Transnational entanglements in colonial medicine
German medical practitioners as members of the health service in the
Dutch East Indies (1816-1884)

Philipp Teichfischer
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During the 19th century more than 300 German medical practitioners worked for the colonial health service in the Dutch East Indies. Their presence, which has been largely overlooked by Empire-focusing historiography, reveals the importance of transnational entanglements in the management of modern European colonies.

The following article falls in two parts. The first part provides an outline of some general aspects, such as current research reviewing, topic definition and time frame. Some specific features will be discussed in the second part. Complementary notions of « cooperation » and « competition », which tend to become increasingly prominent in recent historical debate, will be narrowed down to illustrate both recruiting methods and German motivations for entering the Dutch colonial health service.

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1 For general aspects see JESSEN Ralph (ed.), Konkurrenz in der Geschichte. Praktiken – Werte – Institutionalisierungen, Frankfurt am Main et al., Campus Verlag, 2014. An example of the application of the terms competition/cooperation to (comparative) colonial history can be found in LINDNER Ulrike, Koloniale Begegnungen. Deutschland und Großbritannien als Imperialmächte in Afrika 1880-1914, Frankfurt am Main et al., Campus Verlag, 2011. The modern concept of competition as used by many of today’s historians and sociologists can be traced back to Georg Simmel’s essay « Sociology of competition », first published in 1903.
It might be worthwhile to better define the term «German», which, as it will be used in this article, obviously differs from its generally accepted modern interpretation. In the geopolitical context of the present investigation, the term «Germans» encompasses the citizens of those states which first formed The States of the German Confederation (1815-1866) and were later unified into what was called The German Empire (1871-1918). This extended definition corresponds to what the reference to «Germans» means in contemporary Dutch sources. Besides, people who were born in one of the former Eastern Prussian provinces (Silesia, Pomerania, East- and West Prussia) and who declared themselves to be native German-speakers are here regarded as Germans — these provinces having actually, though for a short period, been part of the German Confederation. As for Jewish people born in one of those states, they were considered to be German citizens, even though they often failed to enjoy the same civil rights as the non-Jewish population.

Germans can be found in many positions and professions among the colonial staff in the Dutch East Indies during the 19th century, for example as sailors, soldiers, and craftsmen. In addition, a lot of German doctors and pharmacists were employed by the Dutch colonial health service. With the help of various registers (so called *stamboeken*, a kind of military registration system), approximately 320 (male) Germans could be identified who worked for this service during the period of investigation (1816-1884). The majority of them (270 persons) were employed as colonial health officers belonging to the military staff. Another 10 German doctors worked for the civil sector of the health service. Also among pharmacists, who

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4 In the following I will talk about «doctors» or «health officers» because the distinction between physicians and surgeons at this point is misleading — in contemporary Dutch sources it is more a term for a military rank than for a profession. At the beginning of our period of investigation (1816), the military doctors employed by the Dutch colonial health service were generally called «surgeons» (*chirurgijns*), regardless of their specific (academic or non-academic) qualification. Around 1845 a general shift to the designation of «health officer» (*officier van gezondheid*) can be observed in the sources (see also below fn. 9). Doctors employed for the civil sector were usually called «(civile) geneesheer», best translated as «civil doctor».
5 The most important registers for my purposes can be found in the Nationaal Archief, Den Haag: *Dienstaten en stamboeken der officieren van de Koninklijke Landmacht en van de koloniale troepen in Nederlands 1814-1940*, catalog reference number 2.13.04; *Stamboeken en pensioenregisters van militairen KNIL in Oost- en West-Indië 1815-1949*, catalog reference number 2.10.50; *Ministerie van Koloniën 1814-1849*, catalog reference number 2.10.01.
6 Some Germans worked also for the Dutch colonial health service in the «West East Indies», mainly in today’s Suriname and on the islands of the former Netherland Antilles like Curacao. These Germans are not considered in the present article.
represented a third group of medical personnel, 37 Germans could be found, of whom the majority was employed by the military services – only two of them worked as civil pharmacists.

A particularly high proportion of German military doctors in the Dutch East Indies can be observed from the middle of the 1830s to the middle of the 1850s. While their proportion in the 1820s was on average between 20 and 25 %, in 1837 already 40.9 % of all health officers were Germans (47 Germans: 68 others). In 1845 it even increased over 54 % (76: 64). In the 1850th it started decreasing: In 1853 it fell to 47.1 % (66: 74), in 1862 to 18.7 % (34: 148), and in 1871 to 8.3 % (14: 154). Finally, in 1884 it rose again to 13.2 % (22: 145). From 1816-1820, 1827-1837, and 1856-1859 Germans doctors even reached the highest rank within the whole health service in the Dutch East Indies – the position of the « chief, first health officer » with the military rank of a colonel. But Germans were also well represented in all other ranks as shown in the graph below (figure 1):7

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7 These numbers I calculated by comparing my database about German doctors in the Dutch colonial health service with the information about colonial health staff given in the Regerings-Almanak van Nederlandsch-Indië (Batavia, 1815ff.), where all military doctors are listed annually under the category “Militaire geneeskundige dienst”.

8 Franz Karl Heinrich Assmus (1816-1820); Georg Joseph Peitsch (1827-1837); Ernst Albert Fritze (1837-1839); Carl Wilhelm Reinhard Voigt (1856-1859).

9 On the top of the whole health services was the so called “chief, first health officer” (“Chef, Eerste Officier van Gezondheid”) with the rank of colonel. After came a small number of “commanding health officers of 1st and 2nd class” (“Dirigerende Officieren van Gezondheid”) in the ranks of lieutenant colonels and majors being in charge of the bigger military units. In the lower positions we find the ordinary “health officers of 1st, 2nd and 3rd class” (“Officieren van Gezondheid”) in the ranks of captains and lieutenants (1st and 2nd class). Until 1845 the ordinary health officers 1st, 2nd, and 3rd class were mostly called Chirurgijns, best translated as « surgeon » (Chirurgijn-Majoors, Chirurgijn van de tweede Klasse, and Chirurgijn van de derde Klasse).
State of research

Although apparently a large proportion of the medical personnel in the Dutch East Indies in the 19th century consisted of German doctors and pharmacists, this historical fact is almost unknown in contemporary historiography. The extensive writings about the colonial health service in the Dutch East Indies (with some important references to Germans' participation) conducted by Dutch historian Dirk Schoute (1873-1963) in the 1920s and 1930s were not well-received up to the present, maybe because most of them are written in Dutch. In the recent Dutch medical and colonial historiography only sparse mention of it can be found. In 1987, Kerkhoff published a very short article about the number of Germans in the colonial health service in the Dutch East Indies. He stated that around one third of a total of 800 military doctors and pharmacists, employed by the colonial health service in the first half of the 19th century (1816-1857), were Germans, a finding

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that corresponds to my results\textsuperscript{11}. As a basis for his survey he took an incomplete and partly incorrect list of military health officers, first published in 1859\textsuperscript{12}. With the exception of this article we find only few traces of the colonial engagement of German medical professionals in Dutch scientific literature\textsuperscript{13}. Also the succinct entry in the \textit{Handbook of Modern German History}, written by the US-American historian Andrew Zimmerman, simply says that «German physicians served in the Dutch East Indies and in other colonial services.»\textsuperscript{14}

The same applies to German historiography: Just a short article about «German doctors in the Dutch East Indies» was published in 1962 that focused on a few relatively prominent German doctors working for the Dutch colonial health service in Indonesia\textsuperscript{15}. Only about the history of pharmacy in the Dutch East Indies we have a more comprehensive study including a focus on German pharmacists. Unfortunately, the author did rely on the same incomplete and partly incorrect lists

\textsuperscript{11} KERKHOFF Antoon H. M., «German physicians and pharmacists in the Dutch East Indies», in \textit{Medical Corps international: forum for disaster & military medicine}, 2, 1987, p. 52-54.

\textsuperscript{12} This list was published under the title «Tabellarisch Overzigt van het Personeel der Geneeskundige Dienst in Indië sedert 1816» in the military health journal \textit{Geneeskundig tijdschrift voor Nederlandsch Indië}, 7 (New Series, vol. 2), 1859, p. 237-320. A subsequent compilation followed 20 years later in the same journal: «Tabellarisch Overzigt van het Personeel der Geneeskundige Dienst in Indië sedert 1816. Zamengesteld van op het bureau van den chef over den geneeskundigen dienst», 29 (New Series, vol. 9), 1880, p. 1-82.


of military health officers and pharmacists as Kerkhoff did. Because of the fact that these lists only contain the (often misspelled) surnames of the persons and their birthplaces, they are of restricted use for further investigations. Also the standard work for the colonial medicine of the German Empire tells us nothing about the engagement of German doctors in the Dutch colonial health service even though it can be regarded, in a certain sense, as one of its precursors.

One reason for the neglect of our topic can be found in the so-called «empire-centred approach», which is still quite predominant in colonial history. According to this nation-oriented approach the colonial protagonists have to belong to a colonial empire. During the period examined here (1816-1884) there was no German colonial empire. As a consequence, there is no narrative in which German doctors working for various foreign colonial empires could be inserted. This means that our topic can only be investigated from a transnational point of view.

Nonetheless, this finding about the state of research is somewhat surprising, not only because of the great number of Germans involved in the Dutch colonial health service in the 19th century but also because of the fact that the former VOC-era (1600-1800) is much better researched. In these studies, also the participation of «German» surgeons in the health care of the VOC is clearly described. Therefore, the present article is an attempt to fill the research gap by following this historiographical tradition.

16 See above fn. 12.
19 Good examples for such works are SCHÄR Bernhard C., Tropenliebe. Schweizer Naturforscher und niederländischer Imperialismus in Südostasien um 1900, Frankfurt am Main et al., Campus, 2015 (see here also the «empire-centred approach», ibidem, p. 17-18); ZANGGER Andreas, Koloniale Schweiz. Ein Stück Globalgeschichte zwischen Europa und Südostasien (1860-1930), Bielefeld, transcript Verlag, 2011. The concept of «empire-centred approach» goes back to the Dutch historian Karwan Fatah-Black, see FATAH-BLACK Karwan, «A Swiss Village in the Dutch Tropics. The Limitations of Empire-Centred Approaches to the Early Modern Atlantic World», in BMGN – Low Countries Historical Review, 128/1, 2013, p. 31-52. See also LÜTHI Barbara, FALK Francesca & PURTSCHERT Patricia, «Colonialism without colonies: examining blank spaces in colonial studies», in National Identities, 18/1, 2015, p. 1-9.
20 That means here: persons from German-speaking areas of the Holy Roman Empire.
General comments on the period of investigation (1816-1884)

My investigation concentrates on the period between 1816 and 1884. From 1602 until 1800 large parts of modern-day Indonesia were the property of the so called «Dutch East India Company» (VOC: Vereenigde Oostindische Compagnie), a chartered company invested with quasi-governmental powers including the authority to wage war, negotiate treaties, and establish colonies. The VOC is often considered as the first multinational corporation and one of the biggest trading enterprises in the 17th and 18th centuries. VOC’s wealth and power were due to its control over the so called «Spice Route» from South-East India to Europe. Moreover, it was the first company that issued stocks. As a result of the 4th Anglo-Dutch War (1780-1784) as well as of fraud and corruption in its own ranks, the company got into big financial difficulties22. This in addition to contemporary political events like Napoleon’s march into the Netherlands and the subsequent proclamation of the Batavian Republic (1795) resulted in the liquidation of the VOC on 1st January 1800. Subsequently, the Dutch East Indies were administered by the government of the Batavian Republic. After the end of the republic in 1806, administration was assumed by the colonial ministry of the newly created Kingdom of Hollande under the reign of Lodewijk Napoleon (1806-1810). In 1811, after the reoccupation of Holland by French troops (1810) and in response to the danger that France could annex also the Dutch colonies, troops of the British Empire occupied large parts of the Dutch East Indies as well as further Dutch colonies at that time, and made them British Crown colonies (1811-1816). After the end of the French occupation (1813) and the Congress of Vienna (1815), the Dutch East Indies became a colony of the newly founded United Kingdom of the Netherlands while some of the former Dutch colonies remained British Crown colonies (e.g. Ceylon, today’s Sri Lanka)23.

The decline of the VOC and the following transition period (1795-1816) resulted also in a dismantling of the health care system which had existed up until then. After its liquidation the former VOC-surgeons lost their employer, and thus many of them returned to Europe. Due to the fact that no new surgeons were hired for a couple of years, in the beginning of the 19th century there was a big lack of medical personnel. However, there were some efforts taken by the Dutch general Herman Willem Daendels (1762-1818), who governed the Dutch East Indies from 1808 to 1811, to rebuild and improve the colonial health care system, for example by opening the first military hospitals in Weltevreden (Batavia), Semarang, and

22 For a discussion of further reasons see GELDER Roelof van, Das ostindische …, op. cit., p. 30f.
Soerabaya on the main island Java\textsuperscript{24}. Despite this and the efforts of the British governor Thomas Stamford Raffles (1781-1826), who governed from 1811 until 1816 on behalf of the United Kingdom of Great Britain and Ireland, to intensify and build upon Daendels’ work, the state of the colonial health care remained quite poor\textsuperscript{25}.

Consequently, from 1815/16 great efforts were made by the Dutch government to establish in its colony an efficient medical health service based on the model of the healthcare system in the United Kingdom of Holland and built on the foundations of the former VOC’ health system\textsuperscript{26}. For that purpose a comprehensive set of rules was developed\textsuperscript{27}. In order to implement these and other instructions, the naturalist Kaspar Georg Karl Reinwardt (1773-1854), born near Remscheid (at that time a part of the German Duchy Berg), as first director of agriculture, sciences, and arts, was sent to the Dutch East Indies, where he arrived in 1816. Reinwardt himself took control of the organisation of the civilian healthcare, while the Dutch doctor Jan Bowier (1791/92-1823) was appointed inspector of medical military service, and the botanist Carl Ludwig Blume (1796-1862), born in Brunswick (Duchy of Brunswick), was appointed inspector of vaccination\textsuperscript{28}. Subsequently the need for medical staff rapidly increased and the recruitment of Germans became more important. For those reasons, 1816 can be considered as the birth of a progressive colonial health service in the Dutch East Indies\textsuperscript{29}.

Another reason for the need to rebuild the colonial health service in the Dutch East Indies was the shifting of the «maritime character» of the older European colonialism, i.e. large parts of this colonialism literally took place «on the water», on long passages from Europe to overseas colonies with only short stays in the colonial countries. Only since the beginning of the 19th century did this kind of

\textsuperscript{24} See Daendels’ own statements about that time and his efforts: DAENDELS Herman Willem, \textit{Staat der Nederlandsche Oostindische bezittingen, onder het bestuur van den gouverneur-generaal Herman Willem Daendels, ridder, luitenant-generaal, etc. in de jaren 1808-1811}, Gravenhage, 1814.

\textsuperscript{25} SCHOUTE Dirk, \textit{De geneeskunde…}, op. cit., p. 6-64; SCHOUTE Dirk, \textit{Occidental Therapeutics…}, op. cit., p. 88-112.

\textsuperscript{26} KERKHOFF Antoon H.M., «The organization…», op. cit.

\textsuperscript{27} Reglement op den geneeskundigen dienst in de nederlandsche kolonien. Reglement op den geneeskundigen dienst bij de troepen in, of bestemd voor, de nederlandsche kolonien. Gekroond bij Besluit van Zjine Majesteit den Koning, in dato 10 September 1815, Nr. 27, The Hague et al., Gebroeders Van Cleef, 1815.


Transnational Entanglements in Colonial Medicine

Colonialism shifted to the colonial mainland. This change required increasing human resources ashore, e.g., military staff for asserting claims to power and for the protection of the growing local colonial population. The subsequent increase in the colonial population led to the development and expansion of a health care system surpassing the more or less temporary presence of ship’s doctors, who were hired by the VOC for medical treatment of the passengers during their crossing.

The few hospitals in the Dutch East Indies, which had been established by the VOC, were no longer sufficient to provide the steadily rising colonial population with medical help. Consequently, the following years saw the building of some new military and civil hospitals, as well as the reconstruction and expansion of existing ones.

1884 is chosen here as a provisional endpoint of the investigation period not because after this time no Germans can be found in the Dutch medical health service, but rather because in 1884 the German colonial medicine entered a new era with the newly founded German colonies in Africa.

**Competition: motives for entering the Dutch colonial service**

Although it is unlikely that all of the 320 thus far identified Germans, who worked between 1816 and 1884 for the colonial health service in the Dutch East Indies, had the same motives for entering the service, «competition» turned out to be a very common and strong motive. Such competition could arise among academic doctors (doctor vs. doctor) as well as among professional surgeons (surgeon vs. surgeon), who usually had no academic education and were organized in guilds. Furthermore, competition between both groups (doctor vs. surgeon) can be observed. In what follows I will give an example of this kind of competition.

Johann Gustav Adolph Pabst (1812-1866), born in the village of Obersickte (Duchy of Brunswick), entered the Dutch colonial service in 1835 as a soldier. In 1836 he was appointed surgeon 3rd class; retired as a health officer 2nd class in 30.

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32 As far as I know, no research has been done about the medical care on trading ships which sailed after 1816 from the Netherlands to Indonesia and back. Most probably the so-called Netherlands Trading Society (NHM) (Nederlandse Handelsmaatschappij), a kind of successor of the VOC (founded in 1824), itself was in charge of the medical care on board of its ships.
33 Bruijn Iris, Ship’s Surgeons…, op. cit., p. 98-116.
34 Schoute Dirk, Occidental Therapeutics…, op. cit., p. 116f.
35 First colonial territories for the German Empire were acquired in 1884 by Adolf Eduard Lüderitz (1834-1886) and Gustav Nachtigal (1834-1885) in (South-)West Africa, see Conrad Sebastian, Deutsche Kolonialgeschichte, München, Beck, 2012.
1855, and finally died in 1866 in Toeban (in the residency of Rembang on Java). In an archival file of the so called «Obersanitätskollegium» (a kind of municipal health department) information about Pabst’s application in 1834 for a position as a «Stadtarzt» (a kind of municipal doctor) can be found. In his application letter he wrote: «Because of the fact that jobs for surgeons in the countryside are very rare, and because of my family circumstances, I would like to have a position rather in Brunswick than in the country.» For this purpose, he asked if he could become a member of Brunswick’s city doctors after obtaining a work permit as a barber surgeon. His request was rejected by the municipal authorities, who replied that he couldn’t be affiliated because there were already ample surgeons in Brunswick.

Of course, it must be assumed that there was a whole range of different motives for entering the colonial service. One of these motives was pure adventurousness and curiosity even if one has to be careful assuming adventurousness as well as scientific curiosity to be motives for entering the colonial service: In some cases it can also be a result of subsequent self-staging. However, Asia in particular exercised a great fascination on many Germans through literary works and pictorial representations. This fascination was all the greater due to the fact that travelling to those distant and «exotic» countries was almost impossible for the majority of them. So it was not entirely coincidental that some of the German doctors worked also as travel writers, thereby satisfying the longing of German readers for descriptions of that foreign world. But also scientific interests might

36 Nationaal Archief, Den Haag, Diensten en stamboeken der officieren van de Koninklijke Landmacht en van de koloniale troepen in Nederland 1814-1940, catalog reference number 2.13.04, inventory numbers 389 (fol. 57); 649 (fol. 65).
39 Thought patterns, leading metaphors, and the scope of perception which played an important role in the representation and perception of India were worked out by Dharampal-Frick, see DHARAMPAL-FRICK Gita, Indien im Spiegel deutscher Quellen der Frühen Neuzeit (1500-1750). Studien zu einer interkulturellen Konstellation. Tübingen, Niemeyer, 1994. For the representation of Indonesia in German writings at that time see FLUCHTER Antje, «Aus den färbermehsten indischen Reisebeschreibungen zusammengezogen. Knowledge about India in early modern Germany », in HUIGEN Siegfried, JONG Jan L. de, KOLFIN Elmer (eds.), The Dutch trading companies as knowledge networks, Leiden et al., Brill, 2010, p. 337-359. For German travel reports about Asia see again GELDER Roelof van, Das ostindische..., op. cit., p. 60-62.
have been a strong motive for some of these doctors to embark on such dangerous adventures as a journey to Indonesia in fact was. This scientific curiosity was encouraged by the breadth of the education doctors received in natural sciences during their university studies at that time. It is therefore not surprising that a number of German doctors employed by the Dutch colonial service also became authors of botanical, geographical, ethnographical, medical, zoological, and economical writings while others collected rare plants or animals and sent them back to Germany.

However, a range of socio-historical facts and trends suggests that competition was one of the strongest motives for entering the colonial medical service. One of these trends was the increasing number of medical students from the beginning of the 19th century despite a stagnation in the number of practising

see BAYER Friedrich-Wilhelm, Reisen deutscher Ärzte ins Ausland (1750-1830), Nendeln/Liechtenstein, Kraus, 1977 (first 1937).


doctors, resulting in an «overcrowding of medical profession» and material deprivation\textsuperscript{44}. This trend was also driven by gradual displacement of the old profession of non-academic surgeons, who were traditionally organized in their own guilds. This development was part of a general academization and professionalization of 19th century’s medicine\textsuperscript{45}, a trend resulting in growing student numbers, but not balanced by a corresponding growth in the medical job market. In most of the German states of the German Confederation laws for controlling the access to the medical job market can be found. If a municipal health department considered the number of doctors and surgeons in its area of responsibility as sufficient, new permits for practicing medicine were not granted. In consequence, it was quite difficult for young doctors and surgeons to work in their profession\textsuperscript{46}. But neither did the granting of unlimited freedom of establishment and trade, as originally occurred in Prussia in 1818 (and 1825), necessarily result in an improvement of the highly competitive situation\textsuperscript{47}. The situation for German doctors at that time was partially so precarious that even aid organisations for needy doctors were founded\textsuperscript{48}. Therefore, many doctors emigrated, or they signed up as ship’s doctors or colonial doctors.

Also in the daily press the plight of doctors was made a subject of discussion, as the following excerpt from an article in the Nuremberg Newspaper (\textit{Nürnberger Zeitung}) illustrates: «[Würzburg, February 12, 1844] The government of Lower Franconia speaks out vehemently against an increasing number of practicing doctors in our city. Their number is so large, that some of them have to live under precarious conditions.» At the same place, the connection to labour migration is


\textsuperscript{46} Already at that time, the establishment of such permit restrictions as well as the abolition of restrictions were discussed controversially. For example, the well-known Hanoverian doctor Johann Stieglitz (1767-1840) wrote in Hufeland\textquotesingle s \textit{Journal der praktischen Heilkunde}, that «in bigger cities, as well as in the main places of each province, but above all in the capitals, free competition of authorized doctors has to be supported.» – STIEGLITZ Johann, «Bemerkungen über obigen Gegenstand (Ueber die Stellung der Aerzte zum Staate, zum Publikum und unter sich selbst. Nebst Bemerkungen über Bildung und Prüfung der Aerzte), in \textit{Journal der praktischen Heilkunde}, 60/1, 1825, p. 17-111, here: p. 24.


discerned and criticized: « [...] previously, a lot of young doctors entered the Dutch military service partly attracted by the fortune of our famous compatriot Siebold\textsuperscript{49}; most of them lose their lives in the unhealthy climate of the colonies, [...]». \textsuperscript{50}

\textbf{Cooperation: practices of recruitment}

In addition to the question of \textit{why} German doctors entered the Dutch colonial service, a second question arises: \textit{How} German doctors and officials of the Dutch colonial ministry got into contact with each other? In principle, two different means of establishing this contact can be distinguished: On the one hand, German doctors themselves could make an active effort to become employed by the Dutch colonial ministry. To this end they could contact the colonial authorities in the Netherlands, for example, in the «koloniaal werfdepot » in Harderwijk. On the other hand, we find promotional activities organized by the Netherlands in the German states. Hereby, Dutch advertising campaigns were reliant on cooperation with German individuals and institutions as it is shown in the following example.

The Bavarian Main State Archive in Munich holds some archival files concerning the requests of 15 Bavarian doctors directed to the Bavarian government in Munich in order to get permission to enter the Dutch colonial service\textsuperscript{51}. According to these files the Alsace-born doctor Franz Joseph Harbaur (1776-1824)\textsuperscript{52}, who was the successor of Sebald Justinus Brugmans (1763-1819) as inspector-general of the whole Dutch military medical service as well as the personal doctor of the Dutch king Willem I (1772-1843), asked Andreas Metz (1767-1839), a German professor for philosophy and mathematics at the university of Würzburg, to recommend him 10-12 well-mannered academic surgeons, who would be willing to ship to Java. Thereupon, Metz turned to the district government of Würzburg to request permission to satisfy Harbaur’s wish. It was granted to him, but only on the condition that it would be kept from the public. Furthermore, he was referred to § 14 of the IV\textsuperscript{th} title of the Bavarian constitution, which states that « it is allowed to

\textsuperscript{49} Philipp Franz von Siebold (1796-1866). In 1822, Siebold entered the military health service in the Dutch East Indies. Later he was send to Japan, where he became very famous for his natural studies.

\textsuperscript{50} Nürnberger Zeitung, 11/49, 1842 (18.02.1842).

\textsuperscript{51} Bayerisches Hauptstaatsarchiv München, Sign.: MA, Nr. 27153 (Laufzeit: 1821-1823). These German doctors were: Adam Pfretzschner (1795-1823), Georg Joseph August Kollmann (1796-1839), Caspar Joseph Wammes (1796-1825), Carl Nikolaus Weikard (1794-?), Peter Frener (?), Philipp Franz von Siebold (1796-1866), Johann Hüther (1798-1845), Georg Martin Degent (1796-?), A. Josef Baierlein (1795-1824), Carl Philipp Lohrum (1797-1826), Joseph Hessler (1795-?), Franz Feuchter (1802-?), Georg Eisinger (1801-1867), Konrad Bauer (1797-?), and Martin Voit (1790-1825).

any Bavarian to immigrate to a foreign state, and also to enter its civil or military services, after having carried out one’s civic duties in Bavaria. »53 « Civic duties », in this regard, primarily meant the fulfilling of compulsory military service. Consequently, all of the applicants recruited by Metz emphasized in their request letters that they had done their military service. In a letter to the Bavarian king the government of Würzburg endorsed the applications of the young doctors on the grounds that it would be a good opportunity for them of undergoing a training abroad54. Subsequently, all of the applications were granted by the royal government.

To summarise, in our example cooperation took place on two different levels: Firstly, on an individual level (between Harbauer and Metz), and, secondly, on an institutional level (between the governments in Würzburg, Munich, and The Hague).

It becomes clear by studying other historical sources that this kind of cooperation can by no means be taken for granted. On the contrary, various edicts of the Bavarian government warned explicitly against the Dutch recruiting campaigns for the colonial service, or even declared these practices illegal55. Additionally, such warnings can be found in contemporary German newspapers56. On the initiative of the Dutch government recruiting agencies (so called « Werbanstalten ») were founded in several German states to hire primarily German soldiers, workers, and craftsmen for the colonial service. Apparently, in some cases this happened without the consent of the German authorities. The Dutch consulate in the Free City of Bremen was even forced to close temporarily due to repeated recruitment activities. According to the « General Cartel-Convention », which has been approved by the German Confederation in 1831, active promotion for the Dutch colonial services was generally forbidden. From now on information about the colonial services might be provided only in response to a direct request from interested individuals57.

However, Dutch recruiting efforts were sometimes still regarded as an appropriate means for fighting the spread of poverty as well as for getting rid of

53 The Bavarian constitution from 1818 can be viewed online: http://www.verfassungen.de/de/by/bayern18-index.htm.
54 After their studies, all Bavarian doctors had to undergo a practical training, the so called « biennium practicum ».
55 See also DÖLLINGER Georg, Sammlung der im Gebiete der inneren Staats-Verwaltung des Königreichs Bayern bestehenden Verordnungen. Bd. 3.: Den ersten Abschnitt der Abtheilung V., der allgemeine Rechte und Pflichten der Staats-Unterthanen enthaltend. München, 1836, p. 247-249 (decrees of the Bavarian Ministry of the Interior from 1827 to 1831), as well as the archival record Bayerisches Hauptstaatsarchiv München, Sign: MA, Nr. 86147.
56 See, for example, the Allgemeine Intelligenz-Blatt der Stadt der Nürnberg (No. 90, 3 August 1827, p. 1136): here the magistrate of Nuremberg warns against a Dutch recruiting agency in Frankfurt a.M.
«useless people », as the example of the Duchy of Brunswick illustrates. Also with regard to the recruitment of German doctors documents can be found proving that the German authorities supported at least some of the Dutch promotional activities. On 22 May 1837, the following announcement could be read in the newspaper Bayerischer Volksfreund:

The inspector-general of the health services of the land and sea power Holland launched an appeal to young doctors disposed to serve as military doctors 3rd class in the Dutch East Indies. They must be unmarried, of good physique, and not older than 30 years of age. In addition to other benefits, the annual salary is about 1500 Guilders. Moreover, before their departure doctors get 300 Guilders for purchasing equipment like instruments and books.

A similar appeal was published 10 years later in the Allgemeinen Zeitung für Militair-Aerzte (General Journal for Military Doctors, 11 September 1847):

Doctors and surgeons willing to enter the Dutch East Indian services as health officers (military doctors) 3rd class, provided that they are healthy and not myopic, should apply with a stamped letter including a curriculum vitae to the inspector-general of the military medical service in The Hague. The aforementioned authority will give the sender more information about the scientific requirements they have to meet in order to serve as a health officer 3rd class in the Dutch East Indies. Furthermore, it shall set the time and place where they should submit the following documents:

1) birth certificate, in order to prove that the sender is under 28 years of age
2) a certificate of being unmarried
3) proof of military service status
4) certificate of good conduct issued by the authorities of the applicant’s residence
5) certificate of passing a doctoral examination or medical studies (cand. med. or cand. chirurg.)

This official way to proceed was indeed advisable, as shown by the case of the Bavarian military doctor Joseph Hartzfeld (1815-1885), who entered the Dutch colonial service in 1841 as a health officer 3rd class, and who retired as a commanding health officer 1st class in 1869. According to an archival record, in 1851, his 87-years-old father Jakob Hartzfeld wanted the Bavarian government to help him in obtaining some extraordinary home leave for his son in order to settle some inheritance matters. The Bavarian government rejected this plea on the ground that Joseph Hartzfeld had entered the Dutch colonial service without its

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59 Bayerisches Hauptstaatsarchiv München, Sign: MA, Nr. 34736.
permission – only equipped with his passport, nationality certificate, and birth certificate. In 1861, Joseph Hartzfeldt was naturalized and also after his retirement he never returned to his homeland Bavaria or any other German state – he stayed as a practising doctor in The Hague, where he finally died as an honoured Dutch citizen in 1885.60

Taking into consideration the large amount of German doctors and surgeons working for the Dutch colonial health service, it is surprising that this topic has not gained much scientific attention so far. The history of these German doctors, fleeing from the bad professional and economic outlook in their home countries to develop a career in the Dutch East Indies, can shed new light on the non-empire centred research of colonial medicine. With this article a first step is made to stimulate further research on that topic.

60 Nationaal Archief, Den Haag, Dienstaten en stamboeken der officieren van de Koninklijke Landmacht en van de koloniale troepen in Nederland 1814-1940, catalog reference number 2.13.04, inventory numbers 254 (fol. 113), 392 (fol. 81), 651 (fol. 11), 665 (fol. 40), 706 (fol. 413); Ministerie van Justitie 1813-1876, catalog reference number 2.09.01, inventory number 4864; Stamboeken en pensioenregisters van militairen KNIL in Oost- en West-Indië 1815-1949, catalog reference number 2.10.50, inventory number 626 (fol. 699).