Making Sense of Diabetes

Public Discussions in Early West Germany 1945 to 1970

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I. Introduction

Since about 1985, the history of the patient is demanding increasing attention. This strand incorporated many elements of cultural history during the last decades.[1] This paper is a small chapter of modern patient history. On the following pages I want to show, how a specific group of patients, namely the diabetics, reconstructed the meaning of their disease. Diabetes started to make sense and these patients reinterpreted their sense of live. They did this during a specific historical period, namely after the second World War and I will show that this occurred in a specific cultural climate in early West Germany during the period of reconstruction and consolidation between 1945 and 1970.[2] This paper is designed to elucidate the interdependencies of different factors in the formation of self-esteem in patients, in our case the diabetics. The conditions in West Germany after 1945 are especially interesting since the process of democratization corresponded with an increasing impact of the media, especially for the articulation of specific interests of social groups.[3] Especially medicine depended on its

1 See the pioneer article of Porter, 1985, p. 175-198. For cultural history of the patient see for example Loetz, 1993.

2 Klessmann, 1991. For social changes in West Germany see Schildt, 2001, p. 177-206, and also Kersting et al., 2010. For the history of German medicine after 1945, see Gerst, 1997, p. 195-242.

3 For the relationship of "Medialization" and the history of West Germany after 1945, see Bösch/Frei, 2006.

public appearance in order to regain reputation lost due to its political engagement before 1945.[4]

First I shall describe important preconditions for the development of self-confidence of diabetics after 1945 in West Germany. One subchapter is devoted to the interpretation of the meaning of "sense of life", which is addressed in this paper. Another subchapter deals with diabetes and its history up to 1945. Secondly, and this is my main part, I shall describe the source of my analysis and thereafter the different topics of the discussion about diabetes – mainly among physicians and patients. There are also two subchapters, one about diabetics becoming equal members of society, a second about diabetics becoming model members of society. Thirdly I shall analyze my findings and make some conclusive remarks.

II. Preconditions

II.1 What is "Making Sense of Life"?

In this subchapter I would like to establish my analytical frame, when questioning the interpretation of the "sense of life". This is based on the theoretical notions of the philosopher Paul Tiedemann on different cultural settings and their specific approaches in dealing with this question.[5] According to his reflection on "sense of life", we are able to differentiate between non-perspective and perspective approaches. Non-perspective approaches have one thing in common, namely that they relegate the decisions about the sense of life to conditions which are not within the influential sphere of the individual. For example, fragmented systems of sense constructions draw sharp distinctions between the self and the world, defining the sense of life as diminishing all relations to environmental objects and subjects. The sense of live is to achieve the utmost realization of the self in an absolute state of contemplation (e.g. Buddhism) or after death in the world of gods.[6] Conventional systems differentiate between nature and culture. Whereas nature stands for chaos, culture is established within a human society, giving structure to the course of live. The sense of live in conventional systems

4 For German Medicine after 1945, see Oehler-Klein/Roelcke, 2007; Oehler-Klein, 2007; Seemann, 2002; furthermore Prüll, 2010, p. 102-133, esp. p. 107-110.

5 Tiedemann, 1993.

6 Ibid., p. 38-43.

is to be an effective member of society, having risen from pure dependence on the laws of nature (e.g. Ancient Greece).[7]

In contrast to these non-perspective approaches, the perspective approach developed in the Western world as an individualistic way to sort out the sense of life. The sense of life in a perspective view is the utmost expression of the basic self when reflecting upon one's own person and one's relational development in the world. Whereas the own person adapts to the world around in an attempt to be an accepted member of society, the self is not dependent upon prevailing rules and conventions. Since such self-expression would violate social rules, it is basically not possible to achieve total self-expression. It is only possible in part when finding and accepting unconventional attitudes and ideas to a certain extent as guidelines for live.

This perspective approach is very helpful in explaining the discussions between diabetics and their physicians because questions about the sense of life and its redefinition were instigated by reflections on the zeitgeist and experiences with people's reaction to their disease. These reflections led to the creation of unconventional ideas of the functions and roles of diabetics in post-war Germany.[8]

II.2 Diabetes and its History

Only during the last decades of the 19th century, the signs and symptoms of diabetes were interpreted in a way, which is self-evident for us today. On the basis of scientific medicine, the pancreas was seen as the origin of the disease, as specific cells are not able to produce insulin or only an insufficient amount. Insulin is a hormone responsible for the nutritive mobilization of carbohydrates. This means, without insulin it is not possible to utilize glucose and to build up or degrade fats. Around 1900, a person with diabetes had a mere life span of approximately 15 years, if at all – the person eventually died of starvation. The only medical measure which kept children alive until their youth was a strict low-calorie diet with an additional restriction of carbohydrates. Very soon it became clear that managing this disease is only possible on the basis of a close cooperation between patient and physician. This cooperation was embedded in

7 Ibid., p. 44-48.

8 Ibid., p. 48-63.

a system of paternalistic medicine whereby the patient received clear directives from his medical supervisor.[9]

The image of diabetes has changed decisively since 1921. In this year, the two Canadian researchers Frederick Banting (1891-1941) and Charles Best (1899-1978) successfully extracted and isolated insulin. Now it was possible to substitute the hormone in patients who now survived the first two decades of their lives, almost reaching the age of physiologically healthy persons. Furthermore, they were able to lead an almost normal live if they regularly monitored their insulin and strictly observed the dietary regime. The problems with diabetic patients now changed from accompanying a dying human being to accompanying a chronically ill patient by stabilizing his bodily conditions and treating the long-term consequences of his disease – e.g. blood vessel damage or damage of the retina. The shift of treatment and image of diabetes took place during the 1920s, promoting also research on diabetes: Two different types of the disease were detected. Besides Type I appearing as early as in childhood and being caused by the inability of the pancreas to produce insulin – Type II occurred in adult years, caused by a restricted efficacy of insulin on bodily tissues.[10]

Most importantly, Germany took its own course in considering the changes of diabetic treatment and the reshaped life with diabetes. During the "Third Reich", diabetics had to subordinate their interests to the aims of the people's community (*Volksgemeinschaft*). Dedication to the nation meant setting aside the upkeep of health and spending all the energy to victorious warfare. As well as all the difficulties to observe regular dietary measures, also insulin was rationed and hardly available. The appearance of the diabetic in the "Third Reich" was not that of a healthy and employable person. In contrast, the old image of a starving patient, being dead already after a few years, dominated the people's attitudes towards diabetics and survived the end of the Second World War.[11]

9 For the pre 1900 history of diabetes, see Feudtner, 1995, p. 66-90; Eich, 1975, p. 6-21.

10 Wrenshall/Hetenyi, 1962; Bliss, 1982; Feudtner, 2003.

11 Roth, 1993, p. 4-9.

III. Revisiting the "Sense of Live"

III.1 Public Discussions about Diabetes in Early West Germany

After 1945 there were new options to openly care for the interests of patients and a philanthropic initiative regarding diabetes was started by the journalist Robert Beining (1898-1961). Together with six other persons he founded the German Diabetic Association (*Deutscher Diabetiker Bund, DDB*) in 1951. Most importantly, this was a lay foundation with the aim to support patients and their families, and especially the integration of diabetics in West German society.[12]

Also in 1951, the journal "The Diabetic" (*Der Diabetiker*) was founded by Beining and his colleagues as a public organ to specifically discuss the health as well as social problems of diabetics. However, very soon the membership of the editorial board was no longer restricted to diabetics or lay helpers. On the basis of his paternalistic view of the physician and because he saw the necessity for medical supervision of patient readers, Beining asked physicians to join the editorial board of the journal. In 1951, a medical advisory board (*Beirat*) was founded.[13] This was not just an integration of medical advisors. On the contrary, the physicians were soon able to achieve a dominant position in the journal as they felt responsible for the supervision of diabetics to manage their lives with

12 This was a kind of follow up of a former foundation of 1931 by E.O. Erdmenger in Berlin, which was stopped by National Socialists in 1934. The journal of this first association, founded also in 1931, was entitled „Wir Zuckerkranken". See Ibid., p. 3-10; Brettschneider, 2001, p. 6-11, esp. p. 7.

13 The commission was headed by Dr. phil. Erich Both, director of the sanatory Bad Neuenahr. Both worked since 1945 in Bad Neuenahr and became the head of the institution. He had been assistant of the internal physician Paul Martini (1889-1964) in Bonn, who was the personal physician (Leibarzt) of the first West-German chancellor Konrad Adenauer and one of most influential physicians of post-war West Germany. Beining, Robert: Bericht über die bisherige Entwicklung des DDB (Fortsetzung). Der Diabetiker 1 (1951), H. 6, 69/70. In respect of the person of Both, see: www.kreis-ahrweiler.de/kvar/VT/hjb 1975/hjb 1975.9.4.html, 5.9.2012. There is no evidence in the estate of Paul Martini about any activities of him regarding the support of the German Diabetic Association. I would like to thank PD Dr. Hans-Georg Hofer, Institut für Geschichte der Medizin der Universität Bonn, for this contribution. Erich Both was at least able to win Martini over to support the Association in non-material ways: Both, 1964, p. 283.

diabetes, including not only the careful application of insulin, but also – among others – the control of the disease at the work place. Every issue of the journal contained one article on diabetic education, dealing with an important chapter of diabetes management. An entire series of articles was written by one medical specialist. The series was repeated with other authors to make education more entertaining and to give the articles more flavor.

Since the editorial board consisted of lay people as well as physicians, the journal was driven by a specific dynamic of discussions, enabling the exchange of information but also different opinions on diabetic care and problems related to diabetes. Therefore, it was possible that critical voices of patients appeared in the journal.[14]

Besides medical articles, the journal also contained news of the association, covering reports on meetings as well as advice on live-shaping issues, letters of readers and entertainment. The last point is especially interesting in our context since entertaining stories often conveyed messages of and for diabetics to enhance their awareness of their abilities and to promote their ability to cope with their living conditions. The journal and its articles will be our main source to follow up on the diabetics' question for the "sense of life".

III.2 Becoming an Equivalent Member of Society

As early as in 1951, the lay members as well as physicians, who participated in setting up the journal, tried to oppose the prevalent popular views on diabetes, which had been consolidated during the Nazi-period and which had survived the post-war years. This was caused above all by the mentality of the West German re-erection society. Every hand was needed to overcome burdens and damages caused by the War and it was the requirement of every person to do her or his best to rebuild West-Germany as fast as possible. Basically, diabetics were now in the same position as in the Nazi Volksgemeinschaft before 1945. They had to

14 In 1952, one of the founders of the journal, the missionary Hans Ziegler, criticized the bad readability of the medical articles. In January 1953, the head of the medical commission of the journal, Erich Both, repeated with the comment that the reader should be expected to work his way through more elaborated articles. Ziegler, 1952, p. 58; Both, 1953, p. 1. Since the German Diabetic Association has no archive, it is not possible to follow up the origin of the articles as well as the selection of the letters from readers.

postpone their own interests and do their best to contribute to the re-erection of the country. They did not seem to fit into this society.[15]

The decisive idea to turn the tide was created by the diabetes specialist Gerhard Katsch (1887-1961) from Greifswald. He had not only promoted the medical treatment of diabetics but also their social and occupational rehabilitation since the 1930s. Katsch was one of those pioneer diabetologists whose work was oriented towards the patient and who prepared the uptake of the discipline of diabetology during the 1920s and 1930s. He belonged to those colleagues who built up specific institutions aiming at reintegrating diabetics into social and occupational life. Katsch and his scholars shaped the diabetology of the German Democratic Republic (GDR), which focused very much on the social welfare of the patients. During the 1950s and 1960s, these developments still had a measurable impact on the discipline in the Federal Republic of Germany (FRG).[16]

In Katsch's view the diabetic was "conditionally healthy". This meant that if the diabetic was able to keep in contact with the physician and to observe diet and insulin application, he could lead an ordinary life and would be, in principle, as healthy as any other fellow citizen. Above all, during the 1950s this idea became very popular among diabetes specialists and diabetics and was popularized in public lectures. The journal was invaded by Katsch's concept and it was disseminated in its different aspects by many lay and medical authors within the time frame of this investigation (1951-1970). One of the core topics was occupational reliability, because employment gave self-affirmation and social security.[17] The general message given in the journal was that the diabetic should develop self-discipline and a specific responsibility to overcome all difficulties to deal with his disease. Hints were given to cope with every-day-life challenges

15 Concerning the situation in West Germany in 1945, see Wolfrum, 2007, p. 32-34.

16 During the 1930s, Katsch had built up the first European diabetics home on the German island of Rügen. The treatment offered here was improved a great deal after the Second World War, especially with the foundation of the new diabetics home at Schloss Karlsburg in 1947. Although the erection of the wall and its consequences caused the emergence of problems, exchange of knowledge and ideas was kept alive due to initiatives of both East and West German diabetologists. Important in this sense were the meetings in Karlsburg ("Karlsburger Symposien"), which were also attended by diabetologists from the FRG. For example in May 1966, there were two reports of such meetings: Vgl. Bruns et al., 1990, p. 4, 6-8, 10f. For Karlsburger Symposien see Wappler/Jutzi, 1966, p. 159f.

17 See e.g. Knick, 1968, p. 463-471, esp. p. 468.

regarding disease management. A second strand consisted of lay and medical reports on activities to overcome prejudices against diabetics prevalent among their employers. One of the core topics was, above all, to convince governmental representatives to support the idea of the diabetics "conditional health". Above all, activities were started to support the employment of diabetics as "public servants" (*Beamte*) because this seemed to fit well with specific requirements to their work place, namely the regular rhythm of work with regular breaks. Robert Beining launched an offensive to support this idea in 1958 and the Journal was filled with articles about this problem. News about successes in defending the occupational interests of diabetics were published not only via articles, but also via short announcements: In December 1970, the readers were informed that early retirement of a Colonel of the West-German Army due to his diabetes could be prevented.[18]

Importantly, these activities presented were jointly driven by lay persons, diabetics and physicians. This meant that the leading position of the diabetes specialist – according to contemporary paternalistic medicine – was accepted. On this basis the editorial board tried hard to spread the vision that all patients and also their medical supervisors should close ranks to overcome all difficulties related to the disease.

III.3 Becoming an Ideal Member of Society

The initiatives presented so far emerged from a position of defense against discriminating attitudes to consolidate the own position in the new West German democracy. Remarkably, very soon, at the latest since about 1956, the journal went one step further. The defense measures of diabetics and diabetes specialists were accompanied by measures – and I quote Gerhard Katsch – "to use a poison for brewing an ointment."[19] To be a responsible person and to have extraordinary self-discipline was now reinterpreted as a preference compared to other fellow citizens. To be extremely reliable while bearing the burden of a chronic disease was seen as a kind of heroic undertaking. And even those patients who were severely haunted by their disease were seen as heroes. In March 1957, the editor of the entertaining column "The Island", Gerda Morsberger, wrote

> In the preceding evil years so much has been talked about heroes, that such words do not sound good any more. If we talk about such friends as he-

18 *Ein interessantes Urteil*, 1970, p. XLVI.

19 Katsch, 1958, p. 225-234, see the quotation on p. 227.

> roes, however, we do this above all, because most of them are [...] without bitterness.[20]

Only one year later, a paper of a diabetic, Hans Pfettner, was published in the journal. Pfettner claimed exploiting the advantages of diabetes. A diabetic would be forced to lead a healthy life without any excesses. Pfettner focused on temperance as a tool to change the attitude to life. A joyful life could be achieved when resisting "the temptations of glory, of bustling or even wealth".[21] What was seemingly a disadvantage – slowness and thoughtful work – was now reinterpreted as an advantage. During the years of an upcoming prosperity, it was especially the refusal of hedonistic gluttony that promoted the construction of a new self.[22] As a diabetic stated in 1957: "We do not live for eating, but we choose our food in a way to be able to fulfill our duties to society and to the family we have founded."[23] The responsibility of the diabetic, as the president of the German Diabetic Association, Willy Rottstock (1904-1968), remarked in 1957, was to give a fair warning to all healthy fellow citizens regarding the damages of hedonistic life in post war society.[24] One author even delivered examples from world history about the advantages of chronic diseases to solve problems. The author, as he wrote, had discovered a new book of a medical historian describing the influence of diseases on historical events. Caesar would have been an epileptic and in aura phase shortly before an epileptic stroke, he would have drafted the strategy to beat Pompeius at Pharsallus 46 BC. Diseases, that is the message, would be very important and they would be anything else than automatically deleterious to human productivity.[25] In 1957, the president of the association even claimed that the holiday camps of diabetic children would give the impression that diabetic children would have above-average intelligence as well as be extraordinarily beautiful, compared with healthy children.[26]

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20 Morsberger, 1957, p. 63. (Translation by the author).

21 Pfettner, 1958, p. 306f., esp. p. 307. The paper of Pfettner was originally presented during the lay section of the congress of the International Diabetes Federation in Düsseldorf 1958.

22 Regarding the rising prosperity of the 1960s, see: Schildt/Siegfried, 2009, p. 184-187.

23 Stein, 1957, p.202/203, here p. 202.

24 Häupler, 1957, p. 268-270, esp. p. 268.

25 Achim, 1958, p.195f.

26 *Öffentliche Diabetikerversammlung*, 1958, p. 16-18, esp. p. 17.

Such impulses to rethink the attitude of the diabetics' life were supported by leading diabetes specialists. In 1962, the physician Karl Georg Rosenstingl wrote that no other disease would be as sufficient as diabetes "to give not only the persons concerned, but also the entire human society, even mankind, an understanding and interpretation of present problems, which are above all problems of human awareness."[27] The diabetic, as a carrier of a disease of civilization, should himself be a model of how to cope with such ailments.

The process described was indeed backed by a growing awareness of people regarding threads to health being caused by habits of civilization. One topic, which already came up in the late 1950s, was the so-called "manager disease" – a mixture of exhaustion and cardiovascular symptoms, which was associated with the modern life of the reerection-society and, last but not least, with the American style of life.[28]

Since about 1960 the Journal published many comments and articles, which more or less concerned the habits and attitudes connected with the "manager disease". These articles conveyed clear warnings regarding the future course of society and summoned to combat these phenomena. Paragraphs and articles especially about drinking alcohol and smoking appeared frequently since the beginning of the 1960s. Tobacco was seen as a main reason for arteriosclerosis and heart infarction. Therefore "huge parts of the West German citizens" were accused of "violating without thought the right of other parts of German people, covered by the Basic Law, to protect their health and bodily integrity". It was described that in pubs and official buildings the smoker would dominate the sphere and it was claimed that non-smokers should grind out their own freedom.[29] The American tobacco industry was seen as the basis of the thread. The diabetes specialist Paul Kühne published a short comment on the American investments into tobacco. Entitled "17 Million Americans live on tobacco", he presented numbers, e.g. that there would be 578 companies in 30 American States, which would produce this luxury product.[30] Drinking, smoking and super-nutrition were described as phenomena, developing steadily after 1945, defining the leisure time of diseased human beings at the beginning of the 1960s.[31] The cultural history of smoking, written by the smoker Georg Böse in 1957, shows how com-

27 Rosenstingl, 1962, p. 45f., esp. p. 46.

28 Thöma, 1958.

29 *Die Diktatur der Raucher*, 1962, p. 198 (see the quotations here); *Herzinfarkt und Pensionierung*, 1964, p. 151.

30 Kühne, 1964, p. 239.

31 *Freizeitkranke Menschen*, 1967, p. 14.

mon smoking was seen at the end of the 1950s. In his preface, Böse confessed to be a smoker and argued: "Tobacco has become so much a part of our culture, that it has left almost no neutral traces in our consciousness."[32] All threads of civilization were discussed fervently in "The Diabetic", and it is not by chance that there was an article in 1967, describing the decline of the Roman Empire as caused by successive lead poisoning. Socially ascending citizens had been unable to preserve culture and progress.[33]

Despite changing nutritive habits, one remedy against a hedonistic life style was seen in regular physical activity. This led to a certain renaissance of the usage of the bicycle. One contribution even claimed that managers would now use bicycles more frequently.[34] Besides physical activity, a lot of remarks within articles or entire articles concentrated on the revitalization of classical virtues of the diabetic, namely the ability to care for his own recovery. The hustle and bustle of modern life needed the careful planning of holidays, frequent phases of rest, especially at lunch time, frequent breaks during work and specific programs of relaxation as a counterpoint.[35] Again, these recommendations were partly related to the modern manager's life, when specifically dealing with nervousness as a problem to be cured by vacancies in peace and quiet.[36] This was again seen as a model for his fellow citizens as to how to encounter the challenges of contemporary life in West Germany.

IV. Conclusion

If we reconstruct the story of sense-making of diabetes in West-Germany between 1951 and 1970, we can detect two phases. The first phase started after the war and ended approximately around 1956. During these post-war years, the diabetic tried to respond to quite aggressive discriminations launched by fellow citizens who still saw the diabetic as an ill person with a wrecked body, being more dead than alive. The aim of the diabetics and their medical supervisors was to convince people mainly that they would have the ability to work. It was a cry for the acceptance of equality in a period of rebuilding West Germany, were es-

32 Böse, 1958, p. 7. In respect of the history of smoking see also: Hess, 1987; Corti 1986.

33 Lausch, 1967, p.34.

34 Schrader, 1964, p.306f.

35 Graupner, 1964, p. 238f.; Swoboda, 1960, p.203; *Zu fettes Essen*,1959, p.168.

36 Schreiner, 1960, p.143f.

pecially the capability to bear hardships of work requirements was decisive. The second phase started around 1956. Simultaneously with a steady consolidation of West German society and economy, diabetics now detected their advantages over other members of society. They had this chance because of discussions of overweight and consequences of civilizational habits such as smoking and drinking, which increased above all since the 1960s. The bad impact of the Western life style seemed to be made visible above all by the manager disease, which covered all aspects of health-related misbehavior. Diabetics, trained to keep up a diet, to resist the temptations of luxury foodstuff, and to lead a structured life, were now seemingly the most reliable members of modern society. Criticism at modern habits was accompanied by proposals to keep healthy. The methods in question were, above all, physical recreation as well as enough vacation and regular recovery periods.

The diabetics' changing definition of the „sense of live", and especially their growing self-esteem corresponds with simultaneous processes of influencing therapy in handling their disease after 1956. For example, during the second half of the 1950s, diabetic patients forced a discussion about intimacy and sexuality on their physicians to increase their chances to realize a partnership in spite of the burdens of their disease. This way, diabetic patients claimed acceptance of their own needs and attitudes and promoted the democratization of medicine. As early as 1956, the taboo subject of sexuality was brought out into the open. With their initiative, which was soon embraced by diabetologists, they changed both the treatment and the therapeutic concepts of the disease itself.[37]

The example of diabetes shows, how a specific social group, in our case patients with a specific disease, can develop the ability to reinterpret the specific corporeality of its members in a specific historical constellation. Therewith, coming back to the philosopher Paul Tiedemann, it is an example for a perspective way to solve a crisis of the collective self of a social group. Based on the reflection of the own current situation in connection with contemporary notions on health and disease and current values of society, diabetics were able to mobilize internalized values and to shape their own identity in a period of growing patient rights in the 1960s. This shows that it is important to envisage not only confinement, compulsion and surveillance of minority groups, but also their own activities to conceive the dynamic processes of organizing social participation and distributing power – especially in cases of emerging democracies as West Germany after 1945.

37 Prüll, 2012.

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