

'...the 'Anschluss' put a summary end to the practice of dentistry and medicine by Jewish practitioners...'

Aliens or colleagues?

Refugees from Nazi oppression

1933–1945

In this article derived from his recent research, John Zamet relates an account of a hitherto undocumented story – the experiences of dentists fleeing the Nazi regime in Germany in the 1930s and 1940s. Specifically he describes the administrative actions by the British authorities at the time and the subsequent effects that these procedures had on the lives of the practitioners and their families.

After the Nazi takeover of Germany and Austria between 1932 and 1938, over 1,000 non-Aryan dentists applied to the General Medical Council to be allowed to practice in Britain. The majority of these well-trained refugees were turned away, despite the fact that dental health in the British population was deplorably bad and that over half the dentists on the dentists register had not been trained in dental schools. Up until now, the history of this group of refugee dentists and the British response to them has not been documented.

In the British Dental Association library virtually no data is available on the refugee crisis in relation to dentistry, which began with the Nazi takeover of Germany in 1932 and later in Austria with the Anschluss in March 1938. This means that the history of British dentistry in the first half of the twentieth century is incomplete and the same applies to the historiography in relation to dental refugees. Dr Ekkhard Häussermann, a past Editor of the *German Dental Journal*, in a review of the book *Les Dentistes Allemands sous le Troisième Reich*¹ states that in 1932 there were 1,500 non-Aryan dentists in Germany who disappeared, 'some to their silent fate in the great cemetery with forgotten graves without names'. No author has so far written a comprehensive history of these dentists.

PERSECUTION OF JEWISH DENTISTS

The story of the plight of Jewish dentists in Germany begins with the so-called Law for the Reconstitution of the Professional Civil Service of 7 April 1933, which forced the dismissal or premature retirement from Government service of persons who were not of 'Aryan' descent (Fig. 1). This was the

beginning of a large forced exodus from Nazi Germany of Jewish scholars and scientists, including dentists and doctors.²

The emigration of these highly trained scholars and professionals is probably unique in history for three reasons. Firstly because it was so large and so sudden; secondly that the émigrés, after 1933, were not to choose to leave on the basis of criteria comprehensible to them but were required to make that decision after being deprived of their livelihoods. Thirdly, not only their economic and social existence but ultimately their lives were at stake.³

The Nuremberg laws of 15 September 1935 declared that Reich Citizens Law decreed that only citizens with German nationality or of the same blood type could be Reich citizens. This was called 'The Law for Protection of German Blood and German Honour'.⁴ For example, marriage between Aryans and non-Aryans was prohibited and such marriages were declared invalid. Non-Aryans were no longer permitted to employ female citizens of German or similar blood types in their homes.

The further law of 13 April 1937 stated that from then on, all Jewish dentists and dental mechanics still at work must be identified as Jews in the register. Figure 2 shows the required Star of David and the compulsory use of Israel as a middle name. In March 1938, Hitler's annexation of Austria, the 'Anschluss', unleashed a reign of terror against the Jews, put a summary end to the practice of dentistry and medicine by Jewish practitioners and caused the dismissal of more than 75% of the world-renowned medical faculty of the University of Vienna.⁵

A survey of European countries chosen by non-Aryan dentists from Germany and Austria as prospective destinations for

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emigration showed that surrounding countries, such as France, Holland, Belgium, Czechoslovakia and Italy, would not allow dentists to practice with a German degree. There was also the problem of language. America was high on the list of choice but the temporary suspension of immigration in December 1920 followed by the enactment of the quota system from 1921 to 1924 meant the end of America as an automatic place of entry for any refugees or other would-be immigrants.⁶ Exceptions were sometimes made for Jewish dentists who could find sponsors in the United States, especially if they were eminent in their fields, but a German dental degree was not accepted due to the resistance of the National Association of Dental Examiners and most State Boards.⁷ British Mandated Palestine seemed to provide a haven for immigration until the MacDonald White Paper of 1939, which reduced Jewish emigration drastically.⁸

Britain would appear to be the best choice for German and Austrian refugee dentists, especially in 1938 and 1939 when the number of countries receiving refugees was rapidly shrinking. German dentists, with their DMD degree from a recognised German University dental school, should have been acceptable to the General Medical Council (GMC) licensing authorities since the dental curriculum in both countries was almost completely comparable⁹ in the time taken for studying, which in total should amount to four years.¹⁰ It is important to point out that a German dentist would, unlike his British counterpart, spend a further year after his 'approbation' writing a research thesis before he obtained his DMD degree.

THE GMC AND THE 1878 DENTAL ACT

For the purposes of assessment, the GMC prepared a document of four pages called a 'schedule' in which the data in relation to all subjects in the dental curriculum would be recorded, giving either the number of hours or the number of meetings or lectures and the number of months involved. The British minimal requirements were laid out on the left-hand side of the page for comparison.

In order to be accepted by the GMC and placed on the Foreign List of the dentists register in Britain, it was necessary that the applicant was acceptable under sections nine and ten of the Dental Act of 1878. Section nine states that *'where a person who is not a British subject or who has practiced more than 10 years elsewhere than in the United Kingdom shows that he obtained some recognised certificate granted in a foreign country and that he is of good character and either continues to hold such a certificate or has not been deprived thereof for any cause which disqualifies him from being registered under this Act then such a person on payment of the registration fee be entitled without examination in the United Kingdom to be registered as a foreign dentist in the Dentist's Register.'*

Section ten of the 1878 Act¹¹ deals with the recognition of certificates of foreign dentists and states that *'a certificate in a foreign country which is to be deemed such a recognised certificate as is required for the purpose of this act shall be such certificate, diploma, membership, degree, licence or testimonial or other title as being recognised for the time being by the Gen-*



Fig. 1 1 April 1933 boycott of Jewish dental, medical and legal practices as well as businesses (photograph courtesy of Vernon Schloss, son of Dr Suse Schloss)

eral Medical Council as entitling the holder thereof to practice dentistry or dental surgery and as furnishing sufficient guarantees of the possession of requisite knowledge and skill for the efficient practice of dentistry or dental surgery.'

Instead, the GMC, under the guidance of the Dental Education and Examinations Subcommittee, came up with a unique way of assessing the schedules that were supplied by the refugee dentists. Each subject in the curriculum was minutely examined in relation to the number of hours of tuition or the number of meetings or lectures or the number of months written down. Any deficiencies would mean refusal. This means of 'selection' would seem to be totally against the spirit of the 1878 Act sections nine and ten. If refugees came from a recognised school, and a list of such schools is published in the dentists register, then they should have been accepted automatically and not been subjected to an 'inquisition'. It has to be remembered that the majority of refugees were between 35 and

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45 years of age. Some of them would have lost their ‘student books’ which were supposed to record all the data in relation to their studies and be signed by the professor in question in relation to each subject. Imagine a 45-year-old dentist today being asked how many hours, or lectures, or months he had spent on each subject in the curriculum. Very few would be able to remember accurately. In addition, during the 1930s, with the Nazis in power, it was extremely difficult for Jewish dentists to obtain information from dental schools in Germany let alone get the data signed and sealed by the dean of the school in question.

AUSTRIAN REFUGEE DENTISTS

Austrian dentists, who started to appear after the Anschluss in 1938 in large numbers, presented a more difficult problem. Having acquired a MD degree at the University of Vienna they had to undergo only two years of dental training before practicing dentistry. This was considered inadequate by the GMC unless they had acquired a diploma Cert.Dent.Exam. Com.Vienna post-1935. The GMC in 1938 chose to accept this, despite the disproportionate lack of dental training.¹²

The Secretary of State for Home Affairs, Sir Samuel Hoare, set up a Joint Committee on Austrian Refugee Dentists. This had representatives from three dental political groups: the British Dental Association (BDA), the Incorporated Dental Society (IDS) and the Public Dental Services Association (PDSA). There were also two representatives of the Jewish Refugee Coordinating Committee.¹³ The initial list of candidates extended to 360 applications. The criteria for discussion included the refugee’s age, marital status, number of children, financial means and connections in Britain, qualifications and curriculum vitae. Mr E. N. Cooper, an observer from the Home Office, laid down as a principle that, without reference to professional qualifications, the possession or absence of means was an important factor and in the absence of means the Aliens Act would apply and the candidate would automatically be excluded from consideration (aliens subject to inspection had to pass a poverty test; failure made them liable to be refused entry as undesirable immigrants).¹⁴

As a result of the final meeting of the Joint Committee on Refugee Dentists, a letter sent to the Home Secretary¹⁵ recommended that, after exhaustive consideration, 40 of the 93 applications that were remaining after the first two meetings of the Committee be recommended for permission to be put on the Foreign List of the dentists register, having the right to requalify by taking the final LDS examination in six months and to be allowed to go into practice.

In November 1935 there is a memorandum of an interview by Sir Eric Holderness (the Head of the Aliens Department of the Home Office) and Sir Samuel Hoare (a future Home Secretary) with Sir Norman Walker who was President of the GMC and Michael Haseltine, the Registrar of the Council of the GMC, calling attention to the unusually large number of German dentists given admission to the dentists register.¹⁶ This memorandum also underlined the fact that as soon as this large number of refugee dentists was placed on the dentists register, the den-

tal political groups would protest. These groups were made up of the BDA, the IDS (whose members were mainly dentists who were on the dentists register because of the 1921 Dental Act, but were virtually technicians who had not been through dental school training) and the PDSA, instituted in 1923 to look after the interests of all concerned with dental benefit treatment.¹⁷ It should be pointed out that in 1935 the total number of dentists on the dentists register was 14,505, of whom 6,462 were registered under the provisions of the Dentist’s Acts 1878–1921. 8,043 were registered with medical, surgical or dental qualifications. An example of the pressure placed on the GMC by the BDA was a report entitled *The Practice of Dentistry by Aliens*¹⁸ which states that *‘the hospitality afforded by Britain to foreigners coming to its shores is proverbial but whether suitable occupation can be found in the dental profession for so many individuals who are untrained in its national methods, unversed in its traditions and usually, it may be presumed, with more or less limited command of its language, is open to question.’*

In the House of Commons on 28 May 1937,¹⁹ Mr R. Duckworth asked the Home Secretary what was the present policy of his department with regard to the admission into this country of foreign doctors and dentists and what representations he had received from professional bodies in this country on the subject of this form of competition. The Home Secretary stated that the policy was to restrict closely the admission of foreign doctors and dentists who wished to practice in this country after being admitted to the British medical and dental registers. Since March of 1935 the rule had been not to allow foreigners to engage in medical practice in the United Kingdom and the same rule had been applied in the case of foreign dentists since February of 1936. An article in the *People* newspaper²⁰ underlined the fact that there were many examples of dentists who were admitted to the dentists register by the GMC but were sitting twiddling their fingers without being able to work because of a lack of permission from the Home Office.

Leaders of the Board of Deputies of British Jews and the Home Office intended refugees to stay in Britain only on a temporary



Fig. 2 Advertisement in the Jewish newspaper *Jüdisches Nachrichtenblatt*, 10 March 1939

'Between 1933 and 1945 Britain was offered 1,047 well-trained German and Austrian dentists. The majority were turned away.'

basis and negotiations were in progress with a view to their ultimate transmigration to other countries. Britain was therefore seen as a port of transit. The Jewish community under the leadership of the Board of Deputies agreed that they would take care of the funding of refugees from the moment they landed in Britain until their departure.²¹ In December 1939 the Home Office accepted that funding from the public purse was necessary, since the funds of the Jewish Relief Committees were finally exhausted. From then on the Government subsidised the costs of refugee maintenance.²²

The total number of refugee dentists who applied to the GMC in Britain to be placed on the Foreign List of the dentists register was 1,047, according to the GMC minutes 1933-1945.²³ Of these only 300 were successful, however 59 Jewish dentists that were accepted onto the Foreign List of the dentists register either never came to Britain (possibly because they were not given permission by the Home Office to practice), or emigrated directly from Germany or Austria to other countries. A further 18 refugee dentists came to Britain but then transmigrated elsewhere, eight of them to British colonies where they could practice with their GMC acceptance. The 'schedules' of dental refugees that were accepted were placed in the microfiche archive of the GMC. Dentists that were rejected had their data returned, but the rejected applications could be found in the cases of those dentists who had multiple applications that were eventually accepted. These schedules gave the reasons for their rejection, most of them with the hand-written notes of the Chairman of the Dental Education and Examination Committee, Edward Sheridan, on the last page. It is interesting to note that among dentists from the same dental school in Germany who qualified in the same year and were of identical age, some were accepted and the majority were rejected. This situation prompted a letter from Dr O. Loos who was the Dean of the Frankfurt Dental School.²⁴ Dr Loos wrote that he had been informed that one of his ex-students, Dr Eric Rosenthal, had had his application to be registered as a foreign dentist in the dentists register refused on the grounds that his diploma dated 20 April 1926 could not be regarded as properly recognisable under sections nine and ten of the Dentists Act 1878. Knowing that Dr Rosenthal had exactly the same training as that of many other applicants from the same dental school who were successful from the same year, he confesses that he is somewhat bewildered at the refusal, which makes absolutely no sense. This letter highlights the abuse of the 1878 Act to 'blackball' applications wherever possible.

BRITISH DENTAL HEALTH

The state of dental health of the population in Britain in the 1930s showed some of the worst dental disease in the civilised world and too few trained dentists. It can be shown that there was a lamentably low demand for dental services and where treatment was sought, it often resulted in the complete extraction of teeth and the provision of dentures.²⁵ The state of dental health of the population is discussed in the National Health Service dental services policy of February 1943.²⁶

Available data shows the dental condition of male and female recruits to the army at the beginning of the Second World War. This is valuable, being concerned with a large and representative sample of the younger age groups and the population and it shows that on average 90% of men and 86% of women required dental treatment on enlistment. 13.4% of the men were in possession of full dentures and a further 10% required them. These figures were broadly corroborated by the Navy. In three large ordnance factories, a representative sample of the workers was examined and it was found that only 1% were fit in respect of their natural teeth. At the largest factory, 50% of the workers were already in possession of dentures. Of a group of 10,000 Scottish five year-old children examined between 1941 and 1943, 1,000 only were found to be free of caries and 70,000 teeth were decayed or missing. Of 8,700 6-13 year-old Scottish children examined in the same period, it was found that the percentage of sound first permanent molars dropped steadily from 82% at the age of 6 to 20% at the age of 13, at which age 27% of these molars were carious but saveable and 40% carious and unsaveable. Figures from the Interdepartmental Committee on Dentistry in July 1942 emphasised the fact that 98 out of every 100 children leaving public elementary schools showed signs of dental caries past or present and 70% of the children inspected in the given year (about 3.5 million) were recorded as requiring treatment. Among the children requiring treatment, in only 65% of the cases was treatment accepted.

Sir Norman Bennett²⁷ described the 'post school abyss' where there was a gap of five to six years when no dental treatment was available for the school leaver; in other words, when children left school most of them, almost as a necessity, allowed their teeth to go to rack and ruin and the money spent on conservative treatment was wasted. He goes on to state, '*it is incredible that the organisation at the centre of the world's greatest empire tolerates a huge expenditure on dental treatment for millions of school children and then on a mere chance factor of age, cuts off all treatment and passively watches a stream of golden expenditure flowing surely and remorselessly down the gutter of avoidable waste.*'

Dental treatment for adults as an additional benefit to health insurance did next to nothing for promoting the physical well-being of the mass of the community. It was little better than a 'breakdown service' for elderly people to prevent the existing evils becoming worse and consisted mainly of extraction and the provision of artificial dentures, for which half the cost was usually provided.²⁸

It was clear that if the nation's teeth were going to improve, more well-trained dentists would be required. In order to ascertain the numbers that would be involved and to recommend ways of achieving them, a committee was formed under the Chairmanship of Lord Teviot and an interim²⁹ and final report³⁰ suggested that 20,000 dentists would be needed to meet the demands of a comprehensive dental service. Between 1933 and 1945 Britain was offered 1,047 well-trained German or Austrian dentists. The majority were turned away.

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COMPARISON OF BRITISH, GERMAN AND AUSTRIAN DENTAL TRAINING

The question must be asked as to how well-trained these German and Austrian refugee dentists were. Some 50 schedules were found in the GMC archive with full details of their training and these could be compared to the minimal requirements of the GMC that were outlined on the same documents.

In many subjects the German dentists far exceeded the number of hours that were down as a basic requirement on a British curriculum. This would especially apply to the heavy emphasis on bacteriology, pathology, histology, anatomy and physiology compared to the British minimal requirements. In dental surgery, the number of class meetings or lectures vastly exceeded those in the British schools. This could point to the fact that operative dentistry on the teeth following the philosophy of G. V. Black in the United States was more intensively pursued in Germany than in Britain. It is also possible that two dental subjects were taught that were not taught in British dental schools: periodontology and endodontics. Britain was still labouring under the burden of the focal infection theory and root canal therapy, especially on posterior teeth, would not be taught as it was to the students in Germany. It is important to emphasise the philosophy underlying German dentistry, which was one of conservation of the dentition and saving teeth with restorative dentistry and endodontics where necessary and also the treatment of periodontal disease rather than extracting the involved teeth and fabricating dentures.

The philosophy underlying Austrian dentistry started with Moriz Heider in 1860, who proposed a philosophy for dental education that is still relevant today: *'a tooth must be seen in its connection with the entire organism and dentistry must not be considered as an independent theory which is unconnected to medicine'*.³¹ A major part of the extraordinary progress in the understanding of the biological basis of dentistry and also the specialties of periodontics, endodontics and orthodontics can be attributed to a group of Austrian dental scientists working at the University of Vienna between 1920 and 1938. Three of these dental scientists, Bernhard Gottlieb, Harry Sicher and Joseph Weinmann, were turned down by the GMC. The dental scientists of the Vienna school were welcomed with open arms by the Dean of the Loyola School of Dentistry in Chicago, the only exception being Bernhard Gottlieb who first went to Palestine and later to Baylor University in Texas. This influx of dental scientists from Vienna was to change completely the face of American dentistry by welding the biological approach of the Austrian scientists to the excellence for which American dentistry was known.

In relation to the Viennese dental curriculum, the major emphasis on human anatomy and dissection, physiology, histology, general pathology, medicine and surgery would be due to students in Vienna taking an MD degree in medicine before embarking on their dental studies.^{32,33} These studies were therefore of greater depth than they would be in Britain. Again in human and comparative special anatomy, the



Fig. 3 Dr Herbert Blumenthal (photograph courtesy of Miriam Merzbacher, daughter of Dr Blumenthal)

time spent was virtually five times that of the British minimal requirements. Lectures or meetings in dental surgery showed 160 meetings or lectures compared to the 20 that were necessary for the British minimal requirements. The reason for this discrepancy, as in the German schools, would be the emphasis put on periodontal therapy, endodontics and a major role being given to the teaching of orthodontics which was only taught at a basic level in Britain.

There can be little doubt that the German and Austrian dental refugees were well trained. They were certainly on a different planet to the '1921 men' who made up nearly half the dentists on the dentists register during the 1930s.

REJECTED REFUGEE DENTISTS

The names of the dental refugees that were rejected could be found in the minutes of the Dental Education and Examinations Subcommittee 1933-1945. Because of the excessively large number of dentists involved, the names were not given from November of 1938 onwards, only the gross figures. No archive exists for these dental refugees who were refused. It is almost impossible, therefore, to know what happened to this unhappy group of people. However it was possible to cross-reference some names with the Yad Vashem website in Israel.³⁴ Twenty-eight names were found of dentists rejected by the GMC, some rejected two or three times. They died in many different concentration camps; 14 were gassed between 1942 and 1943 in Auschwitz and four were gassed in Terezin. Three suicides were also traced. Dr Julius Dresel, who practiced in Berlin, had three rejections from the GMC and died in 1942. Dr Bruno Löwenstein (see Fig. 2), also from Berlin, had two rejections from the GMC and died in 1942. Hans Majut also committed suicide in 1937 having been rejected by the GMC in 1936.

A unique case history was that of Herbert Blumenthal³⁵ (Fig. 3) whose name was found on the Yad Vashem website. He was born in Berlin in 1886 and obtained his DMD degree from the University of Greifswald in 1921. He was accepted on to the dentists register by the GMC in 1936 but was not allowed to practice by the Home Office. He arrived in Britain in April 1937 and remained in London for six months before going to Amsterdam, where he practiced illegally. He, his wife, daughter and son were arrested in 1940. His son Peter died in Mau-

thausen in 1941. Herbert Blumenthal was taken to Auschwitz in 1943 and immediately gassed.

Between 1933 and 1945, Britain was offered a gift of over 1,000 well-trained German and Austrian dentists. Bearing in mind the appalling disease and the shortage of well-trained dentists at this time in Britain, especially teachers and researchers, one can only reiterate the comments of Viscount Templewood (Sir Samuel Hoare) that the refugees from the German and Austrian medical and dental schools 'should have been admitted en bloc. Britain ought to welcome foreign brains and so become the free market for the intellectual gold of the whole world.'³⁶

J. S. Zamet, Wellcome Trust Centre for Health,
Medicine and Society, Oxford Brookes University

Correspondence to: Dr John Zamet,
18 Sheldon Avenue, London, N6 4JT
Email: jszamet@blueyonder.co.uk

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