

The Attitude of German Émigré Doctors Towards Medicine under National Socialism

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Summary. The attitudes of émigré doctors provide some insight into whether Nazi medical atrocities were something peculiar and unique or whether they were an extreme consequence of widespread thinking and scientific concepts in medicine at the time. Doctors of the sexual reform movement and the political left partly welcomed the Nazi sterilisation law as an implementation of their eugenic ideas. Some labelled Nazi medicine plainly as charlatanism which is a protective claim by those who dream the dream of the genetic improvement of humanity. Others saw in it a cold-blooded utilitarianism, symbolising the triumph of a soldierly spartan life over the intricacies and agonies of the human soul. For those, the most important lessons of the past lay in protecting the chronically ill, the handicapped, the psychologically ill and the poor from radical utopias aimed at ‘making the national body healthy’.

Keywords: Nazi racial hygiene; eugenics; Nazi medical atrocities; German émigré; doctors

At the time the information was collected for this study, between 1985 and 1990, the once-large émigré communities in Israel and the USA had already been quite decimated. However, from interviews with surviving émigré doctors,¹ correspondence found among the papers of deceased emigrants, gray literature, unpublished notes and numerous publications, we can piece together a mosaic that reflects a wide spectrum of opinion and probably comes quite close to capturing the *zeitgeist*. My motivation for this research was to find clues in the émigré doctors’ comments and attitudes as to whether the Nazi medical atrocities were something peculiar and unique or whether they were an extreme excrescence, a consequence of widespread thinking and scientific concepts in medicine at the time—echoing Alexander Mitscherlich’s comment to the Nuremberg Doctors Trial that Nazism was only the beginning of an ‘unmerciful époque’.²

The choice of interviewees and the sources emerged according to the snowball principle. I had already collected substantial data on emigrant doctors during previous studies of persecuted Jewish doctors in Berlin and of compensation evaluators in the process of reparations.³ During a research trip to the USA in 1987–8, I was able to expand on this information and discover additional sources and interviewees.

In their attitude towards medicine under National Socialism, emigrant doctors can be divided into six groups. This division is somewhat rough, since some doctors can be

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¹After recording and transcription, the interviews were authorised by the interviewees. They were conducted as semi-structured interviews based on grounded theory, a method of qualitative data analysis according to Strauss 1987. Tapes and transcriptions in the Pross Collection.

²Mitscherlich and Mielke (eds) 1947.

³Pross in Pross and Winau (eds)1984, pp. 7–14, 109–261; Pross 1988, 1998.

included in more than one group, but it is undertaken in the interests of greater clarity: (i) sex reformers, (ii) critics of eugenics, (iii) socialist doctors, (iv) conservative eugenicists and orthodox psychiatrists, (v) collegial attachments and (vi) experts at the Nuremberg Doctors Trial and advisors on 'reeducation'.

Sex Reformers

Magnus Hirschfeld, an exponent of the sexual reform movement before 1933, admitted in 1934, in an opinion written in exile on the Law for the Prevention of Hereditarily Diseased Offspring, that he dreamt of the improvement of mankind through 'higher breeding' via the 'elimination of bad human seeds'.⁴ However, he continued, there was not yet an 'Einstein' in the study of heredity who could calculate in advance the course of the cell lineage in full detail. He regretted that eugenic sterilisation, which could have been a blessing in the hands of doctors of 'wise moderation', was being transformed into its opposite by overzealousness, fanaticism and the prejudices of the Nazis. He particularly rejected the forced nature and the vague indicators in the law. He further saw the risk that it would be applied to political opponents and generally to people the regime found inconvenient.⁵ In a letter to a friend from his Parisian exile, he wrote, 'without a doubt, the cleansing process now occurring in Germany is in many respects exactly what we had wanted for a long time, but the price for this process, its violent character, and especially the accompanying intolerance, is too high'.⁶

Hans Lehfeltdt was a gynaecologist and sexual reformer who, together with Felix Theilhaber, opened a sexual advice centre for the Society for Sexual Reform in Berlin in the 1920s and, after his escape from Germany, became a professor of gynaecology and obstetrics at New York University School of Medicine. He recalled that after his arrival in the USA, he was asked by Margaret Sanger, the pioneering American sexual reformer, what he thought of the Law for the Prevention of Hereditarily Diseased Offspring. At the time, he answered that it was the best thing the Nazis had done. Margaret Sanger's warning that the Nazis would use it against their political opponents shook his faith in eugenics for the first time.⁷

Gertrud Lukas made similar arguments in the *Internationales Ärztliches Bulletin* (IÄB). The IÄB was a continuation by émigré doctors in exile of the journal *The Socialist Doctor*. On the one hand, she clearly characterised the law as a social Darwinist extermination campaign against the lower classes and criticised the fact that it went too far with regard to its indicators; on the other, she argued that it was too narrow in view of its declared goals, in that it only included dominant genes. If you were going to do it, she argued, then do it right: the law, as Rüdin demanded, had also to include the phenotypically healthy bearers of defective recessive genes. If one followed Gütt's statistical estimates on the number of people with genetic defects, however, and added their relatives, she pointed out that pretty much the entire German population would be included in the

⁴Gütt *et al.* 1934.

⁵Hirschfeld 1934.

⁶Letter from Magnus Hirschfeld to Sylvester Viereck, October 1933, Hirschfeld Collection; Wolff 1986, pp. 405–6.

⁷Lehfeltdt interview, 18 February 1988.

list of indicators for sterilisation. According to her, a scientifically grounded 'real'—in other words, good—eugenics would only be possible after the social revolution.⁸ In general, the tenor of the authors of the IÄB was that eugenics was a good thing that was being abused and discredited in the hands of Nazi quacks.⁹

Doctors of this group saw sterilisation as a means to break the vicious cycle of poverty, repeated pregnancies and a general brutalisation of sexual and gender relations. They wanted to reconcile the interests of the individual with those of the community and the race, which is illustrated by a quote from the gynaecologist Ludwig Fränkel: 'There must be other solutions to social need than an abdominal incision and a mutilation'. This and the fact that they respected the free will of the individual and rejected compulsory sterilisation does not allow anyone to label them as precursors of Nazi racial hygiene.¹⁰

Critics of Eugenics

It is noteworthy that few émigré doctors were critical of eugenics. This can certainly be explained by the fact that the eugenics movement had many supporters even in leftist circles and among Jewish doctors, with a few exceptions, such as the Berlin general practitioner Georg Benjamin, a KPD (Communist Party) politician, and Julius Moses, an SPD (Social Democratic Party) Reichstag deputy.¹¹

The clearest position was taken by the Christian-oriented psychiatrist Karl Stern, who had emigrated to Canada. In 1932, as a young intern and Rockefeller fellowship holder, he joined Professor Rüdin at the German Research Institute for Psychiatry in Munich and was present for the implementation of the sterilisation programme. Stern believed that Rüdin advocated the sterilisation of the mentally ill for humanitarian reasons, but he was bothered by the harsh reality of forced sterilisation at Rüdin's clinic. In retrospect, he said:

Because of the extermination plants, the concentration camps and the killing of the mentally afflicted during the war, this earliest of all Nazi atrocities has received much too little attention in history books. Every case with a psychiatric diagnosis had to be reported to the authorities, under threat of heavy penalties. . . . Sterilization Courts were set up, with a hierarchic structure of higher and higher courts, up to a Supreme Sterilization Court. There was an incredible amount of red tape involved in all this. The important thing to realize is that, more than any other Nazi undertaking, it had the semblance of scientific objectivity . . .¹²

Because he was a Rockefeller Fellow, Stern was able to remain at the research institute, even though he was a Jew, until his emigration in 1935. He therefore had the rare opportunity to observe the inner life of medical research in the Third Reich first hand, as a critical and detached eyewitness.

⁸Lukas 1934.

⁹Belehradek 1937; Silva 1936; Evang 1934.

¹⁰Grossmann 1995, pp. 70–5.

¹¹Benjamin 1925, 1926; Moses 1932.

¹²Stern 1951, pp. 118–20.

The premise namely that all these illnesses were determined by an inherent factor, was utterly false. But granted that the premise was true, it could be mathematically computed when the German people would be free of mental illness. I mention this . . . because this gave me the first linking of a society managed on so-called scientific principles.¹³

In the democratic milieu of the USA, Stern reported, he heard similar calls for the sterilisation and killing of the mentally ill, as practised in Nazi Germany. 'From a strictly pragmatic point of view, without a metaphysical concept of Man, there is no reason at all against such a step.' People in western democracies held to a doctrine of vicarious suffering handed down by Christianity, without really believing in it. 'Thus we cling with one hand to modern pragmatism, and with the other to Hebrew-Christian philosophy. But the gap is widening all the time, and there will be a moment when one hand will have to let go.' To Stern, the scientists of racial hygiene at the Munich Institute, excited by their statistical numbers game, symbolised the 'triumph of a soldierly Spartan life over the intricacies and agonies of the human soul'.¹⁴

In these institutions of research, the sting was taken out of all this, the animal was tamed. In the department of genetics, in thousands of files, stored on shelves, in cupboards and in crates was the disease of generations. It could be reduced to mathematical formulas, to graphs of predictability, and it seemed to lose all the passion and fortuitous chance of suffering with had been experienced in each single 'case'. . . . In the Department of Neuropathology there were hundreds of museum jars with brains, and thousands of microscopic sections, in colourful stains, mounted on glass. Most of us got out of this some sense of assurance and power. Sickness, insanity, begetting and dying—all seemed to be objectified and made to conform with the cleanliness and brightness of our laboratories.¹⁵

He noted that resistance to sterilisation, as well as support for individual patients and attempts to rescue them from the surgeon's knife, came from very conservative German colleagues, from whom he had never expected it. Among socialist colleagues, in contrast, he observed the same kind of cold-blooded Machiavellianism he saw among the National Socialists. 'It first dawned on me that the Great Dividing Line in Europe, in fact in the entire world, is not the line between Right and Left . . . it was obvious that the only thing that counts in this world is the strength of moral convictions.'¹⁶

Unlike other emigrants, Stern did not see medicine in the Third Reich as an outbreak of primitive racism and quackery, but considered one of its essential elements to be the scientific abstraction of humanity, which could be manipulated towards the goal of a healthy superman freed of all hereditary evils, weaknesses and imperfections. While most émigrés, from the perspective of exile, saw only the irrational side of the National Socialist medical revolution, personified by *Reichsärztführer* Wagner, Julius Streicher

¹³*Ibid.*

¹⁴*Ibid.*

¹⁵Stern 1951, p. 141.

¹⁶Stern 1951, p. 123.

and others, Stern came to know the rational side, the side that acted according to a scientifically grounded calculus, from the inside of one of the leading research institutes and think-tanks of Nazi racial hygiene. This side was the driving force behind the extermination campaign against the weak and the deadly human experiments.

Socialist Doctors

Martin Gumpert was the head of the city out-patient clinic for skin diseases and sexually transmitted diseases in Berlin-Wedding until 1933. After emigrating in 1936, he practised as a dermatologist and then a gerontologist in New York. In his capacity as an advisor to the German Department in the Office of War Information, Gumpert analysed the German population's catastrophic state of health at the beginning of the war. In so doing, he utilised data from German professional journals. Ruthless exploitation of labour and bad nutrition had undone the successes of the Weimar Republic's social hygiene policies in combating tuberculosis, infectious diseases, vitamin deficiencies, psychological illness and addictions. Added to this were the sinking level of medical training and of doctors' professional ability due to political indoctrination, and the loss of Jewish doctors.

In his analysis, Gumpert concentrated on the gap between the claims and the realities of the Nazi health programme in regard to preventive medicine. He excluded the eugenics/racial hygiene aspect.¹⁷ In several magazine articles towards the end of the war and following a visit to Germany in 1949, during which he observed the euthanasia trials, he described the T 4 euthanasia operation in Nazi Germany as a mass murder of the sick, carried out by doctors and nurses acting according to vague orders from above. He specifically mentioned the inclusion of the 'anti-social', as well as the elderly and invalids, in the extermination campaign. He found it alarming that apparently respectable doctors stooped to this, and argued that the call to legalise 'euthanasia' should be firmly rejected based on this experience. Even desperate, seriously handicapped, incurably ill patients could still enjoy life. He found the interests of family members, state institutions, insurance companies and doctors in legalising active euthanasia suspicious, because they generally concealed economic interests and did not care about the patients' well-being. He found the undignified and ruthless way in which patients were often allowed to die in this society despicable. Just as there are those who help with birth, there also had to be people trained to help in death, so as to spare the terminally ill torment and pain.¹⁸

Felix Boenheim was the chief physician of internal medicine at Hufeland Hospital in Berlin and a peace activist until 1933. After his emigration, along with Käthe Frankenthal and Kurt Glaser, he was a member of the Council for a Democratic Germany in New York, an organisation of émigré socialists and union members who drafted a plan for Germany's democratic reconstruction after the war. Boenheim saw in the destruction of Weimar's exemplary social hygiene programme, and in racial hygiene and goal-oriented medicine (*Leistungsmedizin*), the heart of the criminal character of Nazi medicine. Like Gumpert, he explained the catastrophic state of health as a result of bad nutrition and ruthless exploitation of labour, including the reintroduction of child labour in the armaments and war industries. The health system, governed by Nazi

¹⁷Gumpert 1940.

¹⁸Gumpert 1950a, 1950b, 1944.

racial theory and the goal of exterminating the 'racially inferior', had ceased to be a social obligation of the state.

The Weimar institutions of social welfare and health care had been reduced to instruments for the surveillance and discipline of the population. As the most blatant example, he pointed to a decree by the deputy *Reichsärztführer*, Bartels, in 1938 under which private physicians were no longer responsible for determining ability to work; instead, reports of cases of illness were to be sent directly to the relevant labour office.¹⁹ With the new medical goals of physical and psychological military fitness, sick people, even those with contagious tuberculosis, were forced to work.²⁰ The military orientation of the medical profession, racial doctrine, the blood-and-soil theory, the distinction between people to be treated and 'ballast existences' to be exterminated, had led to a brutalisation of morals and of the attitude toward health and sickness, and had taken the medical profession worlds away from social hygienic thinking. Boenheim wrote this analysis in May 1945, with Kurt Glaser and Käthe Frankenthal, for a memorandum on the construction of a democratic health system in Germany after the war.²¹ He was horrified when the terrible killing of concentration camp prisoners by the Strassburg anatomist Professor Hirt with the purpose of 'securing skulls of Jewish-Bolshevik commissars' came to light.²²

He wrote more harshly that German doctors had become barbarians, and that it was unimaginable that German doctors could so completely forget that they were supposed to be friends of the poor and oppressed. Their scientific credo, he said, had sunk so low that they had quoted Hitler, Himmler and Streicher in their work, rather than scientists; worldview (*Weltanschauung*) had taken precedence in medical education over scientific themes; physical fitness (*Körpererüchtigung*) had become more important than bedside instruction. The German medical profession, which had a few decades ago been a leader universally respected throughout the world, had 'indelibly prostituted' itself under Hitler.²³ Boenheim, Frankenthal and Glaser explained the fact that doctors so willingly placed themselves in the service of National Socialism by virtue of the doctors' social origins; that is, their predominant origin in the middle and upper bourgeoisie, rarely in the peasantry, and only in exceptional cases in the working class.²⁴

The IÄB reported in almost every issue about abuses in patient care, the demise of medical publication and research, the brutal persecution of Jewish doctors, the progressive dismantling of social welfare achievements, and the emergence of a 'national community' (*Volksgemeinschaft*) drilled in fitness (*Leistung*) and health. The reporters placed particular emphasis on the rise of charlatanism, alternative medicine, the 'new German medicine', and Streicher's blood-and-soil medicine. In this 'revolt of the primitives', which pushed out orthodox medicine and scientific research, they saw the heart of Nazi medicine. Instinct, superstition and mysticism had triumphed over reason and

¹⁹Boenheim 1945; Langkaun-Alex and Ruprecht (eds) 2001; Ruprecht 1992, pp. 284–99.

²⁰Boenheim *et al.* 1945.

²¹Boenheim 1945.

²²Kasten in Kent (ed.) 1991.

²³Boenheim *et al.* 1945; Boenheim 1946.

²⁴Boenheim 1945.

knowledge. The issue was the control of professionals by lay people. As socialists, in contrast, the IÄB authors called for completely enthroning science to control social relationships.²⁵ They used very disparaging terms for the alternative-medicine movement, ignoring the fact that even in the Weimar period, it had been a not entirely unjustified reaction to the deficiencies and failures of traditional medicine, as the Social Democratic doctor Julius Moses accurately described in calling for a synthesis of orthodox and alternative medicine.²⁶ The IÄB authors took note of the transformation of the doctor into a controller and overseer of the sick. Thus they criticised the health register introduced in 1935 as a type of profiling that disadvantaged the affected workers in the struggle for jobs, and denounced the violations of confidentiality that had become a reason to fear and distrust doctors.²⁷ They meant the doctors' duty to report to health and labour offices people with hereditary diseases, the work-shy and malingerers.

For example, they told of medical examiners and hospital social workers who, acting like spies, tracked down hospital patients who had supposedly stayed too long or exhibited questionable symptoms, and forced them to be discharged.²⁸ They also reported on instructions from insurance companies to their doctors requiring that those they insured be indiscriminately written up as healthy.²⁹ Dividing patients into fully valued 'members of the nation' (*Volksgenossen*) worthy of treatment and inferiors like cripples, the elderly, the chronically ill, and weak and vulnerable infants and children entitled only to the necessities—the principle that the good of the majority took precedence over the good of the individual—was understood as a declaration of war, a 'death sentence' against all the weak and helpless. Indeed, this was against the under-classes in general, in accordance with the Malthusian principle, 'Let the superfluous die.'³⁰

In this context, it is interesting that the IÄB, on the one hand, presented as false propaganda the Nazi claim that 'the old individual attitude' that the doctor is the 'advocate for the patient's personal, medical and economic interests' was typical of the 'Marxist state'.³¹ But on the other hand, they accused the Nazis of trying to 'imitate the Luddites', as part of their propagation of a 'return to small business', and of returning to the 'family doctor of the past century'—shown, among other things, by their closing of insurance companies' out-patient clinics.³² The highly touted family doctor of past decades was only 'an adviser to upper class bourgeois families' and, in comparison with the 'diagnostic and therapeutic power of modern medical cooperation' in clinics, was 'too weak and ignorant'.³³ Indeed, under *Reichsärztführer* Wagner, plans existed to make the traditional family doctor the linchpin of an overall medical system—a type of medical-policy block warden who would urge patients to do their medical duty.³⁴ But these plans

²⁵Gruschka 1935.

²⁶Moses 1929.

²⁷Kenta 1935, 1936.

²⁸Anon. 1939.

²⁹Anon. 1936.

³⁰Anon. 1934; Kenta 1935.

³¹Anon. 1934.

³²Silva 1934.

³³Gruschka 1936.

³⁴Kater 2000.

vanished with the return of specialised, scientific medicine, with its division of labour, to its original pride of place in the late 1930s. In addition, it turned out that, out of personal loyalty, many family doctors resisted the pressure to deliver their defenceless patients over to the armaments and war industries, and wrote doctors' notes for them.³⁵

The IÄB authors saw that the Nazis were destroying the doctor–patient relationship, and the doctor's most basic obligations, by turning him from an advocate for individual patients to an agent of the selection process for a healthy 'national community'; and yet, they themselves propagated the idea that the doctor had first and foremost to provide 'health services to the German people', as the professional code (*Standesordnung*) had already formulated it in the Weimar Republic. The models for this were the social-hygiene-oriented doctors of the Weimar Republic's public health system: school doctors, urban doctors, doctors dealing with tuberculosis, infant health, and addictions, counsellors on sexually transmitted disease and marriage counsellors. In this context, they were suspicious of privately operating, generally conservative family doctors. This problem touches upon broader political and philosophical questions that cannot be developed here—for example, whether Marxism and National Socialism were not, in fact, so very far apart in regard to the collectivist social model.

Conservative Eugenicists and Orthodox Psychiatrists

Richard Goldschmidt, Director of the Kaiser Wilhelm Institute for Biology in Berlin, a zoologist, geneticist and staunch eugenicist, was involved, as a member of the Prussian State Health Council, in the adoption of a draft sterilisation law in 1932.³⁶ In his autobiography, he complained that the Nazis simply took over the draft eugenics programmes from the Weimar period, but perverted and discredited their humane purposes.³⁷ In his papers from his American exile is a list he made of well-known biologists, anthropologists and geneticists. In it, he characterised Lenz and Rüdin, with whom he had corresponded as colleagues until 1933, as 'racists'.³⁸ In a talk probably given shortly after the war, he drew a parallel between Lysenko and the Nazi doctors. He observed that dictators have a tendency towards quackery and charlatanism. Just as Lysenko's insane theories under Stalin displaced the serious work and research of qualified Russian biologists, 'crazy people' and 'quacks' like Streicher and *Reichsärztführer* Wagner dominated medicine in Nazi Germany. Scientific medicine, said Goldschmidt, was 'foreign' to them, 'Jewish'. Both Germany and the Soviet Union paid for this mistaken course with the collapse of their health systems during the war.³⁹ The same thesis was also put forward by animal geneticist Hans Nachtsheim, who worked at the Kaiser Wilhelm Institute for Anthropology, Human Genetics and Eugenics during the Third Reich. Nachtsheim was not a member of the Nazi party and viewed his research as unhampered by worldview. After the war, Nachtsheim defended the Law for the Prevention of Hereditarily Diseased

³⁵Knödler in Pross and Aly (eds) 1989; Kudlien 1989.

³⁶Weindling 1985, p. 304.

³⁷Goldschmidt 1960, p. 231.

³⁸Goldschmidt Papers, correspondence with Lenz and Rüdin 1940.

³⁹Goldschmidt Papers, 'Talk Lysenko', manuscript speeches 1944–51; the reference to Lysenko is also found in the excuses by Nazi geneticist Othmar von Verschuer: Weindling 2004, p. 249.

Offspring as a neutral, legal measure and called for the continuation of eugenic sterilisation in Germany.⁴⁰

Lothar Kalinowski, a clinical professor of psychiatry at New York Medical College, honorary professor of psychiatry at the Free University in Berlin, and former intern and student of Karl Bonhoeffer's at the Charité, saw things even more pointedly. Kalinowski's specialisations were psychiatric genetics and electro-shock therapy. After the war, Kalinowski wrote in an obituary for Franz Kallmann, research on psychiatric heredity in Germany met with great hostility because of its misuse during the Third Reich.⁴¹ Eugenic sterilisation and euthanasia, in themselves perfectly reasonable measures, were unfortunately completely discredited by the Nazis. It was already evident in 1933, he said, and still today, that mental illness was hereditary. The goals pursued by the Nazis were criminal because they wished to be rid of people who cost the state money. Ernst Rüdin had wrongly been attacked as the cause of these crimes, but he had only researched the genetic causes of mental illness, as Kalinowski's friend and colleague Franz Kallmann had also done. In this context, Kalinowski made laudatory mention of the writings of Binding and Hoche on the extermination of life unworthy of living.

In a review of an exhibition on the history of psychoanalysis in Germany, Kalinowski noted that the 'greatest problem' had been that many psychoanalysts in Germany before 1933 were active in the Society of Socialist Doctors, headed by Ernst Simmel.⁴² In an interview, he was more precise, explaining that the reason for their expulsion was not psychoanalysis or Freudian doctrine *per se*, but their membership in the Society of Socialist Doctors.⁴³ In contrast, in his review, Kalinowski described Matthias Heinrich Göring's German Institute for Psychotherapy as a 'very active' centre in which civilians and soldiers were treated with depth psychology.⁴⁴

Regarding his emigration, Kalinowski said that he was sorry to have to leave Germany, because he felt very attached to Germany and his career was interrupted. He was very attached to his country and not against it, like many of the other emigrants who had become 'very American'. He gave Fritz Redlich (see below) as an example. He found the many claims for reparations by Nazi victims for health damage to be exaggerated. He had not been harmed, and neither had the emigrants he knew. On the contrary, most of them should be happy to have left Germany in time. He said that his friend Hans Strauss, a former intern and student of Karl Kleist's in Frankfurt and a reparations evaluator for the German Consul General in New York until his death, had quite rightly rejected many claims for compensation.⁴⁵

Kalinowski's words at times read like a plea by Dr Sauter, defence lawyer for the doctors tried at Nuremberg, or like the excuses and attempts at self-justification by the

⁴⁰Nachtsheim 1948/1951, 1962; Bergmann *et al.* in Pross and Aly (eds) 1989, p. 138.

⁴¹Kalinowski 1965.

⁴²Brecht *et al.* 1985; Kalinowski 1986.

⁴³Kalinowski interview, 18 February and 24 March 1988.

⁴⁴Kalinowski 1986.

⁴⁵Kalinowski interview 18 February and 24 March 1988. Hans Strauss's restrictive view on the compensation issue was an expression of his orthodox psychiatric view rooted in traditional German psychiatry: Pross 1988, pp. 145–6; Pross 1998, pp. 177–8, 217–19.

defendants themselves.⁴⁶ If we follow their statements to their logical conclusion, the eugenic measures and scientific achievements of the doctors in the Third Reich should today be seen as exemplary. Kalinowski's collegial attachment to Germany is revealing, as are his deep roots in German psychiatry, which led to a stronger identification with his German colleagues and their deeds than with their victims. Kalinowski was unable to see beyond his own horizons, as though the fact that he had hardly suffered meant that other emigrants could not have suffered either. Barely concealed hostility toward the *Ostjuden* combined here with German nationalist hostility toward the political left.

A key figure in research on heredity of psychiatric disorders was Franz Kallmann, a student of Ernst Rüdin's at the German Research Institute for Psychiatry in Munich until his emigration to the USA in 1936. He was later director of the Department of Medical Genetics at the New York State Psychiatric Institute. At the International Congress on Population Questions sponsored by National Social racial hygienists in Berlin in 1935, Kallmann presented the initial results of his studies of twins on the hereditary nature of schizophrenia and, at a time when forced sterilisation was in full swing in Germany, called for a 'reproduction cut-off' for heterozygous genes for schizophrenia—that is, for phenotypically healthy relatives and offspring of schizophrenics—as 'eugenically undesirable individuals'.

This was too radical even for Fritz Lenz, and in the subsequent discussion, he protested that the total number of heterozygotes in schizophrenia was much too high and their elimination therefore impractical.⁴⁷ Kallmann's final study, based on the Munich material, was published in English after his emigration to the USA. In this study, he repeated his claims but limited them, admitting that general, legal forced sterilisation of people carrying heterozygous genes was not feasible for humanitarian and practical reasons. He said it would be preferable to educate and guide those involved, through state eugenics and marriage counselling centres, legally required health certifications before marriage and, if necessary, a legal prohibition on marriage.⁴⁸ Kallmann was strongly criticised for this thesis in the USA as someone who was perpetuating Nazi racial hygiene and importing it into American psychiatry, and the principles according to which modern genetic counselling centres functioned were blamed in large part on Kallmann's works.⁴⁹ In the popular Nazi hereditary biology manuals on the hereditary nature of schizophrenia, the authors took Kallmann's study as a basis.⁵⁰ Friedrich Panse, one of the leading Nazi psychiatrists and a euthanasia evaluator in the Rheinland during the war, learned the tools of psychiatric genetics from Kallmann, with whom he went to Rüdin's institute in Munich in 1930.⁵¹

During the Third Reich, Kallmann carried on an active correspondence with Rüdin and his colleagues in Munich.⁵² When asked for a statement in the denazification proceedings against Rüdin and von Verschuer after the war, he characterised them as outstanding

⁴⁶Weindling 2004, pp. 199ff.

⁴⁷Kallmann in Harmsen and Lohse (eds) 1936.

⁴⁸Kallmann 1938, pp. 68–9.

⁴⁹Kamin 1983.

⁵⁰Luxenburger in Gütt (ed.) 1938; Luxenburger in Just (ed.) 1939.

⁵¹Klee 1983, p. 227; Panse 1966.

⁵²Kallmann correspondence.

scientists, but at the same time politically naïve people who had allowed themselves to be manipulated to serve the unrealistic dreams of those in power. The effect, perhaps intentional, was to more or less exonerate the defendants.⁵³ After his death in 1965, he was honoured in an obituary by Friedrich Panse as the best-known psychiatric geneticist in the world.⁵⁴

Elliot Gershon, the leading contemporary psychiatric geneticist in the USA at the National Institute of Mental Health in Bethesda, only recently honoured Kallmann as the father of psychiatric genetics and expressed his regret that the unfortunate association of this field with the sterilisation programme and the murder of the sick and Jews under the Nazis had damaged the reputation of this scientific discipline. The German Institute for Psychiatric Research in Munich, he said, produced all of the original pioneers of psychiatric genetics and psychiatric study of twins, such as Rüdin, Luxenburger, Essen-Möller, Lange and many others. Referring to the 1934 book by Gütt, Rüdin and Ruttke on the Law for the Prevention of Hereditarily Diseased Offspring, Gershon argued that respected scientists at the time had postulated the hereditary nature of schizophrenia and the forced sterilisation of schizophrenics. In general, he maintained, after the Second World War the concept of genetic differences in human behaviour was seen as abhorrent, in reaction to the Nazis' 'pseudoscientific theses'. This 'wave' against genetics research lasted a generation and took scientific progress back a generation. In the USA, attacks against the study of psychiatric heredity came above all from the political left, in the form of a 'relapse into Lyssenkoism'.⁵⁵

Collegial Attachments

Hans Popper, a leading hepatologist in the USA and an Austrian emigrant, was a student of Hans Eppinger, the director of the medical clinic of the University of Vienna, who shared responsibility for the seawater-drinking experiments in Dachau. Eppinger helped Popper flee after the *Anschluss* of Austria and saved his life by warning him of his impending arrest by the Gestapo. Starting in early 1973, the German pharmaceutical company Falk began to award an Eppinger Prize for achievements in liver research. It was often Popper personally who awarded the prize, accompanied by a speech that began each time with a homage to Eppinger.

When the American hepatologist Howard Spiro in 1984 publicly questioned this prize because of Eppinger's involvement in criminal human experimentation, Popper at first maintained public silence and then, when the call to rename the prize could no longer be ignored, announced that Eppinger was a morally questionable personality.⁵⁶ However, in a personal conversation with Michael Thaler, a friend and professional colleague from San Francisco, Popper vehemently defended the former teacher he idolised, and to whom he owed 'unqualified gratitude'. He admitted that he kept Eppinger's photo on his desk next to his (Popper's) father's picture, and that Eppinger had given him the most important motivations in his life. On his deathbed, Popper confessed to his

⁵³Weber 1993, pp. 296ff.

⁵⁴Panse 1966.

⁵⁵Gershon 1981.

⁵⁶Spiro 1984.

colleague Thaler that he had been a constant witness to Eppinger's ruthless experiments on the patients in his clinic. He (Popper) and the other assistants had hidden dying patients on the ward from Eppinger, since he would otherwise have had them killed in order to obtain fresh organ material.⁵⁷

The fact that Popper, despite knowing about Eppinger's criminal violations of the basic rules of medical ethics, for years awarded the Eppinger prize and extolled Eppinger as a model to a whole generation of hepatologists can only be explained by his extraordinarily strong personal attachment to Eppinger, which apparently was in the nature of a father-son relationship. Such a relationship between student and teacher or chief physician and subordinate intern, marked by great reverence and absolute loyalty, is typical of the German medical profession. It was certainly one of the reasons that so many young doctors in the Third Reich took part in criminal experiments and killing operations. And it is also a reason for many emigrant doctors' silence or unwillingness to believe.

Peter Fleischmann, until 1933 internist at Moabit Hospital in Berlin, later chief physician in the department of internal medicine at the State Hospital in Afulah, Palestine/Israel, began corresponding with his former Moabit colleague Werner Forßmann in 1973, after reading his autobiography.⁵⁸ This correspondence is interesting because it gives evidence of the atmosphere of tension, attachment and chasms between émigré doctors and their colleagues who remained behind. In his first letter, Fleischmann wrote that the decision to take up contact again 'was not easy for a Jew ... when no information on the years of separation exists and one does not know whether an unbridgeable gap has arisen'.

Forßmann's autobiography engrossed him, 'both in its treatment of people and events with which I was familiar and in the description of the later periods in which I and my country seemed to exist on different planets. I soon discovered that I agreed with you on many professional and ideological things.' Forßmann answered promptly and used this friendly resumption of contact by a Jewish colleague to reveal his bad conscience. He confessed to Fleischmann his membership of the Nazi Party and recalled last embarrassing meetings with Jewish colleagues after the 'seizure of power'.⁵⁹ Fleischmann accepted Forßmann's plea for reconciliation:

Thank you for the letter. It bridges 45 years, but also a gulf that threatened to separate our peoples forever. ... Our lifelines recall the two branches of a hyperbola, which from the distance approach each other for a while, only to once again separate. You were a 'preprogrammed' German academic; I was a Jew raised in the spirit of socialism, son of a father with roots in Russia and a mother who came from Germany. ... From my youth I believed it was possible to be a cosmopolitan. ... The blows that life has dealt me came from the realization that our world is split into peoples who hate each other and who do not tolerate cosmopolitans.⁶⁰

⁵⁷Thaler 1989; 'Infamy haunts a top award', *Time*, 26 November 1984.

⁵⁸Forßmann 1972.

⁵⁹Fleischmann/Forßmann correspondence, Fleischmann letter to Forßmann, 11 April 1973, Forßmann's answer, 2 May 1973.

⁶⁰Fleischmann/Forßmann correspondence, Fleischmann's answer, 10 June 1973.

Otto Guttentag, until 1933 an intern and student at Volhard's Clinic for Internal Medicine in Frankfurt, after his immigration to the USA a professor of medical philosophy at the University of California at San Francisco, was a close friend since the 1920s of Karl Kötschau, an exponent of the 'new German medicine' in the Third Reich. In 1947, Guttentag resumed contact with Kötschau during the period he spent as an expert consultant with the US Military Government in Germany, and lobbied for his release from an American internment camp for Nazi Party members. Their common basis before 1933 and after the war was their critique of over-mechanised, dehumanised orthodox medicine and their interest in homeopathy.⁶¹ Nevertheless, there were significant substantive differences between them. In his post-war writings, as in his aggressively formulated, racial hygiene-oriented works during the Third Reich, Kötschau called for the healing of the sick 'national body' (*Volkskörper*), which had been weakened by too much 'care and protection' and a lack of natural exercise, and whose genes had been damaged by the poisons of civilisation and a 'lack of culling and selection'.⁶²

The weak and chronically ill had no place in Kötschau's natural, fitness-oriented (*Leistungsorientiert*) medicine. In his writings, in contrast, Guttentag lobbied at length for the protection of the chronically ill. In the American professional and lay press, he dealt with subjects such as the meaning and definition of death, assisted suicide and medical experiments from a theological and philosophical perspective. His ideas were heavily influenced by the experience of medicine in National Socialism and the Nuremberg Doctors Trial. In 1950, he reviewed the American edition of Mitscherlich's documentation of the Nuremberg Doctors Trial.⁶³ At a symposium on human experimentation in 1951, he called, among other things, for the elimination of the concept of the 'hopelessly incurable', with reference to Mitscherlich's book and Viktor von Weizsäcker's article on euthanasia in the Third Reich.⁶⁴ Characterising a sick person as hopeless, he argued, lowered inhibitions against risky medical experimentation on the terminally ill. Although it seemed at first to be a humane act when a doctor avoided endangering patients as experimental subjects by only experimenting on those who would die anyway, it violated the principles of equality and brotherhood and the original heart of the doctor–patient relationship—a relationship between the doctor as friend and the patient as someone in need of help. Guttentag warned, 'it is not the conquest of nature that seems to be the basic problem of our time, but the redefinition of the human being. . . . We must be careful that, in our striving for truth, we do not create healthy bodies at the expense of morally stunted souls.'⁶⁵

In the Third Reich, contrary to Guttentag's belief, Kötschau had unambiguously advocated the extermination of invalids through a forced selection process: 'Those who are invalids or to be made invalids are to be trained for fitness and health, even if this should accelerate the unfavorable outcome of their illness. In other words, a decision

⁶¹Guttentag interview, 6 and 7 April 1988 and 26 October 1988; Guttentag letter to author, 25 August 1988.

⁶²Kötschau 1978, pp. 42ff.

⁶³Guttentag 1950.

⁶⁴Weizsäcker 1947/48.

⁶⁵Guttentag 1953.

must be made: either fitness or natural elimination.⁶⁶ In 1933, after the expulsion of the Jewish alternative medicine specialist Emil Klein, Kötschau took over the chair in naturopathy at the University of Jena. In the course of the elimination of the 'new German medicine' and Rosenberg's attacks on holistic doctrine in 1937, he lost this post and found refuge with the *Gauleiter* of Franconia, the fanatical naturopath and anti-Semite Julius Streicher.⁶⁷ In this period, Kötschau's writings were openly anti-Semitic.⁶⁸ Guttentag's resumption of friendly relations after the war must have given Kötschau a sense of relief.⁶⁹ Guttentag was very accommodating, all but looking for exonerating factors and playing down the social Darwinist and racist content of Kötschau's writings, or refusing to see it.⁷⁰

The forbearance and willingness to reconcile with their former colleagues in Germany on the part of Jewish doctors who had been chased out of their country came as a relief to many Nazi doctors. Thoughtful and remorseful colleagues like Forßmann were inspired to reflect critically on themselves; others, in contrast, abused their Jewish colleagues' forbearance. Thus the pathologist and former Sturm-Abteilung (SA) doctor Berthold Ostertag had the audacity after the war to ask his Jewish colleague Rudolf Jaffé, whom he had thrown out of Moabit Hospital in 1933, for a certificate of good behaviour (*Persilschein*).⁷¹

Experts at Nuremberg and Advisors on 'Reeducation'

When Leo Alexander came to Germany as a US officer in the summer of 1945 and conducted targeted interrogations of colleagues in military medicine and psychiatric-neurological research at the behest of the Combined Intelligence Objectives Sub-Committee (CIOS), a unit of the Allied secret services, he found himself in a quandary. On the one hand, he was supposed to seek out useful research results and recruit scientists for the US military; on the other hand, he was expected to investigate crimes. It can be gathered from his numerous CIOS reports that he was, on the one hand, fascinated by the extraordinary scientific discoveries made by his colleagues, some of whom he still knew personally from the period before 1933. On the other hand, he was shocked at their unscrupulousness and shamelessness in dealing with the 'human material' for their studies.⁷²

When Alexander was named an expert at the Doctors Trial by the Chief Counsel for War Crimes at the end of 1946, his dilemma intensified since some of the doctors he had identified as perpetrators in his reports were excluded from the indictment or acquitted because they had been recruited by the US Air Force for aviation medicine

⁶⁶Kötschau 1938, p. 34.

⁶⁷For Kötschau's biography and a critical analysis of his writings, see Haug 1985.

⁶⁸Mitteilungsblatt der fränkischen Gauleitung 1944, cited in Pross and Aly (eds) 1989, p. 192.

⁶⁹Mitteilungsblatt der fränkischen Gauleitung 1944, Guttentag Interview.

⁷⁰Noteworthy in this context is Guttentag's oral feedback to the author on the anthology. Pross and Aly (eds) 1989. He thought the exhibit was too biased and aggressive towards the older generation of German doctors. Only later generations would be able to properly judge this historical period from a distance.

⁷¹Pross 1984, pp. 189–90. On Ostertag, see also Peiffer 1997.

⁷²Alexander 1950.

research.⁷³ After the Doctors Trial, he attempted to analyse the causes of Nazi medical crimes in the American professional press. He blamed weak egos and the force of an unstable super-ego among Germans, a basic defect in their national character, for what had happened. In his view, worldview (*Weltanschauung*) traditionally held much greater significance in Germany than in other countries. Doctors' ability to cross the threshold to criminality could be explained by peer pressure within the SS. It could be compared to a criminal gang, in which people were forced to commit especially horrible acts in order to prove loyalty to the group, and through this shared guilt were bound to the organisation for better or worse. Cowardice and fear of condemnation and punishment by the organisation were the crucial motivators.

However, in his view, events also suggested a change in physicians' behaviour in the course of the mechanisation and scientification of medicine. Religiously motivated sympathy with the incurably ill and the doctor as 'good Samaritan' offering hope were a thing of the past. They had been replaced by a Hegelian, cold-blooded, utilitarian philosophy, a rationally achievable concept of healing or restoration of ability to work. As part of this philosophy, the incurable or chronically ill patient was stigmatised as a spanner in the works and as undesirable ballast. This tendency, he said, was also widespread in the USA. To go from shunting the chronically ill into second-class care facilities to deporting them to killing centres did require crossing a certain threshold, but was nevertheless a logical step. He warned that Germany, 'the patient', needed to be kept under constant medical observation by the USA in order to prevent a new destructive 'attack'.⁷⁴

The emigrant doctors Fritz Redlich, Bertram Schaffner and Lothar Kalinowski were officially employed after 1945 as advisors to the US Military Government on the reeducation programme in Germany. The Josiah Macy Foundation held a conference in Nassau, NJ, in 1950, and another one in Hiddesen near Detmold in 1951, for the reeducation of German professionals from the fields of psychiatry, education and social work. Leading American psychiatrists and psychoanalysts took part, including John Rees, head of the World Federation of Mental Health, Erik H. Erikson, and three emigrants.⁷⁵ The most prominent participant in the Hiddesen conference from the German side was Werner Villinger, director of the Marburg University Psychiatric Clinic, a euthanasia evaluator in the Third Reich at the Bodelschwing Facility in Bethel and a lay judge on the Supreme Genetics Court (*Erbgesundheitsobergericht*) in Hamm.⁷⁶ Schaffner recalled that Villinger was meekly grateful at the conference and was surprised that he had even been invited. He tried with all his might to seem modern and to adapt to the new circumstances, but barely succeeded. At the conference, it was rumoured that Villinger had been much more heavily involved in Nazism than he admitted. While giving a closing address at the end of the conference, he was apparently overcome by the tension between his National

⁷³Schmidt 2004; Weindling 2004.

⁷⁴Alexander 1949; Pross in Roland *et al.* (eds) 1992.

⁷⁵The Josiah Macy Foundation New York, *Health and Human Relations in Germany*, Report of a Conference on Problems of Health and Human Relations in Germany, Nassau Tavern, Princeton, NJ, 26–30 June 1950 and at Hiddesen near Detmold, Germany, 2–7 August 1951.

⁷⁶Klee 1983, p. 205.

Socialist identity, his unacknowledged feelings of guilt, and the pressure to fit in at the conference, and burst into tears.⁷⁷

Otherwise, as far as records of these two conferences show, the events in German psychiatry between 1933 and 1945, which were—one would assume—the supposed reason for the ‘reeducation’ of the German experts present, played hardly any role. It was merely mentioned vaguely that in Germany ‘the social sciences and psychology had been neglected’ since the early 1930s, and that university psychiatry had dealt primarily with organic and constitutional aspects of mental disturbance.⁷⁸ The words ‘sterilisation’ and ‘euthanasia’ were not once mentioned at either of the conferences. On the contrary, Kalinowski spoke out against building a new, reformed psychiatric profession in Germany since that would only encourage protest among German psychiatrists.⁷⁹ The tenor of the conference was one of value-neutral professional exchange, the building of international connections, and freeing the German professional community from its international isolation. On the subject of National Socialism, the view was that German repression of the past was completely normal, and that within the framework of a friendly atmosphere, the shameful past could be cautiously recalled and discussed.⁸⁰

Apparently there was a certain congruence between the caution and kindness with which émigré doctors who came to Germany after the war met their German colleagues and the goals of reeducation, which preferred not to practise unsparing disclosure and confrontation with what happened; instead to cautiously—one could almost say psychotherapeutically—guide the deformed Germans on to a democratic path. The same tendency is shown in Bertram Schaffner’s study of the authoritarian German character, written in 1948 for the Information Control Division of the US Military Government in Germany.⁸¹

Fritz Redlich, who does not appear as a named contributor in the records of the two Macy Foundation conferences, wrote the chapter on ‘Medical Ethics under National Socialism’ thirty years later for Reich’s *Encyclopedia of Bioethics*. In it, he discussed his experience that an average observer of the health system in Nazi Germany before the war could have been positively impressed by the apparent effectiveness and the high quality of medical care. Upon closer inspection, however, one would have discovered that many aspects of this system were unhealthy. Only Germans and a few foreigners were able to enjoy first-class medical care. Jews and patients in the occupied Eastern territories received very bad care, or none at all. Eugenics was taught on the basis of a roughly distorted Darwinian theory that referred to falsified epidemiological data on the progressive degeneration of the racially impure democratic countries.⁸² Redlich clearly distanced himself from the 1933 Law for the Prevention of Hereditarily Diseased Offspring and the Hereditary Health Law of 1935. The worst thing about these laws,

⁷⁷Schaffner interview, 30 March 1988.

⁷⁸Macy Foundation, Nassau conference, pp. 68, 76.

⁷⁹Macy Foundation, Nassau conference, p. 155.

⁸⁰Macy Foundation, Nassau conference, p. 96.

⁸¹Schaffner 1948.

⁸²Redlich in Reich (ed.) 1978.

he said, was that they were formulated as eugenic measures, but applied as sociopolitical instruments against those the Nazi regime considered undesirable and dangerous.

At the end of an analysis of the T 4 euthanasia programme, the role of doctors in the concentration camps, and the human experiments carried out there, Redlich drew the following conclusions:

Biological and social theories that proclaim the superiority of certain nations and races over others must be subject to the strictest scientific testing. Any discriminatory policies based on flawed theories must be strongly attacked and rejected. One must be careful of laws and regulations that are proclaimed in the name of God and the state, but ignore the basic human rights to freedom and health. The ancient rules of medical ethics must be strictly obeyed and applied with special care to disadvantaged and helpless groups such as children, the physically handicapped, psychotics, the mentally ill, and prisoners. Finally, we must be aware that the crimes of National Socialism began with relatively small misdeeds and grew like a creeping sickness into horrifying crimes. Therefore, prevention must begin at an early stage.⁸³

Along with Alexander, Redlich formulated the clearest historical lessons for future medical ethics. He demanded that doctors be especially sensitive to creeping disenfranchisement and discrimination directed against the weakest groups in society. The doctor must continue to be, true to Virchow's motto, the natural advocate for the poor.

Conclusion

Few émigré doctors expressed deep, fundamental criticism of the errors of medicine in Nazi Germany. Similarly, few gave much thought to the reconstruction of the compromised, ruined health system in Germany. In fact, a few émigré doctors—those inclined towards the German nationalist political spectrum—proved to be apologists for National Socialism. Some statements in these interviews came from today's perspective and were influenced by knowledge gained in retrospect from the trials and historical research. Written accounts during the Third Reich and immediately thereafter, in contrast, give a sense of émigré doctors' spontaneous reactions to the events in Germany. However, at the time they could not yet recognise the significance and the full extent of the crimes, which in some cases led them to incorrect conclusions and explanations. The most frequently recurring justifications and misperceptions included: Nazi doctors who were charlatans and brutes were responsible for the crimes; Nazi doctors and Nazi health policies were backward and hostile to science; the majority of doctors and science itself were not to be blamed; the positive goals of eugenics, such as sterilisation of the mentally ill, were perverted and compromised by Nazi racial hygiene, but were not to be fundamentally questioned.

A lenient, conciliatory attitude toward German colleagues was remarkably common. The reasons for it included: collegial attachments that survived the war; a medical *esprit de corps*, the unwritten law that one did not publicise the mistakes of colleagues; some émigré doctors had their roots in a scientific school that welcomed aspects of Nazi health policy; some were impressed by the research results in, for example, aviation medicine. Furthermore, they did not want to confront their compromised German colleagues

⁸³*Ibid.*

too harshly, but rather integrate them into Germany's reconstruction (the goal of reeducation). Finally, some Nazi doctors were needed by the Allies, purposely recruited for military or space medicine, and therefore not prosecuted.

Socialist doctors identified National Socialist health policy, based on many individual examples, as an extermination campaign against the unfit and weak. On the other hand, they were caught in their own collectivist social model, their positivist concept of science, and their affinity for the eugenics movement. Despite their realistic view of events in Germany, they ran into difficulties when they attempted a deeper analysis, since Nazi health policy put many of their own ideas into practice, though in a brutal, ruthless way that contradicted their original purposes. Therefore, they fell into a whole range of mistaken assessments, such as overestimating quackery and dilettantism as characteristics of medicine under National Socialism. The blood-and-soil ideology of the Wagners and Streichers, the irrational side of medicine in National Socialism, was certainly a useful bug-bear from which one could distance oneself, and with which one might recruit undecided and 'serious' colleagues for the fight against the Nazis. The latter was after all one of the declared goals of the IÄB, which also circulated illegally in Germany. The IÄB vainly sought to discover a core of medical opposition in critical statements by leading German medical practitioners on the 'new German medicine'. It was on this very point that Otto Guttentag allowed himself to be misled by Karl Kötschau, who convinced him that his side-lining by the orthodox medical profession proved him to be an opponent of National Socialism. What the IÄB authors either did not know or did not want to see was the fact that the disputes between orthodox medicine and the 'new German medicine' were simply part of an internal power struggle within the system, in which orthodox medicine came out victorious. But this development only became clear after 1937, when the IÄB probably no longer had as good sources of information inside the Reich as it had had in the earlier years of its publication.

In addition, the IÄB authors accused the Nazis of a scornful, contemptuous attitude toward science and toward qualified experts. Supposedly only the uneducated ruffians in SA uniform now ruled. The Nazis, however, were far from hostile to science. The extermination programme against the hereditary and mentally ill was planned on the basis of comprehensive epidemiological-statistical studies by the German Research Institute for Psychiatry in Munich and the Kaiser-Wilhelm-Institute for Anthropology, Human Genetics and Eugenics in Berlin, the health offices and the Ministry of the Interior. Such complete coverage of all at-risk groups in the population had also been called for by the left in the Weimar Republic.

The IÄB authors advocated a social model in which experts held sway and regulated social relationships. Here, too, they either did not see the reality or ignored it, since a closer look would have necessarily led them to rethink their own fundamental beliefs. Karl Stern's astute analysis of science's enormous increase in power—science practised by competent researchers and not by charlatans—and the ruthless pragmatism that could be stopped not by political beliefs, but only by religion and morality, went deeper than the IÄB's analysis. The IÄB authors might have castigated Stern's theses as reactionary and metaphysically blind. However, Stern formulated his ideas nine years after the end of the war, when he could better comprehend the full significance of events than the IÄB authors in the 1930s.

At the other end of the scale are found the eugenicists among the emigrants—Kalinowski, Kallmann and, with some qualifications, Goldschmidt. If one follows them, or Gershon's praise of Kallmann's work, then the extermination operations against the sick in the Third Reich were merely an accident of history, without which mass eugenic sterilisation and genetic manipulation would today be considered completely acceptable methods of preventing disease. Without the sins of Nazi racial hygiene, which ended in mass murder, the world would still be in order today. And these sins were supposedly not the fault of Germany's internationally respected geneticists and psychiatrists, but of the charlatans elevated to power by the dictatorial regime. According to this logic, such errors would never have occurred in the hands of competent professionals.

This ascription of guilt to 'charlatans' as prototypes of the criminal Nazi doctor also appears in some comments on the Nuremberg Doctors Trial—by, for example, Kenneth Mellanby—as well as in the defence strategies of the prosecuted doctors. When they were interrogated by Leo Alexander, the leading representatives of German aviation medicine placed all blame for the deadly Dachau hypothermia and altitude experiments on the 'charlatan' SS doctor Rascher, who had died before the end of the war and could no longer be called to account.⁸⁴

The myth of the charlatans who ravaged Germany between 1933 and 1945 is a protective claim by those who continue to dream the dream of the genetic improvement of humanity, except that today they have much more refined and effective technologies available to them than was the case 50 years ago. It frees the representatives of science from any need to question the premises of their own research. The most important lessons of the past as expressed by Alexander, Redlich, Stern and Guttentag lie in protecting the chronically ill, the handicapped, the psychologically ill and the poor from radical and utilitarian utopias aimed at 'making the national body healthy'.

Do the commentaries of émigré doctors on medicine under National Socialism force upon us the sobering realisation that, both before and after 1933, there were few alternatives in medical thinking to what was practised, in radical fashion, in Nazi Germany? That after the technological revolution through science, something arose in medical thinking that bore within itself the seeds of the developments in Germany between 1933 and 1945—something which few of the participants, either inside or outside of Germany, recognised? In 1947, Mitscherlich spoke of the 'facelessness of an unmerciful epoch' and of a 'deep inhumanity' that had been 'prepared for a long time'. Alexander spoke of complete loss of the concept of the good Samaritan, and of the religious ethics of mercy and sympathy, among doctors in all modern industrial societies that are guided by purely utilitarian calculations based on economic efficiency and cost-benefit analyses. Karl Stern prophesied that perhaps the time would come when the doctor would shed his attachment to Jewish-Christian philosophy in favour of a modern pragmatism that knew no ethnical boundaries. Perhaps Nazism was only the beginning of the 'unmerciful epoch' of which Mitscherlich spoke.

⁸⁴Pross in Roland *et al.* (eds) 1992; Weindling 2004, pp. 207–8.

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