. Ringing in l. ear. Coughing. Appetite good, despite the fact that I can still taste the last meal returning on me. Twitching in l. upper arm. Woke up several times during night.

31. Before breakfast, pressure in stomach area as if there was a stone lying inside. My mouth has had a tendency to water for some weeks now. Tingling at several points on body. One cough. Pressure in side. Discomfort in anus. Feeling of having a cold. Pain in both temples.

September 1. Tingling at several points on body. Ringing in l. ear. Pain in right side of head. Seminal emission. Pain in r. ear.³

And so it goes on, day after day over a period of four years, reported in a total of 24 letters. Cantor Schuster supplies a wealth of physical

experiences, down to the minutest observations, e.g. 'discomfort in tip of nose'. The time of day and night and connections with mealtimes are given with great precision. There is burping involved, too, but only as one symptom among many. Again, sleep is addressed. Even 'feeling of having a cold' is considered worth mentioning. In addition, there are such less well-defined, generalised sensations of disturbance as 'tingling at several points on body'. 'Discomfort in anus' is underlined by the patient himself, indicating that he wishes to draw attention to its importance. There is also an instance of 'seminal emission', presumably a spontaneous nocturnal occurrence.

In addition to this wealth of data, contained in daily reports filling eight pages for each two-month period, Schuster supplies a further two pages of information in the form of groups of symptoms for the whole reporting period. These are listed under the following headings: 'watering of the eyes, bowel movements, permanent colds and sneezing, back pain, repeating and yawning, sleep and dreams, tingling in glans, passing wind, discomfort just above anus, testicles, digestion, stretching, cracking in left upper-arm joint, grumbling in abdomen, mucus, discomfort in anus'. There are also remarks about such other physical phenomena as 'freckles', 'hair loss', and 'earwax'. Finally, he describes experiences while 'walking', and a few lines are devoted to his own 'behaviour' and 'feelings of embarrassment'.

These examples of letters from patients to the homoeopathic doctor, Samuel Hahnemann, illustrate better than abstract reporting the sometimes almost irritating superfluity of information about physical experiences contained in such sources. At the same time they show clearly how differently two men selected at random describe their bodies in these texts. Tischmeyer, the merchant, gives a relatively concise list covering several months and focusing on his fairly constant main problem of his digestion; in the second letter, he appears to be observing certain symptoms more accurately than before. Cantor Schuster, on the other hand, indulges in a wealth of physical observations and their associated feelings that fits, with almost textbook neatness, into the age of sentimentalism. Both writers share a 'holistic' conception of the body: yawning is seen as an expression of low vitality; the performance of stretching exercises indicates a lack of physical suppleness. In the context of the deep respect for dietetics that characterised the period's understanding of the body and illness, information about lifestyle is also extremely significant.

Patients' Letters as a Source for the History of Body Perception

THERE SEEMS GOOD REASON, then, to turn to the history of body perception as revealed in patients' letters enabling a better understanding of the patient in history.⁴ Studies in the history of body perception have, of course, opened up whole continents of previously unknown information over the last 20 years, notably from a re-examination of scientific texts on anthropology⁵ and anatomy,⁶ from medical case collections⁷ and from standard public information manuals⁸ on the subject of masturbation,⁹ on hygiene, even about how to deal with corpses.¹⁰ And it is true that, in connection with all these types of text, the preferred approach has always been to study authors who sought to disseminate a specific view of the body. Nevertheless, particularly in the medical case collections, a sort of practical familiarity with the patient's own body was sketchily apparent. In addition, personal testimony increasingly became the favoured source for research into the history of body perception, for diaries,¹¹ autobiographies¹² and correspondence¹³ highlight interpretations of the body by the relevant historical subjects themselves. Still, it is a major challenge to research, clarifying the provenance of the images and ideas that characterise the discourse of what seem, at first, to be very personal texts.

The same problems obtain in connection with patients' letters; a source that emerged from the practice of treating, by correspondence, patients who did not share the doctor's place of residence. In Europe there is a series of collections of such correspondence dating from the late seventeenth century and extending into the twentieth century, although most of them have come from the eighteenth century.¹⁴ As regards daily familiarity with the body, they have a very substantial amount to tell for, in them, patients themselves describe their physical observations to their respective medical correspondents. Patients' letters mark themselves out from doctors' case collections in four positive respects. First, they offer more than, from the doctor's point of view, the medically exciting, spectacular cases; the choice of which might otherwise falsify the impression of people's ordinary dealings with their bodies, having been assembled for publication with a readership that had a certain interest in things medical and scientific. Patients' letters, in other words, are more representative. Secondly, they may convey more than a view of the body filtered exclusively through the doctor's eyes, because patients contribute in them their own opinions and experiences. Thirdly, such exchanges of letters often cover extended periods of time, so that it is also possible to trace developments in the patient's understanding of the body over the course of the correspondence. And lastly, the letters contain more social context; they report on living conditions

and family circumstances and, sometimes, other persons spontaneously contribute details concerning the sick correspondent, providing additional information.¹⁵

Nevertheless, the texts arose in the context of medical consultation; bearing the stamp of the particular doctor-patient relationship involved. They also include information about patients' reading habits with regard to medical texts. To that extent, the letters permit interesting deductions about the dissemination of medical information and the reception of the expanding literature of hygiene. If, on the one hand, such reading habits point to the doctors who had so profound an influence on discourse about the body, on the other hand, the people writing the letters are neither committed in advance to – nor generally fixated on – a purely medical view of their bodies. At any rate, other observations, experiences, and interpretations also find their way into the letters. These are indicative of the scope of what the writers regard as important. Accordingly, patients' letters occupy an interface between the increasingly dominant discourse of the medical profession and the everyday discourse of those writing them. They offer a subtle opportunity of tracing the power effects of knowledge production and interactive practice in the doctor-patient relationship as exemplified in the work of Michel Foucault.

The Medical History Institute in Stuttgart, has preserved the particularly valuable archive of 5,549 patients' letters to Samuel Hahnemann (1755–1843), the founder of homoeopathy, and it is the intention here to present this recently catalogued material from the period 1831–35 using one example. Although, in line with Hahnemann's medical instructions, what might generally be expected are daily reports of symptoms of illness, most patients generally give somewhat cursory particulars, usually for a six-week period. Very occasionally, the daily report will be supplemented by other compilations of longer-lasting symptoms. These are all letters addressed to Hahnemann; only exceptionally have his answers been preserved. However, in most instances, there are two ways of tracing the doctor's response. Each letter includes a note with an outline reply indicating, among other things, the medicines prescribed. Many letters have passages underlined that make it possible to understand what the doctor treating the case thought particularly important in choosing the remedy to be enclosed with the letter in return. The period from which the Hahnemann letters have survived (the 1830s were quite late in this respect) has the advantage of supplementing knowledge of the eighteenth century, on which most research has been focused, with sources stemming from a generation later.¹⁶ At the same time, the letters make clear how the dissemination of medical

information, a process that has been described as typifying the eighteenth century, continued to find expression in correspondence between patients and doctor until 1830 after nearly a century of ongoing intense public information campaigns through medical journalism.

In understanding the texts, it is important to know that Samuel Hahnemann expected his patients to read his main work, the *Organon of the Art of Healing*, either in the full 300-page version or in a digest, as some of them did, either on their own initiative or at the doctor's request.¹⁷ As well as a hundred pages of harsh criticism of contemporary medicine, notably of its insecure scientific basis and its 'heroic therapies' requiring patients to have a high pain threshold but failing to do much good, the *Organon* contains passages on the theory of medicine and on the preparation of remedies, and notes on other forms of treatment such as magnetism. Here, the introduction about examining patients is particularly important.¹⁸ This acquaints the reader, partly through examples, with the wide variety of areas about which the homoeopathic doctor might enquire. Consequently, readers of the *Organon* may be assumed to have had a certain prior understanding of Hahnemann's view of health without having received any precise indications of how to describe physical processes.¹⁹

It follows that the writers of these patients' letters were highly literate people with, at least, some knowledge of medical matters. Occasionally, details of occupation are given, and these are systematically incorporated in the index of the archive. Correspondents include a head forester, a senior teacher, a countess, a rural district council chairman, a minister's wife and a deacon; and a merchant, a lieutenant, an administrator, a master ropemaker, a magistrate, a forestry clerk, a furrier's wife, a bookbinder and a commercial apprentice. This indicates a thoroughly mixed patient body, both socially and in terms of gender though, in all probability, the lower orders are significantly under-represented. However, in the case of many patients the correspondence contains no particulars either of occupation or of class, and so it is not always possible to rank letters socially.²⁰

Previous research has concentrated on the medical and anthropological construction of the female body. There may be understandable reasons for this, ranging from the greater contemporary interest shown by male doctors in the female body as being, allegedly, closer to nature, and to the reconstructive, emancipatory interests of women's history.²¹ This approach has led to some substantial revisions of the understanding of the body. Nevertheless, documents providing information about men's bodies need to be analysed.²² It may be that this will reveal aspects of people's everyday dealings with the body that, while perhaps less dramatic epistemologically,

contribute very substantially to the picture of how the body was understood at the time. Studies of the history of body perception, which have been overly theoretical, are needed also to make more room for the practical doings of historical subjects.²³ This paper is not intended to provide more than an outline of research possibilities. Its main purpose is to publicise a source archive that can be studied in greater detail.²⁴ Using the example of Cantor Schuster (who was 28 years old in 1831), male identity can be constructed in an exchange of letters with the 'doctor in attendance' in which, because of the nature of the source, physicality and health/illness initially occupy the foreground, although subsequently the search for a partner and marriage plans also feature.²⁵

Everyday Practices and Patients' Heightened Awareness of their own Bodies: What is Taken for Granted in Talking [to the Doctor] about the Body?

ON 1 APRIL 1831 CANTOR SCHUSTER wrote to Samuel Hahnemann in Köthen/Anhalt, some 270 km distant:

Dear doctor,²⁶

You will forgive a poor unfortunate for presuming upon your kindness in order to save himself from a wretched situation. I was born to healthy parents on 14 June 1803 and had the misfortune to become acquainted with the vice of onanism at the age of eight. Wholly unaware of the very sad consequences of the same for myself, I practised it until my 18th year. Not until 1820 did I come across Becker's book 'Onania ... Considered' and first learned from it about my misfortune – having practised this vice for 10 years. I read, was frightened, and based my rules thereon: The only thing I did not make use of were the strong baths it recommends: the reason being that as my father's assistant I could not afford the several hundred talers required; but I did wear flannel shirts, which are supposed to have the same effect and which did indeed relieve the severe running catarrh that used to last for several days and recurred at least every four weeks, relieved it to such an extent that I subsequently, when not afflicted by a major cold, suffered only one to three attacks a year. I kept to quite a strict diet, including moss chocolate²⁷ and elixir of steel, but despite all that and a nourishing diet I felt no improvement beyond a reduction of nocturnal emissions, of which I now have only one every 6 to 8 weeks; although I neither eat too little nor too poorly. In addition, I have bought and read a number of books about this illness and dietetics and special illnesses, with the result that I own some 20 myself and including borrowed ones have probably read more than 30 medical books. You will see immediately from this how deeply I felt my illness and how hard I tried to cure

myself. I attempted to find out from medical books every means that I thought I might use to better my health ...²⁸

Clearly, our letter writer felt very ill and immediately 'outed' himself as an onanist who had masturbated for 10 years. Becker's highly successful book *Onania; or, the Heinous Sin of Self-Pollution, and all its Frightful Consequences in both Sexes, Considered*, which appeared in English in 1715 and in Germany in 1736/51 and had been in print continuously ever since, enabled Schuster to discover his own misfortune in the first place and immediately to try to make sense of it.²⁹ Reading this medical text changed the letter writer's whole attitude to life. The crucial aspect is the sudden possibility of recognising the illness rather than the symptoms themselves, as it was only through the book that these became interpretable as an illness. At the same time, however, there is the hope of overcoming it by taking appropriate action. A medically coloured self-interpretation of an existing feeling of weakness or inadequacy enables the subject to talk about his unhappiness and problems. Schuster lays his 'weal and woe in your [the doctor's] hands', goes on to describe himself as a 'pitiable victim among the sick' and, as a patient, expects for himself and possibly for others 'help through the medium of homoeopathy'.³⁰ In keeping with the times, he understands masturbation as a typically male illness³¹ involving his whole body. As a reader, he endorses the dominant Enlightenment discourse about the male body which embraces a comprehensive semantics, ranging from a weakening of the whole body through loss of the best and most highly refined bodily fluids in the wasted semen to potential infertility and damage to one's own or one's descendants' health. At the same time, genital pleasure, whether merely experienced or fully realised, receives a wholly negative interpretation from the outset.³² On the other hand, the medical/moral view of the problem of masturbation provides a thoroughly optimistic starting-point, typical of the Enlightenment: the body is sick, yes, but it can still be made better – in the context of a medical 'cure', of course. For the patient this means the responsibility of conducting a meticulous self-examination, albeit under medical supervision. In the process, the patient develops a precise discourse exemplified by postscripts supplying further details and additions giving the exact day.³³ This suggests that Schuster kept copies of all his letters. The foundations of self-description are adapted carefully from Hahnemann's publications. Schuster writes, for example: 'A few days ago I received the "Chronic Diseases etc." published by yourself ... to which I had subscribed, and soon saw that in noting down my symptoms I had made errors that stemmed from the reason you gave

in the *Organon*, where the sick person is unable to think himself into the position of the healthy person and omits many things that he fails to see as expressions of his illness. I shall therefore make more accurate notes in future.'³⁴ The patient is referring to the *Organon*, first published in 1810, and to Hahnemann's four-volume study *Chronische Krankheiten*, published 1828–30, in which the doctor had sought to trace a large number of chronic conditions back to fundamental illnesses of humanity.³⁵ Patients who were particularly keen readers probably found most inspiration in the 51-page list of symptoms that Hahnemann provided in the work. Changes in reports and letters and in questions asked demonstrate that, as a result of such reading and interaction with the doctor, patients undergo a training process with greater precision for a particular type of detailed self-observation.

Times of taking medicines, for example, become landmarks in the report and, at the same time, structure the patient's own experience of his body: 'During this and the previous period of medication I spent an average of two hours a day in the open air, as I shall continue to do until 1 October ...'. Self-observation also structures daily periods of time: 'The days on which I had no bowel movement are marked in red.'³⁶ Initially, the object of observation is the body as a whole. Schuster uses two German words for 'body' (*Leib* and *Körper*) synonymously and without distinction, as when he notes, for example, what he calls a '*Quarren*'³⁷ in the body [*im Leib*] and writes of his 'weak, drying *Körper*'.³⁸ If the latter phrase, with its reference to a lack of fluid, contains echoes of humoral pathology, he distinguishes in the following quotation between the body as skeleton and the rest: he would like to put 'life and strength and flesh on his body', while conversely, following the death of his mother, 'flesh mightily disappeared' from it.³⁹ Finally, physical comparisons permit self-classification: 'The flesh on my body is still very slack and I know no one of my age with such weak fingers as I have.'⁴⁰ This could be indicative of the way he sees himself as a man, because what he writes asks to be interpreted in such a way that, according to Schuster, even women of the same age probably had stronger fingers than him.

Schuster also analyses the way he feels generally. For example, he regrets his 'daytime lethargy'.⁴¹ Unlike at an earlier time, he says he cannot 'bear to read for long', which like another piece of self-observation – 'I easily make mistakes writing and speaking' – no doubt refers to diminishing concentration.⁴² 'Presence of mind' is a quality he says he lacks completely.⁴³ But, in addition to recording these more general findings, he mainly addresses his attention to individual parts of the body – for example, through such direct descriptions as 'hair falls out easily'.⁴⁴ Since,

for both patients and doctors, it was still not entirely clear what symptoms indicated illness, many things were mentioned that today would be found rather surprising in a medical report. 'Tingling in left nostril' is one of them, although 'feet gone to sleep' makes more sense to modern understanding.⁴⁵ However, the doctor is informed also that Schuster has 'lost a lot of foot perspiration'.⁴⁶ Such comparative descriptions as 'pressure in top of head as if skull was about to lift off' may illustrate degrees of pain experienced.⁴⁷ In addition to this method of description, which homoeopathy calls 'as-if symptoms',⁴⁸ Schuster also uses medical terminology, sometimes getting the spelling wrong.⁴⁹ A basic knowledge of anatomy is evident in the following remark: '... had a painful cramp in my right hand, where the long bone belonging to the middle finger is situated'.⁵⁰

He also reports on individual organs – 'sharp pains in the spleen',⁵¹ for instance – sometimes very subtly: 'The heart pain referred to in the last medical report under 22 May was not oppressive or sharp or otherwise uncomfortable, rather it was a sensation that defies description, it was if the blood in the heart had welled up really warmly'.⁵² There is every indication that this more detailed description of a pain sensation was prompted by a question from Hahnemann.

Excretions play a major role, not just in the tradition of humoral pathology: phlegm is mentioned occasionally, but more often nasal mucus or the 'feeling of having a cold'.⁵³ Bleeding gums, perspiration, and 'watery eyes in the fresh air' are also specified.⁵⁴ Bowel movements are an important topic; one movement was 'probably the strongest I have ever had'.⁵⁵ The timing of movements was also a matter of concern to Schuster: 'Today I can confirm what I earlier surmised, namely that each time I pass a motion everything that I have eaten is expelled. For instance, the poppy-seed pastries I consumed late night passed through today, twelve hours after I had eaten them, without any sensation of diarrhoea'.⁵⁶ Olfactory observations also play an obligatory part: 'Eight hours after being eaten, carrots still smell the same'.⁵⁷ A particularly close watch was kept on urine, which remained a not unimportant, albeit much debated, diagnostic tool.⁵⁸ The patient reports, for instance, that the 'ammoniac smell of the urine has gone, so has the blue sediment, which is now pale grey'.⁵⁹ The passing of urine is likewise observed minutely: 'My urine sometimes comes in a supplementary trickle when I think that is all'.⁶⁰ Yawning, too, is closely monitored, 'much yawning in the evening',⁶¹ and lastly, the reports make repeated mention of 'real coughing'.⁶²

There is a striking differentiation of types of pain: a 'tenderness caused by pushing or squeezing' is carefully distinguished from 'a dull ache

below the chest'.⁶³ A 'numb tugging (aching pain) in the left calf when walking' has a different quality from a 'brief, oppressive ache to the right of the heart region' or a 'piercing pain' in the same place.⁶⁴ As well as the location, the duration of discomfort is also noted very precisely, as in 'lower-back pain lasting for several seconds' or 'a feeling in my left side lasting several minutes, as if blisters of about the size of peas were forming and then bursting without causing discomfort'.⁶⁵ Finally, a 'sensitivity to pressure in the toes of the left foot coupled with a sensation as of warm blood escaping there' shows that Schuster experienced a wide range of pain sensations, which he described with considerable sophistication.⁶⁶

Schuster's mood and social behaviour are an element in his feeling of unease which he describes frequently; a feeling changing little over three years, from 1831 to 1833. 'My state of mind is still as before: I put up with a lot from other people without getting annoyed, but at home quite minor mistakes make me irritable, even rude'.⁶⁷ In other words, while Schuster is thoroughly shy in public, at home where, after his mother's death he lives only with his sister, he appears to succumb to intolerance. However, even in social gatherings, the limits of his irritability are quickly reached. He prefers conversations on 'scientific subjects' and respects the 'bounds of custom'.⁶⁸ At the same time, his insecurity causes him suffering: 'The least mistakes made by myself are capable of putting me in a bad mood'.⁶⁹ 'Recently my mood has been calmer and more even and I have seemed to be trying to be slightly bolder in my dealings with others'.⁷⁰ However, eight weeks later he takes back this hope of greater assertiveness with the comment: '... saying a stern word to another person is something I am still as shy about as before'.⁷¹ The situation is unchanged a further 22 months later: 'My bearing is still shy, indeed almost timid, and I find it difficult to respond sternly to a person's stare unless I am particularly incensed. Rapid transactions I find awkward ... Now I am easily startled again by the slightest noise'.⁷² Schuster, thus, comes across as an extremely withdrawn, shy person with little capacity for conflict.

He tends, on the whole, to keep very quiet about sleep and dreams. They are addressed in a general way in the medical reports, as in the reference to 'sleep [being] always interwoven with dreams', but the content of those dreams is never specified.⁷³ A certain lack of drive, 'daytime lethargy', 'gone even without my midday rest' seems to have gone without changing his living habits.⁷⁴ Schuster is firmly convinced that this has a lasting effect on physical wellbeing, writing of his 'change of bedroom', for example.⁷⁵ Earlier he had reported his vexation at smells, which he had to endure because of 'having lodgings over a horse'.⁷⁶

This clarifies the opportunities for treatment in a way that is

important as regards the doctor-patient relationship. In the area of dietetics, for breakfast, for example, Schuster prefers milk, as already extolled by public information campaigners. However, the health-conscious contemporary probably received more directly such a recommendation from systematic reading of the latest homoeopathic patient literature; references to which are contained in the first letter to Hahnemann.⁷⁷ A book by Franz Hartmann, *Dietetics for patients undergoing homoeopathic treatment*, published in 1830, was in the cantor's hands by April of the following year. In the second chapter the author praised milk as 'unreservedly permitted in any illness'.⁷⁸ With a similar lack of reservation, Schuster accepted wholesale dietary treatment recommendations that Hahnemann considered very important, writing in his reports of 'permissible food items'.⁷⁹ Obediently, he says he will drink 'no more coffee and spirits ... even at funerals'.⁸⁰ He also asks about the permissibility of 'keeping company with tobacco'.⁸¹ The sizes and times of his meals are altered: 'Having had more emissions since the cure than before, I have now resolved to eat smaller lunches and to have my evening meal no later than 4 o'clock' to avoid the inflammatory effects of food.⁸² Schuster credits eating with very direct, short-term effects on his state of health: 'Half an hour after supper, which consisted of potatoes boiled in their jackets, [I had] very rapid heart movement constantly for a ¼ of an hour, which I found most alarming'.⁸³ Another instance being 'shooting pains in right ear 1½ hours after eating and ½ an hour later in the left, just like yesterday'.⁸⁴ On the other hand, weight-watching plays only a very minor role, with a single mention of the patient's weight as '121 pounds'.⁸⁵ Naturally, one of his practices for promoting health is exercise in the fresh air, though this can also have negative effects.⁸⁶ 'After my afternoon walk it was as if my feet had gone to sleep'.⁸⁷

Other treatment opportunities and their evaluation over a prolonged period can be illustrated particularly well by the patient's clothing. For example, Schuster, once again, has worn a linen shirt too early in the year to the detriment of his health: 'I should not have caught a chill had I not exchanged the woollen shirt ... Since the attack I have [consistently] been wearing the woollen shirt again'.⁸⁸ Earlier he had 'worn the woollen shirt until it tore'.⁸⁹ However, he was critical of the evaluation of wool in the books about dietetics and masturbation as early as 1832: 'Whether the runny nose will recur I do not know, but the experience of several years tells me that the constant gentle rubbing of the skin by the woollen shirt has not made the flesh any stronger than if a linen shirt had been worn'.⁹⁰ In other words, the patient has no hesitation in expressing an observation of his own in correspondence with his doctor.

Yet, this doctor-patient relationship is characterised by the doctor being held in high esteem as the person on whom are pinned the patient's hopes of a cure and whose instructions are accepted almost with subservience. This finds expression not least in the forms of address, which recognise the doctor's rank in terms of both knowledge and status with the title *Hofrat* ('Counsellor'). The polite phraseology is no mere formality but reveals the asymmetry of the relationship, as when the patient ends a letter: '... throwing myself entirely on your good favour, I have the honour to be your most obedient Schuster'.⁹¹ The patient, thus, defines himself throughout as a sick man needing help.

Part of the essence of the whole doctor-patient relationship is the systematic presentation of symptoms through the letters: the opportunity of talking about the body means that the body of the 'patient' is created anew.⁹² The doctor's expectation that, as a result of taking the medicine, something will happen is met by the patient with correspondingly keen self-observation. The term 'cure' refers, from the beginning of the relationship, to the acknowledgement that the restoration of health inevitably will be a long-drawn-out process. This engenders a productive discourse between the doctor and the patient, providing fresh realities.

An instance of this is Schuster's reaction to a question from the doctor: 'As regards answering the question posed in your last letter, I most respectfully reply that my choice of the expression "troublesome nose" was not entirely correct. I should have said free, because normally I always had a sensation in my nose as if mucus were forming inside'.⁹³ The patient asks detailed questions in his sixth letter: 'Is it necessary for me to say something more about my dreams each day in future? E.g. whether I dreamed all night long or just for a short time? Whether they were pleasing or alarming, etc.? And is this also necessary when I pass a motion? The trouble is, there is always very little I can say about my dreams. Often I can only specify individual objects'.⁹⁴ In the following year, he asks about the correct way of taking his medicine: 'I took the powders once a day, is that right? At first I was worried because on several previous occasions I received only 7 powders and now suddenly I get 28. Must I strictly avoid any company where people are smoking tobacco?'⁹⁵ This suggests that the patient would like a certain leeway between a loose and a strict adherence to avoiding smokers.

Schuster also has no hesitation in seeking to criticise and to dominate his homoeopathic doctor's method of imparting information. Hahnemann had also been consulted incidentally about Schuster's mother, who had died since his last letter. A fortnight before her death Schuster had brought in a local doctor to escape the contempt of his neighbours, who clearly felt

that absent treatment was inadequate. He virtually demands compensation from Hahnemann: 'Be so good, then, as to try to compensate me to some extent by kindly telling me what medicine it was you sent me the first, second, and third times in order that I may learn to some extent how one should orient oneself in pharmacological terms in connection with this method of healing.'⁹⁶ This explicit request for information, as compensation for the unsuccessful treatment of his dead mother, was blithely ignored by Hahnemann on the grounds that the patient ought not to be given any opportunity of tracing the medicines sent and certainly not the manner in which they had been chosen.

Nevertheless, as the cure progresses, the patient does as he is told and 'confesses' meticulously to minor deviations from the doctor's instructions: 'Have not taken the new medicine yet, believing that the old one is still working.'⁹⁷ Five days later he meekly complies, though this does not prevent him from offering increasingly detailed observations and evaluations of the success of the cure. He stresses the difficulty of definite assessments: 'The daytime lethargy has gone, but I would not venture to describe certain symptoms as cured. It has happened a number of times before that I thought a symptom was cured yet it recurred nevertheless. For instance, yesterday I wrote on the previous page: I consider the pressure pain in the small of my back cured, and half an hour later it came back and lasted 3 hours until I went to bed. The same thing happened before with the runny nose.'⁹⁸

In the fifth year of the correspondence the patient expresses some weariness with detailed reporting and rationalises his reports: 'From today on I shall no longer write daily, since the symptoms have been the same one day as the next, but only every 8 days about the whole of the past week and what particularly came to light in it.'⁹⁹ Schuster also criticises the cure's lack of success, referring to the prospective duration of the cure as a joint planning exercise between doctor and patient. Nevertheless, the role of the doctor remains very dominant over many years. Thus, there is, for the first phase of the cure, a co-operative management of the body under the doctor's leadership.

These general remarks about the constitution of the body and the doctor-patient relationship lead, in the next section, to the experience of the body against the background of the masturbation discourse permitting a more individualised analysis of Schuster's masculinity constitution and of his growing aspiration for autonomy as a patient.

Experience of the Body against a Background of Masturbation Discourse

IN HIS VERY FIRST LETTER, written in 1831, Schuster reports a substantial change of behaviour as a result of reading Becker's book on masturbation.¹⁰⁰ Thereafter, he no longer practised self-gratification. Even so, at the same time, he expresses some initial scepticism about the theory that self-gratification weakens the body. His 'body [Körper]', he says, had 'grown no stronger despite my emitting semen only every four to six weeks rather than, as before, daily or even several times a day.'¹⁰¹ However, this fundamental observation is not used critically against the whole masturbation discourse. Instead, Schuster's reports become entangled in almost manic self-observation of the physical signs that could accompany sexual pleasure. Here, the emergence of body and 'sexuality' can be traced through the language of a quite specific discourse.

The chief point is the everlasting 'tingling of the glans' that occurs in a number of variants in the course of a single letter.¹⁰² 'Some days it was as if it had wanted to tingle on the glans and hadn't been able to.' 'Towards evening, tingling on the glans for the space of a minute. Tingling on left side of nose, where it is red', which refers to a similarly oppressive itching sensation in the nose. 'Faint tingling of the glans on 36 days [out of 62] with the previous medicine on only 18 days', which gives not just the duration of a single occasion but statistics covering several months. 'At two in the morning I woke up and had a stiff penis without the least tickling feeling, which meant I could only pass urine with great difficulty.' In subsequent letters there is talk of an 'ache in the penis' at the same time as 'in the anus'.¹⁰³

The second object of observation is the testicles, the variable state of which is monitored hourly and according to the time of day. Sometimes they are 'no longer loose', at others 'the testicles usually tuck up tight in the morning and in the afternoon hang down loosely'.¹⁰⁴ Later he rejoices briefly that his 'testicles are sitting better than before' but is soon forced to admit that 'my testicles fitted well in the past few weeks but recently, including at night, they have always hung loose'.¹⁰⁵ Actually, definitive statements about the firmness of this part of the body seem to be no longer feasible, because two years later 'my testicles sat fairly tight except for several hours during the day' and, towards the end of the treatment, they had been 'flaccid for weeks'.¹⁰⁶

Reports of emissions fill out this picture. Sometimes, Schuster has 'little physical pain and strong physical opening, early and in the night

an emission'.¹⁰⁷ Usually, he emphasises clearly that this was not associated with pleasure: e.g. 'emission without the least sensation!' or 'emission without any stimulus'.¹⁰⁸ Sometimes, it does excite him extremely, as in the following description: 'Emission with waking and almost unable to get back to sleep'.¹⁰⁹ Seminal discharges also provide occasions for divulging something about his dreams: 'When I had an emission I was almost always, in my dream, amongst women, and in fact I awoke as a result of the stimulus of the semen'.¹¹⁰

On the other hand, he reports shortly afterwards, as an obedient reader of Hahnemann's *Chronic Diseases*: 'As symptoms of *Spora* [he means psora] there further appear, as reported ... 5. no sex drive'.¹¹¹ These appear to be diametrically contradictory observations, albeit explained by the fact that they participate in two different discourses, namely that of the literature of masturbation and that of *Chronic Diseases*. Yet, distinguishing perceptions of the body into one where it is regarded as alien and one where it is regarded as the perceiver's own makes less sense. Schuster neither has a body nor is he one; rather, he constructs a body for himself using the linguistic means that he finds in the marketplace of published interpretations of body perception. Theoretically, then, the apposition of dissociation and association, of 'having a body' and 'being a body', leads no further in this case.

The concepts employed in describing his relationship to the opposite sex are interesting, focusing as they do on inclinations and on the effects of proximity and place and of warmth versus dryness. Hence, what is meant is clearly a drive seen as independent and apparently dominant vis-à-vis the person's own will rather than active behaviour under the control of that will.¹¹² 'Although for days I had a very nice available girl near me and spoke with her daily, I had not the slightest inclination to caress her, as I could conveniently have done, in order not to appear wooden, as no doubt many will privately call me, because I simply do not trifle with girls'.¹¹³ Otherwise, effects of women are directly physical: 'I certainly have stiffness of the male member from thinking hard about a nice healthy girl but without any other physical stimulus'.¹¹⁴ Nevertheless, the direct physical effect may well be burdened with anxiety, as he writes years later: 'Although I am aware of penile rigidity in the vicinity of pretty women, I am afraid of spending any time with a woman'.¹¹⁵

Characterising women as 'healthy' relates to a core value of the cantor's that may connote safety from infection as well, probably, as capacity for child-bearing and motherhood. Being 'nice' no doubt refers to an ease of manner without which Schuster would have been incapable of making

contact in the first place and may be a further reference to what, in another context, he calls his 'shyness'. He talks much less about 'women' than about 'girls', the very young and hence socially inferior women, which supports his characteristic. Lastly, beauty is only mentioned incidentally.

The patient's reserved disposition must be seen as a background to Hahnemann's usual medical advice to get married.¹¹⁶ Such advice shows how the health discourse can lodge in highly personal decisions about the way in which a person leads their life and, in contrast, how the authorised representative of that discourse, the doctor, becomes a high-ranking adviser with extensive influence over the patient's entire life. Schuster, however, defends himself against Hahnemann's marriage recommendation for the first time as early as 1833: 'I must presumably dismiss the idea of marriage out of hand, being too weak in my body and too much out of the habit of female company. The fact is, I cannot help thinking that such a step no doubt needs a major drive, which in my case is almost wholly absent'.¹¹⁷ He is not yet prepared to marry, and he justifies this in terms of physical deficiencies. Thus, Schuster is able to voice his caution and his fears using the idiom of medicine.

But Hahnemann does not give up for, in mid-January 1835, there is a detailed exposition by Schuster on the subject of marriage:

You write in your last letter that I ought to get married. However readily I should have followed your well-intentioned advice, without a particular drive in that direction I have not found it possible, hitherto, for the following reasons.

1) Foreseeing that this would not happen so quickly, I took the medicine again and soon the weak drive towards marriage was gone. [It should be noted here, *en passant*, that, in the patient's eyes, the effect of the medicine ruled out a decision in favour of marriage.]

2) When I did show some inclination in this direction, once again only problems arose. I wanted, in fact, to take to wife a girl living some miles distant, but the negotiations to this end have been long-drawn-out and even now have yet to produce a definite result. Now I should like to have a wife as soon as possible, but first I want to wait for a letter. The thing is, I believe I am sufficiently persuaded that without the aid of animal magnetism or without the influence of the general vitality of the average person I cannot be completely cured. It having been my constant concern to obtain a clear understanding of the application of mesmerism, last summer I got hold of the two books that Professor Hensler has written on this subject. Their titles are:

1) Concerning the Effects of Animal Magnetism on Men and Nature etc.

2) Concerning the Various Types of Animal Magnetism and Their Various Effects on the Sick Person by Dr Phylip Ign. Hensler, a professor at Würzburg.¹¹⁸

From these I learned that when married couples possess different magnetisms they find therein a reason for an unsatisfactory or unhappy marriage. Here I wanted to proceed cautiously so I wrote to Würzburg a couple of months ago, asking the esteemed professor: please tell me how to go about finding out what type of magnetism I have myself and how this can be discovered in others. I have not yet received an answer, though I expect one in every post; I hope, at any rate, that the man will reply to my query, because I have such faith in his discoveries.

Should I, contrary to expectation, receive no reply, and you are able to enlighten me on this subject, I should be most obliged. Yours most respectfully ...¹¹⁹

This letter is evidence of a substantial degree of autonomy on the part of the patient vis-à-vis the doctor treating him. Schuster quite independently invokes a champion of a different therapeutic method for, essentially, a second opinion about an important decision. Thus, he is making use of a rival offer available in the medical marketplace; he even has the effrontery to ask the founder of homoeopathy for information about magnetism.¹²⁰ The matter-of-fact manner leads to the conclusion that he was in full command of his dealings with Hahnemann. The asymmetry in the doctor-patient relationship is thus relieved somewhat by a doubling-up of the role of expert, allowing the patient to choose between different specialist opinions.¹²¹

Despite his new discoveries from Professor Hensler's two books, one of 77 pages, the other of 832 pages, both only recently published, Schuster's world had already changed fundamentally in late February 1835:

At last I have acquired [!] a fiancée, mainly on your advice. However, on 19th August she will be only 16.¹²² The reasons why I have chosen this particular young girl are the following. For several years I have been particularly kind to this girl, and despite the fact that I have received a number of proposals that cannot be faulted, each time it was as if it should not be, and I did not bother in the slightest about anyone else. This girl, however, was always in my thoughts, and I felt unconsciously at ease in her company. She is in fact growing relatively fast, being already 5 feet tall and having fresh red colouring in her face and on her hands.¹²³

Significantly, this marriage project involved a girl of fifteen-and-a-half. Therefore, the age difference between the partners, which was not uncommon at the time, was designed to ensure the dominance of a man

who describes himself as being on the weak side. The literary topos of the choice of the fiancée, 'it could only be this one', scarcely conceals the desire for superiority through age.¹²⁴ As well as a feeling of wellbeing in the company of the fiancée, Schuster mentions first her physical growth and her health.

However, she too has symptoms of the psora illness, as given overleaf, and I would ask you to be so good as to include her too, as well as myself, in the cure. Nevertheless, please write to say whether I may take her to the altar soon or only later, and when. Should this not be possible until later, kindly notify me on a separate sheet. This is in case she shifts the blame onto me and even accused me of insincerity or faithlessness and falsity.¹²⁵

Accordingly, after the description of the marriage project, there follows a presentation of the fiancée as a psora case with a long list of relevant symptoms. This enables Schuster to describe her in medical terms, thereby, perhaps, attaining a position of particular medical distinction in the correspondence. At the same time, she is introduced into the existing doctor-patient relationship, possibly without been asked. It is difficult to imagine what the young woman made of her intended's curious desire to have her state of health examined and to involve her compulsorily in a cure.¹²⁶ A graduated relationship of trust with the doctor is highlighted immediately. The separate letter, with the medical 'leave to marry', serves three purposes. It calms the insecure recipient on a technical level, it protects the secrecy of the contents of the rest of the correspondence and, finally, it safeguards the cantor in the event of a negative decision: the doctor, as adviser, is to be the reason if the alliance does not yet come about. In the girl's list of psora symptoms, no. 19 is in fact: 'Gurgling and rumbling in the lower abdomen. Has not started her periods yet.'¹²⁷ The bride-to-be, at fifteen-and-a-half, has not yet begun to menstruate: what sort of girl has the 32-year-old man chosen?

With regard to his own health, incidentally, the project is not, in Schuster's view, particularly beneficial, having neither a positive nor a negative influence: 'As for myself, the report is briefly this: that no new symptoms have appeared; however, the old ones, which I listed in my last report and which seemed to be on the decline before I started taking the new medicine, have recurred badly and are still present.'¹²⁸ However, the precision of the report has changed radically as the daily self-observation is reduced to a few lines. One possible inference is that Schuster's interest in his fiancée renders superfluous his previous meticulous self-observation. More importantly, the new situation also alters the authority relationship

with the doctor, whose treatment Schuster now criticises as never before:

My assumption is that nos. 1 and 5 [of the packets enclosed] must have contained medicine.¹²⁹ Finally, please send only so many nos. [i.e. packets of medicine] as really contain the remedy, which is a request I have always wanted to make. One is then easier in one's mind and more confident about the process, and the contradictions that strike one as being present in homoeopathic therapy disappear. Conviction then accords with the principles. For me, many doubts have always arisen here and may have sounded a note of discord, possibly to my disadvantage. With deep respect, your most obedient Schuster.¹³⁰

Notwithstanding the apparently subservient complimentary close, the patient is voicing substantial doubts about homoeopathy. On the one hand, he seeks to place himself on virtually the same level as the doctor by making assumptions about the contents of the packets. The secrecy with which the doctor surrounds the medicines prescribed, and whether or not the packets contain an actual remedy, Schuster finds less and less acceptable. He asks the doctor to alter his method of prescribing, sending only globules that have been impregnated with active substance. Apparently more serious, on the other hand, are reservations revealing Schuster's special faith in animal magnetism, which he mentioned in his first letter about the marriage project. The 'special report' on the fiancée commissioned by Schuster in parallel from Professor Hensler had not yet arrived when he wrote:

As early as last year you advised me to get married, adding that without a wife I could not be completely cured. And I believed I felt this myself, indeed I was firmly convinced. So I proceeded to set about it. However, I found only one among many who really attracted me from the personal point of view or emotionally; but was this her living nearby and my seeing her often or did she have something special about her that drew me to her, which I put down to the magnetism of what to me was a beautiful face. In a word, I liked her for her poverty and, for me, lack of education above all other girls, with the result that I felt so good in her company and sought her out at every opportunity. Also, so many things occurred to me in many respects that, believing in destiny, I felt very much that she was meant for me.¹³¹

Here again, partnership is thought of as determined by fate.

However, last autumn I bought the two books Professor Hensler wrote about magnetism, as I told you in my last letter, and what he said in them I believed. I therefore wrote to him in the autumn, asking him to determine what kind of magnetism I have and how one can tell the different kinds apart, but after three months had received no reply ... and now chose the said 15½-year-old

girl as my fiancée, but immediately wrote to Hensler again and now received the following reply. I quote: 'That marriage might be good for you I will not deny; nevertheless, I cannot advise you to undertake it, and the reason is your being unwell. If by allying yourself with a woman you gain your health, do you not think you will *take away* the woman's, in part or altogether? What will then be the use of your marital commitment if you have a sick wife? Will your happiness thenceforth be solidly founded, and yourself above reproach? My advice to you at any rate would be: first restore yourself to full health. After all, you are still a man in the prime of life, you need not rush into marriage out of other, additional considerations.'

The interesting point here is that the doctor should see the health of two persons as literally interrelated: if one gets better, the other must have got worse.¹³²

Schuster goes on: 'Having read this, I greatly regretted the decision I had taken – all the more so, in fact, because my fiancée is still so young and her body not yet fully grown and fixed, as [it would be] if she were 4 or 5 years older. I immediately packed up two locks of my and my fiancée's hair to have Mr Hensler use a somnambule to test what kind of magnetism we have.' Hensler's reply is: 'I am now able to inform you that your magnetism is of a different kind from the girl's and the verdict of the somnambule is that you will not be happy with her in that as your wife she will sicken and there will then be strife between the two of you.'¹³³

This medical advice has significant consequences for the marriage project and, hence, also for Schuster's gender-role management. The non-matching magnetism led to the project being abandoned. Rhetorically, initially this is dealt with by a certain devaluation of the bride-to-be as poor, uneducated, etc. Before, Schuster writes, this had all mattered less because, as he now knows, he had been 'blinded by love'. Since his decision the bride has told others of a certain distance vis-à-vis her intended, talking of parental pressure in favour of the match and of her having simply bowed to this. She had always put forward her tender age as an objection. Accordingly, Schuster writes:

I was therefore left with no alternative but to break with her, and this has now happened – today, in fact, completely. You cannot imagine the irritation I felt throughout my engagement until today and the reproaches I levelled and continue to level against myself. Almost 50 talers worth of engagement presents, now abandoned, stretched me so much that I am now in no position to send you anything at all in fees and must therefore most sincerely ask you to have the goodness to be patient if I am able to send you the same only later, when I have recovered somewhat.¹³⁴

Without giving further reasons, Schuster says peremptorily: 'Doctors should only give permission to marry in respect of 18-year-old women.' This could be interpreted as shifting the blame onto someone else in an attempt to explain his own reluctance to marry.

And so I too should have waited at least six months after taking the last dose before looking for a fiancée, then perhaps I should not have made the mistake, because probably in my case it takes that much time before the symptoms stimulated [by] the medicine disappear and so to speak an inclination for most girls or for a woman at all drives one to marriage. Yours faithfully [mit vorzüglicher Hochachtung] ...¹³⁵

The more distanced close to the letter should be noticed. Here, also, the connection between the patient's own scope for action as a wooer and with medicine is extremely close; the effects of taking his globules might have influenced previously the cantor to such an extent that he made a wrong choice of partner. In future, therefore, a fresh decision should not be taken until 'at least six months' after taking the last of his medication; a somewhat extreme idea of how long a remedy should be allowed to work.

The third point, namely that spending too much on engagement presents has left him unable to pay the doctor's fees, is interesting with regard to the doctor-patient relationship and the economics of male role fulfilment. Hahnemann always insisted on prompt and regular payment.¹³⁶ Schuster's situation seems almost to force him into a decision between the doctor as adviser in difficult predicaments and a woman. The area of responsibilities to be assigned to Schuster's life partner can be surmised from his correspondence with the doctor.

Finally, this letter also announces an inner and outer distancing of the patient from his cure. Only after a self-effected strengthening of the body, to be achieved without medication, is Schuster prepared to go a-wooing again. So far as his male identity is concerned, there are clear changes of emphasis in connection with fundamental life decisions. Even his physical condition is something that subsequently, within his social role fulfilment, he is going to assess more independently. To that extent, opting out of the cure implies a change from a collaborative, albeit doctor-dominated, model to one where the patient is sovereign. This is 'doing gender': henceforth Schuster will decide alone, without the doctor, his role as a healthy human being and as a man.¹³⁷ Significantly, this hinges on his choice of partner. The construction of gender roles clearly only works when a third party is involved.

Conclusion

FIRST, THE WAY IN WHICH THE PATIENT construes his body and, hence, an important part of his identity as a man, emerges in discourse with the doctor and as a result of relevant practices. Medical models of the body are taken into account derived from books about humorology, dietetics, masturbation discourse and neurasthenics. Much the same can be observed in other correspondents of Hahnemann's, but with very different degrees of intensity not only among men but also among women. There appears to be no significant difference between the genders in this respect but further research is necessary to clarify this conclusively.¹³⁸

Secondly, the patient's scope for interpreting their own physical experience is small because the doctor determines most of the relevant criteria for what is important. The patient, of course, has a series of possible actions such as postponing the cure, changing it, for example to magnetism, or finally breaking it off. Thus, it is incorrect to evaluate the doctor's discourse power as expropriation or alienation of the body.¹³⁹ Rather there is a reconstitution of the body in a discourse, not employed previously, that makes it possible to topicalise the body in an interaction with a specialist who, because of academic education, many probably saw as being of superior rank.¹⁴⁰ This discourse is in part learned outside and prior to the treatment situation itself, in part developed further through interactions within the doctor-patient relationship.

Thirdly, altogether the medical discourse, as in Michel Foucault's sense of a system of linguistic rules that declares specific observations to be important and correct, receives a central role as regards interpretation of self. An interpretation not just for everyday self-perception and living habits such as clothing and meals, but also for such fundamental life decisions as choosing a partner. In other correspondence in the archive, puberty disasters and entire family neuroses form objects of a medical discourse. Problems are dealt with in a medical idiom that, today, would be assigned to psychology and psychotherapy. This accords with the then very much broader concept of health held by doctors.¹⁴¹ The distribution of power in the doctor-patient discourse is, of course, very unequal. The patient is completely engaged in such a discourse. The language in letters from Hahnemann's patients seems to be far more strongly characterised by medical terms than in the casebook assembled a hundred years earlier by Dr Storch.¹⁴² The language of Hahnemann's patients, to a much greater extent, is iatrogenically disciplined.¹⁴³ At the same time, however, the discourse allows the patient as the discourse object to become a person who has a body and, of course, also is a body. Furthermore, Schuster's case shows how

opting out of a discourse formation, namely the cure, remains possible and, thus, the switch to another discursive and behavioural register appears. It can remain an open question here how many of the letter-writing patients of both genders become powerfully entangled in this discourse and how much identity potential the correspondence offers them.¹⁴⁴ There is much to suggest that the absence of someone to talk to locally enhances the role of the medical correspondent. At any rate, devaluing Schuster as a 'hypochondriac', someone who lives in his illnesses, leads no further.¹⁴⁵ Whether the homoeopathic form of case-taking was already, at that time, more attractive to patients with a heightened awareness of their own bodies than were rival methods, only comparative studies of these letters could clarify. Today this certainly seems to be the case.¹⁴⁶

Fourthly, even beyond the case of Cantor Schuster from Lagow, which is especially interesting for his shyness and his marriage plans, an in-depth analysis of these patients' letters as a source for gender historians seems to be called for. No other large-scale source offers this kind of detailed self-observation and discursive self-constitution in medical discourse. It can be supplemented to advantage from other sources such as, in particular, private correspondence with slightly different points of emphasis.¹⁴⁷

Finally, it has to be admitted that this source offers a great deal more than has been addressed systematically here. This is true with regard to all the medical aspects that lie outside the author's competence, but it also applies in respect of information about everyday living.

Notes

- 1 Institut für Geschichte der Medizin der Robert Bosch Stiftung, Stuttgart (IGM), Bestand Patientenbriefe (archive of patients' letters) (B) 321406, 1; the letter was probably delivered to the practice by Julie Tischmeyer, who was being treated at the same time, since Hahnemann's reply is also dated 26 October. Subsequent quotations are also from IGM B and are referred to only by item number and page number. Letters are quoted verbatim.
- 2 321113, 1.
- 3 331259, 1.
- 4 See the research proposal put forward in Michael Stolberg, "Mein askulapisches Orakel!" Patientenbriefe als Quelle einer Kulturgeschichte der Körper- und Krankheitserfahrung im 18. Jahrhundert', *Österreichische Zeitschrift für Geschichtswissenschaft*, 7 (1996), 385–404.
- 5 Claudia Honegger, *Die Ordnung der Geschlechter. Die Wissenschaften vom Menschen und das Weib* (Frankfurt, 1991).
- 6 Thomas Laqueur, *Auf den Leib geschrieben. Die Inszenierung der Geschlechter von der Antike bis Freud* (Frankfurt, 1992); Tilman Walter, *Unkeuschheit und Werk der Liebe. Diskurse über Sexualität am Beginn der Neuzeit in Deutschland* (Tübingen, 1998).
- 7 Barbara Duden, *Geschichte unter der Haut. Ein Eisenacher Arzt und seine Patientinnen um 1730* (Stuttgart, 1987); more recently Maren Lorenz, *Kriminelle Körper – Gestörte Gemüter. Die Normierung des Individuums in Gerichtsmedizin und Psychiatrie der Aufklärung* (Hamburg, 1999).
- 8 Holger Böning and Reinhart Siegert, *Volksaufklärung. Bibliographisches Handbuch zur Popularisierung aufklärerischen Denkens im deutschen Sprachraum von den Anfängen bis 1850* (Frankfurt, 1990); Francisca Loetz, "... nicht durch Einschreiten oder Zwang, sondern durch Belehrung und Warnung": Polyvalenzen als Modellelemente zur Erforschung der Volksaufklärung' in Anne Conrad, Arno Herzig and Franklin Kopitzsch (eds.), *Das Volk im Visier der Aufklärung. Studien zur Popularisierung der Aufklärung im späten 18. Jahrhundert* (Hamburg, 1998), 239–59; Martin Beutelspacher, *Kultivierung bei eigenem Leib. Alltägliche Körpererfahrungen in der Aufklärung* (Weingarten, 1986).
- 9 Uwe Rohlke, *Autoerotik und Gesundheit. Untersuchungen zur gesellschaftlichen Entstehung und Funktion der Masturbationsbekämpfung im 18. Jahrhundert* (Münster, 1991); Ludger Lütkehaus, 'O Wollust, o Hölle'. Die Onanie. Stationen einer Inquisition (Frankfurt, 1992); Karl Braun, *Die Krankheit Onania. Körperangst und die Anfänge moderner Sexualität im 18. Jahrhundert* (Frankfurt, 1995); Karl Heinz Bloch, *Die Bekämpfung der Jugendmasturbation im 18. Jahrhundert. Ursachen – Verlauf – Nebewirkungen* (Frankfurt, Berlin, 1998); Michael Stolberg, 'An Unmanly Vice: Self-Pollution, Anxiety, and the Body in the Eighteenth Century', *Social History of Medicine* 13 (2000), 1–21.

- 10 Karin Stukenbrock, 'Der zerstückte Körper'. *Zur Sozialgeschichte der anatomischen Sektionen in der Frühen Neuzeit (1650–1850)* (Stuttgart, 2001).
- 11 Sabine Sander, "'Ganz toll im Kopf und voller Blähungen ...' Körper, Gesundheit und Krankheit in den Tagebüchern Philipp Matthäus Hahns" in *Philipp Matthäus Hahn 1730–1790 (exhibition catalogue)* (Stuttgart, 1989), II, 99–112.
- 12 Jens Lachmund and Gunnar Stollberg, *Patientenwelten. Krankheit und Medizin vom späten 18. bis zum frühen 20. Jahrhundert im Spiegel von Autobiographien* (Opladen, 1995); Martin Dinges, 'Schmerz Erfahrung und Männlichkeit – Der russische Gutsbesitzer und Offizier Andrej Bolotow (1738–1795)', *Medizin, Gesellschaft und Geschichte* 15 (1997), 55–78; Martin Dinges, 'Soldatenkörper in der Frühen Neuzeit – Erfahrungen mit einem unzureichend geschützten, formierten und verletzten Körper in Selbstzeugnissen' in R. van Dülmen (ed.), *Körpergeschichte* (Frankfurt, 1996), 71–98.
- 13 Anne-Charlot Trepp, *Sanfte Männlichkeit und selbständige Weiblichkeit. Frauen und Männer im Hamburger Bürgertum zwischen 1770 und 1840* (Göttingen, 1996).
- 14 Stolberg, 'Mein askulapisches Orakel!'; see also projects on Tissot in Lausanne and Haller in Bern, which include some correspondence from patients with the said doctors; see also Martin Stuber and Hubert Steinke, "'Die stumme Sünde' in der Fernkonsultation. Der Onanist Ivo Sutton schreibt dem Universalgelehrten Albrecht von Haller", *Traverse* 3 (1999), 172–80. One of the very few examples of such a correspondence from the twentieth century is used by Faure in the present volume; cf now Harry Oosterhuis, *Stepchildren of Nature. Krafft-Ebing, Psychiatry and the Making of Social Identity* (Chicago, 2000). On the subject of medical correspondence, see also Thomas Schnalke, *Medizin im Brief. Der städtische Arzt des 18. Jahrhunderts im Spiegel seiner Korrespondenz* (Stuttgart, 1997).
- 15 Hahnemann required such additional information about his patients in principle – and often received it. See, in this connection, Thomas Gennep, *Als Patient bei Samuel Hahnemann. Die Behandlung Friedrich Wiecks in den Jahren 1815/1816* (Heidelberg, 1991), 38.
- 16 See also Stolberg, 'Unmanly Vice', 19–20.
- 17 The letter writers' background should be taken as the second edition of the *Organon der Heilkunst* (Dresden, 1829). On the question of Hahnemann's practice, see Ute Fischbach-Sabel, *Edition und Kommentar des 34. Krankenjournalen von Samuel Hahnemann* (2 vols., Heidelberg, 1998), 47 ff., 138. This excellently researched medical journal for 1830 is very close in time to Schuster's treatment.
- 18 See also Robert Jütte, 'Case Taking in Homoeopathy in the 19th and 20th centuries', *British Homoeopathic Journal* 87 (1998), 39–47.
- 19 On the medical aspect of Hahnemann's practice see, of course, Helene Varady, *Die Pharmakotherapie Samuel Hahnemanns in der Frühzeit der Homöopathie. Edition und Kommentar des Krankenjournalen D 5 (1803–1806)* (medical dissertation, Munich, 1987) and Fischbach-Sabel, *Kommentar des 34.*, though there is now a large body of literature to refer to. Reinhard Hickmann's instructive single-case

- study, *Das psorische Leiden der Antonie Volkmann. Edition und Kommentar einer Krankengeschichte aus Hahnemanns Krankenjournalen von 1819–1831* (Heidelberg, 1996), is based on analysis of medical journals and letters; Gennep, *Als Patient bei Samuel Hahnemann*, offers a patient history extracted from three medical journals. Hanspeter Seiler, *Die Entwicklung von Samuel Hahnemanns ärztlicher Praxis anhand ausgewählter Krankengeschichten* (Heidelberg, 1988) looked at a variety of cases from Hahnemann's practice over an extended period, while Rima Handley, *In Search of the Later Hahnemann* (Beaconsfield, 1997), discusses the Paris years. Cf. also Arno Michalowski, Sabine Sander and Karl Otto Sauerbeck, 'Therapiegeschichtliche Materialien zu Samuel Hahnemanns Pariser Praxis', *Medizin, Gesellschaft und Geschichte* 8 (1989), 171–96.
- 20 On the subject of Hahnemann's patient body, in so far as this can be reconstructed from the medical journals, see Robert Jütte, 'Samuel Hahnemanns Patientenschaft' in Martin Dinges (ed.), *Homöopathie. Patienten, Heilkundige, Institutionen. Von den Anfängen bis heute* (Heidelberg, 1996), 23–44. A book that has appeared since is Kathrin Schreiber, *Samuel Hahnemann in Leipzig. Förderer, Gegner, Patienten: Das soziale Netzwerk der Homöopathie zwischen 1811 und 1821* (medical dissertation, Dresden, 1997); see also her contribution to the present volume. Fischbach-Sabel, *Kommentar des 34.*, 29 ff., likewise notes an over-representation of the wealthy middle class in connection with consultations. A comprehensive sociology of the patient body writing the letters, coupling details gleaned from the letters with those given in Hahnemann's medical journals, remains to be written.
 - 21 On this subject, see the recent publication by Maren Lorenz, *Leibhaftige Vergangenheit. Einführung in die Körpergeschichte* (Tübingen, 2000), 74 ff.
 - 22 For a recent study of the perception of male physicality as fragile, see Walter, *Unkeuschheit und Werk der Liebe*.
 - 23 For an assessment of current lay notions of sickness/health in 'modern' medicine, see Claus Bischoff and Helmut Zenz (eds.), *Patientenkonzepte von Körper und Krankheit* (Bern 1989); on the subject of gender-specific perceptions of pain, see Gillian A. Bendelow and Simon J. Williams, 'Natural for Women, Abnormal for Men – Beliefs about Pain and Gender' in Sarah Nettleton and Jonathan Watson (eds.), *The Body in Everyday Life* (London, 1998), 199–217. Interest in health was part of the constitution of the bourgeoisie, which different authors place anywhere between the late seventeenth and the twentieth centuries, according to Jonathan Watson, 'Running around like a Lunatic – Colin's Body and the Case of Male Embodiment' in Nettleton and Watson (eds.), *The Body in Everyday Life*, 163–79. For a more accurate pinpointing, see Manuel Frey, *Der reinliche Bürger: Entstehung und Verbreitung bürgerlicher Tugenden in Deutschland (1760–1860)* (Göttingen, 1997).
 - 24 It was used for an individual case by Jörg Meyer, "'... als wollte mein alter Zufall mich jetzt wieder unter kriegen". Die Patientenbriefe an Samuel Hahnemann im Homöopathie-Archiv des Instituts für Geschichte der Medizin in Stuttgart',

- Jahrbuch des Instituts für Geschichte der Medizin der Robert Bosch Stiftung* 3 (1984), 63–79; see also the more recent Christian Gehrke, *Die Patientenbriefe der Mathilde von Berenhorst (1808–1874). Edition und Kommentar einer Krankengeschichte von 1832–1833* (medical dissertation, Göttingen, 2000); an example of treatment by correspondence using sources from the Schwarzenberg archive is Walter Nachtmann, “Ach! Wie viel verliere auch ich an Ihm!!!” – Die Behandlung des Fürsten Karl von Schwarzenberg durch Samuel Hahnemann und ihre Folgen’, *Jahrbuch des Instituts für Geschichte der Medizin der Robert Bosch Stiftung* 6 (1987; published 1989), 93–110.
- 25 To that extent documents written by patients are ideal material with which to fill with empirical content the transition demanded by Schmale from the history of body perception to gender history.
 - 26 His greeting is actually untranslatable florid: ‘Wohlgeborener Herr, Höchstverehrtester Herr Doktor’.
 - 27 There is no direct evidence of moss chocolate in Samuel Hahnemann’s *Apothekerlexikon* (2 vols. in 4 parts; Leipzig, 1793–99). However, under ‘chocolate’ we read that (as a drink) it ‘is made easily digestible with herbs but then also has an inflaming effect, stimulating the sex drive’ (*Apothekerlexikon*, Vol. 2/2, 167). Elixir of steel is not mentioned in the *Apothekerlexikon*; the entry ‘water of steel’ contains only a reference to ‘mineral water’ (*Apothekerlexikon*, Vol. 2/2, 273).
 - 28 31076, 1 ff.
 - 29 On this subject, see also Karl Heinz Bloch, *Bekämpfung*, 73–155.
 - 30 31076, 4; 31333, 3.
 - 31 The theoretical literature also deals with the theme of female self-gratification, but much less often – not least, apparently, because of its being less easily verifiable; Stolberg, ‘Unmanly Vice’, 12.
 - 32 On the subject of the earlier roots of this discourse, see Walter, *Unkeuschheit und Werk der Liebe*, 396 ff. Stolberg, ‘Unmanly Vice’, 7, also notes its attractiveness for introspection of a pious nature, which may have covered Schuster’s case. For a general study, see Martin Dinges, ‘Sexualitätsdiskurse in der Frühen Neuzeit’, *SOWI (Sozialwissenschaftliche Informationen)* 24 (1995), 12–20.
 - 33 31333, 5.
 - 34 31209, 4; on the semiotics of homoeopathy, see Volker Hess, ‘Samuel Hahnemann und die Semiotik’, *Medizin, Gesellschaft und Geschichte* 12 (1993), 177–204.
 - 35 In this connection, see also two recent publications: Mathias Wischner, *Fortschritt oder Sackgasse? Die Konzeption der Homöopathie in Samuel Hahnemanns Spätwerk (1824–1842)* (Essen, 2000), 75 ff.; Andreas Wegener, ‘Hahnemanns Theorie der chronischen Krankheiten’, *Zeitschrift für Klassische Homöopathie* 44 (2000), 223–30 and 45 (2001), 29–38.
 - 36 Both quotations from 321171, 8.

- 37 *Quarren*, like the more normal word *Quallen*, means ‘bringing up with difficulty a tough, jelly-like discharge from the throat’; see Max Höfler, *Deutsches Krankheitsnamen-Buch* (reprint; Hildesheim, 1970), 486.
- 38 31333, 7; 31076, 4; later he writes of a ‘general weakness and dryness of my body [Körper]’ (31209, 4).
- 39 31076, 6; 31399, 2; similarly, ‘flesh on my fingers unusually withered’ (31568, 2).
- 40 31783, 12.
- 41 31333, 8.
- 42 31568, 4; 31568, 3.
- 43 31568, 6.
- 44 31568, 2.
- 45 31333, 7; 31209, 3. See also the list of symptoms in Duden, *Geschichte unter der Haut*, 109.
- 46 31399, 2.
- 47 31568, 4.
- 48 A similar example are Schuster’s ‘pains in thumbs as if from cramp’ (31568, 4); see Monnica Hackl, *Als-ob-Symptome in der Homöopathie: Repertorium und Materia medica* (Regensburg, 1986). On the subject of metaphors in descriptions of illness, see Duden, *Geschichte unter der Haut*, 108; Jutta Dornheim, “Mein Körper – wie eine Picasso-Figur.” Zur Funktion von Sprachbildern in Gesprächen über Krankheit und Befinden’, *Der Deutschunterricht* 6 (1987), 83–101.
- 49 As in ‘Hämorrhoidalanfälle oder Afterschmerzen’ (‘attacks of haemorrhoids or anal pains’) (31333, 3).
- 50 32275, 3.
- 51 31333, 8.
- 52 31333, 7.
- 53 31568, 6.
- 54 31568, 4.
- 55 31209, 2. The subject already played a major role in Hahnemann’s early practice; see Varady, *Pharmakotherapie*, 205 ff.
- 56 31209, 4.
- 57 31568, 3.
- 58 Peter Voswinckel, *Der schwarze Urin. Vom Schrecknis zum Laborparameter* (Berlin, 1993). For the increasing importance of the stethoscope (which Hahnemann himself used in Paris) as a new diagnostic tool mediating impressions from inside the body, see Jens Lachmund, *Der abgehörte Körper. Zur historischen Soziologie der medizinischen Untersuchung* (Opladen, 1997), esp. 76 ff. On the subject of physical examination in Hahnemann’s practice, see Gennep, *Als Patient bei Samuel Hahnemann*, 47 ff.; Fischbach-Sabel, *Kommentar des* 34, 76.

- 59 31568, 6.
- 60 31783, 3.
- 61 31783, 8.
- 62 31568, 3.
- 63 31568, 2; 31783, 2.
- 64 31783, 3; 31783, 3; 31783, 8.
- 65 31783, 4; 31783, 5.
- 66 31783, 9.
- 67 31568, 3.
- 68 31568, 5.
- 69 31783, 2.
- 70 31783, 11.
- 71 32038, 2.
- 72 331259, 10.
- 73 31209, 3.
- 74 31333, 8.
- 75 31568, 4.
- 76 31333, 8.
- 77 30176, 4.
- 78 Franz Hartmann, *Diätetik für Kranke, die sich einer homöopathischen Behandlung unterwerfen* (Dresden and Leipzig, 1830), 25.
- 79 31209, 2. On the importance of diatetics in Hahnemann's practice at the time, see Fischbach-Sabel, *Kommentar des 34*, 122 ff.; more generally, see also Heinz Eppenich, 'Diätet(h)ik und Homöopathie', *Klassische Homöopathie* 37 (1993), 65–75.
- 80 31399, 2; see also Fischbach-Sabel, *Kommentar des 34*, 123.
- 81 32038, 10.
- 82 31333, 6. Changes of appetite are also monitored: 'Ravenousness has diminished' (31209, 3). On the subject of appetite, see Fischbach-Sabel, *Kommentar des 34*, 62.
- 83 31783, 5.
- 84 31783, 8.
- 85 31209, 2.
- 86 On this subject, see also Hartmann, *Diätetik für Kranke*, 111 ff.
- 87 31209, 4.
- 88 31333, 6 and 8; see also Hartmann, *Diätetik für Kranke*, 114 ff.
- 89 31568, 2.

- 90 32590, 7.
- 91 32028, 10.
- 92 See also Arthur W. Frank, *The Wounded Storyteller. Body, Illness, and Ethics* (Chicago, 1995), esp. 29 ff., 85 ff., 129.
- 93 31783, 9.
- 94 31783, 10.
- 95 32028, 10.
- 96 31399, 2.
- 97 32275, 3.
- 98 321545, 7.
- 99 35020, 8.
- 100 Bekker, *Onania oder die erschreckliche Sünde der Selbst-Befleckung mit allen ihren entsetzlichen Folgen, so dieselbe bei beiderlei Geschlecht nach sich zu ziehen pflegt ...* (Frankfurt and Leipzig, 1736/1751); see also Bloch, *Bekämpfung*, 106–52.
- 101 31076, 3.
- 102 321171, 2, 3 and 7. Schuster uses the term *krimmen*, which according to Höfler, *Krankheitsnamen-Buch*, 330, means the same as *jucken* (itch).
- 103 33441, 5 and 6; 35020, 7.
- 104 31568, 4; 31783, 11.
- 105 32275, 5; 33441, 8; Fischbach-Sabel, *Kommentar des 34*, 50, tells of a patient who wears a suspensory for his scrotal sack.
- 106 34036, 8; 34378, 14; 35020, 4.
- 107 31209, 2; the topic is very common in Hahnemann's treatment of patients; for an individual example, see Gennep, *Als Patient bei Samuel Hahnemann*, 52; Fischbach-Sabel, *Kommentar des 34*, 131.
- 108 Twice in 321171, 2; 33706, 7; see also 'emission without any sensation' (33894, 6).
- 109 33894, 1.
- 110 321545, 7.
- 111 32038, 10.
- 112 This does not match the descriptions of male sexuality ('having his will') that Roper arrived at for sixteenth-century Augsburg; see Lindal Roper, 'Will and Honor: Sex, Words and Power in Augsburg Criminal Trials', *Radical History Review* 43 (1989), 45–71.
- 113 32590, 5.
- 114 32590, 5.
- 115 34378, 14.

- 116 See, for example, Fischbach-Sabel, *Kommentar des 34*, 127. The same advice was given to women.
- 117 33126, 8.
- 118 The first work by Philipp Ignatz Hensler is *Ueber Wirkungen des thierischen Magnetismus auf Menschen und Natur, und über die Wichtigkeit derselben in ärztlicher, rechtlicher, philosophischer, religiöser und weltgeschichtlicher Hinsicht und in Bezug auf das gesellschaftliche Beisammenleben* (Würzburg, 1832). The second is *Ueber die verschiedenen Arten des thierischen Magnetismus und ihre verschiedenen Wirkungen auf den Menschen im kranken Zustande. Eine Nachweisung aus den in der Literatur des Magnetismus niedergelegten Erfahrungen, mit beigelegten Erläuterungen und eigenen Versuchen* (Würzburg, 1833). The spelling of the author's surname varies in the printed sources between 'Hensler' and 'Henszler'.
- 119 35020, 10–12; see also Heinz Schott (ed.), *Franz Anton Mesmer und die Geschichte des Mesmerismus* (Stuttgart, 1985).
- 120 Hahnemann knew what he was talking about here, having practical experience of mesmerism himself; see Genneper, *Als Patient bei Samuel Hahnemann*, 92 (33 per cent of the treatment used mesmerism); Fischbach-Sabel, *Kommentar des 34*, 120 ff. (also with its fluctuating valuation in the *Organon*); Hickmann, *Das psorische Leiden*, 406. He also regarded mesmerism as extremely important; for a general view, see Heinz Eppenich, 'Samuel Hahnemann und die Beziehung zwischen Homöopathie und Mesmerismus', *Klassische Homöopathie* 4 (1994), 153–60.
- 121 There are similar examples of the parallel use of various healers in Duden, *Geschichte unter der Haut*, 114 ff. Courteous patients notify Hahnemann of the reasons for a change of doctor, such as local availability in the case of someone with knee trouble; see Gehrke, *Mathilde von Berenhorst*, 87. In other words, such choices for patients are by no means a postmodern phenomenon; see the comparison of such positions in Gunnar Stollberg's contribution to the present volume.
- 122 The letter is dated 25 February 1835.
- 123 35097, 1.
- 124 On possible literary models, see Helmut Pfotenhauer, *Literarische Anthropologie. Selbstbiographien und ihre Geschichte – am Leitfaden des Leibes* (Stuttgart, 1987). On the contemporary background of sexual experience (albeit in a student milieu), see Renate Müller, *Ideal und Leidenschaft. Sexuelle Sozialisation der akademischen Jugend im Biedermeier* (Berlin, 1999).
- 125 35097, 1.
- 126 Schuster had already, briefly, asked Hahnemann to treat other women, first his mother and then his younger sister. In the process he had shown particular irritation at the fact that the latter (she was his junior by three years) had concealed a pregnancy from him.
- 127 35097, 2.

- 128 35097, 3.
- 129 Hahnemann sent his patients numbered packets, the contents of which were to be taken on specific days. Not all of them contained globules impregnated with medicine; some contained placebos. This was Hahnemann's way of ensuring that drugs could 'take proper effect' ('auswirken') while at the same time, because of the habit of taking the medicine regularly, patient compliance remained high.
- 130 35097, 3.
- 131 This and the following quotation are from 35167, 1–3.
- 132 The formal parallel to the gender concept suggests itself.
- 133 35167, 4.
- 134 35167, 8.
- 135 35167, 6.
- 136 Fischbach-Sabel, *Kommentar des 34*, 33 ff., also on social grading; see also Jütte's contribution to the present volume.
- 137 Nothing could be found in the relevant Polish archives regarding Schuster's further career; the register of births, deaths, and marriages for his municipality and the relevant ecclesiastical staff records have not survived.
- 138 Another question that cannot be answered is how 'typical', not to say 'representative', Schuster's complaints are as regards men of his age and of his time. The lists of patients (with symptoms) given in Fischbach-Sabel, *Kommentar des 34*, 141 ff., for example, mainly reflects the very wide range of symptoms that Hahnemann treated.
- 139 To that extent the following points of emphasis in Duden were also still too one-sided: 'Even so, the new body is no insinuation of the doctor's. It arises as self-attribution of a need on the part of a social class and exerts "gentle force" at most downwards. The concept is loaded with explosive political significance. Health as goal of individual welfare harbours the context of administration and objectivisation of a national body out of which it emerged' (Duden, *Geschichte unter der Haut*, 26). 'The vague physicality of popular culture becomes offensive during the course of the eighteenth century, and this happens more and more as the new creation of a "bourgeois body" progresses and a network of Enlightenment writings holds up for inspection the relationship between body and environment. The impulses contributing to the recreation of the body are exceptionally complex and both as regards their implementation and with respect to the social relationships embodied in them have yet to be adequately researched' (Duden, *Geschichte unter der Haut*, 32). All this becomes less surprising if we take into account as a matter of course the demand for health from below and the behaviours of 'patients' as crucial factors in historical development. This does not prevent the new body around 1800 from being interpreted as the product of self-attributions on the part of the urban middle classes, thoroughly equipped by the upwardly mobile doctors with interpretative

- potential – under the heading 'medical public information' (see note 8 above). Such self-attributions may at the same time have coincided with functional requirements of the state view of society, otherwise known as 'medical policy' (on this subject, see most recently Martin Dinges, "Medizinische Policy" zwischen Heilkundigen und "Patienten", 1750–1830' in K. Härter (ed.), *Policy und frühneuzeitliche Gesellschaft* (Frankfurt, 2000), 263–95) – or been interpreted with Foucault as biopolitics.
- 140 This proposition is also argued by Frank, *Wounded Storyteller*.
- 141 On this subject, see also the subtly differentiated compilation of 'mood symptoms' in Varady, *Pharmakotherapie*, 334 ff.
- 142 See also Duden, *Geschichte unter der Haut*, 123 ff.
- 143 This does not of course prevent patients even today from talking to doctors about illnesses in everyday language; on this subject, see for example Dietlinde Goltz, 'Krankheit und Sprache, Sudhoffs', *Archiv* 53 (1969), 225–69. Linguistic styles seem to be strongly influenced by the medium of communication (written/oral), and the proposition that over the course of history language took on an increasingly iatrogenic colour should undoubtedly be differentiated with regard to the occasions prompting utterance.
- 144 From the standpoints of gender history and medicine, closer attention would need to be paid to those situations in which, for example, men write to Hahnemann, sometimes instead of their wives, sometimes supplementing their wives' letters. Such additional information from other persons was something the doctor was fundamentally in favour of. Usual causes and possible modifications of the matter reported could be informative; see for example Gehrke, *Mathilde von Berenhorst*, 75 ff., on the wife's breast-feeding problems.
- 145 Esther Fischer-Homberger, *Hypochondrie. Melancholie bis Neurose: Krankheiten und Zustandsbilder* (Bern, 1970).
- 146 Gabriele Förster, *Homöopathie und Krankheitserleben: Die Suche nach dem Sinn* (Münster, 1993) 126, 128, 148; see also Ulrich Gregor Schultheiß and Thomas Schriever, *Warum gehen Patienten zum Arzt mit der Zusatzbezeichnung Homöopathie oder Naturheilverfahren?* (medical dissertation, Ulm, 1991) with reasons for the switch away from orthodox medicine (122) and on the patient's attitude towards illness during treatment (34).
- 147 On this subject, see also for example Rebekka Habermas, *Frauen und Männer des Bürgertums. Eine Familiengeschichte (1750–1850)* (Göttingen, 2000), 372 ff.; see also the article by Günther and Römermann in the present volume.