

# Medicine, Old Age and Public Interest in Historical Perspective. The German Case

GERD GÖCKENJAN (\*)

## SUMMARY

I.—Introduction. II.—Discrediting of traditional views. III.—Medicalisation of old age? IV.—Interlude: the rejuvenation of old age. V.—The incorporation of old age into the domain of social work.

## RESUMEN

Este artículo describe la historia del desinterés social por los ancianos desde la perspectiva del discurso médico a partir de finales del siglo XVIII. La hipótesis propuesta es que, desde la Ilustración, el discurso médico sobre las enfermedades relacionadas con la senilidad estuvo determinado por el juicio social de la relación entre muerte y vejez, que desestimaba la posibilidad de asistencia médica para este grupo de edad. Hasta finales del siglo XIX fueron los teólogos, no los médicos, los que asistieron a los ancianos en el tránsito de la muerte.

Alrededor de 1900 surgió un gran interés en el complejo problema del envejecimiento y rejuvenecimiento, fundamentalmente en el campo de la bioquímica, pero las circunstancias culturales asociadas, un interés social dominante por la juventud y por la forma física, obstaculizaron el interés médico por la ancianidad. Este sólo se desarrolló a partir de 1950 pero no dentro de la profesión médica sino desde las profesiones «sociales» fundamentalmente en asistencia social.

Desde esta perspectiva, la aplicación del paradigma de Foucault de medicalización de la ancianidad, realmente un problema social, parece ser sólo parcialmente significativa como trama conceptual del análisis.

---

Fecha de aceptación: 6 de mayo de 1992.

(\*) Sonderforschungsbereich 186 der Universität Bremen. Postfach 330 440. 2800 Bremen 33. Alemania.

DYNAMIS

*Acta Hispanica ad Medicinam Scientiarumque Historiam Illustrandam*. Vol. 13, 1993, pp. 55-71.  
ISSN: 0211-9536

## I. INTRODUCTION

Paul Lüth, the author of what is still the most comprehensive history of geriatrics in the German language, articulated his interest in the subject in rather exaggerated form when he said that help for the aged was for him the beginning and the very foundation of medicine because it is the beginning of humanity in the first place, the basis on which medicine can then grow: «Beings who make no geriatric endeavours are not human: human existence does not begin until one stretches out a helping hand to the old man grown helpless.» (1)

It has been correctly pointed out elsewhere that this view is one typically found in medical history texts written by doctors, a view that tends to lose sight of the historical relevance and the sociopolitical embeddedness of its subject-matter (2). A modern history of geriatrics would actually have to concern itself with the history of social disinterest, even perhaps the prevention of any independent medical field to care for the elderly.

The following paper points out one or two strands in this history of disinterest, the context being the history of professionalisation among the body of academic medical specialists since the mid-18th century in Germany. The point is not to retrace the development of knowledge in the geriatric field generally, but specifically to reconstruct the discourse in which knowledge of geriatric medicine, the relevant practices and the requisite practitioners had to demonstrate their social relevance.

## II. DISCREDITING OF TRADITIONAL VIEWS

If we turn to the beginning of the period under consideration, we are confronted immediately with what is at first an irritating phenomenon, namely that little or no further literature on the medical regimes of the aged was produced from the second half of the 18th century onwards (3). However, the famous Hufeland (1762-1836) was not the last diathetician of

(1) LÜTH, Paul (1965). *Geschichte der Geriatrie. 3000 Jahre Physiologie, Pathologie und Therapie des alten Menschen*, Stuttgart, Enke.

(2) SCHMORRTE, Stefan (1990). Alter und Medizin. Die Anfänge der Geriatrie in Deutschland. *Archiv für Sozialgeschichte*, 30, 15-41 (p. 15).

(3) STEUDEL, Johannes (1965). Historischer Abriß der Geriatrie, In: *Handbuch der praktischen Geriatrie*, Stuttgart, Enke, vol. 1, pp. 1-13 (p. 7).

old age, as Steudel believed, and, what is more, in the very influential work on diathetics written by Hufeland (which first appeared in 1796), old age did not occupy pride of place at all in his «art of prolonging human life» (4). This is irritating in that the low presence of old age or the disinterest in diathetics of old age during the second half of the 18th century coincided with the heyday of health literature and medical enlightenment.

Of course, older texts continued to be published, for example *The old man's guide to health and longer life* (5); new medical regimes of the aged were mainly published as conventional tracts (6). The genuinely new and highly popular diathetical or health teachings of the period clearly belong in a different genre. And that, even though such literature frequently appeared under titles such as *The True Means for Achieving an Advanced age* (7), *Diathetic Rules Achieving Advanced Age* (8), *The Art of Prolonging Human Life* (Hufeland 1798) or *Manual of Health and Long Life* (9).

One of the traditional foundations for the science of health as it has been handed down since antiquity was a differentiation between age groups in connection with attitudes, maxims and approaches to nutrition, repose and movement, etc. Middle age, childhood and pregnancy were generally accorded much greater attention now than old age, which was frequently given only peripheral mention, in the form of didactic caricatures for example, or sometimes no mention at all. Any chapters dealing specifically with old age often contained unfriendly descriptions such as «an old man is like an old tree that merely absorbs nutrition from the air and the earth so that it can decay» (10).

- 
- (4) HUFELAND, Christoph Wilhelm (1798). *Makrobiotik oder die Kunst, das menschliche Leben zu verlängern*, München, Insel (orig. 1796).
- (5) ALTEN Mannes Wegweiser zur Gesundheit und längern Leben (Des) (1762). Lemgo.
- (6) Eg. FLEISCHMANN, Johann Georg (1786). *Gesundheitsregeln für Greise*, Erlangen, Palm.
- (7) SCHULZ, David (1783). *Abhandlung von den wahren Mitteln, ein hohes Alter zu erlangen*, München, Strobl.
- (8) TRILLER, D. W. (1783). *Diätetische Lebensregeln oder Belehrung, wie es anzufangen, ein hohes Alter zu erreichen*, Frankfurt/M., Fleischer.
- (9) SINCLAIR, Johann (1808). *Handbuch der Gesundheit und des langen Lebens*, Amsterdam (Brockhaus, Leipzig).
- (10) HACKEL, Johann Christoph (1799). *Anleitung zum zweckmäßigen Gebrauch der zur Erhaltung der Gesundheit, des Lebens, und Wachstums der menschlichen Körpers notwendigen Dinge*, Wien, Schaumburg, vol. 2, pp. 490-491.

The diatheticians of the Enlightenment wanted above all to serve the common weal by helping people, not at all unselfishly, to retain their capacity for life and work throughout their lives (11). This reference to achieving a ripe old age is a reference to the optimal extraction of activity from a life.

None less than van Swieten (1700-1772), in his very famous speech of 1763, calls attention to the conditional framework of a diathetics of old age acceptable for the time: there are active people in their old age who «do not withdraw from the conduct of their affairs» (12). And there are those with senilism: «Such a senile person is of use to no-one, is a burden to himself and his family, and wishes only death» (13). «I do not wish to say anything with regard to extending the condition of senility, as this is beyond the limits of our art, and because it does not appear to be worth the effort to prolong the hardships more than we do life itself. But there are those who are fresh and hale in their old age, and no-one will question that they must be protected and preserved. Everyone therefore has the duty, an obligation of greatest humanity, to preserve his old age with care, so that he can be of use to the state and his family» (14).

The factual positions of the civil world, in addition to the ideological, are thus relatively clearly defined. There are old people who manage their own affairs whatever these may be, and who can thus care for themselves when they are ill. And there are old people who are no longer of any use, and who have no moral right to claim costly care.

This fundamental attitude changes the traditional theme of diathetics, and places the complex of diathetic prolongation of life under legitimacy pressure. There should at least be a reference to the fact that the old person on whom diathetics is to be bestowed was active and useful in younger years. Hufeland, for example, presents this argument against Kant, who completely rejects any prolongation of life beyond the phase of civil usefulness (15). Georg Christoph Lichtenberg (1742-1799) goes one step

- 
- (11) GÖCKENJAN, Gerd (1985). *Kurieren und Staat machen. Gesundheit und Medizin in der bürgerlichen Welt*, Frankfurt/M., Suhrkamp.
- (12) SWIETEN, Gerhard Van (1964). *Rede über die Erhaltung der Gesundheit der Greise*, Leipzig, Barth, p. 49, (orig. 1778).
- (13) *Ibidem*, p. 46.
- (14) *Ibidem*, p. 47.
- (15) HUFELAND (1978), *op. cit.* (n. 4), p. 288; SCHULZ (1783), *op. cit.* (n. 7), p. 17.

further when he wonders whether the very diathetic mentality of moderateness, this ideal so fitting for the times, is not in fact questionable, because the principal aim in life is not defined as activity and the unconditional will to be useful and successful. In his discussion of Cornaro's (1467-1566) work on the prolonging of life, which was frequently re-published, he remarks smugly, «whether this man pursued any more in the world than his diet I do not know» (16).

One interesting indicator for the changed stature of the diathetics of old age is also the attitude to the age-old recommendation and somewhat repulsive practice of putting youths or children into bed with old people to stimulate the latter's health, or pretty girls into the beds of old men. Medical enlightenment does not take particular exception here to the magical element inherent in such a health charm, as Steudel thinks (17). Hufeland, too, can well imagine the juvenating effect that «vapours of life» emanating from young people might have (18).

Something else is decisive here, because just as young people's «vapour of life» is beneficial for the old, so, too, can the vapours emanating from old people be injurious for the young. «Experience has shown that the emanations of old people can lightly harm the health of young people who come into contact with them, and that the former benefit from the latter through the extraction of energy» (19). The crucial factor here is that the transfer of health to the detriment of the young is no longer accepted (20). In many works on hygienics published since the Enlightenment, one finds a warning against the harmful vapours of old people and the command to not let children into their beds, which is often made without reference to the fact that this was a traditional form of therapy. The disappearance of this type of care, and similarly the use of women's milk as a tonic to strengthen old people, is certainly a clear indication of the generational relations accepted by health policy and of the legitimacy of resource distribution.

---

(16) LICHTENBERG, Georg Christoph (1803). Hupazoli und Cornaro. Thue es ihnen nach wer kann. In: *Vermischte Schriften*, Göttingen, Dieterich, vol. 5, p. 471.

(17) STEUDEL (1965), *op. cit.* (n. 3), p. 7.

(18) HUFELAND (1978), *op. cit.* (n. 4), p. 19 f.

(19) THIERFELDER, Johann Gottlieb (1839). *Über die Verhütung der Lungenschwindsucht. Eine Belehrungsschrift für Eltern und Erzieher*, Leipzig, Gebhardt u. Reisland, p. 19.

(20) Eg. JUNCKER, J. C. W. (1787). *Grundsätze der Volksarzneikunde*, Halle, p. 216.

Given that the older, original diathetics of old age were located socially among the upper classes, then it is all the easier to understand why these were able to claim so little attention in the bourgeois circles to whom such diathetic teachings were directed. The valuation of old age in the «bourgeois» science of health and hygienics comprises two moments. Firstly, age is the criterion on the basis of which an individual biography and thus performance biography is to be planned. But old age represents the final point, a concept contrasting to that of achievement and vigour, but also to any *joie de vivre*. Secondly, within the critique of civilisation old age appears in many health teachings as a threat, as a symbol of a wrong economy of life, a ruinous exploitation of life resources caused by individual and social motives. The following quote is a typical expression of this attitude: «in the present age — where early denervation makes old men of our young men, where one can catch sight of 20-year-olds with bald heads and old men of 30 — the vice of voluptuousness is worshipped above all others» (21).

The valuation of old age in the new science of health was universally negative during and after the Enlightenment, indeed often only a reversed image of the high estimation in which youth and middle age were held. One exception, of course, were the relatively rare writings of those who were explicitly diatheticians of old age (22). Interest in old age as an independent life phase that can require greater medical attention did not generally exist. Old age appeared as the difficult and socially superfluous residue of existence after real life has passed.

Such disdain is all the more remarkable when we consider that diathetics can be defined as the expression of the first professional-political offensive on a massive scale by academic medicine. The express aim was that of «medical enlightenment», to engage the world of civil society in a medical discourse, to communicate to it the values, viewpoints and practices of academic medicine, and to educate the middle classes in the rational use of medical competence in health and in sickness (23). The marginal status

- 
- (21) SACHTLEBEN, D. W. (1792). *Versuch einer Medica Clinica oder praktischen Pathologie und Therapie der auszehrenden Krankheiten*, Danzig, Troschel, pp. 17-18; HUFELAND (1978), *op. cit.* (n. 4), p. 95 f.
- (22) Eg. CARLISLE, Anton (1820). *Die Schwächen des Alters nebst den Mitteln, solche möglichst zu mildern und das Leben zu verlängern*, Leipzig, Baumgärtner; STRUVE, Chr. August (1824). *Der Gesundheitsfreund des Alters*, Hannover, Hahn.
- (23) GÖCKENJAN (1985), *op. cit.* (n. 11), pp. 60 ff.

of old people in hygienics is an indication that they were not seen as an important clientele for the emerging profession.

### III. MEDICALISATION OF OLD AGE?

Descriptions of the development of geriatrics stress the importance of the distinction between «normal» and «pathological» ageing processes for an understanding of the diseases of old age. As a logical conclusion, it should have been explained whether death was due to an illness or to «natural» weakness of the body, i.e. to senility. The difficulty of making such a distinction is occasionally recognised as a source of dilemma, since as long as ageing is seen as a natural process leading to death, there remains little for the doctor to actually do (24).

The thesis of a deficit of medical knowledge during the 18th and 19th centuries, and therefore of options for intervention, does not appear very plausible as a concept. This does indeed reproduce the prejudices of scientifically oriented medicine towards older bodies of knowledge. If the relevant sources are examined, it would have to be emphasised by way of criticism that the «normal» ageing process is normally described in terms of pathological changes and that the diatheticians of old age aimed at the reduction, alleviation and slowing down of these processes. On the other hand, as soon as the problem of categorisation arises, the authors expressly state that a very old person hardly ever dies as a result of degeneration or involution processes typical of old age, i.e. dies a «natural» death, but from certain diseases (25).

From the perspective of medical treatment there would therefore appear to be no therapeutic problems regarding the diseases of old age than also

- (24) SCHMORRTE (1990), *op. cit.* (n. 2), p. 19; KONDRATOWITZ, Hans Joachim von (1991). The medicalisation of old age: Continuity and change in Germany from the late 18th to the early 20th century. In: PELLING, Margaret; SMITH, Richard M. (eds.), *Life, death, and the elderly*, London, New York, Routledge, pp. 134-164 (pp. 134 ff.).
- (25) STEUDEL, Johannes (1942). Zur Geschichte der Lehre von den Greisenkrankheiten. *Sudhoffs Archiv für Geschichte der Medizin und der Naturwissenschaften*, 35, 1-27 (pp. 18-19); KÖNIG (1824). Über die Veränderungen des Baues und der Verrichtungen des menschlichen Körpers im hohen Alter. *Zeitschrift für Anthropologie*, 402-450: «It is generally known that old people do not in fact die of senility» (p. 404); SCHEU, Fidelis (1826). *Über die chronischen Krankheiten des männlichen Alters, ihre Vorbeugung*

exist for illnesses in other age groups. Nowhere can one find the argument, for example, that medical practice is any less successful for older age groups than for younger ones.

One important indicator, however, is that doctors who have involved themselves intensively with the health and illness of old people complain almost notoriously about the lack of public interest in their subject-matter. Johann Bernhard von Fischer, for example, (in the German edition of his 1754 latin text) found it regrettable that the elderly and the means to combat the diseases of old age were held in such disdain that they were not even examined and tested. The reason put forward was that the elderly already had one foot in the grave and could not be freed from their difficulties. Children are the cause of much greater anxiety. The care of children is also justified due to its usefulness for the body politic (for the state). But children and doctors «must also care for the health and survival of the elderly and people of advanced years in return for the services that they have performed, and out of the respect that we owe them, partly by natural instinct, partly according to the law of our Creator» (26).

As in the diathetics of old age as well, there was obviously nobody with a genuine interest in geriatric illness, neither the younger generation nor the doctors themselves. This was not due to lack of knowledge, nor to an expressly medical neglect of old age; in any case, I can see nothing to indicate this.

I see a different interrelationship here. Old age is not so much the domain of doctors as it is of theologians. The old-aged person needs support, alleviation and hope, and the experts for these requirements are theologians. The old-aged person is defined as someone who is close to death, and it is the theologians who accompany him or her on the last stages of the journey. They, and not the doctors, are the real passage helpers. «to be worn-down in old age is also an illness», said the theologian Thomas Reid in 1799; one should enter old age gladly and look forward to one's death, for «with my days increasing in number, the only thing to increase is the burden of my wretchedness and my false steps» (27).

---

*und Heilung*, Leipzig, Engelmann, «cerebral vascular apoplexy (a stroke) is the only natural cause of death arising from senility» (p. 324).

(26) FISCHER, Johann Bernhard von (1777). *Abhandlung von dem hohen Alter des Menschen*, Leipzig, Johann Gottfried Müller, Preface o.P., p. 8.

(27) RIED, Thomas (1799). *Theoretisch-Praktisches Krankenbuch oder Anleitung für Seelensorger*,

Of course, medical treatment and theological guidance do not exclude each other — what is important is the relative importance attached to each and the expectations that exist. The conventions which the aged are expected to comply with in order to age «correctly» require the ageing person to retire further and further from life and to prepare for the journey to the next world. An old person that does not wish to die makes him or herself a figure of ridicule. Fischer, the author of the first modern writings about the diseases of old age, begins his 1754 text with the story of the king that sacrificed his sons, one after the other, in order to prolong his fragile life, until his people claimed the 10th son as their own and let the king die. Fischer's commentary: «All living bodies must die in accordance with the wisest laws of the Creator, as they are born; and the cause of this change is what renders our world a habitable place» (28).

Having seen that old age was neglected within the science of health, this does not necessarily mean that the medical profession scorned the condition. Old age was simply not integrated fully into the area of competence of doctors. Old age was not really medicalised, and status passages in old age were theologically construed. However, the medical profession appears to have had no great interest over prolonged periods of time in achieving dominant authority and power of definition in this field.

«Old age is a disease» is one of the traditional explanations or complaints. In the words of Erasmus of Rotterdam (1506): «the loathsomeness of old age, an abominable disease» (29). The morphological and functional changes in old age have been described as chronic degeneration processes at least since the publication of Fischer's book in 1754. Chronic-degenerative illnesses were traditionally considered to be difficult and were always given less priority relative to the great attention paid to the acute diseases, especially fevers.

---

*den Kranken und Sterbenden mit Nutzen beizustehen*, Regensburg, Rotermundt, pp. 18-19; GÖCKENJAN, Gerd (1993). Das hohe Alter in theologischen Texten des letzten Drittels des 18. Jh. bis zum Ende des 19. Jh. In: CONRAD, Christoph; KONDRATOWITZ, Hans Joachim von (eds.), *Zur Kulturgeschichte des Alterns. Towards a Cultural History of Ageing*, Berlin, Deutsches Zentrum für Altersfragen.

(28) FISCHER (1777), *op. cit.* (n. 26), Foreword, o.P. pp. 1-2.

(29) ERASMUS (1975). Ein Lied über das Alter. In: *Ausgewählte Schriften*, Darmstadt, Wissenschaftliche Buchgesellschaft, vol. 2, p. 343, (orig. 1506).

It is perhaps astonishing that the concept of old age as a chronic and degenerative disease complex has been expressed by the frequent use since the end of the 18th century of the term *Marasmus senilis* or «senilism» (30). This term essentially defines nothing other than the traditional image of old age as emaciation, exhaustion and hardening. What is interesting is the fact that the concept became a generalised expression for death in old age, and the most important cause of death among the over-60s stated in mortality statistics. This was the case until the end of the 19th century, despite all advances in the field of diagnostics, and the rapid transformation regarding concepts of disease during the 19th century. It has already been mentioned that those specialising in diseases of old age rejected the use of this term as a cause of death — «There is no such thing as a natural death through old age (in the sense of *Marasmus senilis*)», states Canstatt (31).

Of decisive importance is the fact that this concept optimally expressed the interests and needs of the public and of those doctors involved. Reference must be made to the doctor-patient relations of the 18th and 19th centuries, which were characteristically defined by the strong market and social position of the upper bourgeoisie, who were by far the most important clientele for freely practising doctors. In other words, the entire middle-class existence of doctors was often totally dependent on their professional behaviour and they had to do their utmost to ensure that they made no mistakes in the eyes of their clientele, especially in cases of death.

Mettenheimer criticises precisely this conflation of interests, which operates to the detriment of any precise diagnosis and occasionally perhaps at the expense of the patient in question, directly affecting the actual age he or she attains. «The otherwise disbelieving public will lend a ready ear to the doctor», said Mettenheimer in 1863, «if the word senility», full of meaning, resounds from his mouth. There is nothing left to do, and if the sick person should die, then this is perhaps the only case where a higher authority has deemed it to be so, with the doctor exonerated from any blame. One may brazenly claim that the lives of no small number of people

- 
- (30) CONRAD, Christoph (1982). Sterblichkeit im Alter 1715-1975, am Beispiel Berlin. In: KONRAD, Helmut (ed.), *Der alte Mensch in der Geschichte*, Wien, Verlag für Gesellschaftskritik, pp. 205-230; KONDRATOWITZ (1991), *op. cit.* (n. 24), pp. 151-157.
- (31) CANNSTATT, Carl (1839). *Die Krankheiten des höheren Alters und ihre Heilung*, Erlangen, Enke, p. 170.

have not run their full course for the simple reason that the disease was overseen, held to be *Marasmus senilis* or *Morbus climactericus*, and as a result treated falsely or not at all» (32). However, it is all very well for Mettenheimer to talk, since he is speaking as a doctor at the poor relief institution for old people in Frankfurt, someone who could not be hindered from pursuing his professional interests.

This notion of a conspiracy of interested parties against old people may not be the only one of its kind, and the preconditions for such a conspiracy indeed changed towards the end of the 19th century. What was decisive was that the concept of senility, as a popular and commonplace notion, remained unaffected by the almost exaggerated etiological approach of the time. The perserverance of the term «senility» can be considered a further indicator for the low degree of interest shown in the medicalisation of old age.

To avoid any misunderstanding, no barriers to access or intervention exist in the field of old age and the diseases of old age. The thirst for knowledge (Foucault) can work unimpeded. The Eldorado of scientific medicine is to be found in the institutions, the hospitals, hospices, almhouses for old people, and not in private practice. But that applies to all other age groups as well. We can cite the example of Lorenz Geist, a doctor at a Pfründer Old People's Home in Nürnberg who produced a voluminous work on diseases of old age in 1860 (33). Most of the 500 old people on whom he performed autopsies he was able to examine while they were still living — first their functions and dysfunctions and later, after their death, measuring and weighing their organs in the prescribed scientific manner of the time.

Until around 1900 in any case, one can hardly say what medicalisation of old age could signify. Whereas medical care was not a fundamental element in human living conditions over most of the 19th century, towards the end of the century basic medical care was indeed provided in all institutions for the old. Similarly, one must emphasise that since the last third of the 19th century, the significance of the theological construction of old age and dying has been declining, concomitantly with a greater orientation towards worldly concerns and thus an increase in the importance

---

(32) METTENHEIMER, Carl (1863). *Nosologische und anatomische Beiträge zu der Lehre von den Greisenkrankheiten*, Leipzig, Teubner, p. 5.

(33) GEIST, Lorenz (1860). *Klinik der Greisenkrankheiten*, Erlangen, Enke.

of the medical profession. However, conceptual frameworks for old age which can be directly related to medicine cannot be identified at this point.

#### IV. *INTERLUDE: THE REJUVENATION OF OLD AGE*

Finally, around 1900, what was in fact the very old basic theme of rejuvenation came to enjoy renewed and considerable attention in the wake of theories of evolution and progress, hygienisation notions and youth movements, and in the context of the development of biological and chemical science. This represents the third stage of questioning in the development of medical interest in old age.

Only very general statements can be made here about this complex. It essentially involved optimistic political trends, calculations and concepts, for example with respect to overcoming political and economic polarisations and the consequences of industrialisation which could no longer be coped with semantically, symbolically or through police authority. Important catchwords and key ideas included change through specifically directed reforms, efforts to improve the external and internal hygiene of society by controlling environmental factors, even to the extent of controlling reproduction, but also the search for values that offered unity and strength, nature and youth, achievement and social utility. This immediately suggests social and cultural constellations which could not and cannot be favourable for old people.

From about 1900 onwards, however, a broadly conducted discussion developed which comprised themes such as the influencing of the ageing process, the prevention of degeneration and incapacity, up to and including the reversal of physiological processes, the inducement of youthfulness, and rejuvenation. Symbolic figures for this direction of thinking were Metchnikow, in the period around 1900, and Eugen Steinach during the 1920s, two men who were representative for this development, each producing a number of important theories for influencing metabolic processes (34).

If this tendency believed in combatting ageing processes by means of therapeutic intervention, a second school of thought debated the slowing

---

(34) GSELL, Daniela (1965). *Alterstheorien*. In: *Handbuch der Praktischen Geriatrie*, Stuttgart, Enke, vol. 1, pp. 14-26 (pp. 17 ff.); BOURLIÈRE, Francois (1982). *Geschichte der*

down of ageing processes by applying selective eugenic methods. The aim was to stimulate genetic processes to improve the «material» of the human race. This was expected to create healthy and capable youths who would later grow to become healthy and fully-functioning old people. In other words, such improvements were expected to allow infirmity, incapacity and inferiority (*sic*) to be avoided throughout the entire life course (35).

This demonstrates clearly that the focus of attention was not old age and the aged, but youth, the reproductive age, childhood. This applies similarly to the theorists of rejuvenation. Their concern was not to improve the lot of old people, but rather to arrive at an abstract understanding of ageing processes, or, if practical opportunities for intervention were being sought, to compensate for impaired capacity among those middle-aged and older.

Rejuvenation theorists derive their plausibility from the rapid developments in the biological and chemical sciences, the modern search for the source of life, the fascination with cell biology and the processes of growth, regeneration and degeneration. The fundamental questions as to the meaning of life and death have finally been shifted out of the realm of theology and into that of microbiology. Death is a biochemical process of self-destruction. Ageing corresponds to a metabolic, wearing or deposition process, misdirected for whatever reason, but in any case a process that could be influenced and potentially controlled when it malfunctions.

Any involvement with ageing is a logical consequence of pure natural scientific research into biological processes, and does not originate in any concern with old age as such. «Ageing» as a highly interesting development process, and «old age» as an «inferior state» of no further interest to society, to cite Hugo Ribbert, the pathologist in Bonn (1908) (36), are assigned to two different worlds. Whereas more or less everybody is interested in the ageing cell, no-one shows any interest in the diseases of old age and how they can be cured. This latter statement has been a stereotypical complaint from 1900 right up to the present day (37).

---

Pflege und Behandlung des alten Menschen. In: *Illustrierte Geschichte der Medizin*, Salzburg, Andreas, vol. 6, pp. 2075 ff.

(35) SCHMORRTE (1990), *op. cit.* (n. 2), pp. 33 ff.

(36) RIBBERT, Hugo (1908). *Der Tod aus Altersschwäche*, Bonn, Cohen, p. 81.

(37) SCHWALBE, Julius (1909). *Lehrbuch der Greisenkrankheiten*, Stuttgart, Enke, pp. VII ff.; STEUDEL (1942), *op. cit.* (n. 25), pp. 1 f.

Regeneration, or rejuvenation, is the magic word that has influenced and shaped mental and somatic culture from 1900 to today. Public culture and lifestyles have been transformed, with juvenescence (juvenilisation), sport and leisure becoming increasingly important values, while ageing and senility are terms of personal abuse to this day.

Two aspects appear to me to be worthy of mention here. Rejuvenation theories have led to a revival of old diathetic thinking, adapting it to suit the taste of modern science. One central metaphor in this is the theory of endogenic toxicosis disseminated by Metchnikoff, according to which toxins are produced in the intestine. «The spectre of our times is self-poisoning», said one of his epigones in 1930 (38), whereby «poisoning» has come to stand increasingly for all manner of metabolic processes. This virtual alarmism with regard to presumed ageing processes bears a strange correlation with other contemporary fears of self-poisoning, such as fear of tuberculosis and hostility towards foreigners. The circle of association is an ominous one in any case.

Rejuvenation or regeneration, as examples of evolutionist patterns of thought, are used to redefine or explain many different kinds of social and political process. But it may still come as something of a surprise that a Munich physiologist by the name of Friedrich Müller, in a festive speech made in 1915, began by describing objectively and at length the reasons why most theories of ageing were not scientifically tenable, but conclude by paying tribute to the war, referring to Darwin's concept of degeneration as a result of domestication: «The present war, terrible though the sacrifice may be, will (...) become a source of rejuvenation and benefit for our people»; just as the 1870/71 war «made a young, strong people of the previous aged one». «We see now with glad hearts that our people shows no signs of senile degeneration, and that the nation is suffused with fresh, youthful desire and action» (39).

Not until we see this inundation with old versus young metaphor, in the wake of biological and chemical research into the ageing process, can we recognise any kind of medicalisation of old age. For old age and ageing, in a manner previously unknown, were brought into a discourse of negative

---

(38) FREYTAG, Kurt (1930). *Warum altern? Warum nicht jung bleiben? Ein sicherer Weg zur Verjüngung nach der de Krupffschen Methode*, Wolfenbüttel, Verlag der Freude, p. 6.

(39) MÜLLER, Friedrich (1915). *Über das Altern*, Leipzig, Barth, p. 24.

valuation and medical treatment of primarily symbolic character. Ageing is subjected to social pressure to legitimate itself, pressure which is produced by hopes in the capability of medicine to intervene, and on the new, supposedly «exact scientific» science of health. The promise made is «80 years with strength and youth!» (40).

One indicator for the importance of this discourse is the fact that the capacity to medicalise old age, by means of Steinach's hormonal and ligatural therapies, for example, achieved such a high degree of plausibility that critics began to warn against the rejuvenation of the old. This, they claimed, would have negative effects on the succession of generations and the overtaxed labour market (41). This clearly demonstrates at the same time the social limits to utopian notions of active old age. In other words, in an age of youthfulness, incapable old people are of no use, but no use can be made of the juvenescent old either!

The medicalisation of old age is obviously a field of activity that is particularly difficult to understand. As would befit the term medicalisation, it does not achieve total success until old people are systematically given leave of absence from employment, with an adequate pension, and integrated into the medical care system. Only then is it possible to compensate for the consequences of social superfluousness with medical treatment. But this was not accomplished until after 1941, when the retired were also integrated into medical insurance schemes, or after 1956, when the pension reform provided for a pension that covers normal living expenditures.

## V. *THE INCORPORATION OF OLD AGE INTO THE DOMAIN OF SOCIAL WORK*

If we consider the thematisation of old age in medical discourse, it can be seen that medicine was only very rarely interested in old age itself, conceptualised as a final stage. What interests medicine are the processes of ageing which result in reduced efficiency and enjoyment of life from middle age onwards. It is at this point that medicine clearly manifests its position within the bourgeois value system. This exclusion of the aged

---

(40) FREYTAG (1930), *op. cit.* (n. 38), p. 7.

(41) See SCHMORRTE (1990), *op. cit.* (n. 2), p. 30.

should be recognised as the typical form of medicalisation, in contrast to control strategies that operate through permeation and intervention (42).

This abstinence has nothing to do with deficits in medical knowledge, or with problems relating to access and dominance. What the medical practitioner can offer is his professional cooperation in generating hope for continued life, just as with other age groups and kinds of disease. So why does this principle of hope not suffice here? The old person who independently seeks out medical services and utilises these excessively has never performed an opinion leader function, or at least not in a traditional positive sense. One has only to think of the objects of ridicule which can also be found in literature or theatre — the self-conceited sick person, or the hypochondriac. We are dealing here with a typification of old age as something to be ridiculed — with the crystallisation of what are much more liable to be negative valuations. The obvious conclusion is to see the notion of old people having no needs as being located primarily in the logical structures and legitimation patterns of social consensus, namely the consensus that old age signifies life on a death-bed budget and thus not entitled to make any significant demands.

The professional interest of doctors, which repeatedly imposes itself, lacked for some considerable time any public, moral or institutional framework conditions or points of contact. This is the logical consequence of a fundamental dilemma: it is part and parcel of the basic social consensus of western modernity that old age must be supported, and its hardships and difficulties alleviated. But at the same time on the valuation basis of preserving people who have «lived out» their lives and are therefore no longer useful.

Public institutions for old people, which were essentially for the relief of the poor, followed this logic until into the 20th century. The social insurance systems were structured the same way until 1941 and 1956. They were directed at those in employment. If a person became unemployed, he lost his entitlement to medical care under the health insurance scheme. If chronic illnesses were diagnosed, those affected were transferred from the medical care system to custodial care. If accidents and invalidity were due to old age, no claims to compensation could be made. Conversely, old age pensions were fixed so low that they did not suffice for independent

---

(42) See FOUCAULT, Michel (1977). *Überwachen und Strafen*, Frankfurt/M., Suhrkamp, 395 pp.

conduct of life. Old age was not considered to be a genuinely important phase of life in social policy terms. Old people had no role to play in the state.

Basically, this situation did not change until major pension reforms were implemented, the task of which was to improve the financial lot of the aged. From 1941 onwards, old people were medically insured on a routine basis and have meanwhile developed into the most important clientele for medical care. The costs for this form of medicalisation, which is of a more social work nature, were so high that opportunities were opened up in the more recent professions, such as social work or psychology. After the collapse of the theological framework for coping with old age, all the signs point to it being superseded by a social work and/or psychological framework. For all that, these social professionals have been much more successful than the medical profession ever was in thematising old age and thus in creating a new social demand for their kind of services.