“The German-American Art of Wonder: How Bruno Gebhard’s Museum Model Revolutionized Public Health Education”

Independent Research Project for the Medical Humanities

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Foreword: An introduction to the forgotten history of public health education

In times of relative wellbeing, we typically pay little attention to the systems set in place to protect our continuing health. Vaccines, routine check-ups, and even many hygiene protocols are all aspects of everyday life that fade into the background of modern civilization, even though these are all historically novel inventions. Even still, perhaps the most underappreciated facet of public health as a discipline is the way in which we each *learned* to be concerned about our health in the first place. For many, the term "public health" evokes images of government-run programs to prevent the spread of disease, but ask the average person if they remember when and how they learned about these diseases- or even about the body in general- and they rarely have any concrete memory of it. Similarly, historians of medicine who chronicle the field of public health hardly mention the role of public health *education* in shaping society. In fact, throughout the entire 7-page Oxford Encyclopedia article about public health, the word "education" is mentioned only once, in reference to the 19th-century interest in environmental interactions with disease: a focus which was soon forgotten in favor of vaccine and antidote production with the turn of the 20th century.[1] Indeed, as the Oxford Encyclopedia demonstrates: when historians study public health, they typically only discuss this field's duty to curb epidemics, as these tend to be the moments in history when the field finds relevance in the public consciousness again. Beyond education alone, advances in public health as a general field seem to be only generated as a response to pressing disease risks, particularly those that endanger soldiers during times of war (when the nation can't afford to lose them to disease before they even see battle) or those

[1]Hugh Richard Slotten (ed.), "Public Health," in *The Oxford Encyclopedia of the History of American Science, Medicine, and Technology* (Oxford, England): Oxford University Press, 2014. 2015 online edition. eISBN: 9780199766673.

that threaten economic interests (such as the loss of laborers).[2] In other words, the history of public 'health' education is more often a history of *disease* education as a reaction to specific threats. The modern global pandemic of COVID-19 is only further proof of this notion's continuity into the modern age.

In the current day and age of the rapidly-evolving COVID-19 crisis, the need for public health education of all sorts has become dreadfully apparent, as we see misinformation about protecting oneself against disease spreading about as infectiously as the disease itself. Although this threat has recently ushered in new public health education about hygiene, social distancing, and aerobic disease transmission, the general confusion and even protest relating to new protective measures shows that this new education may be a case of 'too little, too late' for American public health officials to effectively create an organized response. Without teaching health fundamentals to the public from early on, there is simply no shared foundation of knowledge for public health officials to build a defensive fortress upon during times of crisis. To make matters worse, our highest government officials have been founts of incorrect and even dangerous information, such as Donald Trump's deadly claims that injecting disinfectant agents like bleach could potentially cure or prevent the virus.[3] Although he later claimed that his comment was "satirical," the effects of the President's comments were felt strongly by poison control centers and emergency health hotlines, who became inundated with "hundreds" of calls asking about the effectiveness of

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[2] Ibid.

[3] Melissa Eaton et. al., "Trump Suggested 'Injecting' Disinfectant to Cure Coronavirus? We're Not Surprised," *The New York Times*, April 26, 2020, https://www.nytimes.com/2020/04/26/opinion/coronavirus-bleach-trump-autism.html.

ingesting or injecting bleach or alcohol-based cleansers as a protective measure.[4] While we may be tempted to look back and laugh at the popular medical myths of the early 20th century, our own modern society clearly has its own share of fables about health. It is especially during times of mass uncertainty and panic like these that we see the utility of general health education that dispels these dangerous myths early and establishes a strong basis of knowledge about the human body. With proper education in times of sickness *and* in health, the public would become better equipped to deal with these large viral outbreaks, and also with the daily maintenance and care of their bodies, setting good health practices to last throughout one's entire lifetime and making them more open to the advice of medical experts. As renowned public health educator Dr. Bruno Gebhard once said himself:

> *Public health, like medicine, cannot be practised without health education. Neither the health officer nor the sanitarian, the doctor or the nurse, can do without the confidence and co-operation of the public, or their patients.*[5]

Here lies the significance of researching forgotten figures like Dr. Gebhard, about whom nearly *no* historical research has been published thus far. Despite their approximately nonexistent coverage by historians of medicine, the groundbreaking work of public health educators like Bruno Gebhard set the hidden foundation for the public's entire relationship with the field of medicine. By not only addressing this gap in the historiography of public health but additionally addressing the gap in the *evidence*, this paper seeks to uncover new insights about Gebhard's health museum model and thereby illuminate the importance of public health education more broadly. For the millions who viewed Dr. Gebhard's memorable exhibitions (and those inspired

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[4] Christopher Wilson, "GOP Governor: Hundreds Asked about Ingesting Disinfectants after Trump Coronavirus Briefing." *Yahoo News*, April 26, 2020. https://news.yahoo.com/coronavirus-larry-hogan-trump-disinfectant-hundreds-calls-153723832.html.

[5] Bruno Gebhard, "The Cleveland Health Museum Comes of Age," *Canadian Journal of Public Health / Revue Canadienne de Sante'e Publique* 51, no. 2 (1960): 43.

by his work) in their own era, these experiences shaped their understanding of the body and its maintenance, and thus shaped their opinions of the entire medical world that may have previously seemed so cold, complicated, and distant. Harnessing the inspirational power of grand visual displays and interactive educational tools, Gebhard taught validated science and dispelled medical myths by compelling viewers' curiosity with wonder instead of fear; welcoming the public to become captains of their own educational journeys. Even though his greatest achievement and the first institution of its kind in America, the Cleveland Health Museum, has now remained closed since 2006, Gebhard's work in pioneering a new health education model introduced an important and lasting strategy to American public health education: one which used awe and art to foster human connection.

The Makings of Doctor Bruno Gebhard: A Pioneer in Public Health Education

Before discussing the Cleveland Health Museum and its impact, one must first understand the man behind its success, and the life he led before his famous career as the creator of the American health museum. His early experiences with the worlds of medicine and museum curation in a politically turbulent German context had a strong influence on the philosophy that later ensured his educational model's success in America.

Bruno Gebhard was born February 1st, 1901 in Rostock, Germany, to Lutheran parents Fritz Gebhard and Meta Ross, and felt the hand of medicine on his shoulder ever since a young age.[6] Since his mother died of typhoid fever only 6 months after his birth, young Bruno was raised by his grandmother and his father, Fritz Gebhard, on the grounds of the *Medizinesche und*

[6] "Gebhard, Bruno", Deutsches Biographisches Archiv., Folder location II 431,386-387;III 283,206, https://wbis.degruyter.com/biographic-document/D527-676-7, 386.

Chirurgische Universitaetsklinck: a teaching hospital-clinic where his father worked as a custodian (a job which also included administrative duties in that era).[7] Growing up in this environment awakened him to the issue of the public's ignorance and fear of the medical world, which he observed had caused them "unnecessary suffering" because many people delayed seeking help until their health became dire.[8] Upon graduating secondary school, Bruno wrote in 1919 that he wanted to be a medical practitioner someday, although throughout his education, he was also enraptured by the studies of philosophy, politics, child welfare, and even theater, which gave him an appreciation for the visual arts: a love which was nurtured even further by his frequent visits to museums and the opera.[9] On the subject of politics, Bruno reported being inspired by the Quakers and their charity (for which he frequently volunteered) as a young man, and became progressively pacifistic and anti-military: a fact that caused significant conflict between himself and his right-wing nationalist father, who was reportedly a member of the "Black Reichwehr" and later joined the Nazi party once it came to power.[10] While living in Munich for medical school, Gebhard was awakened to the field of public health and preventative medicine through a class on "Sociale Hygiene" which took students to factories, coal mines, home workshops, and welfare institutions to see the conditions of the lower class.[11] After writing a thesis on public health and pediatrics, Gebhard graduated medical school in 1923, and continued working with children and working-class families in the following years during his

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[7] Although Gebhard never wrote any full autobiographical works, the Master's Thesis work of Alice R. Kruse for the University of Toledo in 1976 provided perhaps the closest alternative, and was an invaluable resource in contextualizing the events of his life, as Gebhard was still living (though retired) during this paper's creation and was interviewed many times over the course of 2 years for this project to provide his accounts on the known events of his life and even provide new information found nowhere else. From Alice R. Kruse, "Bruno Gebhard: Father of the American Health Museum Movement", Master of Education Thesis, University of Toledo, 1976, pp.1-5.
[8] Kruse 11.
[9] Kruse 8;10.
[10] Kruse 8.
[11] Kruse 10-11.

residency at two children's hospitals in Leipzig and Dortmund, where he also gave public lectures on sex education: a subject that was very important to him throughout his life.[12]

Finally, in 1927, Gebhard entered the world of museum curation when he was hired by the famous German Hygiene Museum in Dresden: a job that paid three times his previous salary (allowing him to finally marry his fiancée, Gerta Adolph: also an educator) and provided him with a much larger platform for his lecture material.[13] Within only one year, Gebhard received his first shining opportunity when the Museum sent him to Vienna to organize a large public exhibit on sex education there called "*Mutter und Kind*" ("Mother and Child"), which later came to Dresden in 1930-31.[14] The exhibit was so successful that its original Austrian premiere saw more than 300,000 visitors and earned Gebhard the Order of the Red Cross award from the Austrian government, as well as a later promotion to curator (which also gave him tenure) of the Dresden Hygiene Museum.[15]

Over the next few years, Gebhard continued producing exhibits for the Dresden museum that met with high critical acclaim and had a noteworthy educational value for many visitors from near and afar. One such visitor was American teacher John W. Taylor, who visited the museum with his junior high school class in 1932 and subsequently published an article about it for fellow American teachers titled "The New Type Museum," in which he claims "a trip to the Dresden Hygiene Museum will give one an appreciation of the human body and human hygiene, such as he possibly would never again see in the average life situation."[16] Critically, Taylor claimed that what was being done in Dresden had no equivalent counterpart in America, where museums

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[12] Kruse 12-13.
[13] Kruse 13-14.
[14] "Gebhard, Bruno," Deutsches Biographisches Archiv., 386.
[15] Kruse 14; 16.
[16] John W. Taylor, "The New Type Museum," *The High School Journal* 15, no. 5 (1932): 211.

were “not conducive to active learning” thanks to consisting primarily of ancient artifacts sealed behind glass cabinets and ‘do not touch’ signs.[17] Elaborating further, Taylor defined this ‘new type’ of (uniquely German) museum as:

> *the feeling that [one] is in a classroom, in an institution in which things are happening - in which individuals are bringing up questions, bringing up problems, and solving them. [...] It is that attitude of being able to go to a museum and find help in a form which is both interesting to children, as well as satisfying to their instincts for active manipulation.*[18]

For Americans like Taylor, Gebhard likely came to embody the Dresden Hygiene Museum and its intriguing presentation style almost as a sort of ‘ambassador,’ because he was the only staff member able to proficiently speak English.[19] This meant he was solely responsible for all museum tours in English, allowing him to give tours to noteworthy foreign figures, including important American heads of public health such as W.W. Peter, with whom Gebhard became good friends.[20] His English also presented him with the opportunity to travel to England and America on several occasions, where he was sent to amiably represent Germany, and was repeatedly greeted positively due to his work’s reputation, despite growing tensions with his home country. This freedom to travel ended up being a blessing for Gebhard, since political conditions in Germany were increasingly delving into turmoil in the face of rising fascism.

As a member of the Social Democratic party, Gebhard found himself in a precarious situation following Hitler’s election in 1933, after which politically left-leaning individuals like himself became openly targeted by the government and heavy censorship of the museum’s materials took hold. As he saw many of his like-minded coworkers fired for ‘political unreliability’, he began to

[17] Taylor 208.
[18] Taylor 214.
[19] Kruse 15.
[20] Kruse 19.

quietly look for other job opportunities unrestrained by political censorship, while also secretly providing employment to other socialists who had lost their jobs under their Nazi supervisors.[21] Fortunately for him, an invitation to the 1934 annual meeting of the American Public Health Association (APHA) in Pasadena, California provided a welcome break in the tension. In light of California's own sterilization laws, the German Hygiene Museum decided to translate an existing eugenics exhibit into English and sent it overseas along with Dr. Gebhard to act as its director and representative.[22] Despite the fact that the conference itself was a month away and Gebhard still had to travel across the country to reach it (from New York to Pasadena), Gebhard was greeted with high praise upon his arrival to America. Even at this time, his renown was such that his presence in America alone was considered newsworthy by the *New York Times*, which reported in an article titled "Dr. Gebhard is honored" that "a small group of public health officials" had celebrated his arrival with a luncheon at the Metropolitan Life Insurance Company building.[23] It is noteworthy that the meeting occurred in this specific building, since life insurance companies (among other private companies) were frequent financial sponsors of content designed for public health education in America at this time (a fact which will be expanded upon in a later section), and not only had this same specific life insurance company established a 'welfare division' for this purpose as early as 1909, but it also in fact played a primary role (along with the philanthropic Milbank fund) in financing New York's 1926 statewide anti-diphtheria campaign.[24]

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[21] Kruse 16-17.
[22] Kruse 18.
[23] "Dr. Gebhard Is Honored." *New York Times*. 1934, sec. RELIGIOUS NEWS.
[24] John Duffy, *The Sanitarians: a History of American Public Health*. Urbana and Chicago: University of Illinois Press (1992): 250; James Colgrove, "The Power of Persuasion: Diphtheria Immunization, Advertising, and the Rise of Health Education." *Public Health Reports* 119, no. 5 (2004): 507.

When the conference finally came, Gebhard spent the entire APHA convention explaining his exhibit to visitors and attended only a few of the scientific meetings.[25] Despite his enthusiasm in explaining the exhibit to American onlookers, he later remarked that he was not proud of the exhibit's political messages that had been mandated by the museum's Nazi supervisors, and the mixed reception of the American exhibit - epitomized by the *Lancet* article which praised the sections on reproduction but condemned others that involved nationalist German propoganda - amplified this shame even further, prompting Gebhard to begin thinking about leaving Germany in order to retain his scientific (and personal) integrity.[26] Upon his return to Germany, the Gestapo blacklisted Dr. Gebhard and made him a target of wire-tapping, surveillance, and two hearings for insubordination to the Nazi party, which further cemented his desire to flee the country.[27] Nevertheless, he spent the subsequent years creating more successful exhibits for the Hygiene Museum, including the "Miracle of Life" and an exhibit for the 1936 Olympic games in Germany, both of which received high praise, even from influential Americans like Harry Kleinschmidt, Gustave Oberlaender, and Homer Calver.[28] Each of these men became close friends of Gebhard's and would later help Gebhard and his family move to America, but not before one final incident left him with little other choice.

Dr. Gebhard's final creation in Germany was the "Wonder of New Life" exhibit, which opened in 1937 to a massive ceremony attended by several of the highest-ranking Nazi officials,

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[25] Kruse 21.
[26] Although this theme of valuing objective scientific integrity forms a constant in Gebhard's life, his exact stance on this exhibit and similar work from this Nazi-controlled era is unclear, as much of this personal commentary from Gebhard was given in retrospect, and may have been further painted in a sympathetic light by Kruse, who interviewed him and compiled these accounts. However changed he may have been by the time of these interviews, his agreement to represent the eugenics exhibit shows- at the least- complacency in Nazi science. From Kruse 21.
[27] Kruse 23.
[28] Kruse 25-28.

whom Gebhard was instructed to tour around the museum. Pictured below is a photograph from this opening tour, in which we see Gebhard (fifth from the left) presenting the Transparent Man, which is perhaps one of the German Hygiene Museum's most iconic exhibits of all time, and would later feature in several of Gebhard's American exhibits as well.[29]



It was immediately after this opening tour that Dr. Gebhard was congratulated by the officials for his excellent work on the exhibit before promptly being handed a sealed letter firing him from the Dresden Museum for being 'politically unreliable,' thus ending his career in Germany for good.[30] Fortunately for Dr. Gebhard, his friends in American public health- especially APHA secretary Homer Calver- had not forgotten him. On the contrary, they had spent the past several

[29] Photo from "Bruno Gebhard and German Health Displays" Dittrick Medical History Center and Museum. Case Western Reserve University, in Cleveland, OH. 1930s. https://www.flickr.com/photos/dittrick/sets/72157605829196158/.
[30] Kruse 29.

years devising a plan to import Gebhard's curational wisdom to the U.S. for a grand display that would solidify Gebhard's reputation and career in the field of American public health education.

The plans to bring Gebhard's ideas to the U.S. had in fact been put in motion several years before his relocation thanks to the dedication of American public health officials. When Homer Calver had visited Germany and stayed with the Gebhard family for the Olympics in 1936, he had secretly come to interview Dr. Gebhard on behalf of the Committee for an American Museum of Hygiene.[31] This Committee had begun in 1935 as a collaboration between the APHA and the New York Academy of Medicine to organize a health exhibit for the upcoming 1939 New York World's Fair, and soon acquired the support of the Oberlaender Foundation as well.[32] An extension of this foundation, the Oberlaender Trust was dedicated to fostering German-American scientific exchange, and purchased $49,000 worth of exhibit duplicates from Gebhard's work at the Dresden Museum in 1936, shortly after Calver had returned to the U.S. with rave reviews of Dr. Gebhard and his success in rejuvenating the exhibit medium.[33] Only one year later, the Oberlaender Trust financed the acquisition of Bruno Gebhard himself: paying for his family's relocation in exchange for Gebhard's assistance in organizing the new American Museum of Health exhibit for the 1939 World's Fair to be held in New York.[34] Having been recently fired from the Dresden Museum and anxious to leave Germany, Gebhard happily accepted, and together, he and Homer Calver headed the project of curating the American Museum of Health for the 1939 World's Fair, in hopes that this temporary exhibit in New York

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[31] Kruse 28.
[32] Erin McLeary and Elizabeth Toon, "'Here Man Learns About Himself,'" *American Journal of Public Health* 102, no. 7 (April 19, 2012): e30.
[33] Ibid.
[34] Ibid.

might lead to a permanent installation and potentially even a movement of health museums sweeping the United States.[35]

The New York World's Fair: The Cleveland Health Museum's Predecessor

The 1939 World's Fair exhibit, officially titled the American Museum of Health (AMH) or the "Hall of Man", served as the testing grounds to assess the possibility of the German health museum model's success in America. It was this large-scale public event that marked the first major German-American exchange of curatorial philosophy with the combination of Calver and Gebhard's efforts. Fortunately for American public health officials who had taken a leap of faith by investing so much in Gebhard's acquisition (like Calver), the AMH opened in 1939 to resounding success. Over the 1939-1940 duration of the World's Fair, Calver and Gebhard's labor of love saw approximately 11.5 million visitors, and marked a new breath of life for American public health education: one that would soon culminate in the opening of the groundbreaking Cleveland Health Museum in 1940 under Gebhard's direction.[36] Also in 1939, Calver wrote to the APHA's journal outlining what he had learned from Gebhard about the art of museum design, talking about the importance of color, lighting, text, motion, and visitor participation, all while suggesting that other American educators emulate these art-based design strategies as well.[37]

In addition to the groundbreaking design principles shaped in the German health museum's signature stylistic image, the exhibits themselves that were featured at the "Hall of Man" were

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[35] Ibid.
[36] Bruno Gebhard, "What Good Are Health Museums?" *American journal of public health and the nation's health* 36 9 (1946): 1013.
[37] Homer N. Calver, "The Exhibit Medium," *American journal of public health and the nation's health*, *29* 4 (1939): 341–346.

remarkable in-and-of themselves and drew large crowds. The iconic Transparent Man statue that had represented Dresden and the health museum movement at large for most of the world since 1930 was also the central attraction of the New York World's Fair exhibit just as it had been in Dresden. It welcomed the new age of American health museums with its arms outstretched to the heavens in an almost religious pose that recreated the classic "Praying Boy" statue sculpted by Bodeas around 300 B.C., but now with the added modern flair of electronics wired throughout the see-through statue so that the organs would light up as a voice explained each one over a phonograph.[38] In addition to other imported exhibit duplicates from Dresden, the AMH also hosted the world premiere of the renowned Dickinson-Belskie models that Gebhard had commissioned (more on these later), which offered an intimate perspective on the inner workings of fetal development and birth: something the American public was largely unfamiliar with in 1939.[39] The interactive nature of these displays allowed people to not only see but also *touch* models of the inner body in ways the lay public had never before had access to. On a broad scale, each work of art and medical insight presented at the AMH inspired a sense of awe in exhibit-goers, who were further entranced and invited to learn from these displays via carefully designed atmospheres inspired by the Dresden Hygiene Museum's artistic educational model.

Although the success of this project proved that the American public would support further work in its image, the AMH was not granted renewed funding for a permanent installation, largely because Gebhard left the project with the closing of the World's Fair in 1940, in response

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[38] Elena Canadelli, "The Diffusion of a Museum Exhibit: The Case of the Transparent Man," In *Understanding Cultural Traits: A Multidisciplinary Perspective on Cultural Diversity*, edited by Fabrizio Panebianco and Emanuele Serrelli, Cham: Springer International Publishing, (2016): 67-68.

[39] Eleanor Schmidt, "The Ralph Mueller Health Galleries: Uncovering the Lost History of UNL's Morrill Hall," *Honors Theses, University of Nebraska-Lincoln*, March 1, 2019: 6-7.

to an offer to direct a new standalone health museum in Cleveland.[40] Alas, without Gebhard's guidance, the exhibits alone weren't enough to ensure the AMH's continuation beyond the brief World's Fair, and in fact it was Dr. Gebhard *himself* who seemed to be the key to the health museum's success. Although Calver had picked up on Gebhard's design principles, including the use of art and the 'dramatic' wonder of grand displays, there was still more behind Gebhard's health museum model that failed to be replicable by American curators and public health officials until the Cleveland Health Museum put this uniquely German-American educational philosophy on full display and became *the* institution specially designed to teach others to do so. In summary, while the AMH exhibit at the World's Fair set the stage for the new American health museum movement with its astounding popularity and educational effectiveness, it was the Cleveland Health Museum that truly brought Gebhard's methodology to the spotlight and completed the process of importing his model to the U.S.. Still, before discussing what made the Cleveland Health Museum stand out so prominently, it is also necessary to understand the American context of public health as a field *before* the museum's impact, as well as what facets of the German context Gebhard brought with him.

<u>The German Politicization and the American Commodification of Medicine and Public Health:</u>

Much of Bruno Gebhard's signature philosophy about the importance of public health education stemmed from the German socio-political context under which he received his medical education, specifically with regards to the strong influence of the 'social medicine' movement of German physicians who used their role as medical practitioners to address social inequality.

[40] McLeary and Toon e32.

Gebhard's involvement in this movement during his practitioner years in Germany granted him a unique perspective on medicine that provided a long-needed foil to consumerist American health education models and allowed him to strategically cater his museum design towards the people whom he believed needed it most. This uniquely German philosophy behind Gebhard's educational model allowed him to fill a glaringly unoccupied niche in the American public health education system, so understanding this framework of social medicine answers a key piece of the puzzle regarding Gebhard's near-immediate success in America that was observed with the AMH, and which would be further epitomized by the Cleveland Health Museum in 1940.

The concept of 'social medicine' that formed the basis of Dr. Gebhard's medical philosophy began in mid-19th century Germany with left liberal physician Rudolf Virchow, whom many historians consider to be the catalyst of the social medicine movement. Virchow firmly declared his beliefs that physicians should be "the natural attorneys of the poor," and cannot eradicate the biological illnesses of society without first addressing the socio-economic ills that cause such disproportionate suffering to those less fortunate.[41] Virchow's contemporary ally Saloman Neumann- a German-Jewish physician with similar political beliefs- built upon these ideas, and claimed that the duties of *public health* in particular included "considering the general physical and social conditions that may adversely affect health, such as soil, industry, food and housing." [42] However, these ideas didn't take hold quite as forcefully in their own time as they did around the turn of the century with a new generation of liberal physicians like Gebhard, after increased industrialization had amplified the visible health effects of socio-economic inequality and

[41] Dorothy and Roy Porter, "What Was Social Medicine? An Historiographical Essay," *Journal of Historical Sociology* Vol. 1 No. 1 (March 1988): 94-95.
[42] George Rosen, "WHAT IS SOCIAL MEDICINE? A Genetic Analysis of the Concept." *Bulletin of the History of Medicine* 21, no. 5 (1947): 682.

reawakened the "social medicine" movement in Germany, especially among Jewish physicians and those belonging to Germany's political left as Gebhard himself did.

Within the first decades of the 20th century, "social medicine" was once again a realized praxis, although it began to take some new forms under the shifting structures of German government, including the creation of public health initiatives that Gebhard worked under and learned from. In the academic world, the works of medical theorists like Edward Reich and later Alfred Grotjahn reinvented the concept of "social medicine" as "social hygiene," which still recognized the social causes of illness, but now proposed a different solution: one that espoused eugenics and government involvement in mandating it ("police hygiene") instead of the socio-economic change orchestrated by physicians' activism that Virchow had recommended.[43] Regardless of his eugenics theory's eventual fate of becoming a right-wing tool of authoritarian oppression under the Nazi regime, this was not Grotjahn's original intention. In fact, in medical school, Grotjahn had identified himself as a left-leaning socialist and a member of the Social Democratic party who advocated social reform.[44] That this resembled Gebhard's own identity is no coincidence, since Gebhard specifically recalled Grotjahn's book *Sociale Pathologie* as having sparked his interest in social medicine while he too was in medical school.[45] Indeed, despite the many various interpretations of the term, "social medicine" was a largely progressive, left-aligned movement in the 1910s-20s, and Gebhard's involvement in this discourse during medical school certainly shaped his politics in his years of medical practice to come.

In addition to the ideological material put forth by influential medical authors like Grotjahn, some concrete structural changes had also come out of this resurgence of social medicine that

[43] Dorothy and Roy Porter 95-96.
[44] Rosen 710.
[45] Kruse 11.

essentially defined German public health during the time Gebhard was becoming involved with it. These structural changes included the creation of public health services, "sick funds"/insurance, and quality review panels to keep physicians socially aware and accountable.[46] Along with the tangible presence of left-leaning socialists and even communists employed in Germany's public health field, Jewish physicians also had a disproportionately large role in the creation and management of these progressive public health and "social hygiene" programs, which soon became models emulated around the world.[47] Of course, this demographic fostered resentment from a growing number of anti-Semitic and right-wing phyisicians who felt they were wrongfully under the administrative control of "socially inferior" practitioners.[48] As a result, these right-wing physicians protested such outlets of public health and allied with the Nazi party after 1933, after which point the combined fascist force quickly purged the medical field of these progressive doctors of social medicine by the mid-30s, taking over or even closing down the sick funds, programs, and ambulatory care centers they had created, all before 1933 had even ended.[49] Following the forced abandonment of their professions, the formerly high numbers of Jewish and politically left-leaning doctors employed in the public health sector disappeared almost instantaneously in Germany, but consequently *rose* in countries like the United States, to where many of these now-persecuted doctors fled. Bruno Gebhard's position as a member of the political left included him in this wave of German-American doctors of social medicine that fled Germany due to rising persecution during the 1930s, and much like these others, he also brought the social values of the former German public health system along with him. Dr. Gebhard's

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[46] D. W. Light, S. Liebfried, and F. Tennstedt. "Social Medicine vs Professional Dominance: The German Experience." *American Journal of Public Health* 76, no. 1 (January 1986): 78-79.
[47] Ibid.
[48] Light et al., 79.
[49] Ibid.

participation in this discourse and culture of social medicine constituted a large part of what made his philosophy so impactful after its introduction to the American public health context, whose values were much more rooted in capitalist economic models than the former German public health world's socialist political models.

In the beginning of the 20th century, the United States also saw a new wave of progressive ideology, but its effects on medicine took an opposite form: one which would leave the American public health system in dire need of educators like Gebhard, who based their practice off of socio-political theory rather than marketing strategy. Instead of political struggles between medicine and the state, the American context of public health was defined by the classically American push of consumerism and preaching the personal liberty of choice. In fact, the American public health field in the new century experienced a marked *decrease* in government involvement and coercion, thus creating a new question on how to make the public engage with health education. James Colgrove, historian of American sociomedical science, argues that Progressive-era politics valuing the education and social 'uplift' of the lower classes influenced American public health as a whole towards a greater emphasis on *persuasion through education* instead of government coercion, such that 20th-century public health officials now "explicitly characterized the new techniques of persuasion as a repudiation of the coercive tactics of previous generations."[50] Among these new persuasive techniques of the 20th century were the increasingly popular "health fairs" and "health weeks" of the 1910s-20s, in which communities would come together in a coordinated event that "combined public health reform with civic boosterism" to allow a platform for public health nurses/educators as well as local businesses to

[50] Colgrove 508.

'sell' their own agendas.[51] The handcrafted displays and occasional use of spectacle (by displaying preserved specimens) at these health fairs were in some ways precursors to the visual medium of the American health museum, as many contemporaries themselves (like Homer Calver) have argued, yet these health fair exhibits were also typically disease-specific prevention warnings made by amateurs and physicians with no experience in design, and looked more like what we would now expect a modern science fair poster to look like.[52] Therefore, while health fair posters may have fed public curiosity about some specific health topics, the educational value of these presentations were limited by their fragmented nature and design, and institutions that taught more *general* health information all in one location for a public audience simply could not yet exist with much success until the AMH and Gebhard's subsequent Cleveland museum pioneered the American health museum model.

Yet, in the eruption of American consumerism, perhaps one of Gebhard's philosophy's most striking contrasts against the American public health system was his insistence that properly objective education in the medical sciences could not be bought and sold, and should be readily and equally accessible to the entire public even if it incurred sunk costs for the institutions providing it. During this time of growing consumerism, advertising, and emphasis on public relations in American society, public health education indeed found new appreciation, especially insofar as it could be 'sold,' itself becoming "a salable commodity" by the 1930's, as the APHA President himself remarked in 1927.[53] Larger businesses quickly noticed this format and its potential advantages, and in the 1920s-30s, much of America's wider public health education was conspicuously funded by private entities, like life insurance companies or the soap and

[51] Colgrove 506.
[52] McLeary and Toon e30.
[53] Colgrove 507.

electricity companies that funded the Health and Cleanliness Committee (HCC), which then in turn commissioned costly animations like the Giro the Germ shorts of 1927 and 1935 to be presented at health fairs around the country.[54] These shorts warned people about the dangers of germs, but also often contained not-so-subtle advertisements about their patron industries. By the 1930's, the strong desire of American health educators to simply put out as much media as possible in an attempt to quell misinformation culminated in the rising field of journalism becoming a major outlet for public health education, yet despite the journalists' pledge of reporting only the objective scientific truth, these tidbits of truth proved to be too small for public consumption.[55] Essentially, the public's fragmented reception of these ideas without any way to seek out the broader context would have left them overwhelmed and confused, causing many to retreat from pursuing this knowledge entirely.

In summary, American public health education was experiencing a small boom during the beginning of the 20th century alongside economic evolution, but the vast number of selectively-informative sources and their motivations to 'sell' their word likely became a source of confusion for the American public. Indeed, it was this very 'bits-and-pieces' format of education described by late medical historian John C. Burnham that 19th-century health officials had warned against, because, in his words: "it is the format of ignorance and superstition: isolated beliefs repeated, but never established or understood as part of a reasoned context."[56] Even by 1940, one of America's leading public health experts at the time, C. E. A. Wilson, underlined the ramifications of this public confusion on actual medical practice by reporting that

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[54] James F. Stark and Catherine Stones, "Constructing Representations of Germs in the Twentieth Century," *Cultural and Social History* 16, no. 3 (May 27, 2019): 290-291.
[55] John C. Burnham, "CHANGE IN THE POPULARIZATION OF HEALTH IN THE UNITED STATES," *Bulletin of the History of Medicine* 58, no. 2 (1984): 187.
[56] Burnham 196.

preventative measures like the newly-conceptualized annual health exam were struggling to see wider use beyond pediatrics, since adults simply could not be motivated to entertain imperatives about their own health.[57] What the American public needed was an effective new mode of public health education that could capture their attention for long enough to provide general, straightforward information from a single source, which the Cleveland Health Museum would soon fulfill.

By comparing the public health fields in Germany and America leading up to the Cleveland Health Museum's creation, it becomes clear how Gebhard's health museum model could have uniquely filled this aforementioned unoccupied niche in the American context. German physicians of social medicine like Gebhard had the ideology in place to address a large public by moulding medicine into a social practice that could consider the social hierarchies which limited certain individuals' access to this information, but the pressure, censorship, and eventual persecution these practitioners faced from their government after 1933 prevented the full realization of this socio-medical model of health education in Germany. On the other hand, America had no such political impasses and in fact even encouraged new methods of public health education that could reach specific lay audiences, yet what it had in freedom, it lacked in an effective ideological framework on how best to address the needs of the public, causing a mass inundation of information that led the public to only feel further distanced from medicine until they could piece together its context. Perhaps Gebhard's revolutionary answer to the problems of the American health education system are best explained in his own words:

> *Too often health education lacks continuity, does not have long-range planning, depends too much on mass media, does not take advantage of new methods and techniques, especially in the audio visual field and last, but by no means least, is not enough*

[57] C. E. Winslow, "Preventive Medicine and Health Promotion: Ideals or Realities?" *The Yale journal of biology and medicine*, vol.14 no.5 (1942), 444.

> *"consumer oriented" and does too much education by way of "telling people what not to do". A health museum is not a panacea for deficiency in present-day health education but it is a permanent place for health information, operating 360 days a year. It is a place for continued education for young and old alike. People go to a museum on their own initiative when they feel the need for information and are willing to take in the amount and the dose they feel the need of.*[58]

Dr. Gebhard's Educational Model and its Success at the Cleveland Health Museum (CHM):

Finally, we arrive at the story of Bruno Gebhard's greatest achievement and the creation of the first true permanent health museum in America: the Cleveland Health Museum, whose defining goal to not simply market to but *connect with* viewers and let *them* lead their own learning marked a new moment in American public health education: one led by the German-American curatorial and managerial philosophy of Dr. Gebhard and his "social medicine"-inspired past.

As was typical in the American public health context of the time, this educational initiative began with volunteerism and philanthropy to fund its launch, and although the lack of investment from larger companies like life insurance or electrical industries was not so typical, this played neatly into Gebhard's ideal (socialist) methodology for building such an institution.[59] In 1936, a small assembly of five members of the Academy of Medicine of Cleveland and the Cleveland Health Council formed a team and incorporated the new museum, acquiring the building through the generous donation of Elisabeth Prentiss, who donated her historic mansion along with $20,000 for remodeling the home into a proper museum.[60] Gebhard pointed out that this sum of money was around the same price that insurance companies usually paid to create a single

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[58] Bruno Gebhard, "The Cleveland Health Museum Comes of Age," 43-44.
[59] Duffy 250.
[60] Robert M. Stecher, "America's First Health Museum," *Museum News,* American Association of Museums (May 1962), Bundesarchiv Koblenz B 310 / 129: 1.

educational short film with sound, which would have had limited utility in health education compared to the equally-costly museum.[61] Although the lack of involvement from large commercial investors early on was somewhat atypical for an American public health initiative of this scale, this may have ended up becoming a major strength of the museum's foundational years, as it allowed Gebhard to more easily incorporate his socialist philosophy into the CHM's management. After receiving Gebhard's agreement to serve as its director, the museum launched into full operation, announcing its impending opening in November of 1940 and acquiring another $8,000 in individual $10 annual membership pledges from local Clevelanders (mostly physicians).[62] Although the museum accepted these individual small donations, Gebhard was very clear from the CHM's inception that he never envisioned the museum in terms of potential financial gain, and instead measured its success by the extent of its educational reach and effectiveness, often citing the visitation rates of school groups (which he claimed usually ensured the rest of the family's visit as well) instead of financial tables.[63] Indeed, he argued that "museums which cater to the general public […] should be free, like our libraries and schools" and should be places "where one can find unbiased information, where nobody tries to sell anything other than true facts."[64] Therefore, the greater significance of these financial donations from Cleveland physicians was in demonstrating, from the onset, there was a demonstrable interest in the CHM concept from health professionals, proven from their blind support of the project, as many had never even seen a health museum and had only heard vague news of the

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[61] Bruno Gebhard, "What Good Are Health Museums?" 1015.
[62] Deac Martin, "ORGANIZING A HEALTH MUSEUM: SUGGESTIONS BASED ON CLEVELAND HEALTH MUSEUM EXPERIENCE," *Journal of the American Medical Association* 152, no. 17 (August 22, 1953): 1628.
[63] Bruno Gebhard, "THE CLEVELAND HEALTH MUSEUM'S PROGRESS TOWARD PATIENT EDUCATION," *Journal of the American Medical Association* 150, no. 16 (December 20, 1952): 1597.
[64] Bruno Gebhard "FREEDOM FOR ALL", New York Times (1959) ; Bruno Gebhard, "What Good Are Health Museums?" 1013.

project plan. “The campaign was successful only because it answered a real need,” Dr. Gebhard explained, further elaborating that “health agencies wanted more visual education material and did not want to depend on material available only from commercial sources.”[65] That Gebhard would answer this need is not surprising considering what we know about his own values of scientific integrity and his qualms with the American public health system’s commercial nature. Confirming this assumption about the desires of American physicians, the testimony of Cleveland physician Deac Martin in his article written for JAMA attested that the CHM played a valuable role in fulfilling the “responsibility and privilege” of physicians as a “natural leader in health education” without the commercial motivations typical of the groups that normally funded such endeavors: namely the usual funding “by special interest organizations [...] and by basically commercial organizations, such as life insurance companies.”[66] In the following years, the CHM also received even more membership pledges from laypeople; by 1952, when membership rates had nearly tripled, up to two-thirds of the 2,200 members were indeed “nonprofessional persons,” as Gebhard claimed.[67] Still, the overwhelming early support from the medical community alone underlines how sorely such an institution was needed in the American public health education arsenal, and even more importantly: that Gebhard’s museum model and the socialist philosophy behind its management were valuable enough to the American public to find success even without the aid of large companies, giving this model a real chance of actually answering that need expressed by Martin and other doctors not only in Cleveland, but across the United States.

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[65] Bruno Gebhard, “What Good Are Health Museums?” 1014.
[66] Martin 1626-1627.
[67] Bruno Gebhard, “THE CLEVELAND HEALTH MUSEUM’S PROGRESS TOWARD PATIENT EDUCATION,” 1597-1598.

In addition to his managerial techniques based in a rejection of the consumerism that most American public health officials relied on to sell their lessons, Dr. Gebhard's distinctly German curatorial philosophy that had made the Dresden and World's Fair exhibits so famous also proved to be instrumental in the success of the CHM. When the museum finally opened to the public in 1940, visitors were awestruck by the visually-appealing yet educational works of art on display. Arguably one of the the most popular exhibits from the original collection was the Dickinson-Belskie Birth Series, which had premiered in the New York World's Fair only a year before, but was still such a significant exhibit that Gebhard later claimed in 1960 that the purchase of these models and the exclusive rights to their duplication had been the CHM's "first bid for nationwide acceptance."[68] Although the CHM also purchased the famous Norm and Norma models and countless other sculptures from the same sculptor-duo, the Birth Series developed a legacy as the most significant acquisition of them all.[69] As such, this series- one of Gebhard's first American commissions- was a perfect example of what made his presentation style so unique among other American health educators.

[68] "A Message from the Director". Pamphlet. Cleveland Health Museum. 1961. Bundesarchiv Koblenz B 310 / 129.
[69] Schmidt 14-15.



Image from the online database of images provided by the Warren Anatomical Museum, where these original models are currently housed.[70]

As evidenced by the image above (the 'prelude' piece to the birth series that showed an overview of the main stages of fetal development), the Birth Series combined the aesthetics of classical art with the truths of modern science to appeal to the viewer by inviting them to learn science while partaking in artifacts of culture instead of merely being lectured to. These 24 detailed, anatomically-accurate models depicted the development of the fetus from conception to

[70] "Dickinson-Belskie Collection," The History of Medicine Topographical Database, Center for the History of Medicine, 2017. http://himetop.wikidot.com/dickinson-belskie-collection.

birth. They were made to be as accurate as possible by referencing countless x-rays taken by obstetrician-gynecologist, birth control advocate, and sculptor Dr. Robert Latau Dickinson, who partnered with fellow sculptor Abram Belskie to create the model series for the 1939 World's Fair, specifically making them out of plaster instead of the usual wax so that they could be *touched* by visitors.[71] In an interview for the "Museum News" journal, Gebhard explained the series's "two-fold purpose" as providing purely scientific information about the reproductive process as well as provoking "positive mental attitudes towards sex" in an attempt to de-mystify much of the public fear surrounding it.[72] This exhibit is one of the most emblematic of Gebhard's methodology and mission not only because it addresses sex education (one of his most-valued topics in public health) but also because it embodies the importance of the fine arts, touch, visitor interaction, and the possibility of classroom use and even duplication all for the purposes of reaching an even wider audience in a way that interests them.

Beyond simply displaying them in the Cleveland Health Museum, Gebhard's other uses of the Birth Series demonstrated his dedication to reaching as many people as possible (to the extent maintaining an *effective* impact was still possible) in an educational, impactful way that catered to individuals by cultivating a full understanding of their unique social circumstances. As one example, a 1945 news article recorded the use of the Birth Series by the Washington State School for the Blind: "the first institution of its kind to use the Dickinson-Belskie models," and subsequently listed an additional 18 universities, school systems, cities, and hospitals that also had copies of the Birth Series for teaching purposes.[73] For the blind students in Washington,

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[71] Schmidt 8-10.
[72] Stecher 3.
[73] "News from the Field." *American Journal of Public Health and the Nations Health* 39, (October 1949): 1379-1394.

these fully touch-interactive models provided a learning opportunity about the internal reproductive system that they would have never had access to otherwise. Additionally, the wide distribution of the series' replications shows exactly how diligently the CHM was working on distributing them, as all replications were made at the museum's in-house workshop, and this was only the first year of manufacturing such reproductions. At the same time, Gebhard was careful to avoid the mistakes of other American public health officials in overproducing information and forcing it upon lay people through sheer volume. Instead, he continued to uphold the value of quality over quantity, and, most significantly, the importance of understanding the individual's specific needs by inviting them to interact with the material in whatever fashion they see fit. Pictured below, this thirteenth model in the Birth Series demonstrates these models' artistic appeal, attention to detail and anatomical accuracy, and openness to visitor touch as a mode of education.



Image from the online database of images provided by the Warren Anatomical Museum, where these original models are currently housed.[74]

Dr. Gebhard is often called a pioneer of American public health education by those who know his story, but based on the defining characteristics of his model's success, it would perhaps be more accurate to say that he led *others* to be the pioneers of their *own* health education. As he defined it, "health education means leading people to be at ease physically and mentally."[75] What truly set Gebhard's class-aware philosophy apart from the rest of American public health education was his respect for the so-called 'uneducated' layperson, and his deference to their own individual autonomy. This approach was illustrated by his claim that:

> *We have to be fully aware of the psychological situation of the worker and make it a real part of our planning in health education. [...] Present-day health education often fails to interest industrial workers because grown-ups want to be* ***informed****-not educated.*[76]

While he certainly tried to use art and spectacle to draw in audiences, capture their interest, and dispel any misinformation they may have had, Gebhard also understood that coercing education or paternalizing lay folk would only make them feel further alienated from medicine. Born from the collision of the German social medicine model with the freedom-of-choice model of the American 'market' of public health, Gebhard's uniquely German-American ideology reflected heavily on his directorship of the CHM. Combining this ideology further with the German curation style of using visually striking art and spatial design principles created the perfect formula for a museum that appealed to the individual to initiate their own learning journey. With these two approaches combined, Dr. Gebhard's innovative museum model was distinctly

[74] "Dickinson-Belskie Collection," The History of Medicine Topographical Database.
[75] Bruno Gebhard, "The Industrial Nurse in Health Education," *The American Journal of Nursing* 49, no. 6 (1949): 368.
[76] Ibid, 369.

German-American, widely appealing, and significant to a public and professional American crowd that had long awaited a non-commercial center for public health education like this one.

Reception and Replication: The Cleveland Health Museum's Public and Professional Reputation:

So, what did the public think of this model? Were other professionals able to replicate it (or did they even want to)? As far as the question of the public is concerned, the Cleveland Health Museum received high praise, and generally seemed to be a model of financial, cultural, and educational success. During the height of the museum's operation from 1940-1965 (which also happens to be the exact years when it was under Gebhard's supervision), its actively-donating membership grew from 815 to 7500, and its annual operating budget subsequently increased tenfold.[77] The CHM experienced some financial strain later on and eventually closed down in 2006, but this timeline nonetheless earns it a much longer lifespan than many other health museums. Even still, the fact that the Ohio Preservation Alliance campaigned for the museum's protection as a historic building in 2000 (when it was threatened by low attendance rates) serves as testament to the cultural value of the museum to Cleveland residents.[78] To further attest to the cultural importance of the museum in Cleveland, one only needs to look so far as local news coverage of Gebhard and the CHM to confirm their value to the local community. The Cleveland *Call and Post*- a local publication that still markets itself today as 'Ohio's leader' for news in the black community- affirmed that "most Clevelanders know something of Dr. Gebhard's

[77] Bruno Gebhard, "Curriculum Vitae," April 15, 1965, Bundesarchiv Koblenz B 310 / 129: 2
[78] "Ohio Preservation Alliance Spotlights Endangered Historic Properties," *PR Newswire, (*April 26, 2000): https://advance-lexis-com.libproxy.wustl.edu/api/document?collection=news&id=urn:contentItem:404D-PGP0-00KH-70V2-00000-00&context=1516831.

distinguished career."[79] What's more, the same newspaper also attested to Gebhard's community involvement and activism in a separate issue from 1945 citing Gebhard's speech at a local race relations panel.[80] Evidently, Gebhard was repeatedly praised as a monumental figure in Cleveland for his work both in and outside the museum, and this motivation to connect with the broader community likely stemmed from his dedication to the teachings of social medicine. In its heyday, the cultural and educational impact of the CHM was unmatched as an institute of public health education: a fact which is best typified by the general public's response, not only from those in Cleveland but also nationally.

Providing evidence of the CHM's national renown in his 1948 review of the museum, a journalist from Washington, D. C. named Jack Pollack gave an interesting in-depth look into how people interacted with this institution, and even further, how it interacted with *them*. For example, early on in the article, the author listed several different exhibits of interest, and in the process, he mentioned one that came about due to a mailman's recommendation: an exhibit to test one's posture.[81] Additionally, one of the most fascinating sections of the article explained the letter system that the CHM used to allow guests to ask questions to the American Medical Association's Health Education Bureau, with guests posing such queries as "How many ribs have I?" and "I am pregnant. Should I have my teeth pulled?" to which the museum reportedly wrote replies to every one.[82] Given the fact that the museum was so receptive to its audience, the fact that two-thirds of museum visitors were adults becomes perhaps less surprising (though the

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[79] Notably, the praise in this article was being directed towards Gebhard for his recently-earned 'Golden Door Award', which was given to immigrants who had significantly contributed to American science. From "Dr. B. Gebhard Gets Golden Door Award," *Call and Post (1962-1982), City Edition; Cleveland, Oh.* October 21, 1967.
[80] "Crisis Editor to Speak on Race Relation Program." 1945. *Cleveland Call and Post (1934-1962)*, Jan 20, 1.
[81] Jack Pollack, "Medical Peepshow," *Evening Star* (Washington, D.C.). National Endowment for the Humanities, via *Chronicling America: Historic American Newspapers*. Lib. of Congress. (May 16, 1948): 4.
[82] Pollack 5.

author notes that this was "an unusually high number for museums"), but the claim that "for every museum visitor, 10 persons are reached outside its walls" certainly was.[83] The justification for this claim was as follows:

> *"To inoculate as many people as possible against ignorance and misinformation, exhibits are loaned to schools, factories, conventions, department stores, county and state fairs. Duplicates of models have been sold to grateful customers as far away as China and South America. A 'floating health center' off the Alaskan coast recently requested some exhibits not requiring electricity."*[84]

While journalist Jack Pollack and the members of the public interviewed by him certainly seemed impressed with the Cleveland Health Museum, its reception by fellow health professionals seemed slightly more conflicted, as some were wary of the health museum's ability to endure in the chaotic environment of the overwhelmed American public health education system. Of these critical voices of warning, perhaps the most surprising was that of Homer Calver, Gebhard's former partner on the "Hall of Man" project for the 1939 World's Fair.

In 1963, Calver publicly confronted Gebhard through the "Letters to the Editor" section of the Health Education Journal, in which perhaps his most scathing critique was the following dismissal of the health museum as outdated and unprofitable:

> *"Today in America we have many other and cheaper ways of reaching the public in our health education programmes and we have learned the paramount value of the approach through the behavioural sciences. The Cleveland Museum reports a cost of nearly $2.00 per visitor not including the cost represented by the capital investment. The health educator must weigh these costs against the cost of reaching people by other means. The use of television, motion pictures and the mass circulation media involves less cost per contact."*[85]

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[83] Ibid.
[84] Ibid.
[85] Homer N. Calver, "Letters To the Editor: A Commentary on Development of Health Museums in the U.S.A.," *Health Education Journal* 20, no.4, (1962): 216.

Although Gebhard's response held true to his long-held values of measuring success through educational impact instead of capital gain, he nonetheless seemed to express difficulty in countering Calver's argument with concrete statistics:

> *"I beg to differ regarding the cost of health museums. The cost per visitor, as we have tried to point out, is not an all-inclusive yardstick. We reach, at the Cleveland Health Museum, every week, through a school television programme, more than 190 classes, regularly, None of these costs show up in the mentioned $2.00. Anyway, just putting a dollar sign to an activity means little regarding educational accomplishments."*[86]

The tone of frustration in this exchange with his old friend perhaps signalled the fact Gebhard, too, had recognized the impending decline of the museum by this point in time, and was potentially even already planning his retirement, given that he ended up retiring only two years later. Calver was not the only one to criticize the health museum model, nor was such criticism unique to this later time frame when the health museum movement was already losing its momentum. Indeed, as early as 1941, certain organizations such as the American Museum of Natural History (AMNH) found the stylistic simplicity of Gebhard's exhibits to be *overly* simplistic, to the extent that these design decisions severely compromised any ability for learning, in the AMNH's opinion.[87] The AMNH's dislike for the art-inspired German curational style was also part of the reason for the American Museum of Health's dissolvement following the World's Fair, as they had previously agreed to host the exhibits but then later retracted this offer after they had inspected the exhibits directly.[88]

On the other hand, these criticisms bordered both ends of the CHM's most successful years, while any available literature concerning the successful time *between* these two poles seemed to

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[86] Homer Calver, "Letters To the Editor: A Commentary on Development of Health Museums in the U.S.A.," 218.
[87] McLeary and Toon e33.
[88] Ibid.

be overwhelmingly positive. Most significantly, the CHM clearly proved to be a replicable model, as many similar institutions emerged soon after the CHM's rise to popularity, including many that Gebhard himself had helped to advise in order to get them in running order. By 1965, there were 7 health museums, 4 medical museums, and 13 permanent health-based exhibits still surviving at other pre-existing museums; all of which had come about after the CHM's rise, and many of which were even explicitly modeled after the CHM and even asked Dr. Gebhard for help in copying his model, which he gladly obliged.[89] In addition to becoming a model for other exhibitions, the CHM also became a teaching institution in-and-of itself, with Gebhard himself personally conducting courses for American and international students pursuing a master's degree in public health.[90] Consciously or not, these young professionals, the staff at the museums inspired by the CHM, and even the everyday visitors to the museum and others like it all learned of the design-oriented, socially-aware educational methodology of Dr. Bruno Gebhard, and though the health museum itself may largely be a medium of the past, the strategies developed gave a new emphasis to visual learning and the role of art in teaching medicine.

The Ghosts of Gebhard's Curation: The end of the American health museum's shining era & Conclusions

After Gebhard's retirement in 1965, the Cleveland Health Museum gradually experienced the financial downfall that Calver had predicted only a few years earlier. With the CHM fading from the spotlight, other health museums soon followed suit (assuming they hadn't been closed already). As Calver had thought, the influence of television and other new technology simplified

[89] Bruno Gebhard, "Health Museums – Real and Imaginary Ones," Paper read at the Sixth International Conference on Health and Health Education, Madrid (July 12, 1965), Bundesarchiv Koblenz B 310 / 129, 1-7.
[90] "Field Training in Health Education at Cleveland Health Museum," *Science* 97, no. 2529 (1943): 547–547.

the process of creating materials for the purposes of health education, which soon became cost-effective enough to leave little room for the health fairs and permanent exhibits of the early-mid 20th century. Ironically, one change in public health education that quickened the downfall of the CHM was a value Gebhard himself had touted: the ability to learn at one's own pace and on one's own terms. As time went on, progressively more educational materials became available for private consumption in the forms of movies, DVDs, the internet, and so on, all eliminating the need for 'civic approaches' to health education.[91] People now tend to learn about their health in isolation, on their own terms. Yet, this individual pace that Gebhard had encouraged wasn't the only aspect of his ideal educational model that persisted beyond his time.

In medical educational material and museum design today, the simplistic, artistic design philosophy imported to the U.S. by Gebhard lives on, as does the 'Transparent Man'-like spectre of his essential philosophy. This philosophy and those that tried to emulate it by replicating the CHM reinstated the emphasis in public health education that the patient's understanding of their health is very important to society as a whole, and that medical professionals need to approach the public from their own point of view (from a place of understanding and consideration for the various social barriers that might affect them). Although Gebhard certainly didn't invent these ideas, he helped to introduce German movements like progressive social medicine to the American public, integrating his philosophy with spectacle and art to make something memorable.

[91] McLeary and Toon e34

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