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The Kramer-Pollnow syndrome: a contribution on the life and work of Franz Kramer and Hans Pollnow

KLAUS-JÜRGEN NEUMÄRKER*

In 1932 Franz Kramer (1878–1967) and Hans Pollnow (1902–43) described a hyperkinetic syndrome in children. Basically the symptoms described coincide with what is nowadays regarded as Attention Deficit Hyperactivity Disorder (ADHD) or Hyperkinetic syndrome. The authors of the study thus went down in the history of child and adolescent psychiatry with their eponymous Kramer-Pollnow syndrome, and have had a lasting influence on the development of the concepts relating to this topic. Both worked together at the psychiatric and neurological hospital at Berlin's Charité under its head Karl Bonhoeffer, but as they were both Jewish they were forced to emigrate after the Nazis seized power. Until now, little has been known about their further fate and careers, so this study gives the first comprehensive account of their lives, based on documents found in the archives. It also presents an overview of their work.

Keywords: *Franz Kramer; Hans Pollnow; Kramer-Pollnow syndrome*

Introduction

Relevant classifications such as ICD-10 or DSM-IV do not make any references to the Kramer-Pollnow syndrome in connection with the Attention Deficit Hyperactivity Disorder (ADHD) or Hyperkinetic syndrome. In their textbook of child and adolescent psychiatry, Spiel and Spiel (1987) discuss the Kramer-Pollnow syndrome and classify it in a group with psychosis-like conditions such as Dementia infantilis of Heller or the Autism syndrome. Göllnitz (1992) describes a hypermotility syndrome according to Kramer and Pollnow

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and classifies it as a brain organic psychosyndrome. Häfler (1992) makes references to it in his historical review on the hyperkinetic child. Medical dictionaries such as the *Roche Lexikon Medizin* (2003: 876) group the Hyperkinetic syndrome in children, as depicted by Kramer and Pollnow in 1932, with the eretic Hyperkinetic disorder as a disorder typical for children characterized by restless motor activity. Peters (1999: 179) explains that 'the name ... is nowadays seldom used having given way to Attention Deficit Hyperactivity Disorder'. The current discussion about the diagnosis and therapy of ADHD is concerned not only with children but also with adults. Despite the 'International Consensus Statement on ADHD' agreed upon in 2002 (Barkley, Cook, Diamond, *et al.*, 2002), the validity of the syndrome is still a contentious topic (e.g., Carey, 2002).

What did Kramer and Pollnow describe in 1932?

Kramer and Pollnow gave a lecture on 'Hyperkinetic conditions in children' at the Berlin Society for Psychiatry and Nervous Illnesses on 16 June 1930, and another on 'Symptoms and course of a hyperkinetic disease in children' at the annual convention of the German Association for Psychiatry on 9/10 April 1931 in Breslau. They then provided a comprehensive account of this syndrome in the *Monatsschrift für Psychiatrie und Neurologie*, edited by Karl Bonhoeffer (Kramer and Pollnow, 1932a). At the time, both men were working under Bonhoeffer (1868–1948) at the Charité psychiatric and neurological hospital in Berlin (Fig. 1).

In the published paper, Kramer and Pollnow discussed the question of whether the hyperkinetic syndrome in children could be some kind of after-effect of encephalitis. They were thus in agreement with Rudolf Thiele (1888–1960) who had qualified as a university lecturer with a study on the mental residual conditions following encephalitis epidemica in children and adolescents (Thiele, 1926), and with the 1925 study by Kurth Phlisch (1893–1955) on 'The Hyperkinetic syndrome and its nosological classification'.

Between 1921 and 1931 Kramer and Pollnow investigated a total of 45 cases. In a footnote to their paper, Kramer mentions that he learnt about the 'first characteristic case of this kind' as early as 1901 when he was working at the Breslau psychiatric hospital. The case 'was presented by Wernicke during one of his lectures and referred to as hyperkinetic motility psychosis in a child.' In their study, Kramer and Pollnow presented comprehensive reports on 17 patients, including three girls. One of these, Ingeborg K, 'who had been admitted to the paediatric observation ward at the Nervenlinik of Berlin's Charité' and was then transferred to a *Heilerziehungsheim* (remedial education facility for children), died by jumping out of the window. The histological examination carried out by Hans-Gerhard Creutzfeldt (1885–1964) revealed:

chronic inflammatory alterations of the brain stem ... infiltrations around

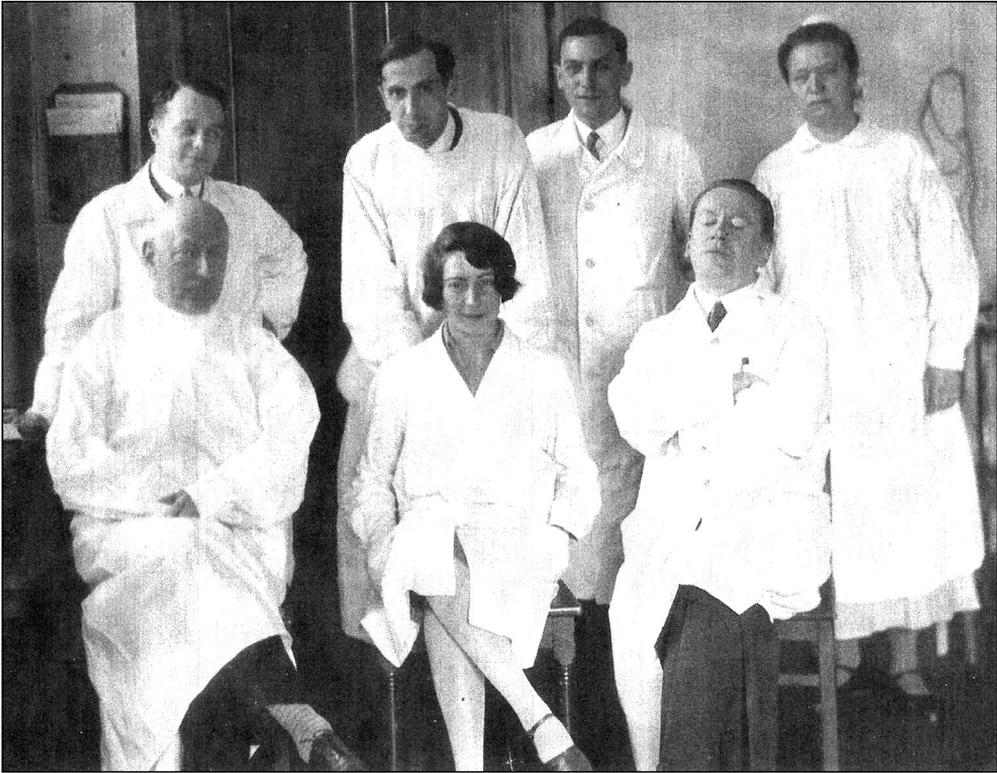


FIG. 1. F. Kramer and the staff of the Kinder-Kranken- und Beobachtungsstation at the psychiatric and neurological hospital of Berlin's Charité in about 1928.

Front row from left to right: F. Kramer; R. v. d. Leyen; R. Thiele.

Back row: unknown; H. Schwarz; H. Pollnow; unknown.

the vessels of the diencephalon and the mesencephalon base ... as well as ... an extremely dense subependymal glia proliferation around the 3rd ventricle, the sylvian aqueduct (aquaeductus cerebri) and less dense around the 4th ventricle. [These] histopathological findings ... to a great degree resemble alterations that can be found in chronic encephalitis epidemica (Economo).

However, Kramer and Pollnow pointed out that there was no epidemiological connection between encephalitis epidemica and the Hyperkinetic syndrome. Nevertheless they referred to one case of 'exogenous impairment', namely a 'pair of uni-ovular twins with first-born Peter G' (case 16). In addition they found developmental impairment in the language capabilities in 42 and 'epileptic symptoms' in 19 cases. In all patients the symptoms were observed

for the first time when the children were between three and four years of age, the 'climax seeming to be at the age of approximately six'. Kramer and Pollnow maintained that 'the uniformity of symptoms and the manifold affinities in the course of the illness in the individual cases suggest that pathogenetically we do indeed have a homogenous syndrome'. As examples of these uniform symptoms, the authors listed elementary movement disorder together with a 'chaotic character', lack of concentration, insufficient goal orientation, increased distractibility, walking around aimlessly, touching of chairs, boards, etc. – of everything 'that comes their way'. Furthermore, patients showed no persistence (being affected 'by momentary external stimuli only'), occasional increased irritability, mood lability, and inclination towards fits of rage or aggression. At school, children 'affected by hyperkinetic disease often cause extreme educational difficulties'.

Kramer (1933) published another investigation, on 'Psychopathic constitutions and organic brain diseases as causes for educational difficulties'. Here he examined the social background and environment and the predisposition to 'mutual influencing' as two factors 'to be weighed against each other' in the origination and explanation of hyperkinetic symptoms. He spoke of the '*Typus des überlebhaften Kindes*' ('over-lively child' type) featuring the 'symptoms of motor restlessness' which 'we usually refer to as fidgeting (*Zappeligkeit*)'. In this paper Kramer also investigated psycho-motor disorders following brain diseases in children. Since 'lack of concentration' was a major feature of both groups and cross-connections between these two groups were suggested anyway, Kramer demanded that more research should be done to clarify the problem. Five years later, in the *Festschrift* for Bonhoeffer's 70th birthday, Kramer (1938) presented another study: 'On a motor disorder in children'. All patients examined featured a 'characteristic motility disorder', lack of concentration, irritability accompanied by outbursts of rage, clumsiness, poor learning abilities and educability, and 'rigid character'. These symptoms, Kramer maintained, led to 'impairments in later years'. According to their parents these symptoms occurred for the first time between the ages of 4 and 6 years.

Due to the political circumstances of the time, Kramer and Pollnow were not in a position to do long-term catamnestic studies on the cases they had begun to investigate. Despite more sophisticated methods of testing and examination used nowadays, Kramer and Pollnow's diagnosis 'hyperkinetic disorder', as well as the symptoms and other details described in their study, remain valid today. Against this background it is appropriate to pay tribute to the life and work of Kramer and Pollnow.

Biographical sketch of Franz Kramer

Franz Max Albert Kramer was born in Breslau (Wrocław) on 24 April 1878, son of merchant Julius Kramer and his wife Anna, née Stoller. He spent his childhood years in Breslau, attended the St. Maria Magdalena grammar

school there between 1884 and 1896, and then started his medical studies at the local Royal Prussian University, from which he graduated in 1901 and was granted a licence to practise.

One year later he defended his doctoral thesis about alterations in the spinal cord in polyneuritis with Carl Wernicke (1848–1905) and became the latter's assistant at the *Königliche Universitäts-Poliklinik für Nervenranke*. After Wernicke left for Halle in 1904, Bonhoeffer was appointed as his successor and took over on 1 October 1904. In his clinical scientific work Bonhoeffer mainly relied on Paul Schröder (1873–1941) – who was later to open the child and adolescent psychiatric ward at the Leipzig psychiatric and neurological hospital in 1926 – as well as on Franz Kramer. Kramer qualified as a university lecturer with a neurological study on 'Electric sensitivity checks by means of condenser discharge' in 1907; Bonhoeffer, who was acting dean of the medical faculty at the time, awarded him the title *Privatdozent*¹ with a licence to teach psychiatry and neurology at the university. Five years later, on 12 June 1912, Kramer was given the title of professor.

Three months earlier (1 April 1912) Bonhoeffer had taken over as newly appointed head of the Psychiatric and Neurological Hospital at the Royal Charité of Friedrich-Wilhelms-University in Berlin. Previously (15 March 1912), while still working in Breslau, Bonhoeffer had contacted the administrative authorities of the Charité to ask for two positions to be made for Schröder and Kramer whom he wanted to bring with him, and this request was granted (HU Archives – Nervenlinik). As a result, Schröder took over the psychiatric ward and the anatomy laboratory, and Kramer became head of the outpatient department and the psychological laboratory. On 31 August 1921, Kramer was officially appointed as Associate Professor of Psychiatry and Neurology at the Charité.

On 9 October 1924 Kramer married Luise Emma Scheffels, a doctor who had also been born in Breslau (25 February 1896). They had a daughter, Gabriella Anna Luise (28 August 1925 to 8 July 1996), and a son, Karl Ullrich Julius Alfons (17 October 1928 to 11 July 1994). The boy was named after his godfather Karl Bonhoeffer. The Kramer family lived in a 'manorial' flat in Berlin-Charlottenburg where Kramer also had a private practice.

On 16 March 1921 Bonhoeffer opened the children's ward (*Kinder-Kranken- und Beobachtungsstation*), which marked the beginning of child and adolescent psychiatry at Berlin's Charité. He appointed Kramer as its head and Thiele as senior house officer. When Bonhoeffer was away or out, Kramer also acted as the head of the whole hospital. He was also involved in teaching and had several other responsibilities. According to the programmes of the years in question he ran the following courses: 'Child psychopathology including presentation of patients', 'Crime and the decline of youth from the point of view of psychiatry, with presentations' and a 'Practical course on the diagnostics of nervous illnesses including electrodiagnostics'.

As regards his other child psychiatric activities, Kramer was among the founders of the Deutscher Verein zur Fürsorge für jugendliche Psychopathen (German Association for the Care of Juvenile Psychopaths) on 18 October 1918 and was a member of its managing committee until 1933. He worked closely with Ruth von der Leyen, the secretary of the association, both professionally and in jointly written articles. When she died in 1935 Kramer wrote an appreciation for the association's organ, *Zeitschrift für Kinderforschung*. He was one of the editors of the journal, together with, e.g., Max Isserlin.² Moreover, Kramer was an expert counsellor of the German Reichstag's commission on criminal law, acted as senior expert in many criminal and civil trials, and was a member of the Medico-Legal Board from 1922. In addition to his private practice, his medical advice and expertise were often requested from other countries, for example, the Finnish Health Ministry consulted him on the implementation of a care system for psychopaths. Between 1918 and 1922 Kramer was involved as an expert in many trials at the veteran care court for victims of World War I (HU Archives - Kramer). As expert counsellor for the 3rd Army Corps he had made a name for himself in the assessment of gunshot injuries of the peripheral nerves. In recognition of his achievements Kramer was awarded the *Rote Kreuzmedaille dritter Klasse* on 'His Majesty the King's order' in 1918. He wrote of the expertise he gained and of his clinical experience in his many publications on diseases of the peripheral nerves and their electrodiagnosis. His relevant chapters in the *Handbuch der Neurologie*, edited by Oswald Bumke and Otfried Foerster many years later (Kramer, 1936a, 1937), were of the utmost importance for the whole discipline.

Kramer was also a member of the Berlin Society for Psychiatry and Nervous Diseases, of which he was the elected President between 8 February 1932 and 23 November 1933. On the latter date, he received a letter from the Prussian Minister of Science, the Arts and Education saying that according to Chapter 3 of the new Restitution of German Professional Civil Service Bill, his teaching contract at Berlin University had to be terminated. Despite his efforts Bonhoeffer could not prevent the dismissal of Kramer (who was a Jew) from 'his employment at the Psychiatric and Neurological Hospital' with effect from 31 March 1935, and his salary payment was 'discontinued' (letter from the management of the Charité; see HU Archives - Nervenklinik).

Bonhoeffer certainly tried to help victims of racial and political persecution as much as he could (Neumärker, 1990), and Gerrens (2001) gives a detailed account of these activities. For example, Bonhoeffer had tried to get Kramer the post as head of the neurological ward at Berlin's Moabit hospital and had even tried to arrange his appointment to the chair of psychiatry and neurology and as head of the psychiatric and neurological hospital in Königsberg. In fact Kramer was also hoping to get support from Ferdinand Sauerbruch (1875–1951), Professor of Surgery at the Charité, for an

appointment as Professor of Neurology at the University of Istanbul. However, on 12 August 1933 Kramer told Bonhoeffer in a letter that this plan had failed and that ‘now ... Adolf Meyer [was] my last resort’. Meyer (1866–1950) had been Professor of Psychiatry at the renowned Johns Hopkins University in Baltimore, USA, and he has been described as one of the most influential figures in organizing the support for Jewish emigrants; he helped Leo Kanner, among others (Neumärker, 2003).

Until 1938 Kramer was able to earn his living from his private practice (which Bonhoeffer had helped to establish). In fact in October 1938, 1500–1800 of the former 3000–3500 doctors of Jewish descent were still living and working in Berlin; this was undoubtedly due in part to the holding of the Olympic Games in Berlin in 1936 which allowed a temporary slackening of anti-Jewish measures. However, with effect from 1 October 1938 all Jewish doctors had their licences withdrawn and were thus no longer allowed to practise, and so were deprived of their ability to earn a living. Kramer therefore had to redouble his efforts to find a way out of Germany, and since the USA proved to be impossible, the Kramer family tried to flee to Holland. This was supported by Duke Adolf Friedrich zu Mecklenburg, who had far-reaching contacts with the Dutch Minister for Social, Cultural and Educational affairs, and by Bonhoeffer and Sauerbruch who had sent suitable letters of recommendation and certificates as early as May 1938. In the course of 1938 the Kramers were finally granted an *Auswanderungsvermerk* (emigration title) with the help of which they could leave Germany for Holland on 6 August 1938.

Kramer found a job with H. C. Rümke in Utrecht, but in order to practise as a doctor he had to take another examination in 1940; after passing it he only got ‘permission to practise in Dutch East India’ (today’s Indonesia). However, Dutch paediatrician Cornelia de Lange (1871–1950) found him unfit for service in the Tropics, and he was then allowed to open a practice as a neurologist in Amsterdam which he maintained until 1947. Focke (1986: 142) quotes a letter Bonhoeffer wrote to his former colleague Herta Seidemann on 25 October 1947 in which he informed her that Kramer had been under consideration for an appointment as Professor of Psychiatry in Jena. However, Bonhoeffer maintains, Kramer ‘would have had to accept the post without having checked it before. That is what he obviously did not dare to risk.’ (At that time the Dutch authorities would undoubtedly have allowed Kramer to go back to Germany, but they would not let him return to Amsterdam again if he did not like it there.) Moreover, Kramer still had to rely on financial help from friends and relatives, and his financial position improved only when he was accepted for a position at a ‘ward for psychopaths’. From 1951 to 1957 he practised as a neurologist in Den Dolder.

Kramer was a caring family man, as well as an educated person with many interests. He died on 29 June 1967 in Bilthoven, The Netherlands.

Kramer's scientific oeuvre

The list of Kramer's scientific works is extensive and multifaceted (see the Bibliography at the end). It includes publications on classical peripheral-neurological and neuropsychological issues; in the latter category is the valuable contribution on localizational brain symptomatology (1909) which he had written with Hugo Liepmann (1863–1925) for the *Lehrbuch der Nervenkrankheiten* (1909), first edited by Kramer and Hans Curschmann (1875–1950).³ He also did research in the field of disturbances of the brain functions. In addition, he dealt extensively with, and worked in, child and adolescent psychiatry, special needs education and psychopathy and its educational and criminal relevance, a topic fiercely discussed in the 1920s and 1930s. As the years of publication suggest, Kramer was concerned with the latter topics especially during his Berlin years, but he had started to work on them when he was still working in Breslau. Kramer maintained close contact with the child-care authorities of the Breslau district, a socioeconomically difficult region, and together with Schröder und William Stern (1871–1938, between 1897 and 1916 Professor of Psychology in Breslau) he did 'clinical and psychopathological studies' on children and adolescents of all ages, with the aim of proving the major impact of background and disposition. Later Schröder's and Kramer's views on these factors were to diverge, as is evident in their argument about the 'development of emotionless and amoral psychopathy in childhood' (Kramer and von der Leyen, 1935). Kramer and von der Leyen maintained that 'brutal and egoistical behaviours do not provide grounds for assuming congenital lack of mood', but are 'only behaviour patterns'. That these children do not form 'a unitary group of psychopaths' was shown by long-term (15 and more years) follow-up studies. In contrast, Schröder suggested (Kramer and von der Leyen, 1935: 225) that the 'dispositions behind these outer behaviour patterns' had to be rated higher. In evidence of his claims, Schröder referred to his own publications (e.g., Schröder, 1931; Schröder and Heinze, 1928) and those of his former subordinate Dr Heinze.⁴

Kramer and Pollnow were unable to pursue follow-up investigations on the long-term course of hyperkinetic children due to their expulsion and emigration from Germany, but Kramer and von der Leyen were able to carry out 'repeated careful surveys for up to 15 years' in the case of 'psychopathic children'. Unfortunately, however, although these important catamnestic results are still up-to-date, they are not widely read or recognized.

Biographical sketch of Hans Pollnow

Unlike Kramer, we only have incomplete documentation of Pollnow's life. Investigation in the archives of Berlin's Humboldt-University revealed only a few documents relating to his doctorate examinations. The first is Pollnow's

examination application (*Colloquium*) dated 11 March 1929, which also documents the award of his licence to practise on 10 December 1927. This application is accompanied by his current curriculum vitae and his doctoral thesis on the psychotherapy of bronchial asthma' (Pollnow, 1929a). The archives file also contains the minutes of the oral doctoral examinations, which show that Pollnow was examined by Bonhoeffer, Fritz Strassmann (1858–1940, Professor of Forensic Medicine) and Martin Hahn (1865–1935, Professor of Hygiene/Public Health), and that he passed the examination 'with distinction' (*Sehr gut*) on 26 March 1929.

The CV handed in with his application is the only document found in which Pollnow talks about his own life, so it is quoted in full (HU Archives - Pollnow, p. 100).

I was born on 7 March 1902 in Königsberg i. Pr. [Prussia], the son of an ophthalmologist Dr Leo Pollnow, and attended the Collegium Fridericanum grammar school where I took my school leaving certificate in 1920. I studied philosophy and medicine at the universities of Munich, Heidelberg and Königsberg. At Easter 1923 I passed the intermediate exams in medicine and at Easter 1925 I successfully defended my PhD doctorate thesis in Heidelberg. There I also passed my finals in medicine in the summer of 1926. I spent my internship first at the 2nd Medical Clinic of Berlin's Charité (head: Privy Councillor Professor Dr Kraus), then at the 1st Medical Clinic of Berlin's Charité (head: Privy Councillor Professor Dr His), where I also wrote this thesis at the suggestion of *Priv.-Doz.* Dr Petow. On 10 December 1927 I was awarded the licence to practise as a doctor. Ever since I have been working as a *Volontär-Assistent* [unsalaried assistant] at the psychiatric and neurological hospital of the Charité (head Privy Councillor Med.-Rat⁵ Professor Dr Bonhoeffer).

While still living in Königsberg Pollnow married his first wife Lucie, who had at that time already successfully defended her thesis and was working at the psychiatric and neurological hospital of Königsberg's university hospital, headed by Privy Councillor Professor Dr E. Meyer. As can be seen by her publication of 1927, she did a great deal of research on the handwriting of patients suffering from schizophrenia.

After the Restitution of German Professional Civil Service Bill was passed on 31 March 1933, Pollnow was dismissed from Bonhoeffer's hospital and in May 1933 he emigrated to Paris where he found a job as scientific assistant to Eugène Minkowski⁶ at a remedial education facility for problem children. However, as Pollnow had not been awarded a licence to practise as a doctor, he received little money and to make ends meet he supplemented his income translating philosophical texts and also did typing work. To try to ease the situation, he contacted Karl Jaspers (1883–1969), with whom he had studied in 1921–23; in a letter dated 20 May 1936 he asked Jaspers whether he would be prepared to file a report on his philosophical studies. Three days later Jaspers replied from Heidelberg with the following reference.

Certificate

In the years from 1921 to 1923 Dr Pollnow attended my philosophical seminars as well as my lectures on philosophy and empirical psychology. Later he kept me up to date about his work. His publications are of scientific value. I know Mr Pollnow personally as a hard and conscientious worker with wide interests and strong intellect. (Marbach Archives)

Pollnow also approached Bonhoeffer, who filed the following testimonial on 28 March 1938 (HU Archives - Nervenlinik, no page number).

Dr med. et phil. Hans Pollnow joined the hospital of which I am the head on 1 December 1927 as an unsalaried assistant; on 1 November 1932 he was officially employed. It was here that he completed his neurological and psychiatric training. He was especially interested in child psychopathology. He was independent head of the children's ward for one year and worked together with youth welfare officers and as an expert for the juvenile court, thus having many opportunities to deal with juvenile delinquents and the health care of psychopathic children, both from a scientific and theoretical viewpoint and at a practical level. He has published a number of remarkable works on this subject and on other neurological and psychiatric issues. Given his inclination, and the abilities Dr Pollnow has in this particular field of adolescent psychology and psychopathology, and with all his psychological and medical expertise, he would, I believe, be especially suitable to fill a scientific position in this field.

Dr Hans Pollnow, being a non-Aryan, has left our hospital in consequence of the passing of the Restitution of German Professional Civil Service Act.

Due to the German occupation of France in 1940 and the wartime and post-war turmoil, there was a large gap in biographical information on Pollnow. However, this gap has now been filled by the contents of a letter: Pollnow's second wife, Louise, wrote to Jaspers (4 May 1947) informing him about her husband's fate (Marbach Archives). According to this letter, Pollnow had joined the French Army but decided not to go to England with de Gaulle and was thus demobilized and fled to southern France in February 1943. Here he was caught and arrested by the Gestapo, the Nazi secret state police, who first imprisoned him in Bordeaux. From there he was deported to the Mauthausen concentration camp where he was killed on 21 October 1943.

Pollnow's scientific oeuvre

For a list of Pollnow's publications, see the Bibliography at the end. His comprehensive analysis of physiognomy (Pollnow, 1928) is probably one of his earliest publications. In it he paints a large canvas, extending from Aristotelian semiotics, via the mimics of the Age of Enlightenment, the physiognomy of the *Sturm und Drang* (an epoch in German cultural, above all literary, history) to the symbolism of Romanticism, thus laying the

foundations for the second part, a system and methodology of human expressions. His MD thesis (Pollnow, 1929*a*) on the psychotherapy of bronchial asthma written one year later is, as the subtitle suggests, a 'critical survey of cases published so far', leading him to a comprehensive account of psychotherapeutic methods, their indications, mechanisms and therapeutic success. A shorter survey of the psychotherapeutic battery was also made accessible to a larger audience (Pollnow, Petow and Wittkower, 1929). In 1931 the *Zentralblatt für Neurologie und Psychiatrie* published his landmark work (Pollnow, 1931*a*) on the 'manic state in children with pseudology' which is still relevant today. Here, Pollnow described the case of a 12-year-old girl, the course of whose illness was 'clearly defined as to its beginning and end' and healed 'without leaving defects'. He described the state as 'a manic phase very rarely observed at this age that has developed on the basis of a hyperthymic temperament'. This state was characterized by 'periodic changes in behaviour' which, as the author suggests, could 'possibly represent exacerbations towards the manic side. What is remarkable is the fantastic pseudology closely connected with the manic disorder.' The last publication that could be traced was a 1937 paper (with E. Minkowski) on the hallucinatory element in psychoses which Pollnow wrote in exile in France.

Summary

Kramer and Pollnow belong to a generation of doctors and researchers who were not exclusively involved in child and adolescent psychiatric issues. Nevertheless, they provided major impetus for the discipline, and along with others are regarded as providing a more comprehensive understanding and up-to-date concept of psychopathy and the psychopathic constitution in children and adolescents. With their newly described Hyperkinetic syndrome in children they went far beyond the contemporary psychiatric conceptions, and this is acknowledged by the association of their names with the syndrome. Moreover, they recognized at an early stage that it is necessary to set up long-term catamneses and to consider the importance of both disposition and the environment, i.e., the influence of 'education and care' as well as the 'maturation processes' (*Reifungsvorgänge*), for both diagnosis and prognosis. These ideas, as well as their very detailed case studies, have subsequently proved to be very advanced for their time and have still not lost their topicality.

Kramer had been trained and influenced by his teachers and superiors during his years in Breslau, and later in Berlin as an assistant to Wernicke and Bonhoeffer. He and Pollnow, who was 24 years younger, worked closely together after becoming colleagues in the children's ward in the psychiatric and neurological hospital of Berlin's Charité. Here they also met Thiele and Hanns Schwarz (1898–1977). Kramer, Pollnow and Schwarz soon shared a

similar fate: after Hitler's seizure of power, the first two were dismissed as a result of the new laws, whereas the latter, who had married the daughter of a rabbi, left the hospital on Bonhoeffer's advice in December 1932 (Orlob and Gillner, 1999). All three were subsequently forced to leave Germany.⁷ Although the personal and scientific bonds between Kramer and Pollnow were severed by circumstance, their scientific work and importance remains, not only in the field of child and adolescent psychiatry, but also through the eponymous Kramer-Pollnow syndrome.

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Notes

1. Unsalaries lecturer at a university, after a candidate has successfully defended his second thesis to qualify as a university teacher.
2. Max Isserlin (1879–1941) laid the foundation of child psychiatry at Munich University (see Martinius, 2000); he emigrated to England in July 1939 where he also died.
3. In the same *Lehrbuch*, Kramer also published two more contributions (1909a, 1909b).
4. The conclusions drawn in the works by Schröder and Heinze were to fall on fertile ground and, through their influential positions in child and adolescent mental health care, their contributions produced even more disastrous consequences: in November 1938 Hans Heinze (1895–1983) was appointed head of the infamous Landesheilanstalt (asylum) Brandenburg-Görden and was a leading expert in the T4 actions. After World War II Heinze was sentenced to a 7-year imprisonment; then, in 1954, he was again appointed head of the department of child and adolescent psychiatry at the Niedersächsisches Landeskrankenhaus (Lower Saxony provincial psychiatric hospital) Wunstorf.
5. A title given to a doctor of medicine; roughly equivalent to a senior medical officer.
6. French psychiatrist, born 1886; was a student of Eugen Bleuler (1857–1939) and a brother of neurologist and brain researcher Mieczyslaw Minkowski (1884–1972), who lived and worked in Zurich, Switzerland.
7. After the war Schwarz returned and was appointed head of the department of psychiatry and neurology at the University of Greifswald where he worked from 1946 to 1965. Based on his work at the Charité, he founded a special neuropsychiatric ward for children and adolescents at his hospital.

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