

German-speaking medical exile to British India 1933–1945

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India was well perceived in the 1920s and 1930s within Central European intellectual and artistic circles. A widespread enthusiasm for The Orient existed because India, as an ancient civilisation and as the birthplace of important philosophical schools and religious beliefs, was linked with a growing awareness of the independence struggle on the Indian subcontinent.

Rabindranath Tagore, writer, artist, and intellectual with a strong voice for the Indian decolonisation was awarded the Nobel Prize for Literature in 1913. After the war he toured through Europe, his books were found in every modern private and public library, and his plays were performed in theatres and school halls. If Tagore was the catalyst for a new-found interest of Indian literature in Europe, then the dancer and choreographer Uday Shankar was the one to bring Indian music and dance to European stages. His company's performance revived the Indian gods Shiva, Parvati, Radha and Krishna in Vienna's *Konzerthaus-Saal*. Maharajas, princes and princesses toured the cultural capitals of Europe regularly for amusement and distraction. Many Parsees, a particularly westernised, liberal, well-educated, influential and financial potential minority group settled around Bombay, and other wealthy Indians visited Vienna regularly – home to a rich cultural scene – to escape the summer heat and rain in their home-country. Many of them also came for medical treatment, and some even sent their sons to Vienna to attend medical school. Vienna's medical reputation had even attracted members of the Indian freedom movement. Subhas Chandra Bose, for example, sought a cure for his typhoid and underwent surgery there. Kamala Nehru, the wife of one of the prime freedom fighters and later first prime minister of India, Jawaharlal Nehru, consulted Viennese doctors before proceeding to Germany and Switzerland. Some went there simply to gather strength or for convalescence in one of Austria's summer or winter resorts.

Peace-activists and socialist and communist groups had invited Sarojini Naidu, Vitthalbai Patel, Rajendra Prasad, and other exiled members of the Indian freedom movement to Central Europe to disseminate their political message. Once back home, Central European (photo-) journalists who had travelled to India presented their photographs and general impressions via newspaper-articles, books, talks and slide shows to a broader audience.



fig. 1:
Josef Tauber was born August 8, 1895 in Vienna. He completed his medical studies in 1921 and became a surgeon for the *Wiener Gebietskrankenkasse*. The photo shows Dr. Tauber in the year 1934.¹

The European Convention of the Theosophical Society was held in 1923 in Vienna with a famous guest from India, the then prophesied World Teacher Jiddu Krishnamurti. Other philosophical and religious groups from the Indian subcontinent, such as Buddhist and Hindu societies, attracted Central European audiences in the interwar period. Alternative pedagogical approaches like the Montessori movement received enthusiastic response from progressive Indian educators; Austrians started teaching in India and supported the establishment of experimental schools there.

In addition to all of these cultural, political and medical exchanges, commercial relations were also re-established after World War I. The wish to strengthen these links led, in 1934, to the foundation of the Austrian Indian Society situated in the same building in Vienna as the Indian Institute of Science and Commerce. One year before, in 1933, two famous intel-

¹ Illustrations: Stephen J. Tauber, family documents and photographs. Information: cf. Stephen J. Tauber, *Recollections of my Parents*, in: Katherine. Andersen et al., eds., 120 HIAS Stories. Hebrew Immigrant Aid Society, New York 2002, 142–143. Online: http://www.hias.org/files/ui/120stories/120stories_complete.pdf (June 8, 2010); Günter Kodek, *Unsere Bausteine sind die Menschen. Die Mitglieder der Wiener Freimaurer-Logen 1869–1938*, Wien 2009, 354. Email correspondence with Stephen J. Tauber and Renate Feikes.

lectuals and political agitators for the Indian movement for independence, Vitthalbai Patel and Subhas Chandra Bose, had founded the Hindustan Academic Association, housed initially in the Hotel de France on Vienna's Schottenring, but later moved to a house of its own near the Vienna General Hospital. About ninety percent of the association's Indian members were doctors, students or patients who had been drawn to Vienna by the high reputation of the Viennese clinics.²

In the wake of Fascism's rise in Europe, Hitler's annexation of Austria and the subsequent violent persecution of Jewish citizens, most indophile Central Europeans did not in fact consider British India as a plausible or desired destination for exile. Instead, the majority applied for visas to England, the USA, France or Switzerland. Strict regulations and rigid quotas regulated the exodus of Central European refugees; while the new international visa policies prevented many from finding a timely escape from persecution, concentration camps and ultimately, death. After several unsuccessful attempts at trying to attain a visa at a prominent foreign consulate, some did in fact start to consider migration to British India – an exotic and far-off destination across the Arabian Sea, but a potential haven for survival.

The situation for the refugees to British India was not only difficult because of the experience of exile as such – having to deal with a strange and unfamiliar new environment, dependence on others for survival, psychological and emotional stress linked to leaving one's home and loved ones behind, a decline of social-status and the difficulties of finding a source of income – but also because British India was itself a “hardship-exile”. Refugees were confronted with harsh climates, new diseases, a volatile political and economic situation, as well as a rigid social and cultural hierarchy. Besides heat and dust in the summer, heavy rains and high humidity during the monsoon season, people from the West living in British India were confronted with a number of other hardships. This included, for example, limited access to clean water and electricity, and a lack of hygiene and sanitation infrastructure, which forced special, time-consuming precautions like boiling water for drinking, cooking or teeth-brushing. Also uncommon for newcomers was the lack of public transport in most of the towns and cities, commonly substituted by horses, or bullock carts, carriages and human-pulled rickshaws. Aggressive monkeys had to be kept away from settlements as well as other wild animals and snakes. All kind of insects and bugs, termites, horse-flies, ticks, cockroaches, and mosquitoes transmitting perilous diseases like malaria, which were treated by drinking liquid quinine with unpleasant side-effects, were common in the plains. Dengue fever was aptly called “break bone fever”. Cholera, typhoid, diphtheria

2 Cf. Swami Agehananda Bharati, *The Ochre Robe*, London 1961, 35.

and viral pneumonia were widespread as were internal infections due to bad water like hookworm or amoeba's infections affecting intestines, lungs and the brain.

Furthermore British India was a colonised territory. The British had ruled and governed, shaped and transformed it such that it would become its "jewel of the crown": administration, education, transportation, and communication were formed by the British alongside its direct rule of politics, the economy and the military. Britain controlled access to the whole subcontinent, to its directly ruled provinces – such as Bengal, Punjab, Bombay, Madras, Central Provinces, United Provinces etc. – as well as to the Princely States, more than 600 formally independent states, which were ruled by Hindu or Sikh maharajas or Muslim nawabs. Each state had its own laws, language, holidays and chamber of ministers, but each was under British protection and therefore actually a feudal state of the British monarch. In addition, all harbours of the Indian subcontinent were under direct British rule. Reaching any remote Princely State made a passage through British territory necessary, which made a British visa obligatory for anyone wishing to travel there.³

Visa politics & qualifications

As a reaction to the quickly increasing number of refugees, Britain decided to repeal the visa-abolition agreement it previously had with Germany and Austria, which had ceased to be a sovereign nation in the night from 11 to 12 March 1938. Following this, neither the India Office in London nor the Government of India in New Delhi, offered active assistance to the refugees. Another upshot was that official British India did not participate in the Whitehall conference about refugees in the summer of 1938. Nevertheless, many

3 This article is based on a research project „Erforschung des österreichischen Exils in Indien 1934 bis 1945“ which was financed by the Jubiläumsfonds of Austrian Nationalbank between 2002 and 2004. In-dept research regarding medical exile was undertaken in 2007, 2008 and 2009 doing archival research in Bikaner, Jaipur, Vienna, Graz, Brighton, London, and Oxford as well as literature studies. In collaboration with Dr. Ken Robbins (Washington D.C.) three articles were produced for the book *Jewish Refugees in India. Holocaust Haven* in Hodu edited by Kenneth X. Robbins and Marvin Tokayer (forthcoming 2011): *Jewish Refugee Doctors in India*; Maharaja Ganga Singh of Bikaner and his Principal Medical Officer Dr. Richard Jizchak Weingarten; Dr. Robert Heilig (1897–1989). *Legendary physician of Jaipur and 'World Citizen'*. General information regarding exile to British India: cf. Anil Bhatti and Johannes H. Voigt, eds., *Jewish Exile to India. 1933–45*, Delhi 1999; Margit Franz, "Passage to India". *Österreichisches Exil in Britisch-Indien 1938–45*, in: *Dokumentationsarchiv des österreichischen Widerstandes*, ed., *Jahrbuch 2007*, Münster 2007, 196–224; Johannes H. Voigt, *Indien*, in: Claus-Dieter Krohn et al., eds, *Handbuch der deutschsprachigen Emigration 1933 – 1945*, Darmstadt 1998, 270–275.

political leaders in India expressed humanitarian sentiments regarding the Jewish exodus and their firm opposition to Nazism. Jawaharlal Nehru had been directly exposed to the misery of Jewish refugees during his visit to continental Europe in the summer of 1938. In London he approached the coordination-committee for refugees with the suggestion to allow the passage of highly qualified people in the field of medicine and engineering to India.⁴ His personal as well as his party's efforts played a crucial role in getting the Government of India to allow highly-qualified people to emigrate. Additionally, he succeeded in persuading the reluctant Indian Medical Council to recognise Continental European medical qualifications so that the large number of highly skilled refugee doctors could continue to practice medicine upon arrival in India.⁵ Prior to 1941, however, Britain only recognised Italian medical qualifications as equivalent to British ones, thereby excluding the possibility of recognising Austrian or German medical qualifications. The education systems differed considerably across European countries, i.e. British and German dentistry education was a "completely specialised course" whereas it was a "postgraduate medical speciality"⁶ in Austria. Therefore medical refugees in the UK (except Italians) had to be admitted for requalification, a system which was even more limited after the outbreak of the war. So many refugees tried to find another refuge offering professional opportunities. That is one of the main reasons for the relatively high number of medical doctors, dentists and dental surgeons as part of the exodus of German-speaking refugees to British India. Medical practitioners and technical personnel, due to their potential positive impact on Indian development for modernisation and "progress," were the most represented of professional groups who found refuge in British India during World War II.

Regardless of professional background, all of these refugees had to reassure both the British in London and the British Indian government in New Delhi of two essential components of their stay in British India: first, they had to prove that they would not be a security risk; and second, that they would not be a financial burden on the state. The new rules for visas indicated that the applicant had to be in possession of a valid national passport

4 Cf. Joachim Oesterheld, *Zum Spektrum der indischen Präsenz in Deutschland am Beginn bis Mitte des 20. Jahrhunderts*, in: Gerhard Höpp, ed., *Fremde Erfahrungen. Asiaten und Afrikaner in Deutschland, Österreich und in der Schweiz bis 1945*, Berlin 1996, 342; Cf. Joachim Oesterheld, *British Policy towards German-speaking Emigrants in India 1939–1945*, in: Bhatti and Voigt, eds., *Exile*, 25–44.

5 Cf. Tilak Raj Sareen, *Indian Responses to the Holocaust*, in: Bhatti and Voigt, eds., *Exile*, 57.

6 Paul Weindling, *Austrian Medical Refugees in Great Britain. From Marginal Aliens to Established Professionals*, in: *Wiener Klinische Wochenschrift*, vol. 110, no. 4–5 (1998), 158. Cf. Karin Decker, *Divisions and Diversity. The Complexities of Medical Refuge in Britain, 1933–1948*, in: *Bulletin of the History of Medicine*, vol. 77, no. 4 (2003), 850–73.

bearing a visa for British India by a British passport or consular authority and a return-ticket – even so, they had been restricted in any possibility of return by Nazi-Germany. Two affidavits signed and verified by British Indian or British citizens guaranteeing the refugee's maintenance in India or a possible repatriation was the third component of a possible escape but difficult to get as the number of sponsorships a British or British-Indian person could offer to refugees was limited. An employment guarantee was very helpful and in some cases essential. After intense negotiations the Jewish Relief Association was able to sign for refugees' maintenance and to overtake these sponsorships starting at the beginning of 1939. Jewish families like the Ezras in Calcutta or the Sasoons in Bombay also contributed massively to the Relief Association by acting as financially potential guarantors.⁷

The situation changed dramatically in September 1939 because all previously granted visas became invalid with the outbreak of the war, making re-approval compulsory for all visas. The Austrian gynaecologist Dr. Josef Moldauer had booked a passage for 23 September 1939 from London to India, but the war forced him to postpone this voyage. On 20 December his appearance before the Metropolitan Aliens Tribunal exempted him and his family from all restrictions relating to aliens, and he was able to renew his family's visas on 6 April 1940, more than half a year after the original date planned for his journey. In the end, however, due to security reasons and torpedo attacks, the ship connection between India and the UK was cancelled and Moldauer's family never made it to British India.⁸

Another potential hindrance was that a granted visa did not always guarantee the ability to migrate. The Austrian physician Dr. Ernst Ritter, for example, was able to obtain a visa to India through the Austro-Indian Society in Vienna, based on the fact that he had been offered a position as an assistant in a private hospital in Bombay. Ritter left together with his wife for India via Denmark in April 1939. But the British immigration office in Singapore believed them to be German spies and thus revoked their visas for India. They were forced to take refuge in Shanghai, the only open harbour in Asia, before proceeding to Venezuela to join Ritter's brother in 1940.⁹

7 Cf. Shalva Weil, *From Persecution to Freedom. Central European Jewish Refugees and their Jewish Host Communities in India*, in: Bhatti and Voigt, eds., *Exile*, 64–84.

8 Cf. India Office Records, British Library, London (IOR), L/PJ/7/2534.

9 Cf. Ernst Ritter, *So habe ich es erlebt. Memoirs, 1939–1958*, in: Leo Baeck Institute, New York (LBI), *Memoir Collection ME 1264*.



fig 2:

In the 1920s Dr. Tauber was employed at Franz-Josef-Spital in Vienna; he lost this position due to the occupation of Austria by Nazi Germany in 1938. The personnel of Franz-Josef-Spital: Dr. Tauber is seen in the first row as the third from the right.

Restrictions: competition & resistance

Restrictions grew with the change of political situation in Europe during the 1930s. Dr. Paul Kronenberger describes how he experienced no bureaucratic or political obstacles when attempting to immigrate to India in the year 1935. With an invitation to work in Bombay with Dr. Oscar Gans, former head of the dermatological university-hospital in Frankfurt/Main, he was able to obtain a visa of unlimited duration within few hours. And until March 1938, foreigners from Central Europe were not required to register with the police upon arrival in India.¹⁰

¹⁰ Cf. Paul H. Kronenberger, *Begegnungen und Wandlungen*, in: Walter Leifer, ed., *Bombay and the Germans*, Bombay 1975, 215.

Between the years 1933 and 1938, there were three waves of forced emigration to British India. The first started in the year 1933 with German doctors. Included among these “early birds” were the internists Dr. Richard Jichzak Weingarten and Dr. Friedrich Wilhelm Berger who worked as a medical unit in Bombay and assisted Dr. Arthur Stern from Frankfurt.¹¹ The surgeon Dr. Herbert Wendriner from Berlin, the gynaecologist Dr. Erich Albert Kahn from Wiesbaden or the Bavarian ear, nose and throat specialist Dr. Hermann David Laemmle were amongst the first able to apply for British citizenship after five years of residence in India in 1938–1939, that is, before the outbreak of the war, what ultimately saved them from internment and enemy alien status.

A second wave started with Jewish refugees coming from Italy where many physicians had found exile due to Mussolini previously disclaiming anti-Semitic tendencies. After the Abyssinian War and due to the emergent “Axis”-friendship between Italy and Germany, the social and economic situation for foreign Jews in Italy began to deteriorate. Among those affected were Dr. Klaus Moritz Amson from Wiesbaden who had worked in Rome for some years, Dr. Ashkanasy of Königsberg arriving from Florence, the Hungarian pathologist Dr. Haidy and the Hungarian physician Dr. Stefan Sas(s).¹² Also worth mentioning are the newlywed couple Dr. Hermann Marcus and Dr. Kate Selzer who had completed their internships in Rome, but had difficulties finding a secure job, so they decided to try their luck in far-away British India. After brief stays in Palestine and Bombay, the couple eventually settled in Lahore.¹³

The Austrian exodus after the German occupation in March 1938 formed the third wave of medical refugees coming to British India, at which point Czech and Hungarian Jewish medical refugees started joining the population of refugees. Jewish refugees like the radiologist Dr. Georg Politzer and the internist Dr. Robert Heilig, who until 1938 had been head surgeon of the Krankenhaus für Kaufmännische Angestellte (hospital for business employees), arrived from Vienna. But also refugees of the Austrian Austro-Fascist regime like Dr. Victor Gorlitzer, former head of the hospital in Knittelfeld in Upper Styria, found their way to British India in the aftermath of Hitler taking over their government.¹⁴

Those who arrived to India in the early years had the privilege of settling in the financial, political and cultural centres of the country, such as Calcutta, Bombay and Madras without any restrictions. This also translated to easier access to setting up of medical practices and

¹¹ Cf. *ibid.*, 219.

¹² Cf. *ibid.*, 220.

¹³ Cf. Marcus Hermann Selzer Collection, in: LBI.

¹⁴ Cf. IOR, L/PJ/7/1966.

forming professional networks as compared to refugees arriving in later years. When the Austrians started arriving, some of the Germans had already qualified for British nationality, like Dr. Rudolf Treu from Cologne¹⁵; or Dr. Richard Appel¹⁶.

The fear of economic competition arose in the process however, between Indian and European refugee doctors as well as within the circle of refugee medical practitioners. Such sentiments led the Bombay legislation to pass a new act in the fall of 1939 which would limit the authority held by doctors who had taken up practice after 10th March 1938, a date correlating with the occupation of Austria and the beginning of the big refugees' exodus. The provincial governments were concerned that the central government was accorded permission to practice in British India.¹⁷

Professional jealousy of and rivalry with local practitioners also raised some objection to the influx of German-speaking doctors during the war years. In cosmopolitan Bombay, as well as in other centres, it was fashionable for example for the high society of the 1920s and 1930s to seek medical advice from physicians with a European education. When the Central European doctors started arriving, they were thus very much sought after, leading to a trend amongst local practitioners of losing patients if not their practices altogether. Dr. Hanns Anatol Friedländer (later Friedlander), former physician of Perchtoldsdorfer Waldsanatorium in Semmering, joined a group practice in New Delhi after former fellow medical students from India had contacted him and offered to provide him with affidavits for his visa application in Vienna.¹⁸ It was through this kind of "sponsorship" that Indian doctors tried to elevate their reputation and join the market of foreign doctors. Even though the British themselves were not so keen on foreign physicians, the governments in some Princely States and the British administration placed German-speaking physicians in high positions, and facilitated their naturalisation into British citizens. Such decisions did not, however, go unchallenged: "The head of the state medical dept. at Indore is a German – an unpopular appointment."¹⁹ Lt. Coll. Richard Samson was responsible for the medical affairs of Holkar State from 1938 onwards. The German internist Dr. Albert T.W. Simeons served as the head of the state medical department of the principedom Kolap(h)ur during the entire

¹⁵ Cf. National Archives of India, New Delhi (NAI), 10/92/38 Public.

¹⁶ Cf. NAI, 10/112/38 Public.

¹⁷ Cf. Robert Heilig, *Als Emigrant und Arzt 35 Jahre in Indien*, in: Friedrich Stadler, ed., *Vertriebene Vernunft 2. Emigration und Exil österreichischer Wissenschaft. Internationales Symposium 19. bis 23. Oktober 1987 in Wien*, Vienna and Munich 1988, 803–804.

¹⁸ Cf. Margit Franz, Interview with Dr. Jean Friedlander, Hingham (UK) 2003.

¹⁹ IOR, L/PJ/7/1966.

war.²⁰ Dr. Richard Jizchak Weingarten from Berlin was appointed Principal Medical Officer (P.M.O.) of the Medical Department of Bikaner State Services on 26 October 1938 as well as the head of the Bikaner State Hospital.²¹ Dr. Georg Politzer was appointed P.M.O. of Patiala state.²² The Viennese Dr. Robert Heilig was appointed Consulting Physician to the Maharaja of Mysore, Professor for internal medicine at the Medical College and Chief Physician of the university hospital in Mysore in 1940.²³ All these appointments were high profile positions that typically triggered jealousy and feelings of rivalry among local practitioners, British doctors and refugee colleagues.

Networks

After a voyage by ship refugees from Central Europe arrived at the major harbours of Bombay, Madras and Calcutta, where the Jewish Relief Association had been established to assist them – as early as 1934 in Bombay, and later branches were founded in Calcutta and Madras.²⁴ The same networks that had supported departures from the home-countries were also active and supportive in the country of exile.

Dr. Robert Heilig writes: „I had received two invitations: one by friends to Baltimore, the other by Indian patients to Bombay. The Indian one arrived by cable immediately after Hitler's invasion in Vienna and said: 'Come at once and stay with us till everything in Vienna has settled down again', an unforgettable, life-saving sentence. This invitation and a letter of recommendation by an English general, who was a former patient of mine, to the local consul enabled our visa to India. [...] we arrived on the 31st of October aboard the 'Victoria' of Lloyd Triestino in Bombay. At the harbour we were received by our Parsee-hosts and brought to a Parsee boarding house, where we were accommodated at their expense as we had arrived without a penny to our names. After few days a malaria-like fever, which was treated with quinine, confined me to bed. After one month I could consider working again and began to practice in a bank building, where my hosts had rented two rooms for me. On the recommendation of my hosts and of a Parsee-physician who knew

²⁰ Cf. Kronenberger, *Begegnungen*, 218.

²¹ Cf. Maharaja Ganga Singhji Trust, Bikaner (MGS Trust), 161/7208/1938, Dr. R.J. Weingarten, paper 32.

²² Cf. Susanne Blumesberger et al., eds., *Handbuch österreichischer Autorinnen und Autoren jüdischer Herkunft 18. bis 20. Jahrhundert*, vol. 2., Munich 2002, 1052 (Eintrag 8050); Cf. Edward Birkbeck Wakefield, *Past Imperative. My Life in India, 1927–1947*, London 1966, 166.

²³ Cf. Heilig, *Emigrant*, 804.

²⁴ Cf. Weil, *Persecution*, 71.

me from Vienna, my practice over the roofs of Bombay developed quite satisfyingly; this was also due in particular to the success that had been reached by some members of a leading Parsee-family, who was rather influential within the community.”²⁵ The main sources of relief for the refugee newcomers came mainly in the form of letters of recommendation, sponsorship, shelter, financial support, and integration into existing social networks. Dr. Georg Politzer, radiologist and former director of the Institute of Embryology in Vienna, described his reasons for departure with the following words: “Accepting a one year’s call from the Maharaja of Patiala to start his new X-ray Institute on modern lines. Invasion of Austria before the end of the year made return impossible.”²⁶ In 1937 he had started a training course on the new X-ray-machine for the doctors in Patiala.

Political intervention was another important instrument of support, both in the UK and in British India. Former Colleagues and medical networks in British India and in Britain as in the case of Dr. Felix (former Feiwel) Mahler, private physician at Viennese Gumpendorferstrasse, initiated a parliamentary inquiry in the House of Commons to the State Home Department in March 1939 and succeeded at getting Mahler’s family into British India.²⁷ In Bombay Dr. Mahler found refuge in Dr. Bhatia’s network.

Informal (medical) networks were also taking in refugees. The Austrian dancer and medical masseuse Hilde Holger, for example, who had attended massage courses in Vienna for future income-generation opportunities in exile, found shelter in a medical practice in

25 “Ich hatte zwei Einladungen erhalten: eine von Freunden nach Baltimore, die andere von indischen Patienten nach Bombay. Die indische kam telegraphisch sofort nach Hitlers Einmarsch in Wien und lautete: ‘Come at once and stay with us till everything in Vienna has settled down again’, ein unvergesslicher, lebensrettender Satz. Diese Einladung und ein ohne unser Wissen von einem englischen General, der einmal mein Patient gewesen war, an den hiesigen englischen General-Konsul gesandter Empfehlungsbrief ermöglichten es uns, eine Einreisebewilligung nach Indien zu bekommen. [...] Und kamen am 31. Oktober an Bord der ‘Victoria’ des Lloyd Triestino in Bombay an. Am Hafen erwarteten uns unsere Parsee-Gastgeber und brachten uns in ein Parsee Board House, wo wir auf ihre Kosten einquartiert wurden, da wir vollkommen mittellos eingereist waren. Nach wenigen Tagen zwang mich ein malariaartiges, auf Chinin reagierendes Fieber zu Bett. Nach einem Monat konnte ich wieder an Arbeit denken und begann in einem Bankgebäude, wo mir meine Gastgeber zwei Zimmer gemietet hatten, zu praktizieren. Auf deren Empfehlung und die eines Parsee-Arztes, der mich von Wien her kannte, entfaltete sich meine Praxis über den Dächern von Bombay ganz zufriedenstellend, besonders auch aufgrund von Erfolgen, die sich bei Mitgliedern einer führenden Parsee-Familie einstellten, auf die die ganze Gemeinschaft hörte.“ Heilig, *Emigrant*, 803. Translation of German quote by the author.

26 IOR, L/JP/8/39, paper 101.

27 IOR, L/PJ/7/15789, paper 1168.

Bombay, sleeping on the treatment-table of her guarantor Dr. Trivik Ram.²⁸ Having an affiliation with associations of inter-cultural understanding between Germany, Austria or Czechoslovakia and India was also helpful for newcomer refugees. This provided newcomers with contacts and networks as well as potential guarantors. Having membership in the Austrian-Indian society facilitated acquisition of a visa for Dr. Max Gunther Mayer²⁹ in Vienna, and the biography of Dr. Ernst Ritter also confirms that such links facilitated the physician's admission to British India.

Associations like the Academic Assistance Society (later the Society for the Protection of Science and Learning (SPSL)) were founded in 1933 in London and became a key agency in the international effort to rescue refugee scholars.³⁰ Dr. Robert Heilig writes: "You might remember that in May 1939 the S.P.S.L. recommended me as cardiologist for a researcher scheme contemplated by the Govt. of India. On the strength of this recommendation I would have got this appointment if the schema had materialised. Because of the war and for other reasons it was shelved 'for the duration' and after. However, your report helped me a good deal and in June 1940, I was appointed Professor of Medicine, Medical College, University of Mysore. In September 1943, I joined service in Jaipur [...] as Chief Physician, a post I am holding still."³¹

28 Cf. Denny Hirschbach and Rick Takvorian, eds., *Die Kraft des Tanzes*. Hilde Holger, Wien Bombay London, Bremen 1990, 36; Archive Hilde Holger, Primavera Boman-Behram, London.

29 Cf. Alisa Douer, Interview with Eva Wagner, no place, no year. Hand-written notes generously shared by Alisa Douer.

30 Cf. Zimmerman David, *The Society for the Protection of Science and Learning and the Politicization of British Science in the 1930s*, in: *Minerva*, vol. 44, issue 1 (March 2006), 25–45.

31 Society for the Protection of Science and Learning, Bodleian Library, Oxford (SPSL), file on Dr. Heilig, 329/9, paper 353. Information and resources on the medical exodus from Vienna were also provided by Mag. Dr. Renate Feikes (Korneuburg), Dr. Paul Weindling (Oxford), and Univ.-Prof. Dr. Dr. med. Michael Hubenstorf (Vienna). Databases by Feikes, Hubenstorf, Weindling, Dokumentationsstelle für neuere österreichische Literatur/Handschriftenabteilung (Literaturhaus Wien), Van Swieten Blog: Informationen der Universitätsbibliothek der Med Uni Wien, Nr. 1197, online: <http://ub.meduniwien.ac.at/blog/?p=1197> (May 5, 2010) as well as by the author were consulted. Also cf. Renate Feikes, *Exil der Wiener Medizin ab 1938*, in: Sandra Wiesinger-Stock et al., eds. *Vom Weggehen. Zum Exil von Kunst und Wissenschaft*, Vienna 2006, 232–243; Michael Hubenstorf, *Österreichische Ärzteemigration 1934–45. Zwischen neuen Tätigkeitsgebiet und organisierten Rückkehrplänen*, in: *Berichte Wissenschaftsgeschichte*, vol. 7, issue 2 (1984), 85–107; Michael Hubenstorf, *Vertriebene Medizin. Finale des Niedergangs der Wiener Medizinischen Schule?*, in: Stadler, ed., *Vernunft*, 766–793; Judith Bauer-Merinsky, *Die Auswirkungen der Annexion Österreichs durch das Deutsche Reich auf die medizinische Fakultät der Universität Wien im Jahre 1938. Biographien entlassener Professoren und Dozenten*, phil. Diss., University of Vienna, 1980. Following publications provide name registers of medical specialists: Sven Eppinger,

Jewish organizations like the Israelitische Kultusgemeinde in Vienna and Jewish Relief Associations in India also worked hard in order to provide Jews with refuge. The Council of German Jewry in London sent names and qualifications to Jewish committees, potential employers and hosts in India. In 1938 the senior palace chief surgeon of Maharaja Ganga Singh and his colleagues in Bikaner had successfully arranged the employment and escape from the Nazi regime of the Viennese doctors Friedrich (called Fritz) Donath, Josef Tauber (see line of illustrations in this article), and Max Scheck via the *Israelitische Kultusgemeinde* in Vienna. Jawaharhal Nehru had also forwarded to provincial governments in India a large number of applicants' names seeking employment which he had received while visiting Vienna.

Whereas political contacts to socialist and communist movements and in particular to the independence movement in British India were not appreciated by the British colonizing authorities, contacts to Christian religious and conservative networks were most helpful; archbishops and other dignitaries as well as conservative political circles used their intercontinental networks for helping refugees get to India. A semi-official letter dated 1 July 1938 from the Prefect Apostolic of Indore to the Under Secretary to the Resident of Central India spoke in favour of Dr. Gorlitzer, who lived in London at the time: "In receipt of your communication above referred to I beg to say that Dr. Victor Gorlitzer is well known to me. I strongly recommend that he be admitted into the country, and I shall gladly assume responsibility for him as to his maintenance."³² These contacts facilitated admission to British India and resulted in affiliation by missions of the Christian (Catholic, Protestant, and Anglican) Church, which were widespread all over rural India and, in addition to missionary efforts, focused on the containment of tropical diseases like leprosy. Some of "medical visa" applicants to British India had tried to seek re-qualification by attending the tropical medicine course at Edinburgh University (e.g. Gorlitzer and Mahler).

Das Schicksal der jüdischen Dermatologen Deutschlands in der Zeit des Nationalsozialismus, Frankfurt/Main 2001; Jens Martin Rohrbach, *Augenheilkunde im Nationalsozialismus*, Stuttgart et al. 2007; Eduard Seidler, *Jüdische Kinderärzte 1933–1945. Entrechtet – geflohen – ermordet*, Freiburg/Breisgau 2007; Vereinigung Demokratische Zahnärzte e.V. (VDZV), *Opfer nationalsozialistischer Verfolgung in zahnmedizinischen Berufen – eine vorläufige Namensliste*. <http://www.vdzm.de/opferliste.htm> (Nov. 7, 2009); Wolfgang Weyers, *Death of Medicine in Nazi Germany. Dermatology and Dermatopathology under the Swastika*, Philadelphia, Pa. et al. 1998. Ken Robbins M.D. (Washington) shared generously all his resources and international networks, especially with families of refugee doctors.

³² IOR, L/PJ/7/1966.

Settlements: centres of modernity

Refugee medical doctors settled mainly in the centres of British India: the cosmopolitan cities of Bombay and Calcutta as the main financial centres, the city of New Delhi as the centre of administration and political capital and some regional capitals like Madras, Poona, Karachi or Lahore. These places offered an infrastructure of assistance, opportunities for income generation and employment, communication networks and a Westernised life-style. In the hot and rainy summer-months hill-stations assumed some of these functions as well. In Bombay alone there were apparently more than 40 German-speaking medical practitioners during the war.³³

Another geographical centre was located at the courts of Westernised Hindu (maharaja), Muslim (nawab) and Sikh regional rulers – tradition and modernity were generating a hybrid cultural atmosphere between centuries-old hierarchies and customs, and modern technology and medical infrastructure. Dr. Robert Heilig's fate was considerably influenced as a result of these structures. He had been introduced to Sir Mirza Muhammad Ismail, Diwan (Premier) of Mysore, at that time the most modern statesman of India, and was appointed Consulting Physician to the Maharaja of Mysore: "Due to my appointment as consulting physician of the maharaja, his medical findings were handed over to me. I learned from the electrocardiogram (ECG) that this very active, and regular horseback-rider in his late fifties had suffered a heart attack approximately two years earlier. Now I expected the call for the first examination, which was postponed for so long that it became an urgent call to the acutely ill maharaja. My diagnosis: acute heart attack. Medical care was hindered by religious regulations, which were strictly complied by the highly religious maharaja. One of the most dangerous was certainly the strict prohibition to defecate in bed. This order eliminated the compliance with regulations of absolute bed rest after an attack. After approximately one week the ruler prescribed a bath to himself, and two weeks after the attack he was dead."³⁴

³³ Cf. Weil, *Persecution*, 79.

³⁴ „Wegen meiner Bestellung zum Konsular-Arzt des Maharaja (sic!) wurden mir seine medizinischen Befunde übergeben. Aus dem Elektrokardiogramm (EKG) ersah ich, dass der sehr aktive, regelmäßig reitende höhere Fünfziger vor ca. zwei Jahren einen Herzinfarkt erlitten hatte. Nun wartete ich auf den Ruf zur ersten Untersuchung, die aber so lange verschoben wurde, bis es ein dringender Ruf zum akut erkrankten Maharaja (sic!) wurde. Meine Diagnose: akuter Herzinfarkt. Die Betreuung war sehr erschwert durch religiöse Vorschriften, die der sehr gläubige Maharaja (sic!) streng befolgte. Eine der gefährlichsten war zweifellos das strenge Verbot, Notdurft im Bett zu verrichten. Das machte eine Einhaltung des absoluten Ruhegebotes nach dem Infarkt unmöglich. Nach ca. einer Woche verordnete sich der

Dr. Robert Heilig eventually lost his position, upon appointment of a new maharaja, but he was able to remain professor and chief physician, and after one year he was transferred to Bangalore. In 1942 Sir Mirza, Heilig's patron was appointed Chief Minister of Jaipur, an old and rich Rajput-state with a westernized and modern ruler, Maharaja Sawai Man Singh II (1912–1970). Immediately Sir Mirza began inviting some of his former colleagues from Mysore to join him in the desert-state, including Dr. Heilig. In 1943 Dr. Robert Heilig and his wife Annie moved their household over 2000 kilometres to the north and settled in the capital of Rajasthan until 1973. Heilig was appointed Consulting Physician to the Majahara of Jaipur, Chief Medical Officer and Chief Physician. Later he founded the Medical College Library and devoted 23 years to its development. In 1976 it was renamed the "Dr. Robert Heilig Library" and is today the biggest medical library in Rajasthan.³⁵ Dr. Heilig also joined the Sawai Man Singh Medical College as its first professor of medicine in 1949 and served the college for over two decades. He published numerous research papers in scientific journals and founded the Rajasthan Medical Journal in 1961. In 1948 he was elected to the National Institute of Sciences of India (F.N.I.), the highest academic board in India, and in 1961 he became Fellow of the Academy of Medical Sciences in India (F.A.M.S.).³⁶

About 350 kilometres northwest another Rajputana state accommodated several medical refugees from Central Europe. In 1938 Dr. Richard Weingarten from Berlin was made the P.M.O. of the Medical Department of Bikaner State Services as well as head of the Bikaner State Hospital. Dr. Alfred Hollositz from Vienna joined the Bikaner State Hospital as dental surgeon in October 1938. The group also included the radiologist Dr. Fritz Donath, the surgeon Dr. Josef Tauber, and the orthopaedic surgeon Dr. Max Scheck from Graz.³⁷ Maharaja Ganga Singh (1880–1943) of Bikaner was a ruler with a modern and reformist vision of the princely state. He embarked on a program of modernization (agriculture, railways, electrification, irrigation, health care, and democratization) upon his ascension.³⁸ P.M.O. Dr. Weingarten described in 1945 the modernization efforts of the previous years with the following statement/overview:

Fürst das erste Bad, und zwei Wochen nach dem Infarkt war er tot.“ Heilig, *Emigrant*, 804. Translation of German quote by the author.

³⁵ Archive of Dr. Robert Heilig Library, Jaipur, India.

³⁶ Cf. No author, *A Citizen of the World*, in: *Rajasthan Medical Journal*, vol. 5, issue 3–4 (1965), VII–IX; Also: *Teilnachlass Dr. Heilig*, Dokumentationsstelle für neuere österreichische Literatur/Handschriftenabteilung, Literaturhaus, Vienna.

³⁷ Cf. Government of Bikaner Civil & Military List. Bikaner 1936–1945; Government of Bikaner Civil List. Bikaner 1946–1949.

³⁸ Cf. L. S. Rathore, *The Regal Patriot. Maharaja Ganga Singh of Bikaner*, New Delhi 2002.

“The General Men’s Hospital in the capital was thoroughly reorganised by division into specialised departments which now consist of medicine, surgery, eye, ear, nose & throat, radiology, pathology, dentistry and tuberculosis. Except for a few teaching hospitals in the Country, no other State Hospital has modernised its work to this extent. As a result, the Hospitals in the capital attract large numbers of patients from all Northern India, particularly the Punjab, Delhi Province and U.P. [= United Provinces].

A new T.B. [=tuberculosis] Hospital was opened early in 1940 having the largest number of beds in proportion to the population compared with all British Indian Provinces and Indian States. This Hospital has always been crowned from its start and employs all modern methods on a large scale. A new system of rotation of doctors, between districts and capital, was introduced according to which every doctor gets a refresher course after three years’ service in the districts. A new Central Laboratory with a Library was opened in 1943. Here all pathological examinations are being done, and the library possesses already a large number of books and also subscribes to the most important British & American Journals. The X-ray and Radium Institute has been brought and kept up to date and electro-cardiography, for which formerly there was no facilities, is being done as a routine. The training of male nurses was put on an up to date basis and we now possess a large staff of reliable compounders and nurses. A new large City Dispensary is under construction and two more are only awaiting an improvement in the supply position to be taken in hand. In the Districts two first class hospitals have been built and equipped whilst more of the others were enlarged and not only their equipment improved but their grants also enhanced so that even in the districts any type of treatment is available to all. Two district hospitals have been equipped with diagnostic x-ray apparatus. [...] A Public Health Department is now functioning with great success and its anti-malarial branch, whose personnel were locally trained, has extended its activities to the districts as well. The Vaccination Department has been reorganised. [...]. A Child Welfare and Maternity Service is now opening [...]. Plans for extensive reconstruction of urban and rural medical services had been worked out and are ready to be put into operation as soon as circumstances permit. It has been the general policy of the Department to employ most recent diagnostic and therapeutic measures however expensive with the result that we now enjoy the confidence of the public to a very great extent.”³⁹

The papers in Bikaner show a clear indication of favouring Western medical approaches over practices of indigenous medicine.

39 MGS Trust, 161/7208/1938, Dr. R.J. Weingarten, paper 190: Letter Weingarten to Menon, 6.8.1945.

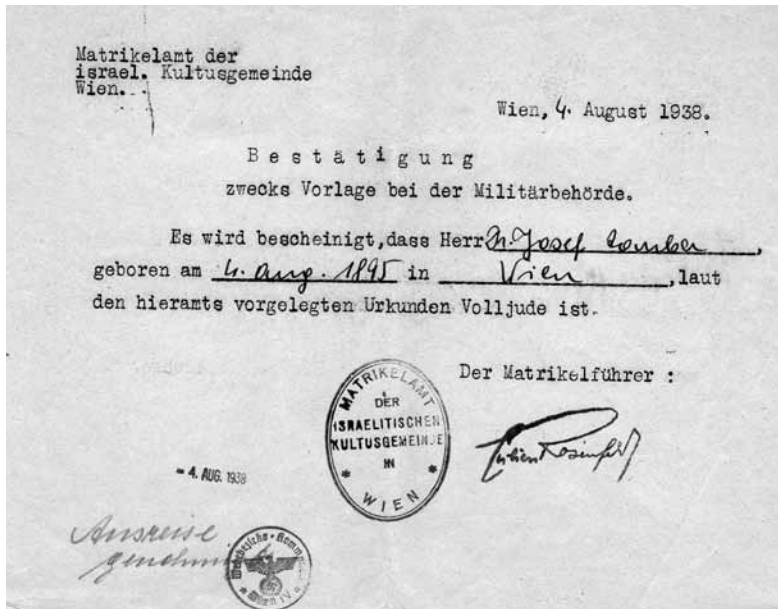


fig 3:

The personal physician to the Maharaja of Bikaner had arranged with the Israelite Community in Vienna to hire Jewish doctors to rescue them from Nazi oppression and to modernize the health system in Bikaner. The refugee men needed certificates stating their racial status as 'Voll-jude' (100 % Jew or full-blooded Jew) to prove that they were not eligible for military service. The stamp in the lower left with the Nazi swastika symbol approved the departure of Dr. Tauber.

As the maharajas and nawabs lost real power during the British Raj (rulership), they became increasingly attracted to high-society values from the West. Major western purveyors of luxury goods from Cartier and Louis Vuitton to Rolls Royce became their personal catalogue showrooms. Shopping sprees to London, Paris, Rome and Vienna were now mandatory⁴⁰, while visits to entertainment and re-creation centres in the West became a regular activity. During the war, when ship-communication between Europe and India was closed due to torpedo-attacks, the courts of these local rulers attracted Westerners, among them also several medical refugees.

The maharajas of Patiala were rich, drawing their revenue from the fertile agricultural in the granary of Punjab. Maharaja Bhupinder Singh (1891–1938) of Patiala was one of

⁴⁰ Cf. Amin Jaffer, *Made for Maharajas. A Design Diary of Princely India*, New Delhi 2007.

the greatest patrons of western culture and technology.⁴¹ He had set up a new X-Ray centre and assigned the Austrian radiologist Dr. Georg Politzer to train his doctors. Politzer stayed with the young maharajah Yadavindra Singh (1913–1974) throughout the entire war and succeeded at getting some of his family members and friends to Patiala.⁴² In the early 1940s he became the P.M.O. of Patiala state and was influential in building a modern health-care system in Patiala.⁴³ After a stay in Lucknow, the Viennese Dr. Emil Bondy⁴⁴ and his wife, the anthropologist Dr. Emilie Bondy-Horowitz⁴⁵ also found employment at the court of the maharajah of Patiala, who also sheltered the Viennese violinist Max Geiger's entire family. Geiger founded and conducted a symphonic orchestra for the maharaja of Patiala during the entire duration of the war.⁴⁶

Hill stations, the inner-continental escape from heat and dust, rain and humidity, attracted several refugees due to their more pleasant climate. During the hot season they were outposts of Western life in British India: Indian royal and wealthy families as well as the elite of British administration built their cottages and summer-houses on the slopes of hill-stations and maintained an active social life. Dr. Felix Mahler worked in the Landour Community Hospital in the hill-station up from Mussoorie in the United Provinces.⁴⁷ Dr. Otto Wolfgang Lederer, former district Medical Officer of Lower Austria, settled in Nainital in the Kumaon foothills of the outer Himalayas.⁴⁸

The overwhelming majority of foreign medical practitioners held civilian posts, including employment in the Royal Army Medical Corps (R.A.M.C.). In May 1942 *Aufbau* reported from Bombay that European physicians who had found refuge in India were engaged in military hospitals for the first time.⁴⁹ In September E.I. Kiewe wrote: "It may be interesting for you to learn that more refugees from Germany got government jobs, as engineers, opticians, and one fellow joined the army (Military Academy). Most of us

41 Cf. Natwar K. Singh, *The Magnificent Maharaja. The Life and Times of Bhupinder Singh of Patiala, 1891–1938*, New Delhi 2005.

42 Cf. IOR, L/JP/8/39, paper 101.

43 Blumesberger et al., eds., *Handbuch*, 1052.

44 Cf. IOR, L/PJ/7/28; Interview Friedlander.

45 Cf. Brigitte Fuchs, Bondy-Horowitz, geb. Horowitz, Emilie (1897–1938/40 ?), in: Brigitta Keintzel and Irene Korotin, eds., *Wissenschaftlerinnen in und aus Österreich. Leben-Werk-Wirken*, Vienna et al. 2002, 89–90.

46 Cf. Orpheus Trust (Vienna), Max Geiger. In: <http://www.orpheustrust.at/musikereinzeln.php?l=g&muid=20000828174157> (May 5, 2010).

47 Cf. IOR, L/PJ/7/15789, Nr. 1168.

48 Cf. IOR, L/PJ/8/39.

49 *Aufbau*, 15.5.1942, 13.

are in ARP [=Air Raid Precautions] now as wardens, doctors, nurses, etc...”⁵⁰ In 1943, already twenty-nine Jewish refugee doctors were serving in the Royal Army Medical Corps along side eleven civilian physicians working in military hospitals.⁵¹ Major M. Lenczer, served in the Burma campaign, and was later in Mhow, Lahore, and Bombay.⁵² Dr. Walter Ernst Petzal worked as an otologist in a military hospital.⁵³ Later Dr. Emil Bondy was also employed with the R.A.M.C., as was Dr. Hanns Anatol Friedländer after being released from one and a half years of internment after he had lost all of his medical belongings. Dr. Friedländer served first as a civilian, and was then elevated to the rank of Major and worked in the combined military hospital of Agra, after posts in Quetta and Lahore.⁵⁴ Already in April 1942 Dr. Fritz Donath joined the R.A.M.C. after one year of internment and a private practise in Karachi,⁵⁵ where Dr. Eva Mayer worked as a physiotherapist in the British army.⁵⁶

Ambiguities of assimilation

There are various cultural layers to discern in the German-speaking exile community of British India during the war years: first, the colonised and the colonisers; second, the hierarchical structure of Indian society and the hierarchies within the British colonial system; third, the patriarchal structure of the British colonial society in India and the Indian society; and fourth, the hierarchies within the refugee community (especially between Germans who arrived soon after 1933 and quickly established themselves, and Austrians who only arrived as of 1938). The research study *Austrian Exile in India 1938–45*⁵⁷ shows a clear indication of acculturations and assimilation processes towards the British ruling society and its stakeholders in British India due to economic and cultural reasons. Fol-

⁵⁰ Aufbau, 11.9.1942, 35.

⁵¹ Weil, Persecution, 72.

⁵² The Onlooker, July 1946.

⁵³ Kronenberger, Begegnungen, 220.

⁵⁴ Cf. Interview Friedlander.

⁵⁵ Cf. Kodek, Unsere Bausteine, 69.

⁵⁶ Cf. Eva Wagner and colleagues, The Musical Contribution, in: Karl Bittman, ed., Strauss to Matilda. Viennese in Australia 1938–1988, Sydney 1988, 44. Eva Mayer became Eva Wagner in her second marriage.

⁵⁷ The ongoing research started 2002 as a project financed by the Jubiläumsfonds of the Austrian Nationalbank (2002–2004), an interim summary was published in 2007. Cf. Franz, Passage.



fig. 4:

Family Tauber left Vienna on September 8, 1938, on a German passport with the red "J". On board the steamer Conte Biancamano on the way from Genoa to Bombay: (from left to right) unidentified lady, Alice & Dr. Josef Tauber with their son Walter between them, radiologist Dr. Fritz Donath, and his wife Elli.

lowing Yinger's model, we can distinguish between cultural assimilation (acculturation), structural assimilation (integration), psychological assimilation (identification) and biological assimilation (amalgamation).⁵⁸ In the context of British-India after 1933, processes of acculturation were particularly evident in the way that newcomers adapted to the dress- and behaviour-code of the British elite. They used dinner, cocktails- and bridge-parties as a means of communication within the exile-community due to the lack of an official communication board. Integration strategies included membership in organisations and groups

⁵⁸ Cf. Christhard Hoffmann, Zum Begriff der Akkulturation, in: Claus-Dieter Krohn et al., eds., *Handbuch der deutschsprachigen Emigration 1933 – 1945*, Darmstadt 1998, 120.

like the British Red Cross or Royal Army Medical Corps usually generating various levels of identification. Intercultural marriages took place mainly between foreign women and British/British-Indian men; marriage between male refugees and British/British-Indian women would lead to the loss of citizenship for the women according to the law of the time and could even lead to internment of the former British subject according to enemy-alien law. Therefore the British authorities named Mrs. Alice Lederer, nee Kramrisch in Liverpool, married to Dr. Otto W. Lederer from Vienna, “an Austrian subject by marriage” and rejected her application for the resumption of British nationality, “which she lost by virtue of her marriage to an Austrian.”⁵⁹ When the British anaesthetist Dr. Jean Loveday Broughton married the Austrian physician Dr. Hanns Anatol Friedländer in 1946, she lost her British citizenship even though both were employed with the R.A.M.C.; she regained her British nationality when Britain changed the law one year later.⁶⁰

Still, there are also cases of failed assimilation as the living conditions were very different for each refugee depending on employment, income, social status, residence, and support network. Some cases of suicide have been documented, such as Dr. Jakobowitz who took his life in 1936 after a short stay in Bombay.⁶¹ The hardship of Indian conditions forced some to seek a quick route to more Westernised and climatically favourable destinations. Dr. Max Scheck, orthopaedic surgeon at Bikaner state hospital, described his urge to leave for the USA because in Bikaner the “conditions [were] extremely hard & I felt I could not go on anymore.”⁶²

Internment

With the beginning of the Second World War in September 1939 all foreigners were declared enemy aliens, and all male refugees aged 16 or older were interned in different military camps. Telephones, radios and cameras were confiscated from the remaining family members. After several weeks and in response to widespread critique against placing German and the Jewish refugees in the same camps, the British authorities installed the Sir Darling Commission in order to help clarify the internees’ political backgrounds. Most of the Jewish refugees were eventually released, but only until late spring of 1940. Following the invasion of France at this time and the growing threat of invasion for the Indian sub-

59 NAI, 10/151/38 Public.

60 Cf. Interview Friedlander.

61 Cf. Kronenberger, *Begegnungen*, 219.

62 Max Scheck Questionnaire. In: LBI, The Austrian Heritage Collection.

continent, resentments grew against the refugees, even amongst Parses who had previously been very sympathetic to their plight. A second wave of internment took place in early summer of 1940 at which point whole families were interned.⁶³ Special internment camps, known as “parole settlements”⁶⁴ were established in several parts of British India. They had no barbed wire and allowed for the joint internment of men, women and children, in comparison to the majority of existing camps intended for men alone. In September 1940 seven “parole settlements” were put up in India – all in hill-stations or in locations with favourable climates, usually at high altitudes⁶⁵: Katapahar (Darjeeling district), Shillong (Assam), Nainital (the Himalayas), Purandhar (near Poona), Satara (near Poona), Kodaikanal (Tamil Nadu), and Yercaud (Tamil Nadu). After 1943 special efforts were made to improve conditions in the wake of family reunions. This included the establishment of schools, kindergarten, hospitals, and various kinds of educational facilities in the proximity to these settlements as families tried to live a “normal life” despite the isolation of these remote locations. Internees relentlessly tried to obtain release from these settlements but many were confined to the camps until the summer of 1946.

The Austrian gynaecologist Dr. Fritz Hahndel was interned in May 1940 in the parole settlement in Katapahar. He served in the women’s wing of the hospital of the parole settlement during the entire war.⁶⁶ The Czech Dr. Vladimir Heger and his wife Anne Marie were interned in the parole settlement in Satara, as were the Viennese dentist and dental surgeon Dr. Jakob Presser together with his wife Ruth and daughter Valerie, and the dentist Dr. Albert Huth.⁶⁷ Marie Anne Mandl, a nurse from Vienna, and her husband Stefan

63 Cf. Osterheld, *British Policy*; Voigt, *Indien*.

64 The term “parole settlement” was first mentioned in 1648 as a word of honour or parole d’honneur for British soldiers promising not to make any attempts at escape. In the seventeenth century, detainees were allowed to move freely in the area, take up employment and settle down freely. In the twentieth century, however, similar regulations were employed but for economic reasons, because it was in fact cheaper to keep prisoners in a kind of “mental custody” without having to rely on physical infrastructure to guarantee internment. Cf. George Sheppard, *Parole*, in: Jonathan Franklin William Vance, ed., *Encyclopedia of Prisoners of War and Internment*, Santa Fe 2000, 215–217.

65 Cf. IOR, L/PJ/8/70, Coll.101/14A. The author was able to find and document the parole settlement of Kodaikanal in Tamil Nadu. It was reopened as a holiday camp after the war and consists of grey wooden military-like barracks. The living barracks are split in several independent units which allowed some privacy for each individual family. Common facilities barracks housed a common kitchen and eating facilities. At the entrance a registration point with a big panoptical window was situated to overlook the whole complex.

66 Cf. IOR, L/PJ/8/32, paper 163; IOR, L/PJ/7/3385; Interview K. Hahndel, London, 2006.

67 Cf. IOR, L/PJ/8/31, paper 101.

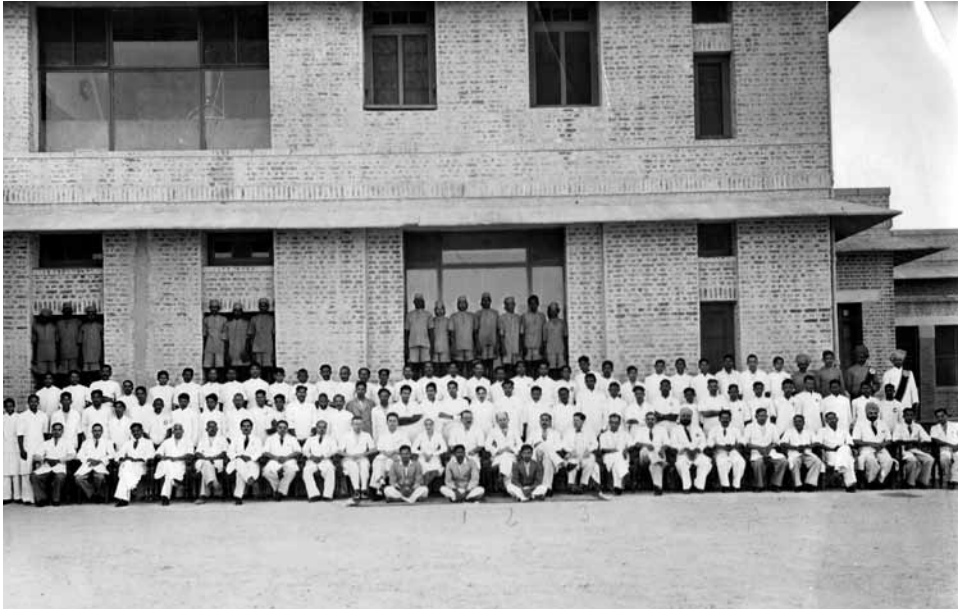


Fig. 5:

October 8, 1938 Dr. Tauber took up employment as First Surgeon of the Prince Bijay Singhji Memorial General Hospital for Men in Bikaner. The photo shows the employees of the hospital: In the middle, seated in chairs: Dr. Josef Tauber (marked with 1), Dr. Richard Weingarten (2), and Dr. Fritz Donath (3). During the summer of 1940 the British interned family Tauber in Purandhar as “enemy aliens”; thus Dr. Tauber lost his position in Bikaner. By 1941 they were able to obtain a visa for the United States of America and arrived June 3, 1941 in New York harbour.

Mandl were kept in a Purandhar camp.⁶⁸ The Selzer family of four was sent to a parole settlement in the South until June 1946, as were Dr. Max Mayer and his wife Eva, who wrote: “We were interned as enemy aliens soon after the outbreak of World War II, though not behind barbed wire. My husband was able to run a flourishing practice among the very poor and numerous Indians in the surrounding area, naturally free of charge.”⁶⁹ Most of the internees remained in captivity even once the war had ended because British authorities were suddenly occupied with discussions of decolonisation, which started immediately upon victory. At this point, Britain started its demobilisation from the Indian subcontinent,

⁶⁸ Cf. IOR/L/PJ/8/32, paper 167; IOR, L/PJ/8/31, paper 125ff.

⁶⁹ Wagner, *The Musical Contribution*, 44.

which required mass use of all ships such that they were all overbooked until 1947. The administration, as well as political and financial infrastructure were also in transformation as British India gained independence in August 1947 and was split into India and Pakistan.

Repatriation & continuation of route

In 1946 it was decided that all refugees who could not prove to have employment or other means of financial sustenance in India would have to be repatriated to their original home countries, causing an outcry amongst Central European Jews who had sought refuge in British India from Nazi terror. As a result of these protests people of Jewish faith were allowed to migrate to a country of their choice if they were able to obtain visas.

Most of the refugees in British India – Jews and non-Jews – intended to leave the sub-continent, not for Germany or Austria, but rather for the USA, Britain, Australia or later, Israel. The decolonization process on the Indian sub-continent also generated an atmosphere of uncertainty and anxiety among the Central-European refugees, revealing the widespread trauma caused by the Nazi regime. The Kashmir conflict caused turmoil in the whole region as ethnic riots between Hindus and Muslims generated a flow of hundreds of thousands of refugees in the future independent nations of India and Pakistan. A lack of rice and wheat caused famine and the death of many thousands of people, while post-war Central Europe was experiencing its own state of chaos and readjustment. The Allied Forces had divided Central Europe into different zones which ultimately led to political insecurities across the continent. The destruction caused by war had resulted in widespread economic instabilities and the need to rebuild industries, and there was a general lack of services and food supplies. As a result, there was a marked unwillingness to invite Central European refugees on the Indian subcontinent back to their countries of origin. Most of them ended up continuing their search for safe havens in new and uncertain destinations.

A small group of refugees did stay in post-colonial India however: Dr. Heilig in Jaipur, Dr. Kronenberger and Dr. Weingarten in Bombay, and Dr. Ronald (former Rosenblüth)⁷⁰

⁷⁰ Hubenstorf's database confirms that the Viennese paediatrician Dr. Alexander Ronald remained in Calcutta, where he died 1970. There are unverified indications that also his brother, the cardiologist Dr. Edmund Ronald (former Rosenblüth), settled in Calcutta and became the personal physician to King Tribhuvan Bir Bikram Shah of Nepal (1906–1955). Cf. Michel Peissel, *Tiger for Breakfast. The Story of Boris of Kathmandu*, London 1966; Christian Reder, *In der Fremde*, in: *Falter*, Wien, no. 21 (1984). Online: http://www.christianreder.net/archiv/p_84_21_2_falt.html (June 12, 2010). Present research can not verify if he settled in India before the war or after. Cf. IOR, L/PJ/7/2017; NAL, 22/102/46 – Poll (E).

in Calcutta. Fewer people chose Pakistan; ongoing research indicates that just Dr. Käthe (Kate) and Dr. Hermann Marcus Selzer, who settled in Karachi for some time, were the only Central European medical specialists to move to Pakistan following the war.

There were however those few ones who chose to apply to return to the uncertain environment of Central Europe. The post-war Austrian government had published an appeal in British Indian newspapers in August 1946 inviting refugees to return. Dr. Otto Wolfgang Lederer reacted immediately: “Re the press note in today’s papers I beg to state that I am a refugee from Austria and anxious to return to that country. My wife and I arrived in India in September 1938 from Vienna after my release from a Nazi-Concentration camp. We have no children in India. I am an M.D. in Vienna, and was District Medical Officer in service with the Government of Lower Austria, last stationed in Neunkirchen. My last address in Austria was: Hamerlinggasse 13, Neunkirchen, Lower Austria. I intend to resume medical practice in Austria.”⁷¹ Dr. Lederer was one of very few Central-European refugees who dared return to a country which had previously expelled them in a most brutal and inhuman manner. Dr. Donath, Dr. Gorlitzer, Dr. Politzer, Dr. Gans also chose to repatriate. All of them had something in common; they were already older men and/or had held high-profile positions before the rise of the Nazi regime. By contrast, the younger and less established (in Central-Europe or in British India) refugees were more likely to embark on a new life seeking refuge once again in the unknown.

Conclusion

In 1943, 127 of the 1080 Jewish refugees in India, tracked by the Jewish Relief Association in Bombay, were doctors or dentists, while 40 of them were working in military settings. Shalva Weil estimates the number of Central European Jews who reached India in excess of 2000, but recent research shows even higher numbers.⁷² The largest number resided in Bombay while smaller populations of refugees lived on “small islands of modernization” – the courts of Westernized local rulers – and the rest were scattered across other parts of British India. Due to the lack of systematic international research this paper has provided a first attempt at biographical, regional and institutional mapping. It also provided an introduction to the general conditions of exile to British India 1933 till 1945, with a particular focus on the medical exile.

⁷¹ IOR, L/PJ/8/39.

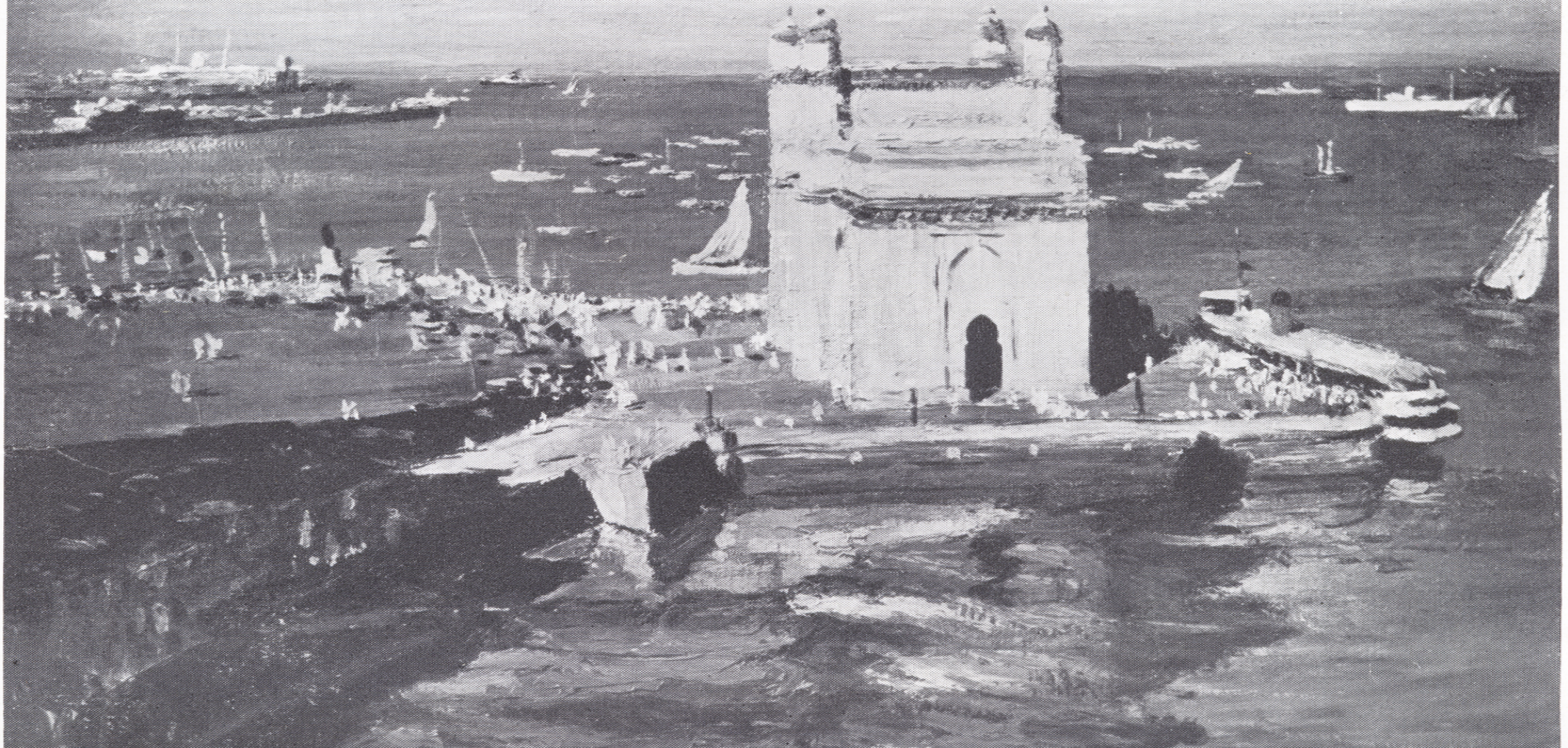
⁷² Weil, *Persecution*, 72.

Regarding work and postings, many refugee doctors were following the unwritten master-plan of modernization unfolded by Jawarharlal Nehru in postcolonial India: mechanization of organization, structure, education, diagnosis, and treatment; application of Western scientific methods, treatments, classifications, and values; the emphasis on introduction of modern machines (e.g. X-ray), and treatments (e.g. vaccinations); and the promotion of hospitals as places of treatment, education, and centres of reorganization of medical services.

The dam became the symbol for Nehru's postcolonial politics following an agenda of modernization and mechanisation.⁷³ In 1938 Nehru committed himself to supporting refugees, in particular those with technical and medical professional skills. Central-European refugee doctors "supplied" pre-independence India with a large number of non-British Western-educated medical practitioners. This provided rich and privileged Indian people access to Western medicine without forcing them to leave their country. These Western medical practitioners also offered their services in public hospitals thereby reaching the less affluent Indian population and thus, democratising access to Western medical services which had previously been restricted primarily to those with money or affiliation to British services. Even the British started recruitment within the medical exile community for the R.A.M.C. in 1942 when the war intensified in Europe and their personnel was needed at the European battlefields. Central-European medical refugees in British-India were thus individual out-posts of modernization based on their education, experiences, values, and life-style.

73 Cf. Sunil Khilnani, *The Idea of India*, London et al. 1998.

Walter Langhammer,
Gateway of India
(oil-painting 1939/40, Bombay)



Margit Franz, German-Speaking Medical Exile to British India. In: Helmut Konrad, Stefan Benedik (eds.), Mapping Contemporary History II. Exemplary fields of research in 25 years of Contemporary History Studies at Graz University. Exemplarische Forschungsfelder aus 25 Jahren Zeitgeschichte an der Universität Graz. Wien-Köln-Weimar 2010, pp. 61–86.

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