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Health Organization of the German Army during the First Half of the 20th Century

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INTRODUCTION

At the initiative of Gómez Ulla, inspector of surgical services for the Spanish army, a commission was sent to Germany to study the country's military healthcare system. This initiative was not unique to Spain; many other countries were also seeking to understand the developments in this field during the Third Reich.

For our study, however, we will begin in the early years of the 20th century, specifically with the major advances that took place during World War I, both on the side of the Allies and the Central Powers. As Virginia Casanova (2025) points out, this war marked the first time millions of men had been mobilized for combat, a shift in tactics with the use of highly destructive weaponry, and consequently, a true turning point in the field of military healthcare, especially in civilian and military surgery, with particular emphasis on plastic surgery. In this regard, Gómez Durán notes that the German defeat, the political and social upheavals, and the virtual disappearance of its army meant that the enormous progress made during this conflict, with its static fronts, in both organizational matters and medical practice, went unrecognized. In this respect, it is significant that, in the field of military medicine, of the 8,000 doctors Germany had in 1914, only 500 remained in 1933, the year Adolf Hitler came to power. The Rif War and the Spanish Civil War had also provided a foundation for new knowledge that would be applied in World War II.

From 1935 onwards, a new health organization was established; the Military Medical Academy returned to its old tradition, but to face new, more complex problems resulting from the differences in the development of the two world wars.

In World War I, the conflict unfolded on Germany's borders, with large offensives lasting for months, with an initial phase of assault and breakthrough, a second phase of response and attrition, and finally a phase of exhaustion, in violent clash battles with a high number of casualties in a short time and flanking maneuvers, whereas in World War II it unfolded in lightning campaigns and short cycles, sometimes on the borders and sometimes overseas, sometimes with flanking maneuvers as in Poland and others of policing and occupation, measures to combat the rigors of the climate as in Norway, and finally against the great fortified walls like the Maginot in France.

Solving the difficulty of collecting and evacuating large numbers of casualties resulting from the use of large masses of artillery, regiments, aircraft, and motorized units led to bringing medical units closer to the front, as well as implementing the most advanced system for classifying the wounded possible, new models of stretchers, and individual treatment packages.

From the beginning of his report, Gómez Duran understands that the organizational capacity and the enormous abundance of material have allowed the Third Reich to have a large sanitary machine, with a central establishment in Berlin, and also other regional establishments in addition to those existing in the occupied territories, and whose bases are not applicable to the Spanish army due to the ethnically different character of both populations, the German and the Spanish.

RECRUITMENT

In Germany, recruitment is fundamentally based on the principle of discovering latent or undiagnosed diseases, particularly tuberculosis. It is carried out quickly, allowing for the thorough examination of a large number of men in a short time, thus revealing latent conditions or ruling out illnesses claimed by the prospective soldier. This saves time and clothing, especially during wartime.

The industry's technical capabilities were evident in the manufacture of a machine that allowed x-rays to be taken on 1500 young people every day, called Schirmbald Monoplos , by the Siemens firm. Finally, the future soldier's medical history is summarized on a card, which includes, on one side, personal data, that is, if he has any type of illness, where it was treated and what type of assistance he received last time, also the last diagnosis of his condition, fitness for work and if he is registered in any anti-tuberculosis institution, and on the other side, information about the current diagnosis, reduced auscultation data, if he is in the hemoptysis phase or if he is in the contagious period, and blood type.

The soldier's medical history is recorded before he is called up, and he is finally registered at the corresponding mobilization center.

MILITARY MEDICAL EDUCATION

Our author makes prior reference to the militaristic tradition of Germany, to describe in particular the Military Medical Academy, what the curriculum is and how medical officers are recruited.
We will begin with the last of the three sections mentioned above. Thus, in principle, members of the Academy must be individuals who have successfully completed their studies in secondary schools, be 18 years of age or have parental authorization, possess an academic transcript from their secondary school, a certificate of being of Aryan descent and having no Jewish ancestry, and a certificate from three reliable individuals attesting to the family's honor, morality, and financial standing. They were also required to provide physical and technical certification of fitness for higher education, a certificate of fitness for military service, and certification of non-affiliation with Masonic lodges or international secret societies.
In the health field, a health card was required regarding morbid history and specifically regarding venereal diseases.

Certificate of social work service for at least 6 months in the road construction sector, street repair, among others.

The process of declaring someone fit or unfit for admission to the Academy involves an internist, a physiologist, and a psychiatrist.

The education provided at this center had three parts in its development: military, professional, and health-related. These were carried out in the following manner: while military education was conducted in infantry, artillery, and cavalry regiments for six months in peacetime and four months in wartime, the remainder, or two months, was spent at the front in medical companies or field hospitals.