INTERNATIONAL HEALTH, EUROPEAN RECONCILIATION, AND GERMAN FOREIGN POLICY AFTER THE FIRST WORLD WAR, 1919-1927

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After the slaughter of the First World War had ended and the Treaty of Versailles ushered in an uneasy international order, Germany faced economic ruin, political upheaval, and the deterioration of the overall health of its population. Germany’s postwar domestic problems were exacerbated by international isolation, which included both economic and cultural blockades. While food shortages weakened the German population, the Allied scientific leaders barred German scientific and cultural institutions from the international community. An exception to Germany’s cultural isolation was in the field of medical science and public health. The universality of human biology trumped political polarization. In the immediate postwar years, major outbreaks of epidemic disease in Eastern Europe and Russia threatened Europe’s economic and political recovery. In order to counter a microbial invasion, Allied governments (primarily, the French and British) laid the foundations of the League of Nations Health Organization, the precursor to today’s World Health Organization. While Germany’s status as a pariah made its cooperation in the rise of international health difficult, German participation in the League of Nations Health Organization led to Germany’s involvement in international exchanges (well before Germany was a League member) and, ultimately, to the first instance of postwar Franco-German
cultural reconciliation. Because it occurred during a time of deep Franco-German
animosity and predated the ‘Spirit of Locarno’, Germany’s involvement in Allied-led
international cooperation on health-matters presents an important connection between
disease prevention and international politics.
I dedicate this dissertation to those helpful and loving souls who remained ever supportive of me. Although there are too many people to name here, I do want to single out a few individuals for special thanks: Katie, Andrew, Josh, Marc, Carlos, my loving parents, Lee and Darrell, and my two beautiful sisters, Heather and Naomi.

Many thanks,

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LIST OF ABBREVIATIONS

AA - Auswärtiges Amt (German Foreign Office)
ADGB - Allgemeiner Deutscher Gewerkschaftsbund (General German Labor Union)
ARA - American Relief Administration
CISR - Comité Internationale de Secour á la Russie (The International Red Cross’s Committee to Aid Russia)
DRK - Deutsches Rotes Kreuz (German Red Cross)
ICRC - International Committee of the Red Cross
ITUC - International Trade Union Confederation
LNHC - League of Nations Health Committee
LNHO - League of Nations Health Organization
LRCS - League of Red Cross Societies
OIHP - Office International d’Hygiène Publique (International Office for Public Hygiene)
RGA - Reichsgesundheitsamt (Reich Health Office)
RMI - Reichsministerium des Innern (Reich Interior Ministry)
RRC - (Soviet) Russian Red Cross
INTRODUCTION

What role did the rise of international health play in European rapprochement in the period between the end of the First World War and the normalization of Germany’s relations with the Allies in 1927? Who drove Germany’s cooperation with international health efforts between 1919 and 1927? Did the coordination of health policy influence German foreign policy away from isolation and towards reconciliation? Was international cooperation in public health a product or a cause of political rapprochement?

This dissertation seeks to answer these questions. There is a lack of literature on the interaction between the rise of international health and Germany’s international rehabilitation after the First World War. Germany’s involvement with the international health movement was a significant exception to otherwise bitter Franco-German relations and Allied efforts to isolate Germany. Therefore this lacuna in the historiography of Weimar Germany and international relations of the 1920s is surprising.

After the slaughter of the First World War had ended and the Treaty of Versailles ushered in an uneasy international order, Germany faced economic ruin, political upheaval, and the deterioration of the overall health of its population. Germany’s postwar domestic problems were exacerbated by international isolation, which included both economic and cultural blockades. While food shortages weakened
the German population, the Allied scientific leaders barred German scientific and cultural institutions from the international community.

An exception to Germany’s cultural isolation was in the field of medical science and public health. The universality of human biology trumped political polarization. In the immediate postwar years, major outbreaks of epidemic disease in Eastern Europe and Russia threatened Europe’s economic and political recovery. In order to counter a microbial invasion, Allied governments (primarily, the French and British) laid the foundations of the League of Nations Health Organization (LNHO), the precursor to today’s World Health Organization. While Germany’s status as a pariah made its cooperation in the rise of international health difficult, German participation in the LNHO led to Germany’s involvement in international exchanges (well before Germany was a League member) and, ultimately, to the first instance of postwar Franco-German cultural reconciliation. Because it occurred during a time of deep Franco-German animosity and predated the ‘Spirit of Locarno’, Germany’s involvement in Allied-led international cooperation on health-matters presents questions about the connection between disease prevention and international politics.

There is a wide range of literature that illustrates the fruitfulness of examining the role that epidemics and the responses to them have played on Europe’s political development since the Black Death.\footnote{A few of the many books on the subject are J.N. Hays, \textit{The Burdens of Disease: Epidemics and Human Response in Western History} (New Brunswick: Rutgers University Press, 1998), Peter Baldwin, \textit{Contagion and the State in Europe, 1830-1930} (Cambridge: Cambridge University Press, 1998), Sheldon Watts, \textit{Epidemics and History: Disease, Power and}
with the politics of health in Weimar Germany is infected with the tautological assumption of the inevitability of the Nazi seizure of power. Most notable in this vein is the work of the prolific historian Paul Weindling. In his most significant offering, *Epidemics and Genocide*, Weindling argues that German efforts to eradicate disease (mainly typhus) on the Eastern Front in World War I were a direct precursor to the Holocaust. Weindling’s argument presupposes the *Machtergreifung* and dismisses Germany’s cooperation with the LNHO during the 1920s as a temporary aberration. Continuities certainly existed between Weimar Germany’s “Geo-medicine”, which

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Weindling defines as anti-epidemic and health initiatives in the service of imperial expansion, and the Nazi racial state. However, not only did international cooperation on health matters expand during the early and mid 1920s, but international organization (with Germany’s support) penetrated domestic public health policymaking more than ever before.

There was neither an inevitable progression from German efforts to delouse occupied Poland during WWI to the gas chambers of Nazi death camps, nor from pre-1933 eugenics to the Nazi racial state. Weindling’s *Health, Race and German Politics between National Unification and Nazism: 1870 – 1945* argues the latter. Weindling mines the medicalization of Wilhelmine and Weimar Germany to expose its Nazi antecedents. By making this connection central to his argument, he overshadows Germany’s participation in the development in international health with the crimes of Nazi medicine.

On the other hand, the literature that deals with the rise of international health in the 1920s concerns itself mainly with an institutional history that is divorced from international politics, as does the historiography of German science during the interwar

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While a body of literature exists that focuses on the Allied cultural blockade of Germany during the 1920s, specifically the exclusion of German science from international organizations (or the “boycott” of German Sciences, as the Germans referred to it), international cooperation on health matters is largely ignored.\(^5\)

Aside from the lacunae in the fields of history of science and the history of medicine, the literature on German and European diplomatic history of the 1920s does not significantly address Germany’s participation in the rise of international health during the immediate post war years. The diplomatic and political impasses of reparations, as well as Germany’s demilitarization, hyperinflation, and domestic polarization, have taken center stage. The absence of literature on the rise of

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international health in Weimar Germany’s international relations reflects the disconnect among the history of science, the history of medicine, and diplomatic history.

This disconnect is compounded by the lacunae in the historiography of the institutional actors that are at the heart of this dissertation. Within the German government, the agencies involved in the German politics of international health were the Foreign Office, the Reich Interior Ministry, and the Reich Health Office. The extant literature on the German Foreign Office during the Weimar period does little to uncover the role of international health in post-WWI European reconciliation. Including the lack of any analysis of its role in promoting international cooperation on health matters, the Reich Interior Ministry of the 1920s has received surprisingly little attention from historians. As well, the history of the Reich Health Office has gone largely

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7 The few historiographical offerings that examine the Reich Interior Ministry do so only circuitously in the context of the history of German bureaucracy and civil service. These include Jane Caplan, *Government without Administration: State and Civil Service in Weimar and Nazi Germany* (New York: Oxford University Press, 1988), Jane Caplan, “The Politics of
undocumented until the recent publication of Axel Hüntelmann’s study of German public health.  

In addition there is a paucity of literature on the other institutions involved in this story, namely, the League of Nations, the LNHO, the Hamburg Institute for Marine and Tropical Diseases, and the German Red Cross. The literature fails to

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11 The only study of the Hamburg Institute (which was central to the German government’s connection with the League of Nations Health Office) is Stefan Wulf, Das Hamburger Tropeninstitut 1919 bis 1943: auswärtige Kulturpolitik und Kolonialrevisionismus nach
connect the history of these actors with Germany’s political reconciliation of the mid 1920s and the rise of international health.

In this dissertation I attempt to bridge the gap between the history of medicine, the history of science, and diplomatic history. At the same time, I seek to expand upon the historiography of German governmental agencies by placing them in the broader international/cultural framework of international health. I argue that cooperation in the fight against epidemic diseases and the rise of international health after the First World War helped drive diplomatic rapprochement between Germany and its former enemies.

The outbreak of epidemic diseases and the mass migration of refugees in the wake of the war obliged national and international health officials to seek cooperative solutions. The initial step toward Germany’s integration into the international health community was a byproduct of a ploy by the German Foreign Office to resist French hegemony by allying Germany with Soviet Russia. Once the Foreign Office’s ploy – exercised through a campaign by the German Red Cross in Russia to fight the westward

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*Versailles* (Berlin: Dietrich Reimer Verlag, 1994). While Wulf examines the Institute’s cooperation with the League of Nations Health Organization, his study characterizes the institution’s internationalism of the 1920s as an aberration in an otherwise direct line from the Institution’s loss of competences (with the loss of Germany’s colonies) to the Institution’s infiltration by the Nazis.

12 The only significant examination of the German Red Cross is Dieter Riesenberger, *Das Deutsche Rote Kreuz: Eine Geschichte 1864-1990* (Paderborn: Schöningh, 2002), which offers only a cursory examination of the German Red Cross’s cooperation with international institutions during the 1920s. Articles that examine the German Red Cross’s international dimensions in more depth include Wolfgang Eckart, “Medizin und auswärtige Kulturpolitik der Republik von Weimar Deutschland und die Sowjetunion 1920-1932,” *Medizin in Geschichte und Gesellschaft*, 11 (1993): 105-142, Wolfgang Eckart, “Creating Confidence: Heinz Zeiss as a Traveller in the Soviet Union, 1921-1932,” in *Doing Medicine Together: Germany and Russia Between the Wars*, ed. Susan Gross Solomon (Toronto: University of Toronto Press, 2006). However, Eckart’s articles emphasize the German Red Cross’s function as a tool of empire rather than its role in the promotion of international health.
spread of diseases – had served its purpose of establishing a military alliance with
Moscow, the anti-epidemic campaign came under the jurisdiction of German public
health officials, who took the pretended purpose of the campaign seriously. German
health officials opposed the Foreign Office and answered the LNHO’s call for
international cooperation to secure Europe against infection. The LNHO, when it
embarked on a program to systematize and standardize biomedicine and public health
between nations, found willing collaborators in Germany. Ultimately, as German
participation in the LNHO deepened, the Foreign Office used international cooperation
on health matters to prepare Germany’s admission to the League. German integration
into the international health community succeeded to such a degree that Germany
gained parity with France in international health matters, something which had not been
achieved before the war.

Between 1919 and 1927, steps on the road toward the normalization of
international relations through health policy included the fight against typhus in Poland,
the international campaign to aid Russia, the standardization of medicines, the
establishment of epidemiological intelligence, and the professional exchange of medical
officers. Despite political obstacles, German public health officials and medical
scientists plotted with the leaders of the LNHO to promote Germany’s participation in
the establishment of a new international medical world order.

A central obstacle to the normalization of Franco-German cultural relations was
the Entente-led boycott of German sciences, which began in 1919 and lasted until 1928.
After the First World War, German scientists were barred from many international
associations, most significantly from the International Research Council for the Natural Sciences and the International Academic Union for the Humanities.\textsuperscript{13} The leaders of the Council (based in Brussels) and the Union (based in Paris) accused Germany’s scientific community – with some justice – of supporting German militarism. The Entente scientists defended the expulsion of Germany from the international scientific community by citing a pro-war manifesto from 1914, which many leading German scientists had signed. According to the Allies, the manifesto, which had called for the invasion of France, contravened the spirit of international scientific cooperation. However, Germans saw the boycott as another example of the Entente’s efforts to humiliate Germany. Hence, even forward-thinking scientists, ministry officials, and policymakers in Germany could not cooperate with organizations that had been set up by Germany’s erstwhile enemies. From Germany’s perspective, the Entente’s blockade of Germany was not only economic but also intellectual.\textsuperscript{14} German scientists and policymakers saw international humanitarian institutions, such as the League of Nations Epidemic Commission (the precursor to the League of Nations Health Organization), the Paris-based Office International d’Hygiène Publique, and the LRCS, as tools of French aggression and cultural hegemony. The boycott remained a constant source of friction between Entente and German scientists well after the Locarno Conference.

The first chapter of this dissertation covers the beginning of communication and negotiations between Germany and international humanitarian organizations. Between the spring of 1919 and the spring of 1921, the Allied powers organized a response to the threat of the westward spread of typhus. Negotiations between the Allies and Germany centered on the role Germany would play in the anti-typhus campaign in Poland. Although unsuccessful at involving Germany in the Polish campaign, these negotiations brought into contact two networks of communication – one between Germany and Russia, the other between Germany and the Western powers. The German directors of the German-Soviet prisoner-of-war repatriation efforts and League anti-typhus campaigners recognized the benefit of on-the-ground cooperation.

The second chapter, which investigates the period between the spring and fall of 1921, examines the beginnings of the German Red Cross’s anti-epidemic campaign in Russia. This chapter argues that developments in the International Red Cross movement and the restructuring of the German Red Cross led to the first postwar instance of German cooperation with international aid organizations. However, international cooperation was only possible because German economic and military goals corresponded to international efforts to provide relief to war-torn Russia. As much as the anti-epidemic campaign in Russia highlighted the divisions between Germany and the Allied powers, it resulted in deeper institutional coordination between Berlin and Geneva.

The third chapter examines how the German Red Cross’s anti-epidemic campaign in Russia led to Germany’s participation in the League of Nations’
International Health Conference at Warsaw. Between the winter of 1921 and the fall of 1922, the Foreign Office’s use of the German Red Cross in forging a military alliance with Moscow evolved into the official participation of Germany in the executive committee of the LNHO. Three areas of cooperation between Berlin and Geneva – relief for refugees from Russia, the standardization of vaccinations, and the exchange of epidemiological information – offset the diplomatic failure of the Genoa Conference.

Chapter 4, which covers the end of 1922 until the beginning of 1924, shows how Germany’s deepening cooperation with the LNHO was impervious to the deep polarization of European international relations, which the Franco-Belgian occupation of the Rhineland exacerbated. Germany’s involvement with Geneva was made possible because German public health officials disregarded the German Foreign Office’s prohibition against Germany’s cooperation with the LNHO. Despite the Foreign Office’s prohibition, German public health officials and medical officers cooperated in the LNHO’s institutional building efforts, its program to internationalize national public health policymaking, and its program to standardize vaccines and pharmaceuticals.

The fifth chapter, which examines the period between the spring of 1924 and the end of 1925, addresses the interaction between Germany’s cooperation with the LNHO and the ongoing Allied boycott of German science. In 1924 through 1925, the domestic repercussions of the boycott in Germany, which had stifled European cultural reconciliation since 1919, threatened to undermine the Foreign Office’s ability to negotiate Germany’s admission to the League of Nations. German scientists and cultural leaders remained outraged at the Allied-led efforts to exclude Germany from
the international scientific community and sought to block German Foreign Minister Gustav Stresemann’s policy of reconciliation. In a reversal of its previous prohibition on German cooperation with the LNHO, the Foreign Office used Germany’s cooperation with Geneva on health issues to weaken domestic resistance to joining the League of Nations.

The last chapter, which brings the story to the fall of 1927, investigates the final steps toward Germany’s full integration into the LNHO. The German Foreign Office and the LNHO found common cause in opposing French-led efforts to take control of international health. The alliance on health matters between Berlin and Geneva led to a breakthrough in Franco-German cultural relations. At the behest of the LNHO, German scientists were officially invited to present their work in Paris while French and Belgian medical officers made an extensive tour of Germany’s public health institutions. This Franco-German cultural exchange was the first of its kind since the First World War.

Two factors are essential to understanding Germany’s progressive integration in the LNHO’s vision of international health despite Europe’s deep political polarization: first, the prerogatives and relative power of the institutional actors involved, and, second, the fundamental shift in the approach to disease prevention of the international health movement from 1919 to 1927. Relative to other German ministries, the German Foreign Office’s power to control Germany’s foreign policymaking diminished as the result of the institutional reforms, which began in 1917 and continued into the mid 1920s, and internal division. Known as the Schuler reforms, the reorganization of the Foreign Office resulted in the growth of the ministerial power of the Reich Interior
Ministry. The results of the First World War also diminished the Foreign Office’s powers. Peter Grupp argues that the Foreign Office was preoccupied with the consequences of the Versailles Treaty to the neglect of other foreign policy issues.

Divisions within the German Foreign Office also weakened its institutional power. Beginning after the First World War, the Foreign Office was split between two factions. A pro-Western faction endeavored to comply with the Versailles settlement in hopes of convincing the Entente to minimize Germany’s reparation payments and the seizure of German territory by Germany’s western and eastern neighbors. A pro-Eastern faction renounced cooperation with the Entente and sought to align Germany with Soviet Russia in order to strengthen Germany’s position against the Entente. While both factions shared the same goal of undermining the Versailles Treaty, from the end of the war until the Locarno Conference, the divergent strategies undercut the Foreign Office’s unity and diminished German foreign ministers’ ability of to control foreign policymaking. Until late 1925 and early 1926, the division between the pro-Westerners and pro-Easterners endured, thanks to Weimar Germany’s political instability. The quick succession of chancellors and foreign ministers made it possible for pro-Easterners in the Foreign Office to remain in positions of power from which to frustrate rapprochement with the Entente. Pro-Easterners had acquiesced in Stresemann’s policy of reconciliation only when the Ruhr crisis appeared to endanger Germany’s existence as a unified nation.

15 Doß, Das deutsche Auswärtige Amt im Übergang, 29.
16 Grupp, 16-17.
Conversely, the bureaucratic fortunes of the Reich Health Office, the champion of German cooperation with the LNHO, improved during the early 1920s. The Reich Health Office was under the jurisdiction of the Reich Interior Ministry. From its “minimal facilities and minimal competences” during the Kaiserreich, the Reich Health Office had grown into a quasi-ministry by the mid 1920s.17 In the postwar period, the Reich Interior Ministry widened the Reich Health Office’s sphere of influence by granting it special funds, which allowed the Reich Health Office more independence than ever before. The international connections of the Reich Health Office also increased the Interior Ministry’s position relative to the Foreign Office.18 The diminished power of the Foreign Office and the increased bureaucratic standing of the Reich Health Office help explain the ability of German health officers to pursue cooperation with the LNHO independent of the Foreign Office.

Another key institutional player in this story is the LNHO. Before 1922, the LNHO was wholly dependent on the financial largesse of League member states. Such a position left the LNHO largely at the whim of France and Britain, its initial supporters. However, in late 1922, substantial grants from the Rockefeller Foundation released the LNHO from Franco-British geopolitical initiatives and reservations. Rockefeller funds allowed the LNHO to pursue closer relations with German public health officials, much to the consternation of the French and the British, who tried to keep Germany internationally isolated.

17 Hüntelmann, 76.
18 Ibid., 143.
Along with the rise of international health in the early postwar years, there was a progressive shift in how public health authorities combated disease. In the immediate postwar years, efforts to fight epidemic diseases and thus to ensure the health of Europe’s populations centered on traditional anti-epidemic measures, such as quarantines and sanitary cordons along Western Europe’s eastern periphery. These measures were characterized by the term *quarantinism*. The quarantinist approach gave way to social medicine, or social hygiene (as it was referred to at the time). Proponents of social hygiene sought to alleviate the root causes of disease by addressing social factors that undermined a population’s overall health and made it susceptible to epidemics. As Paul Weindling argues,

> In addition to their instrumental roles in improving health and harnessing the powers of nature, science and medicine served to define the social status of intellectual elites. Scientific educated experts acquired a directing roles as prescribers of social police….Health was not only an ideology of national integration at a time of rapid social change, but it also could ensure national unity through a uniform life style in everyday life.¹⁹

This approach to disease-prevention through social hygiene was called *sanitationism*.²⁰ In the international health movement, the shift from quarantinism to sanitationism in the 1920s was due to two factors: the diminution of the massive epicenters of epidemic

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²⁰ The dichotomy between quarantinism and sanitationism was developed by medical historian Erwin Ackerknecht. See Ackerknecht, “Anticontagionsim between 1821 and 1867,” *British History of Medicine*, 22, 5 (1948), and Ackerknecht, *Medicine at the Paris Hospital, 1794-1848* (Baltimore: Johns Hopkins Press, 1967). Ackerknecht argued that sanitary cordons, quarantines, and sequestration – measures that impinged on the individual’s freedom in favor of the interests of the community – were favored by absolutist, autocratic, or conservative regimes. Sanitationism represented a political liberal and holistic approach to fighting disease. See Peter Baldwin’s discussion of Ackerknecht in Peter Baldwin, *Contagion and the State in Europe*. 

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diseases in Russia and Eastern Europe by 1922 and sponsorship of social hygiene over sanitary cordons by the Rockefeller Foundation in the same year.

The shift from the quarantinist to the sanitationist approach to disease prevention implied greater competences of public health institutions and the erosion by international health organizations of state health policies. Because Rockefeller funding determined that the LNHO’s basic approach to disease prevention was sanitationist, the LNHO’s vision of international health encroached upon participating nations’ prerogatives to determine their own health policy. Under the aegis of sanitationism, restructuring health policies no longer meant simply building a wall to keep out disease. Rather, health policymaking involved social issues, such as health insurance, public education on health issues, and the restructuring of public space in order to promote both physical and moral health. Peter Baldwin argues,

Sanitationism was a remarkably consistent and unified vision that combined social reform and public hygiene in a seamless whole. All epidemic disease were to be prevented, or at least ameliorated, in one fell swoop while at the same time social problems were addressed that, in the quarantinist view, were tangential to epidemiological considerations. Housing reform and disease prevention, for example, went hand in hand, part and parcel of the same grand vision of a society that through its concern with public health also improved the lives of its poorest. Hygienic reforms providing all with potable water and efficient waste removal and social change to ensure the poorest [sic] what had formerly been a middle-class standard of dwelling and diet: such was the sanitationists' modest prescription for preventing epidemic disease.21

Thus, when it subscribed to a sanitationist approach in late 1922, the LNHO’s effort to systematize and synchronize public health across borders had wide-ranging social and

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21 Baldwin, 128.
political implications for participating states. Not only was Germany’s cooperation with the LNHO infused with social ramifications, the international health movement, with its sanitationist approach, led to Germany’s political and cultural integration into a new international system.

The interwar period marked the transition from “treaties and conventions between nation states to the establishment of a brave new world of international organizations, designed to promote health and welfare.” However, international organizations like the LNHO, ICRC, LRCS, and the OIHP, were also products of the much older process of increasing state control of public health administration, which began long before the First World War. State control of public health in Europe dates back to the 14th and 15th centuries, when the bubonic plague gave rise to the first health administrations in Italy. These administrations had wide-ranging policing functions, which increased the power of the city-state governments in a time of social upheaval. Historian J. N. Hays argues that state health administrations, which quickly spread from Italy to the rest of Europe in response to recurrent plague epidemics, developed “remarkable and intrusive systems of public health…, which in turn gave rise to basic questions about the limits of state authority exercised in the name of the public good.”

Even the integration of disease prevention and social welfare, which was apparent in growth of sanitationism during the 1920s, had its origin in the years after the Black Plague.

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23 Hays, 53, 61.
24 Ibid., 53.
Death. Historian Mark Harrison argues that in Italian city-states in the 15th and 16th centuries,

Plague legislation may have had more to do with long-term shifts in attitudes towards the poor than the threat of the plague itself...As well as containing the sick, pest houses [whose purpose was to sequester plague victims] provided a means of tackling urban poverty, and were often used between epidemics to house the indigent.\(^{25}\)

Besides the early confluence of state-administered health and welfare policy, the resurgence of plague, as well as massive outbreaks of typhus, scurvy, and dysentery during the Thirty Years War, led to the first international agreements between European nation-states to stop the spread of epidemic diseases.

Government efforts to centralize welfare and public health continued through the Age of Absolutism and the Enlightenment. In France, Louis XIV’s government began to wrest control of public health from provincial governments, in order to centralize epidemiological intelligence in Paris. In eighteen-century Prussia, Wilhelm Rau developed the state-controlled system of “medical police”, whose purpose was to identify epidemics and stop their spread. At the same time, in 1772, the British government established the Royal Academy of Medicine, whose competencies included the maintenance of a communications network for reporting epidemics and assisting local areas that faced outbreaks.\(^{26}\) European colonial expansion also brought public health and anti-epidemic systems under state control, as well as furthering international cooperation in the fight against disease. Colonial powers developed the field of

\(^{25}\) Harrison, 44. Also see Ann Carmichael, *Plague and the Poor in Renaissance Florence* (New York: Cambridge University Press, 1986).

\(^{26}\) Harrison, 59-60.
“tropical medicine”, which strove to prevent the influx of disease to Europe from overseas. Tropical medicine was not only a tool of empire (because it enabled colonial powers to maintain military forces in Africa and the West Indies), but it also led European states toward cooperative measures to prevent the spread of disease to Europe. As a result, twelve European countries held the first International Sanitary Conference in 1851. However, an effective international agreement could not be reached until 1892, when the seventh International Sanitary Conference met in Venice.

From the Black Death until the First World War, public health and anti-epidemic measures were based on quarantinist approaches, which included sequestration of the diseased, sanitary cordons, and quarantines of epidemic areas. While it was embraced by European welfare states and international organizations after the First World War, sanitationism had its origins in European smallpox and cholera epidemics of the 18th and 19th centuries. The first to champion the sanitationist cause was the British General Board of Health, under Edwin Chadwick and Southwood Smith during the 1840s. Before the development of germ theory, Chadwickian sanitationists believed that influenza, yellow fever, plague, typhus, and cholera were all individual variations of illnesses, which were caused by filth and the squalid conditions of poverty. However, while sanitationism informed the policies of the General Board of

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27 Watts, xiii, also see Hays, 204.
29 Baldwin, 128.
Health, opponents from the British medical community induced the House of Commons to replace Chadwick and move the Board toward more a traditional quarantinist approach. Nevertheless, sanitationism held more sway in Britain than on the Continent.\textsuperscript{30}

State-mandated smallpox vaccination in nineteenth-century Britain and Germany led to the expansion of the power of medical experts and public health officials, as well as to the rise of sanitationist approaches to public health.\textsuperscript{31} Many German states instituted mandatory smallpox vaccination in the beginning of the 19\textsuperscript{th} century. However, not until 1874, after a severe smallpox epidemic in the wake of the Franco-Prussian War, did the National Vaccination Act made vaccination mandatory across the German Reich. Mandatory vaccination led to an unprecedented exposure of civil society to governmental and medical supervision. Historian Claudia Huerkamp argues that vaccination

Provided a welcome opportunity for doctors to break out of the confines of exclusively treating the upper classes, to expand the market for professional medical services and, finally, to move towards a realization of their claim to be recognized by all sections of the population as singular experts in the questions of health and illness. In this respect, the interests of the state and the medical profession differed, although they both shared a common interest in enforcing the vaccination.\textsuperscript{32}

The infrastructure that enabled mass vaccination empowered state authorities and medical professionals. While vaccination stemmed from quarantinism, the interaction

\textsuperscript{30} Ibid., 130.
\textsuperscript{31} Ibid., 288.
with the public, which it necessitated, provided public health authorities the opportunity to educate the population about disease prevention through social hygiene. Vaccinators brought instruction on the ‘hygienization’ of everyday life. Directed by public health officials, doctors encouraged the adoption of standards of personal hygiene to parents of the recently vaccinated child. Public health officials required parents to wash and dress their children with clean clothes before bringing them to their vaccination appointments. Vaccinators were also required to instruct parents on the advantages of breast-feeding.\textsuperscript{33}

Mandatory vaccination also produced waves of public protest, which was organized by social reformers. Protesters argued that the government had no right to interfere in family affairs, and cited numerous cases of deaths caused by vaccination.\textsuperscript{34} While anti-vaccination agitation in Germany did not lead to the act’s repeal, it did promote more holistic methods of health improvement and disease prevention. Instead of intruding into the family with the lancet, they argued, governmental authorities should address the squalor of the urban poor.

In Britain, the opposition to mandatory vaccination proved stronger than in Germany. In 1898, after 45 years of mandatory vaccination, the British Parliament allowed parents to refuse vaccination.\textsuperscript{35} The movement to end mandatory vaccination was closely associated with British temperance and suffrage movements, which called on the government to elevate the living conditions of the lower class as a means to fight

\textsuperscript{33} Ibid., 631.
\textsuperscript{34} Ibid.
According to Baldwin, nineteenth-century sanitationists in Britain and Germany believed that

Hygiene, more than a mundane technical matter of plumbing, waste removal and ventilation, was an all-consuming moral and ontological issue, a question of the relationship of humanity to nature. Immunity to smallpox, indeed all disease, would not come by contaminating the blood with poison, whether vaccine or other allopathic medicines, but through vegetarianism, alternative medical doctrines promising a corporeal balance and, for some, simply by means of self-control, a healthy diet, fresh air, regular bathing, work, rest, diversion, sleep and, in general, moderation.

Instead of the lancet, sanitationist opponents to vaccination called for measures that were similar to Chadwick’s anti-cholera solutions. They agitated for progressive social reform to eliminate the social causes of smallpox. The call for holistic and radical approaches to disease prevention gave post-WWI social hygienists a rich heritage from which to draw. Harrison argues that the concept of equilibrium (reminiscent of Galen’s theory of humors), which radical sanitationism of the late 19th century espoused, infected even bacteriologists of the interwar period.

Since the Black Death until the 1920s, the impetus by state and international actors to centralize public health stemmed from not only the fear of infectious diseases, but also from political, economic, and social considerations. Safeguarding health was concomitant to the centralization of state authority, the building of empires, and the preservation of the social order. To misquote Carl von Clausewitz: public health is the continuation of politics by other means.

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36 Ibid., 61.
37 Baldwin, 288.
38 Harrison, 149.
Chapter I

The League of Nations’ Anti-Typhus Campaign in Poland: Negotiations and the Establishment of Contact Between Geneva and Berlin

Shortly after the end of the First World War, invasion from the east threatened Europe. By 1919, typhus, a menace on the battlefields of World War I, had reached pandemic proportions in Russia and Eastern Europe. The dissolution of Germany’s military occupation and quarantine of Poland and the Ukraine exposed the rest of Europe to infection from the east. Between the summer of 1919 and the spring of 1921, efforts to stop the westward spread of the epidemic brought German authorities into contact with Western European-led international anti-epidemic efforts. Negotiations on how to safeguard Europe against infected refugees allowed governmental officials, scientists, and humanitarians to form relationships that would later lessen Germany’s postwar cultural and political isolation. Despite persistent obstacles, these relationships led to direct medical and scientific cooperation among Germany, Western Europe, and international humanitarian institutions.

Despite the embittered atmosphere following the First World War, Germany, the Allies, and the international humanitarian institutions all recognized the need to fight the typhus epidemic. These institutions, the League of Nations, and the two extant international Red Cross organizations, the International Red Cross Society (ICRC), and the League of Red Cross Societies (LRCS), sought to mitigate the suffering of postwar Europe by combating disease and repatriating prisoners of war. Repatriation, the
westward movement of refugees from Poland and Russia, and the typhus pandemic were all parts of the same problem. Cooperation on the repatriation of prisoners of war provided a blueprint for cooperation on measures to prevent the spread of epidemic diseases.\textsuperscript{1} Since 1917, German authorities had worked in concert with the ICRC toward the repatriation of prisoners of war. In turn, the ICRC worked with the LRCS, whose establishment immediately after the war was predicated on the need to fight typhus in the east. Both international Red Cross organizations were involved in League of Nations’ anti-typhus campaign in Poland and its effort to aid Russian refugees. This network informed each institution of the other’s intentions and eventually brought Germany into cooperation with the League of Nations.

This chapter covers the negotiations between Germany and the League of Nations concerning German participation in the League’s anti-typhus campaign in Poland. The negotiations reveal Reich health officials’ willingness to work with the League of Nations and their goal to involve Germany in the League’s institution building. By contrast, the German Foreign Office was only interested in the League’s health initiatives if they were of political value. The negotiations, while officially unsuccessful, led to the exchange of information and the establishment of a network of individuals and institutions in Berlin, Geneva, and Moscow. The first section of the chapter examines the history of anti-epidemic measures in Poland from the First World War until 1919. The second section traces the origins of Allied efforts to stop the

\textsuperscript{1} Martyn Housden, “When the Baltic Sea was a 'Bridge' for Humanitarian Action: The League of Nations, the Red Cross and the Repatriation of Prisoners of War between Russia and Central Europe, 1920-22,” \textit{Journal of Baltic Studies}, 38 (2007): 75.
spread of typhus to Western Europe. The third section investigates why negotiations failed between the Allies and Germany concerning cooperation in the League’s anti-epidemic campaign in Poland. The fourth section examines how, despite the failure of these negotiations, the League and German health officials established the foundation for informal cooperation on anti-epidemic measures, from which Germany’s integration in the international health movement later grew.

The political challenges of direct cooperation between Germany and international humanitarian institutions were profound. The Versailles Treaty was deeply unpopular in Germany. Even for many internationally minded politicians, ministers, and public officials in Berlin, cooperation with institutions that were connected with France was almost politically impossible. Domestic emergencies in Germany also made international welfare campaigns unpopular. The Weimar government was faced with revolution, occupation by foreign powers, political chaos, and a weary population, which had been weakened by the deprivations of war and economic blockade. In the view of many in the Reich ministries, the war with France continued.

Governmental officers, who were tasked with the repatriation of German and Russian prisoners of war, as well as with the prevention of westward moving epidemics, struggled against Germany’s political and scientific isolation. Germany’s public health officials and research institutions feared that typhus could spread to Germany from Russia through the newly created Polish state. However, anti-Western attitudes in the German medical and scientific community furthered Germany’s isolation. Many
medical officers and bacteriologists had military experience and retained a militant distrust of French influence in the League of Nations. The loss of Germany’s colonies compounded the German medical community’s sense of isolation. Many German bacteriologists and German research institutions had lost their *raison d’être*, which had been to prevent the spread of tropical diseases to Germany from its colonies.² This loss of purpose of German medical research institutions was exacerbated by an international boycott of German sciences.

The division between Germany and the Allied-sponsored international relief organizations was not the only source of tension in the negotiations over German involvement in anti-typhus efforts in Poland. Competition among relief organizations – as well as competition among Reich ministries – played important roles in determining the results of these negotiations. To complicate matters, the British, French, and US governments had divergent interests and visions of postwar Europe.

Within the international Red Cross movement, the immediate postwar years were characterized by upheaval and competition. The creation of the LRCS in 1919 by Henry Davison, the erstwhile Chairman of the War Council of the American Red Cross, challenged the ICRC, which had been founded by the Swiss in 1862, as the preeminent international Red Cross organization. The LRCS threatened the ICRC’s position as the

² The Hamburg Institute for Marine and Tropical Medicine, Germany’s leading institution of its kind, later took a leading rolling in disease prevention in Russia. It also took part in one of the first instances of official cooperation between Germany and the League of Nations. The impetus for the establishment of the Institute was the cholera epidemic of 1892 in Hamburg. See Richard Evans, *Death in Hamburg: Society and Politics in the Cholera years* (New York: Penguin Books, 2005).
leader and conscience of the international Red Cross movement. The LRCS was the creation of the Woodrow Wilson and Colonel House, his personal secretary, more than it was an expression of national Red Cross societies’ desire for a new direction. The LRCS’s mission was to broaden the Red Cross movement from the narrow scope of caring for wounded soldiers in wartime toward wider humanitarian relief. While the ICRC’s leadership was Swiss and independent of national societies, the LRCS’s directorship comprised members of the national Red Cross societies of the Allied countries. The LRCS, which was established in competition with the ICRC, disrupted the Red Cross world and confused national governments and their Red Cross societies as to which was the authoritative international organization. The establishment of the LRCS altered the character of the ICRC. In response to the threat, the ICRC broke with its nearly 60 years of history as an exclusively military support organization and began to organize aid to civilian victims of disease and famine. The result was that the ICRC accepted German participation in international relief efforts more than did the American-led and Allied-dominated LRCS.

Like the ICRC and LRCS, the League of Nations fought to be relevant. It sought to convince the Allied governments that it was able to undertake the international responsibilities with which it was charged. Efforts to fight the spread of epidemic typhus were among the League of Nations’ priorities in 1919. Its designs to fight typhus in Poland were part of the Council of the League of Nations’ (the League’s

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3 Hutchinson, *Champions of Charity*, 340.
4 Ibid., 320.
5 Ibid., 335.
executive body) plan to establish a health office. However, competition with the American-led LRCS and the Paris-based OIHP stymied the League’s plan for several years. As a stopgap solution, the League Council established the Epidemic Commission. The Epidemic Commission’s efforts in Poland suffered from lack of adequate donations from member countries, as well as from the absence of official relations with the United States, Germany, and Russia. Despite these institutional challenges, the League’s campaigns in the field of health and disease prevention were arguably some of the most successful endeavors it ever undertook.\(^6\) One consequence of its struggle to be relevant was that the League’s Epidemic Commission was more in favor of cooperation with Germany than were other organizations within the League. German participation would bolster the Epidemic Commission’s standing vis-à-vis its competitors.

As the international relief community was fractured and riven by competition in aftermath of the war, so was the German government. The Reich Health Office, which had played a leading role in Germany’s wartime anti-typhus measures in Poland, was eager to be internationally recognized for its defense of Europe against Asiatic infection. German participation in a postwar international anti-typhus campaign in Poland would secure such recognition. The Reich Health Office enjoyed the support of the Reich Interior Ministry, under whose jurisdiction it fell. The Interior Ministry feared the domestic consequences of the spread of the typhus pandemic to Germany and thus was inclined toward international cooperation. However, in the shifting power

\(^6\) Ostrower, 102.
dynamics among the Reich ministries in the immediate postwar years, the Interior Ministry competed with the German Foreign Office. For the Foreign Office, the question of international cooperation in fighting typhus was considered only in relation to its goal of revising the treaty of Versailles and recuperating Germany’s lost territories. The result of these competing policy goals was that the Reich Health Office and the Interior Ministry were more willing to negotiate with the League on the issue of anti-epidemic measures in Poland than was the Foreign Office.

Division over German cooperation in Poland also existed among the Allies. The British sought to quell the danger of infection in order to make safe the reestablishment of international trade. Thus, London was inclined to employ any means necessary to stamp out disease in Eastern Europe and Russia. However, the British agreed with the French on the necessity to maintain Poland as a political (as opposed to a sanitary) cordon against German imperialism. The French government – more so than the British – was opposed to a German presence in Poland, even if it meant a more effective means to combat the spread of the typhus pandemic.

**The History of Anti-Typhus Campaigns in Poland from the First World War until 1919**

At the end of the First World War, Germany’s interest in fighting typhus on its eastern periphery reflected a long history of fighting the scourge and securing its borders against it. The last typhus epidemics in Germany had occurred from 1876 to 1877 in Upper Silesia, in 1878 in Berlin, and finally in 1881 in West Prussia. Prussian
health authorities blamed migrant workers, who crossed the Reich’s eastern border in order to work Prussian fields and build the Reich’s railroads. By the turn of the 20th century, Germany was virtually free of typhus. However, even though it had been stamped out in Germany, German public health authorities continued to fear that typhus could be imported from the Reich’s eastern border and they considered Germany to be the last defense of European civilization against the disease.

On the eve of the First World War, the etiology of typhus was discovered concurrently by Charles Nicolle, director of the Pasteur Institute in Tunis, and by Richard Otto, a German bacteriologist, whose discovery was based on evidence obtained during outbreaks in the Crimea and the Balkans. Soon after the First World War broke out, typhus struck again in Prussia’s eastern provinces and German-occupied Russian Poland. Germany was once again threatened by microbial invasion through the importation of Russian prisoners of war, whom the German government conscripted to work in German agriculture, factories, and mines. By March 1915, 27,000 of the 500,000 Russian prisoners of war in Germany and German-occupied territory were infected with typhus. In 25 of the 41 Russian prisoner-of-war camps, epidemic typhus raged. While only 6% died of the disease, typhus proved more deadly for the German medical and nursing personnel of the camps, because they, unlike the Russians, had

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8 Ibid., 36.
built up no acquired immunity. The difference in mortality was due to the long absence of typhus among the German population.

The civilian population of Prussia’s eastern provinces and German-occupied Russian Poland was also infected with the disease. War-torn Poland was a breeding ground of typhus-infected lice, because of the breakdown of sanitation in the overcrowded and unhygienic cities and towns. Because of the deprivations of war, Polish refugees flocked from the countryside to cities and towns, which could no longer maintain effective public health regimes. The German occupation authorities blamed the outbreaks on what they considered to be the inherent filthiness of eastern peoples.

In order to clean the diseased people of the east, German public health authorities and the German army medical corps launched a massive anti-typhus campaign. German authorities in German-occupied Russian Poland made the control of typhus a priority. Its chief medical officer, Gottfried Frey, was appointed “Typhus Commissioner” and coordinated Germany’s civil and military response to the epidemic. In the battle against typhus, Frey oversaw 50 German district medical officers and six trained disinfectors. Frey also supervised the improvement of sanitary conditions, the installation of toilets, drains, water purification facilities, and mortuaries. He imported hundreds of mobile disinfection machines from Germany and set up over 300 quarantine stations and isolation hospitals. He also set up a hygiene institute in Lodz

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9 Ibid., 79.
and medical laboratories in Plock and Ostroleka.\footnote{Weindling, \textit{Epidemics and Genocide}, 97, and Weindling, “Purity and Epidemic Danger,” 825.} The anti-typhus campaign extended into Prussia’s eastern provinces. Richard Otto, who was based in Vilna, oversaw advanced laboratory and hospital facilities. He also directed 30 disinfection squads and could boast that in a single year 200,000 people were deloused.\footnote{Weindling, \textit{Epidemics and Genocide}, 99.}

The German-led anti-epidemic campaign in both Prussia’s eastern provinces and the \textit{Generalgouvernement} was intrusive and at times brutal. The disinfection squads, which were supported by German military personnel, forcibly deloused broad swathes of the civilian population, searched homes, boarded up the houses of typhus victims, evacuated whole neighborhoods, and interred the sick in quarantine stations.\footnote{Luilevicius, 80.} German authorities claimed that between 1915 and 1918, 3.5 million people and 418,000 dwellings were deloused.\footnote{Weindling, “Purity and Epidemic Danger,” 830.} The campaign came at a cost for German anti-typhus campaigners: 10 out the 50 German doctors who fought typhus in Poland died of the disease.\footnote{Luilevicius, 106.}

Besides forcible quarantines, inoculations, and delousing, the German authorities of Prussia’s eastern provinces and the \textit{Generalgouvernement} launched an extensive education campaign to improve hygiene practices. The German overlords considered their Polish subjects (and especially Polish Jews) to be endemically filthy and prone to disease. Historian Vejas Luilevicius characterizes the hygiene education of the Poles and Eastern Jews:

\footnote{11 Weindling, \textit{Epidemics and Genocide}, 97, and Weindling, “Purity and Epidemic Danger,” 825.}
An obsession for cleanliness as understood by Germans was central to the envisioned order of classification and control... natives had to internalize the discipline of cleanliness as an integral part of their role in the new division of labor [...] As the task shifted from the lands to the peoples, a crucial aspect of the policy of cleaning the dirty East was the need to enforce a social hygiene on natives.  

While the anti-typhus measures became increasingly harsh, epidemic typhus continued to spread. By 1918, German health efforts in the Generalgouvernement had focused exclusively on combating the typhus epidemic. The Germans ceded control of all other areas of public health to the Poles and allowed the creation of a Ministry of Health for Kingdom of Poland, Germany’s Polish vassal state, under Witold Chodzko. Later, while negotiating with the League’s Epidemic Commission over participation in postwar international anti-typhus initiatives, German public health officials claimed that they had laid the foundations of a modern public health administration in Poland.

In December 1918, the collapse of Germany’s military occupation of the east brought an end to the German sanitary regime in Poland. Typhus began to spread westward toward Germany. In March 1919, the number of cases in Prussia’s eastern provinces peaked at over a thousand, with hundreds of deaths. Prussia was inundated with westward moving refugees who carried the disease, including repatriated German nationals, 150,000 German prisoners of war, and 10,000 Russian prisoners of war who were transported westward from East Prussia. Once the new Polish state was formed and the German army abandoned its holdings in the Ukraine, 120,000 ethnic Germans from Russia and the Baltics, along with Jewish refugees, crossed typhus-infected lands

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16 Ibid., 105.
17 Weindling, “Purity and Epidemic Danger,” 831.
on their journey westward towards the new German Republic. The German authorities in Berlin responded to the western spread of infection by setting up a sanitary cordon on its eastern border, which, by 1920, included a chain of bacteriological stations along the frontier and a hygiene institute in each major city.

Close on the heels of the retreating Germans, the American army conducted a campaign in Poland from August 1919 to October 1920, in order to support the new Polish state by containing the disease amid the Polish-Soviet War. With support from Herbert Hoover’s American Relief Administration, American Army Colonel Harry Gilchrist established sanitation and quarantine facilities in Poland. The evacuation of the German army and the dismantling of its anti-epidemic programs, the Bolshevik Revolution, and the Polish-Soviet War all dealt hard blows to Poland’s public health infrastructure; food, fuel, and sanitary materials were scarce while refugees flowed eastward across Poland. By October 1919, three million refugees in Poland had been expelled by the Bolsheviks. Gilchrist’s main priorities were to cordon off the Poland’s eastern border, to conduct an extensive hygiene propaganda campaign, and to maintain hospitals throughout Poland.

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18 Weindling, *Epidemics and Genocide*, 111.
19 Ibid., 58.
21 Ibid., 58.
22 Ibid., 71.
part in the operation. The campaign’s limited success was negated when the Red
Army advanced toward Warsaw. The Red Army’s westward march re-infected Poland
with typhus and had made the American cordon at Wilno ineffective by May 1920. In
a report to the League of Nations, Gilchrist explained the scope of the problem. He
warned, “From the present indications Poland is threatened with one of the worst typhus
fever epidemics in the history of the world, which, unless checked, will prove a danger
that will threaten the whole of Europe.” In May 1920, the typhus epidemic was in its
fourth year and had increased in intensity each year. Gilchrist blamed the western
spread of the disease on unstable political conditions in the Ukraine. He pleaded for aid
to Poland, claiming that Poland “is thus a rampart against the dangers of this disease
which threatens the world, and which, if Europe is allowed to be thoroughly saturated,
will result in perhaps one of the world’s greatest catastrophes.”

Gilchrist considered Poland to be Europe’s first line of defense against microbial
invasion. However, the international response to the calamity was not well coordinated.
Although five medical organizations operated in Poland, Gilchrist argued that little
cooperation or coordination among these organizations existed. In addition, seven
American relief organizations had been compelled to do “typhus work.” Since the
American Army’s campaign was drawing to a close, Gilchrist recommended that an

23 Ibid., 22.
24 Ibid., 83.
26 Ibid., pp. 4.
27 Ibid., pp. 5.
international body, which he preferred to be directed by Allied medical officers, be

tasked with the anti-typhus campaign in Poland. In November 1919, US authorities

reduced the number of Americans in the campaign by half, while the remaining US

forces began to leave Poland in October 1920. Gilchrist’s company was officially
disbanded a few months later. The Americans withdrew because the League and Red
Cross Societies were to take over the relief work.28

**International Anti-Typhus Campaigns in Poland and Negotiations with Germany**

Although Allied governments and the LRCS recognized the need to combat
typhus in Poland, international efforts were slow to begin because of disagreements
over whether to include Germany in the fight. In May 1919, shortly before the
American Army commenced its work in Poland, the LRCS drew the attention of the
national Red Cross societies to the “disease and misery which prevail in Eastern
Europe, particularly with reference to the typhus epidemic.”29 Two months later, the
Allied Supreme Council called upon British, French, and Italian LRCS representatives
to petition their governments to take measures against typhus in Eastern Europe.30 In
response to the pressure to launch an international campaign, the LRCS officers argued
that while the LRCS should not take on the job alone (nor should the Polish

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28 Cornebise, 140.
29 “Minutes of the Conference on International Health,” 15 March 1920, LNA R 812, 12B
3980/1719, pp. 23.
30 The Foreign Office (Henceforth, AA) to the Reich Interior Ministry (henceforth, RMI),
untitled report, forwarded to the Reich Health Office (henceforth the RGA) on 14 July 1919,
BArch R 1501/111932.
government), Germany should not be allowed to participate. The LRCS refused to invite Germany to the campaign’s planning conference. Because of the LRCS’s exclusion of Germany, the ICRC not only declined to participate in LRCS’s campaign, but also refused to attend the planning conference. The ICRC argued that such exclusion was against its founding principles. Because of the disagreement, the LRCS’s initiative was abandoned. The issue of German participation had unraveled the LRCS’s international anti-typhus campaign in Poland before it even got to the planning stage.

In lieu of the Red Cross, the Allies looked to the League of Nations to provide leadership in protecting Europe from infection. In February 1920, in response to the Allies’ invitation to take up the fight against typhus, the League Council called two international health conferences, which met in March in Paris and a month later in London. Representatives from Allied countries, including the US and Japan, as well as the LRCS and the OIHP, were present. The League avoided the pitfall that had doomed the LRCS’s efforts by only inviting OIHP members on the grounds that the OIHP, with over 60 member states, was the only bona fide international sanitary organization. Since Germany had refused to join the OIHP at the last International Sanitary Conference in 1907, the League could temporarily avoid the issue of

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31 LRCS, addendum to “Memorandum from the Department of Organisation regarding measures taken since the report of the Medical Commission in Poland,” LNA R 812, 12B 3980/1719.
32 Hutchinson, Champions of Charity, 22.
34 “Minutes of the Conference on International Health,” 15 March 1920, LNA R 812, 12B 3980/1719, pp. 5.
Germany’s participation. At the Paris and London Conferences, the League Council organized the international anti-typhus campaign for Poland and, to direct the campaign, established an Epidemic Commission at a follow up conference in Rome a month later.\textsuperscript{35} The Epidemic Commission consisted of the director of the Paris-based OIHP, the assistant Surgeon General of the United States, a representative of the British Ministry of Health, and an Italian representative, while the principal physician was from the French Health Service.\textsuperscript{36}

The League Council considered the anti-epidemic campaign in Poland to be a means for the League of Nations to gain legitimacy as a leader in international affairs. It made the Epidemic Commission’s anti-typhus campaign in Poland a priority. The resolution of the Paris Conference in March 1920 stated that prevention of the spread of typhus from Poland was “urgently necessary” and “should be taken in hand at the earliest possible moment…for the protection of Europe as a whole.” The Council deemed that the League was “eminently” qualified to undertake the task.\textsuperscript{37}

League advocates in Britain warned of the political concerns that would be raised by the anti-typhus campaign in Poland. Alfred Balfour, the former British Foreign Minister, warned that the calamity that the typhus epidemic threatened to

\textsuperscript{35} Due to the objections by the United States, the official establishment of a League Health Organization had to be postponed until 1923.

\textsuperscript{36} “Measures to be taken in Poland against the further spread of Typhus: Resolutions of the Conference,” pp. 6, LNA R 812, 12B 3980/1719.

\textsuperscript{37} “Minutes of the Conference on International Health,” 15 March 1920, pp. 4, LNA R 812, 12B 3980/1719.
unleash on Europe could rival the war itself. However, he also cautioned the League Council that the decision to carry out the anti-typhus campaign in Poland “will form a precedent,” and that if it were not popular among the participating member states, “we shall do great harm to the League of Nations.” The difficulty, as Balfour saw it, was how to elicit contributions from League member states that were not directly threatened by the epidemic. The League Council dismissed Balfour’s reservations and lobbied for support among member states, although financial contributions were received only after much delay. Thus, the Council pinned the League’s legitimacy on the fight against typhus in Eastern Europe. A report to the Rome Conference concluded that the fight offered an opportunity for the League to “exercise its powers for the good of the peoples without raising any delicate international questions.”

The extent of the epidemic in Russia and Poland, as well as the fear of further infection, had motivated League officials to act. The League Council nominated Norman White, a Briton, and Ludwik Rajchman, a Pole, to lead the Epidemic Commission. After assessing the situation in Warsaw, White and Rajchman reported that it was not possible to eradicate typhus from Poland. However, with two million

38 Balinska, *For the Good of Humanity*, 46.
39 Balfour, memo titled “International Assistance to Poland,” 15 May 1920, pp. 1, LNA R 812, 12B 4456/1719.
pounds sterling, neighboring countries might be spared the onslaught of the disease.\textsuperscript{42}

White and Rajchman feared that central and western European populations were particularly at risk, thanks to the near eradication of the disease from civilian populations there. The organizers of the anti-typhus campaign in Poland also believed that the political and social disorder in Central Europe could heighten the effects of epidemic typhus. Of particular concern was that a major outbreak in Germany could lead to a Bolshevik revolution in this country.\textsuperscript{43}

The organizers of the League’s campaign understood that Poland was not the source of the problem. Russia was. The League Council acknowledged that the epidemic had been kept under relative control in German-occupied Russian Poland. However, it concluded that epidemic typhus “is raging with great intensity in the territories of the south-east and east of Congress Poland, and especially in Eastern Galicia.”\textsuperscript{44} While the number of typhus cases had risen steadily between 1916 and 1918 (from 35,000 to 100,000), the rate of increase between 1918 and 1919 had also grown (cases jumped from 100,000 to 230,000). However, the situation in Poland paled in comparison to Russia. In 1919, there were 1.6 million cases of typhus reported by

\textsuperscript{42} By August 1920, this estimation had risen to 3,250,000 pounds. See, Eric Drummond, “Typhus in Poland: Memorandum by the Secretary General, LNA R 812, 12B 417/1719, League Council, “Typhus in Poland,” LNA R 812, 12B 5101/1719.


\textsuperscript{44} Ibid.
Russian authorities.\textsuperscript{45} League officials considered this figure grossly inaccurate. Upon later investigation, Rajchman revised the estimate to 20 million cases for 1919.\textsuperscript{46}

When it learned of the proceedings of the Paris and London conferences, the German government did not know whether Germany would be asked to participate. In his report to Berlin, Friedrich Sthamer, the German Chargé d’Affaires in London, gave the Reich Health Office the impression that the Allies intended the campaign in Poland to be international and inclusive. The source of the Reich Health Office’s optimism was an article by the Conferences’ Chair, Lord Astor, which Sthamer included in his report. In his article, entitled “World Crusade against Disease,” Astor had argued, “The recent war has proved that all the countries of the world are interdependent…We have learned that, whether in peace or war, nations can no longer ignore each other or act with absolute independence.” Astor declared that the League’s intention was not only to fight typhus in Poland, but also to stamp out the disease worldwide through international cooperation.\textsuperscript{47}

While it considered the League’s endeavor “grandiose,” the Reich Health Office was not unsupportive. Johannes Breger, the third highest-ranking officer at the Reich Health Office and formerly involved in the anti-epidemic campaign in German occupied territory during the First World War, framed the Reich Health Office’s

\textsuperscript{45} “Conference on International Health: Report to the Council of the League of Nations on the measures to be taken against the further spread of Typhus in Poland, Annex I,” April 1920, LNA R 812, 12B 3980/1719.


\textsuperscript{47} Breger to the RMI, 30 May 1920, BArch R 1501/111233.
response to the League’s proposals. The League, according to Breger, aspired not simply to stop the movement of refugees across national borders, but also to do away with epidemics worldwide and establish a unified approach among all governments, according to the “dictates of charity.”

In late June 1920, the League Council officially requested financial assistance from Germany, yet did not invite German medical experts to help plan or execute the campaign. Instead of being deterred by this omission, the Reich Health Office responded with cautious interest. According to Breger, Germany’s official position on the League’s request for contributions should be dependent on whether the Epidemic Commission allowed German medical experts to take an active role in the anti-typhus campaign in Poland. However, the Reich Health Office was concerned that the French might control the organization. It feared that the Paris-based OIHP, which helped organize the Epidemic Committee, had “in reality, become a tool of French politics.” A determining factor in the Reich Health Office’s willingness to participate in the League’s Epidemic Commission was thus whether it would be based in Paris.

To hedge its bets, or to gain a better negotiating position with the Epidemic Commission, Breger proposed to the Interior Ministry that Germany gather neutral or German-allied states, which had not been invited to the Paris and London Conferences, in order to develop a competing international health organization. Breger’s idea

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48 Breger to the RMI, 30 May 1920, BArch R 1501/111233.
49 The AA to the Reich Finance Ministry, 24 July 1920, BArch R 1501/111489.
50 Breger to the RMI, 30 May 1920, BArch R 1501/111233.
51 Ibid.
appears to have been more than just rhetoric. The German Foreign Office inquired into possible interest among neutral countries. Among the governments surveyed, the newly created Baltic States were interested in an international organization, which would be tasked with stopping the westward spread of typhus. Although the Reich Health Office endorsed the lofty ideas that were espoused at the London Conference, the fear of French stewardship remained an obstacle to German support of the League’s nascent health organization.

Due to difficult relations between Germany and the Baltic States, the Reich Health Office dropped the idea of a competing health organization, but it continued to gather information about the Epidemic Commission and considered ways to elicit an invitation to participate in it. A report from the German Consulate in Bern confirmed the Reich Health Office’s fears that the French intended to locate the headquarters of the League’s future international health organization in Paris. However, Henri Carrière, the director of the Swiss Federal Health Service, was involved in the Epidemic Commission and favored Germany’s participation. He assured the Reich Health Office that the OIHP had not worked directly for the French Army during the war, although

52 In a letter dated 23 June 1920, the German ambassador to the Netherlands informed the German Foreign Office that the director of the legal department in the Dutch Foreign Office, Baron van Heeckeren, showed “active interest” in forming a competing international health organization. Van Heeckeren was “thoroughly critical” of the international health organization, as it was proposed at the London Conference, see German Consulate at the Hague to the AA, 23 June 1920, BArch R 1501/111233.

53 Thoughts of an international health organization for the Baltic States develop in August 1920. Referring to typhus in an article published in one of Germany’s major medical journals, R. Adelheim argued for the necessity of such an organization “Because the westward streaming flood of Reds conceals a danger, which speaks to political and economical questions.” See, R. Adelheim, “Soziale medizin und Aerztliche Standesangelegenheiten,” Münchener Medizinische Wochenschrift, 29 October 1920, 44 (1920): 1265.
some members of the OIHP had advised Allied governments on health matters. Carrière explained that the Epidemics Commission and the OIHP were at odds and wanted to avoid the “same spectacle” as the rift between the ICRC and LRCS. Carrière expressed his regret that, because it was not a member of the OIHP, Germany could not take an official part in the Paris and London Conferences. He urged Germany to sign the 1907 treaty in order to join the OIHP, because it would be to Germany’s advantage to take part in the formation of the new international health organization and to counter French designs to control it. Carrière thus advised the German government to engage the League rather than to reinforce Germany’s own isolation.

Carrière’s advice swayed the Reich Health Office. German health officials inquired into involvement with the League of Nations’ health service. A long series of intermediaries, through which Germany made its inquiry, indicated the paucity of direct communications between Germany and the League in the spring of 1920. Through five intermediaries the Reich Health Office communicated with Japan’s representative for the League’s health efforts, Inazo Nitobe. The Reich Health Office inquired about Germany’s admission to the OIHP, and what role it would play in the League’s health service. Nitobe explained that the League’s Secretary General, Sir Eric Drummond, shared Germany’s concern over a preponderance of French influence. Nitobe explained

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54 German Consulate in Bern to the AA, 14 July 1920, BArch R 86/0861.
55 To abrogate need for intermediaries would become a central goal of the LNHO.
that even though Germany was not a member of the OIHP, this did not preclude Germany from participating in the work of the Epidemic Commission.\textsuperscript{56}

However, the Reich Health Office, which the Interior Ministry supported, was opposed to contributing financially to the League’s campaign without a chance to cooperate. Representatives of the Foreign Office, the Interior Ministry, and the Reich Health Office met on 21 July to consider the German response to the League Council’s request for funds. Bruno Dammann, the director of the Interior Ministry’s public health department, Max Taute, Dammann’s subordinate, and Breger opposed the unconditional contribution of funds. Dammann feared lest the German experts give up the opportunity to do “the real work of combating diseases” in Poland, while the League (which Dammann referred to as Germany’s “erstwhile enemies”) appeared to the rest of world to be the “champions of public hygiene.” Dammann questioned whether the Polish government would accept Germany’s help in the first place. However, the Foreign Office advocated a policy of “greater accommodation” of the League. It argued that the German government could impress upon the League Council that since the conclusion of peace, Germany had acted as a sanitary cordon against the westward spread of typhus. Nevertheless, the Foreign Office agreed to push for direct German involvement by convincing the League Council that Germany had done more to fight typhus in Poland than any other nation.\textsuperscript{57}

\textsuperscript{56} Stahmer to the AA, 20 July 1920, BArch R 1501/111233.

\textsuperscript{57} “Im Reich Ministerium des Innern auf Anregung des Auswärtigen Amtes abgehaltener kommissarischen Beratung über die eventuelle Beteiligung Deutschlands an der vom Völkerbund in aussicht genommenen Bekämpfung des Fleckfiebers in Poland: Vermerk,”
After the meeting, the new German Foreign Minister, Walter Simons, weighed in on the Reich Health Office’s case that German financial support should be dependent on winning an active role in the Epidemic Commission. Simons urged the Reich Health Office to support any cooperation that the League offered, even if it were limited to financial support. He sought to further the efforts of Konstantin Fehrenbach’s government, which came to power in June 1920, to woo the Allies into revising their reparation demands. Simons argued that the Reich Health Office’s flexibility on this issue would “improve economic and cultural relations with neutral and enemy countries.”

Simons was willing to sacrifice direct German involvement in the Epidemic Commission’s campaign in Poland, because he had reason to desire a German presence in Poland. The advance of the Soviet forces, which had reached the outskirts of Warsaw and the borders of East Prussia in July 1920, had, according to Gustav Hilger, Germany’s diplomatic liaison in Moscow, “produced a state of near panic in Germany.” Simons’ position was that the German government “takes great interest in combating the diseases, which, as a result of the Russian Army, are approaching the German border.” Simons feared not only the invasion of typhus, but also of the Red Army. With both threats in mind, Simons considered the presence of German medical

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58 Weeks after becoming Chancellor, Fehrenbach led the German delegation to the July 1920 Spa Conference, which was the first major international conference that Germany attended since the Versailles Conference.


experts in Poland to be in Germany’s interest. German medical experts could check the
advance of typhus and report on developments in the Soviet-Polish War. For this
reason, Germany had already offered technical help to the Russian and Polish
governments.61

While willing to limit Germany’s participation to financial support, the Foreign
Office accommodated the Reich Health Office’s insistence to push for direct German
involvement with the Epidemic Commission. The Foreign Office began its negotiations
with the League Council by making financial support dependent on Germany’s
presence in Poland. In order to convince the League Council of the benefits of German
expertise, the Foreign Office sent two reports by the Reich Health Office on Germany’s
wartime delousing campaigns to San Sebastian, where League Council was meeting
with international health experts in July 1920. To Drummond, the Foreign Office
explained that Germany had the

Greatest interest in assisting in combating the disease which might be a
consequence of the neighbourhood of the Russian forces on the German
frontier. The German Government has therefore already proposed to
provide the Polish and the Russian governments with medicaments and
sanitary material. [One million marks is promised]…provided that
German experts be allowed to co-operate in the working out of these
plans.

The Foreign Office informed Drummond that the two Reich Health Office reports
would “outline the proposals that German experts would be likely to make.”62

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61 Simons to the German Consulate in London, 21 July 1920, BArch R 1501/111489.
62 Stahmer to Drummond, 27 July 1920, LNA R 813, 12B 5785x/1719.
Before a response came from San Sebastian, the disagreement deepened over whether to hold to Germany’s condition for financial support. The Foreign Office announced that the policy of the Cabinet was to reinstate, by all means possible, economic and cultural relations with neutral and enemy states and that it was “entirely unthinkable” that Germany would rule out involvement in the League’s campaign in Poland. Dammann, however, “urgently warned” against “doing good deeds for a people who daily showed Germany only unreconciled enmity.”

In case the League Council refused direct German involvement in Poland, Simons sought the support of Joseph Wirth, the Reich Finance Minister, to counter the Reich Health Office’s and Interior Ministry’s objections to unconditional financial support. Simons told Wirth that these objections were not “decisive,” and it was critical to respond to the League’s request because this would be the first opportunity for Germany to cooperate with the League. To respond to the League in an evasive way would do “calamitous damage” to Germany’s “fundamental goal” of becoming a member of the League. Simons argued that although German experts might not initially have a leading role in the anti-typhus campaign, Germany would be able to influence — perhaps slowly, at first — the League’s work. According to Simons, German authority and experience with anti-epidemic measures would be noticed. While it supported both positions, the Reich Finance Ministry convinced the Foreign Office, Interior

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64 The AA to the Reich Finance Minister, 24 July 1920, BArch R 1501/111489.
Ministry, and Reich Health Office to wait until the League Council had made a decision at San Sebastian.\textsuperscript{65}

In August 1920, the League Council informed the German government that Germany would not be invited to participate.\textsuperscript{66} The Foreign Office delayed financial support when the Interior Ministry informed the Foreign Office that it had the “utmost reservation” against unconditional financial contribution to the League’s anti-typhus campaign.\textsuperscript{67} However, the Reich Health Office continued to press the League Council to accept German involvement in the campaign in Poland. Breger explained to the Interior Ministry that since the League’s campaign would so obviously benefit from Germany’s expertise and infrastructure, it “appears strange” that German experts were not invited. He added, in an indignant tone, that the League’s position “contradicts not only the sense of justice and fairness, but puts the campaign at a disadvantage.”\textsuperscript{68}

Unlike Dammann’s position, Breger’s was that German cooperation would benefit the campaign and that Germany’s negotiating position had improved. He indicated that since financial contributions to the League’s campaign had so far fallen short of what was required, Germany’s proposed contribution “would be given more value.” The Reich Health Office proposed to continue to negotiate with the League Council. Breger argued that it was important to involve Germany in the formation of the League’s proposed health organization, because it would provide the campaign in Poland the

\textsuperscript{65} The RMI, “An der Besprechung im Auswärtiges Amt,” 26 July 1920, BArch R 1501/111489.
\textsuperscript{66} Drummond to Sthamer, 4 August 1920, LNA R 813, 12B 5785x/1719.
\textsuperscript{67} The RMI to the AA, 30 September 1920, BArch R 1501/111489.
\textsuperscript{68} Breger to the RMI, 6 October 1920, BArch R 1501/111489.
means for success. German involvement would also counter the OIHP’s influence in the League’s health organization, which, if left unchecked would lead to France’s “unhindered exercise power.” With the Interior Ministry’s support, Reich Health Office continued to push for direct cooperation with the League’s health efforts through the end of 1920. Germany’s financial contribution was postponed indefinitely.

The Failure of Negotiations and the Beginning of Cooperation

In the autumn of 1920, the prospects for official German involvement in Poland waned. The League of Nations’ unpopularity in Germany, the stabilization of Eastern Europe and Russia, and political developments in Germany did not promote closer relations between Germany and the Epidemic Commission. In September, the League ceded the German territories of Eupen and Malmedy to Belgium, after what many Germans considered an unfair plebiscite. Poland had staved off the advance of the Red Army and by October had agreed upon a ceasefire with Russia. In November, Danzig was declared a free state and was put under the administration of the League. Because of the waning political benefits of cooperating with the League and the resolution of the Polish-Soviet War, the Foreign Office’s interest in the Epidemic Commission evaporated.

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69 Breger to the RMI, 4 November 1920, BAch R 1501/111233. Breger believed Nitobe’s assurances that the French Ministry of Health would not enjoy a controlling position in the League’s future health organization was overly optimistic. Nitobe had also failed to supply Germany with more information on the construction of the League’s health organization. Thus, Breger argued that Germany must continue to take a wait and see approach.
In December 1920, the Foreign Office refused to conduct further negotiations with the League Council over cooperation with the anti-typhus campaign in Poland. However, the Reich Health Office continued to seek a relationship with the League. The Reich Health Office held out hope that further negotiations might achieve German technical involvement in the League’s anti-epidemic efforts. The Reich Health Office persisted because of the ever-increasing threat posed to Germany’s public health. Additionally, the Reich Health Office sought to be involved in the creation of the League’s proposed Temporary Health Committee in order to block the French from controlling it.

In order to press the Reich Health Office’s case for inclusion, Breger sought the support of Germany’s medical communities. In an article in the Ostseezeitung, he warned that without Germany’s help, the typhus campaign in Poland would not be successful. However, in a display of conciliation he praised the Polish government’s efforts to combat typhus in Poland as “magnificent” and a “mighty deed of hygienic culture.” Signaling the Reich Health Office’s abiding interest in joining the League’s Temporary Health Committee, Breger also praised the League for “clearly recognizing that our common enemy knows no borders.”

However, as Breger was penning the article, the Reich Health Office’s efforts were dashed when, on 7 December 1920, the League Assembly formed a Temporary Health Committee to coordinate anti-epidemic measures among the ICRC, the LRCS,

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70 The AA to the RMI, 3 December 1920, BArch R 1501/111489.
and the OIHP.\textsuperscript{72} To Reich Health Office’s disappointment, Germany was not included in the new body, nor was its expertise sought. Still, Germany was reminded of its promised financial contribution to the Epidemic Commission.\textsuperscript{73} Nevertheless, despite the addition of insult to injury, the Reich Health Office continued to seek involvement in the League’s institution building. Breger’s article was written before but published after the League Assembly’s decision. The editor of the \textit{Ostseezeitung} added a preface to it, which read: “Despite the great disappointment by the League of Nations recently, we will still print the following declaration of hope.”\textsuperscript{74}

While the Reich Health Office held out hope, the exclusion of Germany from the League’s Temporary Health Committee convinced some in the German medical community to abandon support for the League. An article from \textit{B.Z. am Mittag}, a \textit{Boulevardzeitung}, accused the League of ignoring the epidemics in Ukraine and Russia and called the League’s Temporary Health Committee a “medical Napoleon,”\textsuperscript{75} which was pro-French and anti-Russian in the extreme. Karl Richter of the Prussian Ministry of Education and Cultural Affairs (the Prussian Culture Ministry) expressed the same sentiment, although in a less sensational manner.\textsuperscript{76} In Richter’s article, “The

\textsuperscript{72} The official formation of the League’s Temporary Health Committee only took place on 1 September 1921, after prolonged negotiations. The delay was due to disagreement over the OIHP’s role in the new committee. The impasse arose because the US government precluded American involvement in League organizations. However, because the US was represented in the OHIP, the US could attend if the League’s conference was called at the behest of the OIHP.\textsuperscript{73} Drummond to the German Consulate in Bern, 10 March 1921, BArch R1501/111489.\textsuperscript{74} Breger, “Seuchen-Bekämpfung.”\textsuperscript{75} “Typhus im Völkerbund”, \textit{B.Z. am Mittag}, 14 December 1920, no. 286, pp. 1, col. 2.\textsuperscript{76} Richter was involved in overseeing Prussian state-controlled bacteriological research institutions, such as the Robert Koch Institute in Berlin, as well as the State Institute for
Intellectual Blockade by the League of Nations,” he argued that it was surprising that Germany, the home of Robert Koch, had not been asked to assist the League’s Epidemic Commission in Poland. He pointed out that, during the war, Germany and Austria had kept the threat of typhus at bay for the rest of the world. He argued that true peace would only be possible if Germany were included in international efforts like the campaign in Poland. However, this was not to be: “Austria and Germany together at the same table as the others cooperating in peaceful work? At last, could there finally be real peace? No, Just the opposite!”

However, behind the scenes and removed from conference rooms and the politics of the League Council, White and Rajchman, the directors of the Epidemic Commission, and the Reich Health Office began to cooperate in the field. To resuscitate hope of German cooperation, Edouard Frick, the Vice President of the ICRC and its representative on the League’s Temporary Health Committee, went to Berlin to assist the German government in the repatriation of prisoners of war. While there, he discussed the League’s anti-typhus campaign and proposed using Germany’s infrastructure for disinfecting prisoners. After his visit, Frick informed the League that

The Germans, who are very much alarmed by the danger of Typhus, are now prepared…to use the whole of this organization, including Personnel and equipment, to co-operate with the Typhus Commission in

Experimental Therapy and the Georg Speyer Institute in Frankfurt. A year after this article, these institution were directly involved with the League’s campaign to standardize sera.

78 Ibid.
79 Frick was also the President of the Central Bureau for the Fight against Epidemics in Eastern Europe. Frick assisted both German and Russian efforts to repatriate prisoners of war. He joined the Epidemic Commission shortly after the Assembly Resolution of December 1920.
dealing with the Typhus epidemic. They would use this organization in Russia itself at the points which might be agreed upon as being the greatest centres of infection. They are, moreover, prepared to provide money in order to supply these organizations with their requirements.\textsuperscript{80}

In order to begin cooperation, Frick arranged a conference in Riga for 10 January 1921 with German and Soviet authorities, in order to discuss the German proposals and “other matters of importance connected both with Typhus and with the repatriation of prisoners.” Drummond agreed, and was “very strongly of the opinion that it would be of the greatest possible value” that White attended the Riga Conference.\textsuperscript{81} White and Rajchman both traveled to Riga through Berlin, where they met with Reich Health Office leadership.

In Riga, German, Polish, Latvian, and Lithuanian representatives discussed the decontamination of repatriation rail transports and the prevention of the westward spread of typhus, and they sought to “determine the possibilities of assistance from the League of Nations in connection with the ICRC and the German government.”\textsuperscript{82} The conference, which was hampered by the absence of Soviet authorities (who arrived after the conference ended), also reviewed the extent of the typhus epidemic in Russia.\textsuperscript{83}

Representing Germany was Richard Otto, a leading German bacteriologist at the Robert Koch Institute. White, Rajchman, and Moritz Schlesinger, the \textit{de facto} director

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\textsuperscript{80} P.J. Baker, a League financial officer, to Rachel Crowdy, Director of the League’s Social Section, 20 December 1920, “CICR [ICRC] and the Typhus Campaign,” LNA R 814, 12B 9821/1719.

\textsuperscript{81} Crowdy to White, 22 December, LNA R 814, 12B 9821/1719.

\textsuperscript{82} Wattenwyl, the ICRC’s representative to Germany, to Schlesinger, in Das Politische Archive des Auswärtiges Amts, Berlin, (henceforth, PAAA) R 26157.

\textsuperscript{83} Housden, 70. The route did not begin to function until April. However, because of the Polish-Soviet War, the overland route was impracticable. Transportation had to be maintained on the Baltic Sea rout until October 1921.
of the Reich Central Office for Military and Civilian Prisoners all traveled on to Moscow to meet with Soviet authorities.\(^\text{84}\) Aside from the exchange of information, it is unknown whether Germany or the League reaped any immediate benefits from the encounter. Key figures, who shared similar goals, met for the first time in Riga. White and Rajchman met Otto, Schlesinger, Frick, and Hilger. All of them knew that their interests could only be addressed in cooperation with Moscow. Germany’s growing ties to Soviet Russia was an asset to the Riga Conference attendees.

Germany sought better relations with Russia, in order to further the repatriation of prisoners of war, as well as to establish a counterweight to the Entente. The repatriation of prisoners of war was the means by which Germany and Russia resumed official diplomatic relations.\(^\text{85}\) Simons, the German Foreign Minister, thought better economic and political relations with Russia would be to Germany’s advantage. Baron Ago von Maltzan, director of the Russian desk at the German Foreign Office, and Schlesinger were the “chief protagonists” in the German Foreign Office of a rapprochement with Russia.\(^\text{86}\) After the Riga Conference Schlesinger concluded an agreement in February 1921, which converted prisoner-of-war organizations into consular and diplomatic missions. (Germany had broken off diplomatic relations with Moscow three years earlier).\(^\text{87}\) White and Rajchman sought to utilize German-Soviet

\(^{84}\) Otto to Carl Hamel, Director of the Interior Ministry’s Medical Department and future Reich Health Office President, 27 January 1921, BArch R1501/111480.
\(^{85}\) Hilger, 67.
\(^{86}\) Ibid., 65.
\(^{87}\) Ibid., 67. The agreement came into effect in May 1920.
relations in order to for the League of Nations Health Committee to gain access to Soviet Russia.

Conclusion

With the increase in Soviet-German prisoner transfer, the focus of German health officers shifted from Poland to Russia. The Epidemic Commission followed suit. In April 1921, due to lack of funds and the abatement of the typhus epidemic in Poland, Drummond, White, and Rajchman decided that the “only wise policy” was to limit the Commission’s operations to assisting the efforts of the Polish government, which had in fact been the extent of the Commission campaign since it began work five months earlier.\(^8\) The Commission’s cooperation with the Polish government was further limited to Poland’s eastern provinces, which were referred to as the “region Grodno-Lida-Wilno-Bialystok-Brest-Litowsk.” The typhus epidemic in Poland was “materially improving” with reported cases in January down 78% over the previous year. It was clear that the threat of reinfection, hence the real threat to Western Europe, came from Russia. At the Warsaw meeting of the Epidemic Commission, Frick (now a member) proposed to expand the Commission’s operations by organizing the “preliminary disinfection” in Moscow of westward-bound refugees and prisoners of war. Rajchman agreed.\(^9\)

\(^8\) Drummond, “Typhus: Note by the Secretary General,” LNA R 822, 12B 12462/12462.
While cooperation in the field had begun, the political divisions had not changed. In the spring and summer of 1921, the Epidemic Commission continued to pressure Germany to fulfill its promise to financially contribute to the anti-typhus campaign in Poland.90 The Reich Health Office continued to insist that the contribution was contingent on the League’s acceptance of German technical cooperation.91 However, the Reich Health Office also continued to request more information on the League’s Epidemic activities and about the formation of a permanent health office.92 In contrast, the Foreign Office interests in cooperating with the League’s health efforts vacillated, depending on their value as a political expedient in Germany’s political impasse with the Allies.

After a year of stalled negotiations, Germany and the League of Nations Temporary Health Committee could not cooperate directly in Poland. German health officers had contained typhus in Poland during the war, and Germany lay geographically between the threat and the rest of Europe. However, German involvement in the League’s efforts was fraught with political difficulties. German-Polish relations deteriorated into armed conflict in May 1921, while Poland was allied with Germany’s archenemy, France, a founding member of the League. However, over a year after the initial call for contributions for the anti-typhus campaign in June 1920, German health authorities

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90 Drummond to the AA, 15 March 1921, BArch R 901/77804.
91 The AA to the RMI, 16 April 1921, BArch R 1501/111489.
92 Breger to the RMI, 1 February 1921, BArch R 1501/111233, and Drummond to the German Consulate in Bern, 10 March 1921, BArch R 1501/111489.
were still prepared to cooperate with the League if their conditions were met.\footnote{The AA to the RMI, 16 April 1921, BAch R 1501/111489.} In the context of a general Western European boycott of German sciences and period of deteriorating relations with Western Europe, the Germans’ willingness was significant. Germany’s interaction with the League’s health authorities was a substantial step toward rapprochement.
Chapter II

Politics by Other Means: Germany’s International Balancing Act through its Anti-Epidemic Campaign in Russia

After the cessation of the Polish-Soviet War and the Russian Civil War in the last months of 1920, Russia became the focus of international humanitarian relief efforts. The devastation in Russia was profound. After seven years of war and deprivation, during which 20 million Russians lost their lives, the four horsemen of the apocalypse were the true victors of the conflagration that had begun in 1914. Pestilence, famine, war, and death forced the Bolshevik government in July 1921 to appeal to the West for aid. American and European responses to Moscow’s request were uncoordinated and shaped by complex political considerations. The wartime unity of the Entente had fractured and its involvement in the Russian Civil War left strained relations with Moscow. Germany, which was beset by domestic strife between communist and reactionary forces, attempted to strengthen relations with Russia as a means to mitigate the standoff with the Allies, which the Franco-Belgian occupation of German cities in March had escalated. The United States abstained from international cooperation but embarked on a massive unilateral aid campaign, led by Herbert Hoover’s American Relief Administration (ARA). Britain and France disagreed about the price that the Bolshevik government should pay for assistance. France, taking a strident anti-Bolshevik position, insisted that Moscow repay its tsarist war debts before it would offer aid. However, Britain – its trade-based economy severely diminished by
the loss of Russian markets – argued for leniency, in order to win a leading role in the
economic reconstruction of Russia. France and Britain feared Germany’s overtures to
Moscow, and hoped that Germany would join them in a united front that would force
the Bolsheviks to exchange relief for economic concessions. Conversely, Moscow
sought to exploit the divisions between Germany and the Entente, in order to obtain
more favorable loans and to set its own terms for European economic penetration into
Russia. Moscow also courted Berlin for this purpose, and warned that if Germany
joined France and Britain in an international syndicate to invest in Russia, it would
invoke Article 116 of the Versailles Treaty, which would force Germany to pay
reparations to Russia.¹ For their part, France and Britain warned the German
government that unilateral German aid to and investment in Russia would stop any
discussion of a moratorium on reparation payments, something that Germany
desperately sought. Despite Allied pressure, Germany continued to covertly strengthen
relations with Russia. In addition to responding to pressure from German heavy
industry to regain lost Russian markets, the German government feared that, without the
threat of better German-Soviet relations, Germany would be at the mercy of a vengeful
France. A major benefit of an alliance with the Bolsheviks would be Moscow’s
agreement to help Germany rearm. Moreover, non-governmental actors in Germany
and factions within the German Foreign Office leveraged both the threat of epidemic
disease and competition among western nations to push the German government into
cooperation with international organizations to aid Russia.

¹ Unger, 76.
The German Red Cross (DRK), the first to respond to the Soviet government’s appeal for relief, began to organize a campaign in July 1921 to fight epidemic disease inside Russia. The German government’s motivation to support the anti-epidemic campaign was fourfold. First, the DRK campaign, which was secretly funded by the Foreign Office and used as a cover to establish economic and military relations with Russia, showed Moscow Germany’s willingness to help in a way that did not appear to the French and British as acting unilaterally with Russia. Second, the anti-epidemic campaign was a means by which the Reich Interior Ministry sought to control Communist and labor union collection drives on behalf of Russia, which it saw as harmful to domestic stability. Third, the Reich Health Office considered that the campaign would not only protect Germany from typhus, but would also improve its chances of joining the League of Nations Health Committee. Fourth, all three agencies sought to prevent persons most affected by famine and disease from immigrating to Germany. Because the epicenter of the crisis was the Volga valley around Kazan, where there was a large ethnic German population (the Volga Germans), the fear of invasion by the diseased and starving was real.

The German government’s balancing act between Russia and the Entente, its fear of the politically embarrassing and domestically destabilizing effects of independent collection drives, and its response to the threat to the Volga Germans all mitigated Germany’s international isolation. The DRK campaign in Russia was a means by which a network of German and international scientists, relief organizations, and public health officials began to cooperate. The DRK coordinated with a consortium
of German and international organizations. Domestically, it worked with leading microbiological research institutions, such as the Robert Koch Institute, while the campaign was staffed by leading researchers from the Hamburg Institute for Marine and Tropical Diseases (the director of which became the first German member of the League of Nations Health Office). The DRK also coordinated with German government officials from the Reich Interior Ministry and the Reich Health Office, as well as with Mortiz Schlesinger, the de facto director of the Reich Central Office for Military and Civilian Prisoners, and Gustav Hilger, a member of the German legation in Moscow. DRK officials had close ties to international organizations such as the ICRC, the League of Nations, and Nansen Help, the refugee relief organization established by Fridtjof Nansen, the Norwegian explorer, Nobel Prize laureate, and humanitarian. Both Schlesinger and Hilger aided in the work of the ICRC, the League, and Nansen Help. Although the DRK campaign served the German government’s foreign and domestic policy goals, the DRK was not a passive tool. DRK officials were able to lobby the German government for continued funding and deeper involvement in international organizations based in Geneva. Despite the lack of international coordination in the planning of relief work in Russia, through this network of organizations and officials, the DRK established on-the-ground cooperation between the German anti-epidemic campaign, the ARA, the League, the ICRC, and other national Red Cross societies.

This chapter begins by examining the lead-up to the Tenth International Red Cross Conference of April 1921. The conference was the culmination of significant developments in the international Red Cross movement and the reorganization of the
CHAPTER II

DRK. Next, the chapter examines the results of the Conference to reveal how German economic and political goals aligned with international efforts to provide relief to war-torn Russia. Between the summer and autumn of 1921, the parallels between the interests of German heavy industry and Germany’s medical establishment enabled the DRK to obtain governmental funding for its campaign. Finally, this chapter examines the German Foreign Office’s use of the DRK in its balancing act between east and west.

This chapter argues that, as an unintended consequence of its balancing act between the Entente and Soviet Russia, the German government set the stage for institutional coordination between German and international relief campaigns. Conversely, the ICRC and League of Nations’ institution-building deepened the German government’s involvement with the Geneva-based organizations. This period was characterized by institutional reorganization, competition, and cooperation between the two international Red Cross societies and the League, on one side, and between the DRK and the German government on the other. The struggle for ascendancy in organizing aid for Russia in the spring of 1921 was linked to a struggle within the German government that revolved around economic and strategic ties to Russia and the Entente. Berlin simultaneously exploited Anglo-French tensions and tensions between Moscow and the west, in order to seek the revision of Versailles by both compliance and subversion. German military and industrial leaders looked to an alliance with the Kremlin, with which to oppose the Entente.2 Germany’s relations with the Red Cross

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societies and the Soviet government overlapped on the issue of repatriating prisoners of war. By the summer of 1921, further coordination among these agencies was due to the emergency caused by disease and famine in Russia. By October, the relationship between the German government and the Geneva-based international organizations stabilized into official (if tentative) cooperation, even as Germany sacrificed closer relations with the Entente in favor of a military and economic alliance with Soviet Russia.

**The Reorientation of the Red Cross Movement**

The Tenth International Red Cross Conference, held from 31 March to 4 April 1921, marked a turning point in the history of the Red Cross movement, the international debut of an independent and unified German Red Cross, and a step toward Germany’s international rehabilitation. The conference made official the Red Cross’s expanded role in fighting disease and improving public health. The conference also initiated cooperation between Schlesinger’s and Hilger’s repatriation campaign and the ICRC’s efforts to organize aid for Russia. After the ICRC failed to secure the participation of the Russian Red Cross, Schlesinger and Hilger – and through them the DRK – became the link between Geneva and Moscow. The conference thus also led to international relief efforts to famine- and disease-stricken Russia, as well as the expansion of efforts to prevent the western spread of epidemic typhus.

In order to counter the threat posed by its rival, the newly formed LRCS, and to lead the organization of the first postwar International Red Cross conference, the ICRC
co-opted the LRCS’s fundamental goals, which were to fight disease and promote health. In February 1921, the ICRC called for a “general mobilization of the Red Cross societies against disease in general.” To set aside the tensions between the ICRC and the LRCS, which had delayed the Tenth International Red Cross Conference since 1918, the ICRC signed a one-year working agreement with the LRCS that established the Joint Relief Commission. Through the Commission, which was composed of members of both societies, the ICRC promoted its broader scope of action and its role as the leader of both the national societies and the Red Cross movement in general. At the conference, national Red Cross chapters confirmed ICRC leadership and inaugurated the movement’s sweeping change in focus. After 1921, disease prevention and the betterment of public health became the raison d’être of the Red Cross.

However, Germany’s status as an international pariah threatened to undermine the ICRC’s leadership role in the Red Cross movement. Belgium, England, and France refused to attend the Conference if Germany were invited. The DRK, which was itself a federation of Red Cross chapters from German states, charity organizations, and organizations that promoted public hygiene, was under international and domestic pressure to reorganize. Article 117 of the Versailles treaty, which stated that non-military associations of any kind were prohibited from being connected to war

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4 Hutchinson, *Champions of Charity*, 341.
5 Ibid., 344.
ministries, was a direct threat to the continued existence of the DRK, which had been institutionally affiliated with the German military and the fallen monarchy.\(^7\) German Social Democrats and labor unions decried the DRK’s militarism and called for its reconstruction.\(^8\) Under this pressure, the DRK reorganized in the new direction promulgated by Article 25 of the Covenant of the League of Nations, which obligated the treaties signatories’ to establish an independent Red Cross society, whose mission was to improve public health, prevent disease, and alleviate suffering.\(^9\) The executive body of the DRK was opposed to changing the goals of the DRK to disease prevention and the betterment of civilian welfare.\(^10\) However, it complied because of international and domestic pressure to reform, as well as because newly formed welfare organizations in Germany threatened to undermine the DRK’s legitimacy.\(^11\) Opposing the DRK’s proposed independence, the Reich Health Office insisted that the DRK continued to work for the German government.\(^12\)

The Foreign Office also sought the reorganization of the DRK, when, in August 1920, difficulties arose in procurement of American food aid to Germany. American aid donors were opposed to working with the DRK because it was too closely tied to the German military. The Foreign Office convinced the other ministries that a reorganization of the federation of the German Red Cross societies was necessary, so it

\(^7\) Dieter Riesenberger, *Das Deutsche Rote Kreuz*, 173-174.
\(^8\) Ibid., 178.
\(^10\) Riesenberger, *Das Deutsche Rote Kreuz*, 178.
\(^11\) Ibid., 177.
\(^12\) Franz Bumm, President of the RGA, to the Reich Interior Minister, 3 April 1920, BArch R 1501/109386.
could serve as an intermediary between the German government and foreign relief organizations. The Foreign Office was also motivated by the assurance made by the President of the ICRC, Gustave Ador, that reorganization and cooperation with the international Red Cross would ease Germany’s admission into the League of Nations.13 Thus the German Foreign Office’s support for international cooperation on health matters was a function of political calculations with regard to the Entente.

Although a reformed and centralized DRK, which was established on 25 January 1921, still reflected a conservative military ethos,14 the DRK’s leadership was intent on full participation at the Tenth International Red Cross Conference. The new emphasis on disease prevention, disaster relief, and the betterment of public health in the DRK’s charter reflected the DRK leadership’s recognition of a political necessity.15 The new president of the DRK, Joachim von Winterfeldt-Menkin, worked hard to counter the Entente’s attempts to bar Germany from joining the LRCS and attending the upcoming Red Cross Conference. To these ends, Winterfeldt cultivated a close connection among the DRK, the ICRC, and the Foreign Office.16 Albert von Baligand, the German Consul-General in Geneva, attended the conference as the German government’s representative. With agreement of the Reich Health Office, Winterfeldt and Lieutenant Colonel Paul Draudt, director of the DRK’s Foreign Department, represented the

13 Meeting in the AA, 24 August 1920, BArch R 1501-109386.
16 Ibid., 178.
The German Foreign Office allowed Schlesinger, who had been invited by the ICRC, to attend as an expert on the repatriation of prisoners of war, but not as an official German representative. The decision to send Schlesinger as an unofficial representative and Baligand as the official representative reflected the Foreign Office’s accommodation of the ICRC, while the Foreign Office remained the channel through which relations between Germany and the ICRC were managed.

Although his efforts served the Foreign Office’s interests, Schlesinger also represented competing agencies in the German government and had the Reich Chancellor’s ear. He was able to bypass the German Foreign Office and directly inform the Reich Chancellor on issues concerning Russia. Schlesinger’s participation at the Red Cross Conference took place while he was building economic and military ties between Germany and Russia through the prisoner-of-war repatriation program. Russia’s need for assistance brought strategic and financial opportunities that the governments of Europe could not ignore. Schlesinger’s allegiances stretched between German industry and the Reichswehr. He was instrumental in the establishment of a Russo-German Trust for arms manufacture in Russia. In addition, his connections to

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17 Meeting in the AA on 22 March 1921, memo from the AA to the RMI, 31 March 1921, BArch R 1501/109386.
18 Reich Interior Ministry memo, 22 March 1921, BArch R 1501/109386.
19 Unger, 186.
20 As early as 1919, the Reichswehr’s Sondergruppe R, under General Hans von Seeckt, had begun planning the manufacture of arms inside Russia as a means to skirt forced disarmament under the Versailles Treaty. Seeckt’s machinations were kept secret even from the Foreign Office until late 1920. Wirth, both German Chancellor and Finance Minister, was informed of the scheme in May 1921. Schlesinger and Hilger used their positions to further Seeckt’s schemes, which culminated in the Rapallo treaty in 1922. See Vasilis Vourkoutiotis, Making
the Soviet government were an asset to the ICRC, because the ICRC lacked official
relations with the Russian Red Cross, and thus had no access to the Soviet leadership.

Schlesinger belonged to a group of individuals in secondary levels of ministries
who influenced German foreign policy in the early postwar years to a degree that did
not correspond to their formal positions.21 Through his work on repatriation, he was
well connected to the SPD leadership,22 the Eastern-oriented clique in the Foreign
Office,23 and German industrialists who sought to gain access to Russia.24 In many
ways, Schlesinger was Germany’s sole connection to the Soviet diplomatic leadership
between 1919 and 1922.25 Through him, the issue of repatriation combined German
economic and military interests with German relations with the ICRC. Ago von
Maltzan, the director of the Russian Desk in the German Foreign Office, was his ally
and patron.26 Like Maltzan, Schlesinger and Viktor Kopp, the Soviet commissioner for
prisoner-of-war exchange, understood that prisoner-exchange was the first step toward

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21 Unger, 16.
22 Schlesinger’s circle of personal contacts included Reich President Friedrich Ebert and figures,
who circulated positions in various German governments, including Philipp Scheideman,
Gustave Bauer, Hermann Müller, Rudolf Wissel, Robert Schmidt, Eduard David, Gustav
Noske, and Otto Wels. See Unger, 16.
23 Schlesinger’s inner circle included Paul Scheffer, Gustav Hilger, Ulrich Brockdorff-Rantzau,
and Herbert von Dirksen, see Unger, 19.
24 Schlesinger’s allies in heavy industry included AEG’s Felix Deutsch, Krupp’s Otto Wolf, and
Otto Wiedfeldt.
25 Along with Hilger, Schlesinger worked closely with Viktor Kopp, Karl Radek, Soviet Foreign
Minister Chicherin, Chicherin’s adjunct Litvinov, Trade Commissar Krassin, Krassin’s adjunct
Krestinsky. See Unger, 17.
26 Maltzan was the driving force behind Germany’s Ostpolitik and the father of the Rapallo
Treaty, see Unger, 17.
the resumption of the economic ties, and therefore they allied themselves with German business leaders.27

The interests of German heavy industry enjoyed a special position in the German Foreign Office’s policymaking, which accommodated the interests of private industry more closely than it had before the war.28 German corporations were intent on securing their property in Russia, which had been nationalized by the Bolsheviks.29 German foreign policy toward Russia was, in many ways, a continuation of the Kaiserreich’s imperialistic Machtpolitik, although liberal-economic imperialism had replaced conservative-military imperialism.30 The Eastern-oriented clique in the German Foreign Office supported Schlesinger with these interests in mind.

The Foreign Office regarded the ICRC as a political tool. For example, in early 1920, when the Soviet government tried to use the prisoner-of-war exchange to foster diplomatic relations with Germany, Herman Müller, then the German Foreign Minister, Maltzan, and Schlesinger employed the ICRC as an interlocutor, lest repatriation force the German government to formally recognize the Soviet government.31 The Foreign Office feared that on bilateral relations with the Soviet government would worsen relations with the Entente. With the Polish-Soviet War raging, Müller’s government

27 Ibid., 135.
28 On the influence of business interests on German foreign policymaking, see Doß, Das deutsche Auswärtige Amt im Übergang, Krüger, Die Aussenpolitik der Republik Weimar, 29-30, and Spaulding, 119-120.
29 For information on the extensive holdings of German industry in Russia before the war, see Strandmann, “Großindustrie und Rapallopolitik.”
30 Krüger, Die Aussenpolitik der Republik Weimar, 42. See also, Grupp, 45.
31 Unger, 120.
subordinated a pro-Russian policy to improve relations with the Allies. However, when relations with the Allies worsened because of the occupation the Ruhr in March 1920, Maltzan found less resistance from the Western-oriented clique in the German government to his pro-Russian position. He directed Schlesinger to negotiate the first treaty between Germany and the Soviet government since the end of the First World War. Under the provisions of this treaty, which was signed on 19 April 1920, Schlesinger became the ICRC’s point of contact with the Soviet government. Enabled by the treaty, Hilger, Schlesinger’s agent in Moscow, could more easily coordinate the DRK’s interests with those of the ICRC. Hilger’s role as interlocutor was bolstered when Nansen also designated Hilger as his representative for all of Russia.

In early 1921, after the Riga Conference, where League health officials first made contact with German health officers, Schlesinger went to Moscow, ostensibly to negotiate further cooperation on prisoner of war exchange in preparation for the International Red Cross Conference. However, his true mission was to secure a trade agreement and a secret military alliance with Russia. Maltzan, who had waited for the right time, devised this scheme, bypassed his superior, German Foreign Undersecretary Edgar Haniel von Haimhausen (who was part of the Foreign Office’s pro-Western clique), and appealed directly to Foreign Minister Walter Simons. Simons supported Maltzan’s plan. A series of events in early 1921 allowed Maltzan to execute his

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32 Unger, 104.
33 Ibid., 122.
34 Hilger and Meyer, 36.
35 Unger, 156.
scheme. Sanctions against Germany from the London Ultimatum were carried out (after Germany had defaulted on reparation payments), French troops occupied German cities in the Ruhr, the Kronstadt Rebellion shook the Soviet leadership, Lenin launched the New Economic Plan, and the British concluded a trade agreement with the Soviet government. Simons and Maltzan reasoned that Germany would need an ally to counter the intransigence of the Entente. The diplomatic chaos that ensued when the French marched into the Ruhr in January 1923 gave Simons the opportunity to act. The New Economic Plan allowed limited foreign investment in Russia and, because Britain had already concluded an agreement with the Soviet government, Germany’s negotiations with the Soviet government would not appear so egregious. Although factions in the German government used Schlesinger to further their foreign-policy goals, Schlesinger’s secret mandates strengthened his influence with his Soviet counterparts and the ICRC. His special relationship with the Soviet leadership benefited Nansen (by extending Hilger’s ability to aid Nansen Help) and the ICRC, which did not enjoy friendly relations with the Soviet government.

Schlesinger’s activities in Russia, his cooperation with the ICRC, the ICRC’s defense against the LRCS, the peacetime reorganization of the international Red Cross movement, and the DRK’s hope of ending its international isolation constituted the political background of the Tenth International Red Cross Conference. The conference reflected the divisions among European nations, Germany’s acceptance in the international Red Cross movement, and Schlesinger’s position as an intermediary.

36 Krüger, Die Aussenpolitik der Republik Weimar, 149.
between the ICRC and the Soviet government. These three developments were  
connected to the central issues at the conference. Although the ICRC’s and LRCS’s  
Joint Relief Commission convened the conference, the ICRC’s hope of penetrating  
Russia dominated the agenda. Hence, the conference dealt primarily with the treatment  
of prisoners of war, Red Cross relief work in the civil war, and the status of the Russian  
Red Cross. The ICRC leadership sought to quell divisions among member societies and  
pushed for a *modus vivendi* with the Soviet government. While it did not achieve the  
latter, the conference made clear the ICRC’s intention to focus on Russia, as well as to  
defend Germany’s position in the international Red Cross movement against Allied  
attacks. Central to the ICRC’s efforts to establish relations with the Soviet government  
was the proposal to bar foreign national Red Cross societies from operating in a country  
that was involved in civil war unless otherwise requested. If requested, aid would be  
impartial and directed by the ICRC.37  

The French and Belgians refused to attend the International Red Cross  
Conference on the grounds that the DRK had violated the Geneva Convention during  
the German wartime occupation of Belgium.38 However, because of their continued  
opposition to cooperation with Germany, the French and Belgian societies were  
becoming increasingly isolated. The British decided to send an unofficial representative  
to the conference and the American-led LRCS also modified its policy of excluding  

37 *Compte-rendu Provisoire*, 6 April 1921, pp. 11, PAAA Konsulat Genf 155.  
38 Hutchinson, *Champions of Charity*, 342.
Although the LRCS had softened its position vis-à-vis Germany, many national Red Cross societies had not. Representatives from Canada, Australia, and Greece sought to prosecute Germany on its infractions of the Geneva Convention through the League of Nations. At the conference, the ICRC decided that any infraction would be taken up by a special ICRC commission and not by the League. This was to Germany’s benefit, because French interests were more powerful in the League than in the ICRC. Ador went so far as to praise the newly reorganized DRK for living up to the ideals of the Red Cross. The German government’s representative, Baligand, praised Ador in return for coming to Germany’s defense and assured the German Foreign Office of the ICRC leadership’s non-partisanship. Preparing for a fight, the Foreign Office collected evidence that implicated French and Belgian Red Cross societies themselves of wartime violations. However, the ICRC leadership sought to persuade national societies to abandon any investigation. Baligand noted that it was “delightful” that the ICRC did not let the French and Belgian claims ruin the

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39 In March 1921, the LRCS asked the president of the Reich Health Office, Franz Bumm, to become a corresponding member. However, Bumm had not forgotten the LRCS’s refusal to allow German delegates even to attend its conferences, which was one of the original causes of the dispute between the ICRC and the LRCS. Bumm refused the LRCS offer on the grounds that the organization was composed of “enemy countries.” See Bumm to the RMI, 23 March 1921, BArch R 1501/109386.
40 Fifth Session of the Tenth International Red Cross Conference, 5 April 1921, PAAA Konsulat Genf 155.
41 Baligand to the AA, 29 April 1921, PAAA Konsulat Genf 155.
42 From Haniel to Adolf Müller, German Consulate in Bern, 24 September 1921, PAAA Konsulat Genf 155.
43 In an official communiqué before the Tenth International Red Cross Conference, the ICRC did not defend prosecution. See Baligand to the AA, 9 April 1921, PAAA Konsulat Genf 155. The ICRC terminated the commission less than a year after the conference on the grounds that reconciliation was preferable to prosecution. See, ICRC Circular, Commission pour l’examen des violations de la Convention de Genève, 10 January 1922, PAAA Konsulat Genf 155.
conference. However, while the ICRC leadership shelved charges of wartime violations, Germany’s representatives did not feel warmly received at the conference. Winterfeldt and Draudt, the DRK representatives, nearly quit the conference upon arrival due to an “unfavorable impression of the atmosphere.”

They let themselves be convinced to stay. Baligand’s charge that ICRC’s sympathies were with the French (despite Ador’s support for the Germans) reflected the ICRC’s leadership’s attempt not to be seen as pro-German and to placate Red Cross society members from Allied countries.

However, acrimonious relations between the ICRC and the Soviet government impeded immediate action. At the conference, the problem stemmed from the existence of two competing Russian Red Cross societies. The Russian Revolution had split the Russian Red Cross into two factions; one supported the tsarist forces and the other supported the Red Army. The tsarist Red Cross, which had fled to Paris when the Wrangel’s White Army was defeated at the end of 1920, attended the conference in Geneva and maintained that it was the only legitimate Russian Red Cross. Ador was reluctant to agree, because support for the tsarists would complicate the ICRC’s relations with Moscow.

He decided that the tsarist organization should be officially recognized as the “Former Russian Red Cross.” He had asked the director of the Russian Red Cross (RRC) under the Soviets, Zenobius Soloviev, to attend as well.

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44 Baligand to the AA, 9 April 1921, PAAA Konsulat Genf 155.
45 ICRC publication, Compte-rendu Provisoire: Commission spéciale des délégués séance d’organisation, 30 March 1921, pp. 2, PAAA Konsulat Genf 155.
46 Compte-rendu Provisoire, 31 March 1921, pp.10, PAAA Konsulat Genf 155.
However, the ICRC had decided that the RRC in Moscow was a new organization and must be recognized *de novo*.[47] When an ICRC official sought to visit the RRC’s facilities in Moscow, the Soviet government refused him entry into Russia.[48] Ador then invited Soloviev to attend the conference unofficially, but Soloviev refused.

Thanks to his connections in Moscow and Berlin, Schlesinger helped solve the ICRC’s difficulties. Behind the scenes, he organized a private meeting during the Tenth International Red Cross Conference to discuss how to implement an international Red Cross campaign in Russia. Along with Ador and a representative from the Save-the-Children Fund, Schlesinger invited representatives from the American, British, Swedish, Italian, Chinese, and the tsarist Red Cross societies to discuss how to persuade the Soviet government to allow the ICRC to work inside Russia. All the attendees, including the representative from the “Former Russian Red Cross,” supported Schlesinger’s suggestion that he should ask Lenin to negotiate an agreement with the ICRC. Schlesinger considered it essential that the request should come from “us Germans,” in order to secure a leadership role for Germany in any future international relief campaigns in Russia.[49] Lenin agreed to meet with Schlesinger, who was still under the German Foreign Minister’s authority to negotiate a Soviet-German economic agreement.

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[47] Hutchinson, *Champions of Charity*, 405, fn. 76. Hutchinson’s implication that the ICRC’s dealings with the RRC in the lead up to the conference were disingenuous or duplicitous overstates the case. Ador’s agenda to negotiate with the Soviet government faced opposition from most national societies, which left Ador in a precarious position if he engaged Moscow too directly.


Schlesinger, who had been a member of the commission that dealt with the question of civil war at the conference, considered the conference’s report on the role of the Red Cross in a civil war to be the most important document to show Lenin. He hoped to reassure Lenin that any aid would be impartial. Schlesinger’s efforts to achieve economic and political security for Germany in the face of Allied occupation and reparation demands coincided with his humanitarian motivations. Stability in Russia would make possible the recovery of German industry and secure the German homeland against the inundation of diseased and starving refugees.

The Inception of Germany’s Anti-Epidemic Campaign in Russia

At the time of the Red Cross Conference in the spring of 1921, famine in Russia was widespread and growing at an alarming rate. The catastrophe caused by the First World War, the Bolshevik Revolution, the Russian Civil War, and harvest failures in Russia’s normally fertile Volga region culminated in 1921. The famine covered 750,000 square miles in the Volga region and 85,000 square miles in Ukraine, in which 25 million people were in the midst of “absolute famine.”

50 Schlesinger to Hilger, 25 April 1921, PAAA R 26157.
disease was inevitable. Epidemic typhus was the most widespread disease and was unusually deadly. In the Crimea, mortality rates were as high as 35%.\textsuperscript{53}

The dire situation in Russia brought about a variety of responses across Europe. Aside from the activities of Nansen and the ICRC, the League of Nations attempted to secure a leadership role in relief efforts. In June 1921, the Council of the League of Nations, which did not want to take steps that would support Bolshevism, yet felt compelled to take action, approved the appointment of a High Commissioner for Refugees.\textsuperscript{54} In Germany, the impetus to organize aid for Russia came from several sources. First, nationalist organizations sought to aid the suffering Volga Germans. The Association of Overseas Germans (VDA) pressured the Foreign Office to act. Second, the Hamburg Institute – its competences greatly reduced because of the loss of Germany’s oversees holdings – looked to Russia as its new area of activity. Third, the Billroth Foundation, a consortium of German medical scientists and governmental authorities that had been established in 1919, sought access to Russia, in order to establish German hospitals abroad as part of a cultural \textit{Drang nach Osten}.\textsuperscript{55}

In the summer of 1921, the Soviet government, distressed about the growing catastrophe that threatened to undermine its security, appealed to the West for aid. Directed by Lenin, the Soviet government sought to lure the West into investing in

\begin{footnotesize}
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\item[53] Hoover, 471.
\item[55] The AA to Reich Commissioner for Export and Import Authorization, 6 July 1921, PAAA R 66445.
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\end{footnotesize}
Russia on terms favorable to Moscow.\textsuperscript{56} In order to convince Western leaders of his sincerity, Lenin allowed prominent non-Bolsheviks in Russia to establish the All-Russian Famine Relief Committee. The leader of the committee, the famous writer Maxim Gorki, made a worldwide appeal on 13 July 1921 for “bread and medicine”\textsuperscript{57} by way of an open letter to Gerhart Hauptmann, the German dramatist and Nobel Laureate. This was the invitation that DRK, the Billroth Foundation, the Hamburg Institute, the Association for Overseas Germans, the ICRC, Nansen, and Herbert Hoover had all been waiting for.

A week after Gorki’s appeal, the German cabinet decided that a generous response was in order.\textsuperscript{58} Gustav Behrendt, the head of the Eastern Section in the German Foreign Office (Maltzan’s superior, under whose authority Maltzan chaffed) and presidium member of the Association for Overseas Germans, called on the Reich Union of German Industry to aid Russia.\textsuperscript{59} At the same time, under pressure from representatives of the Volga Germans who had petitioned Chancellor Wirth to take action, Behrendt called upon the DRK to organize a general relief campaign that would concentrate on the Volga region in Russia.\textsuperscript{60} The Foreign Office promised broad financial support. Competition motivated the DRK into quick action. Colonel Draudt, the director of the DRK’s foreign department, explained that Germany’s primacy was

\textsuperscript{56} Fink, 8.
\textsuperscript{57} Fink, 8.
\textsuperscript{58} Telegram from the AA to Gerhart Hauptmann, 22 July 1921, PAAA R 83404.
\textsuperscript{59} Behrendt to Geheimrat Bücher, Reichsverband der Deutschen Industrie, 25 July, 1921, PAAA R 83404.
\textsuperscript{60} Record of the 26 July 1921 meeting in the Press Department of the AA, 27 July 1921, pp. 2, PAAA R 83404.
threatened by Hoover’s ARA. Draudt warned, “It was a matter of days, if not hours” before Germany would lose out to the ARA. 61 The DRK officially maintained that it was bound by international obligations and that only an international campaign was possible. Within this international structure, however, the DRK hoped to take a leading role, by virtue of its prisoner-of-war repatriation infrastructure. The DRK then requested 50 million marks from the Foreign Office. 62 It received five million and was informed that the Foreign Office would be in control of the campaign (another violation of the spirit of the DRK’s reorganization). 63 The DRK sought to use the Geneva-based international institutions to further its own cause, to disguise its unilateralism under a mantel of international cooperation, and win glory for Germany.

The DRK maintained its own balancing act. On the one side, it lobbied the Foreign Office for support. On the other, it sought support from the ICRC through Schlesinger. Winterfeldt, the DRK director, enthusiastically supported Schlesinger and gave him a mandate to coordinate the DRK’s efforts with the ICRC. However, Schlesinger had reason to keep his role in the DRK campaign secret. 64 Behrendt, although the director of the Foreign Office’s Eastern Desk, was a part of the pro-Western clique, who sought to subordinate relations with Russia to the fulfillment of the Entente’s demands. He did not support Schlesinger’s efforts to engage the Soviet

61 Draudt to Lucius, 28 July 1921, PAAA R 83404.
62 DRK Memorandum, 28 July, PAAA R 83404.
63 AA to Grünberg, Regierungsrat in the Reich Finance Ministry, 2 August 1921, PAAA R 83404.
64 Winterfeldt to Schlesinger, 30 July 1921, PAAA R 26157. The relationship between Schlesinger, Brockdorff-Rantzau, and Hilger was expressed by Hilger as “an almost ideal tricornered cooperation,” see Hilger and Meyer, 24.
government nor his connections in Geneva. Knowledge of Schlesinger’s authorship of the DRK’s plan and its development in cooperation with the ICRC would have soured Behrendt’s grudging tolerance of Schlesinger’s activities.

Despite the impetus toward bilateral relations with the Soviet government, the campaign to aid Russia resulted in German cooperation in international relief efforts. The decision by the Foreign Office to allow the DRK to coordinate internationally was a product of the efforts of the Eastern-oriented clique in the Foreign Office to conceal from the Entente the political objectives of DRK’s anti-epidemic campaign. Wirth’s government maintained a balancing act between assuaging Allied fears that Germany was pursuing an independent relationship with Moscow, and convincing the Soviet government that Germany was eschewing collective Ostpolitik with Paris and London. The burden on the Foreign Office of maintaining this double game empowered the DRK’s and Schlesinger’s efforts to cooperate with the ICRC, the League of Nations, and Nansen Help. The Foreign Office did not integrate DRK’s campaign into the ICRC, because Wirth and Maltzan sought to use the campaign to improve German-Soviet relations, in hopes of receiving preferential treatment in the economic reconstruction of Russia.

Although the Soviet government delayed accepting the DRK’s offer (in hopes of winning greater generosity), the Germans quickly began to organize. In comparison to Hoover’s ARA, the DRK’s campaign was limited. The DRK offered to send five
physicians and 20 other medical personnel, who would be based in Petersburg and cooperate with Russian medical officers.\textsuperscript{65}

To mobilize support for the campaign and convince Moscow of its resolve, the DRK established the Committee to Aid Russia, whose executive body was composed of Gerhart Hauptmann, President Friedrich Ebert, Felix Deutsch, who was the director of AEG, Carl Duisberg, who was General Director of I.G. Farben, Franz Bumm, the President of the Reich Health Office, Albert Einstein, and Paul Grassmann, the chairman of the General German Labor Union.\textsuperscript{66} Foreign Minister Friedrich Rosen held a reception at the German Foreign Office to promote the campaign. In attendance were Wirth, Interior Minister Georg Gradnauer, Reconstruction Minister Walther Rathenau, Maxim Gorki’s wife, Gerhart Hauptmann, and Draudt.\textsuperscript{67} The Soviet government’s plea for help had temporarily unified the German Foreign Office behind its Eastern-oriented faction, led by Maltzan. The presence of Rosen, Gradnauer, and Rathenau, all advocates of cooperation with the Entente, underscored the significant the improvement of German-Soviet relations in the months preceding the Rapallo Treaty.

The meeting of the full Committee to Aid Russia a week later on 3 August was more than an intergovernmental inquiry into the details of the relief campaign. The DRK sent invitations to over 150 ministry officials, artists, industrialists, church officials, politicians, and public figures. The DRK campaign became a rallying point

\textsuperscript{65} Telegram from Winterfeldt to Stefan Bratmann-Brodowski, Soviet diplomat, 30 July 1921 (untitled and undated), PAAA R 83405.
\textsuperscript{66} Draudt to Behrendt, 2 August 1921, PAAA R 83404.
\textsuperscript{67} Memo, “Die deutsche Hilfsaktion für Rußland,” undated, PAAA R 83404.
for political, financial, and cultural leaders in Germany. To the illustrious gathering, Winterfeldt acknowledged that Germany was suffering its own privations, but he defended the campaign on both altruistic and strategic grounds. He explained that suffering brought people and nations together and that it was important to safeguard the German Reich from disease. He cited the DRK’s warm reception at the Tenth International Red Cross Conference as a reason to support German participation in an international campaign, which would offer the only chance of success. The only stumbling block was the hesitation of the Soviet government to allow the relief campaign to commence. Hilger, who had returned from Moscow in order to attend the committee meeting, predicted that the DRK would obtain Soviet permission, because the prisoner-of-war repatriation campaign had built trust between Russia and Germany and German aid offices were already in Moscow, Petersburg, and Odessa.

However, doubts about the campaign were raised at the meeting. Richard Otto, a bacteriologist from the Robert Koch Institute, who had fought typhus and overseen the disinfection of Russian prisoners of war in occupied Poland during the First World War, agreed that the danger for Germany was great. However, he argued that the infrastructure was so badly damaged in Russia that a small group of German doctors would have little effect. Winterfeldt countered by pointing out that the main task of those present at the meeting was to promote the campaign within one’s own

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68 “Protokoll der Sitzung über die Hilfsaktion für Rußland,” 3 August 1921, pp. 4, PAAA R 83404.
69 Ibid., pp. 5.
professional circle. Winterfeldt’s dismissal of Otto’s concerns illustrated the DRK’s perception that the ultimate purpose of the anti-epidemic campaign was political.

Despite Otto’s concerns, the campaign garnered support from other important quarters. The Reich Health Office defended the DRK campaign on the grounds that disease had historically invaded Germany from the East and Germans were now more vulnerable to infection due to privations caused by the world war. Socialist Reichstag representatives took up the call to mobilize support for Russia. Members of the USPD and the SPD informed those present at the meeting that both parties had made separate appeals to German workers to raise funds to fight disease in Russia and to bring Russian orphans to Germany.\footnote{Ibid., pp. 6.} Representatives of the German chemical industry promised their full support, as did representatives of Germany’s medical establishment, to provision the two sanitation ships, one destined for Odessa, the second for Petersburg.\footnote{Niederschrift über die Beratung betreffend Durchführung des Hilfsunternehmens für das hungernde Rußlands, 8 August 1921, PAAA R 83404.} The Soviet government gave its consent to the DRK campaign on 1 September.

The campaign led to the participation of two groups of German actors in international cooperation. The involvement of both groups was the product of the Foreign Office’s attempts to conceal its direct involvement in what was, officially, a voluntary and non-governmental relief campaign. The first group came from the DRK, the Hamburg Institute, and the Billroth Foundation. Members of these interrelated institutions worked to rehabilitate Germany’s national prestige and unilaterally engage the Soviet government in the hope of achieving favorable economic and political
advantage over the Entente. In order to make the campaign appear non-governmental, the Foreign Office permitted labor unions and Communist organizations to hold collection drives. This second group, whose involvement the Foreign Office considered a necessary evil, was domestically and internationally active. The Foreign Office allowed this group to raise funds for Russian relief for two reasons. It sought to convince the Allies that Germany was not pursuing independent relations with the Soviet government. Therefore, if public fund-raising were forbidden, the governmental support of the DRK campaign might have been exposed, and the Soviet government would have been critical of Germany's suppression of socialist and communist support. This international and domestic balancing act was complicated by struggles within the German Foreign Office between the pro-Western and pro-Eastern factions.

The Politics of the DRK, the Hamburg Institute, and the Billroth Foundation

In Germany’s anti-epidemic campaign, altruism merged with self-interest and global realpolitik. The DRK campaign was organized by Rudolf Fricke, the Chairman of the Billroth Foundation, and staffed by researchers from the Hamburg Institute. Both institutions supported German hospitals overseas to benefit Germany’s international standing. The Hamburg Institute argued that Germany’s “opponents” (France, Britain, and the United States) had long known the political benefit of overseas hospitals and had used them to influence public opinion. Germany, it argued, should follow their example. Believing that such an endeavor should be non-governmental, in order to avoid awakening suspicion, the Hamburg Institute sought support from German
industry. In August 1921, it distributed a confidential memorandum signed by Bernhard Nocht, the institute’s director, Wilhelm Cuno, Director General of the shipping giant Hamburg America Line and future German Reich Chancellor, and Max Warburg, banker and industrialist as well as other influential individuals. The signatories called on German medicine to lead the campaign against the international boycott of German science through engagement with Russia. The Hamburg Institute was to be the bridge between German medical science and the rest of the world, resuming its prewar activities and reestablishing its international contacts despite the theft of Germany’s colonies. The authors pointed out that the Rockefeller Foundation was already engaging in anti-epidemic campaigns from Poland to China and across South America. The Hamburg Institute and its political and financial supporters argued that a better form of propaganda than German-led campaigns to eradicate disease oversees was “hardly conceivable.”

The DRK’s anti-epidemic campaign enabled the Hamburg Institute to pursue its own Kulturpropaganda. The DRK campaign was staffed solely by the Hamburg Institute. Peter Mühlens, a researcher from Hamburg Institute and a former naval officer who had gained experience fighting infectious diseases in China, East Asia, the Ottoman Empire, and Bulgaria, led the DRK’s mission to Russia. Mühlens

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74 Wulf, 15.
recognized that the German expedition could not significantly curb disease or famine in Russia. However, he argued

The main point of the expedition is primarily a political gesture so that, above all, we, as the first to make the attempt, can establish a closer relationship with Russia through the Red Cross before the competition among all other nations for economic advantages [in Russia] begins. To this purpose we must, under the smokescreen of the Red Cross, work with any government.\textsuperscript{75}

Mühlens also saw the campaign as an opportunity to make the Hamburg Institute relevant again. Because the Hamburg Institute was the first German institute to conduct an “important foreign mission,” Mühlens believed that the campaign in Russia would prove that the institute was “the bridge to rest of the world.”\textsuperscript{76}

The DRK, the Hamburg Institute, and the Billroth Foundation were united in their vision of the campaign. These interconnected institutions represented the elite of the German medical and scientific community. Nocht, the director of the Hamburg Institute, sat on the board of directors of the Billroth Foundation. In addition, the Billroth board of directors included Hugo Krüss, the second in command at the Prussian Culture Ministry, who was in charge of Germany’s bacteriological research institutions, and Friedrich Schmidt-Ott. Before serving as the Prussian Culture minister, Schmidt-Ott had worked under Friedrich Althoff, the originator of Germany’s state-sponsored scientific research system.\textsuperscript{77} Schmidt-Ott and Fritz Haber established the Emergency

\textsuperscript{75} Mühlens, 14 August 1921, quoted in Wulf, 14.
\textsuperscript{76} Ibid., 15.
Society of German Science in 1920 (which lives on today as the German Research Society). Haber, who won the Nobel Prize for chemistry in 1918, had strong ties to Germany’s chemical industry, which he utilized in support of Germany’s anti-epidemic campaign in Russia. The Billroth Foundation shared the Hamburg Institute’s vision of a *Drang nach Osten* as a means to strengthen Germany economically and promote it as a world leader in medical science. Like Schlesinger’s efforts to repatriate of prisoners of war and reinvest in Russia, the Billroth Foundation’s efforts to establish medical installations in Russia were guided, in part, by the goal of preferential treatment for German business and political interests there.

The Billroth Foundation was also connected to Nansen Help through Werner Otto von Hentig. Hentig, an ally of Schlesinger, was Germany’s Nansen Help representative for the repatriation of German prisoners of war from Russia, the German government’s diplomatic envoy to Estonia, and an officer at the Billroth Foundation. Like Schlesinger, he clashed with Behrendt over the scope of Germany’s international involvement. Hentig lobbied the Foreign Office to allow the use of private German collection for repatriation to aid Nansen relief organization, because “it was to be feared that Germany would be shut out” of an international campaign. Hentig sought to convince Behrendt that cooperation with Nansen and the ICRC was in Germany’s economic and political interest, because cooperation could initiate an economic

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78 Schlesinger to Hilger, 22 March 1921, PAAA R 26157.
79 Hentig to Behrendt, 12 August 1921, PAAA R 83405.
foothold in Russia. In the context of the scramble to respond to Gorki’s appeal for aid, Hentig argued to Behrendt that

Right now, in this moment, I would hold the resurgence of the activity of Nansen Help, as well as the advancement of the Billroth Foundation, as extraordinarily desirable...Coordinating all efforts to provide aid with as little friction as possible [Germany can] achieve something concrete and outstanding, then alone we will secure for ourselves the so bitterly necessary economic and political position of preference in Russia.80

Hentig’s arguments illustrated how German self-interest was cloaked in humanitarian guise. International cooperation (or the appearance of it) was a means to pursue political, economic, and military advantages for Germany.

The DRK Leverages German Labor and the Comintern Support

Due to the internal divisions between those in the Foreign Office who sought better relations with the Allies, and those who sought to use an alliance with Moscow, the Foreign Office’s support for the DRK campaign wavered. The unity between the factions after Gorki’s appeal had been short-lived. In response the Foreign Office’s vacillating, the DRK leveraged popular support for Russian relief among German labor unions and Communist organizations to bolster the Foreign Office’s commitment. German workers’ organizations raised considerable funds and gained access to international relief efforts. Low on funding, the DRK used the prospect of cooperation with German labor unions and communist groups to prod the Foreign Office to follow through on its promise of funds. The Foreign Office did not want to encourage labor

80 Hentig to Behrendt, 6 August 1921, PAAA R 83404.
unions and Communists in the climate of political instability, nor did it want to suggest to the Soviet government that it was suppressing support for Russian relief activities. The DRK considered the Foreign Office’s grant of five million marks to be the first installment of many.\(^\text{81}\)

To complicate matters, the Foreign Office sought to keep secret its support of the DRK campaign, in order to hide from the Entente German efforts to court favor in Moscow. The Foreign Office kept its support hidden even from the state governments within Germany. Upon learning of the anti-epidemic campaign, the Bavarian government expressed its concern that the campaign would support Communism.\(^\text{82}\)

When the Badenese Interior Minister reported to Berlin that the General German Labor Union (ADGB) had requested permission to hold a collection drive to benefit Russia, the Reich Interior Ministry informed Karlsruhe of the DRK’s planned campaign, in which the Foreign Office claimed it was not involved, and ordered that any private collections be conducted under the supervision of the DRK.\(^\text{83}\)

The ADGB, the governing body of 52 German Labor Unions and a potent political force in German politics, gained access to international relief efforts and worked with Moscow independently of the German government. The ADGB was a powerful member of the International Trade Union Confederation (ITUC), based in The Hague. The ITUC, which had established its international secretariat in Berlin, held a

\(^{81}\) The AA to the RMI, 2 August 1921, R1501/109398.

\(^{82}\) **Aufzeichnung**, Bavarian Consulate to the AA, 10 August 1921, DRK R 835404.

\(^{83}\) Interior Minister Arnold, Karlsruhe, to RMI, 18 August 1921. Reich Interior Ministry’s response, 23 August, DRK R 83405.
conference in mid-August of 1921 in Berlin, in order to coordinate Russian relief efforts
with the Comintern,84 and to establish a cooperative agreement with the ICRC.85
Expanding on its relationship with the League of Nations’ International Labour
Office,86 the ITUC participated in the International Red Cross’s Joint Committee’s
Russian Relief Conference on 16 August87 and donated two million marks worth of
medical supplies to the International Red Cross’s efforts to fight epidemic diseases.88
The ADGB and the ITUC signed an agreement with the Soviet government on 18
October 1921, which gave the ITUC the same rights as the DRK and the International
Red Cross to distribute aid in Russia.89

Carl Hamel, the director of the Reich Interior Ministry’s Medical Department
and later President of the Reich Health Office, coordinated the public collection drives
with the German Foreign Office’s delicate balancing act in mind. Hamel, the DRK, and
the Social Democratic leaders all agreed that Germany should minimize private
collection drives, in order to avoid the suspicion of the Entente that there was money to
spare in Germany. Hamel explained that the enthusiasm in Germany to aid Russia was

84 “Keine Zersplitzung der Hilfsaktion für Russland!” Internationaler Gewerkschaftsbund,
Presseabteilung, Nr. 18, DRK, PAAA R 83408.
85 “Entschliessung”, undated, unsigned, DRK R 83408.
86 Edo Fimmen, *The International Federation of Trade Unions: Development and Aims*
(Amsterdam: International Federation of Trade Unions, 1922), 12.
87 “La conférence pour la Russie,” Journal de Genève, 17 August 1921, no. 225, pp. 4, DRK
Konsulat Genf 86.
88 “Address delivered by Doctor Nansen on the famine in Russia,” *International Labor
Conference, Third Session, Geneva, Extract from Provisional Record*, no. 17, 12 November
1921, pp. 4, DRK R 83411.
89 “Abkommen zwischen der Kommission zur Bekämpfung der Hungersnot beim Allrussischen
Zentral-Executiv-Komitee…und dem International Gewerkschaftsbund,” DRK, PAAA R
83408.
a product of propaganda perpetrated by radical groups.90 Local government officials in Prussia refused the numerous requests from labor unions to hold public collection drives for Russian relief, on the grounds that there was too much need in Germany. However, Behrendt informed Prussian officials that public collection drives were necessary for “foreign policy” reasons and that the DRK’s planned anti-epidemic campaign would be a sufficient response to Russia’s appeal for aid.91 While private collections were allowed, the Foreign Office pressured the Interior Ministry to forbid the participation of labor unions or the Comintern except when they were supervised by the DRK.

When the Foreign Office failed to contribute further funds because of fears the Entente would discover the German government’s involvement, the DRK used the offer of support from the ADGB and the Comintern to blackmail the Foreign Office for more money. The DRK’s request on 13 August for additional funds went unanswered for nearly two months. On 6 October 1921, Winterfeldt again appealed to Behrendt to fulfill the Foreign Office’s promised support. Winterfeldt explained that the DRK would not only be forced to accept any assistance available in order to fund the anti-epidemic campaign in Russia, but also to secure its own existence. He pointed out that the ADGB’s and the Comintern’s relief efforts had raised over 50 million marks.92

Contradicting the original agreement, Behrendt argued that the original five million marks given to the DRK was only an advance and the DRK must fund the

90 “G.B.” Hamel, 23 August 1921, BArch R1501/109398.
91 Der Staatskommissar für die Regelung der Kriegswohlfahrtspflege in Preussen to the AA, 1 September 1921. Behrendt’s response, 15 September 1921, DRK, PAAA R 83406.
92 Winterfeldt to Behrendt, 6 October 1921, PAAA R 83407.
campaign itself. According to Behrendt, reliance on governmental funding changed the entire character of the operation and the anti-epidemic campaign was now an undertaking of the German government, which was exactly how he did not want to portray the campaign to the rest of the world. Behrendt warned that the campaign’s failure would be an international political embarrassment. Nevertheless, the Foreign Office acquiesced under the condition that its involvement be kept secret. The funds would come from the budget under the general heading “fight against diseases.” Lastly, Behrendt stipulated that since the government was funding the operation, the anti-epidemic campaign concentrate on improving the plight of the German colonists in the Volga region of Russia.93

Governmental funding of the DRK’s anti-epidemic campaign was a victory for those who had been lobbying the Foreign Office to support international cooperation in Russia. It is likely that Maltzan and Schlesinger had sponsored a plan to force the Foreign Office to take control of the DRK campaign. Ebert (who had warned Schlesinger to avoid any gesture that could be interpreted as political fraternization with the Russians), Foreign Minister Rosen, Foreign Undersecretary Haniel, and Behrendt, all wanted to put relations with Moscow on hold. As a result, Wirth, Maltzan, and Schlesinger clandestinely tried to engage the Soviet government politically and economically.94 Fighting epidemic diseases was a neutral and defensible cause. Schlesinger, who had conceived of the anti-epidemic campaign, regarded the Entente’s

93 “Zu IV Ru 6855 attachment II,” Behrendt, 15 October 1921, PAAA R 83407.
94 Unger, 187.
charitable activities in Russia as a means to further Allied economic interests, so he proposed that Wirth do the same for Germany.95 However it came about, the DRK’s ability to overcome Behrendt’s reluctance and make the anti-epidemic campaign a governmental project illustrates how the DRK and its supporters affected a major expression of German Foreign Policy. This was the first of many examples of the ability of lesser agencies to push the Foreign Office into allowing German involvement in international cooperation on health issues.

The ICRC and the Supreme Allied Council Divided

A series of conferences in Geneva, Paris, and Brussels in the late summer and early fall of 1921 was the stage upon which the international politics of famine and disease were performed. International cooperation to aid Russia took shape during this period in five scenes: the “Conference for Russia” in Geneva, which was held at the behest of the ICRC in mid-August; the meeting of the Supreme Allied Council in Paris, also in mid-August; two conferences on Russian refugees, held at the behest of the League of Nations on 22 August and on 16 September; and finally, the Brussels Conference, from 6 – 8 October, which was the inaugural meeting of the Supreme Allied Council’s aid commission. Over the course of these scenes, France’s strained relations with Germany, Russia, and Britain hindered international efforts to provide aid to Russia. While Britain and Germany had resumed trade relations with Moscow, and the US offered substantial humanitarian aid, the French government’s animosity toward

95 Schlesinger to Wirth, 18 August 1921, PAAA R 26157.
the Bolsheviks was unwavering. France’s preponderant influence in the League of Nations and the Supreme Council led these organizations to oppose the recognition of the Soviet government. In French eyes, Germany’s and the ICRC’s willingness to provide aid to the Soviet government was tantamount to sanctioning the crimes of the Bolsheviks. Therefore, the Supreme Council and the ICRC were divided on the issue of Russian relief and presented separate *modi operandi* in response to Gorki’s appeal.

By relying on the DRK’s anti-epidemic campaign, the German government continued to evade full integration into the schemes of either the ICRC or the Supreme Council. Berlin used the DRK, which pursued both direct and multilateral involvement in Russian relief efforts, as a means to cloak its own diplomatic advances toward the Soviet government. The French, while fearing economic and military cooperation between the German and Soviet governments, saw the Russian catastrophe as either the death knell of the Bolsheviks or an opportunity to recuperate prewar tsarist debts that Bolsheviks had refused to recognize.

The Joint Committee of the ICRC and LCRS established the International Committee to Aid Russia (CISR) at the “Conference on Russia”, held in mid-August in Geneva. Ador, president of the ICRC, envisioned the CISR as a consortium of the ICRC, the LRCS, the Supreme Council, the League of Nations, and private welfare organizations. Hoover and Nansen were asked to serve as High Commissioners for the CISR. While Nansen accepted the post, Hoover declined in order to pursue the ARA’s bilateral agreement with the Soviet government. The CISR’s success was

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96 Ador to Soviet Foreign Minister Chicherin, stamped 9 August 1921, PAAA R 83404.
dependent on governmental support, particularly from the Allies. However, French and British unwillingness to cooperate with Ador and Nansen undermined the CISR’s viability. France sent neither a governmental nor a Red Cross representative to the Conference on Russia, Belgium was only represented through its Red Cross, and Britain sent a lone observer. The conference was “thoroughly influenced” by the decision of the Supreme Council to act independently of the CISR. Ador repeatedly sought to convince the French to attend. However, the Prime Minister of France, Aristide Briand, explained in a telegram to the Conference for Russia that France would consider the issue of Russian Relief only through the Supreme Council.

While France, Belgium, and Britain abstained from participation in the Conference for Russia, the United States and Germany sent two governmental representatives. The German Foreign Office sent Herbert Hauschild, the former Director of the German General Consulate in Moscow, and Baligand, who served as Germany’s permanent representative to the CISR, while Schlesinger and Draudt attended as DRK representatives. Although well represented, the German government declined to provide support or active cooperation. German representation at the conference was a product of Schlesinger’s and Draudt’s lobbying and Behrendt’s grudging approval. Behrendt informed Ador that Germany’s share of collective action

97 Hauschild to the AA, 16 August 1921, PAAA R 83404.
98 Briand to Ador, 10 August, in the minutes from Pour la Russie: Procès verbal de la conférence, 1ère Séance plénière, pp. 8, PAAA R 83405.
99 Pour la Russie: Procès verbal de la conference, 1ère Séance plénière, pp. 42, PAAA R 83405.
100 Comité International de Secours à la Russie: Haut Commissariat du Dr. Nansen, Information No. 6, 24 August 1921, Geneva, pp. 6, PAAA R 83400.
would be limited to the DRK’s anti-epidemic campaign, which was preparing to depart
Germany.  

While the CISR conference resulted in consensus, the efforts of the Supreme
Council to provide aid to Russia were stymied by indecision and competition. On 13
August, one day before the CISR inaugural meeting, the Supreme Council met and
announced the acceptance of Briand’s proposal to establish a commission to take up the
question of Russian relief. The Supreme Council’s antipathy toward the Soviet
government was well established. The Allied support for the tsarist forces and Allied
military intervention during the Russian Civil War had ended less than a year before.
The Supreme Council made it clear that the establishment of an aid commission in no
way constituted a recognition of the Soviet government. However, division among
the Allied Powers weakened the Council’s stance toward Moscow. The dynamics had
changed since the conclusion of the Russian Civil War. In August 1921, the US and
Germany signed a peace treaty, France suffered growing isolation over the Upper
Silesia question, and Britain, due to its deteriorating relations with France, sought
Germany’s political rehabilitation. Britain sought to use the aid commission to
secure German participation in an economic syndicate, which would force Moscow to
trade on the terms set by the British. France wanted to leverage relief to recoup tsarist
debts and weaken the Soviet regime. Britain and Italy took the position that all aid must
be directed through the Soviet government, while France sought to employ the Supreme

101 Behrendt to the ICRC, 25 August 1921, PAAA R 83405.
102 Hoesch to the AA, 16 August 1921, PAAA R 83405.
103 Unger, 201.
Council’s aid commission to distribute relief in Russia. The members of the Supreme Council agreed on only two points. First, aid to Russia would be dependent on Moscow’s recognition of tsarist debts, and, second, any aid initiative should come in cooperation with the Americans.\textsuperscript{104} However, the Supreme Council postponed a binding decision until October.

While the Supreme Council hesitated, the German Foreign Office continued its balancing act between East and West. To the Entente, the Foreign Office presented a cooperative face, while its engagement with Moscow was disguised as collective action against disease. By the end of August 1921, the Soviet government had concluded agreements with Hoover’s ARA, the International Red Cross’s CISR, and the DRK. The ARA’s 20 August agreement with the Soviet government allowed unrestricted movement of ARA personnel and the distribution of relief materials throughout Russia. The CISR, represented by Nansen, concluded an agreement with Moscow a week later.\textsuperscript{105} Although included in the CISR structure, the DRK reached a bilateral agreement with the Soviet government on 29 August.\textsuperscript{106} The CISR and DRK had only limited freedom of action. Whereas the ARA campaign was commanded solely by Hoover’s representatives, the Soviet government insisted that the DRK’s and the CISR’s relief efforts be coordinated with a Soviet government officer, giving it control

\textsuperscript{104} Fink, 10.
\textsuperscript{105} Comité International de Secours à la Russie : Haut Commissariat du Dr. Nansen, Information No. 6, pp. 1, PAAA R 83400.
over the distribution of donations.\textsuperscript{107} The DRK’s anti-epidemic campaign thus operated in cooperation with the Soviet government, as well as within a multilateral framework. Germany achieved the appearance of internationality in its presence in Russia, yet maintained the campaign’s independence from the CISR. Unlike the CISR’s temporary presence in Russia, the DRK agreement with Moscow included permanent German hospitals and bacteriological research facilities.

Aside from its limited cooperation with the ICRC’s initiative, the League of Nations took up the question of Russian relief through its efforts to aid Russian refugees. The League hosted two conferences on Russian refugees. The first, which was held at the behest of the League Assembly on 22 August, resolved to coordinate the refugee issue with efforts to provide relief to Russia. The Assembly nominated Nansen as the League’s High Commissioner for Refugees, making him the director of both the ICRC’s and the League’s initiatives. While the CISR and League efforts were conjoined under Nansen’s leadership, the conference yielded few effective measures due to the lack of funds.\textsuperscript{108} The League’s conference also suffered from Germany’s absence. Not being a League member state, Germany had not been invited. However, Nansen obtained approval from the League to invite a German representative to League’s next conference on refugees, scheduled for 16 September. Nansen, Edouard Frick, the Vice President of the ICRC, and Schlesinger lobbied the German government


\textsuperscript{108} “Russian Refugees: Resolutions Adopted by the Assembly at its Meeting held on Thursday, September 28\textsuperscript{th}, 1922,” A.141.1922, 28 September 1922, 2, PAAA Konsulat Genf 86.
not only to participate in the League’s September conference, but also to designate a permanent delegate to the League to work directly in Geneva without interference from the German Foreign Office. Schlesinger used his relationship with Wirth to pressure Behrendt and Haniel to approve the appointment of a German delegate.\textsuperscript{109}

The issue of Russian relief had brought about constant conflict among Schlesinger, Behrendt, and Rosen. Schlesinger fought against their anti-Soviet attitudes, which had stymied Schlesinger’s and Maltzan’s designs in Russia.\textsuperscript{110} Schlesinger explained to Wirth that international Russian relief efforts and Nansen’s Russian refugee organization had expanded German-League cooperation, which had hitherto been limited to the repatriation of prisoners of war. Schlesinger argued that since Germany was not a member of the League, many opportunities to strengthen Germany’s international position had been missed. Even though the Foreign Office had designated Schlesinger as the German representative for the League’s refugee relief efforts, Behrendt had made clear that any information or deliberations on the topic must first go through the Foreign Office and that Schlesinger was to have no direct contact with the League. Schlesinger argued that a German commissioner be named who would negotiate directly with League members in order to carry out the practical work of the League, as well as to avoid the fragmentation of bourgeois and proletariat relief efforts in Germany.\textsuperscript{111} Pressed by Wirth to support Schlesinger, the Foreign Office sent Hellmuth Freiherr von Lucius von Stoedten, the German envoy to the Hague and an ally

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\item \textsuperscript{109} “Aufzeichnung 1921,” PAAA R 26157.
\item \textsuperscript{110} Unger, 184, ft. 540.
\item \textsuperscript{111} Schlesinger to Wirth, 7 September 1921, PAAA R 26157.
\end{itemize}
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of Schlesinger, as an official German representative to the League refugee conference on 16 September, yet it delayed appointing a delegate to the League. Since up to this point all contact with the League’s relief efforts had been unofficial, Lucius’s appointment represented a major step toward Germany’s involvement in international cooperation on health matters.

The results of the League’s refugee conference on 16 September were limited. The conference failed to bring about concrete measures to aid Russian refugees, particularly the remnants of tsarist General Wrangel’s army who had been languishing in Constantinople since October 1920. On the question of Russian relief, none of its leading members offered the League credits for aid. The Assembly was not able to bring any pressure to bear on these countries. The root of their unwillingness to help was their distrust of the Soviet government. The greatest opposition came from France and the Little Entente (Romania, Czechoslovakia, and Yugoslavia), while Poland refused to even participate in discussions about Russian relief. The conference was marked by Franco-British tension over “other issues,” including Upper Silesia. The Foreign Office informed Nansen and the League that the medicine and personnel connected with the DRK campaign would be the extent of German contribution. The Foreign Office used the DRK’s anti-epidemic campaign as an expedient to claim readiness of cooperating with the League, as it had with the CISR. However, the

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112 Telegram from the AA to the German Consulate in Bern, 20 September 1921, PAAA Konsulat Genf 86.
113 Haniel to the German Consulate in Geneva, 26 September 1921, PAAA Konsulat Genf 86.
114 Müller to German Foreign Office, 4 October 1921, PAAA R 83407.
115 Berhendt to the German Consulate in Geneva, 24 September 1921, PAAA R 83406.
Foreign Office under Rosen had no intention to cooperate with either the League or the CISR. According to Behrendt, German participation in an international campaign was “not opportune” and the DRK’s international connection was simply a means to avoid “working against” the ICRC. The Foreign Office’s priority was to maintain the German character of the DRK campaign in a “still murky international effort.”

From September to early October, the Supreme Council challenged the German Foreign Office’s pretense. As it had for the CISR and the League initiatives, the DRK’s anti-epidemic campaign served to counter the Entente’s attempt to press Germany into cooperation. The Supreme Council’s aid commission sought to present the Soviet government with a unified front, in order to gain political and economic concessions from the Soviet government in exchange for relief.

The hint of a détente between the Soviet government and the West, caused by Lenin’s establishment of the bourgeoisie-led All-Russian Famine Relief Committee, had evaporated. At the end of August 1921, directly after Briand called for the creation of a Russian aid commission and immediately before the commission was established, the Soviet government had dissolved the All-Russian Committee and arrested Gorki and its other anti-Bolshevik members. Lenin’s action dashed France’s plans to exploit the All-Russian Committee to induce the Soviet government to comply with French demands for repayment. Moscow’s hard line against Gorki reinforced the Supreme Council’s anti-Soviet position. The Supreme Council nominated Joseph Noulens, the

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116 “Abschrift zu IV Ru 6586,” untitled, undated, unsigned, PAAA R 83406.
117 Fink, 10-11.
former French Ambassador to tsarist Russia, to head the aid commission. Noulens had
been an outspoken proponent of Allied intervention in the Russian Civil War against the
Bolsheviks. He found consensus among the other members of the commission to make
relief contingent on payment of wartime tsarist debts. According to the German
embassy in Paris, Noulen’s offer to help Russia was an ultimatum.118 The Soviet
government answered Noulens’ offer to send a fact-finding commission to Russia with
a stinging indictment of the Allied enterprise.

The French wanted to dissolve the aid commission. However, the other
members opposed such a step and decided to call a general conference for 6 October in
Brussels, to which Germany, the United States, the ICRC, and a number of neutral
states were invited.119 Nansen believed that Noulens’ appointment was an error and
argued that the Brussels Conference was an effort by the Supreme Council’s to
minimize the damage. Nansen urged his government, as well as the German
government, not to accept the invitation.120 However, the German Foreign Office
ignored Nansen and sent Hauschild (the German representative to the August CISR
conference) to Brussels, in order to assuage British suspicions of Germany’s real motive
behind the DRK’s anti-epidemic campaign.121 The British feared correctly that

118 German embassy in Paris to German Foreign Office, 6 September 1921, PAAA R 83406.
119 The British forced the French to accept the invitation of Germany to Brussels. Albert
Dufour-Feronce, the councilor of the German embassy in London, to the AA, 29 September
1921, PAAA R 83407.
120 Telegram from the German Consulate in Geneva to the AA, 22 September 1922, PAAA R
83406.
121 Dufour to Maltzan, 1 October 1921, PAAA R 83407.
Germany planned to pursue an economic, political, and military arrangement with Moscow independent of the Allies.\textsuperscript{122}

At the Brussels Conference the French and British used the issue of humanitarian relief to continue the Allied offensive against the Soviet government. Both the French and the British maligned Nansen’s CISR relief campaign, charging that Nansen had allowed himself to become Moscow’s stooge. The British, who distrusted Nansen and Schlesinger, pressed Hauschild for cooperative action in the reconstruction of Russia. The French “personally and persistently” lobbied him to join them in a united front against Moscow. The British and French representatives also intimated that German cooperation would lead to Germany’s admission to the League of Nations.

The conference led to no direct action on the question of Russian relief due the commission’s inability to untangle political and economic concerns from the issue of humanitarian relief. The Supreme Council’s inability to resolve the issue of Russian relief left the field open for Hoover’s ARA, the DRK’s anti-epidemic campaign, and Nansen’s CISR, which included the League’s Epidemic Commission. Allied obstinacy toward working with the Soviet government, and their attempts to subvert Nansen and the ICRC, drove Maltzan, Schlesinger, and the DRK’s leadership to align more closely with the ICRC as a means to draw the Soviet government into an alliance with Germany.

\textsuperscript{122} Vourkoutiotis, 70.
Conclusion

An unintended consequence of the German Foreign Office’s international balancing act and Germany’s medical and cultural *Drang nach Osten* (led by the DRK, the Hamburg Institute, and the Billroth Foundation) was Germany’s official involvement in the League of Nations’ anti-epidemic efforts in Russia. The League of Nations Epidemic Commission, the precursor to the League Nations Health Organization, was the only institutional common denominator among the Supreme Council, the ICRC’s CISR, and Germany’s anti-epidemic campaign. The Epidemic Commission, represented by Ludwik Rajchman and Norman White, was the only League body to participate in both the CISR and the Brussels conferences. In the League of Nations Assembly, where there was little belief in the Soviet government’s stability, relief for Russia appeared to be tantamount to supporting Communism.123 The Assembly, which was dominated by anti-Bolshevik and pro-French sentiment, favored the Supreme Council’s initiative, yet allowed the Epidemic Commission to cooperate with the CISR in order to give the semblance of support. The Epidemics Commission was quick to take advantage of its status as a political pawn. Rajchman and White sent Reginald Farrar, from the British Red Cross, to be the League’s representative in Russia, as well as the director of Nansen’s medical office. Farrar wedded the efforts of

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123 Eudin, 31.
Nansen’s CISR to the League through the growing power of the Epidemic Commission, whose legitimacy grew due to its successful international projects.\textsuperscript{124}

The Supreme Council, the League of Nations Assembly, and the German Foreign Office combined political aims with support for anti-epidemic measures. At the Supreme Council meeting, Britain insisted on the Council’s aid commission (which, in turn, enabled British courtship of Germany) by sounding a call to arms against epidemic diseases. Some Germans saw anti-epidemic measures as a way to mask Germany’s economic and political penetration of Russia. Schlesinger, who joined Nansen on his trip to Moscow as an expert on Eastern European affairs after the CISR conference, explained to Wirth the benefits of cooperation with the CISR. He argued that affiliation with the CISR and other international organizations was a way to monitor the attitudes of the Entente and enabled Germany to establish a relationship with the League of Nations. As an expert attached to the Nansen-led CISR, which was an extension of Nansen’s repatriation organization, Schlesinger had access to correspondence among Nansen, the League Council, Briand, and Lloyd George.\textsuperscript{125}

The DRK campaign in Russia, which began in earnest in October 1921 and lasted until the end of 1922, was driven by nationalistic aspirations. Nevertheless, due to the enormity of the task at hand, by way of the ARA, the ICRC, and other European Red Cross societies, anti-epidemic efforts led to on-the-ground cooperation between the

\textsuperscript{124} Comité International de Secours à la Russie: Haut Commissariat du Dr. Nansen, Information No. 6, pp. 2, PAAA R 83400.
\textsuperscript{125} Schlesinger to Wirth, 22 August 1921, PAAA R 26157 and Schlesinger to Wirth, 18 August 1921.
CHAPTER II

DRK and the Epidemic Commission. The issue of Upper Silesia changed the political landscape of Europe and led to greater support for the DRK’s campaign from the German Foreign Office. In October, the League of Nations’ decision to divide the contested territory (given one part to Poland and the other to Germany) led to the fall of Wirth’s first government and ended the Foreign Office’s international balancing act.126

In Wirth’s second government, which was formed in late October 1921, the pro-Eastern clique in the Foreign Office gained ascendancy. Wirth dismissed Rosen as Foreign Minister and took over the position himself. Maltzan replaced Behrendt as the Director of the Eastern Section. The changing of the guard in the Foreign Office allowed the Reich Interior Ministry, German industry, and Germany’s medical establishment to become increasingly involved in the DRK’s anti-epidemic campaign, which, in turn led to increased involvement with the League of Nations.

Chapter III

FROM RELIEF TO INTEGRATION: BORDER DEFENSE AND GERMANY’S INDUCTION INTO THE NEW MEDICAL WORLD ORDER

In late 1921, the enormous scale of pestilence and suffering in Russia led the DRK anti-epidemic campaigners to cooperate with the League of Nation’s Epidemic Commission. The DRK and the Epidemic Commission each lacked the resources to carry out its mission. The dire consequences of failure to stop the western spread of disease induced the Germans and the League to provide each other with logistical support. This cooperation contrasted with the failed negotiations over German participation in the League’s anti-typhus campaign in Poland two years earlier. The colossal task of fighting disease in Russia, where the proliferation of typhus overshadowed the outbreak in Poland many times over, made collaborators of German and League health officials. While the DRK’s presence in Russia was the result of the political machinations of the German Foreign Office and the DRK’s medical Drang nach Osten, realpolitik on the national level strengthened the League’s supranational institution building. In the context of the international boycott of German sciences and the failed attempts by Entente governments to normalize European relations, such cooperation was a significant step toward the normalization of postwar international relations.

While the International Red Cross’s CISR and the Supreme Allied Council’s efforts to involve Germany in their respective approaches to aid Russia failed in the
autumn of 1921, the League of Nations won German cooperation. The League of Nations Temporary Health Committee (LNHC) – the governing body of the Epidemic Commission and the precursor to the League of Nations Health Organization – had been hampered by the lack of funds and the non-League membership of Germany, Russia, and the United States. Between the fall of 1921 and the fall of 1922, the LNHC employed a modest strategy of technical cooperation, which gradually brought all three countries into scientific and administrative collaboration with Western European powers. The LNHC’s success was due to its ability to offer cooperation as a means to secure domestic borders and to further long-standing German health-policy goals. The LNHC’s project of integration was strengthened by a substantial endowment by the Rockefeller Foundation. The new source of funding liberated the LNHC from the Entente’s objection against German cooperation with the League’s anti-epidemic efforts.

In contrast with its anti-typhus campaign in Poland, the LNHC now sought German participation at the policymaking level. Germany’s delousing stations in former East Prussia and the DRK’s refugee collection camps in Russia and the Ukraine made German participation essential to the fulfillment of the LNHC’s goals. The LNHC’s efforts to contain the epidemics in Russia was part of its larger struggle to establish itself as an international health organization at a time when the League itself struggled to become a recognized and respected body.

Conversely, two key events pushed German health officials toward cooperation with the LNHC. In early 1922, governmental oversight of the DRK campaign shifted
from the Foreign Office to the Interior Ministry and the Reich Health Office. The new managers of the campaign took the stated purpose of the DRK’s mission at face value; the Reich Health Office’s goal of safeguarding Germany’s population from disease replaced the Foreign Office’s economic and military machinations in Russia. Thus, the Interior Ministry and Reich Health Office, which were closely aligned, cooperated with the LNHC, because – the Foreign Office’s alliance with Moscow notwithstanding – international cooperation would better protect Germany’s borders from invasion.

Secondly, the onset of hyperinflation in 1923 in Germany had impoverished German medical research institutions and weakened Germany’s ability to defend against microbial threats. Thanks to Rockefeller funding, the LNHC’s deep pockets presented a solution to Germany’s predicament. Therefore, German health officials were keen to participate in the LNHC’s initiatives.

Despite Germany’s mistrust of the League of Nations, which had deepened as a result of the League’s decision in October 1921 to partition Upper Silesia at Germany’s expense, the LNHC won German cooperation because the interests of health officials in Geneva and Berlin overlapped. These interests included providing aid to westward-moving refugees from Russia, the standardization of disease-fighting agents (sera), the reestablishment of international scientific relations, and the creation of treaties to enable European national health offices to communicate instances of disease and their movement across borders.

This chapter focuses on the four issues that promoted cooperation between Germany and the LNHC between the fall of 1921 and the fall of 1922. First, the policy
goals of the German Foreign Office and the LNHC’s anti-epidemic efforts brought
German and LNHC health officials into on-the-ground cooperation through the DRK’s
campaign in Russia. The LNHC’s medical officers who were attached to the
International Red Cross’s Russian relief campaign worked alongside DRK officers to
aid ethnic Germans who had fled the Volga region, many of whom were sick with
typhus, relapsing fever, malaria, or cholera. While the German government closed its
borders to these refugees in the summer of 1921, the question of their repatriation
remained a sensitive issue. Once the Interior Ministry took control of the DRK
campaign, cooperation between German health officials and the LNHC led to the
European Health Conference at Warsaw in March 1922.

The second issue that led to Germany’s participation in the Warsaw Conference
was the international standardization of sera. The First World War had put an end to
such standards. Since the war’s end, independent efforts had been afoot in Germany,
France, Britain, the United States, and Italy to produce and standardize cures for the
diseases that menaced Europe from the East. The LNHC’s leadership in the
standardization of sera brought leading German and French bacteriologist to the same
table. Such cooperation was the exception to the Entente-led boycott of German
sciences. The nonpolitical nature of the endeavor promoted German participation at the
health conference in Warsaw and eased Germany’s admission into the LNHC.

The third area of cooperation between German health officials and the LNHC
was the development of bilateral sanitary treaties that regulated the exchange of
epidemiological intelligence between Central and Eastern European nations. Because
negotiations on sanitary treaties between Germany and its neighbors had stalled, the German Foreign Office and the Reich Health Office relied on the LNHC to organize new bilateral agreements, in lieu of the revision of the International Sanitary Convention of 1912. Germany had refused to attend the conference in 1912, because German public health officers considered the Convention to be a tool of French political interests. While the LNHC’s designs to revise the Convention were unsuccessful, the bilateral agreements offered Germany a means to prevent the spread of disease without having to submit to French authority.

Lastly, the tentative cooperation between Germany and the LNHC in these three areas was formalized at the European Health Conference held at Warsaw in March 1922. This conference was a significant coup for the LNHC, which secured the participation of German, Soviet, and American representatives. The Warsaw Conference marked the evolution from on-the-ground cooperation to Germany’s official participation in the LNHC’s policymaking. The new avenues of cooperation included German participation in international educational courses in erstwhile enemy countries, the planning of the LNHC-sponsored exchange program of medical personnel in Berlin, and the inclusion of an official German representation in the LNHC itself.

**The DRK Campaign’s Shift from Geostrategic Drang nach Osten to International Cooperation**

The road from Berlin to Geneva led through Moscow and Minsk. The DRK campaign in Russia began as a means to strengthen Germany’s political, economic,
military, and cultural ties to Soviet Russia. The DRK was used by the German Foreign Office to consolidate German-Soviet relations, by German industry to pave the way for economic development in Russia, and by the German army to further its efforts to secretly rearm. The DRK campaign was also a means by which nationalist members of the German medical community sought to expand Germany’s cultural sphere of influence eastward. However, once the campaign was launched, its imperialist pretensions were abandoned in favor of international cooperation and the defense of Germany against the onslaught of disease. There were two causes for this change. Once the leaders of the campaign witnessed the scale of the problem in Russia, they sought any alliance that would make their efforts more effective. Also, when oversight of the campaign shifted from the Foreign Office to the Interior Ministry, the DRK’s cultural and political missions were subordinated to the practical defense of Germany’s borders against disease-stricken refugees. The effort to make the DRK more effective in fighting disease led to Germany’s integration into the League’s health administration.

The DRK campaign began on 13 September 1921 with the launch of the steamer *Triton* from Stettin to Petersburg. The ship was provisioned with laboratory equipment, disinfection agents, and disease-fighting sera. The DRK’s plan was to set up bacteriological research centers in Petersburg and Moscow, as well as to organize sanitation trains, or mobile anti-epidemic installations, which were destined for the epidemic centers in the Volga River valley. In October 1921, the DRK set in motion these two components of its campaign. The bacteriological stations were manifestations
of Germany’s *Drang nach Osten* and anti-Entente nationalism, while the practical fieldwork became the site of international cooperation.

To characterize the DRK campaign as “ethnically blinkered” and German behavior toward international agencies for health and welfare as a “pattern of ambivalence, hostility, and grudging cooperation,” as historian Paul Weindling does, oversimplifies the political and practical complexities of the DRK campaign,¹ which are apparent in Weindling’s own account. He argues, “The Germans avoided working under Nansen’s multilateral arrangements so that they could gain the confidence [of the Soviet government].”² However, he later points out “The German relief teams forged close links with Nansen’s organization and aid workers from countries which were not former German enemies.”³ In fact, the Germans did avoid Nansen’s multilateral arrangements when the DRK established the research stations in Petersburg and Moscow. However, in the Volga region, the DRK was willing to work with any country, whether a former enemy or not, in order to augment its own effectiveness. In addition, because ethnic Germans were located at the epicenter of famine and disease, it was not due to being “blinkeried” or excessively nationalistic that the DRK focused on aid to the Volga Germans. Ethnic Germans were at the ground zero, and the German government believed that many were fleeing toward Germany. Rather than racial or ethnic considerations, however, German policymaking reflected domestic economic

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² Ibid., 159.
³ Ibid., 164.
realities, and the fear that an influx of diseased refugees would exacerbate Germany’s precarious domestic stability.4

When he arrived in Moscow, Peter Mühlens, the director of the DRK’s campaign, understood the mission to be a gesture that would effect the political alignment of Germany and Russia. The Soviet government welcomed the DRK with open arms. The Soviet Deputy Commissar for Foreign Affairs, Maxim Litvinov, expressed the Soviet government’s hope that the DRK campaign would strengthen German-Soviet political relations, telling Mühlens, “Bis dat, qui cito dat” [He gives twice who gives promptly]. German aid to Russia, Litvinov contended, was a contrast to the Entente’s intransigence toward the Soviet Regime. The Supreme Allied Council had insisted on recognition by the Soviet government of prewar tsarist debts in exchange for aid. For Litvinov, Nikolai Siemashko, the People’s Commissar for Public Health, and Mühlens, anti-Entente sentiment fueled German-Soviet goodwill.5
Illustrating the DRK’s importance to the Soviet government, Leon Trotsky was on hand to see the departure of the DRK’s sanitation train to Kazan. Here he argued that the


5 Peter Mühlens, “Third Activity Report for the time from 26 September to 2 October 1921,” PAAA R 83407.

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most important help for Russia must come from Germany, regardless of what type of
government in Germany or Russia was at the rudder.6

German heavy industry, which sought to regain its prewar position in the
Russian economy, was also involved in the DRK campaign. Fritz Haber, the Nobel
laureate in chemistry and founding member of the Emergency Society of German
Science, encouraged I. G. Farben and the Association of German Chemical-
Pharmaceutical Industry to supply the DRK’s research facilities in Petersburg and
Moscow. Haber intended the DRK to foil French intentions to secure a scientific
beachhead in Russia.7 After Haber’s intervention, Mühlens secured donations of
experimental drugs from a number of large German chemical firms.8 Russian public
health officials welcomed the German pharmaceutical industry’s involvement.
Siemashko complained that German pharmaceutical companies like Merck could
already have supplied Russia with medicine, which Russia desperately lacked, had it not
been for the British blockade. To Siemashko, Mühlens confirmed Germany’s eastward
orientation and promised the Soviet government the support of the German
pharmaceutical industry in the fight against epidemic diseases in Russia.9 The DRK’s
bacteriological stations were thus an entrée for German heavy industry to test medicine

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6 Kurt Wiedenfeld, temporary German representative in Moscow, to the AA, 5 November 1921, PAAA R 83407.
7 Fritz Haber to the AA, 24 November 1921. See the exchange between Carl Duisberg, Director
of the I.G. Farben, and Haber, 21 November and 17 November 1921, which was forwarded to
the AA, PAAA R 83408.
8 Mühlens, “Bericht über Tätigkeit des Deutschen Roten Kreuzes in Kazan, 15 February 1922,
6, PAAA R 83413.
9 Peter Mühlens, “Third Activity Report for the time from 26 September to 2 October 1921,”
PAAA R 83407.
and disinfection technologies in Russia, as well as an economic “outflanking” maneuver aimed against the Allies.\textsuperscript{10}

Another purpose of the DRK’s medical facilities in Petersburg and Moscow was to support the Germany army’s military alliance with the Soviet government. Ago von Maltzan, the Director of the Russian Section at the German Foreign Office, colluded in the covert scheme, which had been hatched by the head of the Reichswehr, General Hans von Seeckt. Since 1920, Maltzan had sought an alliance with Moscow and was linked to Germany’s clandestine advances toward the Soviet government. In October 1921, he had arranged for Seeckt to continue negotiations (begun by German industrial leaders in 1919) with the Red Army to produce German military hardware in Russia.\textsuperscript{11} To this end, Seeckt sent a secret agent of the Reichswehr, who travelled under the alias Niedermayer, to visit Petersburg. Gustav Hilger, the DRK’s representative in Moscow and Maltzan’s political ally, accompanied Niedermayer on his inspection tour.\textsuperscript{12} Despite his later claims in his memoirs, Hilger was informed of the purpose of Niedermayer’s visit.\textsuperscript{13} Maltzan and Seeckt used the DRK’s campaign as cover for a German-Soviet military alliance, which resulted in the Rapallo Treaty of 1922.

Through the bacteriological and medical installations in Petersburg and Moscow, the DRK – and its allied organizations, the Hamburg Institute of Tropical Medicine and the Billroth Foundation – sought to promote German medical culture

\textsuperscript{10} Weindling, \textit{Epidemics and Genocide}, 148.
\textsuperscript{11} Unger, 147-153.
\textsuperscript{12} Ibid., 185.
\textsuperscript{13} Vourkoutiotis, 114, 129.
among the Russian medical establishment. The DRK modeled this effort after French Pasteur Institutes in the Mediterranean world. Russian scientists beseeched Mühlens for German medical literature, and he lost no opportunity to extol the sophistication of German science.\(^{14}\) In November 1921, the Billroth Foundation lobbied the German Foreign Office to support Mühlens and fund the establishment of the Alexander Hospital in Petersburg.\(^{15}\) The involvement of the Billroth Foundation, which promoted Germany’s *Drang nach Osten* through the establishment of German medical installations in Russia, Georgia, and China,\(^{16}\) was evidence of the nationalistic character of the projects in Petersburg and Moscow.

The nomination of Heinrich Zeiss, a researcher from the Hamburg Institute and member of the DRK campaign, as director of the Central Bacteriological Station in Moscow, helped steer the activities of the DRK in Moscow towards cultural penetration of Russia through medicine. Zeiss, an outspoken critic of France and a “revanchist imperialist,”\(^{17}\) believed that medical science could be used as a means to restore Germany’s political might.\(^{18}\) A component of Mühlens’ and Zeiss’s strategy was to import German medical literature. Mühlens argued that if Germany did not supply

\(^{14}\) Gerber, DRK-Berlin, to the AA, undated, PAAA R 83407.

\(^{15}\) The Billroth Foundation to the AA, 8 November 1921, PAAA R 66460.

\(^{16}\) In reference to Georgia, see Rudolf Fricke, the Chairman of the Billroth Foundation, to Herbert Hauschild of the AA. In reference to China, see Fricke to the AA, 24 October 1921, PAAA R 66440.


literature to Russian scientists, the British, American, and French would “cut the ground from under the feet” of the DRK’s campaign.\textsuperscript{19} Thanks to Mühlen’s and Zeiss’s initiative, publishers of the major German medical journals supplied the German research institutions in Russia with medical literature.\textsuperscript{20}

If the DRK’s anti-epidemic campaign in Russia was at first motivated by nationalistic and cultural hegemonic pretensions, it subsequently promoted German integration into a supranational organization under the control of the powers that had inspired Germany’s alliance with Russia. Mühlen’s attitude toward the project changed once he visited the affected areas in southern Russia. While he continued to strive to form closer political links to Moscow, he sought to mitigate suffering regardless of political concerns. Given the DRK campaign’s lack of food aid, Mühlen sought cooperation with any organization that could supply relief materiel. He despaired that because food relief was not forthcoming, medical aid would be for naught. So, he sought to ally the DRK with other aid organizations. Upon arriving in Kazan on 9 November, he was eager to work with the Americans, once the ARA asked the DRK to take over the distribution of the ARA’s medical supplies. The DRK also offered to distribute American food relief as well,\textsuperscript{21} but the ARA eventually declined this offer. In addition, the DRK distributed food that had been donated by a Swedish business

\textsuperscript{19} Bernhard Nocht, Director of the Hamburg Institute, to the RMI, 13 October 1921, BArch R 1501/109398.

\textsuperscript{20} From Bischoff at the AA to Kurt Kornfeld, Fischer’s medical publishing house, 24 November 1921, BArch R 1501/109398.

\textsuperscript{21} Mühlen, 10\textsuperscript{th} Report, Kazan, 11 November 1921, PAAA R 83408.
consortium, and cooperated with the Italian Red Cross, which began its own anti-
epidemic campaign in Russia in the beginning of 1922.

When the Reich Interior Ministry took control of the DRK campaign in
November 1921, the focus shifted from the colonialization of Russian medical science
to preventing the influx of disease onto German soil. Both the Foreign Office and the
Interior Ministry sought the transfer, but Maltzan likely initiated it because the DRK
campaign had exhausted its usefulness to his machinations. By this time the German
army was in contact with the Soviet High Command and plans to construct German
aircraft and tanks had been set. The political liability – if the Foreign Office’s
connection to the campaign were exposed – was no longer worth the risk. The Foreign
Office informed the Interior Ministry that the campaign’s political dimensions must
“vanish” behind disease prevention, because the French were following the campaign
with growing suspicion. Maltzan feared that if the Entente learned of the Foreign
Office’s involvement in the campaign, the secrecy of German rearmament in Russia
would be threatened. He might also have wished to avoid blame if the efforts to aid the
Volga Germans failed, which seemed increasingly likely.

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22 Hilger to DRK-Berlin, 12 November 1921, PAAA R 83408.
23 German Ambassador in Rome to the AA, 27 December 1921, PAAA R 83411.
24 “Vermerk über die am 6. Dezember 1921, Nachmittag 4 Uhr, im Reichsministerium des
Innern abgehaltene Besprechung über die weitere Durchführung der russischen Hilfsaktion des
Deutschen Roten Kreuzes,” BArch R 1501/109398.
25 Maltzan to the Reich Interior Minister, 25 November 1921, PAAA R 83407.
The Interior Ministry sought control over the DRK campaign in order to manage the increasing migration of disease-carrying refugees toward Germany. The war-torn German economy faced the influx of not only Volga Germans, but also German citizens from territory that had been ceded to Poland. Since the summer of 1921, the Interior Ministry’s policy had been to prevent the Volga Germans from entering Germany. When news reached Berlin in the autumn of 1921 that 74,000 ethnic Germans were en route to Germany from the Volga region, the Interior Ministry ordered the Reich Immigration Office to stem the tide. While the great majority fled to other regions of Soviet Russia,26 thousands of typhus-carrying refugees did reach Minsk and Poland and even began to cross Germany’s borders illegally. With resources scarce, the Interior Ministry viewed the cultural expansionist agenda of the DRK directors as less important than defending the home front. Since its inception, the DRK campaign had been funded under the general rubric of “Defense against Diseases from the East,” in order to conceal the Foreign Office’s involvement. The Interior Ministry began to take this rubric seriously and imposed stricter control. Bruno Dammann, the director of health policy at the Interior Ministry, ordered the DRK to cooperate with other relief agencies that could provide food aid. Only then would the DRK campaign be able to fulfill its mission.27 However, increasing international cooperation in Russia was now insufficient to solve the Interior Ministry’s problem. In December 1921, the Interior

26 Jochen Oltmer, Migration und Politik in der Weimarer Republik (Göttingen: Vandenhoeck & Ruprecht, 2005), 187-188.
Ministry came under increasing pressure from the German press to aid the Volga Germans in Poland and Minsk, while the Reichstag brought two interpellations against the Reich Interior Minister. The Polish government also pressured the Interior Ministry to allow Volga German refugees into Germany.

The Interior Ministry directed the DRK to provide relief to the growing number of Volga Germans encamped around Minsk, and ordered the Reich Health Office to prepare delousing stations and refugee camps along Germany’s eastern border for the Volga Germans who were already in Poland. The number of refugees proved to be greater than expected. As the population in the camps on the German side of the German-Polish border swelled to over 20,000, and the number encamped around Minsk rose to 3,000, the incidence of typhus increased significantly. At the same time, the situation continued to deteriorate for the Volga Germans trapped in Poland. When the Interior Ministry discovered the extent of the typhus epidemic in a refugee

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30 “Aufzeichnung über die Besprechung, betreffend die Rüchwanderung deutschstämmiger Wolgaflüchtlinge nach Deutschland,” 17 December 1921, BArch R 86/2401.
31 German embassy in Warsaw to the AA, 18 January 1922, BArch R 86/2401.
32 The Reich Commissar for Civilian Prisoners and Refugees to the RMI, et al, 10 January 1922, BArch R 86/2401.
33 The RMI to the RGA, 24 December 1921, BArch R 86/2401.
34 “Report on German refugees in Strazalkowo camp,” British Committee for Relief in Poland to Miss G. C. Vulliamy, pp. 2 February 1922, BArch R 86/2401.
camp outside Frankfurt a/O, it postponed all further refugee transports.\textsuperscript{35} This order worsened an already chaotic situation. The German embassy in Warsaw warned that the conditions of ethnic German refugees in Poland were abysmal and that the German government’s refusal to transport them to Germany would spell their demise.\textsuperscript{36}

Domestic pressure to help the Volga Germans proved impossible for the German government to ignore. Forced to resume the transportation of refugees to Germany from Poland, and to prevent those encamped around Minsk from illegally crossing the Polish border, the DRK and the Reich Health Office sought cooperation from the Polish government and the LNHC. In a meeting in February 1922 with a representative of the Polish government, the Interior Ministry agreed to send Gottfried Frey, the director of the Reich Health Office’s Medical Department, to Warsaw in order to assist in the delousing of refugees en route to the German-Polish border.\textsuperscript{37} During the First World War, Frey had directed Germany’s anti-typhus efforts in occupied Poland and had overseen the construction of delousing stations throughout Germany and Eastern Europe. After the war, he was put in charge of converting German prisoner-of-war camps into refugee delousing stations.\textsuperscript{38} His journey to Warsaw inaugurated German-Polish cooperation on the Volga-German refugee issue. It was

\textsuperscript{35} Dammann to Reich Commissar for Civilian Prisoners and Refugees, et al, 10 December 1921, BArch R 86/2402. Also see the report on the outbreak of typhus near Frankfurt a/O, RGA to the RMI, 16 December 1921, BArch R 86/2402.

\textsuperscript{36} German embassy in Warsaw to the German AA, 16 December 1921, BArch R 86/2401.

\textsuperscript{37} “Niederschrift über die am 20. Februar 1922, 11 Uhr vormittags, im Reichsministerium des Innern abgehaltene Kommissarische Beratung, betreffend die Unterbringung der aus dem Osten eintreffenden Flüchtlingstransporte,” 20 February 1922, BArch R 86/2401.

\textsuperscript{38} “Erlaß des Reichsschatsministers Nr. IV. 1/10449. 20. vom 14. Juni 1920 betreffend Verpflegung von Flüchtlingen,” and the RGA to the Reich Commissar for Civilian Prisoners and Refugees, 26 February 1921, BArch R 86/2402.
also the beginning of his personal contact with the LNHC, which was still active in
Poland.

In Minsk, the DRK also began direct cooperation with the LNHC. The LNHC
comprised the medical arm of the Nansen-led Red Cross relief effort. Since October
1921, a LNHC officer supervised all sanitary relief work in Russia for Nansen and the
International Red Cross. In Minsk, W.E. Haigh, who took over the position after the
first LNHC officer himself died of typhus, met with Mühlens and other members of the
DRK campaign in February 1922. The LNHC assigned Haigh to organize bathing and
delousing stations for the Volga German refugees and to supply coal for the project. 39
The LNHC was anxious to help because it feared that the Volga Germans could flood
Eastern Europe with infection. For Mühlens, the situation on Poland’s eastern border
was critical and he warned the Interior Ministry that the situation in Minsk would only
deteriorate. The exhausted city officials of Minsk had resorted to force in order to repel
arriving refugees, which only prompted them to cross the border into Poland illegally.
The DRK exhorted, “without fail, it will be impossible to stop the refugees bound for
Germany. Wherever the refugees go they will bring disease with them.” 40

In order to care for the Volga Germans around Minsk, cooperation among the
DRK, the LNHC, the American ARA, and Nansen’s relief organization expanded. 41
The LNHC and American and British philanthropic missions provided aid to the Volga

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39 Mühlens to the DRK-Berlin, 27 February 1922, PAAA R 83413.
40 Fischer and Heptner, “Bericht über die Lage der nach Minsk geflohenen Wolgakolonisten,”
25 February 1922, pp. 8, PAAA R 83413.
41 Dr. Karstens (DRK), “Zusammenfassende Aufstellung der vom Deutschen Roten Kreuz den
in Minsk lebenden Wolgakolonisten bisher erwiesenen Hilfe,” 7 July 1922, PAAA R 83416.
Germans who remained in Poland. However, since resources were so scarce, the Reich Interior Ministry argued for the closure of the DRK’s Central Bacteriological Station in Moscow and the German hospital in Petersburg. Frey insisted that Germany would be better served if the stations were located on the German-Polish border, while Bumm thought it wrong that a government office should be used in the service of propaganda for German industry. Mühlens’ and Zeiss’s plans to send medical literature to Kazan and German doctors to Turkistan were dashed. The Interior Ministry decided that the DRK’s research institute in Moscow did not fulfill the “actual” goal of fighting disease and that the money should go toward aiding the Volga German in Minsk. The German Foreign Office postponed the closure of the institutes in Moscow and Petersburg by granting emergency funds. Once these funds ran out, German pharmaceutical firms and the Soviet government financed the institutes. Zeiss remained in Moscow in the employ of the Soviet government and provided the German Foreign Office with intelligence reports on political developments in Moscow.

In early summer, many of the Volga Germans around Minsk illegally crossed into Poland, where half of them died of famine or disease. The bulk of the survivors were captured and detained by Polish authorities at the Polish-Ukrainian border. The

43 “Niederschrift,” minutes of the meeting held on 27 May 1922 at the RMI, BArch R 1501/109399.
44 “Niederschrift,” minutes of the meeting held on 27 May 1922 at the RMI, BArch R 1501/109399.
45 Meeting in the RMI on 30 June 1922, PAAA R 83415.
46 To Hauschild, 19 October 1922, PAAA R 83419.
47 For Zeiss’ relationship with the Soviet government and the AA, see Paul Weindling, “Heinrich Zeiss, Hygiene and the Holocaust.”
LNHC, Nansen, and the DRK were unable to provide them with food. All three agencies also abandoned the remaining refugees in Minsk. In October, the Interior Ministry declared the operation at Minsk to be out of funds.

While many of the Volga Germans in Minsk were thus doomed to an unhappy fate, on-the-ground cooperation among the DRK, the Reich Health Office, and the LNHC inaugurated a new phase of institutional cooperation between Berlin and Geneva. Mühlens and Frey promoted the LNHC’s efforts to integrate Germany into its scheme to build an international health organization. The collective efforts to provide relief to the Volga Germans and stop the western spread of disease led to German participation at the European Health Conference in Warsaw in the spring of 1922. The Warsaw Conference was a major breakthrough in Germany’s relationship with the League of Nations.

**Collective Defense Strategies: The Standardization of Sera and Epidemiological Treaties**

Besides German-LNHC cooperation in Minsk and Poland, two issues led to Germany’s involvement in the European Health Conference in Warsaw. These were the international standardization of sera and the bilateral agreements to exchange epidemiological information. Directed by the LNHC, these initiatives instituted

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49 Meeting in the RMI regarding the activity of the DRK in Russia, held on 5 October 1922, PAAA R 83417.
50 Mühlens to the DRK-Berlin, 27 February 1922, PAAA R 83413.
cooperation between League members and nonmember states. In the autumn of 1921, the LNHC’s Chairman, Thorwald Madsen, and its Medical Director, Ludwik Rajchman, founded an international committee to standardize disease-fighting sera. The committee included German, Russian, and American scientists. Rajchman and Madsen also sought epidemiological treaties between states that lacked effective means to communicate about the spread of disease.

The LNHC’s efforts to enlist German cooperation in the standardization of sera had the support of leading German researchers, who, in turn, convinced the German government to allow collaboration. The benefits of cooperation were clear. Postwar financial chaos and political instability had impoverished German medical research institutions. Cooperation with the LNHC meant financial support and the possibility that Germany would regain its pre-1914 position as the setter of production standards for major disease-fighting agents.  

In October 1921, Madsen, a Dane, invited three leading German bacteriologists, Wilhelm Kolle, Hans Sachs, and Fred Neufeld, to join the LNHC’s project. Madsen had assisted Kolle, the director of the Frankfurt Institute of Experimental Therapy, in the production of anti-tetanus serum during the war and had been a student of Paul Ehrlich, the founder of the Frankfurt Institute. Kolle was in favor of German participation with the LNHC if Germans were to be on an equal footing with scientists from Entente countries. Soon after the LNHC’s invitation, Kolle lobbied for

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51 France and the United States threatened to assume leadership of standard setting. Franz Bumm, Director of the RGA, to the RMI, 6 June 1921, BArch R 1501/110339.

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governmental approval. He sought to convince the Frankfurt Institute’s governing
body, the Prussian Culture Ministry, that Madsen was a friend of Germany who would
work through the LNHC to maintain Germany’s preeminent position in sera production.
In addition to a substantial endowment for the Frankfurt Institute, Madsen had promised
that the LNHC would honor the founders of German bacteriology at an international
conference.\footnote{Kolle to the Prussian Culture Ministry, 14 November 1921, Geheimes Staatsarchiv
Preußischer Kulturbesitz (henceforth GTSA) rep. 76 Vc, sekt 1, tit. XI, teil II, nr. 18, bd. 3.
Kolle’s commitment to Madsen’s plan was significant considering how, only a year earlier, he
had called for closing of the Frankfurt Institute’s doors to foreigners in retaliation to the
Entente-led boycott of German sciences. See, Kolle to Hugo Krüss, Ministerialdirektor in the
Prussian Culture Ministry, 1 November 1922, GTSA rep. 76 Vc, sekt 1, tit. XI, teil II, nr. 18,
bd. 3.} The Prussian Culture Ministry convinced the German Foreign Office to
allow German cooperation in sera research.\footnote{Carl Becker, Prussian Culture Minister, to the AA, 29 November 1921, PAAA R 64987.}
The Foreign Office allowed German scientists to attend the inaugural standardization conference in London in December
1921 under the stipulation that they were to represent only themselves and not their
institutions.\footnote{Heilbron, recipient unknown, undated, PAAA R 64987.} Historian Iris Borowy characterizes Germany’s attitude toward
participation in the LNHC’s sera research as grudging cooperation, which the Germans
reflected the Foreign Office’s attitude. The researchers and their superiors at the
Prussian Culture Ministry were in favor of full cooperation.\footnote{Prussian Culture Minister Carl Becker and Krüss, his Undersecretary, expressed the Prussian Culture Ministry’s eagerness to cooperate. See, Krüss to Kolle, 23 November 1921, GTSA rep. 129}
Kolle and Neufeld, Director of the Robert Koch Institute in Berlin, attended the standardization conference, which marked the first time Germans participated in an event under the LNHC’s auspices. By all accounts, the conference was a success. Kolle wrote a glowing report to the Prussian Culture Ministry. He was thrilled to have had such a warm welcome in London and was eager to resume his prewar relationships with British and French scientists. He noted that the conference’s attendees wished Germany to join the League of Nations, and he was convinced that participation in the LNHC was the best way for Germany to defend its position as one of the most important centers for sera production. Kolle’s reaction represented an embrace of the LNHC as a means to advance German interests. In fact, LNHC had increased its original endowments to the German scientists by 20% as a final bid to secure participation.

The sera conference in London was a coup for both the LNHC and the League of Nations. Franco-German tensions did not surface. Indeed, the French delegate proposed the general acceptance of the German standards. The League Council welcomed the conference as a success and used it to promote the League. Soon after the conference, Soviet and American scientists joined the project. The League Council

76 Vc, sekt 1, tit. XI, teil II, nr. 18, bd. 3, also, Becker to the AA, 29 November 1921, PAAA R 64987.
57 Even though he ultimately did not make the journey, Sachs was very keen on attending the London Conference and participating in the LNHC’s international project. See, Sachs to the Badenese Culture Ministry, 1 December 1921, PAAA R 64987.
58 Kolle to Ministerialdirektor (Krüss), 16 December 1921, PAAA R 64987.
59 Rajchman to Madsen, 23 December 1921, LNA R 820, 12B 26213/11346.
saw the political importance of the LNHC relationship to the Soviet Union, which could allow the League to play a bigger role in the upcoming international economic conference at Genoa.

Another avenue of cooperation between Germany and the LNHC was the need for new medical treaties. The disastrous effects of the First World War on communication lines, the creation of new states in Eastern Europe, and the danger of epidemics in the East necessitated new channels to exchange information. The LNHC’s involvement in Germany’s efforts to secure bilateral agreements expanded German-League relations.

Since the beginning of the postwar period, German health officials had sought to improve the exchange of epidemiological intelligence between Central and Eastern European governments. However, agreements were hindered by poor diplomatic relations. In the summer of 1920, the Reich Health Office lamented the absence of an agreement with Poland. In December 1920, the Prussian Ministry of Welfare pushed the Reich Interior Ministry to obtain permission from the Foreign Office to negotiate a treaty. However, negotiations were postponed until the Silesian border was settled.

60 Minutes of a Directors’ Meeting held on Wednesday, 28 December 1921, no. 20, 5-6, Minutes of Directors’ Meetings 1921-1922, LNA.
62 Bumm to the RMI, 14 August 1920, BArch R 1501/111489. Also, the German Imperial and State Commissar in Danzig to the German government, 24 July 1920, BArch R 1501/111489.
63 The RMI to the AA, 29 December 1920, BArch R 1501/111480.
Negotiations of sanitary conventions between Germany and its other neighbors began in the spring of 1921. Although the German government soon concluded provisional agreements with the Baltic countries\textsuperscript{64} and revised its treaty with Austria,\textsuperscript{65} these agreements were ineffective. Some merely provided for the exchange of published reports from national public health services, which did not include the immediate exchange of intelligence regarding the instances of disease in border regions.

Germany’s difficulty in securing new sanitary agreements with its neighbors lay not only in the unresolved border with Poland, but also in Franco-German hostility. Since the 19\textsuperscript{th} century, the arbiter of international sanitary agreements had been the OIHP, which was based in Paris.\textsuperscript{66} Although it had signed the OIHP’s International Sanitary Convention in 1920 under pressure from the Allies, the German government distrusted this organization and refused to submit to its authority. When the Reich Health Office learned that the LNHC sought to take over the revision of the Convention, the German Foreign Office saw the LNHC as a means to thwart French authority. The LNHC sought the treaty’s revision, because it would allow the LNHC to formally absorb the OIHP and secure US membership, two of its essential goals. However, revision was stymied by Franco-British tension in the Near East, a region that had been a major component of past conventions. The LNHC sought to bypass Franco-

\textsuperscript{64} The AA to the RMI, 11 March 1921, BArch R 1501/111480.
\textsuperscript{65} Adolf Gottstein, Ministerialdirektor, Prussian Ministry of Welfare to the RMI, 29 March 1921, BArch R 1501/111480.
British tensions by promoting bilateral sanitary treaties as a stopgap measure. In early 1922, the LNHC offered to assist the German government in negotiating new agreements, which would circumvent the OIHP’s authority. The German Foreign Office and the Reich Health Office agreed. The LNHC proposed to address the issue at the health conference, which was to be held in Warsaw.

**The European Health Conference at Warsaw**

The western migration of the Volga Germans, the beginning of cooperation on sera standardization, and the need to establish sanitary treaties between Central and Eastern European states all led the LNHC to call the European Health Conference in Warsaw. In February 1922, Rajchman convinced the League Council to sponsor the conference, painting a grim picture of the microbial danger to Europe. He reported that the epidemic situation in Russia had worsened, the Polish sanitary cordon had broken, the Ukraine was infected with typhus and cholera, and that typhus had reached Prussia. At a meeting of the League Secretariat, Rajchman noted that “Poland closed its border against Russia, the Czechs closed the border with Poland, and Germany against them both.” Rajchman sought international cooperation to establish a new 150 km wide barrier between the Ukraine and Poland. He added that Soviet participation in the conference seemed secure, because Soviet representatives were already in Warsaw to negotiate a Polish-Russian sanitary agreement. The League Secretariat endorsed
Rajchman’s plans.\textsuperscript{67} Rajchman’s initiative peaked the interest of the Rockefeller Foundation’s International Education Board, whose director, Wickliffe Rose, declared that the conference would be “decisive to [the Rockefeller Foundation’s] future policy” toward the LNHC.\textsuperscript{68} Rose promised to recommend a sizable grant to the LNHC. The upcoming conference also prompted the League’s Secretary General to begin the transformation of the LNHC into a permanent organization.\textsuperscript{69}

The Warsaw Conference promised an opportunity for the LNHC in its struggle to prove its importance to the world because of German and Soviet involvement. The news that the LNHC sought German and Soviet participation was met with support from both the DRK and the Reich Health Office. Mühlens was eager to participate,\textsuperscript{70} as were Frey and Johannes Breger, the second in command (under Frey) of the Reich Health Office’s medical division. Breger commented that the LNHC had abandoned its policy of excluding Germany and now sought genuine international cooperation. To this end, Breger cited the LNHC’s initiatives to standardize sera, to revise the OIHP’s Sanitary Convention, and to defend Europe against Russian epidemics.\textsuperscript{71}

Breger, Frey, Mühlens, and Richard Otto, a bacteriologist at Robert Koch Institute in Berlin who had fought typhus in occupied Poland during the First World War, pressured the Foreign Office to allow German medical officers to attend the

\textsuperscript{67} Minutes of a Directors’ Meeting held on Wednesday, 3 February 1922, no. 35, pp. 2-5, \textit{Minutes of Directors’ Meetings 1921-1922}, LNA.
\textsuperscript{68} Wickliffe Rose, 9 March 1922, Rockefeller Archive Center (henceforth RAC), RF 12/1 W. Rose Diary, Reel #2.
\textsuperscript{69} Rajchman to Madsen, 14 March 1922, LNA R820, 12B 26213/11346.
\textsuperscript{70} Mühlens to DRK President, Berlin, 20 February 1922, BArch R 1501/111226.
The Foreign Office agreed after they explained that the German representatives were promised full participation at the conference. The Foreign Office also gave its assent because it was under pressure from the Association of Overseas Germans to help the Volga Germans, who were trapped in Minsk and Poland. However, the Foreign Office instructed the German delegates not to promise anything and to avoid strengthening League, because the League was just a “guise for French interests.”

To attend the Conference, the Reich Health Office nominated Frey, who was already in Poland overseeing the transportation of Volga Germans from Poland to Germany. Mühlens and Otto joined him. The Prussian Ministry of Welfare was especially interested in the benefits to be gained from working with the LNHC and granted Otto 10,000 marks to investigate the danger to Germany’s eastern border and to attend the conference. The contrast between their considerable interest in attending and historian Marta Balinska’s portrayal of the German representatives’ “general reluctance towards anything to do with the League” is striking. Nor was the Germans’ attitude at the conference “Brazenly nationalistic,” as Weindling argues. Once the

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72 Otto was the former typhus commissioner in Vilna before 1918, and, after the Polish-Soviet War, had supervised health conditions in the Russian transit camps in Poland. Otto was also involved in the LNHC’s program to standardize sera.
73 Maltzan to Hamel, RMI, 4 March 1922, BArch R 1501/111226. Legal advisor Freidrich Gaus in the AA gave the instructions to Mühlens, “G.B.,” 27 April 1922, BArch R 1501/109399.
74 Bumm to the RMI, 6 March 1922, BArch R 1501/111226.
75 Gottstein to the RMI, 16 March 1921, BArch R 1501/111226.
77 Weindling, “German Overtures to Russia,” 44.
LNHC promised Germany’s full and equal participation, the Germans were eager to cooperate, and were proud to represent Germany. They were prepared to defend Germany’s rightful place at the first international conference of its kind in the postwar period.

The LNHC benefited from German participation. At the Conference, which met between March 20 and 28, the Germans provided the LNHC with valuable information on the situation in Russia, as well as a connection to the Soviet government. Weindling’s portrayal of the epidemic commissioners as “deeply hostile to the German medical alliance with the communists,” does not take into account the practical benefit that cooperation with the Germans provided the LNHC. Rajchman and Madsen understood that German cooperation would encourage Soviet participation in the LNHC’s activities. The LNHC was anxious to make the Germans welcome and give them a leading role in the conference. Germans presided over one of the conference’s three committees. Because a major component of the conference was the migration of the Volga Germans from Minsk to Germany, German participation was central to the conference’s effectiveness.

Although it was politicized because of the upcoming Genoa Conference, the Warsaw Conference actually proceeded with “commendable harmony.”⁷⁸ French and English were the official languages, but German was often used in discussions, and the

reports were published in French, English, and German.\textsuperscript{79} The major topic of
discussion was the situation on Poland’s eastern border. Mühlens’ and Haigh’s
eyewitness testimonies before the conference impressed upon participants the gravity of
the situation in Russia. Efforts to forge bilateral sanitary agreements, which were the
jurisdiction of Frey’s committee, were also addressed. The Soviet delegation agreed to
immediate negotiations with the Latvian, Estonian, and Finnish governments. The
German, Polish, and Czechoslovakian delegations also agreed to immediate talks.\textsuperscript{80}
The conference’s resolutions called for immediate aid to the Russian and Ukrainian
health authorities, new protocols for the bilateral sanitary agreements, the mutual
recognition of foreign medical degrees by participating states, and international
instruction and exchange programs for medical officers.\textsuperscript{81}

Formal acceptance of the Warsaw Conferences resolutions was on the agenda of
the Genoa Conference, which was held from 10 April to 19 May 1922. This conference
was designed to reestablish normal relations among Germany, the USSR, and the
Entente countries. One of the principal issues was whether Moscow would allow an
Entente-led economic syndicate to invest in the USSR. Negotiations stalled over
Germany’s role in the syndicate and because of tensions between France and Britain
over how to engage the Soviet government. Difficulties were compounded by the shock
of the Rapallo Treaty, the German-Soviet alliance agreement that was announced during

\textsuperscript{79} Otto to the Prussian Welfare Ministry, 3 April 1922, pp. 1, BArch R 86/3729.
\textsuperscript{80} “European Health Conference,” League of Nations publication, pp. 13, LNA 12B
20126/18972
\textsuperscript{81} “Vorläufiger Bericht der Europäischen Sanitätskonferenz vom Generalsekretariat der
Konferenz vorgelegt, 4-7, BArch R 86/3729.
the conference. The Entente deprived the League of Nations of any involvement in conference’s major issues. Bypassing the League was a blow to its prestige. The League’s only function at Genoa was to push for acceptance of the resolutions of the Warsaw Conference. The LNHC, as the Warsaw Conference’s executor, became central to League efforts to establish its own legitimacy. However, in reaction to the announcement of the Rapallo Treaty, the French government protested against the Warsaw resolutions, because it opposed not only full German and Russian representation on the LNHC, but also the publication of the resolutions in German, as well as the proposal to hold further meetings in Kharkov and Moscow. However, British Prime Minister Lloyd George convinced the French to rescind their protest. The German representatives at Genoa promised full cooperation with the Warsaw resolutions, as did the Soviet and Ukrainian delegations. Warsaw’s success, which contrasted the near total failure of Genoa (caused by the Rapallo Treaty), helped the LNHC score a major victory and renewed confidence in the League.82 The LNHC signed an agreement with Litvinov that secured permanent a contact between Haigh and the Russian Red Cross director,83 as well as the appointment of a Russian member to the LNHC.84 Because they represented the only achievement of the Genoa Conference, Rajchman was confident that the “innocuous” Warsaw Resolutions might improve international relations through the practical goal of keeping Europe safe from disease.85

82 Fink, 111.
83 “Pour la Russie: Procès verbal de la Conférence,” CISR publication, pp. 30, PAAA R 83418.
84 Rajchman to Madsen, 1 August 1922, LNA R 820, 12B 26213/11356.
85 Rajchman, quoted in Fink, 255.
The Execution of the Warsaw Resolutions

The Warsaw Conference led to a thaw in the scientific cold war of the early 1920s, because it stood in direct contradiction to the Entente-led boycott of German sciences. Non-League members were promised access to the LNHC. The League Secretariat felt that it was “indispensable” to add a German member to the LNHC before the conclusion of the Genoa Conference, in order to ensure German acceptance of the Warsaw resolutions.86 The Secretariat also pledged that no more French scientists would be nominated to the LNHC, which would ensure that German representation would not be diluted.87 Although Germany’s admission to the LNHC was not finalized until the end of 1922, the prospect was a coup for German scientists and health officials. The boycott of German science had made exclusion of German scientists from international bodies the norm. Deference to the German representatives at the Warsaw Conference led the Reich Health Office and the DRK to distinguish between the LNHC and the leaders of the boycott. After the Warsaw and Genoa Conferences, Mühlens invited LNHC members from Entente countries to visit the Hamburg Institute. His only condition was that invitees announce their opposition to the boycott.88 While wounds were long in healing and Rapallo caused Franco-German tensions to flare again, the Warsaw Conference, according to Mühlens, had “reestablished, to some degree, Germany’s medical connections to the Western

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86 Rajchman to Madsen, 8 April 1922, LNA R 820, 12B 26213/11346.
87 Rajchman to Madsen, 6 June 1922, LNA R 820, 12B 26213/11346.
88 Mühlens to Rajchman, 5 August 1922, LNA R 820, 12B 26213/11346.
Powers.” For their part, Russian medical scientists welcomed the Warsaw resolutions. They cited the collective fight against epidemics in Russia and the Ukraine as essential for the recovery of the USSR.⁸⁹

Despite the thaw in international scientific relations and the promises made at Genoa, the German government failed to ratify the Warsaw resolutions. In Germany, the question of its financial contribution was the impediment to ratification. German Warsaw Conference representatives had assumed that Germany’s financial contribution would be deducted from the costs of the DRK’s anti-epidemic campaign in Russia and the camps on the German side of the German-Polish border, which had deloused and housed the Volga-German refugees. Once the League Council sent the German Foreign Minister several notifications, after the Genoa Conference, that financial support was nevertheless required, the Reich Finance Ministry, the Interior Ministry, and the Reich Health Office agreed that the Warsaw resolutions should not be ratified. These three agencies agreed that Germany’s past expenditures on delousing and quarantine facilities on the German-Polish border should fulfill Germany financial contribution, which the resolutions called for. In particular, they argued that Germany should not be expected to finance the sanitary cordon on the Polish-Ukrainian border.⁹⁰ Only the Foreign Office, whose representatives had agreed to the resolutions in Genoa, was prepared to contribute financially. The Foreign Office, which, before the Warsaw Conference, was

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⁹⁰ Reich Finance Ministry to the AA, 19 July 1922, and the RMI to the AA, 7 September 1922, BArch R 1501/111226.
opposed to cooperating with the LNHC, had reversed its position because of the Rapallo Treaty. Because it was eager to support its ally, the USSR, the Foreign Office now argued that Germany should ratify the Warsaw resolution because the sanitary cordon on the Polish-Ukrainian border benefited the Soviet Union and Germany’s economic interests there.\(^91\) However, Frey defended the decision to “postpone” the Warsaw resolutions. Since Germany was already fulfilling many of the obligations agreed upon at the conference, Frey argued, “Germany will miss nothing if it waits to ratify the resolutions, just as other League member states have waited.”\(^92\) The Foreign Office agreed and the issue of ratification was shelved.

The failure of the Germany to ratify the Warsaw resolutions did not, however, stop the nomination of a German medical scientist to the LNHC. Madsen, the LNHC’s chairman, asked his former colleague, Bumm, the President of the Reich Health Office, to recommend a German candidate. Bumm named Bernhard Nocht, Director of the Hamburg Institute, whose suitability lay in the fact he was one of the “\textit{Alt-Meisters}, well informed in all international questions – delegate to the [International Sanitary] Conference of 1912 – and well known \textit{Hafenartz}.”\(^93\) Nocht’s prestige and old ties to his French colleagues eased Germany’s admission into the LNHC. Another old master, Albert Calmette, the assistant director of the Pasteur Institute in Paris and leading member of both the LNHC and OIHP, “strongly approved” of Nocht’s nomination.\(^94\)

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\(^91\) The AA to the RMI, 31 July 1922, BArch R 1501/111226.
\(^92\) Frey to the RMI, 14 September 1922, BArch R 1501/111226.
\(^93\) Madsen to Rajchman 3 October 1922, LNA R 820, 12B 26213/11346.
\(^94\) Madsen to Rajchman 13 October 1922, LNA R 820, 12B 26213/11346.
Germany’s refusal to fund the LNHC’s activities on the Polish-Ukraine border also reflected Germany’s increasingly precarious financial situation. The Reich Interior Ministry could not afford even to support its own DRK campaign in Russia. The LNHC also lacked funds. Few of the countries that had pledged financial support at Warsaw made good on their promises. In August of 1922, the LNHC announced that its funds to support quarantine, cleaning, and delousing measures were exhausted.\(^95\) However, despite financial difficulties, cooperation between Germany and the LNHC continued and the other agreements made at Warsaw progressed.

In July 1922, the Reich Health Office pressed the Interior Ministry and the Foreign Office to prepare for the revision of the International Sanitary Convention, arguing that taking part in the revision was in Germany’s interest if it were led by the LNHC.\(^96\) Although the LNHC was forced to postpone revision,\(^97\) the Reich Health Office recognized the LNHC’s authority. Under the LNHC’s direction, the Reich Health Office and the German Foreign Office negotiated bilateral sanitary conventions with its neighbors. By September, Germany had signed treaties with Austria, the Netherlands, Belgium, Czechoslovakia and Lithuania.\(^98\) Germany began negotiations with Poland in October and signed a sanitary agreement in November.\(^99\)

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\(^96\) Breger (through Bumm) to the RMI, 31 July 1922, BArch R 1501/11233.

\(^97\) Nasse, German Consulate in Geneva, to the AA, 3 September 1922, BArch R 1501/111233.

\(^98\) The RMI to Attaché Dr. Nauman, AA, 27 September 1922, BArch R 1501/111480.

\(^99\) Karl von Stockammern, German Foreign Office commissioner for trade negotiations, to the AA, 11 December 1922, BArch R 1501/111480.
Although Rockefeller Foundation declined to finance the sanitary cordon on the Polish-Ukrainian border, its endowment to the LNHC enabled German-LNHC cooperation and promoted the integration of Germany into the LNHC-led system of sanitary agreements and international medical instruction and exchanges. Rockefeller funding gave the LNHC the means to further intellectual collaboration among medical scientists from Europe, the United States, and the Soviet Union. The projects included training courses for medical personnel and the exchange of public health officers at various European public health institutions. These projects were based on the idea that intellectual exchange was key to improving public health. The LNHC disseminated the Rockefeller Foundation’s sanitationist philosophy of social health and social hygiene, fostering an *esprit de corps* among national health services. Rajchman argued that these projects would create a kind of “intellectual and moral commerce” among medical officials of different nationalities. Due in large part to Rockefeller largesse, the LNHC’s approach to public health evolved from quarantinism to sanitationism. The promotion of “intellectual and moral commerce,” which the LNHC’s instruction and exchange programs undertook, epitomized sanitationism.

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100 In July 1922, the League Council accepted the Rockefeller grant to the LNHC. See “The League of Nations Health Committee: Minutes of the Fourth Session held at Geneva, 14 to 21 August, 1922,” pp. 51, LNA R 818, 12B 22575/11346.
The LNHC planned to hold the first month-long public health instruction course in Warsaw. The program was well funded; aside from the Rockefeller grant, the American-led League of Red Cross Societies donated 5,000 pounds, which were also used to create hygiene museums, institutions that raised public awareness about disease and health. Frey convinced the Interior Ministry to allow German participation in the first LNHC-led course in Warsaw. He argued that it was in Germany’s interest to promote German anti-epidemic methods. The Interior Ministry convinced Finance Ministry and the Foreign Office to agree to Frey’s request. Both agencies approved only if all expenses were paid by the LNHC. The LNHC chose German hygienist Professor Abel of Jena to conduct the inaugural instruction course in mid-November. It proved to be such a success that the LNHC invited him to give two additional courses, one in Kharkov and another in Moscow.

The LNHC’s exchange program for public health officers was to be held four times a year for 50 candidates, who would be instructed by six experts. The first phase of the exchange, which lasted a month, consisted of organized visits to health institutions and instruction in local public health philosophy and practices. In the second stage, which was two months in duration, candidates worked in foreign public health administrations. The first exchange, which the LNHC saw as an “experiment,”

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104 Frey, through Bumm, to the RMI, 16 August 1922, BArch R 1501/111226.
105 The Reich Finance Ministry to the RMI, 25 August 1922, and the AA to the RMI, 30 September 1922, BArch BArch R 1501/111226.
took place in Belgium in October 1922. 106 Despite the LNHC’s urging, Germany abstained from participation in the Belgian exchange, because of tensions over Belgium’s support of the boycott of German sciences. Frey explained that Germans feared being mistreated by scientists from Allied countries. Germany’s reluctance convinced Rajchman that the next exchange should take place in Germany, which, he believed, the Germans would regard as a compliment. 107 Madsen agreed noting that the Brussels exchange had provoked great interest in Germany. 108 In 1923, Rajchman’s deference to Germany’s isolated scientific community led to German cooperation in the exchange program. However, increased Franco-German tensions over the Ruhr Crisis dashed the LNHC’s hopes of holding an exchange in Germany.

Conclusion

In 1922, the danger of the westward movement of epidemics from Russia led to Germany’s admission into one of the League’s most successful bodies. The LNHC’s deference to Germany and the German government’s recognition that working with the LNHC would further German interests made admission possible. While the boycott of German sciences continued, the Warsaw Conference helped to mend ties. The project to standardize sera also led to a thawing of Franco-German relations. German participation at the second international conference on the standardization of sera at the

107 Rajchman to Madsen, 23 October 1922, LNA R 820, 12B 26213/11346.
108 Madsen to Rajchman, 31 October 1922, LNA R 820, 12B 26213/11346.
end of 1922, which took place at the Pasteur Institute in Paris, was astonishing considering the depth of Franco-German enmity during the immediate postwar years. The involvement of the Rockefeller Foundation in European medical science and public health also furthered normalization and inaugurated major changes to the LNHC’s approach to public health. Through its financial power, the Foundation – whether in cooperation with the LNHC or independently – helped shape the form of international cooperation took.

The sera standardization project, the conclusion of sanitary conventions in Eastern Europe, instruction courses, and the personnel exchange program initiated the LNHC’s and Rockefeller’s Foundation’s campaign to establish an *esprit de corps* among medical scientists and health officials. In Germany’s case, officials in the Interior Ministry and the Reich Health Office drove Germany’s participation in the LNHC’s schemes. With almost no financial means at their disposal, these same officials were tasked with protecting an already weakened German population. The political and health risks posed by the Volga-German refugees reduced governmental support for the DRK’s cultural expansionist goals in Russia and led to the acceptance of LNHC leadership in international health matters.
Chapter IV

“THE NORMAL INTERNATIONAL INTERCOURSE BETWEEN NATIONS” AND EUROPEAN POLARIZATION: GERMANY’S ROLE IN THE REORIENTATION OF THE LEAGUE OF NATIONS HEALTH COMMITTEE

In 1923, the site of German cooperation with the LNHC shifted from fieldwork in the Soviet Union and Eastern Europe to laboratories and conference rooms in Europe and America. The League of Nations’ relief work, which had brought German health officers into contact with the LNHC and helped Germany reemerge into the international scientific community, diminished during the latter half of 1922 and came to an end the following year. The threat of a westward invasion of refugees infected with typhus and cholera faded. The quarantinist work of the LNHC diminished and it embarked on a sanitationist approach to international public health. However, LNHC’s anti-epidemic efforts, which had culminated in the International Health Conference at Warsaw in March 1922, laid the foundation for the involvement of German public health officers and medical researchers in the LNHC’s establishment of a new world medical order. But in pursuing its new goals and adopting new approaches, the LNHC found both collaborators and opponents in Germany.

In the latter part of 1922, the LNHC began to focus on global public health statistics, international problems of epidemiology and public health, and the establishment of the LNHC as a link among national health administrations. The purpose of these activities was to coordinate international medical research on public
health. By the beginning of 1924, the LNHC’s program to test and standardize vaccinations (sera) expanded to include the standardization of pharmaceutical drugs, while its efforts to standardize anti-epidemic measures along international waterways in Europe came to fruition. The LNHC also expanded its standardization efforts to include the human element, when it launched international exchange and instruction programs for public health officials and epidemiologists. These programs were part of an effort to create an *esprit de corps* among scientists and health professionals. The LNHC achieved German participation in these projects despite resistance from the German Foreign Office, deep Franco-German animosity, and financial chaos in Germany.

Historian Joachim Wintzer argues that in early 1923, as a result of the Ruhr crisis, popular and governmental support for Germany’s entry into the League was at an all-time low. He writes, “If there were any private statements [in support of joining the League], in no way did they make it into archival or public record.” He cites Alfred Einstein’s withdrawal from the League’s Committee for Intellectual Cooperation in early 1923 as proof of how meager the respect for the League was in Germany.¹ However, Wintzer does not take into account the zeal with which German medical officers pursued closer relations with the League from the onset of the Ruhr Crisis to its conclusion at the beginning of 1924. The cooperation on health matters was a clear exception to the rule.

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This chapter argues that, from the end of 1922 to the beginning of 1924, German involvement in the LNHC’s schemes for international integration found collaborators in Germany, who were willing to pressure the Foreign Office or even disregard its authority. This collaboration deepened German involvement with the League during a period of international rupture. A group of officials from the Reich Health Office, the Reich Interior Ministry, and Prussian and Hamburg state governments pushed the Foreign Office into allowing German medical officers and bacteriologists to participate in the LNHC’s projects. The LNHC’s main allies were all members of the Reich Health Board, the core of Germany’s medical, scientific, and public health establishment. The most indefatigable allies of the LNHC’s agenda were Gottfried Frey, the Medical Director of the Reich Health Office, Franz Bumm, the Reich Health Office President, Carl Hamel, the director of the Medical Department in the Reich Interior Ministry, Bernhard Nocht, Director of the Hamburg Institute for Tropical Medicine, and Peter Mühlens, a researcher at the Hamburg Institute and former director of the German Red Cross’s anti-epidemic campaign in Russia. Frey and Nocht privately strategized with LNHC leaders over how to win the Foreign Office’s approval for cooperative efforts. When permission seemed unlikely, German health officials concealed from the Foreign Office their participation in LNHC programs. This collaboration, though it violated the Foreign Office’s policy toward the League, continued throughout the Ruhr Crisis.

The LNHC had won support among German health officials through its work in Poland and Minsk. Although Frey had originally opposed German involvement in the LNHC, his attitude changed when he met Rajchman at the Warsaw Conference. At the
end of 1922, he sought a position in the LNHC and helped Rajchman find other medical officers to participate in its activities.\(^2\) Nocht’s and Mühlens’ allegiance to the LNHC was also remarkable given that Nocht was the director of the institute that had staffed the German Red Cross’s Russian anti-epidemic campaign, the leader of which, Mühlens, was an ultra-nationalist who saw the League as a tool of the Entente. Nocht also supported the LNHC by participating in its foreign exchange programs, overseeing its biomedical standardization program, and welcoming foreign scientists to the Hamburg Institute at Rajchman’s request. The deepening of institutional and, above all, personal connections between Germany and Geneva proceeded despite the Foreign Office’s objections and its new policy that all communications between German medical officials and the League go through the Foreign Office.\(^3\)

Through stormy political waters, Germany’s public health officers and medical scientists strengthened their international connections, which had been won at the Warsaw Conference and with the program to standardize sera. They also promoted Germany’s involvement in the LNHC’s revolutionary scheme to systematize and synchronize biomedical science. Through the LNHC, German representatives took part in the creation of an international \textit{esprit de corps}. This was no small feat given the foreign and domestic barriers against international cooperation in 1923. German public health officials and medical scientists struggled to overcome these barriers in three areas: the LNHC’s institutional building efforts, its program to internationalize the

\(^2\) Frey to Rachman, 15 October 1922, LNA R 852, 12B 26773x/26249.

\(^3\) Carl Hamel, to Rajchman, undated, LNA R 852, 12B 26773x/26249.
public health community, and its program to standardize vaccines and pharmaceutical drugs.

**The Ruhr Crisis, the Referat Völkerbund, and Challenges to Cooperation**

The most significant development of 1923 in European relations was the French and Belgian occupation of Germany’s Ruhr valley. The occupation altered the German government’s mechanism of policymaking vis-à-vis the League of Nations. Before 1923, the Legal Department of the Foreign Office had dealt with League affairs. The Legal Department’s lack of supervision and inconsistent policymaking toward the League had allowed German health officials a degree of freedom to cooperate the LNHC. After French and Belgian troops invaded Germany, the flow of information regarding the League became too great for the Legal Department to handle and prompted the Foreign Office in January 1923 to create the Referat Völkerbund, or the League of Nations Department.\(^4\) In contrast to the Legal Department, the Referat Völkerbund reported directly to the Foreign Minister’s office. While the official purpose of the new office was to initiate entry into the League, the Referat Völkerbund sought to prevent the League from assuming control of the Ruhr occupation from France and Belgium – a step that the Foreign Office feared could legitimize the occupation in world opinion.\(^5\) The Referat Völkerbund thus sought to minimize German contact with the League until French and Belgian troops left Germany.

\(^4\) Wintzer, 303.
\(^5\) Ibid., 304.
During 1923, the governments of Wilhelm Cuno, Gustav Stresemann, and Wilhelm Marx all disagreed with the Foreign Office’s position in regard to the League. Initially, their policy towards the League was to keep their distance from the Geneva and use the prospect of Germany’s entry to serve its goal of ending the occupation. These political leaders sought to avoid outright hostility toward the League and were not, in principle, opposed to joining it. In contrast, even when Stresemann served as Foreign Minister, many of the professionals in the Foreign Office wanted to evade entanglement in the League and pursue closer relations with Moscow, because they feared that membership would imprison Germany in the Versailles system.\footnote{Christoph Kimmich, \textit{Germany and the League of Nations} (Chicago: The University of Chicago Press, 1976), 38-39.} As the Ruhr occupation continued during the first half of 1923, Cuno’s government tentatively sought entry as a means to extricate itself from the political impasse. When the British and the League Secretariat renewed their campaign for Germany’s admission, German pacifists, Socialists, and liberals – who were bolstered by democratic newspapers – joined in support.\footnote{Ibid., 41.} Still, the Foreign Office maintained its opposition. However, when the standoff in the Ruhr worsened, even those in the Foreign Office who were opposed to reconciliation with the West, saw Germany’s entry into the League as the “bitter pill” that might resolve the crisis. However, the German government lost British support for admission when France threatened to withdraw from the League if Germany joined.\footnote{Ago von Maltzan, quoted in ibid., 46-47.}
Until November 1923, there was serious disagreement in the German government and within the Foreign Office over German cooperation with the activities of the League.9

The establishment of the Referat Völkerbund was a defeat for those who sought German membership in the League. Even though its ostensible mission was to promote German-League relations, the appointment of Bernhard Wilhelm von Bülow as its director did just the opposite. Bülow, an outspoken critic, considered the League a threat to Germany and was adamant that it should not join.10 Even when League critics in the Foreign Office decided that cooperation was inevitable, he held out.11 Throughout 1923, he opposed involvement with the League even on technical and humanitarian issues. He argued,

Germany should avoid too much engagement in the remaining economic, technical, humanitarian and cultural work of the League of Nations. Even concerning the [League’s] international health efforts, there are no political goals for which to strive that are worthy of mention…In Geneva, there is the obvious intention to measurably extend the ‘technical’ League (not least with German diligence) and fob ‘nonpolitical’ issues off on us…It is in our interest to stay away from extensive ‘nonpolitical’ work of the League, which is intended to hide from the world the League’s political shortcomings.12

Bülow believed not only that the League’s health organization was an extension of the Entente, but that it had also been ineffective in fostering international cooperation to fight diseases. His opposition was a serious obstacle for Germany’s health officers in their pursuit of closer relations with the LNHC.

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9 Wintzer, 361.
11 Kimmich, 47.
Bülow’s opposition to the League was methodical. After a visit to Geneva in April 1923 to meet with League officials, he wrote an encyclopedic study of the League, titled Der Versailler Völkerbund: Ein vorläufiger Bilanz.\textsuperscript{13} The analysis was as detailed as it was biased. Bülow portrayed the League as instrument of Allied Machtpolitik. Concerning the League’s health organization, Bülow showed little interest and even less trust. He argued that the LNHC was an extension of the French-dominated OIHP.\textsuperscript{14} His basic theme was that Germany was righteous and the League was wrong. The failure of the LNHC to invite Germany to assist in the coordination of the anti-typhus campaign in Poland in 1920 was proof of the League’s bias. Bülow ignored the fact that the LNHC had, two years later, reversed its policy to exclude Germany. He argued that there was no reason for the Allies to fear German involvement within Poland’s borders, which cooperation with the LNHC would have brought. According to Bülow,

> Germany had no ulterior motives because, due to the great social hygiene in Germany, there was no danger of infection in Germany. The only danger of infection would come from a sharp deterioration of living standards, something that the Versailles Treaty could bring…The decision [to exclude Germany] is not due to bureaucratic illiberality but rather conforms to the tendency of the League of Enemies to exclude Germany whenever possible from any international cooperation, from scientific to even health related matters.\textsuperscript{15} [Italics added]

Bülow’s portrayal of the LNHC attacked not only its shortcomings, but also its successes. He argued that the Warsaw Health Conference of 1922, the success of which

\textsuperscript{13} Wintzer, 309.
\textsuperscript{14} Bülow, Der Versailler Völkerbund: Ein vorläufiger Bilanz (W. Kohlhammer Verlag: Berlin, 1923), 87, 360.
\textsuperscript{15} Ibid., 363.
he could not deny, had little to do with the League because it was held at the Polish government’s behest.\textsuperscript{16} Even the admission of a prominent German health official into the LNHC did not exonerate it. Bülow argued, “This delayed and obvious recognition of the need to include Germany came from an international conference [at Genoa] that was not called by the League!”\textsuperscript{17} Bülow claimed that the Genoa Conference had reestablished the internationality of anti-epidemic efforts, something that the League had failed to do in three years.\textsuperscript{18} These arguments were clear distortions. In a meeting of the League Secretariat, Ludwik Rajchman, the LNHC’s medical director, argued that Bülow’s book contained “many clever mis-statements [sic]” and was “the most dangerous piece of anti-League propaganda that has yet appeared.”\textsuperscript{19}

Bülow pressured the German government to break off all “illegitimate” relations with Geneva in order to avoid possible political pressure. In order to realize his goal, he argued that Germany, because of its financial meltdown, should withdraw official representatives from the League’s technical commissions. (Germany followed the US example of seeking influence without financial responsibilities.)\textsuperscript{20} However, because Bülow left room for unofficial cooperation, and because the Rockefeller Foundation funded the LNHC projects, German medical officers and LNHC officials were able to broaden Germany’s involvement with the League, despite the Bülow’s resistance.

\textsuperscript{16} Ibid., 364.
\textsuperscript{17} Ibid., 89.
\textsuperscript{18} Ibid., 365.
\textsuperscript{19} Rajchman, 8 February 1924, \textit{Minutes of the Directors’ Meetings 1924} (3145), no 104, pp. 7, LNA.
\textsuperscript{20} Wintzer, 318-320.
Germany and the LNHC’s Reorientation and Institution Building

The French and British had designed the League’s Epidemic Commission immediately after the First World War for the limited purpose of fighting typhus in Poland and stabilize the new government in Warsaw. The French and British governments intended the French-dominated OIHP to remain the preeminent international health organization.21 Because the League of Nations strove to establish its relevance, the Epidemic Commission grew into the LNHC, which sought to redefine itself from an ad hoc commission that served Franco-British interests to a permanent organization that would replace the OIHP. The French accordingly opposed the LNHO.22 The British also preferred the OIHP, because its limited scope did not threaten British economic interests by restricting maritime trade through costly quarantines and other anti-epidemic measures, which a more robust international health organization might impose.

The LNHC’s financial difficulties threatened its goal of supplanting the OIHP. The relief efforts that were envisioned at the Warsaw Conference were left largely unfulfilled due to the lack of financial support.23 Without funding, the LNHC was powerless to enact its anti-epidemic measures, a weakness that threatened to discredit the League itself. The General Secretary of the League of Nations, Eric Drummond, suggested that the League was not a good organization for humanitarian work, because

22 Rajchman, 23 June 1922, Minutes of the Directors’ Meetings 1921-1922, no. 88, 11, LNA.
23 Rajchman, 27 June 1922, Minutes of the Directors’ Meetings 1921-1922, no. 55, 3-4, LNA.
of its difficulty in raising money, and the failure to fulfill its own objectives hurt the
League. However, Rajchman argued that other aspects of the Warsaw Conference
could be useful in fulfilling the League’s institution-building efforts.

The LNHC’s fulfillment of the other resolutions of the Warsaw Conference,
which furthered its struggle against the OIHP, was made possible by financial backing
from the Rockefeller Foundation. Guaranteed by a sizable endowment in the summer
of 1922, the LNHC began to focus on the standardization of public health and
biomedical research. The Rockefeller money freed Rajchman’s efforts from the
problem that had plagued the LNHC’s relief efforts. However, because the Rockefeller
Foundation paid the bill, it also called the tune. At the inception of the LNHC’s
activities in Poland and Russia, the Rockefeller Foundation had refused to support the
League’s efforts to fight diseases like typhus, because other diseases, such as
tuberculosis, which were already pervasive in Europe and could not be fought with
quarantines and sanitary cordons, caused higher mortality rates. Rockefeller
Foundation support was generous when Rajchman led the committee toward a
sanitationist approach, which was oriented toward “social diseases and the scientific
universalism of standard setting.”

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24 Eric Drummond, 12 June 1922, *Minutes of the Directors’ Meetings 1921-1922*, no. 50, pp. 13, LNA.
25 Paul Weindling, “Social Medicine at the League of Nations Health Organization and the
International Labour Office Compared,” in *International Health Organisations and Movements*,
Foundation’s own global efforts to eradicate yellow fever, hookworm, malaria, and tuberculosis.\textsuperscript{26}

Rajchman argued that the Rockefeller-funded international exchange and instruction programs could help the League achieve its most pressing goal, the admission of non-member states, especially the United States and Germany. US and German support strengthened the LNHC’s position vis-à-vis the OIHP. Drummond and the League Secretariat agreed, and hoped that, in the wake of Rapallo, Germany’s entry might “detach Germany from Russia.”\textsuperscript{27} Aside from inducing the United States to join, Germany’s entry was a goal in itself. Rajchman advocated Germany’s admission, because “such a step would have tremendous significance for the peace of the world,” in that it could counter the German spirit of revenge. In order to realize this goal, Rajchman argued, the League should focus on what it could realistically achieve. He and others in the Secretariat believed the League could do little to achieve European disarmament, which the Treaty of Versailles had entrusted to it. Rajchman argued, As public opinion was not educated up to a full understanding and appreciation of the possibilities of the League, we do not get the big political questions. Therefore we must keep in our hands those activities which form the normal international intercourse between nations. For this reason the importance of the work of the technical organisations should not be underestimated. We must be courageous too in tackling technical questions.\textsuperscript{28}

\textsuperscript{27} General discussion, 12 June 1922, \textit{Minutes of the Directors’ Meetings 1921-1922}, no. 50, 2-5, 12, LNA.
\textsuperscript{28} Rajchman, 12 June 1922, \textit{Minutes of the Directors’ Meetings 1921-1922}, no. 50, pp. 5, LNA.
Promotion of international cooperation went hand-in-hand with strategies on how best to supplant the OIHP.

The LNHC concluded an uneasy truce with the OIHP until the LNHC could achieve the status of a permanent body, which was blocked by the French government and by the United States’ non-membership in the League of Nations. Progress toward permanency and ascendancy over the OIHP came not only from the Rockefeller Foundation’s subvention, but also from a change of attitude in Washington. In November 1922, the US Surgeon General Hugh Cumming informed Rajchman that the US government had “radically changed” its attitude towards the League’s technical organizations and was prepared to cooperate officially with the LNHC. To explain the about-face, Cumming cited the US’s dissatisfaction with the OIHP. Rajchman credited Cumming’s influence in June 1923 as “very largely” responsible for overcoming French objections to the creation of the LNHO. There is little doubt that the Rockefeller Foundation’s support of the LNHC played a role in the US government’s change in attitude. Bolstered by financial independence and recognition by the US government, the LNHC leadership was able to establish the LNHO in September 1923 and hold its first conference in January 1924.

The integration of the US in the building of LNHO was as essential as winning German participation in the scheme. Before the war, the US and Germany had led the world in medical science and public health. Both were key to the future organization’s

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29 Rajchman, 23 June 1922, *Minutes of the Directors’ Meetings 1921-1922*, no. 88, 11, LNA
30 Rajchman to Madsen, 2 November 1922, LNA R 820, 12B 26213x/11346 (Jacket 3).
31 Rajchman to Cumming, 28 August 1923, LNA R 883, 12B 28861x/28861.
legitimacy. Direct German cooperation with the LNHC began when Nocht was elected in December 1922 to sit on the committee. The care with which Rajchman ensured Nocht’s acceptance revealed how important German membership was to Rajchman’s schemes. Rajchman, who first acquired the consent of the French, British, and Belgian LNHC members (all of whom also sat on the OIHP), feared the damage that a refusal from Nocht would have on the tenuous relationship between the LNHC and the OIHP. Rajchman pressed Madsen, the Danish Chairman of the LNHC, to secure Nocht’s appearance for his debut LNHC meeting in the January 1923. Rajchman was eager to include as many Germans as he could, regardless of political orientation. For the seat on the committee, Rajchman had originally considered Frey, who had volunteered more than once. Although he was not chosen, Frey was asked to be a standing medical correspondent for the LNHC’s epidemiological intelligence service and to participate as an expert on the LNHC’s Waterways Subcommittee.

The Reich Interior Ministry cooperated with German medical officers to further the integration of Germany into the LNHC. The collaborators got their foot in the door on the eve of the Ruhr Crisis. In Germany, the news of Nocht’s appointment was greeted with surprise, excitement, and reservation. A week before the January 1923 LNHC meeting in Geneva, Madsen officially invited Nocht to join the committee and

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32 Rajchman to Madsen, 6 November 1922, LNA R 820, 12B 26213x/11346 (Jacket 3).
33 Madsen to Rajchman, 22 December 1922 and Rajchman to Madsen, 26 December 1922, LNA R 820, 12B 26213x/11346 (Jacket 3).
34 Once in October 1922 (Frey to Rajchman, 15 October 1922, LNA R 852, 12B 26773x/26249), and again in November 1922, (Frey to Rajchman, 23 November 1922, LNA R 838, 12B 16311x/20109).
35 Rajchman to Madsen, 27 October 1922, LNA R 820, 12B 26213x/11346 (Jacket 3).
attend the meeting. Nocht’s supportive attitude toward the LNHC was evident in the haste with which he left Hamburg for Berlin, where he consulted with Interior Ministry health officials, after which he arrived in Geneva, a week after he received the invitation. Upon hearing of Nocht’s acceptance, Hamel in the Interior Ministry declared that he was genuinely pleased.

Foreign Office was not as enthusiastic. Hamel relayed the Foreign Office’s denial of Nocht’s request for a diplomatic passport and explained its stipulation that Nocht’s participation could not be official, despite its “great meaning for Germany.” The Foreign Office’s refusal to issue Nocht a diplomatic passport reflected its opposition to official cooperation with the League. Nevertheless, Hamel assured Nocht that the Foreign Office “thoroughly desires that Germany participate in the cultural efforts of the League, even though Germany is not a member.” Given the Foreign Office’s skeptical attitude toward the League – even before the creation of the Referat Völkerbund – it is likely that Hamel simply added this last sentiment himself. While Nocht was allowed to join Hamel warned him to exercise reserve in expressing himself at the LNHC meeting, especially on questions that would involve Germany financially.

Nocht and the Reich Health Office used Germany’s debut in the LNHC to press for Germany’s involvement into the LNHC’s international agenda. In his report on the January 1923 meeting, Nocht reassured the Interior Ministry and the Foreign Office that

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36 Nocht to Hamel, 30 December 1922, BArch R 1501/111233.
37 Hamel to Nocht, 2 January 1923, BArch R 1501/111233.
it had not been a mistake to allow him to join. He began by describing his reception by the other committee members as polite and, by some, even warm and affectionate. He made it clear that he was not fraternizing with the enemy. His greeting with the French and Belgian members was “naturally short, wordless, and completely formal.” The Reich Health Office’s own description of the meeting to the Interior Ministry and Foreign Office stressed the programmatic and geographic expansion of LNHC’s activities and the importance of Germany’s involvement in them. Bumm and Johannes Breger, Frey’s deputy, reported that the LNHC planned to expand its research and exchange programs to include more German scientists and health officials. Breger and Bumm argued that it was advantageous for Germany to be a part of the ever-increasing internationalization of the LNHC, because it would be easier to represent German interests now, as the system was being constructed. At least, the Reich Health Office’s report concluded, Nocht’s nomination was an improvement.

However beneficial Nocht’s nomination was to Germany’s interests, Franco-German tensions threatened to block Germany’s full participation. During the weeklong meeting, the French and Belgian occupation of the Ruhr began. Nocht and Hamel agreed that Nocht’s attendance at the next meeting, which was to be held at the Pasteur Institute in Paris in May, was “completely out of the question.”

Nevertheless, the polarization of Europe over the Ruhr Crisis did not diminish the Reich Health Office’s advocacy of the LNHC. In fact, German health officials

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38 Nocht to Hamel, 31 January 1923, BArch R 1501/111233.
39 Bumm and Breger to the RMI, 23 June 1923, BArch R 1501/111233.
40 Ibid., and Hamel to Nocht, 13 April 1923, BArch R 1501/111233.
sought to convince the Foreign Office that the LNHC was a means to fight French aggression. The Reich Health Office argued that Germany should be involved in the LNHC’s institution building because participation could combat French hegemony in international health matters. The Reich Health Office was convinced that that the LNHC – unlike the OIHP – was not a tool of the French government. Nocht’s attendance at the January 1923 meeting in Geneva had provided the Reich Health Office direct evidence of tensions between the British and French members of the LNHC. These tensions, which revolved around the issue of the OIHP’s future, confirmed German medical officers’ hopes that the LNHC could make the OIHP obsolete. The OIHP could only be dismantled by the revision of the Sanitary Convention of the 1912.

In the perspective of the Reich Health Office, the LNHC was now no longer an extension of French domination, but a means to fight it. In this struggle, the Reich Health Office found a powerful ally in Rajchman. As the enemy of the LNHC’s enemy, the Reich Health Office sought to prevent the OIHP from directing the terms of revision of the Sanitary Convention, which would serve French interests at Germany’s expense.

41 In April 1923, when the French government conspired with the OIHP to suppress the news of an outbreak in Paris of plague and yellow fever, the German Foreign Office

41 Frey to the RMI, 8 April 1923, BArch R 1501/111233.
shared Rajchman’s outrage. Both argued against the OIHP’s taking the lead in revising the Sanitary Convention.

Rajchman was responsible for Germany’s continued participation in Geneva when the LNHC became a permanent body. The LNHO, which was officially established in September 1923, consisted of three bodies: the Advisory Council, the LNHC, and the Health Section. The Advisory Council was composed of members of the OIHP, who also sat on the LNHC. The Health Section was the LNHO’s executive branch and became an integral part of the LN Secretariat. In December 1923, when the League Council was forming the new LNHC, Rajchman supported Nocht’s nomination over that of his own friend and colleague, the French representative Albert Calmette, the assistant director of the Pasteur Institute in Paris. However, Rajchman had to settle for Nocht’s nomination to the arbitrary (if somewhat less august) title of Assessor because of strong opposition from the French contingent, who were upset at Rajchman’s preference of Nocht over Calmette. The League Council was itself unhappy at designating Nocht with the status of Assessor, because it sought to show deference to Germany in hopes of encouraging German participation in the League’s other technical bodies. In order to secure Germany’s position on the LNHC and avoid embarrassment that would embolden those who opposed Nocht’s nomination,

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42 The AA to various Reich ministries and state governments, 31 May 1924, PAAA R 65498a, and Rajchman to Madsen, 13 October 1923, LNA R 820, 12B 26213x/11346 (Jacket 5).
Rajchman made sure that Nocht was in Geneva on other League business before the final word of his nomination was known.\(^{43}\)

The Referat Völkerbund took little notice of what was happening. Bülow’s opposition to German integration to the LNHC was as dogmatic as it was ineffectual. German medical officers from the Reich Health Office, the Interior Ministry, and the Hamburg Institute cooperated with Geneva with or without the Referat’s consent. Rajchman’s support had convinced them that the LNHC was an honest broker. Bülow’s characterization of the relationship between the LNHC and the OIHP, his argument that the LNHC consistently sought to exclude Germany, and his claim that the LNHC was ineffectual were inaccurate. German public health officers ignored Bülow’s stance against the LNHC because they believed that cooperation with Geneva was in Germany’s national interest.

**Germany and the LNHC’s Program to Standardize the Public Health Community**

During the course of 1923, German public health officers in the Reich Health Office and the Interior Ministry gained permission from the Referat Völkerbund to participate in the LNHC. For the health officials, cooperation was not only a protest against the boycott of German sciences; it also promised dollars for research and travel. German public health and biomedical research facilities were undergoing severe financial cutbacks. Hyperinflation was devastating Germany’s institutes of higher

\(^{43}\) Rajchman to Madsen, 13 December 1923, and Rajchman to Madsen, 27 December 1923, LNA R 820, 12B 26213x/11346 (Jacket 5).
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learning. In 1923, German health authorities released over 25 percent of its medical officers from service due to the desperate state of the German economy.\textsuperscript{44} In academic institutions, salaries were cut to 60% of their prewar value and libraries are no longer permitted to buy books.\textsuperscript{45} Financed by the Rockefeller Foundation, the LNHC presented an opportunity for German health officials to maintain international prestige while protecting Germany’s interests. With all expenses paid, German health officials and medical researchers could interact with peers at an international level. Cooperation also meant research grants for their institutions. Private funding of the LNHC’s activities freed German health officials from seeking the approval of the Foreign Office and the Finance Ministry to use state funds during a period of financial collapse. The researchers cum explorers of the Hamburg Institute, who, after the loss of Germany’s colonies, had sought to resume the international dimensions of German medicine in Russia, now looked to the LNHC. Through the LNHC, they won Rockefeller Foundation funding to fight disease in Central and South America with the support of the Reich Health Office and the Interior Ministry.

Drawing the attention of public health officials across Europe were the efforts of the Rockefeller Foundation to establish public health services in Central and Eastern Europe.\textsuperscript{46} In 1923, in cooperation with the Emergency Society of German Science, the

\textsuperscript{44} Frey to Rajchman, 7 February 1924, LNA 12B 26773x/26249.

\textsuperscript{45} Professor Friedrich Müller, the University of Munich, to Professor Graham Lusk, Cornell University Medical College, 30 December 1923, RAC FR, 1.1/717/8/50.

Rockefeller Foundation began a modest emergency program to fund young German biomedical scientists and health officers. While the program was slow to start, plagued with difficulties, and represented a fraction of the Foundation’s expenditures in Eastern European countries, the Reich Health Office and the Interior Ministry sought to court the Foundation and the LNHC in hopes of more money.  

Faced with such incentives, the Referat Völkerbund failed to limit Germany’s cooperation with the LNHC. Its failure was due to politics within the Foreign Office. Throughout 1923, the Eastern-oriented clique in the Foreign Office, who sought strong relations with Moscow, began to concede that a solution to the Ruhr Crisis would require Germany’s admission into the League of Nations. However, stalwarts like Bülow remained convinced that Germany should stay clear of the League. After becoming chancellor and foreign minister, Gustav Stresemann sought to force Bülow to follow Stresemann’s order to avoid harming Germany’s relations with the League. Refusing an invitation to an LNHC exchange or instruction program, with all expenses paid, would be a provocative move against the League, which Bülow’s superiors did not want him to take. Also, German health officers simply failed to inform the Referat of their involvement with the LNHC when permission did not appear forthcoming.

The LNHC exchange program consisted of a series of personnel “interchanges”, the purpose of which was to introduce foreign participants to the host countries’ sanitary, political, and social structures that pertained to public health. In these

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47 On the difficulties of the Rockefeller Foundation’s program in Germany, Paul Weindling, “The Rockefeller Foundation and German Biomedical Sciences.”
exchanges, which lasted roughly two months, participants took part in the daily operation of public health facilities in urban and rural environments. The LNHC sought to standardize practices and knowledge across borders and create an international *esprit de corps* among officials who would foster a healthier, more productive world. The program consisted of two types of exchanges, general and specialized. Between mid-1922 and early 1924, four general series of exchanges and four specialized series took place in Europe and the United States. The Reich Health Office, the Interior Ministry, and the Hamburg Institute were eager to participate and were willing to circumvent the Referat’s authority.

Frey supported Rajchman’s efforts to include Germany in the exchange programs. However, he conveyed his reservations when Rajchman proposed in the autumn of 1922 that Germany should itself host an exchange in the beginning of following year. Hosting an exchange would have been a dramatic step, not least because of the hostility of European relations at the time. Instead of scientists’ cooperating in laboratories or health officials’ negotiating around conference tables, a touring group of foreign officials involved a more extensive type of cooperation and would expose the privations under which Germany’s public health community suffered. More people would be involved for a longer period of time. Frey feared however that any misstep could ruin the progress already made toward ending Germany’s isolation. He conceded that if the exchanges were as successful as the Warsaw Conference, such
programs could help general European reconciliation. Despite his misgivings, he sought permission from state and federal authorities in Germany to host the exchanges. He invited Rajchman to present his plan to the German Foreign Office, but urged him to postpone the German stage for fear that hyperinflation and civil unrest might mar the undertaking. While Frey had already won the support of the Interior Ministry and the Prussian Welfare Ministry, the Foreign Office was firm in its opposition. Rajchman dropped the matter and the German exchange was postponed. Despite his decision, Rajchman – aided by Frey and Nocht – continued to push for German participation in the LNHC’s personnel exchanges.

In the spring of 1923, Nocht’s membership in the LNHC aided Rajchman’s cause and accelerated German integration into the exchange programs, despite the establishment of the Referat Völkerbund a few months earlier. In April, when Nocht asked Rajchman if he could participate in one of the specialized exchanges for bacteriology in Italy, Rajchman assented but asked him to accept foreign researchers into the Hamburg Institute. The implication was that the terms of Nocht’s participation were reciprocity. Nocht, who had a “great desire” to join the tour through Italy to study malaria, reminded Hamel of the German government’s agreement, given at the Warsaw Conference, to participate in the exchanges. Hamel alerted Nocht that the Referat Völkerbund had revisited the prospect of German participation in the exchanges.

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48 Frey to Rajchman, 1 September 1922, LNA R 838, 12B 16311x/20109.
49 Frey to Rajchman, 23 November 1922, LNA R 838, 12B 16311x/20109.
50 Rajchman to Nocht, 21 April 1923, LNA R 849, 12B 25944/25944.
51 Nocht to Hamel and the RGA, 23 April 1923, BArch R 1501/111233.
and that Bülow had convinced the Interior Ministry and the Prussian Welfare Ministry to abstain from involvement in the LNHC. Bülow argued that, for political reasons, hosting foreign researchers in Germany was even more out of the question than it had been the previous autumn. However, Hamel conceded that it was now no longer “completely opportune” for Nocht to rescind the offer. Hamel left Nocht to decide for himself whether to participate, disregarding the Foreign Office’s authority.\footnote{Hamel to Nocht, 27 April 1923, BArch R 1501/111233.} Nocht made the malaria tour of Italy and, ignoring the spirit of Hamel’s instructions, encouraged more German researchers to join the exchanges.\footnote{Nocht to Rajchman, 9 May 1923, LNA R 849, 12B 25944/25944.}

Nocht’s participation in the malaria exchange furthered Germany’s good relations with the LNHC, not only because of how well Nocht was received by his colleagues, but also because of who accompanied him. Peter Mühlens, the former director of the German Red Cross’s anti-epidemic campaign in Russia and a researcher at the Hamburg Institute, joined him. Mühlens believed that the LNHC was not a tool with which the Entente sought to bludgeon Germany. His ultra-nationalism, which had prompted his leading the German Red Cross’s campaign in Russia, had abated. His cooperation at the Warsaw Conference had evolved into participation in the LNHC exchange program. He wrote to Rajchman that he was “very happy to have the possibility of going.”\footnote{Mühlens to Rajchman, 27 April 1923, LNA R 849, 12B 25944/25944.} At the conclusion of the tour, Edgar Sydenstricker, Rajchman’s deputy, who was on loan from the US Public Health Service, reported that “Nocht and

\footnote{Hamel to Nocht, 27 April 1923, BArch R 1501/111233.}
\footnote{Nocht to Rajchman, 9 May 1923, LNA R 849, 12B 25944/25944.}
\footnote{Mühlens to Rajchman, 27 April 1923, LNA R 849, 12B 25944/25944.}
Mühlens have been exceptionally well received wherever they went,” which even
created an impression by some that they were given “too great a prominence.”

Mühlens also expanded the LNHC’s activities in the Balkans and deepened its
relationship with the Rockefeller Foundation, the LNHC’s patron and financial lifeline.
Prior to the Italian exchange, Mühlens had worked in Yugoslavia to fight malaria. He
used his connections in Belgrade to initiate an exchange in Yugoslavia by the LNHC’s
Malaria Commission later that year. Frederick Russell, the new director of the
Rockefeller Foundation’s International Health Board, did not yet support of the
Rockefeller Foundation’s patronage of the LNHC. However, according to Rajchman,

Russell was particularly impressed with the excellent work in
Yugoslavia, and especially as regards the fight against malaria, which
was inaugurated by…Mühlens. Russell fully understands now the need
of a very intimate collaboration in Europe between his Board and [the
LNHC] and he is indeed quite prepared to further this in every possible
way.57

Mühlens’s cooperation with the LNHC became the seed of an epidemiological network
that eventually spanned the globe. After the Italian tour, Mühlens won funding from the
Rockefeller Foundation to work with the Argentinean Public Health Service to fight
malaria and shared his observations and conclusions with the LNHC.58 The field study

55 Sydenstricker to Madsen, 22 June 1923, LNA R 820, 12B 26213x/11346 (Jacket 4).
56 Weindling, “Philanthropy and World Health,” 274.
57 Rajchman to Madsen, 20 December 1923, LNA R 820, 12B 26213x/11346 (Jacket 5).
58 “Report of the Medical Director on the General Activities of the Health Organisation from
June, 1923 until January, 1924,” 7 January 1924, pp. 20, LNA R 822, 12B 33288x/11346.
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of malaria became a major part of the LNHC’s activities and brought the League back to the Soviet Union in 1924, this time in cooperation with German specialists.  

The issue of German participation in the LNHC exchanges nevertheless continued to be a source of friction in Berlin. The next general exchange, which took place in the United States from September through November 1923, brought open conflict between the German public health officials and the Referat Völkerbund. The itinerary of the American exchange included visits to federal and state public health offices, bacteriological laboratories, and a tour of states along the Eastern seaboard. Over 20 health officers from Europe and the Americas were invited. For the first time, German, French, and Belgian representatives were to participate in the same exchange. Months before they notified the Interior Ministry or the Referat, Nocht and Frey conspired with Rajchman to have Frey, Dr. Abel, Professor of Hygiene in Jena and member of the Reich Health Board, and Dr. K. Sannemann, Port Health Officer at the Hamburg Institute, participate. When Rajchman sent the formal invitation to Berlin, Bülow ruled out German participation, official or otherwise. He argued that Germany had no political interest in being treated like a League member state and that it would seem absurd to the US government if Germany took part in League-sponsored activities. Bülow also worried that German participation would be exploited in the upcoming Reichstag elections. He feared that German nationalists could exploit German association with the League in order to topple Cuno’s government. Bülow’s

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59 See chapter 5.
60 Bülow to Bruno Dammann, the Director of Health Policy at the RMI, Hamel’s superior, 2 July 1923, BArch R 1501/111234.
trepidation over American opinion was not baseless. The German ambassador in Washington had warned the German Foreign Office that any steps toward German entry into the League would end American sympathy for Germany’s position in the Ruhr Crisis.\textsuperscript{61} The Foreign Office believed that, aside from Britain, the United States was the only country that could influence France’s Ruhr policy.\textsuperscript{62}

On the same day that he complied with the Referat Völkerbund’s order to draft a refusal to the LNHC’s invitation, Frey privately wrote to Rajchman in order to strategize on how to overturn Bülow’s decision. He invited Rajchman to come to Berlin to dissuade Bülow from his position (which Frey found “truly painful”) and “destroy” his reservations.\textsuperscript{63} When Rajchman’s trip to Berlin was delayed, Frey pursued other means. He travelled to Hamburg and, with Nocht’s assistance, convinced the government of Hamburg to sanction Sannemann’s participation in lieu of his own. Hamburg’s government was more disposed toward cooperation with the League.\textsuperscript{64} Frey presented its authorization as a \textit{fait accompli} to the Referat. Concealing his own role in the stratagem, Frey reported that he had only “learned” that the Hamburg officials “could not forbid” Sannemann’s participation because Sannemann was already in the United States.\textsuperscript{65}

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\begin{enumerate}
\item Wintzer, 314.
\item Ibid., 316.
\item Frey to Rajchman, 6 August 1923, LNA R 852, 12B 26773x/26249.
\item Hamburg Senator Peterson argued to Chancellor Cuno that, when invited, Germany must join the League, see Wintzer, 329.
\item Bumm and Frey to the RMI, 4 August 1923, BArch R 1501/111234. The convoluted reasoning masked Frey’s and Nocht’s effort to circumvent the AA’s disapproval. See Frey to Rajchman, 6 August 1923, LNA R 852, 12B 26773x/26249. The Hamburg government’s reaction to the RMI’s and AA’s demands to explain its sanctioning of Sannemann’s
\end{enumerate}
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The Hamburg Institute continued to cooperate with the LNHC’s exchange programs without informing the Referat Völkerbund. Health officials in the Interior Ministry supported the subterfuge, because the exchanges offered German biomedical researchers the international prestige and opportunities that they deserved. In July 1923, Nocht nominated Friedrich Fülleborn, the Director of the Department of Tropical Hygiene and Tropical Medicine at the Hamburg Institute, to participate in a specialized exchange of laboratory specialists in the United States, which took place concurrently with the general exchange attended by Sannemann.66 Fülleborn’s permission to travel, which came three months later, allowed him to conduct a seven-week tour of bacteriological facilities in Washington, Baltimore, Richmond, Illinois, Boston, and New York. Unlike Sannemann’s participation in the general exchange, Fülleborn’s trip occasioned no conflict between German public health officials and the Referat Völkerbund, because Fülleborn had not informed the Referat Völkerbund that the trip was organized by the LNHC. Upon his return, Fülleborn defended his subterfuge, arguing that his trip had been a great benefit to Germany’s struggle to end the boycott on German science and to carve out a new international role for the Hamburg Institute. Fülleborn knew that he would not have been granted leave if it had been known that the LNHC had sponsored the trip.67 Privately, Max Taute, an ultra-nationalist health expert

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66 Rajchman to G. W. McCoy, Director of the Hygiene Laboratory, Washington, DC, 2 July 1923, LNA R 852, 12B 28020x/26189.
67 Fülleborn to Taute, 19 January 1924, Korrespondenz Nocht S-Z, BNI 2-001.
in the Interior Ministry, who had previously opposed cooperation with the League on health matters, supported Fülleborn’s decision to deceive the Foreign Office and congratulated him on his success. Taute’s response exemplified the growing support from erstwhile League opponents among Germany’s public health officials, who saw the LNHC as a means to end Germany’s scientific penury and isolation.

Fülleborn’s trip was made possible by a conspiracy between Nocht and Frey. The experience with Sannemann had taught Frey that the Bülow was not opposed to German participation if the invitation came from the Rockefeller Foundation rather than the League. Not only did Fülleborn participate in the LNHC’s exchange, but the Hamburg Institute – in exchange for Fülleborn’s trip to the United States – hosted a prominent American bacteriologist despite the Referat Völkerbund’s opposition to hosting LNHC’s exchanges.

The Hamburg Institute’s cooperation with the LNHC was not only a coup for Rajchman’s efforts to connect the American public health community and the Rockefeller Foundation with the League. It also eased Germany’s scientific isolation. The US Surgeon General expressed his particular “delight” at the nominations of Fülleborn and Frey (before he knew of the Referat Völkerbund’s position regarding Frey) for the American exchanges. Germany enjoyed broad support among the scientific community in the United States, because many prominent biologists and

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68 Paul Weindling, *Epidemics and Genocide*, 140.
70 Frey to Rajchman, 6 August 1923, LNA R 852, 12B 26773x/26249.
71 Cumming to Rajchman, 24 July 1923, LNA R 883, 12B 28861x/28861.
bacteriologists had studied in German universities. Fülleborn argued that Germany should use this fact to its advantage in breaking the boycott of German sciences. He was eager to reestablish connections with his former colleagues in the United States, and used his trip to improve German-American relations. In a confidential report, he argued that Mühlen’s leadership of the German Red Cross anti-epidemic campaign in Russia in 1921 and 1922 had been the first step toward ending Germany’s scientific and political isolation. The next step, according to Fülleborn, was to use the LNHC to resume scientific relations with the United States and tap into Rockefeller Foundation funding. After the exchange, Fülleborn went to work for the anti-epidemic campaign in Central America, which was organized by the United Fruit Company and the Rockefeller Foundation.

German public health officials’ disregard of the Referat Völkerbund went unpunished. In early 1924, the Reich Health Office, the Interior Ministry, and the Hamburg Institute won the Referat’s approval to cooperate with the League. The confrontation came after Rajchman invited Frey in September 1923 to attend more LNHC-sponsored exchanges, one general exchange in Britain and another for specialists in school hygiene. Three months later, in January 1924, Frey convinced the Interior Ministry to call a meeting to address participating in exchanges. He argued that the repeated invitations showed that the LNHC placed great value in German

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73 Rajchman to Frey, 20 September 1923, BArch R 1501/111234.
The Interior Ministry supported Frey’s request, arguing to the Referat Völkerbund that cooperation was in Germany’s best interest, a position that was supported by the Prussian Culture and Welfare Ministries. Since the Americans had meanwhile joined the LNHC, the Referat’s reason against German involvement in the American exchange was now irrelevant. The Referat agreed to allow Germans to participate unofficially in general exchanges (thus representing only themselves and not their institutions or country). Bumm immediately nominated Breger to attend the general exchange in Britain. However, the Referat ruled out German participation in the specialist exchanges, because these would take place in Belgium and France. Breger joined the British exchange in February 1924 and reported that the English hospitality was beyond any praise.

The ending of the Ruhr crisis in late 1923 and the subsequent thaw in international relations allowed the Foreign Office more flexibility when it confronted pressure from the Reich Health Office, the Interior Ministry, the Hamburg Institute, and the Prussian Culture and Welfare Ministries. The Referat Völkerbund finally agreed that Germans could now officially participate in the LNHC’s exchanges and host a limited specialist exchange. However, even the proponents of Germany’s involvement in the LNHC exchange programs postponed hosting the larger general

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74 Frey and Bumm to the RMI, 4 January 1924, BArch R 1501/111234.
75 The RMI to the AA, 7 January 1924, BArch R 1501/111234.
76 “Vermerk über die am 1/12/1924 im Reichministerium des Innern abgehaltene kommissarische Beratung, betreffend Einladungen der Hygiene-Abteilung des Völkerbunds zur beteiligung an internationalen Fortbildungskursen für Medizinalbeamte,” BArch R 1501/111234, and the AA to the RMI, 15 January 1924, R 1501/111234.
77 Breger to Bumm, 19 February 1924, BArch R 1501/111234.
78 Rajchman to Frey, 1 February 1924, LNA R 852, 12B 26773x/26249.
exchange in Germany. They did not want to reveal to foreign scientists the desperate state of Germany’s public health and biomedical research institutions.79

**Integration of Germany in the LNHC’s Sera and Drug Standardization Program**

The LNHC’s international program to standardize sera, which had begun in December 1921, not only continued during the Ruhr Crisis but expanded to include the standardization of pharmaceutical drugs. As the scope of the LNHC’s undertaking grew, so did international cooperation. Historian Pauline Mazumdar argues “Standardization in medicine, in actuarial methods, chemical analysis, food analysis, and the testing of materials represented the internationalization of society and the growth of international social tissue.”80 Even though the leaders of the boycott of German sciences had sought to isolate them, German researchers were integral to internationalization. Despite the Ruhr Crisis, the intransigence of the Referat Völkerbund toward cooperation with the League, and French resistance to the growing power of the LNHC, Rajchman and Madsen achieved wide-ranging German cooperation. Again, the LNHC found willing partners in Germany despite Foreign Office restrictions and Franco-German animosity.

The sera program focused on syphilis, diphtheria, dysentery, and meningitis. Since Germany, in particular the Paul Ehrlich Institute of Experimental Therapy in Frankfurt a/M, had been the source of all prewar efforts to standardize sera, Rajchman

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79 Frey to Rajchman, 7 February 1924, LNA R 852, 12B 26773x/26249.
80 Mazumdar, 438.
and Madsen considered German expertise to be essential. The boycott of German sciences had been particularly infuriating for German serologists because Germany had led the world in sera production since the 1890s. Madsen and other leading figures in the LNHC’s standardization projects had been students of Paul Ehrlich, who had produced the first standard for anti-diphtheria serum in 1895. After Ehrlich’s breakthrough with diphtheria came the development of a test and a provisional treatment for syphilis by August von Wassermann, a student of Germany’s most famous bacteriologist Robert Koch.

In the sera and drug standardization projects, not only did international cooperation through the LNHC continue despite the Ruhr crisis, but German participation in the LNHC also deepened. Cooperation between the LNHC and German medical officers expanded and became insulated from its German opponents. The LNHC ensured that German cooperation did not come at the expense of French participation. In this respect, the LNHC succeeded where other international associations had failed. Examples of the cooperation between the LNHC and German medical officers included the establishment of the Permanent Standards Committee, the LNHC’s inaugural pharmaceutical standardization conference in July 1923 in Edinburgh, and the sera standardization conference in Copenhagen in October 1923.

Proof of the LNHC’s intent to exclude politics from scientific cooperation in the midst of the Ruhr Crisis can be seen in the creation of a body to oversee standardization

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81 Ibid., 447.
82 Ibid., 439-440.
of sera and pharmaceuticals. In July 1923, Rajchman and Madsen invited scientists from Germany, France, Britain, and the United States to join the newly formed Permanent Standards Committee. Madsen considered placing a German at the head of it, but he took the position himself to avoid negative reactions from French scientists. Even the inclusion of the French on the committee was a political calculation. Rajchman did not consider French involvement nearly as important as the inclusion of German scientists, because the only sera standards under review were the American and the German ones. Rajchman and Madsen appointed Nocht as the German member of the Committee, circumventing the Referat Völkerbund. Since Nocht was already a member of the LNHC, governmental approval from Berlin was unnecessary.

When the LNHC expanded its standardization work to include pharmaceuticals, or “biological products,” Franco-German parity in the project was one of the LNHC’s chief concerns. In February 1923, Rajchman and Madsen had begun to organize the LNHC’s first drug standardization conference. While Madsen thought that the project should be delayed because of Franco-German tensions over the Ruhr Crisis, Rajchman organized – in his usual breathless pace – a conference for the coming summer. He believed that French and German scientists would not refuse to meet with each other. As a venue for the meeting, Rajchman and Madsen took advantage of the plans of the

83 Madsen to Rajchman, 13 July 1923, LNA R 820, 12B 26213x/11346.
84 Madsen to Rajchman, 3 July 1923, LNA R 820, 12B 26213x/11346.
85 Madsen to Rajchman, 1 February 1923, LNA R 820, 12B 26213x/11346.
86 Rajchman to Madsen, 6 February 1923, LNA R 820, 12B 26213x/11346.
International Physiology Association to hold its annual conference in July 1923 in Edinburgh, where over 400 scientists planned to gather.

However, the physiology conference was marred by Franco-German tensions, an extension of the politics of the Ruhr Crisis. The Germans were allowed to attend the conference only after the organizers had voted to include them. All the French and Belgian scientists voted against German participation, while a majority of scientists from Britain, the United States, and neutral countries supported Germany’s inclusion. The French and Belgian scientists therefore boycotted the conference. Still, the participation of 22 German scientists was astonishing, at least in the eyes of German physiologist Max Rubner. Rubner argued to the Prussian Culture Ministry, which had allowed him to attend, that the vote against exclusion was the most important reason for Germany to be represented. Rubner, like many German scientists, was eager to regain access to the international scientific community.87

In organizing the LNHC’s pharmacology conference, Rajchman and Madsen not only avoided the politics of exclusion that had marred the physiology conference, but also encouraged younger French and Belgian scientists to attend the physiology conference under the auspices of the League.88 In his effort to ensure Franco-German participation, Rajchman officially invited to the LNHC conference two physiologists who worked on pharmacology, one from France and one Belgium. An invitation from the League to join the LNHC’s pharmacology conference gave the two French and

87 Rubner to the Prussian Culture Minister, 6 August 1923, GSTA, rep. 76 Vc, sekt 1, tit. XI, teil VI, nr. 7, bd. 3.
88 Rajchman to Madsen, 9 March 1923, LNA R 820, 12B 26213x/11346.
Belgian scientists an alibi to attend the concurrent physiology conference, which other French and Belgian were boycotting. Rajchman’s artifice worked. The French and Belgian pharmacologists who attended the LNHC conference also attended the physiology conference two weeks later.

Rajchman and Madsen also ensured German participation. Madsen turned to his old allies, Nocht and Bumm, who suggested three German candidates. Bumm, who nominated one of his own officers for the assignment, was “very pleased” that Germany was involved. His support can be gauged by the rank of his nominees. Under his direction, Dr. Rost, a leading pharmacologist and medical officer from the RHO, and Dr. R. Straub, the Director of the Pharmacology Department at the University of Munich participated.

Meanwhile, the Referat Völkerbund was silent. There is no evidence that it was even informed of the Reich Health Office’s role in organizing the conference or its subsequent research, which initiated German involvement in the LNHC’s Permanent Standards Committees. The Reich Health Office (and possibly the Interior Ministry) probably failed to inform the Foreign Office. German medical officers took it upon themselves to decide policy on the issue of direct cooperation of German state officials with French and Belgians during a period of undeclared war. The LNHC’s pharmacology conference was thus an exception to the prevailing Franco-German

89 Rajchman to Madsen, 26 February 1923, LNA R 820, 12B 26213x/11346.
90 Madsen to Rajchman, 7 April 1923, LNA R 820, 12B 26213x/11346.
91 Madsen to Rajchman, 12 June 1923, LNA R 850, 12B 26142x/26142.
animosity and inaugurated continuous technical cooperation among scientists from former belligerent nations. It also led to major funding of German scientific institutions by the League of Nations. The significance of Germany’s involvement at Edinburgh in July 1923 was that health officials from the Reich Health Office and the Interior Ministry were now deciding one aspect of German foreign policy.

Another illustration of the collusion between the LNHC and German medical officers was the continuation in 1923 of the LNHC’s program to standardize sera. In December 1921, the LNHC had co-opted three leading German bacteriologists and their research institutions into the program: Wilhelm Kolle, Director of the Paul Ehrlich Institute for Experimental Therapy in Frankfurt a/M, Fred Neufeld, Director of the Robert Koch Institute in Berlin, and Hans Sachs, Director of the Scientific Department of the Institute for Cancer Research in Heidelberg. International cooperation on sera standardization, which included France and Germany, was immune to the deep division caused by the Ruhr Crisis, and, like the pharmacology standardization program, escaped the boycott of German sciences.

At Madsen’s invitation, Kolle, Sachs, Neufeld, and Wasserman attended the November 1922 sera standardization conference, which was held at the Pasteur Institute in Paris.93 Given the venue, the attendance of the German scientists was a remarkable occurrence and a testament to the degree to which the German serologists supported the LNHC. Kolle, the most outspoken critic of the French among the German scientists,

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93 Madsen to Rajchman, 13 October 1922, LNA R 820, 12B 26213x/11346.
had been reluctant to travel to Paris.\textsuperscript{94} However, after the conclusion of the conference, he reported

\begin{quote}
At the scientific sessions and at the social occasions, all the participants worked to put aside hate and passion and restore the links between the scientific workers, just as they had been before the war. Everyone, not least the members of the Institut Pasteur, tried hard to keep to safe ground of fact…Professor Madsen has done a great service to the rebuilding of scientific and human relations between scientists…Through his diplomatic skill, dexterity and kindness, he has helped to heal a Europe [that was mortally ill].\textsuperscript{95}
\end{quote}

The occupation of the Ruhr by French and Belgian troops, which began a few months later, put a considerable strain on Kolle’s attitude. In March 1923, he complained to Madsen about the “animal-like brutality of the French, stripping Germany of everything that was left after her defeat.”\textsuperscript{96} More surprising than the crescendo of tension surrounding the Ruhr Crisis was the fact that cooperation continued, even if Kolle let off steam.

The effect of the Ruhr Crisis on German-LNHC relations was temporary in any case. In November 1923, the LNHC convened the Copenhagen Conference to study syphilis diagnostics. For two weeks, serologists from Europe and America not only discussed laboratory results, but also conducted research side-by-side at Madsen’s own State Serum Institute in Copenhagen. The German researchers praised the project. One German participant, Richard Otto, reported:

\begin{quote}
The Copenhagen Conference was a complete success through the careful preparation of the director and participants. As far as working with
\end{quote}

\begin{footnotes}
\textsuperscript{94} Mazumdar, 450.
\textsuperscript{95} Kolle, quoted in Mazumdar, 450.
\textsuperscript{96} Kolle, ibid.
\end{footnotes}
representatives of foreign institutes that were against Germany in the war, which was the majority present at the conference, everything went without the slightest difficulty. Although Germany is not a member of the League, the foreign colleagues, whom, for the most part, I knew from earlier, allowed me to represent them in the president’s address.97

Otto’s approval of the LNHC was seconded by Sachs’ almost melancholy confession to Madsen that he would “long retain a beautiful memory of this conference, which perhaps will help somewhat in getting through the difficulties of life in [Germany].”98

The continuation of the LNHC’s standardization work and the participation of Germany’s leading bacteriologists elicited no commentary from the German Foreign Office. German state governments merely informed the Referat Völkerbund that researchers from Länder institutions would attend, as was the case with Sachs.99

Foreign Office officials were distracted by the upheavals of 1923. Another reason for the lack of Foreign Office supervision was the way in which the standardization programs were handled. To the press and the public, little was known about the project. As Mazumdar points out, Madsen insulated the LNHC’s projects from the outside world.100 Even though several of Germany’s leading scientists participated, the German press did not cover Germany’s involvement in the LNHC’s Permanent Standardization Committee. In late 1922, for example, the German press had refused to publish Kolle’s communiqué on his work on tetanus standardization, even though the League’s

97 Otto to Neufeld, the Director of the Prussian Institute for Infectious Diseases, 18 December 1923, PAAA R 65497a. Neufeld forwarded Otto’s report to the AA.
98 Sachs, quoted in Mazumdar, 451.
99 Neufeld to the Prussian Ministry of Welfare, 12/18/23, includes a forward from Prussian Staatssekretär Krüss to the AA, 1 October 1924, GSTA rep. 76 Vc, sekt 1, tit. XI, teil II, nr. 18, bd. 3.
100 Mazumdar, 459.
Information Section had given the story to all the German correspondents in Geneva.\(^{101}\)

Although the LNHC’s standardization projects garnered little attention the Foreign Office or from the German press, the political significance of German cooperation with the LNHC’s Standardization Committee was clear by the end of 1923.

**Conclusion**

German participation in the LNHC was like an engine running in the background, a thin but resilient lifeline connecting Germany to its former enemies despite military occupation, passive resistance, and the near collapse of Germany. The significance of German participation only became apparent after the crises of 1923 subsided. French intransigence had caused an impasse in Germany’s domestic and foreign affairs.\(^ {102}\) Hyperinflation had devastated Germany’s economy and ravaged its bacteriological research establishments. However, tensions eased in August, when the British government declared the occupation of the Ruhr illegitimate.\(^ {103}\) New governments in Germany and Britain, which came to power in mid-1923 and the beginning of 1924, furthered resolved the impasse. The new British Labour government sought to redress the imbalance of power between Germany and France.\(^ {104}\) Although Bülow remained an opponent of German involvement with the League, under Stresemann’s leadership during Wilhelm Marx’s first government, the German Foreign

\(^{101}\) Rajchman to Madsen, 2 November 1922, LNA R 820, 12B 26213x/11346 (Jacket 3).
\(^{102}\) Wintzer, 359.
\(^{103}\) Ibid., 345.
\(^{104}\) Ibid., 362.
Office supported Germany’s entry into the League on the condition that it obtain a seat on the League Council. The Foreign Office believed that MacDonald’s government, and especially the new British representative to the League, would be significantly friendlier toward Germany. The success of the LNHC’s projects and Germany’s involvement in them gave credibility to pro-League voices in Germany.

By the beginning of the 1924, German cooperation with the League in public health and bacteriology had influenced academic and public opinion and paved the way for further German involvement. The conservative Association of German Universities, which represented Germany’s academic establishment, lauded the LNHC and Madsen, who, “Despite occasional protests from the French, fostered equality among all the participants.” Praise for the LNHC also made its way into the German press, which had been silent on the subject during 1923. In January 1924, the Frankfurter Zeitung, a left-liberal newspaper that supported Stresemann’s policy of reconciliation, published Sachs’ approbatory article on the Copenhagen Conference. Alongside the positive publicity, the LNHC attracted more leading figures from Germany’s biomedical community, who had no qualms about defying the proscriptions of the Referat Völkerbund. The newest addition to the LNHC supporters was E. Würzberger, professor of statistics at the University of Dresden. He sought approval from the Referat Völkerbund in December 1923 to participate in the LNHC’s Statistics

105 Ibid., 364.
Commission in his capacity as a member of the Reich Health Board. After the Referat denied his petition, he participated anyway, citing the concern that his position would have been filled by a French statistician.

German health officials expanded the scope of Germany’s participation in the League despite opposition from the Foreign Office and Franco-German enmity. Nocht sat on the permanent LNHC, as well as its Permanent Standards Committee, and Reich Health Office staff were allowed to participate in the LNHC’s exchange in Britain. Not only did German bacteriologists work side by side with French and Belgium researchers during the height of the Ruhr Crisis, but by 1924, Germany had received more LNHC funding for serological research than all other countries combined. Because funding was paid in British pounds during the hyperinflation of the German mark, German recipients of LNHC money were at an enormous advantage over those in their cohort who did not participate with the LNHC. The LNHC also made inroads into Länder health administrations within Germany. In February 1924, German state governments accepted Rajchman’s offer to supply them with League publications on health and disease statistics, the distribution of which was organized by the Reich Health Office. Contact with LNHC also expanded German participation in other health organizations. In February 1924, the National Council for Combating Venereal Diseases in London

108 Würzburger to Soehring, 13 December 1923, PAAA R 65497a.
109 Würzburger to the AA, 26 May 1924, PAAA R 65498a.
111 The RMI to the Prussian Ministry of Welfare, 20 February 1924, “Rundschreibung,” 20 February 1924, Prussian Ministry of Welfare to the RMI, 27 February 1924, and various state governments to the RMI, BArch R 1501/111235.
invited Germany to participate in the meeting of the *Union internationale contre le péril vénérien* in London, much to the chagrin of the French.112 During 1923, German health officers and medical scientists had been the driving force behind maintaining a working relationship with the League despite the Referat Völkerbund’s disapproval. In 1924, the success of Germany’s integration with the LNHC helped German health officials overcome Bülow’s obstinacy and distrust of the League. The effort to legitimize Germany’s position in the LNHC counteracted France’s dominant position in the League’s technical activities and brought Germany’s admission to the League closer.

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112 Dammann to Otto Soehring, Bülow’s assistant, 19 February 1924, BArch R 901/77804. The British researchers who headed the National Council were involved with the LNHC serological standardization project, and thus in close contact with their German counterparts.
Chapter V

SOCIAL HYGIENE AND LOCARNO: THE LNHO’S ROLE IN GERMANY’S RELATIONS WITH THE LEAGUE OF NATIONS

Between 1924 and 1925, the Referat Völkerbund changed its policy toward German cooperation with the LNHO, the League of Nations Health Committee’s successor, from one of grudging acceptance to active promotion. Since its creation, the Referat Völkerbund, the German Foreign Office’s department for League of Nations’ affairs, had resisted efforts by German public health officers and biomedical scientists to cooperate in the LNHO’s international projects. However, in 1925, the Referat promoted German cooperation with the LNHO, in order to quell opposition from German university scientists and academic associations to Germany’s entry into the League of Nations.

At the same time, the LNHO’s projects were penetrating Germany’s medical and academic community. The program that drew the most attention was the standardization of social hygiene pedagogy in universities. When the LNHO sought cooperation in this program from German universities, many academic scientists considered the project an intrusion into Germany’s domestic affairs. Just when the Referat Völkerbund sought the support of Germany’s academic and scientific community, the project sparked a general debate about whether the League’s cultural activities supported or subverted the boycott on German sciences.
Developed in the late 19th century by progressive reformers, social hygiene was based on the idea that the microbe was only one component of illness and that social factors such as personal cleanliness, moral lifestyles, population density, and nutrition were also responsible for the outbreak of disease. The LNHO promoted the instruction of hygienic habits and moral lifestyles to the lay public by medical professionals. The LNHO sought to make social hygiene a required field of study for medical students in German universities. Many university medical faculties and social hygienists in Germany were outraged and sought to block the LNHO’s efforts, denouncing them as Entente designs against Germany science. These opponents also held powerful positions in Germany’s most prominent academic and scientific associations – the same associations that the Referat Völkerbund sought to enlist in its promotion of the League’s cultural activities.

The German Foreign Office’s promotion of the LNHO was the result of larger political developments between Germany and the Allies. However, LNHO promotion was complicated by division within the Foreign Office.\(^1\) The governments of Wilhelm Marx and Hans Luther adhered to the Western-oriented policy of Stresemann, who remained foreign minister. Stresemann argued that the only way to secure Germany from external and internal threats was to make peace with the West. By early 1924,

\(^1\) For an in-depth examination of the divisions within the Foreign Office, which lasted from the Schüler Reforms until the early 1930s, see Peter Krüger, “Struktur, Organisation und aussenpolitische Wirkungsmöglichkeiten der leitenden Beamten des Auswärtigen Dienstes 1921-1933,” and Kurt Doß, “Vom Kaiserreich zur Weimarer Republik. Das deutsche diplomatische korps in einer epoche des Umbruchs,” in Das Diplomatische Korps 1871-1945, ed., Klaus Schwabe (Boppard am Rhein: H. Boldt, 1985), and Wintzer.
American and British initiatives, as well as events in the Ruhr, had led to a relaxation in the international atmosphere and the first steps toward détente between France and Germany. In August, détente, as well as American economic investment under the Dawes Plan, revived the question of Germany’s admission to the League. Stresemann had two conditions for joining: a seat on the League Council and – to safeguard relations with the Moscow – an exemption from collective-security agreements that targeted the Soviet Union. These conditions reflected an attempt to reconcile the Western- and Eastern-oriented factions in the Foreign Office.

Even though Stresemann, as foreign minister, sought admission to the League, the German Foreign Office was divided on the issue of further reconciliation with the West. The Eastern-oriented faction, which had sought stronger relations with Moscow, worried that Germany’s admission would endanger Rapallo. Among them, Bernhard Wilhelm von Bülow, Director of Referat Völkerbund, was convinced that the League was a tool with which to entrap Germany in the Versailles system. Under Bülow’s leadership, the Referat’s handling of Germany’s involvement in the League’s cultural affairs had often been divorced from Stresemann’s pro-League policy. Until mid-1925, following his own anti-League agenda, Bülow obstructed German-LNHO cooperation. Bülow was able to subvert Stresemann’s policy, because opponents within the Foreign Office of Germany’s admission to the League protected him.

Stresemann sent Bülow to London in May 1924 to negotiate Germany’s terms for joining the League. Stresemann’s choice was the result of negotiations between the factions in the Foreign Office. Not surprisingly, Bülow advised Stresemann that entry
was premature. Even though French intransigence toward Germany had softened when Raymond Poincaré’s Ruhr policy was repudiated by the election of Édouard Hérriot’s left-leaning government, Bülow presented Stresemann with evidence that France, with the support of smaller League members, would block Germany’s bid for a seat on the Council.\footnote{Kimmich, 53-54.}

To add to Stresemann’s challenges, the Reichstag elections in May brought significant gains to the Nationalists, who loathed Stresemann’s policy of conciliation, causing Marx’s first government to fall. Marx’s second government was forced to postpone any initiative towards League admission, while the Foreign Office’s leadership sought to quell division within its own ministry. However, against the intentions of the German government, the question of German entry to the League came dramatically to the fore in early 1925. In March, during unsuccessful negotiations with France over a separate security agreement, the General Secretary of the League, Eric Drummond, surprised the German Foreign Office by officially inviting Germany to join the League. Although Drummond had not agreed to Germany’s terms, Stresemann counseled Luther, the Chancellor, that Germany’s equivocation would give the impression that Germany did not want to join, which would be disastrous to Stresemann’s policy of conciliation.\footnote{Ibid., 64.}

Stresemann feared that if Germany did not agree to League membership, France would postpone evacuation of the Ruhr, which could induce a resumption of the Ruhr
crisis. Membership would also enable Germany to block unilateral French enforcement of Versailles. On the other hand, joining the League endangered Germany’s relationship with the Soviet Union and sacrificed any claim to Alsace and Lorraine, both of which would enrage the Nationalists.

In July 1925, the Allies invited Germany to Locarno to negotiate security agreements, which would prepare Germany’s admission to the League. However, after the Reichstag ratified the Locarno Treaties in December, the Nationalists left the cabinet and Luther’s first government fell. Again, the Nationalists’ opposition to Stresemann’s Erfüllungspolitik postponed Germany’s admission. Within the context of the retrenchment of political opposition to the League of Nations, Stresemann ordered the Referat Völkerbund to gather the support of German academic and scientific associations in promoting the League of Nations.

The expansion of the Germany’s relationship with the LNHO extended the hard-fought gains of the previous two years. This chapter examines three dimensions of this expansion, which at the same time radicalized domestic resistance to cooperation and furthered Germany’s reconciliation with Western Europe. It analyzes how both the Referat Völkerbund and the Interior Ministry employed German cooperation with the LNHO to normalize international scientific relations and promote League membership. Second, it shows that while the LNHO’s foray into social hygiene exposed divisions within Germany’s medical establishment, the LNHO found new support from German promoters of popular hygiene education. Third, it examines how the LNHO and its German supporters sought to mitigate Franco-German tensions by integrating
Germany’s medical and cultural initiatives in the USSR into the framework of the LNHO.

**The German Foreign Office’s Advocacy of German-LNHO Relations**

The Referat Völkerbund began to cooperate with Stresemann’s promotion of the League’s cultural activities, because of the efforts of the Foreign Office’s Undersecretary, Carl von Schubert, and because Bülow was frequently absent after mid-1925, due to illness. In his place, Schubert installed Otto Soehring as Bülow’s assistant. Schubert intended Soehring to reconcile the Referat’s handling of German-LNHO cultural relations with Stresemann’s policy of détente. Soehring, while assisting Bülow, did not report to him. He was a Legationsrat from the Foreign Office’s Culture Department, under the directorship of Fritz Heilbron. Heilbron and Soehring sided with the Western-oriented faction in the Foreign Office and supported Germany’s admission to the League. Soehring, who reported to Heilbron, was in a position to ensure that Bülow – when he was not absent – carried out Stresemann’s policies. Soehring made sure that the Referat worked in cooperation with the Reich Health Office and the Interior Ministry. Heilbron, Soehring, as well as Heilbron’s and Bülow’s superior, Gerhard Köpke, the director of the Western and Southeastern European Division, all supported Germany’s admission to the League of Nations.4

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4 To combat the Eastern-oriented clique in the Foreign, Schubert called for an end to the German Army’s secret rearmament in the Soviet Union. See Krüger *Der Aussenpolitik der Republik Weimar*, 343.
Köpke and his superior, Schubert, were not eager for Bülow to return. They also were not happy that he followed through on his plans to pen another book on the League. Soehring managed the day-to-day operations of the Referat Völkerbund in Bülow’s absence. Schubert, Köpke, and Heilbron, had most likely placed Soehring in the Referat to ensure Bülow’s obedience to Schubert and Stresemann. In the lead-up to Locarno, the cooperation of the Referat Völkerbund was essential for Schubert to carry out Stresemann’s promotion of German-League relations.

Now reconciled to Schubert’s efforts through Soehring, the Referat Völkerbund used Germany’s cooperation with the LNHO to elicit support from Germany’s leading academic and scientific associations. This support was important in order to convince the Entente of Germany’s sincerity. In September 1924, when Stresemann presented to the League Council his plan to seek admission to the League, Reich President Ebert argued that it was essential to build public support in order to place German readiness to join the League “strongly in the foreground.” However, the German government encountered vocal opposition from Germany’s largest academic and scientific interest groups, among them the German Cartel of Academies and the Union of German Universities.

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5 Schubert communicated through Köpke, his subordinate and Bülow’s superior, Köpke to Bülow, 26 October 1925, pp. 105, PAAA Nachlaß: Bernhard Wilhelm von Bülow.
Together the Cartel and the Union represented the interests of the German scholars, as well as the state governments that funded German research.\(^7\) Established in 1920, the Union of German Universities protected the political interests of German universities. It endeavored to be a counterbalance to democracy and party politics, and wished to return Germany to the “nonpartisan force” it had been during the Kaiserreich.\(^8\) The Cartel of German Academies, established in 1893, was an alliance of Germany’s five state academies of science. In 1899, the Cartel had created a new umbrella association, in order to incorporate Western Europe and the United States into a German-led international association of sciences and academies. In the International Association of Academies, the Cartel’s umbrella association, foreign academic associations like the Royal Society and the Académie des Sciences were represented as equals with German state scientific associations.\(^9\) After the world war, the Entente’s scientific associations left the Association of Academies and excluded the German Cartel members from joining the new International Research Council (based in Brussels) and the International Union of Academies (based in Paris). The German Cartel lost its central place in international science.\(^10\) The Cartel and the Union of German Universities opposed Germany’s admission to the League, because the


associations’ leaders accused the League of supporting the boycott of German sciences by the new associations in Brussels and Paris.

The Cartel and the Union established a united front against the boycott. They published names of German scientists who had fraternized with the enemy by attending international conferences. Much of the German public also closed ranks. The boycott not only affected academic circles, but was also widely reported in the press, where anti-boycott sentiments were indistinguishable from denunciations of the League. Since academics enjoyed special prestige in German society, the chauvinism of the French and Belgian scientific establishments in perpetuating the boycott mobilized public resentment.

The Referat Völkerbund feared the Gelehrte’s obstinacy would complicate Germany’s admission to the League. Lack of public support would make it difficult for German negotiators to achieve entry on advantageous terms. The opposition by the Union and the Cartel to League membership reflected their fundamental disagreement with Stresemann’s conciliatory foreign policy. Although the Entente-led International Research Council and the Union of Academies were not connected to the League, Otto Franke, the Union of German Universities’ chairman, considered them all to be “de facto and de jure” the same organization, which served French pretensions of cultural

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11 Ibid., 106.
13 Schroeder-Güdehus, 108.
14 Ibid., 108-110.
hegemony.\textsuperscript{15} A resolution at the Fourth Annual Conference of the Union of German Universities declared that the world needed German science more than Germany needs the World.\textsuperscript{16} The Union and the Cartel demanded that the Referat Völkerbund make Germany’s admission to the League contingent on lifting the boycott.\textsuperscript{17}

The Union and the Cartel were particularly hostile to the League’s International Committee on Intellectual Cooperation, which promoted international scientific and academic cooperation.\textsuperscript{18} This Committee was based in Geneva, but its center of operations moved to Paris in 1924, when the French government and the Carnegie Foundation offered it assistance. French support spelled treachery to the German scholars. The Referat Völkerbund agreed with the Union and the Cartel that the two Germans on the committee – Albert Einstein and Gerhart von Schulze-Gaevernitz – did not represent Germany, because neither the Referat nor Germany’s academic leadership had approved their appointment.\textsuperscript{19} In June 1925, the Union published an article by Georg Karo, an archeologist from Halle, entitled “The Intellectual War against Germany,” which became something of a field manual for German academic opposition. He denounced the Committee on Intellectual Cooperation and rejected

\begin{thebibliography}{99}
\item \textsuperscript{16} “Entschliessung betr. Massnahme zum Schutze der Deutschen Wissenschaft gegen ausländische Feindseligkeiten,” Schenk to the AA, 20 January 1925, PAAA R 64981.
\item \textsuperscript{17} Protokoll der Sitzung im Auswärtigen vom 6. Februar 1925 betr. Verhalten der deutschen Gelehrtenwelt gegenüber dem Auslande, PAAA R 64981, and Schroeder-Güdehus, 108.
\item \textsuperscript{18} For more on the International Committee for Intellectual Cooperation, see Siegfried Grundmann, \textit{The Einstein Dossiers: Science and Politics} (New York: Springer, 2005), 175.
\item \textsuperscript{19} Protokoll der Sitzung im Auswärtigen vom 6. Februar 1925 betr. Verhalten der deutschen Gelehrtenwelt gegenüber dem Auslande, PAAA R 64981. Also, see Schroeder-Güdehus, 109, fn. 43.
\end{thebibliography}
Stresemann’s foreign policy. He argued, “From the start, the League was pressed into the service of the destruction of German sciences.”

The leaders of the Society of German Natural Scientists and Physicians, Germany’s oldest and most distinguished medical association, shared the indignation over the boycott. They sought to prevent foreign medical personnel from participating in German institutions. In June 1924, the Society denounced the exclusion of Germany from the many of the medical conferences that had taken place a year earlier in conjunction with Louis Pasteur’s centennial. The speeches made on the occasion, the Society was quick to publicize, were incendiary. One speaker had urged French scientists never to abandon the fight against Germany. He argued

The belief that the world has entered a new era and that it was enough to win on the battlefields in order to take away Germany's scientific and economic influence, as well as its dream of universal domination, has been only the illusion of a moment. We will have to struggle and work harder.

Remarks like this received wide publicity in Germany. However, Germany’s cooperation with the LNHO did not.

In 1924, although the League’s Committee on Intellectual Cooperation had attracted the ire of Germany’s leading academic and scientific associations, Germany’s cooperation with the LNHO was not well known. Until then, Germany-LNHO

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cooperation involved a small number of German health officials. In its long
denunciation of the Pasteur Institute’s disregard for German scientists, the Society of
German Natural Scientists and Physicians made no mention of Germany’s ongoing
scientific cooperation with the Pasteur Institute through the LNHO. Its announcement
of the fact that Bernhard Nocht was a member of the LNHO, illustrated how ill-
formed the society was. A year and a half after Nocht’s nomination, the editor of the
society’s journal noted that “it has incidentally been heard that the LNHO has secured
the official cooperation of German researchers in its sera standardization commission
and a German...sits on the commission’s board.”23 The society’s ignorance of German
cooperation with the LNHO did not help the Referat Völkerbund’s new efforts to
promote German-LNHO relations.

Opposition among Germany’s medical community to the Referat’s efforts
continued to grow. In July 1925, the negotiations over Germany’s admission to the
League prompted the medical faculty of the Friedrich-Wilhelms-Universität University
in Berlin to act. They voted unanimously that Germany should have no contact with the
“enemy associations” until the boycott was dropped. The department even refused to
admit students or visiting scholars from former enemy countries. The faculty dean and
Director of the Pathology Institute in Berlin, Otto Lubarsch, informed the Referat
Völkerbund of his faculty’s actions, and petitioned the Referat to take the same position

23 “Die Beteiligung Deutschlands an international Kongressen,” Mitteilung der Gesellschaft
Deutscher Naturforscher und Ärzte 6 (1924): 22.
against “enemy associations.” Julius Schwalbe, the longtime editor of the *Deutsche Medizinische Wochenschrift*, one of the world’s leading medical journals, publically thanked the university’s medical faculty for their “national honor” and called on other universities to follow Lubarsch’s lead.

The Locarno Conference intensified both the anti-Entente opposition and the Referat’s promotion of Germany’s admission to the League. For the leaders of Germany’s scientific establishment, Locarno was the harbinger of German admission to the League, which, they feared, would leave Germany vulnerable to French designs of cultural domination. In early December 1925, the Bavarian Academy of Sciences, a member organization of the Cartel of German Academies, decided to take action. Its president, Max von Gruber, the director of the University of Munich’s Hygiene Institute and the chairman of the German Society of Racial Hygiene, induced the Cartel to call a special meeting. Here he sought to bolster the common front against the French, advising all German scientific bodies to oppose the admission of Germans into the League’s scientific organizations.

Even though the boycott was beginning to dissolve by 1925, Gruber wanted to keep fighting. British, Dutch, and Norwegian members of the International Research Council (the leader of the boycott) had begun a campaign to end the exclusion of

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24 Lubarsch to the AA, 28 July 1925, PAAA R 64982.
26 Gruber to the Prussian Academy of Science, 5 December 1925, PAAA 65499, 202
Germany. Nevertheless, Gruber and others lobbied German scientists to boycott the boycotters and have nothing to do with the reformation of the International Research Council.  

When he heard of Gruber’s efforts to call a Cartel meeting, Bülow insisted that only the Foreign Office and the Interior Ministry had the power to handle Germany’s relations with foreign organizations. However, because the Reich government did not control Germany’s research institutions, the only real power that the Foreign Office had, in this case, was to prevent individual German scientists from leaving the country. Bülow accused Gruber of shortsighted intransigence. In a reversal of his resistance to cooperation with the League in 1923, he now argued that League membership (particularly a seat on the Council) would deflect threats to the integrity of German science. Bülow sermonized

> From a general political perspective, it would be regrettable if, seven years later, one fell into the same mistake and improperly mixed politics and science […] German efforts…should concentrate on a reformation of the [International Research Council] and its depoliticization. In this way, the mistrust, which was expressed [by the Bavarian Academy of Science] borders on paranoia, should not determine anything. If German science can only assert itself through isolation, then it will hardly earn the interest and support of the Foreign Office.

Bülow’s reversal reflected a seasoned political operator’s calculation, not a change of conviction. His opposition to German cooperation with the League had diminished,

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27 Schroeder-Güdehus, 103-105.
28 Bülow, untitled, zu VI B 15990/25, PAAA R 56499.
29 A memo from Bülow to the Foreign Office’s leadership the same year revealed his abiding mistrust of the League and its scientific organizations. See “Deutschland und das Völkerbund, zu Vbd. 2649,” undated, PAAA Nachlaß: Bülow.
because he had no other choice but to implement Stresemann’s foreign policy. Nevertheless, Bülow’s admonishments and politicking did not rouse the Cartel or the Union to action.

Instead of issuing empty threats, Otto Soehring, Bülow’s assistant and Undersecretary Schubert’s likely agent, tried another tack. He reasoned with academic leaders and won their grudging support to separate the League from the boycott. In late 1925, under Schubert’s authority, Soehring circulated a memo, entitled “The International Relationships of the German Science to the League of Nations,” to all the scientific and academic associations in Germany. He argued that the issues of the boycott and adhesion to the League should be considered separately and that, contrary to supporting the boycott, the League would make German science stronger by ensuring its international reach. He based this on the success of Germany’s cooperation with the LNHO. He emphasized that the beginning of a fruitful scientific relationship with the League – and a way out of the boycott – had already been achieved through the LNHO. Membership had provided Germans with scientific publications, educational exchanges, research opportunities, and funding, all of which had been scarce in the postwar years. Soehring assured the leaders of Germany’s academic and scientific associations that future cooperation with the League would be modeled on the LNHO’s example. He characterized Nocht as a role model for German scientists to follow:

Professor Nocht’s activity has been executed completely smoothly, both in international and national dimensions. In the field of medicine, insofar as it can be judged as a political success, it is absolutely self-
evident that Nocht’s activity has stabilized Germany’s full equality with other Great Powers in the practical work of the League.\textsuperscript{31}

The effect of Soehring’s appeal was strengthened by the Interior Ministry’s involvement in the issue. Before the Cartel’s meeting could take place, the oversight of Germany’s international scientific relations had been transferred from the Referat Völkerbund to the Cultural Affairs Department of the Interior Ministry. This decision came from either Schubert, the Chancellor, or scientific leaders connected with the Interior Ministry.\textsuperscript{32} The Foreign Office’s participation was reduced to Heilbron and Soehring, whose main concern was the Cartel’s and Union’s acceptance of German participation in the League’s cultural activities. Bülow, who was ill, was only marginally involved. Whether Stresemann, Schubert, or Interior Undersecretary Erich Zweigert made the decision to transfer the negotiations with the Cartel and the Union, it was a victory for those who sought engagement with Entente’s academic associations. The Interior Ministry was in an advantageous position. If the Cartel and the Union refused to cooperate, it could find leading German scientists who would.

Not belonging to the Cartel, the Kaiser Wilhelm Society was closely connected to the Interior Ministry and functioned as a centralizing force, which helped erode Länder authority over German research in favor of the Reich government.\textsuperscript{33}

\textsuperscript{32} “Bericht über die Sitzung, betreffend die internationale wissenschaftliche Zusammenarbeit am 16. Dezember 1925,” PAAA R 65499.
\textsuperscript{33} For in depth studies of the Kaiser Wilhelm Society and its centralizing mission, see Bernhard vom Brocke, “Die Kaiser-Wilhelm- Gesellschaft in der Weimarer Republik. Ausbau zu einer
Hyperinflation and economic chaos had caused severe cutbacks and impoverished German science.\textsuperscript{34} By 1923, state governments were not able to provide even partial funding for Germany’s universities and research institutions.\textsuperscript{35} Anticipating the need, leading members of the Kaiser Wilhelm Society, Friedrich Schmidt-Ott, former Prussian Culture Minister, and Fritz Haber, the Nobel Laureate in Chemistry, had created the Emergency Association of German Sciences, through which the Reich government planned to fund German research.\textsuperscript{36} Schmidt-Ott and Haber were supported by Interior Undersecretary Zweigert, who sat on the Emergency Society’s executive board.

Schmidt-Ott and Haber urged the German Cartel of Academies to consent to negotiations with the International Research Council in Brussels and to support the gesamtdeutschen Forschungsorganisation (1918–1933),” in Forschung im Spannungsfeld von Politik und Gesellschaft: Geschichte und Struktur der Kaiser-Wilhelm-/Max-Planck-Gesellschaft: aus Anlass ihres 75-jährigen Bestehens, ed. Roldolf Vierhaus and Bernhard vom Brocke (Stuttgart: Deutsche Verlags-Anstalt, 1990).


\textsuperscript{35} Dietrich Stoltzenberg, Fritz Haber: Chemist, Nobel Laureate, German, Jew (Philadelphia: Chemical Heritage Press, 2004), 261.

League of Nations’ cultural activities. Schmidt-Ott argued that further cooperation with the LNHO could mean access to Rockefeller Foundation funding.\(^{37}\) He was familiar with the range of the Rockefeller Foundation’s work. Through the Emergency Society, he had helped coordinate the Foundation’s modest program to support German biomedical scientists. Starting in late 1923, the program targeted young medical researchers but refused funding for German scholars of the older generation.\(^{38}\) The program in Germany was meager compared to the foundation’s programs in Eastern Europe, France, and Italy. Schmidt-Ott and Undersecretary Zweigert, who were keenly aware of the impoverished state of German research, hoped that negotiations with the International Research Council and cooperation with the League would encourage more Rockefeller funding.

In mid-January 1926, Franke, the chairman of the Union of German Universities, reported that the Cartel and the Union had decided that Germany’s involvement in the League was inevitable and should not be blocked. However, the two associations had resolved that German membership in the International Research Council was impossible. Zweigert and Heilbron insisted that negotiations with the International Research Council begin with or without the Cartel and the Union. The


\(^{38}\) See Paul Weindling, “The Rockefeller Foundation and German Biomedical Sciences,” 235-265.
Interior Ministry then tasked representatives from the Kaiser Wilhelm Society to carry out the negotiations.  

German cooperation with the LNHO became politically expedient. If not for the persistence of German public health officers and LNHO leaders, Soehring would not have had a viable example to show how Germany had achieved equal membership in the LNHO. The success of the LNHO’s relationship with its German participants undercut the anti-German reputation of the League’s International Committee on Intellectual Cooperation. German-LNHO relations were also strong enough to separate the League from the boycott. In this context and with endorsement by the Referat Völkerbund and the Interior Minister, German health officers set in motion long-delayed plans to host a LNHO public health personnel exchange in Germany.

**Opponents and Supporters of the LNHO’s Social Hygiene Program in Germany**

Just as the German government sought to use German-LNHO relations to promote League membership, the LNHO’s new program to standardize social hygiene instruction triggered a backlash from conservative university medical leaders and eugenicists. The furor focused attention on Germany-LNHO cooperation, which had not been widely known among Germany’s medical and scientific community. The LNHO’s social hygiene program received attention in Germany, because it began in the midst of a struggle between government medical officers and university medical

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faculties, on the one hand, and between progressives and radical nationalists, on the other.

Social hygiene was related to racial hygiene and eugenics, but the distinctions between these terms were important. Social hygiene and racial hygiene were both varieties of eugenics. Eugenics was a way to mobilize various fields of study toward the improvement of human health and overall fitness. These fields included, biology, medicine, statistics, education, psychology, genetics, anthropology, and hygiene. There were both ‘negative’ and ‘positive’ eugenics. Negative eugenics included compulsory sterilization, birth control, and forced euthanasia. Positive eugenics concentrated on welfare measures, mandatory vaccinations, the policing and prevention of illness through state-run outreach programs, and the improvement of the living conditions of the poor. The diversity in the field of hygiene (or sanitation, disease prevention, and health promotion) mirrored the differences between positive and negative eugenics.

Hygiene was divided between social and racial hygiene. In Germany, racial hygiene, usually associated with negative eugenics, was a bastion of völkisch racism and radical nationalism. Social hygienists, on the other hand, were associated with positive eugenics; they were social progressives who sought to rationalize and systematize welfare programs. They concentrated on studying the impact of environmental factors

40 While Weindling teases out these divisions, he still conflates the three terms, see Paul Weindling, *Health, Race and German Politics*, 344. The distinction between eugenics and social hygiene were also vague to practitioners at the time, as was the definition of social hygiene itself. See, William Schneider, *Quality and Quantity: The Quest for Biological Regeneration in Twentieth-Century France* (New York: Cambridge University Press, 1990), 135, and Sheila Faith Weiss, “The Racial Hygiene Movement in Germany, 1904-1945,” in *The Wellborn Science: Eugenics in Germany, France, Brazil, and Russia*, ed., Mark B. Adams (New York: Oxford University Press, 1990), 8 – 68.
(such as income, living conditions, and social class) on susceptibility to infectious and chronic disease. A central component of social hygiene was the education of the public on how to live a more healthy life. In an effort to improve the quality of future generations, social hygienists emphasized the health of mothers and children, and combating psychiatric disorders. The declining birthrate in postwar Germany was a call to arms for social hygienists, and led them to promote ‘the national hygiene of the social organism.’ Their corporate organicism, which they shared with racial hygienists, was based on a strong central government and social reform directed by medical doctors. In this vision, the individual, who was subservient to the whole, must participate in the health of the nation.

The split between social and racial hygienists was apparent in the divisions within the German Society for Racial Hygiene, whose director was Max von Gruber. The Society, founded in 1905, promoted a “return to a healthy and blooming, strong and beautiful life,” which would be achieved through both negative and positive eugenic approaches. However, in the aftermath of the World War, the loss of life and the general decline in the population’s health had caused positive eugenics to gain prominence over negative eugenics. When the Society regrouped in 1922 after an extended wartime hiatus, the majority of eugenicists embraced social hygiene programs such as population policy (policies to promote population growth), natalism, and

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41 Paul Weindling, *Health, Race, and German*, 378.
42 Alfred Ploetz, the society’s founder, quoted in Gretchen Engle Schafft, *From Racism to Genocide: Anthropology in the Third Reich* (Urbana: University of Illinois Press, 2004), 42.
puericulture over racial hygienic notions such as sterilization and racial purity. The Society was divided between social and racial hygienists, the former concentrated in Berlin and the latter in Munich. The social hygienists promoted scientific research and social welfare, and supported the Weimar republic. In contrast, the racial hygienists were racial elitists, who opposed both the republic and the welfare state. Social hygienists were socially progressive and politically left of center (often active in the Social Democratic Party), while the racial hygienists were ultranationalists and elitists, (many of whom belonged to the Pan-German League and supported ultranationalist parties such as the Deutschnationale Volkspartei and the NSDAP. The leaders of the two factions were Gruber in Munich and Alfred Grotjahn in Berlin.

While racial hygienists were involved in radical politics in Bavaria but had limited support in the Reich government, social hygienists such as Grotjahn enjoyed the backing from the Interior Ministry, the Reich Health Office, and the Prussian Culture, Welfare, and Interior Ministries. For medical officers in the Reich and Prussian governments, social hygiene was a way to expand their authority to welfare programs, which, until the postwar period, had been controlled by lawyers and politicians. Beginning in the early 1920s, the number of medical officers working in Reich and Länder governments had increased steadily. Because it promoted the application of

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43 Sheila Faith Weiss debunks the notion that racial hygienists made up the majority of eugenicists in Weimar Germany. Weiss describes the general trend away from racial hygiene toward progressive social hygiene, even though racial hygienists maintained a vocal and united front. See, Weiss, 9.
44 Weindling, Health, Race and German Politics, 317-321.
45 Ibid., 349.
medical science to social reform, medical officers used social hygiene to encroach upon the competences of welfare agencies.

At the same time, health officers in the Reich and Prussian governments sought to centralize health policymaking. They promoted social hygiene as “a means to nationalize medicine and inculcate national values, self-respect and reason in the German people.” As a Reichstag member, Grotjahn had led efforts to expand the Reich Health Office into a ministry, which would be directed by a medical doctor. (Franz Bumm, the President of the Reich Health Office from 1905 to 1926, was a lawyer). Grotjahn and others complained that German federalism had prevented the Reich Health Office from doing more than collecting and publishing statistics. While Grotjahn’s efforts remained unfulfilled, in 1921, the Prussian Culture Minister created the massive Prussian Ministry of Welfare, consolidating the Medical and Welfare Departments of the Prussian Interior Ministry. As Welfare Minister, the medically trained social hygienist Adolf Gottstein steered his ministry into close cooperation with the Reich Interior Ministry and the Reich Health Office. Gottstein also created three Academies for Social Hygiene in Prussia. In 1925, he introduced social hygiene as a field of study in primary and secondary education in Prussia. Hamburg and Saxony followed suit several years later. During the first half of the 1920s, social hygiene increasingly informed state welfare and public health policies.

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46 Ibid., 347.
47 Ibid., 410.
48 Ibid., 342.
Efforts to centralize control of government health policy under the direction of doctors combined with the movement to reform German academic medicine. Despite their differing social and political views, racial and social hygienists all sought reform. Eugenics was part of another movement, which had begun in the late 1800s and culminated in the mid-1920s, that sought to introduce specialized fields of study in German universities. During the Kaisereich, conservative German professors of medicine had successfully opposed the creation of specialized fields that lacked a basis in experimental science or focused on body parts, rather than the whole body. However, between 1918 and 1922, half of Germany’s thirty universities established chairs of dermatology, pediatrics, and dentistry. More radical additions included chairs of social medicine, social and racial hygiene, sexual hygiene, medical insurance, medical psychology, and psychoanalysis. While many of Germany’s medical faculties resisted these more avant-garde specializations, Reich and Prussian medical officers forced them to accept chairs in social hygiene. In 1920, after a long battle with the faculty of Friedrich-Wilhelms-Universität (under Otto Lubarsch’s leadership), the Prussian Culture Minister created a social hygiene chair for Grotjahn. The university was also forced to accept new chairs of sexual psychology and social gynecology.49

The LNHO’s program to standardize social hygiene instruction furthered the impetus to centralize public health in Germany, to reform German universities, and to blunt opposition from racial hygienists. The standardization proposals of the LNHO meant that the field would be shaped by a progressive international organization. The

49 Ibid., 332-335.
director of the LNHO’s program, Léon Bernard, Professor of Hygiene at the University
of Paris, cited Johns Hopkins University’s School of Hygiene, which had been
established by a grant from the Rockefeller Foundation, as the best example of the
incorporation of social hygiene into medical training. Such a direction was antithetical
both to racial hygienists and to the majority of German universities’ medical faculties.
This latter group had no interest in social hygiene, because German medical professors
related it to quackery and holistic medicine.  However, the shift from quarantinist
medical efforts – such as anti-epidemic campaigns, conventions, quarantines, and
bacteriological work (which conservative German universities supported) – to
sanitationism (through social hygiene) generated public and academic awareness of
German cooperation with the LNHO.

The LNHO’s Subcommittee on Public Health Instruction, whose first task was
to collect information regarding health instruction and social medicine in Europe, the
United States, and Japan, began operations in September 1924. Its goal was to promote
the inclusion of standardized social hygiene instruction in the academic requirements
for medical degrees. This goal became central to the LNHO’s activities when the
subcommittee took control of the LNHO’s public health personnel-exchange program,
which had been the LNHO’s most successful and most visible activity. It now
projected the LNHO’s interest in social hygiene.

50 Michael Hau, *The Cult of Health and Beauty in Germany: A Social History; 1890 – 1930*
51 “Commission on Training in Public Health: Report by Professor Léon Bernard,” 9/12/24,
LNA R 860, 12B 38901/26435.
Nocht, who sat on the subcommittee, was hesitant about the LNHO’s new venture. He feared that Germany’s university medical faculties would oppose the program of standardized social hygiene instruction. This was the first time that German universities would be expected to comply with academic standards set by the LNHO. Also, because the LNHO’s model for social hygiene instruction was the progressive and internationalist Johns Hopkins School of Hygiene, conservative university leaders in Germany opposed the reversal of roles. In the late 19th and early 20th centuries, American medical science had been modeled on Germany’s example, not the other way around. However, Nocht supported the LNHO’s new program because opposition would have been detrimental to German-LNHO relations.\textsuperscript{52} He tried to enlist the help of three of Germany’s leading social hygienists, Martin Hahn, Max von Gruber, and Karl Bernhard Lehmann, to survey social hygiene instruction in German universities.\textsuperscript{53} Many German universities’ medical professors objected to cooperation with the League, because they believed that League had supported the boycott on German sciences.\textsuperscript{54}

Gruber and Lehmann refused to participate. Lehmann, a prominent microbiologist, was the director of the Hygiene Institute at the University of Würzburg, and the chairman of the German Association of Hygiene Professors. Lehman shared the political beliefs of his brother,\textsuperscript{55} Julius Friedrich Lehmann, who was the publisher of

\textsuperscript{52} Nocht to the RGA, 6 November 1924, BArch R 1501/111237.
\textsuperscript{53} Nocht, 27 December 1924, LNA R 860, 12B 27579x/26435.
\textsuperscript{54} Nocht to Rajchman, 23 January 1925, LNA R 860, 12B 27579x/26435.
\textsuperscript{55} Paul Weindling, \textit{Health, Race, and German Politics}, 403.
Germany’s second most important medical journal, the *Münchner Medizinischen Wochenschrift*, and the leader of the Nazi racial hygiene movement.56

Nocht understood that a survey of social hygiene in Germany would raise the ire of powerful people. Lehmann’s Association of Hygiene Professors unanimously voted to deny his request to supply information to the LNHO. Some members of the Association wanted to appeal to Nocht not to hand over any materials.57 Nevertheless, after Nocht sent him a draft of the incomplete report, Lehmann complimented his objectivity. Lehmann added, “Perhaps, in Hamburg, you are in the position to see foreign countries something less than as enemies as we do, since we are unfortunately dependent on the newspapers for our understanding.”58

Still, anti-League sentiment among medical academics threatened to undermine German cooperation with the LNHO. At the next meeting of the Subcommittee on Public Health Instruction, Nocht presented his uncompleted survey. He informed the committee members that not only were many German universities unwilling to cooperate with the survey, but they also sought to prevent Germany from hosting a LNHO public health personnel exchange. Bernard, the subcommittee’s chair, urged Nocht to convince the German universities of the benefits of international cooperation. He lamented that the subcommittee’s work would be incomplete if it did not examine the work of Germany’s universities. Nocht explained that the bitterness over the

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57 Lehmann to Nocht, 28 February 1925, BArch R 1501/111237.
58 Lehmann to Nocht, 12 March 1925, BArch R 1501/111237.
boycott of German sciences was to blame. He warned the subcommittee that if the boycott was not lifted, German cooperation with the LNHO would suffer.\(^5^9\)

When the report of Nocht’s meeting was publicized in Germany, it set off a battle in Germany’s leading medical journals. In the right-leaning *Münchener Medizinischen Wochenschrift*, Wilhelm Rimpau, a Bavarian bacteriologist and racial hygienist, attacked the LNHO’s activities as an extension of the boycott and French cultural imperialism. With its foray into social hygiene, the LNHO had blurred the line between politics and health. He also accused the LNHO of using the social hygiene program to impinge upon Germany’s national sovereignty. He reported that many of Nocht’s German colleagues had alerted him to this danger and that they would oppose the LNHO’s social hygiene program.\(^6^0\)

Rimpau’s indictment elicited a response from Johannes Breger from the Reich Health Office’s Medical Department. In October 1925, he published an article in the progressive *Zeitschrift für ärztliche Fortbildung*, which appealed for support for the LNHO’s international efforts to standardize public health. Breger emphasized Germany’s previous involvement in the exchange programs, the LNHO’s sera standardization program, and the upcoming International Sanitary Convention.\(^6^1\) In response, Rimpau denounced Breger, citing Karo’s incendiary article, “The Intellectual War against Germany.” Rimpau accused Breger of being blind to France’s efforts to

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\(^{5^9}\) Hamel to the AA, 20 October 1925, PAAA R 64982.


dominate all fields of science. He concluded that German cooperation with the LNHO would destroy Germany’s international cultural influence. In December 1925, the Interior Ministry learned that Rimpau, with the help of the Society of German Physicians, planned to set up a committee to monitor German cooperation with the LNHO’s interchange program. The Interior Ministry pressured the Chairman of the Society of German Physicians to put an end to Rimpau’s designs.

Historians Paul Weindling and Iris Bowory cite Rimpau’s articles as signs that German’s medical academics had rejected both progressive social hygiene and the LNHO. However, progressive social hygiene and the LNHO did not pique Rimpau’s ire. Instead he protested against the League’s perceived complicity in the boycott of German sciences. A year and a half earlier, Rimpau had reported with modest praise on the work of the LNHO and the Rockefeller Foundation’s interest in social hygiene. However, the continued denunciation of German science by French and Belgian academics had radicalized medical scientists like Rimpau and fomented opposition to the LNHO.

Others in Germany embraced the LNHO’s project. Support from a new quarter offset the resistance from conservative nationalist academics and strengthened German-LNHO relations at a critical juncture. Popular interest in social hygiene was

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63 Hamel to the Deutshe Ärztevereinsbund, 28 December 1925, BArch R 1501/111238.
considerable. State agencies, insurance companies, educational institutions, community leaders, and entrepreneurs converged to create new methods to promote health, physical fitness, and clean living. The German public attended health exhibitions in large numbers. In 1926, governmental and commercial efforts culminated in the Reich Health Week and Düsseldorf’s Health, Social Care, and Physical Exercise exhibition (Gesundheitspflege, soziale Fürsorge, und Leibesübungen, or Gesolei), which offered the LNHO a venue in which to connect to the German public.

Gesolei’s inspiration was the Dresden Hygiene Museum, which had been established during of the International Hygiene Exhibition at Dresden in 1911. The organizers of Gesolei adopted the Museum’s methods of teaching the public about healthy habits and lifestyles through an entertaining exhibition. Gesolei reflected the Museum’s use of three-dimensional models, interactive exhibition pieces, and graphic design to entice the public into learning about biology, health, and morality.

In the 1920s, the Dresden Museum received financial and institutional support from the Interior Ministry and worked closely with the Reich Health Office. Franz Bumm and Carl Hamel sat on the Museum’s executive committee. The Museum produced hygiene exhibition materials (such as models of the human body and placards about disease and infection) and conducted a travelling exhibition, whose purpose was to educate the public about disease, health, and the human body. The Museum’s director, Georg Seiring, was politically progressive and supported international cooperation on health matters in general. The Museum’s traveling exhibition, The

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67 Weindling, *Health, Race, and German Politics*, 411.
Human, traveled throughout Europe in the immediate postwar years despite the charged international atmosphere.

Seiring had developed a relationship with Rajchman in late 1922, when the Museum began to supply the exhibition materials for the LNHO’s international medical training program in Warsaw, Kharkov, and Moscow. Rajchman lobbied the Rockefeller Foundation to commission the Museum to supply the hygiene institutes in Prague, Warsaw, and Kharkov, which the Rockefeller Foundation had established.  

Rajchman’s patronage of Seiring withstood the Franco-German rift, as well as the struggle among the newly created postwar international health organizations. During the Ruhr Crisis, Rajchman supported the Museum against calls from the League of Red Cross Societies to boycott it.  

Beside the financial motivation – the Museum was nearly bankrupt – Seiring considered cooperation with the LNHO essential to his mission to promote the “reconciliation of nations.” Before its exhibition in Vienna in 1924, which drew tens of thousands of visitors, Seiring invited both Rajchman and Madsen to join Museum’s

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68 Rajchman to Selskar Gunn, 23 December 1922, LNA R 848, 12B 25609/25609x (jacket 2).
69 Rajchman to F. R. Humbert, Director of the Health Division of the LRCS, 10 February 1923, LNA R 848, 12B 25609/25609x (jacket 2).
70 Georg Seiring, Director of the GHM, to Rajchman, 23 August 1923, LNA R 848, 12B 25609/25609x.
organizing committee.\footnote{Seiring to Rajchman, 25 September 1924, LNA R 940, 12B 39377/39377x, Helly, Direct of the Austria Department of Public Health, to Madsen, 10 December 1924, LNA R 939, 12B 37356/37356x.} In a further illustration of his internationalist spirit, Seiring invited French and British representatives to attend the Vienna exhibition as well.\footnote{Bruno Dammann, Director of Health Policy at the RMI, to Friedrich Heilbron, Director of the Cultural Department in the AA, 22 July 1924, BArch R 901/77747.}

The Gesolei planning committee was directed by Arthur Schlossmann, a pediatrician and progressive social hygienist who had worked closely with Karl Lingner, the founder of the Dresden Museum. Schlossmann was a leading member of Düsseldorf Academy of Hygiene, which Gottstein, the Prussian Welfare Minister, had created. The Gesolei planning committee decided to model Gesolei after the Museum’s recent exhibition in Vienna. Also in the committee were leading professors of hygiene and physiology, state authorities, industrialists, and directors of scientific institutions – some of whom were radical nationalists. These individuals sought to exclude international organizations and give Gesolei nationalistic overtones.\footnote{Germany’s nationalism was celebrated at Gesolei through its work on tropical diseases and colonial hygiene, Frey to the RGA, 28 May 1925, BArch R 86/885.} Although he was a progressive internationalist, Schlossmann echoed the nationalists’ sentiments when he declared to Bumm that Gesolei would celebrate the liquidation of the French occupation of Germany (which was planned for early 1926) and call on Germany to heal itself of the sickness that had been caused by the war and its aftermath.\footnote{Schlossmann to Bumm, 24 February 1925, BArch R 86/886.}

However, Schlossmann won enough support among progressives to block nationalists’ effort to exclude international organizations. When he then invited the
LNHO, its leadership was enthusiastic about participating. Because of anti-League sentiment in German universities and among racial hygienists, Nocht argued that the representation of the LNHO’s work must make “an excellent impression, if not, it is better not to attend.” Drummond considered League participation to be imperative, “in view of the fact that Germany will soon be a member.” He recognized a chance to make headway against the impasse in the League’s relations with German universities.

The LNHO’s support from progressive popularizers of social hygiene, such as Schlossmann and Seiring, came amid the heated exchange between the Interior Ministry and German academic associations over Germany’s participation in the League’s scientific endeavors. The LNHO’s involvement in Gesolei was a hopeful development, given that it ultimately attracted seven and a half million visitors and hundreds of German academic and scientific organizations.

**German Opposition and the LNHO’s Outflanking Strategy in the Soviet Union**

To separate itself from the boycott of German sciences, the LNHO appealed to German nationalists’ interest in cultural relations with the USSR. Rajchman invited prominent German scientists to join the LNHO’s foreign epidemiological expeditions. When the LNHO decided to resume its campaign against sleeping sickness in Africa, Rajchman chose the German bacteriologist Friedrich Kleine to lead the expedition.

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75 Schlossmann to Madsen, 11 November 1925, LNA 977, 12B 46982/46982x, and Otto Olsen to Rott, 5 November 1925, LNA 977, 12B 46982/46982x.
76 Nocht to Madsen, 23 November 1925, LNA 977, 12B 46982/46982x.
77 White to Madsen, 28 November 1925, LNA 977, 12B 46982/46982x.
78 Schlossmann to the RGA, 27 December 1926, BArch R 86/4471.
Kleine was a Hamburg Institute researcher and veteran of many international campaigns in the Kaisereich’s colonies. In addition to Africa, the LNHO set its sights on the Soviet Union. After the LNHO participated in the Moscow Malaria Conference, held in January 1924, it established a commission to study malaria. In the summer of 1924, the LNHO chose Nocht to lead the Commission on an expedition to the Soviet Union.

Not only did the LNHO increase German participation in its international expeditions, but it also sought to bolster Germany’s presence in the LNHO’s administration. Rajchman recruited the ultranationalist bacteriologist Heinrich Zeiss, who was stationed in Moscow, for a position on the LNHO’s Secretariat. He hoped to convince the League’s detractors among German academics that the LNHO sought Germany’s full and equal participation. Removing Zeiss from his outpost in Moscow would also neutralize one of the LNHO’s most outspoken critics in a region of the world where Rajchman considered it “imperative” to operate.

Rajchman’s recruitment of Zeiss was also part of a strategy to distance the League from the supporters of the boycott of German sciences. In 1922, Zeiss had assumed the leadership of the German Red Cross’s anti-epidemic campaign and established a German bacteriological institute in Moscow. He considered the LNHO’s anti-epidemic efforts, Fridtjof Nansen’s humanitarian campaign, and the International Committee of the Red Cross all to be vehicles of Allied cultural hegemony over the

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79 The RGA to the RMI, 13 February 1925, BArch R 1501/111237.
80 Rajchman to Madsen, 20 December 1923, LNA R 820, 12B 26213x/11346 (Jacket 5).
81 The report of the Malaria Commissions activities in Russia to the AA, Abschrift VI 11831 B, BArch R 1501/111236.
82 Rajchman to Madsen, 20 December 1923, LNA R 820, 12B 26213x/11346 (Jacket 5).
The Foreign Office supported his work because of his close contacts with the Russian medical establishment, and also because he was an important source of information on political and cultural events in Moscow.

Rajchman’s scheme was flawed. To remove Zeiss from Moscow was to remove the German medical establishment’s eastern salient in its struggle for international influence. The medical officer at Germany’s embassy in Moscow urged Nocht to stop Rajchman’s plan, because “the League posed a real danger because it planned to take over German anti-epidemic installations…[in order to] exploit any effort at Kulturpropaganda to strengthen its prestige.” This call-to-arms against the LNHO typified the attitude of radical nationalists among Germany’s medical establishment, many of whose leaders had agitated for closer scientific relations with Moscow. They also supported Zeiss, because, under his leadership, German pharmaceutical companies had gained access to the Soviet Union, where they carried out widespread testing of experimental vaccines.

The progressive internationalists among the health officers in the Reich Health Office and the Interior Ministry supported Zeiss’s removal to Geneva, because they opposed his efforts to enlist Russian scientists against the League of Nations. While Reich health officials supported the collaboration between its own representative in

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83 Zeiss to DRK-Berlin, 19 March 1923, BArch R 86/2932. Zeiss to Nocht, 31 March 1923, BNI 2-001, Korrespondenz Nocht (S-Z).
85 Bernstein to Nocht, 3 July 1923, BNI 2-001, Korrespondenz Nocht (A-R).
Moscow, Emil Roesle, and the LNHO,\textsuperscript{87} they did not support Zeiss’s work in the Soviet Union. Bumm and Karl Jarres, the Reich Minister of the Interior, rejected the Foreign Office’s request to make Zeiss a medical officer and promote him to a professor.

Although the Foreign Office supported the LNHO, it also sought to promote Zeiss in the eyes of the Soviet government. Jarres complained that, in the three years of his work in Moscow, Zeiss had never complied with Reich Health Office’s requests for epidemiological information on the Soviet Union.\textsuperscript{88} The decision to reject Zeiss was a rejection of his position in Moscow. The Reich Health Office and the Interior Ministry thus supported Zeiss’s recruitment to the LNHO’s secretariat, because his presence in Moscow was an impediment to closer German-LNHO relations.

To improve his chances of winning over Zeiss, Rajchman delivered his offer through the French participant of the LNHO’s malaria expedition, Henri Cazeneuve. Zeiss had struck up a close friendship with Cazeneuve though Cazeneuve’s mentor, Étienne Burnet. Two years earlier in 1923, Burnet, the Director of the Pasteur Institute in Tunis, had inspired Zeiss to proclaim, “Scientists – medical scientists, above all – should be called upon to build a bridge between the [French and German] nations.”\textsuperscript{89} However, the German embassy in Moscow considered Cazeneuve a threat and had warned Berlin that he would attempt to influence Zeiss’s work.\textsuperscript{90}

\textsuperscript{87} Karl Jarres, Reich Minister of the Interior, to the AA, 30 June 1924, PAAA R 65498a.
\textsuperscript{88} Bumm to the AA, 32 August 1924, pp. 403, BArch R 1501/109401, and Jarres, 5 September 1924, pp. 404, BArch R 1501/109401.
\textsuperscript{89} Zeiss, “Deutsches Rotes Kreuz,” 12 November 1923, pp. 334, BArch R 1501/109401.
\textsuperscript{90} Siegfried Hey, councilor for the German embassy at Moscow, 30 December 1924, to the AA, BArch R 1501/109401.
Zeiss suspected a ruse. Since he considered his work in Moscow to be a “thorn in the eye of the Entente, especially to the French and the British,” he soon realized that the offer was an attempt to neutralize him or enlist him in the service of the enemy. He traveled to Berlin to confer with the Foreign Office and the Interior Ministry. At the Foreign Office, Heilbron and Bülow shared his suspicion. At the Interior Ministry, medical officer Max Taute agreed and explained that both Rajchman and Nocht had decided on Zeiss’s selection. Hamburg municipal authorities, who oversaw the Hamburg Institute, shared Zeiss’s suspicion, but stressed Nocht’s excellent reputation and the way in which Nocht had honorably represented Germany in the League.

After his consultations in Germany, Zeiss met with Rajchman in Geneva. Rajchman explained that the position would be located in Geneva, a fact that he had concealed. Zeiss had been told that he would be able to stay in Moscow and replace Cazeneuve as the LNHO’s representative to the Soviet Union, which would secure much needed funding for his laboratory work in Moscow. Rajchman likely lured Zeiss to Geneva under false pretenses. He offered Zeiss an enormous salary, which would be paid directly by the Rockefeller Foundation. The German funding for Zeiss’s bacteriological work was finally exhausted and his institute had been taken over by the Soviet government.

However, Zeiss refused the position, convinced that he would only be a “scientific stoolpigeon,” whose function would be merely to improve the LNHO’s
He returned to Moscow to work for the Soviet government at the Chemotherapeutic Research Institute. Even had his proposal been successful, Zeiss’s designs to stay in Moscow at the LNHO’s expense would have led to his expulsion from the Soviet Union. In December 1925, the Soviet government expelled Cazeneuve and refused to allow the LNHO to replace him, which effectively ended the LNHO’s presence in the Soviet Union.

Although unsuccessful, Rajchman’s efforts to co-opt Zeiss revealed the lengths to which he was willing go to further German cooperation with the LNHO. If Rajchman’s intention were to lure Zeiss away from Moscow, the stratagem also illustrated the extent to which German ultra-nationalism threatened the LNHO’s agenda. For many in Germany’s medical establishment, Zeiss’s medical efforts in the Soviet Union represented a glimmer of hope, which, in the midst of national humiliation, offered the possibility of German cultural expansion and global relevance. The episode also showed that the LNHO’s efforts to create an international medical cadre could affect even an outspoken ultranationalist like Zeiss. His expression of esteem for Burnet and Cazeneuve bordered on effusive. Such “bridge building” was the intended effect of the LNHO’s programs.

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91 Zeiss to the AA, 9 July 1925, pp. 436-449, BArch R 1501/109401.
93 Zeiss to the AA, 25 December 1925, PAAA R 65502.
Conclusion

A key development in 1924 and 1925 was the employment by the Foreign Office of German-LNHO cooperation as a political expedient. International cooperation in public health did not steer international politics, but the intellectual networks that were created (or recreated) by the LNHO’s programs became politically important. Their use by the Referat Völkerbund to promote Germany’s entry into the League meant that Bülow, who was forced to submit to Stresemann’s policy of détente, no longer stood in the way of German-LNHO relations. However, the conservative leaders of German universities and scientific associations consolidated their opposition to Germany’s admission to the League. The LNHO’s social hygiene initiative refocused their attention. Yet, when criticism was directed against Germany’s relationship with the LNHO, the Referat had evidence to defend it. Germany’s equal representation in the LNHO showed critics that the League’s cultural activities did not support the boycott. Nevertheless, the LNHO’s increased visibility, coupled with the academics frustration over the German government’s support for League membership, polarized the German medical community between internationalists and isolationists. The rift complicated further German cooperation with the LNHO.

However, as the LNHO’s shift toward social hygiene begat opposition, German promoters of popular social hygiene opened another door for the LNHO. The Dresden Hygiene Museum’s support for participation in Gesolei assured the LNHO a greater exposure and positive publicity. Its invitation to a nationalistically conceived exhibition illustrated that internationalism still had a place. German national pride and the
LNHO’s internationalist agenda were not mutually exclusive. Zeiss’s approval of Burnet and Cazeneuve, as well as his serious consideration of working for the LNHO, highlighted the uneasy coexistence.

While providing a case study of the political landscape of German-LNHO relations in the lead-up to Locarno, Zeiss’s position in Moscow and his interaction with Rajchman exposed the biomedical cum cultural war in the Soviet Union. Germany’s medical leaders were also divided. Progressives sought to expand Germany’s cultural influence through international cooperation, while nationalists dreamed of colonies. The Reich health officers’ rejection of Zeiss and Rajchman’s attempts to co-opt him illustrate the threat that Zeiss’s activities posed to German-LNHO relations. His work in Moscow was a rallying point for those in Germany’s medical community who opposed German cooperation with the LNHO in particular and rapprochement with the West in general.
Chapter VI

INTERNATIONAL HEALTH AS CULTURAL EXCHANGE: GERMANY’S ALLIANCE WITH THE LNHO AND FRANCO-GERMAN RECONCILIATION

While the Locarno Conference brought German health officials into closer cooperation with Geneva, Germany’s bid to join the League suffered setbacks. Germany’s admission, which seemed assured after the Reichstag had ratified the Locarno treaties in December 1925, met with renewed domestic opposition and international complications. The opposition of German Nationalists grew after Locarno’s ratification and caused Hans Luther’s first cabinet to fall. International complications, which arose over a French proposal to expand membership in the League Council by giving Poland a permanent seat, legitimated Nationalists’ opposition. Poland, whose security interests had suffered at Locarno, threatened to derail European détente. Stresemann declared Polish admission to the Council to be “intolerable,” and the Reichstag agreed. 1

Because of the standoff, Germany’s admission was postponed until September 1926 while the Great Powers sought a solution. Germany held a strong position. Failure to enact the Locarno treaties would have been a disaster for France and Britain. At the end of the crisis, Germany emerged victorious and joined the League on its own terms. Once a member, the German delegation in Geneva sought to maximize its

1 Gustav Stresemann, quoted in Kimmich, 79, 80-84.
involvement in the League’s committees. Germany’s role in the League was, as Joachim Wintzer argues, analogous to the role of a parliamentary opposition party that had recently come to power after a long period out of the government. Germany did not want to weaken the League, but it sought to make sure that its interests were represented. To Stresemann, Germany’s key interest was a revision of the peace treaty in order to reacquire lost territory in Poland. Formal equality with France and Britain (represented by Germany’s equal membership in the League Council) was the first step towards this end.

League admission only partially eased the rift in Franco-German cultural relations. Opposition from the Nationalists to admission and the Entente’s bid to pack the League Council by admitting Poland strained the spirit of Locarno. These challenges stoked the smoldering indignation of Germany’s scientific establishments, whose ire over the Entente-led boycott of German sciences was slow to recede. However, admission did neutralize a central grievance of disgruntled academics in Germany: the lack of German representation on the League’s International Committee on Intellectual Cooperation. In July 1926, a joint statement by 13 German Universities declared that, since Germany’s admission to the League was imminent, Germany should fully collaborate with the Committee. Under pressure from the German Foreign Office, League Secretary General Drummond named a German to be the director of the

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2 Ibid., 93.
3 Wintzer, 546.
4 The Rector of the University of Berlin to the AA, 29 July 1926, quoted in Schroeder-Güdehus, “Challenge to Transnational Loyalties,” 112.
Committee on Intellectual Cooperation. Since early 1925, the Foreign Office had sought to reconcile Germany’s anti-French scientific establishment with Erfüllungspolitik and League cooperation. Because it served as a rallying cry for conservative academics, the preponderance of French influence in the Committee on Intellectual Cooperation had been a constant source of frustration to the Foreign Office.

Germany also secured a powerful position in the administration of the LNHO before its admission to the League. Beginning in early 1926, German officials in the Interior Ministry and the Foreign Office allied themselves with the LNHO in order to jointly address common problems. These included the French domination of international health through the OIHP and anti-League sentiment among German academic leaders. The German government and the LNHO both endeavored to prevent the expansion of the OIHP, which sought to renew its position as the governing body of the International Sanitary Convention, the pre-WWI system of international anti-epidemic agreements.

While the German-LNHO alliance failed to prevent the OIHP from retaining control of the Convention, it allowed both German public health officials and the LNHO to score a public relations victory. After their defeat at the International Sanitary Conference in Paris, German health officials and the LNHO took advantage of the international gathering to upstage the OIHP. They brought the Convention’s delegates to Germany, in order to showcase Germany’s internationalism through an exhibition on social hygiene.

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5 Kimmich, 93.
The alliance between the German government and the LNHO was also the result of the transfer of LNHO relations from the Referat Völkerbund to the Culture Department of the Interior Ministry. The shift meant that, with the help of Foreign Officers Otto Soehring and Fritz Heilbron, who supported the LNHO, the progressive health officials in the Interior Ministry and Reich Health Office managed LNHO relations. These Reich health officers shared the LNHO’s socially progressive approach to public health. Both groups believed that illness was caused not only by microbes, but also by social factors and living conditions. Their common interest in social hygiene contrasted the conservatism of German academic medicine. In order to expand its activities in Germany, the LNHO coordinated with Germany’s progressive social hygienists, and avoided conservative academic institutions. While progressive social hygiene connected German health officers and the LNHO, it was also a vehicle for Franco-German cultural reconciliation.

After the induction of a progressive German social hygienist in the LNHO’s executive body, the LNHO won permission from the German government to hold an international medical exchange program in Germany in September 1927. Due to Franco-German tensions, German health officers had delayed hosting the exchange since 1921. A breakthrough that was achieved through intrigue and stratagems, the event was the first cultural exchange of its kind to take place on German soil in the postwar period. Although it was a result of both League coercion and Franco-German conflict, Germany’s fulfillment of its promise to host an exchange softened the cultural animosities left over from the war. For the exchange, the LNHO chose progressive
social hygienists from France to participate. The six-week tour through Germany was so amicable and productive that some German opponents of the LNHO conceded the exchange’s success.

This chapter examines how Germany’s integration into the LNHO led to a breakthrough in Franco-German relations. First, it shows how the revision of the International Sanitary Convention brought Germany and the LNHO into a political alliance. Second, it explains how building on the alliance, the LNHO locked in Germany’s support by offering it greater representation in the LNHO’s committees. Third, it examines how with its relationship with Germany strengthened, the LNHO brought about the first reciprocal exchange between French and German scientists since the outbreak of the First World War.

The Revision of the International Sanitary Convention and Social Hygiene in Düsseldorf

Since 1920, the OIHP and the League had vied to be the governing body of the next International Sanitary Convention. The convention, which had its origins in the cholera epidemics of the 19th century, was a set of international agreements to stop the global spread of disease via international trade. The agreement focused on harbors, waterways, and ships as vectors for cholera, yellow fever, and plague. Since its establishment, the LNHO saw the revision of the convention as an opportunity to replace the OIHP as the treaty’s governing body. However, Franco-British tensions in

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the Near East had delayed the revision of the convention. Not until 1925, when European relations relaxed after Locarno, was revision finally possible. An International Sanitary Conference was finally scheduled for 10 May through 21 June 1926 in Paris, in order to create a new convention.

Since the last meeting of the convention’s signatories in 1920, the rise of the LNHO, with its generous support from the Rockefeller Foundation, had undermined the OIHP’s legitimacy. The LNHO’s ever-increasing activities eclipsed those of the OIHP. While the LNHO addressed issues such as social hygiene and the promotion of an international *esprit de corps* among public health officials, the OIHP’s only competence was in relaying news of epidemic outbreaks and ordering quarantines. Even these tasks were not safe from the LNHO’s ambitions. A battle in the war between the LNHO and the OIHP was set to take place at the upcoming conference.

The Foreign Office, the Interior Ministry, and Reich Health Office had long been united in their opposition to the expansion of the OIHP. German authorities considered the organization to be “completely under French influence.” Revision of the International Sanitary Convention looked like a stratagem to expand its influence. Germany’s aim was to block this expansion by any means. Despite international pressure, the Reich Health Office rejected any possibility that Germany would join the OIHP. The LNHO, according to Frey, was a far superior organization, and it was not in Germany’s interests “to complicate relations with Geneva” by any attachment to the

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7 “Niederschrift über die am 1. Mai 1925 im Reichsministerium des Innern abgehaltenen kommissarischen Beratung des Entwurfes einer neuen Internationalen Sanitätsübereinkunft,” 1 May 1920, PAAA Botschaft Paris 924b.
OIHP. The Foreign Office and the Reich Health Office, joined by Austrian public health officers, resolved to support the LNHO in the coming showdown in Paris. Publicly, Johannes Berger, Frey’s deputy and a member of the German delegation to the conference, explained that the Reich Health Office was only concerned about the unnecessary duplication of competences by the LNHO and the OIHP. Privately, he dismissed the OIHP as partisan and warned that it would be unable to execute the new Sanitary Convention.

German authorities were well aware that the LNHO sought to establish itself as co-arbitrator of the treaty. To this end, the LNHO was eager to enlist Germany’s support. Before the conference, Rajchman visited Berlin in order to bolster the LNHO’s political base in the face of British opposition. In particular, the LNHO was under attack by the British Foreign Secretary, Austen Chamberlain, who criticized the LNHO’s “over activity”. After Stanley Baldwin’s conservative government took power in 1924, the highest priority of British health policy had been the reduction of the LNHO’s competences, because the British did not want international organizations “meddling in the internal workings of a country’s policymaking.”

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8 Frey and Johannes Breger to the RMI, 23 July 1925, BArch R 1501/111225.
10 Breger to Thomas Scherrer, Public Health Director of Vienna, 2 January 1926, BArch R 1501/111225.
11 The RMI to various state governments, 6 April 1926, BArch R 1501/111225.
12 Dammann to the AA, 8 April 1926, PAAA Botschaft Paris 924b.
13 Untitled letter, Hamel, quoting George Buchanan, a senior medical officer at the British Ministry of Health, to the AA, 21 May 1926, PAAA R 65503.
pressure from the British, the Foreign Office and the Reich Health Office promised to help Rajchman, who also found support in the Reichstag.\textsuperscript{14}

The selection of the German delegates to the International Sanitary Conference was a clear indication of Germany’s policy. Germany was represented by four public health experts: Carl Hamel, Johannes Breger, Richard Otto, and Klaus Sannemann (a port health officer at the Hamburg Institute for Marine and Tropical Diseases). The delegation also included a representative from the shipping giant the Hamburg America Line, which opposed any impediment to international trade.

From the opening of the conference, international division was rife. One hundred seventy representatives from sixty-nine countries pursued a wide range of special interests. Each delegation sought to minimize restrictions on its own trade caused by quarantines and other prophylactic measures, but to maximize these restrictions on others. The decision to deem a harbor at risk of an outbreak of an epidemic disease, for example, could mean the loss of shipping revenue to a competitor. If the convention’s governing body decided that there was the risk of a plague outbreak in Hamburg, because one infected rat had been found, under the proposed revisions, the executive body could stop all traffic for up to one month.

Two OIHP propositions were of particular concern to Germany. One was the expansion of the Convention’s jurisdiction along the banks of Germany’s major rivers. To the German government, a quarantine imposed on east bank of the Rhine by a French authority (so soon after France’s military occupation of the Ruhr valley), was

\textsuperscript{14} Franz Bumm to the RMI, 28 March 1926, PAAA R 65502.
unthinkable. Also, because the guidelines for establishing a quarantine varied from country to country, there was little international support for giving a single authority the power to impose a quarantine. The OIHP also proposed that all signatory states bypass diplomatic channels and submit regular epidemiological reports directly to Paris. Hamel declared, “The investiture of the OIHP with regular and required epidemiological reports from all…member states represents the OIHP’s expansion into the largest international health organization in the world.”

Blocking the OIHP was the German delegation’s and the LNHO’s primary objective. However, even though its bias was obvious, the Reich Health Office wished to appear to be a neutral arbitrator in the eyes of the British. Such a position, the Reich Health Office reasoned, maximized the value of Germany’s support for the LNHO. For example, when the Reich Health Office learned of a strong international interest in a German exchange, particularly among British physicians, the Reich Health Office requested German health experts to refrain from discussing the idea publicly. Although the British government supported the OIHP, the LNHO enjoyed the support of many British health experts. Nevertheless, for political reasons, the Reich Health Office sought to maintain its distance from the LNHO publicly. The attempt seems to have been rather fanciful.

The German-LNHO agenda competed with other national and regional interests. The British sought to keep all decisions on international health issues in the hands of the OIHP. The United States demanded the power to classify any harbor in the world

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16 Dammann to the AA, 26 April 1926, PAAA R 65502.
according to American standards. The Netherlands, China, and Japan lobbied for a special commission for Asia. Egypt pressed the European powers to dismantle the International Health Authority in Alexandria, which it viewed as a form of military occupation. Turkey opposed special epidemiological oversight around the Bosporus. The Soviet Union fought any initiative that brought special attention to the Black Sea. The importance of military and economic interests at the conference is evidenced by the pressure on the German delegation from Berlin. The Defense Ministry urged that support for the LNHO cease, since it did not “exclude the military use of epidemiological intelligence.”\(^\text{17}\) Otto later complained that economic and military interests had caused the new Convention to ignore major epidemiological discoveries, especially those concerning typhus.\(^\text{18}\)

Amid clashing military and economic interests, the antagonism between the OIHP and the LNHO was palpable. It was clear to the German delegation that most states wanted the weaker OIHP to be the convention’s executive body.\(^\text{19}\) The OIHP, with its modest scope, small staff, and limited means, was the preferred choice for countries that wanted weak supervision. Support for the OIHP was a vote against a strong international health organization, which the LNHO represented.

Thanks to British opposition, the LNHO’s failed to stop the OIHP from taking control of the convention. The British sought to convince the Germans of the

\(^{17}\) The RMI to the AA, 27 May 1926, PAAA Botschaft Paris 924b.

\(^{18}\) Otto to the RMI, 16 August 1926, BArch R 1501/111225.

\(^{19}\) Hamel, Breger, Sannemann, Otto, et al. to the AA, 20 May 1926, PAAA Botschaft Paris 924b.
hopelessness of the effort to give the treaty's execution powers to the LNHO. The British proposed a deal to Hamel, the leader of the German delegation. If he did not block the OIHP, the British would not oppose Germany's goal to make the treaty non-binding. Privately, Thorwald Madsen, the leader of the LNHO delegation, conceded to Hamel that the OIHP’s position was secure and there was no hope for even partial LNHO involvement. Thus with Berlin’s approval, the German delegation agreed to the British scheme. Hamel realized that Germany’s opposition to the OIHP would lose by majority vote and end in a defeat for Germany and a triumph for the OIHP.20

The German delegation was allowed to sign the convention without agreeing to mandatory adherence.21 Many other nations followed suit and signed on the condition that the treaty be non-binding. The convention failed because compliance was not guaranteed. Failure served British interests: the agreement was weak and the LNHO had been sidelined. Although the attempts to topple the OIHP had failed, Germany’s struggle against it transformed Germany-LNHO relations. Whereas since 1922, Germany had only participated in the LNHO’s activities, the Sanitary Conference brought Germany and the LNHO into alliance. The alliance was based on common interests. Beginning at the conference, German and League health officials worked in

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20 Untitled letter, Hamel, quoting George Buchanan, senior medical officer at the British Ministry of Health, to the AA, 21 May 1926, PAAA R 65503.
21 At the insistence of the Interior Ministry and the compliance of Soehring and Heilbron, the German delegation was given a free hand at the conference. Nevertheless, both the Interior Ministry and the Foreign Office wanted the delegation to make an official protest against the OIHP. See Karl Melior, Interior Ministry health official, to the AA, 27 May 1926, PAAA Botschaft Paris 942b.
concert toward shared goals, such as easing the boycott of German scientists and ensuring French and Belgian cooperation in German health personnel exchanges.

In a shrewd publicity maneuver, the German delegation undercut the French victory over the convention by rebranding its meaning. Hamel organized an excursion for the international public health experts who had gathered in Paris for the conference. He arranged for more than a third of the delegates to visit the Health, Social Care, and Physical Exercise exhibition (Gesolei) in Düsseldorf. While designed to eclipse the French victory, the excursion eased tensions that were caused by stand off between the OIHP and the LNHO. Because Germany’s attempt to draw international attention to Gesolei included the French and Belgian delegations, the scheme improved Franco-German cultural relations.

Hamel conceived of the plan before the Sanitary Conference began. His scheme won the financial support of Gesolei organizers, the city of Düsseldorf, and the Foreign Office. The Foreign Office’s Cultural Department contributed half of the funds and organized a special train service between Paris and Düsseldorf. The Foreign Office supported Hamel, because the plan would “advance the cultural and scientific relationship between Germany and foreign countries.” The day after the conference ended, 60 delegates – and 20 of their wives – toured Gesolei for three days in late June.

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22 Austellung für Gesundheitspflege, soziale Fürsorge, und Leibesübungen.
24 Friedrich Heilbron, Director of the AA’s Cultural Department, to Schlossmann, 10 June 1926, PAAA Botschaft Paris 924b.
25 Otto Soehring to the Legationskasse, 26 October 1926, PAAA Botschaft Paris 830.
Central to Hamel’s plan was that Gesolei emphasize the international nature of German medicine and public health. However, because the exhibition was conceived as a celebration of a resurgent Germany, national pride was its overarching theme. The LNHO’s participation gave Gesolei an international dimension, which made Gesolei’s nationalism less glaring and connected exhibition to the conference in Paris.

The LNHO’s presence in Düsseldorf broadened the its connection to Germany’s academic and professional medical associations. The LNHO established a relationship with the Society of German Natural Scientists and Physicians, Germany’s oldest medical association. The Society invited the LNHO to send representatives (at the Society’s expense) to attend its 89th annual conference, which was held at Gesolei.

With the LNHO vouching for Gesolei’s internationalism, the excursion encouraged French and German public health officials to interact in the festive atmosphere of an exhibition. Indeed, Gesolei was conducive to social interaction. Included at Gesolei were thousands of sports competitions and dozens of conferences for medical associations. Visitors could, for instance, learn about the power of the heart by squeezing a tube, which sent water pressure through a plastic model to replicate a heartbeat. In another exhibition, by pressing a button, visitors could illuminate parts of an anatomical model, which illuminated corresponding pictures of worms and parasites.

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26 See chapter 5.
27 Besides its own involvement in the exhibition, the LNHO enabled other countries to participate in Gesolei as well, Rector of the University of Bologna to Rajchman, 28 June 1926, LNA R 977, 12B 46982/46982x.
28 Schlossmann to the LNHO, 17 August 1926, LNA R 985, 12B 53286/53286.
that could inhabit each organ.\textsuperscript{29} The result was part amusement park, part health and hygiene instruction, part scientific convention.

While the purpose of the excursion lay in national competition and international politics, Germany’s warm reception of its guests assuaged tensions. In contrast to the OIHP’s refusal to accept German as an official language at the conference, Gesolei organizers gave the visiting delegates tours in French, English, and German. The tours, which covered the exhibitions and hospitals around Düsseldorf, introduced foreign delegates to Germany’s medical and public health facilities. The German embassy in Paris reported to the Foreign Office “it is extremely rare that a journey can boast of such success.”\textsuperscript{30}

As a measure of how much Gesolei impressed health authorities in France and Belgium, both countries arranged for a second visit to Düsseldorf two months later. So inspired was he by his own tour that Otto Velghe, Director General of the Belgian Health Office and President of the OIHP, sent two of his top health experts, Hector Rulot and Guillaume Timbal. In close contact with the LNHO (Velghe and Rulot had been involved with the LNHO since its establishment), Velghe appealed to Geneva to fund the Belgians’ second tour. He confided to Rajchman that Gesolei was “quite remarkable and instructive”, and he was particularly drawn to Gesolei’s emphasis on social hygiene.\textsuperscript{31} After his tour of Gesolei, Rulot proposed to work more closely with

\textsuperscript{29} Hau, \textit{The Cult of Health and Beauty}, 139.
\textsuperscript{30} Franoux to AA, 30 June 1926, PAAA Botschaft Paris 924b.
\textsuperscript{31} Velghe to Rajchman, 29 June 1926, LNA R 977, 12B 46982/46982x.
German health authorities.\textsuperscript{32} Like the Belgians, the French government sent two more health officials to Gesolei, again at the LNHO’s expense.\textsuperscript{33}

The Convention and Gesolei represented the two different approaches to public health: quarantinism and sanitationism. The quarantinist approach toward health and disease relied on quarantines, disinfection, and immunization. Sanitationism – the basis for social hygiene – focused on health \textit{promotion} and disease \textit{prevention}.\textsuperscript{34} The excursion from Paris to Düsseldorf was a transition – experienced by the conference delegates – from quarantinism to sanitationism.

In order to capture international attention, the German delegation and the LNHO sought to make Gesolei appear to be part of the Sanitary Conference. However, the Germans also endeavored to offer Gesolei to the world as an alternative to the OIHP’s quarantinism. Breger described the Gesolei visit by the conference delegates in June as “a harmonious conclusion to the conference.” The responses of the foreign delegates were, in Breger’s words,

\begin{quote}
Astonishment, admiration, esteem, and unequivocal recognition of [the exhibition’s success]. The foreigners asked ‘how is it at all possible, that Germany could build such a masterwork in such difficult times?’ [At Gesolei], a rapprochement between peoples will be reached. The International [Sanitary] Conference will go hand in hand with the endeavor to serve all of humanity through the advancement of social thinking and feeling, from which blooms the physical and moral fitness of the individual who makes up a nation.\textsuperscript{35}
\end{quote}

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\textsuperscript{32} Rulot to Hamel, 16 September 1926, BArch R 86/4471.
\textsuperscript{33} Frank Bordreaux, League Health Section official, to Dequidt, 31 August 1926, LNA R 977, 12B 46982/46982x.
\textsuperscript{34} Baldwin, 7.
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Breger redefined the purpose of the conference in sanationist terms. In Paris, the Convention had had little to do with “the physical and moral fitness of the individual.” At Gesolei, however, it did. “Social thinking and feeling” replaced the politics of economic and military interests. Through its promotion of social hygiene, the German delegation hoped to show the world that Germany had the most advanced, modern, and international approach to public health.

The recasting of the Sanitary Conference’s meaning through the excursion to Gesolei was also a German attempt to claim leadership in the social hygiene movement, and to forge international relationships as equals with progressive public health experts in France. While distrust of the OIHP had fueled German health officers’ alliance with the LNHO at the Sanitary Conference, the German delegation welcomed cooperation with like-minded French social hygienists. Earning the recognition of French social hygienists would – Hamel hoped – mitigate the defeat at the conference. Although the French government supported the OIHP, its significance in France had diminished since its creation in 1907. The OIHP’s traditional quarantinism was overshadowed in France by the emergence of social hygiene’s broader and more progressive approach to health. The divisions within Germany among social hygiene, racial hygiene, and traditional quarantinism also existed in France. However, in the early 1920s, social hygiene in France had penetrated further into government health policy and academic medicine.

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CHAPTER VI

Social hygiene in France was both an example to follow and a rival, with which to compete.

Eugenics in Germany and France had followed a similar trajectory. Before the war, German and French proponents espoused both positive and negative eugenics. However, after the slaughter of millions and the degradation of the health of civilian populations, the majority of both German and French eugenicists turned to social hygienic measures to increase birth rates and to promote health. As historian William Schneider argues, “the more limited objective of simply trying to improve the existing population biologically through social hygiene measures was much more compatible with the postwar spirit of rebuilding, both physically and psychologically.”

In France, the shift was even more pronounced than in Germany. French eugenicists had begun their move toward positive eugenics before the outbreak of the war due to anxiety over France’s declining birthrates. Also, the Rockefeller Foundation’s advocacy of social hygiene had a profound effect on French approaches to public health.

While German federalism prevented the unification of governmental health and welfare policy, French social hygienists created France’s first cabinet-level health ministry (the Ministry of Hygiene, Assistance, and Social Welfare) in 1920. The first Minister of Hygiene, Jean-Louis Bréton, was a leading social hygienist. Adding to the

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37 Positive eugenics – or social hygiene – was the promotion of programs to increase birth rates and safeguard the population from “social disease” like tuberculosis, venereal diseases, and alcoholism through education and outreach clinics. Negative eugenics, (often referred to in Germany as racial hygiene) promoted sterilization, euthanasia, premarital screening, and birth control. Both negative and positive eugenics (social and racial hygiene) were based on sanitationism because the underlying approach to both was holistic and preventative. See Chapter 5.

38 Schneider, Quality and Quantity, 119.
induction of social hygienists into government service was the appointment of August Isaac as Minister of Commerce. Both Bréton and Isaac were natalists, who had been active in French eugenics before the war. Bréton created the Superior Council of Natalism (to which he appointed Isaac as director) and the National Committee of Social Hygiene Propaganda and Prophylactic Education. The Superior Council and the National Committee were research centers, which promoted both popular hygiene education and cooperative scientific study of health by academic, governmental, and biomedical researchers.\(^{39}\) Bréton and Isaac staffed the Superior Council and the National Committee, as well as ministerial posts, with medically trained social hygienists. Thus, French social hygienists achieved what their German counterparts had yet to accomplish: the centralization of governmental health and welfare policymaking by medical experts.

The most significant coup for social hygienists in France, however, was the creation of the National Office of Social Hygiene in 1924. The National Office grew out of the Rockefeller Foundation’s program to fight tuberculosis and venereal disease in France during the war. In 1916, the Rockefeller Foundation had expanded the existing French program to fight tuberculosis in the army to include France’s civilian population. The Rockefeller Foundation proposed a long-range plan based on prevention. The wartime program culminated in the establishment of the National Office of Social Hygiene, which provided propaganda centers, tuberculosis and venereal-disease monitoring offices, nursing clinics, and hospitals, as well as new

\(^{39}\) Ibid., 120-122.
organizations that sought to improve industrial hygiene, food and drugs, and sanitary engineering. While the Rockefeller Foundation organized and funded the National Office, it was staffed by members of Bréton’s National Committee of Social Hygiene Propaganda and Prophylactic Education. The Rockefeller Foundation’s expenditure in France was greater than its support for the LNHO. Because of its massive budget, the National Office co-opted French eugenicists and governmental health policymakers, and directed them toward the Rockefeller’s vision of social hygiene.\textsuperscript{40} Thanks to the Rockefeller Foundation and like-minded French social hygienists, by the end of the 1920s, “social hygiene in France had become virtually indistinguishable from public health.”\textsuperscript{41}

The penetration of social hygiene into French health and welfare policymaking, with its concomitant empowerment of medical experts in a centralized administration, was of great significance to German health officers. They hoped that cooperation with their French counterparts would mitigate their defeat against the OIHP. While domination by the OIHP was unthinkable to the Germans, equality with French social hygiene was desirable. The excursion to Gesolei was a means to develop relations with social hygienists in France, or, at the very least, to advertise Germany’s advances in the new progressive science of public health. In any event, German health officers were acutely aware of the power of the Rockefeller Foundation to reorganize a nation’s

\textsuperscript{40} Ibid., 136-142. Also see Schneider “The Eugenics Movement in France, 1890-1940,” in \textit{The Wellborn Science: Eugenics in Germany, France, Brazil, and Russia}, ed., Mark Adams (New York: Oxford University Press, 1990), 77.

\textsuperscript{41} Schneider, \textit{Quality and Quantity}, 135.
public health administration and elevate medical experts to positions of authority. The Rockefeller Foundation’s support, whether directly or through the LNHO, was strongly desired in Germany. Gesolei was a way to showcase Germany’s progressive sanitationism and its participation in social hygiene’s vanguard.

**Germany’s Institutional Integration with the LNHO**

In the politics of international health between 1925 and 1927, the French and British foreign offices sought to empower the OIHP at the expense of the LNHO. To counter the threat, the LNHO leveraged German support. In order to secure its position as the premier international health organization, the LNHO offered German health officials greater participation in policymaking.

The appointment of a German to the LNHO secretariat was an important step in this direction. On 1 October 1925, Otto Olsen filled the position that Heinrich Zeiss had refused.\(^42\) Alfred Grotjahn, one of the founders of social hygiene in Germany and a Social Democratic representative to the Reichstag from 1921 until 1924, was responsible for Olsen’s appointment in Geneva. The differences between Olsen and Zeiss were considerable. Politically, Olsen was center-left, whereas Zeiss was an ultranationalist. While Zeiss’s concentration was in laboratory research, Olsen’s work as a social hygienist focused on the cultural and social dimensions of health. As the Sanitary Convention and Gesolei mirrored the distinction between quarantinism and

\(^{42}\) See chapter 5.
sanitationism, so did Olsen and Zeiss’s approaches toward international health. Olsen’s background in social hygiene and preventative medicine aligned him with the LNHO’s approach to health and sickness.

After his move to Geneva, Olsen became the primary contact between Germany and the LNHO. Because of his connections with leading German health experts, Olsen pressured the Foreign Office and the Reich Health Office in a way that Rajchman never could. He leveraged his support from social hygienists in Germany to influence the Foreign Office’s position toward the LNHO. The Foreign Office’s Referat Völkerbund, still nominally in control of German-LNHO affairs, was at first skeptical. When asked for an assessment of Olsen, Martin Hahn, the director of the University of Berlin’s Hygiene Institute, ensured that Olsen, his assistant, would “bring honor to Germany.” However, the Referat feared that, because he was half Danish by birth, Olsen might “succumb to the atmosphere of Geneva.” The Referat asked Hahn whether Olsen would be “international” or “uphold German interests.” Despite its misgivings, the Referat did not block Olsen’s appointment. Once in Geneva, Olsen was in regular communication with the Referat, especially with Otto Soehring.

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44 See chapter 5.
45 Walter Poensgen, the deputy director of the LN Referat, to the German Consulate in Geneva, 22 September 1925, PAAA Konsulat Genf 53.
46 Soehring, who supported closer German-LNHO relations, was both Bülow’s assistant and Legationsrat in the Foreign Office’s Culture Department. Soehring was most likely assigned to assist Bülow, in order to ensure Bülow’s continued support of the pro-League policy of Foreign Office’s leadership. See Chapter 5.
directed the Foreign Office’s and LNHO’s coordinated response to the Sanitary Conference and its excursion to Gesolei.47

Olsen’s relationship with Hamel underpinned Germany’s alliance with the LNHO. Olsen and Hamel consulted in the formation of the German delegation to the Sanitary Conference. In April 1926, after informing Hamel that he had been chosen to join the LNHO’s Tuberculosis Commission (perhaps an honor given to promote Hamel’s cooperation), Olsen suggested that Bernhard Nocht should represent Germany at the conference.48 Nocht was the LNHO’s trusted ally who would represent LNHO interests. Hamel “greatly welcomed” Olsen’s suggestion but decided that Nocht would appear too biased toward the showdown at Paris.49

Olsen coordinated LNHO policy with Hahn, his mentor, and Grotjahn. Paul Weindling argues that Olsen’s appointment to the LNHO “marked a victory for the center-left of the German public health community.” Through Olsen, Grotjahn gained access to the LNHO and sought to steer it towards social hygiene.50 Grotjahn and Hahn ensured that the Gesolei organizers invited the LNHO,51 and Olsen convinced LNHO officials, who were initially suspicious of the Gesolei’s nationalistic undertones, to accept.52 Iris Bowory argues that Olsen did not play a major role in the LNHO,53 but

47 Soehring to Olsen, 18 February 1926, PAAA Genf 53.
48 Olsen to Hamel, 30 April 1926, BArch R 1501/111225.
49 Hamel to Olsen, 6 May 1926, BArch R 1501/111225.
51 Fritz Rott, the secretary of the Reich Consortium of Social Hygiene Associations and director of the Kaiserin-Augustin Victoria Haus for Combating Infant Mortality, to Olsen, 27 October 1925, LNA R 977, 12B 46982/46982x.
52 Olsen to Norman White, 3 November 1925, LNA R 977, 12B 46982/46982x.
53 Iris Borowy, “Wissenschaft, Gesundheit, Politik,” 42.
She is wrong. Olsen’s connections in the German government and among prominent social hygienists did increase German influence on LNHO policymaking.

Olsen’s most significant role was as a link between Grotjahn and the LNHO. Grotjahn had influence among both Social Democrats and German medical experts. He used his political and professional connections to press the German government to expand its involvement in the LNHO. Grotjahn came to political prominence in 1921 when he introduced an initiative in the Reichstag to establish a German Ministry of Health. He had sought to remove the Reich Health Office from the Interior Ministry’s jurisdiction and to secure a cabinet seat for a new Health Ministry. In his vision, Germany’s health authority “should not only consult but engage in practical and active health initiatives.” Furthermore, a physician, not a lawyer (as was the case in Germany until 1926) should direct the Reich Health Office. However, cabinet level health authority was not achieved.

Grotjahn’s approach to health corresponded to Rajchman’s efforts to move the LNHO “away from the control of infectious diseases and technical questions towards social medicine.” Grotjahn replaced Nocht as Rajchman’s unofficial German advisor. Weindling argues that the transition “marked a crucial turning point for the LNHO” toward social hygiene. While a more significant turning point had been the grant from the Rockefeller Foundation in 1922, Grotjahn’s alliance with Rajchman improved German-LNHO relations. In Grotjahn, the LNHO found a powerful and like-minded

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54 Hüntelmann, 135.
advocate in Germany. In December 1925, Grotjahn complained to Stresemann that the Reich Health Office and the Reich Economic Ministry were not complying with the LNHO’s standards on health statistics. He urged Stresemann to require the German government’s strict compliance with LNHO’s standards. However, because the Reich Health Office lacked the authority to ensure systematic coordination among state governments, strict compliance was not achieved. Nevertheless, the tenacity of Grotjahn’s support for the LNHO was remarkable. During 1926 and 1927, his involvement with the LNHO grew. He joined the LNHO’s Social Hygiene Commission in 1926. A year later, Rajchman secured Rockefeller Foundation funding for Grotjahn’s scheme to establish the LNHO’s Center of Public Health Documentation.

The appointment of a new Reich Health Office president in August 1926 also strengthened the growing German-LNHO alliance. On the occasion of the Reich Health Office’s jubilee celebration, Hamel replaced Franz Bumm as the Reich Health Office’s executive. Because he was the first medically trained president, Hamel’s transfer from the Interior Ministry was a partial realization of Grotjahn’s attempts to restructure the Reich Health Office. Hamel’s ability to coordinate the Reich Health Office’s and Interior Ministry’s bureaucracies, as well as the special funds allocated by the Interior Ministry, increased his influence over other ministries in the German government. The Reich Health Office’s jubilee in the summer of 1926 marked the high point of its

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56 Grotjahn to Stresemann, 29 December 1925, PAAA R 65502.
57 Rajchman to Grotjahn, 7 April 1926, LNA R 861, 12B 50795x/26435.
58 Rajchman to Grotjahn, 7 May 1927, Humboldt University Archives, Nachlass Grotjahn 136.
influence on German domestic and foreign policymaking. Hamel’s appointment also marked the Reich Health Office’s definitive shift from a quarantinist towards a sanitationist orientation. During the immediate postwar years, it had confined its health measures to quarantines, disinfection, and immunization, rather than seeking better health through social and cultural initiatives. Under Hamel, its move toward social hygiene was in line with Grotjahn’s and Rajchman’s approach to international health. Hamel was a leading member of the Reich Committee on Popular Hygienic Education and he sat on the executive board of the Dresden Hygiene Museum, which had been the inspiration for Gesolei. Reinforcing the institutional convergence between the Reich Health Office and the LNHO was Hamel’s longtime support of Rajchman’s projects, which promoted an international *esprit de corps* among health officials from cooperating countries.

Shortly after Germany’s admission to the League, the LNHO institutionalized its relations with German health experts when it established the Association of German Medical Experts in October 1926. The association, which consisted of the German participants in the LNHO’s international exchange programs, met with the Soehring’s “full approval.” Association members gathered in Geneva to promote German cooperation with the LNHO and to coordinate future projects. The association’s primary function was to establish a “German Section” of the LNHO, to be based in

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59 Hüntelmann, 143-146.
60 Ibid., 167.
61 See chapter 5.
62 Olsen to Nocht, 7 July 1926, LNA R 987, 12B 54461x/54461.
At the association’s inaugural meeting in October 1926, Rajchman and Madsen toasted the success of Germany’s integration into the LNHO. However, Germany’s full commitment had yet to be achieved. Rajchman and Madsen asked the association to seek the German government’s permission to conduct the long-delayed international exchange program in Germany. Hamel resolved to promote the plan in Berlin.

The Foreign Office tried to maximize German influence in the LNHO policymaking. Soehring sought to ensure Hamel’s election to the LNHO’s Health Committee, and thus to make Hamel the second German member after Nocht. Soehring’s plan required help from Geneva. Soehring enlisted Madsen, the President of the Health Committee, to help. At Madsen’s suggestion, Soehring appealed to the League’s Secretary General directly to ensure that the OIHP elected Hamel.

Germany’s institutional integration suffered a brief setback when Bülow returned to the Referat Völkerbund in the spring of 1926 after a leave of absence. Joachim Wintzer describes Bülow’s absence from the Referat Völkerbund as “bearable [verschmerzbar]” – in other words, the Foreign Office could have done without him. Indeed, Bülow’s absence most likely eased the Foreign Office’s preparations for Germany’s admission to the League. While in office, Bülow had been unable to unify

64 “Bericht über die Zusammenkunft der deutschen Kommissionsmitglieder der Hygienesektion des Völkerbundes,” 11-12 October 1926, PAAA R 65504.
65 Madsen to Soehring, 9 October 1926, PAAA R 65503.
66 Wintzer, 535.
German policy toward the League either within the Referat Völkerbund or across the Foreign Office, and he had consistently impeded Germany’s participation with the LNHO. He considered that old animosities would always remain and only the methods of combat evolved. To Bülow, the League’s only purpose for Germany was its use as a means to revise the Versailles status quo. However, Wilhelm Marx, Justice Minister and the next German Chancellor, sought to break the “monopoly of the Foreign Office” to appoint only “protestors of the old system to the most important positions of Germany’s foreign service.” Marx’s frustration revealed the German Cabinet’s impatience with Bülow’s reluctance.

Forced to disavow – at least publically – his opposition to the League of Nations, Bülow admitted

The LNHO, of all the League’s organizations, has perhaps performed the most commendable work…However, it has been occupied by much unnecessary and unproductive work. In response, Britain has already expressed the anxiety that many countries feel toward the LNHO. It is noteworthy that a not completely insignificant tension exists between the LNHO and the OIHP, with the result that many countries, particularly France and Britain – as the Sanitary Conference showed – greatly favored the Parisian Institute [the OIHP].

Bülow’s forced conversion to League supporter – however tepid – signified the neutralization of one of the most significant threats in the Foreign Office to German-

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67 Ibid., 548.
68 Ibid., 536.
69 Ibid., 544.
70 Wilhelm Marx, quoted in Wintzer, 554.
71 Ibid.
LNHO integration. Even though the Interior Ministry had supplanted the Foreign Office in promoting German-LNHO relations, the Foreign Office still determined Germany’s overall cultural relations with the League.

Despite Bülow’s senior position, Soehring assumed control of German-LNHO relations in the Foreign Office. In conjunction with health officers in the Interior Ministry and Reich Health Office, He coordinated German policy regarding the Sanitary Conference and its excursion to Gesolei.

The shift of responsibility from Bülow to Soehring benefited the German-LNHO alliance. Soehring gave the LNHO his unreserved endorsement and served as the Foreign Office’s public advocate of cooperation with the LNHO. In December 1926, he gave a series of four radio addresses for the Deutsche Welle on the subject of Germany’s international scientific relations. Published in 1927, these lectures promised that cooperation with the LNHO would further benefit Germany. Soehring presented the LNHO as an example for other League organizations. He explained that the LNHO had improved international relations. It had directed “practical, useful, and nonpolitical” campaigns against epidemics, which had helped reestablish “the broken connections between conqueror and vanquished.”73 He argued that the League had initiated real scientific cooperation during the immediate postwar years. The LNHO, Soehring declared, “was the first League organization to function with scientific

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methods, in the strictest sense, and the first to produce science

[wissenschaftsfördernd].”\textsuperscript{74}

The success of the LNHO, in Soehring’s estimation, should inform reconciliation in the world of science and politics. Soehring argued:

It has been seen with the cooperation on health matters, how the success of collaboration between countries in this narrow field …was difficult to imagine earlier. The success of such work was only thinkable through international cooperation. And what has already become reality can also happen in other challenging areas. However, success can only be achieved collectively and with the intellectual leadership of a great number of nations that enjoy equal authority and responsibility.\textsuperscript{75}

Now that Germany was a full member of the League, Soehring pointed out, Germany offered its full support to the LNHO. Soehring’s offer extended to the LNHO’s pharmaceutical standardization and anti-epidemic campaigns, and medical exchanges, as well as to initiatives in the collection of epidemiological intelligence, eugenics, and physical fitness.\textsuperscript{76} According to Soehring, Germany’s support of international cooperation in health matters had even been evident in Germany’s participation at the Sanitary Conference. However, Soehring declared that the conference had been a success only because of the excursion to Gesolei.\textsuperscript{77}

\textsuperscript{74} Ibid., 9.
\textsuperscript{75} Ibid., 32.
\textsuperscript{76} Ibid., 11.
\textsuperscript{77} Ibid., 10.
Finally Committed: The LNHO’s exchanges in Germany and France

The German-LNHO relationship, which had expanded because of the standoff at the Sanitary Conference, the cooperation at Gesolei, and the appointment of Olsen, enabled the LNHO to achieve Germany’s full cooperation. The way the LNHO ensured German health officials’ integration with their French counterparts illustrated the breadth of German-LNHO relations, and highlighted the LNHO’s insinuation into German foreign and cultural policymaking.

However, even after Germany’s accession to the League in September 1926, Germany did not fully participate in two of the LNHO’s most important projects, the Public Health Personnel Exchange program and the Advanced Training Course in Health. These two programs had begun in 1922 with a generous grant from the Rockefeller Foundation. By the summer of 1926, the LNHO had conducted 20 general and 29 specialized exchanges, which reached 25 countries in Europe, Asia, the United States, and West Africa. Three hundred fifty health experts from 67 countries had participated. The extent of the LNHO’s exchange programs was remarkable considering the political polarization in Europe during the first half of the 1920s. However, German health officials had resisted the LNHO’s pressure to host an exchange. At least twice a year, since the programs’ inception, German health authorities had convinced the LNHO to postpone an exchange in Germany.

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At the end of 1922, when Rajchman began lobbying for an exchange in Germany, the Foreign Office and German health officials feared that a touring group of international health experts would be embarrassing to German scientists and lead to political complications. The postwar financial crisis had caused massive material cutbacks and a 25% workforce reduction in Germany’s health institutions. German scholars and governmental officials did not want to exhibit the devastation to the French or anyone else. Since distinguished scientists from around the world would travel throughout Germany on an extended tour, the exchange had a political dimension. From the end of 1922 until early 1926, German health officials agreed with the Foreign Office that if French health experts were harassed while on tour, the risks of an international incident were high. The same concern had prevented German health experts from attending LNHO exchanges in France and Belgium. 79

Still, Rajchman kept trying. In the autumn of 1925, the LNHO’s prospects for winning German approval improved. In early 1926, the LNHO renewed its efforts to hold an exchange in Germany. However, when Rajchman renewed the request, German health officials and the Foreign Office again delayed, insisting that it was not the right time. They feared that an exchange would undermine Germany’s appearance of neutrality in the upcoming conflict against the OIHP at the Sanitary Conference.

Although the Reich Health Office had rebuffed Rajchman’s advances, the campaign to host an exchange gained support in Reichstag. In March 1926, LNHO supporter and center-left Social Democrat, Georg Schreiber, introduced a resolution that

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79 See chapter 4.
petitioned the Foreign Office to promote international academic exchanges.80 Schreiber sought to ensure Germany’s full participation in the LNHO’s exchange programs. He argued that Germany should pursue internationalism and social hygiene as a means to safeguard the nation’s health.81 The resolution, which passed in late April, directed the Foreign Office to “make an extensive study of the international relationships in the area of science and society.”82 The Foreign Office responded that its Culture Department was already pursuing this goal. It explained that,

German University-Weeks, lectures and study trips, participation of German scholars and congresses and other international meetings, professor and student exchanges, book exchange and other international relationships of a cultural/political nature will be carefully promoted.83

However, the Foreign Office and the Reich Health Office continued to delay.

The LNHO was nevertheless determined that Germany set a date. Olsen lobbied Hamel directly. When Olsen brought up the issue at the Sanitary Conference in May 1926, Hamel explained that public opinion in Germany would not allow an exchange until Germany joined the League and the boycott of German sciences was resolved. After another three months of delay, Hamel agreed to an exchange in principle, but he explained that several more months were needed to contact the various state and municipal authorities. More

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80 The Reich Minister of Finance to the AA, 12 March 1926, PAAA R 64854.
82 The AA to the Reichstag President, 3 May 1927, PAAA R 64854.
importantly, “the current international situation called for patience.” Hamel feared that a highly publicized exchange would trigger a backlash from conservative German medical faculties, just as the LNHO’s social hygiene education program had done.

Olsen was determined. On 13 September, a week after Germany’s formal admission to the League, his pressure turned into threats. He insisted that political obstructions must surely have abated, and that if Germany now gave an evasive answer, “it would certainly leave an embarrassing impression.” Olsen then threatened to make a formal request to Germany’s ambassador to the League if Hamel did not set a date soon. Hamel again silent, Olsen repeated the threat to Soehring, who was determined to avoid such a showdown. Under pressure from the Foreign Office, Hamel declared at a meeting of the Association of German Medical Experts in Geneva, that Germany would begin preparations. However, no date was set. The Reich Health Office’s delay might have been part a stratagem to acquire a second German seat on the LNHO’s Health Committee, for two days after Hamel’s declaration in Geneva, the LNHO assured him that “due to his attitude” he would win the election to the Health Committee.

84 Hamel to Olsen, 30 August 1926, LNA R 964, 12B 44111/44111.  
85 Olsen to Hamel, 13 September 1926, LNA R 964, 12B 44111/44111.  
86 Olsen to Soehring, 23 September 1926, LNA R 964, 12B 44111/44111.  
87 Hamel to Olsen, 24 September 1926, LNA R 964, 12B 44111/44111.  
88 Madsen to Hamel, 14 October 1926, PAAA R 65504.
While German authorities frustrated the LNHO’s efforts to set a firm date for an exchange, Olsen began preparations for an Advanced Training Course in Paris. The training course, set to begin on 17 January 1927, reflected the LNHO’s emphasis on social hygiene and public health. It consisted of two stages. The first was a series of lectures and workshops, lasting six weeks; the second was a six-month-long international tour. Adding to its significance, the event was to become the first official Franco-German scientific exchange of its kind in the postwar period. However, the German government did not contribute to the achievement. Olsen sidestepped German health authorities and simply invited his former German colleagues, Schlossmann, the Gesolei organizer, and Hahn, Olsen’s mentor. In Paris, Schlossmann and Hahn, both francophone, gave papers on school hygiene and modern hospital administration.89

Olsen’s method of assuring German participation in Paris solved the impasse over the exchange in Germany. He leveraged Schlossmann’s and Hahn’s support for the training course in Paris to force the Reich Health Office to decide on a date for the German exchange. When Hamel discovered Olsen’s machinations, he insisted on the Reich Health Office’s prerogative to nominate German participants and complained to Rajchman.90 However, when Rajchman went to Berlin to sort the matter out, German health officials in the Reich Health

89 Olsen to Hahn, 4 November 1926, LNA R 985, 12B 54363x/53877: jacket 1, Olsen to Schlossmann, 6 November 1926, LNA R 985, 12B 54363x/53877 (Jacket 1).
90 Hamel to RMI, 30 November 1926, PAAA R 65504.
Office and the Interior Ministry endorsed Schlossmann’s and Hahn’s participation at Paris. Also, to Rajchman’s “great satisfaction,” the Reich Health Office finally set 19 September 1927 as the start of the exchange in Germany.91

The LNHO had insinuated itself in German health policymaking to a degree that was unimaginable two years earlier. Rajchman was now able to induce the Reich Health Office and the Foreign Office to comply with the LNHO’s agenda. Olsen’s and Rajchman’s stratagem of sidestepping the German government provided the effective leverage with which the LNHO ensured German compliance on an issue that Rajchman had been pursuing for the past five years.

Once the arm-twisting was over, German cooperation was enthusiastic. The exchange in Germany was broad in scope, carefully planned, and attended by distinguished health experts from around the world. The event, which included 30 foreign health experts from 18 countries, was the first instance of a cultural exchange on this scale in Germany in the postwar period. Among the foreign representatives was Timbol, the Inspecteur principal of Belgian’s Health Service, who had visited Gesolei after the Sanitary Conference. The French delegation included Léon Bernard, the director of the Hygiene Institute at the University of Paris and the director of the LNHO’s Subcommittee on social

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91 Bülow to Poensgen, 11 December 1926, PAAA R 65504, and Rajchman to Hamel, 14 January 1927, LNA R 964, 12B 44111/44111.
hygiene education. Over six weeks, elite European and American health authorities toured eight German cities and a number of small towns. The participants visited medical institutions, schools, universities, and municipal sanitation facilities. The exchange also included the inspection of social and medical insurance schemes, foodstuffs, medical education, physical fitness facilities, pharmacies, drinking-water supplies, and the drainage of wastewater – all of which came under the heading of social hygiene.

Reich health authorities were now eager to make the best possible impression on their foreign guests. In what might be considered a lapse into romantic whimsy, Bavarian health officials even wanted show the foreigners “German houses in the mountains,” and lobbied Hamel that the exchange should begin earlier in the year. They argued that it was imperative to show off the beauty of Germany’s summer.

The program resulted in frank exchanges between German and French health experts. Germany’s cultural quarantine had ended. On the last leg of the six-week tour, at a meeting in the Bavarian Department of Agriculture, social hygiene and preventative medicine sparked a lively discussion. The interaction revealed how little foreign representatives knew about German health and

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welfare services. The discussion was over the connection between health and poverty. Foreign specialists admitted that they did not understand Germany’s welfare system. The French guests insisted that the lack of coordination between the various state and federal authorities caused inefficiencies – the result of German federalism. The German hosts were forced to agree.

However, the central issue that the French and Germans debated concerned the treatment versus the prevention of tuberculosis, which had been the genesis of France’s embrace of social hygiene. In Germany, the most common treatment of tuberculosis was the sanatorium, which was only realistic for the rich. The French espoused the preventative approach. While the Germans – if somewhat half-heartedly – defended the sanatorium, they conceded the lack of prevention initiatives in Germany. Prevention was aligned with sanitationist approaches to public health, while the emphasis on treatment was quarantinist. By engaging in the discussion, the French were looking critically at the message championed at Gesolei and at the depth of Germany’s commitment to sanitationist values. Their German hosts admitted that the power of medical insurance firms, which profited from the sanatoria, had shaped Germany’s reliance on treatment versus prevention. The Germans agreed that work towards changing Germany’s response to tuberculosis was necessary and emphasized their commitment to social hygiene and prevention. With surprising
humility, they explained that the development of social hygiene in France was an example that Germany should follow.95

The exchange provided an opportunity for French and German health experts to interact on an extended basis without the pressures of protocol and the intrusion of foreign ministry officials. The relaxed atmosphere generated open exchanges and reinforced commonalities instead of highlighting animosities. The participants shared the goal: the promotion of health and the fight against sickness and disease.

**Conclusion**

The LNHO’s programs offered science as the basis for cultural exchange. Scientists were *Kulturträger*, or cultural representatives.96 Social hygiene became increasingly popular, and its social and political dimensions expanded the role of health experts. Because of the increased international coordination of public health practices and institutions, medical experts promoted international reconciliation through their shared belief in the tenets of social hygiene.

The development of social hygiene as a lingua franca among health experts stemmed from the cultural, social, and physical devastation of total war, while the period between Locarno and Germany’s integration into the LNHO marked the shift

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95 “Minutes of the Meeting of the Public Health Officers who took Part in the Interchange of Medical Officers…,” 29 October 1927, LNA R 956, 12B 62831x/44111.
from quarantinism to sanitationism. With Hamel’s accession to the Reich Health Office Presidency, Germany participated in this shift. Indeed, the shift had recast the meaning of the Sanitary Conference, which was bastion of quarantinism. The Sanitary Conference and the OIHP represented quarantinist values, and were threatened by politics and self-interest, while Gesolei celebrated sanitationism’s emphasis on the social, cultural, and moral dimensions of health. Among the supporters of sanitationism, which now included the Reich Health Office, the shift meant a transition from old politics toward new ideas.

However, as Olsen discovered, Germany’s admission to the League did not ensure its full participation in the LNHO’s most important programs. The LNHO’s prodding made possible two instances of Franco-German cultural exchange, the Advanced Training Course and the Public Health Personnel Exchange. The Reich Health Office commented with pride that the exchange program enhanced Germany’s image abroad.97 However, the success of the LNHO’s method of persuasion was only possible because of the breadth of its relationship with Germany. German and League health officials had developed ties that survived in both reactionary and liberal political climates. The expansion of its relationship with Germany had enabled the LNHO to find other areas of German support when government officials refused to cooperate.

Even though the OIHP won the role as executor of the convention – an interlocutor between governments, the LNHO, bolstered by its alliance with Germany,

had became what the OIHP could not: an organization that could internationalize the
social and cultural dimensions of health. Throughout the conflict, the LNHO
consolidated its position as a vehicle of Franco-German cultural reconciliation and
exchange. Alliances had shifted since the immediate postwar years. The French and
the British, once supporters of League’s health initiatives, backed the OIHP against the
LNHO. Germany, although previously opposed to the LNHO, prevented Franco-British
efforts to undermine it. The LNHO’s presence at Gesolei and its alliance with Germany
was good publicity for the League after the British Foreign Secretary’s sustained and
public attack. Through a combination of political stratagems, conspiracies, and noble
ideals of healing humanity, the LNHO had served as the midwife of Franco-German
cultural reconciliation.
CONCLUSION

Germany’s integration into the LNHO furthered international reconciliation after the First World War. The evolution of international health tempered the deep animosity between Germany and the Entente. While German-LNHO relations did not drive political rapprochement, German involvement in the LNHO’s institution building stood in stark contrast to the postwar rupture in international scientific and cultural relations. The Entente-led boycott of German sciences presented major difficulties to German health officials, who wanted to reestablish Germany’s prewar position as a leader in biomedical science. Through the LNHO, German health officials found a means to counter the boycott and French dominance in international health. Once the German Foreign Office embraced German cooperation with the LNHO, German-LNHO relations became an important argument with which to counter domestic opposition to Germany’s admission to the League of Nations. Despite domestic and international barriers against German cooperation with the LNHO, the first instances of Franco-German cultural reconciliation occurred in the field of public health.

Franco-German scientific and cultural reconciliation was only possible because of the persistent efforts of German health officials in the Reich Health Office and the Interior Ministry. Once Stresemann’s Erfüllungspolitik gained momentum and the Foreign Office was made to support Germany’s admission to the League, German representation in the LNHO was utilized to convince critics of the League’s impartiality. If it had not been for the efforts of Nocht, Hamel, Frey, Breger, Otto, and
Mühlens, as well as the biomedical scientists and public health experts who participated in the LNHO’s programs, the Foreign Office would not have had evidence with which to separate the League’s cultural activities from the boycott. Initially, these individuals collaborated with the LNHO despite resistance and even censure from the Foreign Office.

The barriers against German-LNHO cooperation had been considerable. The initial obstacle was the LNHO itself. The refusal of the League’s Epidemic Commission (the LNHO’s predecessor) to include German experts in its anti-typhus campaign in Poland postponed cooperation. Nevertheless, important relationships among Rajchman, Schlesinger, Otto, and ICRC officials were established even though Germany had been excluded. Later, despite the involvement of German health officials and bacteriologists at the European Health Conference at Warsaw in 1922, Bülow’s tenacious opposition to the League hampered Germany’s cooperation with the LNHO’s exchange programs. The Franco-Belgian invasion of the Ruhr valley led to the formation of the Referat Völkerbund (under Bülow’s command), which opposed German-LNHO cooperation. The Referat’s position induced German health officers to bypass the Foreign Office’s authority, and covertly participate with the LNHO’s programs. However, when the LNHO's efforts began to standardize the teaching of social hygiene, conservative university medical faculties and ultranationalist racial hygienists attacked the LNHO. Germany's cooperation with the LNHO, which had attracted little public attention until this point, became part of the standoff between Stresemann's *Erfüllungspolitik* and German academic associations’ anti-Entente
attitudes. Scientists and academic associations in Germany condemned the LNHO’s social hygiene program as Entente meddling in Germany’s domestic affairs. The Foreign Office and the Interior Ministry sought to separate the issue of the boycott of German sciences and Germany’s cooperation with the Leagues cultural activities. While some of Germany’s leading academic and scientific associations remained reluctant to negotiate an end to the boycott, the success of German-LNHO relations proved them that the LNHO was not one of the boycott’s perpetrators.

Although many barriers against German cooperation in the LNHO existed, cooperation expanded. German health officers and the LNHO found common cause in their shared opposition to the OIHP. Between 1919 and 1927, shared opposition evolved into a German-LNHO alliance against French domination of international health. The alliance was also the product of a series of events that began with the Foreign Office's and the Reichswehr’s covert activities in the Soviet Union. Between 1921 and 1922, German efforts to establish political and military alliance with the Soviet government, led to on-the-ground cooperation between the DRK and LNHO officials to aid the Volgadeutsch. A significant boost to German-LNHO relations came in the spring of 1922, when control of the DRK’s anti-epidemic campaign was transferred from the Foreign Office to the Interior Ministry. The shift was due to political pressure on Wirth’s government to address the humanitarian crisis of the westward migration of the Volgadeutsch. Control by the Interior Ministry meant that the original anti-epidemic goals of the DRK’s mission were upheld, and the mission was no longer in service of the Foreign Office’s efforts to promote political and cultural
CONCLUSION

relations with Moscow. Under the Interior Ministry, German health officials, who now oversaw the DRK’s activities, began to concentrate on helping the Volgadeutsch and preventing the westward spread of typhus through Poland. In these efforts, German health officials found common cause with the LNHO, which was active in Poland for the same purpose. To address the problem of typhus-infected Volgadeutsch en route to Germany from Minsk, the LNHO called the European Health Conference at Warsaw in 1922, which was a major breakthrough in German-LNHO relations. At the conference, Rajchman established relationships with Frey, Mühlens, and Otto. The Germans were also promised a seat on the League of Nations Health Committee (the LNHO’s predecessor), and inclusion in the LNHO’s international health personnel exchange programs. These programs promoted the expansion of the role of health officials in public health and welfare policymaking.

German health officers and the LNHO also found common cause in the promotion of social hygiene, a field that called for a fundamental shift in approach to public health from quarantinism to sanitationism. Social hygiene, which the LNHO championed, was a means by which German health officials sought to centralize health policymaking and to increase the power of medical experts in the Reich government. The health officials who directed the support of the Interior Ministry and Reich Health Office to the improvement of German-League relations had an internationalist outlook. They believed that Germany's national interests were better served through engagement with the LNHO than through international isolation. Although they supported
Germany’s political and cultural alliance with the Soviet Union, they fought for Germany's equal status among European nations.

While German and LNHO health officers promoted international cooperation, which was framed by the tenets of social hygiene, cooperative laboratory research projects added to Germany’s involvement with the LNHO. The standardization of sera, which the LNHO began in December 1921, won the approval of Germany’s leading bacteriological research institutions and their supervising bodies, the Prussian Culture and Welfare Ministries. “In the silence of the laboratory,”\(^1\) German-LNHO cooperation deepened.

After it permeated a reluctant Foreign Office and marginalized opponents of Germany’s involvement with the League of Nations, Stresemann’s *Erfüllungspolitik* led to the Foreign Office’s promotion of German-LNHO cooperation. German Foreign officers like Heilbron and Soehring – with Foreign Undersecretary Schübert’s support – used German-LNHO relations to convince conservative German scientific associations to support German membership in the League. The Foreign Office’s endorsement reinforced German health officials’ alliance with the LNHO, and expanded their shared opposition to the OIHP and their agreement on the primacy of social hygiene. The German delegation to the International Sanitary Conference in 1926, which was led by the LNHO’s supporters, Hamel and Breger, enjoyed the approval of the Interior Ministry and the Foreign Office to make policy at the conference. The Foreign Office

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\(^1\) Madsen, quoted in Mazumdar, 437.
even funded Hamel and Breger when they stole off with the Conference’s delegates to Düsseldorf, in order to celebrate Germany’s embrace of social hygiene at Gesolei.

When German health officials proved reluctant to host an international health personnel exchange – which represented Germany’s last step toward full cooperation – the Foreign Office’s investment of political capital in German-LNHO relations ensured compliance. Just when the Foreign Office publically endorsed Germany’s full cooperation in the LNHO, Rajchman threatened to expose the reluctance to host an exchange. Thanks to the support of the Foreign Office, Rajchman’s arm-twisting overcame German health officials’ concerns that international attention would expose the weakened state of Germany’s public health infrastructure.

An additional factor that enabled German-LNHO cooperation – and underwrote all the other factors – was Rockefeller funding. Because the Rockefeller Foundation bankrolled its programs, the LNHO was secure against British and French efforts to limit its expansion. The LNHO was free to seek cooperation with German public health experts, whom it induced to participate with the promise of financial support. The sera and drug standardization programs included grants to Germany’s three leading bacteriological research institutes, which otherwise did not have enough money to buy even rudimentary materials for biomedical research. Also, the LNHO’s international exchange programs offered dozens of German biomedical scientists and public health officers the means to reestablish international relationships and escape the privations of hyperinflation and grinding cost-cutting. The hope of sharing in Rockefeller’s support for the LNHO, as well as for sanitary intuitions in Eastern and Western Europe,
motivated German health officials to promote international cooperation. The Rockefeller’s endorsement of social hygiene was not lost on German health officers, who advertised Gesolei as an antipode to the conservative quarantinism of the Sanitary Conference.

German cooperation enabled the LNHO to expand despite Franco-British opposition. While the French and the British originally conceived of the LNHO as a stopgap measure, with which to support the new state of Poland by controlling epidemic typhus, the LNHO grew powerful enough to compete with the OIHP as the preeminent international health organization. The LNHO cultivated German support by increasing Germany’s representation in the LNHO. Nocht, Hamel, and Olsen enjoyed powerful positions in the LNHO through which to promote German interests, as well as to showcase the LNHO’s international credentials. Winning the support of internationally isolated Germany supported the LNHO’s claims that it was an influential and impartial international body. With German support, the LNHO sought to undermine the OIHP and minimize its control over the Sanitary Convention. Also, German health officers gave the LNHO access to Germany’s domestic public health policymaking. While efforts to include Germany in the LNHO’s program to standardize social hygiene instruction exposed the division between German academic institutions and public health officers, the LNHO found powerful allies in Germany’s social hygiene movement. German cooperation with the LNHO ultimately benefited Franco-German relations, as French and German public health officials took part in the first Franco-German scientific-cum-cultural exchange of its kind in the post-WWI period.
What is the broader historical significance of Germany’s relationship with the LNHO between 1919 and 1927? How much were the rise of international health and social hygiene, and the elevation of public health in European politics a break from the past? What was the significance of international health in the interwar period? Was the LNHO’s internationalism and its ability to bridge national divisions temporary detours on the road to the Second World War? Was the embrace of social hygiene over negative eugenics by German public health officers a temporary detour on the road to the mass sterilization, euthanasia, and genocide of the Nazi period?

To answer these questions, it is important to uncover breaks and continuities between the period before and after the First World War. Many historians present the First World War as a quintessential break between the long 19th century and the ‘modernity’ of the 20th century. However, significant continuities exist in relation to the rise of international health and Germany’s participation in it.

The First World War had a profound impact on international health and state control of welfare and public health policymaking. Historian Axel Hüntelmann argues that after 1919, the Reich government expanded its competences to welfare, social policymaking, and social hygiene initiatives, which comprised Germany’s overall population policy of the Weimar welfare state. The Reich government’s impetus toward expansion of its control of public health lay in the devastating effects of the war on the overall health of the German population. The Reich Health Office widened its sphere of influence in the interwar period thanks to generous financial and political

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2 Hüntelmann, 134.
support from the Interior Ministry. Because the Weimar constitution had proclaimed that the state was fundamentally responsible for family welfare, public health officials in both the Reich Health Office and the Interior Ministry enjoyed greater governmental responsibility and power. The privations of the early post-WWI years led both agencies to establish expansive public health programs, which included new health clinics and health campaigns that promoted social hygiene education. After the First World War, the Länder governments also promoted wide-ranging legislative reforms, which affected Weimar health and populations policy. Prussia led the way with the creation of a welfare ministry, which not only expanded the Prussian government’s powers to set social policy, but also supported the Reich Health Office’s and Reich Interior Ministry’s efforts to do the same. The expansion of the political role of public health after the First World War was not confined to Germany. The strengthening of state administrative control over public health and social welfare was common throughout much of Europe.

In the broader historical context of European history since the Black Death, the centralization of public health by state governments, international cooperation to fight epidemic diseases, and the rise of sanitationism all had significant antecedents before the First World War. In the interwar period, the rise of international health and the

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3 Ibid., 143.
4 Paul Weindling, “Health and Medicine in Interwar Europe,” 42.
6 Weindling, “Health and Medicine in Interwar Europe,” 40. For analysis of comparable processes in France and Britain, see William Schneider, Quality and Quantity, and Greta Jones, Social Hygiene in Twentieth Century Britain (London: Croom Helm, 1986).
Reich government’s efforts to centralize public health and welfare stemmed – at least in part – from historical continuities, which were brought to the fore by the First World War and its aftermath.

Between 1927 and 1930, German-LNHO cooperation continued to expand. The Reich Health Office, which boasted that the international public health personnel exchange in 1927 had improved Germany’s international reputation, went on to host more LNHO programs. The LNHO’s sera and drug standardization committee visited Frankfurt in 1928, and, in the same year, Germany hosted a tour of international public health officials in cooperation with the LNHO’s new program to promote rural hygiene. In 1929, the LNHO’s Social Hygiene Commission investigated occupational hygiene in Germany, and a year later, the Subcommittee of Social Hygiene Education visited the Dresden Hygiene Museum.  

After its showdown with the OIHP at the Sanitary Conference in 1926, the LNHO continued to expand its reach. By the early 1930s, the LNHO’s epidemiological service had surveyed 72% of the world’s population, while 80 countries and dependent territories participated with the LNHO in some form. However, Germany’s withdrawal from the League of Nations in 1933 put an end to Germany’s role in the LNHO’s expansion.

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The Nazi seizure of power presented a break in Germany’s approach to public health and international cooperation. The *Machtergreifung* dramatically altered the direction of public health and welfare in Germany. In 1933, the strident racial hygienist and National Socialist Hans Reiter replaced Hamel as president of the Reich Health Office. Hüntelmann argues that Reiter’s tenure at the Reich Health Office represented an abrupt and distinctive shift away from the agency’s direction during the interwar years. Whereas Bumm and Hamel had steered the Reich Health Office toward political neutrality, Reiter “left no opportunity go by” to show that the Reich Health Office was in the service of Nazi ideology. Under Reiter, it reorganized and expanded to include racial hygiene and “criminal biology,” which were put under the control of the Eugenic and Population Biological Research Station, directed by Robert Ritter. Ritter’s station became the agency’s leading department. The Reich Health Office participated in Nazi medical crimes, namely the forced sterilization and human experimentation on Roma populations, which was done in collaboration with the Robert Koch Institute. Under Reiter, the Reich Health Office’s control over other German public health agencies dramatically increased, as did the size of the Reich Health Office itself.9

Germany was not alone in its shift from social hygiene to a negative eugenic approach to public health. Beginning in the mid-1930s, France and the Scandinavian countries also moved dramatically away from progressive positive health measures to

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CONCLUSION

racial hygiene. However, Weindling singles out public health in Germany as particularly pernicious. He argues

Eugenics in all its varieties cemented professional links between left and right among public health professionals. In this sense Weimar social hygiene laid the foundations for the nazification of public health. Weimar public health has left an ambivalent legacy. It was theoretically innovative in fusing social sciences and medicine, also in the development of health centres and service provision. Yet it had authoritarian implications, seen with its central eugenic component, and in coercive and unaccountable professional structures. It was thus possible for databanks for community care to be used by Nazi for segregation of the chronically poor and mentally ill.

The difficulty with drawing such continuities here is that the trend toward centralization by “coercive and unaccountable professional structures” occurred throughout Europe and, especially, in the United States. Public health administrators in Britain, France, and the United States had even more highly organized and complete databanks and information systems at their disposal. These countries were not plagued by the weak federalism, which prevented Weimar Germany (which, nevertheless, was more centralized than the Kaiserreich) from attaining comparable levels of centralization of public health policymaking. Weimar Germany never attained a comparable degree of governmental endorsement for negative eugenics. It is problematic to see the origins

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10 Paul Weindling, “Health and Medicine in Interwar Europe,” 43.
11 Paul Weindling, “Public Health in Germany,” 126.
12 Long before the Nazi seizure of power in Germany, the United States restricted marriage and prescribed sterilization for criminals and the mentally disabled. To execute these laws, databanks that were established by progressive social reformers were used. There is a wealth of scholarship on this point. In particular, see Edwin Black, The War against the Weak: Eugenics and America’s Campaign to Create a Master Race (New York: Thunder’s Mount Press, 2004), Wendy Kline, Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom (Berkeley: University of California Press, 2001), and Christine
of the crimes of Nazi medicine in the compilation of epidemiological and public health information by Weimar social hygienists.

In contrast to the discontinuities between public health during the interwar period and the Second World War, the LNHO’s vision of international health survives today. The Second World War greatly reduced the activities of the LNHO. At the lowest ebb, only two LNHO health officers and a small secretarial staff remained at the Palais des Nations in Geneva.\textsuperscript{13} However, the World Health Organization, which was established in the summer of 1946, was based on the LNHO’s sanitationist approach. The introductory sentence of the World Health Organization’s constitution – “Health is a state of complete physical, mental and social well-being and not merely the absence of diseases or infirmary” – was written by the wartime director of the LNHO, Raymond Gautier, Rajchman’s successor. Historian Iris Borowy points argues that

\begin{quote}
Practically all of the [World Health Organization’s] agenda items were derived in some way from work of the LNHO, particularly its work on standardization of biological agents; on lists of pharmacopeia, diseases, and causes of death; on epidemiological intelligence; on vital statistics; and on a large number of specific diseases.\textsuperscript{14}
\end{quote}

German support during the 1920s contributed – at least during the interwar period – to the LNHO’s survival. Despite competition from the OIHP and Franco-British opposition, the LNHO and its endorsement of sanitationism were bolstered by the endorsement of German health officials. German social hygienists and public health

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\textsuperscript{13} Borowy, “Maneuvering for Space,” 100.
\textsuperscript{14} Ibid., 104-105.
officers from the Reich Health Office and the Interior Ministry expanded German-LNHO relations in the face of an uncooperative German Foreign Office and deep divisions between French and German scientists. The promotion of health and the prevention of disease, are, by their nature, instruments of international reconciliation. The political polarization in grim aftermath of the First World War was no exception.
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