

Introduction

Martin Dinges and Robert Jütte

Although the social history of medicine¹ has developed rapidly over the last two decades and covers a plethora of issues, little attention has been paid to understanding the transmission of health knowledge from the different health agents to the various target groups². Health knowledge, while not sufficient to modify health behaviour, is a necessary component of behavioural change. Knowledge areas include chronic disease, communicable disease, consumer health, environmental health, human sexuality, mental health, nutrition, physical fitness, and drug use/abuse.

The bulk of medico-historical research in this area concentrates on the educational campaigns organized and carried out by professional health agents, both medical and non-medical, for example physicians³ and teachers⁴. Both professional groups are trained and convinced that they represent the contact point with the community and that they are the means for the transmission of health knowledge and of information for mothers and children as well as for the community in general. But whether their educational programmes and campaigns really led to changes in health behaviour, is hardly known. Self reports such as diaries, memoirs and other autobiographical documents, could be sources for historical research on this subject. A survey of recent health education programmes designed to reduce health risks and control costs shows that the 32 programmes included in this study led to an average reduction of 20 per cent in health benefit claims.⁵

What is even more important is that not only physicians and teachers are involved in promoting health but also other professions such as social workers and nurses. We know little about their efforts and achievements in transmitting medical advice. Also hardly anything is known of how intergenerational transmission of health knowledge and behaviour worked in the past.⁶ An interesting question in this context is how health knowledge is transmitted over generations. Are the traditional mechanisms still intact that have been in place in the past? These are complex questions and they require detailed historical

1 Faure (1990); Dinges: *Social History* (2004); Eckart/Jütte (2007), pp. 156 ff.

2 For the reproduction and dissemination of health knowledge from a medical sociological point of view, see Dingwall/Heath/Reid/Stacy (1977); Bourdelais/Faure (2005); Faure (1999).

3 Loetz (1990); Ischreyt (1990).

4 Krei (1995); Henner (1998); Pfefferkorn (2002); Noel (1999).

5 Fries/Koop/Sokolov/Beadle/Wright (1998).

6 For a case study based on letters exchanged among pietists in early modern Württemberg, see Ernst (2003). For the 19th and 20th century, cf. McCray Beier (2009). For a modern study, see, for instance, Hafetz (2006); Al-Ansari/Honkala/Honkala (2003).

evidence, which is extremely elusive and difficult to unearth from the archives. There is also a need to explore the role of men within the family and gender specific health practices.⁷

The biennial Anglo-Dutch-German Workshop, a cooperation between the Institute for the History of Medicine of the Robert Bosch Foundation (Stuttgart), the Wellcome Trust Centre for the History of Medicine (London), the Centre of the History of Medicine (Warwick) and the Medical Centre University (Utrecht), which was held at the Institute for the History of Medicine of the Robert Bosch Foundation in 2009, therefore focused on strategies for the transmission of medical knowledge from early modern times to the present. The health practices selected for discussion in this workshop were, among others, maternity and pregnancy, prevention of venereal diseases, dental hygiene, drug addiction and alcohol abuse, nursing skills and techniques, childcare, and mental health. One of the reasons for this selection was that most of these practices have not yet been studied from the transmitter's point of view, but rather from a more general perspective.⁸ Other interesting and important topics not included here are, for example, lay groups supporting alternative therapies⁹ and the 'lay, non-professional, non-specialist, popular culture arena in which illness is first defined and health care activities initiated'¹⁰ (Arthur Kleinman). Given the fact that there has already been considerable analysis of the role of physicians in the transmission of health knowledge, the workshop focused on other health agents, while keeping in mind that health practices develop from a complex interplay of factors, including income, education, gender, age, social support, cultural background and physical environment, which create a range of life contexts within which an individual's capacity to adopt healthy practices is either enhanced or restrained.

The participants in this workshop who came from Britain, Holland, Germany, Austria and Switzerland discussed ways in which health practices were transmitted and how they affected the health strategies within the population. All contributors were asked to put an emphasis on the ways in which people in the past were exposed to health care knowledge. As expected it proved difficult to find out whether the transmission of health knowledge changed the health practices of people, paying special attention to the acquirement of skills and knowledge. In addition to this we wanted to identify a range of issues and barriers relating to the acquisition of medical knowledge in specific health care settings. Consideration was also given to the gap between the rhetoric of

7 Dinges: *Mütter und Söhne* (2004); Schweig (2009).

8 For relevant literature on some of these topics, see, for example, Marks (1994); Bock/Thane (1991); Stokes (2003); Daalen/Gijswijt-Hofstra (1998); Sauerteig (1999); Sauerteig/Davidson (2009); Türp (1990); Crowley (1999); Murdock (2002); Hey/Rickling/Stockhecke/Thau (2004); Hauschildt (1995); Buhler-Wilkerson (2001); Rafferty (1996); Hähner-Rombach (2009); Warren (2006); Dill (1997); Stöckel (1996); Osborne (1995).

9 Dinges: *Medizinkritische Bewegungen* (1996); Regin (1995).

10 Kleinman (1980), p.50. For a historical study of this part of the health care system, see Jütte (1991).

the values underpinning health policies, and the practice and provision of health care. The role played by family and social milieu in the transmission of health practices was explored. A further point of interest was the patient response to new health care concepts and the formation of patient networks. The knowledge transmission to Catholic and Protestant sisterhoods, the conveyance of knowledge to wet nurses, the role of clergymen as conveyers of medical knowledge and, lastly, the transmission practices of health authorities and private charities were also under consideration.

The present volume includes selected papers from this workshop. The original division into five categories has been retained: The articles which have been chosen and revised for publication deal with the following ‘transmitters’:

1. Family and kin
2. Patients and self-help organizations
3. Nurses
4. Social workers and health officers
5. Clergy and religious institutions

There can be no doubt that the theme of the transmission and implementation of medical knowledge holds great potential for the future research of the history of medicine whose scientific discourse can be fruitfully enhanced by the categories of practice exploration. However, the concept of ‘transmission’ and pertaining problems need more attention. Some of the aspects which could not be addressed in this volume are the transmission of practices of hygiene and health concepts among soldiers.¹¹ It also has to be mentioned in this context that we still do not know much about the long term effects of military service on the change of health practices. The prevention of venereal diseases due to health education during military service could also be an interesting case study in this respect.

Family and kin

Mothers have been and still are important gatekeepers in the health care system. *Angela Davis (Coventry)* looks into the situation of women experiencing maternity in Great Britain after 1945. She shows how women acquired knowledge of pregnancy, childbirth and infant care. While it was mostly the family, particularly the mother, who advised the pregnant woman before 1945, physicians, health authorities and the media offered extensive advice and care programmes after World War II. Contradicting the prevailing assumption that mothers, friends and relatives played less and less of a role in the knowledge transmission process on childbirth and infant care, Davis, who based her ana-

11 Dinges: Soldatenkörper (1996).

lysis on 165 interviews with women in Oxfordshire and Berkshire, demonstrated that knowledge transmission remained widely within lay circles and that the social surroundings continued to act as an important source of advice.

Willemijn Ruberg (Utrecht) explored the question of who, in nineteenth century Holland, had the expertise to determine whether a woman had been raped and how this might affect her health. She argued that it was mostly the mothers who became aware of changes in their daughters' bodies and who noticed the first signs of venereal disease. They were the first to examine the young rape victims and take them to the doctor. Sometimes it was they who treated their daughters. Ruberg pointed out that the history of medicine has so far not considered the role of the mothers whose knowledge, on the treatment of venereal disease for instance, was based on experience. She also showed that physicians, midwives, pharmacists and mothers interpreted the signs of rape in different ways.

Susanne Hoffmann (Stuttgart) based her contribution on the observation that, around 1900, traditional dental care was replaced by the new preventive dental hygiene. She investigates how the new approach was implemented within the population. Among the lower classes and in rural areas the transformation lasted until the middle of the twentieth century. Hoffmann's research which she based principally on the evaluation of 155 autobiographies indicates that children were the driving force behind the change as they carried the new hygiene practices into their families. It is assumed that they acquired their knowledge at school where dentists promoted their dental health care programmes. The marketing strategies of the dental industry probably also played a part.

Patients and self-help organizations

Gemma Blok (Amsterdam) chose the treatment of addiction as a case study for the role of self-help groups as mediators in the health care system. She analyses the 'Medical and Social Service for Heroin Users' (Medisch-sociale Dienst voor Heroïne Gebruikers) which was founded in 1977 and the Rotterdam Junkie Union (founded in 1980). During this time Holland was in the grip of a 'heroin epidemic'. The aim of both organizations was to reduce drug consumption rather than try to achieve total abstinence, to 'care' instead of 'cure'. They wanted to integrate drug users back into society, to support and treat them like 'normal' persons. The junkie organizations supported 'alternative' forms of addiction treatment like walk-in shelters and consumption rooms, and wanted to liberate drug users from both the justice system, and the pressure of the drug user scene.

Nurses

Nurses were among the most important groups transmitting health practices. *Carmen M. Mangion (Manchester)* studies the acquisition of knowledge by the Catholic religious women in nineteenth-century Britain. Only few of the nursing sisters had received formal medical training as the church law of the time did not allow that. As a consequence the nursing sisters founded informal, local and international, 'knowledge networks' where knowledge was passed on from sister to sister or from physician to sister. Their lack of formal training meant that they were dependent on the physicians. Most important was the pastoral care that they carried out independently of the physician.

Karen Nolte (Würzburg) looks into the parish work of the deaconesses. Rooted as he was in traditional Protestantism the German pastor Theodor Fliedner (1800–1864) who opened the first deaconesses' hospital near Düsseldorf, saw a connection between sickness, poverty and faithlessness and he tried to find access to the souls of the poor by caring for the sick. Evaluation of the letters that the deaconesses wrote to Fliedner and his wife gives insight into the deaconesses' everyday life among the poor. Karen Nolte demonstrated which transmission mechanisms were applied by the deaconesses in order to pass on their medical knowledge and alleviate the material needs. Her sources also show to which extent their care for the soul was valued. As poverty and sickness were seen as the consequence of an alienation from God, it was the sisters' task to go to the families and unearth the source of corruption. The deaconesses succeeded in establishing their own area of competence that was independent of the physicians.

Social workers and health officers

Andreas Weigl (Vienna) describes the rise and 'fall' of female health care workers in Austria in the early twentieth century. Because of the high mortality rate of infants the government had made special health care workers available. It was their expressed aim to improve the health situation of children and adolescents. As part of their tasks they had to educate the mothers and teach them to fulfil their tasks and duties. They also advised them on hygiene and nursing. Health care workers were also sent to combat tuberculosis. During National Socialism the health care worker was replaced by the 'people's welfare worker' (*Volkspflegerin*) who had merely a control and executive function and could come dangerously close to the Nazi elimination ideology. After World War II, it was – next to the loss of prestige due to the Nazi regime – the further drop in infant mortality that led to the fast reduction in the number of these health care workers. They were replaced in the 1970s by social workers.

John Stewart's (Glasgow) topic is 'British Child Guidance' where professional and lay knowledge came together. This organization was a medical-psychiatric initiative that had been established after World War I, first in the

United States and then also in Great Britain and Europe. The basic premise of this organization was that each child, no matter how normal he or she might appear on the outside, experienced maladjustment at one stage or another in his or her life. If the problem was not recognized it could lead to further problems in later life. The fact that the young patients would encounter representatives of three professional groups, psychiatrists, psychologists and (psychiatric) social workers, turned out to be problematic: the leading figure was the psychiatrist who was responsible for diagnosis and treatment. But the members of the psychiatric social service, who were always women, had the closer contact. They gathered the material on which the suggested treatment would be based. Although they had some theoretical basic knowledge of psychiatry this still meant that diagnoses and prognoses were ultimately determined by medically unqualified staff.

Clergy and religious institutions

Andreas Golob (Graz) provides an example of how priests made use of popular media for health education in the later enlightenment era. From the repertoire of sources he draws on, Johann Jakob Gabriel, a Catholic priest and catechist, stands out with his Socratic stories, a very early example of a collection entirely devoted to health issues. Contextualization was achieved mostly through the description of pastoral tasks within the health care system during the Habsburg monarchy around 1800. Apart from administering the sacraments, primarily the anointing of the sick, enlightened priests advocated additional, mostly preventive, measures for health maintenance and the consultation of registered health advisers. They tried to reach broad parts of the population through personal contact, sermons, Sunday school and religion lessons. The stories give insight into the transmission of culture and knowledge from authors from the states of Prussia and Saxony. The analysis centres on physical, psychological, social and religious aspects of health and sickness.

That religious institutions still play a role in transmitting health practices is shown by *Harry Oosterhuis (Maastricht)* who describes the change in attitude towards homosexuality that occurred in the Catholic communities in Holland in the 1950s and 1960s. He documents how the discourse among the medical profession influenced the views of the Catholic clergy. A dialogue conducted among priests, physicians, psychiatrists, psychologists and Catholic homosexuals led to the social and psychological re-evaluation of homosexuality which had so far been regarded as sinful and pathological. Priests and Catholic psychiatrists began to support Catholic homosexuals by helping them to find a lifestyle that was compatible with religious values. The priests' attitude remained ambivalent, as their behaviour was moralizing on the one hand, while they counselled homosexuals like social workers and psychotherapists on the other. It seems that pastoral care for homosexuals was developed further and

consolidated. The medical view did, however, not replace that of the clergymen.

Bibliography

- Al-Ansari, Jassem; Honkala, Eino; Honkala, Sisko: Oral health knowledge and behavior among male health sciences college students in Kuwait. In: *BMC Oral Health* 3 (2003), no. 2, pp. 1–6.
- Bock, Gisela; Thane, Pat (eds.): *Maternity and gender policies: Women and the rise of the European welfare states, 1880s-1950s*. London et al 1991.
- Bourdelaïs, Patrice; Faure, Olivier (eds.): *Les nouvelles pratiques de santé: acteurs, objets, logiques sociales (XVIIIe-XXe siècles)*. Paris 2005.
- Buhler-Wilkerson, Karen: *No place like home: a history of nursing and home care in the United States*. Baltimore 2001.
- Crowley, John W. (ed.): *Drunkard's progress: narratives of addiction, despair, and recovery*. Baltimore 1999.
- Daalen, Rineke van; Gijswijt-Hofstra, Marijke (eds.): *Gezond en wel: vrouwen en de zorg voor gezondheid in de twintigste eeuw*. Amsterdam 1998.
- Dill, Gregor: *Nationalsozialistische Säuglingspflege und Kleinkinderpädagogik: eine frühe Erziehung zum Massenmenschen*. Lizentiatsarbeit Univ. Bern 1997.
- Dinges, Martin (ed.): *Medizinkritische Bewegungen im Deutschen Reich (ca. 1870-ca. 1933)*. Stuttgart 1996.
- Dinges, Martin: Soldatenkörper in der Frühen Neuzeit. Erfahrungen mit einem unzureichend geschützten, formierten und verletzten Körper in Selbstzeugnissen. In: Dülmen, Richard van (ed.): *KörperGeschichten. Studien zur historischen Kulturforschung*. Frankfurt/Main 1996, pp. 71–98.
- Dinges, Martin: Mütter und Söhne (ca. 1450-ca. 1850): Ein Versuch anhand von Briefen. In: Flemming, Jens; Puppel, Pauline (eds.): *Lesarten der Geschichte: Ländliche Ordnungen und Geschlechterverhältnisse. Festschrift für Heide Wunder zum 65. Geburtstag*. Kassel 2004, pp. 89–119.
- Dinges, Martin: Social History of Medicine in Germany and France in the Late Twentieth Century: From the History of Medicine toward a History of Health. In: Huisman, Frank; Warner, John Harley (eds.): *Locating Medical History: The Stories and their Meanings*. Baltimore 2004, pp. 209–236.
- Dingwall, Robert; Heath, Christian; Reid, Margaret; Stacy, Margaret (eds.): *Health Care and Health Knowledge*. London 1977.
- Eckart, Wolfgang U.; Jütte, Robert: *Medizingeschichte. Eine Einführung*. Köln 2007.
- Ernst, Katharina: *Die medikale Kultur württembergischer Pietisten im 18. Jahrhundert*. Stuttgart 2003.
- Faure, Olivier: The social history of health in France: a survey of recent developments. In: *Social History of Medicine* 3 (1990), pp. 437–445.
- Faure, Olivier (ed.): *Les thérapeutiques: savoirs et usages*. Annecy 1999.
- Fries, James F.; Koop, C. Everett; Sokolov, Jacque; Beadle, Carson E.; Wright, Daniel: Beyond Health Promotion: Reducing Need and Demand for Medical Care. In: *Health Affairs* 17 (1998), pp. 70–84.
- Hähner-Rombach, Sylvelyn (ed.): *Alltag in der Krankenpflege: Geschichte und Gegenwart*. Stuttgart 2009.
- Hafetz, Jessica S.: The intergenerational transmission of health knowledge and behaviors: An evaluation of the Go! Kids Obesity Prevention Program (January 1, 2006). ETD Collection for Fordham University. Paper AAI3255044 (<http://fordham.bepress.com/dissertations/AAI3255044>).

- Hauschildt, Elke: "Auf den richtigen Weg zwingen ...". *Trinkerfürsorge 1922 bis 1945*. Freiburg/Brsg. 1995.
- Henner, Günter: *Quellen zur Geschichte der Gesundheitspädagogik: 2500 Jahre Gesundheitsförderung in Texten und Bildern; ein wissenschaftliches Lesebuch*. Würzburg 1998.
- Hey, Bernd; Rickling, Matthias; Stockhecke, Kerstin; Thau, Bärbel: *Alkohol – Sünde oder Sucht? Enthaltensamkeitsbewegung, Trinkerfürsorge und Suchtberatung im evangelischen Westfalen*. Bielefeld 2004.
- Ischreyt, Irene: *Der Arzt als Lehrer: populärmedizinische Publizistik in Liv-, Est- und Kurland als Beitrag zur volkstümlichen Aufklärung im 18. Jahrhundert*. Lüneburg 1990.
- Jütte, Robert: *Ärzte, Heiler und Patienten. Medizinischer Alltag in der frühen Neuzeit*. München. Zürich 1991.
- Kleinman, Arthur: *Patients and Healers in the Context of Culture: An Exploration of the Borderland Between Anthropology Medicine and Psychiatry*. Berkeley 1980.
- Krei, Thomas: *Gesundheit und Hygiene in der Lehrerbildung: Strukturen und Prozesse im Rheinland seit 1870*. Köln; Weimar; Wien 1995.
- Loetz, Francisca: *Leserbriefe als Medium ärztlicher Aufklärungsbemühungen: Johann August Unzers "Der Arzt. Eine medicinische Wochenschrift" als Beispiel*. In: *Jahrbuch des Instituts für Geschichte der Medizin der Robert Bosch Stiftung* 7 (1990), pp. 189–204.
- Marks, Lara V.: *Model mothers: Jewish mothers and maternity provision in East London 1870–1939*. Oxford 1994.
- McCray Beier, Lucinda: *Health culture in the heartland, 1880–1980: an oral history*. Urbana 2009.
- Murdock, Catherine Gilbert: *Domesticating drink: women, men, and alcohol in America, 1870–1940*. Baltimore 2002.
- Noel, Rebecca R.: *Schooling the body: the intersection of educational and medical reform in New England, 1800–1860*. Doctoral thesis, Boston University 1999.
- Pfefferkorn, Laura Bigger: *School health education in South Carolina 1894–1989: tinkering toward professionalization*. Doctoral thesis, University of South Carolina 2002.
- Rafferty, Anne-Marie: *The politics of nursing knowledge*. London et al 1996.
- Regin, Cornelia: *Selbsthilfe und Gesundheitspolitik: die Naturheilbewegung im Kaiserreich (1889 bis 1914)*. Stuttgart 1995.
- Sauerteig, Lutz: *Krankheit, Sexualität, Gesellschaft: Geschlechtskrankheiten und Gesundheitspolitik in Deutschland im 19. und 20. Jahrhundert*. Stuttgart 1999.
- Sauerteig, Lutz; Davidson, Roger (eds.): *Shaping sexual knowledge: a cultural history of sex education in twentieth century Europe*. London; New York 2009.
- Schweig, Nicole: *Gesundheitsverhalten von Männern: Gesundheit und Krankheit in Briefen 1800–1950*. Stuttgart 2009.
- Stöckel, Sigrid: *Säuglingsfürsorge zwischen sozialer Hygiene und Eugenik: das Beispiel Berlins im Kaiserreich und in der Weimarer Republik*. Berlin; New York 1996.
- Stokes, Patricia R.: *Contested conceptions: experiences and discourses of pregnancy and childbirth in Germany, 1914–1933*. Ann Arbor 2003.
- Türp, Jens C.: *Zahnfegen, Zahnpinsel, Zahnputzhölzer: zur Aktualität traditioneller Formen der Mund- und Zahnhygiene*. In: *Curare* 13 (1990), pp. 75–87.
- Usborne, Cornelia: *The politics of the body in Weimar Germany: women's reproductive rights and duties*. 4th ed. Ann Arbor 1995.
- Warren, Mame: *Our shared legacy: nursing education at Johns Hopkins, 1889–2006*. Baltimore 2006.