

# 'POLITICS IS NOTHING BUT MEDICINE ON A LARGER SCALE': HOW MEDICAL SCIENCE HELPED TO ESTABLISH A POLITICAL ORDER IN 19<sup>TH</sup>-CENTURY GERMANY /

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**Abstract:** The paper explores the relationship between normalising bodies and normalising political orders by investigating medical discourses in Germany in the second half of the 19<sup>th</sup> century. It argues that medical scientists not only presented knowledge about bodies, health, and pathologies, but also used this knowledge to promote a specific form of political order as the 'true' and 'proper' political order. In the paper, discourses from two different medical fields are analysed. The first part focuses on physiology, because it was not only key in promoting new medicine as a natural science, but also because many of its proponents were involved in the revolution of 1848, and continued to advance democratic ideas after the failed revolution, throughout the second half of the 19<sup>th</sup> century. It is argued that even though physiologists favoured democracy, their understanding of it was nonetheless narrow and androcentric. The second part focuses on medical sub-disciplines that specifically addressed sexuality and gender, such as psychiatry and sexology. Instead of seeking to advance a democratic political order, protagonists here used their epistemological clout to pathologise and thereby actively discredit ongoing political struggles such as the feminist movement and the socialist movement that aimed to establish a fundamentally different political order. From a feminist perspective the paper reveals how the powerful constructions of 'sex' and 'sexuality' structured both discourses: Imaginations of 'sex' and 'sexuality' were deployed to produce and legitimate medical regimes of truths about the body and, as a consequence, about a specific political order.

**Key words:** political order, gendered 'regimes of truth' about bodies and pathologies, history of medicine

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Many contributions to feminist theory have outlined how the body has played a crucial role in the genealogy of modern western democracies.<sup>1</sup> Masculinist interpretations of the female body and sexuality were used to argue that women could not be (full) citizens and needed to be excluded from politics.<sup>2</sup> While extensive research has been done on the interrelation between the exclusion and discrimination of women on the basis of an assumed inferior body (Benhabib 1996; Brown 1988; Klappeer 2014; Pateman 1988; Phelan 2001; Phillips 1998), research is still lacking on how gendered constructions of the body, pathologies, and diseases have helped to push forward a specific form of political order and in particular a specific form of democracy. Against this background, this paper seeks to offer some ideas for grasping the relationship between normalising bodies and normalising a political order. The paper investigates how medical scientists in Germany in the second half of the 19<sup>th</sup> century not only put forth androcentric knowledge about bodies, health, and pathologies, but also used this knowledge to promote an androcentric form of political order as the 'true' and 'proper' political order.

I draw on a post-structuralist understanding of the body and argue that there is no such thing as an ahistorical body, but that 'the body' is always constructed within a historically specific knowledge-power nexus (Butler 1993;

Foucault 1978). Thus, the premise of this paper is that at no time did medicine merely extract knowledge from bodies or simply observe and report on the body, but rather it worked to inscribe in them a certain 'regime of truth' (Foucault 1977: 13). Following this historicising, constructionist perspective, I am interested in how medical discourses produce specific regimes of truths about 'the body' and a specific political order.

My argumentation is based on the premise that during the second half of the 19<sup>th</sup> century in Germany medicine transformed itself from being a natural philosophy to a natural science. This shift, I argue, endowed medicine with a new epistemological status, because it allowed medical science to act as an objective and neutral science that reveals the true laws of nature. I analyse discourses from two different fields of medical science. I begin with a discussion of physiology, not only because it was the key medical discipline that promoted medicine as a natural science, but also because many of its proponents were explicitly involved in the revolution of 1848 in Germany and continued to advance democratic ideas after the failed revolution and throughout the second half of the 19<sup>th</sup> century. I argue that although physiologists favoured democracy as a political order, their understanding of it was nonetheless narrow and androcentric. My second field of

analysis focuses on medical sub-disciplines that specifically addressed sexuality and gender, such as psychiatry and sexology. Instead of seeking to advance a democratic political order, protagonists from these fields used their epistemological clout to pathologise and thereby actively discredit ongoing social struggles that aimed to establish a fundamentally different political order.

I have two aims in this article. First, I shall illuminate how medicine in the second half of the 19<sup>th</sup> century actively used its new epistemic power to engage in the field of politics by providing answers to the question of what a 'good' and 'right' political order might look like, and that it achieved this in two ways: by advancing a specific form of democracy based on the natural laws of physiology, and by safeguarding the political status quo of the time against attempts to democratise the existing political order. Second, from a feminist perspective, I shall shed light on how constructions of gender structured both discourses.

### Germany's political order 1848–1914

Germany's road to democracy differed from the ones taken by France, England, or the United States. Although the 1848 revolution sought to transform the individual German states into a unified national constitutional state with a representative government and individual rights, by 1849 the revolution had been defeated. The monarchy was reinstated and liberal advances from the revolution were suspended. The years after the failed revolution were marked by reactionary politics during which time many revolutionaries faced prosecution or other severe consequences, such as suspension from practising their occupation. King Friedrich Wilhelm IV replaced male suffrage with a 'three-class-franchise' of voting, which remained in place until Germany formally became a democratic nation in 1918.

However, although Germany experienced an era of reactionism in the aftermath of the failed revolution, according to Woodruff Smith, by the late 1950s the liberals had regained the political initiative in most states, and created a sufficient threat to the established order" (Smith 1991: 37). Andreas Daum has similarly argued that the reign of Prince Wilhelm initiated an era of new freedom' (Daum 1998: 161; author's translation), which was beneficial for the political activities of liberals and democrats. Smith even deems the 1871 unification of Germany under Otto von Bismarck (1815–1898), Chancellor of the German Empire from 1871 to 1890, as a response to liberal pressure' (Smith 1991: 37). Yet, because unification was implemented from above, it did not include parliamentisation or democratisation. The national governing body, the Reichstag, could not form governments or initiate legislation, and the Chancellor did not have to answer to the Reichstag in any governmental matters.

In the late 19<sup>th</sup> century, the German Empire experienced rapid industrialisation and its concomitant socio-economic

consequences, such as urbanisation, proletarianisation, increasing social misery, mechanisation, and commercialisation. These changes were further compounded by exponential population growth and the erosion of traditional social and family structures. The working and living conditions of the working class were poor, dangerous, and led to an increase in accidents and (chronic) diseases (Mocek 2007: 260). These miserable conditions were increasingly politicised by the socialist movement that quickly gained support among the working class from the 1870s onward. As well as the socialist movement, the last third of the century saw the women's movement also gain momentum. From its inception, the women's movement in Germany had been divided into a bourgeois and a proletarian wing. The former sought to improve women's education, saw the right to vote as a long-term goal of the women's movement, and strictly opposed the aim of the proletarian women's movement to fundamentally transform society. The proletarian women's movement, in line with their socialist comrades, wanted to abolish capitalism and, along the way, establish equal political rights, not only among the workers and the bourgeoisie but also among women and men.

In light of the pressing social inequalities and the rise in struggles against inequality, Bismarck realised that the 'social question' had to be addressed – not in order to relieve the misery of the working class, but because the socialist protests had proven to be a real threat to his politics. In 1878, Bismarck introduced the Anti-Socialist Act (*'Sozialistengesetz'*) prohibiting any political activity organised by socialists or social democrats (including meetings of socialist associations and trade unions and the distribution of print materials). He realised, however, that harsh measures alone would not suffice if he was to maintain his power, and in 1883 he introduced health insurance for workers.

Thus, in the last third of the century, Germany found itself in an unsettled state in many respects. Industrialisation and urbanisation fundamentally altered labour relations, lifestyles, and social relations (Wehler 2007). On a political level, the situation was also unstable – even though Bismarck and his conservative followers made great efforts to stabilise the situation. Nevertheless, despite the fact that formally the German Empire was a constitutional monarchy with strong anti-liberal and anti-democratic institutional backing, these reactionary movements could not prevent the democratic discourses that had slowly and subtly begun to emerge in 1848 from gaining importance. That the German Empire was formally not a democracy, did not mean that there was a lack of democratic initiative in civil society. Rather, throughout the second half of the 19<sup>th</sup> century, the public sphere became a sphere of political and social deliberation, political and social associations increased in numbers, workers and women began to organise, and newspapers became an influential terrain of political and social discussions. Thus, even in the authoritarian era

of the German empire, liberal actors in civil society began to promote democratic ideas, such as free speech, freedom of opinion, representational democracy, the division of powers, freedom of the press, the right to vote (at least for men), and individual rights (again, at least for men) (Smith 1991: 234). Medical scientists also took part in the various initiatives and discourses that were aimed at making Germany (more) democratic. They began to present themselves as public experts not only on health and pathologies but also on the social and political order in general. In the second half of the 19<sup>th</sup> century, the annual German National Congress of Scientists and Physicians (Versammlung deutscher Naturforscher und Ärzte) became a platform 'for political discussions among medical scientists that were meant to have an impact on civil society as a whole. Medical scientists also expressed their political views in newspapers and journals and through public institutions such as adult education centres and museums. Against this background I shall show in the next section how medical scientists used their views on bodies, health, and pathologies to promote specific political views.

### **Physiology as the social science of democracy**

In the second half of the 19<sup>th</sup> century in Germany medicine ceased to consider itself a natural philosophy and began fashioning itself as a natural science. Key figures in this scientification process were physiologists Rudolph Virchow (1821–1902), Hermann Helmholtz (1821–1894), Emil du Bois-Reymond (1818–1896), Ernst Wilhelm von Brücke (1819–1892), and Carl Ludwig (1816–1895). By 1845 Virchow was already stating that medicine 'seeks to establish itself as a natural science, as highest and most beautiful natural science, in fact' (Virchow [1845] 1986: 60; author's translation). As a natural philosophy, medicine had used induction and the method of speculation to view bodies, life and diseases on the basis of abstract epistemological systems. On the contrary, as a natural science, medicine presented itself as operating on a fundamentally empirical and experimental basis, no longer approaching bodies through speculation, but through rationality and the aim of measuring bodies neutrally and objectively (Virchow [1849a] 1992). These new scientific methods were based on the premise that the body itself was an entity that operates fully on the basis of laws. Laws were seen as the mechanisms 'that determine the body and the mind' (ibid.: 335; author's translation).

Revealing the body's intrinsic laws was seen as equivalent to revealing the body's and nature's truth (Foucault 1994). Scientification moreover enabled the new medicine to claim a monopoly on defining bodies, health, illnesses, and what is normal and what pathological. Academic medical knowledge was increasingly understood as the only acceptable knowledge about bodies, while non-academic techniques, traditions, and practices of healing and medicine were discredited and eventually forbidden.

Modern medicine not only established itself as *natural* science, and thus as the only objective and neutral source of truth about the body. New medicine further understood itself as a *social* science, claiming it was capable of revealing the laws of the body in an objective, true, and neutral manner, and thereby conceiving itself as capable of speaking about the political and social order in an objective, true, and neutral manner: According to Emil du Bois-Reymond, 'the history of natural science is in actual fact the history of mankind' (Bois-Reymond [1877] 1912: 596; author's translation). In Virchow's view, medicine should not be limited to the investigation of bodies and pathologies, but should also understand its duty to take knowledge about the body as a basis from which to derive knowledge about society and social and political structures. 'In its inner core and essence, medicine is a social science' (Virchow [1849a] 1992: 335; author's translation). Because science-based medicine revealed the natural laws of the body in a completely objective manner, it was also, as Virchow argued (ibid.), capable of assuming the function of a social science in defining the social and the political order. Although many physiologists understood their mission as both medical and political, no one linked medicine and politics as closely as Virchow. Thus, the following analysis is restricted to Virchow's work, which is far too complex to cover within a single article.

### **Medicine as the science of democracy**

For Virchow, medicine was not just a social science but had also a political mission: 'If medicine is really live up to its great potential, it must intervene in the larger realm of political and social life' (Virchow [1849a] 1992: 355; author's translation). According to Virchow, the political task of medicine as social science was the realisation of a democratic political order. In a letter to his father, written in the year of the revolution, Virchow declared: 'As a natural scientist I can only be a republican, because living up to the demands of the natural laws that follow from the nature of a human being can only be realised in a republican state' ([1848] 1907: 145; author's translation). At the 35<sup>th</sup> German National Congress of Scientists and Physicians in Königsberg he stated that the new medicine was necessarily a bourgeois-democratic social science (Virchow 1860). For Virchow, the new medicine as a natural science was *in itself democratic*. The new medicine that had 'finally come to a scientific point of view' (Virchow [1849a] 1992: 336; author's translation) was one that 'ha[d] abandoned belief [and] authorities' (ibid.; author's translation). While natural philosophy had been based on an abstract and authoritarian system from which hypotheses were deduced and applied to the body, the new medicine was not. Virchow criticised medicine based on natural philosophy as non-democratic, for the very reason that it adhered to authoritarian principles and applied them without proof or question. In contrast to natural philosophy, scientific medicine was



essentially and naturally democratic, because it did not follow any metaphysical system of belief (that Virchow considered authoritarian), but because of its natural science methodology, it was deemed capable of objectively revealing and portraying the laws of the body. Thus, for Virchow the medical *method* in itself was democratic. It was a way of 'thinking without authority' (Virchow 1865a: 20; author's translation) and abandoned any kind of particular or private worldview by only accepting neutral, objective, universal perspectives that revealed the true nature of objects. For Virchow, abandoning all particularities and solely following neutral, objective laws was also to become a basic principle of democracy.

Consequently, Virchow was the natural science of medicine as the only science that could truly provide knowledge of what a good democracy might look like (Virchow 1849b: 217). The introduction of scientific medicine into political discourses was in his view a necessary step in the development of democracy because only then would politics be guided by objective laws and objective interests, and individual interests would no longer 'predetermine [the outcome of] public matters' (ibid.; author's translation).

Virchow also applied his premise of the inevitable link between new medicine and democracy to his own life. He was both a political medical scientist and a medical scientist politician. A letter Virchow wrote to his father during the revolution of 1848 indicated that not only was he in favour of the 1848 revolution, he also actively took part in it. The reactionary years after the failed revolution did no harm to his political worldviews, but he did lose his job in Berlin in 1849 and moved then to Würzburg, where he had to promise not to engage in politics. He stayed there until 1856, when he returned to Berlin. In 1861, he co-founded the German Progressive Party (Deutsche Fortschrittspartei) and became a long-term member of the Prussian Chamber of Deputies.

The close relationship between his democratic activism and his medical work is also mirrored in his government-sponsored study of the typhus epidemic in Silesia in 1848 (Virchow [1849c] 1992). In his findings, he argued that it was political not medical factors that were the source of the epidemic. He saw the cause of it as lying in the 'backwardness' and conservatism of the 'lower class', which led to poor living conditions, compounded by the lack of will on the part of Silesian elites to change the situation and by the Prussian government's autocratic attitudes. He therefore saw only one 'cure' for the epidemic: 'full and unlimited democracy' (Virchow [1849c] 1992: 470; author's translation). This not only required democratising the Prussian government, so that it would improve the living conditions of its citizens, but also teaching the population to become responsible democratic citizens, so that they would be able to improve their own living conditions instead of being the poor and passive subjects of government administration (Virchow [1849c] 1992: 469pp.).

Based on Virchow's understanding of medicine as a natural science and its intrinsic link to democracy, let us now take a closer look at Virchow's ideal of democracy by focusing on three core elements. First, Virchow favoured a model of democracy that was based upon objective laws and objective interests and thus sought to expand the method of the new medicine to the realm of politics. The rational 'laws that are already established by human nature' (Virchow 1849b: 36pp; author's translation) should become the founding principles of democracy because only then could democracy be structured by principles that are genuinely universal.

Second, because democracy needed to be guided by objective laws, Virchow's ideal democracy was based on the aim of achieving consensus grounded in a single truth. Virchow did not advocate an understanding of democracy that would encompass or negotiate a plurality of (including dissenting) views and perspectives. Instead, he believed that if all citizens were truly committed to objective interests, democracy would be guided by one single truth, thus guaranteeing the unity of the nation. Unity was a crucial goal and trait of democracy, as he argued in a speech at the German National Congress of Scientists and Physicians in Rostock in 1871 – shortly after Germany's unification: 'And we will have to say that the task of the future is – like the exterior unity of the Empire, which has already been achieved – to establish unity within ..., a real unity of minds, creating common ground for many members, where everyone really feels and thinks as one ... and where we come to have a common inner essence' (Virchow 1871: 77; author's translation).

Third, Virchow made very clear that even though democracy was built on freedom of thought, the exercise of freedom still had to follow rational rules (Virchow 1877). Here again, Virchow referred to medicine in order to build an analogy for politics: In his lecture 'The Freedom of Science in the Modern State' ('Die Freiheit der Wissenschaften im modernen Staat'), in 1877, he argued that scientific freedom meant abstaining from any 'personal opinions' (Virchow 1877: 7; author's translation). Applying personal interests, emotions, or opinions to science would be an 'excessive exercise of freedom' (Virchow 1877: 7; author's translation), which Virchow strongly criticised. In his view, to exercise true scientific freedom meant revealing the laws of nature in an objective, neutral way. 'Science creates freedom, but not a lawless, arbitrary freedom that can endanger the state and society. Natural scientists identify true freedom in the unhindered development of the law' (Virchow 1861: 72; author's translation). According to Virchow, it is this understanding of freedom – the lack of any personal involvement or interests – that should guide democracy. Consequently, also for the realm of politics, he warned against all 'arbitrariness ... of personal speculations' (Virchow 1877: 7; author's translation) and argued for a politics based solely on universal and rational interests. Rational empirical method should set necessary limits on freedom in the name

of rationality – and in the realms of both medicine and politics.

Virchow formulated a more concrete criticism of the ‘excessive exercise of freedom’ in the same lecture by referring to Darwinism and to the ongoing discussion of whether Darwinism should be included in school curricula.<sup>3</sup> He dismissed Darwin’s theory of evolution as lacking empirical proof, deeming it a hypothesis and ‘personal opinion’ that needed to be excluded from true science. Based on this criticism, he continued to argue that Darwin’s theory was also politically ‘dangerous’ (Virchow 1877: 12; author’s translation): As the pure opinion of some, lacking any objective and universal legitimation, it needed to be dismissed politically. Virchow sought to support his critique of Darwin’s theory as a political danger by warning his colleagues that Darwin’s theory could easily be used to support socialism (ibid.). He cited France as an example in order to strengthen his argument that the excessive exercise of freedom would lead to political chaos (ibid.) – as evidenced by the Parisian commune. Virchow did not in his lecture explain why Darwin’s theory should lead to socialism, so we can only speculate here: Darwin’s rejection of religious creation myths and the theorem that all human beings were equal were indeed used by socialists for their politics at that time. However, instead of giving a detailed explanation of his warning, Virchow limited himself to using ‘scientific’ criticism to dismiss Darwin’s theory and socialism as ‘personal’ opinions. Consequently, he did not have to frame his criticism as his own personal political opinion, but could instead frame it as scientific critique.

### Androcentric limitations to democracy

Below I argue that by using his particular epistemic position as a medical scientist, Virchow advanced an understanding of democracy that can be criticised as androcentric. To begin, I shall show how Virchow’s medical and political thinking relied on masculinist exclusions and androcentric premises, and then I shall highlight how Virchow’s understanding of democracy promoted an androcentric understanding of the realm of politics and of political agency.

The premises of medicine as a natural science, as Virchow advocated it, can be considered a prototype of what Loraine Daston and Peter Galison have described as “non-interventionist” or “mechanical” objectivity’ (Daston and Galison 1992: 82). Mechanical objectivity aimed to ‘eliminate the mediating presence of the observer’ (ibid.) and to produce only objective results. These paradigms of mechanical objectivity are what Virchow had in mind when he put forth his understanding of scientific freedom. Daston and Galison demonstrate that mechanical objectivity also required a specific subjectification of scientists: ‘At issue was not only accuracy but morality as well: the all-too-human scientists must, as a matter of duty, restrain themselves from imposing their hopes, expectations, generalisations, aesthetics, and even ordinary language on

the image of nature.’ (ibid.) Mechanical objectivity required ‘heroic self-discipline’ (ibid.: 83), or in Virchow’s terms, ‘moderation’ (Virchow 1877: 7; author’s translation). Furthermore, as Virchow repeatedly argued, as a natural science medicine should only reveal natural laws and – in Daston and Galison’s words – should ‘foreswear judgement, interpretation, and even the evidence of the senses’ (ibid.). As argued above, this ability to resist particularities, pre-established ideas, systems of beliefs, or ‘temptations and frailties of flesh and spirit’ (ibid.) is why Virchow deemed the natural science of medicine a democratic science. I agree with Daston and Galison that this type of scientific understanding reflects the constitution of a bourgeois subject, but I would add that it is also an expression of a white masculine perspective.

Virchow’s understanding of science mirrored the bourgeois white ideal of masculinity, which grasped rationality and the ability to remove oneself from any ‘involvement’, ‘interest’, or even ‘passion’ and ‘emotion’ in the name of universal knowledge as the essentials of white masculinity. This equation of masculinity with objectivity was common sense among scientists and politicians in the 19<sup>th</sup> century. It relied on medical ‘regimes of truth’ claiming that due to ‘natural’ ‘bodily differences’ women were not capable of rational and objective thinking the way men were, and were ‘naturally’ predisposed to passions, irrationality, and particularity (Fischer-Homberger 1984; Honegger 1991; Mixa et al. 1996). Thus, defining science as the realm of dispassionate objectivity made science an exclusively masculine realm, as many feminist studies of science have highlighted (Harding 1996; Hartsock 1983; Keller 1985; Lloyd 1998; Singer 2005). Furthermore, it was common sense that the equating of masculinity with objectivity applied only to white men, because non-white men were viewed as driven by their emotions and therefore unable to take a rational, objective, and universal approach to science, as critical race scholars have shown (Alvares 1992; Collins 1991; Harding 2006; Sardar 1988; Sertima 1986). Therefore, through a feminist lens, we can see that Virchow’s ‘neutral’ and ‘objective’ medical science was built upon bourgeois norms of white masculinity and virility, a science with the masculine ‘power to conquer and subdue’ nature qua reason (Keller 1985: 36).

Against this background, it comes as no surprise that Virchow actively argued against the inclusion of women in the ‘democratic’ science of medicine (Virchow 1865b).<sup>4</sup> The explanation he offered was that women’s nature was in conflict with the attitudes required of a medical scientist (ibid.). Thus, the medical as well as the democratic project that Virchow had in mind envisioned only men as actors; only men could be medical and political experts, and women could only be (passive) recipients of medical and political knowledge. Since Virchow grounded his argumentation in assumed ‘natural’ differences between the sexes, he saw no contradiction between his claim that medicine served

as a role model for democracy for society as a whole and the reality that medicine, at his time, was highly exclusive.

Virchow's 'democratic' medical science not only entailed the exclusion of women and relied on white masculine norms that defined science, it also advocated an androcentric understanding of political citizenship and the realm of politics. The new medicine that fashioned itself as an advocate of democracy fostered an understanding of democratic citizenship as belonging to rational, autonomous, sovereign individuals with the capacity to detach themselves from personal and particular interests *qua* reason. Just as the new medical scientists were supposed to be objective and forget their private beliefs and interests, according to the new medicine's principle of mechanical objectivity, democratic citizens were also supposed to adhere only to abstract, objective, and rational principles in order to fulfil the demands of a democracy based on rationality and universality. As feminist scholars of science have highlighted (Bordo 1987; Harding 1991; Hawkesworth 1994), the definition of 'objective' and 'rational' interests on one side and 'personal' opinions, interests, and emotions on the other side, is highly gendered: In an androcentric society, whatever is defined as masculine is also framed as objective and universal, whereas what is defined as feminine is framed as personal. Thus, Virchow's ideal of politics as based on objectivity and rationality required the exclusion of anything considered 'irrational' and 'feminine', such as needs or social bonds that could not be organised based on rationality but were shaped through necessities, dependencies, and relationalities (Pateman 1988: 184; see also Brown 1988; Eisenstein 1989).

In his critique of Darwinism, Virchow explicitly made clear that bringing socialist demands into the realm of politics was an unlawful expansion of the realm of political freedom (Virchow 1877). Here, Virchow argued to restrict the scope of politics in the name of democracy. From a feminist perspective, Virchow's understanding of democracy not only excluded socialism from the realm of politics, but also social relations, social needs, and social necessities by silently presupposing them to be 'personal' and thus a-political. In an androcentric society that merges the masculine sphere of the public with rationality and universality, an understanding of politics that deems only 'universal' and 'rational' issues political must consequently dismiss every 'personal' issue as non-political. Only by framing irrationalities, such as emotions, needs, and necessities, as 'particular', 'private', and 'feminine', was it possible to found politics upon rationality and freedom (Brown 1995: 157; Pateman 1989: 4).

Against the background of these androcentric limitations of Virchow's understanding of political citizenship and the realm of politics, his proposal that democracy resulted in unity appears in a different light. The unity in democracy that Virchow had in mind, a democracy founded upon 'rational laws', could only exist if social inequalities along

the lines of class and gender remained depoliticised. Unity and consensus could only be achieved if all political issues, conflicts, and antagonisms that *could not* be integrated into the ideal unity were excluded from the political sphere. A feminist perspective shows that gender operated as a mechanism for obscuring the disparity between the aims that Virchow proclaimed – a universal and unified democracy capable of overcoming particular, private interests – and its gender-biased preconditions and implications, such as exclusion from political citizenship and restrictions on engaging in the realm of politics. Gender operates as a powerful yet invisible subtext within both, when Virchow described medicine as an 'objective science' and the realm of politics as based on rational laws. By establishing medicine as an 'objective', 'neutral', and 'rational' science capable of producing 'objective', 'neutral', and 'true' assumptions about democracy, Virchow was promoting an androcentric understanding of the realm of politics and of political agency and thus, a model of democracy that was more a particular democracy than a universal one, a democracy that would prolong social inequalities and exclusions based on class and gender instead of politicising them.

### **On healthy and deviant forms of politics**

While Virchow used medical assumptions to advocate a specific form of democracy, scientists from psychiatry and sexology reacted to social movements that fought to change the existing political order during the last third of the 19<sup>th</sup> century. Below I outline how these scientists applied their understandings of bodies, and in particular of deviancies, pathologies, and diseases, to devalue the women's movement by deeming it unnatural and pathological.

At the onset of the women's movement, women were not considered political subjects. Until 1908, women were not allowed to belong to political associations, nor were they allowed to vote until 1918. Even though women began demanding political rights in the revolution in 1848, the women's movement began to organise in 1865 when the General Women's Association of Germany (Allgemeine Deutsche Frauenverein) was founded by Louise Otto-Peters (1819–1895) and Auguste Schmidt (1833–1902) with the aim of creating equal access to education and the right to vote for women. One year later, the Association for the Promotion of 'the Employment of Women (Verein zur Förderung der Erwerbstätigkeit des weiblichen Geschlechts) was founded in explicit opposition to the General Women's Association of Germany. It rejected the aim of political emancipation and saw its goals only as opening philosophical and artistic employment opportunities for women. As Rosemarie Nave-Herz (1988) writes, from the beginning, the moderate-conservative voices were dominant in the bourgeois women's movement, which was mainly concerned with equal education. The right to vote was seen as a long-term goal and some fractions even dismissed this goal as non-feminine. In this



vein, the umbrella organisation of Germany's women's movement, the German League for Women's Associations (Bund deutscher Frauenvereine) founded in 1894, refused to include members from the proletarian women's movement owing to their political demands. The bourgeois women's movement sought to uphold the traditional image of femininity, motherhood, and family. Peaceful, passive femininity and motherhood were considered a positive counterpart to masculinity, which was tied to activity and progress. Consequently, the moderate bourgeois women's movement also viewed their activism as a service to their nation. Helene Lange (1848–1930), for instance, promoted femininity and motherhood as a necessity for the German nation in order to balance the negative outcomes of a male-dominated society. Furthermore, many participants in the moderate bourgeois women's movement viewed their social engagement as a way of contributing to the betterment of the German 'race'. This was also true of members of the more radical wing of the bourgeois women's movement, as they called themselves in order to distinguish themselves from the 'moderate' wing of the bourgeois women's movement, like the League for the Protection of Mothers (Bund für Mutterschutz) founded in 1904, which viewed their political work – the support of unmarried women, 'free marriage', divorce rights, birth control – as contributing to improving the German 'race', too.

From the very beginning, the proletarian women's movement, and its key figure, Clara Zetkin (1857–1933), had been part of the socialist movement. Their aims had always been economic and political equality. Because the proletarian women's movement emerged at the height of capitalist industrialisation, a time when working-class women were also subjected to dangerous and exploitative working conditions and their devastating consequences, the movement was not primarily concerned with access to occupational fields. Instead, they wanted to fundamentally transform capitalist society. Achieving the right to vote was seen as one crucial step towards this fundamental transformation of society and the realm of politics. The strong and positive references made to traditional images of femininity and motherhood and to the reproduction of the clear-cut and 'natural' gender dichotomy that was so crucial to the bourgeois women's movement were rarely drawn upon within the proletarian women's movement – not least due to the real living conditions of working-class women that did not match these images.

Below I discuss how the medical sub-disciplines that explicitly dealt with gender and sexuality – psychiatry and sexology – used their epistemic position to intervene in the various attempts of the women's movement to change the existing political order.<sup>5</sup>

### Medical 'regimes of truths'

It was a consensus among psychiatrists and sexologists that the sexual dichotomy was a natural given. The psychiatrist

Paul Julius Möbius (1853–1907) stated, '[t]he healthier a human being is, the more firmly is he a man or a woman' (Möbius 1902: 5, author's translation). 'Differences' were not only presented as naturally given, but also as complementary and hierarchical: Male bodies and minds were viewed as superior, more mature, and more developed. Clear and distinct gender roles were not only viewed as an expression of good health, they were also considered the hallmark of social progress. The greater the differentiation between men and women, the more cultivated the society. The lack of a distinct differentiation between the sexes was seen as the epitome of backwardness. In this manner, non-western, non-white societies were framed as 'backward' and 'less civilised' based on their supposedly 'low level' of sex differentiation (Carter 1997; Schmiersahl 1998). Furthermore, Möbius (1895) argued that sex differentiation was also less defined among members of the working class than in the bourgeois class.

In light of this 'scientifically proven' natural order that considered the bodies and behaviour of women and men as complete opposites, any 'blurring of gender character: effeminate men and manly women' (Möbius 1902: 25; author's translation) was a sign of sickness and pathology. Under the medical premise that a healthy society was characterised by a clear and distinct gender regime in which roles and tasks were organised according to a gender dichotomy, struggles that aimed to change this gender regime along and concrete practices to this end, such as engaging in 'manly' activities like holding public lectures or showing interest in politics, were framed as diseases that made society sick. As neurologist Eduard Reich (1836–1919) stated: 'We can immediately and at first sight distinguish the limbs of a woman from those of a man, because the limbs of the two sexes differ from each other in every aspect, the bone structure, musculature and skin .... [T]hese differences indicate differences in performance, predisposition and facilities, and thereby are to be taken seriously as testimonies against this nonsensical set of issues known as "women's emancipation".' (Reich 1875: 62; author's translation; see also Bloch 1907) Because the women's movement was defined as a threat to society's health and harmony, medical science reclaimed a further political task for itself: medical doctors should do everything that they can 'to fight feminists' unnatural intentions' in the 'name of the human race' (Möbius 1902: 22; author's translation). Below I highlight two argumentative figures from this era and trace their lines of argument.

### Pathologising political actors

The first discursive strategy led to the pathologisation of the political actors themselves. Participants in the women's movement were thought to be sick because they subscribed to the women's movement. Reich presented the 'hysterical temper' of women as 'grounds for feminism' (Reich 1879: 114; author's translation): 'All these strivings

[for emancipation] come from women of a highly nervous temperament and lacking any form of satisfaction.' (ibid.; author's translation) Reich thus considered treating the hysterical temperament as a solution to the threat posed by the women's movement. The psychiatrist Richard von Krafft-Ebing (1840–1902) argued in a similar way that women who were engaged in the women's movement were sick and unnatural (Krafft-Ebing 1903).

Medical scientists also reasoned that women espoused feminism because of a 'natural' female disposition for revolutionary uprising. For Möbius, a feature of femininity was women's stronger predisposition to hysteria than men: 'The more abstract the mind, the more reasonable the human being, the more different he is from the female, the less he is inclined to hysteria. On the other hand, the ones with a colourful imagination not only resemble women more closely, they also tend to have more hysterical symptoms. (Möbius 1895: 20'; author's translation) Following this argument, he concluded that the 'natural' female predisposition to hysteria and 'colourful imaginations' made women more predestined to partake in revolutionary uprisings (ibid.). Needless to say, in Möbius' argumentation, these uprisings were considered outbursts of irrationality (ibid.). While men's participation in politics was explained as the result of their ability to control and detach themselves from their bodies, women's participation in politics was disparaged as irrational action resulting from women's inability to control themselves and their bodies.

These discursive strategies not only portrayed members of the women's movement as irrational and pathologic, they also helped to dismiss and pathologise struggles against a strict dichotomy of the sexes. Against the background of a presumed to be natural dichotomy of the sexes, political demands such as access to so-called male professions and access to politics could be construed as pathological attempts to invert the roles of the sexes. Furthermore, as 'manly' viragos, participants in the women's movement were also depicted as reverting to a previous stage of civilisation or – for the bourgeois women's movement – to the gender roles of the 'lower class' (Bloch 1907). Portraying members of the women's movement as pathological then made it possible also to portray them as a threat to German social progress and civilisation. Consequently, demands for equal access to education or equal political rights were not seen as sign of progress but, as the influential German scholar, conservative political advisor, and first sociologist of the family Wilhelm Heinrich Riehl (1825–1897) put it, as an 'act of ... true reaction' (Riehl 1858: 24; author's translation).

### Pathologising social movements

Not only were the participants in the women's movement depicted as pathological; members of the women's movement themselves were viewed as pathological and diseased because they sought to change the assumed natural dichotomy of the sexes. Here medical scientists referred

in particular to the 'naturally' chaotic and untameable sexual instincts of women as a way of devaluating and dismissing these demands. Male scientists' fantasies about and their projections onto female sexuality gave rise to a pathologisation that presented feminism as an unnatural form of over-sexualisation. Sexuality played a key role in constructing feminism as a disease, because female sexuality was considered the quintessence of uncontrollability. Krafft-Ebing proposed distinguishing sexuality as both a productive and a destructive force within a culture and argued this along gendered lines (Krafft-Ebing 1898: 12): While male sexuality and sexual control were seen as productive forces for culture, civilisation, and progress, female sexuality was viewed as a destructive, threatening, and anarchistic force. This dichotomous construction assumed that men's sexuality and gender were indeed controllable, but that women were fully absorbed by their sex, body, and sexuality; in other words, women not only had a sex, but *were* their sex entirely. Constructing female sexuality as dangerous and uncontrollable meant that if the power of sexuality was not brought under control it would threaten the bourgeois, heteronormative, patriarchal social order (Krafft-Ebing 1898; Möbius 1902, 1903). Uncontrolled sexuality would lead to an 'excess of the masses' (Krafft-Ebing 1898: 6; author's translation) in place of an ordered society. If female sexual instincts were not brought under control, women would not only reject their 'natural' gender roles, but political chaos and anarchy would also ensue. The medical discourse about uncontrollable sexuality opened up the possibility to pathologise the women's movement on the basis of the assumed natural female predisposition to uncontrolled (sexual) instincts (Kisch 1907; Reich 1875). Rendering feminism equivalent to the uncontrollability of female sexuality made it possible for feminism to be cast as political chaos, unpredictability, and a pathologised 'anarchic threat' (Schmersahl 1998: 68; author's translation).

The same argumentative figure that associated the women's movement with disease was also employed to delegitimise socialism. At the end of the 19<sup>th</sup> century, medical scientists no longer considered hysteria merely a female disease, but expanded it to include men. Möbius was one of the prominent medical scientists invested in establishing male hysteria as a pathological condition. He argued that this condition could predominantly be found among the proletarians (1895). According to Möbius, male hysteria expressed itself as a kind of 'feminisation' of men, thereby ascribing 'normal' female attributes to men. Extending the diagnosis of hysteria to men was also the discursive precondition for pathologising socialist demands as hysteria. According to neurologist Willy Hellpach (1877–1955), hysteria could be diagnosed not just in women, but also in proletarian men. They shared a high deducibility and tractability, which also made men receptive to the socialist struggle (Hellpach 1904: 474). Neurologist Hermann Aub (1876–?) followed a similar line of argument, stating: 'In



a word: proletariat says it all. It is a combination of the trauma of the 'danger of labour', the struggle for retirement pay ... and the dogmatic indoctrination in the Marxist belief that a golden age of equality, freedom, and fraternalism is to come. This is the fertile ground on which the mass hysteria of our modern day grows' (Aub 1911: 124; author's translation). The socialist movement could be delegitimised by depicting it as hysterical, that is, as the pathological feminisation of men.

### New alliances

Although the term 'women's movement' in most medical literature was used without specifying who it actually referred to, most often it was actually addressed at those women who fundamentally criticised the dichotomous gender order. As the bourgeois women's movement never (entirely) rejected the assumption of a naturally given gender opposition, it can be assumed that the imaginary object that the medical scientists were arguing against when they wrote about the pathology of 'the' women's movement was primarily the proletarian women's movement, with their demand to overcome the existing gendered political and social order.

Towards the turn of the 19<sup>th</sup> century, some medical scientists used a new strategy in dealing with the women's movement. Some sexologists, psychiatrists, and gynaecologists no longer portrayed the women's movement as a threat, but sought to form new alliances with certain parts of the movement. Eugenic politics was the umbrella under which this new alliance unfolded: Medical scientists such as Alfred Ploetz (1860–1940), who founded the German Society for Racial Hygiene (Deutsche Gesellschaft für Rassenhygiene) in 1905, and gynaecologist and eugenicist Alfred Hegar (1830–1914) joined the League for the Protection of Mothers to support sexual reforms, because they believed that changes in sexual politics were a necessary step in improving the German 'race'. Their eugenic interests in the name of 'women's rights' matched the politics of some strands of the women's movement: Associations such as the League for the Protection of Mothers and members of the women's movement such as Helene Stöcker (1869–1943) explicitly viewed their struggle for women's rights and for changes in sexual politics as a service for the 'improvement' of the 'German race'. Under the banner of eugenics, some parts of the women's movement and some medical scientists built a new alliance where the improvement of the 'German 'race' was defined as common goal. In the name of the 'improvement' of the 'German race', both some medical scientists and some members of the women's movement demanded access to abortion and birth control particularly for the 'lower class', unmarried women, and 'degenerate people'.

### Conclusion

Germany – like many other European states – is currently undergoing a deep crisis of democracy, manifested in the juridification, technocratisation, and authoritarianisation of politics, the take-over of democracy by market

rationalities, and the decrease in opportunities for citizen participation. The majority of political scientists explain this crisis by referring to external reasons, such as the transnationalisation of statehood or the economisation of society, and continue to hold on to a concept of democracy based on rational citizens capable of separating their personal from their political interests and on the assumption that consensus and unity are the key aims of democracy (Buchstein and Jörke 2003; von Beyme 2011).

Contrary to such political analyses, and based on more radical conceptions of democracy (following Brown 2011 and Rancière 1999, 2010), I view the current crisis as evidence of the immanent failure that is the result of conceptualising the aim and essence of democracy as political unity and consensus. A 'consensus democracy' of this kind (Rancière 1999) necessarily leads to a narrow, technocratic, and ultimately authoritarian understanding of politics, because in societies that are structured through class, gender, 'race', sexuality, and ability, the homogenisation of the demos into a unity requires the depoliticisation, by experts and technocratic rationalisations, of inequalities and authoritarian restrictions on areas considered to be part of the realm of politics. This immanent aporia and its intensification have led to the current state of 'post-democracy'.

Even though today physiology does not share the 19<sup>th</sup>-century assumption that medicine is a social science or a role model for democracy, and psychiatrists and sexologists no longer see engaging in political struggles to be part of their work, the legacy of an understanding of democracy based on technocratic rationality and objectivity defined by certain experts, which medicine helped promote in the 19<sup>th</sup> century, is still in effect. Such medical 'regimes of truth' helped to promote a specific understanding democracy, which set the parameters at a time when Germany was emerging as a democracy, after 1918, and that understanding is still in effect today. I am not implying that democracy followed a linear and teleological path of development from the second half of the 19<sup>th</sup> century and our times. The democracy of the Weimar Republic only lasted until 1933, when the Nazis gained power; and since the Second World War, understandings of democracy and the political have undergone constant change – not least due to the influences of various social movements. I do argue, however, that throughout these transformations, what has remained is a hegemonic understanding of democracy, one that aims at unity and consensus qua technocratic rationality that is defined by certain 'experts'. Consequently, what has also remained – as the flipside of such an understanding of democracy – and intensified amidst the current crisis of democracy is the dilemma that such an understanding of democracy always entails both exclusions and restrictions in the realm of politics. As long as democracy is understood in this way, these restrictions can be minimised, but they will always remain part of

such a democracy. They will not vanish, but may instead re-intensify when – as has been the case in our current times – relations of power change.

The aim of this essay was to show how medical science has helped to set the stage for an understanding of democracy that is built upon ‘objectivity’, ‘rationality’, technocratisation, and expertisation. I have argued that medicine utilised its, at the time, new epistemological power to promote a powerful political paradox, which has since opened out into many facets, and is still alive and well in our current era – despite the fact that medicine is not as important a player in the realm of politics as it used to be. In the name of rationality and objectivity medical science helped to legitimate an intrinsically narrow and authoritarian understanding of democracy and politics that – as Virchow argued – required restrictions in the name of rationality; an understanding of democracy and politics that not only excluded everyone and everything considered ‘irrational’ and ‘particular’, but also gave a handful of white men the power to define ir-/rationality, normality, health, pathology, order, and chaos, allowing them to function as ‘experts’ in conceiving democracy through an androcentric lens, and defining bodies and the realm of politics accordingly.

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## Notes

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**2** Contributions in critical race theory and critical disability studies have analysed how not only sex but also 'race' and 'ability' have been deployed to exclude non-white people and 'disabled' people from the realm of politics (Arneil 2009; Cooper and Stoler 1997; Dhawan 2014; Nussbaum 2006; Simplican 2015). Non-white people and 'disabled' people were constructed as deviant from the phantasmatic norm of white, male, heterosexual, bourgeois, abled-bodied citizens. This 'inferiority' was explained by medical scientists and politicians on the basis of their 'deviant' bodies. Even though sexist, racist and ability-centred exclusions often not only went hand in hand but also applied similar logics,

my analysis in this paper primarily focuses on gender and sexuality as explored axes of differentiation.

**3** The discussion had its beginning at the Congress of German National Scientists and Physicians in Munich in 1877 and was even debated in the German Reichstag in 1879 with the outcome that a law was released that prohibited the teaching of Darwinism at schools.

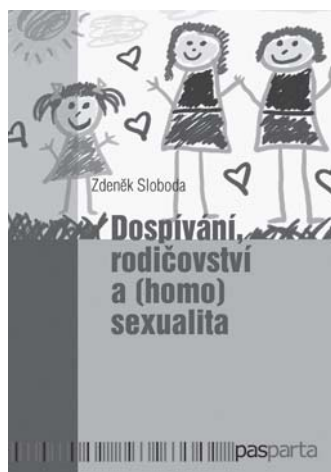
**4** Women were not permitted to study medicine until 1899 and were only fully admitted as students with the right to obtain a doctoral degree in 1908.

**5** The criterion for selecting texts for inclusion in my analyses was that they explicitly address activities of the women's movement. The two figures I present distil arguments found in psychiatry and sexology in the last third of the 19<sup>th</sup> century. Within these discourses, Richard von Krafft-Ebing and Paul Julius Möbius in particular were key players. To demonstrate the broadness of these discourses I also include references to other important authors.

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**Sloboda, Zdeněk. 2016. *Dospívání, rodičovství a (homo)sexualita*. Praha: Pasparta.**

Kniha je přehledovou prací, která na půdorysu sociálněkonstruktivistického pojetí genderu a (homo)sexuality rozebírá tematiku dospívání a rodičovství. V první části knihy se Zdeněk Sloboda zabývá pojmy, jako je gender, mužství a ženství, a jejich vztahem k sexualitě; dále se věnuje sexualitě chápáné jako orientace, chování, afektivita nebo identita; na závěr představuje různorodost neheterosexuálních identit, jež plyne z jejich pozice a pohybu v genderovém a sexuálním řádu společnosti. Ve druhé části knihy optikou tohoto přístupu autor nahlíží na oblasti jako dospívání v rodině (nejčastěji spojené s tzv. coming outem) a ve škole (kde si všímá ne/vytváření diskriminačního prostředí), částečně se dotýká oblasti partnerských vztahů (a jejich právního uznání ve formě registrovaného partnerství či manželství) a v neposlední řadě oblasti, která je v Česku poměrně intenzivně zkoumána, a to je rodičovství párů stejného pohlaví.

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