

***Racial Hygiene: Medicine Under the Nazis***  
**Robert N. Proctor**  
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When we talk of human genetics today, we tend to think of a very complex field of study that holds much promise and numerous possibilities. The potential for improvement of the human race in terms of understanding the source of diseases, having the ability to correct debilitating physical characteristic in utero, the possibility of breeding desirable traits, or selecting the sex of a child are all part of the promises and the world found within the field of human genetics. Major universities around the world have attempted to lead the way in this area by developing and opening numerous courses within the fields of genetics and molecular biology. In building this “better” man, we hope to build a “better” world with the medical profession leading the way. What many seem to have forgotten is that the legitimate science of today had many of its origins in the science, scientists, and physicians found in Germany between the late 1800s and 1945. In this time, the German medical profession sold its soul to the Nazi Party and to Hitler in an effort to reclaim what it perceived as lost prestige and to experience the freedom to practice and expand the cutting edge science of the time. The end result was to be the saving of Germany and German culture and the purification of the German race. This purification would result in Germans assuming their “rightful place as the masters of Europe and the world.”

The German medical profession was virtually silent about the role it played in Hitler’s Germany after the war. Even though several doctors were tried for the crimes they committed in the name of racial health and the preservation of Germany, most doctors who were equally complicit in the crimes committed went unpunished and they went on to freely continue their practices. Experimentation, mercy killings, selective breeding, and special treatment were all part of the medical field during Hitler’s reign. Upon close inspection, what really happened was anything but the noble efforts embedded in the Hippocratic Oath. The experimentation was often unauthorized and sadistic efforts to “advance scientific knowledge.” The mercy killings were euthanasia carried out solely for economic or political ends. “Selective breeding” and “special treatment” were euphemisms for the forced sterilization of the mentally and physically handicapped, and the extermination of undesirables, particularly Jews, respectively. Who did what and why is examined in the book *Racial Hygiene: Medicine Under the Nazis*. The author, Robert N. Proctor, attempts to explore the role of the medical and health care fields in creating and sustaining “The Thousand Year Reich.”

Proctor starts his study by examining the origins of racial hygiene. One key pioneer in this area was Arthur Comte de Gobineau. His 1853 – 55 treatise, *Essay on the Inequality of the Human Race*, offered the premise that race was the primary force moving all of history. From his perspective, racial vitality resulted in the rise and fall of all great civilizations or races. As such, he took the position that this racial history was actually a science.

As science continued to advance in the last half of the 19<sup>th</sup> Century, people began to look to it as a means to explain everything from the origins of human character and institutions to why things are as they are. With this newfound means to look at the world and society, various ideological groups adopted scientific theories that sought to offer a means to bring about social control and reform. The publication of Charles Darwin’s *Origin of Species* in 1859 proved to be a watershed event in the field of biological determinism. He posited the idea that races diverged as they adapted to local environmental conditions. His ideas were given a sociological twist when Sir Francis Galton applied

Darwin's ideas to society creating what was called "Social Darwinism." Since the rise of Social Democratic movement in Germany, German Social Darwinists had little confidence in evolution bringing Germany to greatness. Rejecting liberalism and the laissez-faire mentality espoused by the Social Democrats, German social scientists instead opted for state intervention as the only means to curtail what they viewed as the "degeneration" of the human species.

This feared "degeneration" gave rise to the eugenics movement in Germany, which was based on two key assumptions at the end of the 19<sup>th</sup> Century:

- 1) The field of medicine had upset the "natural balance" by caring for and enabling the "weak" to survive.
- 2) The poor and misfits were breeding at a rate that exceeded the birth rate of more desirable groups throughout Germany.

In response to those fears, the German eugenics movement, or racial hygiene, emerged. Spearheaded by the work of Alfred Ploetz, a warning was posted that decried medical care that enabled the "weak" to survive at the expense of the "healthy." He called for a broader look at society in terms of doing what was good for the race as opposed to catering to individual needs or desires. He felt that an "intelligent racial hygiene" might eliminate the struggle for existence. Human breeding needed to be controlled to the extent that degenerative racial qualities needed to be identified and eliminated. This idea gave rise to the negative eugenics movement. Ploetz thus advocated for "improving the biology of the human species (17)." To promote his ideas he, together with three other similar thinkers, founded the Society for Racial Hygiene in 1905. Membership in this society was certified only if individuals promised to refrain from marriage to those who were "unfit." Branches of this organization popped up all over Germany.

After 1910, the field of racial hygiene starts to explode in Germany. With its primary concern being fears centered on the degeneration of the race, numerous organizations and journals were started and articles were written espousing the need to do something about the current trends in births and birth control. At this time, the need for increasing desirable births and the necessity to limit births of the undesirable was being given great attention in addition to the fears associated with the overall declining birthrate in Germany. Much of this decline was blamed on the emerging liberalism associated with a "women's liberation movement that devalued motherhood and compelled women to work outside of the home (20)." By the 1920s, population growth was equated to "racial fitness" and national strength. Family life was being destroyed by feminism and the after-effects of WW I. Racial hygiene proposed a means to reverse this destruction.

As Germany struggled under the harsh conditions inflicted on it by the Versailles Treaty and an ineffective Weimar government, racial hygiene took on a new life within the eugenics movement while its ideas also became part of the political platforms offered by emerging political parties on the right and the left. The questions of social condition being a product of environment or heredity began to move more solidly into the camp of those supporting the role of heredity. As such, the eugenics movement was viewed as a progressive movement and it became a vehicle for solving social problems. A key point to recognize is "that many of those who considered themselves progressive were in fact quite sympathetic to nativist or protofascist assumptions (23)." Even as early as 1895, Ploetz considered the white man to be the superior race on earth. Thus, Nordic supremacy became a key tenant of several emerging institutions formed in the early 1900s that envisioned the "German Volk" as the final hope of the Nordic race.

The author then goes on to discuss the role of various contributors to this movement's early days including Julius Friedrich Lehmann (Germany's most important publisher of works in the field of

race and hygiene), Jean-Baptiste Lamarck (the inheritance of acquired characteristics) and August Weismann (the study of acquired characteristics and the ability to pass them on). Nazi racial hygienists accepted Weismann's view that genetic material was passed on regardless of socialization. With Weismann's elevation to honorary chairman of the Society for Racial Hygiene, he gained national prominence. He later became associated with several key players (they were his students) in the politicization of the racial hygiene movement: Eugene Fischer, Fritz Lenz, Wilhelm Schallmayer, and Heinrich Ernst Ziegler. It is critical to point out that the ideas of racial hygiene were established in Germany by the medical profession long before Hitler came into power. In fact, this entire movement became institutionalized in Weimar Germany with the establishment of the Kaiser Wilhelm Institute for Anthropology, Human Genetics, and Eugenics (KWIA) in 1927.

The KWIA had as its primary mission to conduct research to combat the "physical and mental degeneration of the German people (39)." To that end it was supposed to:

- 1) Conduct an anthropological survey of the German people.
- 2) Research the effects of alcohol and VD on the germ plasm.
- 3) Analyze demographic trends and genealogies.
- 4) Investigate the inheritability of feeble-mindedness, crime, nervous disorders, etc.

Support for this institute came from the highest level of German health policy.

Eugen Fischer, one of the early directors of the KWIA and the head of the Society for Racial Hygiene, fell from Nazi favor early in 1933 when he promoted the idea that Nordic racial mixing was not counter-productive. In fact, at this time, he stated that it enhanced the race and culture. Viewed as a moderate, the Nazis replaced him at the Society for Racial Hygiene with Ernst Rüdin, but he remained the head of the KWIA. By July of 1933, Fischer had regained his favor with the Nazis by praising them as the first to realize that the culture of a people is "the product of the qualities of the race (40)." Therefore, it was important to identify and deal with "sickness" within genetic lines. He thus starts his own institute to pursue this work. By 1940, Fischer and his colleagues had published over 550 scholarly works on racial hygiene and related fields of study. His fellow scientists and physicians became "racial experts" who provided testimony in courts addressing issues related to mandatory sterilization, racial purity, and paternity. These "experts" were also called upon to teach teachers, physicians, and SS physicians.

In 1936 and 1937, Dr. Kurt Gottschaldt commenced the study of twins under the auspices of the Fischer Institute. Special twin camps were established along the North Sea where twins were exclusively studied. The goal of the institute fellows living there was to study whether behavioral traits were inherited or acquired. Lavishly funded by the Third Reich, twin study was conducted in an effort to conclusively demonstrate that heredity was the key to human talent and imperfection. The Nazis also invested huge sums to over 30 institutes to prove their line of racial thinking. Most of the funding was being channeled through the German Research Council (DFG).

One very important contributor to this research in racial hygiene was Otmar von Verschuer who succeeded Fischer as the director of the KWIA in 1942. Between 1943 – 44, he received funding to conduct an analysis of body data secured from twins who were being held in concentration camps. This work was being coordinated with Dr. Josef Mengele, a former graduate student of Verschuer who assisted him with his work at the KWIA. Mengele supplied the institute with "scientific materials" he acquired at Auschwitz. These "scientific materials" included:

- 1) Bodies of murdered gypsies.
- 2) Internal organs of dead children.
- 3) Skeletons of murdered Jews.

- 4) Blood samples from twins infected by Mengele with typhus (44).
- 5) Eyes.
- 6) Limbs (arms and legs).

Proctor moves from an examination of the origins of racial hygiene to the struggle that ensued in the transformation of medical racial hygiene into Nazi racial science. This struggle manifested itself within the regional, religious and political arenas, particularly over the question of Nordic supremacy. The racial hygiene scientific community within Germany became divided over this issue in the mid-1920s. Although the rift was healed by 1931, larger racial movements were sweeping the country, particularly in the form of National Socialism. As early as 1930, many of the leading eugenicists identified with the Nazi movement. One of the key eugenicists waving the Nazi flag and leading the Nazi racial movement was Fritz Lenz.

Named the first professor of racial science in Germany in 1923, he coauthored key German textbooks on genetics and racial hygiene during the interwar years. With the start of WW II, he petitioned the Office of Race and Resettlement asking to have input into the Generalplan Ost. He was one of the first to advocate “negative eugenics” to eliminate genetic illnesses, and human suffering. His influence on others in the medical field was widespread and it included several future key players, most specifically Eugen Fischer (previous mentioned) and Erwin Baur who published a two volume work (*Outline of Human Genetics and Racial Hygiene*) that strongly influenced the German biomedical thinking favored by the Nazis.

Lenz authored the concluding chapter of Baur’s book, *Outline of Human Genetics and Racial Hygiene*. Some of his key ideas included:

- 1) Mental differences were genetic and could be observed between the sexes and races.
- 2) A person with good hereditary equipment can be recognized.
- 3) Blacks and women suffer developmental retardation after puberty
- 4) Jews are recognizable
- 5) Jews mimic others to blend in.
- 6) The Nordic race is the hero of history and was decisive in all discoveries and conquests due to its stronger mental powers.
- 7) Jews have played a somewhat constructive role in history.
- 8) The absolute value of race over the individual.
- 9) Social ideals can be achieved by racial means (racial hygiene).
- 10) Hitler was the first politician to recognize the importance of racial hygiene as part of state policy.
- 11) There were no pure races and one must distinguish between race and a people (Volk).

In effect, Lenz takes what was considered a “scientifically neutral and objective” approach to racial hygiene. His racial hygiene was disguised as a science, which in turn legitimized many of the perceptions and prejudices of the time. At the same time, this neutrality and objectivity opened the door for ranking and distinguishing between races. Thus the science used by Lenz defended prejudices and crafted a worldview of women and Jews that were central to Nazi racial science. Hitler as the “doctor of the German people” ministered this science.

Doctors in the Nazi cause are the next area discussed by Proctor. Doctors were some of the earliest adherents of National Socialism. In 1929, a group of German physicians formed the National

Socialist Physicians League (NSDÄB) during the Nuremberg Nazi Party Congress. Its purpose was to coordinate Nazi medical policies and to eliminate the influence of Jewish Bolshevism in the German medical community. The NSDÄB sought to provide the state and the Party with experts in all areas of racial biology and public health. Doctors joined the Nazi Party earlier and in greater numbers than any other professional group (65). In fact, nearly 45% of all German doctors were members of the Nazi Party. Of those, 26% were in the SA and 7% were in the SS. Younger doctors joined in the largest numbers.

Doctors were quick to give the Nazis their loyalty and support for the following reasons:

- 1) Professional opportunism.
- 2) The early belief that the Nazi party was conservative and nationalistic.
- 3) Problems within the profession were blamed on Jews and socialists.
- 4) The Nazi promise to improve the German racial stock
- 5) The belief that the Nazis would rein in the insurance companies that were severely restricting physicians' ability to make a living and not allowing patients to choose their doctor.
- 6) Physicians were promised a special role within the Party.

It was not long after the Nazi seizure of power that the medical profession was coordinated or unified (Gleichsaltung) into a structure that was subordinated to the NSDAP. In fact, by April 1933, the medical profession was totally in service to the Nazi state. By August 1933, all medical professions were under Nazi leadership. The Führer of the medical profession was Gerhard Wagner who answered only to Hitler.

Medical perspectives changed once the profession was aligned with the Nazis. No longer was health care, curative medicine, and individual hygiene the concern. They were replaced with health leadership, preventive medicine, and racial hygiene respectively. It became necessary to distinguish between valuable life and life "not worth living" (73). Health care now focused as much on the strong as it did on the weak. Under Nazi leadership, the medical profession's press was organizationally transformed, as were the offerings at medical school and the priorities of medical research. Most significantly, NSDAP control of the profession regulated who could and could not practice medicine.

Critical to the dissemination of the new racial ideology were medical journals and medical schools. With over 200 journals at its disposal, the Nazis sought to use them initially as a means to "return to German thinking and feeling." In 1933, this commenced with getting Jews out of the profession and school. From there, the journals were used to promote the Nazi worldview and to inform their readership on issues of racial policy where blood was to become the bases of race.

Under Goebbels' direct orders, medical school curricula were altered to incorporate the study of racial hygiene within the fields of anthropology or psychiatry. All German medical students were required to attend either the Berlin or Munich medical academies where these new courses were offered. The number of racial science courses medical students had to take continued to increase right through 1944. To insure that the future SS doctors were properly schooled ideologically, all perspective SS doctors were required to study at the Doctor's Führer School at Alt-Rehse, which was established in 1935. Its purpose was to provide "manual, mental, and moral training for promising young doctors, nurses, and midwives (83)."

German doctors were to become the leaders of the Volk. As such, they needed to be able to identify with the people. Thus, in addition to their studies, they followed a regimen of exercise and

manual labor to bind them to the “blood and soil.” Racial hygiene was viewed as a “Weltanschauung” or a spiritual attitude grounded in science. As such, science and politics were intrinsically bound. With the establishment of the Office of Racial Policy in May 1934, all schooling and propaganda on population and racial hygiene was coordinated. Headed by Dr. Walter Gross, this office was responsible for the Reich’s racial programs including the Sterilization Law, the sterilization of the Rhineland Bastards, the Nuremberg Laws, and the education of the public on the need for racial policies. These programs were underwritten with the full knowledge and support of the Rockefeller Foundation and its money. (For a more detailed look at the role of the Rockefeller Foundation, see [www.doew.at/thema/planck/planck1.html](http://www.doew.at/thema/planck/planck1.html) )

To win German doctors over to the National Socialist cause, the Party took steps to secure their loyalty. The first step was to deal with the “inappropriate and unreliable elements” in the German medical profession (90). This not too subtle reference was to the Jews. Jews made up 13% of all doctors in Germany. In Berlin, 60% of all doctors were Jewish and in Austria they numbered 67%. This was a huge disproportion given the fact that Jews in 1933 made up less than 1% of the entire German and Austrian population. The Jewish doctors were accused of weakening the profession and seeking to weaken the blood of Germans. With the passing of the Law for the Restoration of the Civil Service on April 7, 1933, Jews were expelled from the civil service. They could not participate in medical insurance programs nor could they teach in medical schools or any school for that matter. With the Reich Physicians Ordinance passing on December 13, 1935, Jewish physicians who had taken up private practices after being forced out of government jobs, were now forced out of the profession all together. Jewish doctors could now only minister to Jews. This opened the door for “German” physicians who were finally able to advance their careers. These physicians thus supported the Nazis who rewarded their support with power and prestige.

Proctor uses Chapter Four to examine the Sterilization law. In June 1933, an expert Committee on Questions of Population and Racial Policy was formed by the Reich Interior Minister Wilhelm Frick to plan the course of Nazi racial policy. A new racial policy was deemed necessary for the following reasons:

- 1) There was a declining birthrate that directly contributed to a decline in the quantity and quality of births.
- 2) The size of the aging population was increasing.
- 3) The propensity for the two-child family.
- 4) The increasing Jewish population.
- 5) The increase of mixed race children.
- 6) The staggering increase in the number of genetically diseased individuals estimated to be 20% of the entire population.

By July 1933, the Law for the Prevention of Genetically Diseased Offspring was passed authorizing the sterilization of an individual if in the opinion of a genetic health court an individual suffered from a severe genetic illness. At this time, genetic illnesses included everything from feeble-mindedness, schizophrenia and manic-depressive insanity to blindness, deafness and alcoholism.

The first ever sterilization law was passed in the United States in 1907. Other nations were soon to follow. By 1917, Germany was still without a sterilization law and many racial hygienists feared that Germany would fall behind those nations that were regulating their populations. Germany looked to the US for direction and the scholarship necessary to prove the terrible results of poor breeding. Germany also envied the US for its restrictive immigration policies and the policies it possessed that lead it to believe that the US had solved its Jewish question. Over time, there was

tremendous collaboration between American and German eugenicists. With the Nazi rise to power, a poster campaign and films were produced promoting the need for racial hygiene. Because the Nazis envisioned a sterilization law being implemented on a massive scale, they stressed the benefits that the Sterilization Law would bring both to the race and to the economy. An entire bureaucracy of Genetic Health Courts was created to determine not only who could be sterilized, but also who could marry. Lawyers and doctors filled these courts and made the decisions. Physicians (and even teachers) were also required to make referrals to the courts.

Between 1933 – 45, eight major pieces of German racial legislation were passed with the intentions of cutting out the weak, strengthening the race, and increasing the number of births. Those designated for sterilization had to comply or they were sent to a concentration camp. Medical professionals looked for quicker and easier ways to sterilize patients. Every doctor had to undergo training in genetic pathology and be proficient in analyzing racial traits. Within the timeframe mentioned above, 400,000 Germans were sterilized. This number included the sterilization of 500 Rheinlandbastarde in 1937. With the onset of WW II, sterilization was replaced with the T-4 euthanasia program in which 70,000 mentally and physically handicapped Germans were killed in the name of racial health and the economics of having a life “unworthy of living.”

A discussion of Nazi population policy and the role of women follows next. The Nazis wanted women out of work and at home having children. Financial incentives and special recognition were offered to women who had children with the four-child family being the ideal. By 1938, public officials had to be married, those married five years without children were taxed, and women who could not bear children could be divorced (121). Women were denied abortions unless their life was at risk. During the war years, even women from the east who looked German were denied abortions. In the national effort to have more children, women were encouraged to have children even out of wedlock. To keep women in the home, they had no job security unless they were at least 35 years old, they could not be professionals, and the quota for female students was 10%.

The Nazis sent women home to ease the unemployment situation and undermine the feminist movement. For Hitler, the home was their battlefield. For one professor, a woman’s ovaries were a national resource and a property of the German state. As a result of the revival of their traditional role, there was a major increase in the number of births (between 15% – 20 %).

However, ideology and reality did not mesh as the Four Year Plan was put in motion in preparation for what was to become WW II. In 1938, 36% of German women were wage earners (126). Despite efforts and propaganda otherwise, the number of women working outside of the home in 1938 was more than twice that in 1929 (127). The reasons for this included the reintroduction of the military draft, the need to significantly increase industrial output, and the fact that since women were discouraged from holding high paying jobs, they took the low paying jobs in industry. Because of the critical role they played in the economy and Germany’s rearming, the Nazis had to tolerate their presence outside of the home. In view of this fact, women were given liberal maternity leaves and child-care centers were set up in the factories.

The number of female physicians also increased even though they had not been allowed to practice. Once the July 1938 law passed that totally excluded Jews from practicing medicine in Germany, the party looked to women to fill the void. As Germany set off to war, women were allowed to practice and even some Jewish doctors were rehired.

The role of anti-Semitism in the German medical community is investigated next. Physicians played a key role in calling for and implementing the Nuremberg Laws. The September 1935 Nuremberg Laws distinguished between a citizen and a resident. Jews and single women were classified as residents and thus excluded from the privileges of citizenship, i.e. Jews had no political rights. Marriage to and sex with a Jew was forbidden and Jews were classified according to their “Jewishness” relative to the number of Jewish grandparents a person had.

The October 1935 Law for the Protection of the Genetic Health of the German People (Marital Health Law) forbid marriages between people if there was potential for racial damage. Those possessing genetic illnesses could marry only if they were sterilized. Any type of “sexual traffic” with a Jew was outlawed since it was viewed as being “racially polluting”.

The medical profession took the lead in promoting and explaining these laws and justifying their importance. The medical journals were used to publish charts explaining the various classifications of the race outlined by the laws. They demonstrated with these charts and other posters and ads the debilitating impact racial mixing would have on German blood and Germany. The medical profession argued for the laws as necessary vehicles to “help protect the German “body” against further encroachment of “foreign racial elements” and help to “cleanse the body of the Volk” (133).” Thus, in order to carry out the various pieces of anti-Semitic legislation being passed by the Nazis, numerous medical advocates argued for “positive racial policies” e.g. the dissolution of German-Jewish marriages to compliment the “negative policies” e.g. the Sterilization Law, that were being enforced. These positive policies were designed to protect the genetic line and in effect separate Aryans from non-Aryans. What complicated matters for the Nazis was that many Jews had converted to Christianity as a way around the laws. Since Jewishness no longer followed “confessional lines” medical people like Walter Gmelin, head of the Health Office of Schäßbisch-Hall, argued for the “use of physicians trained in genetics” to establish a scientific basis for the nation’s racial policies. For Gmelin, this meant the establishment of a genetic registry, people being required to carry a health pass, and the establishment of racial offices.

Racial miscegenation became a major concern. In Germany, where Jews were highly assimilated and often did not “look Jewish,” it created a huge concern for the racial purists. Studies by Fischer and Lenz had “conclusively” shown the negative impact of racial mixing. Preventing this became a major priority for the Nazis and the SS took the lead. As early as 1931, the SS required its members to follow specific rules to prevent marriages to those outside of the desired racial lines. The Racial Office (Rasseamt) of the SS was established to oversee all SS marriages. SS regulations stated that all SS engagements and marriages had to be approved by SS doctors. The Rasseamt later oversaw civilian marriages as well. Additionally, counseling centers were established and pamphlets were published promoting healthy choices in marriage based on racial hygiene.

The power of these counseling centers increased significantly with the passing of the Nuremberg Laws since they issued certificates of fitness to be married. What had been voluntary up to this time became mandatory. These centers, which were attached to the health offices, became the primary enforcers of these racial laws. Consequently, the role and responsibility of German physicians who manned these centers also increased significantly. It was hoped that the information gathered by these centers would allow for the creation of the long desired genetic registry of the German people.

With the growing power of the medical profession, it became even more critical that the Jews be excluded from the profession. Anti-Semitism in the medical profession also had a long history that had social and economic roots. Many Jewish physicians fled Russia after the 1917 revolution and

ended up in Germany “crowding” the profession. Under Bismarck, the medical profession saw “bureaucratization, socialization, and scientization. (143)” Bureaucratization of the profession saw the development of waiting rooms, scheduled appointments, and centralized services. In effect, medicine had become a business. With the growth of insurance companies, medicine was “socialized” to the point where private practices were replaced with insured-supported practices. The scientization of the profession was due to the creation of large, laboratory-based clinics being established by industries and universities. For many German doctors, these changes were not welcomed and they believed that the changes were due to the growing Jewish / Bolshevik influences within the profession. Thus, organizations such as the Hartmannbund were created to strengthen the position of physicians particularly vis-à-vis the Jewish-dominated insurance companies.

The Nazis exploited the dying traditional doctor/patient relationship by creating propaganda that clearly offered the Jewish physician as an “exploiter” of and a “special danger” to the German people. The medical journals were used to tout the position that the Jews held an unnatural hegemony in the field that demanded rectification. Once the Nazis took control of the universities and medical organizations, drastic steps were taken to “rectify the problem.” Laws such as the Law Against Overcrowding of German Schools (April 1933) and the Civil Service Law (April 1933) were passed. However, efforts at this time to use blood type to identify Jewishness were inconclusive. Regardless, Jews were being removed in large numbers from academic life as the Nazis stepped up their efforts to purify the race. From 1933 – 1939, almost 70% of Germany’s Jews had fled the country. Those who remained lacked the means to get out, particularly after the November 1938 Pogrom, Kristallnacht.

1938 was marked with raging anti-Semitism. There were no less than 15 legal measures enacted against Jews in that year. Among those laws were the revocation of Jewish medical licenses, their eviction from their medical offices, the loss of retirement and pension benefits, and the absolute forbidding of Jewish doctors to treat anyone of German blood. In all, from 1933 – 1941, more than 250 laws, decrees or ordinances were past excluding Jews from public life.

With Jewish physicians “removed” from the profession, the doors were opened to German doctors who had been unable to find jobs. The profession had been flooded with perspective doctors since the days of the Great Depression. Many men and even women sought to escape unemployment in the 1929 – 1932 period by attending the university. In 1932, two-thirds of the academically trained individuals were unemployed. Since the number of doctors exceeded the number of patients, steps were taken to try to reduce or discourage people from entering the profession. Here is where the National Socialists stepped in and won the medical profession to their cause.

The Nazis promised to restore the lost status of doctors. To that end, the Nazis:

- 1) Guaranteed doctors a minimum salary.
- 2) Established quotas in medical schools.
- 3) Established stiffer requirements for entering college.
- 4) Medical students were judged on worthiness.
- 5) Foreigners and Jews were excluded from medical schools and women were discouraged.

Once again, the German medical journals were used and in full support of these policies and their anti-Jewish intentions. With Jews excluded, the number of jobs increased and the salaries grew proportionally. The Nazis effectively linked the Jews to all of the problems in the medical profession with the end result being the profession becoming anti-Semitic. Jewish science was seen as “defective” and Jews were blamed for the emergence of what was viewed as “factory medicine.” By

blaming Jews for the problems, the solution to those problems became easy – get rid of them. Similar measures were being enacted on an international scale (even in the US), hence, the Nazi efforts against the Jews went forward unchallenged. With the Nazi medical profession’s portrayal of the Jews as a “bacillus”, the Jew became a health risk and a life threatening force that needed to be dealt with and eliminated.

The next major question to be examined by the author was what to do with those with “lives not worth living?” There was a major shift in thinking about euthanasia from the 19<sup>th</sup> to the 20<sup>th</sup> Century. What was viewed as a means to keep suffering to a minimum was now viewed as vehicle to cut costs and rid society of its “useless eaters” who posed an economic burden on the society. If an individual was unable to be productive or if he was unaware of his surroundings, his death was viewed as “humane.” Particularly during the time of war, the cost of “maintaining defectives” with food and medical supplies was prohibitive. By 1925, key German medical personnel were advancing the Nietzschean perspective that “the sick person is a parasite on society. (179)” These ideas were not exclusive to Germany. They were also found in Great Britain and the US. In fact, in 1942, Dr. Foster Kennedy, a professor of neurology at Cornell Medical College, published an article advocating the “killing of retarded children aged five or older. (180)”

By 1935, the Nazi Party was developing plans to address the problem of “lives unworthy or living.” In a speech delivered by Gerhard Wagner, the Führer of the National Socialist Physicians League, the idea of the inherent inequality among men was advanced with the emphasis placed on the fact that the mentally ill were a huge burden on the healthy population that supported them. Steps needed to be taken to reverse this trend, however, Hitler felt that such a program needed the guise of war. A huge propaganda campaign was undertaken to promote these ideas. Posters were created, films developed, and school textbooks were re-written to get the word and ideas out into the mindset of the general public. Again, the Nazis were quick to blame Weimar policies for the construction of the huge number of facilities that supported the mentally ill who had become such a tremendous burdens on German society. The door was finally opened in 1938 when a father (Knauer) personally wrote to Hitler petitioning him to authorize a merciful death for his severely disabled son. After referring the request to his personal physician, Karl Brandt, the merciful death was granted.

In May 1939, Hitler ordered Brandt to organize an advisory committee to prepare for the secret killing of all of Germany’s deformed and retarded children. This committee was known as the Committee for the Scientific Treatment of Severe, Genetically Determined Illness. Later, it was simply referred to as T-4. Again, the medical profession was a key player in this program, as those with “positive attitudes” became the determiners of who was to live and who was to die. Doctors had to report children born with physical or mental defects as well as any child up to the age of three who was “defective.” Three doctors reviewed the files of all cases and passed judgment on the viability of the life in question. Doctors administered the “killing” agents (morphine, cyanide, gas, etc.) or they simply withheld care. Once dead, the bodies were cremated to prevent any type of autopsy and the remains were sent back to the family with a fabricated letter of explanation for the death. By July 1941, all minors with handicaps had to be registered, teachers became reporters, and the age of children “considered” was expanded to the age of 17. Whereas Jewish children were initially excluded from mercy killing (since they did not deserve it), their killing commenced at Hadamar in May 1943.

Adults were also targeted. In January 1940, the einsatzgruppen was used to execute adult mental patients in Poland. At the same time, experiments were being conducted in Brandenburg to destroy all of Germany’s mental patients primarily by gassing. Six major centers were established (Grafeneck, Brandenburg, Bernbergm Hadamar, Hartheim, Sonnenstein). By August 1941, these

“hospitals of death” had killed over 70,000 people. With Hitler’s backing and promise of immunity for anyone prosecuted, the killings were carried out with complete indifference. The banality of the operation is exemplified by the fact that at Hadamar, the doctors, psychiatrists, nurses, and even secretaries gathered to celebrate the cremation of its ten thousandth patient (191). Ironically, even though the “mercy killings” were contrary to German law, the government (Hitler) authorized them. Doctors were not ordered to kill, but they did so because they were empowered to do so. With a 1920 survey in hand, those conducting the euthanasia program believed that they even had public support to do what they were doing.

In effect, German anti-Semitism was medicalized with the full support of the medical and health care community. Jews were now considered a diseased race. With the Nuremberg Laws, German racial legislation was now based on biology. Jews were considered a diseased race that suffered greater instances of metabolic and mental disorders than pure Germans. As a result, miscegenation with Jews was dangerous. Nazi doctors spent a great deal of time researching the racial specificity of diseases and they “scientifically verified” the threatening characteristics of Jews. Therefore, the Jewish problem evolved into a medical problem. As such, the concentration and extermination of the Jews was justified. With the opening of the war in Poland, the establishment of the ghettos was viewed as a hygienic measure. Between the conditions within the ghetto and the sheer numbers concentrated there, disease was rampant. Death closely followed only to verify the lies that the Nazis had disseminated. Epidemic conditions justified the Nazi rationale that the Jews had to be exterminated. After 1940, the ghettos were sealed and those found outside were killed. What was missing at this point was a “final solution” to the growing problem.

Another field of “science” contributing to the hostile Jewish mentality was the field of criminal biology, which posited the belief that crime is both genetically determined and racially specific. (202)” Twin experimentation was used to provide the empirical link between theory and policy (202). Through those studies, it was “determined” that Jews were racially disposed to commit crime and to suffer from disease. Thus, their destruction was justified based on medical, criminal, moral, and anthropological grounds since to be Jewish meant you were sick and criminal. There had to be a “final solution.”

Doctors led the search for this desperately sought after “final solution.” Early ideas included the encouragement of emigration, the Madagascar Plan, the creation of Jewish reservations, and mass sterilization. With the implementation of Operation 14 f 13, authorization was given to kill Jews and the handicapped in German concentration camps along with those unwilling or unable to work. The program was geared to provide “special treatment” to those deemed ethnically or culturally marginal. Medical records were fabricated by doctors to “justify” this action. As the problems in the east multiplied with each German conquest, a “final solution” was finally articulated at the January 20, 1942 Wannsee Conference. To facilitate this, the gas chambers from the T-4 program psychiatric hospitals were dismantled and shipped east. Thus, it was these hospitals and the medical professionals who operated them that provided the “practical link between the destruction of the mentally ill and handicapped and the murder of the new Germany’s ethnic and social minorities (212).” So, not only Jews, but also Gypsies, communists, Jehovah Witnesses, homosexuals, the feeble-minded, tubercular, drug addicts, the homeless and a wide group of anti-socials were marked for death.

Since the people in these groups cited above were marked for a certain death, medical professionals felt it was within their prerogative to conduct medical experiments on their “condemned patients.” People like Hans Deuschl, the supervisor of medical experiments at Dachau and the head of the Doctors’ Führer School at Alt-Rehse, took it upon themselves to make life and death decisions for

concentration camp prisoners and prisoners of war. Since many of the experiments were considered vital to Germany's success in the war effort in terms of their potential to save German lives, the doctors often received personal rewards for their efforts. German industries such as Bayer and Behring-Werke also benefited from these experiments in that they had the freedom to test vaccines. In essence, the traditional doctor-patient relationship was exploited to achieve goals that could not normally be achieved. The perverse scheme to play upon the doctor-patient relationship was even used to execute SS troops considered disloyal.

Chapter Eight addresses the "organic vision" of Nazi racial science. This "organic" vision was essentially a more natural, return to the earth, type of existence. Its goals were to escape from the troubles and complexities of modern civilization (224). With the mid-19<sup>th</sup> Century growth of university trained medical doctors, a conflict evolved between the "new practice" and the "old, rural folk medicine." By the 1920s and 1930s, medicine had become science-based and specialized. At the same time, there appeared to be a health care crisis as evidenced by a staggering increase in disease rates. Consequently, the new medicine was called into question and the Nazi backing of the old medicine was giving it a new life. The Nazis revived and regulated these medical traditions and put them on even ground with the new forms of medical practice. To insure that the natural methods fit within the Nazi worldview, the practices were "associated" with Social Darwinism, racial hygiene, and the belief in Nordic supremacy.

The Nazis sought to replace the chemical healing of the new inorganic medicine with the more natural (organic) ways of healing and living. Since Jews dominated the profession and practice of this new medicine, the Nazis presented this as the replacement of the Jewish medicine with the natural, German medicine. Jews were excluded from the natural health movement of which several key Nazi leaders were practitioners. This organic medicine fit within the racial goals of the new Nazi racial state. Eating whole-grain bread (the peoples' bread) rather than white bread, refraining from the use of alcohol and tobacco, and avoiding various environmental toxins promoted a healthier lifestyle. The new healthier lifestyle afforded the SS several business opportunities, which included the production of fruit juices and mineral water. In fact, by the end of WW II, the SS controlled 75 percent of all of Germany's mineral water production. In effect, Nazi natural medicine was a dramatic shift away from effort to cure illness and disease towards efforts to prevent them.

The Nazi attitude toward childbirth is a good example of just how far they went to support this "organic" movement. Midwifery was given a new life and complete Nazi support, both ideologically and financially. Birth was a natural event and medical intervention should occur only as a last resort. To encourage breast-feeding, women were paid. If their children no longer needed their milk, they were encouraged to donate it.

Once again, policy and reality came into conflict. This was obviously the case when the Nazis were unable to reconcile the natural movement with the movement to create a better race. Many of the doctors who supported the National Socialists did so in hopes of reining in the natural medicine practitioners who were cutting into their ability to make a living. The Nazis also found critics among the insurance companies, the medical administrative bureaucracy, and the pharmaceutical industry. The first step taken in the direction to heal this rift was the February 1939 requirement that all natural healers had to be registered in order to practice. This same law dissolved all natural healing schools and forbade the establishment of new ones. New apprentices could not be trained. By this time, however, the Nazis had done what they hoped by initially supporting natural medicine. They had successfully linked this naturalism with past glories and thus provide hope for the future. From a

military perspective, the naturalist movement helped to prepare the German people for the shortages that would result once they fought the “war of survival” that Hitler had long envisioned.

An obvious question that Proctor seeks to address next is whether there was any resistance to the Nazi plan by the medical and health care professionals in Germany. Communist groups provided the most systematic and sustained resistance (252). These groups provided Jews with forged passports and certificates of Aryan identity. Published forms of resistance were generally religious in origin. Other protests came from those who decried the loss of scholarship that occurred with the exclusion of the Jews from German academic and professional life. But, economic conditions after WW I threw the medical community solidly into the Nazi camp. Hyperinflation, hunger, poverty, civil war, and a crisis in health and health care caused the medical community to split along political and economic lines. As a result physician associations such as the Sozialistische Arzt were formed aligning physicians between the worlds of capitalism and socialism. The socialist doctors tried to rally themselves against the Nazis but to no avail.

Once in power, all those in opposition to the Nazis were dealt with. They were exiled, jailed, or made illegal. The socialist physicians and the Nazis initially seemed to have much in common. It was not until 1930 that they viewed the Nazis as a threat. In fact, many of the Nazi views were considered to be so absurd that socialist physicians often refused to refute them. By 1932, the Nazis were being viewed as the “opiate of the ignorant (271).” By then it was too late.

In his final chapter, Proctor looks at the politics of knowledge. In many ways, the Nazis replaced German intellectual life with a life of manual labor. So, how could it happen? To start with, the Nazi racial and medical policies were legal and public since they were elected to power. Key professions and professionals cooperated with Nazi policy. They were rewarded and in return they offered the Nazis legitimacy and a scientific basis. The eugenics movement was not exclusively a German movement; it was an international movement. There was also international support for the claim of heredity over environment and that biology was the key to solving social problems. Since the problems of the day (race, gender, crime, poverty) were medical/biological problems, the Nazi program appealed to physicians. Even when physicians felt that their colleagues were “out of line” their professional ethos compelled them to defend their peers no matter what. With the profession’s political shift to the right from 1928 – 1932, the new, young professionals found opportunities where they initially saw none. These new, young doctors had unheard-of power and authority. Believing themselves to be above politics, they “made decisions” on what they construed to be sound science. Since the physicians did not see politics as part of the equation, they clothed themselves in legitimacy. As doctors, whatever they did they believed that it was fairly done and done in the best interest of Germany and the German people.

From December 9, 1946 to July 19, 1947, the Nuremberg Nazi Doctor Trials were held. Several key figures were tried and executed, while many more went unpunished. It cannot be denied that the German medical profession provided ideas and techniques, which led to and justified the slaughter undertaken in the name of racial purity and the salvation of the German Volk and State. Physicians eagerly and actively cooperated with the Nazis and embraced the ideas of racial hygiene. Protests were isolated and pathetic (280). One of Proctor’s final scathing condemnations of the medical and health care professions summed up their role as follows: “Physicians, and the body of intellectuals associated with them, did not follow blindly, but actually helped cast the light and clear the path (289).” As doctors, their patients trusted them. As doctors, they were valued members of their society. As doctors, they had a sacred duty to heal and protect. As Nazi doctors, they failed on all counts.