

ABSTRACT

Medicine in the Third Reich: An Exploration of Changes in the University of Berlin Medical Department under National Socialism

Kylie Anthony

Director: Andrew Wisely, Ph.D.

National Socialism caused pervasive ideological shifts in all areas of German culture and education, particularly the medical profession. The attitude of anti-Semitism and the practice of racial hygiene were prevalent, even in the midst of conducting sound science and training healers for the medical field. How could healers also be killers and how could scientific discoveries occur alongside racial experimentation? This paper examines the changes within the University of Berlin's medical department including the gradual shift of totalitarian control of physicians in Germany, the expulsion and replacement of Jewish faculty, and the changes to the medical school curriculum. As a result of these changes, an argument is made that nearly all physicians during the Nazi period contributed to this scientific paradox.

APPROVED BY DIRECTOR OF HONOR THESIS

Dr. Andrew Wisely, Department of German

APPROVED BY THE HONORS PROGRAM

Dr. Elizabeth Corey, Director

DATE: _____

MEDICINE IN THE THIRD REICH: AN EXPLORATION OF CHANGES IN THE
UNIVERSITY OF BERLIN MEDICAL DEPARTMENT UNDER NATIONAL
SOCIALISM

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By

Kylie Anthony

Waco, Texas

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CHAPTER ONE

Introduction

The history of medicine in Germany is multifaceted. Often acknowledged as one of the first countries with state insurance, created under Bismarck in the late nineteenth century, Germany has been an innovator in healthcare as well as basic science throughout the ages. Until lately, however, one particular era within German medical history was less discussed: the role of physicians in the Holocaust. While it is important to examine the political leadership and the military that participated in horrific crimes at the time, one must also not forget the active role that physicians themselves played in the Holocaust.

For the sake of medicine itself it is important to ask the question: how could a profession that took an oath to do no harm cause so much death and destruction? What caused the shift from healer to killer? The danger in researching an era as dark as that of the Nazi period is that one tends to separate oneself from the cruel reality of medicine under the Nazis, thinking that the horrific events and experimentation that occurred in the Third Reich could never happen again. Study of the role that medicine played in the Nazi period shows, however, that the degeneration of healers occurred gradually due to a manipulation of science, to personal ambition, and to opportunism. Continual study of Nazi medicine demonstrates the importance of due diligence in always questioning whether a decision is ethical, regardless of whether it is legal.

There has been extensive research on Nazi physicians who occupied different areas. Initial research in the decade after the war emphasized that it was not German physicians as a whole that participated in the crimes of the Holocaust, but only a select

few.¹ This period was also accompanied by silence from the generation of physicians that participated in crimes, and it was only after this generation passed away or retired that discussion about the role of medicine in the Holocaust was reopened in the 1980s. This era of research was a coordinated effort between both German and international scholars, and many of the foundational works on this topic were published during this period. One of the first German publications, in 1980, was by Walter Wuttke-Groneberg at the University of Tübingen.² A watershed publication in English was Robert Lifton's 1986 examination, based largely on interviews, of the psychological changes undergone by SS doctors serving in concentration camps. Michael Kater's *Doctors under Hitler* then examined the societal role of physicians on the home front, in medical schools, and in concentration camps in the Third Reich. Throughout the Nazi period, so these studies revealed, it was not a select few that participated in Nazi crimes, but the whole of the medical profession. In the wake of this revelation, multiple authors published collections of essays on the future of bioethics in view of the injustices conducted under the Nazis.³

Many different areas under the broad topic of Nazi medicine have been explored. However, one important area lacking investigations in English is the topic of medical departments of universities in Germany at that time, where events and policies of the 1930s shaped the next generation of physicians. Many changes occurred in Nazi medical education, including a widespread turnover of personnel following the removal of Jewish physicians, the addition of racial hygiene departments, and the addition of Nazi party

¹ Sabine Hildebrandt, *The Anatomy of Murder: Ethical Transgressions and Anatomical Science during the Third Reich* (NY, New York: Berghan Books, 2016), 6.

² Ibid., 9.

³ For examples, see Ibid., 10.

activities to the curriculum. Ultimately, these changes led to ghastly experimentation and to sets of political “reforms” such as the sterilization and euthanasia programs both inside and outside of medical schools.

Before examining specific medical schools and the changes that occurred there, it is important to understand the history and context of medicine in Germany before the policy changes enacted under Hitler. By examining first the anti-Semitic prejudices historically present in the medical profession, the beginning of the racial hygiene movement, and the increasing influence of the National Socialist German Worker’s Party (NSDAP) in both society as a whole as well as the medical professions, we can view the climate of the medical profession at the genesis of the Third Reich in order to better analyze specific changes at medical schools while the Nazis were in power.

Anti-Semitism had long been present in certain social circles in Germany, especially in economic and religious forms. The novelty at the end of the nineteenth century was that events in the medical profession caused previously fringe opinions to become more widespread amongst physicians. Historically, Jews had held a large proportion of positions in medicine relative to their percentage of the population. At the end of the nineteenth century, sixteen percent of all medical personnel were Jewish, even though Jews comprised only one percent of the total population.⁴ This was due in part to the fact that medicine was one of the first occupations available to Jews during the Middle Ages. The proportion of Jews in the medical profession became even higher after World War I, as Jewish physicians returned from the front and others moved to Germany

⁴ Robert Proctor, *Racial Hygiene: Medicine under the Nazis* (Cambridge, MA: Harvard University Press, 1988), 142.

in order to escape revolutionary Russia.⁵ When nearly five thousand German physicians returned home after the war, an already saturated market existed that could neither employ nor sustain them. Hence unemployment of physicians was high and resulted in jealousy among non-Jewish colleagues, further exacerbating anti-Semitic prejudices already latent especially in nationalistic sectors of German society.

As the proportion of Jewish physicians increased, another event disgruntled German physicians and led to scapegoating of the Jews: the creation of the *Krankenkassen*. *Krankenkassen* were state-sponsored insurance companies created by Bismarck in the 1880s that served the German population by providing medical insurance and social security.⁶ As enrollment in the insurance policies grew, so did the power of the insurance companies. Throughout the early twentieth century, the insurance companies continued to create policies that encroached on doctor autonomy, and physician lobby groups such as the *Hartmannbund* were created to give physicians back their voice. However, because irritation with the *Krankenkassen* from medical personnel continued to increase, the frustrating effects of the companies began to be blamed additionally on socialists and Jews.

This social and economic climate fed an increasingly hostile perception of the Jews in the years leading up to the Nazi period. Proctor has noted as much:

The growth of... racism can never be entirely explained by reference to larger social and economic processes; these processes can, however, be important for understanding how such views become attractive to large masses of people or to leaders people are willing to follow.⁷

⁵ Ibid., 143.

⁶ Ibid.

⁷ Ibid.

Although Proctor is referring to the economic status of the medical profession after World War I, he also helps explain why the racial hygiene movement, which in its infancy prior to the Nazi period was not anti-Semitic, took on a Nordic tone in its later years.

Racial hygiene evolved in the aftermath of Charles Darwin's *Origin of Species* in 1859 and the concept of natural selection. Natural selection holds that the traits that are advantageous for a population's survival are passed through generations over time, increasing the survivability of a species. Once Darwin had coined the term, many different disciplines exploited the concept to justify struggles for "survival of the fittest," including businessmen like Andrew Carnegie in discussing the economies of different industries in America.⁸

Elsewhere the concept of natural selection was used to begin the study of racial hygiene. Alfred Ploetz, in his 1895 publication *Grundlinien einer Rassenhygiene* (Basics of Racial Hygiene), argued against measures that disrupted this natural struggle for survival—such as war, revolution, and even medical care. If the "weak" were aided in their struggle for existence with medical care, the natural fight for existence that strengthened the human race would no longer exist, and weaker traits would be passed down, negatively affecting the overall strength of the human race. "Traditional medical care thus helps the individual but endangers the race."⁹ For Ploetz, the only way this struggle could be eliminated without detrimental effects to the human race would be to

⁸ Stefan Kühl, *For the Betterment of the Race : The Rise and Fall of the International Movement for Eugenics and Racial Hygiene* (New York, NY: Palgrave Macmillan, 2013), 13.

⁹ Proctor, *Racial Hygiene: Medicine under the Nazis*, 15.

modify the germ cells in the womb, selecting against weak traits before birth.¹⁰ In Ploetz's opinion this was a more humane way to live, since it eliminated a need for a struggle altogether. It was through this argument in 1895 that Ploetz created the term *Rassenhygiene* (racial hygiene). The racial hygiene movement gained a following quickly, and in 1904 Ploetz founded the *Archiv für Rassen- und Gesellschaftsbiologie* (Journal of Racial and Social Biology), the first racial hygiene journal. In 1905, he established the Society for Racial Hygiene. With just thirty-two members initially, the society grew to over one thousand members by 1930.¹¹

Early on, the racial hygiene movement was not concerned with the superiority of races, but simply with maintaining the natural struggle for the survival of the fittest. Most racial hygienists were primarily worried that the decreased birth rate in Germany was indirectly causing the increase of the mentally ill in state institutions by decreasing the struggle that led to natural selection.¹² Even in its early stages, though, signs existed that the racial hygiene movement was moving to a more Nordic view. Although Ploetz did not consider himself anti-Semitic, his terminology often included Nordic overtones, such as the view that the Nordic race was marked by "intellectual qualities" not present in other races.¹³ The Society for Racial Hygiene itself limited its membership to only white or Nordic races in 1909, years before the rise of Hitler.¹⁴ By the 1920s, Nordic ideals

¹⁰ Kühl, *For the Betterment of the Race : The Rise and Fall of the International Movement for Eugenics and Racial Hygiene*, 13.

¹¹ Proctor, *Racial Hygiene: Medicine under the Nazis*, 17.

¹² *Ibid.*, 20.

¹³ Kühl, *For the Betterment of the Race : The Rise and Fall of the International Movement for Eugenics and Racial Hygiene*, 15.

¹⁴ Proctor, *Racial Hygiene: Medicine under the Nazis*, 25.

attached to the racial hygiene movement increased with the help of Julius Lehmann, one of Germany's prominent publishers. His takeover of the *Journal of Racial and Social Biology* resulted in the racial hygiene movement becoming connected firmly to Nordic racial ideals.¹⁵

During this time, science was used increasingly to justify beliefs held by the leadership of the racial hygiene movement. Mendelian genetics and the concept of heredity were just beginning to be accepted at the time, although not yet fully understood. In contrast, Jean-Baptiste Lamarck's theory of inheritance of acquired characteristics was losing traction.¹⁶ August Weismann, a German zoologist, conducted an experiment on mice that seemed to virtually disprove Lamarckian inheritance and the idea of "acquired characteristics." He created a model that stated that germ cells, the source of genetic material, were unaffected by environmental influences.¹⁷ Racial hygienists used this finding to argue that it was all nature, rather than nurture, that caused strong or weak human characteristics, a stance later used to justify widespread sterilization and euthanasia programs enacted by the Nazis.

The beliefs that led to anti-Semitism and racial hygiene did not originate with the Nazi party. However, there were several conditions that allowed those beliefs to become prevalent in society as a whole, not just in medicine or genetics. To better understand the context of Germany at the time, it is important to examine briefly the years prior to Hitler's rise to power in 1933.

¹⁵ Ibid., 27.

¹⁶ Ibid., 31.

¹⁷ Ibid., 33.

After the loss of World War I, Germany founded the Weimar Republic in 1919.¹⁸ Its many struggles from the beginning included the reaction to the Treaty of Versailles, which outlined Germany's harsh post-WWI sanctions. Collectively, this treaty exacerbated the notion that the humiliation of loss and its repercussions were attributable to certain domestic groups, namely Jews and socialists, causing already present anti-Semitism and political discrimination to increase. Despite a period of brief stability, the Weimar Republic again struggled economically after the stock market crash of 1929, putting pressure on the Social Democratic Party. The NSDAP, founded by Hitler in 1925, increased rapidly in popularity and became the second largest party in parliament by the election of 1930.¹⁹ In 1933 President von Hindenburg officially appointed Hitler chancellor. However, what created a single-party state was the Enabling Law, passed by parliament a few months after Hitler became chancellor that allowed him to make laws without parliamentary approval.

At the same time that many of these events occurred, the NSDAP gained even more popularity and membership in the general public, but especially among physicians. Prior to 1933 and the Nazis' rise to power, physicians comprised only seven percent of total Nazi membership.²⁰ However, in 1933 one-third of all memberships in the Nazi party were held by physicians.²¹ Overall, between 1936 and 1945, 44 percent of all

¹⁸ Mary Fulbrook, *A concise history of Germany* (Cambridge, NY: Cambridge University Press, 1992), 160.

¹⁹ *Ibid.*, 174.

²⁰ Michael Kater, "Criminal Physicians in the Third Reich: Toward a Group Portrait." In *Medicine and Medical Ethics in Nazi Germany: Origins, Practices, Legacies*. (Berghahn Books, 2008), <http://www.jstor.org/stable/j.ctt9qdd67.9>, 80. See Table 1.

²¹ Michael Kater *Doctors Under Hitler* (Chapel Hill, NC: University of North Carolina Press, 1989), 55.

physicians became members of the NSDAP. Initially, many of the members were young doctors who may have used membership in the Nazi party to gain status in their early careers.

It was common for the social elite to be a part of the Nazi party in some capacity, so it is not the fact that doctors were members that was surprising, but that they were members in such high numbers. Compared to other professions at the time, doctors had a much higher rate of involvement within the NSDAP. Lawyers, teachers, and even musicians only had about twenty-five percent membership of the total occupation.²² Doctors were nearly twice that amount. Compared to the general population involvement of only nine percent, the figure of forty-four percent is astronomical.

Why was the number of physicians involved in the Nazi party so much higher than other professions? One possible explanation is that physicians felt more economic and social pressure on their careers in the wake of World War I with the uncertainty of the Weimar period and the increase in doctors to the system. Nazi party affiliation could be seen as a way to increase their own lobby and allowing physician's opportunities to help mitigate the crisis in healthcare after the war.

Even as NSDAP affiliations among physicians were increasing, medicine was beginning to become a part of the *Gleichschaltung* so characteristic of the Nazi period. *Gleichschaltung* is the term given to the Nazis' coordination of all of society to be under their control. In the medical profession, this was accomplished through several different avenues, one of which was the different physician lobbyist groups. Historically, the *Hartmannbund*, founded in 1900 in response to insurance funds, was the physician lobby for most practitioners in Germany. However, when the National Socialist Physician's

²² Kater, "Criminal Physicians in the Third Reich: Toward a Group Portrait," 80.

League (*NS-Ärztebund*) was founded in 1929, it began to compete with the *Hartmannbund* for members.²³ With increasing competition, the *Hartmannbund* was officially incorporated into the *NS-Ärztebund* under Dr. Gerhard Wagner in 1933. This takeover symbolized a shift as older organizations fell to the growing popularity of the Nazi party.

New physician societies were also created with National Socialist ideology. The German Panel Fund Physician's Union, abbreviated KVD in German, was created by Dr. Wagner in 1933 to unify the thousands of panel funds across the country that had acted as the intermediary among physicians, patients, and insurance funds. In addition to its traditional role, the KVD also became an organization to further coordinate physicians under Nazi regulations. It was the KVD that assigned physicians to certain geographical areas, carried out the purges of Jewish and politically opposed medical personnel, and set up an internal disciplinary court to enforce its rules.²⁴

With both the KVD and *NS-Ärztebund* under his control, Wagner was the main figure for the health of the German people and the Nazi party. While the Party had considerable power over the healthcare industry, its control was still limited to physicians who were members of the *NS-Ärztebund* or fund physicians who were a part of the KVD. When the Main Office for People's Health was created in 1934, however, an ordinance was implemented that gave Wagner and the Nazi Party control over the entire health

²³ Kater, *Doctors Under Hitler*, 19.

²⁴ *Ibid.*, 22.

profession. Called the Reich Physician's Ordinance of 1935, the ordinance formally established professional conduct codes to be used by practicing physicians.²⁵

Some of these codes were beneficial to the profession as a whole. Besides mandating new and continuing training for physicians every five years, the ordinance helped curb some of the unqualified healers beginning to practice medicine in the Weimar Republic. Still, other effects of the ordinance only spread NS ideology. All alcoholism cases and incurable diseases had to be reported and recorded with state authorities, and the ordinance allowed doctor-patient confidentiality to be breached if it was the "common sense of the people."²⁶ "Breach" was left to interpretation and was used later as an excuse to collect data on patients who became part of sterilization or euthanasia programs. Lastly, the ordinance created the Reich Physician's Chamber (RÄK). Every physician in Germany was required to have a membership in the RÄK, with Dr. Wagner at the helm. The Nazis now had a way to formally control all members of the healthcare profession.

In summary, the long latent anti-Semitism within the medical profession, the discourse of racial hygiene, and the political climate of Germany in the wake of World War I set the stage for radical change in German medicine and in all areas of German society. When the NSDAP came to power, a new sweep of policies and procedures led to atrocities beginning with sterilization of Jewish citizens, then euthanasia of the mentally handicapped, and finally concentration camps.

How could physicians trained to be healers become one of the major perpetrator groups of Nazi crimes? How could sound science be conducted alongside horrid racial

²⁵ Ibid., 35.

²⁶ Ibid., 38.

experimentation and extermination? To answer this question, I will examine the University of Berlin and the changes within their medical department under the Third Reich. Universities have always been a place where new ideas are exchanged and where the new generation is trained. During the Nazi period, universities, and in this specific case medical departments, saw many changes related to the new regime.

Examination of the University of Berlin and the Jewish faculty expulsion, the changes in medical school curriculum, and the addition of racial hygiene departments demonstrate the widespread effect National Socialism had on medicine. Lastly, two specific members of the medical faculty at the University of Berlin, Ferdinand Sauerbruch and Hermann Stieve, and their careers and research under the Nazis will be examined. Ultimately, National Socialism created an environment where most physicians became complicit in the Holocaust through manipulation of science, personal ambition, and opportunity, whether they were involved directly in the euthanasia programs and concentration camps or not.

CHAPTER TWO

Changes in Faculty Personnel

Berlin had a long history of being a center for the Jewish culture, reflected in the number of Jewish physicians practicing in Berlin before 1933. One medical newspaper, the *Münchener Medizinische Wochenschrift*, made the statement on March of 1933, ironically on the very same day that the Enabling Law was passed, that “80-100 percent of the physicians of Berlin’s city hospitals were either Jewish communists or social democrats.”¹ This number is likely the result of some tendencies toward propaganda. However, the fact remains that the discrimination laws enacted on Germany shortly after Hitler and the NSDAP came to power strongly impacted Berlin.

Once Germany became a single-party state, the anti-Semitism that had been building in the Germany community began to be incorporated into legislation. After Hitler’s rise to power, a series of laws were enacted over a six-year period that effectively removed Jews from medical positions and society. The expulsion of both Jewish faculty and students from the medical schools had a profound effect on the trajectory of German science. The effect of the discriminatory legislation of the Jews in medicine can be better understood by examining first the body of laws passed and their effects, then identifying the effect on Berlin’s faculty and students specifically. Lastly the specific histories of individuals in Berlin will be recounted to further understand the effect the Jewish discrimination laws had on science as a whole.

¹ Proctor, *Racial Hygiene: Medicine under the Nazis*, 92.

The most famous of these discriminatory laws are the Nuremberg Laws, a set of three laws passed in 1935 that restricted the relationships that Jews had with non-Jews. However, even before the enactment of the Nuremberg Laws, legislative acts were beginning to restrict the rights of Jewish doctors in the medical field. One of the first examples on record, though not nationwide, was passed just a few weeks after Hitler's rise to power. On April 4, 1933, Munich passed a citywide ordinance that limited Jewish physicians to treating only Jewish patients.² This was followed by one of the first laws to impact a large portion of the medical positions in Germany, the *Gesetz zur Wiederherstellung des Berufsbeamtentums* (henceforth as the Law for the Restoration of Civil Service) enacted on April 7, 1933.

The Law for the Restoration of Civil Service dismissed and prevented further employment of Jews as well as political opponents from participating in the civil service.³ This law had widespread effects on the medical profession. Immediately it excluded Jewish scientists and physicians from teaching at universities. Later on in the month of April, the law was expanded to include the medical insurance programs offered by the state, the *Krankenkassen*, under the umbrella of civil service. If patients were covered by the state insurance plans, as the majority of Germany's employees were, being seen by a Jewish physician meant that patients could not be reimbursed for their medical expenses.⁴

Many Jewish physicians, although not technically outlawed from practicing, found it difficult to remain in business supported only by the number of patients who

² Ibid., 91.

³ Konrad Jarausch, "The expulsion of Jewish professors and students at the University of Berlin during the Third Reich," *Crossing boundaries: the exclusion and inclusion of minorities in Germany and the United States* (2001): 9-26.

⁴ Proctor, *Racial Hygiene: Medicine under the Nazis*, 91.

were willing to pay out of pocket. This exclusion from the *Krankenkassen* was short-lived, and Jewish physicians regained privileges to the state insurance system for a brief period.⁵ With this return of benefits, many Jewish physicians who would have chosen to emigrate decided to remain in Germany, falsely believing that their career freedoms would improve. However, later on in the same year, a different avenue restricted freedom of Jewish medical physicians. On October 4, the Editor's Law was passed that prevented Jewish scholars from publishing any research.⁶

At the same time as these laws affected professor placements in universities, legislation was also passed that restricted student enrollment in universities. On the April 25, 1933, shortly after the Civil Service Law, the Law against the Overcrowding of German Schools and Universities was passed.⁷ Specifically this law was designed to prevent the overcrowding of universities that had occurred during the times of economic depression under the Weimar Republic. Several of these measures were not racially based. The number of students who could enroll with a high school diploma was capped at 15,000, and the proportion of women enrolled in universities could not exceed 10 percent.⁸ However, this law too restricted the freedom of Jewish students in universities, allowing only 1.5 percent of new enrollment classes at universities to be Jewish students.⁹

⁵ Udo Rudloff, Hans Ludwig, "Jewish gynecologists in Germany in the first half of the twentieth century," *Archives of Gynecology and Obstetrics* 272, no. 4 (2005): 245-260, doi: 10.1007/s00404-005-0046-6.

⁶ Kater, *Doctors Under Hitler*, 139.

⁷ Saul Friedländer, *Nazi Germany and the Jews* (New York, NY: HarperCollins, 1997), 30.

⁸ Jarausch, "The expulsion of Jewish professors and students at the University of Berlin during the Third Reich," 9-26.

⁹ Friedländer, *Nazi Germany and the Jews*, 30.

At the time of its issuance, nationwide enrollment of Jews in universities was 3.78 percent. In two years, this percentage dropped to 0.64 percent.¹⁰

The three infamous Nuremberg Laws followed these first few sets of laws. The first two Nuremberg Laws were passed on September 15, 1935, and included the Reich Citizenship Law, which declared Jews “residents” of Germany instead of citizens, and the Law for the Protection of German Blood and German Honor, which prevented the marriage of non-Jews to Jews.¹¹ The last law of the set enacted, the Law for the Protection of the Genetic Health of the German People, required Jewish residents to be medically examined before marriage to determine if their reproduction would damage the health of the German *Volk*.

All of these legislative changes had wide implications for the Jewish population and the medical profession as a whole, but their combined effect in Berlin was particularly detrimental. In the years leading up to Nazi control, the universities in Berlin had a much higher proportion of Jewish students and faculty than other universities across Germany. In 1926, 931 faculty members in Berlin, almost 12 percent, were Jewish.¹² Even so, the attitude of anti-Semitism already present at a low level in universities in Berlin began to escalate.

Germany had a very developed form of student government at the university level. In the years leading up to the Nazis’ seizure of power, the *Nationalsozialistischer*

¹⁰ Jaraus, “The expulsion of Jewish professors and students at the University of Berlin during the Third Reich,” 17.

¹¹ Proctor, *Racial Hygiene: Medicine under the Nazis*, 131.

¹² Jaraus, “The expulsion of Jewish professors and students at the University of Berlin during the Third Reich,” 14.

Deutscher Studentenbund (National Socialist German Student League) [NSDStB], gained power within universities nationwide and particularly at the University of Berlin.

With the onslaught of anti-Semitic legislation, 221 faculty and professors were removed from their posts from the city as a whole, 178 of these from the University of Berlin. The vast majority of these were not full professors, but associate and assistant professors, which suggests that the turnover “eliminated precisely those Jews who were competitors of struggling younger German scholars.”¹³ The medical departments saw an even greater turnover. Of the 221 faculty members expelled in Berlin, 43 percent were from the medical faculty.¹⁴ At Berlin’s Charité teaching hospital, 138 of the medical faculty were expelled.¹⁵ Two faculty members, Robert Meyer and Bernhard Zondek, can be considered representative of the faculty affected by expulsion.

Robert Meyer studied medicine in Leipzig and Heidelberg and moved to Berlin in 1894 at the age of 30 to open a practice in general obstetrics.¹⁶ During this time period he had the opportunity to act as an assistant to the university’s Gynecological Clinic. It was there he discovered he had interests in embryological pathology. After some time and connections built through mutual friends, he was invited to become a professor of gynecology at the Charité’s gynecological clinic hospital in 1908. Meyer gave up the clinical side of medicine and removed the brass plate of “physician and obstetrician”

¹³ Ibid., 17.

¹⁴ Ibid.,

¹⁵ Proctor, *Racial Hygiene under the Nazis*, 92.

¹⁶ Rudloff, “Jewish gynecologists in Germany in the first half of the twentieth century,” 255.

from his door to focus fully on research interests.¹⁷ He was promoted in 1912 to director of the Institute of Pathology at the University of Berlin's Gynecological Clinic, returning there after a brief period of service during World War I as a surgeon. An avid scholar, he produced many studies and publications and was given the title of Honorary Professor in 1932.¹⁸

However, with the onset of Nazi leadership and legislation, Meyer's career began to change. In 1933, National Socialist leadership revoked his status as Honorary Professor.¹⁹ Officially, Meyer was dismissed from his roles at the university in 1935. However, his friendship with Dr. Walter Stoeckel, a fellow member of the Berlin Society for Obstetrics and Gynecology (*Gesellschaft für Geburtshilfe und Gynäkologie zu Berlin*) and the director of the gynecology clinic at the university, allowed him to stay in his position unofficially until 1938. Stoeckel and the Minister of Education allowed Meyer to remain and work in the lab without salaried pay, but to keep commissions from consultations with patients without any deductions. Ironically, these commissions were amounts many times higher than gains from the salaried position.²⁰

By the end of 1938 however, the climate around Jewish scientists and physicians had deteriorated further and Meyer was officially let go. His statement of dismissal was issued by the *Reichsminister für Wissenschaft, Erziehung, und Volksbildung* (Department of Science, Education, and Culture):

¹⁷ Robert Meyer, *An autobiography of Robert Meyer: a short abstract of a long life* (New York, NY: Henry Schuman, 1949),43.

¹⁸ *Ibid.*, 84.

¹⁹ Rudloff, "Jewish gynecologists in Germany in the first half of the twentieth century," 255.

²⁰ Meyer, *An autobiography of Robert Meyer*, 92.

In agreement with the Minister of the Interior I am notifying you that the request of Professor Stoeckel to employ the former Honorary Professor Dr. Robert Meyer without remuneration at the Women's Hospital of the University cannot be allowed due to the attitude of the German people toward problems with Jews and according to the legal measure which have been put into effect. Dr. Meyer has to terminate his activities at the Women's University Hospital immediately. I ask you to take appropriate action without delay.²¹

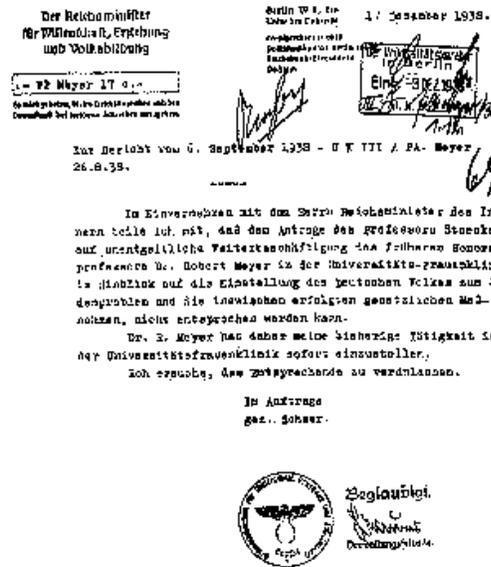


Figure 1: Meyer Dismissal Letter

Looking for employment elsewhere, Meyer was able to secure a job at the University of Minnesota through Dr. John McKelvey, a colleague he had worked with previously, and in 1939 left Germany to become Associate Professor there at the age of 76. The initial plan was to fly out of Germany on September 1, 1939. However, the invasion of Poland prevented this, and Meyer and his wife rode a train to Holland instead,

²¹ Translation from Rudloff, "Jewish gynecologists in Germany in the first half of the twentieth century," 251.

followed by a steamboat to New York. After arriving in Minnesota, he worked at the medical school of the university until a few months before his death in 1947.²²

Meyer is one instance of the expulsion of Jewish professors from medical faculty. His story ended with a stable job in the United States until the end of his life. Other colleagues within his own area of study at the University of Berlin were less fortunate. One such example is Bernhard Zondek. Bernhard Zondek and his two brothers studied medicine beginning in 1911 at the University of Berlin. With a brief break for World War I, he graduated in 1918. Beginning as an assistant in the Department of Obstetrics and Gynecology at the Charité hospital in Berlin, Zondek became interested in the endocrinological side of gynecology. It was with his colleague Selmar Aschheim that he created the first pregnancy test. He became a lecturer in 1923 and an Associate Professor at the University of Berlin in 1926.²³ With these accomplishments, he was asked to be the director of one of the gynecological clinics at a municipal hospital in Berlin, the “*Städtisches Krankenhaus Berlin-Spandau*” (Municipal Hospital of Berlin-Spandau).²⁴

However, as was the case with Robert Meyer, the Nazis interrupted Zondek’s career. Soon after Hitler’s rise to power in March of 1933, Zondek was relieved of his duties at the Municipal Hospital of Berlin-Spandau. In September, he was dismissed from his professorship at the University of Berlin, and fled to Sweden to become director of the Biochemical Institute of the University of Stockholm, where he spent only a few months. Moving to Palestine in 1934, he spent nearly thirty years as a professor of

²² Erik Moore, “A Home for Dr. Robert Meyer | Academic Health Center History Project,” accessed April 13, 2017, <http://editions.lib.umn.edu/ahcarchives/2010/03/15/a-home-for-dr-robert-meyer/>.

²³ Rudloff, “Jewish gynecologists in Germany in the first half of the twentieth century,” 257.

²⁴ Victor Cornelius Medvei, *A History of Endocrinology* (MTP Press, 1982), 483.

Gynecology and hormone research at the Hadassah Medical School in Jerusalem.²⁵ Later, he moved to New York City as a visiting professor at Einstein College of Medicine, where he died in 1966.

Meyer's and Zondek's stories are emblematic of the hardships imposed on Jewish professors during the Third Reich. As legislation restricted more liberties of Jewish physicians, it became increasingly important to have connections that could advocate for their cause. Walter Stoeckel, the connection for Meyer, was the president of the Berlin Society for Obstetrics and Gynecology after Meyer was released from his leadership. Despite the potential animus that came with remaining friendly toward an ousted Jew, Stoeckel still respected Meyer enough to advocate for Meyer to keep his position at the University of Berlin. When he was finally denied his request, Stoeckel himself took credit for helping with Meyer's transition to the United States.²⁶ On the other hand, Bernhard Zondek did not have as many advocates for him and instead was in Sweden for a brief period before finding a home in Palestine.

Neither of these men decided to return to Germany after 1945. Meyer's age may have been a factor in his decision, but why did Zondek not return to Germany when he had ample opportunity? It is possible that he felt comfortable enough in Palestine not to jeopardize his new life there. It is also possible that, as was the case with his brother Hermann Zondek, he perceived persistent residual views towards Jews in the medical field in Germany.²⁷

²⁵ Ibid.

²⁶ Kater, *Doctors Under Hitler*, 326. See Note 29.

²⁷ See Dewey: Marc Dewey et al., "Ernst Ferdinand Sauerbruch and His Ambiguous Role in the Period of National Socialism," *Annals of Surgery* 244, no. 2 (August 2006): 315–21, here 316,

The removal of Jewish faculty members from their positions not only impacted hundreds of physicians, scientists, and their families, but it also removed a generation of scholars from German universities. Because of this, many scientific discoveries that could have been celebrated on German soil were credited to other universities and countries. Several future Nobel Prize winners emigrated during the anti-Semitic legislation in the early 1930s. Hans Adolf Krebs, a physician and biochemist, was released from his professorship at the University of Freiburg just a few weeks after the Law of the Restoration of Civil Service was passed; he later won the Nobel Prize in Physiology or Medicine in 1953 for the discovery of the Krebs (Citric Acid) Cycle in England. At the University of Berlin, Ernst Boris Chain emigrated due to the installment of Nazi leadership, stating that he “did not believe the system would last more than six months at the most.”²⁸ He later won the Nobel Prize in 1945 for the discovery of penicillin. Ironically, this discovery was used by the Allies to treat infections in World War II and was not widely used on Germany’s front lines. Hence the loss of specific individuals from different departments prevented multiple innovations in Germany throughout the time period. The compounded effect of disenfranchising Jewish scholars left Germany desperately behind in bench research and in experienced medical education.

This problem was exacerbated by the fact that with so many openings in the universities, especially in Berlin, the political leadership seized the opportunity to replace the Jews they had expunged not with particularly qualified academics, but with men who

doi:10.1097/01.sla.0000218191.68016.cf. Dewey writes that Hermann Zondek, like his brother, was also dismissed from his position in endocrinology at the University of Berlin, going to exile in Switzerland. Zondek cites a disparaging remark from his colleague Ferdinand Sauerbach, a renowned surgeon who also taught at the University Berlin, as the main reason he did not return to Germany after the war.

²⁸ Eric Lax, *The mold in Dr. Florey's coat: the story of the penicillin miracle*, (New York, NY: Henry Holt, 2005), 61.

aligned with National Socialism. Many appointments at universities after 1935 were politically motivated, regardless of whether the vacancy had previously been held by a Jewish professor. This was the case with Friedrich Hartmann, a surgeon whose political connections earned him an adjunct professorship at the University of Berlin.

Hartmann, having studied medicine at the University of Graz, did not have a flawless academic record. Even so, he became an assistant to several different professors throughout Germany before moving to Berlin to study with Ferdinand Sauerbruch in 1928.. Under Sauerbruch's guidance, Hartmann received his license to teach at the university level. Hartmann, already a member of the SS, officially joined the NSDAP In 1938, and it was these connections that allowed him to be promoted so quickly to a full adjunct professorship in 1941.²⁹

Hartmann's story of opportunistic fortune shows the reverse side of the career fates of Meyer and Zondek—that is, what happens when racist medicine prevails, and less qualified academics fill the slots of those who were more qualified. Professors and academics not ousted by the regime found ways to increase their possibility for a promotion by further aligning with National Socialist ideals, and an environment to have a prolific scientific career. Together, these changes gradually transformed the atmosphere of universities from a free exchange of different ideas to a place of unified, totalitarian thought. It was here that the next generation of physicians was developed, in an environment not necessarily conducive to healing, but instead to opportunism and political gain. With these changes in atmosphere, there were also changes in the medical school curriculum itself.

²⁹ Kater, *Doctors under Hitler*, 131.

CHAPTER THREE

Racial Hygiene and the Changes in Medical Curriculum

During the Nazi years, medical curricula reflected the radicalized political and racist tone of its faculty. The largest change was the movement to create departments of racial hygiene, called *Rassenkunde*, in each medical school to care for the health of the whole of the German people. In addition, changes in the structure of the medical curriculum were required to mobilize a new generation of physicians to help care for the war-time injuries when shortages began in the second half of World War II. Lastly, additional National Socialist party requirements were placed on students to compel them to better serve the German state. In the following, I discuss these changes in detail by first examining medical faculties in Germany as a whole, then by turning to the specific instances at the University of Berlin, in order to understand how National Socialism used science to further its own ideology.

As previously discussed, eugenics was neither a creation of the Nazis, nor a belief they alone held. Many other countries, including the United States, which Germany at one point praised for their eugenics, published information on the concept in the early 1900s.¹ Even before Hitler's rise to power in early 1933, twenty-six courses were taught on racial hygiene in medical departments across Germany.² However, once Germany was under control of the Nazis, racial hygiene studies accelerated. One of the best examples

¹ Egbert Klautke, "'The Germans Are Beating Us at Our Own Game': American Eugenics and the German Sterilization Law of 1933," *History of the Human Sciences* 29, no. 3 (July 1, 2016): 25–43, doi:10.1177/0952695116631230.

² Proctor, Robert. *Racial Hygiene: Medicine under the Nazis*. Cambridge, Mass: Harvard University Press, 1988, 38.

of this shift occurred with the installment in 1933 of Fritz Lenz in the *Rassenkunde* department of the medical faculty at the University of Berlin.

Fritz Lenz was appointed as the chair of the racial hygiene department after a career of scholarly work. Frequently called the grandfather of racial hygiene, Lenz had long been a proponent of eugenics. Lenz was a physician who had studied medicine at the Universities of Berlin and Freiburg.³ Influenced by many mentors early in his life, including Alfred Ploetz, Lenz became interested in heritable defects during his medical career.⁴ In 1913 he began to serve as the editor of one of the oldest racial hygiene journals, the *Archiv für Rassen- und Gesellschaftsbiologie*, and was the first professor of racial hygiene in all of Germany at the University of Munich in 1923. Lenz believed that the only way to eliminate genetic illness and improve the health of the whole population was to manipulate reproductive capacity of people with undesirable traits. These undesirable traits were not limited to only simple physical or mental abnormalities, but also to different races.

While Lenz did not consider himself anti-Semitic, even conceding that Jews had played a role in history, he was prejudiced against multiple racial groups. In *Outline of Human Genetics and Racial Hygiene* (1927), he elaborated extensively on the various deficiencies in ethnic groups around the globe. The Nordic race was the “hero of history”,⁵ and while Lenz did not officially join the Nazi party until 1939⁶ it was his

³ Proctor, *Racial Hygiene: Medicine under the Nazis*, 48.

⁴ *Ibid.*, 49.

⁵ Proctor, *Racial Hygiene: Medicine under the Nazis*, 55.

⁶ Hildebrandt, *The Anatomy of Murder: Ethical Transgressions and Anatomical Science during the Third Reich*, 158.

values that put him in favor with Nazi leadership. Thanks to this political favor and decades of scholarship in genetics, Lenz was appointed Germany's first chair of racial hygiene at the University of Berlin in 1933, the most prestigious university position for eugenics in the country.

Lenz's installment brought together in Berlin two of the most prominent minds in racial hygiene. Eugen Fischer, with whom Lenz had written *Menschliche Erblichkeitslehre* (henceforth as *Human Heredity*), a foundational work on racial hygiene, was named the rector of the University of Berlin in 1933.⁷ Together, Lenz and Fischer argued for reproductive and racial control measures. Importantly, Lenz's appointment shifted the department's emphasis from social hygiene to racial hygiene. Social hygiene and racial hygiene, while sounding similar, differ in a significant way. Social hygiene, similar to what today would be considered public health, was a movement founded by the physician Alfred Grotjahn, who also became the first professor of a department dedicated to social hygiene at Berlin. Grotjahn, who wanted to study "the relationship between the disease . . . of the human body to social conditions",⁸ was replaced after his death in 1931 by Benno Chajes. When Chajes in turn was replaced by Lenz, the professorship title was changed to the chair of racial hygiene. Changing the title of the professorship sent a political signal. Rather than simply focusing on public health, the university, its faculty, and now its medical students would be focusing on the public health of the German *Volk*, the people. The health of the German *Volk* was not the health

⁷ Ibid.

⁸ S. Milton Rabson, "Alfred Grotjahn, Founder of Social Hygiene." *Bulletin of the New York Academy of Medicine* 12, no. 2 (1936): 43-58.

of the public as a whole, but the health of the German race, attained by ridding itself of individual groups deemed inferior.

To the extent that one can determine, Lenz did not himself participate in many of the heinous acts that marked many of the physicians of the Nazi era. Nevertheless, his scholarship on racial hygiene shaped a generation of physicians who turned his ideology into action. Throughout his time in Berlin, he continued to update the editions of his *Human Heredity* textbook. In the preface to his fourth edition in 1936, Lenz explained that he was now omitting the sections on racial characteristics of European and non-European races, because the characteristics were now common knowledge.⁹ Lenz's eugenics department not only indicated ideological shifts at the time of his promotion, but it also continued to enact change in the understanding of racial hygiene throughout Germany for years to come.

Appointments and creations of racial hygiene departments such as the one at the University of Berlin continued in many other medical faculties across the country as all universities began their *Gleichschaltung*, or alignment with National Socialistic thought. Interest in racial hygiene increased: if a university had taught a lecture class in the pre-Nazi period, a professorship was created. What had previously just been a subject taught by one professor became whole departments. This expansion created the new problem of finding experts in the field of eugenics, raising the question: what made someone qualified to teach in a racial hygiene department? Was it their scholarly, scientific background, or their political ties? Because his *Human Heredity* had international resonance, Fritz Lenz had both scholarly respect and political ties. This ideal match did not apply to the majority of medical faculties. Formal training in *Rassenkunde* in the

⁹ Proctor, *Racial Hygiene: Medicine Under the Nazis*, 61.

early 1930s did not yet exist, and the closest alternatives were anthropology and genetics.¹⁰ Appointing racial hygiene professors did not guarantee their teaching qualifications, even in a controversial subject, and political manipulation granted to lackluster scholars high scholarly positions previously unattainable.

As Nazi ideas and principles infiltrated medical departments, science began to change as well. History has often heralded racial hygiene and Nazi versions of anthropology and genetics as pseudoscience. In the past, this argument has extended to the majority of Nazi Germany's scientific efforts, in order to counteract the atrocities committed in the name of science.¹¹ However, there is serious danger in writing off the horrific acts in Germany in the 1930s and 40s simply as "pseudoscience," and in recent years this argument has had less and less traction.

Pseudoscience is the term given to beliefs or methods that may seem scientific, but in fact are not based on the scientific method.¹² Indeed, it was in the best interest of certain groups after the war to claim that science under the Third Reich was simply pseudoscience, because this distinction allowed the "real" scientists to avoid confronting their own complicity. Another group that employed the term "pseudoscience" were those Jewish scholars who had been forced from their academic positions during the purging of academic faculties and had emigrated to other countries. These scholars understandably did not want to attribute scientific discoveries to any institution that had caused so much pain to their families and ethnic history. Lastly, the American public benefitted from

¹⁰ Kater, *Doctors Under Hitler*, 115.

¹¹ Hildebrandt, *The Anatomy of Murder: Ethical Transgressions and Anatomical Science during the Third Reich*, 237.

¹² *Ibid.*

using the label “pseudoscience” to describe National Socialistic scientific efforts, thus removing the danger of unethical experiments happening in the United States, where real science with regulations, not pseudoscience, was practiced.¹³

The fact of the matter is that, like it or not, science under the Nazis made many sound advancements using the scientific method. For instance, cancer research during this time focused on discovering carcinogenic agents particularly with respect to lung cancer. Anti-smoking campaigns were common, and Germany was the first country to recognize lung cancer as an occupational illness due to asbestos.¹⁴ To claim, in other words, that all Nazi science was pseudoscience, thus not actually science at all, prevents the insight that knowledge can be gained (and real advances made) through scientifically sound processes that are nonetheless horrifyingly unethical. As Robert Proctor puts it, “it would be comforting to believe of course that good science tends to travel with good ethics, but the sad truth seems to be that cruelty can coexist fairly easily with ‘good science.’”¹⁵

It is the ideology behind the scientific method that is pseudoscience. A concept of Nordic supremacy provides a dismal and unobjective beginning to racial hygiene, especially for those who fall outside the elite circle. An agenda of racial hygiene was firmly entrenched in German society by the mid-1930s and had far-reaching effects in society as a whole and in medical universities at the time. Once injected into the medical

¹³ Robert Proctor, “Nazi Science and Nazi Medical Ethics: Some Myths and Misconceptions,” *Perspectives in Biology and Medicine*, Spring 2000: 335.
<http://go.galegroup.com.ezproxy.baylor.edu/ps/i.do?p=AONE&sw=w&u=txshracd2488&v=2.1&it=r&id=GALE%7CA76134872&sid=summon&asid=d0c2280d14ac77c3e9cc3cc18758f820>.

¹⁴ Ibid.

¹⁵ Ibid.

curriculum, *Rassenkunde* supplanted more traditional medical subjects either in part or in whole. By 1936 *Rassenkunde* became mandatory material for medical examinations, and by October 1944 all students were required to take four credit hours of race biology.¹⁶ Changes in the structure of the medical curriculum accompanied the change in subject matter, as Germany prepared to launch wartime offensives and to fill the personnel holes left by the ousting of Jewish physicians from the field.

In the early Nazi period, medical curricula closely resembled the layout of medical school curriculum used currently in the United States. Studies typically lasted eleven semesters. The first five to six semesters were dedicated to pre-clinical training in basic science, anatomy, and pathophysiology. During semester breaks, many students would volunteer to work with a physician to gain experience, often called a *Famulatur*, in order to increase their opportunities for the future. They took a qualifying test, the *Physikum*, before continuing on to the clinical portion of training that lasted five to six semesters. Then students were required to take a final exam, which they prepared for over the course of an additional six months to a year. After completing the final exam, students gained additional experience through an internship year (*Medizinalpraktikum*), during which time they also wrote a doctoral dissertation that when completed gave them their medical degree.¹⁷

Without a doubt, the training of a physician was a lengthy and time-consuming process. With war on the horizon, these traditional requirements were amended on April 1, 1939, in the hopes of decreasing the foreseeable shortage of physicians that would

¹⁶ Kater, *Doctors Under Hitler*, 174.

¹⁷ *Ibid.*, 154.

occur during wartime.¹⁸ The preclinical portion of the curriculum was shortened by one semester. The study time for the final exam after the clinical portion was shortened to a six-week period, and the *Medizinalpraktikum* internship year was shortened to six months, with three months of it occurring after the seventh semester and the other six months after the ninth semester. Altogether, the changes shaved two years off the training of a physician. In addition, a trimester system came into play briefly from 1939 to 1941, in an attempt to graduate more physicians to attend to the needs of Germans both at the front and at home. However, struggles with scheduling of internships caused the system to be abandoned.

The shortened curriculum increased the number of physicians that German medical universities were able to graduate and send to the field. However, the start of World War II still saw a shortage of physicians. By May of 1940, one third of physicians in hospitals and private practice were serving in the military.¹⁹ Many students were transferred to the front lines to serve as soon as they had graduated. The quality of medical school graduates decreased significantly as the demands upon them increased. As if curriculum changes were not enough, students were also required to invest a considerable amount of time in National Socialist Party activities. Many were involved in some capacity in the *Sturmabteilung* (SA), *Schutzstaffel* (SS), Hitler Youth, or the Nazi Student League, all of which mandated sports activities or exercise times. In Berlin, the professor of surgery Ferdinand Sauerbruch remarked, “Five times weekly [students] have

¹⁸ Ibid., 155.

¹⁹ Ibid., 16.

to attend marching and combat exercises, and lectures on the theory of race. Next morning they sleep through class, if they show up at all.”²⁰

The most time-consuming party activity came through the *Medizinische Fachschaften*, which were extracurricular medical study units designed to bring all students of the university under the ideology of National Socialism. These study units had lectures on topics such as racial hygiene and also included social activities such as dances. The groups’ activities were technically optional, but actually played an important role in a medical student’s career. *Famulatur* training—i.e. voluntary internships with physicians during semester breaks—were often tied to participation in the *Fachschaften*. Sometimes only students avidly involved in the *Fachschaften* could acquire these *Famulatur*, forcing students whose ideals may not have aligned with the Nazi party to choose between ethics or opportunities. The *Fachschaften* were simply another example of insidious National Socialistic structures that infiltrated medical departments and brought a whole generation of medicine under Nazi thought.

To sum up, many changes occurred within medical departments during the Third Reich: nation-wide implementation of eugenics and racial hygiene departments, the shortening of medical school curriculum to aid in alleviating shortages of physicians both at home and at the front during World War II, and the increasing party involvement of medical students in *Fachschaften*. These changes brought certain themes to the fore. German medicine shifted its emphasis from the health of individuals to the health of the German people as a whole. Healing this group of people meant following Fritz Lenz’s ideals of negative selection, which sidelined anyone or any group deemed inferior or

²⁰ Bella Fromm, *Blood and Banquets; a Berlin Social Diary*, 1st ed. (New York: Harper, in association with Cooperation Pub. Co, 1942), 187.

unfit. Science became a way to validate pre-existing prejudices and assumptions of the German community and to begin the atrocities of the Holocaust.

In theory and in practice, racial hygiene advanced career opportunities, whether through promotions or the addition of research. In the case of medical students, involvement in *Medizinische Fachschaften* and other Party activities provided a ticket for *Famulatur* training. Within a system that advanced the health of the state over the health of the individual, medical faculty became ethically complicit through complacency and indifference to the effects of their actions. Ultimately this complacency and sometimes selfish ambition led to disastrous effects and experimentation during the Nazi period. Medical university faculty led many of these efforts.

CHAPTER FOUR

Passive Participation in Nazi Crimes by Medical Department Faculty

The faculty that remained in the University of Berlin's medical department had an opportunity to either resist the changes occurring in their institution in response to National Socialism or to use the changing tide of thought for their own personal gain and beliefs. Traditionally, the involvement of physicians in the crimes of the Nazi regime has been considered a dichotomy. Academics and physicians were either victims or perpetrators. Research projects were either hard science, unrelated to human experimentation, or pseudoscience.

However, study of the Nazi medical and scientific period has increasingly moved away from this traditional viewpoint. Instead, there is now an argument to be made that considers that all medical faculties, regardless of whether they were direct supporters of National Socialism, were tainted by the time period in which they lived. It was fairly common for physicians to advocate for resistance against the regime in certain conversations and arenas while also making decisions that aligned with Nazi ideology in their careers. In the same way, science itself was tainted. The addition of eugenics and racial hygiene departments across the country most certainly changed the direction of science. However, even "good science," as mentioned earlier,¹ was tainted by the manner in which studies were conducted.

Two men in particular at the University of Berlin exemplify the pervasive and paradoxical effect of National Socialism in medicine: the famous surgeon and medical

¹ See page 32 for Proctor quote and discussion.

professor at the Charité hospital at the University of Berlin, Ferdinand Sauerbruch, and Hermann Stieve, the chair of the Anatomical Institute. Both men benefitted from the regime in different ways, even though they were not fervent Nazi supporters, and demonstrate the complacency often seen in the academy during the Nazi period for the purpose of their own career and scholarly gains.

Ferdinand Sauerbruch was the chair of surgery at the Charité hospital in Berlin and a professor at the medical school at the University of Berlin.² Born in Barmen in 1875, Sauerbruch initially studied science at the University of Marburg before earning his degree in medicine at the University of Leipzig.³ He graduated in 1901.⁴ Sauerbruch served as the chair of surgery both at the University of Zurich and Munich before finally moving to Berlin in 1927, where he remained as a professor until 1949. One of the most innovative surgeons of the time, he invented a negative-pressure chamber, which allowed for open chest surgery, and he also aided in new developments for prosthetics of the hand and leg.⁵

While his medical achievements were clearly impressive, his stance on the leaders of the Third Reich is more difficult to determine. Sauerbruch, unlike many of the physicians in the early 1930s, never joined the NSDAP. During the Nazi era, Sauerbruch gained many career advances and titles. Shortly after the rise of Hitler, Sauerbruch was

² Marc Dewey et al., “Ernst Ferdinand Sauerbruch and His Ambiguous Role in the Period of National Socialism,” *Annals of Surgery* 244, no. 2 (August 2006): 315–21, doi:10.1097/01.sla.0000218191.68016.cf.

³ Robert Kyle, “Ferdinand Sauerbruch” *Journal of the American Medical Association* 243, no. 20 (1980): 2052

⁴ Dewey, “Ernst Ferdinand Sauerbruch and His Ambiguous Role in the Period of National Socialism,” 315

⁵ Ibid.

offered the title of *Staatsrat* (state counselor) in 1934, which he accepted.⁶ In 1937 he was also awarded the *Deutscher Nationalpreis für Kunst und Wissenschaft* (German National Prize for Art and Science), Hitler's alternative to the Nobel Prize that a German was prohibited from accepting.⁷

In his acceptance speech in 1938, Sauerbruch clearly states his support for the Nazi regime, explaining that the Weimar Republic was the “most difficult time of the German fatherland” and that the failure of Hitler's putsch on November 9, 1923 was the “first national trial of strength” and that “disappointment and despair buried our hopes.”⁸ Sauerbruch also demonstrates his adherence to the Nazi idea of the German *Volk* in the last few words of his speech:

And now we are experiencing with pride and inner joy the recognition of the German physicians by the Führer in an elevating, wonderful manner, since the honor conferred on two German surgeons is, in its deeper meaning, an honor and gratitude for all German physicians.

It is possible that Sauerbruch was espousing these ideas when he served as the head of the *Reichsforschungsrat* (Reich Research Council). As head of the council, Sauerbruch's role often made him responsible for approving research projects that included experimentation on political prisoners and members of concentration camps.⁹ From these statements and career advancements alone, it would seem simple to label Sauerbruch a Nazi supporter—if not by party, then by action. Simultaneously however, the surgeon used his influence to advocate for a stop to the T-4 euthanasia program.

⁶ Kater, *Doctors Under Hitler*, 138.

⁷ Nils Hansson, “The Limit of a strong Lobby: Why did August Bier and Ferdinand Sauerbruch never receive the Nobel Prize?” *International Journal of Surgery* 12, no. 9 (2014): 998-1002.

⁸ Dewey, “Ernst Ferdinand Sauerbruch and His Ambiguous Role in the Period of National Socialism”, 321.

⁹ *Ibid.*, 317.

The T-4 euthanasia program was enacted in 1939 and focused on adult patients with chronic mental illness. The goal of the program was to rid the German race of those deemed too weak to contribute, thereby strengthening the German *Volk*. Usually patients fell within four broad categories of unemployability: mental health; continuous institutionalization for five years or more; labeled as criminally insane; or mental health patients who were not German citizens.¹⁰ Most, if not all, of the nation's psychiatric staff was involved in the euthanasia program in some way. Sauerbruch was one of the men along with a larger group in Germany who advocated for an end to the program in Germany. Sauerbruch and Paul Gerhard-Braune, a pastor and director of the Hoffnungstal Institute in Berlin, personally advocated against the euthanasia program to the Minister of Justice Franz Gürtner.¹¹

Many scholars attribute this particular outcry and resistance from Germany over the T-4 euthanasia program to the fact that victims of the T-4 program specifically were non-Jewish Germans.¹² Sauerbruch and Braune were not the only members of the lobby to end euthanasia. Many Catholic bishops also played a role, most notably Bishop Clemens August Graf von Galen. In the summer of 1941, von Galen delivered a series of three sermons that encouraged his church to resist some of the Nazis policies. The last sermon in particular spoke against the T-4 euthanasia program. Using the Ten Commandments and examples of those affected by the euthanasia program, von Galen pleaded for the Catholic Church to take a stand against the program. However, at no point

¹⁰ Robert Lifton, *The Nazi doctors: medical killing and the psychology of genocide*. (New York, NY: Basic Books, 1986), 65.

¹¹ *Ibid.*, 91.

¹² Dewey, "Ernst Ferdinand Sauerbruch and His Ambiguous Role in the Period of National Socialism," 317.

in his sermon did von Galen speak to the euthanasia of Jews, and in his conclusion, he may have indirectly blamed Jews for their own misfortunes due to their lack of belief in the Messiah¹³. Even so, with the lobby by Sauerbruch, Bishop von Galen, and other clergyman, the widespread killing of the mentally disabled was halted at least officially.¹⁴

In addition to his efforts to halt the T-4 program, Sauerbruch was a member of the Berlin *Mittwochsgesellschaft* (Wednesday Society). Counter to many organizations of the time period, this organization was seen as having a critical view of the Nazis. Some of its members were involved in the assassination attempt of Hitler on July 20, 1944.¹⁵

Sauerbruch was also overheard in social circles speaking critically of the changes that the Nazi regime caused in the pedigree of students at the medical school.¹⁶

Sauerbruch is an excellent example of the decisions faced by physicians, particularly university faculty, under the Third Reich. While privately and amongst friends he may not have agreed with Nazi party ideals, such as in discussions about the current state of medical education, publically he clearly benefited from the Nazi regime. He gained political status serving as the *Staatsrat*, and he gained scientific prestige with his awarding of the German National Prize for Art and Science. Simultaneously, he lobbied against Nazi practices, such as the changes in medical school education and the existence of the T-4 program.

¹³ Beth Griech-Poelle, "Image of a Churchman-Resister: Bishop von Galen, the Euthanasia Project and the Sermons of Summer 1941" *Journal of Contemporary History*, no. 36 (2001): 41-57.

¹⁴ Dewey, "Ernst Ferdinand Sauerbruch and His Ambiguous Role in the Period of National Socialism," 317.

¹⁵ Ibid.

¹⁶ See Chapter 3, page 34.

Physicians during this time period faced the choice between moral convictions and career gains; when given the option, most of them took the opportunity to further their own selfish ambitions. This mindset helps to explain why so many of the physicians who joined the Nazi party during the 1930s were younger. Younger physicians felt the need for more connections to achieve their own career gains and saw the Nazi party as helping them realize those ambitions. While some participated only nominally in the actions of the Nazis, others ended up being involved in direct killing rather than healing. Sauerbruch, to the extent known, was never a part of the sterilization or euthanasia programs. However, he certainly impacted the lives of concentration camp prisoners through his approval of research projects. When he was placed on trial after World War II, Sauerbruch was found not guilty¹⁷—which in the context of postwar justice in Germany is saying very little. However, he experienced career gains as a direct result of the Nazi regime and can be included in the long list of physicians who were complicit during the crimes of the Third Reich.

Another physician and fellow scientist at the University of Berlin, Hermann Stieve, can also be described as having a rather ambiguous stance on the ideas of the Nazi party. Stieve eventually became the chair of the Anatomical Institute at University of Berlin.¹⁸ Born in 1886, he grew up in Munich and earned his medical degree at the university there.¹⁹ After a brief period of clinical practice, he turned his attention to anatomy and quickly became one of the experts in the field. He was appointed to the

¹⁷ Ibid., 318.

¹⁸ Hildebrandt, *The Anatomy of Murder: Ethical Transgressions and Anatomical Science during the Third Reich*, 149.

¹⁹ Ibid., 148.

Chair of Anatomy at the University of Halle in 1921, becoming at the time the youngest chair of a German medical department.²⁰ He moved as the chair of anatomy to the University of Berlin in 1935, where he remained on staff until his death in 1952.

Stieve was nationalistic and conservative. He was a member of the *Deutschnationale Volkspartei* (DNVP) (German national people's party) until 1930,²¹ having joined a paramilitary organization affiliated with them, the Stahlhelm, after World War I.²² Stieve saw the rise of the NSDAP as a way for Germany to recover from the humiliating defeat of World War I. However, though his own political attitudes may have aligned with Nazi ideas, he never joined the NSDAP (although it must be kept in mind that there were periods of stingy acceptance of applications). Nevertheless, his career developed because of the new regime's policies.

Stieve's particular research interests focused on the gynecological and physiological changes resulting from environmental stressors. It was common practice for anatomists to use the cadavers from executed prisoners in their research studies.²³ This practice had been in place since well before the National Socialism period and continued in postwar Germany until 1949. Stieve was no exception to this practice; he

²⁰ Andreas Winkelmann and Udo Schagen, "Hermann Stieve's Clinical-Anatomical Research on Executed Women during the 'Third Reich,'" *Clinical Anatomy* 22, no. 2 (March 2009): 163–71, doi:10.1002/ca.20760.

²¹ Hildebrandt, *The Anatomy of Murder: Ethical Transgressions and Anatomical Science during the Third Reich*, 149.

²² Nils Hansson, "Swedish-German contacts in the field of anatomy 1930-1950: Gösta Häggqvist and Hermann Stieve," *Annals of Anatomy*, 196, no. 5 (2014): 259-267.

²³ Winkelmann, "Hermann Stieve's Clinical-Anatomical Research on Executed Women during the 'Third Reich,'" 164.

had used organs from executed prisoners for his research purposes since 1919.²⁴ Nevertheless, National Socialism brought opportunities not previously available. In the past, research studies in the department of anatomy had been limited to the amount of material available from executions. Under the Nazi terror, executions skyrocketed particularly in the early 1940s. In Berlin alone, the number of executions per year increased from just below 200 in 1940 to a peak of 1180 in 1943. The number of women executed also increased during this time, allowing Stieve, in his own words, access to “material of a kind that no other institute in the world can call its own.”²⁵ Stieve was able to investigate the effect of stress as an environmental stimulus on physiological changes within ovaries leading to amenorrhea. The stress in this particular instance was the chronic stress of imprisonment and the acute stressor of the announcement of execution.

Stieve’s research on women during the National Socialist period has attracted many rumors about where he acquired his “material,” how he conducted his studies, and whether his findings can be credited as true science or should be considered “pseudoscience.” It has been questioned how involved Stieve was in the scheduling of executions in order to receive “material” for his research. The main sources of Stieve’s “material” were the Plötzensee execution site and Brandenburg-Görden. He dealt with the prison and execution staff on a regular basis to serve his research needs, and it is this interaction that led to some of the false reports that have become entrenched in Stieve’s history.

²⁴ Stieve was assisted in his procurement of organs throughout his career by Walter Stoeckel, mentioned earlier as the director of the gynecology department at the University of Berlin. As discussed, Stoeckel was credited as one of the primary advocates for Robert Meyer’s placement in the United States after the loss of his position due to anti-Semitic legislation. Stoeckel can be included as yet another example of the paradox of actions of physicians during the Nazi period.

²⁵ Hansson, “Swedish-German contacts in the field of anatomy 1930-1950: Gösta Häggqvist and Hermann Stieve”, 262.

A recent comprehensive study by Andreas Winkelmann and Udo Schagen titled *Hermann Stieve's Clinical-Anatomical Research on Executed Women During the Third Reich* aids in dispelling some myths and clarifying facts associated with Hermann Stieve's experiments. Winkelmann and Schagen examined all of Stieve's research, pulled from archives of the University of Berlin, the federal archives, the East German Secret Service, and the prison records of Plötzensee. They also interviewed many of Stieve's former students.

Many of Stieve's studies include clinical histories of prisoners who were used in his studies. A few historical studies allege that Stieve himself conducted these personal histories prior to execution.²⁶ However, Winkelmann could not find any evidence either in the archives or interviews of this occurring. More than likely, this information was collected from prison staff and physicians. After execution, the deceased were immediately transported to the anatomical institute where Stieve prepared them for examination. Stieve emphasized the importance of quick processing, and it was the brevity of time between execution and examination that led him to claim that no other anatomical material of the kind was being studied in the world. Stieve went to great lengths to maintain this "quality" and is even documented as negotiating with prison staff the time of day of executions so that the deceased could be processed on the same day. This close communication with execution and prison staff allowed him to be a prolific scholar during the Nazi period.

While his procedures and methods were unethical, Stieve himself did not participate in the direct murder of the Holocaust. There was no evidence collected by

²⁶ Götz Aly, Peter Chroust, and Christian Pross, *Cleansing the Fatherland: Nazi Medicine and Racial Hygiene* (Baltimore: Johns Hopkins University Press, 1994), 149.

Winkelmann that Stieve had worked either in concentration camps or in Brandenburg prison. He also cannot be called an ardent Nazi, at least on the basis of extant records. In addition, his experiments cannot be heralded as pseudoscience. Stieve was one of the only researchers of his time to incorporate controls into his studies, a measure that is now required in even the most basic of scientific experiments. He remained in his position as the chair of Anatomy, well respected, many years after the end of the Nazi period with no charges against him. He was a leading scientist of the time and had multiple contacts in countries outside the influence of the Third Reich.

However, simply because he contributed to science does not make his contributions ethical in any way. Even if using executed prisoners in anatomy-teaching labs was the standard of the time, Stieve clearly overstepped whatever social norms may have existed in order to siphon off the injustices of the National Socialist system for his own personal benefit in the pursuit of knowledge.

Stieve, like Sauerbruch, exemplifies the perfect storm of ideology, social and political change, science, and ample opportunities that physicians experienced during the Nazi period. Neither man joined the NSDAP or any of its affiliated organizations during the period of the Third Reich. Nor did either one participate in sterilization, euthanasia programs, or experimentation in concentration camps, all of which are associated with physicians of the time period. In addition, neither man was involved in one of the many organized racial hygiene and eugenics projects that occurred parallel to and in conjunction with the Holocaust. They cannot be grouped into the same categories of infamous names of Nazi physicians such as Joseph Mengele.

Even so, both men can be said to be compliant with the tenets of Hitler's regime for their own personal gains. In the case of Sauerbruch, he received social prestige and career advancement in exchange for at least public lip service to Nazi tenets. In the case of Stieve, he gained opportunities for scholarly research that outside the Nazi framework of racial and political (in)justice would never have existed.

Conclusion

Universities serve as an excellent case study for the changes that occurred in Germany during the Nazi period. They demonstrate the mixing of ideas from the past with the new ideology of the Nazi regime. The University of Berlin in particular, with its high concentration of faculty turnover during the Third Reich, demonstrates the high magnitude of changes that occurred in universities across the country.

Continued study of medicine in the National Socialist period achieves many things. First and foremost, it continues to honor the individuals who became victims of the Third Reich, whether they are faculty members or physicians who were less fortunate than Meyer or Zondek and passed away in concentration camps, members who were forced to emigrate, or the political prisoners executed at Plötzensee who became part of Hermann Stieve's research studies. As long as this time period is studied, they will not be forgotten.

Secondly, it demonstrates that not all aspects of medicine practiced under the Third Reich were the heinous crimes often associated with concentration camps and human experiments. Nazi medicine was a combination of "good science" with the advancements on cancer research, pseudoscience, vastly unethical experiments such as the anatomy research of Hermann Stieve, and missed opportunities as a result of the

expulsion of some of Germany's brightest faculty. To limit the medicine practiced and taught during this time period to only one of these categories prevents the insight that pseudoscience can be based on scientific knowledge, just as true science can produce good results, but at a high ethical cost.

Most importantly, though, continued study of Nazi medicine serves as a reminder to future generations, particularly those in the medical field, of how the ideas of National Socialism were able to transform a profession of healing into one that became complicit in the crimes of the Holocaust. The cataclysmic change within this field did not happen overnight, but included a number of factors such as the political climate of the medical profession, the expulsion of qualified Jewish scholars that were replaced with frequently less qualified but politically minded academics, and the inflated interest dedicated to racial hygiene.

This study thus challenges its readers to always remember that the health of the individual, no matter the ethnicity, race, or religion, remains at the heart of medicine, and it also serves as a caution to never let opportunity and selfish ambition overstep ethical boundaries.

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