Fighting for one’s own health – care as a cause of illness

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Zusammenfassung
Der Kampf um die eigene Gesundheit – Pflege als Krankheitsursache


Introduction
The care of patients at home has always taken place. However, long professional care is, and has always been, required only for a fraction of those suffering from illness. But, usually when suffering from brief or minor complaints, we treat ourselves or call on those close to us. Moreover, in the 19th century, the costs involved and the complete lack of care facilities meant, in many cases, that people had no other option than to be cared for at home by members of their family or sometimes neighbours.1 However, it is tragic that, in publications about the health system of a town, the services of nurses and carers are referred to mostly in a general sentence, saying that sick people were looked after by their families. For example, in such an investigation about the city of Münster, we find: “Most sick people in Münster were visited at home by the doctor and looked after by their family, even in the case of fatal illnesses.”2 Although some cases in the city were also looked after by professional carers, particularly by the Sisters of St. Clement and the deaconesses of the Protestant hospital, details on home care of the sick, particularly by lay healers, are hard to find.3 At that time,

1 See for America Apple (1990) or Risse/Numbers/Walzer Leavitt (1977) for example.
2 Schwanitz (1990), pp. 57-58.
as today, carers took great risks and difficulties and also experienced negative effects on their own health.

This report presents the results of the investigation of the patient journals of two Münsteranian homoeopaths. These documents shed light – from an unexpected source – on care activities at home and the resulting conflicts for carers. Firstly, a brief description of the records will be given. Secondly, those patients who became ill as a result of taking care of someone else will be taken into account. With the help of letters, which are only available for the most famous patient, the German poetess Annette von Droste-Hülshoff, the question of why those now affected took on the “burden of care” will be considered and presented in the third part. The article will conclude with some methodological remarks.

Source – The patient journals

The lay homoeopath Clemens von Bönninghausen practiced in Münster, Westphalia, from 1829 until his death in 1864. He was born in 1785 and had studied law before turning to his healing activities. Although he was never approved as a legal physician, he was allowed to practice by an extraordinary permission from the Prussian king. According to homoeopathic principles, he kept very detailed patient journals. The notes von Bönninghausen made concern not only the actual symptoms the sick people were complaining about, but various other pieces of information about the social status of the patients, the remedies they had taken and the therapies they had previously received, and, in some cases, the cause of the illness and other circumstances of the patients’ lives as well as the information about the ongoing homoeopathic treatment.

His son Friedrich (1828-1910) took over the practice in 1864 and continued his father’s records. Friedrich had also first studied law but then added a proper study of medicine from 1855 until 1858. He was approved as a legal medical practitioner in Münster from 1862 on. During a PhD thesis, dealing with the patients of Clemens Maria Franz, and a current project, investigating the practice of Friedrich, several of the years covered by the 149 journals they had both compiled were examined. The entries in the documents have been transferred

4 For more details concerning him and his practice: Kottwitz (1985) and Baschin (2010).
6 Baschin (2010) and the description of the ongoing project at http://www.igm-bosch.de/content/language2/html/12298.asp (last accessed: Jan. 29, 2014). The years covered in both research projects are 1828/29-1833, 1839-1843, 1849-1853, 1859-1863/64 (the practice of the father) and 1864-1867, 1872-1875, 1879-1882 and 1886-1889 (the practice of the son). The journals are kept in the IGM, P 1-P 149. There is no biography of Friedrich von Bönninghausen available. For brief information, see Schroers (2006), p. 16.
into databases and then analysed according to the social structure of the patients, the illnesses they wanted to have cured and questions of consultation behaviour as well as the practice of the healers in general.

In several cases, the surviving patient journals of these two homoeopaths reveal that carers were actually fighting to protect or restore their own health. Usually an attempt was made to treat the complaint in another way before consulting the homoeopath. Besides these preliminary histories, the journals also indicate the socio-statistical data on those who had themselves now become patients. The journals make it clear which hazardous consequences such self-sacrificing work could have for carers and also how they worked to combat them. Therefore the records document caregiving at home by families and other lay people and the resulting health problems. This is a field which, due to the lack of source documentation, is very difficult to investigate but needs to be researched.

**Taking care and being ill – risks and conflicts**

Of the 35 people who became ill as a consequence of their caring activities, 29 were women and five men, whilst, in one case, the sex could not be known for sure, but was most probably a man. This is not a surprising result, as former research works have shown that giving care was left to the women and that such work was expected from them in most cases. Information about their profession was found with 14 people. The care activities were carried out by members of all social classes. Eight people came from the lower class, and, in particular, worked as farmers. Three people each were members of the middle and the upper classes.

Most carers were adults, aged between 21 and 30 years old. But even teenagers aged 16 or 18 were asked to take on the task. There were four children who are part of the investigation as they were infected by their nurse and in one case the child suffered from extremely delayed consequences of the caring activity carried out by the mother.

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7 In total, the patient histories of 14,266 ill people seeking a cure from Clemens Maria Franz von Bönninghausen and 6,832 doing the same from Friedrich von Bönninghausen were examined. A connection to care activities could be made in 24 cases treated by Clemens and in 11 cases treated by Friedrich.


9 As such, this is also a proof that domestic care was carried out amongst all the levels of society. However, reports of such activities amongst members of the lower classes are comparatively rare. Stolberg (2003), p. 78; Schweig (2009), pp. 214-223.

10 The age of one of the people was not specified. Four were the above-mentioned children. Four of the patients were between 16 and 20 years old, eleven between 21 and 25 years old and three between 26 and 30 years old. Six patients were aged between 31 and 40 and a further six were 41 years old or older.
But the patient records also tell us, who received the care and which illnesses were cared for. Family members, such as children, siblings, parents, a grandfather or wife were looked after. Of course, there were other sick people too, whose relationship to the carer is sadly not clear in the journals. For example, it is not clear what the relationship between a 16 year old and the “man” whom she cared for, but who died of dropsy, was. It could be a case of neighbourly help or even paid work. The patients were suffering from brain fever, scabies, cholera, consumption or dropsy. In these cases, the illnesses were both contagious and dangerous. Care was given, despite the risk of catching the illness, and some carers did indeed catch the illnesses from the patients.

A 24 year-old woman had clearly been looking after her grandfather for some time. He had been suffering from dizziness and apoplexy. It is not explicitly reported which activities the caregiving involved, nor how they were carried out. At least this entry states that she gave “anxious” care, which we can take as meaning extremely loving and intensive care. Also, the comment “day and night care” gives us an indication of how much effort the activity required. In addition, one entry in the journal shows that a 54 year-old woman, who cared for her father intensively around the clock, clearly took her task very seriously. The same applies to the “excess” care another woman gave to her mother. Another case states that the caregiving activity of a daughter was made up of rubbing her father with a grey ointment, containing mercury. However, most entries simply specify “care” or “sitting up (at night)”, without any explanation of the services provided.

The length of the caregiving activities was mentioned in two patient histories. For example, the mother of a 21 year-old woman had suffered from brain fever for four weeks and was looked after the whole time by her daughter, who now saw the first symptoms of the disease in herself. A girl is also recorded as having provided care of the same disease for even longer, in this case five weeks.

Two further patient histories highlighted the intensive care of patients by carers. During the course of their illness, those affected became a part of the family network set up for their medical assistance and care. In the case of his own son, Clemens von Bönninghausen stated that his son had “deteriorated” to such an extent, due to teething and coughing, that convalescence

11 In 16 cases, it is unknown who received care or what their relationship was to those now affected. In one case, a girl was suffering. A wife and a grandfather appear in one case each. In three cases each, fathers and mothers were cared for by children, whilst five children received care from their mother. Five patients were looked after by siblings. Similar results concerning those who received care in home today: Hoffmann (2010), pp. 338-339, and for the Early Modern period Stolberg (2003), pp. 78-79.

12 The following illnesses were encountered (number in brackets): scabies (two), whooping cough (one), dropsy (one), brain fever (nine), cholera (one), consumption (two).

13 For general information, see Lachmund/Stollberg (1995) and Stolberg (2003).
was unlikely. However, the boy’s health improved “thanks to the care given to him and now he is healthy, is blossoming and is very strong”.\textsuperscript{14} In addition, such intensive care and attention was not always crowned with success, as testified to by a letter from Wilhelm Grimm to Jenny von Droste-Hülshoff, the sister of the poetess.\textsuperscript{15}

The carers had become infected with the illnesses, from which those they were caring for were suffering. In particular this occurred in those cases connected to brain fever. Others showed similar symptoms to those they had been looking after, causing them to think they were suffering from the same complaint. This applied, for example, to the poetess Annette von Droste-Hülshoff, who, after caring for her brother who had died of consumption, was of the opinion that she herself was suffering from the disease.\textsuperscript{16} Similarly, another patient had cared for a “child with scabies” and traced her eye infection back to the child.\textsuperscript{17}

Other patients had physical and psychological complaints, stomach ache, aching in the head or limbs, sore throats, exhaustion and dizziness, a nervous complaint (not specified in detail), pressure in their chest or a rash. The strain caused some women to miss their period.\textsuperscript{18} The patient mentioned above, who had rubbed her father with the ointment containing mercury, suffered from “involuntary movements of the right arm and leg” and had “difficulty speaking, due to a heavy tongue and lots of spittle in the mouth”. However, in another case we find simply: “Sick after tending the sick”.\textsuperscript{19}

A countess’s “extreme worry” about sick children caused her to develop a strong rash. Sitting with a dying patient caused a 33 year-old woman to suffer from depression for seven whole years before she visited the homoeopath.\textsuperscript{20} The illness of a baby was also traced back to the fact that its mother was “continuously depressed during pregnancy on account of caring for its [that is the mother, M. B.] father”.\textsuperscript{21}

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\textsuperscript{14} IGM, P 151, p. 41; P 76, fol. 107. This is also documented by other histories. Baschin (2010), p. 191, or Schweig (2009), pp. 215-216.

\textsuperscript{15} Schulte-Kemminghausen (1978), pp. 90-91.

\textsuperscript{16} IGM, P 151, p. 1, also IGM, P 53, fol. 173. For similar findings Stolberg (2003), pp. 80-81.

\textsuperscript{17} IGM, P 80, fol. 29.

\textsuperscript{18} This was the case in IGM, P 75, fol. 29, P 119, fol. 376, and P 149, fol. 167.

\textsuperscript{19} IGM, P 103, fol. 242, and P 149, fol. 154.

\textsuperscript{20} For example, see IGM, P 116, fol. 81, and P 138, fol. 212. The psychological impact of such care of the sick and dying was also a topic in the letters of Droste-Hülshoff, as can be seen in the quotations mentioned later.

\textsuperscript{21} IGM, P 78, fol. 69. For further information on the emotional afflictions during pregnancy, see Baschin (2010), p. 211 and pp. 217-218.
A lot of people had already tried to improve their symptoms by other cures. But the different attempts with medical therapies or consultations of other doctors were not successful\(^2\). Now they tried to find help from the two homoeopaths.

Those cases, in which children were infected by caregivers, signal an additional problem encountered in caregiving. Multiple families seem to have shared a child’s nurse, who then carried whooping cough from one child to the next. Babies were also affected by rashes and scabies in the same manner. The consequences for those providing care are not explained in the journals. However, it becomes clear that, in such cases, “helping hands” actually turned into wandering “sources of risk”\(^2\).

The risks connected to taking care of people suffering from infectious diseases were well known by the carers. Therefore, in some cases, they themselves required remedies from the homoeopath to prevent infection. The above-mentioned 16-year-old was in fear of catching “hydrophobia” (rabies). This was because, while taking care of the poor sufferer, she herself had had some wounds on her hands, which made an infection more possible. In other cases, remedies against nervous fever were required\(^2\).

Despite all the risks of becoming infected themselves from the known “infectious” illnesses of the patients, those who had themselves now become ill all chose to engage in or to continue their caring duties. In addition, the entries of the two healers show that looking after seriously ill people up to their death also had serious psychological effects. The records therefore shed light on caregiving at home, which was carried out mainly by adult women, and the resulting health problems.

Conflicts and motives in family caring – The example of Annette von Droste-Hülshoff

The patient history of Annette von Droste-Hülshoff is the first recorded by the homoeopath Clemens von Bönninghausen. Annette von Droste-Hülshoff was born in 1797 in a castle near Münster in Westphalia\(^2\). Her musical and literary talents were supported by her family. In 1838 she published her first books with poems and four years later her famous novel

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\(^2\) Nine patients had clearly not tried any previous treatment before going to the homoeopath. Five people had consulted a doctor in advance and 14 patients had been given medicines.

\(^2\) On this problem with additional literature: Hähner-Rombach (2009).

\(^2\) For examples, IGM, P 73, fol. 215, P 113, fol. 126, and P 141, fol. 44.

\(^2\) There are several biographies about the poetess. For this article, the following were used: Beuys (1999); Droste zu Hülshoff (1998); Maurer (2004). For additional literature on the person and her works: http://www.lwl.org/literaturkommission/alex/index.php?id=00000003&layout=2&amp;author_id=00000080 (last accessed: Jan. 29, 2014).
"Die Judenbuche" followed. From 1841 on, she spent most of her time in Meersburg on Lake Constance, and died there in 1848.

The famous German poetess traced her own health problems from November 1829 onwards to the fact that she had cared for her brother Ferdinand, who had been sick with tuberculosis. She was convinced that she was suffering from the same symptoms, for example “serious emaciation with a lack of energy”, “redness on fallen-in cheeks”, “permanent stabbing pains on the left side”, “continuous suffocation in the chest, as if from a tight corset” as well as “major depression and hopelessness”. Having consulted another doctor without any improvement, this doctor suggested a homoeopathic treatment. For several years, Clemens Maria Franz von Bönninghausen tried to help the poetess whose state improved from time to time but who also used other medicines and consulted other doctors as well, especially when she was away from Münster and no other homoeopath was available.

We know nothing so far about Annette herself taking care of her brother. Some of her letters describe the health of Ferdinand and how she worries about him having coughed and vomited blood. However, none of her letters exist for the period between November 1828 and November 1829. This “silence” may be explained by her intensive care of her brother, which occurred during these months. Ferdinand died in June 1829. How much Annette von Droste-Hülshoff had obviously committed herself to the task of nursing can be seen from a letter from her concerned sister addressed to Wilhelm Grimm. According to Jenny’s description, Annette suffered from “nervous irritation and cramps”, as diagnosed by a doctor. And, although the healer had told them that the illness was not serious, Jenny was deeply worried about her sister’s health and was afraid of losing her as well. In his response, Wilhelm Grimm assured Jenny that he was quite confident that Annette’s health problems were not too serious. He expressed the opinion that the exhaustion was connected to the task of nursing, and stated: “I


27 Bönninghausen (2011), p. 3. The original words were: “sehr bedeutende Abmagerung mit Hinschwinden der Kräfte”, “Röthe auf den eingefallenen Wangen”, “beständige Stiche in der linken Seite”, “fortwährende Brustbeklemmung wie von zusammengeschnürtem Brustkasten” and “große Niedergeschlagenheit und Hoffnungslosigkeit”.


have heard how wonderfully committed she is to the illness of her brother, and I consider there to be nothing more natural than for her nerves to have suffered from the effort."^{31}

Nursing and caring activities are reported in several of the letters written by Annette herself. She even cared for her nurse, several relatives and friends. This fact is also stressed in the different biographical works about her.\(^{32}\) And the poetess took the task of nursing and caring very seriously. In one case she refused to visit her sister on Lake Constance because she felt the urgent necessity to take care of her nephew at Burg Hülshoff.\(^{33}\) From time to time she clearly neglected her own health when taking care of another person. As such, her sister and her mother, for example, were very worried about Annette’s health and tried to help and comfort herself.\(^{34}\) But they were not always successful and when one day the poetess was ill herself she complained about her mother not having the necessary patience to take care of her.\(^{35}\)

Within the family, the caring services of Annette were appreciated and expected. Moreover, the poetess grew up in a noble family, principally characterised by the Christian values of brotherly love and care.\(^{36}\) For example, her own mother preferred care from Annette than from her daughter Jenny and also praised her to the skies.\(^{37}\) Annette von Droste-Hülshoff did not marry. Therefore a lot of relatives thought she would have plenty of free time, for example writing letters, paying visits, giving music lessons to cousins or helping during an episode of illness.\(^{38}\) Annette knew about these expectations, dealt with them – as will be described later – and tried to fulfil

37 Droste zu Hülshoff (1998), p. 90. He quotes a letter to Annette written by her mother in 1841: “How often I have thought of you, sweetest Nette, and wished good Jenny would do what she could […] but I could not bring myself to make the poor thing suffer as she suffers so much already.”
them, although the work sometimes took more from her than she could provide.\textsuperscript{39}

During the care of several patients, she was exposed to serious anguish or was extremely affected by the psychological problems of those affected.\textsuperscript{40}

However, as can be read in her own letters, Annette von Droste-Hülshoff was actually happy to meet these expectations and worked hard to do so. For example, she wrote to her mother from Bonn in March 1831, whilst staying with a friend and looking after her serious illness:

God knows what you must think of me, dearest mother, but I know that I am completely innocent and, over the course of the last four weeks, often did not know whether I was coming or going. I am now in my 5th week with Mertens [her friend called Sibylle Mertens, M. B.], who is very seriously ill. I am under a great strain, such as I have scarcely experienced before. I have looked after poor Mertens day and night, almost completely on my own; as she had recently dismissed her maid for drinking and could not stand her any more. Her two eldest daughters are at the inn. Adele Schopenhauer is always ill. So I was on hand to help. Poor little “Bill” didn’t sleep a wink for the first 14 days; now things have improved, but I still have to get up once or twice, almost every night. I have started doing all the housework and surely have to use over 20 bowls a day; at other times, I have to check on the children […].\textsuperscript{41}

As there were no other members of the family or friends, to say nothing of staff, on hand, Annette took on all the necessary work. Care also included doing the housework, looking after the children and, of course, sitting up at night. Annette may have been replaced by another woman for some of the time, but then she would take up her task again. Her friend lay in bed with dizziness and cramps. She took enlivening baths but the situation seemed to be very serious, even though the doctor assured her that it wouldn’t be fatal. The poetess no doubt also helped her friend before and during the baths. Annette described her state of mind during and after the caregiving activities with the words: “My God, what fears I suffered!” The patient reacted so greatly to the news of Annette’s early departure that the carer changed her plans and promised to stay “until she had recovered somewhat”, which, in Annette’s opinion, “could be a few more weeks”. In another case, Annette herself did not feel particularly well, but still felt the obligation to be with her brother who, in her opinion, was in a worse situation than she was and


\textsuperscript{41} Letter to Therese von Droste-Hülshoff of 11th March 1831. Droste-Hülshoff (1987), pp. 122-125. The other quote is also from there. On the friend, see also Beuys (1999), pp. 208-209.
needed attention. She particularly emphasised her consideration for sick people, even if she felt less for the healthy.\textsuperscript{42}

In 1846, Annette was again called to a case of serious illness. This time, together with her mother, she cared for an uncle, who was suffering from intestinal cancer. The two women carried out the work on their own and the certainty that the patient could not be helped, “eventually overwhelmed […] our energies”, especially when the patient felt well. After this, both the poetess and her mother felt “very unwell, and we [meaning Annette and her mother, M. B.] couldn’t get better either”.\textsuperscript{43} In this case too, the dying patient was looked after in the home of members of the family.

These examples illustrate the services of caregiving and nursing in the case of Annette von Dros-té-Hülshoff. They prove that such episodes are described in private letters and that systematic research of the corpus could probably bring up many more. Furthermore, in several letters and even poems, the poetess discusses her nursing tasks and her motives for doing so. For example, she regrets not having helped a friend when he was ill. She does emphasise her own stamina and ability to carry out such work: “Oh, I can surely care for the sick! And I am not helpless but (and I think I may say this) determined and capable in any cases where people feel ill.”\textsuperscript{44} Her own determination to take on even long-lasting and difficult caregiving work becomes clear here. If help was required, then she was always there for her friend, without question.

In later years, she wrote to Carl von Haxthausen, her uncle: “It is my fate to travel from one sick person to the next, I like doing it and it does not harm me. […] and I want at least to do my best.” In this case, she was not feeling well herself and was considering another homoeopathic cure, whilst at the same time planning to offer care and provide company to her brother Werner who had injured his knee and was receiving an allopathic cure. Although knowing she might not be a great help, she wanted to stay at his side talking and walking around with him to improve his knee.\textsuperscript{45} In this case, she calls it “her fate” to hurry from one patient to the next. This implies the social and, in particular, family expectations. However, in the same breath, she emphasises that she liked to take on the work and it would

\textsuperscript{42} Letter to her sister Jenny, 1st July 1846. Droste-Hülshoff (1992), p. 384. It says there: “Mother had little sympathy with my caregiving, and said she thought we argued too much, but if I sometimes do not take enough care of the healthy, one can surely not say that for the sick.”


not harm her. The latter was not always the case, as can be seen in the previous and following quotations. She expressed similar sentiments regarding her motives during the care of her sick friend Mertens and did not play down the symptoms of exhaustion which this work brought with it: “I gladly carry out the work, and feel good doing it, but I am often tired, so tired, like a cart horse […]”.

In two poems Annette also dealt with the feeling of fulfilment, which motivated her to carry out her work. They clearly show that the care of a dear friend not only included staying up at night and carrying out the housework, but also naturally included prayer. At the same time, the poem “Nach fünfzehn Jahren” also clearly shows the physical exhaustion, in particular tiredness and dizziness, caused by this self-sacrificing work.

In a further poem, Annette deals with the question of how to achieve “wealth, love and happiness”. The poetic answer discusses the services involved in tending the sick. A loving, self-sacrificing activity, rewarded at the end by a “reborn glimmer around the convalescing face” and a “loving glance at you, in a way that friends and not lovers can give”. Such an incident leads to feelings of happiness, love and wealth (“Then you are happy, loved and are rich”). The task fills one with strength and the feeling of being at the centre of the world, or a rock, which cannot be damaged. (“A rock on which all lightning forks […] Then you are the centre of your world, the circle, from which all happiness stems.”)

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Du Bett mit seidnem Franzenhang geziert, / Wie oft hab’ deine Falten ich berührt, / Mit leiser, leiser Hand gehemmt ihr Rauschen, / Wenn ich mich beugte durch den Spalt zu lauschen, / Mein Haupt so müde, daß es schwamm wie trunken, / So laut mein Knie, daß es zum Grund gesunken! / Mechanisch löste ich der Zöpfe Bund / Und sucht' im frischen Trunk Erleichterung; / Ach, Alles trägt man leicht, ist man nur jung, / Nur jung noch und gesund!”

the emotionally-fulfilling feelings of selflessly caring for another and being there for them. According to Annette, wealth, love and happiness only occur when one spends time with others and cares for them. This poem shows that the self-sacrificing activity of the poetess was also based on her own deep conviction. In her eyes, “the weeks of caregiving” were “not dead time” but Christian devotion.\textsuperscript{49}

In other works, the poetess deals with the balancing act between family obligations and her own desires. As she was unmarried and so “not bound to any kitchen”, she felt that “We [the poem is directed at a friend and includes Annette, M. B.] have only been created to be helpful.” However, Annette did not sink into self-pity when faced with these expectations. On the one hand, she offers self-criticism, as she didn’t fight against her fate.\textsuperscript{50} However, as can be seen, she drew great satisfaction from her caregiving activities. The care and responsibility for those she loved allowed her to withstand the pressures of the work involved. Therefore, the drive to provide care came from her own social feelings of obligation as well as the expectations of her by her family and surroundings.\textsuperscript{51}

As such, it is really difficult for historians to separate these different motives and to locate them in the conflict between her own conviction and self-sacrificing help on the one hand and social or family expectation and duty on the other. This is especially the case when, as in most cases, no sources are available to shed light on this aspect. Therefore the letters of the poetess von Droste-Hülshoff are a rare piece of good fortune.

In general, her letters talk a lot about health and illness and the behaviour of those being affected and their cures. That private letters are a rich source in this respect has already been proven by several works. But, as can be seen, careful reading can also give hints on nursing and domestic caregiving. Unfortunately, this aspect has not so far been the focus of research and has only been taken into account in few recent publications.\textsuperscript{52}

\textbf{Dann bist du glücklich, bist geliebt und reich, / Ein Fels, an dem sich alle Blitze spalten; / Dann mag dein Kranz verwelken, mögen bleich / Krankheit und Alter dir die Stirne falten: / Dann bist der Mittelpunkt du deiner Welt, / Der Kreis, aus dem die Freudenstrahlen quillen, / Und was so frisch der Bäche Ufer schwellt, / Wie sollte seinen Born es nicht erfüllen!}”

\textsuperscript{52} In general concerning letters as sources for historical research: Dinges/Barras (2007),
Final remarks and conclusion

Despite all the risks of being infected by those suffering from illnesses known to be dangerous, the carers had all decided to fulfil their caregiving duties. As the letters of the poetess Droste show, the fulfilment of society’s expectations as well as their own self-sacrifice motivated the work. It is difficult to separate these two ideals, if it is possible at all. Moreover, for the majority of carers, no documents exist, which could give clues on this point. In some cases the caring service might have been paid, which also suggests financial motivation. But this cannot be proved from the sources presented here. But the entries of both healers show, as in the case of Droste-Hülshoff, that taking care of seriously ill people until their death also meant a great psychological burden.

The records and letters document care giving at home by families or other lay people and the health problems which resulted. This is a field which, due to the lack of sources, is very difficult to investigate. In connection with the research of illnesses, a scheme has been suggested to describe the problems in this field. A lot of illnesses are treated without having been a patient in a hospital or having seen a doctor. But, due to the character of these institutions during a career as a patient, a lot of documents detail these treatments and they are therefore easier to investigate. But those episodes of illness being dealt with in private have not provided us with similar documents. This applies in the same way to the research in nursing history. Caregiving in one’s own home has only occasionally left traces in written sources, especially if the task was carried out by lay people.

The only direct way would be the use of “ego documents”. But, up to now, they have rarely been evaluated with such a focus. Therefore the entries in the patient journals deliver an indirect method of finding clues in this field, which is so difficult to investigate. They are able to show, at least partially, the burden and risks involved in home caregiving.

The results with respect to the carers – that they were mostly adult women – and the fact that home caregiving took place, are not new. But, with the help of the records, some proof could be collected in sources for the caring activities which took place. With this the correct, but in most cases unproven, assumption that this sort of care took place could be traced in historical sources. With this conclusion, we can see that it might be worth investigating patient journals, letters and other “ego documents” for further hints, in order to receive additional clarity about home caregiving, especially by lay

and also taking into account nursing in their research: Stolberg (2003), pp. 77-83, and Schweig (2009), pp. 214-223, with further literature. On the basis of autobiographies Hoffmann (2010), pp. 338-342, deals with the aspects of caregiving.

53 This applies particularly to those carers, whose relationship to the patient is unknown. For more on paid domestic caregivers see Stolberg (2003), p. 79.

people. In part, this task, which is undoubtedly time-consuming, could begin with sources which are already under investigation and which might deliver clues. Out of a lot of little mosaic pieces, a picture could be built, which would clarify home caregiving activities and their environment.

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P 1-P 149 (patient journals of Clemens and Friedrich von Bönninghausen)

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**Internet Links**


**Literature**


