We are living in an era of biomedical humanism in which it is not possible to study definitions of the human, as well as of humane and inhumane conduct, without considering the signal role of medicine. The discipline and practice of medicine have played a critical role in defining what constitutes the human and distinguishes it from the inhuman, and with it, ethical standards of humane and inhumane conduct. Therefore, biomedicine occupies an exalted status in contemporary societies, such that its ontological claims are taken to form the basis of legally binding imperatives that go to make up a just and humane society. If medicine is the discipline where the body became a site for positive, scientific knowledge, it is also, by extension, the interface where science touches us, and affects us most directly. This is true not just with regard to our ailments, but with our very self-understanding and self-definition. As Nikolas Rose has noted, ‘medicine makes us what we are by reshaping the relations of meaning through which we experience our worlds.’ Medicine thus plays a critical role in contemporary ways of ‘world-making’, to use Nelson Goodman’s expression. Similar perspectives are offered by medical anthropology. As Byron Good has argued, diseases are not simply discrete entities, but explanatory models that operate in the shared worlds of meaning and experience inhabited by both patients and practitioners.

Within this context, developments in the German-speaking world have played pivotal roles. For example, one may consider the role of such luminaries as Rudolf Virchow and Robert Koch in the making of modern medicine; the work of Samuel Hahnemann, the founder of homeopathy,
in alternative medicine; or the provision and definition of the very terms ‘Psychiatrie’ by Johann Christian Reil in 1808 and ‘Psychoanalyse’ by Sigmund Freud in 1896. Indeed, the very field of medical history is of German lineage. Yet at the same time, this particular strand in the history of medicine is fraught, for it includes too, for example, experiences of many wars, and the atrocities of the Nazi years. Those events themselves flowed into later understandings of medicine and ethics, as in the case of the post-war Doctors’ Trial (1946–7) at Nuremberg, which had a major impact on subsequent international stipulations for experimentation on human subjects. It is unsurprising therefore that the German-speaking world has produced a particular wealth of writing of many kinds (and not only in German) on medicine and health, which invites ongoing exploration. In that realm, historical and life-writing exist alongside and in relation to long and distinguished traditions of philosophy and literature, by physicians and others, which reflect on medicine.

In response, this volume tracks the designation and making through medicine of the human/inhuman, and simultaneously the humane/inhumane, in the German-speaking world. In this focus, it examines a central field in the development of medical history and of thinking about medicine in multiple forms. Thus, the essays that follow undertake multidisciplinary, critical explorations into some of the ways in which practices and theories of medicine have come to define the human in that world, and in so doing, have consolidated, or undermined, notions of humane behaviour, sometimes even simultaneously. On the one hand, this collection traces selected aspects and representations of the history of medicine and related fields – often those that begin with a critical relationship to conventional medicine – and the ways in which these disciplines have conceptualised humanity. But on the other hand, as the volume’s double-edged title suggests too, it considers the ways in which medicine has been intimately linked in various ways with power, abuse and dehumanisation. These studies consider, too, how such ideas are reflected and refracted in important textual and cultural forms. They bring to bear perspectives from the fields of literary studies, cultural studies, history, and the history of medicine and psychiatry, in the first collection dedicated to the exploration of this interface. Thus, the study is historical in the most expansive sense, for it debates what historical accounts, life-writing and literary texts, and their analysis, all bring to our understanding of this powerful discipline.

The works discussed represent medical treatments in a wide variety of ways, or imagine the experience of practising or being subject to it. Such writing can expose medicine to critical analysis by highly varied
formal means, from *inter alia* apparently factual, clinical description, to profoundly personal writings such as diaries and correspondences, and to humour, polemic and Modernist play with narrative technique.

Yet all these texts explore the symbolic potential of medicine as a trope. Thus, among other things, the chapters that follow consider and theorise what role literature and life-writing play in illuminating the world of medicine, and furthermore, ways in which that world can be figured in writing, in terms of form as well as theme. A further, striking feature in many of the contributions to this volume is their emphasis on conditions and treatments affecting the mind, suggesting that this realm is particularly compelling in the cultures of modernity. It is perhaps here that the identity effects of medicine are most marked, and the contested knowledges of psychology and psychiatry, and incertitudes of their therapies, offer themselves up as particularly rich sites of interface with interested societal stakeholders, including actual and potential patients. Equally eloquent is the fact that many of the texts in question seek to challenge the societal status of medicine and to comment critically on its practices and effects.

While the topics in question here are not intended to be comprehensive or fully representative, they are nonetheless illustrative of some of the key intersections between medicine, humanity and inhumanity. They highlight, too, selected modes of reading that help illuminate those intersections, as is shown by the comparative example that now follows in this Introduction.

Historical studies have shown that the claims and imperatives of medicine are by no means constants, and that the rise of modern scientific medicine is bound up by a progressive enlargement of its moral purview. For instance, in the immediate aftermath of the Second World War, contemporary with the Doctors’ Trial, canonical debate on humanism took place between the philosophers Jean-Paul Sartre and Martin Heidegger. Interestingly, neither the former’s *Existentialism Is a Humanism* (1946), nor the latter’s rejoinder ‘Letter on “Humanism”’ (1947) makes use of the term that at that historical juncture was coming to play such a prominent role in the reformulation of humanism, namely, medicine. Yet at the very same time, when discussions were held that led to the formation of the United Nations, one of the first priorities was the establishment of a global health organisation. Thus, in 1946, the constitution of the World Health Organization (WHO) was drawn up, as a specialised agency under the charter of the United Nations (UN). The key provisions of its Charter were as follows:
Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States.

The achievement of any State in the promotion and protection of health is of value to all.

Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger.

Healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development.

The extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health.

Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people.

Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.\textsuperscript{13}

The positing of health as a fundamental right links this document with the first part of Article 25 of the Universal Declaration of Human Rights (UDHR) of 1948:

\begin{quote}
Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.\textsuperscript{14}
\end{quote}

These statements can be read at face value as lists of crucial societal aims, and there is no shortage of empirical studies concerning their differential implementation in various countries.\textsuperscript{15} These documents inscribe the intrinsic right to health, well-being, access to medical care and so on, within
the very definition of the human. The tight coupling of health and humanity in documents such as the WHO Charter and the UDHR indicate that henceforth, discussions of humanism must take medicine and health into account. This reformulation does not only have ontological implications, but ethical ones as well, for as medicine has come to define the human, medical therapies have come to define humane conduct, such that the withholding of medical therapies, for example, is taken as a marker of the inhumane.

The WHO Charter and the UDHR therefore direct the terms of humanism as discussed by Sartre and Heidegger significantly towards the inclusion of health and medicine. Indeed, these documents suggest that in the aftermath of the horrors of the mid-twentieth century, the Platonic quest in search of the nature of the ‘good life’ changed rapidly, and increasingly became one of determining the means to health. The WHO Charter and the UDHR present their statements as axiomatic, and this kind of expression is an important part of their power. But to recall their original context, and the shifts they represent in longer philosophical traditions, represented in this argument by Sartre and Heidegger, is also a reminder that they can be read as historical texts that emanate from very specific circumstances. As such, the WHO Charter and the UDHR become more evidently open to critical contextualisations and readings. It is in part in offering such accounts that work in the humanities becomes a productive vantage point on the twin themes of medicine and humanity, and how they have increasingly become inseparable. Such work offers tools also to address the insight that in this field, simple distinctions between fact and value cannot necessarily easily be made.¹⁶

The present volume takes a particular interest in literary criticism. A close reading using methods of such criticism can be applied of course to apparently straightforward texts such as the WHO Charter and the UDHR. Likewise, the juxtaposition of those writings with more evidently literary works can provoke thought. A case in point is offered by an exemplary comparison with the novella Die Verweigerungen der Johanna Glauflügel / Johanna Glauflügel’s Refusals (1977), by the (West) German author Birgit Pausch, who was born in 1942 in Wrocław (Breslau) and grew up in Düsseldorf. This work intersects with some of the texts examined by some of the contributors in this volume, and rewards study partly because it was published in West Germany three decades after the WHO Charter and the UDHR were written, and so is rooted in the same broad historical moment; yet it offers distance to reflect upon it.

Die Verweigerungen der Johanna Glauflügel can be read as an eloquently emblematic work of post-war (West) German literature, in part because it is conscious of its origins in the turmoil of the past. This novella
is characteristically modern, too, in its interest in urban and workplace experience, alienated states of mind and uses of a subtly distanciating Modernist style to express them. It narrates a period in the life of its eponymous protagonist in an unnamed city on the Rhine in 1973 and after, alongside flashbacks to her childhood and youth, presumably in the Federal Republic of the 1950s or earlier 1960s. Glauflügel (the narrative voice refers to the protagonist by her surname throughout, forming part of the novella’s unexpected stylistic effects) is a hospital nurse; this characterisation is not incidental, for the figure of the nurse traditionally represents the interface between biomedicine, therapeutics and humanity.

Glauflügel is troubled by news of the contemporary putsch in Chile and a growing preoccupation with social injustice. However, initially at least, she lacks language and conceptual resources to frame that preoccupation, let alone possible solutions for it, and is stranded in a sense of anxiety and unease. Her concern is prompted, among other things, by her relationship with a left-wing artist, Dortrecht, and seeing her working-class women patients made ill by the circumstances of their lives and disregarded by the medical hierarchy. Glauflügel is disturbed too by her witnessing and experience of latently and manifestly violent everyday sexism, and by a fearful, hostile public mood in the wake of left-wing terrorism and the state’s responses to it. Finally, she is mindful of the virulent legacy of the Nazi past in the present day.

At the outset, Glauflügel’s life seems to be modelled on the happy ending to the classic plot of that popular genre of romantic fiction, the Arztroman [novel set in a medical milieu], for she is married to a successful doctor named Ronnen. However, the couple become increasingly estranged, and Glauflügel leaves Ronnen after a fraught Christmas celebration with her extended family, because it seems to her that some of society’s ills are deeply inscribed into her marriage and family life. Thus, the plot traces Glauflügel’s increasing alienation from her work, which goes hand in hand with alienation in her marriage. This process culminates in her abandonment of both, in search of more dignified ways of working, living and caring for the sick and dying in that classic locus of escape for the German literary subject, Italy, where she joins Dortrecht in Florence. However, the end of the novella is ambiguous, and there is no certainty that Glauflügel has found a way forward.

Very different as these texts seem at first sight, a number of parallels link Die Verweigerungen der Johanna Glauflügel and the WHO Charter and the UDHR. These works all emerge, albeit in varying ways, from the mid-century, identify health issues as central to individual and social well-being, and consequently place a high value on medical care as a key
index of society’s humanity. In addition, they have in common a sense that health is a far wider and greater matter than the mere ‘absence of disease or infirmity’, for Pausch’s text registers the ways in which mental, emotional and social well-being are of a piece with the treatment of illness. The novella, like the WHO Charter, recognises the responsibility of society and the state in the generation and protection of well-being and health, for Glauflügel’s condemnation of all that is wrong with her experience of healthcare is inseparable from her broader social and political critique. Likewise, in line with the WHO Charter’s affirmation of the importance of patients’ ‘informed opinion’ and ‘active co-operation’, she is in search of more democratic ways of administering care.

All these texts express, too, a sense that the creation of well-being is a transnational issue. The WHO Charter notes that achievements in health in any state are ‘of value to all’, and conversely, that ‘[u]nequal development in different countries … is a common danger’. Analogously, Glauflügel’s knowledge of events in Chile prevents her from taking a complacent view of the apparently more peaceful and democratic West Germany; her quest for more humane medicine is as pressing to her in Italy as it is in the Federal Republic. The WHO Charter draws attention to the special status of children and their needs, and Glauflügel’s turning point on Christmas Eve is triggered by observing her extended family’s influence on children. In particular, she is shocked by a story told by her mother in ‘Ekstase’/‘ecstasy’ (42) about proudly watching a Nazi parade and extreme street violence towards a ‘Rotfrontkämpfer’ / ‘Red Front fighter’ during the so-called Third Reich (43). This anecdote is told in front of young grandchildren (the protagonist’s niece and nephew), and the granddaughter starts excitedly repeating its words. This scene brings home to Glauflügel the ways in which the family hands down its narratives and emotions about the past uncritically to its children, who, it is implied, may thus be at risk of repeating it. It is no coincidence that she herself does not wish to become pregnant, despite Ronnen’s pressure on her to discontinue her contraception just before this episode takes place.

Yet at the same time, the novella moves in different directions from the earlier texts. The WHO Charter and the UDHR stress their applicability to all, regardless of ‘race, religion, political belief, economic or social condition’. While Glauflügel would no doubt subscribe to that view, Die Verweigerungen der Johanna Glauflügel, by contrast, points up the depth of the social divisions, such as class and gender, which must be overcome to make such ideals realistic. It focuses on the deep social divisions that affect patients’ experiences even in prosperous, European societies such as the Federal Republic or Italy, for instance the types of
health insurance that are available to them, and the ensuing differences in treatment. Glauflügel notes ailments that arise from social divisions, such as those that are the product of damaging labour for the working class. She observes, too, socially determined addictions that drive poor women factory personnel into early infirmity and undignified death in a medical system that sees them as second class. The novella is, in addition, conscious of the gendered nature of medicine. Glauflügel is steered by a teacher into her ancillary role as a nurse due to her perceived feminine qualities of ‘Fleiß’ / ‘diligence’ and ‘Bescheidenheit’ / ‘modesty’ (29). She notes that while (women) hospital patients are at the very bottom of an inflexible hierarchy, she too as a (woman) nurse is patronised and stereotyped by her superior, the (man) doctor who dismisses her thoughts. That hierarchy is all-encompassing and apparently immutable, for the doctor considers it to be underwritten by divine power and instructs the non-religious Glauflügel to speak about God to a poor woman patient undergoing a difficult death, and so to accept her fate: ‘Sie solle ihr sagen, daß der Herr Widerspruch nicht liebt. Der Arzt lächelte’ / ‘she should tell her that the Lord doesn’t like contradiction. The doctor smiled’ (9).

*Die Verweigerungen der Johanna Glaufügel* stresses the apparent lack of remedy for such problems, even in a society as rich in resources as the Federal Republic. Pausch’s work is moreover interested in the power of the ideologies that uphold social divisions, and the ways in which they are discursively reinforced by diverse means, which range from supposedly religious precepts, such as those presented by the doctor quoted above, to the power of the popular romance that her marriage seems at first sight to evoke. This work points, therefore, to the linked, deep-seated attitudes and assumptions of different subjects around healthcare, for example the very different expectations inculcated in men and women, including indeed around reading, as *Die Verweigerungen der Johanna Glaufügel* makes clear. Read in tandem with the WHO Charter, then, the novella might suggest that such a document, which endorses humanist ideals around healthcare and well-being, yet decouples them from their broader social, political, economic and psychological contexts, leaves critical issues open for further inquiry. It is to some of these interfaces that this volume is dedicated.

*Die Verweigerungen der Johanna Glaufügel* indicates the possibility that competing notions of health, defined as a ‘complete state of well-being’, may exist. Glaufügel herself, at the start of the text, could be considered to be in just such a state of well-being. She seemingly has her health, and control of her reproductive prospects, widely considered to be a key to women’s welfare in the modern period, and achieves the aspirational goals taught to women of her class and generation. She has an
appropriate profession, marriage to a high-status professional man and material stability. Yet she herself increasingly disputes such a concept of well-being, although she initially lacks a vocabulary to do so. In another example, the doctor quoted above remarks of his patient, who is dying of cirrhosis of the liver, ‘Ein Leben mit mehr Verstand geführt, führe auch zu einem angenehmeren Ende’ / ‘leading a life with more sense leads also to a more pleasant end’ (11). Yet he has no feeling for the hard circumstances that drive the woman to drink. With such examples, the novella shows how complex identifying a ‘complete state of well-being’ can be, and raises the question of who, if anyone, can adjudicate on it, on what grounds and with what words. Likewise, if according to the WHO Charter, governments are responsible for ‘provision of adequate health and social measures’, a reading of Die Verweigerungen der Johanna Glauflügel very evidently opens up the question of what the contestable term ‘adequate’ might mean.

According to the WHO Charter, ‘informed opinion’ and ‘active co-operation’ on the part of the public are valorised and to be cultivated. Yet Die Verweigerungen der Johanna Glauflügel problematises such questions, not only since poor women, such as those for whom Glauflügel cares, are less likely to have the resources to obtain and evaluate information, but also because, in any case, the doctor refuses to believe that they can understand and address questions about their own care. The dying woman described here comes to a different view from her doctor on the suitability of her demeaning end-of-life care and is not minded to cooperate with what he wants. In that case, a dilemma becomes evident for which the Charter offers no answer, namely on how to proceed where a patient and healthcare professional are in fundamental disagreement. Additionally, the novella thematises some of the difficulty and ambiguity involved in the making of patients’ informed opinion. While Glauflügel takes a contraceptive pill, it is hinted that she is exposed to conflicting messages about it. In such circumstances, it may be difficult even for a trained professional such as herself to pick out a straightforward argument that is not biased by personal or political interest.

Such differences between the two non-fiction documents cited here and Die Verweigerungen der Johanna Glauflügel carry over into matters of style. The WHO Charter and the UDHR speak and derive authority from the language of universality and timelessness. By contrast, Pausch inserts history and difference into her debate on medicine and well-being, and adopts for this purpose a very different mode of expression. The diction of the Charter and the UDHR is predicated on the linked assumptions of stable subjects of enunciation and reception, and of mutually
comprehensible language. But the narrative techniques of the novella subtly undermine such qualities, and thus propose the possibility that, while politically powerful, their solidity is questionable.

At the same time, *Die Verweigerungen der Johanna Glaufügel* sets out to explore different, less totalising modes of communication. For example, it contains two important instances of ekphrasis and interpretation of visual art. The first is a passage early on of some four pages outlining Dortrecht’s thoughts on Diego Velázquez’s large painting *Las Meninas* (c.1656–66). The second is shorter and consists of Glaufügel’s own reflections, close to the end of the novella, on Donatello’s sculpture *Penitent Magdalene* (c.1453–5). In turn, she links this work to her recent viewing of a film entitled *Il tumulto dei Ciompi / The Wool Workers’ Rebellion*, about the Florentine revolts of 1378–82, with which she sympathises. These passages of interpretation cannot deliver a factual or definitive account of what the works in question mean, let alone of their historical subject matter. Instead, they highlight the value of suggestive media, which communicate in different, more enigmatic ways. As such, they offer an alternative to the language of the hospital, which seeks to be transparent and omnipotent, but that Glaufügel feels fails her.

These passages on art in *Die Verweigerungen der Johanna Glaufügel* appear to address very different issues from healthcare and well-being. However, their significance in the present argument is to illustrate the importance of alternative modes of expression and signification. Such modes, like fantasy and body language, which are also important in the novella, and indeed Pausch’s own distinctive prose, go beyond the clinical idiom of healthcare, or the serene diction of documents such as the WHO Charter. Such expressive modes may be able to convey something of the complexities that other, more monological language cannot. In some ways, then, *Die Verweigerungen der Johanna Glaufügel* offers a more fissured, ambiguous, but also a more complex, critical, historically sensitive and multifaceted account of issues around healthcare, well-being and philosophy in the post-war era than texts that set out more ostentatiously and authoritatively to do so. That said, the novella shares an ethical impetus with the WHO Charter and UDHR. These texts all convey an urgent commitment to the humane treatment of individuals in modern society, centred on appropriate medical treatment and approaches to health and well-being. Hence, the present discussion, rooted as it is in the medical and health humanities, may suggest that in the consideration of what makes for a more humane life, such very different writings may be productively read in counterpoint or tension with one another.
The post-Second World War developments referenced here should not be taken as indicating that the conjunctions of medicine and the human are a uniquely recent affair. Rather, they serve to highlight linkages that, as several of the chapters that follow show, are present in earlier historical periods too. This continuum is made visible by the arrangement of the contributions, broadly speaking according to the chronological order of the material they discuss, as well as the prefaces of the individual chapters, which reflect in various ways on their relationships with the volume as a whole. These principles allow both for the tracing of some multi-stranded histories and the circulation and exchange between different genres of texts, and for the creation of thought-provoking juxtapositions between ideas in apparently very different fields.

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Notes

1. See Cooter and Stein, *Writing History in the Age of Biomedicine*. On wider issues regarding how the human has come to be historically defined, see Smith, *Being Human*. On the history of the differential definition of the human and the animal, see Bourke, *What It Means to Be Human*.
2. See Maehle and Geyer-Kordes, *Historical and Philosophical Perspectives on Biomedical Ethics*.
3. Rose, ‘Beyond Medicalisation’, 701. On this question, see Panese and Barras, ‘Médicalisation de la “vie”’.
5. Good, *Medicine, Rationality, and Experience*.
15. See, for example, CSDH, *Closing the Gap in a Generation*.
17. Pausch, *Die Verweigerungen der Johanna Glaufügel*. Further references follow in the text.
Bibliography


