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Chapter 5 Public Health Work in the British Occupation Zone

> ‘FIRST THINGS FIRST’ was the motto when Military Government first raised its sign in Germany. ‘Give me that gun, Fritz.‘—‘Put that man behind the wire.’—‘Clear the rubble.’—‘Mend the drains.’—‘Get some roads open, some railways running.’—‘Food? Yes we will get you food but tighten your belt.—‘Pull yourself together, man. You look bomb happy.’—‘Get your roof mended.’—‘There is a school open down the road. Send that boy to school.’[1]

> [T]he psychological state of the majority of Germans is at present such that their judgment and statements cannot be trusted in the least; in addition to which they remain as opinionated as ever, and are thus impervious to advice.[2]

Plans

The British arrived in Germany with a number of plans. Influenced by military priorities and prevailing ideas of what the Germans were like, they assumed that functioning local and regional (and perhaps even central) German administrations, fully or near-fully staffed with experienced officials, would be taken over and supervised by the military government. For both practical and pedagogic reasons, work at all levels was to be done by the Germans themselves. For the sake of justice, as much as for military and economic expediency, the German population was not to benefit from imports which would raise their standard of living beyond that of their war-wrecked neighbours. These premises had specific consequences for public health operations. Health officers were given a twofold task: to ensure that basic health procedures and precautions were carried out by the Germans under their control, while at the same time implementing more fundamental parts of the Allied programme, including the denazification and demilitarization of the state bureaucracy.

The first of these tasks seemed simple enough. The reactivated German health organization would be responsible for the bulk of all public health work, and so British health officers’ input was going to be limited. ‘Our job is to control them, not to do the work for them’, W. H. Boucher (director of the British Control Commission's Public Health Branch) reminded his officers in January 1945.[3] They were to check that medical supplies were distributed evenly across the zone, to give warning of anything which might affect the health of the occupation army, and to advise military government on wider nutritional, sanitary, or housing problems.[4] The main principle, restated again in the latest handbook issued by SHAEF to the public health officers, was that ‘[a]ll actual furnishing of medical services should be by indigenous personnel’.[5]

The numbers of health officers in the British zone reflected the intention to institute a system of ‘indirect control’.[6] The British team responsible for health among the German population in the British zone was very small: in July 1945 the British military government employed just thirty-three public health officers, eleven sanitary officers, and ten Royal Army Medical Corps (RAMC) officers for public health and sanitation work.[7] They were to supervise the reactivation of the health system for a population of well over 22 million people, among them millions of German refugees.[8] This was the smallest group among the four occupying powers, and contrasts with the otherwise comparatively vast British Control Commission machinery, initially bigger than any of its counterparts.[9]

But in addition to supervising the existing public health machinery, health officers also had to implement other, more fundamental military government policies, particularly in relation to the denazification of German public life.[10] The *Handbook for Military Government* stated that ‘[u]nder no circumstance shall active Nazis or ardent sympathisers be retained in office for the purpose of administrative convenience or expediency’.[11] In the British as in the other zones, SHAEF's general denazification criteria and categories (set out in the early directives and confirmed at Potsdam), applied equally to German doctors.[12] Denazification was not only about the punishment of criminals, but also concerned the ‘arrest and remov[al] into internment [of] those Nazis or militarists who are judged to constitute a threat to the security of the Allied Occupation Forces or Military Government’; military government had ‘to dismiss or exclude from office and from any position of influence in Germany those other Nazis or militarists who, while not coming within the first category, had wilfully contributed to the maintenance in power of the Nazi regime’.[13] The most dangerous categories of individuals, particularly the higher ranks of the Nazi Party, were to be interned. All current

holders of and future candidates for public posts were to be screened on the basis of questionnaires (*Fragebögen*) on their past activities.[14]

Research on war crimes and medical atrocities intensified when British investigators went to Germany to gather evidence on the nature of Nazi medicine. The more they and their American colleagues saw of what was left of the wartime research establishment, 'the more they became convinced of criminality and the sheer craziness of the Nazis'.[15] There was a widespread tendency to see Nazi medical research as separate from 'normal' German medical practice (a tendency which persists to this day), but their research began to demonstrate just how integrated the concentration camp research stations were in the wider networks of German state-sponsored medicine, and the extent to which leading members of the medical profession had exploited Nazi priorities to benefit their own careers.[16] These medical abuses were now to be punished.

The obvious war criminals were therefore only one problem. Nazis were to be weeded out from any public responsibilities, primarily on the basis of criteria such as length of their party membership and the ranks they had occupied within it. Membership from 1 April 1933 or earlier, uninterrupted and increasing salaries, and prospering careers were all considered as suspect.[17] 'There will be certain individuals who will be removed automatically,' health officers were told in preparation for their duties. 'Others will be removed as a matter of principle, because they hold particular offices.' In general, 'Military Government officers should look with suspicion on the chief health officers holding important posts at high levels. It is likely that the Party has appointed its staunchest supporters to these posts. Subordinate health officers at high levels and principal health officers in the smaller Stadtkreise [city districts], Landkreise [rural districts], and Gemeinden [parishes] are less likely to be ardent Nazis, but one can't be sure of this. Individual doctors will have to be considered separately.'[18]

Although the cleansing of the health service of former Nazi party members formed a major focus of preparations, the question of who was to replace those dismissed was only raised in passing. At the SHAEF conference of public health officers in January 1945, Lieutenant Colonel Scheele from the American Preventive Medicine Section argued that professional qualifications ought to be the main priority. 'When it becomes necessary to appoint new doctors as health officers', he said, it was 'highly desirable that the men chosen meet the standing German qualifications, namely (1) they should be doctors of medicine, (2) they should hold certificates showing that they have had special public health administrative training …, and (3) they should have been practicing for five years.' 'Obviously', he added, 'individuals will be appointed in many, possibly in most instances, who do not have those qualifications, but it will be worth trying to meet them whenever possible.'[19] Specific guidelines on appointments were promised, but never materialized.

This lack of guidance crippled all parts of the occupation machinery. The concept of 'indirect control' relied on the availability of German personnel, but criteria by which to assess the suitability of candidates remained vague.[20] At the SHAEF conference in January 1945, Scheele complained that the terms of 'active Nazi' and 'ardent sympathiser' had not been clarified, and an 'objective method of classifying Nazi medical personnel' was needed.[21] Even the officials responsible for the screening process were confused about its criteria and exact purposes.[22]

What ideas on the selection of Germans did the British have at their disposal? Some were formulated by an influential group of army psychiatrists and psychologists, who were recruited as advisers to the British military authorities. Prominent among them was Henry Dicks, a psychiatrist based at the Tavistock Clinic and the British Directorate of Army Psychiatry.[23] In 1944 and 1945 he compiled a series of papers for the Control Commission, based on his work with German POWs. In these, Dicks provided a peculiar *psychological* assessment of the problem of Nazism and the selection of suitable candidates. The 'idea, in its original crude form', one paper explained, 'which was familiar to psychiatry at least since 1933, was that fascism is a mass psychosis; the particular problem, as it appeared in 1945, was how to prevent the recurrence of this psychosis in post-war Germany and to encourage a more healthy outlook'.[24] Given that adherence to Nazism was a psychiatric condition, issues such as the selection and denazification of Germans demanded psychological methods.[25]

Psychological insights, according to Dicks, were useful not just in the diagnosis of aberrations from the norm, but had a wider application—even in stable, democratic societies.[26] By 1945, the British military authorities were already familiar with the claim that psychological insights could aid British public life and administration. Against growing concerns about the mental fitness of British officers, one existing product of these psychological doctrines was the new War Office Selection Boards (WOSB), introduced in spring 1942, which supplemented the standard physical tests for the selection of army officers with psychological assessments.[27] Each board included military testing officers, a psychiatrist, and a psychologist; the latter were recruited from the Tavistock Clinic, which dominated British army

psychiatry during and after the war.[28] One element of the new selection process was the 'leaderless group task', formulated by the psychiatrist Wilfred Bion: the group of candidates were given a practical task (such as building a bridge), enabling observers to assess their interactions with each other and their attempts to organize or guide the group.[29] The boards were credited with introducing a more meritocratic and democratic system of selection (not least since those attending them were required to conceal their rank), and with improving efficiency.[30] Under pressure from the Foreign Office and Treasury, the Civil Service Selection Boards also adopted similar procedures.[31]

And now these procedures could be adapted to assist the occupiers. The recommendations by Dicks and others had important implications for British procedure in Germany. Dicks insisted that Nazis were to be removed from administrative and responsible positions, since the 'influence of such individuals approximates in importance to that of a magnet in a field [of] iron fillings'.[32] This was hardly contentious. But he warned against simply replacing them with self-declared 'anti-Nazis' or 'non-Nazis'. Anti-Nazis—whether the émigrés who lobbied the Foreign Office for support, or social democrats and liberals still in Germany—were to be approached only with caution.[33] Regardless of political allegiance, Dicks argued, many Germans were fundamentally totalitarian in their character and psychological make-up, and therefore even 'the men diagnosed as non-Nazi types' often shared 'some of the characteristic shortcomings (from an Allied point of view) of the national psychology'.[34] Dicks restated later that '*not all who are anti-Nazi are also non-authoritarian*. In other words, it is quite possible that new teachers, judges, administrators will —however sincere their anti-Nazism—nevertheless be so saturated with certain undesirable German characteristics that in the end authoritarianism will again flourish as the expression of German institutional life.'[35]

The problem of selecting Germans was therefore 'not one of discovering opinions held, but of assaying character and fitness to be a bearer of new responsibilities'.[36] Psychological rather than political criteria had to guide the German appointments. The challenge was not going to be one of identifying the 'obvious, 100 per cent Nazis', since '[a]ny experienced interrogator could spot these'.[37] But while 'the fascist, Nazi sort of man' could be easily identified, there were 'a large number of intermediary types—the great majority—whom one cannot classify as falling clearly into a Nazi or non-Nazi character group, irrespective of their political ideology. Some anti-Nazis have nearly all the traits of Nazis except their political allegiance, and some Nazis do not fit their ideological classification in psychological terms.'[38] Only psychological tests could assess whether individuals 'can live together, can create social order, and what kind of order, spontaneously, in however, humble a sphere. What tone will they set? The proof of their anti-Nazi pudding is in the eating, the action.'[39] In sum, a psychologically oriented method, Dicks and others maintained, 'could bypass the opportunists, ingratiating pretences of friendliness and anti-Nazi professions of various unknown, unlabelled persons. By the use of special tests we can distinguish the marks of the fascist, authoritarian type from his opposite without his being aware that he is disclosing his deeper attitudes.'[40] In appointments to the public health system, too, neither political orientation nor practical qualifications could take precedence over an acceptable psychological make-up.

These ideas characterized some of the occupation staff's initial assumptions, and became an explicit element of the British Control Commission in Germany. Occupation officials were to conduct psychological vetting with the assistance of the newly founded German Personnel Research Branch (GPRB), established in February 1945, initially under the aegis of the Public Health Branch.[41] Henry Dicks was loaned by the Directorate of Army Psychology to be the unit's main adviser.[42] While still in Britain, the GPRB prepared a psychological testing procedure to be used in Germany. On the basis of the War Office and Civil Service Selection Boards, it was to organize selection boards throughout the British zone, aimed at detecting German psychological shortcomings. In February 1945 work was delayed by several months because of Dicks's illness.[43] In June 1945, however, the GPRB was enlarged to include more experimental testing staff, and it devised methods of grading German psychological traits on the basis of tests conducted among German POWs.[44]

The GPRB moved to Germany in the autumn of 1945, where it was housed with the Intelligence Division in British zone headquarters. Its main task was 'to select for key positions in the German civil service, such Germans as are reasonably free of psychological authoritarianism, so that the new departments in law, education, police, finance etc. shall not again be moulded by "Fuehrers" of an undemocratic type'.[45] Its first task was to test inmates of the Ministerial Collecting Centre near Kassel, an internment camp for high-ranking Nazis. Dicks had high hopes for an enlargement of the GPRB to enable it 'to "vet" all German candidates for the principal appointments in the new German structure, e.g. in the Legal, Educational and high level Administrative organisations'.[46] Tests were designed to give each German an 'employability rating', measuring 'the degree to which a candidate possesses undesirable mental or moral qualities which are connected with Nazism or German nationalism (such as overbearing behaviour,

militarism, aggressiveness, over-emphasis on discipline and submissiveness)'.[47] Under the guidance of GPRB, the British selection of Germans was to be overseen by a series of 'assessment centres' dotted throughout the British zone.[48] One such centre seems to have been in operation by mid-September 1945, and more were planned.[49]

However, this approach, while influential, never represented a consensus of opinion. Rival proposals on the selection of Germans included a Foreign Office Research Department (FORD) paper from December 1943, which stated that 'natural leaders of the community' should be appointed, and that it would be 'necessary to allow many public servants to remain in office, since it would be impossible to replace them'.[50] Some British officials argued that the criterion of 'functional suitability' (i.e. the ability to do the job) was at least as important as 'the special security aspect' and the 'extent of Nazi affiliations'.[51] A 'system of vetting' had to be evolved, they insisted, 'which would permit the normal life in the country, and therefore of Government, to continue without serious or prolonged interruption'.[52] There was an implicit but widely held assumption that the British occupiers had to impart democratic methods and practices to the Germans, and to put in place a democratically oriented system of administration and government. But even these statements assumed that the denazification and the restaffing of the German authorities could proceed more or less in tandem, and that a thorough denazification was not only necessary, but also possible to achieve. Although the army psychiatrists never represented a majority opinion, they articulated sentiments which were crucial to the initial British approach, in the realm of health as elsewhere. Since even antifascist Germans were not free from totalitarian traits and their claims could not be taken at face value, British soldiers entered Germany with the idea that there were no obviously trustworthy Germans on whom they could rely.

Compromises

Things turned out rather differently. After some initial enthusiasm, Dicks's proposals, and even the more general guidelines, were discarded. The conditions encountered by British detachments making their way into Germany were quite unexpected. Hitler's scorched-earth policy had left its traces, and the Allied bombing raids had caused serious destruction. In an *Observer* feature in early April 1945, George Orwell noted that '[a]s the advance into Germany continues and more and more of the devastation wrought by the Allied bombing planes is laid bare there are three comments that almost every observer finds himself making. The first is: "The people at home have no conception of this." The second is: "It's a miracle that they've gone on fighting." And the third is: "Just think of the work of building this all up again!" '[53]

First impressions suggested that conditions were dire. Large parts of cities and towns had been destroyed, and populations lived in cellars and bomb shelters.[54] Railways were not running, bridges were destroyed, roads were unusable. In many areas there were no working telephone connections, no post, no fuel for cars or buildings, and local communities were isolated and uninformed. Central and most regional government had dissolved and the administrators had fled or disappeared; only atomized clusters of local administration remained. Basic amenities had stopped working. Stocks of food, medical materials, and drugs were being looted and in ever-shorter supply. Industrial production had almost completely stopped. Sewers had burst, corpses were rotting in rivers and on the streets, the main water pipes were broken, and many places did not have any supply of unpolluted drinking water. The food problem soon crystallized as particularly urgent. The British relief worker Francesca Wilson observed that food shortages entailed a series of critical medical problems: '[i]t must never be forgotten', she wrote in a 1945 manual on relief work in post-war Europe, 'that a famine of food involves a famine of everything else. The typhus-carrying body louse flourishes in famine areas because where there is no food there is also no soap and often a scarcity of fuel for heating water.'[55] Germany now formed a potent breeding ground for epidemics.

These conditions were worsened by the enormous population movements at the end of the war. The geographer Malcolm Proudfoot, a lieutenant colonel in charge of SHAEF's refugee department in Germany, estimated that over 60 million Europeans had been involuntarily moved from their homes during the war or immediate post-war period.[56] More recently, Mark Mazower calculated that between 1939 and 1948 in Eastern and Central Europe alone some 46 million people were uprooted through flight, evacuation, resettlement, or deportation.[57] Germany was geographically and politically central to these movements: disbanded soldiers and prisoners of war, city inhabitants evacuated to rural areas, ethnic Germans expelled from their homes in Eastern Europe, liberated slave labourers, and concentration camp inmates; all now tried to return home, settle somewhere new, or wandered the countryside aimlessly. The realization dawned that simply keeping the ex-enemy population alive from day to day was going to be a major task. A *Sunday Times* editorial from 6 May 1945 noted that 'the civilian problems in Germany are going to be far harder than was expected a year ago, owing to the disappearance of almost every landmark in German life'. Whereas unconquered

parts ‘had to be harried and ravaged, their railways crippled and their bridges destroyed’, in the newly occupied areas everything had to be quickly repaired and rebuilt.[58]

Apart from shocking destruction, the Germans themselves turned out not to be quite as expected. ‘Propaganda, and especially their own propaganda, has taught us to think of them as tall, blond and arrogant’, Orwell wrote. But in Germany he actually saw ‘smallish, dark-haired people, obviously of the same racial stock as the Belgians across the border, and in no way extraordinary’.[59] The British army doctor D. A. Spencer was surprised that although ‘liberated’ and ‘ex-enemy’ civilians had always been talked about in very different terms, ‘[i]t was very difficult to tell the difference between a German refugee and a Polish refugee in the part of Germany that I was located in. I didn’t know which was which.’[60] In addition (and the fraternization ban notwithstanding), troops soon discovered that German women appeared to be ‘just as amenable to their charms as the women of France, Belgium and Holland … Like the women of the liberated countries they soon realised the economic worth of the liberators, reckoning on the men being a source of real coffee and cigarettes.’[61]

Different detachments often had very different experiences which coloured their outlook. Michael Rowntree, who ran the Friends Ambulance Units (FAU) from the British zone's headquarters, remembered that ‘[s]ome of the [FAU] teams had some very horrendous times dealing with the concentration camp inmates and the results of the concentration camps, and I can’t help thinking that their views of Germans must have been somewhat different from those of us who perhaps hadn’t seen quite so much of that active horror and evil’.[62] Whereas those involved in the liberation of concentration camps had their worst expectations of German behaviour exceeded, those without such experiences were often quite optimistic. Colonel Gibson, deputy commander of the military government in the British zone's Westphalia district, thought that ‘they really were very nice people. I knew the Germans quite well, in that I had studied German at school, and I had lived in Germany *en famille* and attended a German grammar school for a term when I was about 17. So, there is no doubt they are Prussian in outlook and conduct, but on the whole, they by now had realised that they had definitely been taken for a ride by Hitler and they were very sorry for themselves.’[63] With so many different kinds of people to be organized, the army often found German civilians among the easiest to deal with. The anticipated Werwolf resistance did not happen, and many Nazi leaders had run away, committed suicide, or gone into hiding by the time the Allies arrived. So, although the arrest of serious Nazi activists and troublemakers had been listed as one of the first and most urgent British tasks, active Nazis ‘proved in the formal sense to be no problem at all’—they ‘did not stay behind to be “eradicated” by the Allies; they scarcely waited to be turned out by their fellow countrymen; they simply melted away’.[64]

The British military authorities argued that much more urgent was the need to impose control on the gangs of displaced persons (DPs) roaming the country. These were primarily Polish, Russian, and Baltic former slave labourers and foreign workers who, so countless British reports described, were out for revenge—shooting their former masters, ransacking food stores and farms, breaking into houses, killing policemen who tried to intervene.[65] Even if it was not part of the British brief to protect Germans from such attacks, the importance of preventing DPs from causing havoc and using up scarce supplies was quickly recognized. Local Germans were often unexpected, but obvious, allies. The military authorities’ dislike of DPs amplified their sympathy with the seemingly much more civilized local population.[66]

An unexpectedly urgent problem which detracted attention from German civilians was army discipline. In the last days of the war, discipline in many commands had broken down. The officer in charge of 503 Military Government Detachment despaired not just about DPs, but also about the ‘ill discipline of troops and total disregard of all notices placing a room or building out of bounds’. Soldiers had broken into the telephone exchange, post office, and police station, he reported, and left a trail of broken property behind.[67] Colonel Gibson remembered, in disparaging terms, that ‘the military government had been infiltrated with the most low-down variety of army rubbish. And they all had to be sorted out, they were misbehaving there in Germany and not thinking much about their job, just thinking about how much they could get out of it. They were more or less looting, and behaving with the German secretary girls … and so we had an awful job getting all this sorted out.’[68] By contrast to DPs and drunken soldiers running wild, German civilians often made pleasant first impressions on the occupation staff.

In this context, the wartime plans had become inappropriate in a number of ways. The stark distinction between Allied operations in liberated and in ex-enemy territory seemed to be unhelpful and unrealistic to soldiers on the ground. As they moved from France and Holland into Germany, they found that little in their work changed. Troops encountered similar kinds of confusion and disorganization in the villages and towns on either side of the borders, and deployed similar practices and procedures. They appointed mayors and charged them with assembling teams to ensure that basic

functions—police and public safety, repair of buildings, sanitation, quarantine—were carried out.[69] Doctors were appointed, generally on the new mayor's recommendation, to take charge of health matters. Overall, 'knowledge of local conditions', 'willingness to assist Mil. Gov', familiarity with the job, good standing in the community, or, often, the simple lack of anyone else available, were the major factors in these selections.[70] Because of their 'professional standing', doctors, along with teachers and priests, were also popular choices for general administrative duties.[71]

In these early days, British detachments on the ground often decided that it was 'better to appoint a party member who is a good organiser and check his activities, than to appoint a non party member who has to be supervised and almost carried in order that some semblance of order can be restored. An incompetent Burgomaster is obviously worse than having no official at all.'[72] While Field Security did, as planned, conduct basic screenings, this usually happened after the appointments had been made. The files document the chaotic nature of these arrangements: basic information on the officials appointed (accompanied by their questionnaires and generally glowing testimonials from other locals) was sent to headquarters, and from there to Field Security, who checked the names against mandatory dismissal lists, card indices, and whatever other records were to hand. This slow process only improved marginally after May 1945, and continued to suffer from tensions between the public safety officers (responsible for the evaluation of questionnaires) and those who made, confirmed, and approved selections. By the summer of 1945, higher municipal officials were also appointed in this manner.

On occasion, there were some mild echoes of the manuals on how to handle the Germans. 'This Det. made everyone realise at the outset that the British came as CONQUERORS and that as conquerors our orders had to receive implicit obedience', wrote one commander.[73] Another one recommended 'a firm, just and uncompromising attitude', but added that this should be 'combined with reasonable attention to the requirements and welfare of the people'.[74] Despite such professed views, detachments everywhere protested when, after media reports on the British liberation of Bergen-Belsen, the guidelines were to be restricted even further. An army directive on 21 April 1945 instructed: 'Brit[ish] Press already very sensitive about retention in any official capacity of any members of Nazi Party. Belsen atrocities certain to accentuate tense attitude. Political antecedents of any person recommended for civil adm[inistration] appointments will be scrutinised closely. No repeat no person actively connected with Nazi Party or who held any office in Nazi Party or who was a member before 1 April 33 is eligible for office in civ adm[inistration] incl[uding] police.'[75]

Detachments resented these calls for blanket dismissals, since they made their own jobs so much harder. They argued for a more practical and flexible approach to former Nazi Party membership, taking into account individual cases and local circumstances. Former 'inactive' Nazis and 'harmless types' should be utilized, one major wrote—especially when they were otherwise 'cooperative, willing, and to my mind, a member of the Nazi Party by compulsion and not choice'. 'The difficulty at the moment', wrote another major, 'is the production of a substitute without introducing a certain amount of chaos'.[76] This argument was not always appreciated by the higher levels of military government, let alone in Whitehall. 'It would appear that [the operating commander of] 803 Det[achment] may not be adopting a sufficiently strong attitude towards German officials', complained one brigadier.[77] And a British corps commander told William Strang (political adviser to Field Marshall Montgomery, the British commander-in-chief) later that 'if our Military Government officials had a fault, it was that some of them were so keen on getting their areas into working order that they tended to forget that the people they were dealing with were *Germans*'.[78]

It was not just local detachments who argued that the rules had to be bent or abandoned. For health officers, the prescribed reliance on existing German authorities proved quite impracticable. Wilfried Harding, a British public health officer of German origin, now stationed in the Ruhr district, remembered that when the British arrived and began to organize health operations, 'they almost always found that the [German] public-health staff, along with most other public servants, had abandoned their posts, and that there was no "established health organisation to be utilised". Some local doctor might be told to act as an emergency public-health executive and to coordinate the local medical services. But the reorganisation of a proper public-health organisation had generally to start from scratch.'[79] The directives' limitation that any work was to be solely based upon German resources and personnel proved unworkable; it seemed absurd amidst the rubble and ruins. There was no functioning German health service, and the extent of chaos and destruction demanded much greater involvement in health operations than had been anticipated and prepared for.

Health officers focused initially on the containment of infectious diseases, and the isolation or removal of the sources of infection. But even after their initial measures, the situation continued to be grave. Far from having to put a ceiling on the German standard of living, they found that additional work and resources would have to be invested to prevent it from crashing any further. '[A]lthough there is all-round determination not to pamper the Germans', an *Observer*

article noted, ‘it is clear that food and labour conditions must nowhere be allowed to fall below a standard which might result in epidemics or unrest.’[80] Even proceeding within the limited terms of ‘preventing disease and unrest’—the mantra of the SHAEF handbooks—demanded substantial effort and resources. In this context, British public health officers were particularly effective in formulating an authoritative and persuasive argument on the need for a pragmatic disregard of prepared approaches. Otherwise, they argued, catastrophes would inevitably follow, affecting the occupation troops as much as Germans, and damaging the occupiers’ international reputations. Health staffs also argued that while the protection of Allied troops stationed in Germany obviously was a major priority and demanded health operations in its own right, unsettled, bored, starving, or sick Germans themselves could only harm British and Allied interests. This health argument lasted through the first occupation years, long outliving the initial days of chaos.

At the start, demands were focused specifically on a campaign to prevent epidemics and other health crises in the winter of 1945–6. Health officers and survey teams were sent ‘into the field’ to learn about ‘the magnitude of the problems to be tackled’ and to compile plans for the autumn and winter months.[81] They recorded incidence rates of diseases and monitored them for increases or fluctuations. Based on the resulting estimates of what shape epidemics would take, quotas were set for hospital beds to be made available for civilian use in each region. Emergency hospital accommodation had to be found and made habitable. The ‘winter emergency programme’ also focused on the mobilization of medical supplies, which health officers saw as particularly problematic, even after taking over Wehrmacht and other stores, and earmarking stockpiles of basic drugs, vaccines, and sera for emergency use.[82] There just did not seem to be enough of anything. In reports to their superiors in Germany and in London, British health officers argued that imports would have to be contemplated, at the very least in the event of an epidemic.[83] In response, the War Office released some equipment from British army resources (stretchers, palliasses, blankets) and stored it for emergency use, but even this additional supply was often adequate only for cursory demands.[84]

This public health-led call for winter mobilization was taken up and adapted by many sections of the military government apparatus. Under the guise of this quite specific programme for epidemic work, many began to argue that only a far-reaching reconstruction of Germany could prevent health disasters. Although ‘[s]ound medical organisation, including carefully devised emergency arrangements, can do much to limit the spread of serious disease and to mitigate its effects’, one report stated, ‘it must be emphasised that the only effective bulwark against real disaster in the field of public health would be a speedy and substantial improvement of food supplies and the energetic pursuit of a policy of alleviating the deplorable housing conditions prevailing in big centres of population. Without the basic safeguards of health, the doctor, the nurse and all others engaged in the health services, however thorough their plans, will be fighting a battle against overwhelming odds.’[85] ‘A substantial improvement’ in German conditions was presented as strictly in the ‘medical interest’—and, it was stated elsewhere, ‘necessary for the protection of Allied troops’ and ‘essential to the public health and to good order in Germany’.[86]

These arguments could also easily be turned on their head. Not only was the reconstruction of Germany vital for preventing health crises (and for reducing the cost of the occupation to British authorities and taxpayers), but poor public health could harm programmes for the reconstruction and democratization of Germany. In a directive from August 1945, Field Marshall Montgomery noted that ‘unsettled living conditions’ (of which poor public health was a central, but on this occasion implicit, component) presented ‘much fertile soil for the seeds of trouble’. The ‘German people have had National Socialism and Nazi doctrine pumped into them for many years’, and as a result there were ‘few ordinary Germans alive who are used to thinking for themselves’. It was crucial that Germans learnt about democratic methods and concepts. ‘Democracy on the widest possible basis requires that every man and woman should think for themselves and should be taught and encouraged to understand that everything in their local and national life concerns them vitally and that they and each of them are responsible for their governments at each successive step upwards.’ But, and this was the crux, this was doomed to failure if the Germans were ‘apprehensive about food, about housing and about the general unsettled conditions’. Living conditions were vitally important, since ‘[i]dleness, boredom and fear of the future are the best allies of Nazism past and present’.[87]

Apart from supply questions and bed targets, which took up much of the health officers’ time, the problem of medical personnel (both German and British) was ever present. Newly appointed German mayors and local health officers were instructed to keep trained nurses ready for urgent epidemic work. Local German medical organizations were enlisted to help in case of emergency.[88] Epidemic urgency was used as a persuasive reason to relax the restrictions on the use of formerly active members of the NSDAP. The winter programme was also used to justify changes in the British health organization in Germany. ‘The existing Public Health Establishment was based on the assumption that the Internal Affairs and Communications Division would control the German Ministry of the Interior,’ the Public Health Branch wrote to the British Treasury in autumn 1945, but ‘[t]he latter Ministry did not exist at the end of the war and, due to

this and the fusion of Control Commission with Military Government, the duties of Public Health Branch have increased.'[89] That alone made the set-up inadequate for effective epidemic work, but problems did not end there. The establishment of (by then) thirty-four medical officers was 'pretty exiguous, as you can well appreciate', wrote Boucher to the Ministry of Health in September, 'but fortunately at the moment all the posts are filled. Between December and May, however, it looks as though we may lose no fewer than 20 of the present strength through demobilisation, or on the termination of the period of engagement of those who volunteered for 12 month service.'[90]

An October 1945 report drawn up by the Public Health Branch proposed that the numbers of both British health officers and their clerical staff should be increased. This increase was particularly 'necessary in view of the risk of a sudden outbreak of epidemics'.[91] Other proposals dating from this period of winter mobilization called for new British survey teams, particularly 'nutrition teams', whose job it would be to 'provide, for the information of the Chief of Staff, reports on the nutrition state of the German civilian population and [to] advise on measures that require to be taken to maintain, if possible, an adequate standard of health'.[92] Both these demands—increases in the Public Health Branch and the establishment of new survey teams—were granted.[93]

True, the increases were relatively modest: forty-seven health officers were to work in the zone, assisted by fifty-four clerical staff. And recruitment to fill the positions was far from simple, since work in post-war Germany was not a particularly attractive option to qualified British health officers. Boucher's suggestion to look among retired health staff had little success,[94] and problems persisted even after advertisements had been placed in a number of medical journals.[95] Another problem was that demobilization was proceeding at rapid speed, and by November 1946 a number of military government public health teams had closed, many at district level.[96]

In spite of these problems (often shared by other fields), the health argument was enormously successful. One example was health officers' wages. Initial plans had already agreed that leading health specialists should be paid relatively high rates.[97] Following the winter programme and its ensuing recruitment drive, even lower-ranking health officers' salaries were raised. The Public Health Branch argued that it was 'in serious difficulty about recruiting the Hygiene specialists it requires', and an urgent question was 'fixing rates of pay which will suffice to attract recruits'. They had, it argued, 'now reached a stage at which it can be asserted categorically that there is no hope whatever of securing the specialists required at rates falling within the ordinary civilian equivalents of the S.O.1 and S.O.2 military grade'.[98] The new rates were to be equal to those of the highest paid military government officers, namely those in the Economic Division.[99] The increase in basic salary rates (in addition to which board and lodging were free) was a reflection not simply of the rising esteem in which public health officers and their work were held, but of the success and power of their argument on epidemic urgency.[100]

This health argument was at its most effective and far-reaching on the utilization of German health officials. Under pressure from many departments who wanted to make use of Germans whom the Allied guidelines deemed unacceptable, the psychological approach was not systematically applied. Dicks and his staff soon discovered that it was not that the occupation officers necessarily disagreed with them about German national psychology, but that they did not consider their vetting procedures to be practical. 'One of the early difficulties encountered', a GPRB paper recounted, 'was when certain branches of Control Commission, at their wits' end to find enough Germans to carry out the most urgent tasks of reconstruction, began to resent a bad report on a candidate whose technical abilities they held in high esteem. And since GPRB's function was purely advisory, they tended to avoid the dilemma of employing "fascist" characters or no-one by refusing to send candidates to GPRB at all.'[101]

Objections came from a range of quarters. The Political Division complained that since psychological categories did not explicitly take political leanings into account, they could be too lenient: 'we cannot agree', Major Storrs explained, 'that assessment, by psychological means, of the suitability of German officials to hold key positions be considered as final or exclusive tests. There may well be political or personal grounds which would render the appointment of a psychologically suitable candidate objectionable to us.'[102] A year later, Kit Steel from the Political Division thought almost the opposite was true. Psychological methods, he wrote to the GPRB, were not in tune enough with German political ideas and traditions. Even some German features that were quite different from British forms, could be acceptable. For example, there were some 'very definite differences, which do not render German democracy any less genuine … I hope, therefore, that your friends really know a good bit about Germany as well as about psychology.'[103]

Some made use of the psychological insights to support their practical purposes. Since the psychologists argued that membership of a political party opposed to the Nazis was *not* sufficient to establish whether a person was 'non-authoritarian' or 'democratically-inclined', their methods could also be used to demonstrate the opposite: that Nazi

party membership was no indication of an individual's mental state or suitability; even active Nazis should not be rejected out of hand. An officer from Post and Telecommunications (P&T) Branch recounted how some German officials 'seemed destined for dismissal because they had been members of the Nazi Party since 1933'. But, he went on, '[i]n our opinion it did not seem right to dismiss these people on purely a rule of thumb examination of their Fragebogen, especially as, in view of the result of many enquiries which we ourselves instituted, we were reasonably satisfied that they had not been more than nominal Nazis'. The psychological tests confirmed this opinion, and therefore, '[i]n some instances, a test by GPRB would probably afford the only means at the disposal of an individual of proving that he was not, in fact, more [than] a nominal Nazi'.[104] It was clear even to the psychologists that conditions in Germany led 'the staff of GPRB to pay less attention to the negative qualities of their subjects and seek rather to find positive characteristics, to reject more and more the policy of excluding the unfit in favour of one which would direct the energies of the "greys" into useful channels'.[105]

The reaction of the Economic Division came closest to that of the Public Health Branch. Their main objection was that the use of psychological vetting would limit their freedom of action. Colonel Merry explained that, '[b]earing in mind the large number of important jobs that have to be filled in the economic administration of Germany and the relatively small number of politically and technically acceptable personnel available, the scheme under review appears to me somewhat "luxurious" and perhaps a little too ambitious'.[106] He did not disagree with Dicks's findings or methods, he wrote; the problem was simply that they clashed with the 'practical point of view'. He concluded that any selection procedure which was too strict or inflexible would lead to a 'considerable delay' in filling important positions. 'If we go all the way and apply the very severe and rather scientific selecting procedure, . . . we might well experience a considerable delay in staffing our various German economic organisations'.[107]

Following a reduction in the manpower ceiling of the Intelligence Division (which housed the psychologists), the GPRB was abolished with effect from 31 December 1946.[108] Even now, people were keen to stress that the unit had been useful. '[Y]ou will see that the reasons for closing down are not … that insufficient use is being made of it', wrote Major General Lethbridge from the Intelligence Division. 'It has carried out useful work, and I hope that it will have completed its outstanding assessments by the end of the year.'[109] The engineer and Labour politician Austen Albu (deputy president of the Governmental Sub-Commission in the British zone) even thought that it represented some of the most important British contributions to social science. 'I have always considered', he wrote, 'that social and political objectives of the occupation needed the application of modern social, psychological methods, particularly in the fields of Intelligence, Education and Public Relations.' An 'organisation like GPRB represent[s] a specifically modern British contribution not only to the benefit of Intelligence but to the whole process of Government'.[110] In this context it is also noteworthy that throughout its existence, members of the GPRB, too, were well paid.[111]

Nonetheless, '[i]n view of the difficulty of finding a sufficient number of Germans acceptable to ourselves and our Allies',[112] both psychological and political restrictions on appointments proved unpopular with many occupation officials, and particularly with the health staff. While a general argument on the importance of practical considerations and compromises had been made, the health argument was especially powerful, successful, and pervasive. From the beginning, health officers argued that because of epidemic urgency there was no time to punish or dismiss German doctors. They largely got their way. There are several features of this development which deserve comment.[113]

The intention was that the general denazification criteria and categories were to apply to doctors and medical staff. Initially, many British public health officers seemed to be aware that a large percentage of German doctors had joined, and often taken an active part in, the NSDAP. Boucher was already convinced in September 1944 that 'Nazi doctrine permeates the whole public health structure', and demanded '[r]egimentation of a fairly strict kind'.[114] Wilfried Harding (a public health officer in the Ruhr district) also thought that 'the majority of German public-health administrators were willing tools of the party, with a fair number of ardent Nazis among them, and only very few managed to maintain some independence in their outlook, which, in any case, they were never able to translate into action'.[115] When the internment camps were filled in the course of the initial waves of arrests, a rate of one doctor to fifty other inmates was not uncommon.[116]

This left the health officials with an 'insoluble problem': not only were many senior medical officials now interned, but many of the remaining trained staff were ineligible according to the denazification criteria. 'Our only chance', argued Harding, 'was to invoke the risks which the prolonged disruption of the health services would cause—risks which would affect the occupiers no less than occupied.' In addition, British health officers argued that party membership, or even having held high ranks within the party, was no evidence that these individuals were dangerous or convinced Nazis. 'In the same way in which the British doctor is given a commission as soon as he joins the

Forces,' Harding pointed out, 'many a German doctor had been given relatively high rank in the party organisation by virtue of his appointment as medical officer to one of its formations.' British staffs tried to get those in the arrest or dismissal categories recategorized as 'harmless politically'.[117] In this they were helped by the fact that many German doctors revived old scientific and medical contacts abroad. Numerous references and recommendations came in from British and American universities and hospitals, saying that the person in question had never been interested in political matters and surely could not have been 'more than a nominal Nazi'.

Partly upon Public Health Branch recommendation, an early ruling that GPs were not to be considered as holding public office eased some problems. Doctors who had had their licence for work in the public health service or in hospitals withdrawn were allowed to practise privately (and earn a substantial living).[118] But staffing hospitals and health administrations remained difficult. The acute shortages of qualified candidates who were acceptable to British guidelines was exacerbated by the fact that administrative jobs were unpopular among German doctors, not least because private practitioners' incomes tended to be much higher. Faced with these problems, British health officers argued that denazification had to proceed slowly in view of the likely increase in infectious diseases during the winter. Doctors who fell into removal categories were to be kept on 'in the interim' until suitable replacements could be found, a process that could take years.

In some regions the replacement clause was soon refined. Health officials were among those who expressed concern about the practice of classifying appointments as 'acting' or 'temporary', because it gave 'a sense of insecurity to the office holder and … detract[ed] from his authority'. It was resolved that 'the term "Acting" shall be used *only* for appointments which have not yet been confirmed by the competent authority. The term "Temporary" will not be used at all'.[119] As a result, it became much easier to employ 'unacceptable' individuals for as long as was considered necessary, and it was even reported that a premature release from internment could be obtained for those willing to work in public health.[120] Even when in February 1946 ACC Order No. 24 attempted to tighten up procedures regarding the removal of former Nazis from public offices, compromises continued to be made, and both British officials and regional German medical committees successfully argued for a growing list of exemptions.[121]

An example of the flexibility of the replacement idea is the case of Hans Schreus, professor of dermatology at the medical academy in Düsseldorf, and long-standing member of the NSDAP. In September 1945, when he was a candidate for rector of the academy, his questionnaire was returned 'with the comment "not to occupy a position of trust" '—which meant he was to be removed from his present chair and job at the university clinic. In response, Public Health Branch asked for his 'temporary retention' because of the need for dermatologists in the coming winter. There was, they said, 'no sufficiently well qualified or experienced doctor to replace him'. It did not hurt that Schreus's work was cited favourably in the British medical literature.[122] They obtained a ruling that their decision could override that of public safety, and Schreus was 'allowed to continue his work at the Hospital and to lecture but not to occupy the position of Rektor'. When, over a year later, another dermatology professor became available to replace him, the medical academy insisted on the retention of Schreus. The rector argued that there were 'many members of the NSDAP, who joined the Party in the time from 1933 to 1937 and who are still in their positions', so his dismissal was no longer warranted.[123] When Schreus was eventually dismissed, and his appeal failed to overturn the ruling, it was less because of his support of the Nazis than because of his unpopularity with military government. One official explained that 'Dr Schreus deserves little consideration since, on his original Fragebogen, he deliberately evaded certain questions. It is difficult to believe that a man of his eminence is unable to recollect dates when he travelled abroad or the salary he has earned during the past 10 years. If he is not prepared to deal honestly [with] Military Government he has no right to expect that more consideration should be given to his case than to that of normal, honest people.'[124]

Nonetheless, the case of Schreus demonstrates that the threat of epidemics was used to more lasting effect than just a securing of basic epidemic personnel. Concerning university lecturers, Public Health Branch argued, 'the importance [of] realising that the majority of lecturers and teachers are active clinicians with the responsibility of the treatment of the patients in their respective departments', and '[t]he removal of a specialist from a clinic without suitable replacement will undoubtedly reflect to an appreciable measure on efficient treatment, and may also prolong hospitalisation'. In areas already 'so depleted of hospital beds' the effects would be disastrous. Public health officers insisted that 'in the circumstances where the spread of infectious diseases may occur, or adverse criticism in relation to the treatment and wellbeing of patients may be reported as a result of the removal of specialists, P.H. cannot accept the responsibility'.[125]

Hampered by patchy and restrictive preparations, British occupation officials were quick to develop compromises, which reinterpreted or even completely abandoned existing rules on the selection and appointment of German personnel. British and German health officers were essential to this process and were extremely successful at securing financial and administrative concessions. These compromises outlived the threatening winter crisis, and—under pressure from demobilization—smoothed the path towards an increasing handover of responsibilities from British to the German authorities, and a real scenario of 'indirect control'. German denazification panels advised local public safety officers in the British zone from July 1946 onwards, until in October 1947 denazification responsibilities was handed over to the *Land* governments.[126]

Confrontations

The existence of GPRB during the early years of the occupation suggests that the much-celebrated British pragmatism was less successful, and less 'pragmatic', than has generally been accepted. The widespread acceptance of the GPRB's findings, even if not acted upon consistently, shows that even when making practical compromises for the sake of expediency the British did not simply abandon their earlier outlooks entirely or effortlessly. The baggage with which British officials arrived in Germany was much harder to shake off, and compromises were much harder to achieve.

At one level, conflicts arose because the focus of the health operations was concerned with the protection of occupation troops and neighbouring countries, and where compromises were made, they were always 'in the interests of Mil Gov.'[127] In the British zone, just as in the other zones, this led to confrontations, such as those concerning the British allocation of drugs, vaccines, or other supplies for explicitly Allied, or British, priorities. German doctors complained regularly that the British focus on the eradication of venereal diseases diverted attention from other urgent medical problems. In German eyes, one British report noted, the 'main medical problem' was the shortage of the new wonder drug, because penicillin was 'in most places only available for the protection of Occupation Troops against V.D. and cannot be found for the cure of such things as infantile sepsis'. German doctors resented such allocations.[128]

Denazification, too, caused resentment. As the British Information Services reported, a common joke among Germans was that the 'denazification plans have fulfilled Hitler's wish for the 1000 year Reich: 12 years of Nazism, 988 years of denazification'.[129] On the whole, both British and German health officials were equally interested in obtaining concessions for individuals to make their jobs easier and more efficient, and among both there was a widespread conviction that doctors were fundamentally apolitical and hard done by as a result of the denazification clauses. In their new pragmatism the occupation authorities sometimes even prevented German efforts to cleanse personnel and make a more radical break with the Nazi regime. When in December 1945 Rudolf Amelunxen (German president of the Westphalian Provincial Government) argued that there were too many former party members in his administration, and began a 'clean-up of the Public Administration from former members of the NSDAP', he was pulled sharply into line by the occupiers. The British authorities noted tersely that 'Dr A's enthusiasm for denazification tends to cut across [*Regierungsbezirk*] Mil Gov and [*Regierungspräsident*] local arrangements', and asked him to 'refrain from making any further inquiries as to the political suitability of officials in these establishments'.[130] These tensions continued even after denazification responsibilities had been transferred to German authorities. In spring 1947, a German denazification panel even resigned in protest when a dentist, Dr Schröer—apparently 'well-known in the area as a very active Nazi'—was released from internment and cleared from all wrongdoing by a British Review Board. With his new 'category five' allocation, he was permitted to take up employment without any restriction. If 'Schröer was a category V case,' the German panel said, then 'there were no such people as Nazis.'[131]

Similar conflicts existed in all zones. But in the British zone, more than in the others, the basic discord was amplified by more fundamental questions on what the Germans were really like. Could their demands, or the medical data they produced to back them up, be trusted? Did they *deserve* health and relief imports beyond those absolutely necessary? Could they be left to govern their own affairs, as originally conceived? German doctors' assessments and demands clashed with British priorities on two (related) subjects in particular: nutrition, where the adequacy of rations, the necessity of food imports, and medical data on the population's nutritional state were debated throughout the occupation; and tuberculosis, where German and British doctors disagreed about its relative importance, and how highly it should feature on the agenda of health programmes. Whether or not German claims were objectively justified is less interesting than how the British understood and debated them: German demands were often exaggerated, but the British understanding was shaped by a complex mix of economics, justice, and merit.

These moral problems were not confined to British rule. Shortages and financial limits were endemic everywhere, and food provision and disease-prevention touched on difficult moral criteria. The basic principle of treating different

populations differently was well established. As an ex-enemy country, Germany had been barred from the support of organizations such as the United Nations Relief and Rehabilitation Administration (UNRRA), and had, symbolically, been sent to the end of the world queue for aid.[132] 'German organisations must make known the critical food situation which they have brought upon the whole world,' a British agricultural expert wrote in June 1945, and 'in the unlikely event of any surplus becoming available they will inevitably be last on the list to get it'.[133]

A practical extension of this idea was widely practised in all zones, which made clear the moral judgement it contained. Food rations were given to different civilian population groups in Germany not simply according to physical requirements. The non-German DPs received comparatively high rations and were entitled to assistance by international relief programmes. In November 1945, when the official German ration for the normal consumer was 1,700 calories, the minimum basic ration in DP camps was apparently 2,300 calories per person per day.[134] Among the German population, rations were set primarily on the basis of need either by employment (miners and heavy manual workers got the highest allocation) or by condition (children, pregnant, and nursing women all received extra milk allocations), but they also reflected other considerations. In all zones, Jews, concentration camp survivors, and other 'victims of fascism' received a higher ration allocation than was dictated by their occupational or physical category. In September 1945 the Allied Kommandatura of Berlin decided that '[a]ll authentic victims of Nazi persecution whose health has suffered as a result of such persecution will be given a ration card in one group higher than that to which their work entitles them', and Germans were instructed to 'ensure that one scale higher in rations is fairly awarded to all victims of Fascism, according to existing rulings'.[135] A few months later, the Kommandatura ordered that all victims of fascism be given the highest possible allocation for the next three months.[136] In the British zone, German officials were instructed that additional food be given to 'certain classes of ex-inmates of German Concentration Camps and other victims of oppression'.[137]

A version of this principle was practised everywhere, and it always caused problems. 'The question of trying to arrange for all those inside Germany who claim to have been throughout the enemies of Fascism to receive extra food raises serious difficulties,' Philip Noel-Baker, a minister at the Foreign Office, explained, since there were many 'who claim without any real justification to have engaged in active opposition. You can imagine how difficult it is for Military Government in Germany, with the Staff at their disposal to sift the genuinely deserving cases from the remainder unless the evidence, e.g. imprisonment in a concentration camp, is overwhelming.'[138] It was also seen as problematic when the German authorities on occasion applied the principle to groups at the other end of the moral scale. In July 1945 the Berlin Magistrat prescribed that former members of the NSDAP were to be put into the lowest of the five ration groups, regardless of work category.[139] Allied officials feared that this would not be conducive to public order, and the Allied Kommandatura of Berlin ordered the Magistrat to change the regulation. The proposal that former members of the NSDAP should be forced to donate blankets and clothes was also dropped.[140] There were other proposals, too. The Magistrat welfare office explained that although 'worthiness of the welfare recipient is under German law no precondition for the receipt of public welfare', it had always been specified that 'anti-social persons' were to get 70 per cent of the customary support. And so, until welfare regulations were changed more substantially in 1947, 'former members of the NSDAP and its associated organisations were classified as anti-social persons'.[141]

These tensions prevailed in all zones, but debates in the British zone were often particularly fierce and betrayed deeper roots—as became visible in the arguments about food. Conditions in Germany were worse than expected, and the British economy was also undergoing a sharp downturn. Reports on the dire conditions in the British zone reached London. 'It is not true … that there are large food stocks in the British Zone', one testified: most stocks had been consumed by the time the British arrived. In some places delivered rations were as low as 800 calories. The situation was unlikely to improve, since the harvest was expected to be far below average and further aggravated by severely restricted transport.[142] Alarming reports also reached the Foreign Office from journalists, politicians, and other British citizens who visited Germany. Conditions were 'so appalling', one couple wrote, 'it seems certain that, if drastic action is not taken immediately, millions of men, women and children will perish this winter from starvation, exposure and disease'.[143] 'There is very little doubt that the risk of very heavy mortality this winter in Germany is a grave one', confirmed Noel-Baker following a visit to Germany to collect information for a report to the Cabinet on the risk of epidemics.[144] 'It is clear to me', he continued in a letter to Brian Robertson, deputy military governor of the British zone, 'that you are going to need much greater latitude than you at present possess as regards the types of goods, including raw materials, which you may programme for import into Germany.'[145]

But it was not that simple. Although no one tried to put a policy of pastoralization into effect (of the kind which Henry Morgenthau had had in mind), the concept of limiting the German standard of living persisted, and, in combination

with domestic shortages, dictated the British approach. At meetings of the ACC, the forum where the four Allies met and decided joint policy for Germany, the standard of living concept was discussed at great length, particularly in connection with reparations from German industry. But regarding nutrition, too, this concept was influential. In September 1945, an ACC report on the standards of food rationing to be adopted for the German population reasserted that rations could only be agreed after data had been collected on food consumption in the rest of Europe, 'so that food consumed in Germany will not exceed the average pertaining in European countries'.[146]

Among occupation officials stationed in Germany, attitudes often changed in the course of their time in the country. In autumn 1945, Colonel Rees-Williams, who until a few weeks earlier had been a military government officer in Germany, explained at a meeting with Prime Minister Clement Attlee that 'he had gone to Germany as an advocate of a hard peace, but had soon been converted by his experiences'. Gerald Gardiner, a long-standing member of the Friends Ambulance Unit who had also served in Germany, explained that '[i]t was his impression that the Military Government officers in the British zone were willing and able to do more than they were doing at present to relieve distress', but they were still 'restrained by apprehension of criticism from home'.[147] Or as a Control Commission officer later put it: 'The trouble is that, when nearly all the world is suffering from acute shortages of goods … it is difficult to arrange, or to defend, that Germany should come anything but last.'[148]

German complaints about food shortages were often buttressed by testimonials from doctors. German doctors were particularly angered when, shortly after the reduction of official rations in the British zone in March 1946 to 1,550 calories per normal consumer per day, military government interfered with their authority to make clinical diagnoses of malnutrition and hunger oedema. They were instructed that only 'clinically proven' cases, i.e. those confirmed by laboratory tests, could be called 'oedema'. To avoid false diagnoses, all suspected cases were to be reported to the local British health officials responsible, who would carry out their own tests. German doctors would be punished severely for making a diagnosis not subsequently confirmed.[149]

In October 1945 a Zonal Health Advisory Council was established, containing one German medical representative for each province, to advise on health problems affecting the British zone, but without any formal legislative or executive powers.[150] This, and, after March 1946, the Zonal Advisory Council (ZAC), became a platform for German complaints.[151] Professor Rudolf Degkwitz, a paediatrician and health officer in Hamburg, who had spent several years in Gestapo imprisonment, was active in both groups and regularly voiced his concerns about the German state of health and the apparent lack of interest among the occupation authorities.[152] Malnutrition was widespread and worsening, he argued, and responsible for the reduced resistance to infectious diseases. Many diseases (particularly tuberculosis) were more often fatal than they were before. In a similar vein, Robert Lehr, *Oberpräsident* of the North Rhine province and a prominent member of the ZAC, complained that '[a]t the Nuremberg trials, the starvation in Nazi concentration camps was given much prominence. But one could also starve outside a concentration camp. 1,550 calories was not enough to work on and the latest cuts to 1,014 were more than disastrous.'[153]

In highly emotional tones, a resolution passed at the founding meeting of the new federal medical association/chamber of physicians (the Bundesärztekammer) on 15 June 1947, appealed 'to the conscience of the world not to tolerate any longer the alarming decline of the German people's health'. Conditions were unbearable, and the majority of Germans was 'living on a scale of rations amounting to not more than one third of the minimum of food recognised by international authorities'. Official rations were bad enough, but they were rarely supplied in full, and 'the German public, facing the discrepancy between ration scales and rations issued, has completely lost its confidence both in the German and the Allied authorities responsible for the supply and distribution of food'. The resolution went on to describe the pervasiveness of hunger and starvation. 'The direct victims of the famine are numerous whereas the number of those indirectly affected is much greater and still defies an exact statement. The whole people, once vigorous and healthy, has been weakened by starvation and is now utterly incapable of work and is on the verge of manifest infirmity.'[154] These complaints were always accompanied by demands for more food imports and a more constructive approach to the reconstruction of German agriculture and industry.[155]

Some British citizens also took up the German cause. The publisher, writer, and political activist Victor Gollancz wrote a series of pamphlets on the German situation, in which he urged the occupiers to improve conditions. The Germans had only few people 'to appeal in their name to the decency of the world', Gollancz argued, but the British people, 'as nationals of an occupying power that had enforced unconditional surrender', 'had a very special responsibility before the bards of history and of our own conscience'. He argued that 'if every German was indeed responsible for what happened at Belsen, then we, as members of a democratic country and not a fascist one with no free Press or parliament, … are responsible individually as well as collectively for refusing to tolerate anything that might be

considered even remotely comparable with Belsen, if only by way of rhetoric'.[156] Gollancz made several visits to the British zone. He met Rudolf Degkwitz and others, and his pamphlets made use of Degkwitz's data. As many as 100,000 oedema cases were hospitalized in Hamburg alone, Gollancz maintained, and those represented only a small fraction of cases overall.[157]

On the surface, the battle lines were simple: German demands for food were counterweighted by British financial and political considerations. But confrontations went deeper, particularly when the British authorities began to contest German assessments. They had been sceptical of exaggerated German appraisals from the start, and continued to question the German ability, authority, and legitimacy to make demands throughout the post-war years. This state of affairs continued, and even worsened, when, at the beginning of 1947, administrative matters (including nutrition and public health issues) were handed over and the 'indirect control' plan finally implemented. British officials' lack of confidence in the German doctors under their charge led some to question the practicability of any real indirect control. And although there were important financial reasons for monitoring rations and keeping them as low as possible, older diagnoses of the German mentality helped to justify such interventions.

Following the particularly severe winter of 1946–7, made worse by the cancellation of many imports from abroad, a number of nutritional scientists sponsored by the Medical Research Council (MRC) were asked to report on German conditions. Their reports demonstrate how much, in British eyes, the issues of German *ability* and *legitimacy* to make medical claims were intertwined. Robert McCance and Elsie Widdowson, both British nutritional scientists of some standing, were among those who conducted nutrition research in Germany throughout 1946 and 1947.[158] 'It is quite possible', wrote McCance after returning in 1947, 'that in subjects which are not remotely connected with nutrition, the German may be sound enough, but I am certain, he is quite incapable of taking an objective view of any subject into which he can, by any stretch of imagination, introduce an nutritional element.'[159] When in spring 1947 McCance and Widdowson interviewed German doctors and inspected malnutrition cases in hospitals, they came to the conclusion that although the official rations were low, 'there seem to be so many ways in which some extra rations can legitimately be obtained that there may be relatively few people who are living on this diet alone'. As a result, '[i]n the opinion of the Oxford Nutrition Survey team there is not much evidence of malnutrition among the ordinary civilian population. They say that the Germans may have lost some weight, but even now they are heavier than their English counterparts.'[160] In short, although there was some malnutrition in Germany, the German doctor's argument on the effects of inadequate rations was highly questionable.[161] 'You cannot be suggesting', one British consultant responded to the Germans, 'that this is a famine of Chinese or Indian proportions.'[162]

McCance's researches in Germany caused controversy in another way. In June 1946, McCance sent out a request to German doctors to allow him to carry out kidney function tests on terminally ill babies with certain abnormalities, through an examination of their blood and urine. McCance selected these babies because he was uncertain whether these tests were safe, but crucially he failed to ask for the parents' consent. News of this work emerged as the prosecution at the Nuremberg medical trial presented evidence on German medical experiments on human beings, and proved a considerable embarrassment both for McCance and the British health authorities who had let it happen. Even though McCance insisted that these tests did not constitute 'human experiments', the German defence used them as an example of Allied human experimentation.[163] At least as far as his career was concerned, the damage was only temporary. There was no criticism of McCance's methods from the MRC, whom he represented in Germany, and he became a Fellow of the Royal Society in 1948; a few years later the MRC even asked him to talk about ethics of human experimentation.[164] But the confrontations between German and British health officers seemed to become more entrenched than ever.

Another nutritional scientist now in Germany was A. P. Meiklejohn. In 1946 he was appointed as senior lecture in nutrition at Edinburgh University's Department of Medicine. Until 1947 he was also a nutritional adviser to UNRRA, and in that capacity he was sent to Bergen-Belsen concentration camp shortly after its liberation by British troops, and supervised the feeding of the many severely malnourished and dying inmates.[165] He, too, was asked by the MRC to report on the German state of health, and came to similar conclusions to McCance and Widdowson. He had examined over 2,000 Germans, he explained in his report, but had seen 'no undoubted cases of famine oedema'. He thought that German health may have *benefited* from the shortages. 'The Germans particularly in the South are inclined to regard obesity as a sign of health and grace, particularly among women. Its rarity now may be one reason why they consider themselves underfed.' However, '[a]s in the U.K. many adults are likely to have benefited from losing excess weight and its complications of high blood pressure, diabetes and gall stones.'[166]

‘[E]xaggerated statements’ were made ‘both by the Germans and their friends’, Meiklejohn insisted, and could only be answered by ‘exact Scientific Information about the state of Nutrition’. He was ‘particularly unfavourably impressed by written statements prepared for us by German Public Health Officers in Nuremberg and Hamburg. These statements were obvious propaganda bearing little relation to the true medical facts’. A Dr Aschoff, he reported, had recently published a paper which sought to ‘prove that Germans in the British zone are now worse of[f] than the inmates of Buchenwald concentration camp’. And a Dr Otto Schmidt, German medical officer of health in Frankfurt in the American zone, had in March 1946 ‘prepared a document … grossly exaggerating the nutritional problems of the population’. In sum, Meiklejohn maintained, it was ‘clear that the Germans are now grossly exaggerating the effects of the food shortage. The danger is that they may come to believe their own misrepresentations. Hence the need for precise objective investigations’. Leading British public health officers in Germany had agreed that they ‘placed no reliance on the figures’.[167]

These attacks focused on German analyses of malnutrition and starvation, but even the British nutrition survey teams, established to investigate the state of health among the zone's population, came under fire.[168] Following the ration cuts in spring 1946 they reported signs of health deterioration, and after the winter of 1946–7 they testified that health conditions were worsening. A report from May 1947 argued that large parts of the population were ‘in decidedly poor condition to withstand any further decrease in food intake’, and that, particularly regarding diseases such as tuberculosis, the situation was ‘potentially threatening in view of the nutritional state of the population’.[169] But their reports, British critics now argued, had relied too heavily on German data. As Meiklejohn explained, a large part of the ‘dis-satisfaction is due to the control of Survey Teams by Germans’. The British teams had been open to German manipulation, he believed, primarily because of their lack of ‘direction and internal criticism from an experienced and senior medical officer with special knowledge of nutritional problems’.[170] McCance agreed that the British teams came up with questionable data because they consisted of ‘medical people with no special knowledge of nutrition’. And in the American zone it was even worse, McCance reported, since the Americans had ‘entrusted the investigations there to Germans, and are just having their legs pulled’.[171]

An exchange which spelled out the British position concerned the work of Werner Klatt, a German émigré who arrived in Britain in May 1939, and, after being interned and eventually naturalized, worked for the Political Intelligence Department of the British Foreign Office. From 1946 he was director of the Food and Agricultural Section of the London Control Office, and queried some details in Meiklejohn's report.[172] Following some German doctors, he suggested that perhaps some comparison could legitimately be made between the food received by prisoners detained in Germany during the war and the current situation, and in this light he had to agree with the Germans that the prisoners had received more food. Generally, he believed that ‘the arithmetic of the food consumption on and off rations as applied in the calculations of the 8th Nutrition Survey [which had been advised by Meiklejohn] was somewhat shaky’, and would only harm the British case. ‘As you know’, he wrote, ‘I am appalled by German inaccuracies and generalisations, but it seems to me that the British case is weakened if mistakes are made on this side which in case the report is published will be taken up and challenged by German nutritionalists immediately and which, as far as I can see, cannot be fully defended.’[173]

Meiklejohn exploded with fury. In his reply, he disagreed that the Germans had the right to be granted help. ‘I am frankly amazed’, he wrote, ‘that you are prepared to make a favourable comparison between this ration for prisoners and the present rations for German civilians. You know very well that the Germans, unlike their prisoners during the war, are free to supplement their ration from black-market sources.’ Moreover, Meiklejohn went on, ‘I question the right of the Germans to make [this comparison]’. Many of their prisoners had been British, and there could ‘be no question that many of our men depended for their survival on the Red Cross parcels sent out from this country. If you doubt this, I would be glad to put you in touch with some friends of mine who were P.O.W.s in Germany; also I know a doctor who personally inspected many P.O.W. camps on their first liberation; I am sure that he would be glad to enlighten you.’

If any problems did exist, Meiklejohn argued, it was because of the ‘inability or unwillingness of the German authorities to control the black market and to direct indigenous food into rationed channels’, rather than any actual lack of food:

> I was myself concerned in the relief of Belsen Concentration Camp. There I saw 17,000 people in the last extremity of starvation and thousands of others dead and unburied on the ground. We had no difficulty in raising 2,000 litres of milk daily from surrounding farms to feed the starving, and could have raised 10,000 litres if we had had a few more days to collect enough containers. At that time I also saw the German population in the

> neighbouring town of Celle; if … slimness is fashionable among German women, Celle was certainly a most unfashionable place.

The 'essential point', he went on, was that 'the Germans frequently starved their prisoners, whereas the great majority of Germans are now adequately fed'.

> Because our points of view are so obviously different, you will probably think that my attitude towards the Germans is vindictive. That is not the case; I believe that we should consider their problems with scrupulous fairness, but I also believe that the people of this country, who are making great sacrifices to support the Germans, are entitled to know the truth. I therefore resent most strongly all efforts to misrepresent the truth or to obtain for the Germans a better deal than the facts warrant. You say that you are 'appalled by German inaccuracies and generalisations'. I, on the other hand, am infuriated by their deliberate falsification of the facts.

He added that after visits to six other Central and Southern European countries during the previous year, he knew that, 'by comparison, the Germans have been very fortunate in their post-War standards of nutrition'.[174] Writing to Edward Mellanby at the MRC, he complained that '[t]his erstwhile German, now working in the Food and Agriculture Division at Norfolk House, seems to need someone to tell him where he "gets off" '.[175]

The confrontation between German and British health officials about tuberculosis was similar to the argument about food. It only erupted properly in late 1947, but the positions had been fixed several years before. The actual data is perhaps less interesting than the nature of the confrontations: British health officials emphasized the problems of venereal diseases and other acute epidemic conditions as most urgent, but to the Germans tuberculosis was of greater political, social, and symbolic significance.[176] German doctors argued that current conditions (inadequate nutrition, bad housing, lack of heating) meant more people were dying from this condition than even at the height of the war. Rudolf Degkwitz, the Hamburg medical officer of health, was again among those who repeatedly warned about the rise of TB. He founded the 'Central Committee for the Fight against Tuberculosis', and reported regularly on the increasing numbers of cases, for whom not nearly enough hospital beds were available.[177] Like complaints about lack of food, TB also featured in the meetings of the ZAC, and doctors helped formulate the ZAC's position that the population's state was poor and worsening, and insufficiently appreciated by the occupiers.[178]

Once again, these claims were met with great scepticism. A British observer of the ZAC meetings noted with disdain that the 'deterioration of health among the population has become so much a platform point among politicians that none would dare countenance any suggestion to the contrary'.[179] The Germans had vastly exaggerated both the incidence and the death rates, British observers argued, which were deliberately intended to attract world sympathy.[180] Meiklejohn pointed out that exaggerated incidence rates were a result of the new German instructions for granting additional rations to TB patients, and that doctors were 'conniving' with their patients. These instructions 'provide a simple way by which members of the public can get extra food with the connivance of their local doctor. We were told that already 400,000 people in Bavaria get such extra rations and the numbers are rapidly increasing.'[181] The Americans were once again duped by their German colleagues.

In September 1947, the British health authorities ordered an investigation into the situation. Philip D'Arcy Hart and Marc Daniels, two members of the MRC's scientific staff, found that contrary to German claims, the tuberculosis rate was roughly the same as in Britain, and in decline. Specific disagreements focused on the German methods of reporting cases and measuring rates. Daniels and Hart suspected that the data was manipulated deliberately. 'We must refer here to the regrettable fact', they concluded, 'that German officials (some non-medical) have repeatedly during the past year issued to Allied journalists and other visitors misleading and sometimes even false information regarding the tuberculosis situation in Germany. These statements have had the effect of putting tuberculosis in Germany unjustifiably on the level of a sensational news item. Moreover, since it is generally known that tuberculosis figures are a sensitive index of social conditions, sweeping conclusions as to these conditions have been drawn from erroneous data.'[182] An MRC report confirmed these findings, and agreed that 'a great mass of propaganda is always emanating from Germany'. In fact, the 'German medical press takes part in this and brochures have been put out by firms and by medical organisations which are frankly intended by gross exaggeration to create an atmosphere of sympathy for suffering which may sometimes be imaginary.'[183] Overall, the 'authentic Control Commission view' was that 'while the majority of Germans are not being fed as well as of old, they have suffered little, if at all, in health, and that the minority, while suffering to a greater or lesser extent in health and vitality, has not suffered sufficiently to affect the

vital statistics, the death rate, the infant mortality and the birth rate: that, indeed, no damage has been done to the health of the people as a whole.'[184]

The British preparations for the occupation of Germany had therefore misjudged the situation in their belief that it was possible to implement a system of 'indirect control'. This was not just because of a shortage of German administrators: once a series of compromises had enabled the restaffing of German authorities, indirect control could theoretically proceed. But, in fact, British officials showed considerable reluctance to implement indirect control.[185] The British authorities were more compelled to rely upon Germans in public health matters than in most other fields; public health even merited the establishment of one of the first zonal advisory bodies.[186] But here, too, tensions and conflicts persisted. The British remained the most aloof of the occupiers, with the least trust in, and willingness to rely on, local administrators.

In part this was caused by British psychological analyses of what the Germans were like, which led some British officials to question the German character's potential for being re-educated and reformed. In their eyes, German doctors' demands for food and supplies that were not due to them, and their use of apparently distorted or falsified medical data, suggested that they had not changed at all. As a GPRB paper stated in December 1946, their research had demonstrated that among the Germans a 'sense of responsibility for the past seemed to be a condition for a creative, hopeful attitude towards the future; those who had no conscious guilt tended to be apathetic or bitter; those conscious of guilt tended to be optimistic or constructive'.[187] The lack of both sense of responsibility and conscious guilt worried British officials throughout their time in Germany. British and German confrontations about the significance of malnutrition and tuberculosis touched on exactly what a German 'sense of responsibility' for the past should involve and what hope there was for a future democratic Germany.

In contrast to the other occupiers, the British seemed to lack a sense of mission in Germany. Unlike the French, their occupation was not a way of rethinking their place in the world—and unlike the Soviets and Americans, it did not herald a major new set of responsibilities in world affairs. Weighed down by concerns about occupation costs, the British found Germany disconcertingly dissimilar from the colonies they were used to administering, and the Germans themselves confusing and disturbing. Global political imperatives soon overtook them, and by the time the Federal Republic of Germany was founded in May 1949, these old worries seemed to have become ancient history. But in truth British concerns about Germany, its character and legitimacy, have survived for longer than the divided country.

Footnotes

1 TNA, FO 1050/46, 'The Year of Genesis', *British Zone Review: A Fortnightly Review of the Activities of the Control Commission for Germany (B.E.) and Military Government*, 1/8 (5 Jan. 1946), 1.

2 TNA, FD 1/418, quoting Robert McCance, ALT. 'Interview with Professor R. A. McCance and Dr Elsie Widdowson', 27 Aug. 1947.

3 BAK, Z45F, 3/169-2/159, 'Minutes of the Meeting convened by Chief, Public Health Branch, G5 Division, SHAEF, for discussion of military government public health plans and operations', 15–16 Jan. 1945, 15. On Boucher, see FO 1050/757, Lt. Gen. B. G. Horrocks (30 Corps District, BAOR) to PM Balfour, 12 Sept. 1945 and 'Welfare of Old Folk: Country Conference', *Durham County Advertiser*, 18 June 1948. He later became assistant secretary of the Ministry of Health and was member of the British delegation to the World Health Assembly in Mexico in 1955, see 'Medical Notes in Parliament', *British Medical Journal*, 30 Apr. 1955, 1104.

4 TNA, FO 936/90, Deputy Commissioner ((Military), CCG(BE), Norfolk House) to the Under Secretary of State for War (DSD), War Office, 8 Sept. 1944. FO 371/46804, 'Report on the Achievement of Military Government in the British Zone up to date', Francis D. W. Brown (Political Division, CCG), 14 July 1945, printed 30 July 1945, forwarded by William Strang to Anthony Eden.

5 SHAEF, Military Government of Germany, *Technical Manual for Public Health Officers* (Washington, 1945), cited in Wilfried Harding, 'Reorganisation of the Health Services in the British Zone of Germany', *The Lancet*, 254/6576 (10 Sept. 1949), 483.

6 TNA, FO 936/90, Establishment Division, COGA to Public Health Branch on the proposed war establishment, 8 Sept. 1944. FO 936/90, C. H. Wilcox (Treasury Chambers) to H. C. Rayner (Enemy Branch), 21 Sept. 1944. The Public Health Branch, IA&C Division, CCG(BE) was responsible for health issues affecting the German population in the zone, whereas the Director of Medical Services, HQ, BAOR was responsible for army and DP health. UNRRA teams assisted military government in the care of DPs, but did not get involved in German health care. TNA, FO 936/90, Chief of Staff, BAOR to HQ, Corps Districts, 31 Aug. 1945.

7 FO 371/46804, 'Report on the Achievement of Military Government in the British Zone up to date', Francis D. W. Brown.

8 Figure according to Oct. 1946 census of the German population by Ausschuß der deutschen Statistiker für die Volks- und Berufszählung

1946, *Volks- und Berufszählung vom 29. Oktober 1946* (Berlin, 1949), 2–6, cited in Michael Balfour, 'Four-Power Control in Germany, 1945–1946', in Michael Balfour and John Mair, *Four Power Control in Germany and Austria, 1945–1946* (Oxford, 1956), 191.

9 There are competing and incomplete estimates of the sizes of the four military governments, but some rough comparisons are possible. A British document from Feb. 1946 stated that the 'total establishments of the Control Commission/Military Government (BE) now total some 35,000 British personnel and these continue to grow'. [NA, FO 1050/50, circular from Deputy Military Governor, 11 Feb. 1946]. Balfour estimated that the CCG(BE) establishment in 1946 totalled 25,813 people, compared to 12,000 personnel in American military government in Dec. 1945, which sank to 7,600 by Apr. 1946. In Dec. 1946, when demobilization had already reduced the sizes of both the British and American continents, the French still had 11,000 personnel engaged in military government; by late 1946, the French had the highest density of occupiers in western Germany (18 per 10,000 Germans), followed by the British (10 per 10,000), whereas the Americans only had 3 per 10,000. (Balfour, 'Four Power Control in Germany', 1026.) For the Soviet zone, Naimark states that in Nov. 1946 there were 49,887 members of SMAG, but this included a great number of soldiers, not counted in the other zones' estimates. He also states that by Jan. 1946, 12,992 people had been sent from the Soviet Union to the zone as cadres/specialists to work in military government. (See Norman Naimark, *The Russians in Germany: A History of the Soviet Zone of Occupation, 1945–1949* (Cambridge, Mass., 1997), 239.)

10 TNA, FO 936/90, W. H. Boucher (Director, Health Branch, Norfolk House) to J. K. Donoghue (Civil Establishments), 26 Sept. 1944.

11 Quoted by Scheele in BAK, Z45F, 3/169-2/159, 'Minutes of the Meeting', 15–16 Jan. 1945, 15.

12 TNA, FO 1013/636, draft of a circular, 29 May 1945, amended in July 1945, listed 5 categories: (a) mandatory arrest, (b) mandatory removal (both of which were to be effected automatically), (c) removal or arrest after evaluation of questionnaire and investigation, (d) suspension pending further investigation, (e) approved.

13 TNA, FO 1050/46, 'The Year of Genesis', *British Zone Review*, 1/8 (5 Jan. 1946).

14 Field Security and Counter-Intelligence units were responsible for investigating, arresting, and interning dangerous persons. Military government public safety officers were to scrutinize information provided in the questionnaires. In view of the pervasiveness of Nazi activism, competences for denazification could not rest with Germans at the beginning; only from spring 1946 onwards was some German advisory function allowed. German denazification tribunals eventually took over the vetting process.

15 Paul Weindling, *Nazi Medicine and the Nuremberg Trials: From Medical War Crimes to Informed Consent* (Basingstoke, 2004), 27.

16 Paul Weindling, 'Medicine and the Holocaust: The Case of Typhus', in Ilana Löwy (ed.), *Medicine and Change: Historical and Sociological Studies of Medical Innovation* (London, 1993), 447–64, at 455.

17 TNA, FO 1030/382, Second Army to Mil Gov 20 Corps Main, 28 May 1945, discussed the 'mandatory dismissal' category. A definite criterion was membership from or before 1 Apr. 1933, but it was unclear whether connections to the SA should also be included.

18 BAK, Z45F, 3/169-2/159, 'Minutes of the Meeting', 15–16 Jan. 1945, 15.

19 BAK, Z45F, 3/169-2/159, 'Minutes of the Meeting', 15–16 Jan. 1945, 16.

20 Balfour, 'Four-Power Control in Germany', 65.

21 BAK, Z45F, 3/169-2/159, 'Minutes of the Meeting', 15–16 Jan. 1945, 15.

22 TNA, FO 1050/336, 'Joint Public Safety weekly conference—extract from memoranda drawn up by the Director, Public Safety Branch, U.S.Group C.C. for consideration at the first meeting to be held on 22 Jan. 1945, at Flat 107, Ashley Gardens', Lt. Col. I. H. T. Baldwin, SOI, 20 Jan. 1945. FO 1050/336, Public Safety Branch to Chiefs of Divisions of the Control Commission for Germany (British Element), Subject 'removal and appointment of German officials', 17 Jan. 1945.

23 Henry V. Dicks, *Fifty Years of the Tavistock Clinic* (London, 1970). Henry V. Dicks, 'Personality Traits and National Socialist Ideology: A War-time Study of German Prisoners of War', *Human Relations*, 3/2 (1950), 111–5410.1177/001872675000300201 [CrossRef]. Henry V. Dicks, *Licensed Mass Murder: A Socio-Psychological Study of Some SS Killers* (New York, 1972). After the war he worked on the psychology of international relations, see e.g. UNESCO, Documents and Publications, SEM/SEC.II/3/ED, 'Personality development in relation to international understanding—lecture given by Dr Henry V. Dicks, University of Leeds at the Summer Seminar on Education for International Understanding, Sèvres, France', 25 Aug. 1947.

24 TNA, FO 1032/1464, 'The German Personnel Research Branch: A Brief Historical Sketch and Summary of Findings', 31 Dec. 1946.

25 WA, GC/135/B1, H. V. Dicks, 'National Socialism as a Psychological Problem', Jan. 1945.

26 TNA, FO 1032/1464, Lt. Col. H. V. Dicks, 'Selection and re-education of German Prisoners of War', sent to Air Commodore Groves

(PWE) and Sir Desmond Morton (Director of Army Psychiatry), 10 Feb. 1945, 1.

27 Jeremy A. Crang, 'The British Army as a Social Institution, 1939–1945', in Hew Strachan (ed.), *The British Army: Manpower and Society into the Twenty-First Century* (London, 2000), 20.
F. H. Vinden, 'The Introduction of War Office Selection Boards in the British Army: A Personal Recollection', in Brian Bond and Ian Roy (eds.), *War and Society: A Yearbook of Military History*, ii (London, 1977), 119–28. Philip Vernon and John Parry, *Personnel Selection in the British Forces* (London, 1949). Many thanks to Nafsika Thalassis for background on the selection boards, which she has dealt with in her PhD thesis, 'Treating and Preventing Trauma: British Military Psychiatry during the Second World War', University of Salford, 2004.

28 Other Tavistock men who advised the British Army and/or occupation forces included Brigadier John Rawlings Rees (who assessed Rudolf Hess's capability of standing trial for war crimes), Ronald Hargreaves (assistant director of Army Psychiatry), Wilfred Bion, and Roger Money-Kyrle. See Roger Money-Kyrle, *Psychoanalysis and Politics: A Contribution to the Psychology of Politics and Morals* (London, 1951). Roger Money-Kyrle, 'The Development of War', *British Journal of Medical Psychology*, 17 (1937), 219–36. John R. Rees and Henry Victor Dicks, *The Case of Rudolf Hess: A Problem in Diagnosis and Forensic Psychiatry* (London, 1947). J. R. Rees, *The Shaping of Psychiatry by War* (London, 1945). W. R. Bion, 'The War of Nerves', in E. Miller and H. Crichton-Miller (eds.), *The Neuroses in War* (London, 1940), 180–200. W. R. Bion, 'Psychiatry in a Time of Crisis', *British Journal of Medical Psychology*, 21 (1948) [PubMed: 18911935].

29 Gérard Bléandonu, *Wilfred Bion: His Life and Works, 1897–1979* (London, 1994), 54–9. Wilfred Bion, 'The Leaderless Group Project', *Bulletin of the Menninger Clinic*, 10 (May 1946), 77 [PubMed: 20985170]. Also see Wilfred Bion, *All My Sins Remembered: Another Part of a Life, and the Other Side of Genius* (Abingdon, 1985).

30 Jeremy A. Crang, 'The British Army as a Social Institution, 1939–1945', in Hew Strachan (ed.), *The British Army: Manpower and Society into the Twenty-First Century* (London, 2000), 21.

31 Richard A. Chapman, *The Civil Service Commission, 1988–1991: A Bureau Biography* (London, 2004), 53 f.

32 TNA, FO 1032/1464, H. V. Dicks, 'Memorandum on the applications of social psychology to the needs of the control commission', 9 June 1945.

33 WA, GC/135/B1, Lieut.-Colonel H. V. Dicks, War Office (DA Psych.), 'German political attitudes: an analysis and forecast of likely reactions confronting the Allies in occupied Germany', Oct. 1944.

34 TNA, FO 1032/1464, H. V. Dicks, 'An experimental establishment for selection and re-education of Germans', 24 Feb. 1945.

35 TNA, FO 1039/129, 'German Personnel Research Branch, Assessment Centres', 8 Feb. 1946.

36 TNA, FO 1032/1464, H. V. Dicks, 'Selection and re-education of German prisoners of war', 10 Feb. 1945.

37 TNA, FO 1032/1464, H. V. Dicks, 'Selection and re-education of German prisoners of war', 10 Feb. 1945.

38 TNA, FO 1032/1464, H. V. Dicks, 'An experimental establishment for selection and re-education of Germans', 24 Feb. 1945.

39 TNA, FO 1032/1464, H. V. Dicks, 'Selection and re-education of German prisoners of war', 10 Feb. 1945.

40 TNA, FO 1032/1464, H. V. Dicks, 'Memorandum on the applications of social psychology to the needs of the control commission', 9 June 1945.

41 TNA, FO 936/90, Deputy Commissioner (Military) to Under Secretary of State for War, the War Office, 20 Feb. 1945, Subject: 'Public Health Branch, IA&C Div, War Establishment'. On Treasury approval for the GPRB, see FO 936/90, Aynsley to Winnifirth, 25 Feb. 1945.

42 TNA, FO 1032/1464, IA&C Division memorandum 'German Personnel Research Section', 14 June 1945; Commissioner's Office (Norfolk House) to Assistant Military Governor, 16 June 1945. The GPRB's Controller General was Wing Commander Oscar A. Oeser (RAF), who took a chair in psychology in Melbourne in 1946 (where the Psychology Department had a strong tradition in social psychology), see Alan Barcan, *Sociological Theory and Educational Reality: Education and Society in Australia Since 1949* (New South Wales, 1993). Other GPRB members included Geoffrey Gorer, Colonel Richard Rendel, Major W. Gumbel, and Major A. N. Brangham.

43 TNA, FO 1032/533, HQ (IA&C Division, Ashley Gardens) to Public Health Branch, 27 Apr. 1945.

44 TNA, FO 936/90, Deputy Military Governor, (CCG(BE), Norfolk House) to Under Secretary of State for War (War Office), 16 June 1945.

45 TNA, FO 1032/1464, A. H. Albu (Deputy President of the Governmental Sub-Commission, Office of the Deputy Military Governor, CCG(BE), Adv HQ, Berlin) to Lt. Gen. Sir Brian Robertson (Deputy Military Governor).

46 TNA, FO 1032/1464, Major General Lethbridge (MGI, Intelligence Group, CCG(BE)) to Chief of Staff (British Zone), 6 Sept. 1945.

47 TNA, FO 1039/129, 'Assessment Centres', 8 Feb. 1946, and extended version in FO 1032/1464, 19 June 1946, sent by Controller General (GPRB, Bad Oeynhausen), to A. H. Albu, (Governmental Sub-commission, HQ, CCG(BE), Berlin).

48 TNA, FO 1039/129, 'Assessment Centres', 8 Feb. 1946.

49 TNA, FO 1032/1464, Private Office of the Chief of Staff, British zone (Adv HQ, CCG(BE), Berlin), to MGI, 11 Sep. 1945. FO 1065/11, Lt. Col. GS, 12 Oct. 1945.

50 TNA, FO 371/39116, 'Some Aspects of the Post-War Administration of Germany', FORD, 30 Dec. 1943.

51 TNA, FO 1050/336, lecture on vetting of legal personnel by Colonel G. H. R. Halland, 27 Jan. 1945.

52 TNA, FO 1050/336, meeting held in DIG, C&D Sections Office, 24 Jan. 1945, on the subject of the vetting and purging of German officials.

53 George Orwell, 'Future of a Ruined Germany: Rural Slum Cannot Help Europe', *Observer*, 8 Apr. 1945, in: *Orwell: The Observer Years* (London, 2003), 40.

54 W. G. Sebald's essay 'Air War and Literature: Zürich Lectures', in W. G. Sebald, *On the Natural History of Destruction* (1999; London, 2003).

55 Francesca Wilson, *Advice to Relief Workers* (London, 1945), 14.

56 See Chauncy D. Harris and Gabriele Walker, 'The Refugee Problem of Germany', *Economic Geography*, 29/1 (Jan. 1953), 1010.2307/142127 [CrossRef]. Malcolm Proudfoot, *European Refugees, 1939–1952: A Study in Forced Population Movements* (Evanston, Ill., 1956). Also see Proudfoot's 'Liaison notes' in TNA, FO 1052/302, Director of DP Branch to HQ, Combined Displaced Persons Executive (CDPX), BAOR, 1 Sept. 1945.

57 Mark Mazower, *Dark Continent: Europe's Twentieth Century* (London, 1998), 217.

58 BAK, Z45F, 44-45/1/7, 'What Next?', *The Sunday Times*, Sunday 6 May 1945.

59 George Orwell, 'Creating Order out of Cologne Chaos: Water Supplied from Carts', *The Observer*, 25 Mar. 1945, in *Orwell: The Observer Years*, 39.

60 IWM Sound Archive, 2993/3, interview with D. A. Spencer, recorded by Thames TV in 1972.

61 Sean Longdon, *To the Victor the Spoils: D-Day to VE-Day, the Reality Behind the Heroism* (London, 2004), 93.

62 IWM Sound Archive, 10883/8, interview with Michael Rowntree (born 16 Feb. 1919), recorded by IWM on 7 Aug. 1989.

63 IWM Sound Archive, 12183/22, interview with Leonard Gibson (born 4 Dec. 1911), recorded by IWM in 1991.

64 Balfour, 'Four-Power Control in Germany', 65.

65 For anecdotes on the British army's encounter of DPs, see Longdon, *To the Victor the Spoils*, e.g. 88.

66 On British and American views of DPs from Eastern Europe, see Paul Weindling, *Epidemics and Genocide in Eastern Europe, 1890–1945* (Oxford, 2000), 396–7.

67 TNA, FO 1030/382, 503 Mil Gov Det to 30 Corps Main Mil Gov, 18 Mar. 1945.

68 IWM Sound Archive, 12183/22, interview with Leonard Gibson.

69 TNA, FO 1030/382, 503 Mil Gov Det to Mil Gov 30 Corps, 7 Mar. 1945.

70 TNA, FO 1030/382, 213 Mil Gov Det to Mil Gov 30 Corps Main HQ, 11 Mar. 1945.

71 TNA, FO 1030/382, list of recent appointments, sent by OC 213 Mil Gov Det to Mil Gov 2 Cdn Corps, 10 Mar. 1945.

72 TNA, FO 1030/382, OC 222 Det Mil Gov to Mil Gov 30 Corps Main HQ, 14 Mar. 1945.

73 TNA, FO 1030/382, 213 Mil Gov Det to 30 Corps Main, 11 Mar. 1945.

74 TNA, FO 1030/382, 214 Mil Gov Det to HQ 30 Corps, 18 Mar. 1945.

75 TNA, FO 1030/382, Main Second Army to 1 Corps Main 8, Corps, Rear 12 Corps, Main 30 Corps, 21 Apr. 1945. See also follow-up telegram from Main Second Army, 24 Apr. 1945.

76 TNA, FO 1030/382, 611 L/R Det Mil Gov to 30 Corps Main HQ, 16 May 1945. 505 Mil Gov Det to Mil Gov 30 Corps Rear, 24 May 1945.

77 TNA, FO 1030/382, Second Army Main HQ to 30 Corps Main, 5 May 1945.

78 William Strang, *Home and Abroad: An Autobiography* (London, 1956), 234.

79 Wilfried Harding, 'Reorganisation of the Health Services'. Harding (Hoffmann) was born in Berlin in 1915; he left Germany in 1933 to go to a Quaker school in Birmingham. He worked for the British military government 1947–8. See WA, 1828V, The Royal College of Physicians and Oxford Brookes University, Wellcome Medical Sciences Video Archives, 'Dr Wilfried Harding CBE in interview with Max Blythe', 27 Apr. 1990.

80 BAK, Z45F, 44-45/1/7, 'Generals ready to run Germany', *Observer*, Sunday 6 May 1945.

81 TNA, FO 1050/757, Miss Lawson (714 (P) Mil Gov Det) to W. H. Boucher, 19 Aug. 1945; HQ, IA&C Division, CCG(BE), Lübbecke to Director Public Health Branch, 22 Aug. 1945.

82 TNA, FO 1050/757, 'Minutes of meeting on planning for winter epidemics', held in Lübbecke on 29 Aug. 1945.

83 TNA, FO 1050/757, draft 'Plan for dealing with major epidemics', [8 Sept. 1945], released as 'Military Government Instruction on Winter Epidemics' on 17 Sept. 1945.

84 TNA, FO 1050/757, Commander-in-Chief Field Marshall Montgomery to the Undersecretary of State, War Office, Subject: plan in case of major epidemics in Germany, 4 Sept. 1945.

85 TNA, FO 1050/757, draft 'Plan for dealing with major epidemics', [8 Sept. 1945].

86 See arguments used in TNA, FO 1050/737, United States Proposal for the Allied Health Committee, 'Measures for the Control of Narcotic Drugs in Germany', 3 Dec. 1945.

87 TNA, FO 1030/387, Directive from Commander in Chief, 'Administration, Local and Regional Government and the Public Services', [23] Aug. 1945.

88 TNA, FO 1050/757, Col. D. W. Beamish (Public Health, HQ Mil Gov, Hanover Region) to the Public Health Officers at 117, 120, 504, 604, 611, 613, 821, 914 L/R Det. Mil Gov, Aug. 1945, Subject: preparations to meet winter epidemics.

89 TNA, FO 936/90, 'New establishment for CCG(BE), Public Health Branch', 15 Oct. 1945.

90 TNA, MH 76/333, W. H. Boucher (Director of Health Branch, IA&C Division, CCG(BE), Main HQ, Bünde, BAOR) to F. Bliss (Ministry of Health, Caxton House), 18 Sept. 1945.

91 TNA, FO 936/90, 'New establishment for CCG(BE), Public Health Branch', 15 Oct. 1945.

92 TNA, FO 936/90, 'Establishment Proposal for Nutrition Teams', from Office of the Deputy Military Governor and Chief of Staff (British Zone) to HQ (BAOR), 31 Oct. 1945.

93 TNA, FO 936/90, H. L. Jenkyns to R. W. Barrow (War Office), 25 Oct. 1945.

94 TNA, MH 76/333, minute from Mr Williamson to Mr Neville, 10 Dec. 1945.

95 TNA, MH 76/333, Mr Williamson to Sir George Elliston, 25 Jan. 1946. Advertisements appeared in the *Medical Officer* on 2 Feb. 1946 and in *Public Health* on 4/5 Feb. 1946. Harding remembered that 'establishments were never filled, and the British supervisory organisation suffered all along from a persistent dwindling of staffs'. Harding, 'Reorganisation of the Health Service', 483.

96 Hans-Ulrich Sons, *Gesundheitspolitik während der Besatzungszeit: Das öffentliche Gesundheitswesen in Nordrhein-Westfalen, 1945–1949* (Wuppertal, 1983), 33.

97 TNA, FO 936/90, G. A. Aynsley to A. J. D. Winnifrith (Treasury Chambers), 25 Nov. and 18 Dec. 1944. Ernest Cowell (Principal Medical Officer) was to get £1,500 per annum so as to beat UNRRA's pay scale of £1,000 to £1,300 for this grade.

98 TNA, FO 936/90, Wood (Norfolk House) to H. L. Jenkyns (Treasury Chambers), 18 Dec. 1945.

99 TNA, FO 936/90, Jenkyns (Treasury Chambers) to Wood (Norfolk House), 12 Jan. 1946.

100 The basic salary ranged from £800 to £1,200; for officers in charge of corps districts from £1,200 to £1,400. TNA, MH 76/333, letter

and draft, 31 Dec. 1945. FO 936/90, reply from Jenkyns to Wood, 12 Jan. 1946. Lower-ranking members of nutrition teams were to be paid as follows: clinicians £600 to £800, dieticians £400 to £600, basic technicians £250. See FO 936/90, Director General (Health Branch, IA&C, Rear HQ, Nevern Mansion) to G. K. Wood.

101 TNA, FO 1032/1464, 'The German Personnel Research Branch: A Brief Historical Sketch and Summary of Findings'.

102 TNA, FO 1032/533, Major Peter Storrs (Political Division) to Major Jewitt (Intelligence Section), 17 July 1945.

103 TNA, FO 1049/535, Kit Steel (Political Division) to Major General Lethbridge (Intelligence Group), 14 Feb. 1946.

104 TNA, FO 1032/1464, L. G. Semple (P&T Branch, IA&C Division, Main HQ, CCG(BE), Bad Salzungen) to Brigadier E. S. B. Gaffney (HQ, IA&C Division, Bünde), 22 June 1946.

105 TNA, FO 1032/1464, 'The German Personnel Research Branch: A Brief Historical Sketch and Summary of Findings'.

106 TNA, FO 1039/129, Col. A. F. Merry to Major H. Reade (Assistant Controller, P & I Branch, Economic Division Advance HQ), 19 Feb. 1946.

107 TNA, FO 1039/129, Col. A. F. Merry to Major H. Reade, 19 Feb. 1946.

108 TNA, FO 1032/1464, O. A. Oeser (GPRB, Intelligence Group, CCG(BE), Main HQ, Bünde) to A. H. Albu (Deputy President, Governmental Sub-Commission, Adv. HQ, Berlin), 5 June 1946. FO 1032/1464, Major General Lethbridge to A. H. Albu, 12 June 1946, as well as subsequent letters in this file.

109 FO 1032/1464, Intelligence Group HQ (CCG, Lübbecke) to Presidential Governmental Sub-commission, Office of the deputy military governor, Adv HQ, 12 June 1946.

110 TNA, FO 1032/1464, A. H. Albu to Brian Robertson, DMG, 20 June 1946.

111 TNA, FO 936/40, H. L. Jenkyns (Treasury Chambers) to P. T. Lyver (Control Office), 23 Feb. 1946. At the branch, controllers were paid £1,200 to £1,400, deputy controllers £900 to £1,100, assistant controllers £700 to £900, assistants £700 to £900, deputy assistants £450 to £700. At the assessment centres, controllers were paid £1,000 to £1,200, deputy controllers £800 to £1,000, psychiatry and psychology specialists £700 to £900, testing officers £450 to £700, civilian psychological assistants £300 to £450.

112 TNA, FO 1039/129, Brigadier E. Bader (HQ Economic Division, Adv HQ, CCG(BE), Berlin) to General Lethbridge (Intelligence Group HQ, Main HQ, CCG(BE), Lübbecke), 22 Feb. 1946.

113 See Clemens Vollnhals (ed.), *Entnazifizierung: Politische Säuberung und Rehabilitierung in den vier Besatzungszonen 1945–1949* (Munich, 1991), and Hans-Ulrich Sons, ' "Bis in die psychologischen Wurzeln": Die Entnazifizierung der Ärzte in Nordhein-Westphalen', *Deutsches Ärzteblatt*, 79, (1982).

114 TNA, FO 936/90, W. H. Boucher (Director, health branch, Norfolk House) to J. K. Donoghue (Civil establishments), 26 Sept. 1944.

115 Harding, 'Reorganisation of the Health Services', 483.

116 Number quoted in Harding, 'Reorganisation of the Health Services', 483.

117 'Reorganisation of the Health Services', 483.

118 TNA, FO 1012/533, Allied Kommandatura of Berlin, Public Health Committee, [Apr. 1946].

119 TNA, FO 1013/636, Administration & Local Government branch (IA&C Div, Main HQ, CCG, Bünde, BAOR) to various P and L/R detachments, 10 Nov. 1945.

120 Sons, *Gesundheitspolitik*, 40.

121 LAB C Rep. 118-58, *Official Gazette of the Control Council for Germany*, 5 (31 Mar. 1946), printed Directive No. 24 in full.

122 e.g. Frank Hawking, 'Recent Work on the Pharmacology of Sulphanomides', *British Medical Journal*, 1/4397 (Apr. 1945), 505–910.1136/bmj.1.4397.505 [PMC free article: PMC2057244] [PubMed: 20786007] [CrossRef]. Frank Ellis and Basil A. Stoll, 'Herpes Zoster after irradiation', *British Medical Journal*, 2/4640 (Dec. 1949), 1323–810.1136/bmj.2.4640.1323 [PMC free article: PMC2052119] [PubMed: 15396846] [CrossRef].

123 TNA, FO 1013/304, Rektor der Medizinischen Akademie Düsseldorf, to Regional Commissioner (Mr Asbury), 2 Dec. 1946.

124 TNA, FO 1013/304, H. J. Walker (Controller, Education Branch, Mil Gov NRW [North Rhine-Westphalia]) to Public Health, 24 Dec. 1946; J. G. Gill (Principal Control Office, Public Health department, HQ Land North-Rhine Westphalia) to Regional Government

Officer, 8 Jan. 1947.

125 TNA, FO 1013/304, minute from J. Donelly (HQ Mil Gov North-Rhine-Province) to Controller (IA&C Division, HQ Mil Gov North-Rhine-Province), 15 June 1946.

126 Balfour, 'Four-Power Control in Germany, 1945–1946', 178 f.

127 TNA, FO 1030/382, 825 (K) Mil Gov Det to Mil Gov Second Army Main, Subject: Appointments civ adm, 26 May 1945.

128 TNA, FO 1005/1926, CCG(BE), Information Services Control Branch, German Reaction Report No. 1 for period ending 29 Dec. 1946.

129 TNA, FO 1005/1926, CCG(BE), Information Services Control Branch, German Reaction Report No. 11 for period ending 29 Dec. 1946.

130 TNA, FO 1013/636, transit sheet, minutes from secretariat, 6 Jan. 1946. FO 1013/636, C. A. H. Chadwick (DDMG, HQ Mil Gov Westfalen Region) to Rudolf Amelunxen (Prov. Civ. Adm Westfalen), 9 Jan. 1946. FO 1013/636, Amelunxen to his Police President, 4 Dec. 1945; Amelunxen to 307 (p) Mil Gov Det, Adm & LG Branch, 20 Jan. 1946. For examples concerning doctors, see FO 1013/304, Chamber of Doctors (North-Rhine Province) to Dr med. Richter (Chairman of the Association of Doctors, Essen), 24 Nov. 1945. The reply from Dr J. H. Donnelly (Chief health officer, HQ Mil Gov NRP), 10 Dec. 1945, told the doctors that 'no removal can be ordered by a German authority'.

131 On the Schröer case, see TNA, FO 1013/304, Public Safety for Commander (HQ Mil Gov, Land Lippe and RB Minden, 507 HQ CCG) to Deputy Inspector General (Public Safety Branch, HQ Mil Gov North Rhine Westphalia, 714 HQ CCG), 29 May 1947.

132 Bod., SPSL 138/1, 'Aid in Recovery: growing burden on UNRRA', *The Times*, 12 Apr. 1945: 'Under the resolution of the council, UNRRA activities in enemy and ex-enemy are sharply limited, unless specific action is taken by the council authorising the type of relief to be provided in a specific country. At the request of SHAEF, UNRRA is assembling a large staff, at least 200 teams of 13 members each, to aid in the care and repatriation of the 8,500,000 United Nations nationals in Germany.' Also see Bod., SPSL archive, 138/1, correspondence with UNRRA.

133 William Gavin, 'Report on Food Situation in Northern Germany', 9 June 1945, quoted by James Tent, 'Food Shortages in Germany and Europe, 1945–1948', in Günter Bischof and Stephen Ambrose (eds.), *Eisenhower and the German POWs: Facts Against Falsehood* (Baton Rouge, La., 1992), 103.

134 BL, S.F.801/23, Military Government of Germany, 'Public Health and Medical Affairs: monthly report of military governor, U.S. Zone', No. 4, 20 Nov. 1945, 16.

135 BAK, Z45F, 44-45/6/9, Col. Frank Howley to Deputy Military Governor, US Zone, 29 Sept. 1945. The Allied food committee proposal was made on 25 Sept. 1945. LAB, C Rep. 131/04-31, Ernährungsamt Berlin-Mitte, 'Bericht über die Situng am 8.11.1945 beim Magistrat', 8 Nov. 1945.

136 LAB, C Rep. 131/04-31, Magistrat der Stadt Berlin (Abteilung für Ernährung), Subject: 'Versorgung der anerkannten Opfer des Faschismus', 12 Feb. 1946.

137 FO 1050/46, Public Health Branch (IA&C Div, CCG, Bünde, BAOR) to Secretariat (HQ, IA&C Div), 3 April 1946, paraphrasing Zonal Policy Instruction No. 20 of Dec. 1945; 'Questions for Background Pamphlet for Information of German Officials', Office of the Deputy Military Governor (Main HQ, CCG(BE), Secretariat), to all Divisions, 27 Mar. 1946.

138 TNA, FO 371/46806, Philip Noel-Baker to T. L. Horabin MP, 3 Oct. 1945.

139 Dieter Hanauske (ed.), *Die Sitzungsprotokolle des Magistrats der Stadt Berlin 1945/46* (Berlin, 1995), i. 71. Doctors were particularly opposed. At a meeting in July 1945, Berlin medical officers complained that former Nazi doctors were given the lowest rations, but had to work day and night. See LAB, B Rep. 012/902-5, 'Amtsarztsitzung vom 12. Juli 1945, 16 Uhr—Versammlung der Amtsärzte am 12. Juli im Hauptgesundheitsamt', Dr Redeker.

140 LAB, B Rep. 012/902-5, 'Besprechung der Amtsärzte am Donnerstag, d. 6.Dezember 1945', 6 Dec. 1945.

141 LAB, C Rep. 118–1099, M. Ehlert (Magistrat, Abteilung für Sozialwesen) to Wilmer Froistadt (Chief of Public Welfare Branch, OMGUS, Berlin Sector, Steglitz), 2 Dec. 1947.

142 TNA, FO 371/46806, 'Food situation in the British zone', report by 21 Army Group, Civil Affairs Branch, circulated for the meeting of the Combined Deputy Military Governors US/UK/Fr on 3 Aug. 1945. FO 371/46806, William Strang to Foreign Office, 11 Aug. 1945.

143 TNA, FO 371/46885, Maurice Butcher, Mrs Butcher, and Mr Price to Foreign Office German Department, 16 Sept. 1945.

144 TNA, FO 371/46885, Noel Baker (Foreign Office) to Prime Minister, 19 Sept. 1945.

145 TNA, FO 371/46885, Noel Baker (Foreign Office) to Brian Robertson (Lübbecke, BAOR), 20 Sept. 1945.

146 e.g. TNA, FO 46885, William Strang (Berlin) to Foreign Office, 1 Oct. 1945. FO 371/46885, 'Report by the Internal Affairs and Communications Directorate on Nutrition of German Civil Population', 20 Sept. 1945.

147 TNA, FO 371/46885, John Addis (10 Downing Street) to Mr Giles (Foreign Office), 25 Oct. 1945, summarizing the prime minister's meeting with the deputation led by Beveridge. Also see TNA, FO 371/46885, Victor Gollancz to Ernest Bevin, 9 Oct. 1945, forwarding 'Resolutions' which urged HMG to allow voluntary relief efforts in Germany.

148 TNA, FO 371/55724, COGA minutes, 12 Feb. 1946. Also see John Farquharson, ' "Emotional but Influential": Victor Gollancz, Richard Stokes and the British Zone of Germany, 1945–1949', *Journal of Contemporary History*, 22 (1987), 501–19,10.1177/002200948702200308 [CrossRef] at 511.

149 Letter from public health officer Gill to Dr Pusch, 6 Mar. 1946, and statement by Brigadier Barraclough (HQ CCG(BE)), 14 Aug. 1946, both cited in, Sons, *Gesundheitspolitik*, 109–12. Mitteilungsblatt der Ärztekammer Nordrhein-Westfalen, July 1947, cited in Stefan Kirchberger, 'Public Health Policy in Germany, 1945–1949: Continuity and a New Beginning', in Donald W. Light and Alexander Schuller (eds.), *Political Values and Health Care: The German Experience* (Cambridge, Mass., 1986), 185–238, at 229.

150 TNA, FO 1050/657, 'German Health Services Advisory Committee: second conference between committee and representatives of the health branch of the control commission held at Bünde, on 12th, 13th and 14th December 1945', Health Branch (IA&C Div, Main HQ) to P Detachments, 18 Dec. 1945.

151 Neither the Zonal Health Advisory Council nor ZAC were comparable to the Soviet zone's Central Health Administration (ZVG), since both were purely advisory and lacked executive or legislative powers. On ZAC health policy, see Anneliese Dorendor (ed.), *Der Zonenbeirat der Britisch Besetzten Zone: ein Rückblick auf seine Tätigkeit* (Göttingen, 1953), 90–106.

152 TNA, FO1028/4, 'Who's who in the British Zone of Germany', Aug. 1946. FO 1050/657, second meeting of German health services advisory committee, 13–14 Dec. 1945. Rudolf Degkwitz, *Das alte und das neue Deutschland* (Hamburg, 1947). Hendrik van den Bussche (ed.), *Medizinische Wissenschaft im 'Dritten Reich': Kontinuität, Anpassung und Opposition an der Hamburger Medizinischen Fakultät* (Hamburg, 1989), esp. 422–9.

153 TNA, FO 1032/1495, 'Confidential Report on Joint Meeting of Representatives of the Zonal Advisory Council and the Regional Government Co-ordinating Office (Länderrat) at Stuttgart on 3 April 1946', 16 Apr. 1946, quoting Lehr. Also printed in Ralph Uhlig (ed.), *Confidential Reports des Britischen Verbindungsstabes zum Zonenbeirat der britischen Besatzungszone in Hamburg (1946–1948)—Demokratisierung aus britischer Sicht* (Frankfurtam Main, 1993), 55. On the SPD's food policy, see 'Erklärung der SPD zur Ernährungskrise', *Sozialistische Mitteilungen der London-Vertretung der SPD*, issued by the London representative of the German Social Democratic Party, London, Nr. 98/99, Apr./May 1947, 2–3.

154 TNA, FD 1/418, 'The German Medical Profession on the State of Nutrition in Germany—Meeting of the German Chamber of Physicians at Bad Nauheim, June 15th 1947. Resolution passed by the German Physicians on the Present State of Nutrition in Germany', Dr Helmich (Chairman, Nutrition Board of the German Medical Profession) to Sir Edward Mellanby (MRC), [Aug. 1947].

155 ZAC meeting 30 Apr. 1947, *Akten*, ii. 331.

156 Victor Gollancz, *In Darkest Germany* (London, 1947), 1718. On Gollancz's post-war relief work, incl. the 'Save Europe Now' campaign, see WUL, MSS/157/3/SEN/1/1-7, Mrs Peggy Duff, 'Save Europe Now, 1945–1948: 3 Years' Work', [1948] and other documents in the Gollancz papers. Also see Matthew Frank, 'The New Morality: Victor Gollancz, "Save Europe Now" and the German Refugee Crisis, 1945–6', *Twentieth Century British History*, 17 (2006), 230–56.

157 Letter to *The Times*, 30 Oct. 1946, printed in Gollancz, *In Darkest Germany*, 24. Victor Gollancz, *Is It Nothing to You? Photographs of Starving German Children* (London, 1945).

158 Widdowson researched whether white flour could be made as nutritious as wholemeal flour by adding B vitamins and iron. When this research question came up, she recalled that Edward Mellanby said to me 'There must be a lot of hungry children in Germany. You go and find out about the truth of all this.' See Margaret Ashwell (ed.), *McCance & Widdowson: A Scientific Partnership of 60 Years, 1933 to 1993* (London, 1993), 36. Elsie M. Widdowson, 'Adventures in Nutrition over Half a Century', *Proceedings of the Nutrition*

Society, 39 (1980), 293–30610.1079/PNS19800045 [PubMed: 7001484] [CrossRef]. Robert McCance, *Reminiscences*, (Cambridge, 1987).

159 TNA, FD 1/418, R. A. McCance to Edward Mellanby, 30 June 1947.

160 TNA, FD 1/418, 'Opportunities and Facilities for Research in Germany', by Robert McCance and Elsie Widdowson, [Mar. 1947?]

161 TNA, FD 1/418, interview with Professor R. A. McCance and Dr Elsie Widdowson with A.L.T., 27 Aug. 1947.

162 Cited in Kirchberger, 'Public Health Policy', 201. 'Report of the Results of the Combined Nutritional Committee of April 1947', *British Medical Journal*, 17 May 1947, pp. 684–5.

163 Weindling, *Nazi Medicine and the Nuremberg Trials*, 202–3.

164 Richard Nicholson, 'Why the EU Clinical Trials Directive? The Ethical History Behind the Development of Good Clinical Practice and Directive', in *EU Directive on Clinical Trials, Its Interpretation in UK Law and Its Impact on Non-Commercial Trials*, Ethical, Legal and Methodological Training Series—Infectious Disease Research Network, 2001.

165 Meiklejohn (1909–61) supervised a group of volunteer medical students after his arrival in Belsen on 29 Apr. 1945. TNA, WO 222/201, 'Belsen Camp Accounts given to Royal Society of Medicine by Brigadier Glyn-Hughest, Colonel Lipscomb and Lieutenant Colonel Johnston', [July 1945]. WA, RAMC/792/3, 'Administrative Report—Belsen Concentration Camp', J. A. D. Johnston, Lt. Col. RAMC, OC 32 (Brit) CCS, RAMC, 15 June 1945. WA, RAMC/792/3, 'Field Work in Medical Nutrition—Instructions to Medical Officers on Nutrition Survey Teams Regarding Records of Examinations and Laboratory work', from UNRRA, health division, [undated]. WA, RAMC/792/3, 'UNRRA, European Regional Office, Press Conference, 7 June 1945—Account of the Activities of London Medical Students at Belsen Concentration Camp, May 1945 by Dr A. P. Meiklejohn', 7 June 1945. Also see UN Archives, S-1021-0019-06, Dr A. P. Meiklejohn, 'Final Report of the Nutrition Section, Health Division, UNRRA', 28 Feb. 1947. His obituary in *British Medical Journal*, 24 June 1961, 1834–5.

166 TNA, FD 1/418, 'Personal notes on the work of the Combined Nutrition Committee by Dr A. P. Meiklejohn', notes on the eighth committee meeting on 12–13 Oct. 1947.

167 TNA, FD 1/418, 'Personal notes on the work of the Combined Nutrition Committee by Dr A. P. Meiklejohn'.

168 TNA, FO 936/90, 'Establishment proposal for nutrition teams', Office of the Deputy Military Governor and Chief of Staff (Main HQ, Lübbecke) to HQ BAOR, 31 Oct. 1945. The Combined Nutrition Committee was set up in August 1945 to examine German nutrition and health conditions in the three western zones. It made its first report on 13 Aug. 1945. TNA, FD 1/418, draft letter by Dr Sinclair to Lord Pakenham, undated [June 1947]. Also see R. H. Kampmeier, 'Germany: Nutrition Surveys in 1945', *Nutrition History Notes*, 23 (Summer 1985).

169 TNA, FD 1/418, 'Report of the Seventh Combined Nutrition Survey', 6 May 1947.

170 TNA, FD 1/418, 'Personal notes on the work of the Combined Nutrition Committee by Dr A. P. Meiklejohn'.

171 TNA, FD 1/418, interview with Professor R. A. McCance and Dr Elsie Widdowson with ALT, 27 Aug. 1947.

172 Klatt (born 1904) emigrated to Switzerland in 1939, and shortly afterwards to the UK. 1946–51 he was director of the Food and Agriculture Section of the London Control Office; from 1951 to 1966 he was economic adviser to the Foreign Office, to the ILO and FAO. He retired in 1966, but in 1967 took up a Rockefeller grant to study economic development in Asia. See Werner Röder and Herbert A. Strauss (eds.), *International Biographical Dictionary of Central European Émigrés* (Munich, 1983), i. Werner Klatt, *Food Prices and Food Price Policies in Europe* (London, 1950).

173 TNA, FD 1/418, W. Klatt (Foreign Office) to Meiklejohn, [11 Nov. 1947].

174 TNA, FD 1/418, Meiklejohn to Klatt, 12 Nov. 1947.

175 TNA, FD 1/418, Meiklejohn to Mellanby, 13 Nov. 1947.

176 W. Eckart, 'Öffentliche Gesundheitspflege in der Weimarer Republik und in der Frühgeschichte der BRD', *Das öffentliche Gesundheitswesen*, 51 (1989), 213–21 [PubMed: 2525688]. Dagmar Ellerbrock, 'Gesundheitspolitik in der amerikanischen Besatzungszone 1945–1949', in Wolfgang Woelk and Jörg Vögele (eds.), *Geschichte der Gesundheitspolitik in Deutschland: Von der Weimarer Republik bis in die Frühgeschichte der 'doppelten Staatsgründung'* (Berlin, 2002), 313–46.

177 Gollancz also got involved in this campaign. Letter to *The Times*, 30 Oct. 1946, printed in Gollancz, *In Darkest Germany*, 24.

178 TNA, FO 1037/64, Confidential Report No. 17 on the 19th Meeting ending 26th Feb.1948 (25–6 Feb. 1948), dated 8 Mar. 1948. On

the SPD policy on TB, see Hugo Freund, 'Sozialistische Gesundheitspolitik', *Sozialistische Mitteilungen: News for German Socialists in England*, 108 (Feb. 1948), 7–8.

179 TNA, FO 1037/64, Confidential Report No.14 on the Sixteenth Meeting ending 13 Nov. 1947 (12/13 Nov. 1947), 20 Nov. 1947.

180 TNA, FO 371/70888, Public Health Branch (IA&C Div), press release on the Daniels and Hart report.

181 TNA, FD 1/418, 'Personal notes on the work of the Combined Nutrition committee by Dr A. P. Meiklejohn'.

182 M. Daniels and P. D'Arcy Hart, *Tuberculosis in the British Zone of Germany, with a Section on Berlin—Report of an Inquiry made in September–October 1947* (London, 1948), 21. The investigation was ordered by Dr W. Strelley Martin (Public Health Adviser to the British Military Governor) and Dr R. W. Ryan (Deputy Public Health Adviser). This report was attacked by Ickerts and the Zentralkomitee zur Bekämpfung der Tuberkulose in der Britischen Zone, see Franz Ickerts, *Tuberkulose in der Britischen Zone* (Hamburg, 1948).

183 TNA, FD 1/418, S. J. Cowell, R. A. McCance, J. H. Sheldon, MRC report on the German situation, [Dec. 1947].

184 This statement was based on extracts from Background Letter No. 15 of 23 Feb. 1948. TNA, FO 1037/64, Confidential Report No. 17 on the 19th meeting ending 26th Feb. 1948 (25–6 Feb. 1948), 8 Mar. 1948. Also printed in Uhlig (ed.), *Confidential Reports*, 180.

185 For example, they were last of the occupiers to pass denazification responsibilities to the Germans. A. Königseder in Wolfgang Benz (ed.), *Deutschland unter alliierter Besatzung, 1945–1949/55: Ein Handbuch* (Berlin, 1999), 116.

186 TNA, FO 1050/757, 'Military Government Instruction on Winter Epidemics', 17 Sept. 1945.

187 TNA, FO 1032/1464, 'History of the German Personnel Research Branch'.

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