HISTORICAL REVIEW

Disease and dictatorship: the case of Hitler's Reich

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Fifty years after the so-called 'Doctors' Trial' at Nuremberg it may be timely to review what we now know of the role played by the German medical profession in promoting Hitler's dictatorship. One of the few points of general agreement arising from the extensive writings on the Führer's own physical and psychological case-history is that, throughout his career, he himself was deeply absorbed by exaggerated anxieties about his health. While the convergence of hypochondria and paranoia may indeed be a leading theme in his own personal biography, it is no less important to recognize that Hitler's fears about disease operated on the collective plane as well. They did so even to the extent of pervading his whole world-outlook, and of offering a privileged status to certain versions of medical authority. In effect, the Nazi leader viewed society not merely as resembling, but rather as effectively constituting, a biological organism. Within it, so he believed, the healthier elements were constantly struggling against others which threatened to produce the triumph of degeneration. Thus he liked to link the scientific achievements of Pasteur and Koch with his own political endeavours, in which biology and medicine must now be harnessed to the cause of preserving and enhancing Aryan supremacy.

Hitler aspired to construct a quintessentially biocratic 'racial state'[1]. His creed progressed rapidly from the identification of differences between stocks to an assertion of their fundamental inequality. Moreover, as evidenced by the parasitological vocabulary of abuse running through *Mein Kampf*[2], the doctrine not merely depersonalized its victims but carried the threat of their total dehumanization as well. Such racist ideas had been a growing element in much European (and not merely German) politics since the mid-nineteenth century[3]. Although those who espoused such thinking were not alone in professing an ability to generate some true 'science of society', they were certainly outstanding in the sheer extent of their claims. Racism aspired to present all political and cultural phenomena in *essentially* biological terms, and to make the purest statement of linkage between physical being and a wholeness of civilizational capacity. Granted such a focus on the body, we can hardly be surprised to find physicians embroiled in the debate that carried over into the twentieth century, and indeed to observe them quite often lending a crucial authority to discourse about racial inequalities[4]. Against that background, what can be said about the nature of German doctors' support for the racist regime that came to power under Hitler in 1933, and about the reasoning of the physicians who served it?

MEDICAL COMPLICITY

Those questions raise issues of historiographical, as well as medical, ethics. The remarkable enlargement of valuable scholarly work on Nazi medicine over the past 15 years or so is partly explicable by the fact that the field had been hitherto so poorly ploughed. It was as if the Nuremberg medical proceedings of 1946–1947 (to which we shall return) had been deemed to exhaust the subject. Nothing did more to reinforce that impression than the attitude which prevailed within much of the West German medical profession through the ensuing 30 years. Ranks were closed, so that ghosts could be the more swiftly laid. The effort made in 1949 by the Chamber of Physicians to suppress Mitscherlich and Mielke's account of 'Medicine without Humanity' symbolizes the rot[5,6]. When greater openness eventually began to dawn, much of the revision had to be conducted by a younger generation operating either beyond academe or merely on the fringes of faculties devoted to medicine or history. Police and prosecutors working on belated war-crime indictments played a part, as did journalists such as Ernst Klee[7] and freelance authors like Götz Aly[8]. Over the past decade or so foreign historians (especially anglophone ones, such as Robert Proctor[9] in the USA, Michael Kater[10] in Canada, and Michael Burleigh[11] in Britain) have also made vital contributions. Now, as Christian Pross of the Berlin Chamber of Physicians has recently put it, 'The system of lies, half-truths, excuses, and angry denials of the last four decades is in retreat. The open debate about the Nazi past ... has shaken the German doctors' self-image of infallibility' (in Annas and Grodin[12], p 47).

Kater provides ample evidence that 'physicians became Nazified more thoroughly and much sooner than any other profession'[10]. We know, for example, that by 1936 at least half of Germany's non-Jewish doctors had become Party members, and that this level of enrolment was broadly sustained through to 1945. Sheer opportunism was certainly

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one aspect of the matter. Amidst the economic crisis of the early 1930s, public funding for health was under intense pressure, even while profits from private practice also dwindled. In the last years of the Weimar Republic the medical schools were producing far more new graduates than the employment system could absorb. So it was understandable that Hitler's radical recovery programme should have proved particularly attractive to those younger doctors who met 'Aryan' criteria.

As for Jews, these constituted around 15% of the profession in 1933. Over the next five years antisemitic laws effectively deregistered the bulk of them. As Proctor suggests, the phrase 'Jewish medicine' developed as 'a metaphor for all that was wrong in modern medical science and practice'[9]. The persecution inflicted upon those who practised this alleged aberration was tantamount, conversely, to a scheme of job-creation or job-preservation for their former colleagues and competitors. Pross associates the latter with 'small-minded greed for money and privileges, careerism, and a mixture of envy, inflated self-esteem, and contempt for the so-called inferior' (Annas and Grodin[12], p 13). That explains part, but not all, of the likely motivation. Even if we find it hard to talk about idealism in this context, we still have to examine such beliefs as may have transcended mere opportunistic self-interest and pointed towards some deeper intellectual complicity.

Doctors could hardly fail to recognize that there were some constructive aspects to Nazi health policy. It offered continuity with certain features of a Weimar 'welfare' programme whose progress had been hitherto imperilled by weak government. In supporting a tougher regime, the medical profession certainly exposed itself to the coercive force of an enlarged state. But there was some positive influence from the doctors' side too. Concerning the cult of 'racial hygiene', Proctor comments: 'One could well argue that the Nazis were not, properly speaking, abusing the results of science, but rather were merely putting into practice what doctors and scientists themselves had initiated'[9]. Many of the latter had long nurtured a reductionist biologism, suggesting that theirs was the key to some technical 'fix' for all major social problems. While that belief facilitated their intellectual collusion with Nazism, so too did the new regime's own concern publicly to exploit—rather than ever to repudiate—the scientific renown earned by Germany over recent decades. In the medico-biological sphere especially, the Third Reich even enlarged the professional infrastructures, with reference to such features as research institutes and journals. Moreover, it is plain that some areas of practical health treatment and education fared quite well between 1933 and 1939—for example, cancer care, dentistry, dietetics, midwifery and breast-feeding, X-ray screening for tuberculosis, campaigns against alcohol and tobacco abuse, control of environmental toxins, as well as improvements to factory and housing conditions.

In those domains, the Nazis showed some real concern for promoting what we might call 'community' medicine. However, by treating this concept essentially as a matter of *'VOLKSgemeinschaft'*, they also put a tight racial fence around the circle of potential beneficiaries. Weimar's universalist concerns were dismissed as simply frustrating the processes of healthy natural selection. That point was all the more important in so far as Hitler tended to tell the Germans not so much that they were the Master Race as that they had the potentiality to *become* it—under circumstances where the programmes of eugenic purification and of public health constituted different facets of the same urgent struggle for physical betterment. Thus Nazism claimed to dignify medicine by putting physicians at the heart of a supposedly scientific campaign for national salvation. Here the good of the individual became subservient to the good of the whole, and the relationship between healer and patient was dramatically altered. Even within the charmed racial circle, the ethics of confidentiality were rapidly eroded. Illness was now less a private than a public matter, being regarded above all as something that deprived the community of labour and imposed other costs. In sum, Hitler's regime aspired to total control over bodies as well as minds. The means by which Germans should fulfil their *Pflicht zur Gesundheit* (their essentially community-oriented 'duty to be healthy') was ultimately to be determined by political authority rather than by professional judgment.

To appreciate how the Nazi philosophy of medicine was converted into action, let us focus on four of the more negative features of Hitler's racist eugenics: (*a*) compulsory sterilization; (*b*) involuntary euthanasia; (*c*) genocide; and (*d*) experimentation on non-consenting individuals.

To suggest that the first aspect leads on to the second, and that the latter then helps to set the scene for the third and fourth, is not to claim that the whole sequence was clearly thought through in some simple 'intentionalist' fashion from the very beginning. It is simply to stress that each succeeding phase turned out to be logically consistent not only with the general philosophy just outlined but with each of the preceding stages of this negative eugenic process. Even if there was nothing absolutely predetermined, there was also nothing necessarily discontinuous.

ENFORCED STERILIZATION AND EUTHANASIA

The policy on compulsory sterilization appeared early and openly[13,14]. The Law for the Prevention of Hereditarily Diseased Progeny (July 1933) set up a series of 'genetic health courts', each run by a lawyer together with two doctors. Their actual proceedings were secret, and

successful appeals were rare. Starting from the basis of a general physical survey of the whole population, these courts were empowered to subpoena personal medical records and, in effect, they turned physicians and psychiatrists into state-spies who were now expected to report on individuals seen as candidates for potential sterilization. Quantitatively, the most important types of case were 'congenital feeble-mindedness' (53%) and schizophrenia (20%). Action was also authorized with regard to manic depression, hereditary epilepsy, Huntington's chorea, congenital blindness and deafness, serious physical deformities, and chronic alcoholism. The legislation was later extended to include 'dangerous habitual criminals', and to allow abortion within the first six months of pregnancy in cases where the mother was found to have some hereditary illness. Most of the resulting 400 000 sterilizations were done in the pre-war years. Male and female victims were roughly equal in number. The men experienced vasectomy, while women underwent ligation of the fallopian tubes or (in a rising number of cases by the later 1930s) exposure to X-rays. It is also worth highlighting that most of those sterilized were Germans; that many of them were already housed in asylums; and that the Nazis justified this campaign in terms not just of eugenics but of economics too. Each of those points helps us to understand the eventual linkage with involuntary euthanasia.

By the late 1930s the Third Reich was viewing chronic sufferers from mental and physical illness as beings of lesser worth, but also greater cost, to the state. Against that background, might there not be a case for *eliminating* the congenitally dangerous rather than maintaining them as neutered beings? Here the Nazis could draw, for example, on the ideas which as early as 1920 Binding and Hoche[15] had expressed about 'release through the annihilation of life unworthy of living' and about the worthlessness of mere 'ballast existences'. As we know from Klee[7] and Burleigh[11], the regime's plans for compulsory euthanasia were deep-laid. Implementation progressed in two stages. The first began in Autumn 1939, when Hitler 'empowered' certain doctors and other officials to impose *Gnadentod* ('mercy-death') in cases of incurable illness. It ended, 70 000 victims later, in August 1941. The second phase, which killed nearly twice as many more, then continued down to 1945.

The 'Aktion T-4' of the period 1939–1941 involved centralized direction from Berlin of a scheme of camouflaged transfers that concentrated victims into six major killing-asylums located inside the Greater German Reich. The first to die were some 5000 congenitally deformed children, murdered by lethal injections or calculated starvation. By early 1940 an adult programme had started, and here the deaths were increasingly procured through carbon monoxide gassing. The doctors in the smaller hospitals who were transferring their patients could not have remained unknowing about the fate of the latter. Many families too became suspicious—but, equally, they often condoned the outcome. It is particularly chilling to note that about half of the victims had started off in ecclesiastically run institutions. On the other hand, when public protest did surface, it came most famously in a sermon of August 1941 from the Catholic bishop of Münster. While he may have helped to hasten the end of 'T-4', it was also the case that, by then, most of its principal aims had been achieved.

What followed was, arguably, more sinister still. Henceforth, involuntary euthanasia became a more decentralized undertaking. Now, as Proctor says, the campaign 'took on less the character of a single Reichwide "operation" and more the character of ordinary hospital routine'[9]. Through dozens of institutions the circle of direct complicity, by doctors and nurses alike, grew ever wider. So too did the range of victims, as ailing imported workers and a whole variety of other 'aliens to the community' were added to the ranks of those at risk. There is some evidence of staff querying a lack of clear legal authorization for certain killings, but little sign of deeper moral qualms. By 1944 the process of routinization had reached the point where plans were emerging for every asylum to have its own crematorium. In such a system, declares Burleigh, 'no one was safe in the presence of the carers'[11].

GENOCIDE AND EXPERIMENTATION

The linkage between 'T-4' and medical involvement in the launching of the 'final solution' has to be seen in terms not only of chronology, personnel, and technique but also of a broader 'habituation' to murder. By the autumn of 1941 a substantial number of doctors—we have to count some hundreds at least—had already become directly implicated in the medicalized murder of the handicapped within the killing-asylums. Many of these practitioners now transferred to 'Aktion 14 f 13'. This involved providing medical confirmation for the culling of those in the concentration camps whom the SS had preselected as being too sick for labour. As the Germans advanced into Russia, doctors began to supervise the shooting of mental patients found in captured Soviet territory. Not least, as 'Aktion Reinhard' started to unfold beyond the Reich, medical staff became deeply implicated in the technical preparations for racial extermination at Belzec, Sobibor, and Treblinka. Asphyxiation procedures previously developed in the euthanasia context were readily transferable to this new setting, and so too were such subterfuges as murder-chambers disguised to resemble shower-rooms. On every side, ethical thresholds concerning the treatment of the defenceless were being dramatically lowered, in dehumanizing circumstances where issues of illness were ever more frequently entwined

with allegations about the victims' moral depravity, criminal propensities, and racial inferiority. Just as the insidious *habit* of killing would fuel the second and 'routinized' phase of euthanasia, so too would it sustain the genocidal campaign[16,17]. As Aly remarks, 'If people did not protest when their own relatives were murdered, they could hardly be expected to object to the murder of Jews, Gypsies, Russians, and Poles'[8].

This was slaughter that proceeded in the name of racial hygiene. Thus rationalized, killing could be treated not as murder but as healing—as a therapeutic imperative aimed at preserving the health of the one racial community which really mattered. At every turn the annihilation procedures were supervised—and, in a perverse sense, dignified—through the presence of medical staff. In the words of Lifton: 'Doctors were given much of the responsibility for the murderous ecology of Auschwitz—the choosing of victims, the carrying through of the physical and psychological mechanics of killing, and the balancing of killing and work functions within the camp . . . We may say that the doctor standing at the ramp represented a kind of omega point, a mythical gatekeeper between the worlds of the dead and the living, a final common pathway of the Nazi vision of therapy via mass murder'[18].

In that same camp, the conduct of Dr Josef Mengele encapsulates the connection between genocide and euthanasia taken together on one hand and, on the other, the programmes of medical experimentation conducted on non-consenting victims. Those who were destined for murder in any case—those who were but the living dead—might yet be assigned some meagre measure of utility by serving terminally as the objects of bio-research. In Mengele's own case, when he had completed a spell 'selecting' at the ramp, he would assume the mantle of experimenter and turn to his studies of *Zwillinge*. Here were twins whose genetical identity made them ideal 'controls', one upon the other—disposable specimens from an under-race whose biological constitution might none the less open up secrets about how the Reich could eventually procure multiple births from couples of far greater, Aryan, worth.

Beyond the members of the biomedical community who worked inside the euthanasia centres and the camps stood others who were content to exploit those places as sources of pathological material for use in their own academic surroundings. We might note, for instance, Dr Julius Hallervorden of the Kaiser Wilhelm Institute for Brain Research in Berlin-Buch, a regular importer of *Gnadentod* products. 'There was', so he told an American interrogator in 1945, 'wonderful material amongst these brains . . . Where they came from, and how they came to me, was really none of my business' (quoted in Aly[8], p 37). Nor, seemingly, was it anybody else's concern for quite a long time—in the sense that successive waves of medical students appear to have continued using parts of Hallervorden's collection for another 40 years or so.

THE DOCTORS' TRIAL

After the Reich collapsed, medical issues formed the centrepiece for one of the most painfully memorable post-war prosecutions, *The United States v. Karl Brandt et al.* held at Nuremberg from December 1946 to August 1947[19,20]. There were 23 defendants, of whom 20 (including the one woman in the dock) had qualified as doctors. The principal charges against them were organized under the general headings of 'war crimes' and 'crimes against humanity'. Many of the specific offences related to murder (including unlawful killing through involuntary euthanasia) as perpetrated against German civilians and nationals of other countries. But the prosecutors gave particular prominence to the horrific roster of biomedical experiments inflicted upon non-consenting prisoners within the camps.

Part of the defence strategy rested on arguments already amply rehearsed a year earlier during the first Nuremberg Trial, conducted by the four-power International Military Tribunal. Thus there were frequent references to the 'necessities' of the war emergency; to the unquestionable authority of the state; to binding 'superior orders'; to the defensibility of actions taken in accordance with German law as promulgated at the relevant time; to the defendants' absorption in the merely technical nature of the tasks assigned to them; and to their alleged ignorance of the systematic murderousness of the regime which they had served. The rest of the defence case was more distinctly coloured by the specifically medical circumstances newly at issue in the courtroom. By way of *tu quoque* rebuttal, there were attempts to show that in the USA doctors had sometimes experimented on imprisoned criminals under circumstances where the expression of consent was at least as doubtful as the 'tacit' permission which the Nuremberg defendants themselves generally claimed to have obtained. Those on trial also sought to deflect blame by citing the absence of a universally agreed norm for research ethics; by referring to the likelihood that, if doctors had not conducted the experiments required by the regime, others would have conducted them even less efficiently and humanely; and by stressing the intrinsic scientific value of procedures which, even while risking some lesser evil, were allegedly capable of achieving some greater medical good.

At the end of the trial the judges acquitted seven of the prisoners. A further seven were condemned to death, and nine were sentenced to periods of imprisonment. Bearing in mind that those who stood in the dock represented only the tip of the iceberg, there was always the danger that the conclusion of these proceedings would be regarded as

rendering redundant any further efforts at probing into medical criminality. Here, as in so many other respects, the conduct of denazification was severely flawed. We need to remember the vanishing copies of Mitscherlich and Mielke, and the fact that the cordial treatment given to the likes of Werner von Braun had its medical equivalents too[21]. The US Government was not uninterested in 'borrowing' some of those who had collaborated on militarily orientated experiments at Dachau and elsewhere. Nor were certain pharmaceutical companies always fastidious in their post-war recruitment.

Let us note, in conclusion, one important shaft of light amidst the gloom. This is provided by the statement of principles which, after being incorporated into the judgment delivered at the Doctors' Trial, eventually became known as the Nuremberg Code. Its stipulations about experimental procedures owed much to the arguments offered by two of the prosecution's expert witnesses, Dr Leo Alexander and Dr Andrew Ivy. Yet, ironically, the text also reflected the benign guidelines which the German Ministry of the Interior had itself already laid down in 1931, during the final phase of Weimar rule. Michael Grodin has written (Annas and Grodin[12], p 122) that the Nuremberg Code, because it was devised 'in response to the acts of a scientific and medical community out of control', naturally had 'voluntary informed consent [as] its critical centrepiece and the protection of human subjects [as] its paramount concern'. The document represented, clause by clause, a radical inversion of the Nazi philosophy in regard to medicine, to science, and, not least, to issues of human dignity. Especially because it focused on the non-therapeutic rather than the clinical aspects of experimentation, the text could hardly claim to offer the final word upon a complex subject. On the other hand, the Code certainly remains a major landmark in the history of ideas about scientific ethics, and in the evolution of civilized efforts to promulgate universal norms of professional conduct. Indeed, even after half a century, it still stands out as a singularly eloquent warning about the nature of medical complicity in some of the most infernal features of Hitler's dictatorship.

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