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## The Workingmen's Samaritan Federation (Arbeiter-Samariter-Bund) 1888-1933

Only in the German Democratic Republic have a few contemporary historical studies of the Workingmen's Samaritan Federation (*Arbeiter-Samariter-Bund* — ASB) appeared.<sup>1</sup> They have primarily dealt with the organization's origins and structure, methods of training and spheres of activity, while also discussing the ASB's conflicts with the German Red Cross (*Deutsches Rotes Kreuz* — DRK) and similar organizations. In these researches, the main focus has been the Proletarian Health Service (*Proletarischer Gesundheitsdienst* — PGD) — the 'truly proletarian class-organization' — and the relations between the PGD and ASB.

From the existing literature there emerges some kind of general picture of the Federation's evolution, organization and work. Since, however, the approach of all these studies has been from the perspective of KPD policy at the time, further analysis is needed to provide a clear insight into the ASB. This article will concentrate on the development of its internal structure, endeavouring to show how a workers' self-help group born out of social need and at first small, politically oriented and federative, grew into an all-purpose, centrally-directed, welfare society. More general laws of organizational development — the pressure towards conformity with existing bodies already recognized, other forms of organization and power relations — and their effect on the ASB's aims and leadership decisions will also be dealt with.

No ASB business correspondence or similar papers have survived. Printed documents, however, are almost completely extant; in particular the newsletter *Der Arbeitersamariter*, minutes of congresses, annual reports, calendars, instruction manuals, pamphlets,

song-books and so on.<sup>2</sup> References may also be found in, for example, trades union publications and publications by the SPD, KPD and DRK.

**After 1870, the beginning of Germany's** major period of industrialization, the number of wage-labourers increased by leaps and bounds. The expansion of industrial plant, the enlargement of the transport system and the rapid growth of house-building in the cities all contributed to a high level of activity in the construction industry. Working conditions were poor, worker safety was still in its infancy, and as a result of increased mobility and more work, the number of accidents was continually rising.<sup>3</sup> At that time there was no civilian ambulance service.<sup>4</sup> The Red Cross Societies operated only in war-time. In the early years of the century it had considered extending its services to the general public, but the idea had been very slow to get off the ground. The DRK still saw its main peacetime occupation as training of ambulance-teams for the battlefield. It was only during and after the first world war that the Red Cross began purposefully to widen its activities to include a civilian ambulance service, public hygiene and welfare work.<sup>5</sup> However, the idea of a first aid service for civilians had not fallen on entirely barren ground: on 5 March 1882, a 'German Samaritan Society' was founded at the instigation of a Kiel surgeon, Friedrich von Esmarch. However, at municipal level, and taking Berlin as an example, there was no semblance of an organized ambulance service until the 1890s. In the State of Prussia it was not until 1901 that a 'Central Committee of the Prussian Ambulance Service' was established. In the early stages, for financial reasons, many of the first aid posts were manned only at night, so that during rush hours and the busiest times of the working day no-one was on duty, nor was anyone on standby in places of work.

Because of the frequency of accidents, often fatal, on building-sites, in 1887 the local South Berlin branch of the Berlin 'Society of Carpenters' invited Dr. Alfred Bernstein to lecture on first aid. Bernstein gave the lecture but in it said he doubted whether it would be of much practical benefit, to which the carpenters replied that they would be willing to attend first aid classes if he organized them. Six members of the trade union committee purchased at their own expense demonstration materials, and classes were held from April to October 1888, attended by about a hundred people from many occupations. In October 1888, the Berlin 'Workingmen's Emergency

First Aid Course' was established. This was the seed from which the ASB was later to grow. From 7 October 1889, two doctors, Alfred and Paul Bernstein, regularly gave talks and practical lessons. The association, which in 1890 was renamed the 'Emergency First Aid Training Course for Workingmen and Women', soon began to spread rapidly. Support for the group also came from one or two doctors connected with the social democratic labour movement. Dr. Ignaz Zadek, editor of the 'Workingman's Library of Medicine' and future co-founder of the 'Association of Socialist Doctors', also ran classes for worker-Samaritans. Within a few years the young proletarian association was petitioning the Reichstag to look into medical facilities in factories. In 1895 the group changed its name to the 'Training School for Worker-Samaritans'. From 1896 onwards, advanced trainee Samaritans began to officiate at workers' festivals and meetings, progressing, in short, from self-help at their place of work to public ambulance duty. They were now becoming known to more and more workers. Members helping at public functions called themselves 'Workingmen's Samaritan Brigades'; by 1902 this name had been adopted by the association as a whole, which now had a number of smaller branches throughout Berlin.

The Berlin Brigade served as a model to workers in many other German cities and towns. In 1901 a 'Workingmen's Ambulance Brigade' was set up in Dresden and others followed; in 1904 in Cologne, 1906 in Meissen an der Elbe, 1907 in Hamburg and Elberfeld and 1909 in Barmen and Nuremberg. In Hamburg, Heinrich Brauer and some twenty other Samaritans had left the Red Cross and established a 'Workingmen's Samaritan Brigade', after the local Red Cross refused to provide ambulance teams for meetings of workingmen's organizations. Red Cross organizers came from the nobility and the bourgeoisie and collaborated closely with the local military authorities, so that provision of ambulance teams for organized workers was unthinkable. Elsewhere, ordinary workers were treated so disparagingly within the Red Cross that they also established their own Samaritan Brigades; they were sometimes expelled from the Red Cross on political grounds, and other bourgeois organizations reacted similarly.

It is evident that a great many workers participated in the general Samaritan movement of those years. In the same way that cyclists and sports groups had formed their own workingmen's and women's clubs, there was a demand for a proletarian ambulance service, to be run in a spirit of freedom and self-determination. The 'Working-

men's Samaritan Brigade' was therefore a further step towards fulfilment of the workers' ultimate ambition: that of creating, by numerous organizations and clubs, a culture of their own to set against that of the bourgeoisie.<sup>6</sup>

**The credit for bringing all the Brigades together into one organization and so in effect founding the 'Workingmen's Samaritan Federation' must go to Oskar Schaumburg, a Samaritan from Elberfeld.** From 1907 to 1908, on his own initiative, he had painstakingly traced and circularized 'Workingmen's Samaritan Brigades' within the Reich, suggesting that they should form a federation. On 11-12 April 1909 a meeting was held in Magdeburg, attended by eleven delegates from Berlin, Dresden, Meissen, Cologne, Hamburg and Elberfeld. They heard how the separate brigades had developed and were told of their relationships with the authorities, trades unions, political parties and the German Red Cross. In the words of the federation's statute, approved after a short debate, the 'Workingmen's Samaritan Federation' was 'the association of all independent organizations devoting themselves exclusively to general first aid treatment in cases of accident and to health care and physical hygiene'. The federation's aim was to 'seek with all available means to further the interests of the member brigades and to make the existence and work of the brigades as widely known as possible among the working class'. Membership of the federation was open to any samaritan brigade 'committed to the modern labour movement, led by a general practitioner of medicine and accepting the federal statute in all its parts'.

The first issue of the monthly newsletter *Der Arbeitersamariter* (1 July 1910) contained a detailed exposition of the federation's work and aims. The Samaritans' priority was to provide first aid at accidents, in particular industrial accidents, which, it was declared, arose from the 'disease of profit-seeking and exploitation affecting most capitalists' and the 'profit-madness' of employers, who therefore neglected the safety of their employees. The object was to instruct as many workers as possible in first aid techniques, so that in any emergency at their place of work they would be able to provide trained assistance. The ASB, however, was not content merely to guard against the effects of poor working conditions but hoped to eliminate the causes: 'In our opinion, it is most important for us to endeavour to forge links with related organizations and associations

which are as intent as ourselves on seeing properly monitored standards of health and safety introduced into work places.' From its earliest beginnings then, not forgetting the Berlin brigade's petition to the Reichstag, the Workingmen's Samaritan movement was concerned with wider political objectives as well as with immediate practical measures. From the start the members of the ASB were aware that self-help represented only a gesture of self-defence; the real aim had to be the eradication of the conditions which had made such a gesture necessary. A further duty of the ASB, according to the newsletter, was to enlighten working-people about ambulance work. In addition, Samaritans were to carry out their duties 'unselfishly and humanely', with no parading or patriotic flourishes and on no account were workers to be trained for service in war-time — these last a thrust at the Red Cross.

In the years that followed, largely as a consequence of the contrast between ASB and DRK policies, the number of brigades increased considerably, the members often being workers expelled from the Red Cross on political grounds or those who disagreed with its attitudes. One of the declared aims of the ASB was to draw workers away from the Red Cross brigades.

The immediate *raison d'être* of the federation was to foster and help the brigades affiliated to it, to propagate the aims of the workingmen's Samaritan movement and to create a central office for the purchase of medical supplies. The federal executive committee had only limited power, the chairmanship was honorary, and the brigades in different regions were left to develop in their own ways. Accordingly, they differed considerably in strength and work done, and also in their range of activities, their degree of recognition by local authorities, and their political outlook.

In the meantime, the number of brigades throughout the German Reich had risen sharply; a survey at Easter 1912 showed a total of fifty brigades and over 3,000 members. To make the federation's work more effective, it was decided in 1911 — again at the instigation of Oskar Schaumburg — to introduce a new organizational unit, the region. The idea was that brigades from different parts of the region (based initially on the provinces of the Reich) would work together under the aegis of a regional office, which was also to co-ordinate the expansion of the Worker-Samaritan movement. This new organizational element was not unanimously welcomed, since, while it would undoubtedly help the smaller brigades, the larger bodies feared for their independence. As a result, it was decided at

the second Federal Congress in Hamburg that local brigades might decide whether or not to band together at regional level.

Hitherto, the ASB had not formally affiliated itself to any of the various organizations of the labour movement. At the Hamburg Congress, however, Brauer called on all workers and especially those who were already organized either in a trade union or the SPD to abandon bourgeois organizations and join the workers' movement. To bring this about, all the other workingmen's organizations besides the SPD and the unions — in other words the gymnasts, cyclists, swimmers, choirs, as well as the Samaritans — were urged to merge into one larger body, or at least work together in a cartel. The idea of forming a cartel gained support in other workingmen's associations. On 17 November 1912, the 'Central Workingmen's Sport and Physical Education Committee' was set up in Berlin. Its task was to agitate against comparable bourgeois associations, attract workers away from these organizations and assist the workingmen's associations. In other words, there was now a blanket organization under which the various workingmen's associations could set about achieving their ultimate objective of covering, between them, every aspect of working people's lives. The ASB was represented on the board of the committee by its chairman and founder-member Emil Stein.

The official decision on ASB membership of the central committee was due to be taken at the third Federal Congress, held in Erfurt at Easter 1914. In the event, however, it had to be postponed owing to violent objections by some ASB doctors who were unwilling to cooperate with one of the other groups affiliated to the central committee, the 'Association of Societies for the Promotion of Public Health', generally considered a quacks' association. In response, Stein argued that, whatever the merits of this objection, the authorities and the medical profession — Dr. Hermann Hartmann's 'Association of Doctors to Safeguard their Economic Interests' in particular — would always find some ground or other to frustrate the ASB's work. At some point, he continued, the ASB was certain to be declared a political organization; this would provide the professional doctors' associations with an excuse for instructing doctors to cease working with the brigades. Similar fears were expressed by the central committee representative: only in alliance with other working people's associations would the ASB be able to compete with the bourgeois organizations. Brauer, on the other hand, who had previously enthusiastically favoured the cartel, now pointed out that

without its doctors the ASB was doomed. The decision to join the cartel was finally left to the discretion of each brigade and its doctors. The Federation itself resigned its seat on the central committee.

This controversy is an early illustration of the concessions the ASB had to make in order to continue its development. So far, the movement had been somewhat insignificant; its political allegiances, though unequivocally favouring trades unions and social democratic labour, had never been seriously discussed. Now, at the moment when membership of an important working-class organization would have given it a fresh impetus in its competition with the German Red Cross and the other bourgeois Samaritan organization, the doctors had vetoed the move. A Samaritan organization without doctors was, of course, condemned to a marginal existence; Brauer argued that only with the doctors expertise could the ASB win over the proletariat. However, the doctors themselves were dependent on the medical organizations and the ASB leadership backed down, even though it was thereby cutting itself off from organized labour and fully realized that this would not be the last such confrontation.

By the middle of 1914, the ASB had grown to 108 brigades with 5,500 members and had established itself as an independent and legitimate organization within the labour movement. This had not been achieved without strife, for in some places the SPD and local trades union blocs saw no need for a workers' Samaritan movement and were even collaborating with local Red Cross brigades. Furthermore, both in their attitude to health policy in general and in local government politics, social democratic politicians were seeking to bring all ambulance services, first-aid posts and rescue services under municipal control.<sup>7</sup> From the beginning, however, one of the ASB's first principles had been that Samaritan work should remain independent of the authorities and public social institutions. In the meantime, the 'Workingmen's Samaritan Brigades' had, slowly but surely, by officiating at labour organization meetings made themselves indispensable, with the result that social democrats and trades unions had been brought into cooperation with the ASB as a matter of course. In some towns where there was a strong labour movement, the 'Workingmen's Samaritan Brigades' were already acknowledged as fully valid Samaritan organizations; at worst their activities were unhindered. Meanwhile, the German Red Cross had begun to look upon the 'Workingmen's Samaritan Brigades' as a threat to its own development and had officially barred most of them from using the Red Cross as a badge. In response, the Federation designed its own

emblem, a cross, at first white, later gold, on a red background and bearing the letters ASB. Despite certain difficulties, the Brigades had managed to enlist enough doctors for their training courses.

This rising trend in the ASB's fortunes was abruptly interrupted by the first world war. Many worker-Samaritans were called up while many others enlisted in the voluntary medical teams. During the war, in fact, ASB Samaritans found themselves cooperating with their Red Cross counterparts both in the field and on the home front, leaving the Red Cross brigades to return to the ASB immediately after the war. The situation in 1918-19, when the federation was building itself up again, was entirely new. After 1916 the German Red Cross had been extending its activities to civilians, and since that date had been collaborating with the Central Council of the Trades Unions of Germany, later the General German Trades Union Federation (ADGB). In the early years of the ASB, it is true, the General Council had appealed to local trades union cartels to support the Workingmen's Samaritan movement; in 1916, however, when the Red Cross began its civilian work, Carl Legien had been elected a member of the central committee of the Prussian Red Cross Association. The ADGB's involvement in the Red Cross put pressure on the ASB's position among working people. Moreover, the fall of the monarchy had eliminated a major motive for the policy of direct confrontation with the State. In the early days of the revolution, the leaders of the ASB conceived the idea that it might become a 'central organization for all independent bodies providing general emergency first aid or involved in physical education and health care'. All members of army medical corps and independent nursing teams should, they thought, leave the DRK (German Red Cross) for the ASB. Furthermore, the German labour movement had now been split into two wings, reformist-revisionist and revolutionary, and no connected organization could escape being drawn into the ensuing conflicts.

At the fourth Federal Congress, held in Magdeburg in 1919, there were forty delegates representing 112 brigades and 3,180 members. The federation's sub-division into regions was finally pushed through against the opposition of the larger brigades. The motion proposing official membership of the 'Central Workingmen's Sport and Physical Education Committee' was passed by a narrow majority; the workers, more self-confident after November 1918, overrode the doctor's objections. The effect of the political situation is shown by the unanimous adoption of a Federal Executive Committee re-



solution on the ASB's role in the Republic and the reform of the health system, demanding that the ASB be granted the same status and assistance as the DRK, that the municipal ambulance services come under ASB control and that ambulance stations be staffed by ASB personnel. The most significant demand was for the creation of a Ministry of Health. In setting its sights so high, the ASB had ceased to regard itself as a mere self-help organization, and now concerned itself with the entire range of public health services. In the debate preceding the resolution, it had been suggested that nationalization of the medical services would eradicate the issues dividing the doctors and the ASB. One delegate's motion went even further, proposing that, with official assistance, the ASB should be given a seat on every decision-making body within the Red Cross, in order to gain an insight into its workings and ultimately take it over. Prompted by events within the Bremen brigade, where members of the Independent Social Democratic Party had succeeded in ousting all majority social-democrats, the Federal Congress also passed the following resolution, drawn up by Brauer: 'The "Workingmen's Samaritan Federation" is a completely unpolitical Samaritan organization pledged to the service of mankind as a whole. Entry into the brigades of the federation must therefore not be made dependent upon membership of any particular political party'.

Evidently, there was little dispute within the ASB that ambulance and first aid services should be left to independent agencies rather than municipalized, and it clearly foresaw its future role as Germany's overall public health organization. The original concept of the ASB as a self-help organization concerned simply with protecting lives had by now been left far behind, although the idea of an independent first aid service as part of a separate working-class cultural movement had, of course, been an underlying impulse behind the development of the ASB since before the war, its strongest support coming from worker-Samaritans leaving the Red Cross. One effect of this new-found self-confidence, coinciding with a trend towards a depoliticization of the federation and a return to the old social distribution of power, was, however, to pre-determine the ASB's future development as an independent welfare organization subsidiary to but supporting public institutions.

From the end of 1920 to the end of 1921 the federation grew enormously from 159 to 258 brigades and from 4,500 to 18,625 members. The reasons for this development were manifold. Among the flood of ex-soldiers were many workers trained as medical

orderlies who now enlisted in the ASB. The federation's repartition into regions — which had been carried through before the 1921 Federal Congress and was being ramified by further sub-division — had carried the worker-Samaritan idea into the countryside. Affiliation to the Central Sports Committee, by allotting to the ASB the responsibility of providing first-aid squads at its members' functions, had not only opened up a new field of activity but also made the ASB itself and its aims much more widely known among working people. In addition, as the figures for industrial accidents show, instruction of workers in the elements of first aid was becoming increasingly important; from 1920 to 1929 the number of industrial accidents per 1,000 insured workers reported per annum rose from 45.4 to 85.

To try to improve the ASB's financial position, Federal Chairman Emil Stein had approached various trades unions for assistance. The ADGB, which unlike the earlier Trades Union Council had hitherto shown little interest in the ASB, suggested to Stein that he should seek, if not a merger, at least a working relationship with the DRK. It apparently saw no further need to foster an exclusively working-class Samaritan organization. The DRK was at this time undergoing reorganization throughout the Reich and had in fact made its own offer of cooperation to the ASB, retaining however, overall control. Other attempts to combine the Samaritan and first-aid organizations were made, but the ASB leadership rejected all such proposals, while leaving the door open to possible future negotiations. It still harboured a deep-seated suspicion of the DRK as a bourgeois organization with predominantly military aims. The frequent newspaper skirmishes between the two organizations only seemed to Stein to confirm that there was only one sensible solution: the two organizations should be left to develop independently of each other. Only in this way could a working relationship be established; a merger was out of the question. This view was also held by some leading DRK members.

The fifth Federal Congress in Brunswick in 1921 sharply rejected the ADGB's proposal. The Central Trade Union Federation's disdain for the ASB, shown since the end of the war, had driven it into more direct competition with the DRK, and it would now be prepared to cooperate with the DRK only on a basis of legal equality. This decision indicated much more than the withering of the ASB's grandiose hopes of 1918-19, when it had envisaged a take-over of the whole spectrum of ambulance services; cooperation with the DRK on a basis of legal equality implied comparable spheres of activity

and the same social and political recognition for both organizations. By choosing this course, the ASB had therefore opted definitively in favour of independent welfare work and competition with other existing Samaritan organizations within the given social and state structure.

This context of the conflict between the ASB and the Red Cross colours the most important item on the agenda of the fifth Federal Congress: development of the federation into a welfare organization. As well as the original aim of providing first-aid instruction and treatment, to which in 1919 had been added a home-nursing service, the ASB's activity was now to be extended to include a wide variety of general welfare work. There would henceforward be eight areas of involvement:

1. An emergency ambulance service incorporating first aid, transport and disinfection;
2. Accident prevention in industry and official institutions;
3. Nursing at home and elsewhere;
4. Training course in home nursing and first aid;
5. General health care, the prevention of common diseases, especially venereal disease;
6. Health care for the young;
7. Personal hygiene at work and in the home, wholesome diet and sensible clothing;
8. General welfare work — care for the elderly and orphans, social service in general.

The DRK had included similar items in its programme, such as public health and public health education, a separate social service for women and rural nursing-homes. The ASB leaders also considered that the Samaritan organizations' future lay in independent, subsidiary welfare work; they, however, particularly wanted to help those most severely affected by the deprivations of the war, namely the poorer people. In contrast to previous ASB declarations and unlike the Communist Samaritan movement — which was soon to break away on its own — no reflections upon the possible causes of the lower classes' distress were included; nor was there so much as a hint of a political demand for the eradication of such causes. On the contrary, the ASB spokesman made a point of insisting that the politicians should leave all such welfare work entirely to the Samaritans.

Further confirmation of the ASB's political neutrality was provided at the end of the Federal Congress by two resolutions both approved almost unanimously. The ASB was to be a non-political,

strictly neutral Samaritan organization pledged to the service of mankind as a whole. All resolutions relating to membership of political parties were declared inoperative. Brigades which bound themselves to a particular party platform would be expelled. Unlike the declaration of neutrality at the previous congress, these resolutions were not intended solely as a peacekeeping formula within the ASB; they were a consequence of the federation's change of policy and were drafted with a view to their effect on other social groups — doctors were specifically mentioned during the Congress — of importance to the ASB. The conflict mood of the immediate post-war years had quickly evaporated; to identify itself with the labour movement's political aims might, the leaders believed, prejudice the organization's future development. Furthermore, in the initial shift towards centralization, local brigades, for the first time, were not left to decide on their own course of action.

Many worker-Samaritans disagreed with the de-politicizing of the federation and its leadership policies. In 1921 some communist members of the ASB, Brigade-Leader Deutschmann among them, initiated Samaritan classes for the Berlin Communist Party. Expelled from the ASB, these Samaritans founded the 'Proletarian Health Service' (PGD) on 22 June 1921. They were not alone in believing that the ASB should remain a proletarian Samaritan organization committed to the class struggle. The PGD pursued the former objectives of the ASB, the workingmen's self-help organizations and the social democrats; while never losing sight of its revolutionary aim of nationalizing all existing health services, it proposed to work both politically and practically within class-bound capitalist society for the good of the working people, even though there could be no expectation of a fundamental change in unhealthy working conditions.<sup>8</sup> The PGD scored initial successes in Berlin, later gathering support in Saxony and the Rhineland. In addition to having to defend itself on the right against the DRK and other bourgeois Samaritan organizations denouncing it as a politically-motivated organization of the labour movement, the ASB now also faced left-wing opposition and accusations of reformism and opportunism.

Soon, however, the two working-class Samaritan organizations were attempting to reunite, a move primarily inspired by individual members and brigades. Reunification with the PGD was the most important issue at the sixth ASB Federal Congress held in Leipzig in 1923. A negotiating committee composed of members of both

groups was created, and agreed on general principles emphasizing the class character of the Workingmen's Samaritan Movement. The committees envisaged a clear dividing line between the haves and have-nots and their respective Samaritan organizations, the DRK and the ASB. The ASB was urged to extend the scope of its activities beyond first aid, concerning itself with all matters of social policy and social health and calling for the nationalization of medicine. Members of the ASB brigades should be restricted to those belonging to proletarian class organizations. After the merger, the seven-man executive committee should comprise three members from each of the two organizations, and one doctor from the PGD doctors' association. The federal newsletter was to be renamed the 'Proletarian Health Service: publication of the Central Office of the Workingmen's Samaritan Federation'.

In the negotiating committee, therefore, the PGD, which was obviously confident of commanding a majority among the delegates to the Congress, had succeeded in pushing through its view of the role of the worker-Samaritans in the revolutionary labour movement. Nor did the proposed joint executive committee reflect the relative strengths of the two organizations: the PGD numbered around 1,000 members — precise figures were never published — almost exclusively in Berlin, while the ASB had approximately 28,000 members in 400 brigades throughout the Reich. The ensuing debate was finally halted by a special motion. The message of the resolutions, however, was emphatically that the two organizations should become one; negotiations should be continued between the executive committees of the PGD and ASB under the neutral guidance of the committee chairman.

In June 1923, Theodor Kretzschmar, the ASB's new chairman, opened negotiations by correspondence with the PGD, having worked out a new set of guidelines for the merger. Despite various radical-sounding phrases, these proposals contained no mention of the class character of the Workingmen's Samaritan Movement, while the call for nationalization of the health services and for a clear separation between the ASB and the bourgeois organizations had been dropped. What Kretzschmar had done was merely to put the idea of the ASB's becoming both a first aid and general welfare organization in more aggressive terms. Moreover, he now offered the PGD only two seats on the proposed executive instead of the four they were demanding. The *Arbeiter-Samariter* would continue to appear as the Federation's newspaper while the PGD's *Proletarischer*

*Gesundheitsdienst* would be closed down. In August 1923, when it was clear neither side was prepared to budge from its position, Deutschmann of the PGD broke off the correspondence. Verbal negotiations on the composition of the federal board also came to nothing.

The attempt at unification was now officially written off by the ASB executive. The leadership was apparently pleased with this outcome, since it had feared that reunification would reduce the flow of new members to the ASB — and continued growth was an essential precondition for its public recognition. Apart from that, the PGD's militantly class-conscious programme would have driven away the doctors. A further condition of recognition for the ASB was complete political neutrality in its dealings with the outside world, which was irreconcilable with the aims of the PGD. At a conference of ASB regional leaders in Berlin in 1924, it was therefore finally decided to take no further steps towards reunification.

However, the argument between those supporting a revolutionary and those supporting a reformist-cum-revisionist orientation for the Workingmen's Samaritan Movement continued, particularly at brigade and regional level, to cause internal disputes. At the seventh Federal Congress in Berlin in 1925 some members proposed a reopening of negotiations with the PGD, prompting the federal leadership to draw up a counter-resolution. The federal executive committee, it was also resolved, was alone empowered to establish contact with the PGD, and no member, brigade, district or region was to be allowed to make such contacts. In this way the Workingmen's Samaritan Movement was uncompromisingly split into a reformist and a revolutionary wing. The Congress and leaders could not of course prevent controversies breaking out within brigades and regions between ASB and PGD supporters. But the new ruling enabled the ASB federal leadership to prevent any politicization of the ASB in the strict sense.

The difficulties in gaining acceptance of the policy of political neutrality stemmed from the large measure of independence enjoyed by the brigades and regions. At the sixth Federal Congress, the question of whether the ASB was a centralist or federalist organization had arisen and it had been decided to create a central organization. The case for centralization was argued with great force in the federation's newsletter. The new federal statute was discussed at the regional leaders' conference in Berlin in 1924, accepted by it in anticipation of approval by the next federal conference at Easter

1925 and actually brought into force on 1 October 1924.

At the seventh ASB Federal Congress held in Berlin during Easter 1925, the new statute was discussed and eventually approved. The ASB was to be a registered association, regarded as the central organization of all German worker-Samaritans. The purpose of the federation was primarily to provide first aid treatment in cases of accident or sudden illness, and secondly to provide nursing and social welfare services. In addition, the ASB was to involve itself 'in a helpful and transformative way' in every aspect of health care and to be the 'counsellor and comrade-in-arms' of the working people in matters of public health and hygiene. These aims were to be achieved by such means as founding Workingmen's Samaritan Brigades in all areas, creating special nursing, midwifery and child-care sections, arranging classes for brigade members in all aspects of welfare work, representing the federation's interests with the authorities, compiling statistics of accidents and so on. Any person 'committed to the independent labour movement' could become a member of the ASB. Those belonging to other Samaritan organizations or hostile to the labour movement were excluded.

With this charter, the federation became the controlling organisational unit of the ASB. Originally, in 1909, the separate brigades had united to form the federation, and the internal structural development of the federation through regions to districts had kept pace with the growth of the Workingmen's Samaritan Movement. The new statute directly reversed this pattern. The loose-knit federalism of the brigades had been transformed into the hierarchical structure of a centralized organization. The members of the federation were no longer the brigades but individual people. Now, from the lowest organizational unit, the brigades, up through the districts and regions to the federal board and the federal executive committee, there was a web of tight structural divisions and allocations of function. Responsibility for training and first aid was generally left to the brigades. The districts and regions were responsible chiefly for central administration and supervision, for periodical inspections, arbitration, implementing federal decisions and looking after the federation's interests in dealings with local and regional authorities. The federal executive committee was the true and proper representative of the now legally competent federation, representing the federation in both internal and external matters, administering finances and running its business office. Federal and regional conferences were to be convened, and their resolutions implemented, by the federal executive committee.

Members of the executive committee could at any time claim a seat, and full voting rights at any regional, district or brigade meeting. The leadership of the federation had hence passed entirely into the hands of the federal executive. The adoption of the 1925 statute marks a temporary halt in the ASB's internal evolution.

The ASB had become an independent welfare organization working within the existing social and political framework of the Weimar Republic. Having turned from its previous policies and those of the PGD, the ASB was no longer a proletarian self-help organization nor the medical sub-organization of a revolutionary class-based party. At the same time, it was not merely a second Red Cross, but, because of the composition of its membership and its sphere of activity, still unmistakably a working-class organization. Members were expected to be trades unionists or to belong to some other working people's organization. Its services were, it was true, in principle available to everyone regardless of social or political factors; nevertheless, the federation's work was defined primarily by the needs of the working people. The ASB continued to be one of the many organizations which carried the idea of a separate workers' culture into the Weimar Republic.

**The evolution of the ASB** was more than a mere process of clarification, but in certain essential aspects was predetermined by other social groups. The idea of independent subsidiary work in social welfare had been present since its foundation. During the revolutionary period after the first world war, the ASB would have liked to have taken over the entire range of health services, but at that time it was too insignificant and had too little backing even within the labour movement. With the restoration of the old economic, social and political power-structure and the increasing integration of large sections of the labour movement into the Weimar Republic, there could be little question of what course to take. Samaritan work in an independent, subsidiary capacity on behalf of working people could only be carried on by accepting the inevitability of conflict with the relevant authorities and the existing bourgeois organizations and also recognition of the social prerequisites — political neutrality and general availability. The ASB leadership therefore committed itself to the Weimar Republic.

Even within the labour movement, the ADGB cooperated with the German Red Cross and was lukewarm in its attitude to the ASB,



which had therefore been comparatively slow in establishing itself. The ASB repeatedly pressed the ADGB to resign from the DRK board and to organize the redrafting of all organized workers within the DRK to the ASB. Finally, in 1927, Peter Grassman, Legien's successor as ADGB representative on the DRK's central executive, also joined the ASB executive committee. Parity with the DRK, so far as the ADGB was concerned, had been achieved.

The major external factors which contributed to the ASB's integration into the Weimar Republic as a welfare organization were the DRK, the authorities and the doctors. As mentioned, the idea of a merger with the DRK had been rejected, but parity and recognition meant that the ASB would no longer be obstructed by Reich, state or local authorities, and that it would enjoy the same rights and concessions as comparable organizations. Since the Versailles Treaty prohibited Germany from making any preparations for war, the DRK had concentrated its activities on independent welfare work. The old army medical corps now bore the name of Civil Medical Service, and was intended to render standby assistance in national emergencies, epidemics and internal disturbances; this body was still the responsibility of the Red Cross, which continued to work in close collaboration with the authorities, deriving certain advantages in its general public health care, for instance in its voluntary nursing work and emergency ambulance services. Moreover, both at national and local level, the DRK and its brigades had long enjoyed good contacts with both the military and civilian authorities. Accordingly, it was chosen to organize many social relief efforts, such as the distribution of Quaker food parcels to children, and in other ways received patronage and support.

When Kretschmar approached the Reich authorities for financial assistance for the ASB, he was informed that money was made available only to welfare organizations. The plans to develop the ASB into a welfare organization had consequently to be pushed ahead with greater urgency, and furthermore, to the outside world the ASB had to appear absolutely apolitical, giving its services to everyone without discrimination. In fact, the chief criticism of the ASB by many DRK brigades was that it was a political organization which helped only the politicized working class. In its defence, the leaders denied this charge saying that in principle its services were available to all, but it nevertheless considered its special role as the workers' ambulance service and welfare organization, the part played by the DRK towards the bourgeoisie. The ASB's almost total

renunciation of political perspectives and the severity of its reaction against the PGD and the policies of the KPD were therefore an inevitable consequence of its desire for public recognition. The new statutes can also ultimately be seen to have flowed from that original decision. They gave expression to the federation's new aims, made the federation alone competent in law and created the possibility of centralized control — and they could of course be presented to the authorities at any time for perusal. Thus the course of the ASB's development was significantly influenced by the conflict with the DRK, not only during its early years but also after the end of the first world war. Lastly, the detailed statistics incorporated into its annual reports were intended as a documentary justification of the ASB's purposes, activities and right to exist.

In the years that followed, the ASB's challenge met with very varying success, the long history of the DRK and its bourgeois alignment giving it a head start. For instance, whereas in Saxony the DRK, other bourgeois Samaritan organizations and the ASB cooperated with the Saxon Ministry of Public Welfare after 1919, the ASB was banned in Bavaria as a political organization. Clashes occurred, especially where there was really no demand for two Samaritan brigades and where recognition of both groups was financially impossible. At Reich level, the DRK was slightly more restrained. As early as 1923, Stein had reported that some of the DRK leadership were in favour of free competition between the two organizations in the welfare sphere. Finally, by 1925 the ASB was well on the way to becoming a really large organization making a significant contribution to casualty and ambulance services. Furthermore, at Reich and state level the authorities no longer obstructed its work as a matter of principle; a 1926 directive issued by the Prussian Minister of Public Welfare, Centrist Hirtsiefer, reads: 'The reports I have received in response to my circular of 23 December 1925 — I.M. II 3584/25 — show that in the field of independent welfare work and especially in that of first aid treatment in cases of accident and sudden illness, the Workingmen's Samaritan Federation is in a variety of ways providing a useful service available to all. There are hence no grounds in principle, as long as its work remains non-discriminatory, for hindering it in its operations'.

Even the DRK had finally to recognize the work of its rival. One internal document admits that its own medical brigades involved in the public health service could not claim any legal privileges over other independent organizations, nor did they enjoy any special

concessions in practical peace-time work except the exclusive right to the Red Cross emblem. In addition, it was acknowledged that the ASB was the only German organization to have attained a position of general importance in the field of emergency medical care and ambulance transport. Despite its allegiance to the unionized working class, the ASB had won from the authorities a large measure of parity with the DRK in the public health service, and the situation was now one of open competition. In the long run the document concluded that the DRK could only become leaders in this field by expanding its organization and improving its performance.

Doctors had often acted as sponsors and had sometimes founded new Workingmen's Samaritan Brigades. They ran training courses and organized examinations, but it was not long before they found difficulties being put in their way by military authorities (if they were reserve officers), the DRK and the medical associations. The issue of ASB membership of the 'Central Workingmen's Sport and Physical Education Committee' had made it plain even before the first world war that there was a tendency to play down the ASB's connections with the labour movement in order to secure the doctors' continued cooperation. In 1919, the worker-Samaritans had felt sufficiently strong to join the Central Committee without considering the attitude of the medical associations, which, however, after the restoration of the former power-structure represented the ASB as a purely political sub-organization of the labour movement, and this led to its repeated declarations of neutrality. Moreover, many doctors abandoned the ASB on its refusal to merge with the Red Cross, and also because the early stages of development into a welfare organization were not pursued energetically enough. However, the federation's quest for recognition could only be successful if there were enough doctors to supervise and instruct the Samaritans.

As the quarrel continued, the medical organizations made repeated references to Paragraph 4 of the ASB statute, providing that members of the ASB should be committed to the independent labour movement. Kretzschmar countered by maintaining this meant merely a commitment to trades unionism. Free trades unions were no more political parties than the Hartmannbund, the body representing the doctors' interests. In 1926 the executive committee of the federation of medical associations finally decided to leave the choice to individual doctors. Nevertheless, at regional and local levels — in Thüringen, for instance, in 1926 — acrimonious exchanges between the medical associations and practitioners continued. The immediate

cause of such quarrels was in most cases competition between DRK and ASB brigades. Yet the ASB leadership rejected the repeated suggestion of unification with the Red Cross even when the doctors proposed it; the steady flow of new members, it was argued, demonstrated the need for the worker-Samaritans. Finally in June 1928 the *Ärztliche Mitteilungen* called on doctors to put themselves at the disposal of Samaritan brigades of all types. The paper declared that the public service given by the ASB was similar to that of the DRK, the only difference being that one organization was bourgeois and the other socialist in orientation: for this reason a merger of the two was not possible. The doctors were, as a body, apolitical and wanted to see the work of all brigades given support. Within the ASB itself, efforts were made to ally doctors to the Workingmen's Samaritan Movement by creating a separate ASB doctors' association and organizing regional doctors' conferences. Through such means the number of doctors collaborating with it increased over the period 1924-28 from 334 to 1,263. In 1928 there was also a significant diminution of the medical associations' campaigns against the ASB.

The prerequisite for ASB recognition was a continuous growth in membership and resources, and therefore one of the federal leadership's main concerns was the expansion of the organization. In 1925 the ASB numbered 816 brigades comprising 34,853 members; by early 1933 the federation's active membership had grown to over 52,000 spread over 1,650 brigades. Many workers left the ASB after passing their first-aid examinations, so that the number of trained worker-Samaritans was appreciably higher than the bare membership figures. Opinions differed as to the reason for this fluctuation — the communist worker-Samaritans blaming the federation's political reticence, while Kretzschmar contended that it was due to the heavy burden of voluntary work and expense that members had to bear. In order to widen recruitment beyond working men, special women's and young people's sections were created. Soon special courses had also to be organized for the swelling ranks of the federation's bureaucracy. In 1928 the ASB built its 'federal headquarters' in Chemnitz, the trades unions and the SPD contributing considerable sums towards the cost, and in 1929 purchased its own rest home. There was therefore a general attempt within the federation at creating a separate worker-Samaritan milieu for members and their families. The chairmanship of the federation became a full-time salaried position in 1922 and after 1930 twenty

other full-time salaried members were working in the central office.

Activities in the fields of general and industrial first aid, sick-nursing and child care were continually expanding. In 1930, for example, worker-Samaritans gave first aid to 770,000 cases whether as part of their street service or when attending rallies organized by trades unions and workers' political parties, or in factories. In the same year, ASB members nursed 19,889 sick people (as opposed to 7,250 in 1926) and the organization had 1,732 children in care. Between 1923 and 1930, the number of Samaritans on standby at factories increased from 1,600 to 4,876.

It was on the strength of this wide-ranging voluntary medical work that the ASB finally succeeded in its efforts to obtain recognition and support. Its measure of public recognition can be seen from the long roll of guests and messages of greeting at the tenth ASB Federal Congress held in Heidelberg in 1931 — the last before the National Socialist take-over of the federation. Guests included representatives of the Heidelberg and Baden-Württemberg authorities and members of various trades union and SPD organizations, the leading Baden-Württemberg doctors' associations, the South West German Association of Professional Organizations and the German Occupational Hygiene Society. Among the messages of goodwill were those from the Reich Ministry of the Interior, the Prussian Minister of Public Welfare and the Presidents of the Reich Health Office and the Reich Insurance Department. The ASB had representatives in the Central Association of Ambulance Services in Germany (a semi-official body) and on the board of the official Central Committee of Prussian Ambulance Service and its equivalents in Saxony and Brunswick. It had a seat on the Reich Committee on Public Health Education, a semi-official organization, and was involved in the German Health Museum in Dresden and many other organizations whose aims were to raise general standards of public health and hygiene. In addition, the ASB was involved in many special committees, was entrusted with ambulance duties at public events and received state support and permission to hold its own street collections. Through its share of public ambulance work, the ASB's federal executive even found itself cooperating with its erstwhile arch-rival, the DRK.

Admittedly, the Reich Ministry of Labour had refused to grant the ASB the status of Leading Organization in the field of independent welfare work, which would have meant further legal and financial

advantages. (It should be noted, however, that the Minister wished to dismantle the whole system of Leading Organizations.) Kretzschmar in any case no longer considered it necessary for the ASB to achieve equality with the Leading Organizations, believing that it was already generally appreciated for the work it did. At the tenth Federal Congress, therefore, he asked for an end to the constant stream of motions calling for more rapid progress in the federation's demands for official recognition. There could be no clearer indication that Kretzschmar and the federal leadership considered their goal — at least at Reich and state level — to have been achieved.

One reason for the steady growth of the ASB in the Weimar Republic is undoubtedly that, as a result of the number of accidents at work, road accidents and the state of health of the population at large after the deprivations of the first world war, a social need arose for a Samaritan organization catering specifically for the requirements of working people. To this should be added the desire of working people, as already mentioned, to achieve a culture of their own to set beside bourgeois culture, an ambition which, originating in the Wilhelminian era, was pursued more intensely in the Weimar period. Ultimately, every aspect of the life of an organized worker 'from the cradle to the grave' was covered by one of the various institutions of the labour movement, which represented a separate social organism and thus to a certain extent a state within a state. This very divided movement was in the end partly responsible for the politically static integration into the society of the Weimar Republic of one particular section of the working people: the social-democratic section. It is here that the ASB belongs, as a welfare institution established by workers for workers, although not directly a part of the SPD.<sup>9</sup>

Yet the ASB's growth cannot be explained entirely by the social need for such an organization, its own inner dynamic or the cultural ambitions of working people. A further major cause was undoubtedly the purposeful policies of the federal executive committee under Theodor Kretzschmar, although, of course, the crucial decisions about the ASB's future as an independent welfare organization had been taken before his chairmanship. His area of action was determined not only by the ASB itself but also by the outside organizations and social groups which had now become of considerable importance to it. Kretzschmar never denied the ASB's origins, history or working-class orientation, which he regarded as

the crucial argument for its existence and a vital means of distinguishing it from the bourgeois DRK. Under his leadership, however, the ASB did abandon all political perspectives in order to concentrate entirely on relief work in society as it existed. Enquiry into the causes of social conditions and endeavours to eradicate them were, in his view, the task of political parties. In principle, then, the ASB leadership accepted existing social and political conditions, confining its activities to helping those in distress. Strict neutrality was not merely dictated by the need to hold an expanding organization together; it was also an attempt to make the ASB an acceptable co-operator with the established institutions. This was why, both within and outside the movement, Kretzschmar was careful to distance himself from revolutionary worker-Samaritanism, a policy certainly made easier for him by the uncompromising attitudes and continual attacks of the PGD and KPD. Although Kretzschmar was anxious to see the ASB expand, he was extremely severe in his treatment of those who favoured a politicization of Samaritan activity. In 1929, he did not shrink from dissolving 24 brigades in the western Ruhr with a collective membership of approximately 700. When taking such measures, Kretzschmar and the federal committee did not enter into discussion with the opposition but simply referred to the federation's resolution on the independence of its Samaritan work and the ASB's political neutrality. The ASB was, therefore (in contrast, for instance, to the purely social-democratic *Arbeiterwohlfahrt*) one of the few labour movement organizations in which all working-class parties were represented and which reciprocally made its services available to all working-class organizations. The leaders, however, showed a marked preponderance of social democrats and trades unionists.<sup>10</sup> In its harsh but purely administrative treatment of left-wing opposition on the one hand and in its firm strategy of integration on the other, the policies of Kretzschmar and the federal leadership are therefore very closely comparable to those of the trades unions and the SPD leaders.

During the Weimar Republic strangely contradictory objectives were displayed by the organization. While, in the traditions of the pre-war era, the ASB deliberately emphasized its separateness from the bourgeois Red Cross, it nevertheless became a kind of mirror-image of the DRK's work and position in society and finally sought parity with that organization. With progressive integration, this contradiction had to be resolved. After the ASB had been co-

operating for some time with public bodies, public authorities and the DRK, Kretzschmar tried to bring it into the official public health service. Since the latter now included air-raid drill and protection against poison-gas, he believed the ASB should also be prepared to take on this kind of work, a clear indication that he was now inextricably bound up in the consequences of his policy of integration. Though the federal newsletter argued the case for agreeing to the new responsibilities, there were already signs of resistance to the idea from within the federal leadership: Dunkel, the chief technician, and Wertheimer, a doctor, asked whether the ASB should not rather be directing its energies towards preventing war in the first place. But how could this be done without returning to a political position tied to the old pacifist traditions of the labour movement?

Caught in this embarrassing policy dilemma, it was not surprising that the ASB leadership saw National Socialism more as a danger to the organization's work than as a threat to its existence; the federal executive showed more resolve in its campaign against dissenting worker-Samaritans and the KPD than in its resistance to the NSDAP. Admittedly, it could hardly be expected that the executive committee of the ASB should produce political analyses and reactions of which neither the trades unions nor the political organizations of the labour movement proved capable. When the National Socialists took over, Kretzschmar again thought he could save the ASB by emphasizing its longstanding policy of political neutrality and the non-discriminatory character of its work. In an appeal to all worker-Samaritans in the last number of the *Arbeiter-Samariter* in April 1933, he offered 'cooperation in the field of health care in the present period of reconstruction'; even under the new national leadership, the ASB was ready to exert itself on behalf of the 'well-being of the German people and the German nation and cooperate in maintaining the health of the German people'. In his letters to Frick, the new National Socialist Minister of the Interior, Kretzschmar attempted to justify the federation's existence by referring specifically to the ASB's contribution to air defence and emergency relief work: to preserve his organization, he was prepared to deny all the inherent principles of the labour movement and the Workingmen's Samaritan Movement. Here, too, the leadership of the ASB — which had so often proudly referred to its organization as the 'child of the free trades unions' — acted just as indecisively and suicidally as the ADGB leadership.<sup>11</sup>



Kretzschmar failed to preserve the ASB's independence. In May 1933 the federation came under National Socialist control and on 1 September 1933, when all Samaritan organizations were brought into line, it was annexed to the DRK. But many brigades soon had to cease activity for lack of support: it was plain that many of the worker-Samaritans had not forgotten their movement's unspoken pledge of political responsibility and solidarity with the labour movement.

### Notes

1. Irina Winter has written a number of studies: see her *Beitrag zur Geschichte der Gesundheitspolitik der KPD in der Weimarer Zeit* (PhD Diss., East Berlin 1965) 223-39; 'Arbeiter-Samariter-Bund' in *Wiss. Zs. Humboldt-Univ. Berlin, Math.-Nat. R.* XIX, 1970, 4, 351-54; on the Proletarian Health Service, *Georg Benjamin. Arzt und Kommunist* (East Berlin 1962), 17-21; 'Zur Geschichte der Gesundheitspolitik der deutschen Arbeiterbewegung' in *Zs. f. ärztl. Fortbildung*, 67, 1973, 445-72 and 498-526. See also Herbert Schwartze, 'Zur Geschichte des Arbeiter-Samariter-Bundes' in Kurt Kühn, ed., *Ärzte an der Seite der Arbeiterklasse* (East Berlin 1973), 38-59; Gerd Moschke and Herbert Schwartze, 'Die Entwicklung und Wirksamkeit von Gesundheits- und Sanitätsorganisationen der Arbeiterklasse in Deutschland (1888-1933)' in Präsidium des Deutschen Roten Kreuzes der DDR, ed., *Thesen zum Grundriss der Geschichte des Deutschen Roten Kreuzes (1866-1945) und des Deutschen Roten Kreuzes in der Deutschen Demokratischen Republik* (n.d., post 1971), 14-28; Gerd Moschke, 'Die Rolle des Arbeiter-Samariter-Bundes, Kolonne Leipzig, im Sanitäts- und Rettungswesen der Stadt Leipzig in den Jahren 1918 bis 1928' in *Wiss. Zs. Univ. Halle, Math.-Nat. R.*, XXIII, 1974, 4, 96-99.

2. The greater proportion of the source material on which the present paper is based can be found in the Bundesgeschäftsstelle of the ASB; its address is Arbeiter-Samariter-Bund Deutschland e.V. — Bundesverband — Sülzburgstrasse 146, D-5000 Köln 41.

3. For the situation of workers during the main phase of German industrialization see Jürgen Kuczynski, *Die Geschichte der Lage der Arbeiter unter dem Kapitalismus, Part I*, III-IV (East Berlin 1960), 12-14, 18-20. For levels of sickness, industrial accidents and chronic illness see more recently Florian Tennstedt, 'Sozialgeschichte der Sozialversicherung' in Maria Blohmke et al, eds., *Handbuch der Sozialmedizin*, III (Stuttgart 1976), 385-492.

4. Apparently there are no recent studies of the development of the civilian ambulance service in Germany; see Erwin Franck, *Entwicklung und gegenwärtiger Stand des Rettungs- und Krankentransportwesens in Deutschland* (Berlin 1925).

5. Apparently there has been no research in Western Europe into the history of the German Red Cross; see Emil Hesse, *Das Internationale Rote Kreuz* (Diss., Würzburg 1929) and Felix Gruneisen, *Das deutsche Rote Kreuz in Vergangenheit und Gegenwart* (Berlin 1939); for work published in the GDR, see note 1.

6. On this, see Wolfgang Emmerich, ed., *Proletarische Lebensläufe. Autobiographische Dokumente zur Entstehung der Zweiten Kultur in Deutschland*, I:

Anfänge bis 1914 (Reinbek 1974), 30-35; see however, the review of this book by Monika Kramme in *Archiv für Sozialgeschichte*, XVI, 1976, 629-33. For the workers' sports movement, see Hort Ueberhorst, *Frisch, frei, stark und treu. Die Arbeitersportbewegung in Deutschland 1893-1933* (Düsseldorf 1973) and 'Bildungsgedanke und Solidaritätsbewusstsein in der deutschen Arbeitersportbewegung zur Zeit der Weimarer Republik' in *Archiv für Sozialgeschichte*, XIV, 1974, 275-92.

7. On the place of ambulance services in the health policies of the early social democrats see, inter alia, Hugo Lindemann, *Die deutsche Städteverwaltung. Ihre Aufgaben auf den Gebieten der Volkshygiene, des Städtebaus und des Wohnungswesens* (Stuttgart 1906), 385-95 and Paul Hirsch, *25 Jahre sozialdemokratische Arbeit in der Gemeinde* (Berlin 1908), 90-95.

8. On the similarities between the PGD's more political conception and the early SPD's ideas on health policy, see my 'Die gesundheitspolitischen Vorstellungen der deutschen Sozialdemokratie von ihrer Gründung bis zur Parteispaltung' in *Archiv für Sozialgeschichte*, XVI, 1976, 341, 347.

9. For the rise and political effects of the German labour movement's 'organization-fetishism' in the Weimar period, see Richard S. Hung, *German Social Democracy 1918-1933* (Chicago 1970) and Hans Mommsen, 'Sozialdemokratie in der Defensive: Der Immobilismus der SPD und der Aufstieg des Nationalsozialismus' in H. Mommsen, ed., *Sozialdemokratie zwischen Klassenbewegung und Volkspartei* (Frankfurt a.M. 1974), 106-33, esp. 117 and 131; Jutta von Freyburg and other, *Geschichte der deutschen Sozialdemokratie 1863-1975* (Cologne 1975), 89-102.

10. At the ninth Federal Congress in Cologne in 1929, out of 89 delegates with voting rights 73 were in the SPD, 8 in the KPD, 8 had no party affiliations and 80 were trades unionists; at the tenth Congress in Heidelberg in 1931, out of 87 delegates entitled to vote 67 were in the SPD, 2 in the KPD, 1 in the ISK (*Internationaler Sozialistischer Kampfbund*), 17 committed to no party and 78 trades unionists.

11. See Hannes Heer, *Burgfrieden und Klassenkampf. Zur Politik der sozialdemokratischen Gewerkschaften 1930-1933* (Neuwied 1971), 101-07.

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