

Anthropos

Zeitschrift für Medizinethnologie • Journal of Medical Anthropology

hrsg. von/edited by: Arbeitsgemeinschaft Ethnomedizin e.V. – AGEM

**Adipositas im Fokus:
Oder wie übergewichtig
darf man sein?
Kontroversen, Diskurse,
Theorien und
Herausforderungen im
„interdisziplinären
Arbeitsfeld Ethnologie &
Medizin“**

**Obesity in Focus:
What about Overweight?
Controversaries,
Discourses, Theories,
and Challenges in the
“Interdisciplinary Field
of Anthropology &
Medicine”**

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Zeitschrift für Medizinethnologie Journal of Medical Anthropology



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IMPRESSUM Curare 39(2016)2

Verlag und Vertrieb / Publishing House:

VWB – Verlag für Wissenschaft und Bildung, Amand Aglaster
Postfach 11 03 68 • 10833 Berlin, Germany
Tel. +49-[0]30-251 04 15 • Fax: +49-[0]30-251 11 36
e-mail: info@vwb-verlag.com
http://www.vwb-verlag.com

Bezug / Supply:

Der Bezug der *Curare* ist im Mitgliedsbeitrag der Arbeitsgemeinschaft Ethnomedizin (AGEM) enthalten. Einzelne Hefte können beim VWB-Verlag bezogen werden • *Curare* is included in a regular membership of AGEM. Single copies can be ordered at VWB-Verlag.

Abonnementspreis / Subscription Rate:

Die jeweils gültigen Abonnementspreise finden Sie im Internet unter • Valid subscription rates you can find at the internet under: www.vwb-verlag.com/reihen/Periodika/curare.html

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ISSN 0344-8622

ISBN 978-3-86135-807-7

Die Artikel der *Curare* werden einem Gutachterverfahren unterzogen • The articles of the journal *Curare* are peer reviewed.

Titelabbildung (Vorderseite) Curare 39(2016)2

Das Titelbild zeigt einen Blick in die Werkstatt: Kinderzeichnung aus einem Unterrichtsprogramm zum Thema Adipositas (Quelle: Praxis der Autorin U. KUHNLE-KRAHL, dieses Heft, S. 113ff). Es wurde schon einmal gezeigt: KUHNLE-KRAHL U. & KRAHL L. 2009. Die ambulante Therapie des metabolischen Syndroms. Die Aufgabe des niedergelassenen Kinderarztes. In KIES H. *et al.* (Hg). Das metabolische Syndrom im Kindes- und Jugendalter. München // The cover-picture shows a drawing from children made in a workshop for education in coping with obesity.

Herausgeber/Editor: Arbeitsgemeinschaft Ethnomedizin – www.agem-ethnomedizin.de

Die *Arbeitsgemeinschaft Ethnomedizin (AGEM)* ist als rechtsfähiger, gemeinnütziger Verein (Sitz Hamburg, gegr. 1970) eine Vereinigung von Forschern und die Wissenschaft fördernden Personen und Einrichtungen. Sie fördert die interdisziplinäre Zusammenarbeit zwischen der Medizin, der Geschichte der Medizin, den Lebenswissenschaften und den Kultur- und Gesellschaftswissenschaften, insbesondere der Ethnologie, Psychologie und Volkskunde, mit dem Ziel, das Studium aller medikaler Kulturen, der Humanökologie und Medizin-Soziologie in globalen Kontexten zu intensivieren. Dies geschieht durch die Herausgabe einer begutachteten Zeitschrift, Fachtagungen und die Sammlung themenbezogenen Schrifttums.

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im „interdisziplinären Arbeitsfeld Ethnologie & Medizin“ /
What about Overweight? Controversies, Discourses, Theories, and Challenges
in the “Interdisciplinary Field of Anthropology & Medicine”

edited by / herausgegeben von:

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Redaktionsschluss: 30.10.2016

Lektorat und Endredaktion: EKKEHARD SCHRÖDER

Die Artikel der *Curare* werden einem Gutachterverfahren unterzogen / The journal *Curare* is a peer-reviewed journal

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Fat Knowledge: The History of Corpulence*

ALEXANDER PYRGES

Abstract In the course of the “global obesity pandemic” medical knowledge about corpulent bodies has gained relevance and become widely disseminated. As the societal significance of this knowledge increases it becomes even more important to reflect critically on its history. Historical examinations commonly unearth marked differences between past and present knowledge regarding, for example, the general makeup of fat bodies or etiological details of corpulence. A closer investigation of the sources reveals no less striking similarities. For instance, modern medical experts continued to debate the causes and consequences of corpulence as well as appropriate therapies along similar lines as their early modern predecessors. The research project on the history of corpulence, located at the Institute for the History of Medicine at Julius-Maximilians-Universität Würzburg, integrates such apparent continuities and discontinuities into the systematic analysis of fat knowledge between the 16th and the early 20th centuries.

Since Antiquity corpulence has never simply been a measurement of corporeal size but always symbolizes more than just bodily dimensions. The research project thus explores how layers of fat were habitually thought to betray three things; the inner workings of the body behind them, the qualities of the personality encapsulated by them, and the state of the community surrounding them. What experts and laypersons knew about fat thus became inseparably tied to knowledge about body, character, and society. Hence, the project also explores the genealogy and the properties of fat knowledge. First, it examines when and where such knowledge originated. Second, it defines and indexes knowledge about corpulence. Third, it investigates how individual bits and pieces of fat knowledge were organized into more comprehensive systems of knowledge about corpulence. Preliminary results indicate that such knowledge was of a composite nature with its epistemological makeup changing over time yet never yielding to uniformity and homogeneity. The project research hence ultimately highlights the entangled, convoluted, messy origins of modern knowledge about corpulence.

Keywords corpulence – body fat – obesity – medical knowledge of fat bodies – history of knowledge

Das Wissen um fette Körper: Zur Geschichte der Belebtheit

Zusammenfassung Im Zuge der weltweiten „Adipositas-Pandemie“ hat medizinisches Wissen über belebte Körper an Relevanz und Verbreitung gewonnen. Mit der gesellschaftlichen Bedeutung dieses Wissens ist auch die Notwendigkeit seiner kritischen historischen Reflexion gestiegen. Studien über geschichtliche Aspekte der Belebtheit stellen die Unterschiede heraus zwischen vergangenem und gegenwärtigem Wissen etwa über die Verfasstheit fetter Körper oder die Ätiologie der Adipositas. Eine genauere Betrachtung der Quellen enthüllt jedoch nicht weniger bemerkenswerte Ähnlichkeiten, beispielweise in den medizinischen Debatten über Ursachen und Folgen von Korpulenz, die seit der Frühen Neuzeit in kaum veränderter Form geführt werden. Das am Institut für die Geschichte der Medizin der Julius-Maximilians-Universität Würzburg angesiedelte Forschungsprojekt zur Geschichte der Belebtheit lässt Beobachtungen von Kontinuitäten und Diskontinuitäten aufgehen in einer systematischen Analyse des Wissens um Belebtheit zwischen dem 16. und dem frühen 20. Jahrhundert.

Seit der Antike verweist Korpulenz nie bloß auf körperliche Verdrängungsmasse und symbolisiert immer schon mehr als nur korporelle Dimensionen. Experten- wie Laienwissen über Belebtheit war untrennbar verbunden mit dem Wissen über Körper, Charakter und Gesellschaft. Das Projekt untersucht daher, wie Fettschichten als Indikator gelesen wurden für das Funktionieren des dahinterliegenden Körpers, für die Merkmale der darin eingeschlossenen Persönlichkeit und den Zustand der sie umgebenden menschlichen Gemeinschaft. In einem zweiten

* This article is based on a paper given at the 28th “Conference on Ethnomedicine”/Medical Anthropology, organized by the Arbeitsgemeinschaft Ethnomedizin (AGEM). The conference was titled *Adipositas im Fokus: Oder wie übergewichtig darf man sein? Kontroversen, Diskurse, Theorien und Herausforderungen im interdisziplinären Arbeitsfeld Ethnologie & Medizin/Obesity in Focus: What about Overweight? Controversies, Discourses, Theories and Challenges in the Interdisciplinary Field of Anthropology & Medicine* and took place in Heidelberg, June 12–14, 2015.

Schritt nimmt das Projekt die Genealogie sowie die Eigenschaften von Wissen über Korpulenz in den Blick. Zunächst untersucht es, wann und wo solches Wissen entstand, dann versucht es, dieses Wissen zu definieren und zu indizieren. Schließlich analysiert es, wie einzelne Wissensfragmente zu umfassenderen Wissensbeständen über Leibesfülle zusammengefügt wurden. Vorläufige Ergebnisse suggerieren, dass sich Wissen über Belebtheit im Untersuchungszeitraum zwar veränderte, dass es jedoch zu keinem Zeitpunkt einheitlich oder homogen wurde, sondern vielmehr Wissensfragmente unterschiedlicher Herkunft, unterschiedlichen Alters und unterschiedlicher Verfasstheit integrierte. Auf diese Weise arbeitet das Forschungsprojekt die verwickelten, komplizierten, ja chaotischen Ursprünge des modernen Wissens über Korpulenz heraus.

Schlagwörter Belebtheit – Körperfett – Adipositas – Medizin und Fett – Geschichte des Wissens

French abstract (Résumé) see p. 199

Introduction

The “global obesity pandemic” (SWINBURN *et al.* 2001: 804), as any other public crisis, seems to magnify certainties and uncertainties alike. It undoubtedly dealt another blow to the confidence to the idea of humanity’s ever improving corporeal lot. Instead our bodily future has become frighteningly uncertain. Whether humanity will further fatten up or finally slim down, whether morbidity and mortality rates will increase, whether systems of care will collapse, or whether aesthetic ideals will shift under the rule of a new normal, we simply do not know. Closer to home we are even uncertain about which measures would set us on the right course. While the future has escaped our crisis-ridden grip, we have managed to secure our grasp upon the past and the present. Because we are certain that the crisis is unique to our own time, we know it must be due to factors that distinguish contemporary from bygone societies. We are certain that the crisis is upon us now and we are certain about the inherent necessity to act and improve. As important as such certainties may be, to sustain agency in the face of what has frequently been called the most pressing health issue of our time, it still seems essential to maintain some kind of critical corrective to apodictic, even dogmatic tendencies. Indeed, the crisis has promoted its own discontents. Activists and experts challenge the knee-jerk association of size with sickness, condemn the resulting stigmatization of people whose bodies fail to conform to a narrow ideal, and point out that the late modern obsession with weight negatively affects the mental and physical wellbeing of essentially everybody. They deconstruct the mass media’s persistent rhetoric of epidemic, question the data behind the crisis talk,

and uncover the interests of various parties to keep the obesity problem alive (APHRAMOR 2005, GARD & WRIGHT 2005, SCHORB 2015).

Alongside this critical interest in modern obesity a new area of historical study has opened up; the history of corpulence, obesity, and fat. The field has been expanding since the 1980s.¹ In public discussions on obesity, historical expertise, although growing, still commonly disappears (or hides) behind activist contributions as well as contributions by authorities from the life and the social sciences. Such aloofness becomes especially noticeable whenever activists and experts simply substitute one certainty for another. To be sure in doing so, they sometimes refer to the past. For example, they argue that no stigma was attached to corporeal volume until Christian doctrine or capitalist ideology declared the bodily surface to communicate internal qualities. They insist that only as a result corpulence came to express moral, mental, or physical deficits (see, for example, HILL 2011). While piecemeal historical insights can serve to legitimize political claims, genuine historical research enables us to qualify our certainties and put them into perspective.

The Relevance of Fat History

The study of the past reminds us that the things we think we know about corpulence are not given. Previous generations maintained certainties completely different from ours yet no less deep-seated and plausible within their respective cultures and systems of thought. In contemporary imagery fat bodies commonly appear as soft, flabby, and overflowing. Pre-modern physicians, in contrast, emphasized the degree of obstruction mounting inside a corpulent

person's layers of fatty tissue, putting pressure on the vessels, hindering circulation, and ultimately threatening to stifle the individual's vital force. Not only do general models of fat bodies show such striking differences across time, they can also be found in more specialized etiological discussions. Modern experts debate thrifty genes, above-average efficiency in processing proteins, and the metabolic inability to discard luxury consumption leading to the assimilation of surplus caloric intake (see for example GRAFE 1958; GRIES, BERCHTOLD & BERGER 1976). Bariatric surgery attempts to reduce either the volume of food the body is able to take in or its ability to absorb nutrients. Early modern physicians, in contrast, argued that bodies grew fat because they were unable to digest and absorb food properly, instead storing it half-dissolved underneath the skin. As the frame extended, the body ultimately became undernourished and the individual could perish, emaciated (STOLBERG 2012: 371, 373, 376).

Such examples illustrate that, however secure we deem our knowledge to be, it still remains relative to our own time. This insight might provoke the claim that people in the past simply erred and that only now are we discovering the truth. Forming one of the traditional cornerstones of the scientific worldview, this assertion remains prevalent in applied and intervention-oriented sciences. As science advances, this view holds, our knowledge improves and our mastery of the world moves beyond what prior generations have achieved. Modern and postmodern thinkers have amply deconstructed this notion of scientific progress challenging both its conceptual soundness and its factual adequacy (PANCALDI 2003). When it comes to the history of corpulence, the idea of progressively improving knowledge meets with an additional challenge—the continuities between past and present knowledge.

No less significant than the differences in the knowledge of the effects of corpulence on health are the similarities therein between different historical epochs. Many of the dichotomies structuring discussions in modern-day obesity science informed learned debates on corpulence in earlier centuries as well. For instance, the question of whether a genetic predisposition or individual lifestyle causes fluctuations in weight recalls the differences between humoralism and dietetics. The former correlated corpulence with a phlegmatic temperament, the latter with the inept handling of the six non-naturals first

introduced in Ancient Greek medicine. Contemporary discussions about therapeutics similarly mirror their predecessors when they contrast drug treatment with regimes of diet and exercise or short-term interventions with long-term changes. Even the notion that the present is a time of expanding bodies as opposed to earlier times of more moderate corporeal frames appeared frequently in texts on the human condition both medical and moral long before the twentieth century, as will be discussed later.

Not only guiding principles and foundational questions have persevered but also specific ideas relating to fat bodies. The association of corpulence with infertility may serve as an example. The idea that fat reduces fertility appeared in Greek thought, for example, in Aristotle's *On the Parts of Animals* or in the Hippocratic corpus. According to Hippocratic thinking, substantial female belly fat sagged and blocked the womb thus prohibiting conception. Sometimes reinterpreting the causal relationship between obesity and infertility, many leading medical texts as well as numerous ephemeral publications took up the notion of fat induced infertility. Beginning in the High Middle Ages, physicians regarded the watery complexion of fat people as the cause for their infertility. Many argued that the blood normally used to produce sperm instead turned into fat. And a 1771 text, purportedly translated from English into German, asserted that corpulence was responsible for infertility among women thus ultimately causing grief for all of society (HIPPOCRATES 1822: 140 [Aphorism 5.46], FORTH 2014: 60, PASTOUREAU 2011: 270, ANONYMOUS 1771: 96, STOLBERG 2012: 371).

The two and a half millennia since Hippocrates have known numerous fundamental changes in the healing arts. These include the rise and slow fading of humoral theory, the establishment of Christian anthropology, the transfer and translation of ancient bodies of knowledge, and the development of scientific medicine. Yet the idea of fat infertility has endured across all historical fissures and turning points. The epistemological implications of such continuities not only for contemporary medical knowledge are far-ranging and cannot be explored here. Appreciating such continuities, however, might serve as a humbling experience. Arguably, processes commonly regarded as profoundly altering conceptions of the body during modern times, such as the scientific foundations of medicine, the

medicalization of society, or the merging of capitalist ethics with a corporeal perfectibility creed have changed less in the conception of corpulence than the modernist self-image suggests.

By disclosing such continuities, as well as fundamental changes in knowledge about corpulence, historical research helps to put our own certainties into perspective. It reminds us to maintain a critical distance towards body-related knowledge even as this knowledge is applied in the face of inherent necessities (CSERGO 2009: 10–11). Enlightening though the uncovering of continuities and changes in the knowledge about corpulence might be, however, it constitutes, from the point of view of historical scholarship, only the first step. The purpose of historical scholarship on the subject goes beyond shaking contemporary certainties. The research project on the history of corpulence, based at the Institute for the History of Medicine at Julius-Maximilians-Universität Würzburg, strives for a deeper, historically founded, understanding of fat knowledge.² The systematic analysis of fat knowledge in its historic dimension is built around two lead questions. What did people know about corpulence? How was knowledge about corpulence generated and what were the properties of this knowledge?

Since antiquity corpulence has never simply been a measurement of corporeal size. Instead girth has always been regarded as communicating more than just bodily dimensions. Layers of fat were habitually thought to betray three things; the inner workings of the body behind them, the qualities of the personality encapsulated by them, and the state of the community surrounding them. What experts and laypersons knew about fat thus became inseparably tied to knowledge about body, character, and society.

Knowing Fat Communities and Fat Societies

Many learned authors dealing with oversize bodies related the issue of corpulence to their respective communities at large. They commonly advanced the idea that contemporary society suffered from corporeal growth. Such suffering could be examined from different angles. In 1760 the physician Johann August Unzer deplored the general admiration for fatness, which gave portly characters a false sense of security regarding their health and even moved people to invert weight-loss instructions into

suggestions on how to grow bigger (UNZER 1760: 97–99). Other authors portrayed typical members of contemporary society who, through no fault of their own, struggled with extraordinarily heavy frames (COE 1751–1752, BAKER 1772, HUFF 2008). Still others commented on the large number of portly people they encountered. In 1873, Enoch Heinrich Kisch, renowned balneologist and gynecologist, let his readers know that a significant number of overweight patients frequented Marienbad every year (KISCH 1873: Einleitende Bemerkung). Experts brought forth a variety of reasons to account for the respective contemporary prevalence of corpulence. Some suggested moral decay. Others, such as William Wadd, author of the influential *Comments on Corpulence*, argued that general prosperity and the improvement of living conditions were the causes of increased obesity (WADD 1829: 2–4). Others argued that civilization had not yet gone far enough, that animalistic drives to accumulate still dominated humankind, especially its female half (KISCH 1873). Even authors, who otherwise placed the responsibility for fatness firmly within the lifestyle or the temperament of the corpulent individual, resorted to larger social, cultural, or economic trends when explaining the seeming ubiquity of corpulent bodies. The subject of corpulence apparently lent itself to the merging of epidemiological considerations with a rigorous criticism of the contemporaneous age. Such remarks, often found in introductory paragraphs, provided the context for the fat knowledge displayed in the remainder of the text. Identifying corpulence as an expansive problem, they served to underscore the significance of the topic, which thus deserved an extensive examination by the expert author.

The conceptual association of individual corpulence with the state of the community has thus far failed to elicit recent scholarly attention. To be sure, historians have identified periods of particular collective concern for bodily shape and weight. According to Ken Albala, historian of dietetics, food, and eating, the writings of the Italian physician Santorio Santorio, who had published his ideas on the quantification of metabolic activity in 1614, sparked interest in the actual weight of bodies (ALBALA 2005: 170–174, SANTORIO 1642). The late doyen of British medical history, Roy Porter, labeled the eighteenth century a “weight watching age.” He cited George Cheyne, famous Georgian physician, autobiogra-

pher, and repeated radical downsizer, as one of his prime examples (PORTER 2004: 238, CHEYNE 1733: 325–364). Peter Stearns, finally, from the perspective of consumer history, has identified the late 19th century as a period of heightened awareness for corporeal shape. It was at this time, he argued, that the modern disdain for corpulence became firmly embedded in U.S. culture (STEARNS 1997). Although historians have identified individual periods of supposed obsession with corpulence, they have not explored the history of collective weight obsession or the history of corpulence crisis talk. They have neither historicized the learned practice of reading fat bodies as reflections of society, nor the custom of projecting collective concern upon oversize corporeal frames.

The current Würzburg project on the history of corpulence systematically investigates these themes. It inquires how exactly authors framed and presented the idea that corpulence had gained contemporary prevalence. Did they regard portliness as a pressing contemporary issue? Was it on the rise? Had it thus far been underestimated by colleagues or by the general public? Did this amount to a crisis of bodily imperfection in general, hence including other deviations from an ideal, or was it solely a crisis of fatness? How did authors substantiate their claims? At times the purported crisis occurred not in the writer's home country but abroad. Much as US Americans nowadays are reputed to be an overweight people until the 19th century the Germans, Swiss, and English enjoyed a similar reputation (ADDISON 1716: 163, MURALT 1933: 150, GILMAN 2008: 129, STOLBERG 2012: 273–274). Furthermore the project will explore the question of how authors explained the contemporary prevalence of corpulence. Which factors did they consider important? How did the prevalence of fat body reflect the contemporary state of society? Which communal criticisms, anxieties, or concerns were projected upon the fat body? What sort of picture did the authors draw of the time and the society they lived in as they projected their concerns about obesity, including the nature of the societies preceding them? Finally the project attempts to quantify such considerations. When did they occur sporadically and when and why did they coalesce to form a general discourse addressing a body-related societal crisis?

Knowing Fat Bodies and Fat Personalities

In contemporary society, corpulence is set apart from all other possible corporeal shapes by the amount of information it is thought to divulge about what is beneath the surface. To be sure every body shape supposedly reveals at least something about what is going on behind the bodily integument. Corpulence, however, is considered an open book when it comes to the workings (and insufficiencies) of the underlying body and mind. Contemporaries continuously read layers of fat as a comment on the state of the physiological and psychological systems behind them. The second tier of the research project advances the thesis that this modern reading of corpulent bodies continues pre-modern traditions. Pre-modern Europeans routinely scanned bodies for signs of corporeal, mental, and moral problems and promises. Measurements, proportions, complexion, texture and much else could be indicative of underlying concerns. The project explores what exactly people read into fat bodies and how this changed over time.

It starts out by examining how people actually identified fat bodies. Which markers were viewed as defining obesity? The inability to use one's body properly seems to have enjoyed continuous use as a criterion since antiquity. Moving with difficulty and experiencing shortness of breathing without physical exercise indicated that someone did not simply take up significant space but was actually obese (STOLBERG 2012: 375–376). In pre-modern society the proper use of a body depended, of course, on the social status of its owner. For noblemen an imposing silhouette could signal masculine power, as long as it did not inhibit the status-required performances. "Le Grand Dauphin's" exceptional riding and hunting skills were offered to show that he was not actually fat, despite the portly figure he cut in late 17th century France, he was just clumsy on his feet, it was pointed out (GIBONS 1991: 218). The inability to even mount a horse, in contrast, proved a ruler to be too corpulent (PASTOUREAU 2011: 265–266, see also TIMAEUS VON GÜLDENKLEE 1667: 261). Weight specifications were used to classify bodies at least since the early 17th century.³ Yet learned and popular authors on corpulence continued to judge obesity by bodily capacities and characteristics. Christoph Klotter has shown how in the medical literature of the 19th and 20th centuries aesthetic and etiological

definitions of obesity existed alongside metric criteria. The latter were either based on weight averages, using, for example, the Body Mass Index (BMI), or on weight ideals employing, for instance, the Broca Index or the waist-hip ratio. The defining markers for fatness could also be aesthetic. They focused either on the slow, laborious or irregular movement of the body or on its aberrant proportions (KLOTTER 1990: 56–70, 108–109). Jean Anthelme Brillat-Savarin, in his celebrated 1825 *Physiologie du goût*, used aesthetic markers, such as oversize breasts, to specify corpulence and indicate the need for therapy (BRILLAT-SAVARIN 1842: 217–238).

The research then turns to explore the mechanisms of corporeal growth. Which were the underlying causes for bodily expansion according to medical theory and popular body lore? Both factored in disposition and lifestyle. Following Galenic theory, a phlegmatic temperament was generally thought to be at the root of corpulence at least until the eighteenth century. As moisture and coldness characterized this humoral temperament, it explained both the soft, spongy, absorbent texture of flesh (and character, see below) and the lack of vital body heat to properly “concoct” food, the nutritional remains therefore accumulating inside the body. Pre-modern medical authors likewise blamed fatness on lifestyle choices. In keeping with their understanding of dietetics, they held the improper handling of the six non-naturals responsible. Following the Hippocratic corpus and other authoritative ancient texts as well as their Islamic and Christian translations and exegeses, they considered surplus consumption and lack of exercise the most immediate culprits for corpulence.⁴

Not a few physician writers, possibly attempting to qualify received wisdom, would proceed to cite the example of corpulent individuals who never ate much and contrast them with excessive eaters who did not seem to gain weight (FLEMYNG 1769, KLOTTER 1990: 78). Yet, despite such insights invoking everyday experience, the mantra of too much food and too little exercise remained essentially unchanged until the late 20th century. To be sure, early in the century the endocrinologist, Karl von Noorden, introduced the distinction between endogenous and exogenous factors for obesity (NOORDEN 1906: 34–43). Endogenous factors included thyroid disorders and hormonal imbalances arising from individual physiological dysfunctions. Other en-

dogenous factors, however, although dispositional in nature, still pointed to eating-related behavioral flaws, among them the dysfunctional endocrinal or neuronal regulation of hunger and satiety. What is more, most of the authors advocating a multifactorial model attributed only a minority of cases to constitutional factors (VÖGEL 1864: 29–45). Even the psychological and psychosomatic approaches developed during the latter half of the 20th century failed to leave the etiological mainstream. Their interpretation of eating as vicarious satisfaction, for example, substituting for authentic motherly affection, in the end introduced additional underlying causes for what essentially remained a problem of individual overconsumption (BRUCH 1973). Apparently, across all paradigm changes a significant medical consensus continued well into the late 20th century that the systematic disregard for supposedly normal eating habits and exercise requirements, however defined, essentially caused obesity.

Ideas of how exactly fat body’s first form and then function derived from body models of their respective period of origin. In the first systematic examination of early modern medical dissertations on the topic, medical historian Michael Stolberg has retraced the 17th-century shift from humoral to iatromechanical models of fat bodies. While the former employed the idea of fluids, their general proportions, distribution, and movement or lack thereof, the latter argued, among others, with hydraulic concepts invoking images of pressure building up in enlarging frames (STOLBERG 2012). The research project will expand on this analysis in three ways. First, it will continue into modern medicine to include cell-based, endocrinal, and psychosomatic models of the obese body. Second, it will explore whether, when, and to what extent changes in medical conceptions of the body tricked down into the popular understanding of corpulence and whether, in turn, medical concepts incorporated ideas from other social realms. Third, it will explore the moments of non-simultaneous developments in the medical perspective on the human body. As already pointed out, numerous ideas about fat bodies originating in the realm of one body model in fact enjoyed continued relevance under the auspices of one or more later models. This was true not only for the mechanics of growth but also for the intellectual, emotional, and moral attributes assigned to corpulent individuals.

As suggested earlier the modern reflex to read fat bodies perpetuates the pre-modern tradition of scrutinizing bodies in general. The historical question in need of answers is why this pre-modern tradition has continued so vigorously into the present—but especially for corpulence. Why is this particular shape still thought to reveal so much while other body shapes have declined in terms of their purported revelatory qualities? The answers lie, and this is a working hypothesis of the project, not so much with what fatness was thought to reveal about the underlying physique but with the intellectual, emotional, and moral capacities (or lack thereof) it hinted at. Hence the research project also explores the character and personality traits attributed to portly individuals. Dulled senses and, consequently, a rather dim wit were traditionally associated with a phlegmatic complexion. Corresponding with this sensory and intellectual inertness as well as the slowness of movement was a kind of certain laziness.⁵ In unison with the general softness mentioned above such traits made for a rather pliable character markedly lacking assertiveness and willpower. This basic characterization has enjoyed continuous use from antiquity to the 20th century (WADD 1829, KISCH 1873, GLATZEL 1941, STOLBERG 2012).

Towards the end of the High Middle Ages another set of personality traits became attached to the well-upholstered frame. At this time, gluttony (*gula*) rose from its lowly position as one sin among many to become not only a cardinal vice, but arguably the most important among the seven of them. In the wake of this development, fat bodies became symbols of moral corruption. Layers of fat came to represent a person's general inability to resist temptation, and the uninhibited consumption they resulted from was judged to pave the way for future abandon in other areas as well (PASTOUREAU 2011: 269–271). Beyond the notion that gluttony stimulates lust, however, the sexual connotations of corpulence have failed to draw much scholarly attention. The association of corpulence with female sensuality appeared mostly in travel reports and accounts of distant cultures such as in Egypt or sub-Saharan Africa (ALPINI 1591: 229–231, ANONYMOUS 1771: 84–86, FORTH 2012). Medical thinking about European fatness, in contrast, primarily addressed reproductive problems. In the late 19th century, Kisch finally introduced the association of overflowing European sexuality with obesity into the medical literature.

According to the Austrian gynecologist, corpulence could impair as well as intensify the sensuality and excitability of women, their menstrual bleeding, or their vaginal mucus secretion (KISCH 1873). Kisch's ideas correspond to what the historical literature on the subject interprets as the feminization of obesity in Europe, that is, reframing it as a female, not male, problem.

The Genealogy and the Properties of Fat Knowledge

Since antiquity layers of fat counted for more than just corporeal volume. Pre-modern and modern authors alike gathered information about communities and societies, bodies, and personalities from body fat. In fact, the holistic perspective upon the corpulent constitutes one of the most significant continuities in the literature on fatness. However focused, particularistic, detailed, or microscopic their knowledge of corpulent bodies may have been, experts unremittingly inferred from their respective specialized point of view to the whole of the corporeal, emotional, intellectual, and social life of obese individuals. In a final step, the project attempts to retrace exactly how this symbolic expansion of corpulence took place.⁶ Another working hypothesis of the project posits that the holistic nature of fat knowledge is due to the way knowledge of corpulence has historically been generated. Both the genealogy and the properties of fat knowledge are essentially uncharted territory in the historiography of obesity and corpulence. I shall therefore begin by briefly sketching the questions, which the project does not pursue and will then develop the questions it does attempt to answer. The research will not ascertain the amount of knowledge about corpulence generated within or beyond medicine. It will consequently neither bemoan any lack of knowledge at one particular time nor retrace any increase or decrease of knowledge. The research will also not rank different types of knowledge. For example, it will not place experimental above experiential, empirical above preconceived, declaratory above metaphorical, quantitative above pictorial, or theoretical above commonsensical knowledge. Neither will it measure the verisimilitude or truthfulness of fat knowledge. So, how does the research project broach the question of fat knowledge? The investigation of knowledge about corpulence proceeds in

three steps. Steps one and two prepare the ground for the testing, in step three, of another hypothesis.

First, the investigation will explore the origins of fat knowledge. In order to do so it will differentiate between temporal, disciplinary, social, epistemological, and medical origins. When did the knowledge come into being? Are there primordial origins or can they be dated and contextualized more specifically? How do identifiable lines of transmission connect knowledge past and present? Did the knowledge emerge in learned culture or popular lore, in religion, art, economics, or the healing realms? Who was responsible for creating and disseminating knowledge about corpulence? Which social statuses, occupational affiliations, educational backgrounds, or geographic locations accounted for its creation? Which were the epistemological circumstances of the formation of fat knowledge? Did observation, deduction, or action generate this knowledge? Finally, how was the knowledge transferred from its time and place of origin to its intermediary or current fields? Which genres embedded it, which means of conveyance, such as translation, quotation, or simple anonymous reproduction, carried it, and which media were used to disseminate it?

Second, the investigation attempts to define and index knowledge about corpulence: What did this knowledge pertain to? Did it grasp substances and properties, categorize ontologies and classify qualities? Did it impart causalities, reasons, or mechanisms? Did it drive action, navigate interventions, or guide practices? Moreover, fat knowledge could take disparate and changing outward forms. Did it come as facts and numbers, or as metaphors, analogies, or associations? Did it appear as examples and cases, or as assumptions, impressions, and guesses? Did it materialize as concepts, theories, and generalizations, or as images and symbols? Did it impart cognition, perception, or sensation? Did it advance judgment, norms, or ideals? Did the outward form of knowledge change over time, analogies becoming facts, for example, or cases being generalized? If so, what were the reasons for such transformations; the naturalization and objectification of constructs, the institutionalization of repositories, or the spread or ossification of bodies of knowledge? Fat knowledge also came in varying aggregate states. What degrees of precision and depth did it reach and what degree of processing? Was it coarse and raw, in the works,

or polished and finished? Finally, knowledge could be framed in various ways in texts on corpulence. How was the preceding literature discussed and evaluated? Were traditions established or schools of thought appropriated? Which references were used, which texts cited, and which authors quoted? Which other mechanisms served to authenticate knowledge and assert authority? What significance or usefulness was claimed for the knowledge presented? Did it produce social demands on top of therapeutic suggestions?

Third, the investigation aims to retrace the path from fragments to complexes of fat knowledge. How were individual bits and pieces organized into more comprehensive systems of knowledge about corpulence? In this analytical core of the research tiers yet another hypothesis is tested, namely, that fat knowledge is of a composite nature. This hypothesis reframes contemporary criticism of fat knowledge. Life scientists and social scientists have repeatedly questioned the scientific standards of modern obesity knowledge. They have criticized the interpretation of statistics and exposed the lack of experimental or clinical evidence. In addition, they have exposed how much medical knowledge owes to the norms and values of its time.⁷ Scientists use these observations to challenge the validity of medical obesity claims. In doing so they implicitly rank different types of fat knowledge assigning primacy to knowledge that has been generated following scientific methods. The project research, in contrast, seeks to recognize and analyze rather than grade the varieties of fat knowledge. In this context such critical assessments effectively appear as commentaries on the composite nature of medical knowledge about corpulence. It is this composite nature that shall be explored in the last research segment. The results of the preceding inquiry into the origins and properties of fat knowledge will help to measure the composite nature of complexes of fat knowledge.

Preliminary results indicate that knowledge about corpulence was in fact of a composite nature. In its heterogeneity it merged elements from different epochs. No stage model, however complicated, adequately represents the course of the history of fat knowledge. The simplistic antagonism of resilient traditions and pushy innovations certainly fails to reflect its intricacies. Instead, paradigmatically changing systems of contemporaneously updated

knowledge were mixed, in convoluted and shifting ways, with stores of more adaptable and durable bits and pieces. Fat knowledge was absorbed, invented, combined, and recombined. It merged and separated, migrated and disseminated. This segment of the research will test this hypothesis to determine how and why its composition changed over time without ever yielding to uniformity and homogeneity. Furthermore, knowledge about corpulence joined elements of diverse origin at different times. There was no such thing as pure fat facts. Not only do facts make sense primarily within a framework of methods and theories, as philosophers of science have pointed out, when pertaining to fat, facts always came coupled with other breeds of knowledge, ranging from analogies to examples and from opinions to statistics. In addition, these diverse fragments of knowledge seem to have originated in a variety of fields ranging from aesthetics and agriculture to xenophobia and zoology (FORTH 2014: 59–60, UNZER 1760: 100–110). Combing through the nitty gritty of past fat knowledge, the project research will unearth exactly this kind of entangled, convoluted, messy reality.

By Way of Conclusion, again, the Relevance of Fat History

The scholarly exploration of the past intends to do more than irritate the present. Historiography, like any other academic endeavor, has its own constantly reinterpreted agenda. All the same, the historical perspective supports the development of a critical distance from the present, its views and actions. Pointing to the idiosyncrasies of contemporary knowledge about corpulence serves this purpose, and so does exposing continuities between old and new conceptualizations of fatness. The notion of an obesity-related societal crisis, for example, is a veteran rather than a recent idea. Reading layers of fat for what they reveal about the body underneath and the personality behind them likewise constitutes a time-honored approach to well-upholstered frames, one that modern scientific medicine has readily continued. Finally, well into the 20th century knowledge about corpulence has not only been complex but included aspects not generated by way of scientific methods. As the project research will not cover the late 20th and early 21st centuries, the question remains to be answered whether these properties still characterize obesity-related knowledge today.

Such insights may nonetheless caution us to tread carefully and cushion the force of obesity-related claims and interventions whenever other assets appear threatened, whether physical or mental, moral or social.

Notes

1. In recent years, the field has even produced its first syntheses, see GILMAN 2008, VIGARELLO 2013.
2. The research focuses on the history of corpulence from the sixteenth to the early twentieth centuries. This time period has been chosen for a number of reasons. Corpulence during the early modern period, roughly dating from 1500–1800, has received surprisingly little scholarly attention. The few studies of corpulence during this period that do exist are impressionistic rather than systematic or analytical, STOLBERG's 2012 article constituting the only notable exception. That fat historians have largely neglected the time before 1800 is surprising in light of the fact that the early modern period has proven to be of crucial significance both for the history of medicine and for the history of the body. It is also surprising because most studies on fatness in modern society maintain that a fundamental shift occurred in the attitudes towards corpulence during the 19th century—a statement that seems rather difficult to maintain without in-depth knowledge about the time before the asserted shift.
3. The inscription on an early 17th century image of a ropemaker's corpulent wife reads "Die dick Seyllerin bin ich furwar / meines Alters sechs und dreysig Jahr. / Auch noch bey leben frisch und gesund / an gewicht 4 Centner und 89 Pfundt" (Die dicke Seyllerin, Straßbourg, c. 1612, Germanisches Nationalmuseum, Nürnberg HB 820). See also STOLBERG 2012: 372. For the modern household use of scales see BIVINS & MARLAND 2016.
4. See, for example, FLEMYNG 1769, STOLBERG 2012, Herzog August Bibliothek, Wolfenbüttel 19.22. Aug. 4, p.78r. Inga Hanna Ralle at the HAB in Wolfenbüttel kindly pointed me to this manuscript.
5. In a charming 1871 verse translation of the influential thirteenth century *Regimen sanitatis salernitanum* the passage *De phlegmaticis* reads "Phlegm breath imparts, slight power and stature short, Forms fat, and blood of an inferior sort. Such men love ease, not books—their bodies steep, And heavy minds and slothful lives in sleep. Sluggish and dull their senses almost fail; They're fat, to spitting prone; their mien is pale" (REGIMEN SANITATIS SALERNITANUM 1871: 119).
6. Susan Sontag takes a somewhat different approach to the symbolic charge of corporeal conditions, examining the metaphorical significance of cancer and AIDS (SONTAG 1990).
7. For medical criticism see already FEUCHTINGER 1946, GRAFE 1958, for the social science debate see APHRAMOR 2005, MONAGHAN 2014. For a more popular approach see CAMPOS 2004.

Literature

- ADDISON J. 1716. *The Free-Holder, or Political Essays*. London: Midwinter.
- ALBALA K. 2005. Weight Loss in the Age of Reason. In FORTH C. E. & CARDEN-COYNE A. (eds). *Cultures of the Abdomen. Diet, Digestion, and Fat in the Modern World*. Basingstoke: Palgrave Macmillan: 169–183.
- ALPINI P. 1591. *De medicina Aegyptiorum. Libri Quatuor* [...]. Venice: Franciscum de Franciscis Senensem.
- ANONYMOUS 1771. *Briefe eines Arztes an die Frauenzimmer, oder Regeln der Kunst die Gesundheit und Schönheit zu erhalten. Aus dem Englischen*. Leipzig: Schwickert.

- APHRAMOR L. 2005. Is a Weight-Centred Health Framework Salutogenic? Some Thoughts on Unhinging Certain Dietary Ideologies. *Social Theory & Health* 3: 315–340.
- BAKER G. 1772. The Case of Mr. Thomas Wood, a Miller, of Bilericay, in the County of Essex, Communicated by the Same. Read to the College, September 9, 1771. In COLLEGE OF PHYSICIANS IN LONDON (ed). *Medical Transactions*. Vol. 2. London: Bulmer: 259–274.
- BIVINS R. & MARLAND H. 2016 (forthcoming). Weighting for Health. Management, Measurement and Self-Surveillance in the Modern Household. *Social History of Medicine*.
- BRILLAT-SAVARIN J.-A. 1842. *Physiologie du goût, ou, Méditations de gastronomie transcendantale; ouvrage théorique, historique et à l'ordre du jour*. Paris: Charpentier.
- BRUCH H. 1973. *Eating Disorders. Obesity, Anorexia Nervosa, and the Person Within*. New York: Basic Books.
- CAMPOS P. 2004. *The Obesity Myth. Why America's Obsession with Weight is Hazardous to Your Health*. New York: Gotham.
- CHEYNE G. 1733. *The English Malady: or, a Treatise of Nervous Diseases of All Kinds [...]*. London: Strahan, Leake.
- COE T. 1751–1752. A Letter from Dr. T. Coe, Physician at Chelmsford in Essex, to Dr. Cromwell Mortimer, Secr. R. S. concerning Mr. Bright, the Fat Man at Malden in Essex. *Philosophical Transactions* 47: 188–193.
- CSERGO J. 2009. Introduction. In IDEM (Ed). *Trop gros? L'obésité et ses représentations*. Paris: Editions Autrement: 7–11.
- FEUCHTINGER O. 1946. *Fettsucht und Magersucht*. Stuttgart: Ferdinand Enke.
- FLEMYNG M. 1760. *A Discourse on the Nature, Causes, and Cure of Corpulency. Illustrated by a Remarkable Case, Read before the Royal Society, November 1757*. London: Davis, Reymers.
- FORTH C. E. 2012. Fat, Desire and Disgust in the Colonial Imagination. *History Workshop Journal* 73, 1: 211–239.
- . 2014. Thinking Through Fat. The Materiality of Ancient and Modern Stereotypes. In FORTH C. E. & LEITCH A. (eds). *Fat. Culture and Materiality*. London: Bloomsbury: 53–69.
- GARD M. & WRIGHT J. 2005. *The "Obesity Epidemic." Science, Morality and Ideology*. London: Routledge.
- GIBSON W. 1991. Attitudes towards Obesity in Seventeenth-Century France. *Seventeenth-Century French Studies* 13: 215–229.
- GILMAN S. L. 2008. *Fat. A Cultural History of Obesity*. Cambridge, CT: Polity.
- GLATZEL H. 1941. Fettsucht und Magersucht. In BERGMANN G. V. & STAEHELIN R. (eds). *Handbuch der inneren Medizin*. 3rd edit., Vol. 6, pt. I. Berlin: Springer.
- GRAFE E. 1958. *Ernährungs- und Stoffwechselkrankheiten und ihre Behandlung*. Berlin: Springer.
- GRIES F. A., BERCHTOLD P. & BERGER M. 1976. *Adipositas - Pathophysiologie, Klinik und Therapie*. Berlin: Springer.
- HILL S. E. 2011. *Eating to Excess. The Meaning of Gluttony and the Fat Body in the Ancient World*. Santa Barbara, CA: Praeger.
- HIPPOCRATES 1822. *The Aphorisms of Hippocrates. With a Translation into Latin and English by Thomas Coar*. London: Valpy.
- HUFF J. L. 2008. Freaklore. The Dissemination, Fragmentation, and Reinvention of the Legend of Daniel Lambert, King of Fat Men. In TROMP M. (ed). *Victorian Freaks. The Social Context of Freakery in Britain*. Columbus: Ohio State UP: 37–59.
- KISCH E. H. 1873. *Die Fettleibigkeit der Frauen in ihrem Zusammenhang mit den Krankheiten der Sexualorgane*. Prag: Dominicus.
- KLOTTER C. 1990. *Adipositas als wissenschaftliches und politisches Problem. Zur Geschichtlichkeit des Übergewichts*. Heidelberg: Asanger.
- MONAGHAN L. F. 2014. Debating, Theorising and Researching 'Obesity' in Challenging Times. *Social Theory & Health*.
- MURALT B. L. D. 1933. *Lettres sur les Anglais et les Français [1725]*. Edited by C. Gould. Paris.
- NOORDEN K. H. V. 1906. Die Fettsucht. In NOTHNAGEL H. (ed). *Specielle Pathologie und Therapie*. Vol. 7, pt. 1. Wien: Hölder.
- PANCALDI G. 2003. Progress. In HEILBRON J. L. (ed). *The Oxford Companion to the History of Modern Science*. Oxford: Oxford University Press. Retrieved 17 May 2016, from <http://www.oxfordreference.com/view/10.1093/acref/9780195112290.001.0001/acref-9780195112290-e-0609>.
- PASTOUREAU M. 2011. Le temps des trois obèses (XIe-XIIIe siècle). *Micrologus* 19: 259–276.
- PORTER R. 2004. *Flesh in the Age of Reason. How the Enlightenment Transformed the Way We See Our Bodies and Souls*. London: Penguin.
- REGIMEN SANITATIS SALERNITANUM 1871. Code of Health of the School of Salerno. Translated into English Verse [...] by John Ordnorau. Philadelphia: Lippincott.
- SANTORIO S. 1642. *De statica medicina*. Leiden: Lopes de Haro.
- SCHORB F. 2015. *Die Adipositas-Epidemie als politisches Problem. Gesellschaftliche Wahrnehmung und staatliche Intervention*. Wiesbaden: Springer VS.
- SONTAG S. 1990. *Illness as Metaphor and AIDS and Its Metaphors*. New York: Picador.
- STEARNS P. N. 1997. *Fat History. Bodies and Beauty in the Modern West*. New York: NYU Press.
- STOLBERG M. 2012. „Abhorreas pinguedinem.“ Fat and Obesity in Early Modern Medicine (c. 1500–1750). *Studies in History and Philosophy of Biological and Biomedical Sciences* 43: 370–378.
- SWINBURN B. A. et al. 2011. The Global Obesity Pandemic. *The Lancet* 378: 804–814.
- TIMAEUS VON GULDENKLEE B. 1667. *Casus medicinales*. Leipzig: Kirchner.
- UNZER J. A. 1760. *Der Arzt. Eine medicinische Wochenschrift. Dritter Theil*. Hamburg: Grunds Witwe.
- VIGARELLO G. 2013. *The Metamorphoses of Fat. A History of Obesity*. Translated from the French by C. Jon Delogu. New York: Columbia UP.
- VOGEL J. 1864. *Korpulenz, ihre Ursachen, Verhütung und Heilung durch einfache diätetische Mittel. Mit Benutzung der Erfahrungen von William Banting*. Leipzig: Denicke.
- WADD W. 1829. *Comments on Corpulency. Lineaments of Leanness. Mems on Diet and Dietetics*. London: Ebers.

Manuscript received May 19, 2016, accepted October 30, 2016.

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Résumés des articles de *Curare* 39(2016)2 [N° 109]: 105–200

L'obésité et le surpoids au foyer: Des controverses, des discours, des théories et des défis dans «le champ interdisciplinaire de l'anthropologie et de la médecine»

Sous la direction d'EKKEHARD SCHRÖDER et de WOLFGANG KRAHL

• MICHAEL KRAWINKEL : **L'obésité comme maladie et produit d'un comportement de consommation souhaitable par la société – la transition nutritionnelle moderne, un défi pour la santé publique**, p. 109–112 (rédigé en allemand).

L'obésité est une maladie basée sur un déséquilibre entre la consommation d'énergie et la dépense d'énergie. Il n'existe que quelques exceptions, d'ordre génétique ou endocrinien, et qui demandent un traitement médical spécifique. Alors que peut subsister la question du caractère étiologique du surpoids, si l'on considère le nombre de maladies non transmissibles entraînant une obésité, cette hypothèse n'est pas fondée. Le but du traitement est d'éliminer le déséquilibre chez le patient. Ce qui tend généralement à échouer, car les ressources nécessaires pour adapter son propre comportement sont limitées. C'est la raison pour laquelle on observe une augmentation des interventions chirurgicales. Celles-ci ne modifient que les proportions anatomiques, afin de réduire la consommation des aliments (énergie et nutriments). Les facteurs les plus influents du développement de l'obésité, de même que les raisons conduisant à l'échec du traitement, sont pour l'individu, son environnement familial, et pour l'ensemble de la population, d'ordre socioculturels et économiques, et sont trop souvent ignorés. Les influences socioculturelles prônent un idéal corporel ressemblant aux corps d'une population en état de sous-nutrition. Cependant, à des fins économiques, la population est exposée aux publicités promouvant la consommation d'aliments qui favorisent le développement de l'obésité. Ces publicités influencent les habitudes alimentaires et sont plus efficaces que des informations axées sur une «alimentation saine» et destinées au grand public. Afin d'agir sur le problème, la question est donc la suivante : «comment la population peut-elle résister aux influences qui visent à favoriser le développement de l'obésité?». Comme la prévalence de cette maladie est devenue un problème global, les interventions doivent être également globales, ingénieuses et mises sur la prévention et une gestion efficace. (r) **Mots clés** obésité – surpoids – *nutrition transition*/transition nutritionnelle moderne – habitudes nutritionnelles – composition corporelle – aliment favorisant l'obésité – épidémie – résilience – concombre amer (*Momordica charantia*)

• URSULA KUHNLE-KRAHL : **Surpoids et les conséquences sur la santé pour les enfants et adolescents**, p. 113–118 (rédigé en allemand).

Le surpoids et ses conséquences pour la politique de la santé sont des problèmes croissants dans le monde entier. L'obésité durant l'enfance accentue déjà le risque de comorbidités telles que l'hypertension, le diabète (type 2) et l'athérosclérose. Les complications graves sont la crise cardiaque et l'apoplexie. En 2011, les maladies non-transmissibles ont dépassé les maladies infectieuses comme cause de mortalité partout dans le monde. Nos propres études ont montré, que 60% des enfants obèses ont déjà des critères du sang pathologique, surtout dans le métabolisme des graisses. Environ 80% des enfants en surpoids ont des anomalies du système cardiovasculaire et environ 30% développent une hypertension durant l'effort. La cause de l'obésité est la combinaison d'une mauvaise alimentation et d'un manque d'exercice, amplifiée par une consommation médiatique accrue. Il semble qu'une approche thérapeutique peut être prometteuse que dans le cadre d'un concept global, qui ne doit plus inclure seulement la prise en charge purement médical mais aussi le régime alimentaire et l'exercice. En outre, les enfants obèses et leurs parents devraient être impliqués tôt dans un plan de traitement. De plus, il faut une stratégie politique pour réduire la consommation de sucre et de gras. Cependant cela correspond à l'opposé des intérêts de l'industrie alimentaire. (r) **Mots clés** Surpoids – style de vie moderne – maladies non-transmissibles – syndrome métabolique – stratégies de l'intervention

• CHRISTINE BROMBACH : **La qualité de vie, la longévité, les normes culturelles : sur le poids et le surpoids dans l'âge**, p. 119–125 (rédigé en allemand).

Il y a consensus sur le fait que le poids des individus augmente partout en Europe et dans le monde. Cependant il est frappant qu'aucun des médias ou aucune publication n'abordent le sujet de l'obésité pendant le vieillissement, bien qu'il y ait un lien évident avec la longévité et la qualité de vie. La question de la perte de poids chez la personne âgée devrait être considérée différemment et sérieusement car un lien direct a été suggéré entre une haute valeur d'IMC et la durée la vie. Si cette association entre le poids du corps et la durée de vie est confirmée, il serait illogique de conseiller une perte de poids à partir d'un certain âge. Est-ce que l'emphase sur une prise du poids est-elle exagérée ou serait-il préférable de conseiller différemment? Quel sont les évidences actuelles sur cette question et quels conseils pourraient être formulés? Quelles sont les conséquences d'un surpoids ou même de l'obésité sur le vieillissement? Les études sur le surpoids, l'adiposité, la mortalité, et la longévité en vieillissement sont rares, et les résultats ne concordent pas. Il semble que le surpoids, mais pas l'obésité, apporte certains bénéfices chez la personne âgée. Ainsi les recommandations pour une perte de poids devraient être adaptées selon l'âge, et en particulier réévaluée chez la personne âgée. (a) **Mots clés** poids – surpoids – âge – durée de vie – comportement alimentaire

• ALEXANDER PYRGES : **Savoir le corps gras : L'histoire de la corpulence**, p. 126–135 (rédigé en anglais).

Dans le cadre de la « pandémie d'obésité » mondiale le savoir médical sur des corps corpulents a été plus largement diffusé en gagnant en même temps en pertinence. Ainsi, l'importance sociale de ce savoir est devenue plus considérable impliquant la nécessité grandissante d'une réflexion historique critique. En général, les études traitant des aspects historiques de l'adiposité insistent sur les différences entre le savoir d'antan et le savoir actuel concernant par exemple l'état des corps gras ou l'étiologie de l'adiposité. Par contre, en regardant les sources de plus près on découvre qu'ils révèlent des similitudes non moins remarquables que les écarts. Par exemple, les débats médicaux sur les raisons et les conséquences de la corpulence se ressemblent les uns les autres depuis le début des temps modernes. Le projet de recherche scientifique sur l'histoire de la corpulence qui est associé à l'Institut de l'histoire de la médecine à la Julius-Maximilians-Universität à Wurtzbourg, insèrent de tels observations concernant des continuités et des discontinuités dans une analyse du savoir de l'adiposité entre le 16^{ème} et le début du 20^{ème} siècle.

Depuis l'antiquité la corpulence indiquait bien plus que la pure masse corporelle. C'est la raison pour laquelle le projet étudie comment les couches de graisse ont été traitées soit comme un indicateur du fonctionnement du corps, soit comme un caractère de la personnalité enfermée dedans, soit comme l'état de la société humaine qui l'entoure. Le savoir des experts aussi bien que le savoir des profanes sur la corpulence était donc forcément lié au savoir sur le corps, le caractère et la société. Dans un second temps le projet étudie la généalogie et les caractéristiques du savoir de la corpulence. D'abord, il s'agit de savoir quand et où ce savoir a vu le jour. Après, le projet essaie de le définir et de l'indexer pour pouvoir déterminer sa structure épistémologique. Puis, le projet analyse la manière dont des fragments de savoir isolés ont été assemblés en fonction d'un fonds de savoir plus complets sur la corpulence. D'ailleurs les résultats provisoires suggèrent que le savoir de la corpulence pendant la phase examinée montre une structure de groupement dont la forme épistémologique peut changer mais qui ne devient jamais uniforme ou homogène. De cette manière le projet de recherche reconstitue les origines embrouillées, complexes et parfois chaotiques du savoir moderne sur la corpulence. (a) **Mots clés** corpulence – graisse – obésité – médecine et graisse – histoire du savoir

• FRIEDRICH SCHORB : **Des alternatives à la « pathologisation » du corps en surpoids**, p. 136–144 (rédigé en allemand).

Depuis 1948, l'organisation mondiale de la santé WHO a ajouté l'obésité à sa liste des maladies répertoriées CIM, dans la catégorie des maladies et troubles psychiques. Depuis le début des années 2000, les OMS parlent d'une épidémie d'obésité. Afin de justifier le rapprochement entre *obésité* et *épidémie*, ont été mises en avant les raisons pour lesquelles l'obésité a pu être assimilée à une épidémie, quels en sont les acteurs, ainsi que leurs motivations et arguments qui furent à l'origine de la construction de cette perception qui consiste à considérer l'obésité comme un problème. Sont aussi présentés les mouvements à contrecourant qui se caractérisent par une remise en question des arguments classiques de l'augmentation de l'embonpoint, et qui proposent des alternatives à la « pathologisation » du corps en surpoids. Car tous les acteurs ne sont pas d'avis que le surpoids est une maladie, et qui plus est, une épidémie. Déjà au début des années 60, aux États Unis, s'est créé un mouvement nommé « Fat Acceptance », qui milite pour la reconnaissance par la société, et pour les droits, des personnes en surpoids. Ce mouvement de petite envergure au départ, est encore actif aujourd'hui.

De même, dans les milieux de la médecine et de la psychologie, à la fin des années 70, sous l'appellation « Health at Every Size », apparurent des doutes quant aux raisons et conséquences de l'obésité, invoquées de manière hégémonique. Depuis le milieu des années 2000, les « Fat Studies » permettent à des scientifiques de se pencher de manière académique, sur le problème de la prise de conscience de l'obésité, et de la relation à la personne en surpoids. Et ceci, indépendamment des raisons médicales ou psychologiques ayant pu entraîner la prise de poids. Dans la contre argumentation, sont présentés les principaux intervenants, ainsi que leurs motivations et arguments. La dernière partie est constituée de l'analyse de récits, d'un point de vue sociologique. On peut y remarquer des concordances dans la structure argumentative de deux modes d'interprétation antagonistes. (r) **Mots clés** obésité – discrimination liée au surpoids – narration d'épidémie d'obésité – la santé à n'importe quel poids – fat acceptance – fat studies – Allemagne

• MARION LINSKA : **Le lipédème. Contexte corps, psyché et interactions sociales**, p. 145–156 (rédigé en allemand).

L'indice de masse corporelle et « l'œil nu » semblent pouvoir donner un aperçu rapide des habitudes alimentaires et des modes de vie d'une personne. Mais dans le cas de surpoids, ceux-ci ne sont pas toujours la raison. Environ 4–11 % de la population féminine ont des lipédèmes. Cette augmentation progressive de graisse dans l'hypoderme des extrémités est connue depuis 1940. Cependant, la notoriété du diagnostic a augmenté seulement au cours des dernières années. Il n'existe pas encore une étiologie claire de cette maladie chronique. Certains médecins parlent même d'un « diagnostic à la mode ». Pour les femmes touchées, ces changements physiques représentent souvent une longue épreuve menant à des complications supplémentaires, renforcés par des erreurs de diagnostic et de mauvais traitements. Le changement pathologique, constitué de changements du corps internes et visibles, est souvent associé à des expériences de stigmatisation et à une retraite de la vie sociale. Dans cet article j'essaie d'aborder les problèmes et les effets sur les personnes affligées dans un conflit de relations personnelles, socioculturelles et médicales. (r) **Mots clés** Lipédème – indice de masse corporelle (BMI) – maladie chronique – diagnostic – obésité – biais de poids – groupe d'entraide

- DANIEL KOFÄHL : **Coups d'œil qui changent les perspectives – La médecine et les continuités culturelles concernant les pathologies du corps et de la nourriture**, p. 157–166 (rédigé en allemand).

Le discours global sur la culture du corps dans la société présente mondialisée est dominé par un vrai culte de la minceur. L'idéal du corps mince est renforcé par des arguments médicaux et esthétiques. Corps déviants de cet idéal sont stigmatisés et quelque fois maltraités, et personnes qui y sont touchées montrent souvent un comportement affligé. Malgré cela ils existent nombreux exemples de la bien-valorisation de la corpulence surtout dans les espaces de l'esthétique. La réhabilitation de ces aspects positifs peut servir à l'autodétermination et au changement de la perspective médicale actuelle. (a) **Mots clés** diététique – nutrition – corpulence – norme de minceur – obésité – acceptation de graisse – relationalité des aspects culturels – context polyvalent

Documents sur le corps et la nutrition dans les discours de l'AGEM et en *Curare*

- **Les résumés des contributions hors de cette publication de la 28^{ème} «Conférence d'Ethnomédecine» de l'AGEM «L'obésité au foyer» et**, p. 167–168 (rédigé en allemand).

- **Appel à communications pour la 28^{ème} «Conférence d'Ethnomédecine» de l'AGEM, Heidelberg, 12–14 Juin 2015**, (WOLFGANG KRAHL & EKKEHARD SCHRÖDER), p. 169–172 (rédigé en allemand et en anglais).

- EKKEHARD SCHRÖDER : **Report sur le 2^{ème} colloque européen d'Ethnopharmacologie (SEE)/La 11^{ème} conférence d'Ethnomédecine (AGEM), Heidelberg, 24–27 mars 1993**, p. 173–175 (réimpression 1993, rédigé en allemand).

- ULRICH OLTERSDORF : **L'usage des savoirs traditionnelles dans la recherche moderne de nutrition et de l'épidémiologie nutritionnelle**, p. 176–180 (réimpression 1996, rédigé en anglais).

Les problèmes de nutrition semblent répondre aux questions : pourquoi mangeons-nous, que mangeons-nous, quand mangeons-nous, et quels sont les impacts de la nourriture sur notre santé? Étant donné que chacun mange plusieurs fois par jour, les expériences nutritionnelles sont quotidiennes. L'homme doit sélectionner soigneusement les aliments qui lui permettent de survivre et de se développer. Il y a une tendance naturelle à la néophobie; mais les capacités humaines d'innovation, alliées à la curiosité naturelle, favorisent la découverte d'aliments nouveaux recherchés dans tous les biotypes. La recherche dans l'évaluation des habitudes alimentaires traditionnelles est encore peu développée. L'intérêt d'une épidémiologie de la nutrition est présenté au travers de quelques exemples. (re) **Mots clés** savoir traditionnel – nutrition – évaluation des habitudes alimentaires – épidémiologie nutritionnelle

- HOLLE GREIL : **L'âge, le sexe et les caractères spécifiques dans l'état physique et de nutrition**, p. 181–189 (Réimpression 1996, rédigé en anglais).

À partir de mesures anthropométriques sur la population de l'Allemagne de l'Est de nouvelles valeurs pour le poids et la taille des hommes et des femmes, de l'enfance à la vieillesse, ainsi que de recommandations concernant la qualité de l'alimentation, ont été proposées. Le développement corporel et l'alimentation des enfants et des adolescents ont été évalué en fonction de l'éducation des parents. Il y a de grandes différences entre les enfants des employés et ceux des cadres. Chez l'adulte, on observe des différences de corpulence et de l'alimentation entre les travailleurs stressés, ceux qui travaillent debout et ceux qui travaillent en position assise. (re) **Mots clés** anthropométrie – poids – stature – état de nutrition – BMI – différences sociales – République démocratique allemande

- **Report: Groupe de travail interdisciplinaire Santé et nutrition (IAK), conférence à Berlin, 27 Février 2016** (MALTE FISCHER, NORMAN ASELMAYER & VERONIKA SETTELE), p. 190–196

- **Programme de la 28^{ème} «Conférence d'Ethnomédecine» de l'AGEM, Heidelberg, 12–14 Juin 2015**, p. 197

Résumés par les auteurs (a) et par ANNA ROHDE (U Jena) et PATRICIA SCHREIBER (Sarreguemines) de la rédaction finale de *Curare* (r) et par (re) [= Réimpression selon *Médicaments et aliments. L'approche ethnopharmacologiques*, textes réunis et présentés par EKKEHARD SCHRÖDER, GUY BALANSARD, PIERRE CABALION, JACQUES FLEURENTIN et GUY MAZARS, Paris (ORSTOM éditions)/Metz (Société d'Ethnopharmacologie), 1996, ISBN: 2-7099-1320-8].

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