GERMAN AND AUSTRIAN REFUGEE DENTISTS THE RESPONSE OF THE BRITISH AUTHORITIES 1933-1945

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ABSTRACT

The dental emigrés who chose to leave Germany and Austria between 1932 and 1939 were required to make that decision after being deprived of their livelihoods and their economic and social existences, and were ultimately in fear of their lives.

The primitive statistics on dental disease in Britain recorded in the 1930s show that disease was rampant and the commonest form of treatment was full mouth extractions and full dentures. The theory of focal infection underlined the primitive treatment that was available. Out of the total 15,000 dentists on the Dentists Register, only 8000 had been trained at a dental school.

An analysis of the teaching in both German and Austrian dental schools showed that it was at a far higher level than that available in Britain.

There were three main barriers to refugee dentists entering Britain. Firstly the misuse of the 1878 Dental Act . The General Medical Council searched for any variation from the basic British requirement of four years' study to reject candidates. Secondly, the Home Office operated a ban on practice from February 1936. Thirdly, prior to 1939, the dental refugees were only allowed a limited amount of time in Britain, from four weeks to ten months.

A positive side to this sad period of history were the various refugee organisations, of whom the Jewish Refugee Committee was the most important, providing financial help for those refugee dentists who were unable to work after the February 1936 ban and who were living in poverty.

In the 1930s Britain was offered the gift of over 1000 well-trained dentists from Germany and Austria. 300 were accepted and over 700 rejected. The British response was ungenerous, bearing in mind the appalling dental health and standard of dental teaching and research at this time. This thesis has been able to turn the spotlight onto this specialist group of refugees forgotten by history. Say this city has ten million souls, Some are living in mansions, some are living in holes: Yet there's no place for us, my dear, yet there's no place for us.

Once we had a country and we thought it fair, Look in the atlas and you'll find it there: We cannot go there now, my dear, we cannot go there now.

The consul banged the table and said: 'If you've got no passport, you're officially dead'; But we are still alive, my dear, but we are still alive.

Went to a committee; they offered me a chair; Asked me politely to return next year: But where shall we go today, my dear, but where shall we go today?

Came to a public meeting; the speaker got up and said: 'If we let them in, they will steal our daily bread'; He was talking of you and me, my dear, he was talking of you and me.

Thought I heard the thunder rumbling in the sky; It was Hitler over Europe, saying: 'They must die'; We were in his mind, my dear, we were in his mind.

Saw a poodle in a jacket fastened with a pin, Saw a door opened and a cat let in: But they weren't German Jews, my dear, but they weren't German Jews.

> Abridged from *Refugee Blues*, W. H. Auden, Collected Shorter Poems 1927-1957

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INTRODUCTION

Before this research, virtually no data was available in the library of the British Dental Association on the refugee crisis in relation to dentistry which began with the Nazi takeover of Germany in 1933 and the Austrian Anschluss in March of 1938. The history of British dentistry in the first half of the 20th Century was incomplete, and the same would apply to the historiography in relation to dental refugees. Doctor Ekkhard Häussermann, a past editor of the *German Dental Journal*, in a review of the book¹ Les Dentistes Allemands sous le Troisième Reich by Doctor Xavier Riaud² states that in 1932 there were 1500 "non-Aryan" dentists in Germany who disappeared, "some to their silent fate in the great cemetery with forgotten graves without names". No author so far has written a comprehensive history of these dentists.

Although just about all the original dental refugees that came to Britain have now died, there is still a great deal of data available. The microfiche archives of the General Medical Council (G.M.C.) and the annual Dentists Register contain information, and families of the refugees have fortunately kept much original data, including passports, letters and photographs. From these and other sources, the intention is to reconstruct the history of this small group of refugees and to analyse them as far as possible.

Refugee groups often comprise hundreds of thousands of people and analysis is almost impossible except on a gross scale. In contrast, the group of Jewish refugee dentists that were accepted into Britain during the period 1933-1945 adds up to 299 so that virtually each person can be assessed.

Nazi Germany's so-called "Law for the reconstruction of the professional civil service" of 7th April 1933, which forced the dismissal or premature retirement from government service of persons who were not of "Aryan" descent was only the beginning of a large forced exodus, mainly of Jewish scholars and scientists including dentists and doctors³. The emigration of these highly-trained scholars and professionals is probably unique in history for three reasons. Firstly because it was so large and so sudden, secondly that

 ¹ Häussermann, Ekkhard. Deutsche Zahnärzte in der SS und in den NS-Konzentrationslagern, Zahnärztliche Mitteilungen, 96 (5), 1st March 2006, p. 72
 ² Riaud, Xavier. Les Dentistes Allemands sous le Troisième Reich, Paris, L'Harmattan, 2005.

 ⁴ Riaud, Xavier. Les Dentistes Allemands sous le Troisième Reich, Paris, L'Harmattan, 2005.
 ³ Ash, Mitchell G. & Söllner, Alfons (Editors), Forced migration and scientific change, Emigrés German-speaking scientists and scholars after 1933, Washington DC, Cambridge University Press, 1996, p.1

the émigrés after 1933 were not to choose to leave on the basis of criteria comprehensible to them but were required to make that decision after being deprived of their livelihoods and thirdly, not only their economic and social existences but ultimately their lives were at stake⁴.

A survey of European countries chosen by non-Aryan dentists as prospective destinations for emigration showed that surrounding countries such as France, Holland, Belgium, Czechoslovakia and Italy would not allow dentists to practice with a German degree. There was also the problem of language. America was high on the list of choice but the temporary suspension of immigrations in December 1920, followed by the quota system in 1921-1924 meant the end of America as an automatic place of entry for any refugees or other would-be immigrants⁵. Exceptions were sometimes made for Jewish dentists who could find sponsors in the United States, especially if they were eminent in their fields, but a German dental degree was not accepted due to the resistance of the National Association of Dental Examiners and most State Boards⁶. British-mandated Palestine seemed to provide a haven for immigration until the MacDonald white paper of 1939, which reduced Jewish emigration drastically⁷. While more German Jews, including many dentists, migrated to Palestine in the years 1933-1936 than to any other country, the numbers are surprisingly small, especially in view of the Haavara Transfer Agreement which allowed Jews to transfer a larger share of their capital to Palestine than elsewhere⁸. The reason for the reluctance of German Jews to emigrate to Palestine, especially among academic groups such as dentists. was its backwardness and remoteness. Dentists, however, had the advantage that they could practice there with a German dental degree. The G.M.C. in Britain used the same regulations for Palestine as for Britain, which was the Dental Act of 1878, sections 9 and 10, which allowed foreign dentists to practice providing that they could prove that they were properly trained and had the necessary documents⁹.

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⁴ Ash, Mitchell G. & Söllner, Alfons, Forced Migration, p. 18

⁵ Rubinstein, William D., The Myth of Rescue, London, Routledge, 1997, p. 33

⁶ Kremenak, Nelly. W. and Squier.Christopher, Pioneers in Oral Biology, *Journal of Dental Education* 66, No. 1, Jan. 2002, p. 9

⁷ Mendes-Flohr, Paul R. and Renharz, Jehuda, *The Jew in the Modern World*, Oxford, Oxford University Press, 1990, p. 467

⁸ Rubinstein, William D., The Myth of Rescue, London, Routledge, 1997, p. 30

⁹ The Dentists Register, London, Constable, 1933, p. xvl

Britain would appear to be the best choice for German and Austrian refugee dentists, especially in 1938 and 1939 when the number of countries receiving refugees was rapidly shrinking. German dentists with a D.M.D. degree from a German university dental school should have been acceptable to the G.M.C. licensing authorities since the dental curriculum in both countries was almost completely compatible. In both countries the time taken for studying amounted to four years¹⁰. For purposes of comparison, a "schedule" was prepared so that the time spent on the various subjects in the curriculum could be compared for each candidate against the British template and this added up to four years' study. In relation to Austrian dentists, who started to appear in Britain after the Anschluss in 1938 in large numbers, a more difficult problem existed. After acquiring an M.D. degree at the University of Vienna. only two years' dental training was necessary before practising dentistry. This was considered inadequate by British standards, although after 1935 when an examination and a diploma was set up in Austria, the G.M.C. in 1938 chose to accept this despite the disproportionate lack of training¹¹.

In the 1930s Britain was largely seen as a port of transit as far as refugees were concerned¹². Passports were therefore stamped on entry to the country allowing a stay of somewhere between 4-12 weeks¹³.

Home Office policy was to restrict closely the admission of foreign doctors and dentists who wished to set up in practice in Britain after being admitted to the British Medical and Dentists Registers. Since March 1935 the rule had been not to permit foreigners to engage in medical practice in Britain save in the most exceptional circumstances and the same rule had been applied in cases of foreign dentists since February 1936¹⁴. The Home Office incorporated the insecurities of the British Dental Association and other dental political groups and turned against prospective continental immigrants who despite their often superior academic qualifications were stigmatised as untrained in "national methods", "conditions" and "language"¹⁵. Similar

¹⁰ The minutes of the General Medical Council (G.M.C. London) Volumes 1933-1939. Reports on the Applications for Registration of Foreign dentists under the Dentists Act 1878.

¹¹The General Medical Council minutes (dental education and examination sub-committee), comments of the Chairman, November 1938

¹² London, Louise, *Whitehall & the Jews, 1933-1948*, Cambridge, Cambridge University Press, 2000, p. 18

p. 18 ¹³ Passport samples supplied by families of refugee dentists via Association of Jewish Refugees Journal

¹⁴ British Dental Journal, 1st July 1937, 62: p. 51

¹⁵ Admissions and removals from the register, British Dental Journal, Vol. 61, July 1936, p. 724

sentiments were expressed by A.E. Rowlett¹⁶. He was a general dental practitioner and Secretary of the *Fédération Dentaire Internationale*. He was also a friend of Dr. Ernst Stück, the Reichzahnärztführer¹⁷. Having described the problems of non-Aryan colleagues, it stated that "we offer sympathy but no city of refuge for the door which the hand of compassion might open is firmly closed in obedience to our own law of national necessity and duty."

The Board of Deputies of British Jews issued a guarantee in 1933 that no refugee would become a burden on public funds. All expense, whether temporary or permanent, accommodation or maintenance would be borne by the Jewish community without ultimate charge to the state¹⁸. Jewish leaders intended the refugees' stay to be temporary and re-emigration played a crucial part in their proposals. It was accepted by the Board of Deputies that many of the refugees would be made up of the professional classes following the German law of 7th April 1933 for the reconstruction of the civil service. The Board saw the danger of this type of refugee as raising the profile for anti-Semitism.

As if all these problems were not enough, in May 1940 most of the dental refugees were arrested and interned on the Isle of Man¹⁹. The British press saw refugees as potential fifth columnists and it was not until the sinking of the Arandora Star that was taking refugees to Canada that this attitude changed and internment ceased²⁰.

Britain possessed fewer dentists of whom a smaller proportion were qualified than any other western nation. The Dentists Register of 1936²¹ shows 14,505 dentists of whom 6,462 (44.55%) were registered under the provisions of the Dentists Acts of 1878 and 1921, which meant that they had been through an apprenticeship but had not been formally trained in a dental school. This works out at roughly one dentist to every 3,300 people²². The medical historian Webster noted that in the *British Dental Association Review* of 1941 National Health Insurance dental benefit was dismissed as a breakdown service²³. Dental disease was serious and widespread with a lamentable failure to

¹⁶ Rowlett, A. E., The Austrian Dental Profession and the Anschluss, *British Dental Journal*, Vol. 65, 1st August 1938, p. 161

¹⁷ Häussermann, Ekkhard, Deutsche Zahnärzte 1933 bis 1945, Zahnärztliche Mitteilungen, p. 18

¹⁸ London, Louise, Whitehall & the Jews, p. 28

¹⁹ Gilman, Peter and Lennie, Collar the Lot, London, Quartet Books 1980, p. 161

²⁰ Gilman, Peter and Lennie, Collar the Lot, p. 192

²¹ The Dentists Register 1936, London, Constable, p. LXXXI

²² The Dentists Register 1938, London, Constable

²³ Webster, C., *The Health Services Since the War*, London, 1957, p. 357

appreciate the importance of dental hygiene and a danger to health of oral sepsis. The demand for even the available services was very low and where treatment was sought the only treatment usually possible was wholesale extraction of teeth and the provision of dentures.

On 3rd October 1910, William Hunter, a lecturer in pathology at Charing Cross Hospital in London published a paper in *The Lancet*²⁴ indicting dentistry as the cause of what he called "oral sepsis", which in turn caused rheumatic and all other types of chronic disease. He suggested the chief seat of sepsis was the gum tissues and that the cause or connection between the sepsis and its ill-effects could be demonstrated by the simple expedient of removing the teeth and noting the striking effect that occurred. Hunter's theory seemed to give the seal of approval for the British "rush for dentures". After a quarter of a century of providing a major influence on the practice of medicine and dentistry, the focal infection theory fell into disrepute partly due to the excesses committed in its name²⁵.

In Austria, dentistry was a post-graduate medical specialism whereas in Britain it was regarded as a low-grade profession which still retained the aura of a craft skill²⁶. The dental profession in Germany followed its Austrian counterpart with the major emphasis on research and the relationship between research and practice. However, unlike its Austrian counterpart, dentistry in Germany was independent of medicine. In the 1920s German dentistry tended to follow the American route which had been based on the Gies Report²⁷. Although American dentistry had been renowned throughout the western world for its technical excellence, serious doubts arose concerning the quality of care following Hunter's paper on oral sepsis. The Gies Report acknowledged the validity of Hunter's charge that dentists too often were ignorant of fundamental truths connected with the anatomy, physiology and pathology of teeth and that American dentistry although being technically advanced, was weak in its biological foundation. The Gies Report called for a more vigorous research enterprise in dentistry and this was to be taken up in the late 1930s by the leaders of dental education in the Chicago dental schools. This thesis will

²⁴ Hunter, W., The Role of Sepsis and anti-sepsis in medicine, *The Lancet* 1910, 1: pp. 79-86

²⁵ Editorial, Journal of the American Medical Association, 1952, 150:p. 490

²⁶ Weindling, Paul, The Contribution of Central European Jews to Medical Science and Practice in Britain in Second Chance, Two Centuries of German-speaking Jews in the UK edited by Mosse, Werner E., Tübingen, J.C.B. Mohr, 1991, p. 249

²⁷ Gies, William J., Dental Education in the United States and Canada, A report to the Carnegie Foundation for the Advancement of Teaching, New York, Carnegie Foundation, 1926, p. 165

demonstrate that German and Austrian dental training was far more advanced than that in Britain.

In Britain there was an almost total lack of dental research. The first time this was addressed was in a report of the Nuffield Foundation in 1943 which supported an advisory committee on dental education and research²⁸. In keeping with its place in the medical hierarchy, there were no dentists on the committee. However it virtually reiterated point by point the urgent need for dental research as outlined in the Gies Report some 17 years before.

Following the Anschluss in Austria in March 1938, the University of Vienna dismissed more than 75% of their world-renowned medical facultv²⁹. Among the senior faculty members forced to abandon their homes and careers on the basis of racial persecution were three internationally respected leaders in the biological sciences basic to dentistry³⁰. Bernhard Gottlieb was the leader of the so-called "Vienna School" of researchers who also practiced dentistry. Gottlieb together with Harry Sicher and Joseph Peter Weinmann had all applied to the G.M.C. in Britain for permission to practice and also hopefully to teach³¹. American dentistry was alerted to the excellence of the Vienna School by the papers that were given at the 1926 meeting of the Fédération Dentaire Internationale (F.D.I) in Philadelphia where Gottlieb's series of enlarged histopathologic micro-photographs of the structural changes of severe periodontal disease were presented³². The three dental schools in Chicago: North-western, Loyola and the University of Illinois, had during the 1930s started to implement the findings of the Gies report and moved rapidly to offer academic positions to the members of the Vienna School.

Harry Sicher was turned down by the G.M.C. in London despite the considerable efforts of Esther Simpson who was the secretary of the Society for Protection of Science and Learning (S.P.S.L.)³³. Joseph Peter Weinmann also applied to the G.M.C. for registration and was due to be interviewed by the joint

²⁸ National Archives MH 77/1 93 Report on advisory committee on dental education and research, September 1943

²⁹ Ernst, E., A leading medical school seriously damaged: Vienna 1938, Annals of Internal Medicine, 122(10):1995; p. 1789

³⁰ Mühlberger, K., Documentation of expelled intelligence, 1938: the loss of intellectual and human potential from the University of Vienna from 1938-1945, Vienna, Archive of the University of Vienna, 1990

³¹ General Medical Council minutes, Dental education and examination sub-committee, November 1938

³² Obituary: Professor Bernhard Gottlieb, British Dental Journal 1950; 88:p. 199

³³ Bodleian library, SPSL 373/5

committee on refugee dentists on 31st December 1938³⁴. According to the minutes Weinmann failed to attend, obviously taking up the invitation to go to the United States instead. Weinmann was a prolific researcher and published more than 160 articles on bone physiology and pathology, amelogenesis, normal and pathologic oral epithelium and periodontal disease³⁵. His greatest achievement was the creation of a department of periodontology and oral pathology at the University of Illinois that for 20 years trained many post-graduate students who would lead academic dentistry in the United States and elsewhere in the world³⁶.

The original stimulation for this research project stems from discussions with Professor Harry Sicher during the mid-1960s when I was a post-graduate student at the University of Pennsylvania School of Dental Medicine. His graphic accounts of the problems of dental refugees in the 1930s stayed with me. My interest was further stimulated by the considerable number of refugee dentists who worked in the medical area of the West End of London and referred patients for specialist periodontal therapy to my practice. I wrote down many of the conversations in the hope that one day I would have the time to write up the history of this amazing group of refugees and the contributions that they had made to British dentistry.

This thesis should ideally have been written 25 years ago when many of the refugee dentists were still active. At the present time only three living refugees could be contacted and they were happy to be interviewed. It was therefore necessary to try to contact the families of deceased refugee dentists in the hope that they had kept much of the documentation including passports, letters and photographs. Fortunately an advertisement in the Association of Jewish Refugees (A.J.R.) magazine proved to be very successful. It was also possible to elicit a substantial amount of information from Paul Weindling's archive of medical and dental refugees based at Oxford Brookes University. The data was set out on a standard form either by the refugee involved or one of his close family outlining his personal history. The major breakthrough as far as research was concerned was in getting permission to use the G.M.C. microfiche archive which extended from 1922-1956. It took many months of negotiation before permission was finally obtained. Fortunately the names of

³⁴ Joint Committee on Refugee Dentists, typewritten minutes dated 31st December 1938, B.D.A. Library

³⁵ Kremenak, Nelly W. & Squier, Christopher, Pioneers in Oral Biology, p. 23

³⁶ Kremenak, Nelly W. & Squier, Christopher, Pioneers in Oral Biology, p. 23

the refugees who had been acceded to or denied were printed in the G.M.C. Minutes year by year from 1933-1945. These names could be crossreferenced to the microfiche archive to obtain the data on the individual refugees. A further major help was the Dentists Register of the G.M.C. and notably the Foreign List situated at the back of the Annual Register.

This thesis examines and analyses the plight of German and Austrian refugee dentists 1933-45 and the British authorities' response to them. There is now an extensive historiography on Jewish refugees' attempts to come to Britain during the 1930s and 1940s to escape the ever-increasing persecution by the Third Reich.³⁷ Data is also available on doctors and medical scientists³⁸ and nurses³⁹. In contrast, information on dental refugees is virtually non-existent with the exception of the personal written experiences of Desider Furst and his daughter Lilian⁴⁰ who arrived in Britain in March 1938 from Vienna.

The aim of this thesis is to show that British policy towards refugee German and Austrian dentists in the 1930s was totally ungenerous, to the detriment of the dental health of the country which was in a parlous state. Over 1000 dentists and dental researchers should have been taken "en bloc". Instead the majority either died or disappeared during the holocaust.

³⁷ Important examples are:-

Sherman, A.J., Island Refuge; Britain and Refugees from the Third Reich 1933-1939, University of California Press, 1973

London, Louise, *Whitehall and the Jews 1933-48*, Cambridge University Press, 2000 Wasserstein, Bernard, *Britain and the Jews of Europe 1939-4*, Oxford, Clarendon Press, 1979 British Medical Association Library Aliens Committee Archive 1933-45

³⁸Weindling, Paul, The Contribution of Central European Jews to Medical Science and Practice in Britain, in Second Chance, Two Centuries of German-speaking Jews in the U.K, edited by Mosse, Werner E., Tübingen, J.C.B. Möhr, 1991

³⁹ Stewart, John, Angels or Aliens? Refugee Nurses in Britain 1938-42, *Medical History* 2003:47, pp. 149-172

⁴⁰ Furst, Desider and Furst, Lilian, Home is Somewhere Else, New York, State University Press, 1994

LITERATURE REVIEW

Adolf Hitler took office as Chancellor of the German Republic on 30th January 1933. Nazi policy towards the Jews was rapidly put into effect and was to be one of rescinding Jewish emancipation and to eliminate Jews from public office and from economic and cultural life⁴¹. The exclusion of Jews from German medical and dental practice was achieved through a combination of propaganda, harassment and legislation⁴². According to Efron⁴³, the programme of National Socialist discrimination against Jewish doctors and dentists occurred in three phases. In the first phase, the Law of 7th April 1933 for the Reconstruction of the Civil Service, Jewish doctors and dentists were expelled from the National Insurance scheme and were replaced with Arvans. This virtually signalled the end of viable Jewish dental practices and dentists were largely restricted to treating fellow Jews. The Nuremberg laws of 1935 forbade the licensing of new dentists of Jewish descent. The second phase began in the summer of 1938 when Jewish dentists and doctors were decertified; thus began the migration of the largest group of highly trained scholars and professionals that the world has seen. Michael Köhn⁴⁴, in discussing the chronology of the dismissal of dentists, emphasises the fact that exceptions were made in the 1933 laws for exclusion of Jewish dentists working in the German health insurance scheme, for those who had served on the front in the first world war or who had sons or fathers who had fallen in the war and who had set up their practices before 1st August 1914. However, the 13th February 1935 law however specifically stated that non-Aryan dentists were no longer permitted to practice in the health insurance service under any circumstances so that the exceptions for war veterans and those who set up practice prior to 1914 no longer applied. Although the so-called Jewish question was a central part of its rhetoric and ideology when the Nazi party came to power, it had no idea about what practical steps to take between 1933 and 1936⁴⁵. In the final phase, which covered the war years, any healthcare for

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⁴¹Sherman, A.J., Island Refuge, Britain & Refugees from the Third Reich, 1933-1939, University of California Press, 1973, p. 19

⁴² Proctor, Robert N., Racial Hygiene, Harvard University Press, 1988, p. 151

⁴³ Efron, John M., Medicine & the German Jews, Yale University Press, 2000, p. 263.

⁴⁴ Köhn, Michael, Zahnärzte 1933-1945, Berlin, Hentrich, 1994, p. 22

⁴⁵ Cesarani, David, Eichmann, London, William Heinemann, 2004, p. 40

Jews was confined to the few Jewish hospitals permitted to remain open by the Nazis⁴⁶.

In 1933 there were approximately 1,150 Jewish dentists practising in Germany. By 1936 this had been reduced to 75047. Anti-Semitism directed against the medical and dental professions from Germany and Austria was not a creation of the Nazi party, however, but finds its origins in the 1840s where there was an undercurrent of anti-Semitism that replaced religious discrimination with a secular concept of the Jews as a separate race⁴⁸. At the beginning of the 20th century, within the increasingly urbanised and rapidly enlarging Jewish communities in the big cities with universities such as Berlin, Frankfurt, Breslau and Heidelberg, university trained professionals were no longer considered outsiders and opted for the professions that were open to them in medicine, dentistry and law⁴⁹. Nearly half of all Jews attending German universities in 1900 were studying medicine or dentistry. At the turn of the century about 50% of Vienna's doctors and 63% of its dentists were Jewish⁵⁰. This preponderance of Jewish doctors and dentists was a lightening rod for anti-Semites. Jewish doctors and dentists were rarely able to rise to high levels in the academic areas of the medical and dental schools due to anti-Semitism⁵¹. The majority of Jewish doctors and dentists therefore went into private practice or into the insurance system that had originally been set up by Bismarck in 1883 and which set a pattern of state-regulated social welfare⁵².

Anti-Semites tirelessly repeated the claim that the Jews had introduced a culture of commerce into medical and dental practice echoing the sentiments of those who railed against Jewish doctors in the Middle Ages⁵³. The charge was that the Jewish doctor and dentist did not see the healing of the sick as a learned profession, but as a means to earn money⁵⁴. Anti-Semitism in the University of Vienna was more vitriolic from the late19th Century onwards. In Germany, the anti-Semitic movement also continued to grow, together with a

⁴⁶ Efron, John M., *Medicine and the German Jews*, London, Yale University Press, 2001, p. 264

⁴⁷ Strauss, Herbert A., Jewish Emigration from Germany, Leo Bæck Institute Year Book, London Weidenfeld & Nicholson, 1980, p. 340

⁴⁸ Rurup, R., *Emancipation and Crisis, The Jewish Question in Germany 1850-1890*, Leo Bæck Institute Yearbook, Volume 20, 1975, pp. 13-25

⁴⁹ Efron, John M., Medicine & the German Jews p. 236

⁵⁰ Efron, John M., Medicine & the German Jews, p. 235

⁵¹ Efron, John M., Medicine & the German Jews, p. 239

⁵² Weindling, Paul, Health, Race and German Politics between National Unification and Nazism 1870-1945, Cambridge University Press, 1989, p. 16

⁵³ Efron, John M., Medicine & the German Jews, p. 249

⁵⁴ Efron, John M., Medicine & the German Jews, p. 249

backlash against Jews in medicine and dentistry. In German universities, anti-Semitism manifested itself largely as the exclusion of Jews from medical and dental fraternities and the refusal of German duelling fraternities to accept challenges from Jews⁵⁵. According to one historian, "the multi-ethnic Hapsburg empire was the cradle of the most successful modern political movement based on anti-Semitism to emerge anywhere in 19th Century Europe^{*56}. During the Weimar Republic (1919-1933), the economic outlook was precarious for German doctors and dentists. They were confronted with professional overcrowding, insufficient numbers of patients and inter-generational battles between younger and older doctors and dentists, scrambling for patients and experiencing a decline in earnings⁵⁷. The growth of anti-Semitism in the German medical and dental professions was tied to this broader climate of dissatisfaction with the economic organisation of the professions.

There are several elements to this dissatisfaction. First, the Jews were a conspicuous and growing minority within the medical and dental community. Secondly, they also played an active role in the administration of Germany's social insurance companies, companies the Nazis would later identify with Jewish Bolshevist capitalism⁵⁸. Long-term hostility to the Jews in German and Austrian medicine and dentistry caused German doctors and dentists to become the most easily Nazified of any of the professional groups⁵⁹. On 3rd August 1929 the National Socialist German Doctors League was founded at a Nuremberg rally and they were joined by dentists in 1932. The eagerness of German doctors and dentists to join this organisation saw its membership rise from 2,786 in January 1933 to 11,000 by October and by 1942 there were 42,000 doctors and dentists who were members⁶⁰. Odette Keun⁶¹ berated the Jews themselves for failing to take seriously the warnings provided by the Nazis in the nine years before 1933 as to what their fate would be.

The urbanisation of the German Jewish population, like its demographic development, had anticipated a trend towards leaving the countryside among

⁵⁵ Pickus, Heath H., Constructing Modern Identities: Jewish University Students in Germany 1815-1914, Detroit, Wayne State University Press, 1999, p. 43

 ⁵⁶ Wistrich, Robert, Jews in Vienna in the Age of Frans Joseph, Oxford University Press, 1990, p. 205
 ⁵⁷ Efron, John M., Medicine & the German Jews, p. 262

⁵⁸ Proctor, Robert M., *Racial Hygiene*, Harvard University Press, 1988, p. 146

⁵⁹ Efron, John M., Medicine & the German Jews, p. 262

⁶⁰ Weindling, Paul, Health, Race and German Politics between National Unification and Nazism 1870-1945, Cambridge University Press, 1989, p. 520

⁶¹ Keun, Odette, Darkness from the North: An essay in German History, London, H. & E.R. Brinton, 1935, p. 25

the general population for some time prior to the Nazi period. In 1933 this trend had accentuated because of the economic dislocations of the Depression and had concentrated 49.6% of the country's Jewish population in six German cosmopolitan cities, Berlin, Frankfurt, Breslau, Hamburg, Cologne and Leipzig⁶². Of this urban community, between 250-300,000 either chose or were forced to emigrate by 1939 but nearly the majority, some 250,000 remained behind. Many of them escaped in the final months before the start of the second world war but nearly one in four German Jews (over 120,000) perished. A further 134-144,000 Jews emigrated from Austria, the majority after the Anschluss in March 1938⁶³.

Alan Steinweis⁶⁴ quotes Friedrich Burgdörfer, one of Germany's leading statisticians who analysed the Jewish census published in 1936. He showed that 500,000 *Glauben Juden*, together with 50,000 Reform full Jews, 200,000 half-Jews and 100,000 quarter-Jews, amounted to the alarming figure of 850,000. After the Anschluss 300-400,000 had to be added, even taking into account emigration since 1933. Over a million people with Jewish ancestry lived within the borders of the expanded Greater Germany. The figures quoted by Strauss⁶⁵ of 1,500 Jewish dentists would, therefore, seem to be too low.

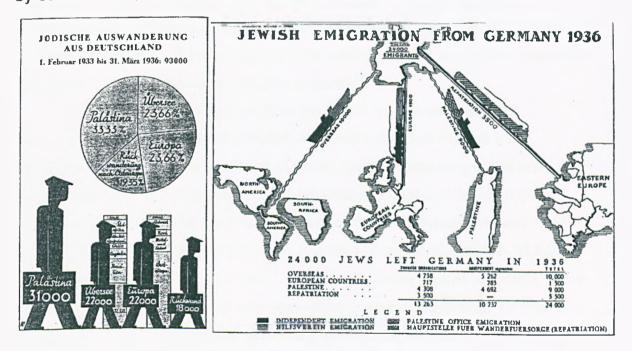


Figure 1 Illustration in Jewish Emigration from Germany 1933-42 by Herbert H. Strauss, pages 189 and 190

⁶² Strauss, Herbert A., Leo Bæck Yearbook 1980, p.323

⁶³ Rosenstock, Werner, Exodus 1933-1939, A survey of Jewish emigration from Germany, Leo Bæck Yearbook 1, 1956, p. 373

⁶⁴ Steinweis, Alan, Studying the Jew, Scholarly Anti-Semitism in Nazi Germany, London, Harvard University Press, 2006, p. 126

⁶⁵ Strauss, Herbert A., Leo Bæck Year Book, 1980, p. 323

The Home Office, following the Anschluss in Austria, resolved that visas were needed to check the flow of both Austrian and German refugees. This was to prevent the accumulation of undeportable status aliens in Britain and the fears of fostering the growth of anti-Semitism although the latter was a subsidiary factor⁶⁶. This changeover to visas came into force on 21st May 1938. Viennese dentist Desider Furst in his autobiography, Home is somewhere else. describes the necessity of getting a visa to anywhere in order to get out what had become a gigantic prison⁶⁷. Furst followed up a rumour that the British would allow in a select group of Austrian dentists and allow them to requalify and he registered on the list of dentists whose names were forwarded to the Home Office. It struck him as a fantastic fairy tale too good to be true. As a guarantor he gave the name and address of an English patient who he had treated⁶⁸. Furst ended up by buying a visitor's visa to Liberia: while he knew they would never go there, "no other country would have given us a transit visa for fear that we might try to stay"⁶⁹. The visa in question allowed them to leave Vienna for Brussels. During their stay in Brussels, a letter arrived from Vienna stating that Desider Furst was one of the 40 Austrian dentists selected for immigration into Britain but that he would be required to study for six months in an English dental school and pass the final examination of the Royal College of Surgeons. A visa to this end was also enclosed⁷⁰.

By 1939 Jewish emigration from the Reich had become a major European problem. A total of 226,000 Jews are estimated to have left Germany between the Nazi seizure of power and the beginning of the war. A further 134-144,000 emigrated from Austria making a total of 360-370,000 émigré Jews who left the expanded borders of the Third Reich between 1933 and 1939: this represented more than one third of the approximately 913,000 Jews who lived in this area in 1933⁷¹. Included in these figures are some 1,104 German and Austrian dentists who attempted to migrate to Britain. Of this number, only 299 had their credentials acceded to by the G.M.C.⁷². As time went on the proportion of assets which it was possible for the Jewish emigrant

- ⁷⁰ Furst, Desider & Furst, Lilian R., Home is Somewhere Else, State University of New York 1994, p. 71
- ⁷¹ Wasserstein, Bernard, Britain and the Jews of Europe 1939-1945, Oxford, Clarendon Press, 1979, p. 7

⁶⁶ London, Louise, Whitehall and the Jews 1933-1948, Cambridge University Press, 2000, p. 63

⁶⁷ Furst, Desider & Furst, Lilian R., Home is Somewhere Else, State University of New York, 1994, p. 47

⁶⁸ Furst, Desider & Furst, Lilian R., Home is Somewhere Else, State University of New York 1994, p. 47

⁶⁹ Furst, Desider & Furst, Lilian R., Home is Somewhere Else, State University of New York, 1994, p. 50

⁷² Minutes of the General Medical Council, G.M.C. London, Volumes from 1933-1945.

to transfer abroad decreased. A *Reichsfluchtsteuer*, or emigration tax, was first introduced in 1931 and was conceived as a fiscal deterrent against capital flight. The *Reichsfluchtsteuer* tax was originally imposed on persons owning upwards of RM 200,000 or owning RM 20,000 in property in 1931. In 1934 the tax base was changed to include those owning RM 50,000 at any time since 1931 or having earned above RM 20,000 per annum since that date. The increase in flight taxes by 422% had to be paid by refugees in 1938/1939 and corresponds roughly to the increase in emigration from Germany following *Kristallnacht*. The data suggests clearly that the more wealthy German Jews emigrated in 1932, 1933 and 1934 in the earlier years of the Nazi regime⁷³. In 1938 it was almost impossible for Jewish emigrants to transfer any of their remaining assets abroad⁷⁴. This meant that the majority of German and Austrian dentists arriving in Britain were virtually penniless, although some were able to crate up their dental equipment and send it to Britain via a sponsor⁷⁵

Britain's immigration laws and the way they were implemented played a crucial role in the treatment of refugee German and Austrian dentists in their attempts to emigrate to Britain in the 1930s. During most of the 19th century there was a lack of official hostility to immigrants and this was due to the relatively small numbers. Emigration of British subjects to the colonies (e.g. Canada and Australia) and the United States relieved the pressure of overpopulation whilst amongst the immigrants many treated Britain as a port of call en route to North America⁷⁶. The 1905 Aliens Act was first introduced to stem the ever-increasing influx of Jews from Eastern Europe⁷⁷. In order to preserve the British tradition of granting refuge, an inclusion was made in the 1905 Act in relation to asylum seekers. No mention was made of racial persecution or religious persecution⁷⁸. As far as aliens were concerned, liberal treatment by the British government was overthrown in 1905 and was never to return⁷⁹.

The Aliens Act of 1905 was a watershed in British history, marking as it did a victory for the opponents of unrestricted alien access into Britain. It was

⁷³ Strauss, Herbert A., Leo Bæck Yearbook, 1980, p. 344

⁷⁴ Wasserstein, Bernard, Britain and the Jews of Europe 1939-1945, p. 7

⁷⁵ Interview with Peter Kurer 16th December 2004

⁷⁶ Bevan, Vaughan, Development of British Immigration Law, London, 1986, p. 67

⁷⁷ Bevan, Vaughan, Development of British Immigration Law, London, 1986, p. 67

⁷⁸ London, Louise, Whitehall and the Jews 1933-1948, Cambridge University Press, 2000, p. 17

⁷⁹ Bevan, Vaughan, Development of British Immigration Law, London, 1986, p. 67

the first such legislation to be passed in peacetime. In the context of what was to follow, it was the point at which the liberal "open door" approach to immigration began to close, a process that was to continue throughout the 20th century⁸⁰.

Two new acts instituted the statutory basis for immigration control in the inter-war period. The Aliens Restriction Act of 1914 gave the Home Secretary a free hand to regulate aliens as he saw fit. The 1914 act was amended in 1919 so that the provisions would apply permanently and were not limited to wartime⁸¹. This simple but devastating change converted emergency legislation into general law and confirmed the style of UK emigration⁸². Jewish refugees who had left Germany owing to persecution or fear of persecution had now begun to arrive at the ports in Britain. They were given permission to land as visitors for a limited period. The number of aliens rapidly started to increase far in excess of the normal traffic. Many of them admitted to the immigration officer that they were refugees. The bulk of this increase was due to an influx of Germans, mostly Jews of the professional classes, including doctors and dentists. Formal notification was given to other Government departments that the Home Office had adjusted their practice in order to control the entry of refugees.⁸³

The Anschluss produced a noticeable increase in the number of Jews with Austrian passports arriving at the ports. Whereas in Germany the restrictions on the Jewish community were introduced gradually over a number of years, in Vienna they struck immediately and with full force.⁸⁴ The Home Office now resolved that visas were needed to check the flow of both Austrians and Germans; the main concern was to prevent the accumulation of undeportable stateless aliens in Britain⁸⁵. Louise London, in her analysis of the factors qualifying people for entry into Britain, concludes that it was not the sympathy for the persecution that they were trying to leave behind but what the émigrés could bring into the country with them. For some, the key to admission was their capital assets, expertise or learning, others qualified through their

⁸⁰ Gershen, Anne, The 1905 Aliens Act, History Today, March 2005, 55:p. 13

⁸¹ London, Louise, Whitehall and the Jews 1933-194, p. 17

⁸² Bevan, Vaughan, Development of British Immigration Law, London, 1986, p. 68

⁸³ London, Louise, British Immigration Control Procedures and Jewish Refugees 1933-1939 in Second Chance, Two centuries of German-speaking Jews in the UK edited by Mosse, Werner E., Tübingen, J.C.B. Mohr, 1991, p. 485

⁸⁴ Spielhofer, Sheila, Stemming the Dark Tide, York, William Sessions, 2001, p. 113

⁸⁵ London, Louise, Second Chance, p. 502

youth. Persons aged over 45 were usually regarded as unsuitable, although some exceptions were made on strong personal or compassionate grounds⁸⁶. Thus the principles of selection emphasised the needs of Britain, the country of refuge, rather than the plight of the refugee ⁸⁷. Alongside the statutory code, Britain's prerogative powers of the Crown continued and the Government of the day exercised them without the need for Parliamentary approval. In this way the Home Office was able to take arbitrary action against aliens⁸⁸. Britain was largely seen as a port of transit which meant that entrants needed to have the prospects of re-emigration⁸⁹.

Refugee dentists attempting to come to Britain from Germany and Austria had a further barrier to overcome. The Dental Education and Examination Sub-committee of the G.M.C. implemented the provisions of the Dentists Act of 1878. Sections 9 and 10 of the Act enabled the G.M.C. to authorise the registration of foreign dentists on the Dentists Register without further examination providing that the applicants showed that they had obtained a certificate granted in a foreign country (Approbation) which was recognised by the G.M.C. as furnishing sufficient guarantees of the possession of the requisite knowledge and skill for the efficient practice of dentistry or dental surgery⁹⁰. Being on the Foreign List of the G.M.C. Dentists Register did not entitle a refugee dentist to practice. Permission had to be obtained from the Home Office before they were allowed to open a practice in Britain. They also had to register with the local police⁹¹.

The medical and dental professions registered immediate alarm at the prospect of increasing numbers of refugee doctors and dentists. Lord Templewood (the previous Home Secretary Sir Samuel Hoare) in his memoirs *Nine Troubled Years*⁹² wrote

When for instance I attempted to open the door to Austrian doctors and surgeons, I was met by the obstinate resistance of the medical profession. Unmoved by the worldwide reputation of the doctors and dentists of Vienna, its representatives, adhering to the strict doctrine of the more rigid trade unionists, assured me that British medicine had nothing to gain from new blood and much to

⁸⁶ London, Louise, Whitehall and the Jews 1933-1948, p. 18

⁸⁷ London, Louise, Second Chance, p. 515

⁸⁸ London, Louise, Whitehall and the Jews 1933-1948, p. 19

⁸⁹ London, Louise, Whitehall and the Jews 1933-1948, p. 9

⁹⁰ Dental Education and Examination Sub-committee, General Medical Council, November 1935, p. 240

⁹¹ London, Louise, Whitehall and the Jews 1933-1948, p. 20

⁹² Viscount Templewood, Nine Troubled Years, London, Collins, 1954, p. 240

lose from foreign dilution. It was only after long discussions that I was able to circumvent the opposition and arrange for a strictly limited number of doctors and dentists to enter the country and practice their profession. I would gladly have admitted the Austrian medical schools en bloc for the help that many of these doctors subsequently gave to our war effort seemed to prove how great was the country's gain from the new Diaspora and how much greater it might have been if professional interests had not restricted its scope.

A.J. Sherman's book *Island Refuge*⁹³ discusses the humanitarian issue involved with the plight of refugees to which ministers such as the Home Secretary, Sir Samuel Hoare were notably responsive. This outlook had to be weighted against the dilemmas posed by the still large unemployment issue. There was also pressure from anti-refugee groups within certain organised professions and associations and a pervasive reluctance to accept any sizeable number of foreigners, whoever they might be, into Britain. Sherman feels that when the balance sheet is nevertheless drawn up and Britain's refugee policy compared with that of other countries, it emerges in the context of the pre-war period as comparatively compassionate and maybe even generous⁹⁴. Norman Bentwich⁹⁵ discusses the history of the Anglo-Jewish effort towards German and Austrian refugees and believes that the conduct of the refugee organisations and of various individuals such as Otto Schiff (see <u>REFUGEE</u> <u>ORGANISATIONS</u>) were exemplary.

Bernard Wasserstein⁹⁶ is sympathetic and even positive about the efforts made by the Anglo-Jewish leadership taking into account the difficulties of the period. This would include the Board of Deputies of British Jews which was the most influential, the Chief Rabbinate headed by Dr. Hertz, the Jewish Refugees Committee, founded in 1933 by Otto Schiff and the Central British Fund for Jewish Relief and Rehabilitation, also formed in 1933. Particularly important was the formal guarantee of 1933 by the Board of Deputies of British Jews that no refugee would become a charge on public funds. Wasserstein states that it was very doubtful that the British government would have admitted so many refugees to the country at a time of high unemployment and considerable anti-Semitism. He states that Britain's record on the Jewish question during the

⁹³ Sherman, A.J., Island Refuge, Los Angeles, University of California Press, 1973, p. 266

⁹⁴ Sherman, A.J., Island Refuge, Los Angeles, University of California Press, 1973, p.267

⁹⁵ Bentwich, Norman, They Found Refuge, The Cresset Press, 1956, p. 50

⁹⁶ Wasserstein, Bernard, Britain and the Jews of Europe 1939-1945, Oxford, Oxford University Press, 1979, p. 34

Nazi period was unimpressive although that of other countries was often far worse. Wasserstein was perhaps the first of a new school of British historians who began to reappraise the role of the British government as well as that of Anglo-Jewry and the pendulum now seems to swing sharply in the direction of adverse criticism⁹⁷. David Cesarani⁹⁸ makes a scathing attack on the Board of Deputies of British Jews and especially its President, Neville Laski. Cesarani maintains that the Board as leaders had ceased to represent the mass of British Jewry and that matters only started to change with the election of Selig Brodetsky⁹⁹.

Richard Bolchover¹⁰⁰ is a revisionist historian who maintains that the Holocaust and the period before were a supreme crisis facing western Jewry but which was marginalized by British Jews. Bolchover pointed to the fact that they were preoccupied with fears of increased domestic anti-Semitism. He concludes that Jews were hamstrung by the political philosophy of emancipation and their belief that they were bound by contract with a British society that determined how they should behave. In consequence Anglo-Jewish political strategy was to maintain a low profile and shun any suggestion of Jewish autonomy¹⁰¹.

Jeffrey Alderman¹⁰² is equally sweeping in his criticism of the Anglo-Jewish leadership, emphasising how communal policy resulted and was designed to result in the admission into Britain of a minimum number of Jews from a particular social and economic background and of a particular age. This would provide a further barrier to professionals such as dentists for example, who found it difficult to enter Britain despite their qualifications.

William D Rubinstein¹⁰³ in the conclusion to his book, states that "turn to any proposal for rescue you wish, one will invariably find either that it was wholly impractical (and very likely irrelevant) or not actually proposed by anyone at the time". He also argues that the refugee policies of the western world in the years 1933-1940 were remarkably generous. This generosity did

¹⁰² Alderman, Geoffrey, Modern British Jewry, Oxford, Oxford University Press 1992, p. 295

⁹⁷ Wasserstein, Bernard, Britain and the Jews of Europe, p. 357

 ⁹⁸ Cesarani, David, The Making of Modern Anglo-Jewry, Oxford, Blackwell, 1990, p. 128
 ⁹⁹ Cesarani, David, The Making of Modern Anglo-Jewry, p. 126

¹⁰⁰ Bolchover, Richard, British Jewry and the Holocaust, Oxford, The Littman Library of Jewish Civilisation, 2003, p. 302

¹⁰¹ Bolchover, Richard, British Jewry and the Holocaust, p. 303

¹⁰³ Rubinstein, William D., The Myth of Rescue, London, Routledge, 1997, p. 216

not seem to extend to well-qualified dentists attempting to immigrate to Britain during the 1930s.

Pamela Shatzkes in her book *Holocaust and Rescue*,¹⁰⁴ emphasises the fact that the government saw the Jewish refugee problem as a side issue of the war. Nazi Germany did not see it this way and nor did the Jews. Her findings also uphold Wasserstein's contention that conscious anti-Semitism should not be regarded as an adequate explanation of official government behaviour¹⁰⁵. In viewing the role of Anglo-Jewry during the 1930s she feels that the leadership was far from indifferent to the tragedy of European Jewry but was impotent to act directly. The poor reputation of Anglo-Jewry's leadership is the natural concomitant of its intrinsic inadequacy. This has to be balanced against the selfless efforts of the community as evidenced by the large number of refugee committees and the extraordinary number of unpaid volunteers who staffed them.

Jewish professionals, including dentists, constituted collectively an industrious achievement-orientated group with a spirit of enterprise and a dynamic urge to succeed¹⁰⁶. Jewish refugee dentists arriving in Britain were often penniless and spoke poor, accented English. Werner E. Mosse draws a distinction between the German-speaking Jewish refugees of the 1930s and Jewish immigrants from Eastern Europe during the period 1880 to 1914. The German refugees came from a middle-class background and many of them had been exposed to the quality of the German educational system. It was largely the younger and more enterprising members of the German-speaking Jewish community who tended to leave their countries of origin. A further selection process was operated by the British immigration authorities by picking out the eminent and the useful who were most likely to integrate and to succeed. There thus occurred a double selection procedure, resulting in something like an elite group of potential achievers. This combination of Jewish and German characteristics, whether environmental or genetically based, provided some of the tools for achieving success¹⁰⁷. Refugee committees, with one exception, started to proliferate from 1933. The exception was the Jews' Temporary Shelter whose chairman was Otto Schiff. He was a city banker but was himself

¹⁰⁷ Mosse, Werner E., Second Chance: Two Centuries of German-Speaking Jews in the U.K., p. 622

¹⁰⁴ Shatzkes, Pamela, Holocaust and Rescue, London, Palgrave, 2002, p. 238

¹⁰⁵ Wasserstein, Bernard, Britain and the Jews of Europe, p. 352

¹⁰⁶ Mosse, Werner E., Second Chance, Two Centuries of German-Speaking Jews in the U.K., Tübingen, J.C.B. Mohr, 1991, p. 622

born in Germany. The temporary shelter had been in existence since the first world war¹⁰⁸.

With the increasing size of the refugee community, combined with political problems in 1933, the Central British Fund for German Jewry (C.B.F.) was set up with five joint Presidents representing all sections of Anglo-Jewrv¹⁰⁹. Schiff, representing the C.B.F., led a deputation including the President of the Board of Deputies of British Jews to the Home Office to assure the government that no refugees admitted to Britain would be permitted to become a public charge. This pledge was honoured up to the end of 1939 when, as a result of the war, substantial financial contributions to public appeals could no longer be secured¹¹⁰. Money was raised by public appeals and in the first ten months over £200,000 was subscribed and by 1939 this had risen to £500,000¹¹¹. A sister organisation was set up by the C.B.F. called the Jewish Refugee Committee (J.R.C.) and this dealt with the cases of refugees including many dentists, while the main C.B.F. organisation dealt with weighty political problems ¹¹². The J.R.C. was fathered by Otto Schiff and worked initially from Woburn House and later Bloomsbury House. All staff were volunteers¹¹³. Such "hands on" social service by men and women of independent means was not unusual in the 1930s when academic education for social work was still in its infancy in Britain¹¹⁴. The J.R.C. was the main body of support for Jewish refugee dentists who were not "too proud" as they tried to settle in Britain or for those who wished to re-emigrate, usually to America or Palestine¹¹⁵.

Non-Jewish organisations also played a role in helping academic refugees. In April 1933 the Academic Assistance Council (A.A.C.), later the Society for the Protection of Science and Learning, was set up on the initiative of Lord Beveridge, then the Director of the London School of Economics. The A.A.C., whose members were prominent academics and scientists, devoted its efforts towards the placement of academic exiles in universities¹¹⁶. There were initially hardly any refugee scholars amongst its council members, and only

¹⁰⁸ Gottlieb, Amy, Archives: The Central British Fund for World Jewish Relief, 1989, p. 3

¹⁰⁹ Bentwich, Norman, They Found Refuge, London, Crescent Press, 1956, p. 20

¹¹⁰ Gottlieb, Amy, Archives, The Central British Fund for World Jewish Relief, 1989, p. 3

¹¹¹ Stent, Ronald, Jewish Refugee Organisations, in Second Chance, Two Centuries of German-Speaking Jews in the U.K. edited by Mosse, Werner E., Tübingen. J.C.B. Mohr, 1991, p. 582 ¹¹² Stent, Ronald, Jewish Refugee Organisations, p. 583

¹¹³ Bentwich, Norman, They Found Refuge, p. 15.

 ¹¹⁴ Gottlieb, Amy, Men of Vision, London, Weidenfeld & Nicholson 1998, p. 46
 ¹¹⁵ Gottlieb, Amy, Men of Vision, London, Weidenfeld & Nicholson 1998, p. 45

¹¹⁶ Beveridge, William, A Defence of Free Learning, Oxford, Oxford University Press, 1959, p. 1

very few Jewish members. Beveridge himself admitted that this was deliberate to attest to the fact that this refugee organisation was a genuine British initiative¹¹⁷. The A.A.C. received £2,500 from the CBF and thereafter annual increments but there was always a constant shortage of money¹¹⁸. The practical work of the A.A.C. concentrated on two areas: provision of an academic information service about possible openings for temporary or longterm employment at British or foreign universities and research institutions, and the allocation of so-called "temporary maintenance grants". Maintenance grants were relatively modest, £250 for a married person and £182 for an unmarried academic¹¹⁹. In 1936 the A.A.C. underwent a total restructuring particularly financially and emerged in March 1936 as the Society for Protection of Science and Learning (S.P.S.L.) with donations from some 2,000 subscribers and funds from the CBF and the Lord Baldwin Fund¹²⁰. The S.P.S.L. had verv little success with the placement of dental researchers and clinicians and had to deputise the placement of the majority of these dentists to other less well funded and placed organisations¹²¹

The Germany Emergency Committee (G.E.C.) was set up on 7th April 1933 by the Meetings for Sufferings of the Society of Friends¹²². Staff of the G.E.C. was small with only 10 relief workers¹²³. In view of the restrictive British immigration policy which allowed refugees to enter this country only for a limited period of time, they were offered support but the major task was to handle the necessary negotiations with the Ministry of Labour and the Home Office so that these immigrants could be entitled to work¹²⁴. Many foreign, mainly Jewish, dentists with their names on the G.M.C. Dentists Register were not allowed to practice following the February 1936 ban by the Home Office¹²⁵. The G.E.C. was of particular help to Jewish dentists, some of whom had been helped out of Germany and especially Austria after the Anschluss and were

 ¹¹⁷ Beveridge, William, A Defence of Free Learning, Oxford, Oxford University Press, 1959, p. 9
 ¹¹⁸ Hirschfeld, Gerhard, The High Tradition of Eagerness. British Non-Jewish Organisations in Support of Refugees in Second Chance, Two Centuries of German-Speaking Jews in the U.K., p.602
 ¹¹⁹ Hirschfeld, Gerhard, The High Tradition of Eagerness, p. 603

¹²⁰ Hirschfeld, Gerhard, The High Tradition of Eagerness, p. 605

¹²¹ Weindling, Paul, The Contribution of Central European Jews to Medical Science and Practice in Britain in Second Chance, Two Centuries of German-Speaking Jews in the U.K., p. 254

¹²² Darton, Lawrence, Account of the work of the Friends Committee for Refugees and Aliens of the Society of Friends 1933-1950, London, 1954, p. 3

¹²³ Hirschfeld, Gerhard, The High Tradition of Eagerness, p. 606

¹²⁴ Hirschfeld, Gerhard, The High Tradition of Eagerness., p. 606

¹²⁵ British Dental Journal, Vol. 60, 15th February 1936, The practice of dentistry by aliens, p. 197

supported in Britain and their children sent to school with the funds they provided¹²⁶.

By the time war broke out on 3rd September 1939, somewhere between 55,000¹²⁷ and 74,000 men, women and children of German and Austrian descent were living in Britain¹²⁸. Several thousand of these were long-term residents including the dentists who had made their homes in Britain many years before. The great majority however were refugees from Nazi Germany. By far the largest number of refugees were Jews who had arrived in increasing numbers as Nazi persecution gathered pace after the Anschluss¹²⁹. Included in this number were 299 dentists¹³⁰.

The British Government believed that a small number of refugees could be subversives who might pose a risk to national security. The precedent for this was a policy of mass internment that had been followed in the first world war where 29,000 aliens were imprisoned¹³¹.

During the autumn of 1939 the Home Office set up tribunals across Britain, whose responsibility was to place all "aliens" into one of three categories: A for those considered to be of high risk, to be immediately interned; B for those who had not to be interned but instead to be subjected to restrictions, and C for those who were considered no risk and could remain at liberty. By January 1940 out of almost 80,000 cases considered, around three quarters were considered category C¹³². By this time the 299 German-Austrian dentists on the Foreign List of the G.M.C. would have been included under category C¹³³. On 10th June, with a deteriorating war situation. Churchill issued the instruction "collar the lot" and at this time all class C men under the age of 70 were interned in transit camps all over Britain before being shifted in the general direction of Liverpool. This bought the total number of internees to 27.200 which was perilously close to the figure of 29,000 reached in the first world war¹³⁴. Internment affected most of the refugee dentists who came to Britain after the February 1936 ban, including the Austrian 40. Refugee

¹²⁶ Darton, Lawrence, Account of the Work of the Friends Committees for Refugees and Aliens 1933-1950 London, Society of Friends, 1954, p. 34

¹²⁷ Gillman, Peter & Leni, Collar the Lot, How Britain Interned and Expelled its Wartime Refugees London, Quartet Books, 1980, p. 24

¹²⁸ Lafitte, François, The Internment of Aliens. London, Penguin, 1940, 1988, p. 37

¹²⁹ Gillman, Peter & Leni, Collar the Lot, p. 24

¹³⁰ Minutes of the General Medical Council, G.M.C. London, volumes from 1933-1939

¹³¹ Gillman, Peter & Leni, Collar the Lot, p. 173

¹³² Gillman, Peter & Leni, Collar the Lot, p. 45

¹³³ Minutes of the General Medical Council G.M.C. London, volumes from 1933-1939

¹³⁴ Gillman, Peter & Leni, Collar the Lot, p. 173

dentists such as Max Walter, Hans Turkheim, Walter Reif and Meinert Marks, who came earlier, often with high academic standards gained in Germany, had time to build successful practices and had more influence to avoid internment via their well-known patients.

Desider Furst in his book, *Home is Somewhere Else*, describes how he was removed from his practice in Bournemouth during the police round-up of all male aliens on channel coasts opposite Europe even before he was interned¹³⁵. Furst describes his four-month internment in the camp at Ramsey in the Isle of Man and how he was allowed to carry out emergency dental treatment on fellow inmates. He was eventually released after the change in public attitude following the sinking of the Arandora Star. He was in fact released at the beginning of September 1941 but he was not allowed to return to Bournemouth since it was still a restricted area. Having lost everything, his only asset was his licence to practice dentistry in Britain. Fritz Engel was also a Viennese dentist. Like Furst, Engel was among the 40 Austrian dentists granted the chance to requalify in Britain so they could eventually practice¹³⁶. Engel was interned in 1940, also on Ramsey on the Isle of Man. He was also allowed to carry out dental treatment on his fellow internees. In contrast to Desider Furst, Fritz Engel was allowed to return to his practice in Bournemouth.

In *The Intermment of Aliens Twentieth Century Britain*, ¹³⁷Kushner and Burletson exposed the undemocratic, secretive and illiberal nature of mass internment. Sponza and Kochan indicated the tragi-comic consequences. The confusion, errors and blatant injustices which characterised the process occurred due to the degree of secrecy, whereby an operation was made unaccountable to the public and was also concealed from Parliament and the Press.

¹³⁵ Furst, Desider & Furst, Lilian R., Home is Somewhere Else, State University of New York Press, 1994, p. 101

¹³⁶ Kushner, Tony and Knox, Katherine, *Refugees in an age of Genocide*, London Frank Cass, 1999, p. 162

¹³⁷ Cesarini, David and Kushner, Tony, (Eds.) The Internment of Aliens in Twentieth Century Britain, Frank Kass, 1993, p. 15

COMPARISON OF BRITISH, GERMAN AND AUSTRIAN DENTISTRY

The paths taken by the dental profession varied between countries, even among those who shared a common language, such as Germany and Austria. In Austria dentistry was dealt with as a post-graduate medical specialty while in Germany, dental education developed in separate institutions as was the case in the United States¹³⁸. In both Germany and Austria dental education and dental practice benefited from the strong research background of the biological and medical sciences. The achievements of the Vienna Medical School in the 19th Century enriched the scientific basis of every area of medicine including the specialty of dentistry. This established a pathway that would extend into the first part of the 20th century¹³⁹. Moritz Heider¹⁴⁰ proposed a philosophy for dental education that has echoed down the ages: "the tooth must be seen in its connection with the entire organism". As Erna Lesky quotes, "Dentistry must not be considered as an independent theory which is unconnected to medicine"¹⁴¹. In 1891 Julius Scheff published the Handbuch der Zahnheilkunde [Handbook of Dentistry]¹⁴² that made Vienna the focus for dental research in the German-speaking countries. Scheff's book reemphasised the philosophy enunciated by Heider some 50 years earlier and provided information not only on the macroscopic and microscopic anatomy of the oral cavity but also on the relationships between dentistry and general medicine¹⁴³. The University of Vienna did not establish clinical training in dentistry until 1890 and it was not until 1925 that Austria required practitioners of medicine to have completed two years at dental school before they could practice dentistry.

In Germany dentistry grew up unsystematically and emerged from the efforts of dentists outside academia with or without medical qualifications. The state was unwilling to engage with dentistry other than in an observer role. Up to 1900 the government did not recognise dental disease in the way they

¹³⁸ Lesky, Erna, The Vienna Medical School of the 19th Century, Baltimore, Johns Hopkins University Press, 1976, p. 196

¹³⁹ Lesky, Erna, The Vienna Medical School, p. 201

¹⁴⁰ Heider, M. and Wedl, C., Atlas der Pathologie der Zahne [Atlas of the pathology of the teeth], Leipzig, Felix, 1869

¹⁴¹ Lesky, Erna, The Vienna Medical School, p. 209

¹⁴² Scheff, Julius, Handbuch der Zahnheilkunde, Vienna, Holder, 1891

¹⁴³ Kremenak, Nelly W. & Squier, Christopher, 'Pioneers in Oral Biology', *Journal of Dental Education*, 2002 Vol 66 No 1, p. 11.

recognised other disease processes such as Ear. Nose and Throat¹⁴⁴. At this time therapy was often restricted to extractions at surgical poly-clinics and was carried out by medical students. The training or teaching of dentists who did not enjoy the same academic status as doctors was left to private initiatives. As German dentistry approached the 20th century, it followed the role of the American dental profession which was regarded as a model and dentistry grew independently of medicine, eventually acquiring equal status. In 1919. following the war, regional governments introduced the D.M.D. (Doctor of Medicine & Dentistry) and took over the private institutions and many dental schools started to appear, especially in larger cities such as Berlin, Frankfurt. and Breslau¹⁴⁵. Somewhat belatedly the dental profession in Germany followed its Austrian counterpart with the major emphasis on research and the relationship between research and practice. However, unlike its Austrian counterpart, dentistry in Germany was independent of medicine. Approbation was achieved by the student after four years of study and this was followed by a doctoral thesis one year later¹⁴⁶.

Although the beginning of scientific dentistry was making great strides in Austria and later in Germany in the latter part of the 19th and early part of the 20th century, the true father of scientific dentistry came from Britain in the form of William Hunter and his two books entitled the *Natural History of the Human Teeth*, and *A Practical Treatise on the Diseases of the Teeth*, published in 1771. Several editions later, in 1839, they were published in Germany and America¹⁴⁷. These works of genius came at a time when dentists were principally blacksmiths and quacks and were charlatans to say the least¹⁴⁸. The situation did not improve until the Royal College of Surgeons was allowed to grant a licence in dental surgery (L.D.S.) in 1858 and by this time two dental hospitals, the Royal Dental Hospital and University College Hospital, were set up in 1860. These set the trend for the future, being dental hospitals in their own independent right and independent of medicine¹⁴⁹. Few dentists obtained the new L.D.S. qualification partly because the only recognised dental hospitals

¹⁴⁴ Eulner, Hans, The Development of Medical Specialties in the Universities of the German-speaking areas, Stuttgart, Enke Verlag, 1970, p. 419

¹⁴⁵ Eulner, Hans, The Development of Medical Specialties, p. 420

¹⁴⁶ Eulner, Hans, The Development of Medical Specialties, p. 420

¹⁴⁷ Poswillow, David, Hunter the Dentist, Annals of the Royal College of Surgeons of England, supplement 2005;87:p. 54

¹⁴⁸ Poswillow, David, Hunter the Dentist, p. 54

¹⁴⁹ Hillam, Christine, The Roots of Dentistry, London, British Dental Association, 1990, p. 42

were in London. In an attempt to raise dentistry above a craft skill administered by incompetent amateurs, the Dentists Act of 1878 together with the first Dentists Register was set up¹⁵⁰ and this was administered by the G.M.C. Only those people who were on the Register could call themselves a dentist or dental surgeon. There was an amnesty for those that were in practice before the passing of the Act and did not have an L.D.S.¹⁵¹. Loopholes were found in the Act and exploited from the first. Unregistered practice and blatant exploitation by ignorant practitioners became so wide-spread that the Dentists Act of 1921 was brought in by the Government to restrict the practice of dentistry to registered persons¹⁵². Once again an amnesty was given to those people who were engaged in dentistry in any five of the seven years immediately preceding the Act or had attained the age of 23 years before the commencement of this Act¹⁵³. The dental profession was therefore split into two sections who were often at loggerheads, so-called "1921 men" and those that had a dental qualification. In 1938 there were 14,680 names on the Dentists Register of whom half had no dental training except an apprenticeship compared to those who had four years of dental training to achieve the L.D.S. of the Royal College of Surgeons. Britain possessed fewer dentists of whom a smaller proportion were qualified compared to Germany or Austria¹⁵⁴.

According to Dr Harry Campbell¹⁵⁵, "the British have the worst teeth in the world, their condition beggars description". Despite this, the demand for dental treatment was low. In the second world war, only 5% of recruits to the armed forces were dentally fit and in three ordnance factories surveyed, figures sank to just 1%¹⁵⁶. Compared with other western nations Britain possessed fewer dentists and a smaller proportion of qualified dentists, giving rise to a poorer service and lower expectations among the public¹⁵⁷. By 1938 there were 14,680 dentists on the Dentists Register, roughly one dentist to every 3.300 people¹⁵⁸. In the 1930s Britain was offered over 1,000 well-trained

¹⁵⁰ Hillam, Christine, The Roots of Dentistry, p. 43

¹⁵¹ Hillam, Christine, The Roots of Dentistry, p. 43

¹⁵² Hillam, Christine, The Roots of Dentistry, p. 44

¹⁵³ Dentists Register, London, Constable, 1936, p. xxvii

¹⁵⁴ King, R.S., The Dash for Dentures, British Dental Journal 1998;185:p. 14-18

¹⁵⁵ Campbell, Harry, What is Wrong With The British Diet?, London, Heinemann, 1936, p. 1

¹⁵⁶ Petter, J. E., *The Making of The National Health Service*, London, The Kings Fund Publishing Office, 1981, p. 74

¹⁵⁷ Webster, Charles, *Health Services Since the War Volume1*, London, Her Majesty's Stationery Office, 1988, p. 358

¹⁵⁸ The Dentists Register, London, Constable, 1938

German and Austrian dentists. Paul Weindling¹⁵⁹ describes the situation well: "With dentistry one was dealing with what in Austria was a post-graduate medical specialism whereas in Britain it was regarded as a low-grade profession which still retained the aura of a craft skill." He points out the large numbers of extractions in Britain contrasted to the more frequent treatment at an early stage made possible by the Austrian and German sickness insurance schemes. The professional insecurities of the British Dental Association and other dental political groups were turned against the prospective Continental immigrants who, despite their often superior academic qualifications, were often stigmatised as untrained in national methods, and language¹⁶⁰.

The Teviot Committee later reported in 1946¹⁶¹ and suggested that 20,000 dentists would be needed to meet the demands of a comprehensive dental service. In 1953 it was noted that 24,000 dentists would be required to produce a staffing standard equivalent to American dentistry¹⁶². In the circumstances, it was totally illogical to turn away over 700 German-speaking, well-trained dentists during the 1930s.

British dental schools noted declining numbers of students from the 1920s onwards. The Royal Dental Hospital reached a low of 20 students in 1928, with only two women, and even in 1938 the average entry was 27¹⁶³. The School also made the decision to stop admitting women. The British Medical Association (BMA) and the Royal College of Surgeons staunchly resisted the settlement of their persecuted German and Austrian colleagues¹⁶⁴.

Comparison of German and Austrian dentistry with that in Britain shows a number of major differences. In Germany and Austria there was a blend between scientific research and clinical practice, the best example being the Jewish researchers of the Vienna School in the laboratories of Dr Bernhard Gottlieb. All the members of this group had been students of Professor Julius Tandler, the Professor of Anatomy who always emphasised the relationship

¹⁵⁹ Weindling, Paul, The Contribution of Central European Jews to Medical Science and Practice in Britain in Second Chance, Two Centuries of German Speaking Jews in the U.K., Edited by Mosse, Werner E., Tübingen, J.C.B. Mohr, 1991, p. 249

¹⁶⁰ British Dental Journal, July 1st 1937, Vol. 62, p. 51

¹⁶¹ Final Report of the Inter Departmental Committee on Dentistry CMD 6727, HMS0 1946

¹⁶² Smith, Russell, Guillebaud Committee (21st July 1953, DHSS 94501/9/2a)

¹⁶³ Smith, Ernest & Cottel, Beryl, *History of the Royal Dental Hospital of London 1858-1985*, London, Athlone Press, 1997, p. 94

¹⁶⁴ Weindling, Paul, The Contribution of Central European Jews to Medical Science and Practice in Britain in Second Chance, Two Centuries of German-Speaking Jews in the U.K., Edited by Mosse, Werner E. Tübingen, J.C.B. Mohr, 1991, p. 399

between anatomy and clinical practice¹⁶⁵. There were only two specifically dental research laboratories in Britain: the very small Hampton and Hale Laboratory at the Royal Dental Hospital under Wilfred Fish¹⁶⁶ and the laboratory of A.E.W. Mills at the London Hospital. Compared to their compatriots on the continent British dentists, without the title Doctor, held themselves in lower esteem and dentistry was largely looked upon as a craft skill rather than a specialist branch of medicine¹⁶⁷. The radical pressure groups opposed to the immigration of German and Austrian dentists made up a peculiar group of bed-fellows: the highly conservative elite of the hospitals and Royal Colleges; the mass of general practitioners that either belonged to the British Dental Association, the Incorporated Dental Society (non-university trained) or the Public Dental Service Association¹⁶⁸; and lastly the Board of Deputies of British Jews and Jewish professional leaders who saw a threat of rising anti-Semitism with prospective admission of cultured and university-trained immigrants¹⁶⁹.

¹⁶⁵ Kremenak, Nellie W. & Squier, Christopher, Pioneers in Oral Biology, *Journal of Dental Education* 2002, volume 66 no 1, p. 8

¹⁶⁶ Manson, J.D., Wilfred Fish and a Profession in the Making, London, Esmeralda Press, 2003, p. 71

¹⁶⁷ Final Report of the Inter-Departmental Committee on Dentistry, CMD 6727 HMSO 1946

 ¹⁶⁸ Admissions and removals from the register, *British Dental Journal*, Vol. 60: August 1936, p.724
 ¹⁶⁹ Weindling, Paul, The Contribution of Central European Jews to Medical Science and Practice in Britain 1930s to the 1950s, in *Second Chance, Two Centuries of German-Speaking Jews in the UK*, Edited by Mosse, Werner E., Tübingen, J.C.B. Mohr, 1991, p. 247

CHRONOLOGY OF EVENTS AND DECREES LEADING TO THE EXCLUSION OF NON-ARYAN AND POLITICALLY UNACCEPTABLE DENTAL SURGEONS IN GERMANY ^{170 171}

30th **January 1933** - National Socialists seize power and Hitler appointed Reich Chancellor.

15th March 1933 - The executive of the Reich Association of German Health Insurance dentists, many of whom are Jews is replaced by National Socialists. The leadership of the administrative officers of the Association of German Health Insurance was transferred from the Berlin-based Alfred Kohn, who was Jewish, to Ewald Grothe who had been a troop commander of the 42nd SS standard.

17th March 1933 - Jewish doctors and dentists dismissed from Berlin city hospitals.

24th March 1933 - Election of a new council of the Reich Association of Dentists. Heading the new council was the Reich dentists leader, Dr Ernst Stück, a party member since 1930.



Figure 2 Doctor Ernst Stück

1st April 1933 - Boycott of Jewish medical, dental and legal practices and businesses. Posters as well as strategically positioned SS men alert the populous to the presence of Jews in the neighbourhood.

¹⁷⁰Köhn, Michael, Zahnärzte 1933-1945, Berlin, Hentrich, 1994.

¹⁷¹ Abstracts of data published in Reichsgesetzblatt between 1933 and 1938



Figure 3 Suse Schloss' surgery 1933 (courtesy of Vernon Schloss)

7th April 1933 - The law ensuring the restoration of the civil service comes into force. Paragraph 3(1) states "officials of non-Aryan descent must retire". Among those affected were dentists with university appointments such as Alfred Kantorowicz, Professor of Dentistry at Bonn University (see page 337)¹⁷².

22nd April 1933 – Decree concerning dentists permitted to work in health insurance clinics. This applied to all non-Aryan doctors with the exception of those who had served on the front line in the first world war, or who had sons or fathers who had fallen in the war and who had set up their practices before 1st August 1914.

¹⁷² Interview with George Kantorowicz, son, 3rd December 2003

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Figure 4 Shulim Schatzberg's medals gained during first world war

25th April 1933 – Law concerning oversubscription at German schools and universities. This law laid down that the proportion of non-Aryans at schools and universities must not exceed the proportion of non-Aryans in the population. This effectively debarred any applicants for dental studies who were of Jewish descent since their proportion was reduced from previously being approximately 20% down to 1%.

May 1933 – Members of the Prussian Dental Association resigned their positions. Of the total 19 members and representatives of the association, 11 were Berlin dentists, all of whom were of Jewish descent.

June 1933 – Decree concerning dentists and dental mechanics working in health insurance. This decree was analogous to the one issued on 22nd April debarring dentists from working in health insurance. This decree states:

1. Dentists and dental mechanics of non-Aryan descent or those who have been communist supporters must cease to work. Such

dentists and dental mechanics are also debarred from working in the future.

2. Clause 1 does not apply to dentists or dental mechanics who have been in practice since the 1st August 1914 or who fought at the front during the world war for the German Reich or its allies or whose fathers or sons fell in the world war. Nor does this apply to dentists who served at the front as dentists during the world war for the German Reich or its allies or in a field hospital.

In this connection the Reich Law Gazette¹⁷³ states "considered as non-Aryan are those who are descended from non-Aryan and especially Jewish parents or grandparents. This applies even where one parent or grandparent is non-Aryan." The clinics of the newly-founded Association of Dental Clinics informed their dentists that they were no longer employable.

¹⁷³ Reich Law Gazette 1, no. 37, 11th April 1933

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Mit hollogialar Rochashtung Landsovarband Barlin s.V.

Anlage

29th April 1933 Dear Colleague

Following the announcement in issue No. 18 of the "Dental News", you have been accepted into the RVdZD.

che Auskünfte unverbindlic

We are delighted to welcome you as a member and herewith forward your membership card No. 1196. The death benefit will not be made if you are engaged in temporary work. We take this opportunity to ask you to inform us immediately it arises of any change in your situation affecting your membership (ceasing to be self-employed, doing casual work, change of address, etc.) as such information is absolutely vital in order to maintain our membership in efficient order, and if neglected can lead to financial complications. Your membership dues from the period 1st April to 30th June are:

Reichs Dental Association RM 0.75 Regional Branch RM 2.40 RM 3.15 Total:

This subscription must be paid quarterly without prior request from us into our account: Post Office account; Berlin no. 68211. The subscriptions are due before the first day of each quarter.

Professionally and respectfully yours,

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LANDESVERBAND BERLIN E.V.

IM REICHSVERBAND DER ZAHNÄRZTE DEUTSCHLANDS

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BERLIN W 57. den 28. Juni] BOLOWSTHANSE 104 IDEUTRCHEE SAMARSTEN lockriften <u>Aut an den Verband und</u> Die an eine Persen oder einzelne Bleile

Herrn Dr. Hans Lewinnek, Berlin NW.87. Klopstockstr.21. b/Klein.

Sehr geehrter Herr Kollege !

Hierdurch teilen wir Ihnen höfl. mit, dass Sie den vom Beichaarbeitsministerium 1t. Verordnung vom 2. Juni 1933 über die Tätigkeit von Zahnärsten bei den Krankenkassen gestellten Bedingun gen (Nachweis ausreichenden Kriegs- besw. Frontdienstes) swecks Verwendung als Kassensahnarst bei den BVO - Kassen (Betriebskrank kassen, ällgemeine Ortskrankenkassen, Innungskrankenkassen - nicht VEB) nicht genügen. Daher ist mit dem 30. Juni ds. Ihre Zulassun su den genannten Kassengruppen erloschen und Sie haben Ihre kassen sahnärstliche Tätigkeit mit diesem Tage einzustellen.

Wir müssen Sie bitten, das T - Schild am 1. Juli de. dem Landseverband Berlin e. V. su überreichen.

Wir nachen darauf aufmerksan, dass irgendeine Entschuldigung für eine verspätete Rückgabe des Schildes nicht anerkannt wer den kann, modefsbei nicht Innehaltung des Termins die Hälfte des noch aus dem sweiten Quartal de. Je. ausstehenden Honorars swecks apäterer Regressansprüche seitens der Kasse einbehalten werden mus

Mit kollegialer Hochachtung

28th June 1933

Dear Colleague

We respectfully inform you that according to the decree of 2nd June 1933 issued by the Reichs Ministry of Labour governing dentists working for medical health insurance companies, you do not meet the requirements imposed (proof of sufficient military war service at the front) for practicing as a dentist at insurance clinics (business clinics, local clinics or union clinics). Consequently your authorization to work at the above-mentioned clinics is withdrawn, and you must cease working as a dentist at these clinics from today.

We must ask you to return your T-badge on 1st July to the Berlin Regional Branch of the Association.

We would draw your attention that no excuse can be accepted for late return of the badge and that if the date is not observed, half the remuneration for pay claims from the clinic in the second quarter of this year will be stopped.

Professionally and respectfully yours,

Figure 5 Letters (with translation) from RVdZD to Hans Lewinnek

27th July – Decree affecting the association of Dental Health Insurance Clinics of Germany. This decree incorporated all dentists working in the Health Insurance Clinics into the newly founded Association of Dental Health Insurance Clinics of Germany. Membership of this Association was obligatory and it comprised a register of all Reich dentists. The Association was solely responsible for the relations of the individual health insurance dentists to the health insurance service. Under the jurisdiction of the Reich Minister of Labour, henceforth the exclusion of politically unacceptable and non-Aryan dentists was implemented by the deletion or inclusion in this register.

20th October – By order of the Prussian Ministry of Science, non-Aryan dental students will no longer be allowed to qualify and were only awarded the title of doctor if they renounced German nationality. (It is uncertain whether this order was in fact implemented. It seems unlikely as an order issued by the Ministry of the Interior on 5th February 1933 made it mandatory to submit proof of non-Aryan descent before being permitted to sit the dental examination and to qualify.)

20th November 1933 – Supplementary clause added to decree concerning dentists and dental mechanics working in health insurance. On 1st January 1934 in cities with a population exceeding 100,000, dentists whose spouses were of non-Aryan descent were no longer admitted to work in statutory health insurance. Non-Aryan women dentists would however be readmitted in cases where the husband fell on active service during the first world war. 23rd June 1934 – The allocation of foreign currency to emigrants was reduced from 10,000 to 2,000 Reich marks. Furthermore this sum could only be transferred indirectly. Significantly the limitation on the transfer of assets made many wealthy Jews hesitant about emigration.

5th February 1935 – Permission to sit examinations and to qualify now depended on dental students providing proof of Aryan descent. This regulation, at least as far as the sitting of examinations was concerned, was then eased for dentistry. This revision stated "non-Aryan dental candidates who began their studies before the summer of 1933 are permitted to sit the examination in the usual way without special consent being required from the

Ministry of Health. This consent does not imply that by sitting the examination the candidate will then be granted qualification." Eva Glees¹⁷⁴ passed her final examination at the University of Bonn in 1936 and obtained her D.M.D. degree with a thesis on spirochetal infection of babies born to mothers with syphilis. She was not allowed to register either her Approbation or Doctoral degree and the relative paperwork was also withheld. Consequently the G.M.C. did not accede to her being put on the Dentists Register in Britain until 1948. She worked during the war and afterwards looking after disabled children in a Nursing Home. Eva Glees had her documents authenticated and stamped by the University of Bonn in 1947.

13th February 1935 – Third decree concerning the admission of dentists and dental mechanics to work in health insurance. Non-Aryan dentists are no longer permitted to practice in the health insurance service under any circumstances, i.e. the exception for war veterans, war widows or descendants and those who set up practice prior to 1914 would no longer apply. Entry into the Reich dental register now depended on proof of Aryan descent of the applicant as well as his spouse. All non-Aryans and all Aryans married to non-Aryans existing in the register but no longer eligible were to be struck off the register. Inspection of the proof of Aryan descent was no longer as hitherto the province of the German Dental Association Board but was now undertaken by an expert in racial research appointed by the Reich Ministry of the Interior.

9th May 1935 – Fourth decree concerning the admission of dentists and dental mechanics to work in health insurance. This redrafting of decree 3 "rescinded" the most drastic methods for non-Aryans namely the disbarring of all non-Aryans and Aryan dentists with non-Aryan spouses. Consequently only those dentists who had not already been admitted to the health insurance service were to be struck off the register whereas all those who had been disbarred for instance because they were married to non-Aryan spouses were "re-instated".

The reasons for this reinstatement may be that there had been a lobby within the dental profession that was able to effect the reversal of this disbarment measure. A possible motive may have been that it affected too many Aryan dentists married to non-Aryans and that these managed to

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¹⁷⁴ Interview with Eva Glees, 18th August 2005

influence the ministry via their professional organisations. It is also very likely that disbarment on such a massive scale resulted in inadequate provision of dental treatment being available to the residents of big cities such as Berlin and Frankfurt where a high percentage of dentists were Jewish. The danger was that this would have led to a change in the ratio of dental surgeons to dental mechanics being admitted to the health insurance service to the disadvantage of dental surgeons. The relative figures reveal that six dental surgeons and four dental mechanics were to be readmitted per 15,000 insured patients. It is possible that the dental surgeons considered their non-Aryan colleagues and particularly colleagues married to non-Aryans to be far preferable to an influx into the Health Service of the despised dental mechanics.

15th September 1935 – "The Nüremberg Laws". Reich Citizens law decreed that only citizens with German nationality or with the same blood type could be Reich citizens. "Law for the protection of German blood and German honour", for example marriage between Aryans and non-Aryans were prohibited and such marriages were declared invalid. Non-Aryans were no longer permitted to employ female citizens of German or similar blood types in their homes.

Polizeipräsidium Leipzig

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Police Headquarters, Leipzig

Mr

Leipzig 13th September 1935

Herrn Hans Soberbel, Bernf: Dr.ned.dent, geb.am: 15.2.91 Halle, letste Wohnudg: Leipzig Cl, Frazdrurter -tr.18 I, .Zt.in Polizzihaft.

Ich werhänge hiermit auf Grund von § 1 der Verordnung des Reichspräsidesten som Schutse von Volk und Staat vom 28. Februar 1935 auf Aufrechterhaltung der öffentlichen Sicherheit und Orönung über Sie

Verselarungshadb

vorläufige Aestnalme

wegen Asswensonande pim sur Intuchliessung des Gebeimen Staatepoliseiwstes Sachsen.

> Der Poliseipräsident su Leipsig. I.A.(gez.) Dr.bbeke,Gberregierungertt. Ausgefertigt: Leipsig,den 13.9.35.

> > Thung Oberry Selation

Raffen-Jahnärztliche Vereinigung Deutschlands Reichsstelle



Die von Jhnen eingelegte Beschwerde gegen den von dem Amteleiter der Besirkestelle Leipsig auf Grund des § 8 der EZVD angeordneten Ausschluss aus den ämseunpraxis weise ich hiermit als unbegründet surfick.

Tenn Jhre Verbindung mit einer Arierin nach Jhren Angaben vor dem Erlass der Mürnberger Gesetze liegt, die eine strafrechtliche Ahndung der Eassenschande vorschen, so hat der Begriff der Rassenschande gleichwohl schon vor diese Temin bestanden und seine Geltung gehabt. Dies ist mich Jhnan sur Gezüge bekant geresen. In der Tätssche der Eassenschande muss aber die KIVD einen hinreichenden Grund erblicken, der Jhre Person sur Ausübung der Kassenprazis,die ein besonderse kaß an Zuverlässigkeit und auch en Achtung gegenüber den geschriebenen wie ungeschriebenen Gesetzen des neuen Staatse voraussetzt, als ungeeignet erscheinen Läset.

Heil Hitler

National Health Dental Association of Germany Reich Office Berlin Demist Dr Hans Scherbel

Protective Custody Sachsenburg / Saxony

Disciplinary Action

Your letter 27.10.35

The complaint registered by yourself against the Director of the Medical Authorities of the District of Leipzig on the grounds of section 8 of the KZVD reparting your expulsion ordered from National Health practice is herewith rejected as unfounded.

28 November 1915

If your connection with an Aryan woman, according to your own disclosure statement, took place before the Nuremburg laws became effective which considered multi crime as a purishable crime, no the conception of maini crime had already estated before this date and had its own waldity. This was well enable have not to you. With regard to the matter of racial crime the KZYD law must take a wide view which consider you personally as unauitable to the practice of the National Health which involves a considerable massare of travitoritaness and also respond for the written as well as the unwritten laws of the new state

Heil Hitler

Figure 6 Nuremberg Laws; letters to Dr. Hans Scherbel

Profession: Dr of Medical Dentistry born 15.2.91 Halle last address: Leipzig C1, Frankfurterstrasse 18, 1 at present in police custody

Hans Scherhel

I herewith impose on you on the grounds of Section 1 of the decree of the State (Reich's) President for the protection of people and State of the 28th February 1933 for upholding public security and order

provisional custody on the grounds of racial transgression until the decision of the secret national police authorities, Saxony.

> Chief of Police of Leipzig under instructions Dr Ebbeke, Senior Government Official

Prepared: Leipzig, the 13.9.35

Senior Government Official

13th April 1937 – From now on all Jewish dentists and dental mechanics still at work must be identified as Jews in the register. According to the Reich Citizens Law of 14th November 1935, anyone with three or more racially Jewish grandparents is considered a Jew. Jew is defined as anyone married to a Jew, anyone of mixed race, i.e. with one or two grandparents of racially Jewish descent or anyone belonging to a Jewish community.



Inserate jüdischer Zahnärzte in der jüdischen Presse vom 10. März 1939 aus: Jüdisches Nachrichtenblatt 20 (1939), S. 12

Figure 7 Advertisement in the Jewish press 1939 175

12th January 1938 – Decree concerning dentists and dental mechanics working in the health insurance service. This decree extends preferential permission to work in the Health Service. Preference was to be given to those who had been working for two continuous years in the principal health departments of the Nazi party or were members of one of its subsidiary organisations and additionally those who could provide evidence of special services to the nation. There were virtually no further measures excluding those Jewish dentists still working.

¹⁷⁵ Köhn, Michael, Zahnärzte 1933-1945, Berlin, Hentrich, 1994, p. 54

15th June 1938 – All Jews with previous convictions even for minor offences are arrested and sent to concentration camps.

25th July 1938 – The fourth decree concerning the Reich Citizen's Law states that Jewish dentists will cease to be permitted to practice from 30th September 1938. Special permission to treat only Jewish patients could be obtained from the Reich Minister of the Interior; however such dentists would be called *Zahnbehandler* ("tooth-treaters"). They were not allowed to use the title doctor or dental surgeon.

9th November 1938 – *Reich Kristallnacht*, the biggest organised attack to date launched by the N.S.D.A.P. against those Jews remaining in Germany. In a wave of arrests, 26,000 Jewish men were rounded up and arrested, including many dentists.

17th January 1939 – The 8th decree concerning the Reich Citizens Law terminates the appointments of Jewish dentists as from 31st January 1939. Where authorised by the Reich Minister of the Interior, Jewish dentists may continue to treat Jews but are compelled to call themselves "tooth treaters". After the introduction of this decree, there were still at least 150 tooth treaters at work in Berlin. One of these would have been Hans Lewinnek who, according to his passport, travelled backwards and forwards from Britain to Berlin from 1936 up to January 1939. Although placed on the Dentists Register by the G.M.C. in 1936, he was given only limited time extensions to stay in Britain. He was denied Home Office permission to practice until 1941¹⁷⁶.

19th September 1939 – Jewish tooth treaters were granted special permission to continue practicing under the terms of the 8th decree. They now only treated Jews in the dental insurance service if permitted by the Reich Ministry of Labour.

The precipitating or push factors listed above meant the end of dental practice for Jews in Germany, hence the mass emigration¹⁷⁷.

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¹⁷⁶ Interview with Vera Levick, February 2004

¹⁷⁷ Strauss, Herbert A, Jewish Emigration from Germany, Leo Bæck Institute Year Book 25, London 1980, p. 343

BRITISH DENTISTRY AND THE DENTAL HEALTH OF THE POPULATION

A working hypothesis could be made that Britain, with some of the worst dental disease in the civilised world and too few trained dentists, did its best to turn away over 1,000 well-trained dental surgeons fleeing from Nazi oppression in Germany and Austria during the 1930s. Despite the lack of statistics and epidemiological studies during the 1930s, it can be shown that there was a lamentably low demand for dental services and where treatment was sought it often resulted in the complete extraction of teeth and the provision of dentures¹⁷⁸.

The Interdepartmental Committee on Dentistry, which was appointed in July 1942,¹⁷⁹ looked at the dental condition of the population. It stated that a fair appreciation of the dental condition of the population could be obtained from the statistics of the School Dental Service and the National Health insurance dental benefit records.

The state of the population's dental health is discussed in the National Health Services Dental Services' Policy of February 1943¹⁸⁰ using the same data as in 1942. Details available show the dental condition of male and female recruits to the army at the beginning of the second world war. This is valuable as it was concerned with a large and representative sample of the younger age groups of the population and it shows that on average 90% of the men and 86% of the women required dental treatment on enlistment. 13.4% of the men were in possession of partial dentures and a further 10% required them. These figures were broadly corroborated by the Navy. They show both that the incidence of dental disease was high and that at the date of enlistment the teeth of recruits had been much neglected.

In three large ordnance factories a representative sample of the workers was examined and it was found that only 1% were fit in respect of their natural teeth. At the largest factory 50% of the workers were already in possession of dentures.

School Dental Service

¹⁷⁸ Gelbier, Stanley, *Dentists, Dentistry and the National Health Service*, PhD thesis London University, February 1980, p. 73

¹⁷⁹ Interdepartmental Committee on Dentistry, National Archives MH 77/124

¹⁸⁰ National Archives MH 77/124 A review commissioned by an internal Ministry of Health committee which reported in February 1943

98 out of every 100 children leaving public elementary schools showed signs of dental caries, past or present and 70% of the children inspected in a given year (about 3.5 million) were recorded as requiring treatment. Among the children requiring treatment, in only 65% of the cases was treatment accepted. In Cambridge it was found in 1938 that only 9.1% of the five year old children examined had naturally sound teeth. On average each child had 4.1 decayed temporary teeth and 0.15 decayed permanent teeth.

Of a group of 10,000 Scottish five-year-old children examined between 1941 and 1943, 1,000 only were found free from caries and 70,000 teeth were decayed or missing (this was seven out of each child's 20 teeth on average, about five of these seven being molars).

Of 8,700 6-13 year-old Scottish children examined in the same period it was found that the percentage of sound first permanent molars dropped steadily from 82% at the age of six to 20% at the age of 13, at which age 27% of these molars were carious but saveable and 40% carious and unsavable. 25% were lost and only 8% filled.

One approved society, in its experience during one year of dental treatment of young people between the ages of 16–19, found that no less than 12.2% of the patients had needed full upper and lower dentures.

National Health Insurance

A recent analysis of 10,000 cases showed 6,860 people requiring extractions (78,920 teeth) and 6,197 cases requiring dentures. 12,311 teeth were filled.

Maternity and Child Welfare

In an investigation into the dental condition of 420 mothers, 221 were found to require treatment. Of these only 26% completed the necessary treatment and 53% refused to undergo any treatment whatsoever.

The conclusion to be drawn is that these facts demonstrate beyond doubt that dental disease was both serious and widespread and that there was a lamentable failure on the part of the population to appreciate the importance of dentistry. The demand for the dental services available was very low due to the cost at a time of high unemployment and the shortage of well-trained dentists, especially in children's' dentistry. In a high percentage of cases, where treatment was sought, the dental condition was such that the only treatment possible was the complete extraction of the dentition and the provision of dentures. The position had shown little or no signs of improvement, notwithstanding the development of public health dental services during the previous 20 years.

Sidney Barwise, the Medical Officer of Health for Derbyshire¹⁸¹, had discussed the problems of rural dentistry in 1922. In one area of Derbyshire there was a population of 100,000 people without a single dentist. Hardly a single school leaver could be found without dental caries, while 75% of the children had 4 or more teeth decayed. The problem that had to be faced was "how to deal with the teeth of 700,000 children living in small towns of 20,000 inhabitants and in villages of less than 100 persons scattered over some 640,000 acres, in many parts inaccessible and miles from any railway station". Barwise recommended that each child should be seen by a dentist at least once each year and the critical question was how many dentists would be necessary to carry out the work. He came to the conclusion that if all the children were to be treated this would require the appointment of an additional 24 dentists!

The annual report of the Chief Medical Officer was documented in the British Journal of Dental Science for 1926¹⁸² and states that steady progress had been made during the past year towards the ideal of a complete system of dental inspection and treatment for all the children in public elementary schools. New schemes were inaugurated by 20 authorities bringing the total number of authorities making some such provision to 289. There were however 28 education authorities where no provision was yet made for dental treatment. 133 new dental clinics were provided and the total number of clinics at the end of the year was 955. The number of children submitted for dental inspection was 2,038,988; the number treated was 768,146, being 55% of those who were found to be in need of treatment. Owing to the necessarily slow growth of dental provision, many of the dental centres were congested with patients' bookings, which were made long in advance, and the dental inspection was often not adjusted to treatment requirements. In many centres the congestion was progressive and the work was greatly hampered. This situation continued into the 1930s.

¹⁸¹ Barwise, Sydney, Public Health Dentistry, Public Health, 4, January 1922, p. 89

¹⁸² Annual report of the Chief Medical Officer for 1925, Public Health Dental Notes, British Journal of Dental Science 1926, p. 144

In the early 20th century there was a realisation of the problem of dental caries in children, as a result from 1920 some local authorities, led by Derbyshire and Sheffield, used dental dressers to treat children¹⁸³. Dental dressers were nurses trained by school dentists, with whom they worked to carry out minor dental procedures such as scaling and polishing, or applying or removing dental dressings. Although, this caused uproar in the profession, it was only by 1942 that they finally disappeared.

A survey of oral hygiene in England by A.E. Rowlett¹⁸⁴ states that in 1928 schemes for dental inspection and treatment were already established by 304 educational authorities out of 317, employing the equivalent of 442 fulltime dentists or about 1 dentist to 11,300 children. 2,646,138 children or 53.1% of the total average attendance were inspected. The number found to be in need of treatment was 1,785,680 or 67.5% of those inspected. The total number of children treated for dental defects was 1,042,629, being 58.4% of those referred. Extractions numbered 2,238,836 and fillings 688,582. The vast majority (1,964,005) of extractions were of temporary teeth. Rowlett also pointed that out the treatment of adults came under a quite different scheme. Dental treatment of school children was in most cases free - the cost was provided by the municipal or county authorities. Dental benefit for adults was confined to members of approved societies and was defined in the National Health Insurance Act of 1924 as "the payment of the whole or any part of the cost of dental treatment". It was not one of the ordinary benefits of health insurance to which all insured persons were entitled such as medical treatment. Dentistry was an additional benefit i.e. one of the extra benefits that may be provided for its members by an approved society that has been found on valuation to have surplus funds for disposal.

A leading article in *The Dental Gazette*, the official organ of the Public Dental Service Association¹⁸⁵, stated that on the basis of the Board of Education returns, it appeared that approximately 68% of children in elementary schools were examined each year. Of these somewhere about 70% were found to require treatment and about 60-80% actually received it, the proportion varying between rural and urban areas.

 ¹⁸³ Gelbier, Stanley, 125 years of developments in dentistry. British Dental Journal 2005:199, p.
 688

¹⁸⁴ Rowlett, A.E., British Dental Journal, Volume 52 1930, p. 1125

¹⁸⁵ Dental Gazette, Vol. 4, No. 5 January 1938, p. 1

If one attempts to translate these statistics into generalisations, it seems that only two-thirds of the school population was inspected each year. Two-thirds of these were found to require treatment, and considerably less than two-thirds of those requiring treatment normally received it. A large number of children with carious temporary teeth were certainly deliberately classified as requiring no treatment because the pressing claims of the permanent dentition rendered it impossible to provide conservative work to temporary teeth.

Sir Norman Bennett delivered the opening paper to a joint meeting of the Society of Medical Officers of Health and of the Dental Officers' Group on Friday, 17th March 1939¹⁸⁶. He pinpoints the well-known Circular 1444 published in January 1936. He pointed out that the school dental service was seriously lacking and he strongly advocated that every new school entry should be examined. This should be followed by annual re-examination and that provisions should be based on a ratio of one dental surgeon to 5.000 children in urban areas and 4,000 in rural areas. There is no mention of secondary schools. He suggested that inspection of children should be done every three months. He stated that about 2.5 million children examined needed treatment and that only about 1.5 million were receiving it. Bennett also stressed the possibility of using caravans in rural areas. This seems to be the first time in the British dental literature that the use of mobile clinics has been suggested; they were already active in rural Germany during the late 1920s under the Bonn Plan, which had been formulated by Professor Kantorowicz¹⁸⁷.

Bennett felt there was no sense in an incomplete dental service. Incompleteness meant either that the work was spread over too large a number of patients or that some children were omitted altogether. The efficacy of the School Dental Service was to be judged by its success in saving the permanent dentition. He further stated that there is much to be said for the inclusion of other forms of treatment other than the filling of carious teeth. Most important was orthodontic treatment. He felt that from the propaganda point of view, orthodontics was worth consideration because if

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¹⁸⁶ Bennett, Norman, The Place of Dentistry in the School Health Service, *Public Health* 8, May 1939, p. 231

⁸⁷ Journal of Dentistry for Children Special Issue July-October 1993, p. 263

dental abnormalities are corrected, it would lead to a higher rate of acceptance for conservative treatment. He also felt that consideration for the dental surgeon himself should not be ignored: a life spent largely filling cavities in first permanent molars is somewhat monotonous. Simple orthodontic treatment and other work not quite in the ordinary routine were justifiable and desirable.

Bennett cites an example in a town in Cambridgeshire with a school attendance of 6,000 in which a complete system of dental inspection and treatment during the whole period of school life had been available for a number of years. The average number leaving school annually was 382. Of these only 28 had refused treatment and would presumably need dentures at an early age. The remaining 354 had apparently left school with sound dentitions; this is the bright side of the picture. The downside was what Bennett called the Post School Abyss where there was a gap of five to six years where no dental treatment was available for the school leaver. Bennett saw the situation as not so much a gap as an abyss. In other words, when children left school, most of them, almost as a necessity, neglected their teeth and the previous investment was wasted. He states:

It is difficult to write in temperate language of something which is so crassly stupid. It is incredible that the organisation at the centre of the world's greatest empire tolerates a huge expenditure on dental treatment for millions of school children and then on a mere chance factor of age cuts off all treatment and passively watches a stream of golden expenditure flowing surely and remorselessly down the gutter of avoidable waste. There is nothing selective scientifically about the age of 14 after which officially a child requires no further dental care.

Dental treatment for adults, as an additional benefit, does next to nothing for promoting the physical wellbeing of the mass of the community. It is little better than a "breakdown service" for elderly people to prevent existing evils becoming worse and consists mainly in extraction and the provision of artificial dentures, for which half the cost is usually provided ¹⁸⁸.

¹⁸⁸ Interim report of subcommittee of B.D.A. Council on dental benefit to the insured population July 1941. B.D.A. War Council 1939-45 Minute Book quoted in Webster, Charles, *Health Services since* the War Vol 1, The Problems of Healthcare, London 1988, p. 357

Amongst the statistics available in the Report of the Chief Medical Officer, for the years 1938 to 1945¹⁸⁹, the table below relates to the treatment of school children in 1938.

Year	Area	No. of pupils inspected		Number	Percentage of pupils	Fillings		Extractions		Adminis-	Other		
		Routines	Specials	Total	requiring treat- ment	Number treated	requiring treatment who re- ceived it	Per- manent Teeth	Tem- porary Teeth	Per- manent Teeth	Tem- porary Teeth	tration of general anaz- thetics	opera- tions
1938	England(exclu- ding London) London Walcs	2,723,032 292,971 209,373	-	3,010,277 292,971 228,093	204,205		67.9	1,066,715 148,921 68,150	24,884			64,950	469,127 38,774 26,891
	Total	3,225,376	305,965	9,531,341	2,497,930	1,635,112	65.3	1.283,786	119,938	609,631	2,477,105	546,392	534-799

3,531,341 pupils were inspected in this year. 2,497,930 required treatment and of this number only 1,635,112 were actually treated, which is 65.5%. 1,283,786 permanent teeth and 113,338 temporary teeth were filled. 609,631 permanent teeth were extracted and 2,477,105 temporary teeth were also extracted. 546,392 pupils had a general anaesthetic. This was probably for multiple extractions. These figures, once again, point to the deficiencies in the treatment of children from the lack of dental manpower which is even more worrying when one considers this data in relation to the comments of Sir Norman Bennett mentioned previously: the failure to get dental treatment to children past school leaving age and the descent of dentistry into a breakdown service.

Care for adults in need of dental attention presented a problem and unless in pain most people avoided dentists. When urgent, a general dental practitioner was used and paid directly. Dentistry was usually perceived as not important and too expensive. Most emergency treatment, therefore, was extraction¹⁹⁰. The National Insurance Act of 1911¹⁹¹ provided some relief for dental sufferers who were manual workers above 16 years of age, but their dependents did not receive support. About 15 million were covered by 1913 and 25 million by 1942; the middle classes were largely excluded ¹⁹².

By 1943 some 5,000 approved Insurance Societies and branches provided dental benefits. Their 14 million members represented about 75% of

¹⁸⁹ The Health of the School Child, Report of the Chief Medical Officer of the Ministry of Education 1939-1945, London, His Majesty's Stationery Office 1947, p. 144

¹⁹⁰ Gelbier, Stanley, 125 years of developments in dentistry. British Dental Journal 2005:199, p. 797

¹⁹¹ National Insurance Act 1911, 1 and 2 Geo. V. ch. 55

¹⁹² Gelbier, Stanley, 125 years of developments in dentistry. British Dental Journal 2005:199, p. 750

the insured population. However only 6-7% of eligible people were treated each year. Treatment could be obtained from any dentist prepared to provide it under the prescribed conditions of service. Provided the agreed fee scale was used Societies had to contribute at last half the cost of any necessary treatment.

Manpower

According to the Dentists Register 1936¹⁹³, the total number of dentists appearing on the Dentists Register on 1st January 1936 was 14,505 of whom 8,043 (55.45%) were registered with medical, surgical or dental qualifications. 6,462 (44.55%) were registered under the provisions of the Dentist's Acts 1878 and 1921. Britain possessed fewer dentists, of whom a smaller proportion were qualified, than any other western country. British dentists were represented by three principal political groups: the British Dental Association, representing registered dentists; the Incorporated Dentist's Society for those without qualifications ("1921 men"); and the Public Dental Service Association.

For most people dental treatment was not part of their way of life and did nothing to promote the physical well-being of the mass of the community. It was little better than a "breakdown service" and consisted mainly of extraction of teeth and the provision of artificial dentures¹⁹⁴. Reasonable standards of care were available only under a few special schemes, and for the bulk of the civilian population, ease of access to dental treatment would be made yet more difficult with the onset of the second world war.

The demand for treatment was being met by some 14,000 dentists at the beginning of the second world war. About half of this number were registered under the provisions of the Dentist's Acts of 1878 and 1921 and their dental training was totally inadequate.

Dr. E. Wilfred Fish was perhaps the most eminent dentist of his time and a member of the Dental Board of the G.M.C. He was doubly-qualified in medicine and dentistry and one of the few eminent researchers in relation to dentistry in Britain. He launched a vigorous attack on the "1921 men" which was reported in the British Dental Journal of 16th March 1942¹⁹⁵. Fish described the "1921 men", especially in relation to National Health insurance, as "extractors and adaptors" who undermined dentistry by not trying to conserve natural teeth. He blamed the medical profession and all sections of

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¹⁹³ The Dentist's Register, 1936, Dental Board of the United Kingdom, London, p. XXXI

¹⁹⁴ Bennett, Sir Norman, Place of Dentistry in the School Health Service, *Public Health* 8, 1939, p. 234

¹⁹⁵ Fish, E. W., The Englishman's Teeth, Address to the British Dental Association reported in *British Dental Journal*, Vol. 70, 16 March 1942

the dental profession for undue extraction of teeth, for which he put a great deal of blame upon the conditions of service in the National Health Insurance. He suggested that a large proportion of the people who were going to work in the scheme had simply been trained in dental mechanics.

It was clear that if the nation's teeth were to improve, more well-trained dentists would be required. In order to ascertain the numbers that would be involved, and to recommend ways of achieving them, a committee was formed under the chairmanship of Lord Teviot, the Chairman of the National Liberal Party. An interim report¹⁹⁶ and a final report¹⁹⁷ addressed this problem. The most interesting and instructive part of the interim report is the Government actuary's advice on the dental manpower position and demonstrating the age distribution of dentists on the register at the end of 1942. This shows that the total number of names on the register was heavily weighted in the higher age groups. There was the certainty of a rapid loss of names from the register during the next two decades owing to retirement. Additionally, the rate of recruitment, being lower still during the war years, had for some time been totally inadequate to maintain the register even at its current levels. The final report proposed that the target figure for annual student entrance should be 900 instead of the pre-war average of 340. It is also suggested that 20,000 dentists would be needed to meet the demands of a comprehensive dental service. The report also went on to consider dentistry as a career choice amongst middle-class boys and girls and concluded that dentistry was not a popular choice. Training was long and expensive and dentistry was often considered to be taken up after failure to gain entry to medical school. Dentists were held in low esteem in comparison to doctors with a high level of strain at work and with lower incomes. In addition, a large capital sum was needed to establish a practice that required expensive equipment. The Teviot Committee suggested that dentistry needed to be advertised so that it would be a more appealing choice for students.

The National Dental Service Interdepartmental Committee on Dentistry educational sub-committee set up in 1943¹⁹⁸ showed that out of 15,192

¹⁹⁶ CMD6565 HMSO 1944

¹⁹⁷ CMD6727 HMSO 1946

¹⁹⁸ National Archives MH 77/193 National Dental Service Interdepartmental Committee on Dentistry 1943

dentists on the Dentists Register in 1942 only 12,812 were in active practice, of whom nearly a half were virtually untrained "1921 men". The government actuary stated that the numbers would fall as low as 12,350 in active practice by 1947 and would not meet the needs of an extended service. A far greater student entry was required to the dental profession. As things were the committee felt that the position was getting steadily worse and the ultimate problem was becoming more difficult. A number of memoranda were submitted to the Interdepartmental Committee¹⁹⁹, and the University of Sheffield memorandum pinpoints the lack of popularity of dentistry:-

1. The scope of work is limited and also highly specialised.

2. The lack of appreciation in the public's mind of the value of dental treatment.

3. Medical practitioners enjoy more prestige and status.

4. The status of the profession suffers by association in the public mind with the least reputable type of unqualified practice and the presence of exploitation and quackery present prior to 1921.

5. The majority of dental students enter university with lower standards of general education than other students. They go for the simpler diploma of L.D.S. rather than a university degree.

6. Medical and dental students attend the same classes, for example in medicine and surgery and anatomy. The dental students are examined after a shorter attendance and lower standards are applied compared to medical students. The academic status of dental students suffers in consequence.

7. Costs are high in relation to other university courses.

A memorandum from the University of London to the Interdepartmental Committee, suggests that if dental education is to be improved, a large number of full time, both senior and intermediate grade, qualified teachers are required. They should be chosen from amongst those actively engaged in research who are capable of stimulating interest amongst students.

¹⁹⁹ National Archives MH 77/193 National Dental Service Interdepartmental Committee on Dentistry 1943

Conclusion

An analysis of the data that is available in relation to the dental health of the population of Britain during the 1930s shows a very bleak picture. The dental health of its population would be considered the worst in comparison to other countries in Europe. Some efforts had obviously been made to provide dental treatment to primary school children and some success had been achieved such as the figures for the City of Cambridge. The biggest tragedy was that when children left school they went without dental treatment for years and ended up with dentures. This fact is emphasised by the statistics in relation to the armed forces and to ordnance factories. It also has to be emphasised that half the dentists on the Dentists Register were the so-called "1921 men" who had not been given an adequate dental training. During the 1930s Britain was offered 1,000 well-trained dentists from Germany and Austria, many of them specialists within their own fields such as children's dentistry, orthodontics, oral surgery and prosthetics. It seems inconceivable that a majority of these dentists were turned away or forced to transmigrate to other countries. The reasons were seen to be:-

1. The xenophobic British attitude that they had nothing to learn from foreign doctors and dentists. This outlook was epitomised by the words of Lord Dawson of Penn, the President of the Royal College of Physicians who in 1933 suggested that the number of foreign medical scientists "who could teach us anything, could be counted on the fingers of one hand"²⁰⁰. Lord Templewood (formerly Sir Samuel Hoare) stated in his biography that he would have admitted the Austrian medical schools "en bloc." However he was assured by the medical and dental professions that they were unimpressed by the worldwide reputation of these refugees and assured the Government that British medicine and dentistry could gain nothing from them²⁰¹.

2. Anti-Semitism was a key issue. The *British Dental Journal*²⁰² contains an article written by A.E. Rowlett, a member of the Dental Board of the G.M.C., which discusses the Austrian dental profession and the Anschluss. The author pinpointed the problem in Vienna because of the high

²⁰⁰ National Archives HO 45/15882

²⁰¹ Templewood, Viscount, Nine Troubled Years, London, Collins, 1954, p. 200

 ²⁰² British Dental Journal, The Austrian Dental Profession and the Anschluss, 1st August 1938: 65, p. 161

proportion of the "Jewish race" that practice dentistry and lauds the Aryan German dental surgeons of Vienna under *Reichzahnärzteführer* Dr. Stück for dealing with the situation.

A leading article in *The Lancet*²⁰³ discussed an overcrowded profession. It stated that the German names on the doorplates of Harley Street practices must rankle with their British colleagues and that the refugees appeared to be taking advantage of the hospitality extended to them by this country. The *Daily Express* asserted in a leading article entitled The Open Door²⁰⁴ that there were already too many alien doctors and dentists in Britain and that the British Medical Association had let down the little men of the profession by agreeing to their admission.

The question of unemployment was constantly present. The 3. British Dental Association sent a letter to the Home Office²⁰⁵ in terms of a resolution adopted by the Dental Board in 1934 expressing objection to the granting of licences to practice to a considerable number of refugee dentists unless they had special qualifications. As a result representatives of the Association, together with those of the Incorporated Dental Society, explained to officials of the Home Office that while they sympathised with the hardships of German dentists they felt that their first duty was to British dentists who were endeavouring to obtain a livelihood by the practice of their profession. The deputation further pointed out that the dental profession in Britain was suffering from unemployment rather than over-employment and even in a boom period it could not be said to be too small to shoulder all the work it was asked to do. The numbers that are present on the Dentists Register were amply sufficient to cope with the demands for dental service and with any increase to be expected in the near future.

In a letter in the *British Dental Journal* correspondence columns, J. Menzies Campbell argues against the Trade Union Congress that had sanctioned the admittance of 100 refugee dentists. "I wonder how the TUC would react to orders involving an extensive dilution of its own ranks particularly if many of its members suffered more from under-employment than over-employment." This letter was dated 10th September 1938²⁰⁶. Sir

²⁰³ The Lancet, 23 April 1938, p. 951

²⁰⁴ Daily Express, 5 July 1938

 ²⁰⁵ British Dental Journal, The Practice of Dentistry by Aliens, 15 February 1936, Vol. 60, p. 197
 ²⁰⁶ British Dental Journal, 1 October 1938 65:p. 444

Samuel Hoare, in answer to a question in the House of Commons on 13th July 1938,²⁰⁷ in relation to alien refugees, stated that it has always been recognised that a policy of unrestricted admission would be out of the question. Only a small number of foreign practitioners could be absorbed into the medical and dental professions and it would be necessary to select this number with care.

With regard to the question of dental manpower the Chairman's address at the opening of the 36th session of the Dental Board of the United Kingdom on 10th May 1939²⁰⁸ stated that the number of dentists on the Dentists Register in 1930 was 14,301 and the highest was 14,532 in 1938. The averages for the four triennial periods beginning with 1928-30 and ending with 1937-39 have been 14,363; 14,393; 14,358 and 14,495. It is interesting to place alongside these figures those of the entry of students to dental schools. In 1927 the entry was 285, in 1938 it was 403 and between those dates the lowest figure was 252 in 1929 and the highest figure 578, more than twice as great two years later in 1931. The triennial averages have been 1927-1929, 260; 1930-1932, 420; 1933-1935, 441 and 1936-1938, 395. The point which must be noticed is that the figure for the latter three years is definitely lower than for either of the two proceeding three year periods and this, one may expect, would tend to keep the numbers on the Dentists Register down below 14,400 for some years, with the probable result that there would have been very little change between the beginning and the end of the fifteen-year period from 1928 to 1942. It was also pointed out that there was a steady decrease in the number of persons registered as in practice by the 1878 Act or under the Act of 1921 and an increase in graduates and licentiates. It was only in 1933 that the figure of graduates and licentiates, for the first time, exceeded at 7,246 the figures of practitioners who had not been educated in dentistry and that there are now nearly 8,500 graduates and licentiates against 6,000 in other categories.

It is necessary to compare these figures about dental manpower with the suggested number of dentists envisaged by the Teviot Committee in 1946²⁰⁹, which suggested that 20,000 dentists would be needed to meet the

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²⁰⁷ British Dental Journal, Parliamentary Intelligence, 15 December 1938,65: p. 189

²⁰⁸ General Medical Council Minutes, 1939

²⁰⁹ Final Report of the Interdepartmental Committee on Dentistry CMD6727, 1946

demands of post-war dentistry. Certainly the argument against admitting to Britain over 1,000 well-trained dentists with doctorates in dentistry and who would be vastly superior to at least half of the dentists on the Dentists Register in Britain makes no sense whatsoever.

Dental Research

The situation with regard to research was summed up by an editorial in the Royal Dental Hospital magazine in 1941²¹⁰ which stated that "dentistry is, perhaps, one of the professions most vitally in need of research".

Almost every branch was thronged with unsolved problems. What research existed was often unrelated to the dental problems of general practice. Basic research was required into:-

Prevention of dental caries 1.

The anatomy of the supporting structures of the teeth 2. (periodontium) and the ætiology and treatment of periodontal diseases.

The treatment by root canal therapy of vital and non-vital single 3. and multi-rooted teeth with pulpal involvement due to trauma or disease.

- Embryology and its relationship to orthodontic therapy. 4.
- Research into restorative dental materials. 5.
- Oral pathology of disease of soft and hard tissues of the mouth. 6.

Members of the Vienna School who were world experts in many of these subjects were turned away, good examples being Bernhard Gottlieb. Harry Sicher and Peter Weinmann, together with many experts in children's dentistry. This data will be discussed in detail later in this thesis.

The Interdepartmental Committee on Dentistry Education Sub-Committee draft on dental research²¹¹ stated that although Britain had produced pioneers in dental research in the past, the amount of such work over the last 20 years had been very limited. Whether the criteria adopted was the amount of time and money spent on dental treatment or the amount of research done in other subjects, up to the present dental research had, as might be expected, not attracted private benefactors in the way that other types of research have done. The minutes of the Dental Board of the United Kingdom²¹² show that from 1929 to 1933 £27,144 was spent, (on average

 ²¹⁰ Royal Dental Hospital Magazine December 1941 p. 94
 ²¹¹ National Archives, MH77/193 May 1943

²¹² Dental Board of the United Kingdom Minutes, May 10 1939, p. 7

 \pounds 5,400 a year,) but expenditure from 1934 to 1938 showed a decrease to \pounds 18,670, an average of \pounds 3,700 a year. This decrease was due to the fact that the Dental Board's grant to the Department of Scientific and Industrial Research expired at the end of March 1936 and was not renewed.

Research as progressing from October 1938 is summarised in a report from the Medical Research Council²¹³:

- 1. Dr. M. M. Murray (Bedford College, University of London) Work on relation between glycogen content and calcification in the teeth and bones of rats.
- 2. Lady Mellanby and Dr. J. D. King (University of Sheffield) investigated the incidence and extent of dental caries and hypoplasia in schools on the Isle of Lewis. They have also carried out investigations, together with Dr. D. Stewart and Dr. W. Lewinsky (a refugee from Berlin who came to Britain in 1933) of the Anatomy Department of the University of Manchester, on the effects of deficiency of vitamin A and carotene on the axis cylinders of the dental nerves of rats. Two publications were produced: King, J. D., Dental Caries in Lewis and parts of West Rosshire, *The Lancet*, 1938, 11109; King J. D., Lewinsky, W. and Stewart, D. Degenerative changes in the axis cylinders of the dental nerves due to diet deficient in vitamin A and carotene, *Journal of Physiology*, 1938, 93206.
- 3. Dr. E. W. Fish and Mr. W. Stewart Ross (St Mary's Hospital, London), Investigations into the repair of bone and dentine. They had also been exploring the treatment of infection in the dental pulp without extirpation. (Publications: Fish, E W, The Dental Aspects of Inflammation, *National Dental Hospital Gazette*, May 1938; Chronic focal intoxication, *Royal Dental Hospital Magazine*, June 1938; Acute ulcerative stomatitis, *The Lancet* 3 September 1938.) In the same laboratory Dr Paul Pinkus (Royal Dental Hospital) worked on caries exploring the bacterial attack on enamel in the absence of acids.
- Professor H. H. Stones (University of Liverpool), Investigations into the causes of pyorrhœa using monkeys and the effects of traumatic occlusion. (Publications: Stones, H, H,, An experimental investigation into the association of traumatic occlusion with paradontal disease, *Proceedings Royal Society of Medicine* 1938, 31, p. 479.)

²¹³ General Medical Council Education and Research Committee Report, November 1939, p. 125

- 5. Professor Harvey Bradmore (Durham University), A study of the role of the innovation in the growth development in response to injury of the dental tissues.
- 6. Miss S. Glasstone (Strangeway's Research Laboratory, Cambridge). The development in-vitro of mammalian tooth germs.
- 7. Mr. S. Wilson-Charles (Guy's Hospital, London), An investigation into the growth of the jaws and the eruption of the teeth was undertaken in the dental research department at Guy's Hospital.

8.

Dr. R. A. Broderick (Children's Hospital, Birmingham). An investigation of cases of hair lip and cleft palette was continuing.

This data in relation to dental research shows that there were very few laboratories devoted to dental research in Britain and these were very underfunded and under-staffed. It should be remembered that most eminent dental refugee scientists that tried to work and teach in Britain during the 1930s, were turned away or rejected as academics, such as Professor Harry Sicher, Oral Anatomy and Embryology; Professor Bernhard Gottlieb, Oral Pathology and Dr. Peter Weinmann, Oral Pathology. These and many others who were well versed in dental research and had written many papers and text books and were world leaders in their fields, could have been given sanctuary and could have been put to work thereby raising the standards of British dentistry. This situation, which particularly applies to the dental scientists from the Vienna School, who had to leave Austria after the Anschluss, was of particular importance, and will be covered in greater detail when the standards of Austrian dentistry are assessed later.

British dentistry pre-second world war could be described as a cottage industry²¹⁴. No consideration was given to the biological basis of dental practice, indeed it was only in 1943 that the Nuffield Foundation appointed an advisory committee on Dental Education and Research. The Committee was to assist the Trustees in formulating a scheme for action to be taken by the Foundation in connection with the urgent need for stimulating dental research and for improving the quality of dentists²¹⁵.

²¹⁴ Renshaw, John, Opinion, British Dental Journal, Volume 199, 6, p. 331

²¹⁵ Report of Advisory Committee on Dental Education and Research, 30th September 1943, National Archives MH77/193

In order to place this lack of dental research into its proper context it is necessary to look at the report of the Carnegie Foundation for the advancement of teaching in relation to dental education published in the United States in 1926²¹⁶. William Gies spent five years working on this report and discussed the special conditions that interfered with research in dental schools and how these could be corrected. He found that of the two general groups of teachers in dental schools, those who gave instruction in the dental subjects were usually more interested in private practice than in teaching or in research. Often without the advantages of an inspiring preliminary education. their understanding of the applications of the related sciences was slight. Their outlook was restricted chiefly to proficiency in superficial reparative manipulation and they had neither the inclination nor the ability to conduct or guide original investigation. Gies saw that the dental mind had not been encouraged to go very far behind the scenes or into the fundamentals of biology but had been "too practical" and had focused attention on the immediate and the tangible. As dental practitioners they had not been educated to apprehend clearly or to think constructively of their daily biological experiences. The imaginations of many stopped at the abutments of bridges or at the tips of the roots of teeth and successful repairs and effective restorations satisfied their professional purpose. There was also a lack of interest in biological research in dental schools and among dental practitioners. It had been directly dependent upon disregard for medical sciences, which even now are tolerated rather than taught in some schools. The instruction in these subjects was often poor because the teachers were either indifferent, when drafted from the medical staff or incompetent, when recruited from other sources. The students naturally imagined they ought to know something of these fundamental subjects but many, observing that their clinical teachers had little or no acquaintance with the medical sciences or failed to apply them in "practical dentistry", promptly conclude that such knowledge is merely a fad and soon acquire the typical clinical indifference to theoretical subjects. As a consequence students project their future needs along mechanical lines almost exclusively and lose the opportunity to acquire a broad biological comprehension.

²¹⁶ Gies, William J, Dental Education in the United States and Canada, A Report to the Carnegie Foundation for the Advancement of Teaching, New York, Carnegie Foundation, 1926

Gries' criticism of dentistry, although written about American and Canadian dental schools, would be more than applicable to dental schools in Britain at this time. Professor Gies maintained that the research in dental schools was weak and uninspired, and that the secret of the means for prevention of dental and oral diseases may be hidden indefinitely unless dental schools actively institute a search for them and find the minds and obtain the resources with which to promote adequate investigation. The spirit of enquiry should animate the teaching of dentistry and should be exemplified in the service of the practitioner but as a rule fundamental research could be conducted with success only by those who were fitted by nature and by training to advance it and those whose abilities had been matured under the guidance of competent teachers. These conclusions would apply just as well in Britain as in the United States and Canada.

It is doubtful that this report was ever read in Britain or any attention paid to its findings. The Gies Report to the Carnegie Foundation did not come out of the blue. Gies had studied German and Austrian research and realised the need to strengthen the biological basis of dental practice. It was the 19th century German scientific scholarship that set the standards that Gies drew upon. The cottage industry of British dentistry paid no attention.

The differences in the attitude to dentistry in Britain and Germany were typified by a letter in the *British Dental Journal*²¹⁷ "The Panel System in Germany" from a London dentist, Mr. C. S. Abraham. He wrote

The other day a German doctor on a visit to London from Berlin watched me take out 100 teeth in one afternoon. He made some interesting comments as the session wore on. 'In Germany', he said, 'they take out very few teeth. A German dentist would not take out this number in several months.' I picked out a few of the extracted teeth and asked him to look at them. 'Terrible', he exclaimed, 'we rarely see such teeth in Germany'. 'In Germany', he said 'children of all ages received free dental treatment.' They work on the Panel system, recognising that dental care is as important as general medical care or at any rate is a vital part of it and all clinics for schoolchildren are run by the State.

Mr. Abraham states that the Panel system for dental treatment must be "better than our present dependence on the surplus funds of insurance societies."

The pre-eminent method of dental treatment in Britain was the extraction of teeth and the manufacture of full or partial dentures. This form of

²¹⁷ British Dental Journal, Correspondence, 1935, 59:p. 399

treatment was particularly true in relation to the "1921 men" who had no dental school training. This attitude to the treatment of dental disease was unfortunately bolstered to a large extent by the theory of focal infection. In 1891 Miller published a classic article entitled The Human Mouth as a Focus of Infection²¹⁸. In this article he endeavoured to call attention to the various diseases both local and general which had been found to result from the actions of micro-organisms that collect in the mouth and to the various channels through which these micro-organisms or their waste products may obtain entrance to parts of the body adjacent or remote to the mouth. Miller felt that various diseases could be traced to the action of the mouth bacteria including osteomyelitis, septicaemia, meningitis, disturbances of the alimentary tract, pneumonia and gangrene of the lungs.

These findings were particularly noted by Dr. William Hunter, at that time the Senior Assistant Physician at the London Fever Hospital. In 1900 he wrote an article entitled Oral Sepsis as a cause of Disease²¹⁹ in which he states that oral sepsis not only results in the constant swallowing of pus, a most potent and prevalent cause of gastric trouble, but that the catarrh set up is not simply irritant but actually infective and may lead in time to other more permanent effects, namely atrophy of glands and chronic gastritis and in certain cases even suppurative gastritis. In 1900 Godley²²⁰ describes how the signs and symptoms of conditions such as pleurisy and suspected carcinoma of the stomach could be attributed to pyorrhœa alveolaris and how all the signs and symptoms disappeared after careful removal of calculus and regular syringing of the pockets with hydrogen peroxide. In 1902 Colyer²²¹ describes the resolution of an irregular heart beat, gastric effects and general debility after the treatment of any oral sepsis present. He also suggested a good maxim for the dentist to work with was "better no teeth than septic ones". On 3rd October 1910 William Hunter delivered an address at the opening of the McGill University in Montreal. The title of his address was "The role of sepsis and anti-sepsis in medicine". Hunter was by this time a lecturer in pathology at Charing Cross Hospital Medical School in London and was

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²¹⁸ Miller, W D, The Human Mouth as a Focus of Infection, Dental Cosmos 1891:33:p. 689 ²¹⁹ Hunter, W, Oral Sepsis as a Cause of Disease, British Medical Journal, 1900: 1:p. 215 ²²⁰Godley, R. J., On some of the Medical and Surgical Implications of Pyorrhoea Alveolaris, Dental Record, 1900 20:p. 337 ²²¹ Colyer, S., Oral Sepsis and some of its effects, Dental Record 1902 20:p. 200

considered the pre-eminent physician in this field and his address was reprinted fully in The Lancet²²². Hunter indicted dentistry as the cause of what he called oral sepsis which in turn caused rheumatic and other chronic diseases.

In my clinical experience septic infection is without exception the most prevalent infection operating in medicine and a most prevalent cause and complication of many medical diseases. Its ill effects are widespread and extend to all systems in the body. The chief seat of that sepsis is in the mouth and is usually disregarded.

Hunter locates the chief seat of that sepsis in septic lesions of streptococcal and staphylococcal infections found in the mouth and suggests two potential origins: firstly phallicular tonsillitis and secondly a foul septic and suppurating condition of the gums. Hunter goes on to indict dentistry: "gold fillings, gold caps, gold bridges, fixed dentures, built in, on and around diseased teeth form a veritable mausoleum of gold over a mass of sepsis for which there is no parallel in the whole realm of medicine and dentistry." Hunter relates many chronic conditions to oral sepsis including rheumatoid arthritis, septic gastritis, colitis, anaemia, tuberculosis, chronic nephritis and various fevers.

Hunter advocated the extraction of all teeth with periodontal or periapical infections to prevent systemic diseases; this led to the wholesale extraction of all infected teeth and removal of tonsils and unnecessarily mutilation of many patients. Countless millions of teeth were extracted under the erroneous assumption that they put the life of patients in danger.

In 1911 Frank Billings, Professor of Medicine and Head of the Focal Infection Research Team at Rush Medical College and Presbyterian Hospital in Chicago replaced the term oral sepsis with focal infection. Billings again advocated the removal of all teeth at the first sign of infection. It was his opinion that these measures alone would stop the further progress of disease.²²³ What followed in dentistry was the avoidance of conservative dentistry in favour of extractions. A philosophy by which many dentists already practiced, especially in Britain, was virtually given an official seal of approval.

 ²²² Hunter, W, The Role of Sepsis and Anti Sepsis in Medicine, *The Lancet*, 1910, 1:p. 79
 ²²³ Skull, Andrew, *Madhouse, a tragic tale of megalomania and modern medicine*, London, Yale University Press, 2005, p. 33

The concept of focal infection, while shifting in and out of favour since the time of Hunter as a pathogenic mechanism, has always been recognised as being potentially causal and possibly fatal in bacterial endocarditis. This situation was clarified by Okell and Elliott in 1935²²⁴ and Elliott in 1939²²⁵. They reported that in 10.9% of patients with severe gum infection, positive cultures can be obtained from the blood, the organism usually being a streptococcus of the Viridans type. Five minutes after multiple extractions the figure rises to 75%, even in cases with no obvious gum disease. The transient bacteraemia that was produced by extraction could produce a fatal endocarditis in patients who had suffered previous rheumatic fever or had congenital abnormalities of the heart. With the advent of antibiotics, patients were given penicillin cover or other antibiotics if they were allergic to penicillin.

It is interesting to refer back to the philosophy of treatment propounded by Moritz Heider (1816-66)²²⁶, who proposed a method for dental education that has echoed down the ages. The tooth must be seen in its connection with the entire organism. Dentistry must not be considered as an independent theory unconnected to medicine. This philosophy was also expounded by the "Vienna School" of refugee dentists. Bernhard Gottlieb, setting out his holistic orientation plainly in the first paragraph of his book²²⁷. argued that to understand the nature of the processes, it is necessary to view biology as a whole rather than in terms of artificial divisions.

German and Austrian dentistry in comparison, with a more biological basis for practice, looked for ways of treating dental disease and avoiding the extraction of teeth. At the 1926 Congress of the Fédération Dentaire Internationale in Philadelphia, Professor Bernhard Gottlieb of the Institute for Research at the University of Vienna organised an international competition to find a simple and inexpensive method of treating infected root canals. Professor Gottlieb, President of the Scientific Research Commission, asserted that root canal treatment was the basis of all dental therapeutics and said that the very existence of dentistry depends on the successful solution to this

²²⁴ Okell, C.C. and Elliott, S. D., Bacteraemia and Oral Sepsis with special reference to aetiology of sub acute endocarditis, 1935, The Lancet 2, p. 869

²²⁵ Elliott, S.D., Bacteraemia and Oral Sepsis, Proceedings of the Royal Society of Medicine 1939; 32:p. 747 ²²⁶ Heider, M, & Wedl, C, Atlas zur Pathologie der Zahne, Leipzig, Felix, 1869, p. 209

²²⁷ Gottlieb, B. and Orban, B, Anatomy and pathology of the tooth, New York, MacMillan, 1938, p. 2

problem²²⁸. After a quarter of a century of providing a major influence on the practice of medicine and dentistry, the focal infection theory fell into disrepute, partly due to the excesses committed in its name²²⁹. In 1938 R. L. Cecil, who had been a proponent of the theory of focal infection, published a study of 200 patients with rheumatoid arthritis who had not improved appreciably after having their tonsils removed and their teeth extracted²³⁰.

Williams and Burkett²³¹ in a review of a series of papers on focal infection found that "there is no good scientific evidence to support the theory that removal of these infected teeth would relieve or cure arthritis, rheumatic heart disease, kidney infection or other disorders. On the other hand it is well to keep in mind that if a focus of infection has been found in the mouth every effort should be made to remove the infection as a general hygiene measure."

An editorial in the *Journal of the American Medical Association* 1952²³² explains the newly discredited theory on the basis of the following:-

1. Many patients with disease presumably caused by the foci of infection have <u>not</u> been relieved by the removal of the foci.

2. Patients with the same disease may not have foci of infection.

3. Foci of infection can occur in healthy persons with no ill effects.

In 1955 Hans Turkheim, the Chairman of the Society of Continental Dental Surgeons (later the Anglo-Continental Dental Society) gave a lecture on focal infection which in his belief controlled the attitudes of dental treatment during the first half of the 20th century in Britain. This was gradually being subject to reappraisal. Turkheim's lecture gave a comprehensive survey of the developments during the period since the last war and was particularly pleased to point out that one of the latest publications of the *International Dental Journal* where he had been a collaborator would show that, with certain reservations, the concept of focal infection was now to be considered dead.²³³ This seminal paper was written by Professor Martin Rushton, Professor of Dental Medicine at Guy's Hospital. Rushton stated that in recent

²²⁸ Ennis, John, The Story of the Federation Dentaire Internationale 1900-1962, F.D.I., London, 1967, p. 7

²²⁹ Editorial, Journal of the American Medical Association, 1952: 150: p. 490

²³⁰ Cecil, R.L. and Angevine, D.M., Clinical and experimental observations on focal infection with an analysis of 200 cases of rheumatoid arthritis, *Annals of Internal Medicine*, 1938; 12:p. 577

²³¹ Williams, N. B. and Burkett, L. W., Focal Infection: a Review, *Philadelphia Medical Journal*, 1951:46;p. 1509

²³² Editorial, Journal of the American Medical Association, 1952: 150: p. 490

²³³ Rushton, M.A., International Dental Journal, 1955, p.28

vears there had been considerable changes in the assessment of oral focal infection in Britain and North America. The change was not chiefly in relation to the importance of oral health for general health but in relation to the former belief that oral focal infection was responsible for a great number of specific chronic diseases. The latter has now been discredited. It is not doubted that infected foci in the mouth may be responsible for local or wider extension of infection either through the tissues, as in a cellulitis and oesteomvelitis or along mucus surfaces. Most important and still relevant is the spread of bacteria from foci in the mouth that can be pushed into the bloodstream. causing a bacteræmia with potential fatal results when the bacteria infect heart muscle damaged by rheumatic fever (a sub-acute bacterial endocarditis). In general it may be said that the dentist now treats local lesions on their merits as such in the belief that the health of the part is essential to the health of the whole. With regular oral care and good dentistry foci of infection in the mouth will be rare. Where they exist they can frequently be remedied by conservative methods or limited surgery.

In assessing the history of dentistry in Britain, the cottage industry status was readily apparent. The little research that is undertaken had little relationship to dental practice. It took up to 1943, with the Nuffield Report on Dental Education and Research, before any meaningful progress was made.²³⁴ It is interesting that the six members of the Nuffield committee were all physicians of medicine and no dentists were present. This reveals the medical doctors' prevalent attitude toward dentistry; that it considered it to be a "business" rather than a specialism of medicine.

It is necessary to compare the research situation in Britain with that in America where the Gies Report of 1926²³⁵ was the propelling force that coupled together the excellence of mechanical dentistry in America with the emergence of the research study of oral anatomy, oral pathology and periodontal disease so that the dentition were embedded in healthy tissue. In Germany and Austria research into the biological basis of practice was strong and despite the theory of focal infection conservation of the dentition was still

 ²³⁴ Report of Advisory Committee on Dental Education and Research, 30th September 1943, National Archives, MH77/193
 ²³⁵ Gies, William J., Dental Education in the United States and Canada. A Report to the Carnegie

²³⁵ Gies, William J., Dental Education in the United States and Canada. A Report to the Carnegie Foundation for the Advancement of Teaching, New York, Carnegie Foundation 1926

paramount, with treatment of the teeth and the surrounding supporting tissues coming before wholesale extraction.

It has been demonstrated that the situation as far as dentistry was concerned in Britain was bleak. Britain possessed fewer dentists of whom a smaller proportion were qualified than many other western nations. The statistics such as they were during the 1920s and 30s show a population with mostly uncontrolled dental disease. In addition research into dental disease especially in relation to practice was virtually non-existent. Between 1933 and the outbreak of the second world war, more than 1,000 well-trained dentists from Germany and later Austria applied for permission to work in Britain. The majority of them were turned down. In order to assess whether this policy was correct it is necessary to evaluate the background and training that these refugees had been exposed to in their countries of origin.

THE STANDARDS OF DENTAL TRAINING IN GERMANY AND AUSTRIA

Up to the beginning of the 19th century German dentistry pursued very much the same pathway as that in Britain and the United States, being hindered by the activity of quacks and charlatans and the cottage industry mentality. Dentistry was considered a trade and dentists were drawn chiefly from the ranks of craftsmen skilled in the use of small tools and especially interested and adept in the reconstructive phases of dentistry. In the late 18th and early 19th centuries dentistry was not seen as a specialism of medicine. Treatment was carried out in the private sector but polyclinics were run in general hospitals and were restricted to casual treatment such as extractions, usually carried out by medical students. The training or teaching of prospective dentists was left to private initiatives²³⁶. German dentistry tended to follow the same pathway as that in the United States where it was found that training in dentistry could not be developed under medical auspices or in association with medicine and that the only alternative was the establishment of a separate system of independent dental schools. The first dental school in the world was initiated in 1864 in America - the Baltimore College of Dental Surgery²³⁷.

In Germany dental schools were set up in Berlin, Leipzig and Breslau initially at the end of the 19th century and followed the American pattern of being autonomous and not related to a medical school. Gradually the scientific studies in dentistry helped the subject to gain academic recognition and emphasised the importance of the health of the mouth to the total body. By 1919 the state took over the dental schools and private institutions and a Doctor of Medical Dentistry degree (D.M.D.) was instituted. When the student obtained his Certificate of Approbation after four years of dental training, a further year was required to carry out research and to write a dissertation and on acceptance of this, a Doctor of Medical Dentistry (D.M.D.) degree was conferred. The length of the dissertation would be some 20,000 words.

Dr Eva Glees, for example, received a D.M.D. degree at the University of Bonn in 1936 and her dissertation was on spirochetal infection of babies

 ²³⁶Weindling, Paul, Health, Race and German Politics between National Unification and Naziism 1870-1945, Cambridge, Cambridge University Press, 1989, p. 332
 ²³⁷ Gies, W. J., Dental Education, p. 40

delivered from syphilitic mothers. In order to carry this through she spent a year working in the venereal diseases clinic of the University of Bonn medical school.²³⁸

It has to be recognised that biology was the foundation of professional education in medicine. The superiority of German medicine derived from the application of experimental science and biology²³⁹. A good example of the excellence of German medical research can be shown in Robert Koch's germ theory of disease (Koch's postulates). In 1884 Koch presented a paper on the causation of tuberculosis that included recovery of the organism from infected patients, identifying it microscopically and obtaining a pure culture and producing the infection by inoculating a pure culture into another animal. Working in Robert Koch's laboratory at the University of Berlin was an American dentist, Willoughby D. Miller, and out of these studies developed his understanding of the relationship between bacteria and dental caries. These findings were published first in German in 1889 and then a year later in English as *The Micro-Organisms of the Human Mouth and the Local and General Diseases Which Are Caused By Them*²⁴⁰. This book established the basis for most caries research in the 20th century.

By the 1890s the excellence of the German biological sciences was also demonstrated by the development of the microscope with apochromatic and oil immersion lenses of outstanding optical qualities²⁴¹. The artificial dyestuffs industry also provided stains which were used as colouring agents to identify bacteria and cellular constituents. Most of the aniline colouring agents were introduced by Paul Ehrlich; this was particularly important in relation to the differentiation of blood cells. He analysed the cytoplasmic granules which he classified according to their staining properties as acidifils, neutrofils and basofils, a classification system still in use today. Ehrlich, who had obtained his medical degree in 1878 at the University of Leipzig, also tested hundreds of synthetic agents concentrating on arsenical compounds and in 1909 he found that the preparation number 606 (salvarsan) had excellent spirocheticidal properties. He later came up with an improved agent in 1912

²³⁸ Interview with Eva Glees August 2005

²³⁹ Weindling, Paul, Health Race and German Politics, p.26

 ²⁴⁰ Miller, W. D., The Micro Organisms of a Human Mouth, The Local and General Diseases which are caused by them, Philadelphia, SS White, Dental Manufacturing Company, 1890
 ²⁴¹ Weindling, Paul, Health, Race and German Politics, Cambridge, Cambridge University Press, 1989, p. 159

called number 914 (neosalvarsan). Ehrlich's work was critically important in opening up the field of antimicrobial pharmacological agents which would change the practice of medicine and dentistry²⁴².

The pre-eminence of German medicine during the latter part of the 19th and the early part of the 20th century also reflected on dentistry. especially the teaching of medicine and surgery, pharmacology, histology and pathology among many other subjects. German dental researchers such as Alfred Kantorowicz, the director of the Dental Institute of the University of Bonn. was. in the 1920s, the first person to clearly separate inflammatory from dystrophic changes in classifying periodontal diseases into paradentitis and paradentosis²⁴³. 19th-century German scientific scholarship set the standard for the western world in many areas, attracting ambitious students, especially Americans, to study abroad. A classic example was G. V. Black, the father of modern dentistry²⁴⁴. Black studied German so that he could read the German medical and dental literature and visited Germany on many occasions. Professor Hans Pichler studied under Black at North-western University in America and translated Black's landmark work, A Work on Operative Dentistry in Two Volumes²⁴⁵. This had a large impact on both Austrian and German dentistry and reinforced the links in dentistry between the United States and Germany. Hans Sachs was a pioneer periodontist and a strong advocate of the non-surgical treatment of gum diseases. Sachs was born in Breslau in 1881. He studied general medicine before entering dentistry at the Universities of Berlin and Breslau. Sachs spent eight years doing postgraduate studies and working in the United States, mostly as a student of Robert Good in Chicago. He returned to Germany in 1908 and practiced in Berlin. He was also a post-graduate teacher at the Dental School in Berlin²⁴⁶.

It has been possible to show that the excellence of the biological sciences in Germany, including the specialism of dentistry, attracted their colleagues from the United States such as W. D. Miller and G. V. Black, both

²⁴² Carranza, F., & Shklar, G., History of Periodontology, Berlin, Quintessence Publishing Company, 2003. p. 145

²⁴³ Kantorowicz, Alfred, Das Wesen und die Behandlung der Paradentitis, Zahnärzt Rdsch, 1925; 26: p. 393 244 Black, G. V., A Work on Operative Dentistry 2 vols., Chicago, Medical Dental Publishing

Company, 1908

²⁴⁵ Black, G.V., A Work on Operative Dentistry, 1908

²⁴⁶ Carranza, F. & Shklar, G., *History of Periodontology*, Berlin, Quintessence Publishing Company. 2003, p. 144

major figures later in the history of dentistry. It is also possible to demonstrate the traffic of dental scientists in the other direction to the United States, where they were able to absorb the excellent mechanical skills of American dentistry. Not only did the German dental schools follow the United States in being autonomous rather than part of a medical school but they also bought back the standards of excellence in mechanical dentistry to Austria and Germany so that the level of dentistry was a formidable one especially when compared to Britain.

In comparison to Britain, Bismarck instituted sickness insurance in 1883, drawing together ideas of health as a means of social and economic integration and appropriating a radical and self-help tradition of independent sickness funds. Over the next decades a pattern of state-regulated social welfare was set up. Medical and dental insurance was regarded as a means of health education and for inculcating an orderly and healthy life-style²⁴⁷.

The insurance system (panel system) was the making of the medical and dental professions. Unlike Britain, people in Germany had long been prepared to spend part of their meagre incomes on doctors and dentists. Sickness insurance practice therefore accelerated the rapidity and frequency of consultations²⁴⁸.

The level of education of German dentists, especially in comparison to their British colleagues bears assessment. Dr Joseph Carlebach was born in 1901 in Memor, Germany and went to the Aposteln-Gymnasium in Cologne. Here, like so many German students, he had an excellent classical education which would have included Greek and Latin. Of great significance is the fact that many of the refugee dentists attended a number of different universities during their dental training. Joseph Carlebach, for example, although obtaining his dental degree from the University of Leipzig, also studied during his dental course at the Universities of Bonn and Würzberg²⁴⁹. It is also interesting to note that the reason for going to the University of Bonn was to study with Professor Kantorowicz. Alfred Kantorowicz was a name that appeared on many dental schedules where students had come from other universities to learn from him at the University of Bonn. Herman Frank, who

²⁴⁷ Weindling, Paul, Health, Race and German Politics, p. 16

²⁴⁸ Weindling, Paul, Health, Race and German Politics, p. 18

²⁴⁹ Data from G.M.C. Microfiche Database, 1921-1956

was born in 1909 in Cologne, probably holds the record, having studied at four different universities during his dental training²⁵⁰. This type of 'dental migration' was totally unknown in Britain, where students always stayed at the same university. This would also apply to Austria and the United States. The dental students obviously knew who the best lecturers and researches were and were prepared to travel long distances to attend their lectures. These lectures would be credited to their course in their home university.

In order to assess whether German and Viennese dental refugees were adequately trained, it was possible to access some 48 schedules that were completed by dental refugees on their application to the G.M.C. for inclusion on the Foreign List of the Dentists Register²⁵¹. In 1932 the G.M.C., in the form of the Examinations and Education Sub-Committee²⁵², set out the minimum requirements in the left hand column of each schedule form adjacent to the subjects in question. It also set out the number of meetings, hours, lectures or months that were required and the fact that the minimal requirements of the course should occupy four years, at least three of which should be in a recognised dental school. The German dental school curriculum was initially set up in 1889 and revised in 1909²⁵³. The subjects in the curriculum were essentially the same as those in British schools and were followed by all the German dental schools existing at this time²⁵⁴.

From the point of view of analysis, a sample was made of the academic backgrounds of three German refugees, Drs. Hirsekorn, Birkenruth and Borkon, and these were compared to the British minimal requirements.

²⁵⁰ Data from G.M.C. Microfiche Database, 1921-1956

²⁵¹ Data from G.M.C. Microfiche Database, 1921-1956

²⁵² G.M.C. Minutes, 1932

 ²⁵³ Central Bulletin German Reich Internal Affairs Office, Berlin, Carl Hennmans Verlag, 1909
 ²⁵⁴ Maretzky, Kurt and Venter, Robert, Geschichte des Deutschen Zahnärzte-Standes, Cologne, Greven and Bechtold, 1974, p. 96

	Hirsekorn	Birkenruth	Borkon	British
University	Berlin 1925-29	Würzberg 1918-21	Königsberg 1927-31	
	Numbe	or of lectures, demonst	rations or meetings of o	class
Practical, normal and morbid histology	32	24	26	16
Dental surgery	80	44	94	20
Materia Medica and therapeutics	64	30	26	10
Metallurgy	32	36	13	16
Dental mechanics and prosthetics	240	210	81	20
Instruction in use of anaesthetics	22	22	26	10 administrations of general anaesthetic
Instruction in radiology	27	16	13	No. lectures not given
Principles of orthodontics	96	30	13	10
Attendance at the practice of a recognised Dental Hospital	816 hours over 2½ years	2031	519	2 calendar years Attendance at practice of recognised dental school
Practical instruction in dental mechanics	2400 hours (compulsory in Germany more than 2400 hours)	2076	1800	24 calendar months or 2000 hours
Human anatomy (including dissections)	89	132	112	40
Physiology	80	78	60	40
General pathology	40	98	60	40
Bacteriology	48	48	34	10
Medicine	64	66	60	30
Surgery	80	108	60	40
Clinical instruction in General Hospital on selected cases in medicine and surgery including VD with bearing on dentistry	64 lectures Charity Hospital Berlin 3000 beds	184 General Hospital Würzberg 350 beds	83 University Haut-Clinic 100 beds	50
Special anatomy, human and comparative	48 lectures	56	34	20

Figure 8 Comparison of German and British syllabus

Herman Hirsekorn was born in 1903 in Posen. He attended the University of Berlin Dental School from 1925 to 1929. Gustav Birkenruth was born in 1898 at Fuhle. He attended the University of Würzberg from 1918 to 1921. Bernhard Borkon was born in 1906 at Königsberg and attended the University of Königsberg Dental School from 1927 to 1931. In many subjects the German dentists far exceeded the number of hours that were given as a

basic requirement on the British curriculum. This would especially apply to the heavy emphasis on bacteriology, pathology, histology, anatomy and physiology compared to the British minimum requirements. With regard to attendances at dental school and in dental mechanics the figures were much closer to those on the minimal British curriculum. Dental surgery would cover operative treatment on the teeth and their surrounding structures. The number of class meetings in the German schools vastly exceeds that on the British minimum requirement. This could point to the fact that operative dentistry on the teeth, following the philosophy of G. V. Black in the United States, was more intensively pursued than in Britain. It is also possible that two dental subjects were taught that were not available in British dental schools. The first is periodontology, the study and treatment of gum disease, which was only minimally taught in Britain. Indeed, the first department of periodontology did not appear until 1950 at the Birmingham Dental School and was organised by an Austrian refugee dentist Egon Fox (Fuchs)²⁵⁵. The other subject would be endodontics, which is root canal therapy of teeth. Britain was still labouring under the burden of the focal infection theory and root canal therapy, especially on posterior teeth, would not be taught to students as it was in Germany.

It is important to re-emphasise the philosophy underlying German dentistry, which was one of conservation of the dentition and saving teeth with restorative dentistry and endodontics where necessary and also the treatment of periodontal disease (periodontitis) rather than extracting the involved teeth. The teaching of Materia Medica and therapeutics, bearing in mind the number of meetings or lectures, is again very much in excess in the German curriculum compared to that in Britain. This again might reflect the world leadership in pharmacology and its adjacent subjects in Germany during the latter part of the 19th and early part of the 20th century. The same factors would apply to instruction in a general hospital on selected cases in medicine and surgery including venereal disease where there was a much greater emphasis in the German dental schools compared to those in Britain. Instruction in the use of anaesthetics, both local and general, and instruction in radiology would also seem to follow the same pattern.

²⁵⁵ Interview with Mrs Bernice Fox (wife), 22nd September 2004

It is again necessary to highlight the fact that up to half the dentists on the British Dentists Register were untrained and the overall conclusion in comparing British and German dentistry is that the German refugee dentists were highly trained and mostly better than their British counterparts.

In Austria dentistry evolved as a specialism of medicine compared to Britain, Germany and the United States where dental education developed in separate institutions and not as part of a medical school. The achievements of the Vienna Medical School in the 19th Century enriched the scientific basis of every area of medicine including the ill-defined discipline of dentistry and established a basis for the significant progress that would be made in the first part of the 20th century 256 .

In the old Austrian empire, little attention was given to special dental training; the qualified medical men who wished to practice dentistry took as much or as little special dental training as they wished and there was no dental diploma. In 1920 a Dentists Act (Zahntechniker Gesetz) was passed by which the position of the unregistered practitioner was finally curtailed. By this law, two classes of legal dental practitioners were recognised: a) the Zahnärzte or dental surgeons, holding a medical diploma and practising dentistry as a speciality of medicine and b) the Zahntechniker, who possessed no medical degree. By this law mechanical dentistry was no longer considered a trade or guild but was accepted as an integral branch of dental surgery. The list of Zahntechniker was finally closed, so that all new entrants to the dental profession must be fully qualified in medicine followed by a dental training. Such practitioners with a combined medical and dental training, which was the norm in the Austro-Hungarian Empire, were designated as stomatologists²⁵⁷.

In 1925 a new law was passed governing the educational curriculum in dentistry. This law specified a two-year course of dental study but no examination or diploma was awarded ²⁵⁸. The Austrian dental authorities instituted the Cert.Dent.Exam.Comm.Vienna diploma following an

²⁵⁶Lesky, Erna, The Vienna Medical School of the 19th Century, Baltimore, Johns Hopkins University Press, 1976, p. 20

²⁵⁷ Zamet, John, The Anschluss and the special problems of Austrian Stomatologists, Social History of Medicine (submitted for publication). ²³⁸ Rowlett, A. E., The Austrian Dental Profession and Anschluss, British Dental Journal, August

^{1938: 65,} p. 161

examination in the speciality of dentistry in 1935. This was taken after the completion of the four-year medical course.

In an interview with Dr Johannes Kirchner, the archivist at the University of Vienna Dental School Museum²⁵⁹ about the history of Austrian dentistry. Kirchner stated that this started with Moritz Heider who proposed a philosophy for dental education that is still relevant: "a tooth must be seen in its connection with the entire organism" and "dentistry must not be considered as an independent theory which is unconnected to medicine"²⁶⁰. Moritz Heider and Carl Wedl published the Atlas of the Pathology of the Teeth²⁶¹. which introduced the concept of bacterial aetiology for dental caries some vears before the work of W. D. Miller in Berlin when he was working with Koch. Wedl was a histopathologist who had introduced and improved methods for fixing and staining tissues and it was this combination of research and microscopic technique that was to be one of the major contributions to oral science made by the University of Vienna Physician Dentists²⁶². Victor von Ebner, a histologist, also developed techniques for the decalcification of teeth and the use of polarising microscopy that he applied in descriptions of the structure and development of the dental hard tissues²⁶³. Julius Scheff published The Handbook of Dentistry²⁶⁴. This book became the focus of dental science for the German-speaking countries and reflected the original philosophy of Moritz Heider. It provided information not only on the macroscopic and microscopic anatomy of the oral cavity but also on the relationships between dentistry and general medicine²⁶⁵.

Despite the research and philosophy of Heider, Wedl and Scheff, dentistry, as opposed to Germany, Britain and America, did not establish a clinical training programme until 1890 with the founding of the Imperial Royal Dental Dispensary. In 1894 the Dispensary became the Dental Institute with Julius Scheff as its first Professor of Dentistry. It was not until 1925 that Austria required practitioners to have completed four semesters at dental school before entering dental practice. This situation was unacceptable to the

²⁵⁹ Interview with Dr Johannes Kirchner, October 2004

²⁶⁰ Lesky, Erna, The Vienna Medical School, p. 209

²⁶¹ Heider, Moritz and Wedl, Carl, Atlas zur Pathologie der Zahne, Leipzig, Felix, 1869

²⁶² Kremenak, Nelly W., & Squier, Christopher, Pioneers in Oral Biology, p. 11

²⁶³ Kremenak, Nelly W., & Squier, Christopher, Pioneers in Oral Biology, p. 11

²⁶⁴ Scheff, Julius, Handbuch der Zahnheilkunde, 3 Vols., Vienna, Holder, 1893

²⁶⁵ Interview with Dr Johannes Kirchner, October 2004

G.M.C. in Britain who required a minimal requirement of four years dental training with at least three years in an accredited dental school. This situation remained until 1938 when the G.M.C. recognised the diploma that was instituted in 1935 as a final examination in dentistry. Refugees who had an M.D. degree together with the Cert.Dent.Exam.Con.Vienna would have their schedules accepted in some instances. An example of this was Gertrude Fleischmann, who obtained her M.D. degree at the University of Vienna in 1934 and her Cert.Dent.Exam.Con.Vienna in 1936.

In an interview with Harry Sicher²⁶⁶, who was a Professor in Anatomy at the Vienna Dental School prior to the Anschluss, by Professor D. Walter Cohen, Chairman of the Department of Periodontology of the Graduate School of Dental Medicine of the University of Pennsylvania, Sicher cites the importance of M. L. Zuckerkandl who was Professor of Anatomy, and Julius Tandler who succeeded Zuckerkandl as Professor of Anatomy. Both these anatomists were Jewish and Tandler experienced great opposition to his selection because of anti-Semitism²⁶⁷. Professor Tandler advised his brighter students, once they had completed their M.D. degree, to consider the specialism of dentistry. This allowed them to work in practice, earn a living and to carry on with their research in the evenings. He also put a major emphasis on the importance of the relationship between anatomy, pathology and clinical practice. Examples of this philosophy can be seen in the textbook published in 1928 by Tandler and Sicher entitled Anatomy for Dentists²⁶⁸. Further examples of the close relationship between research and dental practice could be seen in the papers written by Harry Sicher in relation to local anaesthesia and correlating the anatomy with the placement of injections²⁶⁹. Sicher's work on the growth of the head and face was also of fundamental importance to practitioners of orthodontics. Bernhard Gottlieb, who was the Director of the Dental Institute in Vienna, co-wrote a book with Balint Orban entitled the Biology and Pathology of the Tooth and its Supporting

²⁶⁶ University of Pennsylvania Audio Visual Department May 1967 (film on CD rom)

²⁶⁷ Interview with Harry Sicher, University of Pennsylvania 1967

²⁶⁸ Sicher, H., and Tandler, J., Anatomie für Zahnarzte [Anatomy for Dentists], Vienna and Berlin, J. Springer, 1928 ²⁶⁹ Sicher H. Anatomie and Tank is her to be the second second

 ²⁶⁹ Sicher, H., Anatomie und Technik der Leitungsanasthesie [Anatomy for local anaesthesia],
 Vienna and Berlin, J. Springer, 1930

*Mechanism*²⁷⁰. This was a major contribution to the biological understanding of the oral tissues and is still relevant today.

Harry Sicher, in his interview with Dr. D. Walter Cohen²⁷¹ explains how it was the Vienna School of dental researchers were able to obtain the most amazing photomicrographs of both healthy and diseased dental tissue. The Empress Maria Theresa (1740-1780) was attended by an American-trained physician called Edward von Sweetham. He persuaded her to pass a law that made it mandatory that all people dying in municipal hospitals should have an autopsy. This law was still applicable in the 1930s. The researchers in Bernhard Gottlieb's Institute benefited from this Law and learned how to dissect the jaws during autopsy from inside the mouth with no external incisions and replace them with plaster of Paris so that the appearance was maintained. Such tissue was unique and rarely available in other countries.

In this way, during the flu pandemic of 1918-22, an excess of autopsy material was gathered and stored. Much of this was taken to the United States and later, during the 1940s and 1950s, produced many research papers by American graduate students in dentistry, co-authored with their Viennese teachers.

A major part of the extraordinary progress in the understanding of the biological basis of dentistry and also the specialties of periodontics, endodontics and orthodontics can be attributed to a group of Austrian dental scientists working at the University of Vienna between 1920 and 1938 after which time they were forced to emigrate to America as a result of the Anschluss. The names of these dental scientists would nowadays be considered amongst the greatest in dentistry: Bernhard Gottlieb, Balint Orban, Harry Sicher, Joseph Peter Weinmann, Rudolf Kronfeld and Albin Oppenheim. Collectively these dental scientists have become known as the Vienna School²⁷². The leader of this group was Bernhard Gottlieb who was born in Poland in 1886 and received his M.D. from the University of Vienna in 1912. Gottlieb, Sicher and Weinmann all applied to the G.M.C. to be allowed

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²⁷⁰ Gottlieb, B. and Orban, B., Biology and Pathology of the Tooth and its supporting Mechanism, Vienna and Berlin, J. Springer, 1938

²⁷¹ Interview with Harry Sicher, 1967

²⁷² Carranza, Fermin and Shklar, Gerald, *History of Periodontology*, Berlin, Quintessence Books, 2003, p. 122

to practice and carry on their research in Britain. The G.M.C. Minutes for 1937 show Bernhard Gottlieb's name on the rejected list²⁷³. Notes by Esther Simpson of the Society for the Protection of Science and Learning in relation to Harry Sicher showed the major efforts that were made on his behalf with no success²⁷⁴. Joseph Weinmann was due to appear before the joint committee on Austrian refugee dentists²⁷⁵. He did not appear and instead went to Chicago.

The Vienna School and the biological basis of dentistry seemed to have little impact on dentistry in Britain. The only exception would be Wilfred Fish who, like his Viennese colleagues, was both a physician, dental clinician and an avid researcher. Fish had corresponded with Gottlieb for many years and had visited the Research Institute in Vienna many times and in 1933 he sent him a copy of his book, *An Experimental Investigation of Enamel Dentine and Dental Pulp*²⁷⁶. Fish recorded his debt to Gottlieb and the Vienna Institute in the preface of his book *Paradontal Disease*²⁷⁷. Fish writes, "I have to acknowledge my debt to Professor Gottlieb for his gift of histological sections to me many years ago before I had any of my own. I am particularly grateful to him for first arousing my special interest in the pathology of periodontal disease"²⁷⁸. It was sad that Fish chose not to help his Viennese colleagues to come and work in Britain after the Anschluss.

²⁷³ General Medical Council Minutes, 1937 Report of the Education and Examinations Sub Committee Rejected List, p. 241

²⁷⁴ Bodleian Library SPSL 373/5

²⁷⁵ British Dental Journal, Supplement 13, 1st March 1939

²⁷⁶ Fish, E. W., An Experimental Investigation of Enamel Dentine and Dental Pulp, London, John Bale & Sons, 1932

²⁷⁷ Fish, E. W., Paradontal Disease, London, Eyre & Spottiswood, 1944

²⁷⁸ Manson, J. D., Wilfred Fish, London, Esmeralda Press, 2003, p. 139



Figure 9 Recession and cementosis. Histological photomicrograph. Slide from collection presented by Bernhard Gottlieb to Dr. E.W. Fish. Reproduced by permission of the Curator of the Royal College of Surgeons museum

It is important to analyse the reasons why all of the major figures of the Vienna School ended up in the United States and none of them came to Britain. The Dean of Loyola School of Dentistry in Chicago was William H. G. Logan who met Bernhard Gottlieb in Geneva in 1925 at a conference to finalise plans for the upcoming Fédération Dentaire Internationale Congress to be held in Philadelphia in 1926²⁷⁹. Logan was acutely aware of the Gies Report on American dentistry that was eventually published in 1926 and the need for a biological approach to complement the American excellence in restorative dentistry. Logan extended an invitation to Gottlieb to visit Chicago during his trip to the FDI Congress in Philadelphia in 1926. This set up a link with the Vienna School that was to come to fruition in 1938 and 1939. Considerable opposition arose about the emigration of Austrian dental scientists from the American Association of Dental Schools and the National Association of Dental Examiners²⁸⁰. Unlike the G.M.C. in Britain which controlled dentistry, in American decentralisation of the licensing authority from the Federal Government to the State Governments created an environment where despite a great deal of discussion, no single point of view usually prevailed and therefore some hospitable niches remained available for refugee dentists; hence William H. G. Logan was able to invite the Vienna

²⁷⁹ Kremenak, Nelly W., & Squier, Christopher, Pioneers in Oral Biology, p. 10

²⁸⁰ Kremenak, Nelly W., & Squier, Christopher, Pioneers in Oral Biology, p. 20

school to work in Chicago. This was to completely change the face of American dentistry by welding the biological approach of the Austrian scientists to the renowned technical excellence for which American dentistry was known.

In an interview, Christopher Squier, the Associate Dean for Graduate Studies and Research at the University of Iowa and previously a Consultant at the London Hospital dental school²⁸¹, felt that consideration should be given to the receptiveness of the environment at a more fundamental level than the bureaucracy represented by the G.M.C. or other licensing bodies. For example the Chicago Schools that took in the Viennese émigrés flourished because they had the resources, infrastructure and collaboration that was necessary for scholarship to succeed. This was not true of all American dental schools: while Bernhard Gottlieb worked at the Dental School at Baylor University in Texas, this school did not rise to prominence in the way that the University of Illinois did between 1950 and 1970.

Dentistry in Britain did not have the stimulus that the Gies Report of 1926 gave American dentistry and the question needs to be asked as to whether there were British schools that could have benefited from the refugees' input. Squier suggests the London Hospital, where A. E. W. Miles as an M.D./Dentist would have had the same training as the Viennese dentists, or Wilfred Fish at the Royal Dental Hospital and later at St. Mary's Hospital, London, but these were perhaps the only ones. Squier also suggests looking at "control" situations such as what happened in Palestine, a nation that obviously had not imposed the restrictions on émigrés as had the European countries; he seems to think that the Hadassah Dental School did not achieve much status until very recently and it is ironic that Bernhard Gottlieb left after a short stay in 1939, feeling acutely the lack of his Viennese colleagues and also the poor facilities and lack of response that he found in Palestine. This compared to the situation that might have appertained to the members of the Vienna School had they been allowed to settle in Britain.

In relation to the Viennese dental curriculum, data from the schedule of Edmund Kerpal (see table below) is shown. He was born in Ödenburg in 1897 and received his dental training at the University of Vienna between 1924 and 1926 following his M.D. degree. In relation to dentistry, the major

²⁸¹ Interview with Christopher Squier, 5th May 2004

emphasis at the University of Vienna on human anatomy and dissection, physiology, histology, general pathology and medicine and surgery would be due to the students taking an M.D. degree in medicine before embarking on their dental studies. These studies were therefore of greater depth than would have been required for dental training. The same would apply to the clinical instruction in a general hospital on selected cases in medicine and surgery. Again in special anatomy, human and comparative, Edmund Kerpal shows 112 meetings or lectures, which are virtually double those of the German schools and five times those of the British minimal requirements. Dental surgery, which would encompass operative treatment on the teeth and periodontal tissues shows 160 meetings of the class in Kerpal's case which is almost double those of the German dentists and vastly in excess of the 20 meetings in the British minimal requirements.

	EDMUND KERPAL Vienna 1924-26	British requirement	
Subject	Number of lectures, demonstrations, meetings of class or hours	Not less than 4 calendar years	
Practical, normal and morbid histology	32 hours	16 meetings of class	
Dental surgery	160 hours	20 meetings of class	
Materia Medica and therapeutics	12 lectures	10 meetings of class	
Metallurgy	36 lectures	16 meetings of class	
Dental mechanics and prosthetics	128 hours	20 meetings of class	
Instruction in use of anaesthetics	24 hours	Not less than 4 calendar years	
Instruction in radiology	28 hours	No. lectures not given	
Principles of orthodontics	80 hours	10 meetings of class	
Attendance at the practice of a recognised Dental Hospital	24 months	2 calendar years attendance at practice of recognised dental school	
Practical instruction in dental mechanics	24 months	24 calendar months or 2000 hours	
Human anatomy (including dissections)	144 lectures/demonstrations	40 lectures	
Physiology	140 lectures/demonstrations	40 lectures	
General pathology	220 hours	40 lectures	
Bacteriology	32 lectures/demonstrations	10 lectures	
Medicine	570 hours	30 meetings of class	
Surgery	570 hours	40 meetings of class	
Clinical instruction in General Hospital on selected cases in medicine and surgery including VD with bearing on dentistry	16 months Oedenberg Hospital Vienna 500 beds	50 meetings of class	
Special anatomy, human and comparative	112 hours	20 meetings of class	

Figure 10 Schedule of Edmund Kerpal

Three explanations exist for this: firstly, it evidences a heavy emphasis on the work of G. V. Black in Chicago, who would be considered the father of modern dentistry. Pichler, later the Dean of the University of Vienna Dental

School, had spent considerable time with Black during the 1920s and 1930s. Secondly, the teachings of the Vienna School had put a great emphasis on periodontal therapy (the treatment of gum diseases), which was not so apparent in the schools of Germany and virtually non-existent in Britain. Thirdly, the time spent on endodontics (root canal therapy), which was considered a vital part in saving teeth rather than removing them and was also virtually non-existent in the teaching schedules of British Dental Schools that were very much still in the thrall of focal infection. Edmund Kerpal puts down in his schedule that 24 months were spent on attendance at the practice of a recognised dental school and also on practical instruction in dental mechanics. Bearing in mind that the length of the Austrian dental course in relation to dentistry was only 24 months in all, these figures might be considered optimistic and presented the most significant argument for the G.M.C. who felt that Austrian stomatologists were inadequately trained in the restorative side of dentistry, bearing in mind their minimal requirements of a four-year dental course, three years of which must be spent in a recognised dental school. Orthodontics also occupied a major role in the Austrian and German dental curricula. This was due to the pioneering work of Alfred Kantorowicz in Germany at the University of Bonn, and of Albin Oppenheim, one of the Vienna School at the University of Vienna. Orthodontics in Britain at this time was extremely basic.

When the background to the dental training of the Austrian émigré dentists is analysed, it is obvious that they were well trained, and probably far in excess of their counterparts in Britain²⁸². They were obviously light years ahead of the so-called "1921 men" who occupied at least half the numbers of the British dental register in the 1930s and who had had no formal dental training at all. To some extent the attitude of the G.M.C. towards Austrian stomatologists was more understandable because of the major emphasis on medicine and the reduced emphasis on restorative dentistry.

In 1935 the Austrian Dental Authorities instituted the Cert.Dent.Exam.Con.Vienna which was a formal examination and the granting of a diploma when the student had completed his dental course following his M.D.. This was accepted by the G.M.C. in 1938 for registration despite the

 ²⁸² Wolf, Herman, Die Neue Lehrgang Zahnärztes Institut der Wiener Universität, Berlin and Vienna, Urban und Schwarzenburg, 1932 and 1937

original insistence of a four year course with at least three years being in a recognised dental school²⁸³.

²⁸³ G.M.C. Dental Education and Examination Sub-committee. Comments by Chairman Sheridan on schedules of candidates who possessed the Cert.Dent.Exam.Comm.Vienna for admission to the Foreign List of the Dentists Register November 1938

BARRIERS TO ACCEPTANCE

Limited timestay and permission to practice

Doctors and dentists constituted the largest occupational group among German Jewish immigrants to Britain recorded in 1933²⁸⁴. The majority of German dentists who filled out the schedule forms from the G.M.C. in an effort to obtain registration of their names on the Foreign List of the Dentists Register in Britain usually applied while they were still living in Germany. This was evident from the application forms that were filled out that went with their schedules²⁸⁵. The majority of dentists that were successful in establishing their names on the Foreign List of the Dentists Register were also still in Germany. Despite this they had two major hurdles involving the Home Office that they had to surmount before they would be allowed to practice in Britain: firstly, permission to stay in Britain was only given for a limited amount of time. This was stamped in the passport and the immigrant had to report to the local police. Secondly, permission to practice dentistry was often denied. especially after the "ban" in February of 1936.²⁸⁶ The dental refugees were left without the means of earning a living and they relied on their own savings and the help provided by the Jewish Refugee Committee.

The Cabinet Committee on Aliens Restrictions met for the first time on 6th April 1933. Issues for consideration were set out in a memorandum signed by the Home Secretary. The main difficulty was that a leave to land as visitors had been given to a number of persons who it was believed were in fact Jews whose journey had been prompted by the desire to escape from the persecution in Germany²⁸⁷. Many of the dental refugees had presented themselves as visitors but had admitted on questioning by immigration officials that they were really refugees. They were still allowed to land on the basis that they qualified for admission as visitors. As immigration controls tightened, where refugee dentists appeared to be refugees rather than visitors, the passports were stamped for only a short duration stay, varying

²⁸⁴Niederland, Doron, Areas of Departure from Nazi Germany & the Social Structure of the Immigrants in Mosse, Second Chance, p. 59

²⁸⁵ G.M.C. dental archive on microfiche

²⁸⁶ British Dental Journal, 61, 195, 1936

²⁸⁷ Gilmour, Sir John, The Present Position, The National Archives HO213/2627

between one month to a year, together with a condition forbidding employment. Thus Hans Lewinnek, whose schedule was accepted by the G.M.C. in 1936 was still travelling backwards and forwards between Berlin and London. His usual period of stay was stamped on to his passport as 3 weeks, such as that for 17th January 1939 or a longer period of 6 months, which was given on the 6th June 1939, when he was permitted to land in Southampton. Hans Lewinnek was unusual in practising in Berlin intermittently up to June 1939. Fortunately he had a colleague, Ernst Magnus, who had already been allowed to open a practice in Kenton in Middlesex and he would stay with him during his periods in Britain.

GELTUNGSBEREICH DES PASSES VERLANGERINGEN 14:2 : 1940 LONDON den 14 DEC 193 In- und Austand. Dienstatelle APECIAL DIVISION, SWIBS LEBATION 720 Der Paß wird ungulug am 15. Dez. 1939 Verlängert his Les Dell LONDON 25 JUN 1940 enti er nicht verlängert wird. Dienstelle SPECIAL DIVISION, SWISS LEGATION. Ausstellende Behorde **Unterschrift** Der Polizeipräsident in Berlin Pina Abteilung II Datum erlängert bis 15. Dez. 1938 den m Auftrage Dienststelle Wrusin Unterschrift . ъ



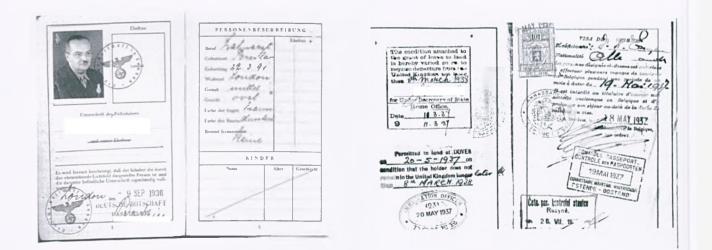
Figure 11 Passport of Hans Lewinnek

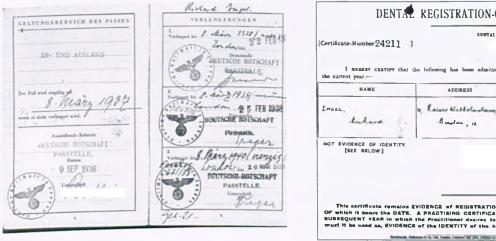
Erich Cohn, who practised in the Kurfustendam in Berlin until 1935. had been accepted on to the Dentists Register by the G.M.C. in 1937. Initially his passport, stamped at Dover on 22nd August 1937, allowed only a three-week stay until 31st October 1937. Before this time he had to report to the Metropolitan Police who also checked that he had left the country after this three-week period. On 31st October after re-entering the country, his passport shows that he was allowed to stay in Britain for a period of 10 months between 21st October 1937 and 31st October 1938. The final stamp on his passport shows that he could stay in Britain from 8th December 1938 until 5th July 1940 (this became academic since the outbreak of war in 1939). It is also interesting that despite the fact that his name was on the G.M.C. Dentists Register, the object of his stays in Britain were given as tourism. The stamp on his passport also says that leave to land was granted at Folkestone on 19th August 1939. so he had been out of the country yet again, but it specifically states that the holder does not take any employment or engage in any business profession or occupation other than that which from time to time will be authorised by the Secretary of State.

DEUTSCHES REICH PERSONENBESCHBEIBUNG EL Berus Farmand urtsort Holowar in urtslag 30.5. 1896. mort Zon Joint Cab Gab REISEPASS Woh Nr. 24/37. Gestalt form Genicht stral. ME DES PASSINH Farbe der Augen med dead brid bos R Farbe des Haares bran 63 Sinhalun ALEIDI YON SEINER EHEFRAI ane 5 MTE hadinsmoringt London... 7 JUL Badinsmoringt Dethache Rotschart Antaischle, Kybennnd.Kennzeichen KINDER STAATSANGERÖRIGKI DEUTSCHES REICH 6 JAN 1937 DEUTSCHE BOTSCHAFT EK.E. × GELTUNGSBEREICH DES PASSES VERLANGEBUNGEN - UND AUSLAND 10 5 VIRA DE TOTRIBUE ----cted so action . 175 Sit October 193 1.12 * I 112 Parens Der Paß wird ungültig am and une po bis S. 5. July 7937 (micha (Toolly - den 3 0 JUN 1938 wenn er nicht erlängert wird. DEP"ENTSCHAFT Aquatellende Beborde DEUTSCHE BOTSCHAFT 3 Treger lear Nº 59217 PASSTELLE 10133 ili 1940 (vie d at DOVEN low , den - 7 JUL 193 DEUTSCHE BOTSCHAFT Pessielle. Trese 22,400 VIBA DE TOTALENE Enisteian · A. OT DOVE Lon innée ci-fleagus est A norther 43 4- 2 4 DEC 1987 JUN OCTOBER en Belgi-1938 the A-10.3 24 rt Offi JUL 1938 10 at DOVER 24-8-38 (13) = AUAN 1958 -.t the b rdom long I 94N Dana and LEAVE TO LAND GRANTED AT LEESTONE THIS DAY ON CONDITION MY THE SIDLE DOLS NOT TAKE ANY PLOYEEST OF ENGLOS IN ANY BUSNESS DOCESSION OF DOCUMATION OTHER TH MAT WHICH EAY FROM TIME TO THE 5 clent 1930 ine tu ton 57 July 1914 1. 200 27 quillet 1330 Guillemel 12 34

Figure 12 Passport of Erich Cohn

Richard Engel, who was accepted on to the Dentists Register of the G.M.C. in September of 1935, landed in Dover on 20th May 1937 and again was given the condition that he did not remain in Britain later than 8th March 1938, which was stamped on his passport. The stamps show that he was back in Germany by 25th February 1938 and his passport was also stamped in Germany again on 20th March 1939.





DENTAL REGISTRATION-CERPIFICATE. SENTAL BOARD OF THE DEVICE SUBCON 15 December 100 ed to the Denisats Register until the m Dave or QUALIFICATION OR STATUS 193 ., -----No. 1 Dac 12 Reciptered. CHECKED LAB This certificate remains EVIDENCE of REGISTRATION ONLY until the CLOSE of the high it bears the DATE. A PRACTISING CERTIFICATE MUST BE TAKEN OUT FOR E EQUENT YEAR in which the practitioner deurse to practism. This Certificate is NOT it be used as, EVIDENCE of the IDENTITY of the holder with the person named the and in fish house instant 10 Kit (States of States and states)

Figure 13 Passport and registration Certificate of Richard Engel

Again this is a good example of the anomaly of a dentist who was accepted on to the Dentists Register yet had to come backwards and forwards to Britain, not being given permission to stay indefinitely or to be allowed to practice by the Home Office.

Alfred Rosenkrantz was accepted onto the G.M.C. Register Foreign List in 1935. In a letter from the Home Office dated 25th February 1936, he was allowed to stay in Britain for 12 months in the first instance, but the Home Secretary insisted that he could not set up practice in St. John's Wood or Marylebone, but would be prepared to listen to any other proposition. Eventually he settled in Brondesbury, N.W.2, with Home Office dispensation in a letter dated 6th March 1939.

Figure 14 Letters from Home Office to Dr. Alfred Rosenkrantz

The same illogical policy of allowing a refugee dentist accredited by the G.M.C. on the Foreign List only for a limited time applied to Herman Frank, who, according to a letter from the Home Office dated 14th July 1936, despite being given permission to set up in practice in Sudbury, was only permitted to stay in Britain for one year.

A. R. 30. HOME OFFICE. WHITEHALL 14th July, 1936. P 1839 The Under Secretary of State is directed to return the passport of Dr. Kerman Frank: and to say that the condition attached to the grant of leave to land to the holder in as far as it relates to the duration of his stay in the Inited Kingdom has been varied so as to postpone the date by which he is in the state required to leave the prited Kingion until the 29th July, 1957. 1 The new endorsement on the passport should be shown to the Aliens Registration Officer at the Police Station where the holder is registered. The Secretary of State does not desire to raise objection to Dr. Frank setablishing himself in dental practice in Sudbury. If will be open to Dr. Frank to apply to this Department towards the end of this period for a further prolongation of his stay, when he should for a further prolongation of his stay, when he should furnish full information as to the progress of his dantal practice. The velidity of Dr. Frank's passport should be practice. The valid: renewed in due course. /Dr. Frank's Dr. Herman Frank, ------TASIO WI 20572/142 50,00

Figure 15 Home Office letter to Dr. Herman Frank

A German refugee dentist, Dr. Malli Meyer, who was admitted to the Foreign List of the Dentists Register in 1936, arrived in Dover in 1937 and was issued with a Certificate of Registration under the Alien's Order of 1920. The data on the front of the Certificate (see appendix 2 p. 362) shows the close contact that had to be maintained with the police. The Cambridge police stamped the document and wrote in pen that the conditions of stay have changed and that Meyer would be required to depart from Britain no later than 31st August 1938. The Borough Police of Cambridge also stamped the document on 19th September 1938 and again in pen the condition was extended to 31st August 1939. A further stamp from the Cambridge Borough Police dated 9th September 1939 gave permission to stay in Britain until 29th February 1940. By this time the second world war had intervened. Further stamps on Dr. Meyer's certificate of registration show that she was now categorised as a refugee from Nazi oppression, and that "the holder of this certificate is to be exempted until further order from internment and from special restrictions applicable to enemy aliens under the Alien's Order 1920 as amended". This latter data was stamped 25th November 1939.

Wilhelm Landes was an Austrian dental technician who, under the laws in Austria, was allowed to practice dentistry once he had completed nine years working with a recognised dental surgeon. He could not obtain a British visa and in desperation obtained a visa to go to Australia. It was necessary to come through Southampton to board the SS Orantes on 29th September 1938. His passport was stamped "for direct transit only" and was valid for entry to Britain within 90 days. His son Emil contracted whooping cough and was seriously ill and they missed their sailing date. It would seem from the stamps on his passport that he was given help by the Special Division of the Swiss Legation, with the passport being stamped on 14th June 1940 and 8th October 1940. It was also interesting to note that he was able to obtain a visa for the United States dated 27th February, but with no money he could not make use of this. Wilhelm Landes was not accepted on to the Dentists Register by the G.M.C. and practiced as a dental technician until he took the Statutory Examination in 1956, after which time he opened his own practice.



Figure 16 Wilhelm Landes' passport showing Austrian, Swiss, Dutch and American entries

Max Borchardt was the oldest refugee dentist to be accepted by the G.M.C. He was placed on the Dentists Register in 1936 and went through immigration at Dover on 7th April 1936. According to his registration card, a Home Office letter B6289 dated 2nd March 1936 raised no objection to him establishing a dental practice in Hampstead for 12 months (having been accepted by the G.M.C. in 1935, he avoided the February 1936 ban on allowing refugees to practice, see page 101). A Home Office letter dated 20th April 1939 states that the grant of leave to land is varied and insofar as it limits the holder's stay in Britain, is cancelled.

350 306 TION CARD case 3033 60351 M. 12628 Valeo 2/3/31 In Nal Brach Mithe Semperer . ul. 3. 5 1000 肉用 once with rong remain m the United

Police on

(2) IDENTITY BOOK OR REGISTRATION CERTIFICATE. CONTINUATION CARD No. (I) NAME (Surname first in Roman capitals). BORCHARDT hun Date 14 . 2- . 14 Issued at . 7.0 ALIAS This Continuation Card was added by Departer Ro ARO. 1 Police B And Dep (13) Date Registration District Serial Number ADDRESS OF RESIDENCE OR REMARKS EZ 260350 APPLICANT FOR NATURALIST ON 171 H.O. Cert. No. 973 1199 41448 NAT. B.S. 016189 dates 12 1 48 sworn 27 1 14 洋 34844 Registered 6 R.C. destroyed. N.R.I.C. endorsed. Go Ma Mondania 20 AUG 1948 Cent.NAT.REGn OFF INFD (8250) WL 378051744 200m 12147 C. & Co. 745(8) CONTINUATION CARD. (1) NAME (Surname first in Roman capitals). BORCHARDT -Ular -continuel. No. 593058 Date 14. 4 36. Issued at Born 31. ALIAS This Continuation Card was added by the Allela S. Police 2 5 . 35, Registration District Serial Number ADDRESS OF RESIDENCE OR REMARKS (13) Date NO 20-11-27 5-37 EZ. 260350 raitice to clentic. mitted to engage in dentis bij K 13.9.39 The Emphanize, Rell Street, Haptlebury, & toward my Sq. 31 , Fr Barles Returned to registered adde 26/10/39 Registration District Social Number (13) Date CONTINUATION of REMARKS 8 DEC 1989 34 260350. The holder of this Sactificato is No " to be consider with further order from incomparison of from the special " Dina! 11cobje 10 comy 011 /4 /230 aligne weiler the Aligne Crier, 1920, eapple High Street , Wellington Grow on 22-11-40 R/a Runcutale Had Shat, Kathinghing 19. 11- HC Ostordeline 20-7-40 Permission granted by the Home Office, vide letter dated 7.1.42, to practice as a Fental Surgeon, two or three times a week in the city of Oxford for three or four hours. No.B.6200. C/A an 16 a uz to 15 Page Terms Oxform Lamica 10.2.42. 12.4.42 17442 tast METRO 8 AM

Figure 17 Max Borchardt Home Office registration card 1936-1948 288

Dr. Borchardt was not interned and permission was granted via a letter dated 27th January 1942 to practice as a dental surgeon "two or three times a

²⁸⁸ National Archives MEPO 35/32 (242259)

week in the City of Oxford of three to four hours". By living in Oxford he and his family avoided the Blitz. By 1946 he was back in London and continued to practice until he died of a coronary thrombosis in 1950.

Guarantors were often of great help to dental refugees, especially where they had connections or influence with the Home Office. Ernst Hackenbroch (see appendix 2 p. 323) had a moneyed part of his family called the Lewisohns who lived in London. He also had a relative called Anna Schwab who was on the Chief Rabbi's emergency council during the 1930s. Either she or her husband had good ties with the Home Office and they were able to obtain extensions for his stay in Britain. They were also able to help in obtaining permission for him to open his first practice by cutting through much of the red tape²⁸⁹.

Olga Josephs obtained her D.M.D. degree from the University of Cologne in 1920. Her schedule was accepted by the G.M.C. in 1935 and she was placed on the Foreign List of the Dentists Register. She was a relative of Sir Ernest Cassel, the banker and industrialist, and she was able to elicit the help of Edwina Mountbatten as a guarantor; there were thus no problems with permission to practice from the Home Office when she arrived in this country in 1935²⁹⁰.

Emmerich Weindling obtained his M.D. degree in Vienna and was one of the 40 dentists who were given permission to practice in Britain providing they completed a Licentiate in Dental Surgery (L.D.S.) diploma. Emmerich Weindling's guarantor was Miss Marjorie Raffael of 43 Grosvenor Street, London, W1. The Raffael family were well known in the Anglo-Jewish community and had endowed a wing that was built on to Guy's Hospital. The influence of the Raffael family was again useful, so that he was able to see his name included in the privileged 40²⁹¹.

Walter Reif obtained his D.M.D. at Bonn University in 1928. He came from a well-known banking family in Berlin and was accepted by the G.M.C. in 1934. By this time much of the Reif fortune had been relocated to Argentina where they had relations who acted as guarantors and considerable sums of

²⁸⁹ Interview with Ida Koschland (daughter), 5th May 2002

²⁹⁰ Interview with Dr Gerald Josephs (son), 28th July 2002

²⁹¹ Interview with Paul Weindling (son), 26th May 2003

money were advanced to London. Walter Reif found little difficulty in obtaining Home Office permission to practice and indeed, somewhat unusually, he started his practice in Park Lane where he took a lease on a house with Meinert Marks²⁹².

The Society of Friends acted as sponsors for Jacques Kurer's family when he was given a visa as one of the 40 Austrian dentists allowed into Britain in 1938. Jacques Kurer completed an L.D.S. diploma in 1939 at Manchester Dental School and then opened his first practice in a house owned by the Society of Friends until he was bombed out in 1941. Both Peter and Hans Kurer, his sons, were sent to boarding school paid for by the Society of Friends until his practice was established²⁹³.

²⁹² Interview with Kimche Reif (wife), 16th April 2005
²⁹³ Interview with Peter Kurer (son), 20th May 2002

General Medical Council Policy, Home Office and Dental Political Organisations

Initially, it appeared that there was little or no data about the policy of the G.M.C. In a letter from the G.M.C. dated 3rd May 2005, it was stated that all the data in relation to policy in the 1930s appeared to have been destroyed²⁹⁴. Fortunately it was possible to find important documents in relation to the G.M.C. in the National Archives. There is a memorandum from November 1935 of an interview by Sir Eric Holderness, Head of the Aliens Department and Sir Samuel Hoare, future Home Secretary with Sir Norman Walker, President of the G.M.C. and Michael Haseltine, Registrar of Council of the G.M.C., calling attention to the unusually large number of German dentists given admission to the Dentists Register²⁹⁵.

Sir Norman Walker explained that he thought it necessary to appraise the Home Office that an unusually large number of applications had been received by the Council from German dentists for admission to the Dentists Register of the United Kingdom under the provisions of the Dentist's Act 1878. During the first few years the number of people registering had been negligible (from 2-9 per annum) but applications had now been received from 125 people which will have to be considered at a meeting of the committee of the Council on 13th November 1935. Sir Norman Walker estimated that at least another 125 applications would come in before the next council meeting the following year. He stated that it was the practice of the Council to have regard not only to the dental degree of the refugee but also to the actual length and nature of the courses of study which the applicant had taken. Where these were thought insufficient, the application was refused, even though the applicant was duly qualified to practice in his own country. Walker felt that more than a third of the 125 applications would fail on such grounds.

Sir Norman goes on to suggest that the reason for the sudden increase in applications was the drive of the German authorities against the Jews, in particular the so-called Nuremberg Laws promulgated in September 1935 by which the Jew in Germany was officially given the rank of a second-class citizen.

²⁹⁴ General Medical Council Policy and Corporate Directorate 3rd May 2005

²⁹⁵ National Archives HO213/264. German Refugee Dentist June 1936

He also stated that it had occurred to him that a Jew in Germany was not entitled to practice dentistry or dental surgery and the G.M.C. had accordingly communicated with the Privy Council Office as to what the legal position of Jewish dentists in Germany was. Walker understood that an urgent enquiry on the matter was being made by the British Embassy in Berlin. If it was the case that Jews were legally debarred from practicing dentistry in Germany, the Council should refuse the applications; otherwise there appeared to be no alternative to putting the applicants on the Register. A question would then arise whether the Home Office would admit them to this country for the purpose of practice. Sir Norman Walker was afraid that as soon as the refugees were put on the Register, the bodies representing the dentists in this country. (the British Dental Association, the Incorporated Dental Society and the Public Dental Services Association²⁹⁶) would protest both to the Council and to the Home Office. The Incorporated Dental Society was made up of those dentists who had not obtained a dental qualification but were under the provisions of the Dentist Act of 1921. This body was said to be the more vocal of the two and the proportion of the dental profession whom it represented was surprisingly high. "Out of 15,000 dentists on the register, about 7,000 belonged to this group and in order to qualify for registration in 1921 they had to be not more than 23 years of age. They are all comparatively young and likely to constitute a large proportion of the profession for some time to come (the majority of them. Mr. Haseltine said, are thoroughly bad dentists)."297

Sir Ernest Holderness pointed out that the number of persons on the Dentists Register had been practically stationary at 15,000 with a tendency to decline in the last few years. There would seem to be an insufficiency of students entering for the dental profession. The number of students in the last year or so was approximately 300.

He agreed that the proportion of dentists per head of the population in this country was low in comparison with other countries such as Germany and America.

²⁹⁶ The PDSA was instituted in 1923 to look after the interests of all concerned with dental benefit treatment. Cohen, R.A., *The Advance of the Dental Profession*, London, British Dental Association, 1979, p. 27

²⁹⁷ National Archives HO213/264. German Refugee Dentist June 1936

Sir Ernest Holderness said that he "had heard that one of the reasons for the small number of persons taking up the dental profession in this country was that in large centres and industrial areas the arrangements for panel practice involved a great deal of work for very inadequate remuneration". Mr Haseltine said that "on their individual merits there might be a case for the establishment in this country of those German dentists whose qualifications would be superior to at least 40% of our own practitioners but the influx of such a large number would be bound to raise the opposition of the professional dental organisations". Sir Norman Walker stated that most of these people had never put in a day's study in this country and some might never have been in this country at any time, so the position was very different from that of German doctors who had been allowed to practice here after obtaining a qualification by studying for a year or more in Britain.

Written in pen on the outside of the folder in question is a note from Michael Haseltine that says, "the truth is that what this country wants is better dentists, if you have the toothache it is extraordinary how little you care whether you are treated by a Jew or a gentile". This was dated 25th November 1935.

Minutes are also available for the G.M.C. on Tuesday 26th May 1936²⁹⁸. They state that "119 foreign dentists applied for admission to the Dentists Register of the G.M.C. under the Dentists Act of 1878. In the past November, 61 were admitted and 58 were refused. After a careful review of the situation thus created, it was decided to admit to this country any of the 61 who might apply for permission under the Aliens Order to establish themselves here in practice but to close the door on further applicants. This decision has become fairly widely known and was printed in a recent issue of the *Journal of the British Dental Association*²⁹⁹." In May the G.M.C. considered applications from a further 321 foreign dentists, 231 of which were turned down and 90 accepted. Of the accepted 90, 15 had been unsuccessful in their applications in November but had been admitted after submitting further evidence of their qualifications. They were appealing that they should be allowed to settle in Britain along with the first 61 on the grounds that they completed their forms of application to the Council six months ago and they should have been included

²⁹⁸ National Archives HO213/265

²⁹⁹ British Dental Journal, 1st February 1936, vol. 61, p.195

along with their more fortunate fellows. The minutes go on to say that "on the other hand, in view of the public acknowledgement which our previous decision has gained and particularly having regard to the fact that an undertaking was virtually given to the British Dental Association last January that the Home Office would admit no further dentists beyond the original 61 without prior consultation with that body, we must therefore refuse the 15 along with the remaining 75 although it may be possible to make exceptions in one or two individual cases"³⁰⁰. This minute was dated 10th June 1936.

In the House of Commons on 28th May 1937³⁰¹ Mr. R. Duckworth asked the Home Secretary what the present policy of his department was with regard to the admission into this country of foreign doctors and dentists and what representations he had received from professional bodies in this country on the subject of this form of competition. The Home Secretary stated that the policy was to closely restrict the admission of foreign doctors and dentists who wished to set up in practice in this country after being admitted to the British Medical and Dental Registers. Since March 1935 the rule had been not to permit foreigners to engage in medical practice in Britain, save in the most exceptional circumstances. The same rule had been applied in the case of foreign dentists since February 1936. The question of the admission of refugee doctors and dentists from Germany had been the subject of representations from and discussions with the various professional bodies concerned. Separate figures had been kept of the numbers of refugees in the way of doctors and dentists to whom permission to set up in practice had been granted. There were 183 doctors and 78 dentists. The dentists involved had been admitted to the Dentists Register before February of 1936³⁰². These figures were updated following a question to the Home Secretary on 6th July 1938³⁰³. The Home Secretary, Sir Samuel Hoare said that since 1933 the number of refugee doctors and dentists coming from Germany who had been given permission to practice their profession after admission to the British Medical and Dental Registers was 185 and at 93 respectively.

³⁰⁰ Practice of Dentistry by Aliens, British Dental Journal, 60, 15th February 1936, p. 197 ³⁰¹ British Dental Journal, Parliamentary Intelligence, 1st July 1937, Vol. 62, p. 51

³⁰² British Dental Journal, Vol. 62, 1st July 1937, Parliamentary intelligence alien doctors and dentists. p. 51 ³⁰³ British Dental Journal, Vol. 65, 1st August 1938, Parliamentary intelligence, p. 189

This would mean that some 160 refugee dentists were on the Foreign List of the Dentists Register but had no visible way of earning a living since they were not given Home Office permission to practice and mostly were not allowed to take up any other form of employment³⁰⁴.

It would seem from the data that the G.M.C. severely reduced the number of refugee dentists that were placed on the Dentists Register following the Dental Board's resolution in 1934 objecting to the granting of licenses to such a considerable number of persons unless they had special qualifications. It was stated that there were only 28 names on the final list up to the end of 1934 and the point was stressed that they were now faced with a possible 61 coming on to the Register at one time and therefore the problem was becoming more serious.

A deputation from the Dental Board pointed out to the G.M.C. that the dental profession in Britain was suffering from unemployment rather than overemployment and even at the boom period it could not be said to be too small to shoulder all the work that it was asked to do. Numbers on the register were amply sufficient to cope with the demands for a dental service and with any increase to be expected in the near future. The Permanent Under-Secretary of State for the Home Office stated that up to the present, permission had never been refused for a professional man with proper credentials to reside and practice in this country. The Home Office promised however that if there was any continuance of such applications they would immediately communicate with the association to hear their views³⁰⁵.

Further pressure was put on the G.M.C. by information placed in the *British Dental Journal*. Under "admissions to and removals from the register" ³⁰⁶ it was made known that the G.M.C. had received requests from 33 foreigners for registration in respect of German qualifications which were acceded to, while 108 similar applications, including several of other nationalities, were rejected on the grounds that insufficient evidence of possessing the knowledge and skill requisite to the efficient practice of dentistry or dental surgery had been submitted. The article goes on to state that there

³⁰⁴ British Dental Journal, Vol. 60, 15th February 1936, The practice of dentistry by aliens, p. 197

 ³⁰⁵ British Dental Journal, 15th February 1936, Practice of dentistry by Aliens, p. 197
 ³⁰⁶ British Dental Journal, Vol. 60, 1st February 1936, Parliamentary Notes, p. 195

was probably no reason to question the decisions arrived at, but surprise may be expressed that this country and the Dominions overseas should offer so great an attraction to aliens and that their own country, after educating them, furnished such limited opportunities for practice. In the absence of any more plausible explanation, it appeared that certain racial disputes and animosities had not yet spent their force and that many graduates continued to seek a less autocratic environment. "The hospitality afforded by this country to foreigners coming to its shores is proverbial but, whether suitable occupation can be found in the dental profession for so many individuals who are untrained in its national methods and unversed in its traditions, and usually it may be presumed, with more or less limited command of its language, is open to question."

The Valedictory Address by Sidney Venning, the President of the British Dental Association was quoted in the *British Dental Journal* in June 1936³⁰⁷. He suggested that

some concern had been felt at the rapid increase in the number of applications from aliens for registration on the Dental Register. Already the Foreign List on the Register is more than doubled by the additions made in December last, most of them, driven from their country by intolerable conditions of living consequent upon the accident of birth and race, have sought refuge in this country and, having satisfied the G.M.C. as to their qualifications, have had their names added to the Register. These applications have become so numerous however that the Medical Council now exercises a close scrutiny and are making greater restrictions to new entries. Moreover the Home Office authorities, too alive to the possibilities which this opens up, are rigidly refusing further permits to practice in this country.

An article in *The People* newspaper ³⁰⁸ underlines the fact that there were many examples of dentists who were admitted to the Dentists Register by the G.M.C. but were unable to work because of lack of permission by the Home Office.

It would seem from the data that the Home Office, under pressure from the dental political groups - the B.D.A., I.D.S. and P.D.S.A., tried to strictly control the number of dentists on the Foreign List who were allowed to go into

³⁰⁷ Venning, Sidney, British Dental Journal, June 1936, Vol. 61, p. 152

³⁰⁸ The People, 26th July 1936

practice³⁰⁹. Further they were not permitted to stay in the country indefinitely but had to leave after periods ranging from three weeks to 11 months unless extended. Sir Samuel Hoare, the Home Secretary, stated on 6th June 1938 in the House of Commons, that since 1933 the number of refugee doctors and dentists who have been given the right to practice their profession after admission to the British Medical and Dental Registers is 185 and 93 respectively ³¹⁰. The situation changed after the outbreak of war when urgent dental manpower was required due to a shortage of dentists, many of whom had gone into the armed forces,.³¹¹

The President's Address at the G.M.C. meeting of 23rd May 1939 is guoted in the Minutes. He notes that:

The G.M.C. have recently had occasion, especially in dealing with the registration of foreign dentists under the Dentist Act 1878, to realise more clearly than ever that their concern is with standards of professional education and not with political questions; and I venture to suggest that Medical Boards or Councils elsewhere who are responsible for medical registrations tread on hazardous ground when they seek, by means of amendments of Medical Acts, to deal with matters which obviously fall within the general powers of the Government of the country³¹².

The British dental establishment's response showed a considerable difference as to how refugee dentists were treated in comparison to refugee physicians. Virtually no records were found for refugee dentists in relation to their treatment by the Home Office. Policy could only be judged by looking at the individual records of refugees that were found in the G.M.C. microfiche archive and from data, mostly in the form of letters and passports, obtained from the families of refugee dentists via the Association of Jewish Refugees magazine. The British medical establishment's response to the influx of refugee physicians during the 1930s was officially recorded in the files of the "Aliens Committee" at the archive of the British Medical Association.

³⁰⁹ Metropolitan Archive ACC3121/C2/1/6 Board of Deputies Aliens Committee 6th January 1938. Report by Otto Schiff

³¹⁰ British Dental Journal, Parliamentary Intelligence, August 1938, Vol. 65, p. 189

³¹¹ Metropolitan Archive ACC3121/C2/1/6 Board of Deputies Aliens Committee 7th July 1942. Report by Otto Schiff

³¹² National Archives MH 79/257

According to Karola Decker³¹³, the most important record is a "historical note" from November 1941³¹⁴. These files reflect the position of the British medical and dental establishment which was strongly against the influx of refugee doctors and dentists.

With regard to the question of numbers, Decker estimates from her findings in the Aliens Committee files that approximately 2,000 refugee physicians and dentists were admitted during 1938-1948³¹⁵. From the data base that has now been established in relation to dentists (Appendix 1) some 299 dental refugees were accepted by the G.M.C., which means that the number of physicians would total 1700, of which the bulk was made up of German and Austrian refugees, some with dual medical and dental qualifications.

³¹³ Decker, Karola, Visions and Diversity: the complexities of medical refuge in Britain 1933-1948, Bulletin of the History of Medicine, 2003, Vol. 77, p. 850

³¹⁴ British Medical Association Archives, Aliens Committee, 14/1941/1942, 24/11/41

³¹⁵ Decker, Karola, Visions and Diversity: the complexities of medical refuge in Britain 1933-1948, Bulletin of the History of Medicine, Baltimore, 2003, Vol. 77, p. 850

Comparison of dental refugees with other refugee groups

An important group of biologists and chemists who were Jewish were forced out of Germany and Austria between 1933 and 1939. These would include such major figures as Sir Hans Adolf Krebs in biochemistry, the discoverer of the citric acid cycle; Sir Ernst Chain in chemistry and physiology and one of the discoverers of penicillin; and Max Perutz who was a biochemist and researched into hæmoglobin.

Other successful émigré scientists included Herman Lehrman who was involved with genetics; Wilhelm Feldberg who looked at physiology and pharmacology in relation to the chemical transmission in the nervous system; Hugh Blaschko in physiology and medicine and the study of monoamine oxydase inhibitors and the treatment of depression.

The largest group of specialists within the ranks of the refugee doctors were psychiatrists and psychotherapists. The influx of psychiatrists transformed British psychiatry, which was not considered a university discipline, and there was only one postgraduate centre, at the Maudsley Hospital³¹⁶.

Paul Weindling³¹⁷ states that although Britain received substantial numbers of medical refugees from central Europe, there has been no study of medical practitioners and scientists who emigrated and of their impact on British society (the same goes for British dentistry). Weindling estimated that between 1,080 and 1,200 Jewish dentists emigrated from Germany and Austria to Britain as a result of Nazism but states that the exact numbers are not known. The census of 1921 indicated that there were only 2 Austrian and 6 German physicians and surgeons out of 207 foreign doctors and one 1 Austrian and 6 German dentists out of 14 male foreign dentists. Weindling also quotes Frank Honigsbaum³¹⁸, who stated that certain British clinicians rejected the scientificity of Continental medicine as lacking in human respect for the patient.

³¹⁶ Porter, Roy, The Greatest Benefit to Mankind, London, Fontana, 1999, p.513

³¹⁷ Weindling, Paul, Contribution of Central European Jews to Medical Science in practice in Britain, the 1930s -1950s, in *Second Chance*, Two Centuries of European German-speaking Jews in the U.K., edited by Mosse, Werner E., Tübingen, J.C.B. Mohr, 1991, p. 243

³¹⁸ Honigsbaum, Frank, The Division in British Medicine, London, 1979, p. 313

John Stewart in his paper "Angels or Aliens? Refugee nurses in Britain 1938-1942³¹⁹ analyses the situation with regard to nursing. He states that The Nursing Times noted in mid-1939 how the refugee situation had taken on particular significance after 1938. There remained obstacles in the path of those who wished to enter the country, either already qualified as nurses or seeking to train as nurses or midwives so that of the 1,567 preliminary applicants for nursing training, 900 had been found suitable, 362 had applied for Home Office permits and 275 had actually been granted permits, of these only 148 had actually arrived in Britain. In mid-1940 the Nursing and Midwiferv Department of the Ministry of Health told the Home Office that 914 trained nurses, midwives and probationer nurses were in employment. Of these, 130 were Czechoslovakian and the remainder German and Austrian. This confirmed the observation of Françoise Lafitte³²⁰, who suggested that some 1.000 nurses had been placed in British hospitals by the Department. Stewart refines this data further by stating that in September 1939, the Committee of Austrians in England notified the Home Office that 108 female and six male nurses were in the country, thus suggesting a total of around 650 Germans. This compares with 1,200 Austrian and German doctors in Britain by 1939 of whom some 200 were permitted to practice³²¹.

Whereas refugee doctors were eventually given the opportunity of taking up their profession again because of urgent wartime needs, German lawyers faced a more difficult task in attempting to integrate themselves into the British legal system. Barristers with German accents felt unwelcome, so few refugees tried to make a career at the English Bar. Refugees could not become solicitors until they were naturalised, something that was almost impossible to achieve during wartime³²².

In dentistry, the G.M.C. came up with a unique selection method that assessed the schedules that were sent in by the dentists in the greatest possible detail. Dentists who were accepted by the G.M.C. would be put on the Foreign List of the Dentists Register. This, as we have seen, did not mean that they could practice and were often left in limbo by the Home Office. Policy

³¹⁹ Stewart, John, Angels or Aliens?, Medical History, 2003, 47, p.155

³²⁰ Lafitte, Françoise, Internment of Aliens, Harmondsworth Penguin, 1940, p. 49

³²¹ National Archives MH58/336

³²² Cooper, John, Pride versus Prejudice, p. 237

varied from refugee to refugee and seems inconsistent, with some being allowed to set up in practice even after the so-called ban that was put into operation in February of 1936. Physicians were not allowed to practice unless they had been to a British medical school. Initially this was for one year but it was changed by the British Medical Association who suggested that, with the rise in numbers of physicians coming into the country as refugees, there should be an extension of the minimum period of clinical study from one year to three and this was adopted by the Deans of the Medical Schools, with the exception of the Scottish Conjoint Board of Medical Examiners³²³.

Refugee students were allowed to take their examinations in dentistry at a British dental school, taking four years to obtain an L.D.S. diploma. In medicine, the attitude of the B.M.A. was more aggressive in that it could not prevent foreign student physicians from studying for British qualifications but in most cases it should be discouraged³²⁴.

In dentistry, 40 Austrian refugee dentists were selected and given permission to study at a British dental school for six months in order to achieve an L.D.S. diploma, and were later allowed to go into practice. In medicine, 50 Austrian physicians were selected and admitted to British medical schools, where they were supposed to study for at least two years before taking their final examination. In 1939, a similar selection was made of 50 physicians from Czechoslovakia.

In comparing the situation between dentistry and medicine, the policy towards refugee dentists seems to be totally inconsistent, since most of the time there was no definitive policy but each case was treated on its merits. In medicine, the policy was negotiated between the medical authorities and the government, and was based on an aggressive attitude by the medical authorities in order to minimise competition and would seem to have been pursued on a more consistent basis than with the smaller number of refugee dentists.

³²³ B.M.A. AC14/1941-2, 24/11/41 ³²⁴ B.M.A. AC8/1942-3, 15/12/42

Problems Particular to Austrian Dental Refugees

Hitler's annexation of Austria in March 1938 fostered an increase in the number of dental refugees who saw emigration as a last chance for escape. The large number of Austrian refugees prompted the government to set up a visa requirement so that it would be possible to select immigrants at leisure and in advance³²⁵. The G.M.C. received 360 applications from Austrian dentists hoping to obtain admission to the Foreign List of the Dentists Register. The Joint Committee on Refugee Dentists³²⁶ that had been set up by the Home Secretary, Sir Samuel Hoare, eventually whittled this number down to 40 refugee dental surgeons. A report from the Board of Examiners in Dental Surgery of the Royal College of Surgeons³²⁷ stated that a select list of dental surgeons, compiled by the British Dental Association in collaboration with the Secretary of State for Home Affairs would provide for the admission of 40 refugee dental surgeons into this country for the purpose of obtaining a registerable qualification. The practice of the Board of Examiners had been in the past to require dental surgeons of recognised universities in Europe to complete 12 months general and dental hospital practice at a recognised dental school and hospital in this country and to pass all the professional examinations for the L.D.S. RCS. Taking into consideration the fact that dental surgeons in Austria must before practising dentistry, have previously obtained a medical degree, the Board recommended to the Council of the Royal College of Surgeons that applicants from among the Austrian dental surgeons selected for admission to this country be exempted from the first professional examination and admitted to the final examination for the L.D.S. RCS after six months' hospital practice at a recognised dental school and hospital in this country. A complete list of the German and Austrian dentists that completed an L.D.S. can be found on page 245.

³²⁵ McAlpine, C.B., Memorandum 1st March 1938, National Archives HO 213/94

³²⁶ Joint Committee on Refugees, British Dental Journal supplement 13. 1st March 1939

³²⁷ Report from the Board of Examiners in Dental Surgery of the Royal College of Surgeons dated 5th January 1939.

Five Austrian dentists had been accepted by the Dental Education and Examination Sub-committee in November 1938³²⁸ (see page 160). All of the Austrians involved had an M.D. degree from the University of Vienna but also the Cert.Dent.Exam.Comm after 1935.

³²⁸ G.M.C. Minutes of the Dental Education and Examination Sub-committee, Report dated November 1938

Board of Deputies of British Jews

In addition to the multiple barriers to acceptance provided by the Home Office, the G.M.C. and the three British dental groups (the British Dental Association, Incorporated Society of Dentists and Public Dental Service Association), it is necessary to view the attitude of the Board of Deputies toward the influx of professionals. They presented entirely different problems from the influx of refugees that had occurred between 1880-1914. Jewish leaders intended refugees to stay in Britain only on a temporary basis and negotiations were in progress with a view to ultimate transmigration to other countries. However, it was agreed in discussions between the banker Otto Schiff and the Home Office that the Jewish community would take care of the funding of refugees from the moment they landed in Britain until their departure³²⁹. The package of proposals bore the hallmark of Anglo-Jewish tradition, in which charitable aid was given to poor Jewish immigrants, which went hand-in-hand with minimising the embarrassment they caused.

During the 1920s and 1930s there was an increasing trend for Jewish youth from immigrant backgrounds to study medicine and dentistry. Dr. Selig Brodetsky, who was later to become President of the Board of Deputies, wrote in the Jewish Chronicle: "The rush into the professions is one of the most alarming symptoms of modern Jewish life. Jewish doctors are beginning to tumble over one another". He admired students who went into industry or agriculture more than those who went into the so-called learned professions³³⁰.

An article by the Jewish Chronicle's political commentator "Watchman" returned to this argument four years later;

There has been for some time an increasing influx of Jews in this country into various professions. To be sure, young Jews have as much right as any other citizen to embrace a profession. The question is whether, seeing how crowded some professions are, they are doing the best for themselves.

Watchman goes on to describe a young Jew who had graduated as a dentist with great distinction but having obtained his diploma he found himself

³²⁹ Proposals of the Jewish Community as regards refugees from Germany, appendix 1. Gilmour, The present position, National Archives HO213/1627 ³³⁰ Brodetsky, Selig, *Jewish Chronicle*, 20th January 1928, p. 16

up against a brick wall. His family was poor and they could not afford the money to set him up in practice. In conclusion, he wanted to ask the Jews of this country to pause for a moment and consider whether the rush into the professions is a healthy one; the younger generation should seek alternative employment in industry or agriculture.331

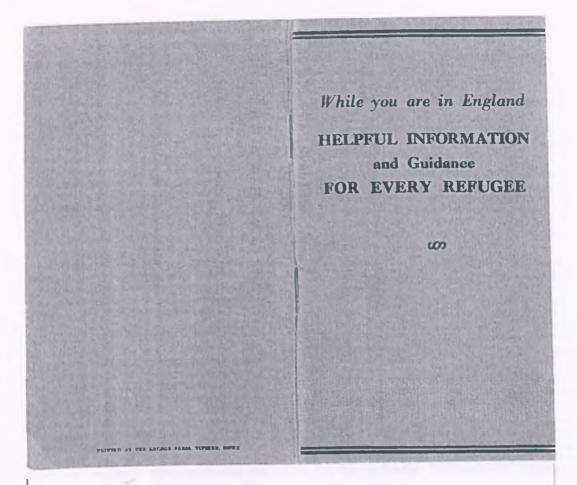
The guestion of embarrassment was an even bigger issue with the German and Austrian refugees who came from the professional and intellectual classes in the 1930s. They were seen as arrogant and aggressive and, of course, were German-speaking. It was considered that this might inflame anti-Semitism, already a problem, and to this end the Board of Deputies published a pamphlet with the co-operation of the German Jewish Aid Committee entitled "Helpful information and guidance for every refugee". This was circulated to some 15,000 refugees in Britain³³².

The Board of Deputies of British Jews did not engage formally in refugee work but its leadership had links with the Jewish refugee organisations under the chairmanship of Otto Schiff. Initially the Jewish Refugee Committee played the major role, up to January 1938, at which time it changed its name and was then known as the German Jewish Aid Committee, as it was "undesirable to label as refugees for all time such persons as had taken refuge from Germany, and although allowed to remain in this country, were still in receipt of assistance from the Committee"³³³, ³³⁴. The Board of Deputies had regular reports from Otto Schiff who was in constant communication with the Home Office. The Board preferred to represent Anglo-Jewry as a whole and to work on fostering good relations between Jews and non-Jews. The role of the Board of Deputies in relation to refugee Jewish dentists was one of anxiety about fanning the flames of anti-Semitism and about their increasing presence in the Jewish community, and also of almost complete passivity in offering little, if any, help other than suggesting that they act "properly" in their adopted country.

 ³³¹ Watchman, Jewish Chronicle, 5th February 1932, p. 11
 ³³² Board of Deputies Aliens Committee, 25th January 1939. LMA ACC 3121/C2/1/6

³³³ Board of Deputies of British Jews Aliens Committee, 6th January 1938. Report by Otto Schiff. LMA ACC3121/C2/1/6

³³⁴ The German Jewish Aid Committee then reverted to the title of Jewish Refugee Committee in 1939.



The

TOLERANCE AND SYMPATHY of Britain and the British Commonwealth

THE traditional tolerance and sympathy of Britain and the British Commonwealth towards the Jews is something which every British Jew appreciates profoundly. On his part he does all in his power to express his loyalty to Britain and the British Commonwealth, in word and in deed, by personal service and by communal effort.

This loyalty comes first and foremost, and every Refugee should realise how deeply it is felt.

The Jewish Community in Britain will do its very utmost to welcome and maintain all Refugees, to educate their Children, to care for the Aged and the Sick—and to assist in every possible way in creating new homes for them overseas. A great many Christians, in all walks of life, have spontaneously associated themselves with this work. All that we ask from you in return is to carry out to your utmost the following lines of conduct. Regard them, please, as duties to which you are in honour bound:

Die Toleranz und Sympathie von Gross-Britannien und des Britischen Staatenbundes

Gross-Britanniens und des Britischen Staaten-

bundes althergebrachte Toleranz und Sympathie den Juden gegenüber ist etwas, was jeder britische Jude zutiefst würdigt. In Wort und Tat, durch persönliche Dienste und gemeinsame Anstrengungen tut er seinerseits alles, was in seiner Macht steht, um seiner Loyalität zu Gross-Britannien und dem Britischen Staatenbund Ausdruck zu verleihen.

Diese Loyalität kommt zu allererst, und jeder Flüchtling sollte einschen, wie tief empfunden sie wird.

- -

- Spend your spare time immediately in learning the English language and its correct pronunciation.
- 2. Refrain from speaking German in the streets and in public conveyances and in public places such as restaurants. Talk halting English rather than fluent German and do not talk in a loud voice. Do not read German newspapers in public.
- 3. Do not criticise any Government regulations, nor the way things are done over here. Do not speak of "how much better this or that is done in Germany". It may be true in some matters, but it weighs as nothing against the sympathy and freedom and liberty of England which are now given to you. Never forget that point.
- Do not join any Political organisation, or take part in any political activities.
- 5. Do not make yourself conspicuous by speaking loudly, nor by your manner or dress. The Englishman greatly dislikes ostentation, loudness of dress or manner, or unconventionality of dress or manner. The Englishman attaches very great importance to modesty, under-statement in speech rather than over-statement, and quietness of dress and manner. He values good manners far more than he values the

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evidence of wealth. (You will find that he says "Thank you" for the smallest service even for a penny 'bus ticket for which he has paid.)

- 6. Try to observe and follow the manners and customs and habits of this country, in social and business relations.
- 7. Do not spread the poison of "It's bound to come in your country". The British Jew greatly objects to the planting of this craven thought.
- 8. Above all, please realise that the Jewish Community is relying on you—on each and every one of you—to uphold in this country the highest Jewish qualities, to maintain dignity, and to help and serve others.
 - *

Betrachten Sie sie bitte als Ehrenpflichten :

- r. Verwenden Sie Ihre freie Zeit unverzüglich zur Erlernung der englischen Sprache und ihrer richtigen Aussprache.
- 2. Sprechen Sie nicht deutsch in den Strassen, in Verkehrsmitteln oder sonst in der Öffentlichkeit, wie z.B. in Restaurants. Sprechen Sie lieber stockend englisch als fliessend deutsch----und sprechen Sie nicht laut. Lesen Sie keine deutschen Zeitungen in der Offentlichkeit.
- 3. Kritisieren Sie weder Bestimmungen der Regierung noch irgendwelche englischen Gebräuche. Sprechen Sie nicht davon, "um wieviel besser dies oder das in Deutschland getan wird". Es mag manchmal wahr sein, aber es bedeutet nichts gegenüber der Sympathie und Freiheit Englands, die Ihnen jetzt gewährt werden. Vergessen Sie diesen Punkt niemals.
- 4. Treten Sie weder einer politischen Organisation bei, noch nehmen Sie sonst Anteil an politischen Bewegungen.
- 5. Benehmen Sie sich nicht auffallend durch lautes Sprechen, durch Ihre Manieren oder Kleidung. Dem Engländer missfallen Schaustellungen, auffallende oder nichtkonventionelle Kleidung und Manieren.

Seile 13

Der Engländer legt Bescheidenheit, sowie ruhiger Kleidung und ruhigen Manieren die grösste Wichtigkeit bei. Bei Gesprächen sind ihm bescheidene Angaben lieber als Übertreibungen. Er schätzt gute Manieren bedeutend höher ein als alle Zeichen von Reichtum." (Sie werden bemerken, dass er für den kleinsten Dienst "Danke schön" ("Thank you") sagt, selbst für die Penny Fahrkarte, für die er gezahlt hat.)

- Versuchen Sie, in gesellschaftlichen und geschäftlichen Verbindungen das Benehmen sowie die Sitten und Gebräuche dieses Landes zu beachten und zu befolgen.
- 7. Verbreiten Sie nicht das Gift "In Eurem Lande muss es auch so kommen". Der britische Jude wendet sich entschieden gegen die Verbreitung dieser geistlosen Idee.
- 8. Vor allem sehen Sie bitte ein, dass die Jüdische Gemeinde sich darauf verlässt, dass Sie---und zwar Sie persönlich und jeder einzelne von Ihnen---in diesem Lande die besten jüdischen Eigenschaften beibehalten, dass Sie Würde bewahren und anderen helfen und dienen.

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2

Wenn Sie beabsichtigen, Ihren ständigen If you are planning to make your permanent Wohnsitz in überseeischen Ländern aufzuhome overseas, regard this stay in England schlagen, betrachten Sie diesen Aufenthalt in as a "mark time" period during which you England als eine Wartezeit, in der Sie sich are preparing yourself for your new life. Do auf Ihr neues Leben vorbereiten. Erwarten not expect to be received immediately in Sie nicht, sofort in englischen Häusern emp-English homes, because the Englishman takes fangen zu werden, denn der Engländer braucht some time before he opens his home wide to einige Zeit, ehe er sein Heim Fremden öffnet. strangers. Verwenden Sie Ihre Energie und Ihre Use your energies and your special skill to besondere Begabung darauf, denen zu helfen, die noch unglücklicher als Sie selbst sind-den einsamen Flüchtlingskindern sowie den Alten the Sick, in your neighbourhood. und Kranken in Ihrer Nachbarschaft. Spread courage by word and deed. Sprechen Sie anderen Mut zu There is a new and better future before you ! durch Wort und Tat. Be loyal to England, your host. Eine neue und bessere Zukunft liegt vor Ihnen! က Seien Sie England, Ihrem Gastlande gegenüber, loyal. တ Sette 17 Page 16

Figure 18 Board of Deputies leaflet issued to refugees

The Dentists Acts of 1878 and 1921

The General Council of Medical Education and Registration of the United Kingdom (G.M.C.) was established under the Medical Act of 1858. On 22nd July 1878, in the face of determined opposition from members of the medical profession, the Dentists Act (1878) was passed by Parliament. Among the provisions of the Act were:-

1. From and after 1st August 1879 no persons should be entitled to take or use the name of dentist, dental practitioner or any name, title or description implying that they were registered under the Act or that they were specially qualified to practice dentistry, unless they were registered.

2. The rights of medical practitioners to practice dentistry were safeguarded.

3. Those qualified to register were:-

a) A person with the Licence in Dental Surgery of any medical authority.

b) Persons with degrees or diplomas from such foreign or colonial institutions as were approved by the G.M.C..

c) At the time of passing of the Act, all persons bona fide engaged in the practice of dentistry, either separately or in conjunction with the practice of medicine, would apply for registration before 1st August 1879.

4. A register would be kept by the G.M.C. and be styled the Dentists Register.

Sections 9 and 10 of the Act, which were regularly used during the 1930s in assessing refugee dentists for admission to the Dentists Register, need to be explained in more detail (quoting the somewhat archaic legal English used at the time).

<u>Section 9 – Registration of foreign dentists with recognised</u> certificates

> Where a person who is not a British subject or who has practiced for more than 10 years elsewhere than in the United Kingdom, or in the case of persons practicing in the United Kingdom at the time of the passing of the Act for not less than 10 years, either in the United Kingdom or elsewhere, shows that he obtained some recognised

certificate (as hereafter defined) granted in a foreign country and that he is of good character and either continues to hold such certificate or has not been deprived thereof for any cause which disqualifies him from being registered under this Act.

Section 10 – Recognised certificates of colonial and foreign dentists

A certificate granted in a British possession or in a foreign country which is to be deemed such a recognised certificate as is required for the purpose of this Act shall be such certificate, diploma, membership, degree, licence, letters, testimonial or other title, status or document as may be recognised for the time being by the G.M.C. as entitling the holder thereof to practice dentistry or dental surgery in such possession or country and as furnishing sufficient guarantees of the possession of the requisite knowledge and skill for the efficient practice of dentistry or dental surgery. If a person is refused registration as a colonial or foreign dentist the General Registrar shall, if required by him, state in writing the reasons for such refusal. However, an appeal to the Privy Council would be allowed.³³⁵

Loopholes were found in the Act and exploited from the first. There being no requirement to register, many did not do so, and provided they did not use titles protected by the Act were able to practice without professional education or ethical responsibility³³⁶. Unregistered dental practice and blatant exploitation by ignorant practitioners became so widespread that pressure of public opinion led eventually to the Dentists Act of 1921.

The 1921 Dentists Act restricted the practice of dentistry to registered dentists, registered medical practitioners and, to a very limited extent, registered pharmacists. It provided for the admission to the Register, subject to certain conditions, of bona fide practicing dentists of some years' standing and some others, without qualification under the Act, if they applied within a time limit. This meant that the dental profession was made up of two groups: the so-called "1921 men" who had had no professional training and came up through an apprenticeship scheme, and those that had an L.D.S. diploma from

³³⁵ The Dentists Register 1936, London, Constable, 1936, p. i

³³⁶ Hillam, Christine, The Roots of Dentistry, London, British Dental Association, 1990, p. 44

the Royal College of Surgeons and had been trained at one of the recognised Dental Schools³³⁷.

Under the Act, a Dental Board consisting of 13 members was set up under a Chairman appointed by the Privy Council. This was in effect a subcommittee of the G.M.C.. Three members of the Dental Board were appointed to sit on the G.M.C. for the consideration of dental business and to advise on purely dental matters but their recommendations were all dependent on the approval of the G.M.C. which also retained control of dental education invested in it by the Act of 1878³³⁸ and which included the setting of examinations and the operation of the Dentists Register. The Dental Education and Examination Sub-committee dealt with the problem of the foreign dentists wishing to be placed on the Dentists Register. This sub-committee met initially once a year in November and from 1938/1939 twice a year because of the large number of applications. This committee, during the period 1933-1939, was under the chairmanship of Mr. Edward Sheridan, L.D.S., M.D., F.R.C.S. The members were Mr. Bishop Harman, Mr. McGowan, Mr. Johnson, Mr. Charles Rilot. Dr. Waterston and the President of the G.M.C. (ex-officio). Charles Frederick Rilot, M.R.C.S., L.R.C.P., L.D.S. was Chairman of the Dental Board under the 1921 Dentists Act. It is important to note that both Edward Sheridan and Charles Rilot were doubly qualified in both medicine and dentistry. This was a common finding during this period, applying to the Honorary Consultants in the Dental Schools, the Deans of Dental Hospitals and the Chairmen of important committees, who all had medical qualifications (in the years after the second world war this situation started to change with the appearance of post-graduate dental qualifications and an increasing emphasis on specialisation within dentistry).

³³⁷ Cohen, R. A., The Advance of the Dental Profession, 26

³³⁸ Cohen, R. A., The Advance of the Dental Profession, 26

A list of foreign universities whose dental degrees had been accepted by the G.M.C. was printed in the Dentists Register.

Figure 19 Table showing numbers accepted from foreign universities³³⁹

REGISTERED IN TH_		
DENTISTS REGISTER ON JANUARY 1, 193	9-Cor	ntd.
QUALIFICATIONS OR STATUS.	Number.	Person of Lot Xue
Totala brought forward	14,543	98
111. FOREIGN DENTISTS.		
(1) Approbation als Zahnarzt	8	Ĩ.
(2) Berlin, University of (D.M.D.)	31	
	2	
. (M.D.)	2	
(3) Bologna University of (M.D.)	1	
(4) Bonn, University of (D.M.D.)	11	
(5) Brealau, University of (D.M.D.)	. 6	
(M.D.)	1	
(6) Cologne, University of (D.M.D.)	7	
(7) Erlangen, University of (D.N.D.)		11
(8) Florence University of (M.D.)	. 1	
(9) Frankfurt, University of (D.M.D.)	. 15	1 C -
	. 2	
(10) Freiburg, University of (D.M.D.).	. 8	
(11) Geneva Dental College (Dip.MedChir.Dent.)	. 1	
(12) German State Examination	- 1	2 C
(13) Gottingen, University of (D.M.D.)	. 7	11
(14) Greifswald, University of (D.M.D.)	: í	
(15) Halle-Wittenberg, University of (D.M.D.)		1.2
(10) Hamburg, University of (D.M.D.)	:	TE 1
(M.D.)	3	
(17) Harvard, University of (D.M.D.)		1 E -
(18) Heidelberg, University of (D.M.D.)	. 2	11.
H (M.D.)		
(19) Holland, State Dental Diploma (Dent.Dip.)		18.1
(20) Kharkoff, University of (Cert.Dent.)	. 1	
(21) Kief, University of (Dent.Let.)	. 5	3 E -
(22) Koenguberg, University of (D.M.D.)		11
(25) Leiping, chiering of (D.M.D.)	1	
(24) Michigan, University of (D.D.S.)		
(23) Manich, University of (D.M.D.)	11 4	
(28) Nathen, University of (M.D.)	11 i	3
(27) Napre, Chiveracy of (2017) (27) Nihon Dental College (D.D.S.)	11 1	
(28) Petrograd, Imperial Military Medical Academy (Dent.Dip.)	. 2	
(29) Prague, University of (M.D.)	i i	3
(30) Tubingen, University of (D.M.D.)	. 3	1
(30) Yunngui, Chivenity of (M.D.)	. 5	1
(32) Würzburg, University of (D.M.D.)	30	1

A document referred as the "schedule" was prepared for the purpose of assisting applicants to furnish in a convenient form the particulars required under section 9 and 10 of the 1878 Dentists Act. This would show whether a certificate, diploma or degree granted in a foreign country after a course of study and examinations was substantially equivalent to the course which the candidates for licences or degrees in dental surgery or dentistry granted by medical authorities in Britain were required to go through. The minimum

³³⁹ Approbation als Zahnarzt relates to dentists who passed the State Dental Examination but had not obtained a doctorate following a year's research in their Dental School for a D.M.D. degree. Double qualifications (M.D., DM.D.) are recognised from some universities.

periods of study for each subject in the curriculum were printed in the schedule in the left hand column.

Every applicant for registration as a foreign dentist was required to complete a schedule which provided for the insertion of detailed particulars of the courses taken by the applicant in each of the subjects specified, and to obtain a certificate from the Dean or other appropriate officer of the dental school, college or other body attesting to the courses taken.

In German dental schools a *Zeugnis* (report) was provided for each subject in the curriculum and signed by the Professor in question. This data was entered in a pupil's "Student Book", which was forwarded to the G.M.C., together with the schedule, stamped and signed by the Dean of the Dental School. Refugees leaving Austria and Germany in 1939 would find this increasingly difficult.

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Figure 20 Example of Studienbuch owned by Max Walter at the University of Erlangen

For the majority of applications for registration, the "schedule" form was filled out in Germany or Austria before the applicants had actually emigrated.

X1 103 DENTAL REGISTRATION notial 2 ORIGINAL QUALIFICATIONS. PARTOULARS TO BE SUPPLIED BY AN APPLICANT FOR THE REGISTRATION OF ORIGINAL QUALIFICATIONS UNDER THE DENTISTS ACTS. I requirest to be registered as a Dentist under the Dentist Acts, 1878 and 1921, by virtue of the following Degrees or Qualifications, of which I hereby affirm that I am lawfully possessed :--Date of Degrees or Qualifications. Description of Degrees or Qualifications. Doctor of deutistry 15. TV. 1922 Dr uned. dont.) M. DU. KOENIAS BERA. 1922 I hereby declare that I have filled up this application in my own handwriting. are registered as a Student of Serlice (in the year 1918 and born = Notemar in Volonie of Sr. T. 1896 miliana's Usual Signature. Threadella Applicant's Usual Signature ... Applicant's Name (in full) Dr. ERJCH COHN [In BLOCK LETTERS] Applicant's home or permanent Address for registration (in full) Applicant's present Address Date of Application 22 ad offor ITNEM BYER 22/22/22/22/22/22/22/22

Figure 21 Dental registration form

Erich Cohn whose dental registration is shown above obtained his D.M.D. degree from the University of Berlin in 1922. Pages 2 and 3 of his schedule show in the left hand column the minimum requirements of the dental course, which must extend over not less than four years, three at least of which must be spent at a recognised dental school or schools. The subjects of the course are listed, including what in Britain would be called first M.B., and comprised elementary physics, elementary chemistry, chemistry and its application to medicine and dentistry, physics and its application to medicine and dentistry and lastly elementary biology. The curriculum of the dental course in Germany closely paralleled that in Britain ³⁴⁰ and included human anatomy, physiology, histology, general pathology, bacteriology, medicine and surgery, dental anatomy, practical, normal, and morbid histology, dental surgery, materia medica and therapeutics, metallurgy, dental mechanics and prosthetics, anaesthetics, radiology and principles of orthodontics. Attendance was required at the practice of a recognised dental hospital or at the dental

³⁴⁰ Maretzky, Kurt and Venter, Robert, Geschichte des Deutschen Zahnärzte-Standes, Köln, Greven & Bechtold, 1974, p. 96

department of a general hospital recognised by a licensing body as forming part of a dental school for two calendar years. Practical instruction in dental mechanics was also required over 24 calendar months or 2,000 hours.

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Figure 22 Schedule for Eric Cohn 1935

The schedule shows that Cohn attended two universities: the University of Berlin, in which he took most of his lectures, and the University of Königsberg, in which he took his two calendar years of clinical practice and 24 calendar months of practical instruction in dental mechanics; it was not unusual for dental students to attend two or more universities during their four-year period of training. This is a tradition that is unknown in Britain or in America.

A certificate of identity and good character was also asked for by the G.M.C. and this had to be signed by a registered dentist or medical practitioner, in Cohn's case, Meinert Marks. They had obviously overlapped in Berlin during their dental training. In the majority of cases the certificates of identity and good character were signed by fellow refugees who had already established themselves on the Foreign List of the G.M.C. Asking British colleagues to fill out these certificates was more problematical because they would not have known the subject very long, and refugees may have felt embarrassed at presenting the new face of competition. Meinert Marks had been admitted to the G.M.C. Foreign List in 1934 and it was interesting to see that he was practicing in Park Lane, W.1. one year later. Was this a possible example of the thrusting and achievement-orientated refugee?

For Use by COLONIAL and FOREIGN Applicants ONL	r .
In the case of Culonial or Farsign Degrees or Qualification the following Certificate must be signed by the Oplicant of registration in order to comply with Section B or 9 of t Destina Act, 1878:-	ot
I hereby declare- (i) That I am "not a British subject, but Gorma	n.
 (ii) That I am not domiciled in the United Kingdom; er (iii) That I have practised Dentistry for more than ten yea elsewhere than in the United Kingdom. 	.54
Signature	
 A dash, or the word "not," must be inserted, and, in the case of the who are not British subjects, evidence of nationality must be supplied. 	
The paragraphs not applicable to be struck out.	
CERTIFICATE OF IDENTITY AND GOOD CHARACTER. To be signed by a Replacered Denied or Medical Promitioner. I MELNERT MARKS (Vaner in BLOOK LEVERNE) of 14 Park hane, M. Landon (Address) estily that I am, and have for 15 years, been well-required with DY. Erich Lohn [Name of Applicam] that he is the person he states himself to be; and that he is person of good character.	Led
Date R. 19. 194 Signature Qualification J. N. D. [0. 366-] * The certificate to required only in the case of a Colonial or Poreign Deal	 list.

Figure 23 Certificate of good character for Erich Cohn

Erich Cohn's application was accepted by the Dental Education and Examination Committee and it was passed to the G.M.C. Council for confirmation. The letter below reaffirms the compliance with Sections 9 and 10 of the Dentists Act 1878. The third paragraph would provide a new source for worry as it states that "admittance to the Register does not determine or affect the question of the grant of permission to you to reside or engage in practice in the United Kingdom" and that "any application for the grant of such permission should be addressed to the Under-Secretary of State, Home Office, Whitehall, London, in advance of any steps which you may propose to take with the object of moving to the United Kingdom". The letter is signed by Michael Haseltine, who was the Registrar of the G.M.C..

Sugar Colorador General Council of Medical Education & Registration of the United Hingdom 40 une to be adde " THE RECISTRAR OF THE GENERAL MEDICAL COUNCIL" and out to one whended by an ED No. 30737 9th December, 1935. Sir, I am directed by the President of the Council to inform you that your application to be registered as a foreign dentist in the Dentists Register, without examination in the United Kingdom, by virtue of the certificate specified in the margin granted to you in a foreign country, has been duly considered by tha Dental Education and Examination Committee of the Council, and that the Council, on the recommendation of the Committee, being satisfied that the certificate is a certificate which may properly be recognized by them in compliance with sections 9 and 10 of the Dentists Act, 1878, resolved at their meeting on the 26th November that the application should be acceded to. D.M.D. U.Koenigs berg, 1922. Your name will accordingly be entered in the Foreign List of the Dentists Register on the receipt by the Registrar of the Dental Board of the United Kingdom, 44 Hallam Street, Portland Place, London, W.1, of an application in writing for this purpose accompanied by the prescribed fee of £2 for original registration in the Register. I am to take the opportunity of pointing out that the recognition by the Council of the certificate by virtue of which you may be admitted to the Register does not determine, or affect, the question of the grant of permission to you to reside or engage in practice in the United Kingdom; and that any application for the grant of such permission should be addressed to the Under Decretary of Data more United Enterprise Secretary of State, nome Office, Whitehall, Bondon, S.W.l, in advance of any steps which you may propose to take with the object of proceeding to the United Kingdom. The original documents forwarded in support of your application are returned herewith. I am. Sir. Your obedient Servant, Registrar. Dr.med.dent.E.Cohn.

Figure 24 G.M.C. acceptance letter to Erich Cohn

INTERNMENT

Fearing an imminent German invasion in Spring/Summer 1940, the British government arrested and interned 28,000 enemy aliens of German and Austrian nationality living in Britain³⁴¹. Internment did not occur in one swoop but gradually developed over a number of stages. On 4th September 1939 the Home Secretary, Sir John Anderson announced to the House of Commons an immediate review of all Germans and Austrians in the country to determine their loyalty. The new review was to be conducted by one-man tribunals appointed especially for the purpose throughout the country. Because the tribunals were defined as administrative bodies rather than courts of law, the proceedings were not public and the refugees could not bring lawyers to support their case³⁴². Somewhere in the region of 100 tribunals were established with the task of dividing the enemy aliens into three categories: A,B or C on the basis of their potential threat to Britain. People in category C were considered safe and exempt from the threat of internment and subject only to the ordinary restrictions imposed on all enemy aliens.

Erich Cohn³⁴³, who was 43 years of age and had been accepted onto the Dentists Register in 1935, was categorised on 15th October 1939 as exempt from internment and categorised by the tribunal as group C. At this time, he was living in the Kitchener camp at Richborough, in Sandwich, Kent which had been set up by the Council for German Jewry together with the American Jewish Joint Distribution Committee. The camp was full with 3,500 refugees. Despite this document Erich Cohn was interned on 21st June 1940 and eventually ended up in the Isle of Man, being released on 18th August 1941. His release was authorised as category 9 without restrictions.

Felix Callmann³⁴⁴ was 53 years of age and was born at Brieson in Germany. He was eventually put on the Dentists Register in 1944 despite failed applications in 1935, 1936 and 1937 (which is the highest number of rejections by the G.M.C. of any refugee dentist). Despite the decision of the tribunal that

³⁴¹ Schwartz Seller, Maxine, We built up our lives, Westport, Greenwood Press, 2001. p. 10

³⁴² Schwartz Seller, Maxine, We built up our lives, p. 67

³⁴³ National Archives HO396/169

³⁴⁴ National Archives HO396/169

he was exempted from internment, dated 25th October 1939, he was interned and released on 17th May 1942.

Joseph Butow³⁴⁵ was a German-Jewish dentist born on 20th August 1889 in Berlin and put on the Dentists Register by the G.M.C. in 1936. The decision of the tribunal was again for exemption from internment dated 12th October 1939. Once again however, on 21st June 1940 he was interned and sent to House 38, Hutchinson Camp, Douglas, Isle of Man where he stayed until he was released on 16th January 1941.

A further example is that of Martin Bukofzer³⁴⁶ who was born in Berlin on 8th March 1878 and was put on the Dentists Register by the G.M.C. in 1936. Again, the decision of the tribunal was that he was exempt from internment and this was dated 22nd June 1940 and yet he was arrested almost immediately and interned in the Isle of Man for three months, being released on 20th September 1940. Interestingly a stamp on the bottom of his document states that he is a "refugee from Nazi oppression".

The tribunals had completed their work by February of 1940. The data shows that 60,000 refugees were categorised as harmless and were put in category C^{347} .

³⁴⁵ National Archives HO396/169

³⁴⁶ National Archives HO396/169

³⁴⁷ Wasserstein, Bernhard, Britain and the Jews of Europe 1939-1945, Oxford, Oxford University Press, 1979, p. 85

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The second stage of internment occurred after Churchill had taken over from Chamberlain as Prime Minister on 10th May 1940 and the hysteria that had been generated by the Fifth Column scare that followed the rapid German invasion of the Low Countries. At this time all German and Austrian refugees aged 16-60 living within protected areas on the southern and eastern coasts of Britain were interned³⁴⁸. The third stage followed in late June, underpinned by Churchill's words "collar the lot". The government decided to intern all C category German and Austrian men despite the promises of exemption. The Home Office gave way in the face of "a feeding frenzy" by the press although it still tried to delay implementation³⁴⁹.

The following stories illustrate the hardships suffered by the interned refugees. Schulim Schatzenberg was born in Tarnapol, Galizia in 1896. He fought in the first world war in which he was injured in the face. He was awarded a total of five medals including the Iron Cross. He left the army in 1918 and went to medical school in Vienna, graduating with an M.D. in 1924. This was followed by a two-year post-graduate dental training. He went into dental practice in Vienna with his elder brother who had also gone through the same training. After the Anschluss in Austria, Schulim was arrested by the Gestapo and sent to the Dachau concentration camp, where he stayed for about 10 months before being released. Schulim and his wife were reduced to living in a two-room apartment; the money from selling the rest of their possessions was given to the Nazis to avoid further imprisonment. Schulim did not apply to the G.M.C. in Britain to get on the Dentists Register and was not one of the fortunate 40 who were given permission to requalify in Britain and to be allowed to practice. Fortunately he was sent with a group of Austrian refugees to the Richborough camp in Kent, which eventually housed some 3,000 refugees. Schulim was arrested and interned in June of 1940. He was transported to Huyton in Liverpool, a large, partially-built housing estate which acted as a transit camp - before being sent to the Isle of Man. Schulim's health during this period was poor and he suffered from constant depression. He could not understand how he was placed in one concentration camp by the Nazis and supposedly had come to Britain to escape persecution and yet was now placed in another form of concentration camp surrounded by armed guards and barbed wire with very poor food and sanitary arrangements and with seemingly no hope³⁵⁰.

³⁴⁸ Schwartz Seller, Maxine, We built up our lives, p. 69

³⁴⁹ Anderson Memorandum, Control of aliens, WP(G), (40)115, 29th April 1940, National Archives CAB67/6

³⁵⁰ Interview with Stella Curtis, daughter, 24th February 2004

Schulim was released from internment in September 1940 after only three months. This early release seemed to be due to his failing health. His wife had initially come over as a domestic with the help of the Council for German Jewry. The family lived in one room and in order to survive they did menial jobs such as sewing buttons on cards. Schulim eventually found out that Austrian doctors who had also completed two years of dental training could work in the School Dental Service in Britain without having to go back to dental school and requalifying³⁵¹. By this time his health was increasingly delicate and the rigours of trying to requalify and to go into dental practice were beyond him. He stayed in the School Dental Service until 1952 when he died at the young age of 56 of a coronary thrombosis, apparently worn down by the stresses that he had been forced to undergo both in Austria and in Britain³⁵².

Hugo Schneider, who had just completed his L.D.S. diploma at the University of Edinburgh Dental School and who had been one of the privileged 40 dentists given permission enter Britain by the Home Office following the findings of the Joint Committee on Refugees in November of 1938³⁵³, was interned on the Isle of Man. Isabella Schneider, his wife, was not interned but had to leave Edinburgh and went to live with three or four other refugee women in one room in Glasgow. Hans, Hugo Schneider's son, was at a Quaker boarding school and was under 16 years of age so he was not involved. Hugo Schneider was released from internment in August 1940, largely through the efforts of the Church and some Members of Parliament including Hughie Gallacher, the Communist MP. As there was now a shortage of dentists, since many had been conscripted to serve in the armed forces, Schneider was given Home Office permission to practice and established a dental practice in Edinburgh³⁵⁴.

Desider Furst was another of the 40 Austrian dentists who graduated from the University of Vienna Medical School in 1926, having also completed two years in the specialism of dentistry. He obtained his L.D.S. diploma in 1940 from the University of Manchester and was given permission by the Home Office to buy a practice in Bournemouth. Desider Furst invested everything he

³⁵¹ Temporary registration order September 1940 S.R.O. No. 1661, also see Appendix 2

³⁵² Interview with Stella Curtis, daughter, 24th February 2004

³⁵³ Joint Committee on Refugees, British Dental Journal, supplement 13, 1st March 1939

³⁵⁴ Interview with Hans Schneider (son) 13th November 2004

had including the money from the sale of a diamond which he had placed beneath a crown in his wife's mouth before leaving Vienna. He also took a loan to complete the amount of money that was required. This allowed him to not only buy the practice but to replace the equipment that was out of date. Within days he was arrested and was taken with a group of other refugees to a holding camp in Southampton. They were surrounded by young soldiers with fixed bayonets. Next they were put on a train, again under guard, and eventually ended up in the Liverpool suburb of Huyton and were moved into the partlyfinished housing estate. Later they were shipped across the Irish Sea to the Isle of Man and placed in a camp at the seaside resort of Ramsay where there were about 20 hotels facing the sea and a promenade approximately half a mile long. It was separated from the village by a barbed wire fence and armed quards. Desider Furst was allowed to work in a primitive dental surgery and allowed to carry out emergency treatment including extractions on behalf of the regular dentist who came twice a week. After several weeks, some internees were released for health reasons such as Schulim Schatzenberg. Desider Furst stayed in the camp at Ramsay until the beginning of September 1941. He had been interned for a period of 14 months. By this time his investment in Bournemouth was totally lost, to which in any case he could not return, as this was a restricted area. His only asset was his licence to practice dentistry in Britain³⁵⁵.

Fritz Engel had also qualified at the University of Vienna in 1926 and was a colleague of Desider Furst. He was also one of the 40 Austrian dentists allowed to requalify in Britain. He obtained his L.D.S. diploma from the Royal Dental Hospital in 1939. Fritz Engel was arrested at the same time and went on the same journey as Desider Furst to end up in the Isle of Man. His sentiments were the same as Desider Furst: he felt indignant and embittered about his unjustified detention. It was not only a financial disaster and separation from his family but he also felt let down by a country in which he had faith and trust³⁵⁶. The G.M.C. database shows that some fifteen out of the forty Austrian refugee dentists were not interned.

³⁵⁵ Furst, Desider & Furst, Lilian R., *Home is Somewhere Else*, Albany, State University of New York Press, 1994, p. 117-128

³⁵⁶ Furst & Furst, Home is somewhere else, p. 121

At one camp in Ramsay on the Isle of Man, 1,500 men were interned. Two statisticians were among them and they were able to carry out a survey of the detainees. Two thirds came from Germany and one tenth from Austria and 17% were stateless. 82% of the men were Jewish. Older men predominated with 58% being over the age of 40 and 27% over 55. One quarter of the interned men had been living in Britain for six years or more before being rounded up. 38 physicians were present, 12 dentists, 113 scientists and teachers and 68 lawyers. It was interesting that the ages, in particular between 40 and 55, made up 85% of the inmates; dentists mostly came into this age group³⁵⁷.

In May of 1940, Karl Schajowicz³⁵⁸, another member of the Austrian group of 40 dentists, was arrested and interned having just completed his L.D.S. diploma on 15th March 1940 at the University of Newcastle Dental School. He was taken to the holding camp at Huyton in the suburb of Liverpool. The detainees were marched through the streets and spat on by the population who were told that these were "enemy aliens" though most were Jews from Germany and Austria who had only just escaped from the Nazis. Other internees were Italians who had settled in Britain after the 1914-18 war but had never bothered to apply for citizenship. Karl Schajowicz was released after 6 months, he returned to Newcastle and with the help of a group of Jewish businessmen organised by a Mr. Simon Cain, was lent a sum of money so that he could buy a dental practice in Granger Street, Newcastle where he practiced for many years³⁵⁹.

Herman Frank obtained his D.M.D. degree at the University of Cologne in 1933. He also, and probably unnecessarily, obtained an L.D.S. diploma from the Royal Dental Hospital in 1936. He was given permission to practice by the Home Office and set up practice in Greenford, having been told that he could not practice in inner London. In 1940 he was interned at Huyton in Liverpool and he gave instructions to his girlfriend that if he was not back in four weeks. that she should store the equipment and furniture and give up the rented accommodation because he would not be able to afford the rent. He returned

³⁵⁷ Lafitte, Francoise, *Internment of Aliens*, London, Penguin 1940 and 1988, p. 76 ³⁵⁸ Interview with Peter Shadwick (son), 23rd January 2004

³⁵⁹ Interview with Peter Shadwick (son) 23rd January 2004

after six weeks (this is one of the shortest periods of internment amongst dental refugees) but of course everything had gone and he had to start again. This he did by taking a number of locum jobs at various places in London until he bought a practice from Dr. Decker, who was a Berlin graduate, in 1943. This was situated in Maida Vale and had up-to-date dental equipment³⁶⁰.

Hans Lewinneck obtained his D.M.D. degree at the University of Würzberg and was admitted on to the Dentists Register by the G.M.C. in 1936. Between 1936 and the time that he was interned in May of 1940 he was not able to practice dentistry since he was not given Home Office permission to work. He acted as an emergency dental surgeon during his internment at Ramsay in the Isle of Man and two commendations were written by the regular army dental corps dentists that he helped with their professional duties. One was from Lieutenant W. Forsyth, B.D.S., L.D.S. and was dated 8th October 1940 and the other was from E.W. Roe, L.D.S. dated 7th February 1942.

7/4/42 this is to say that the Hans heureneck has worked with me & has always carried out his professional duties with great efficiency & skill There and Bott Reinstan a professional coparity in the surrey & ditime p , where he holesthe parties A any and tall Sur for them for 5 him consistences , in get his disting SAS. LASECS. ment AD injos 8 October 1940

Figure 26 Commendation letters for Hans Lewinnek

Hans Lewinneck³⁶¹ was in touch by letter with Esther Simpson, the Secretary for the Society for the Protection of Science and Learning (S.P.S.L.) in which he thanks her for her tremendous efforts to obtain his release. He describes the uncertainty and illogicality of the whole situation and the losing of hope that made the situation unbearable. The letter to Esther Simpson is

³⁶⁰ Interview with Mrs Alice Frank (wife) 27th February 2004

³⁶¹ Interview with Mrs H. Levick (wife) on 30th January 2004 (note name change from Lewinneck to Levick)

written after his release and he offers to try and give financial help to other refugees in the same situation.

95th chay, 1941 tim E. Simpson, sensetary. har dein Fingson, It is very difficult for me to find words which iould express my grappinde me woods which iould express my grappinde the great and ion have him down on my behalf It has to be ascribed and to your work that release ras obtained and I could return four the op-itis warmy been more for more than the all migh several conditions of interminent were not bad during the last time is uncertainty the Mogicality of the sense Protection, and the comment facts you will unaque in greatly relieved the finally, of the successful result. I feel certain tivel I will be able to get complement in my country in my aspacity by rendering weeper Lord teal is relief your to me -" Hours "Rincley let me Ruon whether these Society have any funds for dealitude. Fruite Burphones to which could could bufe ou occasion of my release as soon as find an appointment, ? would be pleased to since to you a unitance as a finall acknowledgement in relieve of the another and help you have her giving to my Ease. hay I thank you ouce again, Jours very truly

Figure 27 Letter from Hans Lewinnek to Esther Simpson

Esther Simpson was instrumental in preventing a number of dental refugees that had passed through her books originally from being interned. These included Dr. Leander Pohl and Dr. Hans Schachter. Her route to the Home Office was invariably via Professor A. V. Hill, who had been Vice-Chairman of S.P.S.L.'s Executive Committee since 1933 and thus was at the very centre of the Society's activities. No-one was more familiar with the refugee scholars and their problems and Esther Simpson had worked with him

in the Society throughout its existence. He had become a Member of Parliament for Cambridge University in 1940 and provided the route through which S.P.S.L. would lobby the Home Office about various refugees and the problems of internment.³⁶²

Ludwig Werber³⁶³ was originally trained as a dental technician in Vienna but the law allowed a technician who had been working for a gualified doctor/dentist for more than nine years to open a practice in his own right. Technicians that were functioning as dentists were not accepted by the G.M.C. and were not allowed to take the L.D.S. diploma after nine months' training at a British dental school. Ludwig Werber came over with a group of Viennese refugees in 1938 and was placed in the Richborough camp at Sandwich in Kent. Ludwig was appointed head gardener at the camp and also was allowed to carry out emergency dentistry on the inmates of the camp when required. He was interned in June of 1940 and was sent from the Richborough camp via Liverpool then to the Isle of Man. Like many refugee dentists, he had applied to ioin the Royal Army Dental Corps. This was turned down as was usually the case and he was recruited instead to the Auxiliary Army Pioneer Corps and sent from the Isle of Man to a pioneer training centre in Bedford. He eventually ended up as a Corporal. After a crash in a lorry driven by an over-enthusiastic recruit, he broke his arm and eventually got permission from the camp commander to go to London to talk to the Secretary of the British Dental Association, Mr Senior. Mr Senior arranged that he could leave the Pioneer Corps and would be allowed to go on and study for his first MB at the Royal College of Surgeons.

Not all refugee dentists were interned, however, and one in particular was able to become a Captain in the Royal Army Medical Corps (R.A.M.C.) and a specialist in maxillo-facial injuries. William Grossman was born in Znaim, Moravia, in what was Czechoslovakia and originally part of the Austro-Hungarian Empire. He completed his M.D. degree at the University of Prague in 1936. Willy Grossman received sponsorship through the Czech refugee trust and thus obtained a visa for entry into Britain at Croydon airport. The British

³⁶² Cooper, R.M. (ed) Refugee Scholars, Conversations with Tess Simpson, Leeds, Mooreland Books, 1992, p. 137

³⁶³ Interview with Ludwig Werber, 17th June 2003

army was short of surgeons and he was conscripted into the RAMC. Although he had had a basic training in Czechoslovakia in relation to maxillo-facial surgery, the extreme injury problems that he had to look after in North Africa and Italy meant that he was often operating with a nurse holding up a book with the instructions on how to do the surgery. Although he was not an expert when the war started, he was by the end of the war in 1945³⁶⁴.

Hans Turkheim was also not interned. He had qualified with a D.M.D. degree in 1921 at the University of Hamburg. By 1932 he had become an eminent professor in dentistry and had written some 80 papers. He was accepted on to the Dentists Register by the G.M.C. in 1935 and was allowed by the Home Office to practice, which he did at 34 Devonshire Place, W1. He had many eminent patients including politicians of influence, which obviously worked in his favour as far as internment was concerned. He was also helped by Esther Simpson, the Secretary of the S.P.S.L., who had originally been active in obtaining his entry to Britain as a refugee dentist³⁶⁵.

Moritz Tischler was one of the 40 Austrian dentists given a chance to requalify in Britain in 1938. He had obtained his M.D. degree in Vienna in 1910 and his L.D.S. diploma at the Royal Dental Hospital in 1939. In Vienna he had been a specialist in prosthetic dentistry and oral surgery and had been active in treating casualties during the first world war. As a refugee from Nazi oppression he was recruited by Sir Archibald Macindoe at East Grinstead to join his team to treat war injury cases³⁶⁶.

The haphazard and often illogical arrest and internment of dental refugees was evidenced by the story of Jacques Kurer³⁶⁷. The Kurer family, consisting of Jacques Kurer, his wife and sons Hans and Peter, were brought over to Britain with the help of the Quakers. Jacques Kurer was one of the 40 Austrian refugees given permission to requalify at an English dental school. When the Kurers arrived in Manchester in 1938, their dental equipment that had been boxed up and sent to Britain was dumped by the delivery people outside the house of a Quaker family, the Goodwins, with whom they were living. The local police arrived and investigated the containers and also went

³⁶⁴ Interview with Patrick Grossman (son) 22nd January 2004

³⁶⁵ Bodleian Library, S.P.S.L. 370/5

³⁶⁶ Interview with Dr. David Price (Dr. Tischler's assistant 1956-1959), 3rd March 2005

³⁶⁷ Interview with Peter Kurer (son), 14th January 2002

into the house without a search warrant. Mrs Goodwin, who was extremely combative, took the matter up with the Manchester police at the highest level and they offered a humble apology. The outcome of this confrontation was that when Jacques Kurer was due to be arrested and interned, the local police did not fancy a further confrontation. Kurer was therefore not arrested and only left Manchester when they were bombed out and went to live in Llandudno.

Max Walter graduated in 1925 from the University of Erlangen with a D.M.D. degree. His schedule outlining his studies was sent to the G.M.C. in 1933 with the onset of the Nazi regime. He was accepted by the G.M.C. in 1935 and placed on the Dentists Register. He was also given permission to practice by the Home Office prior to the ban that was implemented later in the year, which prevented dental refugees to practice, even though they were on the Dentists Register. Max Walter initially established his practice in Bayswater at 4 Craven Hill, W2 and later moved to 43 Wimpole Street. He was one of the most gifted of the dental refugees, being an expert in endodontics and crown and bridge work. He rapidly built up a very successful practice which included many patients from the aristocracy, politics and the arts. When it came to the question of internment in 1940 he was able to avoid this due to the actions of influential patients who were prepared to vouch for him³⁶⁸.

Malli Meyer obtained her D.M.D. degree at the University of Cologne in 1926. She was accepted on to the Dentists Register by the G.M.C. in 1936 and was given permission to practice in Cambridge. She rapidly built up a successful practice amongst the University fraternity who appreciated her conservative skills rather than the "dash for dentures". Like the majority of dentists, she was placed in Category C by the local tribunal in Cambridge with the date stamp of 25th November 1939 in her Alien Order 1920 certificate of registration book. She was not arrested in June 1940 and interned. The fact that she was not arrested would not seem to be related to the stamps in her Aliens Order certificate of registration book but due to the influence that she had amongst the University of Cambridge hierarchy who were her patients³⁶⁹.

The sinking of the Arandora Star on 2nd July 1940 on its way to Canada with 1,600 mostly German and Italian prisoners on board, caused a major

 ³⁶⁸ Interview with Renée Silverstone (his dental nurse), 14th April 2002
 ³⁶⁹ Interview with Dr. John Goldsmith (son), 7th December 2003

rethink in Government policy. On 18th July the Cabinet Home Policy Committee heard an extraordinary contribution from its Chairman Neville Chamberlain, who had changed his opinion on internment, bearing in mind the sinking of the Arandora Star and the large of number of complaints about invalids arrested, as well as men with TB and diabetes. The War Office was also finding great difficulty securing accommodation for all the internees. The Cabinet decided to suspend internment over a period and to transfer control from the War Office to the Home Office³⁷⁰.



ARANDERA STAR" The World's most sufficient Chilsing Une

Figure 28 The Arandora Star

In reviewing the data in relation to arrest and internment as far as dental refugees were concerned, a number of factors seem to be of importance:-

1. Internment was carried out on a haphazard basis and was far from complete, despite the "collar the lot" outburst.

2. In many cases already outlined, it seemed possible to avoid internment if influential patients were prepared to support the dentist in guestion.

3. It would seem that the dental refugees that arrived early, before the Home Office ban on practice in 1936³⁷¹, had a far better chance of remaining free because they had already established successful practices and were able to either persuade the local authorities or to have sufficient influence. The dental refugees who arrived in the late 1930s (with the exception of the 40 Austrian dentists who were allowed to requalify) were not all allowed to

³⁷⁰ Gillman, Peter and Lenny, Collar the Lot, London, Quartet Books, 1980, p. 222

³⁷¹ British Dental Journal, The Practice of Dentistry by Aliens, Feb 1st 1936: 60, p. 195

establish practices by the Home Office although they had been placed on the Dentists Register by the G.M.C. They therefore had little influence to call on and were often living in poverty to which paradoxically internment may have been a "relief".

4. Relief organisations, especially the Quakers, did sometimes exert sufficient pressure to prevent arrest and internment such as in the case of Jacques Kurer.

Release from internment was slow and haphazard and the unsavoury aspects of internment were suppressed. This was exemplified by the parliamentary debate of July 1940³⁷². By late 1940 and early 1941, releases continued of refugees at some 1,000 per month. Again the question of influence was important. Hans Lewinneck, as mentioned previously, was able to obtain the help of the S.P.S.L. in exerting pressure for his release from internment (see figure 27). The range of time that the dental refugees were interned, from the data obtained from the families that were interviewed, ranged from six weeks in relation to Hugo Schneider to 18 months in relation to Hans Lewinneck

In August of 1940 Herbert Morrison took over the position as Home Secretary from Sir John Anderson. The chaos that had been the feature of his time in office started to abate and earned the refugees' gratitude³⁷³.



Figure 29 Evening Standard, July 19th 1940

³⁷² Hansard volume 362, cols 1208-1302, 10th July 1940

³⁷³ Gillman, Peter and Lenny, Collar the Lot, London, Quartet books, 1980, p. 260



Figure 30 Internment Camp, Isle of Man Popperfoto.com



Figure 31 Huyton Alien Internment Camp 21 May 1940 ³⁷⁴ © Getty Images

³⁷⁴ Art Behind Barbed Wire, Liverpool, National Museums, 2004, p.9

MASTER DATABASE AND ANALYSIS OF DATA

A master database was established of dental refugees between 1933 and 1945. Details were obtained from a number of sources:-

1. The G.M.C. minutes of 1933–1945. In the minutes is data provided by the Dental Education and Examination Sub-committee which had one meeting a year in November up to 1938, then two meetings a year, in May and November, during 1938 and 1939 due to the large number of applications. The names of the dental refugees who were either acceded to or rejected by the Dental Education and Examination Sub-committee were listed in the minutes; however, because of the large number of applications in 1938/1939, no individual names were listed for those rejected, only a total number was given.

2. The G.M.C. Dentists Register and the Foreign List. This information was updated and published yearly and it provided an accurate assessment of the names, addresses and dental qualifications of dentists practicing in Britain.

The G.M.C. microfiche archive of British dentists which extended 3. over 35 years from 1921 to 1956, after which the General Dental Council came into existence and was an autonomous body. It was possible to crossreference from the minutes of the Dental Education and Examination Subcommittee 1933-37 with the names of the refugee dentists who either had been acceded to and placed on the Dentists Register or denied. Only the refugees that had their applications acceded to had their data in the microfiche archive. Refugee dentists who were denied had all their data returned to them. Fortunately it was possible to access information on refugee dentists that initially had been denied but had been accepted at a later date. This information was recorded and provided evidence for the decisions of the Dental Education and Examination Sub-committee. The microfiche data on dental refugees that were acceded to by the G.M.C. included a large amount of information, including date and place of birth, dental school attended and degrees obtained. In 48 cases it was possible to copy the "schedules" that had been submitted with the original applications. A large amount of correspondence was also present in this archive, as well as death certificates in

140

some cases. It was also possible to access the addresses where these dental refugees lived/practiced during their dental career in Britain.

4. The Oxford Brookes database is made up of approximately 5,000 names of doctors and dentists who were refugees between 1933-1945. This was valuable in providing background information on many of the refugees on the G.M.C. Foreign List. It also provided the necessary information to be able to elicit some of the data in relation to the 40 Austrian refugees given permission to re-qualify by the Joint Committee on Dental Refugees in 1938 and on 13 dental students that finished their training in Britain, obtaining an L.D.S. Five Austrian "stomatologists" were also found who had been accepted onto the G.M.C. Register and practiced in the School Dental Service, which was possible without having a dental degree or being on the Dentists Register.

5. The archive of refugees held by World Jewish Relief at the offices of the Association of Jewish Refugees (originally the Jewish Refugee Committee) in Stanmore, Middlesex. This archive has the names of virtually all refugees of Jewish origin who came to Britain in the period 1933-1945, heroically maintained by volunteers during this period at Bloomsbury House. Unfortunately, this treasure trove of information was not accessible for research without a letter from the family of the refugee, together with a death certificate and £40 in fees. A few families were kind enough to share their data with me.

6. Advertisements in the Association of Jewish Refugees magazine, which produced large amounts of original data. This was particularly important in relation to passports and communications with the Home Office.

7. The National Archive, which has a limited amount of information on specific refugee dentists.

according to G.M	.C. minutes
1933	2
1934	9
1935	67
1936	106
1937	32
1938	18
1939	24
1940	12
1941	6
1942	5
1943	1
1944	4
1945	2
1946	1
1947	2
1948	1
1949	1
1956	6
onwards	
(statutory exam)	

Figure 32 The total number of accepted refugee dentists according to G.M.C. minutes Figure 33 Table of universities attended by accepted refugee dentists 1933-1939

Basel	11
Berlin	55
Bologna	1
Bonn	19
Bordeaux	2
Breslau	12
Cologne	11
Erlangen	
Florence	
Frankfurt	18
Freiburg	9
Göttingen	-11
Greifswald	11
Halle-Wittenberg	3
Hamburg	9
Heidelberg	5
Königsberg	5
Latvia	1
Leipzig	8
Milan	1
Munich	5
Munster	1
Nancy	2
Naples	2
Paris	2
Petrograd	1
Poznan	1
Prague	3
Rostock	3 2 1
Strasbourg	1
Tübingen	4
Vienna	43
Warsaw	2
Würzberg	36
No University given	7

According to the G.M.C. minutes, during the years up to 1935 the number of refugee Dentists registered was extremely low (ranging from two to nine a year). In 1935 and 1936 the rise in figures of 67 and 106 respectively could be related to the Nuremberg laws of 13th February 1935 which stated that non-Aryan dentists were no longer permitted to practice in the Health Insurance

service under any circumstances. Entry in the *Reichs* Dental Register now depended on proof of Aryan descent as well as that of the spouse³⁷⁵.

In 1937 32 German refugee dentists were accepted into Britain³⁷⁶. In Germany on 13th April 1937, all Jewish dentists and dental mechanics still at work had to be identified as Jews in the registers.

In 1938 only 18 refugee Jewish dentists were accepted by the G.M.C.: a huge number of 295 were rejected. Two reasons would seem to be behind this large increase in applications: firstly, *Kristallnacht*, the biggest organised attack to date launched by the Nazis against those Jews remaining in Germany. On the night of 9th to10th November, Jewish institutions, synagogues, businesses, medical and dental practices and homes were destroyed on a nationwide basis. In a wave of arrests, 26,000 Jewish men were rounded up, arrested and beaten up. A considerable number were murdered³⁷⁷.

The second reason for the rise in refugee applications to the G.M.C. was Hitler's annexation of Austria in March 1938, which unleashed a reign of terror against the Jews. The Nazi regime launched a systematic assault on the economic position of the Jews, who were dispossessed of their livelihoods, so that dentists lost their practices and also their university positions. Emigration presented the one chance for escape³⁷⁸.

The total number of refugee dentists from Germany and Austria that were accepted between 1933 and 1945 adds up to 299.

In assessing the names of refugee dentists that were acceded to by the Education and Examination Sub-committee over this period, there is a discrepancy of some 50 names. These were later found in the G.M.C. Dentists Register Foreign List. This anomaly might be understandable if the figures had originated from the Jewish refugee organisations at Bloomsbury House, which were operated mainly by volunteers. The G.M.C. would be expected to be more thorough however and the possibility exists that this might be an example of "creative accounting" whereby the number of names placed in the minutes that were acceded to was reduced in order to placate the opposition that was

³⁷⁵ Köhn, Michael, Zahnärzte 1933-1945, Berlin, Hentrich, 1994, p. 16

³⁷⁶ G.M.C. minutes 1937. Report of the Dental Education and Examination Sub-committee

³⁷⁷ Köhn, Michael, Zahnärzte 1933-1945, Berlin, Hentrich, 1994, p. 22

³⁷⁸ London, Louise, Whitehall and the Jews, p, 58

coming from the dental political groups. The data supplied by the Education and Examination Sub-committee was usually published in the *British Dental Journal.* Real figures might have been more difficult to pick up if they were published at the back of the Dentists Register, where the Foreign List was placed, and it was unlikely that the majority of dentists would buy a new Dentists Register every year.

It is obvious that a discrepancy exists between the numbers on the Foreign List for 1945, which comes to 186, and the numbers on the master database which comes to 299. The additions that need to be made to the 186 names listed in 1945 would be as follows:-

a) 40 Austrian refugee dentists that were allowed to sit for an L.D.S. diploma examination following a meeting of the Joint Committee on Dentistry in 1938. These dentists, when qualified, would not appear on the Foreign List but were listed in the main Dentists Register. The same would apply to the 13 German dentists who took an L.D.S. diploma unnecessarily in the early 1930s, who were also placed in the main Dentists Register.

b) Three Austrian technicians who later took the Statutory Examination.

c) 13 dental students who finished their dental training in Britain, gaining an L.D.S. diploma and thus were also placed in the main Dentists Register (see appendix 1).

d) Dental refugees who were initially placed on the Foreign List of the Dentists Register but either migrated to countries other than Britain, or who came to Britain, were placed on the Foreign List but were not allowed to work in their given profession by the Home Office after the ban of February 1936 and therefore transmigrated to other countries.

German and Austrian refugee dentists rejected by the G.M.C.

1933	4
1934	3
1935	24
1936	153
1937	57
1938	295
1938 (Joint Committee)	48
1939	96
1940	17
1941	11
1942	12
1944	6
1945	6

Figure 34 The total number of rejected dental refugees according to the G.M.C. minutes including multiple rejections.

Following the Nuremberg laws in 1935, 153 dental refugees applying to the G.M.C. for registration in the Dentists Register were rejected. In 1937 the numbers dropped to 57. Following Hitler's annexation of Austria in March 1938 and *Kristallnacht* on 9th November, the number of rejected dental refugees leapt to 295, with a further 48 rejected by the Joint Committee for Refugee Dentists. In 1939 the numbers again dropped to 96³⁷⁹.

These figures can be compared with the general degree of emigration from Germany and Austria. Neville Chamberlain, the Prime Minister, stated in the House of Commons³⁸⁰ that since 1933 the Government had permitted about 11,000 refugees to land, in addition to some 4-5,000 who had since reemigrated. The number of refugees from Germany and Austria admitted to Britain up to October 1939 was given by the Home Secretary, Sir Samuel Hoare, as 49,500³⁸¹. The immigration laws had been relaxed to allow in some 38,500 refugees during the 18 month period up to the beginning of the second world war. This attitude was not apparent in the policy of the G.M.C., where over the period 1938-1939, ten times the number of dental refugees were rejected compared to those that were accepted (439 rejected to 42 accepted). The number of practicing Jewish dentists in Germany alone in 1933 was

³⁷⁹Minutes of the Examination and Education Sub-committee of the G.M.C. 1933-1939

³⁸⁰ Chamberlain Hansard House of Commons, Volume 341, cols 1313-17, 21st November 1938

³⁸¹ Sherman, A.J., Island Refuge, appendix 1, p. 271

approximately 1,150³⁸². By the end of the war, the total number of German and Austrian dentists who had either been accepted or rejected by the G.M.C. in Britain was approximately 1,036.

The names of the rejected dental refugees were obtained from the minutes of the G.M.C. and the report of the Dental Education and Examination Sub-committee. From 1938 the numbers of rejections were so great that only figures, rather than names or universities, were given. The total number of rejections between 1933-1945 is around 735. It must be assumed that a proportion of the un-named dentists from 1938 onwards would have previously applied and been rejected, which would give rise to statistical errors in calculating the final total of the names of rejected dentists.

³⁸² Strauss, Herbert A., Jewish Emigration from Germany, p. 343

Vienna (names unknown)	224
Berlin	83
Würzberg	37
Breslau	26
Greifswald	14
Bonn	11
Munich	12
Frankfurt	13
Leipzig	9
Hamburg	7
Heidelberg	7
Kiel	7
Königsberg	6
Cologne	6
Freiburg	3
Erlangen	2
Halle-Wittenberg	2
Tübingen	2
Amsterdam	1
Basel	1
Berne	1
Dresden	1
Göttingen	1
Jena	1
Munster	1
Rostock	1
Utrecht	1
Zurich	1
No universities given	37
No names available	217

Figure 35 Table of the rejected dentists' Universities:

Predictably the largest number of rejected dental refugees came from the University of Vienna and next was the University of Berlin, which in the 1930s was the largest dental school in Germany. A good example of the policy adopted by the Dental Education and Examination Sub-committee in assessing candidates for acceptance is the case of Dr. Fritz Münzesheimer, who graduated from the University of Berlin in 1921. On 10th June 1936 Münzesheimer was informed by the G.M.C. that his application to register in Britain was rejected.

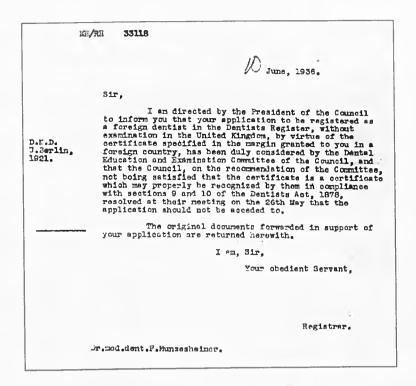


Figure 36 Rejection letter to Dr. Fritz Münzesheimer

The notes on his rejected schedule were made by the Dental Education and Examination Sub-committee and forwarded to the Chairman, Edward Sheridan, who refused the schedule since both terms in Pathology and Medicine overlap.

To the Chairan of the Dental E	ducation and Examination Committee.
P.Munzesheimer - D.M.D.	U.Barlin, 1921.
Ô	
The applicant has submitted his	
diploms and Approbation als Zahnarzt dat	ba
1920.	
The Schedule is certified by	Both terms in Fedicine and
the authorities of the University, and	Pathology overlep.
appears to comply with the requirements.	I do not think this means
The entries under:-	the Committees requirements.
IV(3) Pathology (1) Medicina,	Befuse.
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Figure 37 Rejection notes by Edward Sheridan

Dr. Münzesheimer resubmitted the schedule and this was rediscussed

by the Dental Education and Examination Sub-committee on 21st October

1936. Accompanying the schedule was a letter from Dr. Münzesheimer's British solicitors Victor Lehmann dated 15th October 1936.

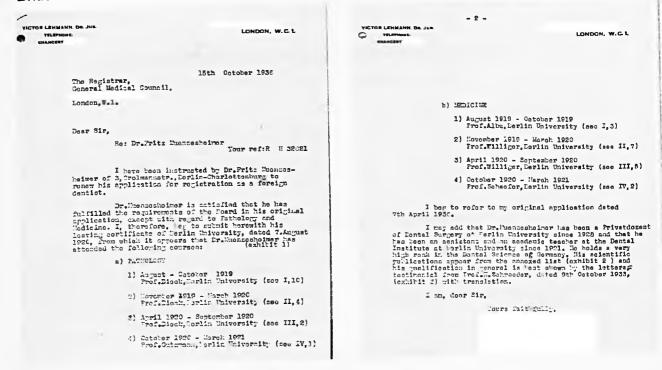


Figure 38 Letter from Dr. Fritz Münzesheimer's solicitor to the G.M.C.

Only one week later, the Chairman of the Sub-Committee now agrees that Münzesheimer's schedule should be acceded to.

To the Chairman of the Dental Education & Examination Committee. JUNZESHEIMER, Fritz - D.H.D. U.Berlin, 1921. Mr.Minzesheimer wishes to renow the application which was refused in May, 1936, on the grounds that his Schedule was deficient, as he rightly surmises, in:-IV(g) Fathology (i) Medicine. Recommend "be acceded to". Br.Minzesheimer has not submitted a revised Schedule, but his legal advisers have forwarded evidence on his behalf which shews that his courses of instruction in these subjects more than fulfilled the requirements laid down. 21.10.36. 24 October 1936.

Figure 39 Acceptance notes by Edward Sheridan

Looking at this data logically over 60 years later, it would seem that the Chairman of the Dental Education and Examination Sub-committee was happy to use the slightest pretext to refuse admission.

Not all schedules were straightforward. Charlotte Grieshaber, who was born in 1898 in Cernauti and obtained her D.M.D. degree from the University of Berlin in 1924, was already in London after the beginning of the war when she applied to the G.M.C. in 1941 to be placed on the Foreign List. She had attended two universities 20 years previously; the University of Vienna from September 1917 to October 1920 and then, unusually, the University of Berlin from October 1920 until January 1924. From the data enclosed with the schedule and written in pen by Edward Sheridan, Grieshaber was initially refused in 1938 with deficient data in relation to bacteriology and orthodontics. There also appeared to be deficiencies in general pathology, medicine and surgery. A new schedule was evidently submitted in 1941 where all the deficiencies were covered, and Sheridan's

notes state:

The applicant's curriculum at the Universities of Vienna and Berlin extended over more than six years when added together and appear to have been continuous. From a careful examination of the schedule and supporting documents, this appears to be a case in which we may feel prepared to recommend the Committee to accede to the application.

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Vienna for Charlotte Grieshaber

It would seem unlikely that Charlotte Grieshaber would have received much more data from Vienna or Berlin just prior to the beginning of the second world war. The schedule had obviously been rewritten since 1938 to make up for the so-called missing periods of study. However Sheridan's comments on the 1941 application show a much more reasonable attitude once he has decided that six years of continuous training was certainly long enough to recommend her admission.

Dr. Erich Rosenthal was born in Bad Homburg in 1899 and obtained his D.M.D. degree at the University of Frankfurt in 1926. Dr. Rosenthal was refused by the Dental Education and Examination Sub-committee in November 1935 on the grounds that his schedule was deficient in IV(e) Physiology and IV(k) Clinical Instruction in a recognised general hospital. The revised schedule was presented in 1936 and shows that in physiology with laboratory instruction he had 72 lectures or demonstrations compared to the necessary 40 and that this was over a 10-month period compared to the necessary six months. With regard to clinical instruction in a recognised general hospital, 11 months were completed compared to the 9 months that were required. It is difficult to see where either of these parts of the curriculum were so under-attended as to present a problem.

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GENERAL MEDICAL COUNCIL. 44 HALLAM STREET, LONDON, W.1.	DENTAL REGISTRATION.
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Figure 41 Schedule of studies at Frankfurt University

The letter below from the Dean of the Frankfurt Dental School, Dr. Loos, dated 17th December 1935, exactly pinpoints the problem in that Dr. Rosenthal had exactly the same training as that of many other applicants who were successful in their application. Dr. Loos says that he was surprised at the refusal and goes on to write a glowing testimonial to his past student. A revised schedule was presented in 1936 and accepted.

Dr. med. O. LOOS O, PROF. DER ZAHNHEILKUND FRANKFURT A. M., Desember 17,1935 DIREKTOR sandaratilation Univ. Institute Carotinum The Registrar of The General Medical Council, PRANKFURT A.M.- SUD RACHERSON CONTRABLE 18 LONDON Dear Sir. F1/ 40776 On the 5th inst. you informed Er.ERICH ROSKYTHAL. of Bad Homburg vor der Hohe Deutal Surgeon, under directions by the President of your Council, that his splitcation to be regist-ered as a Foreign Dentist in the Dentists' Register is refused on the ground that his diplome dated April 20,1926, cannot be regarded as properly recognizable under ss.7 & 10, Dentists Act. 1878 --Knowing that Dr. Momenthal had exactly the same training Induing that here open that has the training the that of so many other applicants, who were successful in their application, and that he submitted the documentary swidense required in that direction, I confers I am schewhat surprised at the refusal. Apart from the fact that he was expressly licenses. duited in this difference, some is the theorem of the refurst. Apart from the fact that he was expressly licensel, as proved by the Prussian Minister of Fational Welfere, on Febru-ry 13,1923, to practice as a Dental Surgeon, which <u>license</u> alone asems to me to fulfil the requirements of the said sections as to professional aptitude, I was able to recommend him in particu-ular manner in my letter submitted to your Jounsil, since he not only received his whole dental surgery Department under my personal guidance, but while carrying on a private practice of his own at Bad Homburg or der Hohe, has always been in touch with metregalarly appearing at my Institute for the discussion of scientific and practical questions, and eagerly participat-ing in all dentistry courses held. Just on the strength of this, aforesaid, was in a position to give him such a good certif-icate, which should be dented "letters testimonial," within the meaning of the said statutory provisions, not to speak of the icits which should be deemed "letters testimonial; within the meaning of the said statutory provisions, not to speak of the certificates submitted by him on his work as a dental surgeon by appointment to public health bodies. May I therefore ask you kindly to tell me why the refusel is based on the argument that the said diplome does not comply with the said provisions and what the elements of this argument are. Personally, I am given to the belief that the extransous fact that the said diploms, a diplome on the conferment of the degree of Doctor of Dentiatry or Dental Surgery, is signed by the Deam of the kedical Faculty, has led to an oversight of the fact that it is, indeed, a diploma on the conferment of the degree of Doctor of Dentiatry or Dental Surgery, if granted by the Medical Faculty, alone however suthoris ed thereto by the Rules in force over here. I may add methods ed thereto by the Hules in force over here. I may add merhaps that Dr.Rosenthal not only underwent the Government exclination lead-ing to the said licence, in my Institute, but was also examined orally for the said degree by myself and wrote his thesis under my guidance.-Should the refusal be due to lask, in the eyes of the Souncil, of proper authentication of the copy subcitted. shall be glad any time to authenticate it myself as well. Yours faithfully. CEIVED 19 DEC 1935

Figure 42 Letter from Dean of Frankfurt Dental School to G.M.C.

There can be no logical reason why colleagues of the same age, from the same university dental school and year of obtaining their D.M.D. degree were divided up by the G.M.C., the majority being rejected and the few accepted. By minute examination of the schedules, every excuse seemed to have been found to reject refugee dentists. It would seem from the data in the G.M.C. microfiche archive that Articles 9 and 10 of the 1898 Act were not correctly implemented. The German dental graduates whose curriculum was the same as that of British dental schools were mostly taught more comprehensive dentistry than their English counterparts and also spent an extra year in research to complete their degree. A correct reading of the 1878 Act should mean that any dentist who applied to go on the Foreign List in Britain should be allowed to do so provided he has been awarded a dental degree from a reputable dental school following four years' training. It is difficult to escape the conclusion that the Dental Education and Examination Sub-committee manipulated the 1878 Act Sections 9 and 10, in a way that was never legally intended, to exclude the majority of refugee German dentists who wanted to practice in Britain.

Austrian dentists represented a different problem to those of their German counterparts. The curriculum in German dental schools was largely the same in content and in the number of years taken to qualification.

As we have seen, in the medical schools in what used to be the old Austro-Hungarian Empire, which included Austria, Hungary, Czechoslovakia and Southern Poland, it was required that an M.D. degree in medicine be obtained before four semesters in dental training³⁸³. These physician/dentists were categorised as stomatologists and, prior to the second world war, there were regular and bitter battles between stomatologists and dentists in the rest of the world; the stomatologists holding closed meetings which dentists could not attend³⁸⁴.

The 1878 Act Sections 9 and 10 required that the applicant for registration must hold some degree, license, diploma or certificate entitling the person to practice dentistry in the country from which he comes. In the case of Austria however, no dental qualification or diploma was in existence until 1935 when formal certification became necessary. Prior to 1935 medical practitioners who wished to practice dentistry were required to study for two further years at a recognised dental clinic, at the conclusion of which time, they were free to practice dentistry³⁸⁵. Since 1935 those taking the two-year course

³⁸³ Wolf, Herman, *Die Ausbildung des Österreichischen Zahnärztes*, Berlin & Vienna, Urban & Schwarzenberg, 1937, P. 20

³⁸⁴ Ennis, John, The Story of the Fédération Dentaire Internationale 1900-1962, The Hague, A. Sijthoff, 1967, p. 111

³⁸⁵ British Dental Journal, supplement 13, 1st March 1939, p. 69

at the Dental School of the University of Vienna had been required to take some form of examination and had received a certificate Cert.Dent.Exam.Comm.Vienna). This certificate apparently fulfilled the requirements of the Dentists Act 1878 since of 170 applications for the registration of Austrian refugee dentists considered by the G.M.C. at its November session in 1938, six were approved and in each case they were dentists who held this certificate post-1935³⁸⁶. A good example would be Oskar Pelzmann (Fig. 43).

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Figure 43 Chairman Sheridan's comments on Oskar Pelzmann

³⁸⁶ Report of a committee set up to examine applications from Austrian dental practitioners seeking permission to reside in Great Britain for the purpose of practicing dentistry. *British Dental Journal*, supplement 13, 1st March 1939, p. 70

The principal Secretary of State for Home Affairs Sir Samuel Hoare set up a Joint Committee on Refugee Dentists. The first meeting of this committee was held at 13 Hill Street, Berkeley Square, W.1. on Tuesday 27th September 1938. Mr. F.J. Pearce was elected to be Chairman and Mr. W.G. Senior who was the Secretary of the British Dental Association was elected Secretary. F.J. Ballard and A.H. Condry represented the Incorporated Dental Society (the unqualified "1921 men"), Elsie Atkins and Jay Lauer represented the Public Dental Services Association and Mr. E. N. Cooper of the Home Office was present as an observer. Miss Derenberg and Mr. W. F. Joseph represented the Jewish Refugees' Coordinating Committee.



According to the minutes, some 264 applications had been made by Austrian dentists for registration³⁸⁷. W. F. Joseph undertook to prepare a complete list of all the applicants setting out age, marital status, number of children, means and connections in this country, qualifications and curriculum vitae. E. N. Cooper laid down as a principle that without reference to professional qualifications, the possession or absence of means was an important factor and, in the absence of means, the Aliens Act would apply and the candidate would automatically be excluded from consideration (aliens subject to inspection had to pass a poverty test; failure made them liable to be

³⁸⁷ British Dental Journal, Joint Committee on Refugee Dentists, Supplement No. 13, 67, 1939

refused entry as undesirable immigrants)³⁸⁸. The Committee also noted that the problem was complicated by the existence in Austria of three classes of dentists. The first class comprised those who had secured registration by the G.M.C. as having obtained a Cert.Dent.Exam.Comm.Vienna post-1935. The second were those who, like their medical compatriots, were required to study in Britain and pass the final dental qualification for L.D.S. (this would apply to dentists who had an M.D. degree from the University of Vienna and had completed their dental training prior to 1935). A third category also existed in Austria whereby dental mechanics practised dentistry. This came into existence by the law of 1920 in Austria, which permitted dental mechanics of nine years' standing to practise dentistry. These dentists would be required to take a full three years to achieve an L.D.S., compared to the second group that could complete an L.D.S. in six months before being allowed on to the full list of the Dentists Register rather than the Foreign List.

At the second meeting of the Joint Committee on Refugee Dentists on 2nd November 1938, a list of 264 applications in respect of dentists practising in Austria by virtue of qualifications had been circulated. The chairman analysed the list of applicants from which it appeared that 28 were resident in Britain and 14 in countries other than the Reich. Thirty-six were stated to be able to speak English and 14 to have means of £500 or more. The Committee agreed that a list would be prepared for future consideration, consisting of those applicants aged 30-55 who were married and had one or more dependents, together with training, qualifications, appointments held, publications and the presence of relations or friends in Britain. W. G. Senior and Jay Lauer from the British Dental Association urged that the question of finance be raised when the final list was prepared. The list was eventually reduced to 93 cases. Those applicants having addresses in Britain, of which there were 30, were invited to attend for interview; 21 in fact attended. Of the remainder, 7 were found to be no longer in Britain and only 2 failed to attend without reason. One of these was Peter Joseph Weinmann who had taken up a professorship in Chicago.

As a result of the meeting of the Joint Committee on Refugee Dentists on 4th January 1939, a letter to the Home Secretary on 30th January 1939

³⁸⁸ Aliens Act 1907, s1(3)

recommended that after exhaustive consideration, 40 of the 93 applications mentioned be recommended for permission to be put on the Dentists Register after having to requalify by taking the final L.D.S. Examination following six months' training at a British dental school.

There is a discrepancy in the number of applications from Austrian dentists applying to the Joint Committee. The minutes of the first meeting on 27th September 1938 give the number as 228³⁸⁹. Item 11 in the letter to Sir Samuel Hoare dated 30th January 1939 states it to be 264. At the second meeting of the Joint Committee, the question was asked as to how many Austrian dentists had *also* applied to the G.M.C.. A test analysis by the Secretary of the Joint Committee and Registrar of the G.M.C. on a cohort of 30 applications showed that half had applied to both. However, the G.M.C. Dental Education and Examination Sub-committee minutes for November 1938 show that two-thirds of the Austrian dentists applied to both authorities and were rejected.

The Joint Committee on Refugee Dentists also considered the position of the six applicants registered by the G.M.C. in November 1938 on the recommendation of the Dental Education and Examination Committee³⁹⁰ (the figures quoted in the *British Dental Journal* supplement no 13, 1st March 1939 are incorrect in that only five refugee dentists from the University of Vienna were put on the Foreign List of the Dentists Register). All of the Austrians involved had an M.D. but also the Cert.Dent.Exam.Comm.Vienna post-1935. These applicants were of necessity young people by comparison with the majority of the other 40 applicants. By virtue of their British Registration they were in a position to seek permission to practice in the Dominions or the colonies for which they were, in the opinion of the Committee, eminently fitted by reason of their comparative youth and freedom from obligations. The committee therefore did not recommend that any of the five applicants registered by the G.M.C. would be given permission to reside and practise dentistry in Britain³⁹¹.

³⁸⁹ B.D.A. Joint Committee on Refugee Dentists, Minutes 2

³⁹⁰ General Medical Council minutes, Report of the Dental Education and Examination Subcommittee, November 1938

³⁹¹ British Dental Journal, supplement 13, 1st March 1939, p. 71

Details on these cases were eventually found in the G.M.C. microfiche archive and comprised of Dr. Gertrude Fleischmann, Dr. Hans Thein, Dr. Adam Reischer, Dr. Hans Haim and Dr. Moriz Tillinger. All were between 29 and 30 years of age. In addition to an M.D. degree at the University of Vienna, they had all obtained the Cert.Dent.Exam.Comm.Vienna after 1935. The note appended to Dr. Thein's file in pen by Edward Sheridan dated 11th May 1938 accepts the fact that the combination of the M.D. degree together with the dental certificate, (although the certificate does not specify the period of study) were acceptable under sections 9 and 10 of the Dentists' Act 1878.

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Figure 44 Acceptance note by Edward Sheridan for Hans Thein Hans Thein went to Madras, India but returned to Britain in 1952. Moriz Tillinger went to Ajmer, India and returned to Britain in 1948. Adam Reischer went to Chicago in 1941 and did not return to Britain. Hans Haim became a physician at the Kew Gardens General Hospital, Kew Gardens, New York and did not return to Britain, neither did Gertrude Fleischmann who went to New York in 1939.

The members of the Joint Committee emphasised in the report to the Home Secretary, that in Britain, the custom in the dental profession followed closely that of the profession of surgery in that the appropriate title was Mr, notwithstanding that the practitioner might hold a Doctorate of Medicine or Dentistry. It was pointed out that many, if not all, the refugee dentists were accustomed in their country to use the title Dr. and the continuance of that practice in this country would not only be deeply resented by their British colleagues but if permitted, in the eyes of the lay population, place the refugee dentists in a higher estimation than their British fellows³⁹².

The Joint Committee also expressed concern about the location in Britain of applicants to whom the Home Secretary might grant permits: it was strongly of the opinion that concentration in a particular area would be most undesirable. Concentration had already occurred to some extent in areas of London and the south coast where existing dental requirements were adequately met. Moreover, concentration must undoubtedly retard the absorption of refugees into national and professional life. The Joint Committee therefore recommended that arrangements should be made to distribute applicants after they had obtained the right to practise, with the additional reason that their services would not compete with British practitioners³⁹³.

There was considerable opposition to the findings of the Joint Committee on Refugee Dentists, which were sent to the Home Secretary, Sir Samuel Hoare on 30th January 1939. In the report of the General Secretary of the Incorporated Dental Society for 1939-1940³⁹⁴ under the heading of Alien Refugee Dentists, A. H. Condry writes that:

There is a great division of dental opinion. The authorities can, if they wish, admit alien dentists in this country without reference to the profession but they have expressed a desire for the services of the profession to assist them in this selection. As a consequence, forty Austrian refugees are permitted to obtain the L.D.S. diploma which was open to them on a concessionary basis. There is now a demand that similar concessions should be given to Czechs and Poles. The Society cannot assist in such selection without being regarded as being in favour of their admission. The concession apparently provided by the Licensing Bodies is not available to British dentists practising since before 1921 who we regard as commencing at a higher standard than many of the foreign dentists.

Arthur Condry's comments must be considered "sour grapes" and he further writes:

Why, therefore, this Society should take part in assisting them to obtain concessions which are not open to many of its members is quite beyond any comprehension. Why any Society should assist in

³⁹² British Dental Journal, supplement 13, 1st March 1939, p. 72

³⁹³ British Dental Journal, supplement 13, 1st March 1939, p. 72

³⁹⁴ Condry, Arthur H., *The Mouth Mirror*, Report of the General Secretary of the Incorporated Dental Society 1939-1940, June 1940, p. 25

crowding a profession with foreigners at a time when British dentists cannot earn a living is incomprehensible also. I do not take the view that is expressed by a great number of dentists that no consideration at all should be given to these unfortunate people but we surely have not reached a stage at which they should not only be admitted to this country for a haven but should also be presented with the practices of men who have been called upon to join the Armed Forces.

Condry comes back to the question of alien dental refugees in his report as General Secretary in 1940-1941³⁹⁵. He writes:

Whatever remedy may be proposed it is utterly unjust to introduce fresh and further competition by the utilisation of alien refugee dentists. The authorities at long last seem to have recognised this and agreed that if aliens are introduced they should not be permitted to take part in private practice. Moreover, the foolish precedent whereby German and Austrian refugees were actually given concessions to obtain the L.D.S. diploma will not be followed. These concessions were not open to many British dentists who would have valued them. It is open to doubt whether the use of alien dentists in the Public Service will not displace British dentists but the number involved is small and the problem is decreasing in intensity. It is gathered that in any event, permits, if given, will only be for the duration of the War.

It was unfortunate that some German and Austrian dental refugees joined the Incorporated Dental Society because they were unable to join the British Dental Association. They probably never fully realised the degree of antagonism there was towards them. Refugee dentists were finally free to join the B.D.A. after the establishment of the General Dental Council in 1950, or alternatively after many became naturalised British citizens after 1947.

³⁹⁵ Condry, Arthur H., *The Mouth Mirror*, Report of the General Secretary 1940-1941. June 1941 p. 151

The Holocaust and the applicants rejected by the G.M.C.

The names of the refugee dentists who were rejected by the G.M.C. were listed in the Dental Education Examination Committee reports in the G.M.C. minutes from 1933 to May of 1938. Because of the excessively large number of dentists involved, the names were not given for November of 1938 or for May and November of 1939, only the gross figures. The data on the dentists up to May 1938 only gives the name and dental school from which they graduated. It was the policy of the Dental Education and Examination Sub-committee that where a candidate was refused, all the data that they submitted was returned to the candidate and not duplicated. The G.M.C. microfiche archive only relates to those dentists who were on the Dentists Register or the Foreign List. No such archive exists for the dental refugees who were refused. It is almost impossible, therefore, to know what happened to this unhappy group of people. However, two sources of information proved helpful: firstly, Yad Vashem³⁹⁶, secondly the book by Michael Köhn, Zähnarzte 1933-1945³⁹⁷. Twenty-seven deaths could be traced of dentists that had been rejected by the G.M.C. and two of dentists who had been accepted but did not manage to settle in Britain. The following table, of data collected from Yad Vashem, lists these 29 dentists.

³⁹⁶ Yad Vashem website, www.yadvashem.org

³⁹⁷ Köhn, Michael, Zahnärzte 1933-1945 Berlin, Hentrich, 1994 pp. 94-187

Name	Date(s) of rejection by G.M.C.	Died	Date of death
Max Wolf	1935	Terezin	1942
Bruno Meyer	1936	Maidenek	1942
Edith Jacob	1936	Auschwitz	1943
Felix Martin Abraham	1936	Auschwitz	1942
Helmut Katzenstein	1936	Deported Poland	1943
Herman Heilborn	1936	Terezin	1943
Hugo Wagonheim	1936	Auschwitz	1943
Isidor Seligman	1936	Terezin	1942
Julius Bloch	1936	Deported Riga	1942
Kurt Ehrlich	1936	Auschwitz	1943
Leo Kollen	1936	Terezin	1943
Max Marx	1936	Unknown	
Seligman Baruch	1936	Auschwitz	1943
Wilhelm Schwartz	1936	Auschwitz	1943
Herbert Blumenthal	Accepted 1936	Auschwitz	1943
Alphons Meyerhardt	Accepted 1936	Poland	Unknown
Fritz Spanier	1936/1937	Auschwitz	1943
Max Schirokauer	1936/1937	Deported Riga	1942
Arthur Joachim	1936/1938	Was hidden, survived the War but died soon after	1946
Hugo Jacob	1936/1938	Auschwitz	1943
Jacob Moses	1936/1938	Auschwitz	1942
Martin Hammerschmidt	1936/37/39	Auschwitz	1943
Emil Fridberg	1937 Born in America, qualified D.M.D. in Berlin	Alexander-platz (Gestapo HQ)	No date given
Fritz Pfeffer	1937	Neuengamme	1944
Max Lewy	1937	Auschwitz	1944
Jacob Susskind	1938	Auschwitz	1943
Max Brann	1938	Auschwitz	1943
Paul Englander	1938	Augsburg	Unknown

Figure 45 Refugee dentists known to have died in the Holocaust

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Figure 46 Max Marx's Page of Testimony at Yad Vashem

Additionally, three suicides were recorded in Köhn's book: Dr. Julius Dresel, who practiced in Berlin, had three previous rejections from the G.M.C. He committed suicide in 1942. Dr. Egon Löwenstern, also from in Berlin, had two rejections from the G.M.C. and committed suicide in 1942. Dr. Walter Glaser, rejected in 1936, committed suicide, dying in the Berlin Jewish Hospital in the Iranienstrasse in 1943. This hospital was probably the only Jewish institution which survived the Nazi regime ³⁹⁸. A further suicide traced was that of Hans Majut who died in 1937 having been rejected in 1936³⁹⁹.

A unique case history was that of Herbert Blumenthal⁴⁰⁰, whose name was found on the Yad Vashem website. He was born in Berlin in 1886 and obtained his D.M.D. degree from the University of Greifswald in 1921. He was accepted onto the Dentists Register by the G.M.C. in 1936, though not allowed to practice by the Home Office. He arrived in Britain in April 1937 and remained in London for six months before going to Amsterdam where he practiced illegally with the help of a Dutch dentist. Both he, his wife, son and daughter were arrested; his son Peter was killed in Mauthausen in 1941, and the other three family members were sent to Theresienstadt in 1944. Herbert Blumenthal was then transported to Auschwitz and gassed; the mother and daughter survived.

The testimony on Herbert Blumenthal was placed on the Yad Vashem website only in 2004. His daughter Miriam Merzbacher sent details on her father from Greenwich, Connecticut.

Alfons Meyerhardt, whose D.M.D. was granted at Bonn University in 1922, registered successfully on the Foreign List in 1936, but appears to have failed to settle in Britain and is shown on the Yad Vashem list as having died in Poland in the holocaust.

³⁹⁸ ajcarchives.org/AJC_DATA

³⁹⁹ Personal communication, Professor Paul Weindling, 7th July 2005, regarding Majut family papers based at University of Leicester

⁴⁰⁰ Personal communication, Miriam Merzbacher (daughter), Greenwich, Conn. February 2006.

The Age Factor

The Joint Committee on Refugee Dentists⁴⁰¹ suggested that the ideal age for applicants would be between 30 and 55 years who were married and had one or more dependents.

20-30 years	54
30-40 years	122
40-50 years	85
50+ years	25
No dates of birth	13
available	

Figure 47 Ages of refugee dentists accepted by the G.D.C.

Examples of the youngest age group would include Paul Kaplan who was born in 1909 in Lipno. Although he was accepted by the G.M.C. and put on the Foreign List of the Dentists Register, Kaplan left Germany for Belgium in 1938 and, travelled to Havana in 1939 and eventually settled in New York where, after a period of retraining, he went into practice in 1941. Ernst Blumenthal, born in 1908 in Samotschin, obtained his approbation at the University of Greifswald in 1933. In 1936 he was accepted on to the Foreign List by the G.M.C. At this time he was living at 104 Hillfield Court, Belsize Avenue, N.W.3. but in 1938 he did not pay his annual retention fee to the Dental Board of the United Kingdom. A letter from the Board (Fig. 48) stated that his name had been removed from the Register. The Board was informed that he had been refused permission by the Home Office to practise in Britain and that he was now studying in America.

⁴⁰¹ Minutes of the Joint Committee on Refugee Dentists, 2nd November 1938

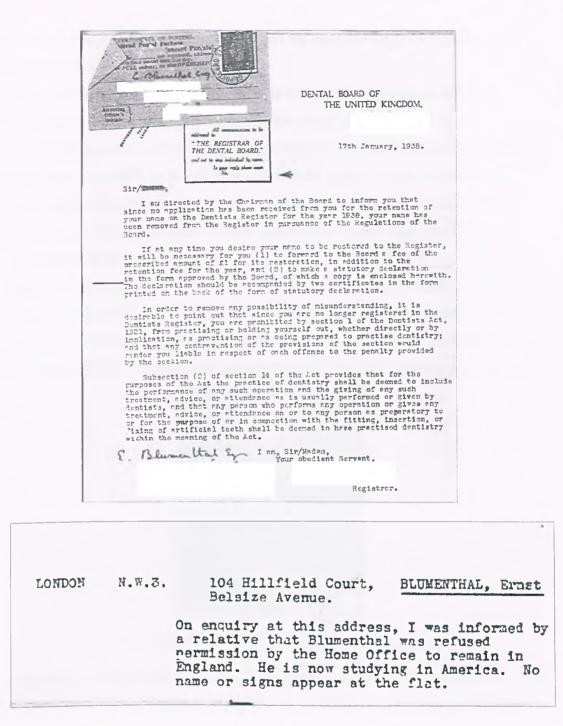


Figure 48 Excerpt from G.M.C. records of Ernst Blumenthal

Moriz Tillinger was born in Vienna in 1909 and would have been 29 years of age in 1938. He had an M.D. degree obtained in Vienna in 1934 and a Cert.Dent.Exam.Comm, Vienna 1936. Because of the double qualification, he was accepted on to the Foreign List of the Dentists Register and did not have to restudy in Britain for an L.D.S. Because of his youth Tillinger was advised by the Joint Committee on Refugee Dentists to seek work in one of the Dominions and went to Ajmer in India. However by 1941 he was working back in Britain at 55 Cranbourne Gardens, NW11.

The oldest of the refugee dentists who arrived in Britain was Max Borchardt born in 1873 in Hargard and who obtained his D.M.D. at the University of Greifswald in 1920. He was accepted on to the Foreign List of the Dentists Register in 1935 by which time he was 62 years of age. However, Professor Walther Bruck, who was born in 1872, was accepted by the G.M.C. in 1935 but never came to Britain, despite paying the fee to keep his name on the Register until 1938.

Karl Wongtchowsky was born in 1898 and qualified as D.M.D. at the University of Berlin in 1923. He was accepted by the G.M.C. in 1935 and practiced as an orthodontist until he was 85. Wongtchowsky was probably the most long-lived of the 299 refugees and celebrated his 102nd birthday in 2000.



Figure 49 Karl Wongtchowsky at his 100th birthday party

41 women refugee dentists were accepted by the G.M.C. The eldest was Sally Barmé who was born in 1883 and would have been 53 years of age when she was accepted by the G.M.C. in 1936. In spite of the acceptance, she migrated to Sydney, Australia: the fact that she was on the Foreign List of the Dentists Register in Britain would have meant that she could practice in Australia, which was a British Dominion.

The two youngest women refugee dentists were Eva Glees and Erna Lachs. Eva Glees was born in 1909 in Berlin, which in 1938 when she first applied, would have made her 29 years of age. She had obtained a D.M.D. degree in 1936 from the University of Bonn and did not have time to obtain

officially stamped data about her dental training before she had to leave the country urgently with her non-Jewish husband. Her recollections of her dental training, which were put down in her schedule submitted to the G.M.C., were turned down in 1942 and in 1945. The comments of Edward Sheridan, the Chairman of the Education and Examination Sub-committee, stated that they were "too good to be true". Up to 1948 Glees worked as a nurse looking after handicapped children but was eventually able to obtain the correct records and have them officially stamped by the University of Bonn. A corrected schedule was then accepted by the G.M.C. in 1948, with the beginning of the Health Service and a shortage of dentists, and she went on to practice in Oxford⁴⁰².

Erna Lachs (who had changed her name from Hochstadter) was born in 1908 in Würzberg. In 1935 when she was accepted by the G.M.C. she would have been 27 years of age. She had obtained a D.M.D. degree from the University of Würzberg in 1931. She received an early permission to practise from the Home Office and set up her practice in Alexandra Park, Manchester.

Suse Schloss obtained her D.M.D. degree at the University of Breslau in 1928 but her schedule was rejected by the G.M.C. in 1938 and in 1940. She waited until 1956 before taking an L.D.S. diploma and once again started to practice dentistry after an interval of 18 years⁴⁰³.

Among the 40 refugee dentists from Austria given permission to requalify by the Joint Committee on Refugee Dentists were three women: Regina Nuki obtained her L.D.S. at the Royal Dental Hospital in 1939; Gertrude Fleischmann had a Cert.Dent.Exam.Comm.Vienna and was accepted on to the Dentists Register in 1939; and Therese Schrotter did not take the L.D.S. Final examination but worked in the School Dental Service by means of her place on the Medical Register. She took the Statutory Exam in 1956.

⁴⁰² Interview with Eva Glees, August 2005

⁴⁰³ Interview with Gerald Joseph, nephew, March 2004

Death Certificates

Death certificates were available on the G.M.C. microfiche data-base for some 60 refugee dentists. Thirty-five succumbed to cardiac causes, either coronary thrombosis or chronic or congestive heart failure. When considering the dental refugees background it must be remembered that some of them went through stresses during the first world war and also possibly periods of nearstarvation. During the 1930s there would have been periods of intense stress while these dentists were trying to leave Germany and Austria to set up a new life in Britain. Added to this must be the stress of dentistry itself. Being a professional within healthcare has long been identified as a stressed occupation due to the combination of difficult working circumstances, exposure to potentially hazardous diseases and human suffering and the ability to affect human life⁴⁰⁴. For many years studies have suggested that dentistry generates more stress than any other profession, primarily because of the nature and working conditions of the dental surgery^{405,406}.

It would be interesting, as part of a different study, to examine the causes of death of as many of the 301 dental refugees as possible and to compare them with a cohort of English dentists to see whether there was any difference. The problem that has to be accepted is that in the 1930s the art of diagnosis was not as sophisticated as it is now. Consequently, the annotation of cardiac disease would be given on the death certificate since it was a simple and quick expedient.

⁴⁰⁴ Spector, P. Individual differences in the job stress process of healthcare professionals. In Firth-Cozens, J, and Payne, R,. Stress in health professionals, Chichester, Wiley & Sons, 1999 ⁴⁰⁵ Myers, H. L. & L. B., It's difficult being a dentist; stress and health in the general dental

practitioner, British Dental Journal 2004; 197: pp. 89-93 406 Cooper, C. L., Watts, T., Kelly, K., Job satisfaction, mental health and job stresses among general

dental practitioners in the UK. British Dental Journal 1987; 24: pp. 77-88

Multiple Refusals

Multiple refusals were often noted on the data from the G.M.C. microfiche archive. Felix Callman, who was born in Briesen in 1886 and obtained his D.M.D. degree from the University of Greifswald in 1920, holds the record for the number of refusals. Callman was refused admission to the Dentists Register on three occasions: in 1935, 1936 and 1937 and eventually completed an L.D.S. at the age of 58 years. The fact that he could complete his studies in a foreign language at this late age shows a great deal of tenacity (as seems to have been demonstrated by all the refugee dentists). Callman set up his first practice in Britain at Walton-on-Thames in Surrey. The G.M.C. microfiche archive did not contain data on him: there was no copy of his schedule so no clues to why he had been rejected so many times. Since he eventually obtained an L.D.S. in 1944, the odds are that the original data was not photocopied.

Forty-four refugee dentists were rejected more than once and never achieved entry at a later date. Eleven refugee dentists were rejected but were acceded to on their second attempt. Two refugee dentists were rejected twice but were acceded to on their third attempt. One of these was Hermann Hirsekorn who was born in 1903 in Wronke, Posen. He had achieved a D.M.D. degree from the University of Berlin in 1930. He was eventually accepted by the G.M.C. in 1937 having been rejected in 1935 and again in 1936.

Hermann Hirsekorn's schedule was available and this shows the problem areas as far as the Dental Education and Examination Sub-committee were concerned. Physiology with laboratory instruction required two academic terms or six months together with 40 lectures and/or demonstrations. The number of lectures put in by this candidate was 40 in the summer period of 1926. This would be over a period of four months and not the six months as required. General pathology required two academic terms or 40 lectures and/or demonstrations. Some 80 lectures were attended by the candidate during the summer period of 1927, which was double those required by the G.M.C., although the number of terms would probably be less than the two academic ones that were required. Clinical instruction in a recognised general hospital on selected cases in medicine and surgery required a course of nine calendar

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months with not less than 50 lectures or demonstrations. The candidate showed 64 meetings over the winter period which could be close to the nine months required. The Charity University Hospital in Berlin, where Hirsekorn undertook his training, had at this time an excellent reputation and had over 3,000 beds. If one evaluates this schedule it would seem that Dr. Hirsekorn had, a perfectly good dental education, achieving his approbation in 1929 and his D.M.D. degree in 1930.

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Figure 50 Schedule of studies at University of Berlin 1935

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Prof. Scher

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Emphasis has to be placed on the fact that the refugee dentists, in order to obtain a D.M.D. degree, had to complete a one-year doctoral thesis in which they had to carry out original research. This did not apply to British students. Additionally, Hirsekorn had completed two and a half years' attendance at the practice of a recognised dental hospital, whereas the G.M.C. required two years' study, and that in practical instruction in dental mechanics the G.M.C. requirement was 2,000 hours and yet the candidate stated that in Germany it was compulsory during instruction that more than 2,400 hours was completed.

Hirsekorn's schedule exemplifies the idea that the Dental Education and Examination Sub-committee were looking for any reason to reject the candidates.

Julius Masur, who was born in 1903 in Berlin and obtained his D.M.D. degree at the University of Würzberg in 1932, was refused initially in May 1936 on the grounds that his curriculum was deficient (by one month) in anatomy.

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Applicant's Usual Signature.	hm	asic
Applement's Name (in full) . (In Bases Lawrence)	Jr. Juliu	Masur
Applicant's home or presented Address for registration (in f	(J)	nerste 26
Applicant's present Address	the same product of database	Binokley N. 3.
	AS, Golg	Hill Annue_
Date of Application	W. E.	1936
have H Rosen folder	(addus	A

Masur was able to revise the schedule to include a summer semester in 1929 in relation to anatomy or dental anatomy. Edward Sheridan's notes show that the one month presents rather "a hard case". Once again the Dental Education and Examination Sub-committee seemed to be looking for the slightest pretext to refuse the candidate. Fortunately in this case the revised schedule was acceded to as shown below.

MASUR, Julius, - D	1.9. U. Türzbur", 1932.
2	
Mr. Mesur wishes to renew the condication which was refused in 1931, on the grounds that his muriculum was deficient (by one control in Amsteny (IV(d)). The revised Schedule is duly certified and includes a course in the Summer senester, 1920, under incident of the corresponding ont clear if the corresponding entry in the Studienbuch relates to leated students.	Recommand "be accaded to"
This concess to be nother that the	Chairmon
14.10.30.	16 Cetotar 1936

Simon Hirsch was born in 1897 in Wongrowitz and obtained his D.M.D. degree at the University of Rostock in 1922. He first applied to the G.M.C. for admission to the Dentists Register in May 1942. He submitted a synopsis of his schedule of studies, which had been extracted from his student book. The comments of the Dental Education and Examination Sub-committee were that the entries in the schedules were supported by the student book and appeared to cover the Council's requirements although the duration of the whole curriculum did not seem to have exceeded three and a half years (the G.M.C. required four years). The Committee were obviously unsure about this case but eventually decided to refuse it. Once again we have a situation where we have a discrepancy between three and a half years for the course of study against the four years recommended by the G.M.C.

DENTISTS ACTS, 1878 DENTAL REGISTRATION. 60 Application for Registration as a Foreign Dentist in the Dentists' Register ORIGINAL QUALIFICATIONS. C PARTICULARS TO BE SUPPLIED BY AN APPLICANT FOR THE REGISTRATION OF ORIGINAL QUALIFICATIONS UNDER THE DENTISTS ACTS. A-ations) which I hereby affirm that I have lawfully obtained Description of Qualification or Qualification. (day, month, year) I request to be registered as a Dentist under the Dentist Arts, 878 and 1921, by virtue of the following Degrees or Qualifications, of which I bereby affirin that I am lawfully postered in-Date of Degrees of Qualifications. Description of Depress or Qualifications Morthalion as Jonson teres hoyen 13. 5. 1922. 4 the post themarin Ministry of the St. 13. 5. 1922. Siglama P. med Schot. indevenue. 1 handy dename (1) That I am not a British mobject: cc (2) That I have notified derivity for more than ten justa elembers than in the Laind Nicotom or the Line. * *• The paragraph not applicable must be struck cut. Muironily - Rostock. 1. 10.1922. 1 1 hereby declare that I have filled up this application in my one handwritig. Birlin dad IIJpill 1 one registered as a Student Rister on the years. 1302 1 one born at Work present property on 10° June 18.97 Applicant's Band Signature Ja Door Lerrens 1 and States of the Sta I was born at 2001 protection (day, month, year) 10. 6. 1897. My Usual Signature is 21 MON H 1R 56 H. My home or permanent Address † for registration is 1-[In DLOUE LETTENS] Applicant's home or permanent Applicant's for registration (in ful) The Address ? to which my certificate of registration' signld be sent to Applicant's present Address POLVE TERME ADDRESSES DE POLA 19. H. 1949 Date of Application 29th April 1942 THEM OVER.

Name

HIRSCH, Simon

Certificate

2015 - - 2 F

Contringent

Approbation als Zahnarzt, 1922; D.K.J. U.Rostock, 1922

Previous applications refused

No previous application

Grounds of refusal

Further remarks

Chairman, Dental Education & Examination Committee.

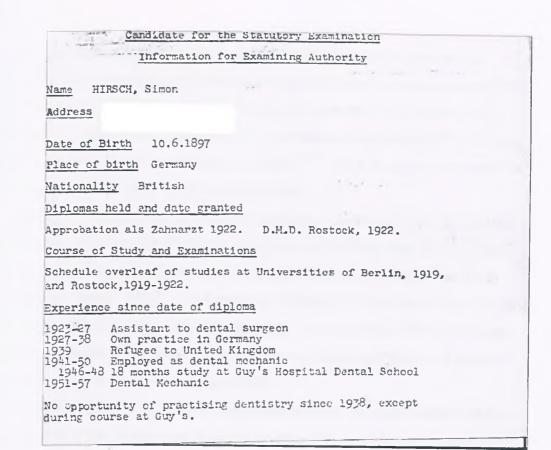
The course of study taken by the applicant in order to obtain the certificate by virtue of which he applies appears to be deficient in the following subjects:-

The entries in the Schedule are supported by the Abgabgizeugnis and appear to cover the Council's requirements, although the duration of the whole curriculum does not seem to cave executed 3% years.

?Reserve this case for the Committee.

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		HIRSCH.
Scheo	ule of Studios	
	Candidate's Course of Study	Recommended by General Medical Gouncil, 1922
Pre-clinical Studies		1
Human Anatomy	3 terms	3 terms
Physiclogy & Biochemistry) General Histology	2 terzs	2 terms
Histology of Tseth	l term	16 lectures
Clinical Studies (including Dental Hospital Practice)	2 years	3 years
Dental Mechanics	30 lectures	20 lectures
Properties of Dental Materials	24 lectures	20 lactures
Period of Instruction	2046 hours	2000 hours
General Pathology)	3 terms	
Bacteriology)	2 terms	2 terms
Fathology of Teeth	Included in Dental Surgery	20 lectures
Medicine	3 terms	2 terms
Surgery	2 terms	2 terms
Pharmacology and Therapeutica	24 lectures	16 lectures
Dental Surgery	200 lectures	Period not specified
Anaesthetics	26 lectures	Period not specified
Anatomy as applied to dentistry	70 lectures	20 lectures
Orthodontics	20 lectures	Period not specified.
Radiology	32 loctures	Period not specified.
Total Course	32 years	4 years



jar Form D.R.3 GENERAL DENTAL COUNCIL

Form of application for FIRST REGISTRATION as a dentist under the Dentist's Acts, 1878-1956 (Foreign List

r	FOR OFFICE USE ONLY
C	Fee £2
R	Certe.No.
<u>L /</u>	Date of Hegn.
Ń	1957 AUG. 19.

Part I (To be completed by the applicant in his handwriting) 1. Diploma(s) granted in a foreign country, which the applicant possesses and in respect of which this application is made:

Description	Granting	Authority	Granted (day, mon	
probation long : Dr. hed Feat.	Worklessbirg for	Tattentes der		ey 19220 ober 1922
Documents submitte diploma(s)	ed as ovidence of	f lanful posse	ssion of the	
2. Full name of appli Mr/Mrs/Miss. 2/.	MONHIK	SCH		
Place of Birth. 37	nerowitz man	A Date of Bir	th. 19 74	не,195!)
Permanent address in the Dentists Re	for inclusion gister	10	re. Terrary	s
I declare that t not been registere registered as a de	d before in the	Dentists Regis	iter and I app	I have bly to be
Date. 2.7. 9 ,1	. 5.6.	Signed. y		
	"185CR, Gimon 34270			
	1957 Aug. 19			
	Statutory Ezam, 195	7		P.T.O.

Figure 51 Simon Hirsch: Details from G.M.C. data file

In many of the individual subjects the candidate had exceeded the number of lectures required, and this was especially so in subjects where the G.M.C. had not specified the period of study, for example in dental surgery, anaesthetics, orthodontics and radiology which were covered more thoroughly in the German dental curriculum than in Britain⁴⁰⁷. He had also completed his doctoral thesis in Germany which took one year.

Simon Hirsch had his own dental practice in Germany from 1927-1938. After becoming a refugee in Britain and because of his rejection by the G.M.C., Hirsch was employed as a dental mechanic. Following 18 months' study at Guy's Hospital Dental School, he eventually passed the Statutory Exam in 1957 and was then placed on the Dentists Register. For 15 years this unfortunate man had unnecessarily been prevented from practicing dentistry and had to take a further examination at the age of 60!

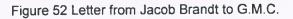
From the data in the G.M.C. microfiche archive, it would seem that the majority of schedules that came from refugee dentists were from dentists who were still resident in Germany or Austria and the filling out of a schedule in a foreign language produced difficulties, especially with the Dental Education and Examination Sub-committee researching meticulously for any reason that the candidate could be refused⁴⁰⁸. The dental curriculum followed by the German dental schools, although covering the same subjects, was far from an exact match to its British counterpart. In addition to having to dissect their curriculum to try to match the requirements of the G.M.C., most students kept incomplete records, not realising at the time how vital they were to become⁴⁰⁹.

Jacob Brandt was born in Berlin in 1911 and obtained his D.M.D. degree in 1934 at the University of Berlin. A letter from Dr. Brandt to the G.M.C. dated 1st October 1936 admits to errors that were made due to the rush in filling out his original schedule, and enclosing extra references from his teachers. The errors were corrected (Figure 52) and the comments of the Chairman of the Dental Education and Examination Sub-committee can be seen in Figure 53.

⁴⁰⁷ Eulner, Hans Heinz, The Development of Medical Specialties, Stuttgart, Ferdinand Enke Verlag, 1970, p. 419

⁴⁰⁸ Interview with Dr. Eva Glees dated 12th March 1995, Oxford Brookes University Sound Archive ⁴⁰⁹ Interview with Dr. Eva Glees August 2005

Bean, Prictore: 11-1 Sens Vie. I herewith beg to apply for the regulation as a foreign dental surgeon at the General Medical Youncil sitting to be held in overember next In my first application at the ellary setting , which was rejected) some errors were made in my part, due to the just that I had very short time in which to get the necessary documents The arrors have been conceted and I have enclosed special confirma tion from the chief dostors for the courses and rectaries which were not marked in my "Itudien Luck . The quaranter of a regestered doctor living in & ugrand is. Buly I was sent to you couther with my first gymention .



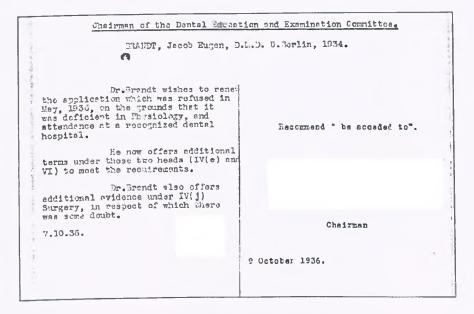


Figure 53 Details in G.M.C. file

Brandt's revised schedule was accepted by the Dental Education and Examination Sub-committee on 9th October 1936.

It is interesting to note in this case that the course teachers must have supported their students' need to emigrate, i.e. they could not have been Nazi supporters. Presumably some students were less fortunate in their teachers.

Emigration worldwide

The G.M.C. microfiche archive shows that 58 Jewish dental refugees that were accepted onto the Foreign List of the Dentists Register either never came to Britain, possibly because they were not given permission by the Home Office to practice, or emigrated directly from Germany or Austria to other countries. A further 20 came to Britain but then transmigrated elsewhere, eight of them to British Colonies where they could practice with their G.M.C. acceptance.

Name	Date accepted	Destination
Paul Abelsheim	1936	Ceylon
Edgar Alexander	1936	Unknown
Sally Barmé	1936	Sydney, Australia
Gerhard Baszynski	1936	Sydney, Australia
Kurt Blum	1938	Sydney, Australia
Erich Boenheim	1936	Sarawak
Kurt Bonin	1936	South Africa
Kurt Brunn	1937	New Zealand
Mathilde Braun	1936	Italy
Maurice Cohn	1936	New York
Alfred Eschelbacher	1936	Ann Arbor, U.S.A.
Carl Fischbein	1936	Luxembourg
Werner Freudenberg	1937	New York
Bernard Freudenthal	1936	Singapore
Hugo Freundlich	1938	New York
Kurt Werner Gabriel	1936	New Zealand
Walter Gerber	1936	Lahore, India and then Sydney, Australia
Rudolph Giballe	1938	Sydney, Australia
Walter Goldschmidt	1936	Sydney, Australia
Walter Goldstein	1937	New York
Max Gollop	1937	Unknown
Egon Guttman	1936	Sydney, Australia
Karl Hirsch	1936	Tel Aviv, Palestine
Gertrude Harth	1936	Zurich then Haifa, Palestine
Alfred Kiewe	1936	Portland, Oregon, U.S.A.
Paul Kaplan	1937	Belgium, Cuba, U.S.A.
Alfred Kantorowicz	1936	Istanbul, Turkey
Ernst Kaufmann	1936	Melbourne, Australia
Ludwig Kohler	1935	Unknown

Figure 54 Dentists accepted by the G.M.C. who did not come to Britain

Benno Lesser	1936	Switzerland
Ernst Lobbenberg	1936	Jamaica
Albert Loeb	1936	Unknown
Max Lorenz	1936	Palestine
Hans Werner Marcus	1938	New York
Julius Masur	1936	Brisbane, Australia
Erich Melchior	1936	Unknown
Max Meyer	1936	Switzerland
Oscar Pelzmann	1939	Milan
Fritz Phiebig	1936	New York
Manfred Pick	1939	Wellington, New Zealand
Suse Marie Piorkowski	1936	Unknown
Erich Plessner	1936	Southern Rhodesia
Georg Rosendorff	1937	Melbourne, Australia
Kurt Rosenmeyer	1936	Buenos Aires, Argentina
Hilde Salinger-Marx	1936	Unknown
Rudolph Schmeidler	1936	Buenos Aires, Argentina
Johan Schwartz	1937	Kenya
Selma Steinfeld	1936	Peoria, Illinois USA
Kurt Strauss	1936	New York
Albert Sulke	1936	Jerusalem
Herbert Tichauer	1936	New Zealand
Eva Tichauer	1936	New Zealand
Fritz Trebitsch	1938	Singapore
Sally Wegner	1936	New York
Rudolf Weiner	1936	Calcutta, India
Benno Weissberg	1937	Survived in Holland
Alexander Wigdorcik	1939	Returned to Naples
Herbert Wohlmuth	1937	Sydney, Australia

Name	Date accepted	Destination
Ernst Blumenthal	1936	U.S.A.
Josef Carlebach	1936	Ann Arbor, U.S.A.
Gertrude Fleischmann	1939	New York, U.S.A.
Gerda Frankei-Froom	1936	Bombay, India
Alfons Konrad Freudenthal	1937	Melbourne, Australia
Hans Haim	1938	New York
Hugo Heinsheimer	1942	U.S.A.
Leopold Israelzi	1937	Sydney, Australia
Siegfried Kinsbrunner	1938	Brisbane, Australia
Paul Kinsbrunner	1938	Brisbane, Australia
Willy Lewissohn	1936	Sydney, Australia
Felix Mela	1936	New York
Else Orbach	1936	Palestine
Adam Reischer	1938	Chicago, U.S.A.
Erich Rosenthal	1936	Sydney, Australia
Benedikt Sender	1936	U.S.A.
Carl Ludwig Spring	1939	Returned to Austria
Freidrich Tryfus	1936	New York, U.S.A.
Ludwig Wertheim	1936	Chicago, U.S.A.

Figure 55 Dentists who came to Britain first and then transmigrated

Figure 56 Dentists who went abroad first and came to Britain after the War

Name	Date accepte d	Destination during War	Date of arrival in Britain
Max Berger	1936	Gold Coast	1945
Cornelius Klee	1936	Colombo, Ceylon	1958
Kurt Dannenbaum (Dannen)	1936	Holland, then U.S.A.	1953
Benno Eichengrun	1936	Palestine	1961
Ruth Morris (Zilz)	1959	India	1954
Hans Thein	1938	Madras, India	1958
Moriz Tillinger	1938	Ajmer, India	1941

Max Berger (see appendix 2, page 286) emigrated to Britain from Germany in 1936. He was accepted for registration by the G.M.C. and was put on the Foreign List of the Dentists Register, but he was not given Home Office permission to set up in practice. He became aware of a clampdown on dental refugees in Britain due to the pressure exerted by the various dental societies and the G.M.C.⁴¹⁰. He took up an option of going to Mauritius to open a practice there and went in 1947.

Dr. Ruth Zilz's schedule of studies was originally rejected by the G.M.C. in 1936. The schedule at that time was officially stamped by the University of Leipzig. An inspection of her schedule of studies resubmitted prior to taking the Statutory Examination in 1957 shows (see figure 57), her course of dental studies took three and a half years, as against the four years recommended by the G.M.C.. However, if one assesses the number of

⁴¹⁰ Interview with Peter Berger F.R.C.S. (son), December 2003

lectures they seem to be very much in excess of what would be required in a British dental school. It also has to be remembered that Dr. Zilz took the period from 1929-1932 to carry out clinical research to gain her D.M.D. degree. Once again, it would seem that the Dental Education and Examination Subcommittee of the G.M.C. was somewhat ungenerous in its handling of yet another case.

In 1938 Dr. Zilz migrated to India and practiced in Bombay up to 1954. She took the newly-instituted statutory examination in 1957 which she passed and opened her practice at Mill Hill in London.

Scher	ule of Studies	
10	Candidate's Course of Study	Recommended by General Medico Council, 1925
Pre-clinical Studies		
Human Anatomy	7 months	3 terms
Physiology & Biochemistry)		
General Histology	6 months	2 terms
Histology of Teeth	A months	16 lectures
Clinical Studies (incl. Dental Hospital Practice)		2 2 years
Dental Mechanics	64 lectures	20 lectures
Properties of Dental Materials	32 leutures	20 lectures
Period of Instruction	2,080 hours	2,000 hours
General Pathology)	2 terms	3 terms
Bacteriology)	3 terms) Cerms
Medicine	2 terms	2 terms
Surgery	3 terms	2 terms
Pharmacology and Therapeutics	32 lectures	16 lectures
Dental Surgery	5 terms	Course not
Anaesthetics	24 lectures	** **
Anatomy as applied to Dentistry	1 term	. 20 lectures
Orthodontics	32 lectures	Course not specified
Radiology	49 lestures	
Total Course	3½ years	4 years
	Human Anatomy Physiology & Biochemistry) General Histology Histology of Teeth <u>Clinical Studies (incl.)</u> <u>Dental Hospital Practice</u>) Dental Mechanics Properties of Dental Materials Period of Instruction General Pathology Bacteriology) Medicine Surgery Pharmacology and Therapeutics Dental Surgery Anaesthetics Anatomy as applied to Dentistry Orthedontics Radiology	Pre-clinical StudiesHuman Anatomy7 monthsPhysiology & Biochemistry General Histology6 monthsGeneral Histology6 monthsHistology of Teeth4 monthsClinical Studies (incl. Dental Hospital Practice)Dental Mechanics64 lecturesProperties of Dental Materials52 lecturesPeriod of Instruction2,080 hoursGeneral Pathology2 termsBacteriology3 termsMedicine2 termsSurgery3 termsPharmacology and Therapeutics32 lecturesDental Surgery5 termsAnaesthetics24 lecturesAnatomy as applied to Dentistry1 termOrthodontics32 lecturesRadiology48 lectures

Figure 57 Ruth Zilz. Application for Statutory Examination 1957

Dr. Willi Lewissohn obtained his D.M.D. degree from the University of Berlin in 1920.

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Dewrip	tion of Degrees or Qualificat	tions Date of Degrees or Qualifications.
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acenter	Jurgeon	June 1910
Andres	A do tal more	30.14.
(Dr.	of dental morge mind denti)	7 July 1920
D.1	ME U. BARLIN	1924
	are that I have filled up	this application in my own
I was registere	d as a Studens of Be	rlin in the year and
I was born at.		1 23. Va . 1890
Applicant's Us	14	18: Renvial.
- //	un (in full). WILLI	LEWISSOHN
In BLOCK	uar (ta Jak), "Thilibebal. Litzenij	LEVVISSOMIN
Address for a	wir permanent (in full)	Berlin W. 15.
0	to a dimistalen	trane 21.
A continuent's and	rent Address	# 15

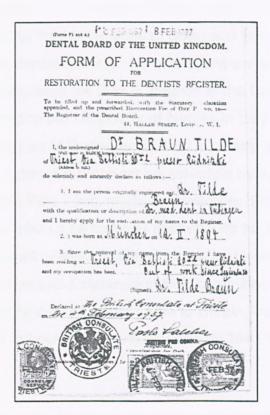
Figure 58 Dental Registration form Dr. Willi Lewissohn His registration was accepted by the G.M.C. in 1936. He arrived in Britain in 1937 as a refugee and lived in a flat at 160 Finchley Road, London, N.W.3. until the beginning of 1938. He was not given permission to practice by the G.M.C. and in 1939 he re-emigrated to Sydney, Australia.

Construction of the second MAME LEWISSOHN, WILLI 21715 Bule of Regists. 18 Dec. 1936 U.S. Reg. Vol. FOR . 33 autos. amers D.M.D. U.Barlin, 1920 23-8.98 Assers 21 Joachimstalerstrasse, Berlin, W.15 1937 38 Frognal Court, 160 Finchley Road, London, N.W.5 1938 C/o F.M. Eisenstaedt, 125 Park Road, London, W.W.8 1939 19 Kuring-Gai, 241 Old South Head Rd. Bondi Sydney. 1940 8 Trehaven, 21 Birriga Rd. Bellevus Hill, Sydney, 1942 C/e Dental College, Queensland University, Indiat 1943 C/o E.B. Donohue, 19 Nount Street, Strathfield, Sydney, H.S.W. 1944 C/o Commonwealth Pana of Australia, Srisbane 1944 Dil Macouarie Street, Sydney, N.S.W.

Figure 59 General Dental Council

record of address changes

Dr. Tilde Braun obtained her D.M.D. degree from the University of Tübingen in 1920. She was accepted by the G.M.C. in 1936. In 1936 Dr. Braun was living in Nürnberg in Germany. In 1937 she initially failed to pay her annual retention fee and the form of application for restoration to the Dentists Register was stamped by the British Consulate in Trieste. She may have found a better chance of working in Italy than in Britain where the ban on practice by refugee dentists began in 1936. It was also evident that the £2 in payment for her retention on the Dentists Register was paid by the Jewish Refugee Committee in London.



THIS FORM MUST BE BIONED,	C.B. Amt.	For Office use only.
THE FEE, WHICH CANNOT BE ACCEPTED WITHOUT IT.	C. No.	** '8 FEB 1937
RIG. NUME. ADDRESS.	DATE OF REGISTRA- TION.	QUALIFICATIONS OR STATUS.
565 BRAUN, Mathilda	1936 July 16	0.M.D. U.Tubingen 1920.

Figure 60 G.M.C. file for Dr. Tilde Braun

Dr. Werner Freudenberg obtained his D.M.D. degree in 1920 at the University of Würzberg. He was placed on the Dentists Register of the G.M.C. in 1937 but he never came to Britain. In 1938 he was located in Scarsdale, New York and later in 1938 in Auckland New Zealand. Since New Zealand was a British Dominion, he could practice with his name on the British G.M.C. Dentists Register.

An unusual case of a dentist who was accepted on to the G.M.C. Dentists Register but never came to Britain was Dr. Hans Werner Marcus He initially studied at the Universities of Bonn and Heidelberg and completed the majority of his dental training. He also spent some time at the University of Munich. He completed his D.M.D. degree at the University of Bonn in 1932 but then transferred to the University of Naples in Italy to complete training in medicine, obtaining an M.D. degree at the University of Naples in 1936. According to the extensive notes on his schedule by the Deputy Registrar of the G.M.C., William Pike Lees, made in November 1938, Dr. Marcus would have been turned down if he had just applied with his German qualification. However, the amount of extra time that was spent training in Naples swayed the Dental Education and Examination Sub-committee into giving him recognition. Despite this, he never came to Britain, but in 1939 went to Minneapolis then to Louisville, Kentucky and by 1941 had moved to New York.

111 154

DENTAL REGISTRATION.

O ORIGINAL QUALIFICATIONS.

PARTICULARS TO BE SUPPLIED BY AN APPLICANT FOR THE REGISTRATION OF ORIGINAL QUALIFICATIONS UNDER THE DENTISTS ACTS.

I request to be registered as a Dentist under the Dentists Acts, 7---1878 and 1921, by virtue of the following Degrees or Qualifications, Col which I hereby affirm that I am lawfully possessed

Description of Degrees or Qualifications.	Date of Degrees or Qualifications.
1 1. Certificate & approbation in dented surgery in permany	31 " January 1832
- 4. certifiate of doctor of durtal sur	22 Munch 173
I diplant of detain medie	- 5 × Vov. 1936
A Cartificate of pression to	2 april
I hereby declare that I have filled up this ap handwriting.	plication in my own
	in the year 1828
I was born at Bothum - hunden for	-1 15. 18. 18.09
Applicant's Usual Signature	me
Applicant's Name (in full) HANS KERNER	MARCUS
[In BLOCK LETTERS]	

Applicant's home or permanent Address for registration (in full)

31. 11. 38

Date of Application ...

Applicant's present Address

. . .

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GENERAL MEDICAL COUNCIL 4 HALLAN STREET, LONDON, W.I.

Colonial and Foreign Dental Qualifications.

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Figure 61 Lengthy notes by W. K. Pyke Lees, the Deputy Registrar of the Dental Education and Examination Sub-committee of the G.M.C.

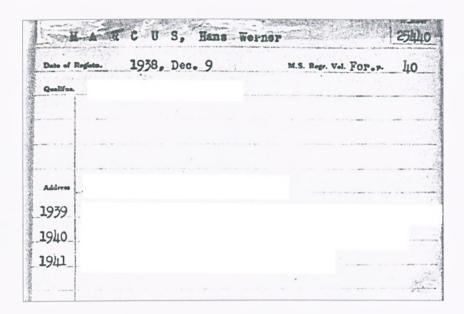


Figure 62 G.M.C. change of address record

In April 1933 Professor Alfred Kantorowicz was put into a concentration camp at Borgermoor and later in a concentration camp for prominent persons and intellectuals in Lichtenstein in Saxony. He was released just before Christmas 1933 through the intervention of the Crown Prince of Sweden who had found him a dental position in Istanbul. The Crown Prince had met Professor Kantorowicz whilst the former was the President of the Red Cross. Kantorowicz had made a tour through Sweden and had presented several conferences on school dental clinics⁴¹¹. Professor Kantorowicz arrived as a Professor in Istanbul in 1934 and one year later became Clinical Director of the Dental School. The annual practicing certificate was for 1942, showing that Professor Kantorowicz had kept up his annual retention fees from 1936. According to his son⁴¹², this was an insurance policy because Kantorowicz felt that the occupation of Turkey by the Nazis was a possibility and he would still have the opportunity to flee to Britain if necessary.

⁴¹¹ Interview with Dr. George Kantorowicz 5th September 2004

⁴¹² Interview with Dr. George Kantorowicz 5th September 2004

ANNUAL PRACTISING CERTIFICAT

D	ENTAL BOARD OF	THE UNITE	LD KINGDOM	Ι,
[Certificate Number	3286 1		31st	December, 1941
I HEREBY CERTIFY				
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Figure 63 Annual Practising Certificate of Professor Alfred Kantorowicz

Professor Kantorowicz would have preferred to come to Britain but the academic authorities were not prepared to give him a research position such as he had in Germany despite the intervention of the Academic Assistance Committee (see p. 232) and this position was provided by the Turkish government, which gave him a Professorship in the Istanbul Dental School.

Refugee dental surgeons who studied for an L.D.S. Diploma

The Royal College of Surgeons was enabled to grant a Licence in Dental Surgery (L.D.S.) in 1858. The Royal Colleges of Surgeons of Edinburgh and Glasgow and in Ireland were empowered to grant their own licences. In 1900 the first university degree in dental surgery was established in Birmingham and other universities eventually followed suit. From 1948 all the dental schools were attached to universities and were therefore funded by the University Grants Committee (now the University Funding Committee)⁴¹³.

In the 1930s, the L.D.S. was the basic dental qualification. The Board of Examiners in Dental Surgery reported to the Council of the Royal College of Surgeons about a select list of dental surgeons that had been compiled by the British Dental Association in collaboration with the Secretary of State for Home Affairs. This list would provide for the admission of 40 refugee dental surgeons from Austria into the country for the purpose of obtaining a registerable qualification⁴¹⁴. The Board emphasised the fact that if they wanted to work in Britain, dental surgeons from recognised universities in Europe had to complete 12 months' general and dental hospital practice at a recognised British establishment and they also had to pass all the professional examinations for the L.D.S. R.C.S. However, the Board did take into consideration the fact that before practicing dentistry, the Austrian dentists had previously obtained a medical degree. It therefore recommended to the Council of the Royal College of Surgeons that "applicants from among the Austrian dental surgeons selected for admission to this country be exempted from the first professional examination and admitted to the final examination for the L.D.S. R.C.S. after six months' hospital practice at a recognised dental school and hospital in this country"415.

From the records in the G.M.C. microfiche archive, a total of 59 refugee dentists took the L.D.S. examination. This figure included 13 students who did not come over to Britain with a German dental qualification and therefore had to complete the full L.D.S. course. John Ellinger was a medical student at the

⁴¹³ Hillam, Christine, *The Roots of Dentistry*, British Dental Association, London 1990 p. 43
⁴¹⁴ Royal College of Surgeons Minutes 5th January 1939, p. 388
⁴¹⁵ Royal College of Surgeons Minutes 5th January 1939, p. 389

University of Berlin (Charity University Hospital). He was dismissed from his university in 1933 because of his membership of Reichsbanner, a social democratic organisation. Fortunately he had funding in Britain that had been set up by his parents. He left Germany on his own in December 1933 and from 1935-1939 he studied at the Royal College of Surgeons in Edinburgh, obtaining his L.D.S. R.C.S. (Edin.) in October 1939. The other students who progressed towards an L.D.S. in a similar fashion were: Lothar Schiff, Moritz Schiller, Kurt Strauss, Friedrich Strauss, Immanuel Ehrmann, Ernst Hackenbroch, Gertrude Hamburger, Kurt Heilbron, Herta Heilborn, Herbert Nussbaum and Leonard Schuler and Erhard Stern.

A number of German refugee dentists took an L.D.S. although this was unnecessary. One example would be Herman Frank⁴¹⁶. Herman Frank was born in Cologne on 29th October 1909. He studied dentistry at the Universities of Bonn, Munich and Cologne. This point is interesting because it seemed that students could move between the dental schools depending on where the best courses were being held. In 1932 Frank obtained his approbation (the basic qualification to practice dentistry) and in 1933 the degree of D.M.D. from the University of Cologne, following a thesis on benign tumours of the oral cavity. In 1936 he achieved acceptance by the G.M.C. for inclusion on Britain Dentists Register. His schedule is shown in appendix 2 at p. 378 He travelled alone to London where he completed a year's training at the Royal Dental Hospital in Leicester Square. He passed the final L.D.S. examination in November 1936. The reasons for taking an unnecessary L.D.S. can only be guessed at but if one views the number of universities that Frank attended in his undergraduate course in Germany, he obviously liked to take exams. The other alternative is that obtaining an L.D.S. provided a greater feeling of "belonging".

Not everybody was as lucky as Herman Frank who was given permission to practice in Greenford but was told specifically that he could not practice in Inner London.

⁴¹⁶ Interview with Mrs Alice Frank (wife), 27th February 2004

Dermatologische Klinik und Poliklinik der Ludwigs-Maxim.-Universitat in München. Aun der Hautklinft der Universität Kölm (Direkter Professor Dr. Har(rig.) Praktikantenschein. Der Kendidstor der Melinin (elent) Jumme Franke aus Koln wird hiermit beacheinigt, daßeUnach voll-"Gutartige Tumoren der Mundständig bestandener ärztlicher Vorprülung im Sommer-Heibjahr 19 🕉 Schleimhaut". vom 2/ Mai 19 3' bie zum 31 m Juli 19 31 an der Dermatologischen Klinik und Poliklinik als Praktikant regelmäßig und mit Erlolg teilgenommen hat. INAUGURAL-DISSERTATION Milachen, den & m Juli 1920. and 7 1 2 1 1 Der Direktor der Dermetologischen Klinik u. Poliklinik Friangung der sahnftentlichen Doktorwürde den Holson Mediatulashon Fabultat der Universität Käld. wary slegt wan Sd. aua Xūlo a įthatų, Praktikantenschein ASAL SEL Promoviert em 20. 12 1933. Dem Kaudidates der Zahnheilkunde Harrn Harmnnn Frank. seb. is 1935 vollständig bestendener zahnärstlicher Vorprüfung im Sommer - Halbjehr This has not print to be a first the state of vom 15 = April _____ 1932. bis sum 31 - Juli . 1932. 19.32 un einer Poliklinik für Zahn- und Mundkre als Prakthant regelmentig teilgenommen hat. KOLN, den 31 = Juli 19 52 Zaudding der Universität Köln Universität in Bonn. (1) culat Royal College of Surgeons of In hearty croky that . Dem Studierenden der Zahnhellkunde. Fremmun Thank and find to pe Them to be dated tolus . -wird hlermit bescheinigt, daß I ental Jurgery! Im Bonnoe Halbjahr 1929 vom A. m Mai 10.29 bis 31 50 feile 19 29 av dem Kursus für Zahnersaizkunde E Gos Ho backley AT. Jone Zahnfüllübungen am Phantom) regelmäßig teilgenommen hat. Alle I there Erings Jun dans BONN, den # m füli Kucher all . How by them . The Menza Jena F. 71) hereby admitted a Secondicate in 9 ഷ് The Royal College of Sa Constant Firmay Camb Encolled by and Lova

Figure 64 Herman Frank's certificates from three German dental schools, his dissertation and his L.D.S. certificate

A similar situation to that of Herman Frank was that of Alphonse Freudenthal who was born in 1909 at Wongrowitz and obtained his D.M.D. degree in Berlin in 1935, one of the last non-Aryan students to do so after the Nazis came to power in 1933. Like Frank, Freudenthal went on to obtain an unnecessary L.D.S. in Edinburgh in 1937. Two refugee German dentists also unnecessarily obtained their L.D.S. in 1934: Johnny Feinsilber and Mitchell Lang, who graduated at the Universities of Berlin and Frankfurt respectively. The question of why they completed an L.D.S. as early as 1934 might be explained by poor advice given during 1932 and 1933 when the problem of refugee dentists from Germany had not as yet become apparent. These dentists were not on the rejected list at this time so they may have used the L.D.S. and the extra studying as an insurance policy. It is also possible that they spoke reasonable English, which would have allowed them to do this.

One of the few examples of Austrian refugee dentists going to two different British dental schools during their six months' training was that of Dr. Rudolf Schlesinger who graduated with an M.D. degree from the University of Vienna in 1928. He completed the initial part of his six months at the University of Liverpool but then applied for permission to be admitted to the revision course for the June L.D.S. examination at the Royal Dental Hospital in London. This was granted by the Dean, Professor Stobie⁴¹⁷.

⁴¹⁷ Royal Dental Hospital of London School of Dental Surgery Medical Committee minutes, 4th July 1940.

Figure 65	Refugee den	tists who obtained	d an L.D.S. diploma

Name	Reason for qualification	Year qualified	University	Year of L.D.S
Kurt Bronne	Unknown	1934	Basel	1936
Felix Callman	Rejected 1935/6/7	1920	Greifswald	1944
Franz Martin Eisenstadt	Unknown	1928	Berlin	1935
Heinz Robert Etzhold	Unknown		Berlin	1938
Johnny Feinsilber	Unknown	1929	Berlin	1934
Herman Frank	Unnecessary	1933	Cologne	1936
Alphons Freudenthal	Unknown	1935	Berlin	1937
William Grossman	Czech	1936	Prague	1946
Karel Konig	Rejected (Czech)	1929	Prague	1947
Paul Heineman	Rejected 1933	1933	Berlin	1934
Marianne Königsberger	Rejected 1934	1933	Berlin	1935
		1921	Frankfurt	1934
Mitchell Lang	Unknown	1933	Berlin	1934
Herbert Mueller		1933	Frankfurt	1944
Ferdinand Pilzerbarme	Unnecessary	1933		
Kurt Salomon	Unnecessary		Bonn	1946
Jakob Wandstein	Rejected (Polish)	1928	Warsaw	1945
Hans Wertheim	Rejected (Polish)		Poznan?	1944
stvan Aufricht-Adorjan	Austrian	1926	Vienna	1947
Paul Berger	Austrian	1911	Vienna	1939
Andreas Biro	Austrian	1920	Vienna	1940
Major Eirew	Austrian	1920	Vienna	1940
Fritz Engel	Austrian		Vienna	1939
Adalbert Fehr	Austrian	1926	Vienna	1942
Joseph Fleischmann	Austrian	1920	Vienna	1939
Egon Fuchs	Austrian	1928	Vienna	1941
Desider Furst	Austrian	1926	Vienna	1941
	Austrian	1926	Vienna	1939
Karl Giesskann	Austrian	1920	Vienna	1942
Hugo Heinsheimer	Austrian	1924	Vienna	1941
Edmund Kerpal	the second s	1924	Vienna	1939
Heinrich Krott	Austrian			
Jacques Kurer	Austrian	1925	Vienna	1939
Egon Meissner	Austrian	1930	Vienna	1943
Regina Nuki	Austrian	1929	Vienna	1935
Walter Nuki	Austrian	1927	Vienna	1939
Hans Orlai	Austrian	1922	Vienna	1939
Karl Ludwig Peter	Austrian		Vienna	1941
Otto Pick	Austrian	1927	Vienna	1939
Leander Pohl	Austrian	1926	Vienna	1939
Carl Richter	Austrian	1920	Vienna	1939
Hans Schachter	Austrian	1928	Vienna	1939
Karl Schajowicz	Austrian	1923	Vienna	1940
	Austrian	1928	Vienna	1941
Rudolph Schlesinger		1928	Vienna	1940
Hugo Schneider	Austrian			1940
Bruno Schrotter	Austrian	1929	Vienna	
Carl Spring	Austrian	1921	Vienna	1939
Moritz Anton Tischler	Austrian	1910	Vienna	1939
Moritz Weissberg	Austrian	1927	Vienna	1942
Emmerich Weindling	Austrian		Vienna	1939
mmanuel Ehrmann	Student			1934
John Ellinger	Student			1939
Ernst Hackenbroch	Student			1935
Gertrude Hamburger	Student			1934
Herta Heilborn	Student			1937
	Student			1937
Kurt Heilbron	Student			
Herbert Nussbaum		· · · · · · · · · · · · · · · · · · ·		1940
Lothar Schiff	Student			1938
Moritz Schiller	Student			1940
Leonard Schuler	Student			1942
Erhard Stern	Student	· · · · · · · · · · · · · · · · · · ·		1944
Kurt Strauss	Student	·		1937
Freidrich Strauss	Student			1939

Suse Schloss was born in 1903 at Reichenbach and obtained her approbation from the University of Breslau in 1928. She did not go on to complete her doctorate. The schedule that she filled out in 1938 and which was in fact stamped by the University of Breslau and the Dean of Dentistry was inadequate. In fact the number of lectures and demonstrations was not recorded for any of the subjects in the curriculum. Strangely, this was rectified in a new schedule that was sent to the G.M.C. in 1940. Minor discrepancies were noted in relation to the duration of the course in surgery and medicine. The only problem was that the schedule was signed by Hans Turkheim, a former Director of the Prosthetic Department in the Dental School of the University of Hamburg and one of the most prolific researchers in the pre-war period. Hans Turkheim was in fact by this time a dental refugee living in London when he signed the schedule on behalf of the University of Hamburg and this was not acceptable to the G.M.C.

the Universities of Reach (H. Turkhe im. D. M. D.) formerly Director Pros Threat Colling and they

Figure 66 Signature page of Suse Schloss' schedule

Suse Schloss passed her L.D.S. examination in 1956 and then went into general practice.

Ferdinand Pilzerbarme (Ferry Pilzer) was born in 1907 in Frankfurt and qualified with a D.M.D. degree from the University of Frankfurt in 1933.



Figure 67 Ferry Pilzer in 1994

He was accepted by the G.M.C. onto the Foreign List in 1934 and was given to permission to practice by the Home Office in London in 1935. He built up a very successful practice in Devonshire Place. Despite this, he went to the Royal Dental Hospital in London to study for an L.D.S. in 1944, which took one year. A similar case was that of Kurt Salomon who was born in 1911 in Opladen and obtained his D.M.D. degree from the University of Bonn in 1934. The G.M.C. acceded to his registration, also in 1934. Initially he was not given permission to practice and he went to work in the Dental Clinic in Jamestown, St. Helena. By 1942 he had returned to Britain and was given permission to practice, initially at 25 Belsize Park Gardens, NW3. In 1946 he took the L.D.S. examination, having studied for one year at a London dental hospital. The question arises as to why both these successful refugee dentists thought it necessary to take the British qualification after so many years in practice in Britain. The first possibility is that, being stateless, they may have felt insecure and were keen to assimilate. This was particularly true of Ferry Pilzer, who had married a non-Jew ⁴¹⁸. Secondly, naturalisation was usually achievable after five years' residency in Britain. However, this was suspended during the war. Until they achieved British nationality and a passport refugees could not travel abroad. It seems logical that gaining an L.D.S. diploma might be of value in this direction. Dental schools at this time were short of students and might have been happy to take on a

⁴¹⁸ Interview with Kimche Reif (wife of Walter Reif) 16th April 2005

middle-aged refugee dentist who had considerable experience and also spoke more than reasonable English.

A similar example would be that of Jacob Wandstein who obtained his dental degree at the University of Warsaw in 1928. His request to be on the Foreign List of the Dentists Register in Britain was acceded to by the G.M.C. in 1939. Without Home Office permission to open his own practice he took an L.D.S. in 1945 after which time permission was given.

The Auxiliary Military Pioneer Corps (AMPC)

After *Kristallnacht* and the Anschluss, the British Government gave permission for a derelict first world war camp at Richborough near Sandwich in Kent to be rebuilt as a transit camp for 3,500 refugees fleeing Nazi oppression. It was known as the Richborough or Kitchener Camp⁴¹⁹. The Jewish Refugee Committee (J.R.C.) and the Joint Distribution Committee funded the project⁴²⁰. Those refugees who were not deemed a risk were permitted to join the Auxiliary Military Pioneer Corps, the nonfighting corps of the British Army, affectionately called the "King's Own Loyal Enemy Aliens"⁴²¹.

The training centre for the Auxiliary Military Pioneer Corps (A.M.P.C.)was initially set up at the Kitchener Camp. Two dental refugees joined the A.M.P.C. Jacob Brandt was born in Berlin in 1911 and received his D.M.D. degree from the University of Berlin Dental School in 1934. In 1937 he was accepted onto the Foreign List. He arrived in Britain in 1938 and was not allowed to practice. He was discharged from the AMPC in 1941 on medical grounds. Ludwig Werber was born in Vienna in 1909 and was a mechanic/dentist with no dental degree. He was the head gardener at the camp and was also allowed to carry out emergency dental treatment when the camp dentist was absent. He joined the A.M.P.C. in 1940 and was posted to an army base in Bradford. After being injured in a crash involving an army lorry he was eventually discharged in 1942.⁴²²

The Army Dental Corps (A.D.C.) and Royal Army Medical Corps (R.A.M.C.)

Only two dental refugees were allowed to join the A.D.C., although many applied. Michael Reiter was born in Krakow in 1902 and was practising in Vienna as a mechanic/dentist. He had no dental degree or diploma. He stayed in the A.D.C. from 1940 to 1945 and in 1956 passed the Statutory Examination of the recently formed General Dental Council, which allowed him to practice.

⁴¹⁹ Fry, Helen, The Jews in North Devon, Devon, Halsgrove, 2005, p. 9

⁴²⁰ Gottlieb, Amy, Men of Vision, London, Weidenfeld and Nicholson, 1998, p. 137

⁴²¹ Fry, Helen, *The Jews in North Devon*, p. 11

⁴²² Interview with Ludwig Werber, 8th October 2003

Erhard Stern was born in Berlin on 4th May 1918 and emigrated to Britain in 1935. He started his dental studies at the Royal Dental Hospital in London in 1936. Having volunteered for the Army, he was posted to 88 Company Pioneer Corps and went to France with them in 1940. In 1942 he was given permission to complete his dental studies. Having done so, he was transferred to the Army Dental Corps. He was commissioned as a lieutenant and served in Scotland, Beirut and Gaza. Stern was released with the rank of Captain in 1947⁴²³.

The only dental refugee who was allowed to join the R.A.M.C., having been put on the G.M.C. Medical Register in 1940, was Czech stomatologist William Grossman, who was born in Znaim, Moravia, in 1911. He obtained his M.D. degree at the University Medical School of Prague in 1936 and specialised in oral surgery. His young age of 29 years and surgical experience in treating maxillofacial injuries opened the pathway to his becoming a Captain in the R.A.M.C. In 1946 he left the army and took the L.D.S. diploma. He was awarded a Dip.Orth. diploma in 1954 by election by the Royal College of Surgeons. He was one of only two dental refugees to make Consultant status, in his case at the University College Hospital Dental School⁴²⁴.

⁴²³ Leighton Langer, Peter, *The King's Own Loyal Enemy Aliens*, London, Valentine Mitchell, 2006, p. 65. Refugee's name is incorrectly listed as Albert.

⁴²⁴ Interview with Patrick Grossman (son), 22nd January 2004

Illegal Dental Practice

Two refugee dentists who were interviewed readily admitted to practicing illegally.

Maurice Hermele⁴²⁵ was born in 1912 in the town of Auschwitz, which at that time was in Germany, previously in Poland. He obtained his dental degree from the University of Nancy in 1937. Hermele joined the Polish army in France and escaped to Britain in 1940, practicing as a dental surgeon in the re-formed Polish army for three years, based in Aberdeen in Scotland. Hounded by anti-Semitism within the army he went absent without leave and travelled to London. He did not have his French dental records and therefore could not be registered by the G.M.C.

Hermele practiced illegally in a loft room in Kensington, mostly treating Polish refugee patients, and was never apprehended. Fortunately his dental records were retrieved once France was liberated and his schedule was accepted by the G.M.C. in 1944.

Ludwig Werber⁴²⁶ was a mechanic/dentist who had been in practice in Vienna. He obtained a visa in 1938 and arrived at the Kitchener Camp in Richborough, Kent in 1939. During the period 1942-56 Werber worked as a dental technician for Ferry Pilzer, Moritz Tischler and Erich Isakowitz, all of whom were on the Foreign List of the G.M.C. Whilst he was working for Erich Isakowitz, an anonymous letter was sent to the British Dental Association suggesting that he and another refugee dentist who were not on the Register had been treating patients. This data was brought before the British Dental Association Law and Ethics Committee on 27th September 1943. It was suggested by the Committee that if evidence could be obtained, then the situation would be forwarded to the Dental Board. There is no evidence that this happened.

Ludwig Werber set up a "body corporate" in 1948 ⁴²⁷ and eventually had dental surgeries in London's Fore Street, Commercial Road, Caledonian Road and in Stoke Newington. Bodies corporate were private companies owning dental surgeries; their names could be found listed in the Dentists Register. These companies employed a considerable number of locums, especially from South Africa

⁴²⁵ Interview, 30th October 2003

⁴²⁶ Interview, 8th November 2003

⁴²⁷ Forlon Dental Surgeries Ltd., 462 Fore Street, Edmonton, N9. The Dentists Register London, General Dental Council, 1957, p. 473

and Australia. When dentists were absent or on holiday, Ludwig Werber used to practise, but he was never apprehended. He passed the Statutory Examination in 1956.

Wilhelm Landes⁴²⁸, born in 1905 in Vienna, was also a mechanic/dentist. He was supported financially by the Jewish Refugee Committee and the Home Office but was eventually allowed to work as a technician in 1943. He was an expert in making dentures and bridges and the dentists he worked for were happy for him to carry out the clinical aspects of the case as well. This he continued to do up to 1956 when he passed the Statutory Examination that allowed his name to be entered on the General Dental Council Register.

⁴²⁸ Interview with Emil Landes (son), 14th August 2002

Appeal to the Privy Council under Section 10 of the Dentists Act 1878

Under the above section, a person who is refused registration in the Foreign List by the G.M.C. on the grounds that the certification of qualification obtained abroad is not recognised, is entitled to appeal to the Privy Council.

In order to be recognised by the G.M.C., a foreign certificate must be one that a) entitles its holder to practice dentistry or dental surgery in the country in which it was granted and b) is considered to furnish sufficient guarantee of the requisite knowledge and skill for the efficient practice of dentistry or dental surgery

Of the above, a) is a question of fact. As far as b) is concerned, the test applied is whether the course of study and examination is are approximately equivalent to that prescribed as the minimal requirements for students in Britain.

In the event of an appeal, the Privy Council is required to hear the G.M.C. (in practice, it is asked to submit its observations on the case) and it then dismisses the appeal or directs that the certificate should be recognised. The following example of Dr. Fritz Laband demonstrates the seeming futility of appealing to the Privy Council.

Dr. Fritz Laband, a German Jewish refugee living in Sandakan, British North Borneo, had completed his dental training "*approbation als Zahnarzt*" in 1925 at the University of Berlin Dental School and also received the degree of Dr. Med. Dent. at the University of Berlin in 1927. Dr. Laband made his first application to the G.M.C. in April 1936 and was refused on 26th May 1936. His second application was made in October 1937 through his solicitor, Mr. Victor Lehmann, who was a Doctor at Law. It was again refused by Council on 23rd November 1937. His third application, made through Messrs. Herbert Oppenheimer, Nathan & Vandyk, was made in April 1940 and refused on 28th May 1940.

A schedule was completed by Dr. Laband in support of each of his three applications, and on examination decided that Dr. Laband had not shown that the courses of study in at least two subjects was substantially equivalent to the courses undertaken by British candidates.

The first of these was in General Pathology. The minimal requirement stipulated by the British schedule was for two academic terms of not less than 40 lectures and/or demonstrations. It appeared on examination of Dr. Laband's records of attendance that the subject of the first of these courses was "Pathology and therapy of the teeth", and not General Pathology as the G.M.C. would have preferred.

The second problem area was in Surgery. The minimum requirement set out in the G.M.C.'s recommendations is that this course should extend over two academic terms or six months and should consist of not less than 40 class meetings. In his 1940 schedule, Dr. Laband entered under this heading both the course extending from April to September 1923 and consisting of sixty class meetings, and the course extending from October 1923 to March 1924, consisting again of 60 class meetings. It appeared, however, on examination of the records of attendance at these and other courses of study, which were also submitted by Dr. Laband, that the subject of the first of these courses was Dental Surgery and not General Surgery. In the opinion of the of the G.M.C., this could not properly be used as part of the desired instruction in General Surgery. The second course taken alone was in their opinion insufficient because of its duration of only five months, whereas the minimum requirement as set out in the schedule was six months.

The schedule filled out by Dr. Laband for his first application in 1936 shows no entry under the heading of Materia Medica and Therapeutics, although the British equivalent was a minimum of ten meetings of the class. His further schedules in 1937 and 1940 show different data and it appeared that he had attended 24 meetings and a course extending from April to September 1922 at the University of Munich. The G.M.C., on careful examination of the data, found that the subject of these meetings was Practical Chemistry and not Materia Medica and Therapeutics, and that the subject of the course was Diagnosis, and again not Materia Medica or Therapeutics.

The G.M.C. was also dissatisfied by Dr. Laband's experience of Principles of Orthodontics. No entry under this heading was made in the schedule completed by Dr. Laband in April 1936, yet in the schedules completed for his second application in 1937 he entered under this heading a course extending from November 1920 to March 1921 at the University of Berlin, at which he stated he had attended 24 meetings. In the schedule completed in 1940, he entered a course extending from April to September 1923, again at the University of Berlin, at which he stated that he had attended 24 meetings and a course extending from April to September 1923, at which he had attended 36 meetings.

The G.M.C. found that the subject of the first of these courses was properly to be described as "Polyclinic for Tooth and Mouth Diseases", but not as Principles of Orthodontics, and that the subject of the second course was properly to be described as either Technical Dentistry or as the Theory and Practice of Dental Prosthesis, not as Principles of Orthodontics. If these courses were excluded, there was no evidence that he had received any tuition whatsoever in the Principles of Orthodontics.

The findings of the Privy Council state that after carefully reading these papers, they entirely agree with the findings of the G.M.C:

The G.M.C. has acted with meticulous care and scrupulous impartiality. The Privy Council should not disturb a conclusion of the G.M.C. reached mainly on technical grounds in good faith and after an exhaustive review of all the circumstances and in the light of the practice of the Council in these cases⁴²⁹.

On 2nd March 1942, Messrs Herbert Oppenheimer, Nathan & Vandyk were informed by the Clerk of the Council that the accompanying order of the Lords of the Council dated 26th February 1942 dismissed the appeal of Dr. Fritz Laband under Section 10 of the Dentists Act of 1848 against the refusal of the G.M.C. to register him as a foreign dentist in the Dentists Register.

As far as can be ascertained from the files relating to the Privy Council in the National Archives, there were no successful appeals as far as dentists were concerned⁴³⁰.

Looking at this data 65 years later, it is necessary to feel some sympathy for Dr. Laband. He obviously filled out his original schedule of 1936 incorrectly while living in Germany. It was in a foreign language which he probably did not fully understand and in addition, like many students, he probably did not keep accurate records in his Student Books about his courses of lectures, the subjects involved and the amount of meetings, hours or months that they occupied. The probability is that if British students had to fill out a Student Book throughout their course at dental school, these would also be full of mistakes and with data left out. The attitude would be "who would need to look at it anyway?" Dr. Laband compounded his initial mistakes by filling out further schedules that were submitted in 1937 and 1940 in

⁴²⁹ National Archives PC8/1473

⁴³⁰ National Archives PC8

which data had been added to the original. This immediately aroused the suspicion of the G.M.C. and obviously from this point on they were looking very closely at the information and picked up a series of problems where they could quite rightly say that his registration under Section 10 of the 1879 Act was not possible because of insufficient training. Since quite a large number of dental refugees who graduated from the Berlin Dental School were acceded to by the G.M.C., having gone through the same training as Dr. Laband, he would have benefited from good advice from other refugee colleagues before filling out his schedules, which evidently he did not get. By 1940, however, it was not possible to get further information from the German dental schools and the dentist in question was at any rate living and working in North Borneo.

The Statutory Examination

Autonomy for the dental profession in Britain started with the Dentists Act of 1956 and the formation of the General Dental Council (G.D.C.), which superseded the old Dental Board, which had been under the aegis of the G.M.C.⁴³¹. The Statutory Examination was instituted in 1957⁴³² for those dental surgeons whose degrees or qualifications were not recognised by the General Dental Council. This provision was largely due to the lobbying of Hans Turkheim, restored as Professor Emeritus at Hamburg University, and Chairman of the Society of Continental Dental Surgeons (later the Anglo-Continental Dental Society)⁴³³. Six refugee dentists completed Part 1 and Part 2 of the Statutory Examination in 1957 and were then placed on the G.D.C. register: Ruth Morris (Zilz), Michael Reiter, Theresa Schrotter, Ludwig Werber, Simon Hirsch and Wilhelm Landes. Ludwig Werber and Wilhelm Landes were dental mechanics who practiced dentistry in Austria. In 1920 the law had been changed in Austria, permitting dental mechanics of nine years standing to practice dentistry. No course of training similar to that required of medical practitioners wishing to practice dentistry in Austria was needed⁴³⁴. The Joint Committee on Refugee Dentists⁴³⁵ also suggested that:

In Britain dentists practicing by virtue of Section 3 of the Dentist's Act of 1921 are required to study for a minimum of three years if they wish to obtain a degree, diploma or licence in Dental Surgery. Any lessening of the possible requirements in the case of the Austrian Dentists 1920 would constitute an injustice to the profession in this country and would cause areat resentment⁴³⁶.

The Statutory Examination therefore opened up the possibility that such people, after a period of retraining, would be able to go into practice, thus 19 vears had elapsed since their original refusals in 1938. Wilhelm Landes was

⁴³² Minutes of Education Committee General Dental Council 24th July 1957, B.D.A. library

⁴³¹ Cohen, R. A., The Advance of the Dental Profession, a Centenary History of the B.D.A. 1880-1980, London, British Dental Association, 1979, p. 33

⁴³³ Reif, Walter, Hans Turkheim Memorial Address, European Dental Society Newsletter, November 1983

 ⁴³⁴ Minutes of the Joint Committee on Refugee Dentists 27th September 1938
 ⁴³⁵ Minutes of the Joint Committee on Refugee Dentists 27th September 1938

⁴³⁶ Minutes of the Joint Committee on Refugee Dentists 27th September 1938

tutored by his son Emil, who obtained his B.D.S. degree from Kings College Dental School, London in 1956⁴³⁷.

⁴³⁷ Interview with Emil Landes, B.D.S., 15th February 2005

Dental refugees with an M.D. who did not apply to go on the Dentists Register

Five Austrian refugee dentists with a University of Vienna M.D. degree were accepted onto the G.M.C. medical register and did not apply to a British dental school to complete an L.D.S. Therese Schrotter worked from 1938 to 1956 in the School Dental Service, then took the Statutory Examination in 1957 which would allow her to practise⁴³⁸. Schulim Schatzenberg graduated with an M.D. degree in 1924 from the University of Vienna and in 1938 was in the Dachau concentration camp before obtaining a visa and arriving in Britain, where he was sent with a group of Austrian refugees to the Richborough camp in Kent. Dr. Schatzenberg was in poor health and had suffered two previous heart attacks. He realised that going into dental practice was going to be too stressful and he therefore worked in the School Dental Service until 1952 when he died at the young age of 56. Schulim Schatzenberg's brother, Samuel, also managed to get a visa to come to Britain in 1938. Like his brother he decided against taking an L.D.S. and, after a period at the Richborough Camp, he went to work in the School Dental Service in Leicester. He died of liver cancer in 1944⁴³⁹.

Olga Müller (see appendix 2 p. 357) studied medicine at the University of Vienna and graduated as a Doctor in 1922, followed by two years of post-graduate training in dentistry. Having obtained a visa for herself and her family, she emigrated to Britain in 1939 and settled in Birmingham. She did not apply for permission to practice as a dentist in Britain as she was unable to afford the preliminary training that was required. In 1941 she received restricted permission to work as a doctor at the then Queens Hospital, later the Birmingham Accident Hospital, where she worked until her retirement⁴⁴⁰.

Josef Glatter practiced dentistry in Vienna, having completed his M.D. degree at the University of Vienna together with a two-year postgraduate training in dentistry. Before arriving in Britain he spent six months in the Buchenwald concentration camp and arrived in London in April 1939. He decided not to do

⁴³⁸ General Medical Council microfiche archive

⁴³⁹ Interview with, Stella Curtis (daughter), 24th February 2004

⁴⁴⁰ Interview with Susanne Norton (daughter), 24th December 2003

further dental training to obtain an L.D.S. He was accepted onto the General Medical Register and practised as a physician in Stoke Newington, London⁴⁴¹.

⁴⁴¹ Interview with Frederick Hogan (cousin), 16th February 2004

Name changes

Name changes were relatively frequent amongst refugee dentists and the data can be found on the microfiche files of the G.M.C.

FIRST NAME	SURNAME	Name change	
Richard	Auerbach	Alford	
lstvan	Aufricht-Adorjan	Stephen Adorjan	
Gerhard Leopold	Baszynski	Baskey	
Curt	Calmsohn	Calmson	
Kurt	Dannenbaum	Dannen	
Franz Martin	Eisenstadt	Frank Barraclough	
Heinz Robert	Etzhold	Henry Robert Edwards	
Egon	Fuchs	Egon Fox	
Walter	Goldschmidt	Goldsmith	
Ferdinand	Goldstein	Golten	
Julius	Gummersheimer	Gummers	
Kalman	Gutfreund	Goodfriend	
Kurt	Guttman	Kenneth Goodwin	
Kurt	Herzfeld	Kenneth Hustfield	
Herman	Hirsekorn	Hirst	
Egon	Holzbock	Holbeck	
Paul	Kinsbrunner	Kinston	
Siegfried Sansone	Kinsbrunner	Stephen Kinston	
Stephanie Eleonore	Kirchstein	Kirstein	
Walter	Kirchstein	Kirstein	
Heinrich	Krott	Henry George Krott	
Erna	Lachs	Lacks	
Werner	Levinsky	Lindley	
Sarine	Levy	D'Artois	
Elspeth	Levy	Levy-Davidson	
Hans	Lewinnek	Henry Levick	
Hans	Librowicz	Hans Leavor	
Ernst Joachim	Magnus	Ernst John Magnus	
Fritz Robert	Münz(es)heimer	Munz	
Walter	Münzesheimer	Munz	
Herbert	Nussbaum	Hubert Norton	
Hans	Orlai	Orlay	
Ferdinand	Pilzerbarme	Ferry Pilzer	
Morduhai	Roisentwit	Maurice Rose	
Ernst Helmuth	Rosenberg	Ernest Howard Royce	
Paul	Rosenstein	Rosten	
Trude	Rosenthal	Gertrude	

Kurt	Salomon	Kurt Salmon		
Karl	Schajowicz Charles Sha			
Erhard	Stern	Edward		
Kurt	Strauss	Fred		
Johannes	Wahle	John James Wahle		
Reinhart	Waldsachs	Waldsax Hilda Wharton		
Hildegard	Wortensleben			

Figure 68 Table of name changes

In most cases the reason for a name change was to hasten the process of assimilation and signified the acceptance of the fact that they would spend the rest of their lives in Britain.⁴⁴² Thus Ferdinand Pilzerbarme became Ferry Pilzer. The fact that he married a non-Jewish English woman would also have provided motivation. A similar situation existed with Egon Fuchs, who changed his name to Fox. He not only married a Roman Catholic but was baptised into the Catholic faith himself⁴⁴³.

The other reason for name changes was to allow enemy aliens to enter the fighting units of the Armed Services. In order to make this possible a War Office Order was issued in April 1943 to adopt names that would hide their true identity if captured by the enemy444.

⁴⁴² Interview with Kimche Reif (wife of Walter Reif), 17th March 2005

⁴⁴³ Interview with Bettina Fox (wife of Egon Fuchs), 22nd September 2004

⁴⁴⁴ Leighton Langer, Peter, The King's Own Loyal Enemy Aliens, London, Valentine Mitchell, 2006, p.

The Addresses of Refugee Dentists in Britain

By 1939, 91 refugee dentists had been given permission by the Home Office to set up in practice, or lived in, the London suburbs. Sixty-four of these were to be found in north-west London. The areas they chose included N2, NW2, NW3, NW4, NW6, NW8, N16, N22, together with Kenton, Edgware and Wembley in Middlesex. These were all areas with considerable existing Jewish populations, with synagogues, Hebrew classes for children, Jewish shops (especially food shops), and fellow German and Austrian refugees. Interestingly, the existing Jewish populations were mainly second and third generation Jews from Russia who had started in the East End and had then followed the Tube lines to north-west London⁴⁴⁵. In some cases this led to friction within the community as the German refugees were described as being arrogant and argumentative⁴⁴⁶.

Thirty refugee dentists were centred around the NW6 and NW3 area. This so-called "refugee area" extended from Belsize Park near the Belsize Square Synagogue (established in 1939 by German refugees) through to Hampstead and Finchley Road. These 30 dentists included Adelbert Fehr at 115 Canfield Gardens, NW6 and Siegfried Nathan, who lived and worked in Goldhurst Terrace, NW6. Max Borchardt lived and practiced at 5 Langland Gardens, NW3; Karl Giesskann lived at 16 Palace Court, Finchley Road, NW3. The so-called refugee area extended as far as Hampstead NW3 where Gertrude Hamburger lived and practiced at 4a Belsize Lane, NW3.

Refugees of all types, not only dentists, liked the areas of NW6 and NW3⁴⁴⁷ as they enjoyed the cosmopolitan atmosphere and the grouping together of the "intelligentsia". To this end it should be noted that Sigmund Freud lived in Maresfield Gardens, NW3 and his daughter Anna opened her clinic in Fitzjohns Avenue. The NW3 and NW6 area had a considerable number of large houses that, before the war, had been occupied by single families but were now divided up into flats that might just about be afforded by refugees, having one or two rooms. Camden Market was close by and cheap food and clothing could usually be found.

⁴⁴⁵ Lecture by Dr. Ann Gershen, Director Emigration Studies Queen Mary College University of London, 18th May 2005, London Jewish Cultural Centre

⁴⁴⁶ Home Office leaflet – While you are in England: Helpful information and guidance for every refugee

⁴⁴⁷ Interview with Henry Kuttner, Librarian Belsize Square Synagogue, 16th March 2005

Continental restaurants in the NW6/NW3 area were sometimes owned by refugees such as the "Cosmo" in Finchley Road. Refugees also found that Hampstead, especially Hampstead Heath and Kenwood, was somewhat like the German cities that they had left behind and there on a Sunday morning, German was the most common language to be heard as people walked.

The Joint Committee on Refugee Dentists⁴⁴⁸ was set up to examine the applications from Austrian dental practitioners seeking permission to reside in Britain for the purpose of practicing dentistry. A document from this Committee was addressed to Sir Samuel Hoare, the Home Secretary. Point 18 in the document states that a recent Home Office conference related to the location in this country of applicants to whom the Home Secretary might grant permits. The Committee had considered this important aspect and "is strongly of the opinion that concentration of refugee dentists in a particular area would be most undesirable".

Forty refugee dentists gravitated to the "medical area" between Marylebone Road and Cavendish Square. This "medical area", which included Harley Street, Wimpole Street, Devonshire Place, Devonshire Street, Great Cumberland Place, Connaught Street, Park Crescent, Welbeck Street, Park Lane and Albion Gate, had beautiful Georgian houses divided up into separate flats ("rooms") that were occupied by consultants in all aspects of medicine and dentistry. There were many complaints ⁴⁴⁹ which stating that the medical and dental professions were unhappy about the number of foreign nameplates that were appearing in the area.

Among the number were Meinert Marks who worked at 14 Park Lane, and later at 106 Park Street, W.1,, Walter Reif, who practiced at 75 Wimpole Street and Max Walter at 43 Wimpole Street. The question of why the West End medical area was a magnet to refugee dentists had a number of possible answers:

a) Self-belief that their dentistry was better than the majority of British practitioners. Therefore, they should be in an area associated with excellence.

b) Many of the Jewish dentists in Germany and Austria had occupied good addresses in the centre of their native cities and had established a clientele of discerning patients.

c) They were in a position to attract British patients who realised the difference between British and Continental dentistry in that the German and Austrian dentists

⁴⁴⁸ British Dental Journal supplement No. 13, 1st March 1939, p. 68

⁴⁴⁹ The Lancet, 23rd Ap;ril 1938, p. 951

had a philosophy of saving teeth, often by sophisticated methods. This meant that they were able to attract people who would appreciate this sort of service such as actors, politicians and musicians⁴⁵⁰.

d) The medical area of the West End was a place where patients expected to pay a considerable amount of money for specialist treatment. A particular group of British patients would only go to a dentist who charged a high fee because they considered he was probably the best⁴⁵¹.

e) The West End medical area became well-known to refugees from Austria and Germany who accepted, like British patients, that this was a centre of excellence.

f) There was very much a "club" atmosphere in the area, and refugee dentists would meet over lunch in the cafés of Marylebone High Street or after work. This eventually led to the founding of the Society of Continental Dental Surgeons, later the Anglo-Continental Dental Society⁴⁵².



Figure 69 Café Sagne in Marylebone High Street

g) Oral surgeons amongst the refugees such as William Grossman who practised in Harley Street and Moritz Tischler who practised in Park Crescent (and had worked with Archibald MacIndoe at East Grinstead) could make use of the good hospitals in this area for in-patient treatment.

h) The presence of the best dental technicians. These usually worked with the members of the American Dental Society of London, who had achieved their dental training in America, and were used to carrying out the type of complex

⁴⁵⁰ Interview with Kimche Reif (wife of Walter Reif) 17th March 2005

⁴⁵¹ Interview with Kimche Reif (wife of Walter Reif) 17th March 2005

⁴⁵² Interview with Renée Silverstone, (nurse to Max Walter), 2rd May 2004

restorative dentistry that the refugee dentists had been involved with in Germany and Austria. In this context, it was interesting that Meinert Marks brought over his own technician from Germany, Ernst Martin Natt (see appendix 2 p. 359), who was accommodated in the house used by Marks in Park Lane⁴⁵³. When Meinert Marks moved to Park Street, Natt set up his own dental laboratory in Harley Street which specialised in chrome dentures and crown and bridge work. Max Walter, who had his practice at 43 Wimpole Street, also employed two German technicians, Ernst Gruger and Hans Steinhardt, who used to carry out the complex prosthetics that were a major part of Max Walter's practice⁴⁵⁴.

i) Some refugee dentists had a specialist interest in certain areas of dentistry and preferred the medical area where they were surrounded by English specialist and consultant colleagues. Thus Max Walter had a specialist interest in endodontics, William Grossman in orthodontics and oral surgery and Walter Reif in crown and bridgework.

In contrast, 80 refugee dentists lived and set up practice outside London. There were a number of reasons why refugees went to the provinces:

a) The Home Office stipulations against concentration of refugees in areas of London and the South Coast and insistence that refugees should be distributed over the whole of Britain so that they would not be unduly competitive to British practitioners⁴⁵⁵.

b) Refugee dentists may have had relatives living in the provinces, especially cities like Manchester which had a large Jewish population. This would apply to the Kurer family⁴⁵⁶. Eva Glees was married to a non-Jew who was a physiologist and managed to obtain a position at Oxford University, and eventually after a great deal of difficulty she opened a practice in Woodstock, near Oxford.

c) Austrian dentists who had to take an L.D.S. very often went to provincial dental schools and stayed in the cities once they had qualified. Thus, Jacques Kurer and Desider Furst stayed in Manchester, Egon Fuchs stayed in Birmingham, and Karl Schajowicz (see appendix 2 p. 367) lived and practiced in Newcastle, having completed his L.D.S. at Newcastle Dental School.

⁴⁵³ Interview with Barbara Susskind (daughter of Meinert Marks) 14th October2004

⁴⁵⁴ Interview with Renée Silverstone, nurse to Max Walter, 23rd May 2004

⁴⁵⁵ Joint Committee on Refugee Dentists, p. 72

⁴⁵⁶ Interview with Peter Kurer (son of Jacques Kurer), 10th January 2005

d) Some refugees had no Jewish identity and even resented their religion and the catastrophe that it had brought upon them. Such an example would be Hugo Schneider who lived and practiced in Mayfield Road, Edinburgh and felt happier estranged from the Jewish community⁴⁵⁷.

Refugee Jewish dentists practiced in the following areas of Britain: Bath, Birmingham, Bournemouth, Bradford, Bletchley Park, Bude, Banbury, Brentwood, Bristol, Brighton, Buxton, Cardiff, Cambridge, Camberley, Coventry, Edinburgh, Folkestone, Faversham, Glasgow, Henley on Thames, High Wycombe, Hull, Hove, Ilford, London, Leicester, Leeds, Liverpool, Manchester, Newcastle, Nottingham, New Malden, Northampton, Oxford, Purley (Surrey), Reading, Sheffield, Sutton, Southampton, Salford, Shipley (Lancs.), Southsea, Tring, Thorpeness, Twickenham, Welwyn Garden City, Worthing, Warlingham and Wrexham.

⁴⁵⁷ Interview with Hans Schneider (son of Hugo Schneider), 10th September 2004

REFUGEE ORGANISATIONS

Jewish Refugee Committee

Otto Schiff, a stockbroker, was a member of a well-known rabbinical, banking and philanthropic family with origins in Frankfurt am Main. He had emigrated to Britain in 1896. During the first world war he aided thousands of *refugees* who had fled from Belgium to Britain and he was awarded the O.B.E. for his efforts. Schiff was keenly aware of the difference between the impoverished emigrant Jews from Eastern Europe before and during and first world war and the acculturated, welleducated and relatively affluent Jews following the Nazi takeover in Germany in January 1933. Otto Schiff concluded that a new and discreet organisation, one that addressed their specific concerns, was badly needed⁴⁵⁸. He discussed this proposal with the Board of Deputies of British Jews and the Adolphe Händler charity. They agreed to create the Jewish Refugee Committee for this purpose.⁴⁵⁹

This organisation was run by a massive group of voluntary helpers who recorded data on virtually every refugee that came into Britain during the 1930s. At a meeting of the Executive of the German Refugee Committee in 1936, Otto Schiff noted that in earlier years refugees generally had sufficient funds with which to support themselves but that since the passage of the Nuremburg laws in September of 1935, those entering Britain were often in need of financial assistance⁴⁶⁰. Thus Max Walter, who was registered with the G.M.C. in 1935, left Germany early and had invested the majority of his money in Switzerland. When given permission to practice by the Home Office he was able to set up his practice in Bayswater and was later able to move to Wimpole Street. Similarly, Meinert Marks was registered by the G.M.C. and placed on the Foreign List of the Dentists Register in 1934. He had sufficient capital, having had a successful dental practice in the fashionable part of Berlin, to set up practice in Park Lane, W1. As time went on the proportion of assets possible for Jewish immigrants to transfer abroad decreased. Emigration tax was first introduced in 1931 and was conceived as a fiscal deterrent against capital flight.

⁴⁵⁸ Gottlieb, Amy Zahl, Men of Vision, London, Weidenfeld & Nicholson 1998, p. 9

⁴⁵⁹ Wasserstein, Bernard, The British Government and the Germany Immigration 1933-1945 in Hirschfeld, Gerhard (Ed.), Exiles in Great Britain: Refugees from Hitler's Germany, New Jersey, Humanities Press, 1984, p. 64

⁴⁶⁰ Gottlieb, Amy Zahl, Archives, Central British Fund for World Jewish Relief, p. 9

The Reichsfluchtsteuer tax was originally imposed on persons owning upwards of RM 200,000 or owning RM 20,000 in property in 1931⁴⁶¹. In 1934 the tax base was changed to include those earning RM 50,000 at any time since 1931 or having earned RM 20,000 above per annum since that date. The increase in flight taxes by 422% had to be paid by refugees in 1938/39 and it corresponds roughly to the increase in emigration from Germany following Kristallnacht. The data suggests clearly that more wealthy German Jews emigrated in the earlier years of the Nazi regime in 1932, 1933 and 1934⁴⁶². In 1938 it was almost impossible for Jewish immigrants from Germany or Austria to transfer any of their remaining assets abroad⁴⁶³. This meant the majority of German and Austrian dentists arriving in Britain were virtually penniless at this time. Wilhelm Landes, an Austrian dental technician, lived in one room with his family and with a shared kitchen and bathroom. They were reduced to sewing buttons on cards to earn a small amount of money in addition to that given to them weekly by the Jewish Refugee Committee⁴⁶⁴. It is important to note that in 1933 the Jewish community in Britain set out proposals in a document signed by Neville Laski, President of the London Committee of Deputies of British Jews (Board of Deputies); Lionel Cohen, Chairman of the Board's Law Parliamentary and General Purposes Committee; Leonard G. Montefiore, President of the Anglo Jewish Association and Otto Schiff. This document was composed of seven short paragraphs and was essentially a guarantee that no refugee would become a burden on public funds and that all expenses, whether temporary or permanent accommodation or maintenance, would be borne by the Jewish community without ultimate charge to the State⁴⁶⁵. This situation carried through until December 1939 when Ministers accepted a Home Office proposal that funding from the public purse was necessary since funds from the main Jewish relief organisations were virtually exhausted. From this time on the government subsidised the costs of refugee maintenance and also the costs of re-emigration⁴⁶⁶. The data, in relation to the maintenance payments and costs of transmigration. is held in the archives of World Jewish Relief in Stanmore, Middlesex. Unfortunately it

⁴⁶¹ Strauss, Herbert A., Jewish Emigration from Germany 1933-1942, Munich, K.G. Saur, 1992, p. 241 ⁴⁶² Strauss, Herbert A., Leo Bæck Yearbook 1980, p. 344

⁴⁶³ Wasserstein, Bernard, Britain and the Jews of Europe, 1939-1945, p. 7

⁴⁶⁴ Jewish Refugee Committee archive, data obtained by Dr. Emil Landes, September 2005

⁴⁶³ National Archives HO 213/1627, Proposals of the Jewish Community as regards Jewish refugees from Germany.

⁴⁶⁶ National Archives HO 213/299, Cooper, Ernest, Brief for supplementary estimate, 5th November 1940.

is not possible to access this data without the help of the families concerned. The documentation on the files held by World Jewish Relief was filled out by enthusiastic voluntary helpers during the 1930s and 40s. Consequently there are many different types of handwriting and different degrees of historical information. Without doubt the World Jewish Relief archive would be a mine of information if access to it could be achieved on a research basis.

Heinrich Krott was born in Vienna in 1895⁴⁶⁷, obtained his M.D. degree at the University of Vienna in 1915 and was one of the forty Austrian dental surgeons who were allowed to take the L.D.S. examination in 1939. Krott had a guarantor, a Mr. Drevers of 51b Borough High Street, S.E.1 who intermittently contributed to his maintenance costs. However, by 1940 a letter from the guarantor states that he is unable to continue support. The Jewish Refugee Committee provided maintenance costs during 1939 varying from £3.10s.0d. to £15.13s.0d. per week. In November of 1939 Krott was also given ten guineas for the Royal College of Surgeons Examination Board and £2 for his registration when he had passed the L.D.S. examination. In March of 1940 a cheque for £150 was provided by Jewish Resettlements Ltd. (a part of the J.R.C.) as a loan to help him set up in practice. His debt to the Jewish Refugee Committee reached its maximum in June 1943 at £250.5s.0d. He started repaying his debts to the Home Office (which was sharing the maintenance payments) and to the Jewish Refugee Committee on 1st January 1943 at 9s.4d. a month to the Home Office and £4.10s.8d. a month to the Jewish Refugee Committee. By 1947 Dr. Krott had repaid Jewish Resettlements Ltd. the full loan of £150 and now started to repay the £172.5s.0d. that had been advanced to him in respect of maintenance and examination fees by the Jewish Refugee Committee. This was repaid on a monthly basis of £5.

⁴⁶⁷ Interview with Heidi Hillman (daughter), 6th January 2004

ZARNANZT DN: HEINRICH KROTT WIEN XV. MARIABILPERNTHANNE ING TRL

Vienna, august 9th 1938.

Dear Mrs. Danica,

Referring to our conversation I am sending you the following statements about myself and my children which you will kindly forward.

I have three children (gitts), aged 9, 6 and 1 1/2; the two elder children are of my first marriage. I was first married to Karl Goldberger M.D., specialist for diseases of nose, throat and ear. Since 1935 I have been married to Heinrich

Since 1935 I have been married to Heinrich Krott M.D. dentist; and dental surgeon.

We have been in good circumstances and my husband is one of the sminent dentists of Vienna. Owing to the change of political conditions he lost his position as manager of the "Amulatorium der Arbeiteris ankenkasse der Buchkaufmannschaft" und through the last edict of the Government it will be impossible for him to practise. We are therefore no longer able to maintain our children and curselves. Consequently we are forced to emigrate and found a new existence in a foreign country. As I shall have to take part in it, I should be handloaped by educating may three children and on the otherhand we shall not have the necessary means under these difficult circumstances to maintain our three children and curselves. It would therefore be a great help to we if the two elder children could at least for the first time, be brought to a family or a boarding school.

or a boarding school. For 10 years I was secretary to the famous Prof. of University Max Adler, collaborating in his scientific works, books, lectures etc.

As I have been supervising my household for 15 years which through great social intercourse demanded very much from me in every respect and as I was educating and taking care of my children myself. I may well say imm that I am well trained and have great experience in every kind of housework (funcy-cooking, finest pastry, nursing of infants (I made also a course for nursing bubic bies) sewing and all similar work). Besides I have ,

learned the making of artistic gloves and I am a special to mention my experience in education of children and peedagogie training.

I know German, English, French and some

I am ready to take any kind of work that will be offered me.

Thesking you in advance I am yours very thruthfully

Figure 70 Letter from Irma Krott to Mrs. Danica of the Jewish Refugee Committee

Hugo Schneider was born in 1897 in Freistadt in Austria and obtained his M.D. degree at the University of Vienna in 1928. Like Dr. Krott, he was one of the forty Austrian dental surgeons who were allowed to restudy in Britain to obtain an L.D.S. diploma in 1940, in his case at the University of Edinburgh. He was given living expenses and examination fees and his highest rate of debt was £318.16s.2d. in 1943. From 1st January 1943 Hugo Schneider started to pay back money both to the Home Office at £2.9s.9d. a month and to the Jewish Refugee Committee at £2.10s.3d. a month to reduce the debt. It took until 17th September 1954 for all the debts to be repaid.

Karl Schajowicz was born in 1895 at Bojan in Romania (then part of Austria). He graduated from the University of Vienna Medical School with an M.D. degree in 1923. He obtained an L.D.S. R.C.S. diploma from the University of Newcastle in 1940. Up to this time he had been supported by a grant from the Home Office and the Jewish Refugee Committee up to the sum of £10 per week. A group of Jewish businessmen in Newcastle organised by a Mr. Simon Cain lent him a sum of money so that he could buy a dental practice in Granger Street, Newcastle where he practised for many years. The maximum amount of money that Karl Schajowicz owed the Home Office and the Jewish Refugee Committee was £397.13s.11d. This was paid back at the rate of £2.2s.11d. a month to the Home Office and £2.17.1d. to the Jewish Refugee Committee. Final payment was made in 1952 when the remaining sum of £205.4s.5d was repaid at one time.

Under Austrian law, as a dental technician who had practised for nine years, Wilhelm Landes was allowed to practice dentistry. In Britain he would have needed to have completed a minimum of three years of the L.D.S. R.C.S. diploma until the Dental Act of 1956 which instituted the Statutory Examination which he was able to take and pass and then go into practice. Up to this time he worked as a technician. The Landes family were supposed to be on their way to Australia but because of the illness of his son, the voyage never took place. The family were destitute and initially were looked after at the Jews Temporary Shelter in Lemon Street. Wilhelm Landes had a guarantor in his brother- in-law, Wilf Held, who seemed to have given limited financial help. Wilhelm Landes was paid a subsidence allowance by the Jewish Refugee Committee which ranged from £2 to £3 per week. The maximum amount of money that he had been lent was £286.5s.6d. by 23rd May 1941. It is interesting to note that his wife was paid £3 a week during the period of months that he was interned in the Isle of Man. The Jewish Refugee Committee were also prepared to pay a sum of £93.3s.0d. which was the emigration costs to the United States where Landes had obtained a visa with the help of a family member who lived in New York. Because of the dangers of being torpedoed, the family decided not to take up this offer. By 13th June 1941 he had obtained a part-time position as a dental mechanic earning £2.10s. a week. The Jewish Refugee Committee ceased paying subsistence allowance on 21st July 1941 and there was no evidence of Home Office support. There is also no evidence in the data that states that the sums of money were ever repaid to the Jewish Refugee Committee.

It was possible to obtain some data on the five Austrian refugee dental surgeons who had the Cert.Dent.Exam.Comm. diploma from Vienna, which meant that the G.M.C. placed them on the Foreign List of the Dentists Register⁴⁶⁸. However, following the findings of the Co-ordinating Committee on Refugees which allowed in forty Austrian dental surgeons to restudy in Britain, it was recommended that these five refugees, because of their age ranging from 28 to 31, years should be recommended to re-emigrate and they would not be given permission to practice in Britain⁴⁶⁹.

Dr. Gertrude Fleischmann was born in 1908 in Vienna and obtained her M.D. degree at the University of Vienna in 1934 and her Cert.Dent.Exam.Comm in 1936. She arrived in Britain on 24th May 1939. Both she and Dr. Joseph Fleischmann were guaranteed by Mr Henry Lethaby c/o Goodwood Sports Ltd, Sydenham. Her records show that no financial support was needed and she left the Britain for the USA in 1940.

Dr. Hans Thein was born in 1908 in Mistelbach and obtained his M.D. degree in 1934 at the University of Vienna and his Cert.Dent.Exam.Comm. diploma in 1936. He was guaranteed by an uncle, Emile Stern of 234 Finchley Road, London NW3 who sent him an invitation and he had to undertake to stay in the country only three months. In fact he was met at Dover by a cousin with a banker's letter showing that his uncle could maintain him. The uncle paid for English classes and the Home

⁴⁶⁸ Data from the Curator, Jewish Refugee Committee Archive, 2005.

⁴⁶⁹ British Dental Journal 1939 Supplement 13, 69. Joint Committee on Refugee Dentists

Office extended his permit until 10^{th} July 1939. Because of the findings of the Coordinating Committee, with a recommendation for transmigration, he received a visa for India and travel documents worth £100 which was paid for by the Jewish Refugee Committee and also £250 from his uncle. It is recorded on his financial record sheet that he received a total of £32 in immigration fees which were later refunded by the uncle.

Dr Adam Reischer arrived in Britain on 31st January 1939. He was born in Lemberg in 1911 and obtained his M.D. degree in 1935 at the University of Vienna together with his Cert.Dent.Exam.Comm. diploma from the same University in 1937. He was guaranteed by a Mr. Vernon Cohen of 175 Regent Street, W1. He had difficulty getting the money out of the guarantor except when he first arrived and had to rely on friends for his finances. He had a white card and an affidavit for the U.S.A. and since his guarantor refused to pay, money was given by the Jewish Refugee Committee for a passport extension and visa fees, also for travel expenses to the United States. The records show that this money was not repaid by the guarantor.

Dr. Moritz Tillinger was born in 1909 in Vienna and obtained his M.D. degree at the University of Vienna in 1934 and his Cert.Dent.Exam.Comm. diploma in 1936. His guarantor was a Dr. Herzfeld of 25 Clarendon Road, W11. The guarantor paid for two tickets to Bombay and the Jewish Refugee Committee paid board money for two people of £6 on the SS Strathallan sailing for Bombay on 2nd June 1939. It should be noted that with his name on the Dentists Register of the G.M.C. he would have been able to practice dentistry in a Dominion country.

The data derived from these refugees gives rise to a number of conclusions:

The earlier German refugees were able to bring out most of their money and having been put on the Foreign List of the Dentists Register by the G.M.C., obtained Home Office permission to practise before the ban that operated from February of 1936. The later German refugees and especially the Austrian refugees after the Anschluss in 1938 had little or no money and the Jewish Refugee Committee, together with the Home Office, was active in funding their living expenses and also their examination fees where necessary. It would seem from the data that the majority of refugees over a period of years paid back the money that they were lent both by the Home Office and the Jewish Refugee Committee.

Guarantors seem to be both good and bad. Very often the guarantor either disappeared or reached a stage where they refused to pay any further money to support the refugee. In some instances the guarantors would pay for the boat fares for re-emigration.

The Society of Friends (Quakers)

The treatment of Jews by the Nazi regime in Germany was a matter of great concern to Friends. Friends had taken an active part in relief work and in the work of reconciliation in Germany after the first world war and had established many close links with the German people, strengthened by a small German membership of the Society of Friends. As early as 1933, The Meeting for Sufferings in London set up the German Emergency Committee (G.E.C.) which worked until the outbreak of the War to alleviate suffering, to assist immigration and to protest about the conditions in Germany⁴⁷⁰. After the Anschluss, Friends House in Euston Road in London was inundated with requests for help and virtually became a large case-working organisation. In February 1939, 80 G.E.C. workers, together with 14,000 case files, moved into 25 rooms on the third floor of Bloomsbury House (the former Palace Hotel).

Following the Anschluss the Home Office requested that there should be a single body with which it could deal on matters of refugee policy. The G.E.C. joined with all the other organisations in Bloomsbury House to form the Co-ordinating Committee for Refugees. Mary Omerod, who had worked on the G.E.C., was appointed Secretary. Work that she and the Co-ordinating Committee carried out in relation to Austrian dentists has already been alluded to. Three dentists, who graduated from the University of Vienna, have particular cause to be grateful to them. Firstly Jacques Kurer⁴⁷¹, who was one of the 40 Austrians allowed to come to Britain to retrain over a six-month period in 1939 (see Appendix 2 p. 336). The Quakers were active in obtaining visas for his wife and two sons and later for his parents. In Britain, the Kurers were housed with a Quaker family, a Mr. and Mrs. Goodwin in Manchester. In addition, his two sons Hans and Peter were sent by the Society of Friends as borders to the local Quaker school in Bootham.

The second dentist particularly helped by the G.E.C. was Hugo Schneider⁴⁷² (see Appendix 2 p. 374) who had escaped from Vienna with his wife and son Hans to Karpinia, originally in Czechoslovakia but ceded to Poland following the Munich Agreement. Hugo Schneider arranged for his son to go to the Quaker school in the

⁴⁷⁰ Darton, Laurence, Friends Committee for Refugees and Aliens, 1933-1950, London, 1954

⁴⁷¹ Interview with Peter Kurer (son) 10th January 2005

⁴⁷² Interview with Hans Schneider (son) 13th November 2004

Netherlands and he flew alone on a circuitous route via Prague to avoid Germany. Schneider was given help by the Quakers and eventually ended up in Edinburgh and Hans was helped to escape from Holland by the Quakers who looked after the family during their initial period in Edinburgh, where Hans was sent to a Quaker boarding school.

Thirdly, Majer Wolf Eirew who was also one of the 40 Austrian dentists allowed in by the Co-ordinating Committee in September 1938. He was helped to escape from Vienna by the Quakers and settled in Manchester. He took his L.D.S. examination at the University of Manchester Dental School. His son Hans was financed at the Quaker boarding school at Bootham⁴⁷³.

Michael Alt⁴⁷⁴ was born in Jehlava, Silesia, in 1864 and obtained his M.D. degree at the University of Vienna in 1890. Dr. Alt and his wife had one daughter (Dr. Lowick's mother) and they lived in a small apartment adjacent to the dental practice. By the time of the Anschluss in 1938, Dr. Alt was 74 years old and was too old and unfit to consider emigration. The Quakers were active in Vienna and offered to help his daughter and grandson. They obtained visas for them to go to Britain, where they lived in the Aberdeen home of a Quaker, Colonel Lilburn; the mother working as a domestic. The Quakers were instrumental in helping the grandson to attend Manchester University Medical School. Dr. Alt was left behind in Vienna and died in 1941 of lung cancer.

Kurt Heilbron left Achin, near Bremen, in 1934 because he wanted to study dentistry but the German dental schools were already closed to Jews. He went to Manchester, with the help of the Quakers, and studied dentistry at Manchester Dental Hospital between 1935 and 1939, eventually obtaining an L.D.S.⁴⁷⁵

 ⁴⁷³ Interview with Hans Eirew 12th January 2004
 ⁴⁷⁴ Interview with Dr. Lowick (grandson) 1st June 2004

⁴⁷⁵ Medical refugees database, Oxford Brookes

THE ACADEMIC ASSISTANCE COUNCIL, (LATER THE SOCIETY FOR THE PROTECTION OF SCIENCE AND LEARNING)

Sir William Beveridge, the Director of the London School of Economics, realised with considerable foresight that eminent academics dismissed from German universities needed the help of their British colleagues. In May 1933 he set up the Academic Assistance Council (A.A.C.) with the help of Leo Szilard and this was initially based in Geneva, and later in London and Cambridge. This was an almost totally non-Jewish organisation with Lord Rutherford, a Nobel Laureate in Physics, as its president, and Sir William Beveridge and Professor C. S. Gibson as its secretaries. Many of the British academic community contributed to the A.A.C. from their salaries on a regular basis. The German Refugees Committee, later called the German-Jewish Aid Committee, also allocated £2500 per year towards their fund and continued its support during the A.A.C.'s lifetime up to March 1936. The Council of the A.A.C. hoped that its work might be required for only a temporary period but it became convinced that, with the ongoing devastation of German universities, a more permanent successor to the A.A.C. was required. In March 1936 the Society for the Protection of Science and Learning (S.P.S.L.) was formed. into which the A.A.C. was absorbed.

The *Jewish Chronicle* of 10th February 1939 ⁴⁷⁶ reported a speech in the Great Hall of University College London by Sir Samuel Hoare, the Home Secretary, appealing for funds for the S.P.S.L.. Sir Samuel stated "there is scarcely an activity of our national life, industrial, agricultural, commercial and scientific, that has not been enriched by fertile brains of foreign immigrants". He also supported the appeal out of a sense of gratitude for all the services that the Jewish intellect had rendered to humanity.

The energetic assistant secretary of the S.P.S.L. was Esther Simpson who started work for the organisation in 1933. She was not Jewish. Esther graduated from Leeds University with first-class honours in French and German in 1924 and initially worked with the International Fellowship of Reconciliation in Vienna. Esther Simpson virtually gave her entire life to the S.P.S.L., with no thought of marriage and had few possessions; she rarely had a holiday in the conventional sense. At a

⁴⁷⁶ Refugees benefit Britain, The Jewish Chronicle, 10th February 1939, p. 17

superficial level her work was documentation, keeping track of individuals and groups under oppression and opening up routes for them through international academic channels. In the course of her work she was to help a number of refugee dentists, many of whom became her friends⁴⁷⁷.

One of the first distinguished academics that the A.A.C. was asked to help was Professor Alfred Kantorowicz ⁴⁷⁸ (see Appendix 2 p. 337) who was the Dean of the Bonn Dental School and also Professor of Odontology. Professor Kantorowicz was a Socialist and in 1926 he was able to transfer the administration of the Dental School to the State but retain control of it as its Director. Professor Kantorowicz was the originator of the Bonn Plan, which called for the complete eradication of dental caries in children, whereby all children should be seen by dentists regularly and not only on demand. To this end a fleet of mobile dental clinics was set up so that every part of the country could be reached ⁴⁷⁹. Professor Kantorowicz was also the author of some 60 papers on dentistry; he also published a *Handbuch für Zahnheilkunde* (*Handbook for Dentists*) in four volumes⁴⁸⁰. A further two-volume work on clinical dentistry followed in 1924⁴⁸¹. This distinguished dental scientist and social reformer was put into German concentration camps, first at Borgermoor in the Lüneberger area and later in the concentration camp for prominent persons and intellectuals in Lichtenstein in Saxony.

A letter was sent from the British Rabbi Dornhand-Cohn to Professor C. S. Gibson F.R.S., the secretary of the A.A.C. asking for help in obtaining the release of Professor Kantorowicz from imprisonment⁴⁸². The A.A.C., despite pleas to the academic community in Germany, was unable to help. Fortunately Professor Kantorowicz was eventually released by the intervention of the Crown Prince of Sweden who had heard him lecture during a tour of Sweden (see p. 192). The Crown Prince was also able to organise an offer from the University of Istanbul for him to go to Turkey, initially as a Professor of Dentistry and later as the Dean of the Istanbul Dental School. He was given no opportunity to work in Britain, despite the fact that he was considered the leading authority on children's dentistry.

⁴⁷⁷ The Guardian, Obituary of Esther Simpson, November 21st 1996

⁴⁷⁸ Bodleian Library, S.P.S.L. 372/6

⁴⁷⁹ Lovey, Hannelore T. and Kowitz, Aletha A. Alfred Kantorowicz Paediatric Dentistry Innovator, Journal of Dentistry for Children, Special Issue July/October 1993, p. 265

⁴⁸⁰ Kantorowicz, A., Handbuch für Zahnheilkunde Munich, J.F. Bergmann, 1925

⁴⁸¹ Kantorowicz, A., Klinische Zahnheilkunde, Berlin, Musser, 1924

⁴⁸² Bodleian Library, S.P.S.L. 373/6

The A.A.C. proved to be more successful in assisting Professor Hans Turkheim⁴⁸³. Hans Turkheim was born in Hamburg in 1889 and went to the Universities of Hamburg and Munich to study Natural Science and Dentistry and he obtained his D.M.D. degree in 1921 at Hamburg. He was a close friend of Alfred Kantorowicz and it was Kantorowicz who persuaded him to spend much of his time in dental research. During the period between 1925-35, his publications consisted of three books and 77 papers dealing with the basic subjects of dentistry. including physiology, histology, chemistry, caries research and bacteriology. In 1933 a further textbook on clinical prosthetics was also published in Germany, Switzerland and Italy. Professor Turkheim was accepted by the G.M.C., setting up a successful practice at 44 Devonshire Place, W1. The A.A.C. were helpful in smoothing his path, along with financial help from the German-Jewish Refugee Committee. It was. however, unsuccessful in obtaining any offer of a post in any of the dental schools so that Professor Turkheim could continue his research. This meant that a brilliant career was brought to a halt except for the minor amount of research that he was able to carry out in a small laboratory above his practice in London. This was mostly concerned with bacteriology and caries.

Following the Anschluss in March 1938, the S.P.S.L. was presented with a large group of Austrian dentists and researchers, many of them world authorities who were dismissed from their positions at the University of Vienna. Harry Sicher⁴⁸⁴ was 49 years old at the time he arrived in Britain in 1938. He was a Professor of Anatomy at the University of Vienna Medical School and had succeeded Zuckerkandel and Tandler, two famous Jewish anatomists. It was with Professor Tandler that he wrote *Anatomy for Dentists*⁴⁸⁵. This was published in many languages throughout the world. Harry Sicher also wrote a textbook on anatomy and technique for local anaesthesia⁴⁸⁶. In addition he had written some 77 scientific papers relating to dental anatomy, human and comparative embryology, oral surgery, local anaesthesia and anthropology. In a letter to Miss Dannenberg, the Secretary of the German Jewish Aid Committee dated 29th March 1938⁴⁸⁷, Esther Simpson states that:

⁴⁸⁷ Bodleian Library, S.P.S.L 375/5

⁴⁸³ Bodleian Library, S.P.S.L. 373/6

⁴⁸⁴ Bodleian Library, S.P.S.L. 373/5 Letters and data re Harry Sicher

⁴⁸⁵ Sicher, H, and Tandler, J. Anatomie für Zahnärzte, Vienna, Verlag Springer, 1926

⁴⁸⁶ Sicher, H. Anatomic und Technik der Leitungs-Anæsthesie, Berlin, Verlag Springer, 1920

Harry Sicher is a most distinguished scientist. He made the funeral speech for Professor Tandler who died in Moscow but was buried in Vienna in March 1938. Professor Tandler was noted for his left wing sympathies and the funeral oration placed Harry Sicher in a danger and he had to leave the country almost immediately. Professor Sicher's wife was the collaborator of Alfred Adler, father of modern psychology. Harry Sicher would be a major coup for British dentistry.

Esther Simpson goes on to say "he is amongst the best and most esteemed of my friends" and how grateful she would be if the German-Jewish Aid Committee could help to find a way so that Professor Sicher could stay in Britain Esther Simpson was in contact with Leonard Ball, a dentist who practiced at 3 Park Crescent, Portland Place, W1, who was not Jewish but was keen that this Viennese group of dental researchers were not lost to Britain. In a letter to Leonard Ball dated 1st April 1938, Esther Simpson states that support is needed from British dentists if Professor Sicher was to practice here. Sicher could fill out a schedule for the G.M.C. but for a man of his eminence, requalifying would be inappropriate.

A previous letter from Esther Simpson to Leonard Ball dated 29th March 1938 asks Ball to get the support of well-known dentists. Sicher is prepared to work unpaid at a university if necessary if his special knowledge would be of help to dentistry in Britain.

Esther Simpson was also in communication with Hugo Blaschko. Blaschko had left Germany in 1933 and had worked both at Cambridge and Oxford Universities. He was a world-famous biochemist and discovered monoamine oxidase inhibitors for treating depression. He was probably one of the earliest scientists to be helped by the A.A.C. Blaschko spent his first year in Britain helping the A.A.C. place refugees before accepting a research position at Cambridge University in 1934. In a letter from Herman Blaschko to Esther Simpson dated 8th April 1938, Blaschko recommends that she contacts Professor Harris, Head of Anatomy at Cambridge University. Harris' reply was totally negative, stating that they had no space, especially for a foreign refugee. Blaschko also suggests:

E. Wilfred Fish of Cavendish Square is probably the most eminent dentist in the country who is familiar with Sicher's work and his name carries great weight in the profession⁴⁸⁸.

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⁴⁸⁸ Bodleian Library, S.P.S.L. 373/5

In a letter from Esther Simpson to Blaschko dated 9th April 1938, she states that "in view of the opposition of members of the British Dental Association, I think Sicher will be compelled to renounce the idea of practicing in Britain" Esther Simpson wrote to Wilfred Fish on 11th April 1938, stating that she had been recommended "to approach you on behalf of Professor Sicher. I understand that you are an authority on his subject and I am enclosing his C.V. Could we have your confidential opinion on Sicher?" Wilfred Fish's reply is dated 13th April 1938 and he states "I do not know Professor Sicher personally. I do know Professor Weinmann, who visited me yesterday, who gave him a glowing testimony for his work on dental anatomy, anatomy and anaesthetics. Apparently he has a very sound reputation, though his dental work is not known in this country."

Fish had not only visited Bernhard Gottlieb's Vienna Institute many times and been taught the histological techniques that they used but was obviously familiar with the other members of the closely-knit research institute, including Harry Sicher, Joseph Peter Weinmann, Rudolf Kronfeld, Balint Orban and other members of the team⁴⁹⁰. Bearing these facts in mind, it is difficult to accept that he wrote such an anaemic reference about Harry Sicher. The possibility arises that he was looking after his own interests and keeping away the competition, or that there was a latent anti-Semitic attitude, although there is little evidence for this⁴⁹¹.

Leonard Ball, on Esther Simpson's behalf, also contacted Charles Rilot, M.R.C.S., M.R.CP., L.D.S., who was Chairman of the Dental Board and also the Dental Representative on the G.M.C. Committee. His answer quotes the 1878 Dentist's Act for permitting foreign dentists to practice in Britain but he does say that as a member of the Dental Education Committee, if Sicher's name came up, he would see that it got careful and sympathetic consideration. This letter was dated 24th April 1938. Leonard Ball had also been in contact with William Senior L.D.S. who was Secretary of the British Dental Association. Senior took a much more aggressive tone. In a letter dated 4th April 1938, he writes:

As the law stands, it is necessary to get a registration from the G.M.C. and fill in the necessary application forms, which if not up to standard would not be approved. It is only right that today the G.M.C. has refused a large number of

⁴⁸⁹ Bodleian Library, S.P.S.L. 373/5

⁴⁹⁰ Manson, J.D. Wilfred Fish, London, Esmeralda Press, 2003, p.139

⁴⁹¹ Letter from Professor Bernard Cohen, Director of Research at the Royal College of Surgeons, London, who was the successor to Wilfred Fish, to the author, July 2004

applications and even if registered on the Foreign List of the G.M.C., it will still be necessary to obtain a permit from the Home Office to allow for practice in Britain. The Home Office, on the representations of the Dental Profession has indicated that it will issue no more licences to practice dentistry. Sicher's case would therefore be very faint indeed.

Senior goes on to say that "he has received today, 4th April, a resolution by the Metropolitan Branch of the BDA, objecting in the strongest terms against any relaxation in view of the latest persecution of Jews in Austria". Senior finishes his letter by saying "I should not in any way support an application from Professor Sicher"⁴⁹².

A letter from Leonard Ball to Esther Simpson dated 8th April 1938, sums up the situation: "it shows the unfortunate attitude of my profession, or at least an influential part of it. The BDA represents the political side of a considerable part of the profession and I fear that this opinion will carry considerable weight with the Home Office."

The epitaph on Harry Sicher's failed attempt to find a position in Britain with the help of the S.P.S.L. is given by a letter from Martin Rushton to Esther Simpson dated 4th April 1938. Rushton was a non-practising, pure dental academic and his specialities were oral pathology and oral surgery. He was later to become one of the dominant names in the dental profession. He states that "Sicher has a good reputation as a teacher of anatomy and embryology and for research on these subjects, also in anthropology. I think anyone who gets him should be grateful"⁴⁹³

Sicher's last communication with the S.P.S.L. was in 1947 when he wrote to the new assistant secretary, Miss Ilse Ursell. In a letter dated 21st July, he thanks her for the reports of the S.P.S.L., and for the record says that he is now Professor of Anatomy and Histology and Chairman of the Department at the School of Dentistry of Loyola University, Chicago.

In the book *Refugee Scholars*⁴⁹⁴, dentists are only mentioned once. "Harry Sicher, a dental professor in Vienna had a regular string quartet with whom Tess Simpson played when she was in Vienna prior to 1938. After the Anschluss she tried in vain to obtain a position for him in Britain but failed."

⁴⁹² Bodleian Library, S.P.S.L. 373/5

⁴⁹³ Bodleian Library, S.P.S.L. 373/5

⁴⁹⁴ Cooper, R. M., Refugee Scholars – Conversations with Tess Simpson, Leeds, Moreland Books, 1992, p. 117

The S.P.S.L. was equally unsuccessful in helping Joseph Peter Weinmann⁴⁹⁵ who was born in Bohemia in 1896 and joined Bernard Gottleib's renowned research institute in 1923 after he had qualified M.D. at the University of Vienna. Joseph Weinmann's research had covered histology, anatomy and bacteriology. He was friendly with Wilfred Fish but this did not seem to help his case. despite the fact that Fish was one of his referees. Dr. Weinmann was one of 264 applications that had been received from Austrian dentists after March 1938. A Joint Committee on Refugee Dentists had been set up by the Home Secretary. Sir Samuel Hoare, to examine applications from Austrian dental practitioners seeking permission to reside in Britain for the purpose of practicing dentistry⁴⁹⁶. The third meeting of the Joint Committee⁴⁹⁷, following considerable discussion. reduced the number of applicants to 93. Of these, 31 had British addresses and were invited to attend for interview and out of this number, as we have seen, 24 attended. Joseph Peter Weinmann was one who failed to attend. The supposition would be that, with 25 years' research experience in Vienna and contributions of some 50 articles to various medical and dental journals, he felt that it was demeaning to have to requalify. He therefore went to the United States and spent one year at the College of Dentistry at the University of Illinois and a year at Columbia University before joining the Dental School at Loyola University as an Assistant Professor of Oral Pathology. It is interesting to note that Weinmann continued to be a prolific researcher, publishing more than 160 articles on bone physiology and pathology, amelogenesis and normal and pathologic oral epithelium and periodontal disease. His greatest achievement, however was the creation of a Department of Oral Pathology at the University of Illinois that for 20 years trained many of those who would lead academic dentistry in America and elsewhere in the world⁴⁹⁸.

Despite many setbacks, the S.P.S.L., in the guise of Esther Simpson, was able to provide help to a number of dental scientists. Dr. Leander Pohl⁴⁹⁹ was born in 1895 in Vienna and achieved his M.D. degree at the University of Vienna in 1920. He was an assistant to Professor Pichler who was the Dean of the Vienna

⁴⁹⁹ Bodleian Library, S.P.S.L. 363/4

⁴⁹⁵ Bodleian Library, S.P.S.L. 373/7

 ⁴⁹⁶ Joint Committee on Refugee Dentists, minutes of the initial meeting held on 27th September 1938.
 ⁴⁹⁷ Joint Committee on Refugee Dentists, 30th November 1938

⁴⁹⁸ Kremenak, Nellie W. and Squier, Christopher A., Pioneers in Oral Biology, *Journal of Dental Education*, Vol. 66: 1 January 2002, p. 23

University Dental School. His specialisation was oral surgery and radiology and he was also an accomplished painter and a maker of anatomical models. In 1931 he published *The Atlas of Histology* ⁵⁰⁰ and between 1927 and 1938 he published some 35 papers. A paper written in 1937 describing for the first time the extra-oral splinting of the fractured edentulous mandible was published in Vienna in 1937 and later expanded and published in The Lancet in 1941⁵⁰¹. With the help of Esther Simpson, Dr. Leander Pohl was accepted by Guy's Hospital Dental School in 1939 and obtained his L.D.S. diploma.

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Figure 71 Guy's Hospital Student Record Card for Leander Pohl⁵⁰²

In 1947, being stateless, Pohl had no passport to allow him to travel to dental conferences outside Britain. He appealed again to Esther Simpson and the S.P.S.L. and they were able to obtain fast-track approval for his naturalisation.

The S.P.S.L. was also able to help Hans Schachter⁵⁰³, who was born in Vienna in 1906 and received his M.D. degree from the University of Vienna in 1928. He was one of the 40 dentists who were given permission to requalify in Britain in 1938. He completed his L.D.S. at the Royal Dental Hospital in London in 1939.

⁵⁰⁰Pohl, Leander, Atlas of Histology, Vienna, Safar, 1931

⁵⁰¹ Pohl, Leander, Splinting of the Fractured Edentulous Mandible, *The Lancet* 4th October 1941, p. 389

⁵⁰² King's College London University of London Archives and Corporate Records

⁵⁰³ Bodleian Library, S.P.S.L. 373/4

Hans Schachter was also an assistant to Professor Pichler at the University of Vienna Dental School, his speciality being treatment of school-children, especially in relation to orthodontic abnormalities. In addition to help that he obtained from the S.P.S.L., Schachter was also assisted by the German-Jewish Aid Committee and was given the necessary funding to complete his L.D.S. diploma. Both Hans Schachter (and his wife, who was also a dental surgeon) worked for the School Dental Service before he went into private practice in 1942. Esther Simpson's S.P.S.L. notes also include a letter from the Home Office dated 2nd November 1940 which says that the "Secretary of State wishes to inform you that Mr Hans Schachter has not been interned". This would signify that S.P.S.L.'s efforts to prevent his internment were successful.

Blat Detober, 1940. 0 19050. Madam. 2 NOV 1940 I am directed by the Secretary a State to inform you that Mr. Hans Schachter has not been interned. I 187 . Madam, Your obedient Servant. The Decretary. Sayal Borledy for the Protestin of Bolence & Learning, South Polar Research Institute. Lengfield Road, Cambridge.

Figure 72 Home office letter to S.P.S.L. regarding Hans Schachter Hans Schachter wrote to the S.P.S.L. again on 10th April 1946 with regard to the problems of naturalisation. He states that he tried once a year from 1939 to 1943 to join the Army Dental Corps but had always been refused. He stated that he had taken steps through his solicitor, Mr. Barnett Janner, to claim priority for naturalisation so that he could travel abroad with a British passport and he would be grateful if the Society could support his application. He eventually achieved his naturalisation in 1947.

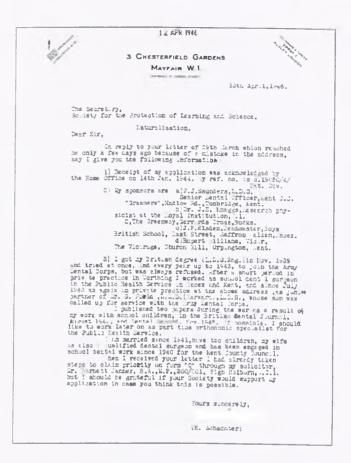


Figure 73 Letter from Hans Schachter to S.P.S.L. regarding fast-track naturalisation

Karl Ludwig Peter⁵⁰⁴ who was born in Vienna in 1905 and obtained his M.D. degree from its in 1923 was again one of the 40 dentists allowed to requalify, and obtained his L.D.S. diploma in 1941 at the University of Edinburgh. Karl Ludwig Peter is interesting because he was a Roman Catholic but with Jewish grandparents, which under the Nüremberg laws meant that he was not acceptable. Although a Professor of Oral and Maxillofacial Surgery in Vienna, the S.P.S.L. was not able to find him an equivalent position in Britain. He went into private practice in Basingstoke.

Two brothers, Fritz and Walter Münzesheimer ⁵⁰⁵, had been baptised and were Protestants but they also had Jewish grandparents. They were born in Karlsruhe in 1895 and 1901 respectively. Both qualified D.M.D. at the University of Berlin Dental School; Fritz in 1921, Walter in 1925. With the help of the S.P.S.L. Fritz was accepted onto the Dentists Register by the G.M.C. in 1937 and Walter in 1935. The Home Office gave them permission to practice, but not in London. Fritz Münzesheimer set up his practice in Oxford and his brother went to Birmingham.

⁵⁰⁴ Bodleian Library, S.P.S.L. 373/6

⁵⁰⁵ Bodleian Library, S.P.S.L. 373/4

The S.P.S.L. was also successful in helping Otto Pick⁵⁰⁶ who was born in 1901 in Vienna, obtained his M.D. degree in 1927 and, being one of the fortunate 40, obtained his L.D.S. from the Royal Dental Hospital in 1939. With help of the S.P.S.L. he was able to obtain Home Office permission to go into practice, which he did at 28 Welbeck Street, London, W.1.

There was only one example of a refugee dentist being sent to Canada after he was arrested and interned in 1940⁵⁰⁷. Ernst Bustin⁵⁰⁸ was born in Vienna in 1895 and obtain his M.D. degree at the University of Vienna Medical School in 1926, followed by two years' training in the specialism of dentistry. He had written some 21 papers, mostly on orthodontics, and a text book with Dr. Leist on practical orthodontics. He was not one of the 40 Austrian dentists selected to requalify in Britain prior to being allowed to practice and therefore had no G.M.C.-recognised dental qualification.

Dr. Bustin's main sponsor was Dr. Harriet Chick C.B.E., D.Sc. of the Institute of Preventive Medicine. Dr. Chick and Esther Simpson worked hard on his behalf and eventually, as he was on the G.M.C. Medical Register, he obtained a position in the School Dental Service in Lincolnshire in June 1940. He was arrested as an enemy alien after only two days and sent by ship to Canada for internment. He was released on 29th March 1941 but decided to stay rather than return to Britain. On September 25th 1942 he found a post at the Mount Sinai Hospital in Toronto⁵⁰⁹.

In various ways, the S.P.S.L. and Esther Simpson were able to help 11 refugee dentists. This is only a very small proportion of the total number of scholars and scientists they helped in other disciplines. It is unfortunate that in no single case was the S.P.S.L. able to place any eminent dental scientist into a British dental school or into a research environment. Those that were placed on the Foreign List of the Dentists Register went into private practice. The impeccable research credentials of dental refugees such as Hans Turkheim, Leander Pohl, Karl Ludwig Peter and Hans Schachter were ignored and they too went into private practice. Perhaps the most eminent, Harry Sicher and Joseph Weinmann, went to the United States where they were welcomed and rapidly integrated into the dental research communities in Chicago.

⁵⁰⁶ Bodleian Library, S.P.S.L. 373/6

⁵⁰⁷ Bodleian Library, S.P.S.L. 372/5

⁵⁰⁸ Bodleian Library, S.P.S.L. 373/7

⁵⁰⁹ Bodleian Library, S.P.S.L. 373/7

THE SOCIETY OF CONTINENTAL DENTAL SURGEONS AND THE ANGLO-CONTINENTAL DENTAL SOCIETY

The possibility of forming a dental society mainly of German refugee dental surgeons practicing in Britain was initially proposed by Dr. F. G. Salomon who was a graduate of the Dental School in Berlin in 1920. Interestingly he had also been Secretary of the German Dental Association up to 1933.

Also involved was Dr. Richard Engel, who was to become the first President of the Society and Dr. Hans Turkheim ("Turky") who was without doubt the most distinguished academic amongst the group of refugee dentists. Having lost his professorship at the University of Hamburg he had been accepted onto the Dentists Register by the G.M.C. in 1935.







Figure 74 Committee of the Society of Continental Dental Surgeons

The reason for the formation of the Society of Continental Dental Surgeons registered in Britain was triggered by the attitude of the British Dental Association (B.D.A.) which had, from 1936, fought for a ban on refugee dentists being allowed to practice in Britain B.D.A. policy was not to accept aliens as members. The first meeting of the Society of Continental Dental Surgeons took place on 27th March 1943 at Bloomsbury House. After the first year, Dr. Engel resigned, to be succeeded by Dr. F. R. Munz (previously Münzesheimer). Munz was also a graduate of the Berlin Dental School in 1921. In the spring of 1945 Dr. Munz resigned for health reasons and Dr. Hans Turkheim was elected to succeed him. Dr. Turkheim and Dr. Salomon were the two great giants of the Society of Continental Dental Surgeons. In addition to forming their own Society of Refugee Dentists, Turkheim and Salomon embarked on a policy of improving the standards of dentistry in Britain that they felt fell far below that of dentistry on the Continent. They were also highly critical of the

radical philosophy of focal infection⁵¹⁰. During the war they fostered lecturers from among their own group, but post-war they instituted an ambitious project of inviting leading Continental dental academics to lecture in Britain. These lectures were advertised in the dental press and were open to British colleagues.

Hans Turkheim had been in close contact with the Editors of the *International Dental Journal* (the Journal of the *Fédération Dentaire Internationale*) and he asked Martin Rushton, Professor of Dental Medicine at Guy's Hospital, and a world authority, to write a paper on the failed theory of focal infection and all the excesses committed in its name. This he did in a classic paper⁵¹¹, with certain reservations; the most important of which was the connection between rheumatic fever and damaged heart valves where a bacteræmia of dental origin could result in sub-acute bacterial endocarditis. Martin Rushton's paper supported the American attitude to focal infection⁵¹², a philosophy long followed by dentists from Germany and Austria.

It was a tragedy when Dr. Turkheim died suddenly in the spring of 1955. He was commemorated by the Hans Turkheim Memorial Address, which is given annually either by a leading Continental academic or a leading colleague from Britain.

In 1957 the three British dental groups, the British Dental Association, Incorporated Dental Society and the Society of Public Health Dentists, merged under the auspices of the British Dental Association and for the first time refugee dentists, many of whom had now become naturalised British citizens, were allowed to join. Also in 1957, the Society of Continental Dental Surgeons was renamed the Anglo-Continental Dental Society (A.C.D.S.) and the relationship between the A.C.D.S. and the B.D.A. became cordial at last.

⁵¹⁰ Interview with Dr. Maurice Hermele, 30th October 2003

⁵¹¹ International Dental Journal, May 1955, p. 28

⁵¹² Editorial, Journal of the American Medical Association. 1952, 150:p. 490



Figure 75 Dr. Walter Reif

Dr. Walter Reif, a graduate of Bonn University Dental School in 1928, took over the Presidency after Hans Turkheim died in 1955 and by the end of his term of office the Anglo-Continental Dental Society continued to flourish. It provided a well-known meeting point for international dental science for over 25 years. Prevailing attitudes in Europe pointed towards a further change in name and the Anglo-Continental Dental Society eventually transformed into the European Dental Society under the guidance of its first President, John Forrest, in 1983.

Walter Reif, in delivering the Hans Turkheim Memorial Address in 1983⁵¹³, paid tribute to his memory. Reif recalled two events during Professor Turkheim's Presidency, one scientific, the other political, which proved his great knowledge and humanitarian feeling. First was his total belief in conservative treatment and in April1943 both he and Dr. Munz had lectured on what now is known as endodontics (the root filling of apparently hopeless teeth). Walter Reif went on to say that he did not think it was an exaggeration to say that the Anglo-Continental Dental Society and its forerunner the Society of Continental Dental Surgeons were in some measure responsible for a move towards the more conservative treatment of teeth in Britain and away from the philosophy of focal infection with emphasis on a clearance of teeth and the provision of full dentures.

The second event that Walter Reif mentioned in relation to Hans Turkheim was the fact that he found justice for dental colleagues who were unable to be placed on the Dentists Register by the G.M.C. Professor Turkheim, by his constant lobbying of the dental authorities, was eventually able to have a special paragraph in the 1956 Dentists Act which corrected this problem. This was the setting up of the Statutory Examination that allowed refugee dentists whose

⁵¹³ European Dental Society Newsletter No. 1, November 1983

credentials had not been accepted to sit a two-part examination, and if successful they would be placed on the Dentists Register⁵¹⁴.

The archives of the A.C.D.S., which were in the hands of the Secretary, who was the daughter of the 1938 President Kurt Bronne, have unfortunately been lost 515

Past Presidents of the S.C.D.S./A.C.D.S.

1943	Dr. R. Engel
1944	Dr. F. R. Munz
1945	Dr. H. Turkheim
1956	Dr. W. Reif
1977	Dr. W. Grossman
1978	Dr. E. Rosenstrauch
1979	Dr. J. Ellinger
1981	Dr. D. Ritchie
1982	Dr. Z. Frankl
1983	Dr. K. Bronne

⁵¹⁴ The Dentists Register 1957 London, General Dental Council, p. xliii ⁵¹⁵ Interview with John Ellinger 10th September 2001

THE INTERNATIONAL DENTAL FEDERATION (FÉDÉRATION DENTAIRE INTERNATIONALE)

The Fédération Dentaire Internationale⁵¹⁶ was created by the third international dental congress that met in Paris in 1900. It is a permanent representative of the dental profession of the world and international dental congresses were held every five years with the exception of the period during the First and Second World Wars.

As a League of National Dental Societies of different countries, its purpose is to act in all matters of interest to the dental profession and to serve as a permanent link of relation and union between dental practitioners of all nations. The executive council of the F.D.I. assembled in Edinburgh on 28th July 1933⁵¹⁷ considered solely the protection of the rights that had been granted to dentists world-wide by the diplomas or degrees conferred on them by competent authorities of their respective countries. It declared that under no circumstances whether for reason of race, religion or party politics, should their colleagues thus duly qualified be restrained in the free and normal exercise of their profession, nor should any restrictions be imposed upon the practitioners who had carried out their moral and professional duties.

The executive council considered that any restriction dictated by similar considerations would create a precedent prejudicial to the interests of the practitioners. It aimed these comments at Germany, which since 1933 had established legislation whose objective was to eliminate Jewish dental surgeons from working in universities as teachers and also preventing them from working in the "panel practice" system.

The president of the F.D.I. received a letter from Dr. Stück, the *Reichszahnärzteführer* of Germany, in which he communicated that the German members of the Executive Council were going to resign their membership on account of the resolution that had been taken in Edinburgh. This boycott only lasted until the 1935 meeting in Brussels when, following extensive lobbying, the German delegates were once again allowed to participate, including Dr. Stuck. The F.D.I. Bureau had sent a circular letter to all national dental committees asking whether some of those persecuted colleagues might practise in their countries. The replies were very similar:

⁵¹⁶ Ennis, John, The Story of the Fédération Dentaire Internationale 1900-1962, The Hague, A. Sijthoff, 1967, p. 5

⁵¹⁷ Ennis, John, The story of the F.D.I., p. 103

everyone would like to help but owing to a surplus of dentists nearly everywhere, the laws of each country were framed to prevent foreigners from practising.

The F.D.I. programme of the 9th International Dental Congress in Vienna 0f 2nd to 8th August 1936 showed that the scientific committee running the programme was comprised of Dr. Balint Orban, President, and members Dr. Bernhard Gottlieb, Dr. O. Hoffer, Dr. E. Janisch, Dr. H. Mathis, Dr. Harold Sicher, Dr. George Stein and Dr. Joseph Weinmann. Drs. Orban, Gottlieb, Sicher, Stein and Weinmann were Jewish and became refugees after the Anschluss in 1938.

British interest in the F.D.I. was marginal with only two notable names being involved: E.W. Fish, who was President of the Scientific Committee of the F.D.I. and A.E. Rowlett, who was Treasurer of the F.D.I., both during the 1930s. The minimal British involvement can be seen from a list of speakers on a typical day from the programme held by the F.D.I. in Vienna in 1936.

When their German and Austrian colleagues faced persecution in the 1930s, the organisation, despite its high ideals, proved to be totally impotent.



THURSDAY, AUGUST 6, 1936

THURSDA	Y, AUGUST 6, 1936	THURSDAY	Y, AUGUST 6, 1936		
8.30 - J p. m.	Reports will be given in the Musikvereinsham.				
		2.30 - 5 p. m.	Table Clinics will be give	en in the Handelankademie,	
Section VIII	PERIODONTAL DISEASES	C 1997			
	IFORTERS	Section VIII	PERIODONTAL DISE	ASES	
	A. ENTIN, Leningradi "Pathology and Treatment of Marginal Parodonitopathies (so-called Alveolar Pyorthes) in the light of recent lowestigations".		L. A. Blanco, Madrid J. S. Brouke, Amsterdam E. P. Darcianac, Paris Sl. M. Davidoff, Leipzig	J. Linka, Trimi B. Orban, Vicona E. J. Ortion, Paria M. Roy, Paria	
	C. HÅUPL, Prag: "Chronical marginal Gingivith and Paradental		H. L. Hardwick, London F. Haupimeyer, <u>Panen</u> R. Jaccard, Geneva	B. Schatzmann, Paris K. Steinbach, Hamburg H. H. Stones, Liverpool	
	M. ROY, Paris: "Static disturbances in Alveolar Pyorthes or Paradentose".		W. F. Lawrenz, Long Beach R. Leaves, London	J. Thebaud, Port-au-Prince A. Wissoitky, Tel-Aviv.	
	O. WESKL Berlin: "Paradentopathies and Paradentose".				
c	PFICIAL DEBATERS	Section X	TREATMENT OF RO	DOT-CANALS, FOCAL	
	E. LAND GRAF, Budapest		J. C. Allianos and	I. Otteaco, Oalo	
	E. ORBAN, Vienna		N. Chaniotia, Albena	S. Palazzi, Milan	
	H. H. STONES, Liverpool		P. Bernard, Paris	M. Sapel, Paris	
			O. Brinch, Copenhagen	S. Setdnes, Vienna	
Section XI	PARTIAL REMOVABLE DENTURE		P. Cahen, Banel	F. A. Sicksinore, Worthing	
Contrast			B. Gottlinb, Vienna Rob. Kronfeld, Vienna	G. Siein, Vienna H. Siurm, Reichenberg	
	REPORTERS		H. Lentulo, Paris	R. Traimer, Vienna	
	E. J. VAN DEN BERG, Amsterdam 1 "Partial Destures from the view-point of a general practitioner".		E. Nivard, Paris	H. Wolf, Vienna.	
		Section XI	PARTIAL REMOVABL	E DENTURE	
	A. ELBRECHT, Neu-Isenburg: "The Construction of Parital Denture".		J. A. M. de Decker, Gouda A. Elbrechi, Neu-Jechburg	B. Müller, Zurich-Enge F. Neumann, Mähr, Ostrau	
	F. C. ELLIOT, Houston: "Removable partial dentures: The Objective and the Design".		F. C. Ellini, Houston K. Horina, Donawitz	R. Rose, Hamburg J. R. Schwartz, Brooklyn	
	M. SPRENG, Basel: "Impressions, Plate Base: and Means of Refention of Partial Removable Dentures".		L. Housset, Paris Ivar Krobn, Oslo A. Leos, Prag	A. A. Steiger, Zutich W. Wild, Zurich.	
	DFFICIAL DEBATERS	Section XII	ON DENTAL MATER	ZAIS	
	A. LOOS, Prag				
	C. FAY, Brouds		Ch. Bannejsant, Cleemoni- Freemoni- C. Faick, Munich	G. C. Paifenbarger, Washington F. Schenk, Virnna W. Souder, Washington.	
Section XII	ON DENTAL MATERIALS		L. Horvath, Budapest W. Maier, Vicona	P. Weikart, Cologne.	
	REPORTERS				
	CH. BENNEJEANT, Clermont-Ferrand: "Experiments of the hardness of fusible alloys".	8.30 p. m.	Garden Party in the Burn songs, followed by dancing, I	garten (street clothes), Ballei, n case of unisvorable weather, to	
	W. SOUDER and G. C. PAFFENBARGER, Washington: "Research on Dental materials brings improved dental Service".		be held in the Halls of the Imp	erial Palace (Hofburg).	
	J. SPANNER, Plorabeim: "Contraction and temperature of Gold Alloys".	Every day from i	a. m. uniii 5.30 p. m. THE INDUSTRIAL EXPOS	TION WILL BE OPEN TO	
	E. WANNENMACHER, Betlin: "Biological questions in Denial Technology".	Every afternoon	visitors in the rûnstlerhaus 5 o'clock tea in the imperial hotel		
	OFFICIAL DEBATERS	PROCRAI			
	CH. BONSACK, Blenne		VI for Associate Member	5	
	C. FALCK, Munich.	9.30 a. m.		ten Porcellain factory.	

Figure 76 F.D.I. Congress Programme August 1936

NATURALISATION

The National Archives' Aliens Department (HO405) has aliens' personal files and applications for naturalisation relating to individual foreign citizens who arrived in Britain between 1934-1948 and who applied for naturalisation. All the files include the initial application for a visa or employment permit, change of name and second world war internment papers. HO405 is being transferred gradually from the Home Office to the National Archive. As of December 2005, files covering surnames A-K had been transferred; the process is ongoing. These files are closed until 2048. However, it was possible, through the Freedom of Information Act, to gain access to the files of following dental refugees:

Andreas Biro	HO405/3460
Adelbert Fehr	HO405/13523
Joseph Fleischmann	HO 405/13383
Franz Henschel	HO405/21153
Jacques Kurer	HO405/37414

The G.M.C. microfiche data shows that the majority of refugee dentists obtained their naturalisation in 1947. A letter from Joan Stiebel, Secretary of the Jewish Refugee Committee, dated 27th August 1942 to Mr. D. Seabourne Davies at the Home Office Naturalisation Department states that:

Many of our refugees have now completed their term of 5 years residence and become eligible for naturalisation. Though of course I know that naturalisation is not granted during wartime except when an alien can made a real contribution to the war effort.

Joan Stiebel asks whether she should advise:

those who enquire from us to put in their applications although we know that they cannot be dealt with at the present. My reason for doing this is that I am wondering whether, when naturalisation does become possible, the applications will be dealt with in the order in which they were received, in which case we would certainly advise refugees to put in their applications as soon as they are eligible to do so.

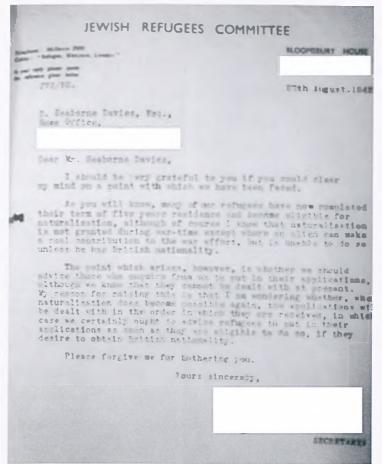


Figure 77 Letter from Jewish Refugees Committee to Home Office

In the reply, dated 26th November 1942, Seabourne Davies writes:

You wrote to us on 27th August asking what advice you should give to those who enquire of you whether they should submit their applications for certificates of naturalisation now despite the general suspension of naturalisation. The reply I fear is that there is not advice which we can usefully give you; it is impossible to say what policy will eventually be adopted and whether it will do an applicant any good to have his application on record.

By 1947 many of the refugee dentists had been resident in Britain between eight and 14 years depending on their date of arrival. The data in the Home Office files on the above refugees provides a ready-made sample of the progress that they had made in their adopted country.

Andreas Biro was born in Budapest, Hungary on 4th December 1895. He qualified as an M.D. at the University of Vienna in 1920, followed by two years' training in the specialism of dentistry. His application for a certificate of naturalisation shows that since December 1942, with Home Office permission granted in a

letter⁵¹⁸dated 18th December 1942. Biro had practiced on his own as a Dental Surgeon at 26 Welbeck Street, W.1. He had well-furnished premises and a wealthy clientele. There were four employees: one British, one Hungarian and two Austrian. Through his solicitor, Barnett Janner, in a letter to the Home Office dated 13th June 1946, he applied for a priority grant of a certificate of naturalisation on the enclosed Form Q. Barnett Janner states that in 1940 his client volunteered for service in the Forces but was informed that he could not be accepted in view of his age. Barnett Janner also points out that Biro was one of the Austrian dentists permitted to study for the L.D.S. RCS diploma in London and since qualifying had built up a large private practice and supplied an important need in view of the shortage of trained dental surgeons. The Metropolitan Police Special Branch report dated 30th July 1947 showed that Biro's application had been filled out correctly except for two items: firstly his mother was now living with him at 48 Peters Court, Porchester Road, London, W.2 and secondly in February 1943 the applicant's wife left him after alleging cruelty and persistent misconduct. She engaged solicitors with a view to commencing divorce proceedings but the matter was settled privately and she returned to him after a few months. They were now living together apparently Andreas Biro appeared before the Aliens Tribunal No. 6 on 2nd November happilv. 1939 and was exempted from internment and the special restrictions applicable to enemy aliens. He was, however, interned from 1st July to 1st August 1941.

The Metropolitan Police Report also included financial details, income and expenditure accounts and balance sheets for the years ended 31^{st} March 1945, 1946 and 1947. They showed net profits of £1,668, £1,796 and £2,272 for the three years respectively and that a capital balance of £1,595 as of 31^{st} March 1944 was increased to £2,121 at 31^{st} March 1947. Biro's business account with the Midland Bank Wigmore Street branch showed a credit balance of £1,675 at the time of the enquiry. At the same bank Biro had a private current account which was showing a credit balance of £795. He was also holding shares in reliable securities to a total market value of £4,500. He lived with his wife and mother. Income tax payments were in order and he held no insurance endowment policies.

Andreas Biro's wife Bozena, born 24th September 1914 in Prague, appeared before the Aliens Tribunal No. 6 on 2nd November 1939 and was exempted from

⁵¹⁸ National Archives HO405/3460 Metropolitan Police Report

internment and the special restrictions applicable to enemy aliens. She had £200 in a Post Office Savings Bank and £100 in National Savings Certificates. Special Branch records⁵¹⁹ contain a letter dated 15th July 1942 from MI5 in which it is stated that Andreas and Bozena Biro had been reported as well-known officials of the Czech Communist Party and asking if any information were available in Special Branch about their political activities. They had never come under Special Branch notice as political extremists and although careful enquiries were made in the course of the present investigation, nothing was learned to give support to the report received by MI5 or to suggest that the Biros held extreme political views of any kind.

The Metropolitan Police Report also goes on to say that the couple appeared to live respectably and within their incomes and be free from debt. They had an adequate knowledge of English. They also gave assurances that they had not applied to the competent Austrian authority to retain their Austrian nationality and that in the event of a Certificate of Naturalisation being granted, they did not intend to do so.

The naturalisation data in relation to Adelbert Fehr shows that he was born in Czernowitz in the Bukowina province of Austria on 17th May 1891. After serving in the Austrian Army in the first world war, he went to the University of Vienna Medical School and obtained his M.D. degree in 1926. This was followed by the two-year period in the specialism of dentistry. He was one of the 40 Austrian dentists allowed to requalify. He obtained his L.D.S. diploma from the Royal Dental Hospital, London in 1942. On 7th August 1942 Fehr received Home Office permission to establish himself as a private dentist at 4 The Quadrant, Richmond, Surrey. The Metropolitan Police Special Branch examination of his finances showed that, for income tax purposes, he was assessed at £1,494.10s.0d. for 1946. He had £272.15s.0d. in a current account with the Midland Bank, George Street, Richmond. He occupied a six-room flat for which he paid £135 per annum inclusive. The lower floor of the flat was divided into a surgery, waiting room and laboratory. The applicant was seen to live within his means. The final paragraph of the Police Report states that the applicant, who completed the application form unaided, had an adequate knowledge of the English language and professed his loyalty to the country. As far as could be ascertained he was not interested in any foreign or

⁵¹⁹ National Archives HO405/3460, Metropolitan Police Report

subversive political organisation or connected with extreme politics in Britain. He and his wife appeared to be persons of good character and respectability. Searches in the Metropolitan Police records showed nothing recorded to their detriment.

Joseph Fleischmann, according to his application for a Certificate of Naturalisation, was born in 1894 in Nyerges Ujzaln, Hungary. He was living at 10 Alberon Gardens, London, NW11 and his private dental practice was at 8 Apsley House, Finchley Road, NW8. He was another of the 40 refugee dentists from Austria given the opportunity to requalify and he obtained his L.D.S. diploma in 1940. Fleischmann had an M.D. from the University of Vienna in 1920 followed by two vears' training in the specialism of dentistry. A letter from Barnett Janner, his solicitor, dated 8th April 1946 to the Undersecretary of State at the Home Office says that he had been instructed to enclose an application form for priority grant of a Certificate of Naturalisation Form Q. The copy of Form Q was in Dr. Fleischmann's file. Evidently applicants were graded as far as their contribution to the War Effort was concerned and he was graded B, which was satisfactory. His contribution to the economic welfare of the country was also graded B. Gradings A, outstanding and C, unsatisfactory, were crossed out. The form also states that the Nationality Division of the Home Office was unable to classify Dr. Fleischmann's application for priority as outstanding, which was the case with all the refugee dentists mentioned above. In November 1939 Dr. Fleischmann appeared before the Aliens Tribunal No. 26. On 7th December of that year he was exempted from internment. Nevertheless the Home Office continued to refuse him permission to practice in the London area until 29th April 1940, when, by a letter of that date, they granted him permission to enter into partnership with Isadore Hovsha (Hoveshaw), a British dentist practising at Apsley House, Finchley Road, NW8, where he continued to practise throughout the war.

The Metropolitan Police report showed Dr. Fleischmann's financial position. For the years ended 31^{st} May 1944, 1945 and 1946, there were credit balances of £915.19s.0d., £191.2s.0d. and £1,352.17s.0d. respectively. The accounts for the year ended on 31^{st} May were still in the hands of his accountants but were expected to show a credit balance of approximately £1,600. At the time of the interview, Fleischmann had an account with Barclays Bank, St Johns Wood, N.W.8 showing a credit balance of £1,342.15s.9d. and National Savings Certificates to the value of £60. He also held shares in industrial undertakings to the current value of £700. In

addition, his wife had accounts with the National City Bank of New York and the National Provincial Bank, Finchley Road, showing credit balances of £385 and £191 respectively. In May 1943, Dr. Fleischmann purchased the freehold of his residence for £1,600 and obtained a mortgage of £1,000 from the Abbey National Building Society, Golders Green branch. The repayments were £6.14s.0d. per month and the rates £48.10s.0d. per annum. The Police Report also shows that Mr Fleischmann held an endowment insurance policy taken out with the Canada Life Insurance Company, 2 St James Square, SW1 on 9th October 1943. The sum assured was £3000 and the premium £241.17s.6d. per annum. He had no other earnings or savings but as far as could be ascertained he lived within his means and was free from outstanding debt. He had a good knowledge of English and from enquiries he appeared to be of good character and loyal to Britain. He was not known to hold extreme political views nor to have been a member of any foreign or subversive political organisation. In common with other refugees, Fleischmann stated that he was not applying and did not intend to apply to any competent Austrian authority to retain his Austrian nationality in the event of a Certificate of British Naturalisation being granted to him.

Fritz Henschel was born in 1906 in Stettin and obtained his D.M.D. degree from the University of Bonn in 1930. The Home Office file shows that he was initially accepted onto the Dentists Register by the G.M.C. in 1936 but was not allowed to practice because of the Home Office ban. He did, however, obtain employment as a skating instructor for Messrs. Sports Drome Ltd, Twickenham in respect of which employment he received a salary of £8 per week. He was given permission to remain in Britain until 21st May 1939 and his salary was deemed sufficient to support his parents who were also refugees from Germany, arriving in Britain on 7th December 1938. Fritz Henschel was given permission to practice by the Home Office in 1941 and had his dental surgery at 377 Chiswick High Road, W.4. Finances showed a gross income of £2,500 for 1947. His outlay and maintenance in support of his parents was some £200 a year. Mr Henschel lived within his means and was free from debt.

Jacques Kurer was born in Vienna on 5th April 1899. One of the 40 Austrian refugee dentists given permission to requalify, Kurer obtained his L.D.S. diploma at the University of Manchester Dental School in 1939. He had received his M.D.

degree from the University of Vienna in 1925 followed by two years training in the specialism of dentistry.

On 3rd June 1938 Kurer was given asylum by Mrs Mary Goodwin of 165 Wilmington Road, Manchester who was a Quaker and a friend of the applicant's wife and her mother. Mrs. Goodwin gave the family both hospitality and financial support. On 16th October 1939 the applicant and his wife appeared before the Manchester Aliens Tribunal and were exempted from internment and from special restrictions applicable to many aliens under the Aliens Order 1920, as amended, being classified as refugees from Nazi oppression. The applicant was granted permission by the Secretary of State to establish himself in dental practice in Manchester by Home Office letter⁵²⁰ dated 18th January 1940. He was granted further exemption from internment by the Home Office on 29th June 1940⁵²¹.

In January 1941 he transferred his practice to Llandudno by permission of the Secretary of State⁵²². notified to him in Home Office letter reference K.11277 dated 9th January 1941. In July 1944 he returned to practice in Manchester with the concurrence of the Home Office, expressed in a letter dated 26th February 1943. Kurer at that time lived with his wife and youngest child at 4 Edge Lane, Manchester 21 and conducted his practice in premises at 30, St Anne Street, Manchester.

Attached to the Manchester City police force report dated 26^{th} May 1947 are certified accounts for the year ending 31^{st} March 1946. The compilation for the year ending 31^{st} March 1947 had not yet been completed. Dr. Kurer had an account with Barclays Bank, Cross Street, Manchester and was overdrawn by £492. He was granted an overdraft of £500 in July 1946 and was not required to deposit any security with the bank in that connection. He was insured with the Caledonian Insurance Company to the sum of £1,500 with profits; this policy was contracted on 5^{th} October 1946, with a quarterly premium of £16.1s.3d. that was paid to date.

The Manchester City Police report goes on to state:

Mr. Kurer has no other financial interests, possessions or sources of income other than the dwelling house 4 Edge Lane, Manchester 21, which he purchased in April 1944 for £1500 of which £700 remains to be paid at the rate of £100 annually. Despite his liabilities, it is felt that the applicant has successfully established himself in lucrative practice in this City,

⁵²⁰ National Archives HO 405/27414, Home office letter K.11227

⁵²¹ National Archives HO 405/27414 Home office letter GEN.200/6/79

⁵²² National Archives HO 405/27414, Home office letter K.11277

and in such circumstances may be considered financially sound. He states that he has not at any time been adjudicated bankrupt, made a composition with creditors or been the subject of judicial proceedings of any kind. He also asserts that he has not been a member of any foreign political organisation and that does not appear to be any reason to doubt his loyalty to this country in which has expressed the intention permanently to reside.

Jacques Kurer also applied on Form Q for priority consideration of his application for naturalisation. A letter of support is present in the file from the Society of Friends that had initially looked after the Kurer family. It states that his household expenses were heavy in that he had to sustain his father and mother, wife and three children, two of which were at boarding school. His eldest son Hans Gustav was sitting for the Higher School Certificate Examination and had applied for admission to the Medical Faculty of the University of Manchester. A letter from the Headmaster of Bootham School in York dated 22nd April 1947 to the Undersecretary of State at the Home Office Nationality Division states that:

Hans Gustav Kurer is a pupil at this school and is preparing for the Higher School Certificate Examination which will take in July. He has applied for admission to the Medical Faculty of the University of Manchester and is hopeful that he will be permitted to begin his training in October of this year. The fact that he is not yet a British subject may seriously affect his admission to the University and it is therefore most desirable that his father's application to become a naturalised British subject be considered as early as possible.

The Headmaster's letter finishes with the statement that he warmly supports the application for naturalisation made by Mr. Kurer and that he had known the boy intimately for the past 18 months, had met his parents regularly and could recommend them without any hesitation whatsoever.

Like other refugee dentists, Jacques Kurer's naturalisation was not given preferential status on Form Q and was eventually conferred in 1947. Hans Kurer did not go to Manchester University Medical School despite his wishes, but ended up at Manchester University Dental School instead, eventually qualifying as a dentist.

The files on naturalisation available on the five refugee dentists from the National Archive give a unique long-term assessment of these dental refugees in their adopted country. The following conclusions might be drawn:

1. All the refugee dentists who were on the G.M.C. register were eventually given permission to practice between 1941-46⁵²³. The ban on allowing refugee dentists to practice that had been in operation since February 1936 was overtaken by the war, when the demand for dentistry changed, especially because of the shortage of dentists owing to those that had been called up to the armed forces.

2. All the refugee dentists in question had been successful in private dental practice and were self-supporting. Many of them had been particularly successful and from their financial data had a good income. In most cases they owned the properties that they lived in.

3. The Metropolitan Police Special Branch reports showed that they were good citizens and were happy to dedicate their future to their adopted country by becoming naturalised and had no intention of returning to their original homelands.

4. The enthusiasm for dentistry that was so evident in the refugee dentists that succeeded in practice in Britain was passed on to the generations that followed. The most prodigious was the Eirew family: Major Eirew obtained his M.D. degree in Vienna in 1920 and was one of the forty Austrian dentists who obtained an L.D.S. diploma in 1940. Hans Eirew, his son, qualified from Manchester Dental School with L.D.S. in 1946; Mrs. Margaret Rose, his daughter, qualified with an L.D.S. in 1955 and her daughter Josephine Davis qualified L.D.S., B.D.S. in 1965.

The Kurer family history in dentistry starts with Jacques, who obtained his M.D. qualification in Vienna in 1925 and in Britain obtained his L.D.S. diploma in 1939. Jacques had two sons, both of whom became dentists. Hans Kurer qualified from Manchester Dental School with L.D.S. in 1953; he later obtained an M.Sc. degree in 1980 and a Ph/D/, also from Manchester, in 1990. Hans was President of the Royal College of General Dental Practitioners shortly after its inauguration. He was awarded an O.B.E. in 1998. Peter qualified L.D.S. from the University of Durham in 1955.

One of Hans' sons, Julian, qualified in dentistry at University College in London in 1990 and later obtained an M.Sc. and F.D.S., R.C.S., followed by recognition as a specialist in Periodontology. One of Peter Kurer's sons also took

⁵²³ Medical Register. Temporary registrations order January S.R.O. 1941 initially applied to the right to medical practice by refugees with the correct qualifications and was also extended to include dental practice for those refugee dentists on the Foreign List of the Dentists Register.

up dentistry; Steven qualified from University College London in 1988 and now practises in Israel.

Figure 78 Drs. Julian and Stephen Kurer 2006

The Schuler generations in dentistry started with Berthold Schuler who obtained his D.M.D. degree from the University of Cologne in 1921. He was accepted by the G.M.C. onto the Dentists Register in 1935 and given permission to practice. Leonard Schuler was his son, who came to Britain as a dental student and qualified from the Royal Dental Hospital in London with an L.D.S. diploma in 1942. André Schuler is Leonard's son and qualified from Guys Hospital Dental School in 1985. He now practices in Germany, near Düsseldorf, where his grandfather was born.

Berthold

Leonard

Andre

Figure 79 Three generations of the Schuler family

CONCLUSION

Between 1933 and 1939 Britain was offered over 1,100 well-trained dental surgeons who were refugees from Nazi oppression in Germany and Austria. The G.M.C. and the Joint Committee for Refugee Dentists accepted 299 of these and rejected over 700. Many were experts within dentistry itself such as oral surgery, orthodontics, endodontics (root canal therapy) and fixed and removable prosthodontics (construction of precision dentures and bridges). The stomatologists from the Vienna School had much to offer in relation to dental research into the biological factors involved in health and disease, especially in relation to the supporting structures of the teeth (periodontology). The large number of text books and articles in dental and medical journals from the Vienna School demonstrated the importance of research in relation to practice. At this time the standards of microscopy, staining techniques and the preparation of histological sections from calcified tissues were unsurpassed anywhere in the world.

Using the very basic statistics that were available during the 1930s it was possible to demonstrate that Britain had some of the worst dental disease anywhere in the civilised world. It was particularly disheartening to look at the state of dental health of school children. Dental examination and treatment was inadequate among school-goers, and once they had left they were, in many areas, without dental care for years until they ended up with dentures. Public attitude towards dentistry was one of low priority and although it was possible to get dental treatment as an additional benefit on many of the insurance schemes, this was largely ignored. The situation in Britain, with regard to dentistry, was one of rampant disease. Despite this, many practitioners were not busy because people were unwilling to pursue treatment and for most of the 1930s the economic situation was bad, with little money available to spend on dentistry.

In 1935 there were 14,505 dentists on the G.M.C. Dentists Register of whom just under half were registered under the provisions of the Dentists Acts 1878 and 1921, and therefore had no dental school training. The number of dental students at this time was too few and the quality was poor. The majority of dental students entered university with lower standards of general education than other students and felt inferior in their training and status compared to medical students.

The image of dentistry during the 1930s would be one of a cottage industry or business and there was a lack of confidence and respect from the public as compared to medicine.

The standard of teaching in British dental schools was poor, based on a purely mechanical concept of dentistry. The holistic and biological approach that was readily apparent in dental teaching in Germany and Austria was not present in British dental schools. There was no British version of the Gies Report on American dentistry that was produced for the Carnegie Foundation in 1926 and also had a large influence on dentistry in Germany and Austria. It was only in 1943 that the Nuffield Foundation appointed an Advisory Committee on Dental Education and Research whose terms of reference were to formulate action to be taken by the Foundation in connection with the urgent need for stimulating dental research and for improving the quality of dentists. It was interesting to see that there were no dentists on the six-man committee, who were all medically qualified.

The influence of the focal infection theory should not be minimised in relation to British dentistry. Much of the catastrophic treatment, with wholesale extraction of teeth and provision of dentures, could be laid at its door and it fitted in well with the attitude of at least half of the dentists on the Dentists Register. Interestingly the holistic and biological approach to dentistry, as seen in Germany and Austria, took a much more cautious approach to focal infection and the emphasis was on treatment of dental disease, which was becoming more and more realistic, rather than wholesale extraction. It took until 1952 and an editorial in the *American Medical Journal*, which stated that the majority of diseases put down to focal infection were not improved by the removal of teeth. Dental research in Britain was minimal and no overall plan was apparent. In addition there were too few teachers who had been brought up with the biological rather than the mechanical approach to dentistry.

The picture of British dentistry at this time was dismal. The offer of over 1,000 well-trained dental refugees should have been accepted without reservation.

The 1878 Dental Act, specifically sections 9 and 10, were supposed to be used to assess that a foreign dentist with a satisfactory certificate, diploma or degree in dentistry entitled the holder to practice dentistry and also provided sufficient guarantees of the requisite knowledge and skill for the efficient practice of dentistry or dental surgery. The G.M.C. had a list of the approved German dental schools and were aware of the four-year training that students required, which was exactly the same in Britain. A German dental student would also take an additional year to carry out research to obtain his D.M.D. degree. Austrian stomatologists presented a somewhat different situation; dental training comprised a two-year course after an applicant had completed an M.D. degree. Up to 1935, there was no examination at the end of this training period and no diploma was given. The attitude of the G.M.C. and specifically the Education and Examination Subcommittee was that the training of the stomatologists at the University of Vienna was inadequate in the mechanical aspects of dentistry.

The idea of a schedule, which was sent to candidates who wanted to emigrate to Britain and be placed on the Foreign List of the Dentists Register, originated in 1933 as a means of acquiring data about the increasing number of potential dental refugees. Sections 9 and 10 of the Dental Act of 1878 should have entitled a foreign dentist, providing he came from a recognised dental school, to the right to practice in Britain and to be on the Dental Register. However, with the introduction of the schedule it became possible to erect a barrier whereby if the data on these forms did not comply with the minimal requirements of the G.M.C. dental curriculum the candidates could be rejected.

The data on those dental refugees who were rejected was not kept on file. Fortunately however there were a number of candidates who were rejected, but eventually accepted by the G.M.C. once further data had been provided. These documents provided the evidence which showed that a screening programme was carried out in minute detail to find reasons why refugee dentists should be refused. Among German dental surgeons who qualified from the same school in the same year, some were accepted but the majority were rejected: a nonsensical situation because they had the same curriculum, the same teachers and obtained the same degree following five years' training. This situation was highlighted in a letter from Dr. Loos, the Director of the University of Frankfurt Dental School to the Registrar of the G.M.C., dated 17th December 1935 (see p. 156). The dissection of the data on the schedules by the Examination and Education Sub-committee of the G.M.C. was taken to extraordinary lengths in relation to assessments of the number of meetings, lectures or terms taken by the student in relation to respective parts of the curriculum. Even minute deficiencies were treated with a refusal. This was confirmed by the handwritten notes of the Chairman, Edward Sheridan, on the

schedules that had been rejected. As far as could be ascertained from the available data the reasons for these discrepancies were several. Firstly, records were supposed to be kept by the dental students in their 'student book' with the relative dates of the subjects that were studied and a signature from the professor who was giving the course. This data was not always kept up to date and in some cases wrong entries were made. Secondly, the largest number of refugee dentists was between the ages of 35 and 45. Their academic records may have therefore become mislaid, not only personally but sometimes by the university. Thirdly, during the Nazi era, from 1933 onwards it became increasingly difficult to gather data from the dental schools in relation to an academic career and to get the official university stamp on the schedule in question. Some refugee dental surgeons had had to make up the data on the schedule purely from memory and of course this provided many discrepancies.

Without doubt the use of schedules, rather than accepting university degrees from renowned dental schools in Germany, provided a perfect opportunity for the xenophobic and possibly anti-Semitic attitudes of the Home Office and the G.M.C. to reject a large proportion of the refugee dentists that were seeking to practice in Britain. The major contention of this thesis would be that the 1878 Act, sections 9 and 10, were used incorrectly.

In order to assess the academic background and to compare this with the basic British requirements that were set out on the left-hand side of each schedule document, three typical schedules were taken for assessment. The first at the University of Berlin between 1925 and 1929, the second at the University of Würzberg between 1918 and 1921 and the third at the University of Königsberg between 1927 and 1931. The dental curriculum from the German dental schools showed that the number of lectures, demonstrations or meetings of the class or terms taken were in excess, often by a considerable degree, when compared to the British basic requirements. This would especially apply to bacteriology, pathology, histology, anatomy and physiology. The subject of dental surgery was important because the number of lectures given in German schools was vastly in excess of those in their British counterparts. It is suggested that this might point to the fact that operative dentistry on teeth followed the philosophy of G.V. Black in the United States and was more intensively pursued than in Britain. It would also seem that the treatment of gum disease (periodontology) was taught extensively in Germany

but minimally in Britain. The same would apply to root canal therapy (endodontics), which was again minimally taught in British dental schools in line with the focal infection theory. Emphasis might also be placed on the importance of pharmacology in the German dental curriculum which reflected the German world leadership in pharmacology and its adjacent subjects during the latter part of the 19th and the early part of the 20th century. The same factors applied to teaching in general hospitals in relation to medicine and surgery, including venereal disease, where the standard of teaching was the same for both dental and medical students unlike the inferior status of the dental student in Britain. Considerable importance was also given to teaching of orthodontics and again the number of lectures in the German dental schools was in excess of those in its British counterpart, where the teaching of orthodontics was only at a basic level.

With regard to Austrian refugee dentists who applied to Britain to practice after the Anschluss, the Co-ordinating Committee set up by the Home Secretary examined some 264 applications of Austrian refugee dentists and following further detailed examination the total accepted was only 40. An analysis of the schedule of one Austrian dentist who studied at the University of Vienna between 1924 and 1926 was carried out and compared to the British basic requirements for the curriculum studied. In just about all subjects in the curriculum the Viennese stomatologist would have, during his medical and dental training, covered in excess of the number of lectures, demonstrations or meetings of the class that were required by the British requirements. As would be expected, the training was particularly strong in relation to medicine and surgery and its related subjects of anatomy, physiology, bacteriology and histology. Important emphasis was noted in relation to dental surgery where the number of lectures, demonstrations or meetings of the class was eight times more than those required in British dental schools. This would probably reflect on the type of teaching based on the biological basis of dentistry and the specialties of treatment of gum disease, root canal therapy and orthodontics, where they were taught by world authorities such as Tandler, Orban, Sicher, Gottlieb, Weinmann and Oppenheim. The British attitude to the teaching of dentistry in Vienna was that two years was inadequate to complete a dental training. This is only marginally true since the training that the Viennese students were given during their medical course over four years already supplied a great deal of the dental curriculum. The British attitude that the

Viennese training was deficient in the mechanical aspects of dentistry could be nullified by the fact that British dental students spent an inordinate amount of time in the theory and construction of making dentures.

The conclusion can be drawn that the refugee dentists were well trained and should have been accepted on the basis of the 1878 Dental Act, sections 9 and 10.

The Home Office, although having no say in the academic evaluation of the refugee dentists, was able to carry out its own discriminatory tactics in three ways. Firstly, by limiting the length of stay in Britain of these refugees. This varied between four weeks to a year, after which time a refugee had to leave the country. often to return to Germany for a period and then reapply for admission to Britain. when their passports would be re-stamped for a further limited period. Secondly. under pressure from the dental political groups (the British Dental Association, Incorporated Dental Society and the Public Dental Services Association), the Home Office instituted a ban on allowing refugee dentists to open a practice in Britain. even if they were accredited on the G.M.C. Foreign List of the Dentists Register. It was also incongruous that certain refugees were allowed to open up a practice in a designated area but still had stamped on their passports that they had to leave the country after a limited amount of time. Thirdly, the Home Office actively promoted a policy of transmigration whereby Britain was seen as a port of transit as far as dental refugees were concerned. It was possible to assess from the data on the G.M.C. microfiche archive that 58 Jewish dental refugees who were accepted on the Foreign List of the Dentists Register either came to Britain and were not given permission to practice, therefore transmigrated to different countries, or emigrated directly from Germany to other countries around the world.

It is important to accept that in the pre-war years the situation in the country was becoming increasingly difficult but, despite this, more could have been done. Having made a strong argument that Britain would have benefited hugely from the importation of over 1,000 well-trained dental refugees, it is interesting to theorise what the outcome of a more pro-active approach at this time would have been.

The problem of language was a very real one for dental refugees. Most of them could speak some English but this was often poor and highly accented. As a modern example that would come in use for the refugees, Israel makes use of a system of *ulpanim* where the language and customs of the country are taught on

an intensive basis so that the immigrants become rapidly an active and useful part of the community.

The question of dispersal of refugees around the country only became part of the official Home Office policy in 1939 after the Co-ordinating Committee had allowed the 40 refugee Austrian dentists permission to sit for the L.D.S. examination and then be allowed to go into practice. The initial accumulation of dental refugees in London could have been avoided.

The school dental service was understaffed and dental disease in the younger age groups was rampant. Many of the refugee dentists had expertise in children's dentistry and could have been used to great effect.

Dental schools were in great need of good teachers who had a background in the biological rather than the mechanical approach to dentistry. Dental research was almost non-existent in Britain during the 1930s and many of the dental scientists from the Vienna School should, with foresight, have been recruited to teach and to carry out research in such subjects as anatomy, embryology, oral pathology, periodontology and orthodontics amongst others. Instead these eminent people were rejected and went to the United States.

Two groups in the main were of importance in helping refugee dentists that arrived in Britain from Germany and Austria. Firstly, the Jewish Refugee Committee (J.R.C.) operating in the later 1930s from Bloomsbury House took details of all Jewish refugees that came into the country and were looked after where necessary by an amazing band of voluntary workers. The J.R.C. data, unlike the information from the G.M.C. Microfiche database, was difficult to obtain; however, information on a number of both German and Austrian refugees showed that they were often entirely dependent on the J.R.C. for their living expenses because they were not allowed to work. In 1939 when the Jewish community was over-run with refugees, the J.R.C. could no longer support them on its own and the Home Office took up part of the burden. The reaction of the Jewish community acting through the J.R.C. can only be called exemplary in the efforts they made to help Jewish refugee dentists at this time.

The Academic Assistance Council (later the Society for Protection of Science and Learning) mainly through the efforts of its tireless assistant secretary, Esther Simpson, attempted to help many Jewish, German and Austrian dentists, especially the more eminent ones. However the successes were very limited.

None of the German or Austrian refugee dentists, even those with a research background, were found academic posts in Britain. Help was provided to individual dentists to get them accredited to the G.M.C. Foreign List and this would include some of the 40 Austrian dentists who were given special permission by the Home Office to complete their dental training during a six-month period at a British dental school. S.P.S.L. was to give help to refugee dentists in relation to problems with internment and pleas for their freedom. S.P.S.L. was also able to help, in some cases, with difficulties in relating to naturalisation.

The attitude of the Board of Deputies of British Jews was that refugees from Germany and Austria should stay in Britain only on a temporary basis and negotiations were in progress with a view to the ultimate transmigration of these refugees to other countries. The Board supported the work put in by the Jewish Refugee Committee and Otto Schiff acted as liaison between the two groups. The attitude of the Board of Deputies bore the hallmark of the Anglo-Jewish tradition in which charitable aid was given to poor Jewish immigrants. However, this went hand in hand with minimising the embarrassment that they caused. The German and Austrian refugees were seen as arrogant and aggressive by some elements of the British community and were often guilty of speaking German in public places. The Board tried to reduce their profile with the issue of a bi-lingual leaflet that explained how to behave in Britain.

The question arises as to how successful this specialised group of refugees was. From an academic standpoint only two refugees achieved Consultant status in dental schools. One of these was William Grossman, who was in fact a Czech refugee. Grossman achieved Consultant status at University College Hospital in orthodontics but was turned down as a potential Dean. The other was Egon Fox (Fuchs) who became Consultant/Senior Lecturer and head of the newly-formed Department of Periodontology at the University of Birmingham Dental School. Despite their considerable expertise in many fields of dentistry, almost none of the other refugees became involved in teaching or research at any of the British dental schools. Nearly without exception, the refugee dentists were successful in setting up in practice whether in London or in other parts of the country. This was evidenced by data obtained from the National Archive in relation to naturalisation. The police reports were exemplary with regard to the refugees fitting into British public life. The financial details also show that they were able to earn a reasonable living and most of them owned the property that they worked in. The refugee dentists working in the London's West End seemed to be particularly successful and many of them were specialists in the fields of orthodontics, endodontics and advanced crown and bridge work.

The founding in 1943 of the Society for Continental Dentists (later the Anglo-Continental Dental Society) under the guidance of Hans Turkheim was of considerable importance to British dentistry. Their meetings were open to British dentists and refugees alike, unlike the B.D.A. whose membership was closed to refugees. The philosophy of Continental dentistry was disseminated to British practitioners through lectures and symposia, initially using their own membership but after the war inviting prominent figures from Continental dental schools. Thus they had influence in moving British dentistry away from the radical loss of dentitions propagated by the focal infection theory towards a more holistic approach, especially towards restorative dentistry and with an emphasis on the biological factors that before this time received little consideration. It was also the successful lobbying by the Society of Continental Dental Surgeons and Hans Turkheim which motivated the newly formed General Dental Council to set up the Statutory Examination whereby refugee dentists who had not been accredited onto the Dentists Register by the G.M.C. would now take a two-part examination and achieve their accreditation.

There are areas of this subject that still need to be researched. The Jewish Refugee Committee Archive is now looked after by World Jewish Relief and is housed at the Association of Jewish Refugees House in Stanmore. These records cover every refugee that came into the country from 1933 onwards. These were not made available for research purposes but the limited amount of information that was obtained from helpful families showed that an invaluable amount of historical data had been accumulated in the notes of the voluntary workers of the period.

It was possible to obtain a number of death certificates for refugee dentists from the G.M.C. Microfiche Archive. These showed a preponderance of death from cardiovascular disease. It would be interesting to compare this data with that of a cohort of British dental practitioners to evaluate the different causes of death and the ages at which they died.

The question of religion was intriguing. A considerable spectrum was present, from those refugees that were orthodox Jews, such as Max Walter, to those who

were in the German liberal tradition (close to the British Reform movement) and who were centred around the synagogue that a number of refugees were able to form at Belsize Park. Refugee dentists such as Hugo Schneider in Edinburgh and Alfred Rosenkranz were violently anti-religion in their attitude, which seemed to be related to their experiences as refugees from Nazi oppression and also the holocaust.

Over 700 Austrian and German dentists were rejected for entry into the country and it was only possible to track down the fate of a small number of these using the database at Yad Vashem and the research on Berlin dentists by the historian Michael Köhn. It would be worthwhile to follow up on these unfortunate people as a future project.

In the 1930s, Britain was offered the gift of over 1,000 well-trained refugee dentists from Germany and Austria. The response was ungenerous. Bearing in mind the appalling situation of dental health, dental teaching and research in Britain at this time, one can only reiterate the comments of Viscount Templewood (Sir Samuel Hoare) that the refugee dentists and doctors should have been allowed into Britain "en bloc":

England ought to welcome foreign brains and so become the free market for the intellectual gold of the whole world⁵²⁴.

⁵²⁴ Viscount Templewood, Nine Troubled Years, London, Collins, 1954, p. 240

FIRST NAME	SURNAME	DOB	Place of birth	DND Germany, MD Vienna	UNIVERSITY	ACCEPTED by GMC	PREVIOUS GMC REJECTION	Address1	Address2	Naturalised	Died
Eugene	Adler	1885		1920	Greifswald	1937	1936	17 Cathedral Road, Cardiff		1947	
Fritz	Adler		Berlin		Berlin	1936		41 Rodney St Liverpool	Oak Cottage, 33 Singleton Rd, Kersal, Salford 7	1947	7 194
Max	Adler		Schweinfurth		Wurzberg	1935		210 Holdemess Road, Hull			
Paul	Ahrene	1890			Hamburg	1937					
Paul	Albesheim	1905			2 Munich	1936		1942 Ceylon			-
Edger	Alexander	1900	Buende	1924	4 Leipzig	1930	3				
Weiter	Althof	1905	Karlsruhe	1920	Heidelberg	193	7	30/2 Kitchener Camp, Richborogh, Sandwich, Kent			
William	Anderson	1897			Bordeaux	193		Cambooth, Carmunock, Lanarka, + Glascow	18 Brownside Rd, Ginagow G72		
Stella	Anderson		Bordeaux		Bordeaux	193		as above	as above		199
Hermen Arthur	Amheim	1897			1 Berlin	193	-	853 High Rd, Leytonstone, E11	? Australia		199
Arthur	Aron	1896			2 Berlin	193		COS High Ru, Leytonetone, ETH	7 AUSTRIII		198
Richard	Auerbach	1895			1 Frankfurt	193		17 Parkhouse Gdns, Twickenham			-
lstven	Aufricht-Adorian	1902			6 Vienna	194		17 Perkhouse Gons, Ewickennam	20 Show and Date David Dutter O		-
Sally	Barme	1883				193		Dudeeu Australia	29 Sherwood Park Road, Sutton, Surrey	194	
Emst	Baschwitz		Nehel, Posen		2 Berlin	193		93/55 Park Lane W1			198
Gerhard Leopold	Baszynski		Berlin?		2 Berlin	193			1000 0 1		196
Izeak	Beumring		2. Warsaw		2 Berlin 6 Warsaw			1938 Bondi	1939 Sydney		
Victor						193		87 Kensington Gdns Sq, W2	30 Hatherley Crt, Hatherly Grove, W2		_
	Becker		B Freystadt		2 Berlin	193			187 Maide Vale, London,W9		194
Paul	Berger	188	5 Meyeritsch	191	1 Vienna	193	5	18 Hyde Park Place, W2	5 Devonshire Place, W1		
	-							1938 Knutsford Ave, Accra, Gold Coast, 455 Bank			
Max	Berger		5 Berlin		1 Koenigsberg	193		Rd, Kumazi, Ashanti, G Coast		194	7 195
Gustev	Birkenruth		8 Fuhle		1 Wurzberg	193		258 Toller Lane, Bradford, Yorka	21 Oak Lane, Bradford, Yorks		
Andreas Paul	Biro		5 Budepest		0 Vienna	194		25 Welbeck St, W1		194	7 195
Erika	Birzgélis	1908			3 Latvia	193	-				
Curt	Block		Retbor		1 Wurzberg	193		14 Gainsborough Gdns, London, NW11	137a Finchley Rd NW3	194	7 194
Kurt	Blum		Kaiserlantem		9 Berlin	193		1938 Sydney	1943 Brisbane		
Emst	Blumenau	1890	Cologne	191	9 Frankfurt	193	5	School Clinic, Bletchley Road, Bletchley	10 Church End, Wavedon, Bietchley, Bucks	194	7
Herbert	Blumenthel	1886	Berlin	192	1 Greifsweld	193	8	Ladbroke Terrace, W2 1937, Amsterdam 1940	Died in Auschwitz	194	4
Ernet	Blumenthal	1908	Samotschin	193	3 Greifswald	193	8	1935 104 Hillfield Crt, Belsize Ave, London, NW3	U.S.A.		
Erich	Boenheim	1891	Hensheim/Allenstein?	192	2 Cologne	193	8	Kuching, Sarawak Strait Settlements	1946 Surahammer, Sweden		+
Kurt	Bonin	1897	Bielefold	192	1 Wurzberg	193	8	Johannesberg, South Africa	1		
							T		1942 15 Park Town, Oxford, 1948 132		
Max	Borchardt	1873	Hargard	192	Greifswald	193	5	5 Lengland Gds, London, NW3	Gloucester Terrace, W2		195
Bernhard	Barkon	1906	Koenigsberg	193	1 Koenigsberg	193	5	2 Highfield Rd, Edgbaston, Birmingham 15	USA	194	
Lili	Brandt	1899	Berlin	193	1 Wurzberg	193	5	25 Stamford Hill Mans, N16		1947	
									1943 33 The Creacent, Northampton + Welwyn G. City + 4 Newmount, 11 Lyndhurst Terraca,		
Jacob Eugene	Brandt	1911	Berlin	1934	4 Berlin	1936	5 1935	Kitchener Camp, Richborough, Sandwich, Kent	London, NW3	1947	7
									10 Harley Street, W1, 21 Wood Gdns, Coomba		
Curt Harry	Brann		Breslau		0 Berlin	193		50 Sloane St, London, SW1	Hill, Surrey		197
Mathilda	Braun	1894	Munchen	1920	Tubingen	1936	3	Italy			
		1014		100	4 Basel	1936		400 Mich Direct D. Jolla Middle	3 Midcroft, Ruislip, Middx, 37 St Martin's		
Kurt	Bronne	1911	Alzey, Germany	193		1950	<u> </u>	123 High Street, Ruislip, Middx 19 Park Crescent, London, W1, 17 Devonshire	Approach, Ruislip, Middx HA4 5QH	1947	7 195
Gertrude	Brown	1905	Dortmund	1925	5 Bonn	1935	5	Place, W1	80 Grove End Gardens, London, NW8		198
Walther Wolfgang	Bruck		Breslau		5 Breslau	193					100
Kurt	Brunn		Golinow	1926	6 Breslau	1937	7 1936	167 High St Lower Hutt N.Z.			
Martin	Bukofzer		Justerberg (E Prussia)		8 Breslau	1936					19527
Alfred	Butow	1889	Berlin	1920	0 Berlin	1936		Ersanmine, Balborne Rd, Tring, Herts	77 Stamford Hill, N16		1952
						1	1935, 1936,				1
Felix	Caliman		Briesen		Greifswald		4 1937	38 High Street, Walton on Thames, Surrey			1
Curt	Calmsohn	1887	Salzemmendorf	1921	1 Frankfurt	193	5	3 Wellington Circus, Nottingham			
1	a	1001			Lainnia	4004		21 Alba Cardana Albalda (40.40)			
Josef	Carlebach	1901	Memor	1924	4 Leipzig	1936	1935	21 Alba Gardens, NW11 (1940)	611 Church Street, Ann Arbor, Michigan (1941)		

FIRST NAME	SURNAME	DOB	Place of birth	DMD Germany, MD Vienne	UNIVERSITY	ACCEPTED by QMC	PREVIOUS GMC REJECTION	Address1	Address2	Naturalised	Died
Clavdia	Cattley	1894	Petrograd		Petrograd	1934		225 Queen Street, Withernsea, Yorks + 4 others	48 Newlands Park Drive, Scarborough, Yorks		1
Morria	Cohn	1889	Essen		Wurzberg	1936		1937 60 W.115th St. New York			
Erich	Cohn	1896	Kolmar	1922	Koenigsberg	1935		1938 53 St Johns Ct, Finchley Rd NW3		1947	7 1983
Kurt	Dannenbaum	1890	Cologne	1922	Munich	1936	5 1935	Cologne-Amsterdam-Ede(Holland)	Milwaukee 1952 -High Wycombe 1953		
Immenuel	Ehrmann	1892	Friedberg			193	5	143 Grays Inn Road,WC1, 25 Devonshire Street, W1	1 Devonshire Court, W1	10000	1959
Sacki	Ehrmann	1896		1921	Frankfurt	193-	4			0	
Benno	Elchengrun		Beringhausen	1922	Leiozig	193	8	1938 Tel Aviv	1958 94 Hendon Way, London, NW2		1968
Major	Eirew		Lerzniov		Vienna	194	0	50 Dennison Road, Manchester 14, 307 Wilmslow Rd, Manchester 14	128 Wythenshaws Rd, Manchester 23	194	7 1979
Franz Martin	Elsenstedt		Berlin?		Berlin	193	5	29 Regent Sq, London, WC1, Finchley Rd, Park Rd Stoke on Trent	125a Park Road, NW8		
	Elkan		Wesel		Cologne	193	8	139 Hill Lane, Southempton, Hants + W8, N3.N4.NW4	33 Grove House, Weverley Grove, London, N3	194	7 1972
Josef			Hohensalza	184	Cologne	193		37 Devonshire Place, W1		194	
John	Ellinger		Breslau	4004	Wurzberg	193		1936 25 N. Cavendish St. W1		124	
Richard	Engel			102	Vienna	193		Bournamouth	· · ·		1997
Fritz	Engel		Vienna Hardheim	4884	Wurzberg	193		1938 Ann Arbor Michigan	B1 W. Main St. New Britain, Conn. 1942	T	1001
Alfred	Escheibacher			1924		193		43 Wykeham Rd, NW4	41 Islington High Street, N1	194	7
Heinz Robert	Etzhold		Berlin	100	Berlin (or Jena)	193		115 Canfield Gdns, NW6	4 The Quadrant, Richmond, Surrey	194	
Adalbert	Fehr		Czemowitz		Vienna	194		12 Park Crescent, Portland Place, W1	4 The Quadrant, Richmond, Surrey	1.0-4	1940
Erich	Feiler		2 Breslau		5 Heidelberg			1935 39 Coventry Street, London, W1, Wimpole,	Oliced Reves Delakis Sa Landas SW4		198
Johnny	Feinsilber		3 Oslo		Berlin	193		Harley	6 Hood House, Dolphin Sq, London, SW1	-	190
Carl	Fischbein		3 Dortmund		3 Wurzberg	193		20 Avenue Guillame, Luxembourg		104	1 407
Joseph	Fleischmann		Vienna		Vienna	193		8 Apsiley House, Finchley Rd, NW8	1974 10 Albion Gdns NW11	194	17 197
Gertrude	Fleischmann	1908	3 Vienna		4 Vienna	193		St Genny's vicerage, Bude, Cornwall	105 W. 76th Street, New York		
Gerda	Fraenkel-Froon	1898			5 Koenigsberg	193		c/o 25 Fordwych Road, NW2	Bombay		
Herman	Frank	190	Cologne	193	3 Cologne	193		187 Maida Vale, W9	Greville Place, NW6	194	7
Wemer	Freudenberg	188	Berlin	192	Wurzberg	193		Scarsdale, New York	Auckland, NZ		
Kurt	Freudenthal	1897	· · · · · · · · · · · · · · · · · · ·	192:	2 Wurzberg	193		85 Burnley Rd, NW10		1	
Bernard	Freudenthal	1900	Elafleth	192	4 Hamburg	193		1937 Singapore	Adelaide, S. Australia		
Alphone	Freudenthal	1909	9 Wongrowitz	193	5 Berlin	193	193	5 12 Leinster Gdns, W2	111 Collin Street, Melbourne, Australia	1	1969
Hugo	Freundlich	188	7 Neuslettin	192	D'Berlin	193	8	New York			
Kurt Heinrich	Freundlich						4028 4026				
					1		1935, 1936	47 Ginelais Aussus Bachury Ouss		194	7 1950
Hans Karl (Heinz?)	Fuchs	187			3 Bonn		12 1937	45 Sinclair Avenue, Banbury, Oxon 5 Gt. Stewart St, Edinburgh,3: Dental Clinic, Main	100- Oit, Dd Direit-then 17	194	
Egon	Fuchs	1902	2 Vienne	1928	? Vienna	194	11	Street, Carlton, Nottingham 86 Brondesbury Rd, London, NW6 (1940), 104 Midland Rd, Bedford (1941), 6 Gibwood Rd,	499a City Rd, Birmingham 17	184	1
		4000		100	5 Vienna	194	In	Manchester, M22 4BT	New York, Dallas, Texas 1972	194	7
Desider	Furst		3 Nemet-Pereszteg 3 Berlin		1 Berlin	193		New Zealand			1
Kurt Werner	Gabriel				4 Berlin	193		15 Oaklands Ave, Harborne, Birmngham 17		-	-
Sara	Garbarska		3 Berlin		9 Nancy	194		Parkstone, Camberley			
Michael	Gelbard		3 Radom			193		Lahore, India: Calcutta: Queensland, Aus	Sydney, NSW (1947)		+
Waiter	Gerber		Bartiz, Pomerania		1 Freiburg	193		6 Sydney, NSW	oydriey, norr (ren/)	-	
Rudolf	Giballe		Murowama-Goalin		2: Berlin					194	-
Karl	Giesakann		Kojeterim		6 Vienna	193		18 Palace Cr, Finchley Rd, NW3, 17 Harley St, W1	OU PILLIOINIS AVENUE, NVV3	194	
Eve	Gless		Berlin		8 Bonn		18 1942, 1945	18 Raleigh Pk Rd, Oxford	Deadi MCM		+
Walter	Goldschmidt	169			8 Wurzberg	193		Sydney NSW	Bondi, NSW		
Ferdinand	Goldstein		3 Zillma		3 Prague	193		66 Harley Street, W1		-	
Walter	Goldstein	1909	Hindenberg		3 Wurzberg	193		New York			_
Mex	Gollop	1885	5 Berlin		1 Wurzberg	193					1
Charlotte	Grieshaber	1898	ernauti	194	1 Berlin	194		40 Westbury Rd, Brentwood, Essex 53 Princes Hse, Kensington Pk Rd, London, W11,		197	1
William	Grosemen	1911	Znalm Moravia	193	6 Prague	1941 GMC		79 Harley Street, London, W1	2a Lister Hse, 11 Wimpole St, London, W1		1982
Margarete	Grundmann	1904	Karpel	192	9 Frankfurt	193	35	418 Glossop Rd, Sheffield 10	Retirement home Sheffield 2002		1

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Iuliun	Gummersheimer	1904	Heilbronn	1929	Tubingen	1937		92 Queens Drive, Glasgow, S2			
Kalman	Gutfreund	1908	Strasbourg?	1939	Strasbourg	1945	5	10 Percy Road, Wrexham	20 Chester Road, Wrexham		
Egon	Guttman	1888	Reichthal	1921	Breslau	1936		Sydney, NSW			
						1		46 Lambolle Rd, London, NW3, 7 Antrim Rd Bristol			1
Kurt	Guttman	1900	Reichthal	1924	Breslau	1937	7	(1938),	21 Grawen Street, Porth Glamorgan 1943		
Emet	Hackenbroch	1909	Frankfurt			193	5	2 Clissold Court, Green Lanes, N16	5 Limes Avenue, NW11		1990
							1				
Hans	Haim		Vienna?	1934	Vienna	193		New York			
Gertrude	Hamburger	1900				193		29 Highury Hill, N5, 4s Belsize Lane, NW3			1
Gertrud	Harth	1904			Bonn	193		Zurich 1937	Haifa 1937		-
Rudolf	Hecht	1906	Breslau	1926	Breslau	193	6	2 Clifton Gardens, London, W9	69 Furzecroft, George Street, London, W1		
									1957 c/o The Ottoman Bank, 20 Abchurch Lane		
Herta	Heilborn	1903	3 Cologne			193		37 Bedford Row, London, WC1	EC4	194	7
Rudolf Marcus	Hellborn			1930	Breslau	193	7			h	
									3 Beapre, Woodville Rd, Bowden, Cheshire		
Kurt	Hellbron	1914	Achin		1	194	-	4 Heaton Moor Rd, Stockport, Cheshire	WA14 2AM		
Julius	Helibrun			1928	Wurzberg	193				1	
Paul Walter	Heineman	1883	3 Berlin	1933	3. Berlin	193		48 Nevilles Court, Dollis Hill, NW2	51 Welbeck Street, W1		
Hugo	Heinsheimer	188	3 Vienna	1920	Vienne	194		75 Kilburn High Rd, NW8	1942 USA		
Fritz	Henschel	190	5 Stettin	1934	Bonn	193		14 Arlington Ct, Arlington Rd, Twickenham	232 Staines Rd, Twickenham	194	17 196
Maurice	Hermele	191	2 Auschwitz	193	7 Nancy	194		10 Hereford Sq. SW7	15 Kidderpore Gardens, NW3	1	
Leo	Herzberg	189	1 Berlin	1914	4 Berlin	193	8	394 Chiswick High Rd, London, W4		1	194
									1942 c/o Public Health Dpt, Aberdare, 1946 82		
Kurt	Herzfeld	1903	3	192	7 Hamburg	193	e	87 Greencroft Gdns, London, NW8	Pencisly Rd, Cardiff		
Simon	Hirach	189	7 Wongrowitz	192	2 Rostock	195	9 194;	9 Kildare Terrace, London, W2	82 Arthur Court, Queensway, W2	1	
									1961 8 Vale Close, Maida Vale, W9, 1973 5		
Walter Alexander	Hirsch	190	2 Rubrick/Rhine	192-	4 Bonn	193	B	Kenya 1949	Eldon Court, Weybridge, Surrey		198
Karl	Hirach		9 Heppenstein	192	Frankfurt	193	8 1936	47 Ben Yehuda Rd, Tel Aviv, Palestine 1937			
Hermenn	Hirsekom	190	3 Wronke, Posen	193	Berlin	193	7 1935, 1936	1938 42 Atholi Gdan, Glasgow, W2	1939 8 Ruskin Terrace, Hillhead, Glasgow W2	194	195
							T		Flat 3, 180 Kings Rd, Chelses, London, SW3		
Egon	Holzbock	188	8	192	1 Wurzberg	193	7 193	67 Broadhurst Gdns, London, NW6	1942	194	195
Erich	Isakowitz		1 Koenigsberg		1.Koenigaberg	193	5	Hillcrest Court, Shoot Up Hill, London, NW2	1 Northways, College Cres, NW3	194	7
Leopold	Israelzik		0 Berlin		1 Greifsweld	193	7 193	20 Adelaide Court, NW8 1935	1939 Double Bay, Sydney, Australia	0	195
Ernet	Jacob		7 Einslaken		8 Bonn	193	5 193	17 Devonshire Place, London, W1	1942 84 Harley Street, W1	194	17 196
	JECOD	100					1	c/o Alfred Brack, 69 Woodlands Ave, New Malden,			
Max	Jacobachn	189	0 Berlin	192	0 Berlin	193	6	Essex			
	Josephs		3 Cologne		0 Cologne	193	5	146 Alexandra Park Rd, N22	929 Finchley Rd, NW11	[199
Olga Richard	Kahn		0 Dortmund		3 Cologne	193	6				1
Wilheim	Kaliski		2 Bresleu		0 Cologne	193	5	1937 154 Corringway, Ealing, W5			193
Emat	Kaliman		1 Mayence		0 Frankfurt	193	5	55 Greencroft Gdns, London, NW6	166 Copse Hill, Wimbledon, SW20	194	7
Alfred	Kantorowicz		D Posen		5 Freiburg	193		1941 Apt 4, Saglik, Bebek, Istanbul, Turkey		1	196
Paul	Kaplan		9 Lipno		5 Berlin	193	7	1938 Brussels, Belgium; 1939 Havana, Cuba	1941 New York		1
Fritz	Kapp		7 Hall		1 Wurzberg	193		12 Lower Park, 54 Putney Hill, London, SW15	18a Thurlos Pisce, SW7		196
Prinz	Kabb	103					-				
Emat Maximilian	Kapp	180	London ?	192	3 Frankfurt	193	3	1934 7 Queens Gdns, London, W2	62 Albion Gate, W2, 1942 44 Albion Gate, W2		
	Karp		3 Berlin		1 Wurzberg	193		39 Devonshire Piace, W1		1947	7 1980
Jakob Leon	Kaufmann	1906			0 Hamburg	193		Melbourne, Australia			1
Ernst	Kaurmann	7800			ornamoury		1		1943 Public Health Dept, Hendon, NW4, 1956		-
F day and	Kerpal	190	7 Oedenburg	192	4 Vienna	194	1	4 Norrice Lee, London, N2	25 Wimpole Street, W. 1	1947	7 1984
Edmund			3 Berlin		3 Berlin	193		Portland, Oregan			
Alfred Samuel	Klews	1906			2 Florence	193		1939 Brisbane, Queensland			
Slegfried Sansone	Kinsbrunner	190			5 Bologna	193		1939 Brisbane, Queensland	1		-
Paul	Kinsbrunner		Berlin		1 Berlin	193		282 Ballards Lane, N12	1944 937 Finchley Rd, NW11	1947	7 1968
Walter	Kirchetein		/ London ?		7 Berlin	193		282 Ballards Lane, N12	1943 1 Palace Court, W2, see above		1968
Stephanie Eleonore	Kirchstein	190	London /	192		100	-	and the second second second second	1958 2 Woodcote Valley Rd, Purley, Surrey,		1000
			Uberfeld	100	3 Bonn	193	e	1937 Colombo, Ceylon	1979 Bexhill on Sea		1990

FIRST NAME	SURNAME	DOB	Place of birth	DMD Germany, MD Vienne	UNIVERSITY	QMC	PREVIOUS GMC REJECTION	Address1	Address2	Naturalised	Died
Aarianna Luise	Koenigsberger				Berlin	1935		16 Shomecliffe Road, Folkestone			
udwig	Kohler	1888	Darmstadt	1912	Heidelberg	1935	5				1
									51 Cadogan Gdns, SW3, 3 Palace Place Mans,	1	
Karel	Konig		Czechoslovakia		Prague	194		Alston Hse, Farley Rd, Warlingham, Surrey	W/B	1943	7 199
Gerda	Kroto	1893	Lubeck	1931	Berlin	193	3	21 South Gdns, The Avenue, Wembley, Middx	Melbourne, Australia		
						1					
Heinrich	Krott	1895	Vienna	1915	Vienna	193	8	38 Belsize Sq, London, NW3, 97 Malden Rd, NW5	1943 87 Regency Lodge, NW3		195
							I.	c/o Mrs. Goodwin, 165 Withington Rd, Manchester			1
Jacques	Kurer		Vienna		Vienna	193		16	30 St Ann Street, Manchester 2	194	7 197
Hermann	Kuttner		Hohensalza	1923	Greifswald	193		72 Fellowes Rd, NW3, 5 Lambolie Rd, NW3	31 Compayne Gdns, NW6	194	7
Ema	Lacha		Wurzberg	1931	Wurzberg	193		335 Wilbraham Rd, Alexandra Pk, Manchester 16	Flat 28 Highfield, Dean Road, Manchester 20	1	198
Wilheim	Landes	1905	Vienna			195	9	13 Linthorpe Rd, N16	1960 94 St Mary Rd, Waithamstow, E17		198
Mitchell	Lang	1898	London	192	Frankfurt	193	4	108 Manor Road, N16	151 Golders Green Rd, NW11		199
									1939 8 Jesmond Rd, Newcastle on Tyne, 1940 31 Central Promenade, Camp, Douglas Isle of	1	
Alfred	Lazarus		Hagen		Freiburg	193		149 Fellowes Road, NW3 1938	Man		194
Hans	Lazarus	1907	Berlin		2 Berlin	193	-	392 Bury New Road, Salford, Lanca			
Benna	Lesser	_		1923	3 Munich	193	8	Basel, Switzerland (1939))	New York		
Werner	Levinsky	1904	Rostock	193	Berlin	193	3	11 Norland So, London, W11	1934 Anatomy Dept, Victoria University Manchester 1945 12 St Anna Sq. Manchester 2	194	7
Max	Levy	1880	Danzig		Halle-Wittenberg			1940 31 Devonshire Place, W1	94 Chiltern Court, Baker Street, NW1	1.04	198
Serine	Levy	1901			9 Paris	194	1	11A Belsize Avenue, NW3	Health Dept, Town Hall, Worthing, 1950 29 Sloane Street, SW1	1	1.00
Elspeth	Levy			192	Halle-Wittenberg	193	8		1	1	
	-					1	-		1941 22a Belsize Grove NW3, 1964 31 Ludlow		-
Erwin	Lewek	1886	Wioclawsk	192	Wurzberg	193	8	Kitchener Camp, Sandwich, Kent 1939 736a Kenton Rd, Kenton, Middx 1939, 1941 6	Way, N2		
Hans	Lewinnek	1910		193	Wurzberg	193	6 103	5 Gidlow Way, Wigan	69 Lindsworth Rd, Kings Norton, Birmingham 28	194	-
Willi	Lewissohn		Berlin		Berlin	193		38 Frognel Court, Finchley Road, NW3	1939 Sydney, Australia	194	/
Egon	Lewy		Cologne		Bonn	193		16 Tavistock Place, London, WC1	13 Cavendish Road, SW12	104	7 197
Hens	Librowicz		Berlin?		Berlin	193		212 Bradford Road, Shipley, Yorks	IS Cavendish Road, Svenz	134	/ 19/
1 1 mil 1 mil		1000		104	Derim	100		Last contact 37 Kaiser Wilhelm Weg, Koblenz,			
Hana	Liebenberg	1006	Munich	102	Bonn	193		Germany	Ì		
Emet	Lobbenberg		Hemburg		3 Hamburg	193		Jamaica			
Albert	Loeb		Wurzberg		3 Wurzberg	193		1938 10 Leerbackstrasse, Frankfurt			
									3 Wellington Circus, Nottingham (1940) 95 London Road, Leicester, 1948 14 Palace Court,		
Julius Max	Loewy	1895	Hofgeismar		Berlin	193		1939 Kitchener Camp, Sandwich, Kant Palastine	Finchley Roed, NW3	1947	7 195
	Lorenz		London		B Paris	193					100
Cecil Charles	LUDDOCK	1007	Longon	1840		193		1a Kensington High Street, W8			196
Ernst Joachim	Magnus	1910	Berlin	193:	Freiburg	193	5	1938 736a Kenton Road, Harrow, Middx	137 Streatfield Rd, Kenton, Middx, 14 Northwick Ave, Kenton, Middx, 19 Colmen Court, Gordon Ave, Stanmore, Mddx		1990
Hans Wemer	Marcus	1909	Bochunn-Linden	1936	Naples	193	B	Naples	New York	1	
						1					
Meinert	Marks		Melbourne, Australia		Berlin	193		14 Park Lane, W1 1937, 1945 108 Park Street, W1	1960 High Air Cottage, St Ives, Cornwall		
Julius	Maaur		Berlin		Wurzberg	193		St. Kilda S2, Victoria, Australia			
Ernst	Mayer		Tennstadt		Frankfurt	193		40 Gordon Square, WC1	2 Maresfield Gdns, NW3	1947	1967
Egon	Melsener		Slang Maleti		Vienna	194		60 Upper Pk Rd, NW3 1943	296 West End Lane, NW6	1947	1
Felix	Mela	1901	Frankfurt		Frankfurt	193		1 Greenhill Mansions, Lyttetton Rd., N2	New York		
Erich	Melchior		Dortmund		Berlin	193		Essen, Germany 1936		0	
Max	Meyer	1886	Konitz, W. Prussia	1921	Berlin	193	3	1936 Zagreb Yugoslavia	Switzerland		
Vax	Meyer		Herfoud		Greifswald	193		Kitchener Camp, Sandwich, Kent 1939	24 Fitzjohns Ave, NW3; 45 Arkwright Rd, NW3		
Malli	Meyer		Burcholt		Cologne	193		8 Croft Gdns, Barton Rd, Cambridge		1947	1984
Alfons	Meyerhardt	1887	Krojanke	1922	Bonn	193	5	38 rue de la Dreve, Brussels	Died in Poland in Shoah		

FIRST NAME	SURNAME	DOB	Place of birth	DMD Germany, MD Vienna	UNIVERSITY	ACCEPTED by	PREVIOUS GMC REJECTION	Address1	Address2	Naturalised	Died
Ruth	Morris		Herfoud		Leipzig	1959		1938-54 India			1
Herbert	Mueller		Berlin		Berlin	1935		1938 44 Walworth Rd, SE17,	7 Frognal Ct, Finchley Rd, NW3	194	7
											1986 In Konst
Fritz Robert	Munz(es)heimer	1895	Karlsruhe		Berlin	1937		181 Woodstock Road, Oxford	91 Highlands Heath, SW15		anz
Welter	Munzesheimer	1901	Karlsruh	1925	Berlin	193	5	33 Lords Wood Rd, Harborne, Birmingham 17	84 Viceroy Clse, Bristol Rd, Birmingham B5		194
								B Stanley Close Camp Douglas, IOM c/o M. Woolf,			1
Siegfried	Nathan	1885	Solonsee	1901	7 Munich	1940	0	38 Goldhurst Terrace, London NW8	Calcutta 39		7 194
Freidrich (Fritz)	Nelki	1893	Berlin	191	Rostock	1934	6	17 Harley Street, W1	1950 72 Penine Drive, NW2		17 195
Salil	Neuburger	1900)	192	2;Wurzberg	193	5	330 Commercial Rd, E1		194	7
Walter	Nuki	1900) vienna	192	7 Vienna	193	9	54 Battersea Pk Rd, SW11	18 Pembroke Square, W8	194	7
Regina	Nuld		Stry	192	9 Vienne	194	9	18 Pembroke Sg. W8 1949	29 Primrose Mansions, Pr. Of W. Drive, SW11	194	17 198
reading.	TTMPU	100.	0011								
Herbert	Nussbaum	1914	Germany			194		121 Palatine Road, West Didsbury, Manchester 20		194	i7
Ehe	Orbach	1889	Oppein	192	1 Frankfurt	193	8	1940 c/o Mrs Liebeig, 3 Powys Gdns, NW11	Palestine		
Hana	Orial		7 Vienna	192	2 Vienna	193	9	61 Kilburn High Rd, NWB	Sydney, Australia		
Oskar	Pelzmann	191	1 Vienna	193	6 Vienna	193	9	1939 Milan, Italy	1	T.	1
Karl Ludwig	Pater		5 Vienna		Vienna	194	1	1941 Publ.Health Dept, Shirehall, Nottingham	Park Pruitt Emerg. Hosp, Besingstoke, Hants, 1948 74 Bounty Rd, Basingstoke	194	17 197
Emat	Plafler		2 Giessen	192	0 Berlin	193		14 Park Lane, London, W1	2 Highpoint, North Hill, Highgate, N6		194
Fritz	Phiebia		2 Flatour		8 Berlin	193		W. 91st Street, New York		1	
Richard	Philips		B Dewesberg		7 Bonn	193		11 The Quandrant, Edgware, Middx	39 Harley Street, W1		194
						193		94 Olympiaplein, Amsterdam 1939	1943 97 Harley Street, W1, 1949 Weisteindie 4 Amsterdem Holland		
Frieda	Picard-Gerson		6 Charlottenberg		C Heidelberg				4, Avriana dan Honand		
Manfred	Pick	189			0 Munich	193		Weilington, NZ	25 St John St. Oxford 1945	104	195
Otto	Pick		1 Vienna		7 Vienna	193		31b Abbey Rd, NW8, 28 Welbeck St. W1	25 St John St, Oxford 1945	1 29-4	180
Ferdinand	Pilzerbarme		7 Poland		3 Frankfurt	193		3 31 Devonshire Place, W1			
Suse Marie	Piorkowski		7 Breslau		2 Breslau	193		1938 9 Comerstrasse, Breslau 13			+
Erich	Plesanar	187	8 Berlin	192	1 Tubingen	193	6	39 Cape Town, S. Africa	1940 Southern Rhodesia		
			I.					79 Harley Street, W 1,5 Whitehall Rd, Rugby,	28 Park Crescent, W. 1, 1960 5 Devonshire PI		
Leander	Pohi		5 Vienna		0 Vienna	193		Warwicks,	W1		196
Christian Albert Otto	Prager	189			1 Cologne	193		43 Shepherds B ush Green, W12		194	1/
Walter	Reif	190-	1		8 Bonn	193		75 Wimpole Street, W1		<u>.</u>	-
Adam	Reischer	191	1 Lemberg	193	5 Vienna	193		c/o 10 Hillesden Ave, Edgware, Middx	Chicago		_
Michael	Reiter	190	2 Krakow			195	-	25 Brondesbury Rd, NW8	375 Herrow Road, W9	194	
Carl	Richter	189	4 Vienna	192	0 Vienna	194	-	14 Hall Rd, NW8	12 Park Crescent, W1, 28 Welbeck St, W1	194	17
Morduhai	Roisentwit			193	0 Milan	193		100 Nithsdale Rd, Pollockshields, Glasgow S1	337 Bath Road, Glasgow, C2, Rome Italy		1
Leo	Rosenberg	189	8 Munster	192	1 Wurzberg	193	5	3 Barton Court, Barons Court Rd, W14			197
Emst Helmuth	Rosenberg	191	1	193	3 Wurzberg	193	7	71 Boundary Rd, Hove 1937, 149 Finchley Rd, London NW3 1940	Huddersfield, W.Garden City, 42 Boundary Rd, Hove 3 1945	194	17
Louia	Rosendahi			192	1 Cologne	193					-
Georg	Rosendorff	189	1		0 Wurzberg	193	7 193	6 Melbourne, Australia			
Alfred	Rosenkranz	189		192	2 Wurzberg	193	5	3 Brondesbury Ct, Willesden Lans, NW2			198
Kurt	Rosenmeyer	1900			6 Gottingen	193	8	Buenos Aires			1
Paul	Rosenstein	188			2 Breslau	193	6	The Haven, Thorpe Ness, Suffolk	99 London Rd, Croydon		
	ROSenstem	100						78 Guildford St, London, WC1, 22 Cannon Place,			
Amold	Rosenstrauch	190	Berlin	193	4 Berlin	193		Brighton,	1976 25 Harcourt Dr, Earley, Reading	194	7
Erich	Rosenthal	189	9 Bad Homburg	192	6 Frankfurt	193	6 193	5 58 Fitzjohns Avenue, London, NW3.	Sydney, NSW 1940		1
	Rosenthal		5 Dortmund	192	9 Bonn	193	5	19 Park Crescent, London, W1	17 Devonshire PI, London,W1, 80 Grove End Gdns, London, NW8		198
Trude	Roser		3 Yugoslavia		6 Berlin	193	7 193				1
Johannes	Rothachild		9 Bretten		2 Berlin	193		27 Wimpole St. W1	1	194	7
Albert	Romecnid		7 Ritphenvelde		0 Greifswald	193	1	305 Chapeltown Rd, Leeds 7, 525 Finchley Rd, NW3	1945 79 Harley St, W1, 1950 504 Finchley Rd, NW3	404	7 195

FIRST NAME	SURNAME	DOB	Place of birth	DMD Germany, MD Vienna	UNIVERSITY	ACCEPTED by GMC	PREVIOUS GMC REJECTION	Address1	Address2	Naturalised	Died
								1a Norfolk Sq, Buxton, Derbyshire, 17 St James	24 Hardwick St, Buxton, 1959 40 Mapesbury		
tans Max	Sahmer		Strasbourg		Frankfurt	1935		Terr. Buxton	Rd, NVVB	1947	7
Hilde	Salinger-Marx		Freiburg		Freiburg	1936		Berlin, never came here?			
Kate	Salisch		Oberglogau		Breslau	1935		20a Market Place, Failoden Way, NW11	39 Ashurst Rd, Cocklosters, Barnet, Herts		-
Max	Sallsch	1891	Silesia	1921	Breslau	1935	5	As above	As above		195
Fritz	Salomon	1890	Grunberg	1920	Berlin	1936	3	10 Oldfield Rd, Bath, Somerset, Stamford Hill (1940 25 Buckland Crescent, NW3, 1938 Jamestown, St.	IO Newbridge Rd, Weston, Bath, Somerset		198
Kurt	Salomon	1911	Cologne	1934	Bonn	1936	3	Helana	1957 52 Gt Cumberland Place, W1	0	198
Ema Helene	Samaon	1909			Munster	193		266 Hale Lane, Edgware, Middx 1939			199
Adolf	Samuel		Frankfurt		Frankfurt	193		5a Coverdale Rd, NW2	57 Wellington Court, Wellington Rd, NW8		197
								1940 145 George V Ave Worthing, Sussex, 115		1	
Hana	Schachter	1906	3 Vienna	192	Vienna	193	9	Harley Street, W1	2 Deadon Rd, Bromley, Kent 1981	194	7 199
Karl	Schajowicz	190	5 Bolan, Romania	102	3 Vienna	194	_	70 Grainger Street, Newcastle on Tyne1, 66 Grey Street, Newcastle on Tyne 1	49 Granville Court, Newcastle on Tyne NE2	1	197
	Scherbel	189				193		176 St Pauls Churchyard, EC4	162 Bickenhall Mansiona, NW1		197
Hans	Schiff		5 Germany	1911	Leipzig	193		61 Walsgrave Rd, Coventry, Warwicks	529 Kingsbury Road, NW9	404	190
Moritz	Schiller		1 Nikoloburg		Vienna	193		2 Wansdworth Mans, W14	318 Harrogate Rd, Leeda, Yorks	194	197
	Schindel	189			Vienna	194		2 YVensoworth Mans, YV14	318 Harrogate Rd, Leeda, Yorks	1	197
Gertrude	Schindler		1 Rybnik		Freiburg	193		96 Portland Place, W1	89 Heriev Street, W 1	-	190
Adolf	Schindler		1 Breslau		Berlin	193		392 Bury New Road, Salford 7	OB Plantey Direct, VV 1		193
Rudolph	Schlesinger		7 Vienna	192		193		Ba Rexham Road, Mold, Flints.	58 Melden Rd, Prestatyn, Flints	194	
Susanne Erika	Schloss		3 Reichenbach	192	Breslau		6 1938, 1940	8 Kendal Avanue, Shipley, Yorks	So Melden Ro, Prestatyn, Pinta	194	
Rudolf	Schmeidier		3 Kerlaruh	102	Wurzberg	193		Brazil		194	· · · · ·
Hugo	Schneider		7 Freistadt		3 Vienne	194		7 Mayfield Road, Edinburgh	4 Rendolph Place, Edinburgh	104	17 196
isabella	Schneider	189		192		194		as below	as below		7 197
Therese	Schrotter		9 Vienna	107	4 Vienna	194		388 Upper Richmond Rd, SW15	as Durow	194	
Bruno	Schrotter		9 Ellooth, Silesia		Vienna	194		80 Hillside Gardens, Edgware, Middx	31 Devonshire Place, W. 1	194	
Berthold	Schuler		7 Dusseldorf		1 Cologne	193		2 Hendon Park Mans, NW4	2 Devonshire Pi, W1 1956	1	17 197
Leonard Henry	Schuler		0 Dusseldorf	192	Cologna	194		A CONTRACT FUEL INNER, INTER-		194	
Johann	Schwartz		9 Szeged	192	3 Leipzig		7 1936 X 2	Келуа		10-4	
Therese	Schwarz		3 Munich		2 Bonn	193		Wiesbaden		-	-
11101010	GOINWILL	100	5 Mainon					23 Clarence Parade, Southees, Hants 26 Belsize Ro	1		
Heinrich	Schweitzer	169	2 Frankenthal	192	Wurzberg	193	8	NW6 (1940)	6 Acacia Ave, Hale, Altrinchem 1943	194	7
Rudolf	Seegail	188	9 Berlin	192	D Greifswald	193	7	42 Mapesbury Rd, NW2,	Pinecrest, Northwich Rd, Oalsmere, Cheshire	194	7 194
Gerda	Selo	190	Dusseldorf	192	3 Frankfurt	193	5	2 St Stephens Mount, 64 Richmond Hill, Bournemouth, Hanta		1	197
Gerde					1					-	
Benedikt	Sender	189	9 Bieberich	192	3 Greifsweld	193	8	58 Middlewsy, NW11, 3b Greville Place, N.W6 194 7 The Paddocks, Wembley Pk, Middx: 39 Harley	3 USA		-
Wilheim	Silbiger	189	B Pless	192	3 Wurzberg	193	5	Street, W1	21 Devonshire Place, W1		197
Richard	Spitzer		Berlin		4 Berlin	193	7 193	5 39 Belsize Pk. NW3:	3 Princes Court, Brompton Road, SW3		196
Carl Ludw.g	Spring		4 Vienna		1 Vienna	193		36 Rope Walk, Nottingham	Krugerstrasse 3, Vienna 1 (1948)	1	100
Hans	Springer		9 Mohringen		Wurzberg	193		12 Norland Sq Mansions, Holland Park, W11			196
Hans	Sprinz		1 Berlin		B Halle-Wittenber					1	
Seima	Steinfeld) Karlaruh		Wurzberg	193	6	Peiora, Illinois, USA			1
					Berlin	193	8	11 Leinster Gda, W2	19 Wimpole Street, W1; 1974 79 Harley Street		198
Eugen	Steinmetz Stock		5 Notines, Hungary 9 Witkowo		4 Bedin	193		218 Adelaide Rd, NW3, 148 Fellowes Rd, NW3	8 Vale Close, W.9 1949	1947	
Gunther		191		102	Datilit	194		55 Belsize Drive, NW3	10 Goldhurst Terrace, NW3	1947	
Erhard	Stem		7 Marburg	102	1 Frankfurt	193		17 Greencroft Gdns, NW8, 20 Grosvenor PI, SW1	28 Devonshire Pl. W1 9 The Vale, NW11	1341	1974
Bruno	Strauss		Ludwigshafen		4 Heidelberg	193		Apt 4D, 435 Washington Ave, New York			1874
Kurt Kurt	Straues Straues		Frankfurt	192	- receivery	193		29 Belsize Pak, NW3	107 Deansbrook Rd, Edgware Middx (1948)	1947	7 1970
PAUL (Gueves		· · · · · · · · · · · · · · · · · · ·								
Freidrich Berthold	Strauss		Frankfurt			193		191 Derby Road. Longeston, Derbyshire	Nottingham, Linsmead, Hampstead Lane, NW3		
Albert Abraham	Sulke		3 Griesen		Leipzig	193		King George Avenue, Jerusalem, Palestine			1
Albert	Tabdch	1895		192) Wurzberg	193	6	253 Cranbrooke Rd, Ilford, Essex		1947	1

FIRST NAME	SURNAME	DOB	Place of birth	DMD Germany, MD Vienna	UNIVERSITY	ACCEPTED by	PREVIOUS GMC REJECTION	Address1	Address2	Naturalised	Died
PIRSTNAME	SURNAME	DOB	Field Of Ditur		ONIVEROITI		TESES TION		1953 25 Welbeck St. W.1, 64 Cranbourne	Hataranoou	
Hana	Thein	1008	Nistelbach	1934	Vienna	1938		234 Finchley Rd, NW3, Madres India 1938	Gdns, NW11		1980
Herbert	Tichauer		Gleinertz		Berlin	1936		New Zealand 1938			1
	Tichauer	1000	and in the LZ	1932		1936		New Zealand 1938	······		1
Eva	Incheuen			1002	-	1000	1		Srinigar Rd, Ajmer, India 1940 25 Welbeck St		1
Moriz	Tillinger	1909	Vienna	1934	Vienna	1934	8	c/o S. Tillinger, 5 Alba Ct, Alba Gdna, NW11	1941, 55 Cranbourne Gdns, NW11		
Moritz Anton	Tischier	1886	vienna		Vienna	193		8 Clifton Hill, NW8	3 Park Crescent, Portland Place, London, W1	194	
Fritz	Trebitech	1897	Vienna		Vienna	193		Singapore, Bangkok	Sydney, Australia	1	1990
Friedrich	Tryfus	1884	Happenheim	1920	Tubingen	193		c/o J. Gordon, 8 Sidmouth Mansions, NW2	1941 New York		
Hans	Turkheim	1889	Hamburg	1921	Hamburg	193	5	1936 34 Devonshire PI, W1	208 Bickenhall Mana, Gloucester PI, W1		1955
Johannes	Wahle	1895	5 Poland	1924	Hamburg	193	7	66 Portswood Rd, Southempton, Hants, 324 Harrogate Rd, Leeds	15 Oakmount Ave, Southampton, Hants 1945,	194	17
Edith	Wahle		Calcutte		Hamburg	193	8	as below			
Reinhardt	Waldarcha		7 Barmen		Bonn	193		66 Great Cumberland Place, W1		1	1
Hildegard	Waldaschs	1908			3 Bonn	193		29 Beaufort Road, Ealing, W5	106 Corringway, Ealing, W5 (1942)		1
Mildegard	TTEICHECTIE	1004						19 Hillside Gdns, Edgware, Middx, 4 Craven Hill,			T
Мах	Walter	1903	2 Zeil am Main	192	5 Erlangen	193	5	W2	43 Wimpole Street, W1	-	1974
Jakob	Wendetein	190	3 Warsaw		Warsaw	193		112 Forset CI, Edgware Rd, W2	22 Connaught Sq, W2, 10 Stanhope Place, W2	194	1978
Sally	Wegner	190	7 Ostrovo		Berlin	193		New York		1	
Max	Wehlau	188	7 Fraustadt		Berlin	193		507 Shields Rd, Glasgow, S1		194	47 195
Fritz	Weinberg	189	9 Rhede	192	2 Wurzbarg	193				1	
Emmerich	Weindling	190	6 Czernowitz		Vienna	193		29a Connaught Street, London, W2		195	90
Rudolf	Weiner			192	5 Freiburg	193	6	Calcutta. India	Columbo, Ceylon 1942	1	
								11 Park Crescent, W1, 10 Goodwood Ct, Devonshire St. W1	80 Wemborough Rd, Stanmore, Middx	10/	47 1960
Edgar	Weinsberg		3 St.Polten		9 Vienna	193			60 avemborough Rd, Sterimore, Mildox	194	
Norbert	Weinsberg	190			5 Vienna	193		as above		184	<u></u>
Benno	Weissberg	191	3 Cologne		6 Bonn	193		The Hague; Amhem; Amersfoort, Holland			_
Moritz	Weissberg			192	7 Vienna	194		42 Brighton Road, South Croydon	Bognor Regia, Sussex	-	2006
Ludwig	Werber		7 Vienna			195		117 Harley Street, W.1		104	47 197
Hans	Wertheim	188	2 Straisund		Poznan?	194	И	Willesden	4 Spencer Road, Wandsworth, SW18	184	11 191
Ludwig	Wertheim	188	7 Gottingen	192	1 Freiburg	193	86	Bunse Court, Faversham, Kent, 1941 13 Gainsborough Rd, Crewe	Chicago, U.S.A. 1946		1958
Alexander	Wigdorcik	190	4 Bielystock	192	9 Naples	193		110 via Santa Lucia, Naples 1940			
Emst	Wilczynski			192	1 Wurzberg	193	8				
Herbert	Wohlmuth	190	8 Berlin		1 Berlin	193		Sydney, Australia			
Emest	Wolf	188	2 Wangeu, Baden	192	1 Freiburg	193	37	16 Victoria Park Rd, Leicester		194	47 1957
Paul	Wolff				2 Leipzig	193				1	
Kari	Wongtschowski	189	8 Lublimtz	192	3 Berlin	193	35	49 Wimpole Street, W1			1999
Alfred	Worms		7 Sonneberg		1 Wurzberg	193	35	c/o 17 Welbeck House, W1	149 Brondesbury Park, NW2	1	1977
Key	Austrian						1				
	Student				1	1	1				

Refugee dentists rejected by the General Medical Council

FIRST NAME	SURNAME	Date of birth	Place of birth	QUALIFIED	UNIVERSITY	REJECTED	Escaped	Died
elix Martin	Abraham		Posen		Leipzig	1936		Auschwitz 29.11.42
Siegfried	Altmann	1901		1931	Bonn	1936/1937		Fate unknown
Alexander Johann Brugger	Anderson					1933/1935		
Hilda	Ascher			1922	Berlin	1937		1
Heinrich	Aschkowitz			1921	Berlin	1938		
Robert	Atlasz	1898	Berlin	1912	Wurtzberg	1934 P	alestine 1937	1
Uirich	Auerbach	1896		1923	Berlin	1938		Fate unknown
Martin	Baer			1921	Breslau	1936		
Leopold	Baer			1905	5 Zurich	1936/1937 P	Palestine	
Seligman	Baruch	1890			Heidelberg	1938		Died in Auschwitz
Kurt	Baruch			1921	Wurzberg	1938		
Annelie Babette	Baruch			193	5 Dresden	1936/1938		
Ludwig	Baschwitz	1888		1922	2 Berlin	1936		Fate unknown
Kurt	Baum	1902		1926	Berlin	1936 T	o USA 27.6.40	
Max	Baum				Gottingen	1936		
Leo	Becker	1882	Bromberg, Posen		Berlin		To Litauer 1940	
Erich	Behrendt	1887		1920	Berlin	1936 A	Argentina	
Kurt	Bender			1924	4 Breslau	1938		
Friedrich	Berlowitz			192	1 Koenigsberg	1935/1936		
Otto	Bischofswerder			1920	Greifswald	1936		
Julius	Bloch	1888	Prostken, West Prussia		1 Berlin	1936		Deported to Riga 15.8.42
Kurt	Blum	1901	Kalserlauten	193	1	1936 E	Brisbane, Australia 1938	
Ernst	Blume	1		1931		1936		
George Wilhelm	Blumenberg	1906	1	193	2 Berlin	1936		Fate unknown
Kurt	Bonin			1920) Wurzberg	1935		
Ernst	Boronow			1920) Breslau	1936		
Мах	Brann	188	Deutsch-Krone, West Prussia	192	1 Wurzberg	1938		12.1.43 Deported Auschwitz
Hugo	Brasch			191	3 Breslau	1936/7		
Theodor	Breslauer			191	5 Berlin	1938		Possibly deported to Riga
Jan Hendrik	Brever			1923	3 Utrecht	1938		
Karl	Buff	1		191	8 Munich	1936		
Erich	Cohen	1		192	1 Munich	1936		
Ludwig	Cohn	1895	5	192) Berlin	1936 E	Bolivia 1939	
Hans	Cohn			192	5 Cologne	1936		
Slegfried	Cohn			192	5 Hamburg	1936		
Alfred	Cohn	188	Berlin		0 Kiel		Bolivia 1940	
Heinz Herman	Cohn			1934	4	1936		
Georg	Cohn	1889	Sampter, Posen	192	0 Kiel	1937 S	Shanghai 1939	1
Louis	Danziger	189		192	1 Berlin	1936/1937		Fate unknown
Bruno	Destler	1889		192	0 Koenigsberg	1936		Fate unknown
Adolf	Deutschland	1899			2 Berlin	1936 L	JSA 1936	
Siegfried Simon	Dobrin	1887	Freinenwald, Pomerania		1 Greifswald		migrated, place unknown	
Max	Dreifus				3 Heidelberg	1936		1
Julius	Dresel	1878	3 Chemnitz	192	1 Cologne	1935/1936/1938		Suicide 1942

Refugee dentists rejected by the General Medical Council

FIRST NAME	SURNAME	Date of birth	Place of birth	QUALIFIED	UNIVERSITY	REJECTED	Escaped	Died
rmgard	Duras			1932		1936		
Curt	Ehrlich	1808	Hindenberg	1922	Breslau	1936		2.3.43 Deported Auschwitz
Friedrich	Ehmann		indenoetg		Erlangen	1938		
Walter	Eisenstadt				Wurtzberg	1936		
Reinhardt	Eisex	1876	Hamburg		Berlin	1936		
Helmut	Elbrechter	1070	Tarribulg		Freiburg	1935		
Walther	Engelmann	1888			Berlin	1938		Fate unknown
Paul	Englaender	1889			Wurzberg	1938		Augsberg (YV)
Artur	Falk	1000			Breslau	1936		ingeberg (14)
Erich	Feiter				Heidelberg	1935		
	Fischbein				Wurzberg	1936		
Kurt	Freitag				Greifswald	1936/1937		
	Troitay				Cicliendid	100011001	1938 to USA, then New	
Werner	Freudenberg	1887	Berlin	1920	Wurzberg	1936	Zealand	
Martin	Freudenstein	1879	Berlin	1921	Jena	1936	Emigrated, place unknown	
Herbert	Freund	1899			Berlin	1935		
Herbert Friedrich Wilhelm	Freund			1923	Berlin	1936/1937		Fate unknown
Hugo	Freundlich	1887	Neustetten, Pomerania		Berlin	1936/1938	USA via London 1941	
				1020	Berlin	1937		Died in prison Alexanderpla (YV)
Emil	Fridberg		USA (YV)		Breslau	1938		(1V)
Edith	Friedeberg				Breslau	1938		
Hermann	Friedeberg					1936		
Hans	Frohlich				Leipzig Hamburg	1936/1937		
Heilmut Friedrich	Fuerst	4074	Dedle		Breslau	1930/193/		Fate unknown
Alfred	Gadiel	16/1	Berlin			1937		Pate unknown
Karl	Gaeng				Heidelberg Berlin	1936		
Hugo	Ganzer				Berlin	1936/1937		
Arthur	Garbarsky				Heidelberg	1936/193/		
Wilhelm Ferdinand	Gernschein			1024	Greifswald	1936/1937		
Hugo	Gerson	4004	Liebeeuvolde		Berlin	1936		1943 (YV, Gedenkbuch)
Walter	Glaser	1901	Liebenwalde		Breslau	1936		1945 (TV, Gedenkouch)
Willy	Gluckmann				Cologne	1936		
Julius	Goldberg				Kiel		Survived, died 1950	
Julius	Goldschmidt	4000	Lindenhean		Wurzberg		New York 1937	
Walter	Goldstein		Hindenberg		Berlin	1936		Fate unknown
Harold	Gorodiski	1895			Vienna		Tel Aviv	Falo UNKNOWN
Bernhard	Gottlieb		Kuty, Poland		Berlin	1938		Este unknowe
Paul	Gottstein	1893			Berlin		Palestine 1933	Fate unknown
llso	Gottstein-Grand	1896		1920	Deniti	1830	Laidorille 1933	
Kurt	Greiffenhagen	1884	Breslau		Greifswald		Emigrated, place unknown	
Richard	Grosz				i Leipzig	1937/1938		
Elizabeth	Gruneberg				Bonn	1936		1
Julia	Grunthal	1907		1933	Berlin	1936		Fate unknown

FIRST NAME	SURNAME	Date of birth	Place of birth	QUALIFIED	UNIVERSITY	REJECTED	Escaped	Died
Dscar	Gumpel				Cologne	1936		
rederick	Gutmann			1917		1936		
Dakar	Guttmann			1921	Breslau	1936		
Gustav Gerson	Haber	1888		1920	Berlin	1936/1938		Fate unknown
Martin	Hammerschmidt	1895	Adelnau, Posen	1932		1936, 7, 9		Auschwitz
Alfred	Hammerstein			1922	Wurzberg	1938		
Herbert	Hanauer			1934		1936		
Hans Herman	Hartwich			1920	Wurzberg	1936		
Gunter Reinhold	Hecht				Frankfurt	1936		
Herman Wolfgang	Heilborn			1933		1936		Possible Terezin died 43 YV
Willy	Heymann	1888	Cristburg, W. Prussia	1921	Koenigsberg	1936		Fate unknown
Max	Heymann		Krojanka, W. Prussia	1920) Berlin	1938		Fate unknown
Benno	Heymann	1886		192) Berlin	1936/1937		Possibly transported to Riga
Heinz	Hirsch	1000			Berlin	1936		
Max	Hirsch	1907			Leipzig	1936		Fate unknown YV
Alfred	Hirsch	1907			3 Wurzberg	1936		
Fritz	Hirshberg				I Erlingen	1936 N		
Franz	Hoff	1884) Berlin	1936	o wuy	Fate unknown
Paul	Hoffman		E. Prussia		Halle-Wittenberg		elbourne, Australia	
Leopold	Hoffman	1078			I Cologne	1937/1937	dibodinio, ridoti dila	
Herta	Inhetvin	1898			3 Munich	1936		Fate unknown
Arthur Julian	Isaacson	1030		1020		1935		
Edith Marianne	Jacob	1910		193		1936		Auschwitz 43 YV
	Jacob		Duren	193		1936/1938		Auschwitz 43 YV
Hugo Albert	Jacobs	1910		193		1936		
	Jacobus	1907		193		1936/1937		Fate unknown
Julius	Jansen	1907			Bonn	1937		
lise					3 Bonn	1936		
Rudolf	Jarre							Died from maitreatement
Arthur	Joachim		Posen) Berlin	1936/1938		1946
Fritz	Joseph	1907		193	5 Berlin	1936		Fate unknown
Georg	Josephson	1876 or 1889			5 Berlin	1935		Possibly transported to Riga
Jeangros	Jules				Berne	1938		
Carl August	Jung) Berlin	1938		
Bruno	Kantorowicz	1885			1 Greifswald	1937		Fate unknown
Manfred	Katz	1899	Frankenstein		3 Berlin		omania 1933	
Edgar Peter	Katz				I Frankfurt	1936		
Helmut	Katzenstein	1910			3 Amsterdam	1936		Deported Poland 43
Bruno	Kaufmann	1			2 Berlin	1936		
Max Ludwig	Kiwi				7 Berlin	1937		
Erich	Klein	1886) Berlin	1936 Pa	lestine	
Kathe	Klein			193	1 Berlin	1936		Fate unkown

FIRST NAME	SURNAME	Date of birth	Place of birth	QUALIFIED	UNIVERSITY	REJECTED	Escaped	Died
Benno	Klein	1889		1921	Greifswald	1936/1938		Fate unknown
Erich	Kohn			1932		1933		Fate unknown
Gentrude	Kohn			1933	Wurtzberg	1935		
Leo	Kollen	1880 Ber	ent		Berlin	1936		Died Terezin 43
Hildegarde Thea Margareta	Krakowiak				Berlin	1936		
Hans	Krebs			1933		1936		
Norbert	Kubatzki	1893			Berlin	1936 \$	Survived, died 1960	
Benjamin Emst	Kupfer			1923	Greifswald	1936		
Otto	Kutner			1920		1936		
Fritz	Laband			1927	Berlin	1936		
Paul	Laband			1922	Hamburg	1936		
Robert	Less	1895		1922	Koenigsberg	1936/1937		Fate unknown
Fritz	Lesser			1920	Breslau	1936		
Joseph	Levi			1923	Munich	1937		
Leo	Lewald			1921	Koenigsberg	1936		
Hugo	Lewin			1920	Koenigsberg	1936		
Hans	Lewinnek			1921	Koenigsberg	1936/1937		
								Terezin, died Auschwitz 44
Max	Lewy	1886		1931		1937		YV
Max	Lichenheim			1936	Bonn	1936		
Erich	Liebermann			1934		1936		
Paul	Liepmannssohn			1921	Hamburg	1936		
Max	Lindenstrauss	1899		1923	Berlin	1936	rel Aviv	
Eva Antoinie Maria	Lob	1				1935		
Werner	Loewandorff	1901		1927	7 Berlin	1936/1937	Died 1979	
Martin	Loewenson	1		1921	Breslau	1936		
Egon	Lowenstern	1892 Be	rlin		Greifswald	1936/1937		Suicide 42
Max	Lychenheim		chtenberg		Berlin		Shanghai 39	
Ernst	Maas	1902					iberated Terezin YV	
Hans	Majut	1892		1921	Kiel	1936		Suicide 37
Julian	Mamlock				Wurzberg	1936		
Irving Naftall	Mandel	1892			Berlin	1935		Fate unknown
Alfons	Marcuse				3 Leipzig	1938		
Kurt	Marcusy				I Breslau	1936/1938		
Max	Marx	1879			Wurzberg	1936		Died in Shoah YV
Bernhard	Marx				Bonn	1937		
Leo	Maschke	1870 Ko	slin	189			JSA 41	
Arthur	Masur	1010100			Tubingen	1936		
Altriut	INGOU!			.02				1
Hans	Mautner	1886 Be	nin	1909	Heidelburg	1936 8	Emigrated, place unknown	
Karl Heinrich	Mayer				3 Frankfurt	1936		
Felix Jacob	Mela				3 Frankfurt	1935		
Julius	Memelstorf	1881		1903		1936		Fate unknown
	Meyer	1886 Ko	nitz		Bertin		Palestine	
Max	Meyer	1000 KU		102		10001		

Appendix 1

FIRST NAME	SURNAME	Date of birth	Place of birth	QUALIFIED	UNIVERSITY	REJECTED	Escaped	Died
gbert	Meyer				Freiburg	1935		1
ugo	Meyer				Kiel	1936		
enne	Meyer	1909		1932	2 Munster	1936		Fate unknown
ณาอ	Meyer	1887	Berlin	1920	D Rostock	1936		Died Maidenek 42
lerbert	Meyersohn	1890		1920	0 Koenigsberg	1938		Fate unknown
Gurt	Michaelis	1886	Berlin	192	1 Kiel	1938 9	Survivad, died 59	
ranz	Mosbacher				5 Frankfurt	1936		
Emst	Moser	1889	Kolberg		1 Greifswald	1938		Disappeared
lacob	Moses		Breisen		0 Berlin	1936/1938		Auschwitz 43
80	Mosler				1 Breslau	1938	·····	
Sally	Mossesohn				2 Wurtzberg	1936		
leinrich Moses	Muenz	1900	Nurnberg		4 Wurtzberg		JSA 39	
Emst	Nachmann		Berlin		1 Greifswald		Survived Died 1981	
Enwin	Neu		Benni		1 Freiburg	1936		
Ludwig	Neumann	1900		192			JSA 39	
Alexander	Norbert	1800			5 Breslau	1937		
Rudi	Nowick				4 Koenigsberg	1938		
	Oelsner				O Breslau	1936		
Kurt	Offenbacher				3 Wurtzberg	1935		
Fenny	Ohringer				5 Wurtzberg	1936/1937		
Joseph					2 Wurtzberg	1930/1937		
J	Oppenheimer	4.00/	Berlin		2 Wurtzberg		taly 39	
Emst	Orbach	1004	Benin			1936	Caly 39	
Harman	Pauson Pleffer	4000			2 Tubingen 0 Wurzberg	1930		Died Neuengamme 44
Fritz		1889	1			1937		Died Nevengamme 44
Kurt	Phillipsberg			183	0 Breslau	1830		
Max	Podschubski	1891			2 Berlin		Emigrated place unknown	
Erich Siegismund	Priester				1 Berlin	1935/1936/1938		
Rudolf	Proskauer	1898	3		6 Basel	1936 (Uruguay	
Jenny	Proskauer				9 Leipzig	1936		
Curt	Proskauer			192	0 Berlin	1937/1938 (USA	
Guenther	Rahmer			192	3 Frankfurt	1938		
Kurt	Riesenfeld			192	0 Greifswald	1936		
Fritz Liebmann	Riesenfeld				36 Berlin	1937		Fate unknown
Fritz	Rosenbaum	189	7 Berlin	192	3 Wurzberg	1938		Died in Dachau
Helmut	Rosenberg				3 Wurtzberg	1935		
Heinrich	Rosenberg			192	21 Wurzberg	1935		
Rosa	Rosenstrausch	-		193	32	1936		
Paul	Rosenthal	1893	3		20 Berlin	1936		Fate unknown
Ernst	Rosenthal	1900	Berlin	192	22 Wurzberg	1936		Possibly died Lublin
Inesta	Rosenthal			193	32 Wurzberg	1936		
Alphons	Rosenthal	1902	2 Berlin	193		1936		Fate unknown
Emst	Rosenthal	1900		192	2 Wurzberg	1938		Fate unknown
Leopold	Rothholz				21 Hamburg	1938		
Ludwig	Rothschild				20 Heidelberg	1936		
Julius	Rothschild				06 Munich	1936		

Appendix 1

FIRST NAME	SURNAME	Date of birth	Place of birth	QUALIFIED	UNIVERSITY	REJECTED	Escaped	Died
lerbert	Ruben		Kolmar		Berlin	1936		Fate unknown
elix	Rubinstein		Bunetau		Berlin	1936		Fate unknown
Heinz	Rychwalski	1900			Munich	1937		Terezin?
Hans	Sachs		Breslau	1908		1936 U	SA via Holland & UK	
Ludwig	Saenger	1876		1897		1938 lr	ndianapolis	
Josef	Saffra				Frankfurt	1938		
Ema Helene	Samson			1922		1933		
Ludwig	Sanger	1		1897		1936		
Ludwig	Saulsohn	1889			Hamburg	1936		Fate unknown
Paul	Schaefer				Breslau	1936		
Walter Hirsch	Schindler	1890) Berlin	1920	Berlin	1938 S	ihanghai, New York	
Max	Schirokauer	1906	Nikolal	1932	2 Berlin	1936/1937		Deported to Riga 42
Bronislawa	Schmeltzer	1904		1932	2 Berlin	1937/1938		Fale unknown
Gerhard	Schmelz			193	5 Breslau	1935/1937		
Erwin	Schneeman			1921		1938		
Ruth Henriette	Schuermann			193	Munich	1937		
Artur	Schufftan	189) Breslau	1921	Breslau	1936 L	Jrugauy	
Adolf	Schuller	188	3	192	Berlin	1936 5	Survived, died 1949	
Ruth	Schurmann			193	5 Munich	1935/1936		
Wilhelm	Schwartz	191	3 Klatovy	192	Munich	1936		Died Auschwitz 43
Ludwig	Schwartz			192	9 Frankfurt	1937		
Ema	Schwartzchild			192	1 Munich	1936/1937		
Julius	Schwarzchild		1	192	1 Cologne	1938		-
Isidor	Seligmann		Berlin	192	Berlin	1936		Died Terezin 42 YV
Kurt Wolfgang	Semmel	189	5	192	2 Berlin	1935 (China	
Ludwig	Sichel	1907?		192	1 Wurtzberg	1935		Possibly Buchenwald 45 YV
Harry	Sicher		9 Vienna		Vienna		JSA	r ossibly bucketwald 45 r v
Eugene	Silbermann		e vicinia	192	1 Breslau	1936		
Max	Simenauer	189	2		1 Breslau	1937		Possibly Minsk YV
Alexander	Singer	103.			1 Wurzberg	1938		P USBIDIY MILLER TV
Heinz	Skomlinski	190	7		2 Berlin	1936/1937		Fate unknown
Max	Sladowski	188		190			Died 1964	
Lothar	Spanier	190			5 Berlin	1936/1937 L		
Fritz	Spanier	71889			9 Halle-Wittenberg	1936/1937		Possibly Auschwitz 43 YV
Joseph	Spier				0 Frankfurt	1933		
Julius	Spier				1 Breslau	1936		
Jakob	Spiss-Fischer				1 Vienna	1937		
Ladislaus	Spitzer				5 Leipzig	1936		
	Spitzer	180	8 Vienna		1 Wurtzberg	1936		Died in Shoah
Ernst	Spitzer	103			5 Leipzig	1937		
Ladislaus Max	Steifel				3 Wurtzberg	1936		
Wilhelm	Stein				9 Frankfurt	1936		
					1 Wurtzberg	1936/1937		
Herbert	Stein				1 Frankfurt	1935		
Sally	Strauss	408	1 Mannheim		2 Berlin	1935		Auschwitz 42
Jacob	Suesskind	100	мантепп	192.	Denill	1930		AUSCIWIZ 42

Appendix 1

FIRST NAME	SURNAME	Date of birth	Place of birth	QUALIFIED	UNIVERSITY	REJECTED	Escaped	Died
	Sussmann				Bonn	1935/1936/1937		
lax	Tamowski	1887	Berlin	1907		1938		
osef	Tesler			1931	Leipzig	1937		
Valter	Tobias			1921	Greifswald	1936/1937		
mil	Treitel	1889	Karlsruhe	1916	Munich	1936/1938 Net	w York	
teinz	Tuchler	1910	Berlin	1933	Wurzberg	1937 Or	egan, USA	
lohanna Rosa	Udewald			1920	Munich	1935		
Bruno	Ungar	1889		1921	Wurtzberg	1936		Fate unknown
Arthur Isidor	Urbach	1896		1921	Berlin	1936		Fate unknown
Max	Van Cleef			1932	Berlin	1937		
Hugo	Wagenheim	1889	Carthaus		Wurtzberg	1936		Auschwitz 43 Printout
Max	Wagner	1886			Berlin	1936 Ne	w Zealand Dec 36	
Sally	Wagner/Wegner	1901	Ostrowo		2 Breslau	1936 Ne	w York	
Emst	Wallenberg				Greifswald	1936		
RJ	Weiderer			1933	Frankfurt	1933		
Rudolf	Weil				Bonn	1936/1937		
Hans Erich	Weile	1899		1924	Berlin	1937		Fate unknown
Hans Martin	Weil-Kander				Berlin	1938		
Norbert	Weinbaum	1886	Thom		Berlin	1936		Died in Shoah 42
Josef Peter	Weinmann	1896	Bohemia		3 Vienna	US	SA, Univ. Illinois	
Benno	Weissberg		1	193	5	1936		
Siegfried	Wertheim	1891	1	1920	Wurzberg	1937/1938		Fate unknown
Franz Herbert	Winchenbach				5 Berlin	1936		
Heinz Leonard	Wittner	1900	Kattowitz		2 Wurtzberg	1936/1938		
Friedrich Max Richard	Wolff	1900			3 Berlin	1935		Died 1987
Мах	Wolff	1897				1935		Fate unknown. Possibly Terezin 42
Susanne	Wolff	1888		192	2 Berlin		vitzerland	
Willy	Wolff				3 Berlin	1937		Fate unknown
Julius	Wolff	1891			2 Berlin	1936/1937		Fate unknown.
Eml	Wolff-Carsten	1898			2 Barlin	1936		Fate unkown
Hildegarde	Wolpe				1 Frankfurt	1938		
Harry	Wotisky	1884			2 Berlin	1936		Fate unknown
Grete	Wurzel	1001			2 Bonn	1936		
Edwin	Ziegel				2 Breslau	1935/1938		
Eugene	Zippert	1887	Nakel		1 Berlin	1936/1937/1938 Std	ockholm	
lugo	Zuntz	1007	THINK		1 Hamburg	1936		
Margarethe	Zwillenberg				Bonn	1936		
Algi Agi Gili A	Zwillenberg			100				
Eberhard Karl August Wilhelm	Zwimer			193	5 Bonn	1938		
Jnknown names	48 Austrians		Rejected by J.R.C.D. & not listed by G.M.C.		Vienna	1938 November		
	286 people		176 Austrian, 110 German			1938 November		
	33 people		11 Austrian, 22 German			1939 May		
	17 people					1939 November		

FIRST NAME	SURNAME	Date of birth	Place of birth	QUALIFIED	UNIVERSITY	REJECTED	Escaped	Died
	17 people					1940 May		
	11 people					1941 May		
	12 people					1942 May		
	7 people					1942 November		
	3 people	1				1944 May		
	3 people					1944 November		
	5 people					1945 May		
	1 person					1945 November		

Refugee dentists who did not apply to the General Medical Council

FIRST NAME	SURNAME	DOB	Place of birth	Qualified	UNIVERSITY	ACCEPTED by GDC	NOTES	Naturalised	Home office file #	Address1	Died
Ernst	Bustin	1895	Vienna	1926	Vienna		Deported to Canada			Deported to Canada	
Josef	Glatter	1892		1917	Vienna	1941 GMC	In Buchenwald. Practiced as Doctor only in UK		7 405/17454		1965
Etelka	Meller Gabel	1890		1925	Vienna	1942 GMC		1947	,	52 Leinster Sq, W2	
Olga	Muller	1897	Bielskn, now Poland	1922	Vienna	1941 GMC	Practiced as Doctor only			Queens Hospital Birmingham	1983
Edith	Schachter	1904	k			Did not apply	School Dental Service	1			
Schulem	Schatzenberg	1890	5 Tamapol, Galizi	a 1924	Vienna	Did not apply	In Dachau. School Dental Service	1		Kitchener	1946
Samuel	Schatzenberg	1898	3 Tarnapol, Galizi	a 1922	Vienna	Did not apply	School Dental Service, Leicester	1		Leicester	1944

APPENDIX 2

Many of the following stories have featured in the main thesis, but because of the inspirational nature of their narratives, details have been recorded more fully in a separate appendix.

Max Berger⁵²⁵



Dr. Max Berger, born in Berlin in 1895, obtained his DMD degree at the University of Königsberg in 1921. He had a successful dental practice at 96 Nonnendamm Allee, Siemensstadt, Berlin.

This was brought to a summary end between 1933 and 1935 with the National Socialist decrees which lead to the exclusion of non-Aryan dentists. Max Berger filled out the G.M.C.'s "schedule" so that his name might be included on the Foreign List of the Dental Register in the United Kingdom. The data he supplied was acceptable and he was registered on 5th June 1936. However he was not given Home Office permission to set up in dental practice due to a clampdown on dental refugees following pressure by the British Dental Association, the Incorporated Dental Society and the G.M.C. Because he was not allowed to stay in Britain longer than eight weeks, Dr. Berger took advantage of distant relatives in shipping and left for the Gold Coast where, as a British Dominion, his acceptance onto the Foreign List of the Dental Register in Britain would allow him to practice. Max's son, Peter Berger remained to be educated in Britain. The story told by the Berger family is that Dr. Berger became acquainted with a fellow Jew in the lounge of the Cumberland Hotel in London during the conversation it was decided that this man should look after Peter whilst he was at school in Britain and that Dr. Berger would pay him.

⁵²⁵ Interview with Peter Berger F.R.C.S. (son) on 14th January 2004



Figure 80 A group of patients (left) and the house where the practice was situated. Dr. Berger is standing outside the front gate (right).

by COLONGAL and POREIGH App DENTAL REGISTRATION S TO BE SUPPLIED BY TRATION OF BRIERA BBOI DENTINTE ACTA . MADEUST Ar.S.S.M.N. L.R.C.Rei r.1 5. Anril 1936 30, Keusineton hay Roas 13. 1. 41.

Figure 81 Max Berger's application form to the G.M.C.

Peter Berger lived in Thames Ditton and went to Tiffens School in Kingston. His mother returned from the Gold Coast two years before her husband. She had heard that Epsom College provided the best preparation for medical school and he attended Epsom College for 2½ years before entering medical school in London.

Dr. Berger was very Germanic and attended dinners given by the Governor of the Gold Coast in full German military uniform, wearing the medals that he had been awarded during the first world war. When the war started he was moved inland since he was still categorised as an enemy alien. He became severely ill with malaria, lost all his teeth and had to be supplied with full dentures. Many of Dr. Berger's patients were very wealthy local chieftains and their families and according to Peter Berger, his father was paid in gold and diamonds. He left for Britain in 1945 with two biscuit tins full of diamonds but, having been traumatised by the Gestapo previously, he felt that being questioned by the British authorities would be too stressful so the diamonds were thrown overboard. On return to Britain, Berger was still denied Home Office permission to practice. He worked as a school dental officer and also at the Wellhouse Hospital, part of Barnet General Hospital in North London, earning enough money to send his son to medical school. Before achieving naturalisation in 1947 Dr. Berger had agreed to open a dental practice in Mauritius. When qualified, Peter Berger went out to join his parents and they spent four years there. Interestingly, Dr. Berger's family had a summer home in Berlin at Sacrow and the family visited this after the war.

Max Berger returned to Britain for the last time in 1951 and this time established his own practice at 193 Rushgreen Road, Romford, Essex. He only practiced for two years in deteriorating health and died of a coronary thrombosis in 1953.

Herbert Blumenthal



Herbert Blumenthal (D.M.D. University of Greifswald 1921) was accepted onto the Foreign List of the Dental Register in 1936, having been in practice in Berlin. On arrival in Britain in 1937, he erroneously understood that he had to take a further examination in order to practice⁵²⁶. Since he was over 50 years old he refused to do this and moved to Amsterdam. There he practiced in a room in their apartment with the help of a Dutch dentist who, under the Dutch regulations, had to be the practice principal. When Holland was invaded his son Peter was captured in early 1941 and perished in Mauthausen. Herbert, his wife and daughter Miriam were arrested and moved to Westerbork in 1943, where, since his wife had obtained false baptism papers, they lived in a "privilege barracks" until 1944, when they were transported to Theresienstadt. Herbert Blumenthal was transported from there to Auschwitz and died immediately on arrival in mid October 1944.

⁵²⁶ Letter from Miriam Merzbacher (daughter), 4th February 2006.

DENTAL BOARD OF THE UNITED KINCDOM All THE REGISTRAR OF 17th January, 1938. THE DENTAL BOARD," or individual by rane. In mail plane or

Sir/man,

I am directed by the Chairman of the Board to inform you that since no application has been received from you for the retention of your name on the Dentists Register for the year 1938, your name has been removed from the Register in pursuance of the Regulations of the Board.

If at any time you desire your name to be restored to the Register, it will be necessary for you (1) to forward to the Board a fee of the prescribed amount of £1 for its restoration, in addition to the retention fee for the year, and (2) to make a statutory declaration in the form approved by the Board, of which a copy is enclosed herewith. The declaration should be accompanied by two certificates in the form printed on the back of the form of statutory declaration.

In order to remove any possibility of misunderstanding, it is desirable to point out that since you are no longer registered in the Dentists Register, you are prohibited by section 1 of the Dentists Act, 1921, from practising or holding yourself out, whether directly or by implication, as practising or as being prepared to practise dentistry; and that any contravention of the provisions of the section would render you liable in respect of each offence to the penalty provided by the section.

Subsection (2) of section 14 of the Act provides that for the purposes of the Act the practice of dentistry shall be deemed to include the performance of any such operation and the giving of any such treatment, advice, or attendance as is usually performed or given by dentists, and that any person who performs any operation or gives any treatment, advice, or attendance on or to any person as preparatory to or for the gurpose of or in connection with the fitting, insertion, or "ixing of artificial teeth shall be deemed to have practised dentistry within the meaning of the Act.

E. Blumenttal En I BM, Sir/Nedera, Your obedient Servent,

Registrar.

Figure 82 Letter from G.M.C. regarding removal of name from Dentists Register

Erich Cohn



Dr. Erich Cohn was born on 30th May 1896 at Kolmar in Posen where his father was a leather merchant. In 1909 he sold his business and house and moved to Bromberg. Dr. Cohn attended college in the town of Bromberg until he reached the age of 18. He was then conscripted into the army in 1914 and was discharged in 1918 with an Iron Cross Second Class. Prior to going into the army he had passed the equivalent of his matriculation examination and after his army service commenced studying as a dental student at the University of Berlin and also at the University of Königsberg. He achieved his D.M.D. degree in 1922 which entitled him to practice as a dental surgeon. From 1922 until 1924 he acted as a qualified Assistant in Dentistry in the Berlin Dental School and in 1924 he commenced practice on his own account in the Kurfustendam in Berlin and built up a successful practice. In 1936, because of the Nüremberg laws, the cost of treatment was no longer recoverable by patients from the State, and he was only allowed to treat Jews. This destroyed the practice⁵²⁷. He was forced to leave Germany as a refugee from Nazi oppression. In 1935 the G.M.C. in Britain accepted the evidence that he had submitted about his dental education and gualifications and he was placed on the Foreign List of the Dental Register. A certificate was given dated 16th December 1935 and he arrived in the United Kingdom on 7th October 1936.

⁵²⁷ Interview with Michael Cohn (son), 28th December 2003.

DENTAL REGISTRATION-CERTIFICATE.

[Certificate-Number 24226]

DENTAL BOARD OF THE UNITED KINGDOM.

16 Directer, 1935

1.

	NAME	ADDRESS	DATE OF REGISTRATION	QUALIFICATION OR STATUS
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-	brich	Barlin, W. 15	Dec. 16	DMD U KORNIGSBERG, 1923

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[SEE BELOW]

REGISTRAR. CHECKED Sunds.

This certificate remains EVIDENCE of REGISTRATION ONLY until the CLOSE of the YEAR OF which it bears the DATE. A PRACTISING CERTIFICATE MUST BE TAKEN OUT FOR EVERY SUBSEQUENT YEAR in which the Practitioner desires to practise. This Certificate is NOT, nor must it be used as, EVIDENCE of the IDENTITY of the holder with the person named thoreon.

Spariments, Ballanayee & Co., Ltd., London, Calabater and Elen, Printers in the Daniel Stand of the United Kingdom



14	•	General Council of
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	I MEDICAL COUNCIL	General Council of dical Education 3 Programmin of the United Stephen <u>Partic Control Programme</u> W1
		9th December, 1935.
	Sir,	
D.V.D. U.Koenigs- berg, 1922.	inform you that your sop foreign dentist in the D examination in the Units certificate specified in a foreign country. has b Dental Education and Exa and that the Council, on Committee, being satisfi certificate which may pr compliance with sections	e President of the Council to licition to be registered as a entistm Register, without d Kingdom, by wirtue of the the margin granted to you in een duly considered by the minstion Committee of the Council the recommendation of the ed that the certificate is a operly be recognised by them in 9 and 10 of the Dentista Act, meeting on the 26th November the e acceded to.
	List of the Dentists Reg Registrar of the Dental 44 Hallam Street, Portla application in writing f	rdingly be astered in the Foreign ister on the receipt by the Board of the United Kingdom, nd Place, London, W.l, of an or this purpose accompanied by for original registration in the
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	The original docume your application are ret	nts forwarded in support of urned herewith.
	I am, Sir	,
	Your	obedient Servant,

Figure 84 Letter from the G.M.C. confirming that Dr. Cohn's application had been acceded to

A letter dated 21st February 1936 from E.W.G. Holderness, the Undersecretary of State at the Aliens Department of the Home Office, stated that, "subject to the immigration officer's examination at the port of arrival, he will raise no objection to Dr. Erich Cohn proceeding to the United Kingdom for 12 months in the first instance, with a view to engaging in dental practice". Dr. Cohn, however, had to indicate the precise locality where he desired to establish himself and submit his proposal to the Home Office. A further letter dated 8th April 1936 stated that the Secretary of State did not desire to raise any objections to Dr. Cohn engaging in dental practice in Canfield Gardens, NW6, as proposed, until 21st February 1937. At this time he had to apply for a further prolongation of his stay and supply information with regard to the progress of his practice. This letter was signed by C. M. McAlpine and the letters delivered to Dr. Cohn's solicitors.

The Under Secretary of State, Aliens Department, Lome Office, Thitshall. C 3010.	The Under Secretary of State, Aliens Department, Home Office, C. 3010. Bth April 1936.
Gentlemon, With reference to your letter of the 23rd December last, I am directed by the Scoretary of State to say that, subject to the Immigration Officer's examination at the port of errival, he will raise no objection to Dr. Erich Cohn proceeding to the United Kingdom for twelve months, in the first instance, with a view to engaging in dental practice in this country. As soon as Dr. Cohn is in a position to inficate the precise locality where he desires to establish bimself, he should sumit his proposed to this Department for condideration. Dr. Cohn's Dental Registration Cortificate and his Annual Practising Cortificate are returned herewith. I am, Gentlemen, Your obsident Servant, Sg.d E.W.G. Holderness	Gentlemen, With feference to your lotter of the 20th ultimo, regarding Dr. Erich Cohn, I am directed by the Secretary of State to say that he does not desire to raise objection to Dr. Cohn engaging in dontal practice in Canfield Gardens, N.W.6., as proposed until thr 21st February 1937. It will be open to him to apply tothis Department towards the end of this period for a further prolongation of his stay, when he should furnish full information as to the progress of his practice. I am, Gentlemen, Your obediant Servant, Sgd. C.E.McAlpine.
des rs. Munton, Horris, King & So.,	Messrs. Munton, Morris, King & Co.,

Figure 85 Letters from Home Office to Erich Cohn's solicitors

Dr. Cohn arrived in the United Kingdom on 7th October 1936. He had a new passport dated 6th January 1937 which was a Deutsches Reich Reise Pass. It is interesting to note on the inside first page of the Reise Pass a significant red letter J marking him as Jewish. Dr. Cohn's middle name is put down as Israel which was done with all Jews, the men called Israel and the women Sarah. The Reise Pass would be due to expire on 7th July 1939 and a Nazi stamp is attached. Looking at the various stamps in the Reise Pass it seems that Dr. Cohn commuted between Berlin and London on 21st June 1937, on 30th June 1938 and 7th July 1939. According to Dr. Cohn's son, the possibility exists that he went back to Berlin to work as a dental surgeon in his old practice, working on Jewish patients and he did this until he was allowed back into Britain permanently. Most of the stamps show that he was allowed to stay in Britain for a period of eight weeks only, despite the fact that he had initially been allowed to work for a year in his own practice in Canfield Gardens. It could well be that by 1937 pressure was building from the dental authorities such as the British Dental Association and the Incorporated Dental Society to prevent refugee dentists coming into the country⁵²⁸.

This strange situation was regularised by a letter from the Home Office dated 9th December 1938.

⁵²⁸ British Dental Journal 1937, Vol. 62, p. 51

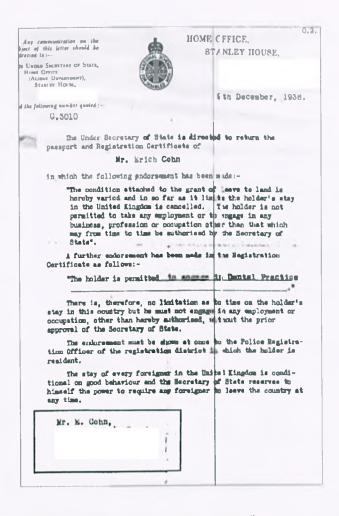


Figure 86 Home Office letter to Erich Cohn 9th December 1938

The letter stated that Dr. Cohn had no limit on time-stay in Britain and he was permitted to engage in dental practice. His dental practice moved to Finchley Road and was sited in a flat above John Barnes' department store. Initially his English was very poor and he had to get the nurse to translate for him. When he first moved to Finchley Road he mostly treated refugee patients and their children. However, his dental plate was next door to the entrance to the shop and could not have been in a better position to attract patients. Michael Cohn suggests that people who wanted to save their dentitions often looked for a Continental dentist who did not employ the very English method of extractions and dentures⁵²⁹. Dr. Cohn was not interned in 1940 due to the acute shortage of dentists and was also permitted to be an ARP warden. He was a founder member of the Belsize Square synagogue in 1939 which was a progressive synagogue, with prayer books in Hebrew and German. There was also a German rabbi and a German cantor.

⁵²⁹ Interview with Michael Cohn (son), 28th December 2003.

Dr. Cohn became a naturalised British citizen and took the oath of allegiance on 16th June 1947.

(Bigmanne) Sworn and subscribed this 24th day of June 1947, before man and subscribed the sector of the Cath of Allegiance is not taken in the anten and the date of this Certificate, the Certificate shall of take effect.		
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	Margarete.	
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		(For Oath

Figure 87 Erich Cohn's naturalisation papers

He retired from practice in 1981 at the age of 85 years and died on 26th July 1983 at the Royal Free Hospital, the death certificate showing the cause to be gangrene of a loop of the small intestine.



Majer Eirew⁵³⁰

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P	ARTICULARS TO BE SUPPLIED BY AN THE RECISTRATION OF ORIGINAL UNDER THE DENTISTS ACTS.	
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6014	L.D.S., R.C.S. England	14.3.1940
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4	ppliant's prosent Address	

Figure 88 Dental registration of Majer Eirew





Figure 89 Dr. Eirew (on the right) and a companion officer in regular army uniform and in their white coats. The photographs are signed and dated 23rd October 1915.

⁵³⁰ Interview with Dr. Hans Eirew (son), 12th January 2004.

Dr. Eirew was born in Lerzniov (Old Austria) on 6th September 1892. He graduated in Medicine at the University of Vienna at the outbreak of the first world war, during which he served as a medical officer on the Russian front.

After the war Dr. Eirew returned to the University of Vienna medical school to study dentistry and after two years of training, he worked as an oral surgeon (in the mornings) and in private general dental practice in the afternoons. This he continued to do up to the time of the Anschluss which resulted in the immediate loss of his clinical post and later confiscation of his practice and equipment. He applied to the G.M.C. in Britain for permission to be placed on the Foreign List of the Dental Register so he would be able to practice. He was extremely fortunate to be one of the 40 Austrian dentists chosen from a larger number of applicants by the Co-ordinating Committee for Refugees in 1938. Of all the other possibilities, emigration seemed closed to the Eirew family; but for this exceptional piece of good fortune they would have disappeared in the Holocaust as did so many of his less favoured colleagues.

Dr. Eirew arrived in Manchester in April 1939 and was allocated to Manchester University together with his Viennese colleagues, Dr. Jacques Kurer and Desider Furst. They had to complete six months of the final year of the dental course and then pass the final of the L.D.S. examination. In this the Austrian students were helped by Kurt Heilbron who had been born in Aachen in Germany in 1914 and came as a student to Britain in 1934 and passed his L.D.S. in Manchester in 1939. He of course spoke good English by this time and was able to help the Austrians whose English was poor. When Hans Eirew, Majer Eirew's son, was a dental student at the same school some five years later, he was told by the hospital staff that his father was held in high regard for his surgical skill and often requested to deal with more serious problems. After some initial locum work, Majer Eirew was granted permission to open his own general practice in Manchester (Fallowfield). He was not interned in 1940. Dr. Eirew worked in his practice until he retired in 1962 and he died in 1979.

Hans Eirew relates that he passed his L.D.S. examination in 1946 and his sister, Margaret Rose, passed her L.D.S. in 1955, all at Manchester University. A third generation of dentists was established when Margaret Rose's daughter (Josephine Davis) also graduated from the same dental school in 1995.

298

Richard Engel⁵³¹



Dr. Richard Engel was born in Breslau on 22nd March 1891. He obtained his approbation as a dental surgeon in Breslau on 22nd August 1911 and his D.M.D. degree on 24th May 1927.

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DENITAL DECISTRATION	
DENTAL REGISTRATION.	For Use by COLONIAL and FOREIGN Applicants ONLY.
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THE REGORATION OF ORIGINAL QUALIFICATIONS	Dentists Act, 1878 :
UNDER THE DENTISTS ACTS.	I hereby declare-
I request to be registered as a Dentist under the Dentists Acta,	(i) That I am" a British subject.
B78 and 1921, by virtue of the following Degrees or Qualifications,	(ii) That I am not domiciled in the United Kingdom; or
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D. Al.	(iii) That I have practized Dentistry for more than ten years
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TORN OVIE-	10-1-

Figure 90 Dental registration and certificate of identity and good character

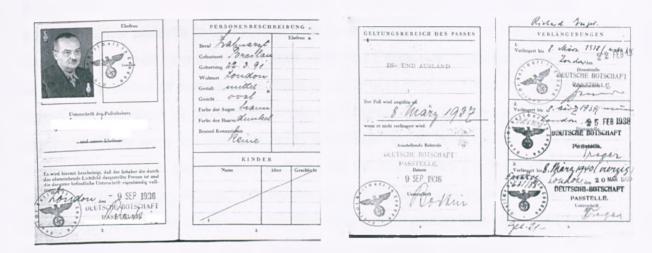
⁵³¹ Interview with Dr. Ann Hirschel (daughter), 15th May 2004.

Dr. Engel had a successful practice in Breslau but decided to leave Germany following an event that occurred in 1934 when his daughter, who was seven years of age at that time, arrived home very late in the evening from school and told her father that she had been turned off the school bus because she was Jewish. Richard Engel, sensing perhaps earlier than his other colleagues the dangers that were coming, applied to the G.M.C. for registration so that he could go on the Foreign List of the Dental Register. He was accepted in September 1935.

Certificate-Number 24211 .]		44. HALLAM STR PORTLAND	PLACE, LONDON, W. I.
I HEREBY CERTIFY that the current year :	ie following has been adm	itted to the Deni	tists Register until the end of
NAME	ADDRESS	DATE OF REGISTRATION	QUALIFICATION OR STATUS
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NOT EVIDENCE OF IDENTITY. [SEE BELOW]			1
		REGISTRAE	
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Figure 91 Dental registration certificate sent to German address 1935

At this time Dr. Engel was living at 10 Kaiser Wilhelmstrasse, Breslau 13. A change of address card was filled in for the Registrar of the Dental Board of the United Kingdom on 20th July 1936. This gives Dr. Engel's practice address as 25 New Cavendish Street, London W.1. Like most refugees, he was only allowed to stay in Britain for about eight weeks. Pages of his passport show he returned to Britain, landing at Dover on 20th May 1937 and that he was only allowed to stay until 8th March 1938.



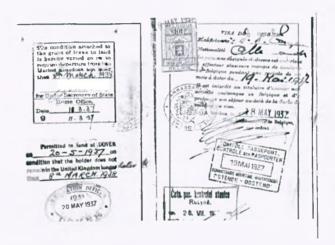


Figure 92 Stamps on Richard Engel's German passport

After a lot of perseverance, he was eventually given permission by the Home Office to stay in Britain on a more permanent basis so that he could make use of the address in New Cavendish Street. It was a problem to bring money out of Germany. The Nazi authorities had allowed Richard Engel to take his dental equipment to Britain. This was being crated up under the watchful eye of an S.S. man, but dental gold that had been bought previously was hidden in the equipment while the guard was out at lunch and this proved to be sufficient to support the family initially in Britain. Richard Engel and his family started by living in Goodwyn Avenue in Mill Hill and later moved to a larger house in Chessington Avenue, Finchley, and lastly to Hanover Gate Mansions in St John's Wood. The addresses demonstrate increasing affluence as the practice proved to be successful. Engel had a surgery in Chessington Avenue, as well as New Cavendish Street. One of his first patients in Chessington Avenue was Sir Jack Cohen (founder of Tesco) who at that time lived next door. Richard Engel was evidently a jovial man with a great sense of humour. He did a great deal to help his fellow refugees and never had less than 12 people for dinner on a Friday night for the eve of the Sabbath. They were fed and allowed to sleep over in the house as long as was necessary. He was also in close contact with the caseworkers in Woburn House and later Bloomsbury House. His public-spirited attitude was also in evidence with his offer of help to the Central Dental Emergency Committee letter and also his membership of the Jewish Medical and Dental Emergency Association.

NTRAL DENTAL EMERGENCY COMMITTEE

Address your reply to-

29th August, 1939.

Dr. R. F. Engel,

Deer Sir.

In reply to your letter of the 27th instant, the position at the moment is that we have not yet received permission from the Home Office to utilise the services of Dental Surgeons of non-British nationality in connection with National Emergency work. You will appreciate the special circumstances that arise, but if and when permission is received from the Home Office, we shall, of course, get in touch with you again.

In the meantime we have included your name on the list of those who have volunteered their services. Yours faithfully,

Bécretary.

Figure 93 Letters to Richard Engel from Central Dental Emergency Committee and Jewish Medical & Dental Emergency Association

Richard Engel was also the first chairman of the Society of Continental

Dental Surgeons, which was set up in 1943 and was later to become the Anglo-Continental Dental Society in 1957.

WISH MEDICAL & DENTAL EMERGENCY ASSOCIATION

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Vice Presidents: Mausics BONSEY M.D. P.S. . F. Jacoscown, M.D.

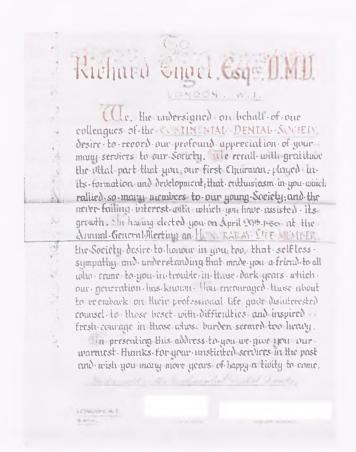


Figure 94 Certificate of Honorary Membership of Continental Dental Society

It has to be remembered that refugees who were "friendly aliens" were not allowed to join the British Dental Association; however Richard Engel did join the Incorporated Dental Society. This seems a strange choice because the Incorporated Dental Society was amongst the most active of the dental groups opposing refugee Jewish dentists from Austria and Germany during the 1930s. However, in 1945, he would still have been banned from joining the B.D.A.



Figure 95 Acceptance letter from The Incorporated Dental Society

Ann Hirschel, his daughter, also has an interesting background. She came over from Germany aged seven and initially went to a convent school in Mill Hill where the Sisters spoke German. After a year she passed the entrance examination for Copthall School in Mill Hill and eventually went on to take her first M.B. at the Northern Polytechnic in Holloway. She experienced a great deal of difficulty in being accepted for a Dental School in London. eventually going to University College Hospital and qualifying L.D.S. B.D.S. in 1958. One of the people who came through her father's house in Chessington Avenue was to be her future husband. He had been a lawyer in Breslau but had got out very late in 1937 and the rest of his family perished. He was in Buchenwald for a period of time before leaving Germany. Essentially he was a refugee in transit having got a deposition and sponsorship to go to the United States. This he eventually did but returned to Britain with the U.S. Army and during this period went to the London School of Economics under the G.I. bill to do post-graduate studies in Law. Ann and her future husband were married in 1958 and went to America where, with great difficulty, she applied to study dentistry at Ann Arbor Dental School in Michigan and eventually qualified with a D.D.S. degree. Her specialty was children's dentistry but she never took the State Board examinations in this subject. She never opened up her own practice but worked for other people and eventually retired after she had children.

It was interesting that Richard Engel did not like treating children. He would therefore save up the child patients that needed treatment until the summer holidays when his daughter came over to Britain. Dr. Engel died of a coronary thrombosis on 9th December 1963.

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Figure 96 Richard Engel's death certificate

Egon Fuchs⁵³²



Egon Fuchs was born in Vienna in 1902, the son of a dentist. He received his M.D. degree from the University of Vienna in 1928 and after this completed two years of dental training (there was no official examination and certification for this branch of medical specialisation at this time.) Following the Anschluss in 1938 Dr. Fuchs was one of the 40 dentists who were allowed into Britain from Austria in 1938 following the recommendations of the Co-ordinating Committee on Refugees to the Home Secretary.

He arrived in Britain on 27th February 1939, having been guaranteed by L. Birsen of Rhodesia for transit to South Africa. The J.R.C. was to pay his fare but the Home Office extended his visa to stay in Britain until May 1940. At this time he was guaranteed by a Mr. David Yager of Hendon⁵³³. He took his L.D.S. final examination at the University of Birmingham Dental School in late 1939. Initially he worked in a dental clinic in Nottingham looking after children and there he met his wife Bernice who was a dental nurse. Before marrying, Egon Fuchs changed his name to Egon Fox and also, unusually, converted from Judaism to Roman Catholicism, which was his wife's religion.

In 1950 he was appointed to Birmingham Dental Hospital as a Senior Lecturer/Consultant and set up the first full time Periodontal Department in Britain at the University of Birmingham. According to his wife, Egon was a workaholic but he also liked music and played the cello; there were many musical evenings in his house. Most of his friends were non-Jewish and he was much acculturated and spoke good English. He was President of the British Society of Periodontology in 1962 and was also the President of the Association pour les Recherches sur la

⁵³² Interview with Bernice Fox (wife), 22nd September 2004.

⁵³³ World Jewish Relief Archive (Records of J.R.C. on microfiche)

Paradontopathie (ARPA), a German-dominated group of dentists interested in periodontal disease, founded on 30th May 1932 in Frankfurt. From 1970-1980 he was in private practice in Birmingham after he retired from the Hospital; he died in 1981.

Desider Furst⁵³⁴



Figure 97 Dental registration form for Desider Furst

Desider Furst was born in the small Hungarian town of Sopron in 1900. He travelled to Vienna to begin his medical studies in 1920. His main problems at this time were almost a complete lack of money and his incomplete knowledge of the German language. During his first year at medical school, he used money from a small scholarship that was given to him by the father of one of his friends in Sopron so that he would act as tutor and protector to young students. This relationship came to an end after the first year when he obtained money from the American Joint Distribution Committee and also by coaching fellow students and by translating from French into Hungarian and German. Desider Furst passed his M.D. examination from the University of Vienna in June 1926 and then spent the next two years at Dental School on borrowed money. Dentistry appealed to him as a mixture of medicine and engineering. Interestingly, as a Hungarian,

⁵³⁴ This data was obtained from an interview carried out with Dr. Furst's daughter, Lilian, by the National Humanities Centre in July of 1996 and also from the book, *Home is Somewhere Else, an Autobiography in Two Voices* by Desider Furst and Lilian R Furst, State University of New York Press, 1994. In addition, an interview with Peter Kurer, the son of Jacques Kurer on 14th January 2005.

he was not entitled to go into practice as a dental surgeon in Vienna. However he eventually found a dentist who required an assistant and who was prepared to overlook his alien status. Desider Furst obtained his Austrian citizenship in 1928 and was also married in the same year to a fellow graduate of the Vienna Medical School who came from an orthodox Jewish family. Following the Anschluss there was promulgation of a law in September 1938 that barred Jews from practicing any profession. All Jewish property was declared state-owned though it was possible to buy back one's possessions. With the funds that he had available, his furniture and dental equipment was shipped for storage to a friend and patient in London, Mr. Sidney Cohen, although there was no immediate prospect of going there.

The first step to leaving the country was to get a German passport, the Austrian one having been declared invalid. A German passport was eventually obtained together with certificates to show that all income taxes had been paid and the city taxes for which every house holder was liable. The German passport came with a red "J" stamped on the front page.

Visas were necessary to go to any other country. Desider Furst followed up a rumour and registered to be put on the list of dentists to be admitted to Britain and be allowed to practice there. As a guarantor he gave the name and address of Mr. Sidney Cohen who was a representative of the firm of Lever Brothers in London. Nothing came of this and Desider Furst bought a visitor visa to Liberia for his family.

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Figure 98 Visa for Liberia 1938

A decision was taken that in order to keep the family together they would have to emigrate illegally which they did, travelling by train to Cologne and then into Holland and from there to Belgium. Early on during their stay in Brussels a miracle happened; a letter forwarded from Britain said he was amongst the 40 Austrian dentists selected for immigration. He would be required to study at an English dental school and after six months take the final examination of the Royal College of Surgeons for an L.D.S. diploma. Α visa was to be issued to this effect. Desider Furst and his family arrived in Dover on 1st March 1939. His passport showed that his stay in Britain was to be six months only and he was not allowed to work. Dr. Furst's initial address in London was 89 Brondesbury Road, London N.W.6. Fortunately he was not destitute because his savings were transferred to Sidney Cohen in London by a friendly bank manager in Vienna who had been one of his patients. In Vienna one of his wife's molar teeth needed a gold crown and after tooth preparation there was a considerable cavity. Dr. Furst put in a three-carat diamond and cemented the crown on top.

Desider Furst was sent to the Manchester Dental Hospital so that he could study for his L.D.S. examination. He was in the company of Jacques Kurer and they were both helped because of their poor English by Kurt Heilbron who had come to Britain as a student in 1934 and had completed his studies at Manchester Dental School and was now an instructor.

He passed his L.D.S. examination in March 1940 and was now entitled to practice dental surgery in Britain, but still needed the approval of the Home Office as to the place where he intended to settle. A decision was taken with Home Office approval to buy the practice of a deceased dental surgeon in Bournemouth and all the money was invested including the diamond.

Desider Furst was interned on the Isle of Man in 1940. He was one of the first dental refugees to be removed as aliens from the channel coast opposite Europe as a possible danger to security. He was released from the camp at Ramsey on the Isle of Man at the beginning of September 1941. He was not allowed to return to Bournemouth which was still a restricted area.

Desider Furst and his family then moved to Bedford at 104 Midland Road which was considered safe, away from the bombing. He was able to obtain a locum position with a local (unqualified) "1921 dentist" and he soon built up a considerable following of fellow refugees in Bedford and the surrounding areas.

The Furst family eventually moved to Manchester with which he was well acquainted and lived initially at 2 St. Peters Square. This was in the city centre and was very much like the original position of their practice in Vienna. The practice was also directly opposite the municipal library as well as Manchester's best hotel.

In 1972 Desider Furst travelled to the United States to join his daughter Lilian who was continuing her education and career in various universities including Dallas, Stanford and Harvard. He died in 1985. (Lilian Furst pursued her career in the United States and ended up as Marcel Bataillon Professor of Comparative Literature at the University of North Carolina, Chapel Hill.)

Herman Frank⁵³⁵



Dr. Herman Frank was born in 1909 in Cologne. His Dutch grandfather was Chief Rabbi of Cologne and his father was a lawyer with a doctorate in Law. From 1915-1929, Frank was educated at a gymnasium in Cologne and passed his matriculation examination in 1929. Herman Frank had a clear memory of the initial elation of 1914, with all the flags flying, and the mood turning into one of depression and a severe degree of starvation in 1917. From 1929-1933 he studied dentistry at four different universities: Bonn, Munich, Hamburg and Cologne. In 1933 he received his D.M.D. degree from the University of Cologne, three weeks before the advent of Hitler. His doctoral dissertation was on benign tumours of the oral cavity. He was appointed as an assistant in the Dental Hospital in Cologne in March but when he turned up for work he was told to go away. The Frank family, seeing the dangers of Nazism, emigrated to Holland where there were original family members who proved helpful. The difficulty was that in Holland, as in other surrounding countries such as Belgium and France, a German dental degree was not recognised: a recent law in Holland made it impossible for aliens to study dentistry or to enter into dental examinations. As a result, Dr. Frank worked clandestinely as a dentist for a Dutch colleague but was constantly in trouble with the police in Amsterdam.

⁵³⁵ Oral interview on tape, Oxford Brookes University, June 1993

He came to Britain in 1934 speaking very little English and stayed in Sussex Gardens, W.2, in a bed and breakfast for eight shillings and sixpence a week. He was treated very kindly at the Royal Dental Hospital in Leicester Square by Professor Stobie and his secretary Miss Duncan, who explained to him how to apply to the G.M.C. for permission to practice. In March 1935 Dr. Frank registered as a dental student at the Royal Dental Hospital and was able to take his final examination for the L.D.S., R.C.S. in November of 1936. This situation was strange because by June 1936 the G.M.C. had accepted his "schedule" in relation to his German dental education and he was placed on the Foreign List of the Dental Register, so that taking the L.D.S. examination was unnecessary. It is difficult to know whether Dr. Frank took this examination as an insurance policy in case he was turned down by the G.M.C. or whether he liked taking examinations, which was evidenced by the number of universities he attended as an undergraduate.

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Figure 99 Royal College of Surgeons approval of application

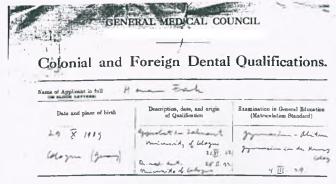
Frank considered British dentistry to be primitive, in the main consisting of blood and vulcanite, with full dentures and extraction of all teeth. It was very different to the sophisticated dentistry he had been doing in Germany where there was orthodontics, crown and bridge work and root canal therapy. Dr. Frank set up practice in Greenford, having been told by the Home Office that he could not practice in inner London. Frank stated that the immigration of Jewish people in London followed the tube lines and the A5 road. He chose to work in Sudbury because there was a golf course close by. He rented a house and installed dental equipment on hire purchase from Claudius Ash & Sons and he was able to make a living.

In 1940 Dr. Frank was interned. The police who came to arrest him were friendly, telling him to put his house in order and to appear at the police station the next day with a suitcase. He was taken by coach to Kempton Park racetrack, then to Huyton in Liverpool and then on to a detention camp on the Isle of Man where the conditions were reasonable. They were billeted in Nissan huts and the food was moderately good. The guards were usually indifferent and they were allowed to get on with their own pastimes such as music. He had given instructions to one of his girlfriends that if he was not back in four weeks, she should store the equipment and furniture and give up the rented accommodation because he would not be able to afford the rent. After six weeks he returned to London, but by this time the practice had gone. He went to the Dental Board and asked if he could look after the practice of an English dentist who had been called up. He was put in touch with a Mr. Howitt of Edmonton, who paid him 25% of the earnings. He lived in Hampstead, surrounded by Jewish refugee friends, and commuted to Edmonton every day on the bus.

In 1943 he married and bought a practice from a Dr. Decker who was a Berlin graduate at 187 Maida Vale, W.9. He was to practice here for 21 years. Herman Frank carried out general practice on a mixed group of patients including a considerable number of refugees. His English was never very good and he always had a very thick continental accent. In 1969 the practice was moved to 7 Greville Place, N.W.6. Dr. Frank was happy to acknowledge his Jewish identity but he was not religious which seemed to centre on the fact that his parents were left behind in Amsterdam and were later transported to Sobibor and gassed. He continued to practice until he was 82 and eventually died in 1991.⁵³⁶

⁵³⁶ Interview with Mrs. Alice Frank (wife) June 2003.

Figure 100 Herman Frank's schedule of studies, University of Cologne 1936



* Notes for the Information of Applicants.

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Eva Glees⁵³⁷



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Figure 101 Dental registration form for Eva Glees

Dr. Eva Glees (née Loeb) was born in Berlin in 1909. Her father was a chemist and she remembered the first world war and food shortages, especially of bread and sugar. Her family at this time were living in Bonn and food parcels were sent by other family members in Bulgaria. Dr. Glees' family was non-observant Jews who never went to synagogue; there were mixed marriages in the family and her parents were probably agnostic. Her father died when she was four years old and her father's friend, Professor Alfred Kantorowicz, became like a second father to whom she always turned for advice. Glees wanted to study medicine but Kantorowicz persuaded her to do dentistry and medicine together at Bonn University.

Eva Glees was not politically aware but her non-Jewish boyfriend was a Social Democrat and a violent anti-Nazi. In an interview, she remembers anti-Semitic leaflets in the University, and after the 1st April 1933 general boycott she was not allowed into the Dental Hospital clinic. She has memories of smashed windows and Nazi posters and flags in the Kaiserplatz in Bonn, as well as the hideous drawings of Jews in cartoons in the newspaper *Der Stürmer*. She remembered the fact that they had to stand and Heil Hitler before lectures, with many of the students appearing in

⁵³⁷ Interview 18th August 2005.

brown uniforms⁵³⁸. When she was doing her final examinations one of the examiners put an arm around her shoulder and said that she should give her Aryan boyfriend back to the Führer. She passed all her examinations despite strong anti-Semitic prejudices on the part of the examiners. She also completed her Doctorate with a thesis on congenital syphilis under the Professor of Dermatology, a Professor Hoffman, who said "better a Jew in a white coat than a student in a brown uniform".539 He was later dismissed. On completion of her studies in 1934, Eva Glees was not given a proper diploma either for her approbation or for her Doctorate but pieces of paper that were somewhat meaningless. When she graduated she was not allowed to practice and made money by giving diabetic injections (no oral medication was available at this time). Later she worked as a receptionist in the surgery of a Jewish medical practitioner who could only treat Jews.

By 1935 the Nuremberg laws came in, disallowing mixed marriages. She eventually had to leave Germany and went to Holland to work as an au pair in Schevening. Her fiancé Paul got a job in the Anatomy Department at Amsterdam University. Whilst in Holland she lived with an orthodox Jewish family which, she said, put her off orthodoxy for life. Dr. Glees wanted to come to Britain but was told by the refugee committee in Holland that she must not tell anyone that she was married to a non-Jew. During this period they lived in the top floor of a small house in The Hague. Paul worked in a histological laboratory and Eva helped with the preparation of slides and filing. In 1938 she went with him to Naples, Italy, with him to work at a research institute, leaving their baby with her sister in Holland. Eventually Dr Glees' husband got a job with the Strangeways Laboratory in Cambridge and they came to Britain. Paul Glees did not like Cambridge and wanted to go back to Holland but was fortunately persuaded to stay. He thought Holland would be neutral but this did not turn out to be the case. Living in Cambridge, they were brought before an Internment Tribunal in April of 1940; they were classified as type C and not interned but had to report to the police. They were to have no radio and had to obey a curfew. Her husband by this time was invited to carry on his research in Oxford under a Nuffield grant that paid £250 per year.

On the whole Dr. Glees felt that she was treated well by the British and was grateful. She tried to get permission to work in Britain as a dentist but the G.M.C.

⁵³⁸ Oral interview on tape Oxford Brookes University June 1993

⁵³⁹ Little, Reg, Taking a journey back in time, *The Oxford Times*, 6th December 1996, p. 17

would not accept the inadequate paperwork and it was impossible to obtain data in relation to the courses that she had taken. During the period 1940-1948 she worked in a home for disabled children in Chipping Norton. By 1948 the N.H.S. was suffering from an acute shortage of dentists and this time Dr. Glees wrote successfully to the University of Bonn to get copies of her approbation certificate and her doctorate in Dentistry. From this data she was able to fill out the G.M.C. schedule form adequately and she was therefore put on the Foreign List of the Dental Register. She applied for British nationality in 1946 without trouble. She accepted British people as friends but did not feel that these were as real as her friends on the Continent. English friends could not identify with the family's problems.

Dr. Glees had one son, a physician working for a number of years in the U.S.A., and her other son is a historian at Brunel University. Post-war her attitude to Germany was hostile. She accepted an invitation to lecture at her old University in Bonn in 1996 and in 2005 she was still living in Woodstock, Oxford.

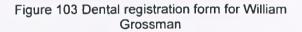


Figure 102 Portrait of Eva Glees by Min Hain, 1999

William Grossman



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William Grossman was born in Znaim, Moravia which at the time was in Czechoslovakia. He studied medicine at Charles University in Prague and obtained his M.D. degree in 1936. After holding a junior medical post he served as clinical assistant in the dental school in Prague and completed his D.M.D. degree in 1938. He was then appointed first assistant to Professor Haupl who had a special interest in dento-facial orthopaedics.

The political situation in Czechoslovakia prior to the German invasion became intolerable and Willy (as he was always known) escaped to Britain at the outbreak of war in 1939. He obtained a medical post at the West London Hospital in Hammersmith from 1939-1941 and, although his dental qualification was not recognised, he maintained his interest in orthodontics by working as a voluntary assistant at the Eastman Dental Hospital. Because of the shortage of maxillo-facial surgeons, Willy Grossman was given a commission in the Royal Army Medical Corps and was initially stationed as resident medical officer at the school of artillery in Larkhill because of his grading as a plastic and maxillo-facial surgeon (war office authority P/181918/1). He later worked with the No. 4 maxillo-facial surgical unit in North Africa, Italy, Belgium and Germany.

From 1944-1945 he was the only surgeon to the forward section of No. 4 maxillo-facial and plastic unit with sole responsibility for the primary surgical treatment of all burns cases and maxillo-facial casualties of the 8th and 5th army in the west of Italy. After returning to Britain he was posted to the maxillo-facial plastic unit at Rooksdown House.

In order to return to dentistry after the war Grossman was required to pass the L.D.S. R.C.S. final examination and this he did in 1945. On leaving the army he entered private practice and in 1946 was appointed part time Demonstrator in Orthodontics at University College Hospital Dental School where he played a leading role in developing the new orthodontic department into an active and effective teaching unit. As a result of his knowledge of orthodontic teaching in other European countries, he initiated clinical research into functional jaw orthopaedics. He was amongst the first to use functional appliance therapy to improve jaw relationships and he took an active part in cleft palate surgery and surgical orthodontics at University College Hospital.

In 1948 Willy Grossman was appointed part-time Consultant Orthodontist to University College Hospital Dental School and in 1954 he was awarded the Diploma in Orthodontics of the Royal College of Surgeons without examination. He played a major role in the reorganisation of the orthodontic department in the newly built U.C.H. Dental Hospital and School which was opened in 1963. He failed to become Dean of University College Hospital Dental School even though the previous holder of this office supported his appointment. ⁵⁴⁰ Willy gave up his part time dental school post in 1964 but remained on the Consultant staff of the Hospital until his retirement in 1976.

Willy Grossman was the co-author with Karl Haupl and Patrick Clarkson of *Textbook of Functional Jaw Orthopaedics* (London, Henry Kimpton, 1950). He also wrote some 30 academic papers covering orthodontics, temperomandibular joint disorders and early and late bone grafting in cleft palate cases. Willy Grossman's private practice was based on orthodontic treatment of children and also oral surgery. The practice was eminently successful and he was eventually joined by his son

⁵⁴⁰ Interview with Patrick Grossman (son) 3rd June 2004.

Patrick. After the practice moved from 79 Harley Street to Lister House, 11 Wimpole Street, Willy Grossman retired and died age 71 years on 18th November 1982.

1.	W. GROESMANN P. CLARKSON A. H. GREEN	The Treatment of Severe Prognathism by Kostecka's Operation. B.D.J. Vol. LXXX No.6. March 1946.	24.	W. GROSSMANN	Die Analyse des behandelten ortodontischen Palles, Fortschritte der Kieferorthopsedie, Bd.19.(1958).
2.	W. GROSSMANN	Work with a Forward Section of a Maxillo-facial Surgical Unit. U.C.H. D. Journal Feb. 1946.	15.	W. GROSSMANN	Zur Analyse des orthodontischen Falles. Gest. Zeitschrift.fuer Stomatologie 1958.
3.	W. GROSSMANN	Functional Jaw Orthopsedics. The Dental Record. Vol. LXVII, No.8 & 9.	16.	W. GROSSMANN	Electromyography as an Aid in Orthodontic Treatment Analysis. American Journal of Orthodontics 1961.
4.	W. GROSSMANN	The Examination of an Orthodontic Case. Journal of the Br. D. St. Assoc. Vol. 1. No.5. 1949.	17.	W. GROSSMANN B. GREENFIELD	Electromyography in Temporo-Mandibular Joint Disorders (In Print).
5.	W. GROSSMANN	A New Type of Activator for the Treatment of True Mandibular Prognathism.	18.	W. GROSSMANN	Rapid expansion in Cleft Palate Cases. E.O.S. 1963.
6.	HAUPL GROSSMANN	B.D.J. Vol. LXXXVI, No.3. Peb. 1949. Textbook of Functional Jzw Orthopaedics. Benry Kimpton, London. 1950.	19.	W. GROSSMANN D. N. MATTHEWS	Early treatment of Cleft Lip and Palate. Published: International Symposium, University Zurich.
	CLARKSON	The C.V. Mosby Company, St. Louis, 1952. Ortopedia Functional de los Maxilares Mundi, Buenos Aires, 1955.	20.	W. GROSSMANN D. N. WATTHEWS	A combined Orthodontic a Surgical Approach to the Problem of the Collapsed Maxillary Arch. (In Print - American Journal of Cleft Palates)
7.	W, GROSSMANN	Early Orthodontic Treatment. Transaction of the E.O.S. 1952.	21.	. W. GROSSNANN J. P. MOSS	The Role of Functional Jaw Orthopasdics in Orthodontics.
8.	W. GROSSMANN P. CLARKSON	Combined Reduction of the Lower Jaw and Nose. Brit, Med. Journal, July 1951.	22.	. W. GROSSNANN J. P. MOSS	Dental Practitioner: 1964, Vol XIV No.10. Functional Jaw Orthopaedicm (Symposium) B.S.S.O. May 1964.
9.	W. GROSSMANN	Die orthodontische Behandlung der Lippen und Geumenspalten. Fortschr. der Kiefer und Gesichtschirurgie, Band. 1. 1955.	23.	. W. GROSSMANN J. P. MOSS	Functional Appliance Therapy B.S.S.O May 1964.
10.	W. GROSSMANN	Kepbalcmetrische Untersuchung der Dysnathien. Nahn-Mund-und Kisferheilkunde, Urba and Schwarzenberg, Munchen.		D. N. MATTHEWS W. GROSSMANN	Early Treatment of Cleft Mip and Palase, Hans Buber, Bern.
11.	W. GROSSMANN	Rare Tumours of the Jaws. Fortschritte der Kiefer & Gesichtschrirurgie, Band. III, 1957.	25.	. W. GROSSMANN B. GREENFIELD	Electromyographic Monitoring in Temporo-Mandibula: Joint Disorders. Dental Concept 1969.
12.	W. GROSSMANN	The Analysis of the Treated Orthodomtic Case. Proc. B.S.S.C. 1956.		W. GROSSMANN J. P. MOSS	Removable Appliance Therapy. Practical Orthodontics 1968.
13.	W. GROSSMANN P. CLARKSON	The Treatment of the Palatal Defects by Tube Padicles. (Pilm. R.S.M. London).	27.	. W. GROSSMANN J. P. MOGS	Removable Appliance Therapy, Part II. Practical Orthodontics 1970.

28.	W.	n. Matthews Grossmann Al	Early and Late Bone Grafting in Cases of Cleft Lip and Palate. Br. Journal of Plastic Surgery. 1970/2
29.	W. B.	GROSSMANN E. GREENFIELD	Die Elektromyographische Untersuchung der Funktions bedingten Kiefergelenks erkrankungen. Zahnaerztl. Welt. 1968 (666-667).
30.	₩.	GROSSMANN	Modern Trends in Orthodontics. Intern. Journal of Orthodontics. Vol.9. No.4. Dec. 1971.

Figure 104 Dr. William Grossman's list of publications 1946-1971

Ernst Eliezer Hackenbroch541

	DENTAL BEGISTRATION Hold 2118
	PARTICULARS TO BE SUPPLIED BY AN APPLICANT FOR THE REGISTILATION OF ORIGINAL QUALIFICATIONS UNDER THE DENTISTS ACTS
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Figure 105 Dental registration form for Ernst Hackenbroch

Ernst Eliezer Hackenbroch was born in Frankfurt am Main on 6th December 1909. He was the oldest of six children. Ernst was raised in the Hirschian tradition of Torah im Derekh Eretz, a combination of orthodox piety with secular learning and cultural and worldly knowledge. This was partly due to the fact that the Hackenbroch family were among the original 13 families in Frankfurt responsible for bringing over Rabbi Samson Rafael Hirsch in the 1800s and were prominent in the Frankfurt community of which Ernst Hackenbroch's grandfather was once President. Although the family were observant Jews they were not raised in a stuffy and conventional atmosphere. Ernst Hackenbroch attended a non-Jewish High School in which he was the only Jew. After graduation from High School he spent a vear at the Frankfurt Yeshiva (religious school) and then attended Frankfurt University Dental School where he graduated with his D.M.D. degree in 1932.

⁵⁴¹ Interview with Ida Koschland (daughter), 4th May 2005

With the Nazis coming to power in 1933 Ernst Hackenbroch who was a proud Jew, did not waste time and was the pioneer of his family who went to Britain and was later to vouch for many of his relatives. Considerable difficulties were experienced with immigration control officers who wanted to know the exact nature of his visit. He consistently replied that he was a visitor and was allowed into the Britain for a restricted period of time. He was also sponsored by the Hamburg branch of a family called Lewisohn that had settled in Britain sometime before and one of whose children had become a judge. A relative, Anna Schwab, who was on the Chief Rabbi's Emergency Council during the 1930s and 40s also provided help since she and her husband had good ties with the Home Office.

Ernst Hackenbroch had filled out in Germany the "schedule" documents from the G.M.C. which had been submitted before he travelled to Britain. These however were not accepted and he made his way directly to Edinburgh where he was offered a place so that he could complete the L.D.S. R.C.S. (Edin.) examination after one year's training. This he obtained on 22nd March 1935 and was then placed on the Dental Register by the G.M.C. He was also given permission to work by the Home Office.

After completing his L.D.S diploma in Edinburgh he went back to London and opened a dental clinic in north London, initially at 2 Highbury Quadrant, London N.5 and moved a year later to 2 Clissold Court, Green Lanes, London N.16. He was interned in July 1940 and released in September under a group application to the Home Office for release from internment of dentists with practising permission. When his family managed to escape from Germany they came to Clissold Court. It was also a meeting place for many refugees who arrived in London in the late 1930s almost penniless. Hackenbroch was able to give them money or put them up in his apartment. The range of people that were looked after by the Hackenbroch family included many from Hungary and Eastern Europe including Rabbis and Yeshiva students. All these people were received with dignity and kindness and no charges were made for their stay. Financially this was a difficult time for Ernst Hackenbroch since it was a period of unemployment and his fledgling practice was barely surviving.

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Among the life-long friends that Ernst Hackenbroch made was the Schonfeld family, especially Rabbi Solomon Schonfeld who saved many thousands of Jewish children from Nazi Europe. This rescue effort also involved Ernst Hackenbroch because when the children arrived in Britain, many were in need of dental treatment. These children were sent out of London, many to Sheffield under the care of Dr. Judith Grunfeld, a specialist in child education. Ernst Hackenbroch was therefore one of a trio of people assisting in this great rescue effort in the 1930s.

He retired in 1986 and moved to 5 Limes Avenue, London NW11. He died in 1990.

Maurice Hermele⁵⁴²



Maurice Hermele was born in the Polish town of Auschwitz in 1912. The Hermele family moved from Poland to Germany and eventually to Holland. Maurice went to France to study dentistry at the University of Nancy and qualified with a French dental degree in 1937. Despite his French dental degree he was not allowed to practice there since he was a Polish national and he therefore worked illegally in France for three years. By the beginning of the war, Maurice Hermele was able to join the re-forming Polish army in Florence and was allowed to practice in the Polish army as a dentist. His army group made their way to the south of France and he was on the very last boat that left before the German occupation, the voyage eventually ending at Dundee in Scotland.



Figure 106 Hermele with the Polish Army 1940 A severe degree of anti-Semitism existed in the Polish army in Britain. Maurice Hermele stayed there through the war but at the end deserted and headed for London. He ran the risk of being shot as a deserter.

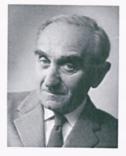
⁵⁴² Interview 16th October 2003.



Figure 107 Hermele treating a Polish soldier, Scotland 1941

Maurice contacted the G.M.C. in an attempt to get on the Foreign List of the Dental Register. He was told that it was essential to have copies of his French dental diploma and also a list of the dental lectures he had attended at the University of Nancy. This data would then be entered on the "schedule" form supplied by the G.M.C. and would then be assessed by the Examination and Education Subcommittee. Through an act of providence Maurice Hermele had become friendly with the Secretary of the British Dental Association, William Goodwin Senior. One of Senior's friends was the famous radio personality Wilfred Pickles who went to Paris frequently to entertain the troops. Hermele asked Pickles if he could obtain the information that the G.M.C. required which would have been registered by the University of Nancy in Paris. Eventually the missing papers arrived and Maurice Hermele was put on the Foreign List of the Dental Register in 1944. Prior to this, in order to eke out an existence, he had practiced illegally using a loft space in Hereford Square, Kensington. This was dangerous because if he was caught he would have been sent back to Poland. During this period he managed with a foot pedal drill and relatively few instruments. Once he had been placed on the Dental Register, Maurice Hermele set up in dental practice in a flat on the Finchley Road. Once again he was helped by William Goodwin Senior, who found him a part-time job at the Eastman Dental Hospital. He attracted a considerable number of Polish patients but never revealed that he was Jewish. He eventually moved his practice from a flat to a house, again in Finchley Road and practiced there until he retired in 1995.

Alfred Kantorowicz⁵⁴³



Alfred Kantorowicz was born in the German city of Posen on 18th June 1880, an area that was transferred to Poland in 1918 and became known as Posnan. His father, a businessman, moved the family to Berlin where Alfred received his education. He studied dentistry between 1897 and 1900 and received his dental degree at the rather young age of 20. Having received his D.M.D. Alfred Kantorowicz decided to study medicine. He studied at Berlin University in 1901and subsequently in Munich and Freiburg and graduated in July 1906. Until 1907 he worked in the internal diseases department of Virchow Hospital in Berlin and as an assistant in the infective diseases department of the Robert Koch Institute. Between 1907 and 1909 he studied surgery at Garre in Bonn. In 1911 he became an assistant professor at the School of Dentistry in Bonn and in 1913 an Associate Professor. During the first world war he served as an army doctor and surgeon. On 6th August 1917 Alfred Kantorowicz received the Iron Cross second class for discovering that pilots that crash-landed their planes usually ended up with the front of the plane ploughing into the ground. Alfred Kantorowicz found out that the high death rate amongst pilots in this sort of accident was due to the blockage of airway with soil and debris and that the first job was to establish an airway if pilots were to be saved.

In 1918 he was appointed Director of the Institute of Dentistry at Bonn University and administrator to the Dental Clinic for Children of the City of Bonn. Alfred Kantorowicz became Professor on 6th June 1918 and in 1923,

⁵⁴³ Interviews with George Kantorowicz (son), June 2003 and Professor Peker Sendalli, the past Dean of Istambul Dental School and also a past Postgraduate student at the Royal Dental Hospital 1975-1976.

A history of Alfred Kantorowicz Pediatric Dentistry Innovator, Hannelore T Loevy and Aletha Kowitz, *Journal of Dentistry for Children* Special Issue July/October 1993, 263.

Professor of Dental Diseases at Bonn University. During his early postgraduate years in dentistry and medicine Alfred Kantorowicz formulated the Bonn system which stated that in order to combat dental caries, treatment should begin in the primary schools, be obligatory and paid for by the State and be organised in such a manner that all children could receive treatment not only for teeth that were decayed and painful but for the incipient lesions in which pain had not yet occurred. He felt the development of good habits would carry though life and children trained to keep dental appointments would regularly return to their dentists as adults. To this end Alfred Kantorowicz also developed mobile dental clinics, especially designed for use in the countryside.

From the beginning of his teaching in Bonn, Kantorowicz made it clear that he had two major concerns for dentistry: first, research in which anthropology and pathology were especially important and second the concerns of the individuals and their wellbeing. This led to his major thrust for the eradication of dental disease particularly dental caries in children. Alfred Kantorowicz at this time was involved with the publication of several books on dentistry. In 1920 he published *Zahnärtzliche Technik (Dental Technique)*, a book for pre-clinical students. Alfred Kantorowicz was also one of the editors of the *Handbuch für Zahnheilkunde (Handbook of Dentistry)*, a work in four volumes that had started before the first world war.⁵⁴⁴ He also published a two-volume work, *Klinische Zahnheilkunde (Clinical Dentistry)*, in 1924.⁵⁴⁵

One of Alfred Kantorowicz' major areas of research was in the aetiology of malocclusion. He felt that many malocclusions were genetic in origin. Together with his assistant, Korkhaus, he did extensive research in this area and in 1927 he established a separate division of orthodontics positioned within paediatric dentistry. In this manner he hoped to develop a system by which dental caries and malocclusion could be prevented.

With the rise of Hitler in 1933, major changes in University life took place all over Germany. Dr. Stuckart, the Prussian Minister of Science, demanded that Jews should be removed from their positions in the universities and Alfred Kantorowicz lost his position as Professor at the

⁵⁴⁴ Kantorowicz, A, Handbuch für Zahnheilkunde, Munich, J.F. Bergmann, 1925

⁵⁴⁵ Kantorowicz, A., Klinische Zahnheilkunde, Musser, Berlin, 1924

University of Bonn. He was almost immediately arrested and became a prisoner in a German concentration camp, initially at Borgermoor in the Luneberger area and later in the concentration camp for prominent persons in Lichtenstein in Saxony. The local gossip was that Alfred Kantorowicz was a communist, having visited Moscow several times to instruct them on his Bonn plan for dentistry. This was never true; he was arrested because of his religion. Alfred Kantorowicz was released from camp just before Christmas 1933 through the intervention of the Crown Prince of Sweden who had found him a job in Istanbul. The Crown Prince met Alfred Kantorowicz whilst he was President of the Red Cross and when Alfred Kantorowicz, on a tour through Sweden, had presented several lectures on school dental clinics.

On 19th December 1933 Alfred Kantorowicz was appointed a Professor at the School of Dentistry in Istanbul. During the first year he taught classes and specialised in prosthetics. In his second year he became Director of the School. Under his guidance, the School rose to become the equivalent of one of the best Dental Schools in Europe.

Alfred Kantorowicz realised that there were possibilities that Germany might eventually invade Turkey and he therefore applied to the G.M.C. to be allowed on to the Foreign List of the Dental Register. When he filled out a "schedule" his request was acceded to in November of 1936. He continued to pay for his annual practising certificate.

DENTAL BOARD	D OF THE UNITED KINGDOM,			
[Certificate Number 3285] 44 HALLAM STREET, LONDON, W.I. 31st December, 1941				
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Figure 108 Annual practising certificate dated 1941

Alfred Kantorowicz was called back to Bonn in 1947 and in 1953 he was awarded a Doctorate Honoris Causa by Bonn University because of his contribution to preventative dental care. He died of a heart attack in Bonn on 6th March 1962.

Heinrich Krott 546

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Figure 109 Dental registration form Heinrich Krott

Born 22nd October 1895 in Vienna. Dr. Heinrich Krott, was an eminent dentist and dental surgeon who had previously studied medicine but decided to become a dentist. During the first world war, Krott was in the medical corps and worked in an army hospital in Vienna. He lived with his parents in Mariahilferstrasse 134, Wien XV where he also had his very successful dental practice. After his marriage in 1935 he lived at 16 Beckmanngasse, XIII which, after the Anschluss, was confiscated in the autumn of 1938 and requisitioned by a senior S.S. officer. Like so many others who realised that they had to get out of Austria, he had great difficulty in obtaining the necessary documentation to leave and emigrate to Britain. His initial application to the G.M.C. was turned down (Fig. 111). One day, he met an old patient of his who had become a Nazi who asked him how it was that he was still in Vienna. On hearing of his difficulties obtaining a visa, he immediately volunteered to help him obtain a temporary permit to go to Finland. Fortunately, shortly afterwards, Krott

⁵⁴⁶Data provided by Heidi Hillman (daughter), Interview 6th January 2004

was able to get the necessary documentation to travel from Finland to Britain and he was one of 40 Austrian dentists given the chance to requalify at a British dental school over a six month period.

Krott's wife Irma, daughter Heidi (nearly 2 years' old) and his two step-daughters, Eva (9 years) and Ilse (6 years), had preceded him to Britain a little earlier. Eva and Ilse had been the first to arrive. They had come by Kindertransport on one of the first trains to leave Vienna and had then been billeted with a family in Norfolk. His wife, with her indomitable spirit, persevered to get herself and Heidi out of Vienna to Britain, seeking work and sponsorship (see letter she wrote to the CBF World Jewish Relief (Fig. 70). Most importantly, she had to obtain an exit visa, each day joining a long queue, often waiting for several hours. However, each day, only a certain number of people were given a visa, and all those remaining in the queue were turned away. Eventually she was successful. The man who provided her with the visa was memorably kind to her. One can imagine her shock when years later at the time of his trial in Israel, she saw a photo of Adolf Eichmann and realised that he was this very person. She arrived in Dover in February 1939.

The family first lived in Belsize Square, Swiss Cottage. Just before the war started, the whole family moved to Greenhill, Prince Arthur Road, Hampstead. Dr. Krott then worked in a dental practice at 95 Queens Crescent, N.W.5. At first, most of his patients were Austrian refugee friends, but with many recommendations the number of patients soon increased.

Some time during the middle of the war, they moved to 87 Regency Lodge, Avenue Road, Swiss Cottage, where he started up on his own and built a very successful dental practice in part of the flat. His patients included several members of the Freud family and entourage, including Anna Freud, Paula Fichtl, the Freud housekeeper, and Dr. Josephine Stross (a paediatrician and friend to the Freud family who came over with them and cared for Sigmund Freud on the journey).

Dr. Krott was a very cultured man, with a great love of art, music and literature. Both in Vienna and in London, many of his patients were artists, writers, musicians and actors. They included Kurt Schwitters (collage artist), Siegfried Charoux (artist and sculptor), Lotte Meitner (photographer), Lucie Rie (potter), and Karl Rankl (conductor). When his artist patients could not pay for treatment, they would pay with paintings or sculpture. His many actor patients, including Eric Portman, appeared in films such as *The Third Man*. Later, Sir Stafford Cripps' daughter, Peggy (a writer) and her husband, Joe Appiah, (the Ghanian barrister and politician), became his patients.

The Jewish Refugee Committee paperwork shows that Dr. Krott arrived at the port of Harwich on 17th February 1939. His initial guarantor was a Mr. Drevers, of 51b Borough High Street, S.E.1. The Jewish Refugee Committee gave the family some 35s.0d. a week towards their living expenses at various times. He also obtained various small amounts of money from his guarantor such as £8 in the month of September 1939. However he was short on his maintenance by the end of September and a special payment of £3 was forwarded by the Jewish Refugee Committee. At this time his wife was passed as medically unfit for domestic service and had a doctor's certificate explaining why. The Aid Committee also advanced 10 guineas for paying the Examination Board in November 1939. In 1940 the Aid Committee advanced a loan of £150 so that Dr. Krott could set up in dental practice, as approved by the Home Office. After this no further support was to be given.

From 1940 onward Dr. Krott started to repay the money he had borrowed. In this he was helped by £75 given by the Händler charity. By 1947 when Dr. Krott's case came up for review he was able to inform the Aid Committee that he had repaid the resettlement loan of £150 and would now start to repay the £172 advanced to him in respect of maintenance and examination fees. This was repaid on the basis of £5 per month.

When all members of the family became naturalised after the war, he changed his first name from Heinrich to Henry George. When the National Health Service was introduced in 1948, he became an N.H.S. dentist. Sadly, the stresses of emigration and the war had their toll on his health, and he died at the early age of 56 years on 13th April 1952 in Ascona, Switzerland whilst on holiday with his wife Irma, after three coronary thrombosis attacks.





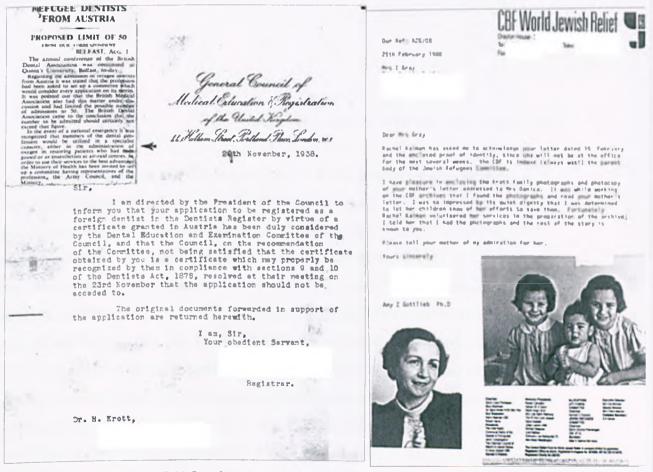


Figure 111 Application to G.M.C. refused

Figure 112 Krott family photograph found by Amy Gottlieb, Curator J.R.C. 1988

Jacques Kurer⁵⁴⁷



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Figure 113 Dental Registration form for Jacques Kurer

Jacques Kurer was born in Vienna in 1899 and obtained his M.D. medical degree from the University of Vienna in 1925. This was followed by two years of dental training after which he went into private practice as a dental surgeon. Jacques Kurer was a highly inventive dentist. In 1934 he published a book *The Treatment of Children's Teeth*⁵⁴⁸. Illustrations in the book show the use of tray set-ups, whereby dental instruments were autoclaved in special trays so that they were kept in the right order and were then placed on the bracket table beside the dental chair. Further illustrations show how the dental chair can be modified for children so that instead of them slumping into the chair making their mouths almost inaccessible, they could be placed in the correct position as if they were an adult, facilitating access to the mouth.

⁵⁴⁷ Interviews with Peter Kurer (son) on 16th December 2004 and with Irene Kurer (daughter-in-law) on 10th December 2003.

⁵⁴⁸ Kurer, Jacques, Die Behandlung der Kinderzähne, Vienna, Urban und Schwarzenberg, 1934.

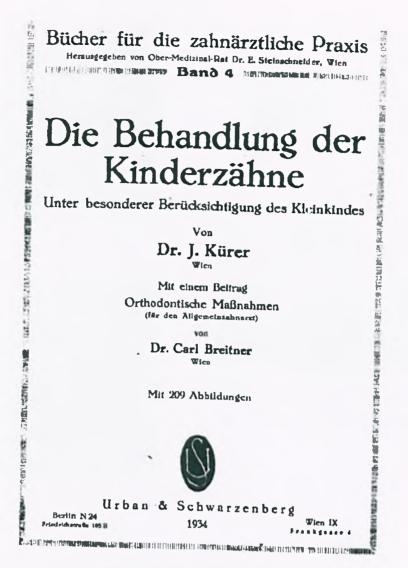


Figure 114 Title page of Kurer's book on children's dentistry, 1934

It is truly amazing that these efforts at work simplification in dental practice would only become widespread on publication of the classic text of Harold Kilpatrick , *Work Simplification in Dental Practice*⁵⁴⁹, which shows that Jacques Kurer was some forty years ahead of his time. In addition the standard of his x-ray procedures was also excellent, again demonstrated by photographs in his book.

⁵⁴⁹ Kilpatrick, Harold, Work Simplification in Dental Practice, Philadelphia, WB Saunders & Co., 1974





Abb. 35. Gesundes Periodontium.





Erkranktes Periodontium.

Abb. 3 Schlechte Haltung des Kindes durch die ungünstigen Größenverhältnisse d.



Emfache Korrektur durch eine Polsterauflage.





Abb. 37 und 38. Kopfhaltung bei schräger Queraufnahme und Kopfhaltung bei okzipito-menta

Figure 115 Dental radiology

Jacques Kurer sent his "schedule" to the Examination and Education Sub-committee of the G.M.C. in 1938. The notes by Edward Sheridan dated 10th November 1938 make interesting reading. The reason for rejecting the schedule is given as a lack of practice in a dental hospital and a deficiency of practical instruction in dental mechanics: Kurer stated only 22 months when two calendar years was the minimum requirement of the G.M.C. It is also interesting to see Kurer's list of scientific publications between 1933 and 1937. All in all this would seem to be an outstanding curriculum vitae with exceptional teachers such as Professor Tandler and Professor Sicher in anatomy, Professor Bernhard Gottlieb in histology, Professor Pichler in oral surgery and Professor Albin Oppenheim in orthodontics. Dental teaching of this quality was not to be found at the Manchester Dental School.

The Kurer family, which included Jacques, his wife and both sets of parents were brought over with help from the Quakers. This organisation

based in Manchester helped many Jewish refugees during the 1930s. The Goodwin family in Manchester acted as sponsors. Jacques Kurer was also fortunate in being one of 40 Austrian dentists who were given permission by the Co-ordinating Committee of the G.M.C. to come to Britain and to be allowed to study at British dental schools so that they could obtain an L.D.S. Jacques Kurer obtained his L.D.S. from the University of Manchester on 21st November 1939. With an English dental qualification he then went into dental practice in Manchester. Meanwhile he lived with the Goodwin family until they were bombed out in 1941. With the help of the Quaker organisation, Jacques Kurer was not interned and he took his family to Llandudno in Wales. This practice was again successful, especially with the local landladies who were happy to spend their money on a better standard of dentistry than previously. Jacques Kurer returned to Manchester in 1944 at 28 Deansgate, Manchester 3. He was to be later joined in practice by his two sons, Hans and Peter. On arrival in Britain, both sons had their education subsidised by the Quakers and they were sent as boarders to Bootham School and stayed there until the age of 16.

Jacques Kurer had a very successful practice in the centre of Manchester. He had a large number of Jewish patients, many of them refugees who had prospered in the textile industry in Manchester and the surrounding areas. He continued his interest in treating children and wrote a second book in 1973, after 39 years, with Dennis Goose who was a senior lecturer/consultant in children's dentistry at the University of Manchester.

Kurer was initially very much taken with the Quaker faith and used to go to their services. Later as his children started to grow up his Jewish identity reasserted itself and he joined the local orthodox synagogue.

Jacques Kurer was a consummate musician, playing mainly the viola and there were many classical concerts in their house. Hans played the cello and Peter the violin. Jacques Kurer retired from dentistry when he was 70 years of age but did part-time work in the school dental service for three years. He died on 28th June 1974 of congestive heart failure.

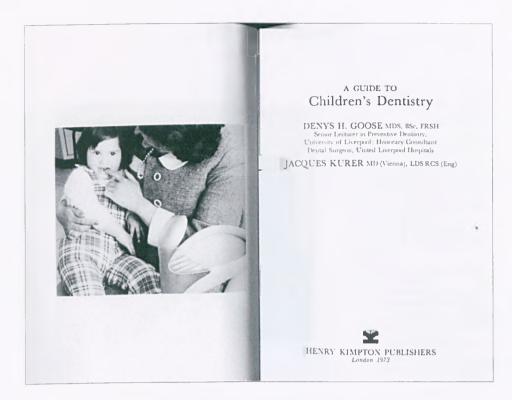
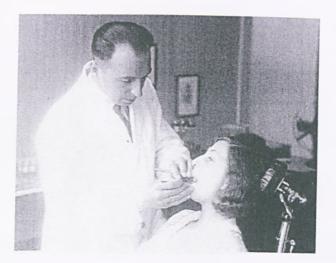


Figure 116 Title page of Kurer's second book on children's dentistry



Figure 117 Hans, Jacques and Peter Kurer 1957

Hermann Kuttner⁵⁵⁰



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Figure 118 Dental registration form for Hermann Hans Kuttner

Dr. Kuttner was born in 1893 in Hohensalza. He obtained his approbation to practice as a dentist on 14th March 1921 from the University of Berlin. His D.M.D. degree was awarded on 4th January 1923 by the University of Greifswald. Prior to his dental training Dr. Kuttner volunteered for military service during the first world war. He fought in Belgium and France and won the Iron Cross second class.

⁵⁵⁰ Interview with Henry Kutner (son), librarian of the Belsize Square synagogue, 14th March 2005

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Figure 119 1914 Identity card and certificate for Iron Cross (2nd class)

After the war, on completion of his dental training, he founded a successful private practice in Berlin. By 1938, because of the continuing persecution of the Jews in Germany, he decided to emigrate. Britain seemed to be the best choice since hopefully he could continue to practice as a dental surgeon. Fortunately the schedule that he filled out in relation to his dental training was accepted by the Examination and Education Sub-committee of the G.M.C. and he was placed on the Foreign List of the Dental Register.

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Figure 120 Schedule submitted by Hermann Kuttner

Dr. Kuttner was arrested by the Gestapo during the period after *Kristallnacht* and placed in Sachsenhausen concentration camp. He was released after a month on the strength of a visa to Peru via Stockholm which had been obtained by his brother Martin. Dr. Kuttner was married in 1921 and by 1938 had two teenage children. A letter from Dr. Kuttner's wife, Johanna, to the Gestapo regional headquarters is shown below dated 21st November 1938.

Berlin-Friedonau, den 21.Nov.1938. Bennigsenstrasse 13.II. nna futtner. Aa die Jeheime Staatspolizei, Leitstelle, 11. Berlin. Betriffs den am 11.November 1938 in Schutzhaft genormenen Zahnerzt Dr. Hermann Hans Kuttner, geboren 7.12.1893 in Hohensalza, wonnhaft Berlin-Friedenau, Bennigsensur.13.11. dein nebenbezeichneter Ehemann ist am 11.ds. Mts. in Echutzhaft genommen worden.Die Gründe für seine Inhaftierung sind mir nicht bekannt. egen meinen heuenn liegt jedoch nichte vor-Er hat "ich sein ganzes Leben hindurch einwandfrei und straffrei geführt, hat sich auch sie polit?" ch betätigt. dein Phemann hat sich am ersten Tage der Mobilsachung freiwillig gemelde und hat den Weltkrieg an der Front mitgemacht. An Auszeichnungen besitzt er das Ehrenkreuz II Klasse und das Frontkämpferchrenkreuz. Aus unserer in Jahre 1921 geschlossenen Fhe sind zwei Kinder im Alter von jetzt 13 und 9 Jahren hervorgegangen.Ausserdem haben wir in unserer Familie ein Kind des arbeitslogen Sruters, dessen Shefrau gestorben ist, im Alter von 4 Jahren.Mein Ehemann hat ausserdem für seine alten Eltern , von denen der Vater 84 Jahre alt .st. zu sorgen. Main Ehoman, der vom Beruf Zahnerzt ist. ist mitten aus seiner beruflichen Tötigkeit hernus vernaftet worden.Fr hat zhlreiche angefangene Behandlungen, deren Fortsetzung bezw. Abschluss dringend netwendig ist.Zum Teil stehen Patienten kurz vor der Auswanderun

und wollen selbstvarstöndlich verher die angefangene Eehandlung zuendegeführt haben.Ich habe mich vergeblich um geelgnete Vertretung bemüht.Ein großser fell der Patienten will auch die einmal von meidem Elemanne angefangene Arbeit von ihm fortgezetst und teendet haben.Dieg int umso sohr verständlich, als fast jeder Zuhrerzt nach seinem eigenen System und seinen eigenen Grundsätzen arbeitet, und die auf dieser Grundlage begonnenen Arbeiten auch nur allein ordnungemössig zuendeführen kann.

Wir habon und vor der Inhaftierung meines Shemannes bereits erhoblich um Auswanderung bemöht, und zwar nach Süd-Amerika. Die Finanzierung dieser Auswanderung ist durch meinen in Amerika lobenden Bruder möglich.Die Verwirklichung unseres Auswanderungeplanet ist nunmehr in greifbare göhe gerückt, und zwar haben wir die Vielmenunge des französisch Generalkonsuls du PGrou zur Kinreise in dieses kand erhalter Ich überreiche in dur Anloge Potokopis des Schreibens des Generalkonsuls du Persein Parme vom 'S.November 1938.

fch bitte un waldige Haftentlassung meines Ehomonnen. Diese Haftentlassung ist dadurch benonders dringeni,dass er vor der Auswanderung nicht nur die Benandlung seiner Patienten abschliessen, sondern auch die Fraxis wirtschaftlich abwickeln muss. Unsere finanzielle Enge ist derart,dass und die Eittel zur Auswanderung erst durch den Pinzug der Aussenstände zur Verfügung stehet.

Figure 121 Letter from Johanna Kuttner to Gestapo Regional Headquarters 21st January 1938

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<u>Johanna Kuttner</u> Berlin-Friedenau Bennigsenstrasse 13, II

Gestapo Regional Headquarters Berlin

21st November 1938

re: Dr Hermann Hanns Kuttner, dentist born 7.12.1893 in Hohensalza resident Berlin-Friedenau, Bennigsenstr. 13, II arrested 11th November 1938.

My husband, details listed above, was arrested and placed under preventive custody on the 11th of this month. The reasons for his imprisonment are unknown to me. There are no charges against my husband. Throughout his life he has behaved impeccably and has never committed any offence, nor has he ever been politically active. My husband volunteered for active service on the first day of mobilization and served at the front during the First World War. He was awarded the Cross of Honour Second Class, and the Front Line Soldiers' Cross of Honour.

We were married in 1921, and have two children, now aged 13 and 9. Our family includes another 4-year old child of my unemployed brother, whose wife died. My husband also takes care of his aged parents, the father being 84.

My husband, a dentist by profession, was arrested while carrying out his professional duties. He has many patients, some urgently awaiting further treatment, and others, completion of their treatment. Some of these patients are about to emigrate, and understandably wish to have their treatment carried out in full before they leave. I have endeavoured unsuccessfully to find a suitable replacement. Further, the majority of his patients wish the treatment begun by my husband to be completed by him. This is all the more understandable since almost every dentist follows his own method of practice and works according to his own standards, and work begun on this basis can only be completed properly by continuing along the same lines.

We had already made strenuous efforts to emigrate, namely to South America, before my husband was imprisoned. My brother, who lives in America will finance our emigration. Our emigration plans have now reached an advanced stage, and we have even been granted a visa by the French Consul General of Peru to immigrate to that country. I enclose a photocopy of the Consul General's letter from Paris dated 18th November 1938.

I am requesting the speedy release of my husband. His release is all the more urgent not only because he needs to finish treating his patients, but also because he has to deal with the financial aspects involved in giving up the practice. Our financial situation is such that we depend on receiving payment for outstanding debts to cover the cost of emigration.

Figure 122 Translation of letter to Gestapo

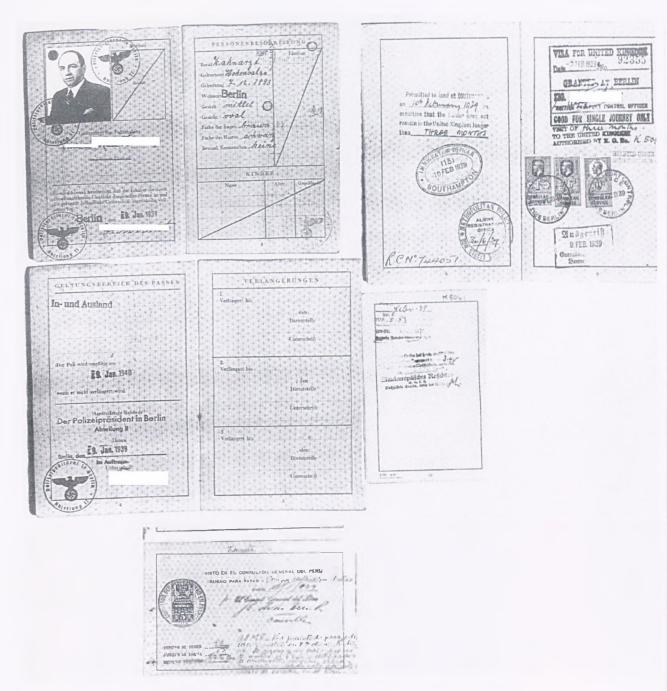


Figure 123 German and British passport stamps, and the visa for Peru 1939

Dr. Kuttner arrived in Britain in February 1939 with his wife and two children. In 1939-1940 Kuttner worked as a volunteer in Bloomsbury House interviewing refugees since his English was extremely good. In 1940 he worked for the Cooperative Dental Association, a "body corporate" with offices at 1 Balloon Street, Manchester 4. They had dental surgeries in many parts of the country. Dr. Kuttner worked in two of these: from 1940-1942 at 158 High Street, Penge, SE20 and from 1942-1948 at 200a Rye Lane, Peckham, SE15. When the Health Service arrived in 1948 he became self-employed.

Dr. Kuttner was closely associated with Belsize Square Synagogue and was a board member and on various committees (liturgical and youth). He was the choir master and sang in the choir as a tenor. He was also a very prominent youth leader. In later years his practicing life was cut short by the onset of Parkinson's disease and he died in 1974.

Hans Lewinneck



Dr. Hans Lewinneck was born in Berlin in 1910. He studied dentistry at the Universities of Berlin, Heidelberg and Würzberg and obtained his D.M.D. degree in 1933. Dr. Lewinneck applied initially to the G.M.C. in Britain and supplied his "schedule" but was turned down in 1935.

All arrangementions - THE RECIST CENERAL MEDIC ord to say and In your reduce RE ANA	AL COUNCIL- AL COUNCIL- which by me
	5th December, 1935.
D.M.D. U.Wurzburg, 1935.	Sir, T am directed by the President of the Council to inform you that your application to be registered as a foreign dentist in the Dentists Register, without exemination in the united Kingdom, by virtie of the certificate specified in the margin granted to you in a foreign country, has been duly considered by the Dental Education and Examination Committee of the Council, and that the Council, on the recommendation of the Committee not being satisfied that the cortificate is a certificate which may properly be recognized by them in compliance with sections 9 and 10 of the Dentists Act, 1878, resolved at their meeting on the 26th November that the application should not be acceded to: The original documents forwarded in support of your application are returned herewith.
	I em Sir,
	Your obedient Servant,
	Registror.
	Dr.med.dent.Hans Lewinnek.

Figure 124 Rejection letter from G.M.C., 1935

He applied again in 1936 supplying more information and this time his application was successful.

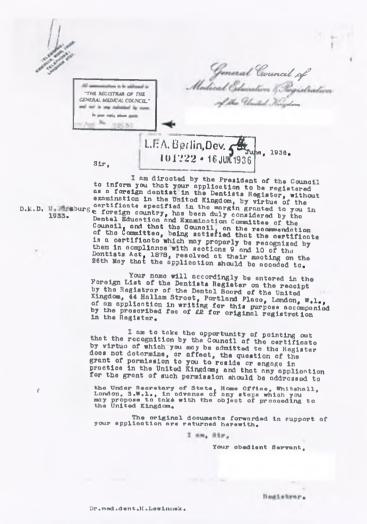


Figure 125 Acceptance letter from G.M.C., 1936

According to Mrs. Levick⁵⁵¹, despite the fact that her husband was accepted onto the Dental Register of the G.M.C., he was only allowed to stay in Britain by the immigration authorities for periods varying between three weeks and six months according to the stamps on his passport.

⁵⁵¹ Interview with Vera Levick (Lewinneck), wife, February 2004.



Figure 126 British and German passport stamps

Dr. Lewinneck would come to London and stay with his friend from university, Dr. Ernst Magnus who lived at 736a Kenton Road, Kenton, Harrow. In between, he would travel back to Berlin and again, according to his wife, would work in practice treating Jewish patients in order to earn some money. He was of course not allowed to work as a dental surgeon in Britain. This is a good example of the virtual ban put in place by the Home Office on the granting of licences to practice which had applied in the case of foreign dentists since February 1936⁵⁵². Dr. Lewinneck applied to the Jewish Refugee Committee for help and the reply dated 9th October 1936 states that the committee had received confirmation from the Home Office that they had no intention of altering the regulations against the further admission of foreign

⁵⁴¹ British Dental Journal, 1st July 1937, p. 51 Parliamentary Intelligence: Alien doctors and dentists.

dentists. Dr. Lewinneck had applied for permission to practice in Plymouth where he had relatives.

	fugees Committee.
TELEPHONESI MUSEUM 7432. 	WOBURN HOUSE,
"EISHEL LONDON." TO M. SCHIPP] Joint IC TURK J CHAIRME	LONDON, 9th Cotober 19 W.C.
Dr. Hans Lewinnek,	
Dear Dr. Lewinnek,	
your letter of the 6th refused you permission matter of fact we only the Home Cffice that at	y, but not surprised, to learn from Cotober that the Home Office has to practice in Plymouth. As a received confirmation yesterday from t the present moment they have no the regulations against the further entists.
You can be sure th of writing to you more take advantage of it.	ast whenever we get an opportunity favourable news, we will immediately
	Yours faithfully,
	MEDICAL INFORMATION OPPARTMENT.

Figure 127 Letter from J.R.C. dated 9th October 1936

Hans Lewinneck, still without permission to work, was interned at the Mooragh Camp on the Isle of Man. The internment lasted ten months and he was released in May 1941. Two letters of recommendation were written by dental surgeons on the Isle of Man, one from Mr Ror L.D.S., who had found him both conscientious and willing in all his duties as an emergency dental surgeon to the camp. A further reference was provided by Mr W. Forsyth B.D.S. L.D.S., a lieutenant in the Army Dental Corps, dated 8th October 1940 who praises Dr. Lewinneck's efficiency and skill.

Dr. Lewinneck was eventually given permission to practice after his release by the Home Office but he was advised not to practice in London. He moved three times between 1941 and 1946, first living at 6 Gidlow Avenue, Wigan then at 69 Lynsworth Road, Birmingham 30 and finally at 27 Newborough Grove, Hawkgreen, Birmingham 28. On 15th September 1952 his name was changed from Hans Lewinneck to Henry Levick.

Malli Meyer⁵⁵³



Malli Meyer was born in Burchold in 1899 and she obtained her D.M.D. degree from the University of Cologne in 1926. Alfred Meyer, her husband, was also a dentist and they had a successful practice on the outskirts of Düsseldorf. Her husband was also noted for his left-wing politics and in 1933 their home was ransacked by Nazi storm troopers, evidently marshalled by a local dentist who was a Nazi sympathiser and who resented the success that the Meyers' practice had achieved in comparison to his own. They fled to the house of Dr. Elkan, a non-Jewish friend who was also a dentist. Some days later, Alfred Meyer was kidnapped and shot and his body, wrapped in canvas, was thrown into the local reservoir. It eventually floated to the surface and was recovered and identified but no action was taken by the law authorities now under Nazi control. Malli Meyer was taken into protective police custody and released a week later.

Malli Meyer almost immediately left Germany for Holland and tried to work in Amsterdam but she was not allowed to practice there with a German dental degree. She then went to Belgium and worked unpaid as a Demonstrator in the dental school in Brussels. In the evening she carried out illegal dental practice. During this period she came into contact with Professor Charles Burkhill, a Professor in the medical school at Cambridge and his wife Greta, who actively helped refugees. She later visited them in

⁵⁵³ Interview with Dr. John Goldsmith (son), 7th December 2003.

Cambridge in 1937, decided to stay and applied to the G.M.C. with her dental qualifications laid out on the necessary schedule forms. A copy of these schedule forms in the G.M.C. data base shows that Meyer attended five universities whilst completing her D.M.D. (Cologne, Marburg, Bonn, Berlin and Heidelberg.) In Germany at this time it was not unusual for students to take "elective courses" in different dental schools rather than completing their dental training all at one school as they would do in Britain.

Malli Meyer was accepted on to the Foreign List of the Dental Register in 1936. Despite this acceptance, when she landed at Dover on 26th July 1937 her Aliens Order 1920 Certificate of Registration shows a conditional landing whereby she was due to leave Britain not later than 31st August 1938. This was extended to 31st August 1939, her situation then being overtaken by the war. Looking at the various stamps on her certificate of registration, she was exempt from internment by article 1 of the Aliens Order 1940 until 30th October 1942. The heavy hand of bureaucratic restriction was noted again in the stamps in her certificate of registration book: during a trip to London, Meyer had to visit the police station every day and observe a curfew between 12 midnight and 6 a.m. A similar situation was also noted during a visit to the Borrowdale Hotel in Keswick in July 1940. She was however allowed to have possession and control of a bicycle but was not permitted to go further than a seven mile-radius from home.

STIFICATE No. 6331 RECISTRATION (. 29. 9. 1899 . Dochole, 26. Nationality (i MEVER. ama MEYER. Malli Sent ome add No Left Thumb Print (if unable to sign name in English Characters) massystrage -9 AUG. 195 Government Service aport on Papers a Serna (ssuch at Signature } ... TAAL. 308 10 11 ENDUDOBREATO AND REMARKS ENDORSEMENTS AND REMARKS exempt. alt. 1 . 2 20/10 e dur BOROUGH ALIENS 19NOV 1947)0) REGISTRY 14. 11. 401 42.34283 . Koy 9 ENDORS. MENTS AND REMARKS. ENDORSEMENTS AND REMARKS. THE HOLDER IS EXEMPTED FROM THE PROVISIONS OF ARTICLE I OF THE ALIANS (MOVEWANT RESTRICTION) CROCK, 1940, FROM 2.8.40 TO 21.8.40 Alterned 6 ton. ALIENS DEPARTMENT CA 12 521 1 7 AUG1940 F CVIDED THAT, DURING THE ABOVE PERIOD, THE HOLDER CAMBRIDGE 10 BORN AND CAM & SHALL REART ALIENS DE INTREMT LOWING EXEMPTION 3 L JUL 1940 BOND P LICE unde wa miles of ALDENS REPARTING Reporto STATION 138 asswal ab 11 AUG1941 RI. Borrowdale - 3 AUG1944 PC 78 Hotek Kennick THTAD CK. 2-8-1940.

Figure 128 Stamps in Registration Certificate 1934-1947

Initially Meyer lived in three rooms in a flat at 8 Croft Gardens, Barton Road, Cambridge. One of the rooms was used for a dental surgery and the other two rooms were used for living and as a waiting room. She married for the second time to Dr. George Goldsmith, a local physician. They had a house built at 10 Barton Close, Cambridge. Malli Meyer's practice thrived in Cambridge because of her conservative attitude in trying to save teeth; the locals who appreciated good dentistry came to her instead of travelling up to London.

Meyer was an enthusiastic member of the Society of Continental Dental Surgeons and later of the Anglo-Continental Dental Society. She practiced up to the age of 75 before retiring and died in 1985 aged 85. Her son Dr. John Goldsmith is a consultant nephrologist in Liverpool.

Olga Müller⁵⁵⁴



Olga Müller was born in the village of Czechowitz in Upper Silesia which was then part of the Austro-Hungarian Empire and is now Poland, on 20th June 1897. She was the second of two daughters of a mill owner named Joseph Werber. She owed her medical training to her father's determination that both his daughters should be trained for professional careers in spite of the formidable difficulties involved. She was admitted to the University of Vienna in 1917, one of a small group of the earliest women medical students, and graduated with an M.D. degree with honours in 1922. Seven months later she married a distant relative, Otto Müller. It was a loving and devoted relationship which lasted until his death in Birmingham in 1961.

Determined to combine a married life with a career, after the birth of her first daughter she took post-graduate training in dentistry and after qualifying worked as a dentist in the municipal schools clinic in Vienna. She was dismissed in 1934 together with other staff of non-Austrian birth under the nationalist policies of the new Austrian government. She then established herself successfully in private dental practice but was forced to hand over her surgery without receiving any compensation following the Anschluss with Germany in 1938.

The family managed to emigrate to Britain in September of 1938 but she was not one of the 40 Austrian dentists who were given permission by the G.M.C. to requalify at an English dental school. The family spent eight months in London, during which time she learned to speak English before moving to Birmingham in May 1939. Unable to work as a dentist, she served as a volunteer nurse at a first

⁵⁵⁴ Interview with Mrs Susanne Norton (daughter), 24th December 2003.

aid post during the blitz. Olga Müller was admitted to the Medical Register by the G.M.C. in June 1941 due to the acute shortage of doctors, many of whom had gone into the armed forces. She joined the staff (part time) at the Birmingham Accident Hospital where she served until March of 1978.

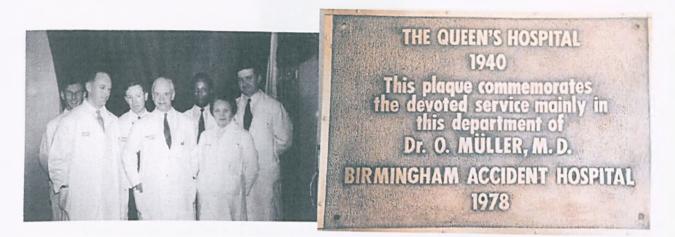


Figure 129 Staff with Olga Müller and commemoration plaque in the Birmingham Accident Hospital, 1978

In her later years she provided a valuable service to Birmingham's school children as an anaesthetist at the Education Department dental clinic. With a very active life she had no regrets about leaving her former profession of dentistry and working as a physician.

Olga Müller died in January 1983.

Ernst Martin Natt (dental technician)



After leaving school in Frankfurt Ernst Martin Natt worked for a fabric company. When the company was dissolved he became an apprentice in a dental laboratory before joining a course at Krupp on the use of alloys for making substructures for dentures.

With his training as a dental mechanic and his diploma from Krupp, Natt was allowed to settle in Britain in 1934, where he found employment in Park Lane as a dental technician and married in 1948.

Natt built up his own dental laboratory and was at the forefront of technology to construct ceramic bonded crowns, widely used in cosmetic dentistry. He introduced the concept of chrome cobalt dentures, which were far less bulky than conventional plastic dentures, and a new method for the manufacture of artificial plastic teeth. He worked until his early 70s and even then continued to show an interest in dental technology. He died in 2006 at the age of 92.⁵⁵⁵

⁵⁵⁵ Obituary, AJR journal, April 2006, p. 15.

Walter Reif⁵⁵⁶



Walter Reif, born in Bonn in 1904, obtained his D.M.D. from Bonn University in 1928. He was admitted to the Foreign List of the Dental Register in 1934 and allowed to practice at 75 Wimpole Street. He served as President of the Society of Continental Dental Surgeons from 1956-1977 and was President of the European Section of the International College of Dentists from 1970-1972. He was also President of the Metropolitan Branch of the British Dental Association in 1965.

Reif was probably the most politically involved of the refugee dentists and was particularly occupied with the organisation of the Metropolitan Branch of the B.D.A. It was a considerable honour to be invited to be European President of the International College of Dentists. The I.C.D. originated in America in 1928 and spread worldwide. Dentists that had brought high levels of achievement could be elected to a Fellowship.

Walter Reif was married to a non-Jewish Bulgarian opera singer who worked as a translator at Bush House (the B.B.C. Overseas Broadcasting Service). His family owned a bank in Germany and money was sent to Argentina in the late 1920s. When he was accepted in 1934 by the G.M.C., he had enough money in Britain to rent a building in Park Lane with Meinert Marks. After this was bombed he moved to Wimpole Street. His practice concentrated on advanced restorative dentistry, mainly crown and bridge work and endodontics; he had a distinguished list of patients.

⁵⁵⁶ Interview with Kimche Reif (wife) April 2005.

Morduhai Roisentwit557



Morduhai Roisentwit was born in Kishinev, Russia, in 1908. Kishinev was notorious as the site of a severe pogrom in 1904. Morduhai's father was a cloth manufacturer and came from an orthodox Jewish background. His mother was more secular. Morduhai wished to study medicine but it was almost impossible for a Jew to attend medical school in Russia. His father wanted him to become a rabbi but this idea was not an appealing one. At the age of 18 years in the mid-1920s, he left Kishinev to go to Milan. The University of Milan, especially the medical school, had an open door policy and many Russians had gone to Italy to study.

Morduhai arrived in Milan with little money, and he earned a precarious living teaching Russian and playing the violin at various trattorias. Morduhai's Italian was poor (he only spoke Russian, Yiddish and Romanian fluently). Having achieved entry to medical school, he failed his first year but as his grip of Italian improved, he became a good student. He also studied dentistry since this would seem to provide a more sure way to earn a living. His dental practice flourished in Milan up to 1938. During this period he also married his first cousin who lived in Kishinev and whom he had promised to marry once he could earn a living in Italy. By September 1938 the Fascist threat was too severe to ignore and with the help of one of his non-Jewish patients, he was able to send his wife and two children to his father's uncle who lived in Glasgow. Morduhai himself could not obtain a visa to visit Britain. He was however able to get a visa to the Dominican Republic and jumped ship when

⁵⁵⁷ Interview with Dr. Natasha Lange (daughter), 3rd June 2005.

they stopped to refuel in Southampton. He eventually joined up with his family in Glasgow.

The G.M.C. approved his schedule of studies of some six years at the University of Milan in Medicine and Dentistry and he was put on the Dental Register in 1939. He was given permission to practice by the Home Office and worked in a mining village called Stonehouse as a locum for one of the dentists who had been called up to serve in the army. After the war he established a successful practice in Pollockshiels, Glasgow. According to his daughter, he was a very outgoing personality, often flamboyant and was a good social mixer. He was became fluent in at least five languages.

Morduhai Roisentwit followed his mother in matters of religion, having a secular attitude. However, he was a member of the United Synagogue in Glasgow; a favourite holiday was for the family to go to Sfad in Palestine where he would spend days talking to rabbis about the Kaballah. His politics tended to be left wing and he was an ardent supporter of Stalin's Russia both during and after the war. One of his particular friends was Willy Gallagher who was a Communist Member of Parliament, but Morduhai himself was never a member of the Communist Party. He was also an ardent chess player and played for Scotland in 1956 in Moscow. At this time he was also able to visit his mother in Kishinev, whom he had not seen for 30 years.

Roisentwit's attitude was very negative to British and especially Scottish dentistry, which was biased towards the total extraction of teeth and the construction of full dentures. His thinking maintained that if you went to an optician you did not expect to leave with only one eye so if you went to a dentist why would you expect to leave with your teeth missing?

In 1952 Morduhai's wife died (she had been in poor health with asthma and chronic heart problem) and he became very depressed. He decided to return to Italy and set up a practice in Rome, having borrowed money to do so. Once again he was eminently successful and stayed in Rome for 25 years. He remarried, this time to a non-Jew, and left Rome for Palestine so that she could be converted to Judaism. By this time he was 58 years of age. He practiced dentistry in Jerusalem for three years. Once again he decided to move and went back to Rome. This time he set up a dental practice in the Via Veneto and with his outgoing personality and love of life he was once

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again successful. In Rome he was attached to the Vatican as a dentist to the Swiss Guard. By the time he reached his 70s his health was failing and he decided to return to Britain where his daughter was a general medical practitioner and lived in Hampstead Garden Suburb. Fortunately she had a double plot of land and was able to build her father a house to live in and also supervised his medical care. He died in retirement at the age of 75 years.

Schulim Schatzenberg⁵⁵⁸



Figure 130 Schulim and Samuel Schatzenberg in Vienna Schulim Schatzenberg was born in Hluboczek-Wielki, Tarnapol, at that time part of Austria, in 1896. He went to grammar school and was conscripted into the Austro-Hungarian army during the First World War, serving as a Lieutenant. He was injured in action, the bullet having passed through his nose from one side to the other. During the war he was awarded a total of five medals. Schatzenberg left the Army in 1918 and gained entrance to the University of Vienna Medical School. Here he stayed from 1918 to 1924 when he graduated with an M.D.



Figure 131 University of Vienna Medical School 1924

⁵⁵⁸ Interview with Stella Curtis (daughter), 24th February 2004.

He then completed a dental training of two years and went into practice in Vienna. Schulim was the middle of three brothers, who also went through medical school and became dentists. Schulim and his elder brother worked in practice together. According to his daughter, he was a very compassionate person; although he was very busy he would often forego fees and would sometimes take goods in lieu of fees, therefore he was perpetually short of money.

In 1938, following *Kristallnacht*, the brothers stayed in Vienna to look after their elderly parents who could not be moved. Schulim was arrested and sent to Dachau concentration camp. The people who arrested him were 16-year-old youths who were arresting Jews indiscriminately. He stayed in Dachau for about ten months before release. His two brothers were not put into concentration camps. By this time Schulim had married a woman from a more prosperous family who also came from Tarnapol. When he was released from Dachau he had to search the small family apartment for items which could be sold to pay the Nazis to avoid further imprisonment.

Schulim did not apply to the G.M.C. to get on to the Dental Register so that he could practice and did not enter the country as a dentist. He managed to get a visa after days of queuing at the British Embassy. Fortunately in 1938-39, he was sent with a group of Austrian refugees to the Kitchener Camp, Richborough, Kent which housed some 3000 refugees and acted as Postmaster in the camp. Schulim had the opportunity whilst in the Kitchener camp to buy a visa to go to Shanghai but he decided not to make use of this facility. However, he met there a number of women who visited the camp to help the refugees. Having got friendly with several of them, they agreed to sponsor his daughter Stella to come over from Vienna and they would look after her. Stella landed in Dover in August 1939. His wife came over as a domestic under the ægis of the Jewish Refugee Committee. She was placed in a hostel in Shoot Up Hill, Cricklewood, and then went into service with a Czech family of a father and son who did not treat her well.

Schulim, after being in the Kitchener Camp, was interned on the Isle of Man until May or September of 1940 where again he was a Postmaster. His daughter meantime stayed with the women in Kent, who were school teachers. Eventually she was taken to stay with her mother but they found

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life unpleasant with the Czech family and left. They went to a rambling old house in Stamford Hill owned by another Tarnapol family and when Schulim was released from the Isle of Man he stayed there as well, all living in one room. In order to survive they did menial jobs such as sewing buttons on cards.

It became known that Austrian dentists could work as school dentists in Britain without having to requalify like the majority of Austrian dentists who were allowed to come into Britain. Schulim stayed in the School Dental Service until 1952 when he died at the young age of 56. He had had two previous heart attacks and had realised that going into practice, even if he could have obtained the permission, was going to be too stressful. He was misunderstood by his English counterparts in the School Dental Service because he tried to work to high standards and not work as quickly as his colleagues. He was particularly horrified by the "gas days" when the anaesthetists would come in and they would take out multiple teeth from children.

His two brothers were also in Britain; the eldest Samuel went into the School Dental Service in Leicester and he, his wife and two children were sponsored by a Jewish family in the East End who were fruit wholesalers. This brother also died early in 1944 of liver cancer. His younger brother Emmanuel eventually went to the United States where he partially redid his medical training and then practiced as a medical G.P. for the rest of his life. Emmanuel's grandchild is now a Professor of Psychiatry at Stamford University, Connecticut.

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Karl Schajowicz⁵⁵⁹

1 DENTAL REGISTRATION ORIGINAL QUALIFICATIONS. TICULARS TO BE SUPPLIED BY AN APPLICANT FOR THE REGISTRATION OF ORIGINAL QUALIFICATIONS UNDER THE DENTISTS ACTS. est to be registered as a Dentist under 1921, by virtue of the following Degrees hereby affirm that I am lawfully possesses or Qualific tes or Outlifesting Licence in Doubal Surgery R. C. S. (Eng.) Maril 1 25-998 re that I have filled up this ap all. 1939 ma Boyan Rumaniam P. III. 1895 nfa Unul S KARL SCARJOWISZ (in full) } Newcastle / Tyme » della of Application 2. March 1940

Figure 132 Dental registration form for Karl Schajowicz

Karl Schajowicz was born on 12 March 1895 in Bojan, near Cernowitz, then part of Austria.

He grew up in a very orthodox home and remembered leaving the *tchollent* with the village baker on Friday afternoon, to cook in the ovens for the meal after *Shabbat* was out. Another story concerned *Seder* night, when the younger children would push a goat into the room, when the doors were opened for Elijah - much to the consternation of the adults!

Schajowicz craved a secular education and so had to study in secret, because his father did not approve. Despite these difficulties, he managed to matriculate with a view to a university education.

Around this time, he was drafted into the Austrian army. This meant having to walk from Rumania to Vienna, in the company of other conscripts. Jews in the Austrian army were very badly treated and so most attempted to

⁵⁵⁹ Data supplied by Peter Shadwick (son), interview 23rd January 2004.

avoid service. By dint of the long trek and by smoking an excessive number of cigars the day before his medical, he was found to be unfit for service.

Schajowicz managed to enrol into the Vienna University Medical School. His teachers there include many historically well-known medical names, such as Schick, Chvostek and Wagner-Jaurek (one of Freud's staff). Money was very short and to supplement his income, he demonstrated anatomy to younger students. After qualifying with an M.D. in 1923, he worked as an intern, (rather than being paid, an intern had to pay the university for the privilege!). After some time, he decided to turn to dentistry, and became an assistant to Professor Bernhard Gottlieb, the Head of the Research Institute and a world-renowned expert in oral pathology and periodontology. This internship became greatly significant in later years,

Apart from his studies, Schajowicz also enjoyed student life, being very fond of the opera and dancing. He won a Viennese waltzing competition and remained an expert right into old age. At this time he met his wife Elly. One of their first dates was to see *Tosca* at the Vienna Opera House. They married on 31st March 1926 and a son Peter was born in 1928.

In the course of time, Dr. Schajowicz was appointed to work in a government dental clinic, on a salaried basis. Such an appointment was very unusual for a Jew. He worked in the clinic every morning and in his own private practice in the afternoon. At first, this practice was in his home apartment, but later he shared surgery accommodation with a Hungarian dentist, by the name of Varga.

Prior to 1938, it would seem that life in Vienna was good. His practice prospered and he had an excellent reputation, counting even British consular staff amongst his patients. In fact, the Consul asked him on several occasions whether he wanted some help to transfer money to relatives in Britain. Since he had no relatives in Britain, he declined - only realising in later years what the offer had meant. Much time was spent in the evenings in the cafés, his favourite being the *Gartenbau* on the Ring. There he and his friends would drink coffee, read the newspapers, discuss the topics of the day and play cards.

On 11th March 1938 Hitler invaded Austria and Jews lost all their rights. All Jewish bank accounts and other investments were frozen, businesses

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closed and professionals only allowed to deal with other Jews. Dr. Schajowicz was no longer allowed to work in the government clinic and his private practice was temporarily closed. All Jews had to carry identity cards and all men had their middle name altered to "Israel" and all women to "Sarah".



Figure 133 Karl Schajowicz' German passport 1939

Many of his friends were subjected to the indignity of having to scrub slogans off pavements, others were arrested and beaten and others found themselves in the Buchenwald or Dachau concentration camps. At that time, with money, influence and some luck, release from concentration camps was still possible. He was fortunate to escape arrest on two occasions; once he and his friends left a café together. Schajowicz caught a tram home but the others, who walked, were all arrested two minutes later. They were all beaten up, kept in cells for days and later released. Another time, he went to visit a friend who lived around the corner, on the third floor of an apartment block. As he reached that floor, he realised that the Gestapo were in his friend's apartment, so he continued up to the fifth floor and waited until the coast was clear. His friend was never heard from again. All the rest of his life, any contact with uniformed police caused him untold stress.

Schajowicz was later allowed to open his private surgery again, but only for the treatment of Jews. A Gestapo official sat in the office, took all the fees and allowed the dentists to keep a percentage.

The main objective for Jews was to leave Austria as soon as possible. At this time, there were no bars for leaving Nazi countries, so long as one had an entry visa to another country and did not take anything valuable out. The problem was obtaining permission to enter other countries; the number of countries accepting refugees was reducing rapidly. The family was about to leave for China when, in late January 1939, a letter arrived from Britain advising him that he had been chosen (as one of 40) to practice dentistry in Britain and granting an entry visa. This letter is probably the most important document in the history of his family: it was not like winning the lottery; it was literally winning the <u>lives</u> of them all. Most of the remainder of his family and friends perished in the Holocaust and it is most likely he would have joined them, but for the letter. Abschrift.

CO-ORDINATING COMMITTEE FOR REFUGEES

DENTAL SUB-COMMITTEE

17th January. 1939.

Dear Sir.

I am very pleased to inform you that you are among those chosen to practise dentistry in this country.

As a special concession to you the koyal College of Surgeons have waived six months of the year's study and you will be allowed to take the final examination at the end of a six months course. You will understand that before you are allowed to practise you will have to take and complete this course and pass the final examination.

On your arrival in England will you please visit at the earliest opportunity Mr. Stent. Assistant Secretary of the Royal College of Surgeons. Examination Hall. Queens Square. Bloomsbury, to discuss the matter of which dental school you will attend.

I should like to take this chance of informing you that it is the practice in England that dentists do not use the title of doctor, and it is in your best interests not to use your title when you come here.

The Home Office have promised to instruct your local Consulate as guickly as possible to issue you your British visa. If you have not received this yet, you will get notification within the next few days.

With every good wish for the future. Yours sincerely. Unterschrift unleserl. DENTAL SUB-COMMITTEE

K. Schajowitz, Esg.. Vienna III. Landstr. Haupstr.36

Figure 134 Life-saving letter from the Co-ordinating Committee for Refugees in Britain

In March 1939, they left Vienna, by train, with five Austrian Schillings each. Dr. Schajowicz had to attend a meeting at the Royal College in London and happened to stand next to a Professor Robert Bradlaw, who suggested to him that he should come to Newcastle for the projected six-month course in dentistry. Schajowicz accepted, though he had not the slightest idea where Newcastle was. He soon left for Newcastle, where he lived in Henderson Hall, one of the student residences. After a few weeks, he found some rooms and his wife and son joined him.

He attended the dental school, as a final year student at the age of 44, but not speaking a word of English - and having been in practice in Vienna for some 15 years. His son, Peter Shadwick, well remembers him reading a pathology textbook and taking a whole day to translate two pages! He came home one day, completely bemused. He had been buying a packet of cigarettes, when one of the lecturers had come up to him and asked him whether he wanted a lift. He could not understand why this man should want to lift him!

In May 1940, he was arrested and taken to Huyton. There they were marched through the streets and spat on by the population, who were told that these were "enemy aliens", though most were Jews from Germany and Austria, who had only just escaped from the Nazis. They were sent to the Isle of Man. It was intended to ship most of the internees to Canada. This situation came to a halt when the Arandora Star was torpedoed with the loss of all hands. This caused a furore and no more ships left for Canada. Gradually, the internees were processed and he was released. After returning to Newcastle, he completed his studies and took his final examination, which he passed, despite his poor grasp of the language. He was then registered L.D.S., R.C.S. (Eng.) on 15th March 1940.

At first, he worked as a locum for a dentist's widow, her husband, a Mr. Campbell, having recently died. She really wanted to sell the practice, but of course Schajowicz had no funds, having existed on a £10 per week loan from Jewish Refugee Committee in London since March 1939. However, a group of Jewish businessmen, organised by a Mr. Simon Cain, lent a sum of money so that he could buy the dental practice in Grainger Street, Newcastle, where he practised for many years. He built up a very well-known practice and was highly respected, both for his professional skill and his personal integrity. He joined the National Health Service in 1948 which gave free dental care to all and ensured success for most dental practitioners.

On 4th July 1947 he received a Certificate of Naturalisation, together with his wife, Priska Elly and his son, Peter. Then, on 1st August 1947, the

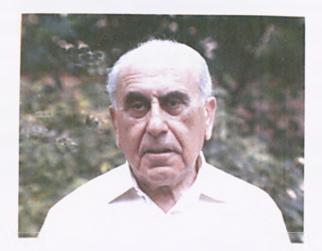
surname of the whole family was changed by deed poll to Shadwick and his given name was changed from Karl to Charles Karl.

He missed buying a house, because of a dispute with the estate agent. This put him off owning a property and he rented apartments in Granville Court for the rest of his life - firstly number 28, later 51 and subsequently 49.

Apart from his work he also had a good social life. He had a weekly game of poker with six friends and also played bridge, the latter to a high standard. During these card games he and his friends smoked heavily. In December 1957, he suddenly stopped and never smoked again. His family never knew why he had stopped, but he was very strong-willed and when had decided on a particular course of action, he would not be swayed.

After his wife died in 1958 he had a difficult time and became ill with pneumonia. However, he was very independent and gradually built a life for himself, remarrying on August 21, 1966. In general, Schajowicz had good health. He worked into his late 70s and only retired when the lease on his premises, then in Grey Street, expired. He remained intellectually active, reading Greek, which he had not read since high school, English literature and medicine and used to walk from Jesmond to the Central Library in the city every day.

In early 1975 he developed a persistent cough which, after a bronchoscopy, was diagnosed as bronchogenic carcinoma. He was told that he had a bronchial polyp, which would be shrunk by radiotherapy and he believed this to be true - as shown by memos he made in his library notes. He remained well until just a week before he died, when he was admitted to hospital for investigation of internal bleeding. He appeared to have a sudden seizure, lost consciousness and died on January 30, 1976.



Hugo Schneider

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Figure 135 Dental registration form for Hugo Schneider

Hugo Schneider was born at Freistadt in 1897. His father was also a dentist who was born in Tarnapol, then in Austria, and practiced in Vienna during the 1890s. Hugo was brought up in a household with no Jewish identity, yet he family's attitude was strongly positive towards the Vienna of Franz Joseph, who was sympathetic to the Jews. Hugo Schneider achieved his M.D. degree at the University of Vienna in 1928 and followed this with two years of study in the specialist area of dentistry. Shortly afterwards he married a fellow student who had also studied medicine and dentistry. Their son, Hans, was circumcised at birth but had no Barmitzvah at the age of 13 as their path of assimilation had progressed.

When the German army marched into Austria in March 1938, Hugo Schneider expected a return to some kind of ghetto existence. Isabella Schneider, Hugo's wife, worked for the Municipal Dental Service inspecting school children; she was dismissed in 1938.



Figure 136 Isabella Schneider at work in Vienna

Hugo Schneider had a successful private practice. He believed that he while would lose his non-Jewish patients, the many Viennese Jews who went to non-Jewish dentists would now come to him and this would be enough to earn a living. Within three months he realised that he had been quite wrong, owing to the appearance of a young man at his door in S.A. uniform who said that he was also a dentist and one of Schneider's two consulting rooms now belonged to him.

Hugo Schneider was a very careful and cautious man yet he took an extraordinarily bold action which was crucial to the family's survival: in June 1938 the family took a train to Czechoslovakia. As the Nazis' aim was to drive out Jews, leaving Austria was still possible and legal but the difficulties of entering another country were still huge. It was however possible, through family connections, to bribe the border guard and they left the country illegally. Thus ended what had been a secure middle-class existence: the family became refugees without resources, status or prospects. They went to live with one of Hugo's brothers in Karvina, near the town where his father was born. This town was very close to the Polish border and it was ceded to Poland by the Munich agreement in late 1938 and thus the family found themselves illegally in Poland.

In the autumn of 1938 Hugo and Isabella Schneider managed to get a place for their son in a Quaker school in the Netherlands which had been established for German and Austrian refugee children.

Whilst living in Karvina, the Schneiders were denounced to the authorities but the local police, instead of deporting them according to regulations, allowed them 24 hours to flee to the interior of Poland where again they lived illegally with a distant relative and waited for British or American visas for which they had applied. Fortunately in April 1939 Hugo was one of the 40 Austrian dentists permitted to enter Britain to attend a British dental school to requalify. The Schneider family travelled from Poland in May 1939. They lived in London for some months but there was pressure from the refugee organisations for the refugees to disperse to other parts of the country. Hugo and Isabella decided to move to Edinburgh where they had relatives. Hans came to Britain with the help of the Quakers and was sent to a Quaker school at Oman in Scotland and following this, again supported by the Quakers, to board at George Watson Boys College.

Hugo Schneider obtained his L.D.S. R.C.S. diploma on 26th March 1940 and was given Home Office permission to practice. Initially he rented a surgery from a chiropodist, a Mr. McPherson, in the centre of Edinburgh. The family lived at 4 Randolph Place, Edinburgh 3.

The German invasion of the Low Countries and France in May 1940 created rumours fanned by the press that its rapid progress was due to the help of German spies disguised as refugees. Hugo had just managed to complete his examinations at Edinburgh and was interned like all other German and Austrian refugees living in Edinburgh, a town considered sensitive in view of its location on the east coast. In 1940 Hugo was interned on the Isle of Man for ten months and took a vigorous part in the academic side of life there. University courses abounded on the island. Fig. 137 shows the "Edinburgh 4": Willie Gross, Max Sugar, Hans Gal and Hugo Schneider. Willie Gross was a zoologist and became a professor at Bangor University and died of leukaemia in 1950. Max Sugar, formerly Miksa Stier, was born in Hungary and went on to become a surgeon working in Scotland.



Willy Gross, Max Sugar, Hans Gal, Hugo Schneider

Figure 137 "The Edinburgh 4"

Isabella was not interned but had to leave Edinburgh and went to live with three or four other refugee women in one room in Glasgow. Hugo was released from internment in August 1940, largely through the efforts of the Quakers and some Members of Parliament. He re-established his practice in Edinburgh and this ended a period when he had been supported by charity.

Hans Schneider relates that his family's attitude to not thinking about the past was because it was unbearably painful. Up to the German annexation of Austria, they had led a privileged life. When they arrived in Scotland there was a tremendous need for assimilation and adaptation and a dead past was seen as a burden when coping with the difficulty of rebuilding life in a new country.

Hugo Schneider died in 1968 of a coronary thrombosis.

Hans Turkheim



DENTAL REGISTRATION. For Use by COLONIAL and FOREIGN Applicants ONLY. In the case of Colonial or Foreign Degrees or Qualifications PARTICILARS TO BE SUITLIED BY AN APPLICANT FOR THE REGISTRATION OF DEIGHAL QUALIFICATIONS UNDER THE DESISTS ACTS. the following Cartificate must be signed by the pplicant for registration in order to overply with Section (t or 9 of the Dentists Act, 1878 :---I request to se reportered as a Dential under the Lentins Acts. 1921, by virtue of the following Degrees or Qualification, of which I hereby affirm that I am harfully Definition of Degrees or Qualification. Qualification of Degrees or Qualification. Qualification of Degrees or Qualification. Qualification of Degrees or Qualification. Qualification. Due of Degrees or Qualification. I are the degree of Degrees or Qualification. I are the degree of Degrees of Degrees of Qualification. I are the degree of Degrees of Qualification. I are the degree of Degrees of Degrees of Qualification. I are the degree of Degrees of Degrees of Qualification. I are the degree of Degrees of Qualification. I are the degree of Degrees of Qualification. I are the degree of Degrees of I hereby denistra-(i) That I am" "ICE a Matina autopert. (ii) That I am ant domiciled in the United Kingdom , or (iii) Thus I have practiced Doutistry for more than ten course clowhere than in the United Kingdom. DOCTOR MED. DENT 19-MAY-1720 AUSH MACOTP Signature PRIVATDOLENT 4-14AY-15% · & dama, or the word "most," must be averted, and, in the case of three who are not British a state expresse of nationality sourt be supplied PROFESSOR Tes paragraphs ant applicable to be struck out, 15-April-1810 I as als dictare that I have alled up the application in my see handwriting. NUNICA CERTIFICATE OF IDENTITY AND GOOD CHARACTER." I are explained as a Similary - WERE Latte in the part 1508-13 To be algorid by a Reputered Second or Hidard Prostationer, 1 - band HAMBURG _ 23-2-1985 I PHALEAULAUDS H DAVIDSOHN Applement's Used Superior AMAN'S TORA BEIM Its Barry Levensel Applicanta brone or permanana HAHBURG 13 errory that I am, and have for the training years, been well requestited mis or med dent Henry Twowthheim Applicant's proved Address (None of Applicant) then he in the parson he states himself to be; that he is a permu of good character. Pote of Sydiation 20- 644 - 1835 Inte A 21th Signature TEAM OVER. Ropput Pelece Hotel Quel Swim K. R. T. P+Y. (Idil) + M.D. end univ as the case of a Calminst or Foreira Deather

Figure 138 Dental registration and certificate of good character forms for Hans Turkheim

Hans Turkheim was born in Hamburg in 1889. He studied natural science and dentistry at the universities of Hamburg and Munich and qualified at Munich as a dental surgeon in 1921. He became a clinical registrar at the dental school where he met Alfred Kantorowicz and a lifelong friendship developed between the two men. Early in 1913 the older Kantorowicz encouraged his younger friend to spend time on an investigation into children's dental health. Turkheim and Kantorowicz, in joint consultation, conceived the idea that was later to become the 'Bonn Dental Plan' when Alfred Kantorowicz was called to Bonn University as a Professor. The Bonn Dental Plan is based on education of parents and children in relation to oral hygiene and diet and gave the children recall appointments so that they could be checked and treated where necessary. In addition mobile dental clinics, built on the back of trucks, were used to go into the countryside to treat rural populations.

Shortly before the outbreak of the first world war, Hans Turkheim returned to his native Hamburg to set up in private dental practice. After the war, he decided to take up an academic career and in 1921 was admitted to a readership in dental science at Hamburg University with a thesis on "Psychophysiology of dental pain". After having held the usual array of research scientific laboratory and teaching appointments he was promoted in 1930 to Extraordinary Professor in the University of Hamburg. His publications consisted of three books and 77 papers, 66 of which were published between 1913 and 1935. The titles of his papers dealt with the basic subjects of dentistry. His early work was largely concerned with physiology, histology and chemistry as applied to dentistry; but very soon he settled on the main problems of dental surgery, which were caries research and bacteriology. In 1929 Kantorowicz published his Handbuch für Zahnheilkunde (Handbook of Dentistry)⁵⁶⁰, without doubt the best-known standard work for many years in which Turkheim was the author of the chapters on perception of pain, digestion, mastication, swallowing and most important of all, dental caries. In 1933 he published a book on clinical prosthetics, which was also published in Switzerland and Italy. From 1930 onwards his publications showed that his major interest was the subject of caries research and bacteriology. There were also papers on other subjects such as anaesthetics and radiographic interpretation.

In 1933, while still on the threshold of a brilliant academic career at the University of Hamburg, Turkheim was forced to give up his academic life in Germany because of political developments in the country. Adding to his grief shortly after, his first wife, a colleague whom he married in 1914, and with whom he had two sons, died.

⁵⁶⁰ Kantorowicz, A., Handbuch für Zahnheilkunde Munich, J.F. Bergmann, 1925

Fortunately, as Turkheim's application to the G.M.C. to be placed on the Foreign List of the Dental Register was accepted, he went into practice with Mr Gerald Lewin at 34 Devonshire Place, London W.1 in 1935. Esther Simpson, the secretary of S.P.S.L., remarks on Hans Turkheim's folder that "he was a most distinguished dental specialist in Germany and he has been allowed to practice in this country. He is personally known to the Society and we can recommend him⁵⁶¹."

As the years passed, his work became concentrated around bacteriological problems and those related to dental caries. It was quite unbelievable that he managed to undertake hundreds of bacteriological examinations and experiments without the help of a laboratory. This was done with an incubator and other scientific equipment distributed all over his flat.

Despite the fact that Professor Turkheim was never recruited by British academic dentistry, he did achieve some measure of support for his caries experiments carried out in the research department of the International Serum Institute at Mill Hill and in his last publication he was able to show that zinc oxide eugenol combined with mercury ammonium chloride, thymol and cellulose acetate would sterilise natural decay obtained from freshly extracted human teeth within 10 to 20 hours. Clinical trials also confirmed this finding.

Among his unfinished scientific investigations was one in collaboration with D. D. Gay in which he investigated the possibilities of using radioactive mercury 203 for studying the penetration of amalgam into dentine. Mercury isotopes were obtained from the United Kingdom Atomic Energy Research Authority and the experiment was carried out at Isotopes Development Limited. Preliminary examinations show that certain amalgams penetrated the surrounding dental tissue. Although no quantitive results were obtained, the experiment proved that the methods developed by Turkheim and Gay were practical.

In 1943, amid the air raids, The Society of Continental Dental Surgeons was founded and Hans Turkheim was one of the founder members. He was soon elected scientific convenor and a year later in 1945 became

⁵⁶¹ Bodleian Library, SPSL Archive, 373/6, Oxford.

chairman, a post which he held for ten years until his death. Hans Turkheim was also a member of The American Dental Association, The International Association for Dental Research, Fellow of The Royal Societies of Medicine and Arts and a member of The Society of Dental Anaesthetists.

After the war he accepted an offer by the newly formed Senate of Hamburg University to rejoin their teaching staff as a visiting lecturer, in which capacity he made frequent journeys between London and Hamburg. In recognition of his work the university appointed him an honorary professor in the faculty of medicine in 1952.

Walter Reif, in the European Dental Society Newsletter⁵⁶², recalled two events during Professor Turkheim's chairmanship, one scientific and the other political, which proved his great knowledge and humanitarian feeling. First was his total belief in conservative treatment. In April 1943 Professors Turkheim and Munz lectured on what is now known as endodontics and it was Hans Turkheim's brilliance that started to popularise this form of treatment, which avoided the extraction of teeth.

The second event to which Walter Reif refers was political and was in relation to acceptance on the Dental Register of the G.M.C. Some wellqualified dental refugees had still not been given the right to practice in Britain. It was through the efforts of Hans Turkheim and the influence that he had, that a special paragraph was inserted in the 1956 Dentists Act with the setting up of the Statutory Examination whereby unregistered refugee dentists could go through a two-part examination and if successful then be placed on the Dental Register. This Act also gave dentistry autonomy from the General Medical Council by setting up the General Dental Council.

Hans Turkheim spoke for the last time before his death at the Society of Continental Dental Surgeons spring meeting in April 1955. He read a paper which gave a comprehensive survey of developments since the last war, particularly in relation to the theory of focal infection, which he suggested had done far more harm than good to mankind during the past five decades. A few hours after giving this lecture Hans Turkheim suffered a heart attack and died, aged 67 years.

⁵⁶² European Dental Society Newsletter, Issue No 1, November 1983

Dental caries, findings and conclusions on causes and control	American Dental Journal 1941
The disinfection and sterilisation of dental impression materials	British Dental Journal 1951
A modified retaining device for upper partial dentures	Dental Practitioner 1952
Bacteriological studies in local anaesthesia	British Dental Journal 1952
The effect of tobacco smoke on some bacteria	Journal of Dental Research 1952
Bacteriological investigations on dental materials, their bacteriological and/or bactericidal actions	International Dental Journal 1953
A modified stress breaker	Dental Practitioner 1953
Interpretation of roentgenographic details indicating conservative treatment	American Dental Journal 1954
A case of pulp survival after accident	British Dental Journal 1954
A study on the bactericidal effect of zinc oxide eugenol cement	The Dental Record 1955
In vitro experiments on the bactericidal effect of zinc oxide eugenol cement on bacteria-containing dentin	Journal of Dental Research 1955

Figure 139 Papers published by Hans Turkheim during his lifetime in Britain

Max Walter



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Figure 140 Dental registration form for Max Walter

Max Walter was born in 1902 at Zeil am Main and was awarded his D.M.D. degree magna cum laude from the University of Erlangen in 1925. Initially he worked as an assistant in practices at Hamburg and Altona. In 1927 he settled as a dental surgeon at Fuerth, Bavaria. When a new 400-bed hospital was opened in Fuerth he was chosen out of 20 applicants as a specialist for the treatment of diseases in the mouth and jaws. This position was lost in consequence of the regulations against non-Aryans in 1933.

Max Walter's schedule was accepted by the Dental Education and Examination Sub-committee of the G.M.C. on 31st October 1935. He was given permission to practice initially at 4 Craven Hill, Lancaster Gate, W.2.

In 1939 Max Walter was able to bring his father and mother out of Germany. Sigmund Israel Walter travelled with his *Deutsches Reich Kennkarte* embellished with a large J and a police stamp from Fuerth in Bavaria dated 14th February 1939. It is interesting to contrast this document

with the photograph of his father in 1916 with part of his army unit during the First World War.



Figure 141 Sigmund Walter, Boitsfort, 1916

In 1940 Max and his wife Ilse had applied to emigrate to America where they had family, but permission was never given. A letter from the American Consulate General dated 4th November 1940 states that:

Owing to the many thousands of people on the German quota, visa applicants who have previously registered at this and other consular offices throughout the world, a considerable length of time will probably elapse before your turn is reached for the allotment of a quota number.

In 1946 Walter moved to 43 Wimpole Street, W.1. His expertise in the areas of crown and bridge work and endodontics began to attract a large number of patients. These patients could be divided into three types. Firstly, members of the refugee community who appreciated dentistry that did not sacrifice teeth, which was the common treatment amongst British dentists who were either untrained or subscribed to the "theory of focal infection". Secondly, British patients who were anxious to conserve their dentitions and this would apply to actors, politicians, musicians and many people of

influence. According to Renée Silverstone, his nurse⁵⁶³, he treated, amongst others, the Duke and Duchess of Devonshire and the Cavendish family, important members of the British aristocracy. Thirdly, with his expertise in carrying out root canal therapy, he received many referrals from fellow dental practitioners, especially those with a German or Austrian training.

It is interesting to look at a photograph of his surgery in Wimpole Street which epitomises the type of dental equipment that was used in the 1930s to 1950s, where the dentist worked standing up, surrounded by wire and tubing, together with metal wall cabinets full of dental instruments. This would be quite a frightening scenario for the average patient.



Figure 142 Max Walter's surgery at 43 Wimpole Street

Max Walter was extremely gruff and Germanic in his attitude. His English was good but with a marked German accent. His major obsession was with time and invariably an alarm clock would be placed on the bracket table so that the patient would be aware that he was not allowed to chat for too long.⁵⁶⁵

Once he had achieved naturalisation in 1947 he was able to travel on his British passport and could indulge his obsession with attending considerable numbers of post-graduate courses in Europe and especially in

⁵⁶³ Interview 2nd April 2002.

⁵⁶⁴ Photograph courtesy of Dr. Richard Mitzman

⁵⁶⁵ Interview with Dr. Barry Scheer B.D.S., dental colleague 1955-1974

America. Of all the refugee dentists, particularly in the West End of London, he was the most up-to-date in his knowledge of all aspects of dentistry.

Max Walter was also perhaps somewhat unusual amongst the refugee group of dentists in that he presented many post-graduate lectures for the British Dental Association and would attract a large audience of British dental surgeons who respected his knowledge.

It is an interesting fact that Max Walter's family in America was called Kissinger. At the time when Max Walter was trying to enter the United States, his cousin Henry Kissinger was a sergeant in the intelligence corps of the American army in Europe. In 1968 as Professor of Government at Harvard University, Kissinger was appointed by President Nixon as Secretary of State for National Security Affairs. A photograph of Richard Nixon with Henry Kissinger shows the strong family resemblance between Henry Kissinger and Max Walter.

Max Walter was, unlike many of his compatriot refugee dentists, a strictly orthodox Jew, keeping to a strictly kosher diet and never travelling on the Sabbath. He died in 1974.

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Figure 143 Schedule of studies University of Erlangen and comments by Edward Sheridan, Chairman of the Dental Education and Examination Sub-committee

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Warman 1	consequence of this fact, 1 passed both my First and Second Medical mation (Physikum) and my Final Examination with first class honours, the Diploma of Dr.med. dent. was given "magna cum laude". See Documents "II-IV"
of Br ner u phasi intro concl due t shoul he pa	Thesis for the Diploma was returned by the Senate of the University langen with the remark; The Thesis has been written in the usual men- oder the supervision of the referring professor. But is whould be em- zed that the laborious work in obtaining the sections as well as the fuction of a special method of staining, but above all the excellent usions taken from the results obtained in the work are quite definitely to the personal endeavours of the author. The Result of this research d become of principal importance. I therefore suggest that it should method "magne sum laude". sgn. Prof. Greve. (cf. Annual Reports of ental Faculty of the University of Erlangen, Vol. 1925.)
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2.	Prof. Citron, Focal Infections,) University-Hospital, Berlin.
4.	Prof. Gottlieb, Paradentosis University Hospital, Vienna.
5. 6.	Prof. Gysi, Prosthetics University of Zurich. Prof. Spreng, Special Methods in Frosthetics, University of Basis.
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k) _1)	<pre>mean the new hospital of 400 bed# at Fuerth was opened I was chosen out of 20 applicants as specialist for the treatment of diseases of the mouth and jaw (especially fractures of the jaw and focal in- factions), by the Chief Medical Officer, Samitmeterst Dr. Frank. See Document "VIII" I lost this ;osition in consequence of the regulations against Mon- Aryans im 2033. From them on I did specialized research work in the modern subject of certaic and porcellaine Prosthetics (jacket crowns and porcellaine bridges). Following an invitation by Professor Beretts, President of the Becomd International Congress of Stomatology, I gave a lecture at the said Congress at Hologna in April 1935, which was accompanied by practical demonstrations; I beg to submit a copy of this lecture See Document "IX". Finally Dr. Steiger has asked me to give a lecture on Modern Por- cellaine Briges (Thimble Crowns and Swann Bridges) at a Conference to be held at Zurich on November 15th 1935.</pre>
k) 1)	<pre>mean the new hospital of 400 bed# at Fuerth was opened I was chosen out of 20 applicants as specialist for the treatment of diseases of the mouth and jaw (especially fractures of the jaw and focal in- factions), by the Chief Medical Officer, Samitmeterst Dr. Frank. See Document "VIII" I lost this ;osition in consequence of the regulations against Men- Aryans im 2033. From them on I did specialized research work in the modern subject of certaic and porcellaine Prosthetics (jacket crowns and porcellaine bridges). Following an invitation by Professor Beretts, President of the Becomd International Congress of Stomatology, I gave a lecture at the said Congress at Hologna in April 1935, which was accompanied by practical demonstrations; I beg to submit a copy of this lecture See Document "IX". Finally Dr. Steiger has asked me to give a lecture on Modern Por- cellaine Brigge (Thimble Crowns and Swann Bridges) at a Conference to be held at Zurich on November 15th 1935.</pre>
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Figure 144 Remarks attached to schedule of dental studies

Ludwig Werber⁵⁶⁶

Ludwig Werber was born in Vienna in 1907 and when he left school he went into an apprenticeship with a well-known Viennese dentist. This lasted for nine years, after which time he was allowed to open his own practice and treat patients. According to the Coordinating Committee on Refugees, the category of technician/dentist was not acceptable in Britain and a technician/dentist would have to go back to dental school for the usual fouryear period and obtain an L.D.S. diploma. However, Werber was lucky enough to be selected for a large group of Viennese refugees who were allowed into Britain in 1938 by the Home Office on a group visa and were put into a first world war military camp at Sandwich, Kent, called the Kitchener Camp. Funds for this process were donated by the Combined British Fund and the American Joint Organisation. Eventually there were 3500 male refugees, both skilled and unskilled. The workforce was used to build one new large hut per week which would hold approximately 70 people.

Whilst at the Kitchener Camp, Ludwig Werber acted as Head Gardener and was allowed to carry out dentistry on the inmates in the camp hospital when the visiting dental surgeon was not available. He applied for permission to join the Royal Army Dental Corps, but he was turned down. He then enlisted in the Auxiliary Military Pioneer Corps, which was initially set up at the Kitchener Camp in January 1940. He was posted to Bideford in Devon with the rank of Corporal. Werber was in charge of a number of men involved in road construction when the Army lorry in which he was travelling one wet night skidded and crashed. He sustained a broken arm. This did not mend satisfactorily since it was poorly set and had to be rebroken. It was during this period that he got permission from the Camp Commander to go to London. He discussed his situation with the Secretary of the B.D.A., Mr. W. G. Senior, and also with Mrs. Nussbaum, a counsellor with the J.R.C. at Bloomsbury House. Mrs. Nussbaum said that it would be impossible to be a resident in Britain unless he had sponsorship. When asked what this meant he was told that he would need around £300 so that he could look after his own needs. Fortunately, Ludwig Werber, during the last part of his dental

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⁵⁶⁶ Interview with Ludwig Werber, 8th October 2003

practice in Vienna, had asked a number of wealthy patients to pay for their treatment in English pounds and to keep this money safe for him until he arrived. In total he had some £650 invested in Britain and, therefore, was told that no guarantor or sponsor was needed; he could do this for himself.

The Secretary of the B.D.A. also arranged for him to leave the Army and to study for his first M.B. examination. After three years of effort he was eventually able to pass his examination and could at this stage apply to a British dental school for the four-year course leading to the L.D.S. diploma. He had spent a good deal of his investment in bringing over his parents and was not able to afford the fees involved.

During the period 1942-1948 Werber set up a dental company called Forlan Dental Surgeries and practices were established in London in Commercial Road, Caledonia Road, Fore Street, Edmonton and Stoke Newington. It was legal to run bodies corporate carrying on the business of dentistry, and a list of these bodies is still available in the Dental Register. At this time he also worked as a dental technician for Dr. Moritz Tischler in Park Crescent and for Dr. Erich Isakowitz, constructing their complex crown and bridge-work and partial dentures, at which he was an acknowledged expert. The rest of his time was spent in one of his dental surgeries, carrying out illegal dentistry. Ludwig Werber's excellence in crown and bridge-work attracted the attention of Professor H.M. Pickard, who was Professor of Restorative Dentistry at the Royal Dental Hospital. With Pickard's encouragement he studied at the Royal Dental Hospital during 1955-6 and was successful in passing the Statutory Examination that had just been implemented.

	CRED IN GREAT	ENTAL SURGEONS ' BRITAIN
CHAIRMAN : H. J. TURKNEIM,	NON. TREASURER: NR. H. NIRSEKORN.	NON. BECRETARY : MR. F. G. BALOMON.
		18Le 2
	28t)	h. October 1947.
essrs. E.Isakow	itz and Werber,	
Dear Mr. Isekowi	tz and Mr. Werber,	
or your very country hich was apprec	wishes to thank y mprehensive table iated not only by e number of guests	demonstration our members, but
184 th	Kindest Begards.	
ATOIL	KINGERL BOPHICH.	
Ye	ours very sincerel	y,
H.J.Turkheim.		F.G.Salomon. Secretary.

Figure 145 Letter of thanks for a table demonstration at a S.C.D.S. meeting

Ludwig Werber would probably be considered the most successful, from the financial point of view, of all the refugee dentists. He made a considerable fortune even before he eventually passed the Statutory Examination allowing him to practice legitimately. He was also very active in his later year in raising money for charitable purposes. His major efforts were through the Alpha Omega Fraternity which supports the Dental Schools at Tel Aviv and Jerusalem in Israel. As a promoter, he would run charity boxing matches and concerts which were invariably successful.

Ludwig Werber had several marriages, and the last was to his original dental nurse, Kitty, who had been with him in Vienna.

He retired from dentistry at the age of 75 and moved to Bognor Regis in Sussex. Built on to the house was a fully equipped dental surgery. He would still treat the occasional patient from abroad who had been under his care for many years. Having retired, he was not on the Dental Register, and as before, illegal practice seemed to give him very little cause for worry. He died in 2005.

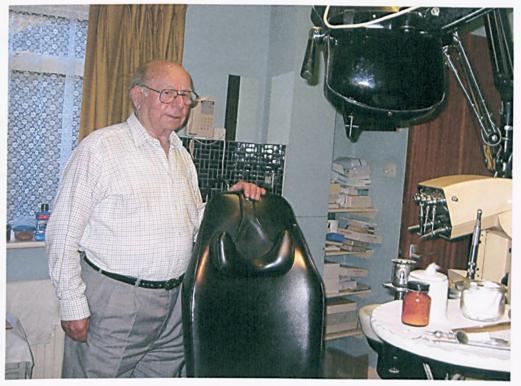


Figure 146 Ludwig Werber aged 95 years, September 2004

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