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Chapter 4 'Now, back to our Virchow':¹ German Medical and Political Traditions in Post-war Berlin

In these current dark times there are still some rays of light for the German people—in spite of all errors and crimes which have been perpetrated in their name—they are the rays of hope which arise from the unquenchable spring of their intellectual and spiritual past.²

As they arrived in Germany, the Allies were forced to rely on the cooperation of the German medical authorities. While Chapter 3 looked at German émigrés, this chapter focuses on those German doctors and health officers who never left the country, the large majority in the profession. How did they reflect on the events of the previous decade? How did they present their careers and relate to their émigré compatriots, some of whom were now returning to Germany, and the occupiers? This chapter focuses on Berlin, which became both the seat of the quadripartite Allied Control Council (ACC) and the capital of the Soviet zone.

Most historians have now abandoned the once-popular idea of a 'Zero Hour' (*Stunde Null*) and a radical transformation of German society after the end of the war. This chapter, too, shows that the break after 1945 was not nearly as radical as many earlier studies claimed. Berlin is a useful illustration of the many continuities in health administration and medical practice: old institutions remained essentially unchanged, individuals continued in their old jobs, and long-acquainted groups and networks of German doctors survived intact. This continuity of personnel and institutions was accompanied by proclamations about the importance of a number of positive German traditions, both political and medical. But although continuity was an important feature of the reconstruction of the health service after 1945, there were fundamental disagreements within the medical profession about their history, their tasks, and their future.

This chapter also throws light on the intellectual reconstruction of Germany after 1945. A number of studies have investigated the complex identity politics in both German states after 1949. Mary Fulbrook, for example, has argued that the 'singing tales of heroes and martyrs' was a crucial part of the construction of national identity in both Germanies: "'good' traditions in the past had to be found and celebrated as forebears of the present, while those responsible for the evils of Nazism had to be both identified and dealt with, both in reality (denazification, restructuring) and in interpretation (the tales told about the nation's history)'.³ As we will see, such a process also occurred in medicine and public health, where heroes were identified, German traditions recounted, and their apparent antecedents and origins celebrated. The pathologist Rudolf Virchow (1821–1902) was celebrated by different groups of medical officers, but for very different reasons. In the context of the post-war trials and debates about blame for the war and defeat, celebrations of heroes helped to assert the value of 'good' German traditions in the past, and thereby isolated the criminality of Nazi medicine.

The material presented here also helps us to understand the role of the occupiers' presence in Germany after 1945. German historians have, with renewed vigour after 1989, emphasized the permanence of German ideas and practices from the nineteenth century to the post-war period. From them we know that after 1945 many German institutions from the 1920s, the apparent heyday of public health, were recreated.⁴ But even those scholars who specifically look at the 1945–9 period tend to blank out the occupiers' involvement in 'German' history. They concentrate exclusively on German medical organizations and health personnel, without understanding the wider political context of the occupation. They also often neglect to consider the role of national self-justification in the post-war debates.⁵ This chapter argues that the presence of the occupiers was an important stimulus for publicly voiced arguments on history and precedents. Declarations on the viability and desirability of German traditions were often specifically targeted at the Allies and German critics, to make the case that Germany was still a great nation with a role to play in the world.

Berlin housed two public health offices with different remits: one administered health work for the Soviet zone (the Central Health Administration), the other operated as part of the city administration (the Health Department of the Magistrat of Berlin). Both began to work shortly after the end of the war in offices in close physical proximity. While elsewhere in Germany health committees were created as advisory bodies for the military governments with few powers of their own (such as the British zone's Zonal Health Advisory Council, and the health group in the American zone's *Länderrat*), both of the authorities discussed here had executive powers. Both were composed of German

officials, but had to liaise with the occupation authorities. Although both were appointed and endorsed by the Soviet authorities, they had radically different political affiliations, outlooks, and ways of presenting their own past and the future of German medicine.

The Magistrat of Berlin and the Berlin City Health Department

(i) Origins and Composition

The foundations for a joint occupation of Berlin were laid by the European Advisory Commission (EAC) in London during the war, and many details, including a division into sectors (one for each of Britain, the United States, and the Soviet Union), were agreed by autumn 1944. At the Yalta conference in February 1945 France was also given a share, including its own occupation zone and Berlin sector. Berlin was thus designed to be a miniature version of the Allied occupation of Germany: each of the occupiers was to administer one Berlin sector, and the four city commanders and their staffs were to govern together in the Allied Kommandatura of Berlin. In practice, these arrangements were complicated by the armies' locations in early 1945. American and British troops were focused on combat in the north and west of Germany, while the Red Army, coming from the east, was much closer to Berlin. By March 1945, in spite of misgivings, the American and British governments agreed to let the Soviet troops conquer Berlin (the French were in no position to prevent this), and to move into their own sectors later.⁶ The Soviet Berlin offensive began in mid-April 1945, and on 21 April they entered the northern and eastern suburbs. After intense street fighting, German troops in the capital capitulated on 2 May 1945, followed a few days later by the formal surrender of the Wehrmacht in Reims.

As a result, Berlin was under sole Soviet control from May until early July 1945. Until his death in a car accident on 16 June 1945, the administrative and political power for the city lay in the hands of the Soviet city commander, Nikolai Berzarin, and his staff.⁷ Soviet officers were allocated to oversee the re-establishment of administrations in each city district. Under their watchful eyes, mayors and local councils (each with a health department headed by a medical officer) were appointed. A city-wide council, the Magistrat, was established as the main city authority, to liaise with and take orders from the Allied Kommandatura. When in July the British, French, and American forces finally moved into their sectors and the Kommandatura took over, the German administration had already been up and running for weeks. On 11 July 1945, the Kommandatura's first order specified that all previous Soviet arrangements for Berlin, including the German appointments, were to stay in effect.⁸ Berlin was governed in this way by both Allied Kommandatura and German Magistrat (which from October 1946 contained elected officials) until summer 1948, when clashes between the occupiers culminated in the Soviet blockade of Berlin and an end to quadripartite cooperation.

Who was working at the Magistrat? The body's initial composition had its roots in the German Communist Party's (KPD) preparations in Soviet exile. Of the three groups of German communists sent from Moscow to Germany in spring 1945, Walter Ulbricht's was instructed, among other tasks, to find suitable officials for Berlin. Immediately after their arrival in Berlin on 2 May, they went about finding candidates for the district councils and the Magistrat. General guidelines worked out in Moscow specified that the new administrations were to contain a broad range of antifascists. Communists were to take a significant part, but were to be joined by social democrats, liberals, and politically acceptable 'specialists'. One of the main selection criteria was a positive attitude towards working with the Soviet authorities.⁹

While to Ulbricht it was crucial that communists held key administrative positions (particularly those enabling the control of personnel policy and education), other considerations prevailed for the Health Department. Ulbricht's first contact was the well-known surgeon Ferdinand Sauerbruch. Even though Sauerbruch was 'an old German nationalist', Ulbricht thought it 'necessary first of all to create normal living conditions for the population here in Berlin and to organize the health service. Later we can talk about our potential political differences.'¹⁰ Sauerbruch agreed to Ulbricht's offer, and, as a result of his recommendations, other health appointments targeted leading members of the medical establishment, including Erwin Gohrbandt, director of the surgical department of the Robert-Koch Hospital, and the senior civil servant and medical officer Franz Redeker.¹¹ The Health Department, and its contrast with other Magistrat departments, tells us much about how public health and medicine were being approached by Ulbricht and the Soviet authorities. While an immediate resumption of work was vital and time could not be wasted in the selection of candidates, the choice of Sauerbruch and co. was hardly accidental. It proved highly beneficial to have the great German surgeon on their side; his authority helped to recruit the medical establishment to the Magistrat's initiatives and programmes, and ensured their cooperation.

On 13 May 1945, Berzarin approved Ulbricht's selections to date. The opening meeting of the Magistrat's Constituent Assembly took place a week later on 19 May, and its first official sitting the following day.¹² The Health Department began to work immediately. In the bombed-out ruins of Berlin, its central task was to direct the district health offices' urgent epidemic work. It was to organize vaccination and disinfection campaigns, and to regulate how officials were to locate sources of infection, quarantine infected individuals, organize clean-up operations, bury corpses, record and report disease and mortality statistics, and see that the rules were enforced. The Health Department was also to supervise and approve the appointment of medical directors, consultants, and heads of departments at the Berlin hospitals.¹³ On 19 May, the Health Department called its first meeting with the district medical officers. The meetings continued at roughly fortnightly intervals.¹⁴

Soon two overlapping circles of people came together in the Magistrat's health work. First, a number of its leading members were surgeons, internists, or pathologists who had trained and often worked for a long time at the prestigious Charité Hospital in Berlin—some had international reputations in scientific research. Second, the Magistrat's health office had among its ranks medical officers who had for many decades worked for the city health administration, most of whose careers had flourished during the Nazi regime. It is worth dwelling on who these two sets of people were and the connections that existed between them.

Chief among the Charité circle was Ferdinand Sauerbruch, a surgeon with an international reputation. By the time of his appointment in 1945, he could look back on a long medical career. Born in 1875 in the Ruhr district, he studied natural sciences at the University of Marburg before switching to medicine at the University of Leipzig.¹⁵ In 1903, after a period of private practice and junior surgical positions, he joined the surgical department at the University Hospital in Breslau, where he began to specialize in thoracic surgery and carried out some pioneering experiments. Surgical operations in the thoracic cavity had been considered impossible because of the air pressure involved, but Sauerbruch devised a new method by surrounding the patient in an airtight container.¹⁶ Sauerbruch's years in Breslau were followed by stints at clinics throughout Germany and Switzerland. After the First World War, where he served as an advisory surgeon to the German army, he became a professor at the University of Munich. In 1928 he received the chair in surgery at the Charité and the University of Berlin, and his reputation continued to blossom, unimpeded by his often conservative stance on surgical practice.¹⁷ He became Hindenburg's personal physician and attended politicians such as Hitler, Heydrich, and Mussolini. During the Second World War he worked as the Wehrmacht's surgeon-general, and was a member of the scientific senate of the military medical service.¹⁸

His fame had declined during the war in Britain and the United States, where surgical advances had made his methods obsolete. Elsewhere, however, his name was unrivalled among living German surgeons. Particularly in the Soviet Union he was still celebrated, and his presence impressed the Soviet officers stationed in Germany. General Kuznetsov (head of the Health Department of the Soviet Military Administration in Germany (SMAG)) wrote to Marshall Zhukov about the German scientific institutions and materials his department had studied. Kuznetsov noted that he had informed the Soviet health ministry and the Academy of Sciences of 'a series of valuable achievements presenting interest to Soviet science', and proposed the organization of teams of Soviet scientists to come to Germany to study and 'to master these methods and to transmit them to Soviet practice'. He highlighted Sauerbruch's surgical work as of particular interest and importance.¹⁹ In the course of the first post-war months, a string of Soviet officers of all ranks consulted Sauerbruch and asked for help with illnesses their own doctors had not been able to cure. Under Soviet protection, Sauerbruch received privileges such as a car, and food and drink, and apparently a sign was placed outside his house which read (in Russian) 'the great doctor Sauerbruch lives here', as a safeguard against any molestation.²⁰

Sauerbruch, as one of the 'grand old men' of the Charité, was in friendly contact with other Charité veterans.²¹ Many of them had not left Berlin and still worked in the large hospitals in and around the city; through Sauerbruch's influence they were co-opted into various jobs in the health administration. One such grand old man was the pathologist Robert Rössle. A year younger than his old friend Sauerbruch, he had studied under Rudolf Virchow, and from 1929 until 1948 held Virchow's famous pathology chair at the Charité. After 1945, he directed the Charité's pathology clinic and the pathological institute at a hospital in Berlin-Tempelhof.²² He also joined a series of health committees and became secretary of the Academy of Sciences, but turned down the offer to work with Sauerbruch at the Health Department because of his full workload.²³

Another member of this set was the internist Theodor Brugsch, who had trained and worked at the Charité until he received a professorship in internal medicine in Halle in 1927. In 1935 he retired from his chair following a dispute with his faculty, and returned to Berlin, where he opened a successful private clinic. In spite of his earlier clashes with colleagues and his marriage to a Jewish woman, he was consulted by some prominent Nazis.²⁴ In 1945 the Soviet

Health Department was impressed by his reputation.²⁵ He was appointed to two positions: he ran the First Medical Clinic of the Charité; and he became a vice-president of the Soviet zone's Central Education Administration, with responsibility for the medical curriculum and medical faculties. In this second capacity he had to liaise with Sauerbruch's department. Brugsch had first met Sauerbruch at a conference in 1922, and had maintained friendly contact ever since.²⁶ Apart from a quarrel over the terms of Brugsch's reinstatement at the Charité, Brugsch later thought that his cooperation with Sauerbruch after 1945 had been very successful.²⁷

Brugsch had in fact been asked to join the Central Education Administration by another acquaintance of this set: the surgeon Erwin Gohrbandt. Born in 1890, Gohrbrandt completed his medical training at the Charité in 1914. After service as an army medical officer in the First World War, he worked at the Charité's surgical clinic until 1928, when he was appointed as consultant (and in 1933 chief consultant) at the surgical department of the Urban-Krankenhaus in Berlin. From 1933 he also worked as a surgical consultant in the youth welfare service. In 1940 he became director of the surgical department at the Robert Koch Hospital in Berlin-Moabit and professor of surgery at the University of Berlin. After 1939 he also served as an advisory surgeon of the army, and then of the air force. In 1945 he joined the Magistrat as Sauerbruch's deputy, and also continued to work at the hospital in Moabit. Later, he rejoined the Charité.²⁸

There were a number of other medical officers at the Magistrat, younger and less well known, but comparable in their training and career trajectories. Among them was Friedrich Schopohl, born in 1907, a gynaecological specialist at a number of Berlin hospitals before joining the Charité gynaecological clinic in 1936. He seems to have been a member of the National Sozialistische Deutsche Arbeiter Partei (NSDAP) for a year in 1930, and again from 1937 until 1945, but was eventually cleared by a denazification tribunal.²⁹ In 1946, several years before he was cleared, he was made chief consultant at the Charité's gynaecological clinic, and in 1948 was appointed as professor of gynaecology at the University of Berlin. In 1945 and 1946 he was also co-opted to work with the Magistrat Health Department, for example on a committee to formulate abortion policy.³⁰ Another example is Kurt Ballowitz, also born in 1907, who was a consultant in internal medicine and an infectious disease specialist. In addition to his work as district medical officer for Berlin-Mitte, he headed the Magistrat's sub-department on municipal sanitation and hygiene. In December 1945 he was appointed to the First Medical Clinic of the Charité.³¹

These 'grand old men' and their junior colleagues were also joined by some experienced medical officers. Franz Redeker, born in 1891, was recruited as a second deputy to Sauerbruch in early July 1945. He had studied medicine at some of the most prestigious German medical faculties. Following military service in the First World War, he worked at a nerve clinic in Bremen and later as a leading medical officer at the Thyssen works. After he passed the Prussian examination for district medical officers in 1922, he worked at a social hygiene academy in Düsseldorf, from 1926 as a medical officer in Mansfeld (West Prussia), and from 1930 as a senior civil servant and the head of a medical department in Osnabrück. From February 1933 until April 1945 he ran the medical department of the Berlin Police and a committee on forensic medicine. He also lectured at a state medical academy.³² In contrast to many members of the Central Health Administration (see the second half of the chapter), Redeker belonged to the generation of social hygienists who had displayed much closer affinity towards biological models of society, and throughout his career had taken an active role in securing the status and rights of the medical profession.³³

Another experienced health officer was Bruno Harms. He joined the Magistrat as Sauerbruch's successor in July 1946, after spending a year at the Central Health Administration of the Soviet zone. Born in 1890, he had studied natural sciences and medicine in Berlin. After military service in the First World War, he ran a social hygiene department at the Berlin health office. Later, he worked as a medical officer and chief of the district health office of Berlin-Tiergarten, until he was dismissed in 1933 because of his membership of the German Democratic Party (DDP). After 1933, he set up a private practice and worked at a hospital in Berlin-Moabit. From November 1941 until January 1945 he served in the Wehrmacht.³⁴ He knew Sauerbruch from his time as district medical officer and got to know him well at the Charité in the early 1930s—so he explained as one of the main supporting witnesses at Sauerbruch's denazification tribunal.³⁵

Georg Wundram was an older, experienced health officer. He was born in 1880 and had trained in veterinary medicine at the veterinary academy in Berlin. Since 1924 he had occupied leading positions in the state meat inspection service.³⁶ His career, like that of Redeker and the other Charité men mentioned earlier, had flourished in the 1930s. From 1945 he worked at the Magistrat, and later also the Central Health Administration.³⁷ The last person to be considered here is Karl-Wilhelm Clauberg. Born in 1893, he was professor of hygiene and bacteriology at the University of Berlin from 1935, and a long-serving director of the bacteriology and serology departments at a number

of hospitals, lastly in Berlin-Schlachtensee.³⁸ In 1945 Sauerbruch's department appointed him to set up bacteriological laboratories and testing centres in each city district and to coordinate their work.³⁹

There was therefore an important overlap between the Magistrat's health work and the elite of the Charité. Initially, meetings were even physically held in the surgical clinic of the Charité, until in mid-July 1945 the Health Department received its own offices.⁴⁰ Sauerbruch's appointment facilitated the recruitment of doctors whose prior contact with health administrative functions had been limited. A striking feature of this set was their continuous and stable careers, which remained untouched by war and political upheaval, and in most cases continued to thrive after 1945. Soviet priorities in these appointments did not lie in a strict denazification or weeding-out of 'politically suspect' individuals. Well into the 1980s the Charité was known as a haven for former Nazis.⁴¹ The communist surgeon Moritz Mebel remembered that it was popularly referred to as a 'fascist protective wall' (a pun on the 'antifascist protective wall', the official GDR description of the Berlin Wall). Another popular GDR saying was that the power of the workers and peasants ended at the gates of the Charité.⁴²

Like their Charité colleagues, continuity also characterized the careers of most medical officers now at the Magistrat. When meetings of district medical officers resumed, leading officials such as Franz Redeker and Georg Wundram had been working in similar positions for decades, just like the majority of medical officers in their charge. There were a handful of individuals with a different history, such as the socialist and resistance-group organizer Max Klesse, and the Jewish mental health specialist Gustav Emanuel, both of whom had been sacked in 1933.⁴³ But the majority's careers had remained steady and consistent throughout the rise and collapse of the Third Reich. A significant portion of these medical officers were personally acquainted with the Charité grandees and with each other. Many of those present at the meetings of medical officers after 1945 had for years been meeting the same people, often in the same rooms.⁴⁴

(ii) 'The apolitical physician'

Questions of victimization and guilt were debated throughout Germany in a number of widely publicized exchanges and dialogues, especially once claims that Germans had been the major victims of the Nazis began to grow in volume. In spring and summer 1945, a series of open letters to Thomas Mann, still in exile in the United States (where he had become an advocate of a 'hard peace'), appealed for him to return and experience the extent of German suffering.⁴⁵ Germany had practically been one big concentration camp, wrote the writer Walter von Molo.⁴⁶ A few days later, the novelist Frank Thieß published an open letter on the anguish of the 'internal emigrants' (*innere Emigranten*) in Germany: those who had spent the years of Nazi rule in spiritual and intellectual isolation, but had not left the country. He was concerned that neither the occupiers nor the émigrés distinguished between the many silent sufferers and the few active Nazis. Not everyone was able to watch the German tragedy unfold 'from the comfortable seats of foreign countries', he wrote.⁴⁷ Many others joined this chorus, arguing that the question of guilt for Nazi crimes was a moral issue to be resolved by each person individually, and not one for outsiders to interfere in.⁴⁸

Doctors had more specific concerns about their future careers. The extensive collaboration of the medical profession with the political institutions of the Third Reich has been documented and assessed in recent scholarship.⁴⁹ Nearly half of all physicians joined the NSDAP.⁵⁰ The medical profession faced a huge moral accusation as investigations into Nazi medicine began to gather momentum. By willingly serving the Nazi state, backing initiatives to cleanse German society, and embracing racial science, observers noted, German doctors had disgraced themselves and betrayed their professional ethics. The American-organized Doctors' Trial at Nuremberg, which began in December 1946, opened proceedings against twenty-three leading German physicians who had helped to formulate and execute the euthanasia programme, or had conducted experiments on human beings without consent. The trial publicized many gruesome details of medical research under Nazi rule.⁵¹ Even before this trial, local denazification tribunals in all four occupation zones were busily assessing individual careers and responsibilities.

In this context, doctors and medical officers across Germany tried to defend both their own and their profession's credibility and legitimacy. At the denazification tribunals, in newspapers, periodicals, and other publications, the same two arguments resurfaced: first, that 'real' medicine was outside the reach of politics and untouched by it; and second, that the German national heritage in science and medicine was as relevant and important in 1945 as it had been decades before. This two-pronged argument enabled those who had maintained successful careers to claim that the fact of continuity was evidence of their disconnectedness from politics and the permanence of their moral standards, and that they represented something bigger: the good of old, long-established German medical traditions, which long predated the Nazi era.

Sauerbruch's own public defence is a good illustration. After an American initiative Sauerbruch was dismissed from his office in the Magistrat on 12 October 1945 to face a denazification tribunal. He had never formally joined the NSDAP or its affiliated organizations, but the Americans were suspicious of his financial prosperity and the award (and his acceptance) of the title of privy councillor (*Geheimrat*) by Göring in 1934. But even though Sauerbruch was temporarily removed from his administrative post, he was allowed to carry on as chief consultant at the Charité and in other medical capacities. In January 1948, he was elected as head of the University of Berlin's Surgical Society.⁵²

It was thus not so much Sauerbruch's immediate livelihood that was at stake at the tribunal's hearings as his general credibility and legitimacy. His defence focused on the argument that his non-involvement in political life was a necessary, and inescapable, fact of his vocation. While he had obviously always been opposed to the Nazi regime, he argued, it was of more significance that he had remained true to his medical calling, and this precluded any political bias or action. The fact that his career had survived all economic, social, and political upheavals was evidence enough, he insisted: he had continued to adhere to his medical mission during the First World War and the 1918 revolution, during the Hitler regime and the Second World War. While the Nazis may have tried to befriend him, he had rejected them as he would any political cause. He had carried out his medical duty for the dying Hindenburg, and in return for this service (for which he had refused payment) he had received the apolitical and honorary title of privy councillor, as a sign of Göring's gratitude. He had spoken to Hitler, Goebbels, and other leading Nazis, but only as a doctor and therefore 'strictly professionally'.⁵³ After several hearings the Magistrat denazification commission for doctors eventually accepted this defence and, in July 1949, cleared him of any charges of wrongdoing. The commission concluded that as a leading doctor the Nazis had naturally tried to recruit Sauerbruch, but he had never become involved; he had always 'held back'.⁵⁴

The reality of Sauerbruch's involvement was rather more murky. While Sauerbruch had indeed never joined the NSDAP, he had repeatedly demonstrated his support. He had made a number of speeches in support of the Nazi assumption of power in 1933 and later in favour of Nazi policy.⁵⁵ From 1937 he had been a member of the Reich Research Council (Reichsforschungsrat), and as head of its medical section approved research projects involving experiments on concentration camp inmates and in asylums. In 1942, as surgeon-general of the Wehrmacht, Sauerbruch supported experiments with mustard gas on inmates of the concentration camp Natzweiler. As a member of the scientific senate of the Military Medical Academy, he took part in discussions about experiments on prisoners.⁵⁶ With the evidence now available it seems undeniable that Sauerbruch endorsed many of the objectives of the Nazi regime, and that he was rewarded for his loyalty. Not only was he made privy councillor, he was also decorated with the National Prize at the NSDAP Party Congress in Nuremberg in 1937. In 1942 he was presented with the Knight's Cross (*Ritterkreuz zum Kriegsverdienstkreuz*) by Karl Brandt, Hitler's personal physician and a lieutenant general of the Waffen-SS, who was later convicted of war crimes at the Nuremberg medical trials.⁵⁷ He was one of the richest doctors in Germany—during the Nazi years his annual income ranged between 200,000 and 300,000 Reichsmark⁵⁸—and 'dwelled in mansions, kept expensive horses, and sometimes showered his favourite assistants with miraculous presents such as automobiles'.⁵⁹ He also wrote petitions for some of his former students and colleagues standing trial in Nuremberg.⁶⁰

Sauerbruch's case shows that the denazification commissions' criteria on Nazi activity (with their focus on the question of party membership) often proved incapable of identifying and punishing those who had been involved. The case of Sauerbruch's deputy, Franz Redeker, was very similar. Although the Americans dismissed him from his Magistrat office in 1946 because of his suspected Nazi past, Redeker was soon cleared and appointed by the British to advise the Hamburg health office. Later he worked in the health department of the Interior Ministry of the Federal Republic, received an honorary professorship at the University of Bonn, before in 1953 becoming president of the Ministry of Health (Bundesgesundheitsamt). Redeker was an influential force in the development of the West German health service in the 1950s and 1960s. Like Sauerbruch and many of their colleagues, he was never forced to engage critically with the medical profession's collaboration with Nazi programmes, or explain his own involvement.⁶¹ Part of the problem was that the occupiers were uncertain about how the criminality of medicine in the Third Reich was to be defined and by which criteria it could be judged, as a result of which men like Sauerbruch escaped without reprimand.⁶² Disagreements between the Allies on how to proceed and whom to punish further undermined denazification.

Sauerbruch's dismissal and tribunal rallied together many of his colleagues. The Berlin mayor hoped that he would at the very least still carry on with his medical practice.⁶³ Medical colleagues, among them those whom he had just

helped to appoint, complained that doctors like them were being misunderstood and maltreated. The chief internist at the Gertrauden-Hospital wrote to Sauerbruch about his 'unjust persecution':

you have saved the true medical profession from the dangers of the past and transmitted it safely into our times. You have 'lived' the tradition of true humanity and proved it possible to students and doctors alike. If you are therefore being persecuted today—that is bitter indeed. One forgets that you have reached the highest standards in your profession to the benefit not only of Germany but of the whole world, and you have done this at a time when politicians only seemed keen on destruction. What would people have said if you had, like others, gone into exile: that would have been desertion from our great country which was filled with suffering. By remaining here you have helped us all, you have helped us believe in a better future during the terrible, hate-filled Nazi time.⁶⁴

Bruno Harms (a former colleague of Sauerbruch's at the Charité), and Käthe Hussels (medical officer for Berlin-Zehlendorf and Sauerbruch's former student and Charité colleague) were among those who defended him at his hearings along these lines.⁶⁵ This assessment of Sauerbruch has also survived in much more recent accounts. Jürgen Thorwald's biography takes Sauerbruch at his word, when he observes that 'the question [of political activism] was not one which could be asked of Sauerbruch. His egocentricity, personal pride and sense of medical mission were coupled with utter naivety in political matters. He simply found it hard to understand how he could ever have figured in politics, ever exerted political influence.'⁶⁶

Later chapters examine the successes and failures of the denazification programmes in much more detail. What matters here is that Sauerbruch's repeated protests against the charges of political activism and proximity to the Nazi regime mirrored those put forward by doctors at denazification tribunals across the country. Their defences were not novel: most had insisted for decades that the medical profession demanded a special and autonomous status. Nor was the 'apolitical' nature of doctors only asserted in post-war Germany. Nonetheless, these proclamations deserve scrutiny for two reasons. First, the fact that a portion of the German medical profession interpreted their work very differently, discussed in the section on the Central Health Administration, resulted in clashes and disagreements *within* the ranks of doctors and medical officers. Second, much more was at stake for doctors than had been the case before or elsewhere. Asserting the apolitical nature of their profession became a crucial means of saving individual reputations and careers. The people presented here reacted by mobilizing an often long-held position, designed to rally the medical profession for a joint defence which could limit and contain the damage of the Nazi period. Sauerbruch himself had long argued for the apolitical nature of medicine, despite conspicuous contrary evidence. In September 1934 he published an open letter to the German medical profession, defending a view of medicine as fundamentally independent, governed only by medical ethics, and resulting in a godlike perspective and non-involvement in anything as base as politics.⁶⁷ But in his post-war job at the Magistrat, this argument was now specifically directed towards the protection of himself and his colleagues from accusations and blame.

Sauerbruch's position contributed to the power of his department and the formulation of fundamental tenets. In early summer 1945 he argued successfully that medical officers and leading hospital positions must be appointed upon the sole recommendation of his department, and only ratified later by the mayor, because no one else had the required specialist knowledge. 'Wrong appointments of medical officers can lead to a significant disruption of the general and absolutely unified leadership of the health office', he insisted.⁶⁸ This specialist medical knowledge, according to Sauerbruch, included an appreciation of its fundamentally apolitical, ethical, and scientific orientation. Nazi party membership, he insisted, had for many been a means to guarantee the continuation of their medical work; it was not a signifier of political activism, especially not for doctors and medical officers, who by their nature were so averse to politics. When in 1945 officials from one Berlin district proposed not just to remove leading Nazi doctors from their positions but also to sack the Red Cross nurses who had joined the party, Sauerbruch's protest managed to prevent this. This procedure would be unsatisfactory for the maintenance of the population's health, he argued, and 'besides, it was not humanly loyal to come to such conclusions on the more or less forced and rash act of joining the party, particularly by those still young',⁶⁹ Similarly, when Robert Rössle argued that the practice of sacking all former NSDAP members from the medical faculty of the University of Berlin had to be prevented, Sauerbruch agreed. Among doctors a distinction needed to be drawn, he argued, between the handful of Nazis who had committed crimes and the majority of 'harmless party members'.⁷⁰

Sauerbruch was an influential promoter of the 'apolitical doctor' who simply followed his calling, and deserved neither punishment nor regulation. Soon, similar declarations could be heard everywhere. Once licences were granted and medical journals resumed publication after years of inactivity, they became an important forum. In editorials, birthday

greetings, obituaries, and biographical notes on past German medical heroes, authors combined the portrayal of a depoliticized medicine with an insistence on its autonomy. As J. Kottmaier wrote in the July 1947 issue of the *Medizinische Rundschau*: 'There is no other practical science which is less political than that of medicine'. He went on:

Nothing proves more clearly our loyalty to the apolitical ideal of medical care than our unfailing devotion to the Sisyphus work of caring for the wounded and sick during war, which lies completely above party politics. The doctor always only wished to serve. He held his profession sacred and uncontaminated from political dealings—so much so, that all the world's politicians used and abused him and his selfless services as a matter of fact. And eventually we had to witness that type of politicised doctor who applied his knowledge and services to the planned destruction of human life. We were used politically, without being asked, and in this way some of us were seduced into political crimes.

To guard against interference from this 'political type', doctors had to close ranks and fight for their profession's independence and autonomy.⁷¹

A later issue of the same journal reprinted the resolution of the West German professional Council of Doctors on the Nuremberg medical trials. It said the trials had illustrated what happened when institutions and bureaucracies were allowed to impinge on and interfere with medicine. In an explicit reference to the occupation, the resolution stated that the dangers were not over: 'Yesterday it was the National Socialist party and the Wehrmacht who intervened in, corrupted or destroyed the freedom of medical work, and tomorrow it can be foreign powers and socialist bureaucracy.' The solution would be to guarantee the medical profession absolute sovereignty and freedom from political interference:

The basic demand remains—that in the work of providing active help for our fellow human beings, the self-reliance and self-responsibility of the doctor must remain untouched and that society has to do everything possible to guarantee the doctor's sovereignty. No doctor should ever be given orders, instructions or commands, and he should only follow the demands of his science and his professional ethics.⁷²

Although more careful and cautious, Alexander Mitscherlich and Fred Mielke came to similar conclusions about the importance of medical autonomy in their report on the Nuremberg medical trials. Mitscherlich was appointed to head the German Medical Commission to the American Military Tribunal No. 1 in Nuremberg, and with Mielke he published a report, later expanded to accompany a documentary collection on what they had heard. They noted that

[p]hysicians treating patients under a national health insurance are obliged to communicate their diagnosis to the government officials there employed. Thus the original relationship of trust between the doctor and patient is being more and more overshadowed by non-medical considerations. And even today, with the brutal, government-inspired system of extirpation and eugenics ended, the physician must keep on fighting for that freedom of his profession to which the fulfilment of his fundamental duties is forever joined. For it seems to be of small moment for the future whether the imposed code of contempt for the dignity of man issues from bureaucratic indifference or ideological aggression.⁷³

Most of these commentaries focused on general medical practice and the independence of private physicians and medical researchers. But repeated references to bureaucratic influence, and Mitscherlich's concerns about insurance doctors, show that autonomy was also seen as crucial to medical officers and state-employed doctors. Given their proximity to the state, they were, in fact, identified as needing special protection from political interference.

In some features, Mitscherlich's argument differed from that of other commentators. He pointed to the dangers of a mechanistic view of disease and medical care, and argued that one of the central problems underlying Nazi medical abuses was that doctors had adopted overtly utilitarian aims. An ethically (rather than scientifically) driven method had to rescue medical practice and restore the doctor–patient relationship. It was not just a handful of doctors standing trial at Nuremberg, he insisted, but the 'dubious ethics of unbridled medical experimentation' much more generally.⁷⁴ Despite such differences, Mitscherlich and other German observers agreed on one thing: the betrayal of the physicians' ethic had been caused by the intrusion of the state into the medical profession, and it was essential that its freedom was guarded and protected from further interference. The diagnosis that an overpowering and manipulative state bureaucracy was at the heart of Nazi medical abuses was often shared by American and British observers, keen to

highlight the similarities between what they saw as the totalitarian states of Nazi Germany and the Soviet Union. In fact, Kottmaier's abhorrence of the 'political type' and his reference to 'socialist bureaucracy' both point to another element in this analysis—that Nazi doctors and health officers were in essence of the same type as communist or socialist doctors and medical officers: both apparently subordinated medical work to their political agendas, threatened and harmed the medical profession's unity and independence, and both had to be prevented from exerting any future influence.

Apart from advocating a 'return' to a depoliticized, rescientized, and independent medicine, a second rallying point in these proclamations concerned the German national medical heritage. Commentators suggested, at times explicitly, that intruding foreign powers threatened a noble German heritage, especially when they attempted to make judgements about Germans' past crimes and misdemeanours. The people presented here regularly reminded both their German and Allied colleagues of the importance of their training, their past work experience, and their way of doing things. Many complained about foreign interference, particularly that by Soviet officers. In November 1946, Robert Rössle wrote in irritation: 'There are constant Russian visitors with questions and suggestions. As though we are academic novices! Again, we are being put "into line", "Attention! Eyes Eastwards!"'⁷⁵ Leading German officials protested about Soviet complaints that they lacked initiative in the fight against epidemics. To them, the expertise and resourcefulness of German doctors and officials were beyond reproach. 'The problem was not that doctors were lacking knowledge or understanding,' they insisted, 'but that organisational issues had not been solved (for example, the refusal to grant petrol, the stealing of our cars and bicycles, and so on). And incidentally, the local Russian commanders were only rarely sticking to the orders they had received from the Soviet administration.'⁷⁶

Others were more optimistic about being able to reassert the German heritage. Franz Redeker observed that the Soviet authorities had more or less given them a free hand in the reorganization of the health service. At a meeting of the Berlin district medical officers in July 1945, he reminded those present that in matters of public health organization and health insurance the German experience was unique and should be replicated and redeveloped. He 'explained that the idea of a health insurance is alien to the Russian state and is not known there. The care for the sick and their provision with medicine and treatment in hospitals are the responsibility of the state. On the other side we have the way the Americans handle it: "Everyone on his own". Germany has previously stood in between. The Red Army has now let us decide how to solve the problem. Hence we can once more revive the idea of a health insurance.'⁷⁷

These arguments on the importance of an autonomous medical profession were different in tone from those on the freedom of science and medicine from state control advanced elsewhere. In Britain and the United States, *internationalism* was asserted as a key ingredient of scientific freedom.⁷⁸ Henry Dale, president of the Royal Society, addressed an anniversary meeting in November 1945 in just these terms. The Royal Society had as its primary duty, Dale argued, to ensure that science was conducted within 'the framework of international collaboration which had been constructed between the wars'. He continued, '[i]f we are to achieve anything really to meet that need [of science today], we must somehow get rid of barriers which hinder the scientists of different countries from meeting simply as scientists, for the frank and informal interchange and friendly criticism of each others' observations and ideas, in complete freedom from any national inhibitions or restrictions.'⁷⁹

At the same time as Dale was lecturing on the virtues of scientific internationalism, in Germany this internationalist rhetoric still lay in its infancy. Here, nationalism coloured much of the discussion. Those who argued for an apolitical, 'free', and scientific medicine often also claimed past German manifestations, accomplishments, and developments as this ideal's best realization. The resulting contradiction between a resentment of state control and a celebration of German state institutions remained unresolved, even unidentified. In the discussions in the German medical journals, the statement that some form of international cooperation was necessary, was invariably followed by an insistence that past German findings and traditions were of special value and deserved special protection. Even in the current 'dark times', as a January 1947 editorial put it, two centuries of German culture and traditions testified to the special qualities of German knowledge and scholarship, and were 'rays of light' for the present. It went on:

Just as the German people have to build new homes and houses out of the rubble and ruins of their old buildings by making use of the old stones that have survived the fires, we as free German doctors also want to gather the old, tried and tested stones of our science, so that they can be cleansed, and together with new materials combined in a harmonious international construction of the most noble, honourable and compassionate humanity which knows no national bounds.⁸⁰

Although neither science nor its humane orientation knew national boundaries, specifically *German* building blocks were to be provided for its reconstruction. In similar language, the biochemist Emil Abderhalden argued a few months later that Germany had to be recognized as an important member of the new international community and deserved equal rights, particularly because of its many past contributions in medicine and science. 'The German doctor', Abderhalden wrote, 'looks with pride at the valuable contributions of German researchers. They remain unforgettable. The German people should and must be inspired by them and recover through them. They can be assured that these cultural and scientific contributions will have a favourable effect and will in the near future be generally accepted again.'⁸¹

This chorus by doctors and writers on the value and permanence of 'good' German medical traditions served specific purposes in the present: to absolve the profession from the accusation of collaboration with the Nazis and any crude political involvement. The mental gymnastics they performed were in some ways very successful, as we will see in later chapters. By blaming troubles on the intrusion of politics into medicine they removed themselves from the scene of the crime. By maintaining that Nazi medicine had subordinated medical and scientific demands to political ends, that it had made medicine a tool for politicians, they found supporting evidence for their argument on the profession's need for independence.⁸² By decrying their left-wing medical colleagues as politically corruptible and equating their agendas with those of the Nazis, they cast themselves in a favourable light and, knowingly or not, found common ground with some of their occupiers. They were not, of course, 'non-political', but remarkably adept at protecting their status while adapting to new regimes and political agendas—skills they had already demonstrated in the 1930s. Their allusions to the golden fruits of old German traditions, intellectual strength, and cultural achievements signalled to the occupiers not to meddle, and not to impose new orders or new ways of doing things.

(iii) Rudolf Virchow (version 1)

Another expression of this self-awareness of past German achievements can be found in the many newly published, or reprinted and amended, biographies and biographical essays on famous doctors and scientists. They identified older and positive German traditions and called for their application in the present. In writing about their famous teachers or colleagues, doctors and medical scientists celebrated German idols as the founding fathers or forebears of current good medical practice, and presented themselves as evidence of this heritage's survival. These heroes now reminded them that, after all, not everything about German history was to be regretted. Although these figures often had significant international reputations, and in many cases had worked abroad for a long time and with foreign collaborators, in these accounts their *German* ancestry was seen as most crucial.

The famous pathologist Rudolf Virchow became a favourite icon of the post-war years. A wealth of articles and biographies celebrated his revolutionary scientific findings, his healthy patriotism, his apolitical dedication to pure medicine, his humane medical practice, his civic-mindedness, his battle against outmoded German structures and institutions, his application of scientific principles to public health—in short, his status as a German role model.⁸³ By 1953, his image had been built: in a speech commemorating the fiftieth anniversary of Virchow's death, Curt Froboese, director of the pathological institute at Berlin-Spandau, declared that the medical profession must once again learn to follow the example of 'the great German and truly democratic man of science!'⁸⁴ Virchow was 'our greatest pathologist', Froboese proclaimed. He had contributed the ground-breaking conception of cellular pathology and was an authority in many other medical fields, but above all came Virchow's contributions to practical and 'pure' medicine.⁸⁵ Virchow's contemporaries from across the world had recognized his unique intellectual force, and many thought that he was at least as influential on medical practice as Hippocrates.

But more recently, Froboese went on, Virchow's name had been tarred by negative propaganda. Unfortunately '[t]oday and after the recent decades' upheavals ... still not all doctors are defending the true and just position, which Virchow's impeccable character, his physically and intellectually fearless nature and his extensive use of self-criticism, deserves.'⁸⁶ The whole German medical profession must celebrate Virchow as their true scientific and ethical role model and father, Froboese insisted. The young generation of doctors, particularly, had to learn to appreciate his scientific importance, his personal integrity, and true patriotism. 'May the young ones be led to Virchow!', Froboese proclaimed, 'May others, who over the course of the years have distanced themselves from Virchow (deliberately or not) be led back to him! May we all resolve to leave this extraordinary man out of the play of wild passions and instead bestow on him the honour and justice he deserves as a seeker of truth!'⁸⁷

In these accounts Virchow's participation in the revolution in 1848 in Berlin was presented, if at all, as a very marginal episode. Of the 307 pages of Helmut Unger's 1953 biography, roughly two deal with Virchow in 1848. Unger

concluded that 'Virchow's participation at the short-lived revolution was relatively insignificant ... And even when he was involved in his politics, Virchow never neglected his pathological courses for a single day.'⁸⁸ Unger was a press officer for the Nazi Doctors' League and active in the circle of doctors around Hitler who urged him to adopt a euthanasia programme. Before this latest work on Virchow, in the 1930s Unger had published a novel which promoted euthanasia, as well as popular accounts of Robert Koch's and Emil von Behring's achievements.⁸⁹ Now, in the post-war years, Unger's and Froboese's analyses stood in great contrast to the assessments of Virchow which are presented in the second half of this chapter ((iii) Rudolf Virchow (version 2), and which focused almost exclusively on Virchow's revolutionary engagement. Froboese's mention of various recent attempts at blackening Virchow's name, of the 'play of wild passions', and that not all German doctors appreciated Virchow in the right manner should be understood as references not just to leading Nazis' condemnation of Virchow but also to communist assessments of him as one of the important revolutionaries of 1848.

Along with Virchow, figures such as Robert Koch, Emil von Behring, and Paul Ehrlich were turned into public favourites and portrayed in a similar celebratory light.⁹⁰ Behring had for some time featured as an icon in National Socialist literature, and Hellmuth Unger and the bacteriologist Heinrich Zeiss had celebrated him in a series of publications in the 1930s. But now, as positive German national traditions were to be rescued, the Jewish doctor Ehrlich was fitted onto this canvas. Ehrlich's former secretary Martha Marquardt republished her memoirs of Ehrlich with a new preface and postscript, and proclaimed:

only the shining examples of great men can save us from discouragement and faintheartedness in the face of inhuman atrocities and destruction which have surrounded us—only the examples of a man like Ehrlich, a man who dedicated and sacrificed his whole life to the welfare and healing of mankind, never failing in his idealism, his optimism and his faith ... To Ehrlich nothing on earth mattered except scientific research aimed at overcoming suffering and disease, and increasing the happiness of mankind.⁹¹

A series of 1947 advertising flyers by the chemical concern Hoechst made use of these icons (see Fig. 4.1). Much of this output was not just popular, but also had important pedagogic functions: through biographies of German idols and republished textbooks by the Charité grandees, and their lectures at the universities, there was an opportunity for the younger generation, who had not actually experienced pre-1933 German medicine, to take on the mantle for themselves.⁹²

The Central Health Administration of the Soviet Zone (ZVG)

(i) Origins and Composition

In offices not far from the Magistrat, continuities of a very different kind were advanced by the Central Health Administration (Zentralverwaltung für das Gesundheitswesen, ZVG). This organization had its roots in the Soviet Order No. 17 of 27 July 1945, which created a number of 'central administrations' for different functions. In the other zones administrations were established only at the local and provincial level, but from the beginning the Soviet authorities focused on centralized administrations, or quasi-ministries, charged with a range of functions for the whole of the Soviet zone.⁹³ Demands for a central health ministry had been voiced regularly throughout the 1920s and 1930s, and formed a central feature of many German émigrés' plans for the future public health service.⁹⁴ Its creation in the Soviet zone meant that for the first time in Germany there was to be an institution responsible for the whole of the public health and medical services.

On 24 August 1945 the ZVG began its work under two social democrats, Paul Konitzer and Ignatz Zadek, supervised by the Health Department of SMAG.⁹⁵ It was directly responsible for the running of the health service in the Soviet zone, a task which involved issuing directives and instructions to German doctors on how to interpret and implement the Soviet orders; coordinating the public health work of *Land* and provincial departments; appointing medical officers and evening out surpluses and shortages of personnel by relocating officials and doctors; collecting and compiling medical statistics; and long-term planning work.⁹⁶ On 15 September 1945 Soviet officials approved the ZVG's initial appointments as well as a draft of its statute which was to guide the future work of the zone's health service.⁹⁷

For the first few years after its establishment the ZVG had around 170 staff. It was divided into three administrative and approximately ten specialist departments (see Tables 4.1–4.3). It was headed by a president, and by December 1945 three vice-presidents had also been appointed, each overseeing three or four departments. In contrast to the Magistrat Health Department, in this organization university professors, doctors, and medical experts whose careers

had been interrupted by the Nazi rise to power in January 1933 (through loss of positions, emigration, imprisonment, or involuntary periods spent in other work) made up a significant portion of senior posts.

Who were the people working at the ZVG? Much of post-war life in Germany, and German contacts with Allied officials, revolved around political parties, so they form a useful way of identifying and demarcating different groups and networks. It was a primary aim of the occupation, repeatedly asserted at the wartime conferences, to cleanse Germany of all Nazi influences, and as a result German political organizations were officially dissolved by the end of the war. But just over a month into the occupation, the Soviets had encouraged the re-formation of German political parties—some time before their French, British, and American counterparts. Soviet Order No. 2 of 10 June agreed to the establishment of ‘antifascist parties and trade unions’ in the territory of Berlin and the Soviet zone.⁹⁸ The Communist Party (KPD) reconstituted itself on the following day, the Social Democrats (SPD) a few days later, and over the next few weeks the Christian Democrats (CDU) and Liberal Party (LPD) followed.⁹⁹

Many activists had worked within their party circles for decades, and it is possible to distinguish between three roughly drawn groups of people working at the ZVG. Social democrats were one group, and in the immediate post-war period were the majority among executive officials. Many had been involved in municipal public health in the 1920s and 1930s. The communists were another group, and their numbers increased from late 1945 onwards due to the staggered return of émigrés to the Soviet zone. Most of them had also worked in the German public health service before 1933. Although well represented in the ZVG, both KPD and SPD members were a small minority among doctors and health officers in the Soviet zone overall.¹⁰⁰ A third group consisted of a number of people who did not belong to any political party. Maxim Zetkin described some of them as ‘politically blank slates’,¹⁰¹ while others had long military-medical careers or some involvement in Nazi medicine behind them. Some insisted on their aloofness from politics, and a number of them were also active in the Magistrat Health Department.

This third cluster was not a coherent group but rather an assembly of a range of backgrounds and mindsets. The SPD and KPD members, by contrast, shared similar biographies, and many were personally acquainted with each other. Most came from bourgeois or petty-bourgeois backgrounds; those who were Jewish came from assimilated families. The older generation among them, those born in the mid-1880s and 1890s, made up the majority of health officers.¹⁰² Having grown up in Wilhelmine Germany they were contemporaries of the leading officers among the occupiers.¹⁰³ Most of them had fought in the German army in the First World War.¹⁰⁴ A younger generation, those born in the first decade of the twentieth century, was also well represented.¹⁰⁵ They had come of age during the crises of the aftermath of the First World War and the early years of the Weimar Republic. Many were later active on various Second World War fronts, but unlike their Magistrat colleagues few of them fought in the Wehrmacht.¹⁰⁶ A third generation, those born after 1910 and who qualified under the Nazis, made up only a handful of people in the ZVG.¹⁰⁷

The majority of the SPD and KPD groups had studied medicine at major German universities, and a significant portion ended up in Berlin for their final semesters or practical year of clinical training. Most then worked for the municipal health system, particularly in municipal hospitals or as district medical officers. Felix Boenheim, for example, had spent a short period at the Moabit Hospital in Berlin before being drafted into the army. After the end of the First World War he worked at the municipal hospitals in Rostock, Nuremberg, and Stuttgart, before continuing his career at the Hufeland Hospital in Berlin.¹⁰⁸ Similarly, Erwin Marcusson had been a junior doctor at the municipal hospital in Berlin-Neukölln, after having worked as a school medical officer in Altenburg.¹⁰⁹ Ignatz Zadek, whose father was a well-known SPD social hygienist, had until 1933 also worked at the municipal hospital in Neukölln.¹¹⁰ Maxim Zetkin had worked at the municipal hospital in Augsburg before the First World War, and from 1918 until his move to Moscow in 1920 at the municipal hospital in Berlin-Schöneberg.¹¹¹

Alfred Beyer, one of the oldest members of the ZVG, had since 1919 worked at the medical departments of the Ministry of the Interior and the Ministry of Welfare.¹¹² Many others had been employed as doctors by local or municipal authorities. Anneliese Hamann was a welfare service doctor in Berlin from 1924 to 1933. From 1926 until 1934, Max Klesse was both a school and district medical officer.¹¹³ After a period at the Charité and at an infant clinic in Berlin-Halensee, Katharina Klingelhöfer worked as a school medical officer in Berlin until 1945.¹¹⁴ Paul Konitzer entered the public health service in 1921, and worked as an SPD city councillor and senior medical officer in Magdeburg.¹¹⁵ Hermann Redetzky worked as a junior doctor in a proletarian district of Berlin, and in 1930 joined the city health office.¹¹⁶ Walter Friedeberger was a superintendent of the insured health centres (*Ambulatorien*) in Berlin, while Helmut Lehmann was involved in running the Berlin insurance funds.¹¹⁷ The case of Friedrich Wolf, the German writer in Soviet exile, is also relevant here. By 1945 he had given up his medical career, but he exhibits some

of the shared features of these biographies. He had been a medical officer in Remscheid, and later worked as a doctor for an insurance fund in Stuttgart. Here he became active in the opening of maternity and antenatal clinics. In his 1929 pro-legalized abortion drama *Cyankali*, he painted a grim picture of working-class living conditions, exacerbated by the lack of education and contraception and the existing moralistic abortion legislation. He was arrested in 1931 for carrying out illegal abortions.¹¹⁸

As we have seen, some of their non-political colleagues had also worked in the public health service.¹¹⁹ But in other respects they differed from the political groups. A shared feature of KPD and SPD health officials was that their medical careers had been intertwined with their political work. Many had become involved in party politics in the years after the First World War. Some of the KPD set, in particular, had been involved in the short-lived workers' and soldiers' councils and had supported the Bavarian Socialist Republic of 1918. Felix Boenheim, just after he was expelled from the army for insulting the War Ministry (and narrowly missed a court martial), began to receive the *Political Letters* of the Spartacus group. In 1918, he joined the workers' and soldiers' council in Stuttgart, participated in the abortive Munich Republic, and was, briefly, minister for cultural affairs in the Munich cabinet. After fleeing Munich in the aftermath of the Republic, he became involved with the KPD.¹²⁰ After his military service Erwin Marcusson participated in the Spartacist uprising in Berlin and joined a workers' and soldiers' council.¹²¹ Friedrich Wolf joined both the Independent Social Democrats (USPD) and the workers' and soldiers' council in Saxony in April 1918. Later, while working as a medical officer, he moved on to the KPD.¹²²

The KPD and SPD members had been influenced by the changes to the political landscape that occurred in post-First World War Germany, particularly the increasing divisions within the SPD (since 1912 the largest party in the Reichstag¹²³). By April 1917, disagreements triggered partly by the fact that the party majority had supported the government's request for funds at the outset of war, led a group of left-wingers directed by Hugo Haase to form the USPD. Haase was a famous lawyer who had defended leading personalities of the Left in a series of high-profile cases. He was also Felix Boenheim's uncle.¹²⁴ Further to the left, a small group of militant revolutionaries had formed around Rosa Luxemburg and Karl Liebknecht and constituted themselves into the Spartacus League, from the remnants of which the KPD was created.

Both the SPD and KPD members of the ZVG received their formative political education in this political context. Maxim Zetkin and Helmut Lehmann, the oldest members of the ZVG, had already joined the SPD at the beginning of the century. Zetkin was also involved in post-First World War developments. As a teenager and junior doctor he carried out secretarial work for his mother, Clara Zetkin (who played a leading role in the Spartacus circle and the founding of the KPD), and had accompanied her on trips and congresses abroad.¹²⁵ In 1917 he left the SPD to join the USPD, and two years later the newly founded KPD. The younger health officers, particularly those without family links to political parties, had in many cases come into the orbit of political groupings in the early years of the Weimar Republic, while at university.¹²⁶ Surrounded by post-war hunger and dire economic conditions they criticized the detachment of their parents, and began to focus on the link between disease and social conditions, and the role of health policy in social reforms. Their politicized view of not just disease but the doctor's tasks was at odds with the majority of the medical profession in Germany. Even after the First World War, when it became clear that social democracy was going to be an even stronger force in German life, it found little support among members of the profession.¹²⁷

Most of these politically active health officers in the ZVG had been active in political-medical organizations. The communists had been involved in groups such as the Proletarian Health Service, the Working Group of Communist Doctors, and International Workers' Aid. Some of the communist doctors had in 1921 submitted, via the Communist Party, motions on health policy to the Prussian State Parliament and the Reichstag. Here, and in other programmes, they demanded the unification of the health and welfare services under a central ministry, and the financing of the system from public funds. Other priorities were the reform of tuberculosis hospitals, new treatment centres for venereal diseases, maternity clinics, and the revision of abortion legislation. Many travelled to the USSR in the 1920s and wrote glowing reviews on the successes of the newly nationalized Soviet health system. Consequently, some work on health policy also took place in a series of German-Soviet friendship organizations.¹²⁸

Several of the social democrats had been involved in the Social Democratic Doctors' Union, which Ignatz Zadek's father had co-founded in December 1913.¹²⁹ In 1919 this was renamed the Association of Socialist Doctors; in 1923 members of the right wing of the SPD left to form a separate group, triggered by fights over the doctors' strikes and the workings of the insured health centres in Berlin. The association subsequently contained both social democrats and communists and became the biggest grouping of socialist doctors, a number of whom were present in the ZVG in 1945.¹³⁰ While in general SPD members had dominated the association, the largest and most multi-party group had

operated in Berlin. Some of the association's health policy demands had included campaigns for birth control, the abolition of paragraph 218 (which prohibited abortion), the creation of a central health ministry, the creation of chairs in social hygiene at the major universities, and its compulsory inclusion in the medical syllabus. The association also became one of the most vocal opponents of Nazi racial hygiene. Their programme showed that differences existed between factions *within* the KPD and SPD, particularly on issues such as the desirability of bringing public health under municipal (rather than state) control, and the role of eugenically oriented measures in health reform.¹³¹ Factions of both parties sometimes found substantial common ground.

Although SPD and KPD members had successfully worked together, both party sets had also been moulded by the irreconcilable split between the far Left and the majority of the SPD. Years of fierce opposition had escalated during the KPD campaign which branded the SPD 'social fascists' and had as their main aim its destruction. This tactic, begun in 1928, only ended after the Nazis had taken power and Stalin changed to a popular front strategy, but their relationship barely improved after the abrupt 1935 Comintern emphasis on building united antifascist fronts. In 1945, when both parties had to negotiate the pitfalls of Soviet occupation, and when members - now joined the same institutions, this was important baggage.

Set against this antagonism was the shared disruption of their careers after 1933 and the persecution of those involved in socialist health politics, many of whom were also Jewish. Almost all of the politically active members of the ZVG lost their positions after 1933. Some moved on to private medical practice: Alfred Beyer was sacked from the Ministry of the Interior in February 1933 because of his SPD membership, and set up his own practice after 1939. Anneliese Hamann was dismissed in 1933 for communist activities, and from 1934 worked in her own practice. Max Klesse, too, opened a practice after being sacked in 1934. Klingelhöfer was dismissed for six months in 1933, but then re-employed as school medical officer. Paul Konitzer, who was sacked in 1933 'for political reasons', set up a practice in Dresden and was drafted into the Wehrmacht in 1939.¹³² Zadek established himself as a specialist for internal diseases after being dismissed in 1933.¹³³ Redetzky resigned from his Berlin office in July 1933, and became a specialist in internal diseases.¹³⁴

Some were involved in underground work, and some were imprisoned: Fritz Leo was arrested by the Gestapo in 1935, and then spent two years in prison in Zwickau and eight years in four different concentration camps. Helmut Lehmann was sacked and arrested in March 1933, and once again in 1935 as head of a resistance group of SPD members and trade union officials in Berlin. Following the July 1944 plot he was arrested again and sent to Tegel prison, from where he was liberated in April 1945.¹³⁵ Klesse was involved in the North Berlin-based resistance group Mannhart. Schölmerich, too, apparently worked illegally for the KPD after a short period in Swiss exile, and as part of this work infiltrated the NSDAP.¹³⁶

Some emigrated and only returned to Germany after 1945. Zetkin had already moved to Moscow in 1920. Baer left in 1935, and went first to Spain, then to China and Burma. Coutelle emigrated to Moscow in 1934, and later also went on to Spain and Burma. Friedeberger emigrated to France in 1935 after he was dismissed and briefly arrested in 1933. Following two years of internment in Morocco, he then emigrated to the United States in 1941. In 1934, Marcusson emigrated to Switzerland after he had been arrested in April 1933, and then moved on to Moscow in February 1936. Neumann also emigrated to Switzerland, then to France in 1933, later to Mexico. Friedrich Wolf, who was arrested over the abortion scandal in 1931, travelled to Moscow following his release, working for an Agitprop theatre group of the KPD.¹³⁷ After years of touring many countries in 1938 he was interned in France and escaped to Moscow in 1941. Kurt Winter emigrated to Switzerland in 1935, later to Spain and Sweden. In exile, members of the future ZVG were active in the Free Germany groups discussed in Chapter 3.

A significant portion of the communist set also joined the International Brigades during the Spanish Civil War. Rudolf Neumann was one of the first foreign volunteers to arrive in Spain, and some have credited him with organizing and directing the International Brigades' medical service. Rolf Becker arrived in Spain in 1936, and worked as chief medical officer of the Eleventh Brigade until 1938. Maxim Zetkin also arrived in 1936, when he became an advisory surgeon to the Republican Army. Baer, Coutelle, and Winter all arrived in Spain in 1937 and fought until the end in 1939. Friedrich Wolf left Moscow for Spain in 1938, and after the disbandment of the International Brigades was interned in France.¹³⁸

The social democrats and particularly the communist doctors could perhaps be described as 'medical mercenaries' or 'missionaries'. They all had worked on a succession of political projects that needed doctors: in city slums during the interwar economic crisis, in émigré groups, in the International Brigades in Spain, at the Sino-Japanese war front, or in the Red Army. For them post-war Germany was, at least in part, another item on the political agenda. Eva Kolmer was

one who made this link explicitly in retrospect. She returned from British exile to her native Vienna, before she joined her husband Heinz Schmidt in Berlin in August 1946 and began work for the ZVG. She remembered that life in the Soviet zone was far from easy, with small rations, lack of heating, and poor health conditions, 'but the force of our political conviction and our feeling regarding the responsibilities of communists, as well the stamina, toughness and resourcefulness which us few survivors had learnt during illegality and war, all gave us the strength to take on party missions and to fulfil them'.¹³⁹

In sum, the SPD and KPD sets in the ZVG overlapped biographically in a series of subsets and intersecting circles, which bound them together and set them apart from their other colleagues. Some had met as Berlin medical officers or at the municipal hospitals; others had worked together in the Association of Socialist Doctors, the exile groups, or the International Brigades. And even those who had not actually met in person before 1945 could easily place and assess each other on the basis of shared patterns. Moritz Mebel was immediately able to identify Kurt Winter as a 'comrade in the struggle' when they eventually met at the Charité in the late 1950s.¹⁴⁰

(ii) The political physician

These biographical patterns are important for a number of reasons. First, the gathering of socialist doctors and 'medical missionaries' made the ZVG qualitatively different from other institutions in the German health service; there was nothing like it anywhere else. Elsewhere, individual communists were appointed to public health administrative posts, but they were isolated and often had difficult relationships with the occupiers.¹⁴¹ In the ZVG, politically active doctors made up the majority, and communists occupied some of the key administrative positions: those in charge of appointments, personnel policy, and organization.¹⁴² Second, the composition of the ZVG (the SPD and KPD factions and the third group) resulted in obvious clashes, not just between the two party sets but also between them and their non-political colleagues.

The old animosities between the KPD and SPD sets survived, after April 1946, when the Socialist Unity Party (SED) was created in the Soviet zone by the enforced merger of both parties. The way in which they presented themselves at meetings and during discussions with other health officers in the immediate post-war years demonstrates the survival of their party identities. At a meeting of health officers from the Soviet zone, Lehmann introduced himself with the words 'I am speaking here as a representative of the social democrats'.¹⁴³ At similar meetings, Zetkin at times defended the 'socialists' position'.¹⁴⁴

Tensions and open disagreements between SPD and KPD people ranged from contrary assessments of the political situation to frustrations about personnel politics. The social democrat Max Klesse, a vociferous letter writer, was often critical of communist (and Soviet) strategies. In a letter to Zetkin, he criticized the KPD's proclamations on the extensive German support of the Hitler regime and the lack of any real resistance. As somebody who had spent all twelve years of Nazi rule inside Germany, he wrote, he had experienced how 'even old communists and socialists, trembling with anxiety, had taken our flyers to the Gestapo or refused to hide typewriters or copy machines even for one day, or who refused to house Jews for a single night'. And he knew that 'the nerves of the people had already been shattered by the bombing campaigns, they had no strength left to actively resist or fight an illegal battle against Hitler and as a result they gave in to the Nazi terror without resistance!' The SED may have realized this by now, he wrote, but to Marxists, who were able to distinguish between the ruling and the ruled, this misunderstanding of the guilt question should not have arisen in the first place.¹⁴⁵

Apart from general disagreements, personnel policy was an issue that frustrated the social democrats, not least because they suspected favourable treatment of their KPD colleagues by the Soviet forces. The reality was more complicated. As Naimark has shown, 'Soviet commandants carefully nurtured the other parties and involved them in local government. They aided the SPD, in particular, more scrupulously than the KPD would have liked, creating the impression among some social-democratic leaders that the Soviets actually preferred working with SPD politicians'.¹⁴⁶ Moreover, in the ZVG the situation was skewed by the fact that Zetkin was not just a communist, but one of those few Germans with Soviet citizenship, who blurred the line between Soviets and Germans in charge.¹⁴⁷

The case of Paul Konitzer was also not typical for the treatment of social democrats. As first president of the ZVG, the Soviets had approved Konitzer's appointment, and had listened to and respected him,¹⁴⁸ until he was arrested in February 1947 and apparently hanged himself in prison in April 1947, while awaiting his trial. What had happened? Following his career as public health activist and social hygienist and his dismissal in 1933, Konitzer had been drafted into the Wehrmacht in 1939. From 1941 he worked as a chief staff surgeon in Wehrkreis IV (Dresden, Saxony) and was the doctor in charge of a POW camp in Zeithain, Saxony. Zeithain was liberated by the Red Army on 23 April

1945. In 1946 the Soviet authorities discovered the bodies of tens of thousands of Russian POWs, who had perished as a result of typhus and other epidemics which were rampant in the camp. An investigative commission reported over 35,000 bodies in mass graves, and the Soviet authorities held Konitzer responsible.¹⁴⁹ The Soviets said that the deaths of their own citizens was not an issue on which a compromise could be made, even if in this case it concerned a German political ally.¹⁵⁰

Konitzer's fate stands out. Social democrats also directed other central administrations, and none died in such ambiguous circumstances. A number of social democratic doctors later left the Soviet zone and resumed their careers in the West, while others continued to thrive and prosper in the Soviet zone/GDR. Alfred Beyer, for example, had a dazzling career as one of East Germany's most celebrated social hygienists. However, tensions between SPD and KPD members were far from negligible in the ZVG's personnel politics. That Konitzer, before his death, was right at the heart of it, is revealed in a letter by Zetkin to the SED's central committee on his worries about Konitzer's reliability. Schölmerich had reported on Konitzer's openly anti-Soviet views, Zetkin wrote. Konitzer had apparently complained that 'he could not agree with Russian personnel policy, nor Russian policy generally. A main factor was that they were badly advised, especially by people like comrade Ulbricht. This situation had to end, this much had been agreed in his close circle.' Zetkin suspected sabotage when Konitzer suddenly changed his mind on issues that had already been agreed, and had an 'of course unproven—suspicion that K. wanted to demonstrate that the personnel policy of the Soviet Military Administration will lead to our organisation's standstill'. It was also suspicious, Zetkin wrote, that Klingelhöfer and her husband, both of whom were active social democrats, were apparently meeting with Konitzer in private.¹⁵¹ Zetkin wanted to inform the Soviet authorities that in spite of pro-Soviet statements, Konitzer could not be seen as reliable: 'K.'s heart is not with us'. He asked the central committee to find a party comrade who could, should it become necessary, take over, although he noted that Konitzer probably had to stay for now for reasons of political expediency.¹⁵² That letter was written in November 1946. In early January 1947, Zetkin was speculating in a note to Klesse about an imminent change in the ZVG's leadership. On 18 February 1947 Konitzer was sacked and arrested, and by 22 April he was dead.

As real as these divisions were, those between the SPD and KPD members and their non-political colleagues were often deeper. Minutes of meetings and private correspondence contain details of repeated disagreements and open hostilities. We have seen above that those upholding the apolitical ideal of medical practice essentially equated 'Nazi medicine' with that of the communists and socialists. To both the KPD and SPD sets this equation was unacceptable.

A good illustration is an exchange at a meeting in November 1945 on the issue of doctors becoming organized within the new trade unions. The debate centred on the question of whether the majority of German doctors were ready for this kind of organization, and whether ex-Nazi Party members should be allowed to join. Max Klesse countered objections by saying: 'It is not that all doctors have to join the trade union. Why urge the Nazis anyway? It is crucial that especially the left-wing doctors (*Linksärzte*) are admitted to the trade unions as quickly as possible, because they are those who are most fed up. We have not had any representation since the one that cancelled Marxist doctors' salaries. We urgently need our representation now.' Hermann Bermann, the head of the medical affairs department, warned about Klesse's proposals: the splitting of the medical profession into those in and those not in the trade unions had to be prevented by all means; '[i]f and when we join, we must all join'.¹⁵³ To Klesse's outraged reply that there could be no compulsion, Bermann answered: 'There must be a compulsory organization, otherwise nothing will ever be achieved for the doctor.' To Klesse, whose political allegiances came before the membership of any professional club, this unity of the medical profession was a myth, at least since 1933.¹⁵⁴ In contrast, the non-political doctors thought that 'by joining trade unions they would be sucked into the minefield of far-left politics'.¹⁵⁵

Klesse's letters also reveal regular run-ins which were often not even about specific issues so much as a more general kind of loathing. In May 1946 he complained to Zetkin and Schölmerich about Friedrich von Bergmann, who had since 1938 been active as a doctor of the Sturmabteilung (SA) and now headed the sciences department of the ZVG.¹⁵⁶ Klesse suspected that the delays and seeming incompetence of Bergmann's department masked a deliberate boycott and sabotage of the 'progressive' doctors' input. Bergmann, he wrote, 'who systematically sabotages our work, slows it down or messes it up, must in my opinion be replaced soon if Dept. 1 is to achieve anything. If it was not for my duty as a socialist to help you and hold out for your sake in this outfit, at least until enough new socialists can be found, I would have long preferred to re-open my practice instead of being annoyed all the time by this damn bourgeois and harmful windbag. At any rate, he probably arranges things deliberately (or out of stupidity?) in such a way that we look bad.'¹⁵⁷

On this particular occasion, Klesse explained in a letter to Konitzer, Bergmann and others had made snide comments on his 'Marxist tendencies', and, more seriously, had boycotted his proposals for creating new courses in social pathology. Bergmann's work methods and his 'constant sabotage of any kind of education of doctors according to socialist principles' had driven Klesse to open dispute. Bergmann's behaviour in the past, he said, had been 'at the same time petty-minded and unreasonable as much as stupid and arrogant, as only a bourgeois can be!' Klesse also resented that 'the bourgeois Bruno Harms' had tried to take sides (obviously not Klesse's), since Harms 'can hardly comprehend the disagreements of a socialist with a bourgeois'.¹⁵⁸ At exactly the same time Harms gave evidence for Sauerbruch and joined the Magistrat Health Department (see above).

In March 1946, Klesse informed Zetkin that he would resign from the ZVG. While he had enjoyed working with the comrades, he wrote, the daily frustrations caused by the regular clashes were becoming too much. He wanted to inform Zetkin in advance so that a socialist could be found as his replacement. People like Harms, Bergmann, and Friedrich Bentzin (a long-standing military doctor who now headed a sub-department and was a friend of Bergmann's¹⁵⁹) must not, Klesse insisted, be allowed to gain the upper hand: 'apart from you [Zetkin], Schölmerich, Lettow and Lindenberg I cannot see any determined men who could when necessary stand against these growing reactionary circles'.¹⁶⁰ To fill important positions with 'active army officers à la Benzin [Bentzin] is absolutely unacceptable from the socialist perspective, since they will change the character of the whole ZVG, first only in individual departments, but increasingly also in its entirety'.¹⁶¹ On this occasion Zetkin persuaded Klesse to stay, and told him that he could not afford to lose any socialists. In January 1947, when Klesse actually resigned, Zetkin reiterated that it was important that 'we have as many socialists in the system as possible', given that in the impending reorganization following Konitzer's demise a non-socialist might take over as president of the ZVG.¹⁶²

In contrast to the Magistrat personnel, the KPD and SPD health officers of the ZVG wrote and thought very differently both about their past careers and present responsibilities. Magistrat health officers characterized their ideal medicine as stripped of all party politics, and detected antecedents of this apolitical medical practice in their own careers and in German medical traditions. In contrast, the SPD and KPD personnel identified a history of German political-medical activism which was also in part exemplified by their own careers. While working as medical officers, many had argued that the doctors, the natural advocates of the sick and needy, had to tackle not just the symptoms but also the social causes of illness and disease. In 1928 Friedrich Wolf argued that the living conditions in the proletarian inner-city districts of Berlin were directly responsible for their high rates of tuberculosis and infant mortality. Because these living conditions were a reflection of their economic situation, Wolf insisted that the engaged doctor's job could not simply consist in vaccinating or handing out drugs. Doctors had to educate the working class, press for both smaller and more substantial social reforms, and ultimately help to bring about a proletarian revolution.¹⁶³ Of course, there were disagreements on whether they were primarily to represent the revolutionary proletariat, the socialist state, or insurance schemes, but all had clearly identified *political*, not merely medical, responsibilities.

Their argument on the political role of doctors acquired a new dimension with the rise of Nazism, often articulated in articles of the *International Medical Bulletin*—a journal founded by a long-term member of the Association of Socialist Doctors, Ewald Fabian, and published in Prague from 1934 until the annexation of the Sudetenland in 1938, then in Paris from 1938 until mid-1939.¹⁶⁴ Apart from reports on the persecution of Jewish doctors and the dismantling of progressive welfare and health institutions in Germany, the journal published clear statements on the political dimension of doctors' work. Its first issue contained a manifesto, which proclaimed: 'Socialist doctors want to contribute to making the proletariat physically and psychologically fit for the struggle of its liberation. The feeling of solidarity drives the socialist doctors to the side of the struggling proletariat, which has in capitalism seen the deepest misery and wretchedness and which wants to liberate humanity from this monstrous system by fighting for socialism.' The socialist doctors now had to prevent the expansion of the Hitler regime, to educate people on the dangers of fascism, and to fight against Nazi pseudoscience.¹⁶⁵

The same issue published an outraged reply to Sauerbruch's open letter of 1934 (see section on the Magistrat), signed by a group of German social democratic doctors in Czechoslovakia and some other organizations from across the world. Sauerbruch had written on the apolitical task of doctors, and had urged the 'nationally rooted' German medical profession to support the new Nazi government. Compassion and helpfulness rather than political judgement must be doctors' only motivation, he had said. Their task was to ensure that the German government could continue to work in peace. The émigrés replied: 'we socialist doctors of all countries have always believed in the cultural ties of the people. Compassion and helpfulness are not only the motor of our profession but also of our political drive, and we have always wanted peace. We have done more: by working within the socialist parties we have served peace, have furthered the understanding of nations with all our strength and have worked for friendship with the German people,

have stood for the study and acceptance of German medical achievements and the German health system.¹⁶⁶ The battle lines drawn here persisted in debates after 1945. The socialist doctors unequivocally condemned the Nazi corruption of science and medicine and other doctors' and scientists' embrace of the Third Reich, but unlike Sauerbruch and co. they did not agree that politics had to disappear from the realm of medicine per se, just the wrong kind of politics.

This last passage also hints at another part of their self-characterization after 1945. Not only were they political agents, but like Sauerbruch and Redeker they also saw themselves as part of a specifically *German* heritage. This was expressed at meetings and in debates, where they regularly reminded each other of the importance of their past work in public health administration. At the beginning, the social democrats were most vocal in this, and Konitzer and others often emphasized their past professional experience on specific issues under discussion.¹⁶⁷ On one occasion, Konitzer complained that the press coverage of issues such as federalism and regional self-administration was unsatisfactory. These reports would be much more useful, he said, if they were to remind people of the rich administrative experience and many useful older studies dating from before 1933, some of which he had helped to carry out. In contrast, '[t]he ladies and gentlemen who are now entering the administration of the health service for the first time cannot know these things as well'.¹⁶⁸

The importance of their identity as *German* health administrators was also made clear by Helmut Lehmann in reply to what he perceived to be his colleagues' over-reliance on Soviet power to get their proposals ratified. In a debate about the relationship between regional and central administration of public health Lehmann was concerned about the constitutional basis of giving the ZVG the power to interfere in *Land* health departments. Holling responded that he could not see any constitutional problems, since these proposals were fully in accord with Soviet orders.¹⁶⁹ Lehmann replied in frustration: 'If you are only relying on Soviet orders, then you are right. But we are *Germans* and not Russians. We want to present here *our* views and opinions on local government. This is what I have done, I do not have to represent Russian viewpoints.'¹⁷⁰

In post-war analyses of the state of the public health service in the Soviet zone, many SPD health officers maintained that it had become possible to pick up, improve, and expand many progressive ideas from the 1920s. In an article celebrating the anniversary of the creation of the ZVG, Alfred Beyer argued that this organization was a direct continuation of initiatives and schemes put forward by German medical officers in the 1920s, often not put into practice at the time. He argued that the role of the Soviet authorities and their orders consisted, apart from the early provision of food and vehicles, primarily in having made possible the implementation of these German concepts.¹⁷¹ More subtly, Beyer's argument was also designed to enlist sceptical doctors in the reconstruction of the health service, and to exonerate it from the accusation of having been imposed by Soviet officials.¹⁷²

Chief among the new features that were explained as the realization of older German schemes were the polyclinics: outpatient facilities available to the general population, housing a range of medical specialists. The social democrat Hermann Redetzky, who as head of the health department in *Land* Mecklenburg presided over the founding of the first polyclinic in Schwerin in 1946, argued that the idea, the structure, and even the term had all been developed before the Nazi era.¹⁷³ Other articles also presented the polyclinics as part of the German heritage. Decades earlier the reorganization of medical treatment had been discussed by medical officers and social hygienists, wrote Edmund Döring.¹⁷⁴ It was agreed then that medical care would improve if outpatient institutions, equipped with modern apparatus (which, because of cost, were not easily available to individual practitioners), were opened. The Nazi period had interrupted this development, but fortunately it could be taken up again after 1945.¹⁷⁵

In a much later article, but in similar terms, Hermann Redetzky and the communist Kurt Winter reflected on the early post-war years. In the first decades of the twentieth century, they argued, the standard of German medical science had been high and a number of progressive ideas had been advanced, but in most instances they could not be implemented. However, after 1945 'we in Germany could base our efforts on a quite impressive tradition of ambulatory treatment. Leading German social hygienists such as Grotjahn, Gottstein, and Lennhof had for decades insisted that the scientific and technical development in medicine urgently demanded the creation of polyclinics. In 1923 and 1924 the Berlin health insurance funds had created over 40 insured health centres which worked excellently.'¹⁷⁶

Polyclinics were just one of several 'German' ideas that were rediscovered after 1945. In a volume dedicated to the role of Soviet orders in the reconstruction of the public health system, the editor Redetzky and many of the contributors agreed on one point in particular: Soviet officials had not imported new ideas but helped to create conditions where older German health policy conceptions could flourish. Of greatest significance had been the Soviet

initiatives to find and appoint those antifascist German doctors to the health service who knew the country and were familiar with the German heritage.¹⁷⁷ Another major achievement of the Soviet officials was the establishment of the ZVG. Overall, Redetzky argued, '[w]e have had in Germany, at least since the 1920s, a good and progressive tradition in medicine with regard to social hygiene, the treatment of occupational diseases and the training of medical officers. In those years, a series of progressive medical and welfare officers active in social hygiene had been achieving great things in the lowering of infant mortality and in the battle against TB and VD.' Infant mortality rates, TB, and VD were all of renewed importance in the disaster conditions after the end of the war. Thus, these older approaches were given a new lease of life after 1945, not least because the German medical officers had been able to work closely together with their Soviet colleagues, publishing together and exchanging ideas. In fact, Redetzky thought that 'among our Soviet colleagues we have for long had a good name in these disciplines'.¹⁷⁸

This theme of German approaches and tools was also taken up by the communists.¹⁷⁹ Although communists and social democrats agreed on the significance of their German heritage, the communist perspective was fraught with problems not shared by the SPD set. In their past political careers they had embraced a party culture which included a commitment to Marxist-Leninist theory and the communist cause, and loyalty to the Soviet Union. In practical terms, during the 1920s and 1930s the Soviet Union had come to exert an increasing authority over the KPD, and, as Weitz put it, 'Moscow set overall strategy and broke and made KPD leaderships'. Most KPD functionaries had received their technical and political training at one of the various institutes attached to the Communist Party of the Soviet Union (CPSU), the Comintern, or the Red Army. Even before the extensive Stalinization of the KPD, German communists had looked to the Russian revolution as the model that Germany would have to follow, and support of the Soviet Union was a litmus test of loyalty.¹⁸⁰ To the officials presented here, the Soviet Union was more specifically a bastion of progressive and socialized public health care. Felix Boenheim, Friedrich Wolf, Erwin Marcusson, and Maxim Zetkin had all travelled to the USSR in the 1920s and 1930s, and had upon their returns written glowing appraisals of the Soviet health system.

In 1945 a number of contradictory facets shaped the discussions among communists. Soviet loyalties were strengthened by the fact that Soviet troops had helped to defeat the Hitler regime; many German communists also believed that under Soviet occupation their long-held visions could finally be fulfilled. But conversely, comrades' primary loyalties to the Soviet Union were tested. Many of those in Soviet exile had first-hand experience of the Stalinist purges. Erwin Marcusson had spent 1938–40 in NKVD imprisonment.¹⁸¹ Even for convinced German communists it was not always easy to support and justify Soviet actions in Germany, associated as they were with raping and pillaging by out-of-control soldiers, the arbitrary use of power by local commandants, and a policy of reparations and economic dismantlement. And on a personal level, Soviet support of deserving comrades often seemed to be lacking.

Despite the KPD's often inherent Soviet worship, there was a nationalist component to its early post-war work. Throughout the previous decade, it had attempted (both out of political conviction and for reasons of political expediency) to present the party as the leaders of an antifascist and *national* front, and their preparations had emphasized their role as defenders of the German nation. Stalin himself had pointed to the strategic importance of this position. According to Dimitrov, he had for years argued that communist parties across the world should loosen their ties with the Communist International and turn themselves into 'national parties': 'What matters is that they put down roots in their own peoples and concentrate on their own proper tasks. They ought to have a Com[munist] programme; they should proceed on a Marxist analysis, but without looking over their shoulders at Moscow; they should resolve the concrete problems they face in the given countries independently. And the situation and problems in different countries are altogether different. In England there are certain ones, in Germany there are different ones, and so forth.'¹⁸²

The dissolution of the Comintern (officially in May 1943), Stalin argued, would strengthen their role as 'national working-class parties'.¹⁸³ In June 1945, when the KPD tried to present a kind of socialism that would be acceptable to the German population, Stalin advised Dimitrov and the German comrades on exactly these lines. A diary entry by Dimitrov stated: 'Stalin proposed: declare categorically that the path of imposing the Sov[iet] system on Germany is an incorrect one; an antifascist democratic parliamentary regime must be established. The Com[munist] Party proposed a bloc of antifascist parties with a common platform. Don't speak so glowingly of the Sov[iet] Union, and so on.'¹⁸⁴

Given these contradictions, there was considerable fluidity in debates of the early post-war years. Some in the KPD insisted that the primary task was the immediate construction of a socialist Germany along the Soviet model. But, at least until 1948 (and as we have seen with Stalin's support), leading party officials supported a strategy which

emphasized the particularities of the German situation. A KPD appeal of 11 June 1945 (a few days after Dimitrov's diary entry above) called for the establishment of an antifascist, democratic Germany, and stated that the Soviet model was, for the moment at least, inappropriate. A new way had to be found to take account of the national peculiarities of Germany. The failed German revolution of 1848 should become the new point of reference, and should be, almost a hundred years later, finally completed.¹⁸⁵

In an article in early 1946, the leading KPD official Anton Ackermann developed the concept of a 'special German road to socialism'. Using references to Marx, Engels, and Lenin, he argued that socialism in Germany could be achieved without the military confrontations and accompanying civil war of the October revolution. There could be a distinctively German path of development.¹⁸⁶ In language at least in part designed to soothe the worries of those who feared the coming of a Soviet Germany, he explained on a later occasion: 'The culture of a nation cannot and should not be exported to a different country ... As a result, the culture of a future socialist Germany will not be a copy of other nation's cultures, but take its own specific national form.'¹⁸⁷ In presentations of this *German* communism, the historical reference point was no longer the Bolshevik revolution, but the failed German revolutions of 1919 and 1848.

In August 1948, as the differences between the occupiers had widened and the Cold War was in full swing, the SED abandoned the 'German road' and its propaganda fell in line behind the Soviet model.¹⁸⁸ Nonetheless, the strategic importance of the attempt to convince the German population of the viability of a *German* communist programme can hardly be overstated. It was particularly important baggage for the KPD officials in the ZVG. Like their SPD colleagues, they emphasized the importance of their German heritage, and continued to do so after 1948. For public health and medicine, they argued, German traditions, rather than a sudden Soviet orientation, were most crucial. But in terms often not shared in this form with the SPD doctors, they explained that their own interpretations of the political-medical mission had in fact continued a much older, but until now always marginalized, tradition of political medical engagement in Germany. While Redetzky and Konitzer primarily focused on the achievements of the 1920s, to communists such as Winter and Boenheim the failed German revolution of 1848 now became the crucial orientation point. Often this was only a difference of emphasis—of course, the communists also commemorated the 1920s 'progressive' advances, and on occasion Beyer and others also wrote about the symbolic significance of 1848 (see (iii) Rudolf Virchow (version 2)). But even if the social democrats could sympathize, for the communists the uncompleted revolution of 1848 became a particularly crucial marker.

(iii) Rudolf Virchow (version 2)

Early versions of an emphasis on 1848 can be found in the *International Medical Bulletin*. In a 1935 article, Ewald Fabian (writing under the pseudonym of E. Silva) analysed the role of doctors in past struggles for freedom. In the Austrian freedom movement of 1848, in the Bolshevik revolution, and now in Spain, he claimed, doctors had always taken leading parts. Although German doctors were now failing miserably, in 1848 heroic figures such as Rudolf Virchow had risked their lives for 'great historical progress'. These figures, Fabian went on, must become role models for German doctors of the present, and inspire them to fight against the Nazi dictatorship.¹⁸⁹ An anonymous article from 1936 presented Rudolf Virchow as a fighter for truth, freedom, and enlightenment: in the early 1880s, as anti-Semitism in Berlin was rife, Virchow was one of the organizers of a well-attended rally against anti-Semitism, which demanded equality and an end to religious hatred.¹⁹⁰

After 1945, celebrations of the revolutionary Rudolf Virchow were particularly pervasive among communist members of the ZVG. In striking contrast to the portrayals discussed earlier, studies and biographical essays focused almost exclusively on Virchow's role in the 1848 revolution in Berlin. Two examples of publications from the early 1950s sum up the communist assessment.

First, Kurt Winter's biography of Rudolf Virchow celebrated Virchow as a great revolutionary role model and idol.¹⁹¹ Virchow lacked proper Marxist understanding of the historical role of the working class, Winter admitted, but he still had fought for the rights of workers and against Prussian feudalism, demonstrating that his heart was in the right place. Early in 1848, Winter wrote, Virchow had been appointed by the Prussian government to investigate an outbreak of typhoid fever in Upper Silesia. His subsequent report blamed the social and material conditions of the Silesian population and government neglect for the outbreak. Eight days after his return from Silesia, Virchow fought in the Berlin uprising. Winter thought both points worth celebrating. 'It is an honour not just to Virchow but to German sciences as a whole', Winter argued, 'that one of its greatest representatives had the courage to support the just cause of the Polish people ... It has to be the doctor's task to do all he can in the solution of social problems, especially through an active participation in the struggles for the maintenance of peace.'¹⁹² Virchow had been a proud

representative of German science and a real patriot, but he had realized that real patriotism meant an appreciation of other peoples. In his report, Virchow demonstrated 'the close association between politics and medicine. With contempt he turned against all those who hid behind their science, against all those "only"-scientists who had no courage to support a just cause because this might involve personal sacrifices.'¹⁹³ Winter argued that Virchow's political interest and his appreciation of social hygiene and social policy issues were particularly closely intertwined, and his demands were only finally fulfilled in the East German social security system.¹⁹⁴

Second, Felix Boenheim's biographical essay on Virchow contained a similar kind of analysis, in a more measured and critical tone.¹⁹⁵ Unlike Winter, Boenheim saw Virchow's revolutionary engagement as a brief, but crucial, episode in his life. The government had suspended him from his post at the Charité following the March rising, but he was soon reinstated and also found another position in Würzburg. By 1849, Boenheim argued, Virchow had returned to 'bourgeois security'. He had not studied or understood the implication of Marxist teachings, and as a result his arguments on social reform had ultimately been superficial. Nevertheless, Boenheim agreed that Virchow in his early career had been a revolutionary. Virchow, along with other progressive or humanist doctors, had been led to politics because of his patients' social misery. They had realized that the fulfilment of their medical tasks demanded participation in politics and a solution to social problems. As a result, he was one of the liberal bourgeois men who fought in 1848 and acted as advocate of the working classes, however briefly, and showed faith in the oppressed people of Silesia. Virchow had recognized the link between social and medical conditions by understanding that medical reforms always had to involve social and political reform. All this had been particularly obvious in his investigation of the Polish health question, Boenheim thought, where he had not shied away from drawing explicitly political conclusions. Although he then sold out, Virchow's ideals and his courage lived on in the workers' movement.

The difference in emphasis between communist and social democratic interpretations of Virchow becomes clear if we look at Alfred Beyer's portrayal of Virchow as a representative of true social democracy.¹⁹⁶ In an article from February 1946, published in the ZVG's journal, Beyer argued that the meaning and significance of democracy, unclear in many Germans' minds, could be illustrated by the 'fighting democrat' Virchow. His character had been so fundamentally democratic and threatening to authoritarians, Beyer claimed, that Virchow had not only been unpopular with the older generation of German medical researchers at the time, but the Nazis had denounced him in a popular film.¹⁹⁷ In his report on Upper Silesia, Virchow had not recommended purely *medical* measures, but *political* cures, such as democracy, education, freedom, and prosperity.¹⁹⁸ He had demanded broad social reforms: full employment, the construction of streets and factories, fairer taxes, and better nutrition. All in all, Beyer proclaimed, this was 'a truly democratic programme, and one which is still of relevance today!'¹⁹⁹

During the 1848 revolution in Berlin, Beyer went on, Virchow had worked for a democratic reform of the out-of-date university constitution, and the creation of a central health ministry, the introduction of hygiene as part of the medical curriculum, the creation of insurance funds, and an eight-hour working day. As a true patriot and a fighter for the freedom of the whole German people, Virchow later demanded from Bismarck that *Junker* power must be curbed. His democratic conception was also evident in his scientific theories, Beyer claimed. Virchow had shown that cells were the basic unit of life, but he had also demonstrated that cells could not exist on their own—groups of cells formed organs, and groups of organs formed organisms. All this was mirrored in society, where individuals as the most basic unit also could not exist on their own, and therefore came together in a democratically governed and ordered state. Overall, Beyer proclaimed, Virchow's 'life was dedicated to his people. He worked, taught, lived and strove as a model for true democracy; unwavering and incorruptible, brave, tireless and selfless.'²⁰⁰ And his model of social democracy was of particular relevance for today: 'Given the incomparably heavier burden which we have to carry today, given the hard to appreciate variety and the importance of the tasks which we have to tackle quickly and decisively if we want to carry on living, democracy is the best type of state, since it survives particularly long-lasting, difficult and almost hopeless struggles most securely.'²⁰¹

A few months later, the same journal contained an article by Robert von Radetzky which talked about Virchow in very similar terms.²⁰² Virchow was the voice of the 'German democratic medical profession' today, Radetzky argued, since he had 'crowned the designs of a healthy social policy with the concept of a social health policy', and he stood for the aims of the failed 1848 revolution which were now finally going to be fulfilled.²⁰³

This emphasis on a German heritage, demonstrating a close connection between medical and political engagement, was crucial for several reasons. It was a means for recruiting apolitical German doctors and medical officers to work with the ZVG on the basis of these shared traditions, and of exonerating it from the accusation of Soviet influence. Conversely, it also highlighted the frictions between the socialist health officers and other German doctors. For many

in the SPD or KPD the lack of such political-medical engagement served as a yardstick to judge German doctors' involvement in the Nazi regime. Friedrich Wolf's response to doctors who argued for 'the rights of the unborn' in the debate about abortion legislation after 1945 made this particularly clear: 'Where were these doctors, my colleagues,' Wolf asked,

in the years 1933–1945 when 'Germanic sciences' demanded and barbarically practised the sterilization of thousands of political or 'racial' enemies—Germans, slave labourers from Poland, Czechoslovakia, Yugoslavia, Russia, and even France? Did those doctors who are so sensitive and ethical today raise their voices and defend the 'sanctity of life' and 'the right of the unborn'? These philistines! In the face of the medical crimes in Dachau, Hadamer, Ravensbrück, etc. I deny my German colleagues the right to use those arguments unless they had the courage and the conscience to use them during the Nazi regime!²⁰⁴

This political-medical emphasis also had an educational dimension. It was seen as a useful tool both for teaching the population at large about socialist programmes, and for training young doctors (particularly those who had only recently completed their medical training and who still lacked professional experience) in the aims and advantages of a particular conception of medicine and the German heritage.²⁰⁵

Conclusions

The German medical profession was deeply divided when the Allies arrived in Germany, and these divisions became more acute through the Allied presence and the political context of the post-war years. Perhaps nowhere were these divisions as visible as in a contrast of the two very different health offices presented here: Sauerbruch, Gohrbandt, and Redeker on the one side and Zetkin, Konitzer, and Klesse on the other. They had fundamentally dissimilar perspectives on their jobs, medical and public health practice, and German history and traditions. The self-proclaimed non-political doctors argued that they had remained true to scientific values and medical ethics and were uncontaminated by political concerns. While the Nazi regime may have corrupted medicine by subordinating it to crude political aims, this, they insisted, was all the more evidence for the need to guarantee that the medical profession stayed free from future political interference. The politically engaged doctors and medical officers, on the other hand, argued that they had never lost touch with social reform efforts, which had to form a central component of any medical work. The post-war programmes had to attempt to re-educate the German population, remove its militarist and fascist elements, tackle social inequalities, and build a new kind of German society—and doctors were crucial for the fulfilment of these tasks. These competing portrayals partly reflected different biographies, careers, and interests, but particularly for the first set this was often also a convenient way of absolving individuals from any question of guilt or responsibility, and defending the existing status quo and medical establishment.

In Berlin, these clashes were particularly potent. Under sole Soviet control until July 1945, the bulk of reappointments took place without any input from the other three occupiers. The appointments document a dual Soviet strategy of dealing with German doctors: one of appeasement, allowing them to operate with little interference and few reprisals for their pasts; and the other of re-educating and remoulding German institutions, and advancing those Germans who were supportive of Soviet aims. The first approach could help to reduce the economic burden of the occupation and aid the Soviet exploitation of German science and medicine; the second had political and security benefits, as growing insecurity over the future of Allied relations began to change Soviet priorities. As Part II will show, the other occupiers, too, shared contradictory approaches to German doctors and health officials. The coexistence of these strategies ultimately represented the breakdown of planners' assumptions and the failure of vital occupation agendas. While Berlin was intended to stand for the quadripartite occupation by the Allied victors, it soon became a symbol of their disunity.

German doctors and health officers had radically competing ideas and attempted to influence the occupiers accordingly. They fought over the governance of the medical profession, the function of public health, and the future of their work. But they had things in common. Where the non-political doctors represented German medical dynasties (especially by having trained with famous individuals or having taken on their university chairs), the socialist doctors stood for German political dynasties (as in Boenheim's, Zadek's, and Zetkin's families, but also in their party allegiances). Despite significant differences, they all shared a focus on German developments before 1933. They identified national traditions and a particular German way of doing things, and pointed to German founding fathers. Even among those Germans who were vocal supporters of the Soviet occupation there was a strong sense of German identity, and Soviet role models were often scarce.

The biographies of figures such as Rudolf Virchow that were newly published or rereleased after 1945 were partly attempts by the medical profession to protect itself and its public image. The writers tried to find legitimate past traditions and presented themselves as the best representatives of those traditions. But although they shared idols such as Virchow, they were seeing something very different in this past: where the communists detected the beginnings of bourgeois social reform and proletarian German revolution, the social democrats identified the seeds of social democracy, while the medical men of the Charité celebrated the peak of 'apolitical' German bacteriological science. For all, it demonstrated that the Nazi period was an 'aberration', and that the portrayal of the German people as inherently militarized, authoritarian, and undemocratic was wrong.

Despite such claims on the aberration of the Nazi years, there was considerable continuity across the 1945 divide. In the realm of public health a number of institutions and their personnel survived the defeat utterly unchanged, often in spite of vocal protests to the contrary. Jeffrey Herf and others have written about the nature of post-war German memory and the construction of narratives. Herf has argued that, faced by the crisis of defeat and social collapse, the restoration of past traditions offered Germans the 'possibility of making sense of the chaos and confusion around them'.²⁰⁶ This chapter shows that the significance of these German traditions extended far beyond the realm of individual psychology. To the medical profession, which had so much to lose following the publicity of Nazi medical crimes, the identification and celebration of good German traditions had the double purpose of presenting a new starting point which radically broke with the Nazi so-called interlude, and of absolving the carriers of this tradition from any tarnish. These positive traditions became a crucial instrument of the profession's legitimacy and credibility.

Footnotes

- 1 Prof. Dr Curt Froboese, *Rudolf Virchow, = 5.9.1902—ein Gedenk- und Mahnwort an die heutige Ärztegeneration 50 Jahre nach seinem Tode* (Stuttgart, 1953), 62.
- 2 [The editors], 'Zum Geleit', *Medizinische Rundschau: Monatsschrift mit ärztlicher Akademie*, 1/1 (Jan. 1947), 1.
- 3 Mary Fulbrook, 'Re-Presenting the Nation: History and Identity in East and West Germany', in Fulbrook and Martin Swales (eds.), *Representing the German Nation: History and Identity in Twentieth-Century Germany* (Manchester, 2000), 177–8.
- 4 Recent studies include Gabriele Moser, 'Im Interesse der Volksgesundheit ...': *Sozialhygiene und öffentliches Gesundheitswesen in der Weimarer Republik und der frühen SBZ/DDR—ein Beitrag zur Sozialgeschichte des deutschen Gesundheitswesens im 20. Jahrhundert* (Frankfurt, 2002). Ulrike Lindner, *Gesundheitspolitik in der Nachkriegszeit: Großbritannien und die BRD im Vergleich* (Munich, 2004).
- 5 Compare with Donna Evleth, 'Vichy France and the Continuity of Medical Nationalism', *Social History of Medicine*, 8/1 (Apr. 1995), 95–116. [10.1093/shm/8.1.95 \[PubMed: 11639618\] \[CrossRef\]](https://pubmed.ncbi.nlm.nih.gov/11639618/).
- 6 Field-Marshal Montgomery was among those who criticized this decision, see Bernhard L. Montgomery, *The Memoirs of Field-Marshal the Viscount Montgomery of Alamein* (London, 1958), 277 and 331–2.
- 7 On Berzarin's appointment see 'Befehl Nr.1 des Chefs der Besatzung der Stadt Berlin', 28 Apr. 1945, in Senat von Berlin (ed.), *Berlin: Quellen und Dokumente* (West Berlin, 1964), i. 208–10. Georgi K. Zhukov, *Reminiscences and Reflections* (Moscow, 1985), 410.
- 8 Wetzel in Christoph Weisz (ed.), *OMGUS-Handbuch: Die amerikanische Militärregierung in Deutschland, 1945–1949* (Munich, 1994), 381–683. Lucius Clay, *Decision in Germany* (London, 1950), 30–2.
- 9 Dieter Hanauske (ed.), *Die Sitzungsprotokolle des Magistrats der Stadt Berlin, 1945/46* (Berlin, 1995), i. 33–5. Wolfgang Leonhard, *Die Revolution entlässt ihre Kinder* (Cologne, 2003), 311 ff.
- 10 Ulbricht in Gerhard Keiderling (ed.), 'Gruppe Ulbricht' in Berlin, April bis Juni 1945: *Von den Vorbereitungen im Sommer 1944 bis zur Wiedegründung der KPD im Juni 1945* (Berlin, 1993), 675.
- 11 'Erste Namensliste für den Berliner Magistrat', 9 May 1945, lists Sauerbruch and Gohrbandt and states that a KPD doctor should still be located. Gerhard Keiderling (ed.), 'Gruppe Ulbricht' in Berlin, 312, also mentioned in Hanauske (ed.), *Die Sitzungsprotokolle des Magistrats*, 35.
- 12 Keiderling (ed.), 'Gruppe Ulbricht' in Berlin, Hanauske (ed.), *Die Sitzungsprotokolle des Magistrats*, 56.
- 13 These and other tasks are described in LAB, C Rep. 118–40, Maron and Sauerbruch to district mayors and health offices, 27 June 1945. C Rep. 118–40, Report from Magistrat Health Department, 8 Aug. 1945.
- 14 LAB, B Rep. 012/902-5, Sauerbruch to the District Health Offices, 19 May 1945. LAB, B Rep. 012/902-5, 'Bericht über die von der Abteilung für Gesundheitsdienst veranstaltete Dienstversammlung der leitenden Ärzte und der Amtsärzte der Berliner

- Gesundheitsämter', 27 May 1945.
- 15 See Ferdinand Sauerbruch, *Das war mein Leben* (Munich, 1951).
 - 16 Jürgen Thorwald, *The Dismissal: The Last Days of Ferdinand Sauerbruch* (London, 1961).
 - 17 Apparently he had opposed the use of sulfadruugs and an increased specialization in surgery, and after 1945 tried to ban the use of penicillin in his clinic. See Thorwald, *Dismissal*, 39.
 - 18 Fridolf Kudlien and Christian Andree, 'Sauerbruch und der Nationalsozialismus', *Medizinhistorisches Journal*, 15 (1980), 201–22 [PubMed: 11610930].
 - 19 BAB, Z47F, 7317/56/23, Kuznetsov to Zhukov, 7 Feb. 1946. Sauerbruch was also referred to in these terms in Z47F, 7317/56/21, Smirnov to Sokolov, 8 Dec. 1945.
 - 20 See Thorwald, *Dismissal*, 24.
 - 21 Thorwald, *Dismissal*, 22.
 - 22 Biographical essay by Wilhelm Doerr, in Herwig Hamperl and Wilhelm Doerr (eds.), *Robert Rössle in seinem letzten Lebensjahrzehnt, 1946–1956, dargestellt an Hand von Auszügen aus seinen Briefen an H. und R. Hamperl* (Berlin, 1976), 60–72.
 - 23 Letter from Robert Rössle to Herwig Hamperl, 17 Nov. 1946, in Hamperl and Doerr (eds.), *Robert Rössle*, 6.
 - 24 Theodor Brugsch, *Arzt seit fünf Jahrzehnten* (Berlin, 10th edn. 1978). Wolfram Kaiser, 'In memoriam Theodor Brugsch (1878–1963)', *Zeitschrift für die gesamte innere Medizin und ihre Grenzgebiete Klinik, Pathologie, Experiment*, 33/18 (1978), 641–50 [PubMed: 360643].
 - 25 BAB, Z47F, 7317/56/23, Kuznetsov to Zhukov, 7 Feb. 1946.
 - 26 Jürgen Konert, *Theodor Brugsch: Internist und Politiker* (Leipzig, 1988), 126.
 - 27 Brugsch, *Arzt seit fünf Jahrzehnten*, esp. 318–27.
 - 28 TNA, FO 371/46958, Political Intelligence Department German Personalities Report No. 88, 13 Nov. 1945. Also see biography in Hanauske (ed.), *Die Sitzungsprotokolle des Magistrats*, vol. ii.
 - 29 LAB, B Rep. 031/01/02-3468, report of the Magistrat's medical denazification commission, 15 Aug. 1949. Schopohl denied having joined the NSDAP, and put the fact that his name was listed in the membership files (and all the subscription had been paid) down to a prank played by university friends, and later another prank by colleagues.
 - 30 LAB, B Rep. 031/01/02-3468, Prof. Dr Friedrich Schopohl, 'Politischer Lebenslauf', 22 Feb. 1949. Also see LAB, B Rep. 012/902-5, 'Besprechung der Amtsärzte am Donnerstag, den 25 April 1946', where Redeker asked him to join a committee to formulate future policy on para. 218 (on abortion).
 - 31 *Deutscher Biographischer Index*, fiche II 62/341–2. He took part at meetings of the Berlin-Mitte health officers, see e.g. LAB, C Rep. 131/02-02, 'Protokoll über die Bezirksamtsbesprechung am 14. September 1945' and following meetings. He also took part at the Magistrat-run meetings of Berlin medical officers, see B Rep. 012/902-5, 'Bericht über die Dienstbesprechung der Amtsärzte am Donnerstag, den 23. August 1945' and following meetings.
 - 32 *Deutscher Biographischer Index*, fiche II 1049/57. Biography also in Hanauske (ed.), *Die Sitzungsprotokolle des Magistrats*. Franz Redeker, 'Magister in physica: Wo kommen wir her? Wo stehen wir? Wohin geht der Weg? Vortrag, gehalten auf dem Tag der Ärzte des öffentlichen Gesundheitsdienstes am 9. Juni 1949 in Bonn', *Der öffentliche Gesundheitsdienst*, 11/5–6 (Stuttgart, 1950).
 - 33 Moser, 'Im Interesse der Volksgesundheit ...', 122.
 - 34 *Deutscher Biographischer Index*, fiche II 524, 296–7, 420–1. Biography also in Hanauske (ed.), *Die Sitzungsprotokolle des Magistrats*. See also BAB, DQ1/1614, Maxim Zetkin, 'Charakteristik der Präsidenten und Abteilungsleiter', 2 Apr. 1946, 6.
 - 35 LAB, E Rep. 200–48, Witness statement for the denazification commission of Zehlendorf, 18 Apr. 1946.
 - 36 Zetkin, 'Charakteristik', 16.
 - 37 LAB, C Rep. 118–40, Sauerbruch's report on the organization of the Berlin city health department, 8 Aug. 1945. LAB, B Rep. 012/902-5, 'Bericht über die von der Abteilung für Gesundheitsdienst veranstaltete Dienstversammlung der leitenden Ärzte und der Amtsärzte der Berliner Gesundheitsämter', 27 May 1945.

- 38 *Deutscher Biographischer Index*, fiche II.
- 39 LAB, C Rep. 118–40, report and instructions from Maron and Sauerbruch to the district health offices, 27 June 1945.
- 40 LAB, B Rep. 012/902-5, the meeting on 12 July 1945 was the first to be held in the new Hauptgesundheitsamt.
- 41 On the Charité's collaboration with the National Socialist regime, see esp. Sabine Schleiermacher and Udo Schagen (eds.), *Die Charité im Dritten Reich: Zur Dienstbarkeit medizinischer Wissenschaft im Nationalsozialismus* (Paderborn, 2008). On its post-war history, see Anna-Sabine Ernst, 'Die beste Prophylaxe ist der Sozialismus': *Ärzte und medizinische Hochschullehrer in der SBZ/DDR, 1945–1961* (Berlin, 1997); and documents in Heinz David, '... es soll das Haus die Charité heißen': *Kontinuitäten, Brüche und Abbrüche sowie Neuanfänge in der 300 jährigen Geschichte der Medizinischen Fakultät (Charité) der Berliner Universität*, i (Berlin, 2004). On the post-war careers of leading members, see Udo Schagen, 'Das Selbstbild Berliner Hochschulmediziner in der SBZ und ihre Verantwortung für die Universität im Nationalsozialismus', in Siegfried Oehler-Klein and Volker Roelcke (eds.), *Vergangenheitspolitik in der universitären Medizin nach 1945: Institutionelle und individuelle Strategien im Umgang mit dem National-sozialismus* (Stuttgart, 2007), 121–44. Andreas Malycha, 'Institutionelle und individuelle Strategien im Umgang mit der Nationalsozialistischen Vergangenheit in der Medizinischen Fakultät der Berliner Universität in den Jahren von 1945 bis 1949', in Oehler-Klein and Roelcke (eds.), *Vergangenheitspolitik*, 147–68.
- 42 Moritz Mebel (born 1923) in an interview with the author on 22 June 2003. Also see Hans-Dieter Schütt, *Rot und Weiß: Gespräche mit Moritz Mebel* (Berlin, 1999).
- 43 Max Klesse (born 1896) was district medical officer for Reinickendorf. Gustav Emanuel (born 1879) was district medical officer for Schöneberg, see *Deutsche Biographische Enzyklopädie*, iii.
- 44 e.g. Prof. Clauberg, Dr Schöder, Obermedizinalrat Dr Bullerdiel, Obermedizinalrat Dr Spranger, and Oberstadtsinspektor Preis were among those present at a meeting of Berlin medical officers in Aug. 1943, and reappeared at the post-war meetings organized by the new Magistrat. See LAB, B Rep. 012/902-5, meeting of medical officers and their deputies on 17 Aug. 1943, and compare with later attendance lists. On the continuity of medical careers, see also Boris Böhm and Norbert Haase (eds.), *Täterschaft—Strafverfolgung—Schuldentlastung: Ärztebiographien zwischen nationalsozialistischer Gewaltherrschaft und deutscher Nachkriegsgeschichte* (Leipzig, 2008). Oehler-Klein and Roelcke (eds.), *Vergangenheitspolitik*.
- 45 Thomas Mann, *Deutsche Hörer: 55 Radiosendungen nach Deutschland* (Stockholm, 1945). Thomas Mann, *War and the Future: An Address* (Washington, 1943).
- 46 Open letter from Walter von Molo to Thomas Mann, 13 Aug. 1945, in J. F. Grosser (ed.), *Die große Kontroverse: ein Briefwechsel um Deutschland* (Hamburg, 1963), 18–21.
- 47 See 'Die Innere Emigration', open letter from Frank Thieß to Thomas Mann, 19 Aug. 1945, in Grosser (ed.), *Die große Kontroverse*, 24.
- 48 Gottfried Stein, *Thomas Mann und wir: Zwei Briefe zur deutschen Situation* (Essen, 1946). Contrast with Gottfried Bermann-Fischer (ed.), *Die neue Rundschau: Sonderausgabe zu Thomas Manns 70. Geburtstag* (6 June 1945).
- 49 Michael Kater, *Doctors under Hitler* (Chapel Hill, NC, 1989). Götz Aly, Peter Chroust, and Christian Pross (eds.), *Cleansing the Fatherland: Nazi Medicine and Racial Hygiene* (Baltimore, 1994). Robert Proctor, *Racial Hygiene: Medicine under the Nazis* (Cambridge, Mass., 1988). Charles Roland (ed.), *Medicine Without Compassion* (Hamburg 1992). Christian Pross, 'Breaking through the Postwar Cover-up of Nazi Doctors in Germany', *Journal of Medical Ethics*, 17 (Dec. 1991) [PMC free article: PMC1378163] [PubMed: 1845112]. Ernst Klee, *Deutsche Medizin im Dritten Reich: Karrieren vor und nach 1945* (Frankfurt, 2001).
- 50 See Kater, *Doctors under Hitler*.
- 51 Alexaner Mitscherlich and Fred Mielke (eds.), *Medizin ohne Menschlichkeit: Dokumente des Nürnberger Ärzteprozesses* (1949; Frankfurt am Main, 1960), English trans. by Heinz Norden, *Doctors of Infamy: The Story of the Nazi Medical Crimes* (New York, 1949). Paul Weindling, 'Ärzte als Richter: Internationale Reaktionen auf die medizinischen Verbrechen während des Nürnberger Ärzteprozesses im Jahre 1946–1947', in C. Wiesemann and A. Frewer (eds.), *Medizin und Ethik im Zeichen von Auschwitz* (Erlangen, 1996). Paul Weindling, 'Human Guinea Pigs and the Ethics of Experimentation: The BMJ's Correspondent at the Nuremberg Medical Trial', *British Medical Journal*, 313 (7 Dec. 1996), 1467–7010.1136/bmj.313.7070.1467 [PMC free article: PMC2352949] [PubMed: 8973237] [CrossRef]. Paul Weindling, 'The Origins of Informed Consent: The International Scientific Commission of Medical War Crimes and the Nuremberg Code', *Bulletin of the History of Medicine*, 75/1 (Spring 2001), 37–7110.1353/bhm.2001.0049 [PubMed: 11420451] [CrossRef]. Ulf Schmidt, *Justice at Nuremberg: Leo Alexander and the Nazi Doctors' Trial* (Palgrave, 2004).

- 52 D. Tutzke, 'Zur Wirksamkeit Ferdinand Sauerbruchs (1875–1951) in der Periode der antifaschistisch-demokratischen Umwälzung', *Zeitschrift für die Gesamte Hygiene und Ihre Grenzgebiete*, 31/5 (1985), 318–20 [PubMed: 3901550].
- 53 e.g. LAB, E Rep. 200–48, typed statement by Sauerbruch, 1 Nov. 1945, as well as other statements and letters in this file.
- 54 LAB, B Rep. 031/01/02-5, Berufsregistrationsformular, signed by Dr Borm, 26 July 1949. Also see LAB, B Rep. 031/01/02-5, 'Protokoll der Hauptverhandlung vom 26 Juli 1949 in Sachen Geheimrat Prof. Dr Ferdinand Sauerbruch'.
- 55 See Marc Dewey et al., 'Ernst Ferdinand Sauerbruch and His Ambiguous Role in the Period of National Socialism', *Annals of Surgery*, 244/2 (Aug. 2006), 315–2110.1097/01.sla.0000218191.68016.cf [PMC free article: PMC1602148] [PubMed: 16858197] [CrossRef].
Wolfgang U. Eckart, 'Ernst Ferdinand Sauerbruch (1875–1951) und die Charité-Chirurgie 1933–1945', in Schleiermacher and Schagen (eds.), *Die Charité*, 189–206.
- 56 See n. 55. Alexander Mitscherlich and Fred Mielke, *Das Diktat der Menschenverachtung* (Heidelberg, 1947), 83–4.
- 57 Ulrich-Dieter Oppitz, *Medizinverbrechen vor Gericht: Das Urteil im Nürnberger Ärzteprozess gegen Karl Brandt und andere sowie aus dem Pross gegen Generalfeldmarschall Milch* (Erlangen, 1999). Ulf Schmidt, *Karl Brandt, the Nazi Doctor: Medicine and Power in the Third Reich* (London, 2007).
- 58 Dewey et al., 'Sauerbruch'.
- 59 Michael Kater, *Doctors Under Hitler*, 34. Sauerbruch, *Das war mein Leben* (Munich, 1951), 291, 372, 385. Rudolf Nissen, *Helle Blätter—dunkle Blätter: Erinnerungen eines Chirurgen* (Stuttgart, 1969), 120.
- 60 Paul Weindling, *Nazi Medicine and the Nuremberg Trials: From Medical War Crimes to Informed Consent* (Houndmills, 2004), 304.
- 61 Entry for Franz Redeker in Udo Schagen and Sabine Schleiermacher (eds.), *CD Rom: 100 Jahre Sozialhygiene, Sozialmedizin und Public Health in Deutschland* (Berlin, 2005).
- 62 Weindling, *Nazi Medicine*, 35. Böhm and Haase (eds.), *Täterschaft—Strafverfolgung—Schuldentlastung*.
- 63 LAB, C Rep. 118–90, letter from Oberbürgermeister to Geheimrat Prof. Dr Sauerbruch, 25 Oct. 1945.
- 64 LAB, B Rep. 031/01/02-5, Prof. Dr Lauter to Sauerbruch, 24 Oct. 1945.
- 65 LAB, E Rep. 200–48, witness statements by Käthe Hussels and Bruno Harms, both dated 18 Apr. 1946.
- 66 Thorwald, *Dismissal*, 76. For a similar assessment see Wolfgang Genschorek, *Ferdinand Sauerbruch: Ein Leben für die Chirurgie* (Leipzig, 1978). Contrast with Kudlien and Andree, 'Sauerbruch'.
- 67 Originally in *Klinische Wochenschrift*, 12 (1933), 1551, citation here from reprint in *Internationales Ärztliches Bulletin*, 1 (Jan. 1934), 3–4. He went on to contradict this argument in the rest of the letter (which he had apparently been asked to write by the German government), where he defended the Nazi takeover of power and the government's disregarding of the Versaille Treaty, asked German doctors to support the new government, and argued that doctors in particular must not get involved in the apportioning of blame and guilt. See Kudlien and Andree, 'Sauerbruch', 212. Proctor, *Racial Hygiene*, 263 ff.
- 68 Minutes of the sixth Magistrat meeting on 11 June 1945, in Hanauske (ed.), *Die Sitzungsprotokolle des Magistrats* i. 126. Also see LAB, B Rep. 012/902-5, minutes of meeting on 23 May 1945.
- 69 LAB, B Rep. 012/902-5, 'Bericht über die von der Abteilung für Gesundheitsdienst veranstaltete Dienstversammlung der leitenden Ärzte und der Amtsärzte der Berliner Gesundheitsämter am Donnerstag, den 31.5.1945', 14 June 1945.
- 70 Letter from Sauerbruch to v. Eicken, 21 Sept. 1945, in Kudlien and Andree, 'Sauerbruch', 220.
- 71 J. Kottmaier, 'Die Friedenssendung des Arztes', *Medizinische Rundschau: Monatsschrift mit ärztlicher Akademie*, 1/7 (July 1947), 227–8.
- 72 'Aus der Entschließung der Westdeutschen Ärztekammern zum Nürnberger Ärzteprozess', *Medizinische Rundschau: Monatsschrift mit ärztlicher Akademie*, 1/12 (Dec. 1947), 543.
- 73 Mitscherlich and Mielke (eds.), *Doctors of Infamy*, 163–4. Also see later fuller edition Mitscherlich and Mielke translated from German by James Cleugh (formerly attached to the Office of the Chief Counsel for War Crimes, Nuremberg), *The Death Doctors* (London, 1962).
- 74 But as Weindling observes, Mitscherlich was an outsider in the German medical establishment not just politically, but also professionally, e.g. in his commitment to psychosomatic medicine. Weindling, *Nazi Medicine and the Nuremberg Trials*, 269.

- 75 Letter from Robert Rössle to Herwig Hamperl, 17 Nov. 1946, in Hamperl and Doerr, *Rössle*, 6.
- 76 BAB, DQ1/1338, 'Besprechungsniederschrift über die Sitzung der Leiter aller Provinzial- u. Landesgesundheitsämter der sowjetischen Okkupationszone in der Zentralverwaltung für das Gesundheitswesen am 2. Oktober 1945', 11. The name of this speaker was not identified in the minutes, but it was probably Sauerbruch, who was identified as a speaker earlier on the same page.
- 77 LAB, B Rep. 012/902-5, 'Versammlung der Amtsärzte am 12. Juli im Hauptgesundheitsamt'.
- 78 For the British 'freedom lobby', see e.g. J. R. Baker, *Science and the Planned State* (New York, 1945). J. R. Baker and A. G. Tansley, 'The Course of the Controversy on Freedom in Science', *Nature*, 158 (Oct. 1946), 574–610.1038/158574a0 [PubMed: 21002733] [CrossRef]. Michael Polanyi, *The Contempt of Freedom* (London, 1940). Also see Jessica Reinisch, 'The Society for Freedom in Science, 1940–1965', MSc Diss., Imperial College London, Sept. 2000.
- 79 Henry Dale, 'Address of the President, Sir Henry Dale, O.M., G.B.E., at the Anniversary Meeting, 30 November 1945', repr. in *Proceedings of the Royal Society*, B, 133, (1946), 123–3910.1098/rspb.1946.0007 [CrossRef], at 133–4.
- 80 [The editors], 'Zum Geleit!', *Medizinische Rundschau: Monatsschrift mit ärztlicher Akademie*, 1/1 (Jan. 1947), 1–2.
- 81 Emil Abderhalden, 'Ärzte an die Front', *Medizinische Rundschau: Monatsschrift mit ärztlicher Akademie*, 1/9 (Sept. 1947), 313–15. Michael Kaasch and Joachim Kassch, 'Die Auseinandersetzung des XX. Leopoldina-Präsidenten und des Schweizbürgers Emil Abderhalden um Eigentum und Entschädigung mit der sowjetischen und der amerikanischen Besatzungsmacht (1945–1949): Ein Beitrag zur Erforschung der letzten Lebensjahre von Emil Abderhalden', *Acta Historica Leopoldina*, 36 (2000), 329–84. Wolfram Kaiser and Werner Piechocki, 'Theodor Brugsch als Direktor und klinischer Lehrer an der Medizinischen Universitätsklinik Halle', *Zeitschrift für die gesamte innere Medizin und Ihre Grenzgebiete*, 25/22 (1970), 1028–34 [PubMed: 5500641].
- 82 [The editors], 'Besinnung und Konzentration', *Ärztliche Forschung: Zeitschrift über die Forschungsergebnisse der gesamten Medizin*, 1/1 (25 Feb. 1947), pp. i–ii.
- 83 Edith Heischkel, 'Rudolf Virchow als Publizist', *Medizinische Rundschau: Monatsschrift mit Ärztlicher Akademie*, 1/7 (July 1947), 230–3. Hellmuth Unger, *Virchow: Ein Leben für die Forschung* (Hamburg, 1953). Rössle's memorial speech at the celebration of the 125th anniversary of the birth of Virchow in Oct. 1946 in Unger, *Virchow*, 8. Compare with the different assessments in Erwin Ackerknecht, *Rudolf Virchow: Doctor, Statesman, Anthropologist* (Madison, 1953).
- 84 *Deutscher Biographischer Index*, 2nd ser., fiche 411/121 and LAB, C Rep. 118/105, 'Verzeichnis der ärztlichen Leiter und Chefärzte der Berliner Krankenanstalten', 1.IV.1948, 17. In 1952/3, Froboese was head of the German Society for Pathology, which had been founded by Virchow.
- 85 Prof. Dr Curt Froboese, *Rudolf Virchow, = 5.9.1902—ein Gedenk- und Mahnwort an die heutige Ärztegeneration 50 Jahre nach seinem Tode* (Stuttgart, 1953), 8.
- 86 Froboese, *Virchow*, 13.
- 87 Froboese, *Virchow*, 62.
- 88 Unger, *Virchow*, 161–2. Kiessling points out that Unger was influential in the formulation of racial hygiene programmes, see Claudia Sybille Kiessling, *Dr. med. Hellmuth Unger (1891–1953), ein Dichterarzt und ärztlicher Pressepolitiker in der Weimarer Republik und im Nationalsozialismus* (Husum, 1999).
- 89 Weindling, *Nazi Medicine and the Nuremberg Trials*, 256.
- 90 E. F. Podach, *Robert Koch* (Berlin, 1947). Hellmuth Unger, *Robert Koch: Roman eines grossen Lebens* (1936; Hamburg, 1947). Wilhelm von Drigalski, *Im Wirkungsfelde Robert Kochs* (Hamburg, 1948). Robert Möllers, *Robert Koch: Persönlichkeit und Lebenswerk, 1843–1910* (Hanover, 1950). Richard Bochalli, *Robert Koch: Schöpfer der modernen Bakteriologie* (Stuttgart, 1954). Hellmuth Unger, *Emil von Behring* (Hamburg, 1948); previous edn. *Unvergängliches Erbe: das Leben Emil von Behrings*, (Oldenburg, 1942). Richard Bieling, *Der Tod hat ein Nachsehen: Emil von Behring, Gestalt und Werk* (1941; Bielefeld, 1954). Martha Marquardt, *Paul Ehrlich als Mensch und Arbeiter: Erinnerungen aus dreizehn Jahren seines Lebens (1902–1915)* (1924; Berlin, 1951) (English edn. 1949). Hans Loewe, *Paul Ehrlich: Schöpfer der Chemotherapie* (Stuttgart, 1950).
- 91 Marquardt, *Paul Ehrlich*, 250.
- 92 Brugsch's famous textbook of internal medicine was republished in its 11th edn. in 1947. Theodor Brugsch, *Lehrbuch der Inneren Medizin* (11th and 12th edns., Berlin, 1947). Berlin University (later Humboldt University) was reopened on 29 Jan. 1946. On lecture schedules for Berlin, see e.g. Friedrich v. Bergmann, 'Der neue Studienplan für Mediziner', *Das Deutsche Gesundheitswesen*, 1/4 (28

- Feb. 1946), 64–8. On the ‘post-war surgeries’ of medical textbooks (i.e. the deletion of offending passages from republished textbooks) see Proctor, *Racial Hygiene*, 303–6.
- 93 BAB, DQ1/2, ‘Befehl des Obersten Chefs der Sowjetischen Militär-Administration und Oberkommandierenden der sowjetischen Besatzungstruppen in Deutschland, den 27. Juli 1945, Nr. 17’, Marshall Zhukov, Lieutenant-General Bokov, Colonel Kursov, Lieutenant Ognev. BAB, DQ1/1554, ‘Zusammenstellung der Vorschriften allgemeiner Bedeutung auf dem Gebiete des Gesundheitswesens nach dem Stande vom 1. März 1948’ for a list of other Soviet orders concerning public health.
- 94 See e.g. ‘Aufbau eines demokratischen Gesundheitswesens in Deutschland’, in Ursula Langkau-Alex and Thomas Ruprecht (eds.), *Was soll aus Deutschland werden? Der Council for a Democratic Germany in New York, 1944–1945: Aufsätze und Dokumente* (Frankfurt, 1995), 230–47. TNA, FO 371/46885, ‘Plan for the reconstruction of the German Health Organisation’, Hugo Freund, 26 Oct. 1945. Kurt Glaser, *Vom Reichsgesundheitsrat zum Bundesgesundheitsrat: Ein Beitrag zur Geschichte des deutschen Gesundheitswesens* (Stuttgart, 1960).
- 95 On Konitzer and Zadek, see Martin Broszat and Hermann Weber (eds.), *SBZ Handbuch* (Munich, 1990), 244–52. For some of the Soviet medical faculties and institutes represented, see BAB, Z47F 7317/56/23, ‘List of workers recommended for scientific work in the Soviet Occupation Zone of Germany’, signed by Deputy People's Commissar of Health of the USSR, Milovidov, attached to a report from Kuznetsov to Zhukov, on the work of the Health Department of SMAG for Dec. 1945, 14 Feb. 1946.
- 96 Moser claims that the ZVG was involved in the drafting of some of the most significant orders on public health in the Soviet zone, which hitherto had been considered to be of Soviet origin. See Moser, ‘*Im Interesse der Volksgesundheit ...*’, 260, 341. She is referring to BAB, DQ1/1406, letter from the legal department of the ministry of health of the German Democratic Republic to Minister Steidle and State Secretary Matern, 12 July 1951.
- 97 BAB, DQ1/2, ‘Statut der Zentralverwaltung für das Gesundheitswesen in der sowjetischen Okkupationszone’, Sokolov, 15 Sept. 1945. BAB, DQ1/2, ‘Satzungen der Deutschen Zentralverwaltung für das Gesundheitswesen auf dem Gebiet der sowjetischen Okkupationszone Deutschlands’, 12 Sept. 1945, Kuznetsov, approved by Serov.
- 98 Printed in *Berliner Zeitung*, 10 June 1945, 1.
- 99 Hanauske (ed.), *Die Sitzungsprotokolle des Magistrats*, i. 27–8.
- 100 See esp. Anna-Sabine Ernst, ‘*Die beste Prophylaxe*’.
- 101 Klaus Blömer (born 1921) and Hans-Jürgen Behrendt (born 1917) were described by Zetkin in this way, Zetkin, ‘Charakteristik’.
- 102 Herbert Baer (born 1898), Alfred Beyer (born 1885), Walter Friedeberger (born 1898), Anneliese Hamann (born 1894), Max Klesse (born 1896), Katharina Klingelhöfer (born 1889), Paul Konitzer (born 1894), Erwin Marcusson (born 1899), Rudolf Neumann (born 1899), Ignatz Zadek (1887), Maxim Zetkin (1883). Felix Boenheim (born 1890) was active in other parts of the SBZ health service. Helmut Lehmann (born 1882) had many contacts with it in his position as vice-president of the central administration for work and social security. Friedrich Wolf (born 1888) shares many similarities with individuals there. Many at the ZGV who were not part of the KPD and SPD sets were also of this generation, e.g. Bruno Harms (1890), Erich Taeger (1884), Georg Wundram (1880), Martin Wende (1894), Josef Lenz (1889), Hugo Holthöfer (1883), Else Deckert (1893).
- 103 e.g. the four commanders-in-chief: Montgomery was born in 1887, Eisenhower in 1890, Zhukov in 1896, Koenig in 1898.
- 104 Alfred Beyer had been seriously wounded, *Deutscher Biographischer Index*, 2nd ser., fiche 118/25–8. Felix Boenheim was excluded from the army after two years’ service for insulting the War Ministry, see Thomas Michael Ruprecht, *Felix Boenheim: Arzt, Politiker, Historiker: Eine Biographie* (Hildesheim, 1992). On Erwin Marcusson, see Müller-Enberg et al. (eds.), *Wer War Wer in der DDR?* (2001). On Maxim Zetkin, see BBAW, Zetkin Nachlass, ‘Lebenslauf’ [1947].
- 105 Rolf Becker (1906) was head of a department of the Ministry of Health in Sachsen-Anhalt; Carl Coutelle (1908); Fritz Lettow/Leo (1904); Hermann Redetzky (1901) was a leading official in the health administration of Mecklenburg-Vorpommern, and present at meetings of the regional health offices; Kurt Winter (1910). From outside the KPD and SPD sets, to this generation belonged e.g. Werner Holling (1909), Friedrich von Bergmann (1907), Hermann Bermann (1900), Willi Mueller (1906), Marie Schulte-Langforth (1903), Wladimir Lindenberg (1905), Ernst Holstein (1901), Theodor Kluge (1904), Edmund Döring (1905).
- 106 The Spain veterans (Becker, Coutelle, Baer, Winter, Zetkin) make up a group in themselves. Becker, Coutelle, and Baer also fought at the Burmese front, while Zetkin was with the Red Army. Hermann Redetzky and Paul Konitzer fought in the Wehrmacht. For Redetzky see BBAW, Nachlass Redetzky, Beförderungsurkunde, 5 Oct. 1943; for Konitzer see Schagen and Schleiermacher (eds.), *CD Rom: 100 Jahre Sozialhygiene*. Members of the Wehrmacht outside the two party sets included Bruno Harms, Wolfgang Cyran,

- Friedrich Bentzin, Edmund Döring, and Hans-Jürgen Behrendt. For Harms, see *Deutscher Biographischer Index*, 2nd ser., fiche 524/296–7 and 420–1. For Cyran, Bentzin, Döring, and Behrendt see Zetkin, 'Charakteristik'.
- 107 Eva Schmidt-Kolmer (1913); Joseph Schölmerich (1913). From outside the sets, Klaus Blömer (1921), Wolfgang Cyran (1911), Hans-Jürgen Behrendt (1917), Friedrich Bentzin (1912).
- 108 Ruprecht, *Felix Boenheim*. Bod. SPSL, 471/2, questionnaire filled in by Felix Boenheim, dated 12 Oct. 1934. Werner Röder and Herbert Strauss (eds.), *International Biographical Dictionary of Central European Emigres* (Munich, 1980–3), i.
- 109 Müller-Ensberg et al. (eds.), *Wer war wer in der DDR?*
- 110 *Biographischer Index*, 2nd ser., fiche 1142, 26. On his father Ignatz Zadek (1858–1931), see 'Personenregister' in Barbara and Günter Albrecht (eds.), *Diagnosen: Ärztenerinnerungen aus dem 20. Jahrhundert* (Berlin, 1977).
- 111 BBAW, Nachlass Zetkin, 'Lebenslauf', 1946.
- 112 *Deutscher Biographischer Index*, 2nd ser., fiche 118, 25–8. Zetkin, 'Charakteristik'. Müller-Ensberg et al. (eds.), *Wer War Wer in der DDR?*
- 113 Zetkin, 'Charakteristik', 12.
- 114 *Degeners Wer ist's?*, 12th edn. 1955; Zetkin, 'Charakteristik'.
- 115 BAB, DQ1/1614, pamphlet about Dr Konitzer entitled 'Volksgesundheit statt Rassenwahn', [undated]. Also see Zetkin, 'Charakteristik', 12. Short biography in Moser, *Im Interesse der Volksgesundheit ...*, 373.
- 116 BBAW, Nachlass Redetzky, 'Beglaubigte Abschrift', 21 June 1943. Also BBAW, 'In Memoriam Hermann Redetzky', *Humanitas: Zeitung für Medizin*, 8 (13 Apr. 1978).
- 117 Müller-Ensberg et al. (eds.), *Wer War Wer in der DDR?*, and Gerhard Baader, 'Politisch motivierte Emigration deutscher Ärzte', *Berichte der Wissenschaftsgeschichte*, 7/2 (1984), 67–8410.1002/bewi.19840070202 [PubMed: 11629192] [CrossRef].
- 118 Röder and Strauss, *International Biographical Dictionary of Central European Emigrés*, vol.1, and Emmi Wolf and Klaus Hammer (eds.), *Cyankali (para. 218) von Friedrich Wolf: eine Dokumentation mit dem berühmtem Theaterstück gegen den 'Abtreibungsparagraphen'* (Berlin, 1986).
- 119 Bruno Harms was medical officer in Tiergarten since 1922, and lectured on social hygiene. Hermann Bermann passed the Prussian district medical officer's examination in 1931, and became an assistant at the Hygiene Institute in Landsberg. From the early 1920s, Georg Wundram directed the state meat inspection service. Wladimir Lindenberg worked at the Institute of Clinical Psychology in Bonn. Ernst Holstein was active in occupational medicine since 1928. Else Deckert worked at the Reichsgesundheitsamt. Edmund Döring briefly worked at the Institute of Clinical Psychiatry, then at the Land insurance company in Saxony, before becoming a troop doctor. Cyran, Bentzin, and Behrendt all had military medical careers as troop doctors.
- 120 On this episode of Boenheim's life, see Ruprecht, *Felix Boenheim*, 55–90.
- 121 Müller-Ensberg et al. (eds.), *Wer War Wer in der DDR?*
- 122 Biographical essay on Friedrich Wolf in Wolf and Hammer (eds.), *Cyankali*.
- 123 Volker Berghahn, *Modern Germany: Society, Economy and Politics in the Twentieth Century* (Cambridge, 1995), 20.
- 124 Ernst Haase (ed.), *Hugo Haase: Sein Leben und Wirken, mit einer Auswahl von Briefen, Reden und Aufsätzen* (Berlin, 1929). Ernst Haase (Hugo Haase's son) and his cousin Felix Boenheim were both doctors, worked together at the hospital in Moabit, and were later active in the Council for a Democratic Germany in New York. See 'Declaration of the Council for a Democratic Germany' of 3 May 1944, in Langkau-Alex and Ruprecht (eds.), *Was soll aus Deutschland werden?*, 155–63. Ruprecht maintains that Hugo Haase had great influence on Felix Boenheim's formative years, see Ruprecht, *Felix Boenheim*, 21, 51–2, 64. Boenheim returned to Germany, but Ernst Haase seems to have stayed in the USA.
- 125 BBAW, Zetkin Nachlass, 'Lebenslauf', 14 Jan. 1951, and 'Lebenslauf', 7 Mar. 1947. On Clara Zetkin, see Gilbert Badia, *Clara Zetkin: Eine neue Biographie* (Berlin, 1999).
- 126 *SPD members*: Beyer since 1918; Friedeberger since 1921; no dates for Klesse, but Zetkin described him as an 'old USPD and SPD man'; Klingelhöfer since 1921; Konitzer since 1923; Lehmann since 1903; Redetzky since 1930; Zadek since 1911, and his father had been an SPD delegate since 1892. *KPD members*: no dates for Baer; Boenheim associated with it since 1918; Hamann since 1926; Kolmer in Austrian communist Youth organizations; Lettow since 1930; Marcusson since 1919; Winter in communist student group,

- then 1937 KPD; Zetkin since 1919; Schölmerich in communist youth group, then 1930 KPD; Coutelle since 1930; Neumann since 1927.
- 127 Moser, *'Im Interesse der Volksgesundheit ...'*, 69–70.
- 128 The Society of Friends of the New Russia was founded in 1923 to facilitate exchange of ideas between German and Soviet intellectuals. Felix Boenheim was one of the co-founders. Boenheim was also active in the International Committee of the Friends of Soviet Russia (based in Berlin and with branches in London and Paris), and worked as an advisory doctor to the Soviet trading mission in Berlin.
- 129 On this and the role of Ignatz Zadek senior, see Florian Tennstedt, Christian Pross, and Stephan Leibfried (eds.), *Internationales Ärztliches Bulletin: Beiträge zur Nationalsozialistischen Gesundheits- und Sozialpolitik*, vol. vii (Berlin, 1989), p. ix.
- 130 Active members included Felix Boenheim, Erwin Marcusson, Friedrich Wolf, Ignatz Zadek. Hamann and Klesse were probably members. Other active members who later did not return from exile included Minna Flake (KPD/KPO/SAP), Max Hodann (KPD), Käthe Frankenthal (SPD/SAP), Ernst Haase (SPD?). Kurt Glaser (SPD), former head of the Chemnitz Branch of the Association, returned from exile in the USA to the British Zone in Feb. 1948.
- 131 Alfons Labisch and Florian Tennstedt, *Der Weg zum 'Gesetz über die Vereinheitlichung des Gesundheitswesens'* (Düsseldorf, 1985). Paul Weindling, *Health, Race and German Politics Between National Unification and Nazism, 1870–1945* (Cambridge, 1989).
- 132 Entry for Paul Ignaz Konitzer, in Schagen and Schleiermacher (eds.), *CD Rom: 100 Jahre Sozialhygiene*.
- 133 For Beyer, Hamann, and Klesse, see Zetkin, 'Charakteristik', and DQ1/1634, Max Klesse, 'Werdegang', 6 Sept. 1946. For Klingelhöfer, see *Wer ist Wer? 12. Ausgabe von Degeners Wer ist's?* For Konitzer, see Müller-Ensborg et al. (eds.), *Wer War Wer in der DDR?* For Zadek, see *Wer ist Wer? 1948*, Deutscher Biographischer Index.
- 134 BBAW, Nachlass Redetzky, Prof. Dr Walter to Herrn Präsidenten Höcker, 2 July 1946, where Walter recommended Redetzky as his successor.
- 135 Müller-Ensborg et al. (eds.), *Wer War Wer in der DDR?*
- 136 Fritz Lettow, *Arzt in den Höllen: Erinnerungen an vier Konzentrationslager* (Berlin, 1997). Days after the liberation of Bergen-Belsen in Apr. 1945, he changed his name from Leo to Lettow, see afterword by Gerhard Leo, 257. See Karen Bellin, 'Ein Leben im Dienste des Menschen: OMR Dr Fritz Lettow, Arzt im Widerstand und Aktivist der ersten Stunde', *Zeitschrift für die gesamte Hygiene und ihre Grenzgebiete*, 35/7 (1989), 442–3. For Schölmerich, Zetkin, 'Charakteristik', and Martin Broszat and Hermann Weber, *SBZ Handbuch*. For Klesse, Rainer Sandvoß, 'In Berlin gab es auch Widerstand', *Berlinische Monatsschrift*, 9 (2000), 48–58.
- 137 Mobile theatrical 'agitation—propaganda' ensembles that took up political causes and translated them into popular performance language.
- 138 For Becker, Coutelle, and Baer, TNA, FO 371/46844, 29 Nov. 1945, correspondence with China Medical Aid Committee. For Kurt Winter, Müller-Ensborg et al. (eds.), *Wer war wer in der DDR?* For Zetkin, see BBAW, 'Lebenslauf'. For Neumann, *Pasaremos: Deutsche Antifaschisten im national-revolutionären Krieg des spanischen Volkes* (Berlin, 1970); Arno Lustiger, 'German and Austrian Jews in the International Brigades', *Leo Baeck Institute Yearbook*, 35 (1990), 297–320.1093/leobaeck/35.1.297 [CrossRef]. For Wolf, Atina Grossmann, *Reforming Sex: The German Movement for Birth Control and Abortion Reform, 1920–1950* (Oxford, 1995), 184; Emmi Wolf and Walter Pollatschek, *Wolf: Ein Lesebuch für unsere Zeit* (Berlin, 1974).
- 139 BAB, SgY 30/2237, Eva Kolmer, 'Entwurf: Erinnerungen an Lehr- und Wanderjahre in Sachen Gesundheitsschutz für Mutter und Kind (1949 bis 1961)', manuscript dated 22 Nov. 1986, 2. Many thanks to Charmian Brinson for giving me a copy.
- 140 'Kampfgefährte', Moritz Mebel interview with the author, held on 22 July 2003 in Berlin.
- 141 In the British zone, Friedrich Dettmann (born 1897) was temporarily head of the health department at the Hamburg Senate; Emil Matthews (born in 1895) was minister of public health for Schleswig-Holstein. Both were members of the KPD. NA, FO 1082/4 'Who's who in the British Zone of Germany, with biographical notes on 300 Germans in key positions', 1946. In 1950, the Hamburg Senate ordered Dettmann's arrest following his participation in a demonstration. Walther Killy (ed.), *Deutsche Biographische Enzyklopädie*, ii (Munich, 1995).
- 142 Leo/Lettow, Schölmerich, and Coutelle were all in charge of personnel. Schölmerich, Coutelle, and Neumann were in charge of organization and planning. No non-KPD member occupied either position.
- 143 BAB, DQ1/1338, 'Diskussion zum Referat von Dr Holling auf der dritten Tagung der Leiter der Landes- und Provinzial-

- Gesundheitsämter am 10. November 1945'.
- 144 BAB, DQ1/1338, 'Diskussion zum Referat DrDr Harms auf der 4.Tagung der Leiter der Landes- und Provinzial-Gesundheitsämter am 12./13. Januar 1946'.
- 145 BBAW, Zetkin Nachlass, Max Klesse to Genosse Zetkin, 26 Oct. 1946. Klesse to Zetkin, 27 Oct. 1946.
- 146 Norman Naimark, *The Russians in Germany: A History of the Soviet Occupation Zone, 1945–1949* (Cambridge, 1997), 272.
- 147 Naimark, *Russians in Germany*, 292ff. Apart from Zetkin, two individuals which are hard to place in this way include Wladimir Lindenberg (1905) and Robert von Radetzky (1899): both were born in Moscow, but had trained and lived in Germany for decades.
- 148 On 28 Aug. 1946 the SMAG decorated him for 'successful work in the democratic reconstruction of local administrations', see Udo Schagen, 'Kongruenz der Gesundheitspolitik in der Sowjetischen Besatzungszone?', in Wolfgang Woelk and Jörg Vögele (eds.), *Geschichte der Gesundheitspolitik in Deutschland: Von der Weimarer Republik bis in die Frühgeschichte der 'doppelten Staatsgründung'* (Berlin, 2002), 397.
- 149 'Das Russengrab bei Zeithain: Präsident Konitzers Kriegsdienste', *Der Spiegel*, 1 Mar. 1947, 4. Also see Jens Nagel, 'Das Massensterben sowjetischer Kriegsgefangener 1941 bis 1944: Zur Rolle des Wehrmachtarztes im Wehrkreiskommando IV Dresden Dr Paul Konitzer (1894–1947)', in Böhm and Haase (eds.), *Täterschaft—Strafverfolgung—Schuldentlastung*, 93–118. Peter Schneck, 'Paul Konitzer (1894–1947): Hygieniker, Amtsarzt, Sozialmediziner, Gesundheitspolitiker', *NTM: Zeitschrift für Geschichte der Wissenschaften, Technik und Medizin*, 12/4 (Sept. 2004), 213–32.
- 150 Moser, 'Im Interesse der Volksgesundheit ...', 269 n. 863. Ernst, 'Die beste Prophylaxe'.
- 151 Katharina Klingelhöfer's husband was Gustav Klingelhöfer, who in 1945 ran the political office of the Berlin SPD and from 1946 headed the economic department of the Berlin Magistrat, see *Degeners Wer ist's?* (12th edn. 1955).
- 152 BAB, DQ1/1614, handwritten letter 'an das ZK der SED', signed by Zetkin, 20 Nov. 1946.
- 153 Hermann Bermann (born 1900) had worked at Hygiene Institute in Landsberg until 1933, was sacked as 'non-Aryan' but given a licence to practise. He joined the SPD for the first time after 1945, and was not part of the SPD described here. Zetkin classified him as a 'petty-bourgeois reactionary' who openly criticized communism and socialism. See Zetkin, 'Charakteristik', 15.
- 154 BAB, DQ1/1338, 'Diskussion zum Referat von Dr Hess auf der 3.Tagung der Leiter der Landes- und Provinzialgesundheitsämter am 11. November 1945 in der ZV.Gesundheitswesen', 7, 9.
- 155 Dr Gysi in BAB, DQ1/1338, 'Protokoll der 4. Tagung der Leiter der LGA vom 12./13.1.1946', 375. The professional organization of doctors in the Soviet zone is discussed by Ernst, 'Die beste Prophylaxe'. On doctors on the FDGB, see BAB, DQ1/1524, 'Neuaufbau des Gesundheitswesens', *Deutsche Volkszeitung*, 18 Nov. 1945.
- 156 Friedrich Ernst von Bergmann: born 1907 into a famous doctor family. His father was Ernst von Bergmann (1836–1907), a famous German surgeon. Friedrich worked at pharmacological institutes in Munich and Berlin from 1932, from 1938 he was a doctor with the SA. Zetkin, 'Charakteristik', 8.
- 157 BBAW, Zetkin Nachlass, Max Klesse to Vice-Presidents Zetkin und Schölmerich, 23 May 1946.
- 158 BBAW, Zetkin Nachlass, Max Klesse to the President (Konitzer), 23 May 1946.
- 159 Friedrich Bentzin (born in 1912), military doctor from 1936 until 1945, had been in the Stahlhelm. See Zetkin, 'Charakteristik'.
- 160 Wladimir Lindenberg (born 1905 in Moscow), trained and worked in Germany. He took his medical examination in Bonn in 1927, from 1930 to 1936 worked on the specialist ward for brain damage and at the Institute of Clinical Psychology, both in Bonn. He was arrested in 1937 and spent several years in prison and one year in a concentration camp. From 1941 to 1945 he worked for a private firm as scientific adviser. After 1945, Zetkin classified him as an ally of the KPD. Zetkin, 'Charakteristik'.
- 161 BBAW, Zetkin Nachlass, Max Klesse to Genosse Zetkin, 3 Mar. 1946.
- 162 BBAW, Zetkin Nachlass, Zetkin to Klesse, 8 Jan. 1947. The new president—the dermatologist Karl Linser (born 1895)—was indeed a 'non-socialist'.
- 163 Friedrich Wolf, 'Was erzählen diese Zahlen?' (1928), in Wolf and Hammer (eds.), *Cyankali*, 78.
- 164 Ewald Fabian, born 1885 in Berlin; SPD since 1912; 1919 joined Spartacus, USPD, and then KPD; 1926, expelled from KPD, joined KPD(O); 1931 founder member of SAP; 1933, emigration to Czechoslovakia. See Tennstedt, Pross, and Leibfried (eds.),

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- 165 'Was wir wollen!', *Internationales Ärztliches Bulletin*, 1 (Jan. 1934), 2–3.
- 166 'Offene Antwort auf den Offenen Brief des Herrn Geheimrat Prof. Dr E. F. Sauerbruch', *Internationales Ärztliches Bulletin*, 1 (Jan. 1934), 4–7, at 5.
- 167 e.g. Konitzer in BAB, DQ1/1338, 'Protokoll der 2. Tagung der Leiter der Landes- und Provinzialgesundheitsämter im Sowjetischen Okkupationsgebiet in der Deutschen Zentralverwaltung für das Gesundheitswesen am 2. und 3. Oktober 45–2. Sitzungstag', 11. 'Diskussion zum Referat von Dr Holling auf der dritten Tagung der Leiter der Landes- und Provinzial-Gesundheitsämter am 10. November 1945', 4.
- 168 BAB, DQ1/1338, 'Besprechung der Leiter der Landes- und Provinzial-Gesundheitsämter am 12. und 13.1.46', 12.
- 169 Max Holling (born 1909) was a lawyer.
- 170 BAB, DQ1/1338, 'Diskussion zum Referat von Dr Holling auf der dritten Tagung der Leiter der Landes- und Provinzial-Gesundheitsämter am 10. November 1945', 9.
- 171 Alfred Beyer, 'Ein Jahr Deutsche Zentralverwaltung des Gesundheitswesens', *Das Deutsche Gesundheitswesen*, 1/21 (31 Oct. 1946), 641–4.
- 172 Moser also makes this point, '*Im Interesse der Volksgesundheit ...*', 176.
- 173 Hermann Redetzky, 'Eine "allgemeine Poliklinik" in Schwerin', *Das Deutsche Gesundheitswesen*, 1/12 (15 June 1947), 392–3.
- 174 Edmund Döring (born 1905) worked at the Institute of Clinical Psychology, 1935–7 worked for an insurance fund, during the war was a military doctor. He joined the SA in 1934, 1938 Parteianwärter, but was 'blamelessly rehabilitated as an anti-fascist'. After 1945, he headed a sub-department in the ZVG. Zetkin, 'Charakteristik'.
- 175 E. Döring, 'Vom Sinn und Zweck der Polikliniken', *Das Deutsche Gesundheitswesen*, 1/11 (1 June 1947), 358–60.
- 176 Hermann Redetzky and Kurt Winter, 'Über die Anfänge des Gesundheitswesens nach 1945', *Zeitschrift für Ärztliche Fortbildung*, 53/19 (1959), 1150–8, at 1157. Hermann Redetzky, *Entwicklung, Vereinheitlichung und Demokratisierung des öffentlichen Gesundheitswesens* (Berlin, 1950). Hermann Redetzky, 'Zur Geschichte der Organisation des Gesundheitswesens', in *Lehrbuch für Sozialhygiene* (Berlin), 50–62; manuscript in BBAW, Nachlass Redetzky.
- 177 Redetzky, 'Über die gesundheitspolitische Bedeutung der Befehle der Sowjetischen Militäradministration Deutschlands nach 1945', in Ministerrat der DDR, *Die Bedeutung der Befehle der SMAD für den Aufbau de sozialistischen Gesundheitswesens der Deutschen Demokratischen Republik: Dokumentation aus Anlaß des 50. Jahrestages der Großen Sozialistischen Oktoberrevolution* (Berlin, 1967), 4–11.
- 178 Redetzky, 'Gründung und Aufbau des Zentralinstituts für Sozial- und Gewerbehygiene—Befehl der SMAD Nr.78 om 28.IV.48', in Ministerrat der DDR, *Die Bedeutung der Befehle der SMAD*, 21–2.
- 179 It became a major historiographical focus in the GDR, see Irina Winter, 'Der Verein Sozialistischer Ärzte: Ein Beitrag zur Geschichte des Ärztestandes', *Zeitschrift für Ärztliche Fortbildung*, 58/19 (1964), 1140 [PubMed: 14339907], 1143. Irina Winter, 'Zur Geschichte der Gesundheitspolitik der deutschen Arbeiterbewegung', *NTM: Schriftenreihe für Geschicht der Naturwissenschaften, Technik und Medizin*, 5/11 (1968), 93–100. Kurt Kühn (ed.), *An der Seite der Arbeiterklasse: Beiträge zur Geschichte des Bündnisses der Deutschen Arbeiterklasse mit der medizinischen Intelligenz* (Berlin, 1973). Barbara and Günter Albrecht (eds.), *Diagnosen*. Lothar Büttner and Bernhard Meyer (eds.), *Gesundheitspolitik der revolutionären deutschen Arbeiterbewegung: vom Bund der Kommunisten bis zum Thälmannschen ZK der KPD* (Berlin, 1984).
- 180 Eric D. Weitz, *Creating German Communism, 1890–1990: From Popular Protests to Socialist State* (Princeton, 1997), 234–5.
- 181 Müller-Ensberg et al. (eds.), *Wer war wer in der DDR?*.
- 182 Entry for 20 Apr. 1941, quoting Stalin, in Ivo Banac (ed.), *The Diary of Georgi Dimitrov 1933–1949* (New Haven, 2003), 156.
- 183 Entry for 21 May 1943, in Banac (ed.), *Diary*, 276.
- 184 Entry for 7 June 1945, quoting Stalin, in Banac (ed.), *Diary*, 372.
- 185 Hermann Weber (ed.), *DDR: Dokumente zur Geschichte der Deutschen Demokratischen Republik 1945–1985* (Munich, 1986). Jeffrey Herf, *Divided Memory: The Past in the Two Germanies* (Cambridge, 1997), 30–2.

- 186 Anton Ackermann, 'Gibt es einen besonderen Deutschen Weg zum Sozialismus?', *Einheit: Monatsschrift zur Vorbereitung der SED*, 1 (Feb. 1946) (Berlin), 22–32.
- 187 Ackermann, *Marxistische Kulturpolitik: Rede auf dem ersten Kulturtag der Sozialistischen Einheitspartei Deutschlands am 7. Mai 1948* (Berlin, 1948), 22. Also see Ackermann, 'Unsere kulturpolitische Sendung', in Wilhelm Pieck and Anton Ackermann, *Unsere kulturpolitische Sendung: Reden auf der Ersten Zentralen Kulturtagung der Kommunistischen Partei Deutschlands vom 3. bis 5. Februar 1946* (Berlin, 1946).
- 188 Ackermann had to do penance and was demoted. See Weitz, *Creating German Communism*, 346; David Pike, *The Politics of Culture in Soviet-Occupied Germany, 1945–1949* (Stanford, 1992), 414 ff.
- 189 Dr E. Silva, 'Ärzte im Freiheitskampf', *Internationales Ärztliches Bulletin*, 2/7 (Sept. 1935), 85–7.
- 190 'Rudolf Virchow: Gegen den Antisemitismus', *Internationales Ärztliches Bulletin: Zentralorgan der Internationalen Vereinigung Sozialistischer Ärzte*, 3/1 (Jan. 1936), 15–16.
- 191 Kurt Winter, *Rudolf Virchow* (Leipzig, 1956).
- 192 Winter, *Virchow*, 33.
- 193 Winter, *Virchow*, 36.
- 194 Winter, *Virchow*, 38.
- 195 Felix Boenheim (ed.), *Virchow: Werk und Wirkung* (Berlin, 1957).
- 196 Alfred Beyer, 'Rudolf Virchow: ein kämpferischer Demokrat', *Das deutsche Gesundheitswesen*, 1/4 (28 Feb. 1946), 93–6.
- 197 Beyer probably referred to the film 'Robert Koch, der Bekämpfer des Todes' by Paul Josef Cremers and Gerhard Menzel (1939), which presented Virchow as a devious and manipulative figure who had tried to denounce Robert Koch in an effort to save his own career. See 'Emil Jannings als Robert Koch: Der Bekämpfer des Todes', *Illustrierter Film-Kurier*, 2983 (1939).
- 198 Compare with Ackerknecht, *Virchow*.
- 199 Beyer, 'Virchow', 94.
- 200 Beyer, 'Virchow', 95.
- 201 Beyer, 'Virchow', 96.
- 202 Robert von Radetzky, born in Moscow in 1899, studied and worked in Germany. Zetkin saw him as an active antifascist who had worked illegally during the war, see Zetkin, 'Charakteristik'.
- 203 Robert v. Radetzky, 'Virchow und die Gesundheitspolitik', *Das deutsche Gesundheitswesen*, 1/7 (15 Apr. 1946), 190–2. 'Rudolf Virchow zum 125.Geburtstag am 13.Oktober', *Das deutsche Gesundheitswesen*, 1/19 (30 Sept. 1946), 569.
- 204 Friedrich Wolf, 'Vom Rechte, das mit uns geboren ist ...', *Der Rundfunk*, Berlin, 6–19 Apr. 1947, repr. in Wolf and Hammer (eds.), *Cyankali*, 341.
- 205 Advertisement for young doctors: *Das Deutsche Gesundheitswesen*, 1/1–2 (Jan. 1946), 26. Also see Die Schriftleitung, 'Unsere neue Zeitschrift', *Das deutsche Gesundheitswesen*, 1/1–2 (Jan. 1946), 3. Dr R. Neubert (Hygiene Museum Dresden), 'Der Arzt als Erzieher', *Das deutsche Gesundheitswesen*, 1/3 (15 Feb. 1946), 58. Moser, 'Im Interesse der Volksgesundheit ...', 153.
- 206 Herf, *Divided Memory*, 11.

Figures

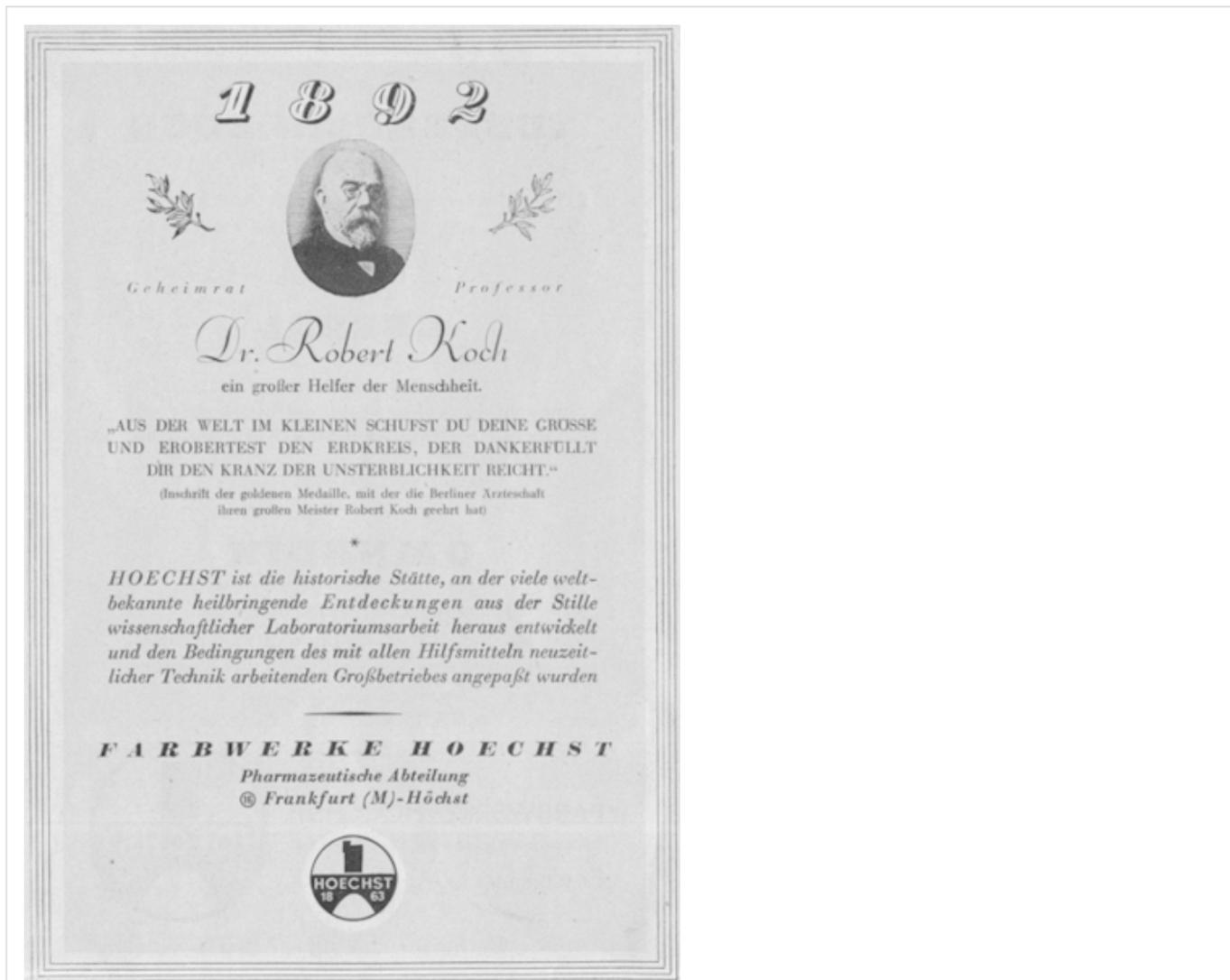


Figure 4.1.

Farbwerke Hoechst advertising flyer [1947]

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Figure 4.2.

Top: Stamps from the series *Personalities in politics, the arts and science* (Deutsche Post, German Democratic Republic, 1952). Virchow features here among grandees of German Communism such as Karl Marx, Friedrich Engels, August Bebel and G. W. Hegel.

Bottom: Stamps from the series *150 years Humboldt University – 250 years Charité* (Deutsche Post, German Democratic Republic, 1960)

Virchow also featured in other commemorative stamp series, such as *Men from the history of Berlin* (Deutsche Post Berlin, 1952; and Deutsche Bundespost Berlin, 1957)

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Tables

Table 4.1. Heads of Department in the Central Health Administration of the Soviet Occupation Zone, October to December 1945

OCTOBER 1945		DECEMBER 1945	
President	Dr Paul Konitzer (Aug. 45–Feb. 47) SPD	President	Dr Paul Konitzer (Aug. 45–Feb. 47) SPD
1st Vice-president	Dr Ignatz Zadek (Aug.–Nov. 45) SPD	1st Vice-president	Dr Maxim Zetkin (Dec. 45–49) KPD
2nd Vice-president	Dr Fritz Leo/Lettow KPD (Aug. 45–?)	2nd Vice-president	Dr Ignatz Zadek (Dec. 45–Feb. 46) SPD
3rd Vice-president	None	3rd Vice-president	Dr Bruno Harms (Dec. 45–July 46) DDP/LPD
Administration	Dr Paul Konitzer SPD	General Administration	Dr Joseph Schölmerich (Scholmer) KPD
1. Sciences	Dr Friedrich v. Bergmann	1. Sciences	Dr Friedrich v. Bergmann
2. Secretariat	Dr Werner Holling	2. Secretariat/Legal Department	Dr Werner Holling
3. Human Resources	Dr Fritz Leo/Lettow KPD	3. Human Resources	Dr Fritz Leo/Lettow KPD
4. Economy & Finances	Dr Erich Taeger	4. Finances & Economy	Dr Erich Taeger
5. Mother & Child	Dr Anneliese Hamann KPD	5. Mother & Child	Dr Anneliese Hamann KPD
6. Preventive Medical Care	Dr Fabian SPD	6. Preventive Medical Care	Dr Max Klesse SPD
7. Social Care	Dr Alfred Beyer SPD	7. Social Care	Dr Alfred Beyer SPD
8. Medical Affairs	Dr Hermann Bermann	8. Medical Affairs	Dr Hermann Bermann
9. Food & Consumption Hygiene	Dr Georg Wundram	9. Nutritional & Food Hygiene	Dr Georg Wundram
10. Free Health Professions	Dr Kurt Hess	10. Pharmaceutical Industry	Willi Mueller
		11. Free Health Professions	Dr Kurt Hess

Table 4.2. Heads of Department in the Central Health Administration of the Soviet Occupation Zone, April to September 1946

2 April 1946		1 September 1946	
President	Dr Paul Konitzer (Aug. 45–Feb. 47) SPD	President	Dr Paul Konitzer (Aug. 45–Feb. 47) SPD/SED
1st Vice-president	Dr Maxim Zetkin (Dec. 45–49) KPD	1st Vice-president	Dr Maxim Zetkin (Dec. 45–49) KPD/SED
2nd Vice-president	Dr Alfred Beyer (Mar. 46–Nov. 48) SPD	2nd Vice-president	Dr Alfred Beyer (Mar. 46–Nov. 48) SPD/SED
3rd Vice-president	Dr Bruno Harms (Dec. 45–July 46) LDP	3rd Vice-president	Dr Barbara v. Renthe-Fink (Feb. 47–June 48) SPD/SED
General Department	Dr Joseph Schölmerich (Scholmer) KPD <i>Deputy: Robert v. Radetzky</i>	1. Sciences	Dr Otto Jäger
1. Sciences	Dr Friedrich v. Bergmann no deputy	2. Organization	Dr Carl Coutelle KPD/SED
2. Secretariat	Dr Werner Holling, now SPD <i>Deputy: Dr Marie Schulte-Langforth</i>	3. Medical Profession	Dr Joseph Schölmerich (Scholmer) KPD/SED
3. Human Resources	Dr Fritz Leo/Lettow KPD <i>Deputy: Dr Carl Coutelle</i> KPD	4. Economy & Finances	von Barga
4. Economy & Finances	Dr Erich Taeger <i>Deputy: Martin Wende</i>	5. Internal Administration	Josef Lenz
5. Mother & Child	Dr Anneliese Hamann KPD no deputy	6. Medical Care	Dr Erich Schäfer
6. Preventive Medical Care	Dr Max Klesse SPD <i>Deputy: Dr Wladimir Lindenberg</i>	7. Preventive Health Care	Dr Max Klesse SPD/SED
7. Social Medicine	Dr Ernst Holstein no deputy	8. Hygiene & Epidemic Control	Dr Hermann Bermann
8. Medical Affairs	Dr Herman Bermann <i>Deputy: Dr Herbert Baer</i> KPD	9. Nutritional & Food Hygiene	Dr Georg Wundram
9. Food Inspection & Control	Dr Georg Wundram <i>Deputy: Dr Rudolf Meyer</i>	10. Medical Industry	Willi Mueller
10. Pharmaceutical Affairs	Willi Mueller <i>Deputy: Theodor Kluge</i>		

Table 4.3. Heads of Department in the Central Health Administration of the Soviet Occupation Zone, September 1947 to October 1948

September 1947		October 1948	
President	Dr Karl Linser (Feb. 47–Nov. 48)	President	Dr Karl Linser (Feb. 47–Nov. 48)
1st Vice-president	Dr Maxim Zetkin (Dec. 45–49) KPD/SED	1st Vice-president	Dr Maxim Zetkin (Dec. 45–49) KPD/SED
2nd Vice-president	Dr Alfred Beyer (Mar. 46–Nov. 48) SPD/SED	2nd Vice-president	Dr Alfred Beyer (Mar. 46–Nov. 48) SPD/SED
3rd Vice-president	Dr Barbara v. Renthe-Fink (Feb. 47–June 48) SPD/SED	3rd Vice-president	Dr Kurt Winter (June 48–49) KPD/SED
1. Sciences	Dr Otto Jäger	1. General Department	Dr Walter Axel (Fräser) Friedeberger SPD/SED
2. Organization & Planning	Dr Rudolf Neumann KPD/SED	2. Training & Personnel	Dr Carl Coutelle KPD/SED
3. Medical Profession	Dr Carl Coutelle KPD/SED	3. Medical & Preventive Health Care	Dr Erich Schäfer
4. Finances & Economy	Feuerboether	4. General Hygiene & Epidemic Control	Dr Johannes Kathe
5. Statistics & Information	Dr Eva Schmidt-Kolmer KPÖ/SED	5. Medical Research & Training	Dr Richard Wegener
6. Medical Care	Dr Erich Schäfer	6. Pharmaceutical Affairs	Dr Konstantin Pritzel SPD/SED
7. Preventive Health Care	Dr Erwin Marcusson KPD/SED		
8. Hygiene & Epidemiology	[?]		
9. Food Inspection & Control	Dr Georg Wundram		
10. Medical Industry & Pharmaceutical Affairs	Willi Mueller		

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