

# Social Cosmetics: Weimar Beauty Politics between Welfare and Empowerment

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Regardless of how one views the Weimar Republic—as a failure, bearing its end in mind; or, less teleologically, as a place of possibilities—its history is always a history of the human body.<sup>1</sup> This is not only so because the body, as Carolyn Walker Bynum once remarked laconically, ‘is no topic or, perhaps, almost all topics’,<sup>2</sup> but because the ‘blind faith in the omnipotence of social engineering’,<sup>3</sup> a hallmark of the ‘crisis of classical modernity’, could be felt and seen most acutely in Weimar Germany with respect to the human body. How the body was studied, manipulated and reorganized, accelerating the disenchantment of the world in this domain as well, has been amply demonstrated in endocrinology and eugenics, birth control and genetics, psychotechnology and prosthetics, as well as in aesthetic surgery and social medicine.<sup>4</sup> The extent to which new mass media staged and politicized the body with the aim of asserting nationalist, pacifist or racist interests is also well known.<sup>5</sup> Ultimately, however, bodies were ‘by no means

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<sup>1</sup> On the distinction between these two perspectives and their consequences for historiography, see the detailed discussion in the review article by Peter Fritzsche, ‘Did Weimar Fail?’ in *Journal of Modern History*, 68, 3 (1996), pp. 629–56 and, more recently, Benjamin Ziemann, ‘Weimar Was Weimar: Politics, Culture and the Emplotment of the German Republic’, *German History*, 28, 4 (2010), pp. 542–71. See also the detailed discussion of the Weimar Republic as a place of possibilities in Rüdiger Graf, *Die Zukunft der Weimarer Republik. Krisen und Zukunftsaneignungen in Deutschland 1918–1933* (Munich, 2008), and the contributions in Moritz Föllmer and Rüdiger Graf (eds), *Die Krise der Weimarer Republik. Zur Kritik eines Deutungsmusters* (Frankfurt/Main, 2005); with a focus on body politics, see Edward Ross Dickinson, ‘Biopolitics, Fascism, Democracy: Some Reflections on Our Discourse about “Modernity”’, *Central European History*, 37, 1 (2004), pp. 1–48.

<sup>2</sup> Carolyn Walker Bynum, ‘Why All the Fuss about the Body? A Medievalist’s Perspective’, *Critical Inquiry*, 22, 1 (1995), pp. 1–33, here p. 2.

<sup>3</sup> Detlev J.K. Peukert, *The Weimar Republic: The Crisis of Classical Modernity*, trans. Richard Deveson (New York, 1992; first published in German 1987), p. 134.

<sup>4</sup> Heiko Stoff, *Ewige Jugend. Konzepte der Verjüngung vom späten 19. Jahrhundert bis ins Dritte Reich* (Cologne, 2004); Christina Ratmoko, *Damit die Chemie stimmt: Die Anfänge der industriellen Herstellung von weiblichen und männlichen Sexualhormonen 1914–1938* (Zurich, 2010); Ute Planert, ‘Der dreifache Körper des Volkes: Sexualität, Biopolitik und die Wissenschaften vom Leben’, *Geschichte und Gesellschaft* 26, 4 (2000), pp. 539–76; Katja Patzel-Mattern, *Ökonomische Effizienz und gesellschaftlicher Ausgleich. Die industrielle Psychotechnik in der Weimarer Republik* (Stuttgart, 2010); Sabine Kienitz, *Beschädigte Helden. Kriegsinvalidität und Körperbilder 1914–1923* (Paderborn, 2008); Deborah Cohen, *Disabled Veterans in Britain and Germany, 1914–1939* (Berkeley, Calif., 2001); Sander Gilman, *Making the Body Beautiful: A Cultural History of Aesthetic Surgery* (Princeton, N.J., 1999); Young-Sun Hong, *Welfare, Modernity, and the Weimar State* (Princeton, N.J., 1998).

<sup>5</sup> On pacifism, see, e.g. Dora Apel, ‘Cultural Battlegrounds: Weimar Photographic Narratives of War’, *New German Critique*, special issue, 76 (1999), pp. 49. On the importance of cinemas in this context, see Anton Kaes, *Shell Shock Cinema: Weimar Culture and the Wounds of War* (Princeton, N.J., 2011). On official pictorial policies regarding the First World War, see Gerhard Paul, *Bilder des Krieges—Krieg der Bilder. Die Visualisierung des modernen Krieges* (Munich, 2004), pp. 113–32, and Thilo Eisermann, *Pressefotografie und Informationskontrolle im Ersten Weltkrieg* (Hamburg, 2000).

merely objects of the new mass media, but were a means of communication themselves, as seen in new performative practices such as expressive dance, variety theatre, mass sports and beauty pageants'.<sup>6</sup> Given the variety of body cultures and body images that developed and spread in such manifold ways, it is no wonder that in retrospect it seems that 'the inhabitants of the 1920s were more obsessed with their bodies than any generation in Western culture before or after them'.<sup>7</sup>

It is still a question of debate if this claim adequately captures the relationship of individuals to their bodies during this historical period. It would seem, however, that more histories of the body have been written about the Weimar years than about any period before or after.<sup>8</sup> This observation in itself is not particularly remarkable. Far more telling is the *way* in which historians of the Weimar era have dealt with the body. The history of the body is usually portrayed either as a history of 'disciplining' or as a history of 'liberation', with little regard for the interplay between them.<sup>9</sup>

In point of fact, however, disciplining the individual in the interests of a ruling power and liberating this individual from the claims of such powers are by nature closely intertwined. Though this observation has been made theoretically, there have been few empirical studies to back it up, at least with regard to the history of the Weimar Republic.<sup>10</sup> Bodies are usually dealt with in the context of the social question, as the focus of social engineering, or in the context of the aesthetic question, as the focus of emancipation. What is meant by the 'aesthetic question'? Questions of aesthetic standards for the body were posed in an entirely new way after the First World War, by cosmetics in particular, creating an ideal of beauty that no longer complied with the nineteenth-century imperative of naturalness.<sup>11</sup> Cosmetics was therefore ultimately following the same goal as the artistic avant-garde: it liberated colours and forms from the conventions of naturalism, thus expressing a desire for social progress as well as a critique of the political status quo. It was no coincidence that this new ideal of beauty focusing on artificiality was adopted by women yearning to be modern, who were trying to overcome the classic notions of 'natural' femininity and 'natural' female lifestyles, and who went down in history as the New Woman—with short hair, short skirts

<sup>6</sup> Michael Cowan and Kai Marcel Sicks, 'Technik, Krieg und Medien. Zur Imagination von Idealkörpern in den zwanziger Jahren', in Cowan and Sicks (eds), *Leibhaftige Moderne. Körper in Kunst und Massenmedien 1918 bis 1933* (Bielefeld, 2005), pp. 13–29, here p. 23. See also Eric D. Weitz, *Weimar Germany: Promise and Tragedy* (Princeton, N.J., 2013).

<sup>7</sup> Hans Ulrich Gumbrecht, 'Protokoll einer Rettung', in Cowan and Sicks, *Leibhaftige Moderne*, pp. 9–12, here p. 9. Sander Gilman and Claudia Schmolders talk about an 'obsession with faciality' in the foreword of their edited volume *Gesichter der Weimarer Republik. Eine physiognomische Kulturgeschichte* (Cologne, 2000), p. 8.

<sup>8</sup> See the detailed literature survey by Daniel Siemens, 'Von Marmorleibern und Maschinenmenschen. Neue Literatur zur Körpergeschichte in Deutschland zwischen 1900 und 1936', *Archiv für Sozialgeschichte*, 47 (2007), pp. 639–82. In terms of methodology, these works are still indebted to the work of Kathleen Canning, 'The Body as Method? Reflections on the Place of the Body in Gender History', *Gender & History*, 11, 3 (1999), pp. 499–513, here p. 500.

<sup>9</sup> Siemens, 'Marmorleibern', p. 682.

<sup>10</sup> Ulrich Bröckling, *Das unternehmerische Selbst. Soziologie einer Subjektivierungsform* (Frankfurt/Main, 2007), pp. 19 f.

<sup>11</sup> See Annelie Ramsbrock, *The Science of Beauty: Culture and Cosmetics in Modern Germany, 1750–1930* (New York, 2015), pp. 37–62, 109–47.

and supposedly short romantic relationships.<sup>12</sup> Viewed in this light, the social and the aesthetic question do in fact have little in common. This contribution, however, will address so-called social cosmetics to show the extent to which beauty care was indeed a facet of the social question or—to put it the other way around—the extent to which the social question had to address the aesthetics of the body. But before taking a closer look at how ideas of disciplining and emancipation were entangled in social cosmetics, we need to define social cosmetics.

Social cosmetics was not a form of cosmetics in the usual sense, but a way of thinking that corresponded to social medicine as a preventive science of health based on social-science paradigms. Social physicians identified environmentally induced diseases such as tuberculosis, syphilis and alcoholism, and made those afflicted with them, mostly from the lower strata of society, the focus of public hygiene. Thus, social cosmetics was founded on the observation that the role of beauty in the workplace was no longer just a facet of advertising psychology but had become a social reality. As Hans Würz, the educational and administrative director of the Oskar Helene Home, pointed out in 1929, ‘The huge supply of labour implies a certain process of physical selection’.<sup>13</sup> With that he addressed a problem that affected the poor in particular. The fact that they did not have the financial means to purchase cosmetics and give themselves a flawless appearance was a clear disadvantage in a competitive employment market from the perspective of social physicians. Cosmetics as a ‘postwar buzzword’, one social physician claimed, had therefore gained ‘undreamed-of significance’. The individual, ‘whether he wants to or not’, could no longer ignore it.<sup>14</sup> Social cosmetics had apparently become so important even outside the confines of social medicine that it warranted an entry in the 1931 *Brockhaus* encyclopaedia. Apart from the cosmetics ‘known since time immemorial’,

in modern times so-called social c[osmetics] have gained increasing attention. There is no question that trivial disfigurements, e.g., large hairy moles, make employment more difficult for some people, or even cause unemployment. This is why some have demanded that the removal of such disfigurements as have proven detrimental to employment should be declared a standard health benefit.<sup>15</sup>

To show just how much social cosmetics combined visions of social reform and changing ideas of beauty, I will first look at the concept itself. What were the underlying ideas of welfare and beauty? Second, I will look at the acceptance of social cosmetics as an aspect of welfare policies promoted by social-policy makers. What problems did the representatives of social insurance funds see in the incorporation of social cosmetics? Was it compatible at all with the logic of the Weimar welfare system and, if so, what

<sup>12</sup>As an example of this interpretation of the New Woman, see Katharina van Ankom, *Women in the Metropolis: Gender and Modernity in Weimar Culture* (Berkeley, Calif., 1997); Gesa Kessemeier, *Sportlich, sachlich, männlich. Das Bild der ‘Neuen Frau’ in den Zwanziger Jahren. Zur Konstruktion geschlechtsspezifischer Körperbilder in der Mode der Jahre 1920 bis 1929* (Dortmund, 2000). The extent to which this figure symbolizes the political culture of the Weimar Republic has been addressed by Rüdiger Graf, ‘Anticipating the Future in the Present—“New Women” and Other Beings of the Future in Weimar Germany’, *Central European History* 42, 4 (2009), pp. 647–73.

<sup>13</sup>Hans Würz, ‘Luxus—oder Volkskosmetik?’, *Der Kassenarzt*, 15 (13 April 1929), pp. 1–3.

<sup>14</sup>Martin Gumpert, *Kosmetik, (Einstellungsbekämpfung). Ein Grundriss für Ärzte und Studierende* (Leipzig, 1931), pp. 196 f.

<sup>15</sup>*Der große Brockhaus* (15th edn, Leipzig, 1931), p. 498.

arguments were used to defend it? Third, the practice of social cosmetics will be portrayed here as a variant of social hygiene. Who was calling for social cosmetics, which specific ailments did people want to have treated, and what formalities were involved before a patient could be treated? Finally, I will discuss to what extent a focus on social cosmetics can help soften the opposition between disciplining and emancipation commonly found in histories of the body, as well as to what extent it has expanded our idea of the ‘omnipotence of social engineering’, from a focus on bodily functions and the health of the community to the form and shape of the body and the ideal of a flawless individual.

## I: The Concept of Social Cosmetics: Bodies between Welfare and Aesthetics

The first to demand a social cosmetics was Martin Gumpert (1897–1955), a social physician and author who was born into a middle-class Jewish family in Berlin.<sup>16</sup> His father was a medical official, his grandfather a banker and his mother the daughter of a piano manufacturer. Gumpert studied medicine, joined the Council of Intellectual Workers and co-founded the Socialist Students’ Party. He earned his doctorate in 1923 with a dissertation entitled ‘Der Streit um den Ursprung der Syphilis’ (The Debate over the Origins of Syphilis).<sup>17</sup> His medical education, Gumpert later wrote, took place ‘amidst a world abandoned to the harmless pleasures of phony peace’. The world he meant was Berlin:

an inferno of misery, hunger and upheaval, a popular destination for adventurers who wanted to tour the chaos and live on a shoestring budget to boot. Beggars besieged the streets like in old Stamboul. The unemployed wore tattered old uniforms, and all manner of depravity flourished in Berlin to the amusement of the foreigner, who thought the city ‘the toughest spot of Europe’.<sup>18</sup>

Gumpert got to know this world at the Rudolf Virchow Hospital, in the district of Wedding, where he worked until 1927 as a resident physician under the social physician Abraham Buschke.<sup>19</sup> Wedding, with its 375,000 residents, was a densely populated district of Berlin, second only to Kreuzberg, and a typical working-class neighbourhood. Gumpert recorded, ‘The sick people in our ward were a poignant cross-section of Berlin’s proletariat. From the well-schooled and prudent bourgeois worker to the degenerate criminal, all degrees of social uneasiness could be found here’.<sup>20</sup>

The social uneasiness Gumpert was talking about here was dealt with differently after the First World War than it had been in the nineteenth century. While the social question still concerned the plight of economically disadvantaged groups, the aim was more

<sup>16</sup>For an in-depth biography of Gumpert, see Jutta Ittner, *Augenzeuge im Dienst der Wahrheit. Leben und literarisches Werk Martin Gumperts (1897–1955)* (Bielefeld, 1998), as well as Andreas Wittbrodt, ‘Ein gebildeter Sozialarzt. Die Lebensform des Migranten Martin Gumpert in Berlin und New York im Spiegel seiner Autobiographik’, in Albrecht Scholz and Caris-Petra Heidel (eds), *Emigrantenschicksale. Einfluss der jüdischen Emigranten auf Sozialpolitik und Wissenschaft in den Aufnahmeländern* (Frankfurt/Main, 2004), pp. 155–68. For a medical perspective, see Karin Geiger, *Der diagnostische Blick—Martin Gumpert als Arzt, Medizinhistoriker und ärztlicher Schriftsteller* (Remscheid, 2004).

<sup>17</sup>Martin Gumpert, ‘Der Streit um den Ursprung der Syphilis’ (Diss. med., Berlin, 1923).

<sup>18</sup>Martin Gumpert, *Hölle im Paradies. Selbstdarstellung eines Arztes* (Stockholm, 1939), p. 145.

<sup>19</sup>Cf. the employer’s reference about Gumpert’s time as a resident physician, AdK (Akademie der Kuenste), Berlin, Martin-Gumpert-Archiv, no. 401. Quotation from Gumpert, *Hölle*, p. 168.

<sup>20</sup>Gumpert, *Hölle*, p. 169.

all-encompassing now, a matter of social policy and social reform, and less about reducing poverty and eradicating life-threatening working and living conditions.<sup>21</sup> The implementation of individual social-policy measures and the limits of social reform have been widely researched.<sup>22</sup> It is also well known that the public debate about social problems was influenced by social experts more than it had been previously.<sup>23</sup> These experts developed a state-based approach to class-specific pathologies, promoting a system of public health care that incorporated cultural, psychological, economic and political factors. The public health offices opened for this purpose soon became local healthcare centres. Added to this were numerous welfare offices and counselling centres that were financed by the local public health offices: for example, welfare offices for pregnant mothers, infants and toddlers; marriage-counselling centres; and institutions for those suffering from addiction, tuberculosis or venereal disease.<sup>24</sup> But it was not only social scientists with a self-professed interest in the natural sciences who took part in social engineering; natural scientists who admitted being strongly influenced by the social sciences, Martin Gumpert among them, also played an active role.<sup>25</sup> 'To me', wrote Gumpert, explaining his profession, 'medicine was always a social science, a science of society. It would have been useless for me to go about it as a pure natural science like so many others have done'.<sup>26</sup> Gumpert did not have to, because a year after completing his residency at the Virchow Hospital, he became the director of the public health department's Counselling and Treatment Centre for Skin and Venereal Diseases, in the Wedding district of Berlin.

The welfare work that Gumpert was now engaged in was individualized in a double sense. There was financial support in individual cases (which distinguished welfare policy from social policy) and there was 'guidance, assistance, and often moral edification on the part of social professionals in order to educate and strengthen the character of precisely those people who could not satisfy their own basic needs without outside help'.<sup>27</sup> And yet social hygiene was less about the health of individuals than about the fight against disease: 'In an age of intensified imperialist rivalries, the health, productivity, culture, and political integration of the population became the key to national strength'.<sup>28</sup> In this sense the working population was seen as an increasingly scarce resource that had to be promoted for the sake of the state. And since diseases implied a cost to the nation, it made sense to want to eradicate them. The sickness of an individual endangered the health of the community. Thus social hygiene became a central mechanism for producing in a rational and efficient manner a population of 'physically fit and culturally competent citizens, who quite literally embodied the economic, demographic, and military potential of the nation'.<sup>29</sup>

<sup>21</sup> Young-Sun Hong, 'The Weimar Welfare System', in Anthony McElligott (ed.), *Weimar Germany* (The Short Oxford History of Germany, Oxford, 2009), pp. 175–206.

<sup>22</sup> See Peukert, *Weimar Republic*; Hong, *Welfare*; David F. Crew, *Germans on Welfare: From Weimar to Hitler* (Oxford, 1998); Dickinson, 'Biopolitics'.

<sup>23</sup> Lutz Raphael, 'Die Verwissenschaftlichung des Sozialen als methodische und konzeptionelle Herausforderung für eine Sozialgeschichte des 20. Jahrhunderts', *Geschichte und Gesellschaft* 22, 2 (1996), pp. 165–93.

<sup>24</sup> Hong, 'Weimar Welfare System', pp. 196–7.

<sup>25</sup> As argued by Raphael, 'Verwissenschaftlichung', p. 165.

<sup>26</sup> Gumpert, *Hölle*, p. 154.

<sup>27</sup> Hong, 'Weimar Welfare System', p. 176.

<sup>28</sup> *Ibid.*, p. 177.

<sup>29</sup> *Ibid.*, p. 178.

In this context, it is hardly surprising that the history of welfare-state arrangements has been thought of in recent years as a process of social disciplining: a gradual process of internalizing scientific norms of behaviour encompassing nearly all aspects of life, whether work, sexuality, hygiene, nutrition, childrearing or sleeping habits. It was Michel Foucault who provided the theoretical foundation for such a perspective on social engineering. Following Foucault, the body in the welfare state is normally viewed as a contingent product of disciplinary technologies. Its physical existence and its behaviours are subject to the calculations of state apparatuses. The latter's 'bio power' endeavours to optimize the individual body, always with the quality of the 'species body' in mind.<sup>30</sup> If we view the Weimar Republic with its ultimate demise in mind, it is easy to see the body politics of this period in this manner, emphasizing, along with Detlev Peukert, its most radical consequence: the elimination of the individual in favour of the national body. At the same time it is important not to overlook the fact that the lower classes were not merely controlled and disciplined by the welfare state, for these welfare programmes also helped improve their living conditions and sometimes ensured their very existence. Hence, these individuals were certainly appreciative of social welfare.<sup>31</sup>

This ambivalence between disciplining and emancipation is particularly marked in the case of social cosmetics, whose history is indeed a history of social welfare but one that is not adequately described by the narrative of disciplining. Indeed, the emergence and significance of social cosmetics can only be understood in the context of the history of the body in the Weimar Republic, which is commonly told as a history of emancipation: the history of cosmetics. Parallel to social hygiene, a cosmetic consumer culture of a kind unknown in the nineteenth century emerged after the First World War. Powder and paint were not new, of course, but they were now being manufactured industrially and offered as standardized products. They were also being promoted commercially, with cosmetics companies relying primarily on advertisements in newspapers and magazines. In the early 1930s, cosmetics accounted for 48 per cent of all German newspaper advertisements.<sup>32</sup> The marketing strategies of cosmetics companies were varied. Yet, as with any advertisement, they were not arbitrary constructions of reality but 'distorting mirrors' of social reality.<sup>33</sup> For example, they reflected the political thinking of conservatives, portraying upper-class ladies in colonial or oriental worlds, often with exotic servants handing them their cosmetics. Or they promised an artificially produced but natural-looking beauty by referencing the 'body culture' movement.<sup>34</sup> Moreover, cosmetics advertisements alluded to the fact that more and more modern women were entering a male-dominated workforce, increasingly occupying salaried positions in the service sector. Their products were advertised accordingly.<sup>35</sup> 'The

<sup>30</sup> Michel Foucault, *Der Wille zum Wissen. Sexualität und Wahrheit* (Frankfurt/Main, 1977).

<sup>31</sup> Hong, 'Weimar Welfare System', p. 196.

<sup>32</sup> See Ulrike Thoms, 'Make-up, Moden und Märkte. Dekorative Kosmetik und Werbung 1850–1970', in Verena Burhenne (ed.), *Make-up! Aus der Geschichte der dekorativen Kosmetik* (Münster, 1998), pp. 43–56, here p. 45.

<sup>33</sup> Roland Marchand, *Advertising the American Dream: Making Way for Modernity, 1920–1940* (Berkeley, Calif., 1985). See also Jackson Lears, *Fables of Abundance: A Cultural History of Advertising in America* (New York, 1994).

<sup>34</sup> See Uta Poiger, 'Beauty, Business and German International Relations', *WerkstattGeschichte*, 45 (2007), pp. 53–71.

<sup>35</sup> See Alys Eve Weinbaum et al., 'The Modern Girl around the World: Cosmetics Advertising and the Politics of Race and Style', in Alys Eve Weinbaum et al. (eds), *The Modern Girl around the World: Consumption, Modernity, and Globalization* (Durham, N.C., 2009), pp. 25–54.

working woman knows that a delicate, youthful complexion is her best capital',<sup>36</sup> ran a Palmolive advertisement, whereas another company posed the rhetorical question, 'Is it not so that a woman possessing beauty and grace has greater success in society and business?'<sup>37</sup> 'Beauty', according to *Das Magazin* was tantamount to 'manpower' and 'capital',<sup>38</sup> which Gabriele Tergit explained in her reportages on Berlin: 'The pretty ones sell more', and people prefer 'to buy a hat' or 'be taught by a pretty woman'.<sup>39</sup>

To be sure, in the early twentieth century the gainful employment of women had shifted from the private sphere (domestic servants) to the service sector (saleswomen, cashiers). Whereas in 1907 only a third of women were active in industry, crafts and the service sector, by 1925 their share composed 45 per cent. This development was most striking in salaried professions, which prior to the First World War was a male-dominated field. The number of female salaried employees tripled between 1907 and 1925 to 1.5 million, increasing their share of all gainfully employed women from 5 per cent to 12.6 per cent. This development does not mean that the gainful employment of women had increased in absolute terms or that women had achieved equal rights in the workplace. The employment rate among women only increased from 34.9 per cent to 35.6 per cent between 1907 and 1925, and a gendered division of labour was the rule in salaried employment.<sup>40</sup> Women were not only performing subaltern and less independent tasks compared to their male co-workers; they were also paid consistently less.<sup>41</sup>

Siegfried Kracauer, among others, underlined that the postulate of beauty was perceived by many women as a burden rather than a pleasure, yet one they had to bear as one of their 'professional requirements'. Beauty, it seemed to him, was scarcely a question of personal self-development in the case of a working woman but, rather, was an answer to a gender-specific employment policy. 'The rush to the numerous beauty salons', he argued, 'springs partly from existential concerns, and the use of cosmetic products is not always a luxury'. And yet these 'employees must join in, whether they want to or not'.<sup>42</sup> The cosmetics industry cashes in on 'every one of her wrinkles', concluded writer Hertha von Gebhardt about the situation of female salaried employees. 'Millions of working women', she said, had to manage to get the 'latest hairstyle from the little they earned' and to 'always show up for work in the morning looking rosy and well-rested', indicating that such expectations were ultimately a gender-specific mechanism of repression. Men, to her mind, 'owed

<sup>36</sup> Advertisement in *Uhu*, 10 (1928), p. 5.

<sup>37</sup> Advertisement in *Die Dame*, 12 (1926), p. 35.

<sup>38</sup> Anonymous, 'Etwas über die Schönheit', *Das Magazin*, 14 (1925), pp. 51–2, here p. 51.

<sup>39</sup> Gabriele Tergit, 'Anspruchsvolle Mädchen' (1931), in her *Atem einer anderen Welt. Berliner Reportagen* (Frankfurt/Main, 1994), pp. 45–6, here p. 46.

<sup>40</sup> All figures are taken from Ute Frevert, *Frauen-Geschichte. Zwischen Bürgerlicher Verbesserung und Neuer Weiblichkeit* (Frankfurt/Main, 1986), pp. 163 ff. On the gainful employment of women before and during the First World War, see Kathleen Canning, *Languages of Labor and Gender: Female Factory Work in Germany, 1850–1914* (Ithaca, N.Y., 1996); Ute Daniel, *Arbeiterfrauen in der Kriegsgesellschaft. Beruf, Familie und Politik im Ersten Weltkrieg* (Göttingen, 1989).

<sup>41</sup> For recent studies of the New Woman in international perspective, see Elizabeth Otto and Vanessa Rocco (eds), *The New Woman International: Representations in Photography and Film from the 1870s through the 1960s* (Ann Arbor, Mich., 2012); Alys Eve Weinbaum et al., *Modern Girl*.

<sup>42</sup> Siegfried Kracauer, *The Salaried Masses: Duty and Distraction in Weimar Germany*, trans. Quintin Hoare (London, 1998; first published in German 1929), p. 39.

an explanation' for the fact that a woman was never, under any circumstances, allowed to 'look fatigued'.<sup>43</sup> Apparently women still suffered from the stigma of not measuring up to the requirements of the public sphere. And yet a woman's well-groomed appearance was supposed to give the impression that she could withstand the pressures of work without showing a trace of stress. 'Good looks despite a strenuous job', was the motto of one advertisement for Eau de Cologne, which used the image of a smiling, stylishly dressed secretary to suggest that this product could hide signs of physical exhaustion.<sup>44</sup> An advertisement for Elizabeth Arden argued in the same vein: 'It's your own fault if the exertions of our modern life leave the slightest trace in your face. In our age of progress, there's no excuse for tired eyes and withered skin'.<sup>45</sup> Given this kind of intimidation, it is hardly surprising that critical observers like Hertha von Gebhardt were led to conclude that the New Woman had not necessarily scored a victory against the traditional housewife and spouse. To the modern woman, she argued, fading beauty meant not only 'elimination from the battle of love', but also, and especially, 'elimination from the battle of survival'.<sup>46</sup>

But not only cosmetics' consumer culture and its advertising strategy of linking beauty with success were important for the development of social cosmetics; aesthetic surgery also played a role. Aesthetic operations had been performed occasionally ever since the late nineteenth century, to flatten protruding ears or reduce the size of the nose, for example.<sup>47</sup> But most physicians of the early twentieth century still held the view that it was not the 'business of a doctor' to devote himself to human 'appearances'.<sup>48</sup> The experiences of the First World War gave aesthetic surgery a new meaning. Of the 2.7 million physically and psychologically wounded referred to in the 1934 *Medical Report on the German Army*, more than 300,000 had facial wounds,<sup>49</sup> the treatment of which was an enormous challenge to the state and the medical profession. Actually, the types of wound caused by modern steel-jacketed bullets were familiar to doctors before the First World War. The military conducted experiments and even fired test rounds into corpses.<sup>50</sup> Surgeons had been trained before the war to treat face and jaw wounds in special clinics. A glance at the 'before and after' photos of these soldiers shows why some aesthetic surgeons referred to the war as the 'great teacher' of plastic surgery, since the number of nose, lip and cheek operations conducted in 'a single day' was often 'more than a century's worth' in peacetime.<sup>51</sup> The war with its

<sup>43</sup> Hertha von Gebhardt, 'Frauen rechnen ab. Die Bilanz der Frau von heute', *Uhu*, 2, 1931, pp. 54–61.

<sup>44</sup> Advertisement in *Die Dame*, 19 (1929), p. 69.

<sup>45</sup> Advertisement in *Vogue*, 14 (1928), p. 63.

<sup>46</sup> Gebhardt, 'Frauen', p. 61. On the significance of beauty for the working woman, see Jochen Hung, 'The Modernized Gretchen: Transformations of the "New Women" in the Late Weimar Republic', *German History*, 33, 1 (2015), pp. 52–79.

<sup>47</sup> For a detailed history of aesthetic surgery, see Sander Gilman, *Creating Beauty to Cure the Soul: Race and Psychology in the Shaping of Aesthetic Surgery* (Durham, N.C., 1998); Gilman, *Making the Body Beautiful*; Gilman, 'Das Gesicht wahren. Zur ästhetischen Chirurgie', in Gilman and Schmolders, *Gesichter der Weimarer Republik*, pp. 78–95.

<sup>48</sup> Fritz Koch, *Häßliche Gesichts- und Körperformen und ihre Verbesserung* (Berlin, 1914), p. 45.

<sup>49</sup> *Sanitätsbericht über das Deutsche Heer (Deutsches Feld- und Besatzungsheer) im Weltkriege 1914/18, bearbeitet von der Heeres-Sanitätsinspektion des Reichswehrministeriums*, 3 vols, vol. 3 (Berlin, 1934), 68–71.

<sup>50</sup> See Rudolf Klapp and Hermann Schröder, *Die Unterkieferschußbrüche und ihre Behandlung* (Berlin, 1917), p. 1.

<sup>51</sup> Johannes Grosse, *Schönheit. Ihre Pflege durch ärztliche Wissenschaft und Kunst. Neuzeitliche Kosmetik für Ärzte und gebildete Laien* (Munich, 1922), p. 123.



‘many mutilations’ had indeed resulted in the ‘blossoming’ of cosmetic surgery, ‘perfecting’ and ‘universalizing’ it, even though the conjecture of a contemporary physician that ‘surgical improvements’ would soon be the order of the day turned out to be erroneous.<sup>52</sup>

The facially wounded not only offered an opportunity to improve surgical techniques, but also made clear what function the face has in the social existence of a human being, because those with facial injuries were in many ways treated differently from other invalids. They were neither employed in the war industries—even though some of them could have done these jobs more easily than those with artificial limbs<sup>53</sup>—nor sent back to the front like many ‘war neurotics’ were.<sup>54</sup> Instead, the facially wounded were categorically discharged; the danger simply seemed too great that the ‘psychological effect’ of these disfigured faces might undermine ‘discipline’ on the battlefield and working morale on the home front.<sup>55</sup> The ‘really special characteristic of this type of invalidity’, Heinrich Salomon concluded in 1916, was the ‘aesthetic loss, *the inferiority in external appearance*’, which was ‘undeniably a severe impediment in *every* profession’ as well as on the front—in many cases even after these individuals had undergone numerous operations.<sup>56</sup>

But you did not need to have facial wounds to avail yourself of aesthetic surgery in the Weimar Republic. In the course of the 1920s it became a medical field of its own—and an extremely class-oriented one at that. In 1937, according to the *Kosmetologische Rundschau*, rhinoplasty cost anywhere from 150 to 400 Reichsmark, ear surgery 100 to 300 Reichsmark, a facelift 200 to 400 Reichsmark and eyelid surgery 100 to 200 Reichsmark. Added to these charges were costs of 6 to 10 Reichsmark per day and night for post-operative care.<sup>57</sup> Given that the maximum income of a female salaried employee was 100 Reichsmark a month, that is, less than the Weimar Republic’s official minimum subsistence level of 100 Reichsmark once social-insurance contributions were deducted,<sup>58</sup> cosmetic surgery was clearly a privilege of the wealthy.

And yet doctors advertised their art with the same strategy as cosmetics companies. Thus, a woman’s face was described as ‘her calling card’<sup>59</sup> and scenarios like the following were described in advertisements for plastic surgery: ‘Empty-handed again! Someone else got the good job you wanted so badly. You may have had the skills, but

<sup>52</sup>Ludwig Levy-Lenz, ‘Schönheits-Operationen’, *Die Ehe*, 8, 13 (1 March 1933), pp. 20–2, here p. 21.

<sup>53</sup>Heather R. Perry, ‘Brave Old World. Recycling der Kriegskrüppel während des Ersten Weltkriegs’, in Barbara Orland (ed.), *Artifizielle Körper—Lebendige Technik. Technische Modellierungen des Körpers in historischer Perspektive* (Zurich, 2005), pp. 147–58; Kienitz, *Beschädigte Helden*; Joanna Bourke, *Dismembering the Male: Men’s Bodies, Britain and the Great War* (Chicago, 1996); Cohen, *Disabled Veterans*.

<sup>54</sup>See Paul Lerner, *Hysterical Men: War, Psychiatry, and the Politics of Trauma in Germany, 1890–1930* (Ithaca, N.Y., 2003).

<sup>55</sup>Adalbert G. Bettmann, ‘The Psychology of Appearances’, *Northwest Medicine* 28 (1929), pp. 182–5, here p. 184.

<sup>56</sup>H. Salomon, ‘Kriegsinvalidität nach Kieferverletzungen’, *Die Umschau* 20, pt 1 (1916), 148–50, here p. 148, emphasis in original. The appearance of a facial wound even after years of treatment is described by Erich Kuttner in Bernd Ulrich and Benjamin Ziemann, *Frontalltag im Ersten Weltkrieg. Ein historisches Lesebuch* (Essen, 2008), pp. 64–5.

<sup>57</sup>*Kosmetologische Rundschau* 13 (1937), p. 17. These were the costs indicated by Adelheim’s Cosmetological Institute at Fasanenstrasse 21 in Berlin.

<sup>58</sup>See Frevert, *Frauen-Geschichte*, p. 178.

<sup>59</sup>Advertisement in *Uhu*, 12 (1929), n.p.

your looks weren't good enough. You have to do something about it!<sup>60</sup> Surgical manuals even claimed, 'Doctors are asked most frequently to remove disfigurements that hinder an individual's professional advancement and productivity, e.g., age wrinkles in many female professions, hypertrophic, pendulous breasts in the case of stenotypists, actresses and dancers.' For men it was mainly protruding ears and deformed noses that supposedly impeded them in practising their profession. Such disfigurements, doctors explained, made it 'very difficult for supervisors to maintain the necessary authority over subordinates, or teachers over their pupils'.<sup>61</sup> The term 'disfigurement' used here refers not to the 'excessive degree' of 'bodily deformation' that the facially wounded had to live with, but to 'lighter and less obvious degrees of bodily disfigurement'.<sup>62</sup> Aesthetic surgery concerned 'the removal of inborn or acquired, subjectively or objectively unpleasant or disturbing deviations from the norm in external appearance that make the individuals suffering from them conspicuous among their fellow human beings and ultimately make them appear inferior in a variety of ways'.<sup>63</sup> After all, a 'deviation from the norm'—the indication for aesthetic surgery—was often accompanied by an 'abnormal mental state', whose effects, the manual's author believed, were often 'more severe than many a serious illness'.<sup>64</sup>

Analogous to aesthetic surgery, Gumpert also defined a deformation as any 'deviation from the norm perceived to be unpleasant in a subjective or objective way'.<sup>65</sup> Unlike aesthetic surgeons, however, Gumpert did not derive an 'abnormal mental state'<sup>66</sup> from this, but viewed disfigurement as a 'significant sociological phenomenon': 'the asocial behaviour of the body'<sup>67</sup> linked to an 'anomalous fate'.<sup>68</sup> Thus, the notions of 'disfigurement' in social medicine were also based on concepts of the normal and pathological. Any contemplation of a body and its aberrations, Gumpert wrote, had to proceed from a 'norm'. But the 'pathology of disfigurement' explicitly distanced itself from existing ideals of beauty. For one thing, Gumpert considered the norm of beauty in cosmetic surgery, guided by art-anatomical observations, 'pointless', as it referred to an 'aesthetic' and 'utopian idealistic conception' of the body.<sup>69</sup> For another, he was opposed to the promise of beauty held out by the 'booming beauty industry'. The latter's concern for the human form was solely economically motivated, he claimed, and propagated an 'extremely relative and hypothetical notion' of the normal, which a 'conscientious physician' did not have 'the least' use for.<sup>70</sup> Gumpert, by contrast,

<sup>60</sup> Advertisement, cited in Ulrike Thoms, 'Dünn und dick, schön und häßlich. Schönheitsideale und Körpersilhouette in der Werbung 1850–1950', in Peter Borscheid and Clemens Wischermann (eds), *Bilderwelt des Alltags* (Stuttgart, 1995), pp. 242–81, here p. 277.

<sup>61</sup> Werner Birkenfeld, 'Chirurgische Kosmetik', in A. Buschke, Alfred Joseph and Werner Birkenfeld (eds), *Leitfaden der Kosmetik für die ärztliche Praxis* (Leipzig, 1932), pp. 98–212, here p. 99.

<sup>62</sup> Grosse, *Schönheit*, p. 123 (emphasis original).

<sup>63</sup> Birkenfeld, 'Chirurgische Kosmetik', p. 98.

<sup>64</sup> Grosse, *Schönheit*, p. 94; Fritz Juliusberg, *Leitfaden der Kosmetik für Ärzte* (Berlin, 1922), p. 1. On the history of aesthetic surgery and the development of indications for it, see the detailed discussion in Ramsbrock, *Science of Beauty*.

<sup>65</sup> Gumpert, *Kosmetik*, p. 196.

<sup>66</sup> Grosse, *Schönheit*, p. 94; Juliusberg, *Leitfaden*, p. 1.

<sup>67</sup> Gumpert, *Kosmetik*, p. 143.

<sup>68</sup> *Ibid.*, p. 9.

<sup>69</sup> *Ibid.*, pp. 143 f.

<sup>70</sup> *Ibid.*, pp. 197, 143.

defined norms of beauty in terms of ‘responsivity’. He thus called attention to forms of intersubjectivity—to be more precise, the ‘*Wechselbeziehung*’ (correlation) between the individual and his or her environment. A person’s appearance was assumed to occasion ‘social disease’ only when this person in ‘totality’ was no longer able to ‘appear normal to himself and his environment’—in other words, when there was a consensus between the individual and that individual’s immediate social environment about the perception of a ‘disfigurement’.<sup>71</sup>

It might be a coincidence that Gumpert first demanded social cosmetics in 1928, a year when the sense of social crisis was mounting in nearly all spheres of life.<sup>72</sup> But it certainly was not a coincidence that the call for social cosmetics was in some way connected to the realization that the Weimar Republic itself was in crisis. The demand was not born of pessimism and hopelessness but came from a belief that it was possible to change things and improve the situation. In the case of social cosmetics, the aim was to expand and enhance the welfare state by adding aesthetic surgery to its catalogue of social benefits.

## II: Cosmetics as a Political Issue and the Limits of Social Benefits

Gumpert’s commitment to the ‘disfigured’ was by no means restricted to the concept of social pathology. He also devised a welfare plan for the ‘sufferers of disfigurement’ that would make it possible for anyone to normalize his or her physical appearance with the aid of cosmetics. The concrete measures Gumpert took to implement this plan were recorded in the memoirs of Julius Moses (1868–1942), a Jewish physician and Reichstag deputy for the Social Democratic Party whose commitment to social medicine made him a symbol of left-leaning critical medicine.<sup>73</sup> According to Moses, Gumpert developed a welfare plan for the ‘disfigured’ which he presented in person to Carl Leid (1867–1935), the district mayor of Wedding, in autumn 1928. ‘Leid, armed with his exposé’, Moses went on, ‘then came to me in the Reichstag to get my opinion on the overall plan. Chance, as it does so often in life, played a great part here, because at the very same time, indeed—as far as I recall—those very days I received a second visitor at the Reichstag’. A young woman, ‘probably in her early twenties, with a mole on her left cheek’, asked him to ‘take up the cause of the disfigured too’. For over a year, she had been trying in vain to get a job as a saleswoman. ‘She’d been turned down everywhere on account of her congenital “disfigurement”.’ The insurance companies had refused to cover the costs of an aesthetic operation, and she herself was in no position to pay for it, ‘having three brothers and sisters, and a father who earned just enough to keep the family from starving’. Her ‘futile attempts’ to find a job had caused her to come down with ‘a serious case of mental depression’. Moses was ‘deeply impressed’ by this encounter and ‘immediately got in touch with Gumpert’, whereupon he became ‘extremely interested in [Gumpert’s] project and the problem in general’.<sup>74</sup> Up to that point, Moses, like many others, had considered traditional cosmetics the ‘business of

<sup>71</sup> *Ibid.*, pp. 144f.

<sup>72</sup> Graf, *Zukunft*, p. 359.

<sup>73</sup> See Daniel Nadav, *Julius Moses (1868–1942) und die Politik der Sozialhygiene in Deutschland* (Gerlingen, 1985).

<sup>74</sup> Notes by Moses, estate of Dr Julius Moses, folder 7 ‘Soziale Kosmetik’ (IWK vol. 10, June 1974, no. 2), private archive of Prof. Dr Kurt Nemitz, Bremen. Gumpert recorded in his autobiography that he received ‘a letter from Social Democratic Reichstag Deputy Dr Moses’ requesting a personal meeting. Gumpert, *Hölle*, p. 210.

young women and girls from so-called “better” and “more elevated” circles’. But social cosmetics was interesting to him as it championed the cause of ‘the oppressed and stigmatized’.<sup>75</sup> Social cosmetics, Moses’s memoir reveals, was perfectly suited to Social Democratic health policy, not least because it fulfilled the promise of the authors of the constitution to expand and elaborate social policy.

That Moses, too, held the wide-spread belief among social engineers that ‘all social problems could be rationally solved by state intervention and the application of science and social theory’<sup>76</sup> might be a reason why Gumpert was given the opportunity to present his programme of social cosmetics to the Reichstag’s Social Policy Committee. Gumpert was ‘fascinated’ with the idea of ‘making [Moses’s] wishes known to experts in the Reichstag’. The ‘combination of politics and cosmetics seemed at first glance to have something extremely surprising and unusual’.<sup>77</sup> Indeed, apart from members of the Social Policy Committee, representatives from state authorities and insurance companies as well as the press and a number of prominent physicians and sociologists were present, which shows that the limits and opportunities of social engineering were seen as relevant to health policy even with regard to social cosmetics.<sup>78</sup>

Moses opened the session on 9 January 1929 and then passed the floor to Gumpert. After explaining the ‘disease of disfigurement’, Gumpert turned to the social relevance of cosmetics. Aesthetic flaws, he explained, had become a significant criteria of exclusion in many professions. While these flaws could be easily remedied by medical treatment, simple salaried employees and workers were incapable of paying for that treatment. It was thus a problem of social justice. The aim of social cosmetics, Moses added, was to ‘find ways for the working classes to enjoy these benefits as well’.<sup>79</sup> The project of social cosmetics contained three levels of care: general welfare, individual welfare and social welfare. General welfare comprised the prevention of disfigurements through the distribution of ‘reliable and affordable popular cosmetics’ to those ‘without means’, while ‘combating worthless nostrums’. Individual welfare involved treating disfigurements that reduced ‘the well-being of the sufferer’. And, finally, social welfare meant treating the kind of disfigurements that were proven to hinder employment or that were work induced.<sup>80</sup> These services would be offered at a ‘treatment and counselling centre for the disfigured’, modelled along the lines of social-medical welfare offices. The ‘disfiguring factors’ would be identified at these centres, and the fraudulent use of these benefits prevented. Moreover, patients would be referred to doctors who agreed to work for the ‘stipulated minimum rate’.<sup>81</sup> The most important thing, however, for the advocates of social cosmetics was that treatment be covered by social insurance. Since the concept of social cosmetics touched on issues of social inequality as well as the social benefits guaranteed by the Weimar Republic, the session drew a lively response

<sup>75</sup>Notes by Moses, folder 7.

<sup>76</sup>Peukert, *Weimar Republic*, p. 134.

<sup>77</sup>Gumpert, *Hölle*, p. 210.

<sup>78</sup>Julius Moses, ‘Soziale Kosmetik’, *Der Kassenarzt*, 6 (1929), pp. 5–6.

<sup>79</sup>*Ibid.*

<sup>80</sup>Martin Gumpert, ‘Soziale Bedeutung der Entstellungsfürsorge’, *Die Medizinische Welt. Ärztliche Wochenschrift*, 44 (1928), pp. 4–7, offprint.

<sup>81</sup>Martin Gumpert, ‘Die Entwicklung der Entstellungsfürsorge’, in *Zeitschrift für Gesundheitsverwaltung und Gesundheitsfürsorge*, 19 (1930), pp. 517–20, here p. 517.

from the press. On the whole, these news articles evinced one characteristic that was typical of social policies in the first German republic: the guiding principles of modern social planners were more or less diametrically opposed to the principles followed by professional social bureaucrats.

Representatives of the working class, in particular, gave their unanimous approval to social cosmetics. 'Yes, indeed', wrote the *Arbeiter Illustrierte Zeitung*, 'the worker, too, has a right to share in the achievements of cosmetic surgery'. The 'body of the working individual is especially endangered and impaired by the exertions of a hard life', whereas 'genteel ladies' spend 'enormous' sums just to 'preen' themselves.<sup>82</sup> Even Marx had alluded to the worker's body in his critique of capitalism, warning that 'idiocy' and 'deformity' would result from the 'estrangement' of the industrial worker from his tools.<sup>83</sup> But these representatives of the working class were much less concerned about the physical effects of industrial production than the social consequences of class medicine, to which cosmetic surgery clearly belonged. Thus, the question of beauty was seen by them as a 'question of fate', which ultimately decided if an individual was 'disfigured by age or ugliness' or 'lost his bread and livelihood', and, moreover, if 'entire social classes' were 'deformed by ... the neglect of personal hygiene'.<sup>84</sup>

It is clear here that the class consciousness of Weimar society was deeply rooted in 'everyday knowledge', in the mentalities of the population and its various subgroups, and that the radical dichotomy between 'bourgeois' and 'proletarian' had still not been resolved despite increasing social diversity and heterogeneity.<sup>85</sup> For representatives of the working class, the debate about social cosmetics was primarily about the consequences of 'capitalist inequality'.<sup>86</sup> It is also clear that the working class had a certain aesthetic consciousness. Though historical studies dealing with the connection between aesthetics and the worker's body are few and far between,<sup>87</sup> historians since the 1980s have nonetheless shown that workers in the Weimar Republic endeavoured to 'shed the image of having "dark," "dirty," "chaotic-unkempt" bodies, which the bourgeoisie had developed a collective fear of since the nineteenth century, and replace it with the [more positive] image of clean, bright ... well-kept bodies'.<sup>88</sup> Representatives of the working class called attention to the fact that the 'housing culture' of workers had been improved 'in terms of functional beauty', referring to the state-financed housing programme implemented between 1924 and 1929. Nevertheless, the 'best possible care

<sup>82</sup> Anonymous, 'Soziale Kosmetik. Entstellungs-Bekämpfung und Verjüngungsmethoden für Arbeitende', *Die Arbeiter-Illustrierte-Zeitung aller Länder*, 5 (1929), p. 7.

<sup>83</sup> Karl Marx, *Economic and Philosophic Manuscripts of 1844*, trans. Martin Milligan (New York, 1988), p. 73.

<sup>84</sup> Anonymous, 'Soziale Kosmetik', p. 7.

<sup>85</sup> See Paul Nolte, *Die Ordnung der deutschen Gesellschaft. Selbstentwurf und Selbstbeschreibung im 20. Jahrhundert* (Munich, 2000), p. 77.

<sup>86</sup> Marianne Pollack, 'Soziale Kosmetik. Die äußere Erscheinung im Kampf ums Dasein', in *Die Frau. Sozialdemokratische Monatsschrift für Politik, Wirtschaft, Frauenfragen, Literatur*, 39, 7 (Vienna, 1930), pp. 9–10, here p. 9.

<sup>87</sup> See Yvonne Hardt, *Politische Körper. Ausdruckstanz, Choreographien des Protests und die Arbeiterkulturbewegung in der Weimarer Republik* (Münster, 2004), and Matthias Warstat, *Theatrale Gemeinschaften. Zur Festkultur der Arbeiterbewegung 1918–33* (Tübingen, 2005).

<sup>88</sup> Gerhard Hauk, "'Armeekorps auf dem Weg zu Sonne". Einige Bemerkungen zur kulturellen Selbstdarstellung der Arbeiterbewegung', in Diemar Petzina (ed.), *Fahnen, Fäuste, Körper. Symbolik und Kultur der Arbeiterbewegung* (Essen, 1986), pp. 69–89, here p. 85.

of the body' was still a 'prerogative of the propertied'.<sup>89</sup> Apparently the concept of social cosmetics comported well not only with the 'dream of a definitive solution to the social question',<sup>90</sup> as Gumpert or Moses envisioned, but also with the 'embourgeoisement of the proletariat'. This was described by Hans Speier in *Magazin der Wirtschaft* in 1931, both its 'ideological embourgeoisement', that is, the adoption of bourgeois values, norms and behaviours, as well as its 'social embourgeoisement', that is, its social advancement.<sup>91</sup> The use of cosmetics seemed to enable both of these things, which is why it is not surprising that workers demanded 'the masses secure a pleasant appearance'<sup>92</sup> of their own.

Along with advocates of the working class, state authorities, too, had their say on cosmetics. They reminded readers that social cosmetics was ultimately just an extension of what had long been anchored in the Weimar Constitution. Article 163, in the section on 'economic life', went as follows: 'For the promotion of health and productivity ... as well as to make provisions for the economic effects of old age, debility and the vicissitudes of life, the Reich shall organize a comprehensive system of insurance with the significant contribution of the insured'. This provision was made with a view to the body's functions, that is, to the ability to move and strain the body and limbs and hence freely employ the body in the production process. Was, then, the appearance of the face also insured if it played a role in the labour market? The representatives of state authorities sympathetic to social cosmetics sought a way to link social cosmetics to existing regulations. Some cited the Decree on Patient Care and Occupational Welfare in Accident Insurance of 14 November 1928, seeing in it a 'positive model' for dealing with the 'sufferers of disfigurement'. This regulation provided retraining programmes for accident victims at the expense of insurance plans and for a maximum of one year, in order to offer these individuals new employment opportunities.<sup>93</sup> The positive aspect praised in this instance was not the retraining itself, but insurance's obligation to pay for it, and the fact that the disfigured and their sufferings were given the same consideration as accident victims. Others referred to the Cripple Welfare Act of 6 May 1920, which regulated the 'recovery', 'education' and 'occupational training' of the physically disabled. The 'ugly' were thought to face the same problems as the 'crippled'. They both had 'almost no prospect' of getting a job 'under normal circumstances', which meant that the disfigured, in particular, were 'prematurely' turned into 'the occupationally disabled'. At least individuals with cosmetic flaws were 'in full possession of their mental and their physical faculties'.<sup>94</sup>

Even the Reich Ministry of Labour was receptive to social cosmetics. The ministry's representative in the Reichstag debate agreed that 'increased competition' made it doubly difficult for the disfigured to hold their own in the 'contest' for employment. He therefore considered it 'imperative' to have disfigurements treated by 'public insurance plans'. By concluding that all this meant was 'adapting to the needs of the present' and 'moving with the times', he emphasized that, here too, the external appearance

<sup>89</sup> Anonymous, 'Soziale Kosmetik', p. 7.

<sup>90</sup> Peukert, *Weimar Republic*, p. 135.

<sup>91</sup> Hans Speier, 'Verbürgerlichung des Proletariats', *Magazin der Wirtschaft* 7, 13/14 (1931), pp. 591–6, 633–8.

<sup>92</sup> Anonymous, 'Soziale Kosmetik', p. 7.

<sup>93</sup> Rudolf Eisner, 'Ein gutes Vorbild', *Berliner Tageblatt*, first supplement (12 Oct. 1929).

<sup>94</sup> Würtz, 'Luxus', p. 1.

of an individual had become more important on the job market and that public insurance funds needed to take this into account. The ‘preservation and restoration of labour power and productivity’, after all, was still the ‘ultimate objective of social insurance’.<sup>95</sup>

The Weimar Constitution did indeed declare in Article 163, ‘Every German shall have the opportunity to earn his living by economic labour’. How this opportunity was affected by the body was ultimately a grey zone, however. Just as unclear in this respect was the Reich Insurance Code, the relevant authority on health-insurance benefits, which Fritz Schulte, director of the National Association of German Insurers, pointed out at the Reichstag debate. An ‘abnormal physical or mental state’ was only classified as needing treatment when it resulted in a demonstrable ‘occupational disability’. Schulte’s point was that disease-related disability, though long since anchored in social legislation, was usually assessed at the ‘reasonable discretion’ of insurers ‘in due consideration of all circumstances’. Moreover, the subsidiarity principle meant that denominational and nondenominational welfare organizations increasingly had to adjust their aid services to state subsidy laws, meaning that the disfigured were denied treatment there just as often as by the state insurance funds. That is why ‘innovative science’, as Schulte referred to social cosmetics, had to underscore the ‘necessity’ of treatment more clearly and shed light on the situations in which physical flaws were a professional handicap. After all, insurers were only obligated to treat medically recognized conditions and tended to give only ‘cursory attention’ to ‘cosmetic impairments’, dismissing them as an ‘extravagant claim’. As a consequence, ‘provision for disfigurement at the expense of social welfare’ was only conceivable if the law was ‘changed accordingly’. Schulte himself was in favour of a change in the law. ‘Delving into the material and taking an interest in the fate of disfigured individuals, one cannot help but come away with the conviction that we are dealing with a type of impairment that needs to be dealt with not least of all for social reasons,’ he recorded. To his mind it made no difference if it was an impairment of bodily functions or an unaesthetic physical appearance that caused an individual’s disability. The only thing that mattered to him was that ‘those poor individuals suffering from disfigurement economically and especially emotionally have to be helped for reasons of humanity regardless of who has to foot the bill’.<sup>96</sup>

Although the notion of social cosmetics was warmly received by most social-insurance representatives, there were some critical voices among the social physicians in attendance at the Reichstag debate. Alfred Grotjahn, for example, a tenured professor of social hygiene in Berlin, felt Gumpert’s demands were not radical enough. While he did deem the ‘elimination of disfigurement’ an ‘indispensable prerequisite to employment in many occupations’, he asked that ‘we be spared communal welfare offices for the disfigured’. What Grotjahn was really criticizing was the often very long road from diagnosis of a social disease to its treatment, which required an application for costs to be covered by social insurance funds and welfare offices. At the same time, this type of medical assistance was rather unattractive for professional physicians, who had to work at near minimum rates. This is one reason Grotjahn demanded the ‘legal inclusion

<sup>95</sup>Krohn, [no title], *Berliner Tageblatt*, first supplement (12 Oct. 1929).

<sup>96</sup>Fritz Schulte, ‘Die Krankenkasse sagt: “Wir dürfen nicht”’, *Berliner Tageblatt*, first supplement (12 Oct. 1929).

of the removal of disfigurements under basic health-insurance coverage', ultimately placing social cosmetics on the same plane as 'cripple care' in terms of social policy.<sup>97</sup>

A number of social physicians likewise criticized social cosmetics per se. A physician by the name of Klauber, writing in the journal *Soziale Medizin*, expressed the fundamental view that social cosmetics would considerably 'exacerbate the struggle among job-seekers'. Most of all, however, he feared that 'mass rejuvenation' would provoke a 'feeling of insufficiency' among older workers, which could lead to a 'manifest psychological trauma'. Aesthetic surgery, he explained sceptically, could erase signs of aging but could not change a person's actual age. It would thus feign a degree of efficiency that did not correspond to a person's actual, age-related performance capacity. He imagined 'reserve armies of made-up corpses' as an unintended side effect of social cosmetics.<sup>98</sup> In actual fact, social cosmetics was about not the spread of makeup, but the public financing of aesthetic-surgical operations, but Klauber's 'armies of made up corpses' was probably a metaphor and intended as a general critique of the prevailing zeitgeist that went down in history as 'New Objectivity'.<sup>99</sup>

New Objective anthropology found expression not only in art, but also in notions of human beauty.<sup>100</sup> Beauty likewise became 'objective' and divorced itself from the nineteenth-century ideal of 'subjectivity' in the sense of inner beauty. Objective beauty, by contrast, was described as 'geometrically clear-cut',<sup>101</sup> at least in aesthetic surgery. Following art-anatomical observations, aesthetic surgeons began measuring bodies and calculating averages with the aim of bringing physical appearances as close as possible to a 'type perceived as the norm'.<sup>102</sup> The data that resulted—the ideal angle of the nose, for instance, was said to be 30 degrees—were very much intended as 'suggestions' for the 'practice of correction'.<sup>103</sup> But even in the field of decorative cosmetics, objectivity reigned supreme. During the nineteenth century it had been common to think 'that a person is all the more gladly and eagerly preoccupied with his or her external manifestation the weaker his or her internal manifestation, that is to say, the less he or she is an intellectual being. The greater the toilet, the lesser the content'.<sup>104</sup> Makeup in the Weimar Republic underwent a reinterpretation. In the spirit of Americanization,<sup>105</sup> the German word '*Schminke*' gave way to 'makeup', which was now considered the 'second nature' of a woman. 'No one paints her face anymore—one merely lends a helping hand', an editor at *Die Dame* wrote in opposition to the ubiquitous use of cosmetics. 'Everyone over the years', she recorded, had so accustomed themselves to this 'helping hand' that 'no one even notices anymore'.<sup>106</sup> In this respect too, beauty had long since

<sup>97</sup> Alfred Grotjahn, [no title], *Berliner Tageblatt*, first supplement (12 Oct. 1929).

<sup>98</sup> L. Klauber, 'Zur Frage der sozialen Kosmetik', *Soziale Medizin*, 9 (1929), pp. 436–40, quotations on pp. 437, 440.

<sup>99</sup> See Helmut Lethen, *Verhaltenslehre der Kälte. Lebensversuche zwischen den Kriegen* (Frankfurt/Main, 1994).

<sup>100</sup> *Ibid.*, p. 100.

<sup>101</sup> Heinrich Paschkis, *Kosmetik für Ärzte* (Vienna, 1893), p. 1.

<sup>102</sup> Ignaz Saudel, *Kosmetik. Ein kurzer Abriss der ärztlichen Verschönerungskunde* (Leipzig, 1915), p. 2.

<sup>103</sup> Jacques Joseph, *Nasenplastik und sonstige Gesichtsplastik. Nebst einem Anhang über Mammoplastik und einige weitere Operationen aus dem Gebiete der äusseren Körperplastik. Ein Atlas und Lehrbuch* (Berlin, 1931), p. 12.

<sup>104</sup> Hermann Klencke, *Kosmetik oder menschliche Verschönerungskunst auf Grundlage rationeller Gesundheitslehre: eine Volksschrift* (Leipzig, 1869), p. 52.

<sup>105</sup> For a detailed discussion see Heide Fehrenbach and Uta G. Poiger (eds), *Transactions, Transgressions, Transformations: American Culture in Western Europe and Japan* (New York, 2000).

<sup>106</sup> Ixy, 'Geschminkt oder Ungeschminkt?', *Die Dame*, 8 (1931), pp. 14, 15.



stopped being a ‘matter of taste’ but was linked to an ‘objectivity of the body’,<sup>107</sup> which already in the nineteenth century had determined how medicine looked *into* the body and now determined how the body was looked at from the outside. Klauber opposed this development, the objectification of beauty through cosmetics, when he argued against using makeup and asserted the concomitant postulate of superficiality, but he was also opposing what Helmut Lethen called the ‘reflex of New Objective anthropology’: ‘accepting the artificial world of the media as second nature’.<sup>108</sup>

Voices like Klauber’s are rare in the contemporary debate about social cosmetics, which seems to have been favourably received by most representatives of social medicine and social insurance. It could be that it came at just the right moment. Equipping an incomplete body for the production process was no longer a preposterous idea after the experience with ‘war cripples’ and with innovations in prosthetics. Veterans’ care in Germany meant reintegration into the working world and not just provision with a pension, as was common in other countries.<sup>109</sup> Moreover, what was true for the contemporary crisis discourse in general was also true for social cosmetics: the underlying assumption was that individual and collective existences were closely intertwined, and that this axiom was an opportunity for those groups who tried to profit from the trend towards a ‘scientification of the social’.<sup>110</sup> Martin Gumpert was one such individual, poised to profit from this development by calling attention to problems and likewise offering a solution.<sup>111</sup> He was ‘as much a critic of the welfare state as its agent’.<sup>112</sup>

### III: The Body in Crisis: The Practice of Social Cosmetics

Only days after welfare for the disfigured was debated in the Reichstag, Gumpert and Moses joined other colleagues to found the Working Group of German Physicians Practising Cosmetics. The aims of the working group were, first, the promotion of medical-cosmetic research; second, training and continuing education in scientific and practical medical cosmetics; and, third, the treatment of disfigurement under social insurance with particular emphasis on its social aspects.<sup>113</sup> Six months later, on 1 August 1929, consultation hours for social cosmetics were being offered at the Counselling and Treatment Centre for Skin and Venereal Diseases in Wedding—one of the welfare offices that had served as ‘pillars of the Weimar welfare system’ since the mid-1920s.<sup>114</sup>

The district’s first municipal physician, Salo Drucker (1885–1940), who was also a member of the SPD, had proposed this solution because it did not require any additional public funding. There were rooms equipped with medical instruments, as well as the necessary staff, who agreed—as had Gumpert, who served as medical director—to

<sup>107</sup>Volker Hess (ed.), *Normierung der Gesundheit. Messende Verfahren der Medizin als kulturelle Praktik um 1900* (Husum, 1997).

<sup>108</sup>Lethen, *Verhaltenslehre*, p. 100.

<sup>109</sup>Siehe Hong, ‘Weimar Welfare System’, pp. 184–9.

<sup>110</sup>See Föllmer and Graf, *Krise*, p. 28.

<sup>111</sup>On this double function, see also Dickinson, ‘Biopolitics’, p. 130, and Föllmer and Graf, *Krise*, p. 29.

<sup>112</sup>Hong, ‘Weimar Welfare System’, p. 178.

<sup>113</sup>Satzung der Arbeitsgemeinschaft kosmetisch tätiger Ärzte Deutschlands, Nachlass Julius Moses, private archive of Prof. Dr Kurt Nemitz, folder 7. See also Gumpert, *Kosmetik*, p. 198.

<sup>114</sup>On welfare offices see Hong, *Welfare*, p. 197.

volunteer once a week, from 8 p.m. to 9 p.m. on Fridays. Treatments did not take place there, however, since the medical board and the city of Berlin had different health policies and failed to reach an agreement.<sup>115</sup> Instead, the patients were referred to doctors who had agreed to treat them at minimum rates.

Just less than a year after the counselling centre opened, Gumpert published an article in *Deutsche Medizinische Wochenschrift* entitled 'One Hundred and Fifty Disfigurements'.<sup>116</sup> In fact, about 400 people had already taken advantage of the free service, which Gumpert considered a great success. The first 150 patients included 91 women, 51 men and 8 children. Of these, 32 women and 23 men were labourers, 25 women and 18 men were salaried employees, 17 women had no occupation, 4 women and 5 men were self-employed, 8 women were domestic servants, 2 women and 4 men were actors, 1 man was a pensioner and 2 women worked as prostitutes. All of these individuals had come 'of their own accord and without referrals from doctors or the authorities'. They sought treatment for the following (listed in order of frequency): skin ailments, wrinkles caused by old age, tattoos, scars and 'deformations' of the nose, eyes, ears, lips, jaw or breasts. In only 3 of 150 cases 'was an awareness of being disfigured not backed up by objective findings', by Gumpert's account, 'but caused by a mental deficiency'.<sup>117</sup> The fact that these patients were almost exclusively 'actively employed' and 'knew from bitter experience that the first, outward impression they made often sealed their fate'<sup>118</sup> seemed a confirmation of Gumpert's work.

After determining the severity of each case, Gumpert endeavoured to procure public funds, succeeding in sixteen cases. He referred the other patients to his colleagues, who would perform aesthetic-surgical procedures at the minimum rate of 20 to 60 Reichsmark, depending on the ailment. Gumpert also tried to get public funding for the patients who could not afford the minimum rate. Much to his regret, requests for insurance coverage 'were almost always rejected with recourse to existing legal regulations'.<sup>119</sup> This may have been because aesthetic flaws were normally not classified as requiring treatment, as Fritz Schulte, acting representative of the Association of Statutory Health-Insurance Physicians, had explained after the Reichstag session, but it may have had to do with the 'constant tug-of-war' of Weimar social policy. Social benefits deemed reasonable in principle often failed to be implemented due to a lack of material resources.<sup>120</sup> And yet Gumpert was able in 'a number of instances' to get welfare offices to bear the costs, such offices being particularly amenable in the case of patients 'whose long-term unemployment' had 'obviously' been caused by their external appearance. These individuals, according to Gumpert, were able to 'soon find work' again.<sup>121</sup>

'On a daily basis', Gumpert claimed two years after the counselling centre opened, he received 'inquiries from unhappy, desperate people all over the country' who blamed their unemployment or precarious employment situation on their appearance and

<sup>115</sup>See N.N., *Der Kassenarzt*, 6 (1929), p. 8.

<sup>116</sup>Martin Gumpert, 'Einhundertfünfzig Entstellungen', *Deutsche Medizinische Wochenschrift*, 27 (July 1930), pp. 1136–7.

<sup>117</sup>Gumpert, 'Einhundertfünfzig Entstellungen', p. 1137.

<sup>118</sup>Gumpert, *Hölle*, p. 208.

<sup>119</sup>Gumpert, 'Einhundertfünfzig Entstellungen', p. 1136.

<sup>120</sup>Peukert, *Weimar Republic*, p. 134.

<sup>121</sup>Gumpert, 'Einhundertfünfzig Entstellungen', p. 1137.

wanted to know if social cosmetics could help them. Word had apparently spread that other sufferers who had ‘long been without a job’ were able to find ‘new employment opportunities shortly after being operated on’.<sup>122</sup> A ‘nurse with a congenital cleft lip’ for whom Gumpert arranged a ‘free treatment at the maxillofacial surgical unit of a hospital’ is just one example of many. Likewise a ‘woman with a badly deformed nose’ who lost her job ‘due to constant teasing on account of her freakish physiognomy’ was ‘employable again’ after being operated on. He also mentioned a dancer who had had paraffin injections abroad in a very unsuccessful attempt to remove the bags under her eyes. She had been unemployed for a long time because of her deformed appearance. The welfare office, wrote Gumpert, approved the operation costs, and she eventually found work again. Finally, he mentioned a forty-seven-year-old accountant, who, despite her good qualifications, could not get a job because of her prematurely aged appearance. The removal of her wrinkles evidently enabled her to find employment again.<sup>123</sup>

Given the rising demand for social cosmetics, on 7 May 1930, the Greater Berlin Medical Association eventually set up a second ‘welfare office for the disfigured’ at the ear, nose and throat clinic at Chausseestrasse 42 in Berlin-Mitte.<sup>124</sup> Here, too, a weekly consultation hour—from 7 p.m. to 8 p.m. on Wednesdays—was offered by four volunteer physicians (a surgeon, an orthopaedist, a facial surgeon and a dermatologist). Each patient’s personal information and occupation as well as his or her clinical and social history were noted by a social worker on index file cards before being ‘led to a specialist for counselling’.<sup>125</sup> The latter did not treat the patients here himself, but referred them to colleagues who worked at minimum rates. While the doctors were advising patients, the social workers tried to get financing from social insurance funds. Particularly in the case of the unemployed, it was apparently not uncommon for contract physicians to perform the procedure free of charge if applications for financing failed.<sup>126</sup>

After only three months, 500 people had sought counselling services at the centre in Berlin-Mitte, of whom 291 were women, 193 men and 16 children. Most of the adults were of working age: 131 of the men were between 15 and 30 years old, and 247 of the women between 15 and 45. The men were (in order of frequency) unemployed, manual labourers or commercial clerks; the women (likewise in order of frequency) were unemployed, wage earners or commercial clerks.<sup>127</sup> According to the reports, all of these men and women felt ‘severely disturbed in their working capacity and motivation despite total physical fitness for work’ and wanted to be ‘on an equal footing with everyone else’ in terms of appearance, enabling them to join ‘the struggle for existence with equal vitality’.<sup>128</sup> There is no way of telling with any certainty if the treatments had a positive impact

<sup>122</sup> Gumpert, ‘Die Bedeutung der sozialen Kosmetik für den Berufstätigen’, *Der freie Angestellte*, 22 (1929), pp. 399–401, here pp. 399, 400.

<sup>123</sup> Gumpert, *Kosmetik*, p. 201.

<sup>124</sup> The files of the relevant health authorities were destroyed during the Second World War, and only one official mention of the existence of this second welfare office has been uncovered in archives. Thus, the only details we have about the workings of this counselling centre are in a medical dissertation submitted to Alfred Grotjahn on 12 July 1932. See Anny Baumann, *Über Fürsorgestellen für Entstellte. Am Beispiel der Beratungs- und Fürsorgestelle für Entstellte des Groß-Berliner Ärztebundes* (Berlin, 1932).

<sup>125</sup> *Ibid.*, p. 9.

<sup>126</sup> *Ibid.*, p. 10.

<sup>127</sup> *Ibid.*, pp. 10–11.

<sup>128</sup> *Ibid.*, p. 14.

on these individuals' social lives. The counselling centre did ask the first 110 patients to return for a follow-up appointment after their operations in order to assess this aspect, but only 38 of them did. A 42-year-old secretary who had lost her job because of her heavy wrinkles was given a face-lift. After the surgery, she found a 'well-paid position as a secretary at a film company'. A 15-year-old girl whose entire right cheek and neck were covered by a haemangioma had been unable 'to find any job whatsoever' before being treated. A 28-year-old factory worker had lost her job because of a benign bone tumour on her lower jaw and was 'turned down wherever she went, her facial deformation being cited as the reason'. A 29-year-old salesman, 'disfigured by a wide, crooked nose', had apparently suffered the same fate after becoming unemployed. 'Every interview at retail stores' resulted in his 'rejection on account of his less than prepossessing appearance'. Just like the secretary, these patients all found new jobs after surgery. The operations were financed in a variety of ways. Whereas the secretary was unable to secure public funds to cover the costs of her face-lift and had to borrow money from friends, social welfare agreed to pay for the removal of the girl's haemangioma. After protracted negotiations, insurers eventually agreed to pay for correcting the jaw disfigurement caused by a tumour as well as for a procedure to straighten the deformed nose.<sup>129</sup>

These cases reveal that social cosmetics appealed to both workers and salaried employees, to men as well as to women. Even though it was female salaried employees who had to be seen in public the most, according to Gumpert's statistics more workers than salaried employees took advantage of the service. Which occupational groups were afflicted by which specific ailments cannot be reconstructed based on the available data. In terms of their financial situation and their need for social cosmetics, there was no significant difference between workers and salaried employees. Salaried employees may have liked to call themselves the 'new middle class', but they actually led more of a hybrid existence. They lived in a 'no man's land between the bourgeoisie and proletariat', with a manifest contradiction between their social situation and social consciousness.<sup>130</sup> Female salaried employees in particular were not well paid, and even male salaried employees were hardly what they had been in the nineteenth century, back when they were called '*Privatbeamte*' (private officials). And yet, 'a vanished bourgeois way of life haunts them'. At least that is what Siegfried Kracauer saw, who spoke out in favour of social cosmetics. Most salaried employees, he explained, were just like workers in that they were 'in no position to consult a specialist', which is why he supported 'incorporating proper provision for disfigurement into social security' for these employees, calling it a 'legitimate demand'.<sup>131</sup>

The fact that welfare centres for the disfigured were not integrated into a social-policy programme the way centres for cripple care, marriage counselling, infant care, school welfare and career counselling were was probably mainly due to the state's lack of material resources. But social cosmetics did not remain unknown as a result. Not only was it mentioned in numerous aesthetic-surgery manuals and medical journals,<sup>132</sup>

<sup>129</sup>*Ibid.*, pp. 15–7.

<sup>130</sup>Nolte, *Ordnung*, p. 113.

<sup>131</sup>Kracauer, *Salaried*, quotations on pp. 82, 39.

<sup>132</sup>See *Kosmetologische Rundschau*, 4 (1933), p. 84; *Kosmetologische Rundschau*, 6 (1933), p. 139; *Kosmetologische Rundschau*, 5 (1933), p. 107; Ruth Goetz and Egon H. Strassburger, *Lehrbuch der Schönheit. Das Buch der neuzeitlichen Gesundheits- und Schönheitspflege* (Berlin, 1931), p. 161; Buschke, Joseph and Birkenfeld, *Leitfaden*, p. 1. Ernst Wodak, *Nasen-, Ohren- und Gesichtsplastik. Ästhetische und psychologische Grundlagen* (Berlin, 1938), p. 36.

but the press gave it ample attention as well. In 1933, for example, the *Vossische Zeitung* wrote, 'Beauty care has given rise to social cosmetics, an indispensable weapon in the struggle for survival'. Cosmetics had 'changed thoroughly and fundamentally'. It was no longer 'a luxury', no longer 'the privilege and domain of the fine and fastidious lady'. The title of a piece in the *Prignitzer Tageblatt*, also from 1933, read 'Beauty for the Working Masses!' The newspaper recorded, 'Artificial beauty, brought forth through the magic of surgery on faces not bestowed with such gifts by nature, is no longer a privilege of the rich'.<sup>133</sup> Whether the programme of social cosmetics would have been feasible if 'the whole institutional framework had not been rendered obsolete by the Nazis' seizure of power',<sup>134</sup> as Gumpert later surmised, remains an open question. What is certain is that the Nazis shut down a space in which visions of social reform and cosmetic body cultures had achieved a productive synthesis.

#### IV: Social Cosmetics between Disciplining and Individualizing

The Nazis, too, combined visions of social reform with certain ideals of beauty, but this linkage was not compatible with the concept of social cosmetics. Rather, Nazi ideals of beauty expressed a biopolitical intensification of a concept of beauty inherited from the nudist or 'free body culture' movement that emerged in the late nineteenth century. Nude gymnastics were intended to invigorate men and steel their bodies to ensure their 'military strength and procreative potency'. Women were advised to do heavy athletics to firm the pectoral and abdominal muscles. The purpose of these exercises, however, was not to shape the body, but to improve their 'child-bearing strength'.<sup>135</sup> Beauty ideals were integral to Nazi ideology, as Hitler himself spelled out at a speech before the Cultural Conference of the Nuremberg Rally on 1 September 1933. The 'purposeful moulding and perfection of her body and character' was the 'ultimate beauty of a woman', he claimed.<sup>136</sup> The 'picture' of a man, Hitler said in another speech, expressed 'maximum virility' and was thus consonant with 'his character and his purpose as intended by nature'. This gender-specific 'purposefulness' was the 'final measure of beauty'.<sup>137</sup> At the Congress of Honour in 1936, Hitler took this position even further: 'The imperative of our beauty should always be health'.<sup>138</sup> He did not mean the health of the individual, of course, but 'racial' health as a prerequisite for a healthy 'collective racial body', which was ultimately the focus of Nazi concepts of beauty.

And yet the development and prominence of cosmetics did not come to an abrupt end with the Nazi takeover in 1933. Skincare products and decorative cosmetics were still advertised in illustrated magazines and were linked to an ideal of beauty that

<sup>133</sup> Cited in *Kosmetologische Rundschau*, 'Aus der Tagespresse', 6 (1933), p. 139.

<sup>134</sup> Gumpert, *Hölle*, p. 117.

<sup>135</sup> See Maren Möhring, *Marmorleiber. Körperbildung in der deutschen Nacktkultur, 1890–1930* (Cologne, 2004), pp. 144, 149. See also Michael Hau, *The Cult of Health and Beauty in Germany: A Social History, 1890–1930* (Chicago, 2003).

<sup>136</sup> Cited in Ernst A. Dreyer (ed.), *Deutsche Kultur im Neuen Reich. Wesen, Aufgabe und Ziel der Reichskulturkammer* (Berlin, 1934), p. 14.

<sup>137</sup> Hitler in 'Odal', October 1934, cited in Joseph Wulf, *Die bildenden Künste im Dritten Reich. Eine Dokumentation* (Gütersloh, 1964), p. 212.

<sup>138</sup> Cited in Reinhard Merker, *Die bildenden Künste im Nationalsozialismus. Kulturideologie, Kulturpolitik, Kulturproduktion* (Cologne, 1983), p. 296.

largely corresponded to that of the Weimar Republic. The progressive development of medical cosmetics was not hindered by the new powers-that-be. Indeed, the Nazis continued the tradition. In 1938, a new disfigurement-care centre was opened at the Dermatological Clinic of Berlin University, 'without even mentioning that something comparable had existed in the detested in-between Reich', as Gumpert later noted.<sup>139</sup> Whatever the reason for the Nazis' temporarily shutting down the welfare centres for the disfigured, perhaps the more interesting question is why they eventually reopened them. Cosmetics played no role in the beauty concept of biopolitical expediency, just as it played no role in a society characterized by radical collectivism, where the individual and his or her personal interests were given short shrift. It is important, however, in a society marked not only by de-individualization but also by an individualism that is recognized as an integral part of its system of order. Nazi society was such a society, as has been shown.<sup>140</sup> The Nazis' practice of domination included the opportunity for an individual to 'develop oneself' without the supposed restraints of the Weimar system, to distinguish oneself through one's achievements, and to fulfil one's own desires and interests in a racialist and imperialist context'. The 'salaried employee intent on advancement and mobility, the ambitious young woman in the context of an unequal gender order, and the family father focused on consumption and domestic privacy' had most success in achieving the status of subjects.<sup>141</sup> Not only were salaried employees and young women the most likely candidates for social cosmetics, but they also conformed to the Nazis' demand to fulfil the expectations of the 'Aryan' population to the greatest extent possible, especially 'with respect to consumption, mobility, and welfare—much better and more broadly than did the Weimar "system" and without its alleged alienation and inauthenticity'.<sup>142</sup> In this sense it was only logical to offer social cosmetics—not in the interest of the 'racial body', but for the bodies of those subjects whose personal desires and interests did not run counter to those of the ruling powers and who, by having their demands met, could be tied to the system.

But what was the function of social cosmetics in the Weimar Republic? First of all, it was social medicine's answer to the seemingly growing importance of having a flawless face to get and hold down a job, and this in the case of workers and salaried employees alike. In this sense, its history overlaps with the history of the social question and the history of the welfare state. It can be thought of as a history of rationalization and medicalization expressed in the body's conformity to a normative ideal. That the form and shape of the body were subject to 'blind faith in the omnipotence of social engineering' was nothing remarkable in the later years of the Weimar Republic. The

<sup>139</sup>Gumpert, *Hölle*, p. 211.

<sup>140</sup>For a seminal study see Moritz Föllmer, *Individuality and Modernity in Berlin: Self and Society from Weimar to the Wall* (Cambridge, 2013). See also Michael Geyer, 'Aggressiver Individualismus und Gemeinschaftsideologie', *Zeithistorische Forschungen*, 1 (2004), pp. 87–91; Michael Geyer, 'Restorative Elites, German Society and the Nazi Pursuit of War', in Richard Bessel (ed.), *Fascist Italy and Nazi Germany: Comparison and Contrast* (Cambridge, 1996), pp. 134–64.

<sup>141</sup>Moritz Föllmer, 'Wie kollektivistisch war der Nationalsozialismus? Zur Geschichte der Individualität zwischen Weimarer Republik und Nachkriegszeit', in Birthe Kundrus and Sybille Steinbacher (eds), *Kontinuitäten und Diskontinuitäten. Der Nationalsozialismus in der Geschichte des 20. Jahrhunderts* (Göttingen, 2014), pp. 30–52, quotations on pp. 33, 50.

<sup>142</sup>Moritz Föllmer, 'Was Nazism Collectivistic? Redefining the Individual in Berlin, 1930–1945', *Journal of Modern History*, 82, 1 (2010), pp. 61–100, here p. 67.

possibilities of aesthetic surgery were well known, the example of maimed veterans reconstructed with the help of medical technology having shown that social integration meant above all integration into the working world. In this respect, social cosmetics was simply following this logic, albeit with a different type of ‘disfigured’ individuals. But it also followed a social trend in which the personality model of the nineteenth century was condemned to extinction, with the individual slowly losing its importance in favour of the collective.<sup>143</sup>

By embedding the history of social cosmetics in this narrative of disciplining, however, we lose sight of the fact that only in a limited sense was social cosmetics part of the ‘iron cage’ of rationalization that Max Weber saw looming at the turn of the twentieth century.<sup>144</sup> Social cosmetics still offered ‘opportunities for human emancipation’, possibly even greater ones than other forms of welfare.<sup>145</sup> Despite all the dangers of standardization and manipulation that confronted the individual, the cosmetic correction of the body still meant emancipating oneself from one’s natural body and not accepting fate. Social cosmetics was an opportunity for the individual to refashion his or her own body and bring it into line with social requirements. That, too, was a form of emancipation, one that existed before the Weimar Republic. For centuries a person’s physical appearance had been considered a given, a piece of nature or a gift of God that an individual had to live with. When the Enlightenment postulated that social and political freedom also meant freedom to change one’s appearance, cosmetics became a reliable method for doing so. By ‘equating earthly existence with life in general’, the body ‘suddenly experienced an unprecedented increase in value’ because the fact was undeniable that earthly existence is ‘quantitatively and qualitatively closely bound up with the state of the body’.<sup>146</sup>

The increasing importance of the body was accompanied by the increasing importance of the individual, still evident in the Weimar Republic.<sup>147</sup> Not to be overlooked, however, with regard to the use of cosmetics was that, while the individual was largely able to decide whether he or she refashioned the body or not, he or she did not decide what was a ‘normal’ or ‘abnormal’ appearance. Bodily norms do not come out of nowhere and are not developed individually but are bound up with cultural contexts and are socially communicated. That is why the history of cosmetics cannot simply be told as a history of individualization. The nature of this body culture is probably most similar to fashion the way Georg Simmel described it: a technique for the ‘imitation of a given pattern’ and ‘individual differentiation’—‘a particular instance among the many forms of life by the aid of which we seek to combine in a unified act the tendency towards social equalization with the desire for individual differentiation and variation’.

<sup>143</sup>This perspective on the individual in the Weimar Republic is advocated by, among others, Manfred Hettling, *Politische Bürgerlichkeit. Der Bürger zwischen Individualität und Vergesellschaftung in Deutschland und der Schweiz von 1860 bis 1918* (Göttingen, 1999), pp. 241–51. For an overview of collectivism in the interwar period, see Peter Fritzsche, *Wie aus Deutschen Nazis wurden* (Munich, 1999).

<sup>144</sup>Max Weber, *The Protestant Ethic and the Spirit of Capitalism*, trans. Talcott Parsons (New York, 1958; first published in German 1904/5), p. 181.

<sup>145</sup>Dickinson, ‘Biopolitics’, p. 27.

<sup>146</sup>Arthur E. Imhof, ‘Einleitung des Herausgebers’, in Imhof (ed.), *Der Mensch und sein Körper. Von der Antike bis heute* (Munich, 1983), pp. 13–30, here p. 19.

<sup>147</sup>See Föllmer, *Individuality*.

Like fashion, social cosmetics was concerned with the expression of ‘individualizing impulses’ while at the same being ‘maintained by the psychological tendency towards *imitation*’.<sup>148</sup> These two faces of cosmetics clearly reflect a key tendency of modernity: the simultaneity of self-empowerment and self-subjugation. Social cosmetics was a form of social medicine but did not serve the health of the community. It was a technique of standardization that was only used when an individual demanded it. By exclusively serving neither to discipline nor to emancipate, social cosmetics ultimately served the individual, which was both the subject and the object of control over the body.

### Abstract

This essay focuses on the emergence and proliferation of social cosmetics in the Weimar Republic, analysing the relationship between visions of social reform and changing ideas of beauty. I first look at the concept itself. What were the underlying ideas of welfare and beauty? Second, I look at the acceptance of social cosmetics as an aspect of welfare policies promoted by social-policy makers. What problems did the representatives of social insurance funds see in the incorporation of social cosmetics? Was it compatible at all with the logic of the Weimar welfare system, and, if so, what arguments were used to defend it? Third, the practice of social cosmetics is portrayed as a variant of social hygiene. Who was calling for social cosmetics, which specific ailments did people want to have treated, and what formalities were involved before a patient could be treated? Finally, I discuss not only to what extent a focus on social cosmetics can help soften the opposition between disciplining and emancipation commonly found in histories of the body, but also to what extent it has expanded our idea of the ‘omnipotence of social engineering’, from a focus on bodily functions and the health of the community to the form and shape of the body and the ideal of a flawless individual.

**Keywords:** body history, cosmetic surgery, social medicine, Weimar Germany, welfare policy

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<sup>148</sup>Georg Simmel, *The Philosophy of Fashion*, trans. Mark Ritter and David Frisby, in David Frisby and Mike Featherstone (eds), *Simmel on Culture* (London, 1997; first published in German 1905), pp. 187–205, here pp. 189, 194 and 188, emphasis in original.