

Recent Trends in the Social History of Occupational Medicine in the Federal Republic of Germany

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This introductory paper is not intended to deal with current problems of occupational medicine and related medical services which could lead us to some new perspectives in a problem-orientated social history of occupational medicine; nor does it consider the most recent empirical and/or analytical research projects. Rather, it will attempt first to introduce a classification of different types of social history of medicine. This classification will then be used as the basis of a systematic review of publications concerning the social history of occupational medicine until about 1980. The following two sections will outline a few activities and results which have developed out of the current situation, in particular a research project on the documentation of sources for occupational medicine and a theoretical concept of a social history of occupational medicine.

The following classified grouping of different concepts in the social history of medicine is based on a review published some time ago (Labisch 1980), which documents and discusses the relevant medico-historical, socio-medical and medico-sociological German literature. Social history of medicine may be seen as (a) the history of the reciprocal relations of medicine and different classes and strata, particularly the reciprocal relations of medicine and 'social movements'; (b) the history of the medical disciplines and the corresponding institutions which evolved from and responded to societal developments; (c) the history of health and disease envisaged in a broad biological, social, economic, political, and scientific context, using historical and sociological topics and methods; (d) an historico-sociological analysis of health and disease and their societal conditions within a chronological framework—either against the background of a systematic social science, or for the purpose of systematic social reconstruction of the present out of the past with the aim of obtaining pragmatic, action-oriented (i.e. political) results; (e) or, finally, an historico-sociological analysis of health and disease (like d) aiming to develop or scrutinise hypotheses, models, or theories by deploying historical evidence. The social history of medicine can therefore be described as a discipline which covers a field of objects, methods, and topics, from empirically oriented history (a-c) to pragmatically and/or theoretically oriented sociology (d and e).

If one takes a closer look at the second position (b)—which is primarily oriented to the subject of social history of medicine—the following implications ensue with respect to occupational medicine. First, occupational medicine and the related medical services are seen as medical disciplines which originate from particular societal developments and reflect on those conditions. Secondly, research on the history of occupational medicine therefore *has* to be conceptualised as social history—although it may be oriented rather historico-empirically (see above, positions a-c) as well as pragmatically and/or systematic-theoretically (positions d and e).

In contrast to the afore-mentioned conceptualisation we observe that occupational medicine in the Federal Republic suffers from the same reductionism of natural sciences as most of the other specified medical disciplines. Since a history of

occupational medicine cannot exclude the societal implications it may be suspected—due to the prevailing medico-historical paradigm which considers medicine only in its most narrow sense—that occupational medicine has been kept out of the variety of possible fields of research in medical history. Quite recently the situation in the Federal Republic was that the history of occupational medicine has for a long time been practised only by occupational physicians. And as is common, this was done primarily by those physicians who reached the end of their professional career and suddenly became aware of the long-term dimensions of their lifework (e.g. Koelsch 1967). Unfortunately these products often have the character of sources. Of contributions by professional medico-historians there exist only a few isolated publications of older date, being mainly detailed and descriptive (e.g. Lesky and Buess; compare bibliographical references in Lesky 1977, pp. 463 ff. and 475 ff.). More recent contributions have remained rather few (e.g. Jetter 1966; Thiess and Flach 1971; Thiess 1972; Kern 1973; Schadewaldt 1974; Blasius 1977).

In the German-speaking countries the only continuous work on subjects in occupational medicine is to be found in the German Democratic Republic: this is no surprise considering the socio-political orientation of this country. Here the following authors should be mentioned: Pilz (at Leipzig), Schneck (formerly of Dresden, now in East Berlin), Tutzke (East Berlin), Moschke (Magdeburg), and especially Karl-Heinz Karbe (Leipzig), who is the only German medico-historian who has chosen the history of occupational medicine as his main subject (compare for example Pilz 1975; Schneck 1975; Tutzke 1977). Karbe has produced numerous publications in which he has successfully combined medico-scientific, socio-economic, and political aspects of the development of occupational medicine and the related medical services, into a comprehensive socio-historical picture (compare Karbe 1976, 1979; the very detailed study Karbe 1978).

Given this prevailing situation in the social history of occupational medicine up to 1980, three areas of deficiency can be located with respect to the Federal Republic of Germany: (a) there is a lack of systematic access to the sources; (b) there is a lack of a reflective theoretical approach aimed at assessing material and methods, and finally (c) there is a considerable shortage of empirical and theoretical publications so that each author basically enters a new territory.

In May 1981 work began on the research project 'Dokumentation zur Soziogenese der Arbeitsmedizin und des Betriebsgesundheitswesens in Deutschland ab 1835'. The project was financed by the Federal Office for Industrial Safety and Accident Research (Bundesanstalt für Arbeitsschutz und Unfallforschung, or BAU) in Dortmund. The project was carried out by Dietrich Milles of Bremen and directed by Rainer Müller (Bremen) and Alfons Labisch (Kassel). The necessity of this project is sufficiently explained by the current situation in research as already described. The task of the project was an almost complete collection of all sources on the socio-genesis of occupational medicine and related services in Germany since 1835. The chronological limitation arose partly out of the topic itself, partly out of the current situation in research. The first phase of industrialisation in Germany can be estimated as beginning c.1835; in 1839 the Prussian king enacted regulation of the employment of adolescent workers in factories. The work of Karbe has made available information sources up to about 1850 (see Karbe 1978). It was planned to collect sources up to the time when literature was made available by the public

services (e.g. the Institute of Documentation and Information (IDIS) of Bielefeld; the German Institute for Medical Documentation and Information (DIMDI) of Cologne). The intention was to develop alphabetical, systematic, and biographical catalogues which would facilitate comprehensive access to the complete literature, to legal texts and bills, to records of bureaucratic procedures on special individual cases and to provide other documents relevant to occupational medicine and related medical services.

Owing to this broad aim and the time-period to be covered it was to be expected that the project became subject to various limitations as it developed. This was mainly due to the unexpected amount of material found, as well as to the heterogeneity of the material in terms of temporal and categorical differences—for example as between bureaucratic filing procedures and personal archives—and was also due to limits in the accessibility of records in archives (e.g. GDR).

Considerable advances have occurred meanwhile as other related disciplines have published comprehensive bibliographies and reference collections (see for example a bibliography of the history of the labour movement, Tenfelde and Ritter 1981). Moreover partly related or overlapping projects have been carried on in Bremen and Kassel—for example on the social history of social and labour policy (Tennstedt at Kassel), on blocked alternatives in health policy (Leibfried at Bremen, Tennstedt at Kassel); on the health situation of female textile workers (Haupt and others, of Bremen); on Ludwig Hirt (Machtan of Bremen); on the development of occupational medicine in Germany until the end of the Weimar Republic (Müller and Klein, both of Bremen); on personal archives of Franz-Karl Meyer-Brodnitz, Ludwig Teleky, Ludwig Popper (Klein, of Bremen), etc.

Collection of the material is now completed. The material itself cannot be presented yet, but the published material is known and listed in bibliographies, so that an overview exists of the sources and their whereabouts. As a result of the above developments three projects followed which are shortly to be completed: (a) a bibliography of approx. 5,000 titles on the socio-genesis of occupational medicine and its related medical services which has separate cross-indexes for subjects and persons; (b) a collection of sources on the social history of occupational diseases of some specific professions, partly from the records of professionals, partly from reports of the workers themselves; (c) a collection of sources on the socio-genesis of occupational medicine and related medical services which in particular will document the development of the self-consciousness of this discipline, its subjects and terminologies.

Apart from this work—which is mainly in the charge of Dietrich Milles of Bremen—it is planned to establish an 'Archive on Occupational Hygiene and Health Education' in Bremen in co-operation with the Federal Office for Industrial Safety and Accident Research in Dortmund. In this archive will be collected not only the materials of the above-mentioned research project but also relevant material of other projects—among them especially those of the University of Bremen which have as their main subject 'Crises in Reproduction, Social Movements, and Social Policy'. So far, this involves primarily original journals, official reports and court judgements, microfilms of journals plus a series of partially complete editions and/or personal archives of practitioners or scientists in social and occupational medicine. Apart from the above-mentioned bibliographies, systematic extracts of journals and collections

of photographs and similar material ought to be taken into account. If it were possible to realise this plan there would not only be the chance of direct bibliographical access but also the possibility of direct use of most of the sources themselves.

The lack of theories in the classical historical sciences is well known—topics as well as choice and assessment of the empirical material resulted from the unacknowledged and therefore unreflecting common-sense experiences and opinions of the historians themselves. In contrast to this we nowadays have to deal with an opposite movement: topics and hypotheses developed out of sociological theories are then verified by historical evidence. Sometimes one has the impression that an illusory reality is constructed according to the theoretical requirements. It is therefore necessary to develop a theoretical concept which will allow a clear-cut access to topics and sources on the one hand, but which will give enough scope to control of the topic and therefore finally to a critique of the theoretical concept itself.

Amongst the variety of possible concepts which cannot be dealt with here, the work of the Bremen team on the social history of occupational medicine has found one concept to be extraordinarily productive. It can be summarized by the term 'dethematisation' or 'disappearance'. This concept has two origins, one being scientific and one being historical. The restoration of social epidemiology to occupational medicine—indicated in the socio-political concept of 'work-related diseases'—led to a critique of the reductionist approach of the concepts prevailing in occupational medicine, namely pathology, physiology, and toxicology and the subsequent medicalisation of labour-protection (Müller and Volkholz 1980; Elsner and others 1981; Schmidt and others 1982; Müller 1983, a, b). This current criticism of the theoretical conceptualisation of occupational medicine as well as its practical and social-health-political implementation led the authors concerned—among them especially Rainer Müller of Bremen—to take a look back at the history of occupational medicine and related medical services to see what imagined and probably even realised possibilities were to be found there. Indeed it proved to be an Eldorado of the most varied scientific, socio-political and practical models. For example it started with the 'Health Care Society of the Berlin Labour Brotherhood' of 1849, in which for the first time the epidemiology of occupational medicine as well as preventive measures were carried out by the members themselves (Karbe 1973, 1974). This society encouraged early authors of occupational medicine such as Ludwig Hirt, who published the first comprehensive German handbook on occupational medicine from 1871 onwards (Hirt 1871 ff.), and led to the industrial physicians of the Weimar period who likewise promoted the socio-medical investigation of occupational disease as well as the comprehensive practical and socio-political fight against it (Klein and others 1982).

Within the concept of 'dethematisation' it is not asked when and why certain topics developed (as is quite common in history) but, on the contrary, it is asked when and why certain topics, concepts and theories of occupational medicine *disappeared* from scientific and political discussion and were therefore '*un-thematised*'. 'Dethematisation' can be summarised under the perspective of 'lack of public interest' as well as 'professional reductionism' and 'socio-political repression'. Behind that concept—as the attentive reader will have already realised—there occurs another rather meta-theoretical problem, once one asks the reasons for

'dethematisation'. The concept of 'dethematisation' has therefore at least three implications: (a) the starting points for research are the current problems of occupational medicine and related medical services deriving from social epidemiology; (b) the most important question is which concepts of occupational medicine existed and for which social and scientific reasons they disappeared from public discourse; and (c) the aim likewise becomes that of contributing empirically to social history and pragmatic-theoretically to current problems of occupational medicine and related services.

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