

GENDERED DRUGS AND MEDICINE

Proof Copy

Gender and Well-Being

Series Editors: Cristina Borderias, Professor of Contemporary History, University of Barcelona, Spain and Bernard Harris, Professor of the History of Social Policy, University of Southampton, UK

The aim of this series is to enhance our understanding of the relationship between gender and well-being by addressing the following questions:

- How can we compare levels of well-being between women and men?
- Is it possible to develop new indicators which reflect a fuller understanding of the nature of well-being in the twenty-first century?
- How have women and men contributed to the improvement of individual well-being at different times and in different places?
- What role should institutions play in promoting and maintaining well-being?
- In what ways have different social movements contributed to the improvement of well-being over the last 300 years?

The volumes in this series are designed to provide rigorous social-scientific answers to these questions. The series emerges from a series of symposia, organized as part of COST Action 34 on 'Gender and Well-being: Work, Family and Public Policies'. Participants were drawn from disciplines including economics, demography, history, sociology, social policy and anthropology and they represent more than 20 European countries.

Other titles in this series

Gender and Well-Being

Edited by Elisabetta Addis, Paloma de Villota, Florence Degavre
and John Eriksen

ISBN 978-1-4094-0705-8

Transforming Gendered Well-Being in Europe

Edited by Alison E. Woodward, Jean-Michel Bonvin and Mercè Renom

ISBN 978-1-4094-0283-1

Gender and Well-Being in Europe

Historical and Contemporary Perspectives

Edited by Bernard Harris, Lina Gálvez and Helena Machado

ISBN 978-0-7546-7264-7

Gendered Drugs and Medicine

Historical and Socio-Cultural Perspectives

Edited by

TERESA ORTIZ-GÓMEZ
University of Granada, Spain

MARÍA JESÚS SANTESMASES
Centro de Ciencias Humanas y Sociales, CSIC, Madrid, Spain

ASHGATE

© Teresa Ortiz-Gómez and María Jesús Santesmases and the contributors 2014

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise without the prior permission of the publisher.

Teresa Ortiz-Gómez and María Jesús Santesmases have asserted their right under the Copyright, Designs and Patents Act, 1988, to be identified as the editors of this work.

Published by
Ashgate Publishing Limited
Wey Court East
Union Road
Farnham
Surrey, GU9 7PT
England

Ashgate Publishing Company
110 Cherry Street
Suite 3-1
Burlington, VT 05401-3818
USA

www.ashgate.com

British Library Cataloguing in Publication Data

A catalogue record for this book is available from the British Library

The Library of Congress has cataloged the printed edition as follows:

Ortiz, Teresa.

Gendered drugs and medicine: historical and socio-cultural perspectives / by Teresa Ortiz-Gómez and María Jesús Santesmases.

pages cm. -- (Gender and well-being)

Includes bibliographical references and index.

ISBN 978-1-4094-5404-5 (hardback: alk. paper) -- ISBN 978-1-4094-5405-2 (ebook) -- ISBN 978-1-4724-0231-8 (epub)

1. Drugs – Metabolism – Sex differences. 2. Pharmacokinetics. 3. Women – Diseases – Chemotherapy – Research. 4. Women – Physiology. I. Santesmases, María Jesús. II. Title.

RM301.55.O78 2014
615.7--dc23

2013044882

ISBN 9781409454045 (hbk)
ISBN 9781409454052 (ebk – PDF)
ISBN 9781472402318 (ebk – ePUB)



Printed in the United Kingdom by Henry Ling Limited,
at the Dorset Press, Dorchester, DT1 1HD

Contents

1		1
2		2
3		3
4		4
5		5
6		6
7	<i>List of Figures</i>	vii 7
8	<i>List of Tables</i>	ix 8
9	<i>List of Contributors</i>	xi 9
10	<i>Acknowledgements</i>	xiii 10
11		11
12	Introduction	1 12
13	<i>Teresa Ortiz-Gómez and María Jesús Santesmases</i>	13
14		14
15	PART I GENDER AND WOMEN IN PHARMACEUTICAL	15
16	RESEARCH, CONSUMPTION AND INDUSTRY	16
17		17
18	1 Oestrogens and Butter Yellow: Gendered Policies of	18
19	Contamination in Germany, 1930–1970	23 19
20	<i>Heiko Stoff</i>	20
21		21
22	2 Rising from Failure: Testing Drugs and Changing Conceptions	22
23	for Female Sexual Dysfunction	43 23
24	<i>Marta I. González García</i>	24
25		25
26	3 Gender in Research and Industry: Women in Antibiotic Factories	26
27	in 1950s Spain	61 27
28	<i>María Jesús Santesmases</i>	28
29		29
30	PART II CONTRACEPTIVES FOR WOMEN: BETWEEN	30
31	USERS AND PRESCRIBERS	31
32		32
33	4 Spermicides and their Female Users After World War II:	33
34	North and South	87 34
35	<i>Ilana Löwy</i>	35
36		36
37	5 Managing Medication and Producing Patients: Imagining	37
38	Women's Use of Contraceptive Pill Compliance Dispensers	38
39	in 1960's America	113 39
40	<i>Carrie Eisert</i>	40
41		41
42	6 Doctors, Women and the Circulation of Knowledge of Oral	42
43	Contraceptives in Spain, (1960s–1970s)	133 43
44	<i>Agata Ignaciuk, Teresa Ortiz-Gómez, Esteban Rodríguez-Ocaña</i>	44

1		1
2	7	2
3	The Contraceptive Pill, the Pharmaceutical Industry and Changes in the Patient-Doctor Relationship in West Germany	153 3
4	<i>Ulrike Thoms</i>	4
5		5
6	PART III USERS AND ABUSERS THEN AND NOW:	6
7	DISCOURSES AND PRACTICES	7
8		8
9	8	177 9
10	Women, Men, and the Morphine Problem, 1870–1955 <i>Jesper Vaczy Kragh</i>	10
11		11
12	9	12
13	‘A gendered vice’? Gender Issues and Drug Abuse in France, 1960s–1990s	199 13
14	<i>Alexandre Marchant</i>	14
15		15
16	10	16
17	Learning to be a Girl: Gender, Risks and Legal Drugs Amongst Spanish Teenagers	217 17
18	<i>Nuria Romo-Avilés, Carmen Meneses Falcón, Eugenia Gil-García</i>	18
19		19
20	<i>Index</i>	237 20
21		21
22		22
23		23
24		24
25		25
26		26
27		27
28		28
29		29
30		30
31		31
32		32
33		33
34		34
35		35
36		36
37		37
38		38
39		39
40		40
41		41
42		42
43		43
44		44

1 Chapter 1 1
2
3 Oestrogens and Butter Yellow: Gendered 2
4 Policies of Contamination in Germany, 3
5 1930–1970 4
6
7
8 Heiko Stoff 5
9 6
10 7
11 8
12 9
13 10

14 Since the 1930s, biochemists and pharmacologists have defined cancer as a 14
15 disease which can be experimentally produced through the use of radium, x-rays, 15
16 ultraviolet light, and coal tar and its derivatives, notably azo dyes and aromatic 16
17 hydrocarbons. A minor modification of the molecular structure of these compounds 17
18 could influence their activity enormously. In the 1940s, two distinct substances, 18
19 oestrogens as a biologically active drug and butter yellow as a food colourant, 19
20 came under scientific scrutiny due to their presumed carcinogenic nature. While in 20
21 Germany oestrogens, some of the most profitable biologics and of major importance 21
22 for the new physiology of the gendered human body, were acquitted of the charge 22
23 of having a cancer-causing steroidal structure, butter yellow, representative of the 23
24 ills of industrial food production, was identified as a carcinogenic molecule. The 24
25 history of oncologic theories of carcinogenic substances in the early twentieth 25
26 century alone would be a worthwhile undertaking, but the history of oestrogens 26
27 and butter yellow sheds new light on the holistic bias of the German women's 27
28 movement. The German women's movement was, from the 1920s to well into 28
29 the 1960s, in many regards a consumer movement concerned with defending 29
30 the individual, the family and the collective body from contamination. The main 30
31 question this essay seeks to answer is why German housewife organisations played 31
32 such a crucial role in the prohibition of butter yellow in the 1940s but, at the 32
33 same time, remained silent about oestrogens. Indeed, it was another thirty years 33
34 before feminists engaged with the dangers of supposedly cancer-causing steroids 34
35 in regard to hormonal therapy and the contraceptive pill. The history of chemically 35
36 and biologically active agents cannot be written without consideration of the 36
37 processes of their socialisation: discourses and narratives, modes of production, 37
38 standardisation and regulation of procedures, problematisations and activations 38
39 (Stoff 2013; Stoff 2012a, 7–24). In an important twist, the history of the German 39
40 women's movement in the twentieth century must also take these precarious 40
41 substances into account. 41

42 In the following pages I will not only retell the history of oestrogens and butter 42
43 yellow during crucial stages in the 1930s/1940s and 1950s/1960s, but will also 43
44 highlight the different reactions of women's organisations towards suspicious 44

1 molecules. While this corresponded with a new theory of carcinogenesis, one which 1
 2 highlighted the cancer-causing effects of certain chemicals, it also newly defined 2
 3 *healthy naturalness* and *dangerous artificiality*. In Germany, new biochemical 3
 4 knowledge strengthened a discourse on the poisoning of the people by modern 4
 5 civilisation, which from the 1930s to the 1950s, fuelled the continuing protest 5
 6 over the use of food colourants. Oestrogens could have been declared to be as 6
 7 precarious as azo dyes, but played a far too important role in the state's population 7
 8 policy, in the endocrine innovations within gynaecology, in the profit rates of 8
 9 pharmaceutical companies and in the careers of biochemists and pharmacologists, 9
 10 to be so easily condemned. 10

11

12

13 **Oestrogens (1929–1940)** 13

14

15 Ovarian extracts had been used for organotherapeutic supplementation and 15
 16 substitution since the 1890s, the female body having been defined as a precarious 16
 17 reproductive unit, always lacking something, always in danger of developing 17
 18 deficiencies. Organotherapy, with ovarian substances or by transplantation, 18
 19 was used for menstrual regulation and climacteric problems, but also produced 19
 20 new knowledge about a female reproductive system functioning through 20
 21 internal secretion, not nervous action. Both the new physiology and the new 21
 22 therapy relied on the concept of a notoriously deficient female body, one which 22
 23 could be regulated through the activation of efficient chemical messengers 23
 24 produced in the ovaries, 'speeding from cell to cell along the blood stream' 24
 25 (Starling 1905, 340; Sengoopta 2000, 441–55). In the 1910s, ovarian therapy 25
 26 was indicated for infantilism, sterility, asiderosis, anaemia, dysmenorrhoea, 26
 27 amenorrhoea, menorrhagia, genital neurasthenia, epilepsy and Graves' disease. 27
 28 The most critical deficiency symptom in turn of the century population policy 28
 29 was sterility. At this time 1900, the field of gynaecology changed dramatically; 29
 30 endocrine events transformed not only the representation and materiality of the 30
 31 female body, but also practices within the doctor's surgery, in the clinic, the labour 31
 32 ward and postpartum rooms (Sengoopta 2006, 39–45; Gaudillière 2004a, 527). 32
 33 In the 1920s, it appeared that 'the ovary produces an internal secretion which 33
 34 governs the phenomena of estrus' (Doisy, Rolls, Allen and Johnston 1924, 711). 34
 35 The concepts of internal secretion and endocrine regulation generated a version of 35
 36 femininity as delicate, precarious and never resilient; but this new female body, 36
 37 in contrast to the nineteenth century's enigmatic nervousness, was amenable to 37
 38 direct therapy and prophylaxis. The assemblage of the pharmaceutical industry, 38
 39 gynaecology, biochemistry, and governmental population policy produced a female 39
 40 *reproductive body*, always endangered by sterility, the deficient functioning of 40
 41 which was characterised by menstrual and climacteric disorders. The bio-political 41
 42 agenda was informed by the idea of a female *deficient body* caringly arranged by 42
 43 male gynaecologists. 43

44

1 The quality of ovarian extracts, however, was rather dubious; indeed, little 1
2 advance had been made in ovarian therapy since the 1890s. Still missing in 2
3 the 1920s was knowledge surrounding the chemical and physical character of 3
4 the biologically-active substance. In the year 1923 anatomist Edgar Allen and 4
5 biochemist Edward A. Doisy at the Washington University Medical School in 5
6 St Louis, developed an assay enabling the isolation and industrial production of 6
7 oestrogen-active substances. Injections of ovarian extracts into spayed animals 7
8 produced 'typical estrual hyperemia, growth, and hypersecretion in the genital 8
9 tract and growth in the mammary glands'. These changes included a characteristic 9
10 cornification in the vaginal walls. This observation constituted a test easily 10
11 monitored in a living animal. The active agent of these alterations in rats and mice, 11
12 a follicle hormone, appeared to be an efficient substitute for the endocrine function 12
13 of the ovaries of a non-pregnant animal, which was, according to Allen and Doisy, 13
14 'sufficient to explain the mechanism of estrual phenomena in the genital tract in 14
15 the absence of pregnancy' (Allen and Doisy 1923, 821). The bio-assay not only 15
16 facilitated the isolation of hormones but also their dosage and representation 16
17 in mice or rat units (Oudshoorn 1994, 42–8). Animal experiments to assess the 17
18 optimal dosages of a functioning female body led to the molecularisation of 18
19 menstruation and menopause (Gaudillière 2006, 151). 19

20 The isolation of sex hormones in 1929, achieved almost simultaneously by 20
21 two groups, one centred around Doisy, the other with the German biochemist 21
22 Adolf Butenandt, relied on an enormous amount of raw material, such as 22
23 follicles or placenta, which could only be organised with the help of clinics and 23
24 the pharmaceutical industry. In 1928, Selmar Aschheim and Bernhard Zondek 24
25 simplified this problem significantly, demonstrating that chemically-treated 25
26 urine from pregnant women and animals passed the Allen-Doisy test, and two 26
27 years later, Zondek identified mare urine as a rich source of follicular hormone 27
28 (Zondek 1928; Oudshoorn 1994, 73–9; Ratmoko 2010, 90–97). Oestrogens could 28
29 then be produced in large amounts by pharmaceutical companies such as Organon 29
30 in the Netherlands (*Menformon*), Schering in Germany (*Progynon*), or Ciba in 30
31 Switzerland (*Ovocyclin*) (Ratmoko 2010; Gaudillière 2004a; Oudshoorn 1994). 31
32 Sex hormones were both druglike and communicative substances; they could 32
33 be industrially produced while also defining and explaining the modern body 33
34 (Hawhee 2009, 80). In the 1930s, oestrogens were efficient agents able to cause 34
35 cornification of the epithelial cells in ovariectomised rats; in contrast to other 35
36 substances passing the Allen-Doisy test, they had a steroidal chemical structure. 36
37 Oestrogens were regulators of female functions, could be industrially produced 37
38 and activated for both clinical and bio-political treatment of sterility and supposed 38
39 menstrual or menopausal disorders. Oestrogens were conceptualised as highly 39
40 effective molecular substances, thereby creating a new ontology of the female body 40
41 and producing a tool for the regulation and optimisation of female functions or 41
42 even 'femininity' itself. Since then femininity has mostly been seen as an alterable 42
43 state of estrogenic activity (Ratmoko 2010; Roberts 2007; Sengoopta 2006; 43
44 Stoff 2004a, 435–69; Oudshoorn 1994). 44

1 In the 1930s, although testosterone and progesterone could already be 1
2 synthesised, biochemists had not yet achieved the synthesis of oestrogens. 2
3 According to Butenandt, the reason for this lay in the lack of methods for a partial 3
4 dehydrogenation of the sterane skeleton (Butenandt 1942, 11–12). In the years 1937 4
5 and 1938, Hans Herloff Inhoffen and Walter Hohlweg, both chemists with 5
6 Schering, synthesised ethinylestradiol from oestradiol. But this oestrogen-active 6
7 substance had severe side effects, making it useless for marketing and clinical 7
8 activation. It took another 10 years until a lower-dosed ethinylestradiol could 8
9 be sold as a drug for menopausal symptoms (Hohlweg and Inhoffen 1939, 78). 9
10 The only alternative to oestrogens isolated from pregnant mare urine was the 10
11 stilbene derivative diethylstilbestrol (DES), which Charles Dodds produced as 11
12 an oestrogen-active compound in 1938. According to Viennese chemist Fritz von 12
13 Wessely, DES resembled natural oestrogens in quality, but was even more effective 13
14 when administered in equivalent quantities. Dodd's research had been funded by 14
15 the British Medical Research Council; since it had not been patented, IG Farben 15
16 was able to produce a rather cheap DES-remedy under the name *Cyren* in the 16
17 summer of 1938. *Cyren* and *Progynon* were competing in a lucrative market for 17
18 biologically-active substances in the late 1930s; the production of sex hormones 18
19 was behind the prosperity of pharmaceutical companies like Schering, Organon 19
20 or Ciba (Dodds, Goldberg, Lawson and Robinson 1938; Wessely 1940, 198–201; 20
21 Gaudillière 2008). But a dark cloud overshadowed this commercial, therapeutic and 21
22 epistemological success story of the cooperation of pharmaceutical industry, the 22
23 medical clinic and biochemistry. The effectiveness of oestrogens to induce growth 23
24 in an organism made them also suspect of generating toxic or even carcinogenic 24
25 effects. While this concerned nearly all biologically-active substances, oestrogens 25
26 posed a particular threat. 26

27 In 1915, the Japanese pathologists Katsusaburo Yamagiwa and Koichi Ichikawa 27
28 induced skin cancer in rabbits by painting their ears with coal tar. A group working 28
29 with Ernest L. Kennaway and James W. Cook blamed benzpyrene, a pure chemical 29
30 compound present in coal tar, for the cancer-causing effects. Therefore, aromatic 30
31 hydrocarbons in general were regarded as potentially carcinogenic substances in 31
32 the 1920s. One of these aromatic hydrocarbons, methylcholanthrene, was related 32
33 to steroids. It was even possible, as the leading chemists Heinrich Otto Wieland and 33
34 Adolf Windaus demonstrated, independently of each other, to convert cholesterol 34
35 and bile acid into methylcholanthrene. This finding raised the possibility that 35
36 under certain circumstances steroids could also become carcinogenic. Because 36
37 oestrogens were characterised by a partially aromatised hydrocarbon framework, 37
38 these useful reproductive agents were suddenly the critical and non-therapeutic 38
39 focus of cancer research (Butenandt 1940, 348; Deichmann 2001, 344). The 39
40 assumption, that oestrogens were evidently dangerous because of their chemical 40
41 structure, was a serious threat to biochemists, gynaecologists and pharmaceutical 41
42 companies. In the late 1930s, these bio-political agents, tools for the optimisation 42
43 of female reproductive functions, became precarious substances. The very moment 43
44 they were standardised through bio-assay and chemical procedures, they were also 44

1 established as autonomous agents of an individual structure, which acquired the 1
2 ability to induce growth independent of the experimenter's will (Wahrig, Stoff, 2
3 Schwerin and Balz 2008, 5, 10). 3

4 Adolf Butenandt, Germany's leading biochemist during the 1930s and director 4
5 of the Kaiser-Wilhelm-Institute for Biochemistry in Berlin-Dahlem, who in close 5
6 cooperation with Schering had isolated oestrone in 1929, was indeed shocked that 6
7 Kennaway and Cook's thesis had gained the status of facticity in some scientific 7
8 writings. At stake was an achievement of major importance for Butenandt's own 8
9 career, gynaecological practice, the bio-political interests of the national socialist 9
10 state, and finally and most of all, for Schering. In the summer of 1937, Butenandt, 10
11 spurred to action by Schering, financed by the German Research Foundation and 11
12 in cooperation with the gynaecologist Carl Kaufmann from the Charité in Berlin, 12
13 organised a working group to address this suspicion. The story of this research 13
14 project, which combined the interests of laboratory science, clinic and industry, 14
15 has been written at length by the French historian of science Jean-Paul Gaudillière 15
16 (Gaudillière 2006 and 2004b). Expectations were that oestrogens would be given 16
17 the benefit of the doubt, but Butenandt, even though his success as a biochemist 17
18 was based on cooperation with the pharmaceutical industry, saw himself as a 18
19 respectable and autonomous scientist, who would never have produced unjustly 19
20 favourable results. What Kaufmann and Butenandt did, was concentrate their 20
21 research not on the chemical structure of oestrogens, but on the disposition of 21
22 laboratory animals. Kaufmann, who in the 1930s had tested Schering's hormone 22
23 products for optimal dosages and broader indications (he was an expert on the 23
24 treatment of amenorrhoea, the lack of menstrual periods), administered oestrogens 24
25 to three thousand mice. He concluded that even continuous administration would 25
26 not increase the rate of tumours. Butenandt again referred back to experimental 26
27 work carried out by Antoine Lacassagne, who in 1936 had injected male mice 27
28 with follicle hormones, thereby inducing breast cancer. Sex steroids, Butenandt 28
29 stated, affect genetic conditions which only exist in such mice breeds already 29
30 demonstrating a high susceptibility to breast tumours (Butenandt 1940, 349). 30
31 Oestrogens are therefore only the catalyst, not the cause of cancer; in the case of 31
32 oestrogens the genetic precondition or intrinsic factor is the essential condition 32
33 for cancer-causing hormonal effects. When Butenandt presented the results of 33
34 the working group in June 1940, he summarised that oestrogens and DES could 34
35 indeed induce breast cancer in genetically preconditioned mice, but that this 35
36 had nothing to do with the specific chemical structure alone. Even if this report 36
37 cleared oestrogens, Schering were not very pleased, as the statement gave *Cyren* 37
38 the same innocent status as *Progynon*. Soon after this, however, both companies 38
39 agreed that IG Farben would stop comparing its cheaper product to *Progynon*, 39
40 while Schering would be quiet about the toxicity of *Cyren*. What remained from 40
41 Butenandt and Kaufmann's animal experiments was the statement that oestrogen- 41
42 active substances themselves – as steroids or as stilbene-derivatives – were not 42
43 carcinogenic substances (Butenandt 1940, 349; Gaudillière 2008, 117). 43
44 44

1 Despite the fact that Kennaway and Cook's findings, as well as the results of 1
2 Butenandt and Kaufmann's biological trials, were published in leading professional 2
3 journals, there was no public debate. The actors involved in this story were merely 3
4 male scientists like Butenandt, Kennaway and Cook, clinicians like Kaufmann 4
5 and pharmaceutical companies like Schering and IG Farben. In the late 1930s, 5
6 there was an ongoing discussion on the subject in professional journals, but as yet, 6
7 no public debate (Druckrey 1940). The only physician to take up the accusation 7
8 against oestrogens was Paul Gerhardt Seeger, who aroused the interest of Adolf 8
9 Hitler himself, by claiming a cancer-causing stereoisomeric reversal of follicle 9
10 hormones was provoked by the *wrong* femininity, pathology and mongrelisation 10
11 (Seeger 1940; Proctor 1999, 317). But where were the persons concerned, where 11
12 were the women? Why was there no outrage over this suspicion? While there 12
13 were restrictions on dissent in Nazi Germany, as I will show in the next section, 13
14 this was not the case for a campaign on butter yellow, another supposedly cancer- 14
15 causing substance, which was mobilised by German housewives' organisations at 15
16 the same time. Whereas oestrogens were bio-political agents controlled by male 16
17 experts, the case of butter yellow was about food and therefore concerned female 17
18 consumer interests. Even though there was a short period of medical consumerism 18
19 in the 1920s in relation to oestrogens, women were patients dependent on expert 19
20 opinions and bearing bio-political responsibility. The fast reaction of Germany's 20
21 leading biochemist, Butenandt, had smothered any doubt over hormonal therapy 21
22 in the cradle. But the silence of women and women's organisations can also be 22
23 explained by the simple fact that the reproductive and bio-political issue was 23
24 itself part of feminist discourse in the first decades of the twentieth century. 24
25 While oestrogens, in a rather disburdening way, defined biological femininity, 25
26 hormonal therapy held the promise of relieving women's physical and social 26
27 pains. There was simply no interest in criticising this biomedical practice because 27
28 sex hormones defined women as both sexual and reproductive beings, thereby 28
29 connecting physiology with the prospect of liberation in a 'motherhood-eugenics 29
30 consensus' (Grossmann 1995, 15). In the case of butter yellow, not only the same 30
31 biochemical experts but also the women's organisations, reacted strongly against 31
32 the azo dye, on the one hand because it was a neglectable substance and on the 32
33 other because it concerned the holistic bias of life-reformist discourse. 33

34

35

36 **Butter Yellow (1937–1941)** 36

37

38 Critiques of modern food production had been common in all western nations 38
39 since the last third of the nineteenth century. But while this criticism was 39
40 largely focused on food fraud, in Germany, the highly influential interplay of 40
41 diet reform and a new dietetics emphasised the need for a healthy diet based 41
42 on nutritional value. This political discourse turned life reform into science and 42
43 nutrition research into life reform (Melzer 2003, 101–42; Merta 2003, 119–28). 43
44 A nutrition-political and civilisation-critical discourse distinguishing between 44

1 natural purity and artificial contamination merged toxicology, pharmacology 1
2 and cancer research. In 1931, Curt Lenzner published a book entitled *Gift in* 2
3 *der Nahrung*, which can be literally translated as ‘Poisoned Food’. According 3
4 to Lenzner, diseases of civilisation, notably cancer, were based on plasmatic 4
5 damnifications caused by a lack of vital substances and an overflow of chemicals 5
6 hostile to life. The latter he identified with food additives such as bleaching 6
7 agents, colourants and preservatives (Lenzner 1933, XI, 191, 193). One year 7
8 later, Erwin Liek, the notorious enemy of the social and health security system of 8
9 the Weimar Republic, proclaimed a connection between civilisation and cancer, 9
10 actualised in chemicalised and technicalised food (Liek 1932; Kater 1990). 10
11 Diet-reform advocates like Werner Kollath, the German guru of wholefood 11
12 nutrition, denounced industrially-produced food as denaturalised and a danger 12
13 to the fitness and vitality of the people. If denaturalisation caused cancer, the 13
14 sole hope for the German people lay in a natural diet (Proctor 1999, 120–72; 14
15 Fritzen 2006, 201–4; Heyll 2006, 201–28). This strong positioning of purity and a 15
16 natural lifestyle gained even more strength with the empowerment of the National 16
17 Socialists; the narrative of a holistic body threatened by foreign matter fitted well 17
18 into Nazi ideology of a ‘Volksgemeinschaft’ endangered by elements foreign to 18
19 the German race (Harrington 1999, 185–8). While there were inner contradictions 19
20 and an open dispute between propagandists of pure food and advocates of 20
21 strategically important ‘ideal preservatives’ during the war, Kollath’s distinction 21
22 between near-natural and non-natural, therefore ‘dead’, food was widely accepted 22
23 (Kollath 1942, 14; Stoff 2013; Stoff 2012a, 253–79; Sperling 2011). 23

24 In this historical setting the case of butter yellow, an azo compound used 24
25 to give butter an attractive yellow colour, caused tremendous public interest. 25
26 Butter yellow had been synthesised by Peter Griess at the Royal College of 26
27 Chemistry in London in the 1860s and had been used as a colourant in Germany 27
28 since the 1870s. In the early 1930s, Tomizo Yoshida published experimental 28
29 findings, suggesting that rats fed with scarlet red (o-Aminoazotoluol) developed 29
30 bladder cancer and hepatic tumours. O-Aminoazotoluol was closely related 30
31 to p-Dimethylaminoazobenzol, the chemical compound better known as butter 31
32 yellow. Between 1932 and 1937, Japanese pathologist Riojun Kinoshita proved 32
33 that several azo dyes were carcinogenic. The German pharmacologist Hermann 33
34 Druckrey confirmed these results (Kinoshita 1940, 287–92; Brock, Druckrey and 34
35 Hamperl 1940). In 1943, Richard Kuhn and Helmut Beinert stated that butter 35
36 yellow was the most important representative amongst carcinogenic azo dyes. And 36
37 one year later, Eugene L. Opie summarised that ‘(a)ministration of butter yellow 37
38 produces multiple foci of focal hyperplasia, cystic ducts, and cholangiofibrosis, 38
39 and corresponding with these lesions, which are precursors of tumour growth, 39
40 multiple tumours are formed’ (Kuhn and Beinert 1943, 904; Opie 1944, 244). 40
41 As early as June 1939, the International Congress for Cancer Research had 41
42 recommended the banning of butter yellow for colouring food. A few months later, 42
43 Hans Reiter, president of the German Reich Health Office, had suggested a new 43
44 German Colour Law. Robert Proctor, in his book on the history of cancer research 44

1 in Nazi Germany, has outlined the complicated situation Reiter was in, as a sudden 1
 2 removal of colours during the war might have been interpreted as the application 2
 3 of inferior foodstuffs. On the other hand, however, there were already rumours 3
 4 circulating that coloured food was poisoning consumers. It was at this point that the 4
 5 women's organisations of Nazi Germany intervened, applying pressure to Reiter, 5
 6 and finally succeeded. As Proctor tells this story, in 1941 a member of Göttingen's 6
 7 'NS-Frauenwerk' asked her superiors why cancer-causing substances were still 7
 8 allowed in butter and margarine. The regional women's leader informed Reiter 8
 9 that 'while women were certainly willing to sacrifice for the war, accepting the 9
 10 presence of cancer-causing agents in food was something else'. And indeed Reiter, 10
 11 who appreciated the housewives' organisation as allies in his efforts for wartime 11
 12 food security, rather successfully negotiated with the different groups producing 12
 13 and marketing coal tar dyes to reduce their use. Finally, even the almighty IG 13
 14 Farben ceased production of butter yellow (Proctor 1999, 165–70). 14

15 To sum this story up, it was a coalition of scientists, politicians and women's 15
 16 organisations who succeeded in bringing about the prohibition of butter yellow. 16
 17 Women's organisations, as has been shown in several studies, were deeply involved 17
 18 in Nazi Germany's health and nutrition policies; they were the core of the rising 18
 19 consumer movement and experts in their own right, as consumers and in their role 19
 20 as 'guardians of nature'. Housewives, far from being marginalised, were able to 20
 21 determine health policy decisions (Davis 1996). Papers on the pharmacology of 21
 22 cancer in the 1940s referred to two classes of carcinogenic compounds: azo dyes 22
 23 and aromatic hydrocarbons (Butenandt 1940). But until the late 1960s only the 23
 24 case of butter yellow generated legislative and scientific political action. 24

25 25
 26 26
 27 **Butter Yellow (1948–1958)** 27
 28 28

29 In the 1950s and 1960s these two stories of silent and worried, of strengthened 29
 30 and endangered, of dependent and autonomous, of apolitical and political women 30
 31 convened. And it was again these two differing substances, a sex hormone and 31
 32 a food colourant, which catalysed the establishment of German feminism as a 32
 33 consumer movement. In the year 1948, Butenandt, the defender of oestrogens, 33
 34 did not hesitate before frightening the public by proclaiming that butter yellow, a 34
 35 proven carcinogenic substance, was still in use (Hartmann 1949, 247–8). Although 35
 36 this accusation was immediately denied by nutrition experts and representatives 36
 37 of the pharmaceutical industry, a debate was begun, which shaped food additive 37
 38 policies in Germany throughout the 1950s. Magazines and newspapers took up 38
 39 the story and just a few years after the end of the Nazi reign, dramatically asked 39
 40 if the Germans were now poisoned (Anonymous 1954). This narrative expressed 40
 41 itself in a new oncological theory introduced by the well-respected physician 41
 42 Karl-Heinrich Bauer, which downplayed the role of genetics while emphasising 42
 43 the significance of exogenous agents, such as rays or chemical compounds. Bauer 43
 44 based his assumption on the case of azo dyes, thereby reiterating the idea of a 44

1 strong connection between civilisation and an apparent rise in cancer (Bauer 1950). 1
2 According to Bauer's 'pharmacology of cancer causing substances' the rise in 2
3 cancer was the result of a progressing chemicalisation and technicalisation of the 3
4 environment and the development of external toxins, or 'Noxen' as Bauer called 4
5 them (Bauer 1950, 33–4). These mere speculations gained scientific facticity 5
6 through the collaboration of Druckrey, again, with the mathematician Karl 6
7 Küpfmüller in 1948. Druckrey, a convinced Nazi who had to be whitewashed by 7
8 Butenandt, himself a profiteer of Nazi science policy, after 1945, conducted animal 8
9 tests with butter yellow; these experiments demonstrated that the production 9
10 of tumours required a certain total dose, regardless of how this was distributed 10
11 over 35 to 365 days. The latency period, Druckrey stated, was inversely related 11
12 to the daily dose. If experiments were extended over the life span of the animals, 12
13 a smaller dose was necessary to produce an effect: with increasing age, there was 13
14 an increasing disposition to tumour development. Druckrey concluded that the 14
15 carcinogenic effect of butter yellow was therefore, even at the smallest doses, 15
16 irreversible from the beginning of the experiment during the entire life span of the 16
17 animals, and was additive with further exposure without any modification, until, 17
18 after a critical total dose has been exceeded, tumours would develop. Because of 18
19 this latency period – the dose-effect and dose-time relation – it was practically 19
20 impossible to decide whether a certain substance was carcinogenic or not. From 20
21 this time on, it was chemical substances in everyday use that demonstrated the 21
22 most risk (Druckrey and Küpfmüller 1948; Wunderlich 2005; Stoff 2012b). 22

23 Bauer, Druckrey and Butenandt were comrades in arms in the ongoing war 23
24 against cancer. The field for this battle was the senate commission for food 24
25 colourants of the German Research Foundation, in which, under the guidance of 25
26 Butenandt and Druckrey, representatives of the pharmaceutical and foodstuff- 26
27 producing industry, together with politicians negotiated the use of food additives 27
28 (Stoff 2009). During the early 1950s, German scientists even tried to establish 28
29 this new theory of carcinogenesis as a European norm and install a preventive 29
30 risk policy for food additives in the institutions EUROTOX and the Joint FAO/ 30
31 WHO Expert Committee on Food Additives (JECFA). In the late 1950s, however, 31
32 the influence of Druckrey and Butenandt faded; the radical and life-reformist 32
33 informed concept of risk prevention was replaced by a mere risk management, 33
34 expressed in the concept of 'acceptable daily intake' (Jas 2013; Stoff 2012b). 34

35 While the commission worked behind closed doors, a public discourse about 35
36 the 'toxic condition' of modern life and the negative role of the pharmaceutical 36
37 and chemical industry gained strength. The catchphrase of a 'toxic total 37
38 situation' ('toxische Gesamtsituation') coined by Fritz Eichholtz, director of the 38
39 Pharmacological Institute at the University of Heidelberg, inspired a far-reaching 39
40 debate on the boundaries of risk assessment and the dangers of chemical substances 40
41 (Eichholtz 1956). At the same time, organised as well as independently acting 41
42 women intervened, writing hundreds of letters to the ministries in charge. A certain 42
43 Anneliese Conrad from Schöppenstedt in Lower Saxony, for example, demanded 43
44 the Ministry of Food immediately ban food colouring. Cancer, she wrote, had 44

1 so dramatically increased that it was the dictate of the moment to search for the 1
2 reason for this German disease ('deutsche Volkskrankheit').¹ Marie Seeger, who 2
3 identified herself as a housewife from Augsburg on a postcard she sent to the 3
4 health committee in Bonn, pleaded with the committee to bring uncoloured and 4
5 raw foodstuff to the consumer. It was an unscrupulous act without comparison to 5
6 supply the population with poisoned food even in the smallest doses, she wrote. In 6
7 the future, food should be identified as pure or impure. Whoever wanted coloured 7
8 food should be able to obtain it, but she and her family did not want any of it.² There 8
9 was also an open critique in which consumers were not represented, however, 9
10 by the commissions for food additives established by the German Research 10
11 Foundation during the 1950s. In Germany at this time no official consumers' 11
12 association existed. It was up to the housewives' and women's organisations to 12
13 resume their battle against poisoned food and the poisoning of the people. In 13
14 February 1950, the German Women's Association ('Deutscher Frauenring') 14
15 demanded measures be taken against the colouring of food. In a concerted action, 15
16 Catholic and Protestant women's and housewives' organisations demanded that 16
17 the ministries of health and of the interior prohibit food colouring with azo dyes. 17
18 The Women's Information Service ('Informationsdienst für Frauenfragen'), which 18
19 united 80 women's organisations and groups, applied to all relevant political 19
20 representatives, requesting the passage of a new food law based on a white list 20
21 of experimentally proven dangerous substances.³ On 24 February 1956, members 21
22 of parliament, Hedwig Jochmus (CDU), Käte Strobel (SPD), Marie-Elisabeth 22
23 Lüders (FDP) and 43 other female delegates of the German Bundestag, presented 23
24 an application that the Bundestag should request the Federal Government to 24
25 produce a draft of a new food law. This proceeding was well prepared by Jochmus, 25
26 Strobel and Werner Gabel, undersecretary in the Ministry of the Interior. The issue 26
27 produced much laughter from male members of parliament, but the 'united front 27
28 of female delegates' ('Einheitsfront der weiblichen Abgeordneten') provoked a 28
29 strong response from the public and the media.⁴ Indeed, the women's organisations 29
30 succeeded in releasing a new and much stricter food law. An as yet unwritten history 30
31 of German consumer organisations would have to address the role of women in 31
32 the debate on 'poisoned food', while also explaining the masculinisation of the 32
33 consumer movement in the 1960s. The politics of precarious substances, which 33
34
35
36
37 1 Conrad, A. (1952), Letter to Federal Department for Nutrition, 2 December, 37
38 B 116/420. Koblenz: Bundesarchiv. 38
39 2 Seeger, M. (1958), Letter to Health Committee, Bonn, 24 April, B 142/1530. 39
40 Koblenz: Bundesarchiv. 40
41 3 Deutscher Frauenring, Committee for National and Domestic Economy (1950), 41
42 Letter to Federal Ministry of the Interior, Health Department, 14 February, B 116/419. 42
43 Koblenz: Bundesarchiv. 43
44 4 German Bundestag (1956), 149th Meeting, Bonn, 8 June, B 142/15282, p. 7901. 44
45 Koblenz: Bundesarchiv. 45

1 united women across party lines, emerged as a major topic in the feminist agenda 1
 2 during the second half of the twentieth century. 2

3 3

4 4

5 **Oestrogens (1950–1970)** 5

6 6

7 In the 1950s, Western European cancer research was concentrated on azo dyes. 7
 8 In the case of West Germany this meant an absolution for oestrogens. In 1940, 8
 9 when supporting the results of Butenandt and Kaufmann's experiments, Druckrey 9
 10 had officially proclaimed that follicle hormones were not 'real carcinogenic 10
 11 substances' like derivatives of benzanthracene (Druckrey 1940). This contrasted 11
 12 sharply with the debate in England happening at the same time. In 1950, Alexander 12
 13 Lipschütz, a veteran of hormone research, published a monograph under the title 13
 14 *Steroid Hormones and Tumors*. He emphasised the connection between organs 14
 15 controlled by hormones, such as the breast, uterus and prostate, which could 15
 16 be governed by hormonal therapy, and a vulnerability to tumours. Eric Stephen 16
 17 Horning from the London Royal Cancer Hospital took up this idea. Together with 17
 18 Hadley Kirkman from the Stanford University School of Medicine, he was able 18
 19 to experimentally produce renal tumour in hamsters through the use of oestrogens 19
 20 (Lipschütz 1950; Horning 1951; Kirkman 1957). During the 1940s and 1950s, 20
 21 there was a widespread belief, at least in the USA, that the intake of oestrogen- 21
 22 active substances such as DES could prevent miscarriages, therefore this was a 22
 23 highly controversial finding (Langston 2010, 48–60). Kirkman produced a long 23
 24 list of questions relating to the relationship between hormones and cancer: 24

25 25

26 Which hormones are tumorigenic, which carcinogenic? Do these hormones 26
 27 act directly or indirectly in producing neoplastic change? Do carcinogenic or 27
 28 tumorigenic hormones act only on normal physiological target tissues? Do 28
 29 the neoplastic changes occur in normal or in injured cells? Most hormonally 29
 30 induced tumors are dependent, but upon serial transfer some of them become 30
 31 autonomous. What is the nature of this transition from dependency to autonomy, 31
 32 and does the transition occur abruptly as a single step or is it a gradual process 32
 33 involving several or many steps? (Kirkman 1957, 757) 33

34 34

35 In West Germany the outcomes of these new experiments were mostly 35
 36 rejected. A remarkable exception was Walter Büngeler, director of the institute for 36
 37 pathology at the University of Munich, who attempted to re-examine Kirkman's 37
 38 and Horning's findings, but encountered harsh reactions from his colleagues. 38
 39 In 1959, Herwig Hamperl even tried to prevent the funding of Büngeler's research 39
 40 by the German Research Foundation.⁵ 40

41 41

42 ⁵ Büngeler, W. (1959), Application. Experimentelle Untersuchungen über die 42
 43 Bedeutung hormoneller Faktoren bei der Geschwulstentstehung (Leberveränderungen), 2nd 43
 44 September, Bü 1/17. Bonn: Archive of the German Research Foundation (DFG). 44

1 In the mid 1960s, however, the debate surrounding potentially carcinogenic 1
2 hormones also flared up in West Germany. It was the translation of the bestseller 2
3 *Feminine Forever*, written by the gynaecologist Robert A. Wilson, which 3
4 raised tempers in the German public and amongst German physicians. Wilson 4
5 recommended hormonal replacement therapy with oestrogens for the treatment 5
6 of menopausal symptoms (Roberts 2007, 120–28; Houck 2003; Watkins 2001; 6
7 Wilson 1966). The main discussion point was whether menopause was a natural 7
8 condition to which women should adapt, or a deficiency symptom to be taken 8
9 care of by gynaecologists. ‘Wilson wants to abolish menopause with oestrogens’, 9
10 read one of the many headlines in the German press. Menopause, lectured the 10
11 gynaecologist, Josef Zander, when interrogated by Germany’s leading news 11
12 magazine, *Der Spiegel*, is a deficiency disease based on a lack of oestrogens. The 12
13 only question for Zander was whether acute or prophylactic measures should be 13
14 taken. He opted for long-term treatment with oestrogens because, according to 14
15 him, these highly potent substances had exceptional medicinal benefits (Müller 15
16 and Petermann 1966, 149). The gynaecologist, Gerhard F. Winter, distanced 16
17 himself from those he called conservative physicians, who regarded menopause 17
18 as a simple physiological state and therefore not requiring any kind of therapy. 18
19 Instead, he associated himself with a group of modern American physicians, ‘who 19
20 demand hormonal substitution in every situation and maintain this substitution 20
21 until old age’ (Winter 1967). But Wilson’s book also caused a heated debate on the 21
22 dangers of hormone replacement therapy. *Der Spiegel* even referred to a ‘hormone- 22
23 war’ (‘Hormon-Krieg’). In the weekly *Die Zeit*, Georg Schreiber listed a whole 23
24 compendium of dangerous side effects associated with hormone replacement 24
25 therapy (Schreiber 1966). The drug commission of the German Medical Association 25
26 also published a joint statement (Anonymous 1966). Even though some physicians 26
27 warned that, quite apart from heavy side-effects, such a use of oestrogens could 27
28 induce uterine and breast cancer, barely any experts mentioned the experiments 28
29 conducted in the 1930s. The gynaecologists, Gisela Dallenbach-Hellweg and 29
30 Frederick D. Dallenbach, were the exception, reminding their colleagues that 60 30
31 years earlier, oestrogens had already been accused of causing tumours in mice 31
32 (Dallenbach-Hellweg and Dallenbach 1971). By contrast, Butenandt’s verdict that 32
33 a genetic proclivity was necessary for hormonally induced breast cancer was alive 33
34 and well in the 1960s. Zander was, after all, a disciple of Butenandt. 34

35 Due to the authoritative statements made by German gynaecologists, the 1966 35
36 hormone-war had been long forgotten when, during the Whitsun holidays in 1969, 36
37 another gigantic headline in the tabloid *Bild* frightened the West-German public: 37
38 ‘Shock for women! Lump in the breast due to birth control pill!’ (‘Schock für 38
39 Frauen! Knoten in der Brust durch Anti-Baby-Pillen’) (Köhler 1969). Animal 39
40 testing had shown that a new oral contraceptive called *Neonovum* could induce 40
41 breast cancer. Until this unexpected scandal the dangers of the contraceptive pill 41
42 had mostly been discussed in relation to thrombosis (Marks 2001, 138–57). But 42
43 there had already been warning voices in the early 1960s. In 1964, Hamburg 43
44 gynaecologist Oskar Guhr had reported that the pill might induce uterine cancer. 44

1 Given his statement had been based on only 80 cases, Gregory Pincus examined 1
2 a thousand women who took the pill and, according to his enthusiastic statement, 2
3 appeared to be completely healthy. The journalist, Thomas von Randow, reminded 3
4 *Die Zeit* readers of the sad case of Thalidomide some years previously: ‘Even the 4
5 fact that the pill is taken by millions of women cannot comfort us until Guhr’s 5
6 outrageous suspicion is refuted’ (Randow 1964). Generally throughout the 1960s, 6
7 the contraceptive pill had appeared to be much more of an ethical than a health 7
8 problem (Ignaciuk, Ortiz-Gómez & Rodríguez-Ocaña, this volume; Thoms, this 8
9 volume). But in 1969, an immediate and intensive debate began on the methods 9
10 of steroid toxicology and the interpretation of experiments. This focused on the 10
11 selection of laboratory animals, as research on Neonovum had been based on 11
12 experiments with Beagles prone to breast cancer (Anonymous 1970, 198). In 12
13 accordance with the Druckrey-Küpfmüller equation, the latency period between 13
14 exposure and clinical manifestation called for long-term studies with a huge amount 14
15 of investigations. But even such long term studies were barely convincing. In 1973 15
16 the statistician, Karl Überla, realised that an increase in the risk of breast carcinoma 16
17 following oestrogen treatment could not be claimed with sufficient certainty. 17
18 With resignation, however, he added that this did not sufficiently invalidate the 18
19 suspicion (Plotz et. al. 1973, 371). The controversy on carcinogenic substances 19
20 was not settled by knowledge, facts, or nature itself (Latour 1987, 96–100). 20

21 The story of the contraceptive pill, which has been written in great detail, is 21
22 complicated because there were – in dramatic contrast to the 1940s debate on 22
23 oestrogens – so many actors: self-proclaimed progressive scientists such as Carl 23
24 Djerassi; neo-malthusianists and population politicians; conservative, pro-natalist 24
25 and bio-political physicians; a new media hunting for headlines and fanning the 25
26 fear of breast cancer; the famous papal encyclical; and last but not least, a far 26
27 from homogenous women’s movement (Marks 2001; Silies 2010). It was probably 27
28 astonishing for actors like Djerassi that the women’s movement, which had been 28
29 associated with sexual reform and sexual emancipation since the 1920s, turned 29
30 into a consumer movement during the 1960s, valuing bodily integrity higher 30
31 than sexual fulfilment (Duden 2008, 595–6; Marks 2001). On one hand, sexual 31
32 reform was consumerist itself, sexuality being a ‘consumer choice’ (Birken 1988). 32
33 On the other, the German consumer movement was deeply influenced by the 33
34 life-reform discourse of a holistic body endangered by poisons, as expressed in 34
35 the fight against butter yellow and for a new food law in the 1950s. The 1970s 35
36 West German debate on potentially cancer-causing oestrogens followed this 36
37 argument against poisoned food and was led by the trope of a toxic total situation, 37
38 which led the German environmental movement. 38

39 In the late 1970s, the modern utopia of liberated sexuality was questioned 39
40 in various ways. This new feminist topic, claiming that the alleged sex wave 40
41 only benefited men, while women had to bear the risk of a chemicalised body, 41
42 echoed Michel Foucault’s famous dictum that ‘the irony of this deployment (of 42
43 sexuality, H.S.) is in having us believe that our “liberation” is in the balance’ 43
44 (Foucault 1976, 159). For those advocating sexual consumerism, suspicion of 44

1 cancer was the argument of a conservative-feminist conspiracy. In 1973, two 1
2 projects studied the role of the 'subjective side-effects' of oral contraceptives, 2
3 as social psychological factors and religious moral values (Frick, Kessler and 3
4 Pferdmeniges 1973; Blättler, Blättler and Hauser 1973). These factors seemed to 4
5 explain the critical position towards the contraceptive pill so many women adopted 5
6 in the early 1970s. For supporters and beneficiaries of sexual liberation, like *Der* 6
7 *Spiegel*, the papal encyclical of 1968 was the same type of propaganda against 7
8 the contraceptive pill as exaggerated medical objections (Anonymous 1968, 85). 8
9 Contemporary journalists, like social scientists, were unable to trace the new 9
10 feminist position towards oestrogens back to the case of butter yellow, the identity 10
11 of women's and consumer movements, and the trope of poisoning. 11

12 Thirty years after the silent acceptance of expert opinion on oestrogens, 12
13 these precarious substances became a political issue. In 1970, female members 13
14 of parliament, Hedda Heuser (FDP) and Käte Strobel (SPD), who had already 14
15 played a major role in the amendment of German food law, again organised a 15
16 non-party inquiry regarding the dangers of the contraceptive pill. Feminists, 16
17 overcoming the former, hierarchical separation of experts and patients, not only 17
18 utilised the expertise of those scientists who proved the dangers of oestrogen- 18
19 active substances, they also referred to the experiences of women, their unease 19
20 and discontent with the pill. As part of a consumer movement, the feminist 20
21 critique of the pill was raised against elitist negotiations of risks, which neglected 21
22 or redefined women's interests. The controversy surrounding the pill, as Barbara 22
23 Duden has summarised, accelerated the transformation of women from immature 23
24 patients to self-determined consumers. The gendered promise of autonomy, youth, 24
25 beauty and health merged with an optimised life designed by experts, self-care and 25
26 steroids (Duden 2008; Stoff 2004b, 238). While today the quarrel about oestrogens 26
27 as potentially cancer-causing substances remains unresolved, the female body is 27
28 both a contested side of consumerism, activated for consumption and defended in 28
29 the name of consumer rights, and a residuum of purity and holism. In Germany, 29
30 the narrative of the poisoning of the female body started around 1940 with butter 30
31 yellow, influenced the German consumer movement in the 1950s, and finally 31
32 affected the feminist movement in the 1970s. 32

33 The German women's movement as a consumer movement inherited the 33
34 life-reform discourse and critique of civilisation from the 1940s. It gained its 34
35 political strength through the battle against butter yellow and its short lived victory 35
36 in the instalment of a new food law in 1958 (which in the following years was 36
37 diluted by much laxer resolutions). Feminists in the 1970s took up the holistic 37
38 discourse and rhetoric of the women's movement while also questioning sexual 38
39 liberalism and male expert definitions of the female body. The history of the 39
40 German feminist movement does not have to be rewritten, but following the 40
41 actions of and quarrels about molecules can help reveal motives and discourses 41
42 which would otherwise remain invisible. 42

43

44

- 1 **References** 1
- 2 2
- 3 Allen, E. and Doisy, E. A. (1923), 'An Ovarian Hormone. Preliminary Report 3
4 on its Localization, Extraction and Partial Purification, and Action in Test 4
5 Animals', *Journal of the American Medical Association* 81, 819–21. 5
- 6 Anonymous (1954), 'Werden wir vergiftet? Gebleichte, gefärbte, konservierte, 6
7 'geschönte' Lebensmittel' *Die Zeit*, 17 June. Available at: [http://www.zeit.](http://www.zeit.de/1954/24/werden-wir-vergiftet) 7
8 [de/1954/24/werden-wir-vergiftet](http://www.zeit.de/1954/24/werden-wir-vergiftet) [accessed 23 March 2012]. 8
- 9 ——— (1966), 'Was Brunst erzeugt' *Der Spiegel* 20:11, 137–9. 9
- 10 ——— (1968), 'Last und Lust', *Der Spiegel* 22:32, 82–90. 10
- 11 ——— (1970), 'Bilanz: Nach wie vor zu Gunsten der Pille', *Der* 11
12 *Spiegel* 24:12, 197–202. 12
- 13 Bauer, K.-H. (1950), 'Über Chemie und Krebs – dargestellt am Anilinkrebs', 13
14 *Langenbecks Archiv für Klinische Chirurgie* 264, 21–44. 14
- 15 Birken, L. (1988), *Consuming Desire: Sexual Science and the Emergence* 15
16 *of a Culture of Abundance, 1871–1914* (Ithaca and London: Cornell 16
17 University Press). 17
- 18 Blättler, I., Blättler, W. and Hauser, G.A. (1973), 'Einfluß der Massenmedien auf 18
19 Nebenwirkungen der Ovulationshemmer', *Archiv für Gynäkologie* 214, 254–5. 19
- 20 Brock, N., Druckrey, H. and Hamperl, H. (1940), 'Die Erzeugung von 20
21 Leberkrebs durch den Farbstoff 4-Dimethylamino-azobenzol', *Zeitschrift für* 21
22 *Krebsforschung* 50, 431–56. 22
- 23 Butenandt, A. (1940), 'Neuere Beiträge der biologischen Chemie zum 23
24 Krebsproblem', *Angewandte Chemie* 53, 345–52. 24
- 25 ——— (1942), 'Entwicklungslinien in der künstlichen Darstellung natürlicher 25
26 Steroidhormone', *Die Naturwissenschaften* 30, 4–17. 26
- 27 Dallenbach-Hellweg, G. and Dallenbach, F.D. (1971), 'Besteht ein morphologisch 27
28 faßbarer Zusammenhang zwischen Oestrogen und Carcinogenese?', *Archiv für* 28
29 *Gynäkologie* 211, 198–200. 29
- 30 Davis, B. (1996), 'Food scarcity and the empowerment of the female consumer 30
31 in World War I Berlin' in de Grazia, V. (ed.) *The Sex of Things: Gender and* 31
32 *Consumption in Historical Perspective* (Berkeley: University of California 32
33 Press) pp. 287–310. 33
- 34 Deichmann, U. (2001), *Flüchten, Mitmachen, Vergessen. Chemiker und* 34
35 *Biochemiker in der NS-Zeit* (Weinheim: Wiley-VCH). 35
- 36 Dodds, E. C., Goldberg, L., Lawson, W. and Robinson, R. (1938), 'Estrogenic 36
37 Activity of Certain Synthetic Compounds', *Nature* 141, 247–8. 37
- 38 Doisy, E. A., Rolls, J. O., Allen, E. and Johnston, C. G. (1924), 'The extraction 38
39 and some properties of an ovarian hormone', *Journal of Biological* 39
40 *Chemistry* 61, 711–27. 40
- 41 Druckrey, H. (1940), 'Über oestrogene und cancerogene Wirkung', *Zeitschrift für* 41
42 *Krebsforschung* 50, 27–9. 42
- 43 Druckrey, H. and Küpfmüller, K. (1948), 'Quantitative Analyse der 43
44 Krebsentstehung', *Zeitschrift für Naturforschung* 3b, 254–66. 44

- 1 Duden, B. (2008), 'Frauen-, Körper: Erfahrung und Diskurs (1970–2004)' in Becker, 1
 2 R. and Kortendiek, B. (eds) *Handbuch Frauen- und Geschlechterforschung: 2*
 3 *Theorie, Methoden, Empirie. 2., erweiterte und aktualisierte Auflage 3*
 4 (Wiesbaden: VS-Verlag) pp. 593–607. 4
- 5 Eichholtz, F. (1956), *Die toxische Gesamtsituation auf dem Gebiet der 5*
 6 *menschlichen Ernährung: Umriss einer unbekanntens Wissenschaft* (Berlin, 6
 7 Göttingen and Heidelberg: Springer). 7
- 8 Foucault, M. (1976), *The History of Sexuality. Vol. 1: The Will to Knowledge 8*
 9 (London: Penguin). 9
- 10 Frick, V., Kessler, S. and Pferdmeiges, J. (1973), 'Psychologische Aspekte der 10
 11 Nebenwirkungen oraler Kontrazeptiva', *Archiv für Gynäkologie* 214, 252–3. 11
- 12 Fritzen, F. (2006), *Gesünder leben: Die Lebensreformbewegung im 20. Jahrhundert 12*
 13 (Stuttgart: Steiner). 13
- 14 Gaudillière, J.-P. (2004a), 'Genesis and Development of a Biomedical Object: 14
 15 Styles of Thought, Styles of Work and the History of the Sex Steroids', *Studies 15*
 16 *in History and Philosophy of Biological and Biomedical Sciences* 35, 525–43. 16
- 17 ——— (2004b), 'Biochemie und Industrie. Der "Arbeitskreis Butenandt–Schering" 17
 18 während der Zeit des Nationalsozialismus' in Schieder, W. and Trunk, 18
 19 A. (eds) *Adolf Butenandt und die Kaiser–Wilhelm–Gesellschaft. Wissenschaft, 19*
 20 *Industrie und Politik im Dritten Reich* (Göttingen: Wallstein) pp. 198–246. 20
- 21 ——— (2006), 'Hormones at Risk. Cancer and the Medical Uses of Industrially- 21
 22 Produced Sex Steroids in Germany, 1930–1960' in Schlich, T. and Tröhler, 22
 23 U. (eds) *The Risks of Medical Innovation. Risk Perception and Assessment in 23*
 24 *Historical Context* (London and New York: Routledge) pp. 148–69. 24
- 25 ——— (2008), 'Professional or Industrial Order? Patents, Biological Drugs, and 25
 26 Pharmaceutical Capitalism in Early Twentieth Century Germany', *History and 26*
 27 *Technology* 24, 107–33. 27
- 28 Grossmann, A. (1995), *Reforming Sex: The German Movement for Birth 28*
 29 *Control and Abortion Reform, 1920–1950* (New York and Oxford: Oxford 29
 30 University Press). 30
- 31 Harrington, A. (1999), *Reenchanted Science: Holism in German Culture from 31*
 32 *Wilhelm II to Hitler* (Princeton: Princeton University Press). 32
- 33 Hartmann, F. (1949), '55. Tagung der Deutschen Gesellschaft für innere Medizin', 33
 34 *Die Naturwissenschaften* 36, 245–9. 34
- 35 Hawhee, D. (2009), *Moving Bodies: Kenneth Burke at the Edges of Language 35*
 36 (Columbia: University of South Carolina Press). 36
- 37 Heyll, U. (2006), *Wasser, Fasten, Luft und Licht: Die Geschichte der Naturheilkunde 37*
 38 *in Deutschland* (Frankfurt/Main: Campus). 38
- 39 Hohlweg, W. and Inhoffen, H. H. (1939), 'Pregneninolon. Ein neues per os wirksames 39
 40 Corpus luteum-Hormonpräparat', *Die Naturwissenschaften* 18, 77–9. 40
- 41 Horning, E. S. (1951), 'Hormones and Carcinogenesis', *British Medical 41*
 42 *Journal* 2, 834–5. 42
- 43 Houck, J. A. (2003), 'What Do These Women Want?: Feminist Responses to 43
 44 *Feminine Forever; 1963–1980*', *Bulletin of the History of Medicine* 77, 103–32. 44

- 1 Jas, N. (2013), 'Adapting to „Reality“: The Emergence of an International 1
2 Expertise on Food Additives and Contaminants in the 1950s and early 1960s' 2
3 in Boudia, S. and Jas, N. (eds.) *Toxicants, Health and Regulation since 1945* 3
4 (London: Pickering & Chatto) 2013, 47-69. 4
- 5 Kater, M. H. (1990), 'Die Medizin im nationalsozialistischen Deutschland und 5
6 Erwin Liek', *Geschichte und Gesellschaft* 16, 440-63. 6
- 7 Kinoshita, R. (1940), 'Studies on the cancerogenic azo and related compounds', 7
8 *Yale Journal of Biology and Medicine* 12, 287-300. 8
- 9 Kirkman, H. (1957), 'Steroid Tumorigenesis', *Cancer* 10, 757-64. 9
- 10 Köhler, O. (1969), 'Pfingst-Verkehrs-Stille', *Der Spiegel* 23:23, 179. 10
- 11 Kollath, W. (1942), 'Natürliche Nahrung, wissenschaftliche Ernährungslehre und 11
12 ihre Synthese' *Die Ernährung* 7, 7-14. 12
- 13 Kuhn, R. and Beinert, H. (1943), 'Über das aus krebserregenden Azofarbstoffen 13
14 entstehende Fermentgift', *Berichte der deutschen chemischen* 14
15 *Gesellschaft* 76, 904-9. 15
- 16 Langston, N. (2010), *Toxic Bodies: Hormone Disruptors and the Legacy of DES* 16
17 (Yale: Yale University Press). 17
- 18 Latour, B. (1987), *Science in Action. How to follow scientists and engineers* 18
19 *through society* (Cambridge: Harvard University Press). 19
- 20 Lenzner, C. (1933), *Gift in der Nahrung. Zweite umgearbeitete und erweiterte* 20
21 *Auflage* (Leipzig: Verlag der Dykschen Buchhandlung). 21
- 22 Liek, E. (1932), *Krebsverbreitung, Krebsbekämpfung, Krebsverhütung* 22
23 (München: Lehmanns). 23
- 24 Lipschütz, A. (1950), *Steroid Hormones and Tumors. Tumorigenic and* 24
25 *antitumorigenic actions of steroid hormones and the steroid homeostasis:* 25
26 *experimental aspects* (Baltimore: Williams & Wilkins). 26
- 27 Marks, L. V. (2001), *Sexual Chemistry. A History of the Contraceptive Pill* (New 27
28 Haven and London: Yale University Press). 28
- 29 Melzer, J. M. (2003), *Vollwerternährung. Diätetik, Naturheilkunde,* 29
30 *Nationalsozialismus, sozialer Anspruch* (Stuttgart: Steiner). 30
- 31 Merta, S. (2003), *Wege und Irrwege zum modernen Schlankheitskult. Diätkost* 31
32 *und Körperkultur als Suche nach neuen Lebensstilformen 1880-1930* 32
33 (Stuttgart: Steiner). 33
- 34 Müller, R. S. and Petermann, J. (1966), 'Östrogen für alle Frauen?', *Der* 34
35 *Spiegel* 20:11, 140-49. 35
- 36 Opie, E. L. (1944), 'The Pathogenesis of Tumors of the Liver Produced by Butter 36
37 Yellow', *The Journal of Experimental Medicine* 80, 231-46. 37
- 38 Oudshoorn, N. (1994), *Beyond the Natural Body. An Archaeology of Sex Hormones* 38
39 (London and New York: Routledge). 39
- 40 Plotz, E. J. et. al. (1973), 'Nebenwirkungen oraler Kontrazeptiva: eine Kritik der 40
41 Prüfungsmethoden', *Archiv für Gynäkologie* 214, 367-73. 41
- 42 Proctor, R. N. (1999), *The Nazi War on Cancer* (Princeton: Princeton 42
43 University Press). 43
44 44

- 1 Randow, T. V. (1964), 'Statt Baby Angst vor Krebs? Fatales Sensationsgeschrei 1
2 um einen umstrittenen Befund', *Die Zeit* 30 October. Available at: <http://www.zeit.de/1964/44/Statt-Baby-Angst-vor-Krebs> [accessed 21 February 2012.] 2 3
- 4 Ratmoko, C. (2010), *Damit die Chemie stimmt. Die Anfänge der industriellen 4
5 Herstellung von weiblichen und männlichen Sexualhormonen 1914–1938 5
6* (Zürich: Chronos). 6
- 7 Roberts, C. (2007), *Messengers of Sex: Hormones, Biomedicine and Feminism 7
8* (Cambridge: Cambridge University Press). 8
- 9 Schreiber, G. (1966), 'Doktor Wilsons Allheilmittel. Ärzte verschreiben, was 9
10 die Illustrierte den Frauen suggeriert', *Die Zeit* 11 February. Available 10
11 at: <http://www.zeit.de/1966/07/Doktor-Wilson-Allheilmittel> [accessed 21 11
12 February 2012]. 12
- 13 Seeger, P.G. (1940), 'Über die Beziehung des Follikelhormons zur Ätiologie 13
14 maligner Tumoren und seine Bedeutung für die Krebsgenese', *Klinische 14
15 Wochenschrift* 19, 107–12. 15
- 16 Sengoopta, C. (2000), 'The Modern Ovary. Constructions, Meanings, Uses', 16
17 *History of Science* 38, 425–88. 17
- 18 ——— (2006), *The Most Secret Quintessence of Life. Sex, Glands, and 18
19 Hormones, 1850–1950* (Chicago and London: Chicago University Press). 19
- 20 Silies, E.-M. (2010), *Liebe, Lust und Last. Die Pille als weibliche 20
21 Generationserfahrung in der Bundesrepublik 1960–1980* (Göttingen: Wallstein). 21
- 22 Sperling, F. (2011), „Kampf dem Verderb mit allen Mitteln?“ *Der Umgang mit 22
23 ernährungsbezogenen Gesundheitsrisiken im Dritten Reich am Beispiel der 23
24 chemischen Lebensmittelkonservierung* (Stuttgart: Deutscher-Apotheker- 24
25 Verlag). 25
- 26 Starling, E. H. (1905), 'The Croonian Lectures on the Chemical Correlations of 26
27 the Body', *Lancet* 2, 339–41. 27
- 28 Stoff, H. (2004a), *Ewige Jugend. Konzepte der Verjüngung vom späten 19. 28
29 Jahrhundert bis ins Dritte Reich* (Köln and Weimar: Böhlau). 29
- 30 ——— (2004b), 'Janine. Tagebuch einer Verjüngten. Weibliche Konsumkörper 30
31 zu Beginn des 20. Jahrhunderts' in Bruns, C. and Walter, T. (eds) *Von Lust und 31
32 Schmerz. Eine Historische Anthropologie der Sexualität* (Köln and Weimar: 32
33 Böhlau) pp. 217–38. 33
- 34 ——— (2009), 'Hexa-Sabbat. Fremdstoffe und Vitalstoffe, Experten und der 34
35 kritische Verbraucher in der BRD der 1950er und 1960er Jahre' *N.T.M.* 17, 55–83. 35
- 36 ——— (2012a), *Wirkstoffe. Eine Wissenschaftsgeschichte der Hormone, Vitamine 36
37 und Enzyme, 1920–1970* (Stuttgart: Steiner). 37
- 38 ——— (2012b), 'Summationsgifte. Zum Evidenzproblem einer Pharmakologie 38
39 krebserregender Substanzen in den 1950er Jahren' in Moser, G., Kuhn, J. and 39
40 Stöckel S. (eds) *Die statistische Transformation der Erfahrung. Beiträge 40
41 zur Geschichte des Evidenzdenkens in der Medizin* (Freiburg: Centaurus) 41
42 pp. 33–62. 42
- 43 ——— (2013), 'Vital Regulators of Efficiency. The German Concept of 43
44 "Wirkstoffe", 1900-1950' in Schwerin, A., Stoff, H. and Wahrig B. (eds.) 44

1	<i>Biologics. A History of Agents Made From Living Organisms in the 20th</i>	1
2	<i>Century</i> (London: Pickering & Chatto) 89–104.	2
3	Wahrig, B., Stoff, H., Schwerin, A. v. and Balz, V. (2008), ‘Precarious Matters.	3
4	An Introduction’ in Balz, V., Schwerin, A. v., Stoff, H. and Wahrig, B. (eds)	4
5	<i>Precarious Matters /Prekäre Stoffe. The History of Dangerous and Endangered</i>	5
6	<i>Substances in the Nineteenth and Twentieth Centuries</i> (Berlin: MPIWG)	6
7	pp. 5–14.	7
8	Watkins, E. S. (2001), ‘Dispensing with Aging: Changing Rationales for Long-term	8
9	Hormone Replacement Therapy, 1960–2000’, <i>Pharmacy in History</i> 43, 23–37.	9
10	Wessely, F. v. (1940), ‘Über synthetische Östrogene’, <i>Angewandte</i>	10
11	<i>Chemie</i> 53, 197–202.	11
12	Wilson, R. A. (1966), <i>Feminine Forever</i> (New York: Evans & Co).	12
13	Winter, G. F. (1967), ‘Natürliche konjugierte Östrogene im Klimakterium’,	13
14	<i>Zentralblatt für Gynäkologie</i> 89, 296–300.	14
15	Wunderlich, V. (2005), ‘Zur Entstehungsgeschichte der Druckrey–Küpfmüller–	15
16	Schriften (1948–1949): Dosis und Wirkung bei krebserzeugenden Stoffen’,	16
17	<i>Medizinhistorisches Journal</i> 40, 369–97.	17
18	Zondek, B. (1928), ‘Darstellung des weiblichen Sexualhormons aus dem Harn,	18
19	insbesondere dem Harn von Schwangeren’, <i>Klinische Wochenschrift</i> 7, 485–6.	19
20		20
21		21
22		22
23		23
24		24
25		25
26		26
27		27
28		28
29		29
30		30
31		31
32		32
33		33
34		34
35		35
36		36
37		37
38		38
39		39
40		40
41		41
42		42
43		43
44		44