Published in final edited form as:

Soc Hist Med. 2009 December 1; 22(3): 451–459. doi:10.1093/shm/hkp098.

Medical Refugees in Britain and the Wider World, 1930–1960: Introduction

Paul Weindling*

*Wellcome Trust Research Professor in the History of Medicine, School of Arts and Humanities, Oxford Brookes University, Headington Campus, Gypsy Lane, Oxford OX3 0BP, UK.
pjweindling@brookes.ac.uk

This collection of papers considers the experience of medical refugees in Britain and the wider world. The collection owes its inception to the significant role of refugees in the modernising of British medicine in terms of medical provision, and medical research. But it is clear that the refugee situation can only be understood in international terms. Displaced physicians looked—with increasing desperation—throughout the world for locations where their skills might be valued, or at least for a place of safety from worsening Nazi persecution. Britain had a key role, as registration of professional qualifications in Britain had implications for admission to practise in the various Dominions and colonies, and British policies were decisive for admission to its Palestine Mandate. While Britain was important as a place of safety and staging-post for onward migrants and temporary exiles, it became a new home for thousands of displaced medical practitioners. Vigorous scientific and humane support for medical refugees clashed with professional restrictionism and animosity against alien practitioners, as diluting an insular medical tradition. The refugee experience varied enormously, and it renders the situation complex and open to differing interpretations.

In the mid-1990s, Professor Michael Shepherd, the distinguished psychiatrist, responded enthusiastically to my project of assessing the impact of medical refugees on different branches of British medicine. He suggested that we co-edit a volume of studies. He spoke in Oxford in 1995, contributing to a seminar series on ‘The Medical Sciences and Medical Refugees in Britain, 1930s–1950s’. Fortunately, I recorded his presentation when he delivered this from notes with an engaging aplomb, magisterial authority and personal insight. In July 1995, Professor Shepherd corrected the transcription of the recording for publication, adding references. This was before he died on 21 August 1995. His text is published here for the first time, and this collection is very much the realisation of his hoped-for studies.

Here, some words of appreciation should be said regarding John Zamet’s outstanding and pioneering study of Jewish dental refugees. After a distinguished career in dental surgery, specialising in conservative dental surgery, John completed an MA in Jewish and Holocaust History at University College London, and then registered for a PhD at Oxford Brookes University. He comprehensively reconstructed the biographies of refugee dental surgeons,

and assessed their knowledge and skills as a missed opportunity for improving the mediocre quality of interwar British dental surgery. In so doing, he established many contacts with surviving refugees and their families, gathering a unique collection of sources. After submitting his completed PhD in December 2006, he died early in 2007, and the PhD degree was awarded posthumously in 2007.¹

Since the early 1980s, research has been carried out on refugee physicians from the point of view of the countries of persecution and the transfer of scientific skills.² The focus was primarily on Germany, rather than on other annexed or invaded contexts (as Austria, Czechoslovakia and Poland). Initially, critically-minded historians, social scientists and physicians undertook innovative studies of dismissed pioneers of social medicine, and of Weimar medical institutions dismantled by the Nazis. Pioneering examples were of sickness insurance striking Jewish physicians from their lists of approved doctors, and of persecuted physicians in Munich.³ For the major metropolitan centre of Berlin, dismissals from municipal hospitals and academic institutions were studied (including by Christian Pross, a contributor to this issue), but no general analysis.⁴

The prime interest became that of dismissed and persecuted members of élite university faculties and research institutes, rather than the rank and file graduates and students. It was overlooked how the professional qualifications and, to a varying extent, the academic degrees of Jewish medical graduates were annulled as part of the persecutory regime. The programme of studies on forced migration and scientific change, supported by the *Deutsche Forschungsgemeinschaft* (German Research Fund) in the 1980s, was geared to élite scientific émigrés.⁵ We therefore find research on the USA as regards academic migration, but only sparse and incomplete studies of refugee physicians.⁶ The Rockefeller Foundation typified the selectivity when it came to medicine and the life sciences.⁷

The studies of academic élites generally overlooked assistants, students and those who qualified or who practised in the same city. But there are now signs of a more inclusive approach for Berlin and Hamburg.⁸ Recently, the University of Vienna has compiled an impressive online database of 2,217 expelled students and academics (including its medical faculty) and persons (including physicians and dental surgeons) whose degrees were annulled. The Vienna University database documents on an individual level at the point of persecution, while leaving out what happened to the persecuted, apart from those killed in the Holocaust.⁹ The need to link biographical records with those in receiving contexts is exemplified by Fanny Stang (listed only under her maiden name, Knesbach) who contributed much to the emergent National Health Service in the UK (and published two autobiographical works).¹⁰ Similarly, an academic biochemist Regina Kapeller-Adler

¹Zamet 2007.

²Kröner 1989; Leibfried and Tennstedt 1981.

³Leibfried and Tennstedt 1981; Jäckle 1988.

⁴Pross and Winau (eds) 1984; Hubenstorf in Fischer *et al.* (eds) 1994.

⁵Röder and Strauss (eds) 1983; Strauss *et al.* (eds) 1991; Medawar and Pyke 2000.

⁶Köhler 1989; Pearle 1981, 1984.

⁷Weindling 2000.

⁸Von Villiez 2003; Schwoch 2006; Schwoch 2009; von Villiez 2009.

⁹University of Vienna 2009.

¹⁰Stang 1988, 1997.

appears in the Vienna memorial database as a medical student who failed to complete her medical degree. But she was already an accomplished biochemist who in 1934 devised a pregnancy test. The geneticist F. A. E. Crew invited her to the Institute of Animal Genetics at Edinburgh University in 1939 to continue her research because of her international medical reputation.¹¹ These examples show the adaptive skills of the students and dismissed physicians: what is required is to reconstruct such life histories as a basis for aggregate analysis in terms of gender, age structure and specialisms. Feikes, Hubenstorf and Weindling (with welcome assistance from Liesel Kastner and Paul Samet, both child refugees with medical parents) have been examining the Austrian medical exodus, so that the Austrians represent the best documented group to date.¹² Reconstructing and aggregating life histories shifts attention to the receiving contexts, and the processes of adaptation and resettlement, and overall social dynamics.

Medical refugees from locations beyond Germany, notably Czechoslovakia and Poland, or from Fascist Italy, Franco's Spain, Hungary and Romania, have remained relatively neglected. Similarly under-investigated are many countries which provided temporary refuge, such as France, Italy until the Fascist race decree of 1938, the Netherlands and Switzerland, not least because of their problematic histories in relation to Nazi influence and local collaboration. Studies of the handful of medical refugees in the Republic of Ireland are only just emerging.¹³ With the war came a new—and massive—set of displacements, mainly from countries under German occupation. Polish doctors and medical students came in large numbers to the UK with various waves of military detachments.¹⁴ As the realisation dawned of permanent Soviet control in Eastern Europe, most found themselves also in the displaced or refugee categories. A few branches of science and medical specialisms have been studied in terms of the impact of Nazism. Exclusion of Jews was justified as alien to the tradition of the 'German physician' with a special sensibility for nature. Ideas of a 'German medicine' (often associated with the writings on a crisis of medicine by the surgeon Erwin Liek) were used for anti-Semitic agendas. The refugees could find themselves denounced by groups of national zealots in the countries of expulsion and reception. An association of 'British chemists' lobbied against the scientific refugees, and their views found a medical counterpart.¹⁵

In pioneering studies dating from the early 1980s, Stephan Leibfried and Florian Tennstedt analysed émigrés in social medicine, as representing a destroyed alternative form of socialised medicine.¹⁶ Leading advocates of social medicine were still available for interview. Interviews by Pross with former émigrés provide the basis for his paper in this collection.¹⁷ Studies were made of psychoanalysts, again often with personal knowledge.¹⁸ By the 1990s, attention had shifted to medical specialism. The collective biography of the

¹¹F. A. E. Crew. Testimonial for Dr Regine Kapeller-Adler, 13 October 1939, Medical Refugees Files, Department of History, Oxford Brookes University.

¹²Hubenstorf 1984; Adler-Kastner 1998; Weindling 1998; Feikes 1999; Feikes 2007.

¹³Holfter (ed.) 2006.

¹⁴Rostowski 1955.

¹⁵Hermann ('Hugh') Blaschko. Interview with author.

¹⁶Leibfried and Tennstedt 1981; Weindling 1983.

¹⁷Loewenstein 1980; Heuer 1998.

¹⁸Peters in Timms and Segal (eds) 1988; Timms 2003.

fate of German Jewish paediatricians by Eduard Seidler has set an exemplary standard.¹⁹ Seidler's definitive study has been followed by research on dermatologists and pharmacologists.²⁰ The contribution by Pross explores how the refugees reflected on their experiences of Nazi persecution and the Holocaust. The delay in *Vergangenheitsbewältigung* (the coming to terms with the past) has meant that the records of practitioners have often been lost, and the lack of an archival initiative by specialist archives is a matter of regret.²¹ Other groups like pharmacists, nurses, physiotherapists and opticians have yet to find their historian. John Zamet conducted pioneering research on dental surgeons. It was still possible for a major project on the Bethlem and Maudsley Hospital to marginalise its innovative refugees, and this is typical of most institutional and local histories which neglect the contributions of refugee doctors and nurses.²² Here, Michael Shepherd's paper offers an important corrective.

The UK took a relatively high number of the medically displaced, if seen in terms of the proportion of refugees to the overall population. Yet the responses of the British government and professional organisations remain controversial. The neglect of medical refugees prompted me in 1993 to embark on a 'total population' study which documents who came, when and where they settled, and under what circumstances. The database currently covering approximately 5,250 medical refugees includes not only physicians but also dental surgeons, psychotherapists and medical social workers; in short, anyone involved in providing health care, not least because there were many crossovers between these occupations as well as with nursing. The database extends to those who came as students and children, and then trained in the UK. This attempt to reconstruct a total population allows one to compare lives in transition, and to assess a broad spectrum ranging from high achievers to those who never practised and whose lives ended in suicide and trauma.

Atina Grossmann and, in this issue, Anna von Villiez, explore gender as a key variable in the playing-out of refugee experiences.²³ During the 1920s and early 1930s, medicine rapidly opened up as a career in Germany and Austria, in contrast to the closing-down of places for women medical students in London medical schools. Nurses have yet to find their historian. Hilde Steppe made a start by examining Jewish nursing in Germany, raising questions about the UK response.²⁴ The Ministry of Labour made concessions for the admission of trainee nurses, just as for domestic service. Yet the potentiality of this material has still to be followed up for the UK, and copious central government files and records of nurses' and womens' organisations have yet to be fully investigated. Resettlement had its own complexities, and here there is much to be said for regional studies and the focus on specialisms. Scotland, Wales and Northern Ireland have their own distinctive histories. The paper here by Kenneth Collins demonstrates the wider importance of re-qualification at Scottish medical schools as well as specific aspects of resettlement in Scotland. The

¹⁹Seidler 2000.

²⁰Eppinger, Meurer and Scholtz 2003; Trendelenberg 2006.

²¹Weindling 2008.

²²Andrews *et al.* 1997.

²³Grossmann 1995.

²⁴Steppe 1997; Stewart 2003.

situations in Wales and Oxford show how local and regional studies have considerable potential.²⁵

Interpreting the British context involves taking account of complex and antithetical developments. Those historians taking a regulatory approach see a pattern of exclusion and marginalisation, and a tradition of anti-alien administrative responses. Having been released from the Dachau concentration camp on condition of emigration, a refugee might again be interned on the Isle of Man.²⁶ The British authorities have been accused of selecting refugees on the basis of intellectual merit or other qualities. Yet, while anti-Semitism and an anti-alien xenophobia did operate, this has to be set against vigorous humanitarian support. Many religious groups (notably the Quakers) and social and academic organisations mobilised on behalf of the persecuted. Moreover, at a personal level, leading academics like Frederick Attenborough, the Principal of Leicester University, and A. V. Hill, Secretary of the Royal Society, took child refugees into their own families, showing a humanitarian understanding of the refugee crisis.

In cases of rejection by the General Medical Council (GMC), John Zamet has determined that the result could be suicide or eventual deportation.²⁷ Whitehall policies—critically assessed by Louise London—shaped the responses not only in the UK, but also in far-flung corners of the British Empire and the Palestine Mandate.²⁸ The historical record is becoming clearer for Palestine, and the paper here by Rakefet Zalashik and Nadav Davidovitch offers a step towards correction.²⁹ Some work has been carried out on Australia, the West Indies, and Canada, India, New Zealand, as well as Palestine, as a British mandated territory, and where the British came to obstruct the flow of refugees.³⁰ Winterton has examined how acceptance by the GMC was crucial for the Australian situation.³¹

Set against this was the hope that physicians and medical researchers would remedy deficiencies in medical provision in the Dominions and colonies. Ironically, prejudice could be more intense on the remote peripheries. The Canadian context was highly dynamic and innovative in terms of medical research, but was notably restrictive when it came to refugee doctors and medical students. The theatrical drama, *The Waltonsteins*, depicts the Canadian experiences of a refugee Vienna medical student, Bernhard Sigel, who after escaping at Dunkirk, was interned in Pentonville prison in London and then deported to Canada. A jealous, anti-Semitic colleague in the small town of Morse, Saskatchewan, violently attacked him, leaving him traumatised.³² Special schemes operated for under-supplied territories such as Newfoundland (self-governing under British administration until 1948).³³ Refugee physicians ended up in locations like South Africa, or in remote and strategically vulnerable

²⁵Weindling in Ash *et al.* (eds) 1996; Weindling in Michael and Webster (eds) 2006.

²⁶Franklin 2008.

²⁷Zamet 2006.

²⁸London 1999.

²⁹See also Niederland 1985.

³⁰For Australia, see Winterton 2005; for the West Indies, see Newman-Westphal 1998; for Canada, see Zimmerman 2006; for India, see Bhatti and Voigt (eds) 1999 and Franz 2007; for New Zealand, see Williams 2008.

³¹Winterton 2005.

³²Sheridan 1996; Zimmerman 2006.

³³Bassler 1992; Abella and Troper 1982.

locations such as Shanghai, Hong Kong or Burma, which all succumbed to Japanese occupation.³⁴ Some unfortunate refugees fell once again into the hands of the Nazis, especially those who had sought refuge in countries coming under German occupation. The ship's doctor and refugee Czech surgeon, Karel Sperber, was shipwrecked in the Far East, and sent to Auschwitz.³⁵

What is needed is a linked approach between studies in the countries of origin and country of reception. Here, the ideal would be an international network covering initial career and persecution; countries of intermediate settlement and transit; and careers and adaptation in countries of final settlement. Similarly desirable would be a pro-active initiative to archive records, as holdings to date are sporadic, scattered and rarely deal with significant areas of activity such as practice records.³⁶ Studies divide into those examining professional administrative responses, and those looking at the life histories of refugees. Patterns of flight were often complex and resettlement generally had many stages. Only rarely was it possible for a physician to transfer his or her equipment to a new location, or to find an equivalent clinical post. Many Polish physicians arrived in the UK, some serving in France and arriving via the Dunkirk evacuation or Switzerland; some after release from Soviet imprisonment, and travelling through Iran; some after service in North Africa and Italy; and some having survived German concentration camps.³⁷ The demeaning experience of domestic service and internment, as well as making only posts available of temporary medical assistants, has been stressed. Yet, if we examine life histories, the picture often appears far brighter, revealing the sheer relief of escape from persecution, identification with the British war effort, and positive enthusiasm for the National Health Service. The collective biographical experience illustrates not only the marginalised but also innovators in health care provision. The papers published here show the importance of the refugees and immigrants in terms of the modernisation of health care. It is hoped that these studies will stimulate further studies both for the UK and the wider world.

Bibliography

Primary sources

The National Archives. Kew, London:

Regina Kapeller-Adler Files, Database of Medical Refugees. Department of History, Oxford Brookes University;

University of Vienna. [accessed 17 August 2009] Gedenkbuch für die Opfer des Nationalsozialismus an der Universität Wien 1938. 2009. <http://gedenkbuch.univie.ac.at/index.php?id=433>

References

Secondary sources

Abella, I.; Troper, H. *None is Too Many*. Lester and Denny; Toronto: 1982.

³⁴For South Africa, see Sichel (ed.) 1966. For Shanghai, see Armbrüster *et al.* (eds) 2000.

³⁵The National Archives, FO 937/110 Atrocities, War Office, 11 February 1946; Bassler 1992.

³⁶Weindling 2008.

³⁷Rostowski 1955.

- Adler-Kastner L. From *personae non gratae* in Vienna 1938 to Respected Citizens of Edinburgh: A Vignette of my Parents, Dr Ernst Adler and Dr Regina Kapeller-Adler. Wiener Klinische Wochenschrift. 1998; 110:174–80. [PubMed: 9544479]
- Andrews, A.; Briggs, A.; Porter, R.; Tucker, P.; Waddington, K. History of Bethlem 1247–1993. Routledge; London and New York: 1997.
- Armbrüster, G.; Kohlstruck, M.; Mühlberger, S., editors. Exil Shanghai 1938–1947. Hentrich and Hentrich; Berlin: 2000.
- Bassler, GP. Sanctuary Denied: Refugees from the Third Reich and Newfoundland Immigration Policy, 1906–1949. Institute of Social and Economic Research, Memorial University of Newfoundland; St John's, Newfoundland: 1992.
- Bhatti, A.; Voigt, JH., editors. Jewish Exile in India 1933–1945. Manohar, in association with Max Mueller Bhavan; New Dehli: 1999.
- Eppinger S, Meurer M, Scholz A. The Emigration of Germany's Jewish Dermatologists in the Period of National Socialism. Journal of the European Academy of Dermatology and Venereology. 2003; 17:525–30. [PubMed: 12941086]
- Feikes, R. Emigration Wiener jüdischer Ärzte ab 1938 in die USA, speziell nach New York. University of Vienna; 1999. unpublished PhD thesis
- Feikes R. Exil der Wiener Medizin in Großbritannien. 'Immortal Austria'? Austrians in Exile in Great Britain, Yearbook of the Research Centre for German and Austrian Exile Studies. 2007:8.
- Franklin A. Second World War Internee Records for the Isle of Man. Association of Jewish Refugees Journal. 2008 8:2, 5, 11; 8:3, 5, 10.
- Franz, M. "Passage to India". Österreichisches Exil in Britisch-Indien 1938–45. Dokumentationsarchiv des österreichischen Widerstandes. , editor. LitVerlag; Münster: 2007. p. 196–223. Jahrbuch 2007
- Grossmann, A. Reforming Sex: The German Movement for Birth Control and Abortion Reform 1920–1950. Oxford University Press; Oxford and New York: 1995.
- Heuer, R. Professional and Personal Aspects of the Emigration of Continental Medical Refugees to Britain in the 1930s and 1940s: An Oral History Study. University of Essex; 1998. unpublished MA thesis
- Holfter, G., editor. German-Speaking Exiles in Ireland 1933–45. Rodopi; Amsterdam/Atlanta: 2006. German Monitor Series
- Hubenstorf M. Österreichische Ärztemigration 1933–1945—Zwischen neuem Tätigkeitsgebiet und organisierten Rückkehrplänen. Berichte zur Wissenschaftsgeschichte. 1984; 7:85–107. [PubMed: 11629193]
- Hubenstorf, M. "Aber es kommt mir doch so vor, als ob Sie dabei nichts verloren hätten." Public Health in Exile und der wissenschaftliche Unterbau des nationalsozialistischen "Volksgesundheitsdienstes". In: Fischer, W., et al., editors. Exodus von Wissenschaften aus Berlin. de Gruyter; Berlin: 1994. p. 355–460.
- Jäckle, R. Schicksale jüdischer und 'Staatsfeindlicher' Ärztinnen und Ärzte nach 1933 in München. Liste Demokratischer Ärztinnen und Ärzte; Munich: 1988.
- Kohler ED. Relicensing Central European Refugee Physicians in the United States, 1933–1945. Simon Wiesenthal Center Annual, Los Angeles. 1989; 6:3–32.
- Kröner H-P. Die Emigration deutschsprachiger Mediziner im Nationalsozialismus. Berichte zur Wissenschaftsgeschichte. 1989; 12(Supplement):1–44. [PubMed: 11638101]
- Leibfried, S.; Tennstedt, F. Berufsverbote und Sozialpolitik 1933. Die Auswirkungen der nationalsozialistischen Machtergreifung auf die Krankenkassenverwaltung und die Kassenärzte. Universität Bremen; Bremen: 1981.
- Loewenstein, G. Kommunale Gesundheitsfürsorge und sozialistische Ärztopolitik zwischen Kaiserreich und Nationalsozialismus—autobiographische, biographische und gesundheitspolitische Anmerkungen. Universität Bremen; Bremen: 1980.
- London, L. Whitehall and the Jews 1933–1948. British Immigration Policy and the Holocaust. Cambridge University Press; Cambridge: 1999.
- Medawar, J.; Pyke, D. Hitler's Gift. The True Story of the Scientists Expelled by the Nazi Regime. Richard Cohen Books; London: 2000.

- Newman-Westphal, J. Nearly the New World: Refugees and the British West Indies, 1933–48. University of Southampton; 1998. unpublished PhD thesis
- Niederland D. Deutsche Ärzte-Emigration und gesundheitspolitische Entwicklungen in Eretz Israel, 1933–1948. *Medizinhistorisches Journal*. 1985; 20:149–84. [PubMed: 11620707]
- Pearle, KM. Preventive Medicine: The Refugee Physician and the New York Medical Community, 1933–1945. Universität Bremen; Bremen: 1981.
- Pearle KM. Ärzteemigration nach 1933 in die USA: Der Fall New York. *Medizinhistorisches Journal*. 1984; 19:112–37. [PubMed: 11611477]
- Peters, U. The Psychoanalytic Exodus: Romantic Antecedents and the Loss to German Intellectual Life. In: Timms, E.; Segal, N., editors. *Freud in Exile. Psychoanalysis and its Vicissitudes*. Yale University Press; New Haven and London: 1988. p. 54–64.
- Pross, C.; Winau, R., editors. Nicht misshandeln, Das Krankenhaus Moabit. 1920–1933. Ein Zentrum jüdischer Ärzte in Berlin. 1933–1945: Verfolgung. Widerstand. Zerstörung. Edition Hentrich/Frohlich and Kaufmann Verlag; Berlin: 1984.
- Röder, W.; Strauss, HA., editors. *Handbuch der deutschsprachigen Emigration nach 1933—International Biographical Dictionary of Central European Émigrés 1933–1945*. Vol. 2. Saur; Munich: 1983.
- Rostowski, J. *History of the Polish School of Medicine*: University of Edinburgh. University of Edinburgh Press; Edinburgh: 1955.
- Schwoch, R. *Jüdische Kassenärzte rund um die neue Synagoge*. Hentrich; Berlin: 2006.
- Schwoch, R., editor. *Berliner jüdische Kassenärzte und ihr Schicksal im Nationalsozialismus*. Ein Gedenkbuch. 2009. (in press)
- Seidler, E. *Kinderärzte 1933–1945 entrechtet—geflohen—mordet*. Bouvier; Bonn: 2000.
- Sheridan, F. *The Waltonsteins*. IRT/Blizzard Press; Winnipeg: 1996.
- Sichel, F., editor. *From Refugee to Citizen*. A. A. Balkema; Cape Town, Amsterdam: 1966.
- Stang, F. *Fräulein Doktor*. The Book Guild; Lewes: 1988.
- Stang, F. *A New Beginning*. Minerva; London: 1997.
- Steppe, H. ... den Kranken zum Troste und dem Judentum zur Ehre ... ': zur Geschichte der jüdischen Krankenpflege in Deutschland. Mabuse-Verlag; Frankfurt am Main: 1997.
- Stewart J. Angels or Aliens? Refugee Nurses in Britain 1938 to 1942. *Medical History*. 2003; 47:149–82. [PubMed: 12754762]
- Strauss, HA.; Fischer, K.; Hoffmann, C.; Söllner, A., editors. *Die Emigration der Wissenschaften nach 1933*. Disziplingeschichtliche Studien. Saur; Munich: 1991.
- Timms, E. New Approaches to Child Psychology: From Red Vienna to the Hampstead Nursery. In: Timms, E.; Hughes, J., editors. *Intellectual Migration and Cultural Transformation. Refugees from National Socialism in the English-Speaking World*. Springer; Vienna, New York: 2003. p. 219–40.
- Trendelenberg, U. *Verfolgte deutschsprachige Pharmakologen 1933–1945*. Dr Schroer Verlag; np: 2006.
- von Villiez, A. *Die Verdrängung der jüdischen Ärzte Hamburgs aus dem Berufsleben 1933–1945*. Universität Hamburg; Magisterarbeit: 2003.
- von Villiez, A. *Mit aller Macht verdrängt. Entrechtung und Verfolgung 'nicht arischer' Ärzte 1933 bis 1945 in Hamburg*. Dölling und Galitz Verlag; Hamburg: 2009.
- Weindling P. Shattered Alternatives in Medicine. *History Workshop Journal*. 1983; 16:152–7.
- Weindling, P. The Impact of German Medical Scientists on British Medicine: A Case-Study of Oxford. In: Ash, M.; Mattern, W.; Söllner, A., editors. *Forced Migration and Scientific Change: Emigré German-Speaking Scientists and Scholars after 1933*. Cambridge University Press; Cambridge: 1996. p. 87–114.
- Weindling P. Austrian Medical Refugees in Great Britain: From Marginal Aliens to Established Professionals. *Wiener klinische Wochenschrift*. 1998; 110:158–61. [PubMed: 9544476]
- Weindling P. An Overloaded Ark? The Rockefeller Foundation and Refugee Medical Scientists, 1933–1945. *Studies in the History and Philosophy of Biology and Biomedical Science*. 2000; 31:477–89.

- Weindling, P. Medical Refugees in Wales 1930s–50s. In: Michael, P.; Webster, C., editors. *Health and Society in Twentieth-Century Wales*. University of Wales Press; Cardiff: 2006. p. 183–200.
- Weindling, P. Yearbook of the Research Centre for German and Austrian Exile Studies. Vol. 9. *Refugee Archives: Theory and Practice*; 2008. Medical Refugees as Practitioners and Patients: Public, Private and Practice Records; p. 141–56.
- Williams, S. [accessed 5 August 2009] The Jewish Doctors in New Zealand. 2008.
www.holocaustcentre.org.nz/Jewish%20Doctors.doc
- Winterton P. Alien Doctors. The Western Australian Medical Fraternity's Reaction to European Events 1930–50. *Health and History*. 2005; 7:67–85.
- Zamet JS. Aliens or Colleagues? Refugees from Nazi Oppression. *British Dental Journal*. 2006; 201:397–407. [PubMed: 16990924]
- Zamet, JS. German and Austrian Refugee Dentists: The Response of the British Authorities, 1933–1945. Oxford Brookes University; 2007. unpublished PhD thesis
- Zimmerman D. The Society for the Protection of Science and Learning and the Politicization of British Science in the 1930s. *Minerva*. 2006; 44:25–45.