

# **In the Name of Humanity**

*Nazi Doctors and Human Experiments in German  
Concentration Camps, 1939-1945*

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## Introduction

In the name of humanity. That was the explanation of Prof. Dr. med. Claus Karl Schilling for the execution of malaria experiments upon 1,200 inmates of Dachau concentration camp during the Second World War.<sup>1</sup> The reputable Schilling had come to Dachau with the personal permission of the Reichsführer-SS Heinrich Himmler in 1942, because he could use the prisoners as research subjects without the restriction of obtaining their consent. Schilling was not an exception. During the war, many Nazi doctors seized the unique opportunity to execute human experiments without legal and ethical restrictions. The SS and the Wehrmacht either initiated or supported the research of the Nazi doctors.

The central question that puzzled jurists and scientists is how these doctors, who were educated to heal people, could execute human experiments and deliberately harm and even kill people. To some scientists their acts stand out as ‘exemplars of evil’.<sup>2</sup> This judgement is based on the fact that prisoners did not give their informed consent, the cruel and sometimes sadistic character of the experiments, and because never before in medical experiments was the death of the research subjects a central element of the research design.<sup>3</sup> Many people tend to think that ‘science went mad’ in the Third Reich and that Nazi doctors who committed these crimes were pseudo-scientists, sadists, and even monsters.<sup>4</sup> However, it is a false explanation to think these perpetrators were madmen or monsters. As historian Arthur L. Caplan has argued, it is confronting to know that physicians belonging to the most advanced medical community of the world at the time and who had sworn to do no harm, could commit these crimes.<sup>5</sup> However, if we should not view them as lunatics and monsters, how should we judge them and their criminal acts? In short, who were these doctors, what drove them; how were they able to commit these crimes? These questions will form the centrepiece of this thesis.

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<sup>1</sup> Interrogation of Professor Schilling, Archive Gedenkstätte Dachau, A 3675, 1. Dachauer Prozess Band IV (United States vs. Martin Gottfried Weiß et al.), p. 358-422, there 400.

<sup>2</sup> Robert N. Proctor, ‘Nazi Doctors, Racial Medicine, and Human Experimentation’ in: George J. Annas and Michael A. Grodin (eds.), *The Nazi Doctors and the Nuremberg Code. Human Rights in Human Experimentation* (Oxford 1992) 17-31, there 17.

<sup>3</sup> Jay Katz, ‘Abuse of Human Beings for the Sake of Science’ in: Arthur L. Caplan (ed.), *When Medicine Went Mad. Bioethics and the Holocaust* (Totowa 1992) 233-270, there 234.

<sup>4</sup> Arthur L. Caplan, ‘How Did Medicine Go So Wrong?’ in: Arthur L. Caplan (ed.), *When Medicine Went Mad. Bioethics and the Holocaust* (Totowa 1992) 53-92, there 55. Caplan refers to Robert L. Berger and William E. Seidelman who argued that science went mad and that the Nazi doctors were pseudo-scientists and monsters. See: Robert L. Berger, ‘Nazi Science – The Dachau Hypothermia Experiments’, *The New England Journal of Medicine* 20 (1990) 1435-1440, and William E. Seidelman, ‘Mengele Medicus: Medicine’s Nazi Heritage’, *The Milbank Quarterly* 2 (1988) 221-239.

<sup>5</sup> *Ibidem*, 55-57.

The United States prosecuted 23 people for their involvement in the medical crimes of the Third Reich immediately after the war. During the so-called Nuremberg Medical Trial, the first explanations on the Nazi doctors arose. Expert-witness Leo Alexander (1905-1985) came to see the perpetrators as cruel, macabre men. However, during the immediate post-war years this portrayal of Nazi perpetrators in general was very conventional. Thus, the Nazi doctors seemed to confirm the image of Nazis as exceptional anti-Semitic fanatics. Alexander argued that the Nazi propaganda deceived the German medical profession, which willingly stepped onto a slippery slope that led to a 'rapid decline in standards of professional ethics' and would end up in medical crimes. The crimes had small beginnings, namely a subtle shift in the doctors' basic attitude to accept the idea that some lives were not worthy to be lived. Gradually the circle of people who fit this category was enlarged, including not only the socially unproductive, but all racially inferior people, and, according to Alexander, 'finally all non-Germans'. He emphasised the crucial role of the SS, which used the method of blood bonding and accusing members of disloyalty to make the doctors commit the crimes; the same method 'criminal gangs' around the world use to tie members to their organisation. The professional leaders, such as Prof. Dr. med. Karl Gebhardt (1897-1947), entangled German medicine and the German army as well in their criminal conspiracy. In Alexander's opinion, the Nazi doctors were reprehensible men with weak personalities and strong superego's.<sup>6</sup>

The medical world in post-war Germany wanted to distance itself from Nazi medicine. Therefore, the president of the Working Association of the West German Physicians' Chamber asked psychiatrist Alexander Mitscherlich (1908-1982),<sup>7</sup> head of the German Physicians' Committee at the First American Military Tribunal in Nuremberg, to write a report on the trial. Mitscherlich wanted to demonstrate the widespread involvement of the medical profession in the crimes of the Nazi regime.<sup>8</sup> In contrast, the West German Physicians' Chamber wrote in the introduction of the first edition, *Das Diktat der Menschenverachtung*, that only 'einzelner entarteter Glieder' within the German medical profession executed the crimes.<sup>9</sup> Mitscherlich had to adjust this first edition to the wishes of

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<sup>6</sup> Leo Alexander, 'Medical Science Under Dictatorship', *The New England Journal of Medicine* 241 (1949) 39-47. For an analysis on Alexander's role during the Nuremberg Medical Trial, see: Ulf Schmidt, *Justice at Nuremberg. Leo Alexander and the Nazi Doctors' Trial* (Basingstoke 2004).

<sup>7</sup> Two biographies have been published on Mitscherlich in the recent years. See: Martin Delhi, *Leben als Konflikt. Zur Biographie Alexander Mitscherlichs* (Göttingen 2007), and Timo Hoyer, *Im Getümmel der Welt. Alexander Mitscherlich – ein Porträt* (Göttingen 2008). For Mitscherlich's autobiography see: Alexander Mitscherlich, *Ein Leben für die Psychoanalyse* (Berlin 1980).

<sup>8</sup> Horst H. Freyhofer, *The Nuremberg Medical Trial. The Holocaust and the Origin of the Nuremberg Medical Code* (New York 2004) 152.

<sup>9</sup> Cited in: Alexander Mitscherlich and Fred Mielke, *Medizin ohne Menschlichkeit. Dokumente des Nürnberger Ärzteprozesses* (Heidelberg 1949) 15. See also: Alexander Mitscherlich and Fred Mielke, *Das Diktat der*

the Physicians' Chamber. The second edition, *Medizin ohne Menschlichkeit. Dokumente des Nürnberger Ärzteprozesses*, includes many trial documents to demonstrate the gruesome character of the crimes and the process of dehumanisation of the victims which enabled the Nazi doctors to insulate themselves from their criminal actions, according to Mitscherlich and his co-author Fred Mielke.<sup>10</sup> The West German Physicians' Chamber presented the book to the World Health Organisation as proof that the majority of German doctors had rejected the Nazi ideology and abstained from collaboration. Shortly afterwards, German doctors were once again accepted within international medical organisations.<sup>11</sup>

There was a loud silence on the crimes of the medical profession during the next three decades after the publication of Mitscherlich's book. Barely anything was published on the issue and there was a lack of public attention. However, there was attention for one particular man, Dr. med. Joseph Mengele (1911-1979). After the war, he escaped to South-America, where he lived until his death without ever being held accountable for his medical crimes committed in Auschwitz. He did not become notorious immediately after the war, and was only occasionally mentioned at the Nuremberg Medical Trial. It was not until the publication of the famous book *Anne Frank. A Portrait in Courage* in 1958,<sup>12</sup> in which the author Ernst Schnabel mentioned Mengele, that tens of survivors and witnesses told their story for the purpose of legal inquiries. Without a trial, these testimonies remained unabated. Particularly, popular culture portrayed Mengele as an unscrupulous, sadistic, and psychopathic fanatic.<sup>13</sup> An example of this is the characterisation of Mengele as a genius but fiendish scientist who wanted to clone Hitler, in the book *The Boys from Brazil* by Ira Levin.<sup>14</sup> The popular book was made into a movie in 1978. Various plays also included Mengele as a character, symbolising the 'Absolute Evil'.<sup>15</sup> Mengele's mysterious post-war life – living in various countries in South-America, allegedly escaping an arrest, never being held accountable for his

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*Menschenverachtung. Eine Dokumentation* (Heidelberg 1947). The book was already published during the Nuremberg Medical Trial.

<sup>10</sup> Mitscherlich and Mielke, *Medizin ohne Menschlichkeit*.

<sup>11</sup> Christian Pross, 'Nazi Doctors, German Medicine, and Historical Truth' in: George J. Annas and Michael A. Grodin (eds.), *The Nazi Doctors and the Nuremberg Code. Human Rights in Human Experimentation* (Oxford 1992) 32-52, there 41. Mitscherlich himself paid the price for the book. Although he had saved the international reputation of the German medical profession, his German colleagues started a slander campaign because they regarded him a traitor and hurt his career. In 1956, the state government of Hessen offered Mitscherlich the chair of the Institute of Psychoanalysis and Psychosomatic Medicine but the medical faculty of the University of Frankfurt rejected the request to install him. Mitscherlich argued in his autobiography that he was stabbed in the back by the German medical profession. See: Mitscherlich, *Ein Leben für die Psychoanalyse*, 144-147, 157, 189-192.

<sup>12</sup> Ernst Schnabel, *Anne Frank. A Portrait in Courage* (New York 1958).

<sup>13</sup> Robert Jay Lifton, *The Nazi Doctors. Medical Killing and the Psychology of Genocide* (New York 1986) 337-338.

<sup>14</sup> Ira Levin, *The Boys from Brazil* (New York 1976).

<sup>15</sup> For example: Rolf Hochhuth, *The Deputy* (1963).

crimes, his death, his secret burial, and even the reopening of his grave to determine whether the body was really the ‘Angel of Death’ – contributed to the myth about his person.<sup>16</sup> The image of Mengele as a sadistic pseudo-scientist became the stereotype of all Nazi doctors who executed human experiments. Unfortunately, this image prevented a balanced perspective on this group of perpetrators.

At the end of the 1970s and beginning of the 1980s, attention returned to the medical crimes of the Third Reich because of the television miniseries *Holocaust* and the remembrances of the rise of National Socialism fifty years previously. A national conference organised by physicians and health workers in 1980, *Medizin und Nationalsozialismus. Tabuierte Vergangenheit – Ungebrochene Tradition?*, marked the transition and initiated further research.<sup>17</sup> The American psychiatrist Robert Jay Lifton wrote the first study on Nazi doctors published in 1986. This valuable and essential study on the Nazi doctors, *The Nazi Doctors. Medical Killing and the Psychology of Genocide*, is based on primary sources and on 120 interviews the author held with perpetrators and victims. Lifton mainly focused on the position of the Nazi doctors within the euthanasia program, and the selections and executions within the concentration camps. He also included Nazi doctors who executed human experiments in his study. However, unfortunately his focus is particularly on Mengele. In recent years, historian Anders Otto Stensager, who wrote a biography of Mengele, blamed Lifton for contributing to the stereotype image of Mengele by portraying him as unintelligent, extremely violent, and sadistic towards his victims. Moreover, Lifton’s portrayal of Mengele functioned also as a stereotype to every Nazi doctor who executed human experiments.<sup>18</sup> Furthermore, Lifton’s research is only based on the concentration camp Auschwitz. The Nazi doctors who committed crimes in other concentration camps are not taken into account in his book. Therefore, the group of Nazi doctors who executed human experiments is underexposed in his study.

Lifton nevertheless came up with a psychoanalytic explanation for the participation of doctors in the medical crimes of the Third Reich and the Holocaust. He argued that the perpetrators could harm and kill people because of doubling. This concept supposes that the human being is a ‘divided self’. In extreme situations, such as the genocidal circumstances in the concentration camps, the ‘opposing or Auschwitz self’ takes over the ‘self’. The self and

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<sup>16</sup> Anders Otto Stensager, *Josef Mengele, nazi-arts. Zijn leven, zijn misdaden* (Rotterdam 2010) 9-13. Dutch translation of the original Danish edition: *Nazilægen Josef Mengele. Live og forbrydelser* (Copenhagen 2008).

<sup>17</sup> Pross, ‘Nazi Doctors’, 41-43. See for the edited volume on the conference: Gerhard Baader and Ulrich Schultz (eds.), *Medizin und Nationalsozialismus. Tabuierte Vergangenheit, ungebrochene Tradition?* (Berlin 1980).

<sup>18</sup> Stensager, *Josef Mengele*, 12.

the ‘opposing self’ are connected to each other, in the sense that the Nazi doctor needed the opposing self to work in the genocidal environment of the concentration camp, and his ‘self’ to still regard himself as a human physician. Doubling was a psychological method for the Nazi doctors to function in the killing process of the extermination camps. It legitimised unethical behaviour and prevented a mental breakdown of the self. According to Lifton, doubling was a moral choice for evil because the Nazi doctors made a Faustian bargain with the Nazi regime: ‘to do the killing, he [the Nazi doctor - DL] offered an opposing self (the evolving Auschwitz self) – a self that, in violating his own prior moral standards, met with no effective resistance and in fact made use of his original skills (in this case, medical-scientific).’<sup>19</sup> Lifton argued that the Nazi doctors made a ‘Faustian bargain’ for evil by putting their expertise at the disposal of the Third Reich and participating in the murder of millions of people.<sup>20</sup>

Though Lifton’s theory of doubling might be applicable to the Nazi doctors who participated directly in the extermination of people, it does not offer a solid explanation for the physicians who executed the human experiments. His theory is based on the presumption that the doctors had ethical and moral constraints, and that they had to deal with them or to overcome them to be murderers. However, as this thesis will demonstrate, in general the Nazi doctors had no ethical and moral constraints in executing human experiments.

Ever since Lifton’s pioneering study, the medical crimes of the Third Reich have received more and more attention from researchers. The 1990s and early 2000s saw the publication of various edited volumes based on various conferences.<sup>21</sup> The focus of research was not only on the period of the Third Reich, but on the continuities and discontinuities in German medicine before and after the Hitler era as well. Scientists countered the myth that the perpetrators of human experiments were sadists and monsters.<sup>22</sup> Despite the rejection of this view and the revision to characterise the perpetrators as humans rather than monsters, there still lacks a comprehensive and satisfying study on the Nazi doctors who executed human experiments. One of the experts in the field, historian of medicine Wolfgang U. Eckart, stated recently in a historiographical article: ‘Die Frage nach der Motivation zur Beauftragung oder Durchführung der verbrecherischen Humanexperimente und den

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<sup>19</sup> Lifton, *The Nazi Doctors*, 420-421.

<sup>20</sup> *Ibidem*, 420-421.

<sup>21</sup> See for example: Angelika Ebbinghaus and Klaus Dörner (eds.), *Vernichten und Heilen. Der Nürnberger Ärzteprozeß und seine Folgen* (Berlin 2001), Volker Roelcke and Giovanni Maio (eds.), *Twentieth Century Ethics of Human Subject Research. Historical Perspectives on Values, Practices, and Regulations* (Stuttgart 2004), and Wolfgang U. Eckart (ed.), *Man, Medicine, and the State. The Human Body as an Object of Government Sponsored Medical Research in the 20th Century* (Stuttgart 2006).

<sup>22</sup> See for example: Caplan, ‘How Did Medicine Go So Wrong?’.

Menschenbildern im Hintergrund der Täter ist jedoch noch nicht hinreichend beantwortet.’<sup>23</sup> Eckart followed this quote by arguing the same for the concentration camps that facilitated the research of the Nazi doctors: ‘Gleiches gilt für die Institution Lager, die als komplexer Ort der verbrecherischen Versuche noch nicht zur Genüge in ihrer Topographie, ihren Organisations- und Verwaltungsstrukturen oder ihrer Personalsituation untersucht wurde.’<sup>24</sup>

This thesis is a direct response to Eckart’s query; it will offer an elaborate explanation for the behaviour of Nazi doctors executing human experiments in concentration camps, based on various aspects of the perpetrators and the origins of the crimes. To understand the mind-set of the Nazi doctors which enabled them to execute their crimes, is it important to take into account the debate on informed consent of research subjects in human experiments preceding the Nazi era. The rise of the racial hygiene movement in Germany also influenced the mental framework of the Nazi doctors and should therefore not be neglected in the analysis. Furthermore, focussing on the individual lives and careers of the perpetrators before and during the Third Reich will clarify their motives and mind-set, which contributes to the understanding of their behaviour. Jurist Dick de Mildt argued in his study on the perpetrators of the euthanasia program that ‘[i]t is only through the prosaic study of the biographies of Hitler’s henchmen that we may finally be able to determine some of the motives and incentives that caused or influenced these people to carry out their murderous task.’<sup>25</sup> Therefore, this thesis will analyse the individual lives of the perpetrators. Although the concentration camps as the crime scene of human experiments will be taken into account, this thesis will not answer Eckart’s second query about the topography, organisation and administration, and the staff of the concentration camps in relation to the human experiments.

The number of physicians that committed human experiments in the Third Reich’s concentration camps is large, probably around a few hundred. Unfortunately, a database of all Nazi doctors who executed human experiments does not exist. Therefore, I made a selection of 46 doctors based on secondary literature.<sup>26</sup> It would have been impossible to incorporate them all in this research. Out of these 46 perpetrators, I selected fifteen doctors for this thesis. The selection contains fourteen men and one woman. They are listed here in alphabetical order: Prof. dr. med. Wilhelm Beiglböck (1905-1963), Dr. med. Rudolf Brachtel (1909-1988), Prof. Dr. med. Carl Clauberg (1898-1957), Dr. med. Erwin Ding-Schuler (1912-1945), Dr.

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<sup>23</sup> Wolfgang U. Eckart, ‘Verbrecherische Humanexperimente’ in: Robert Jütte et al. (eds.), *Medizin und Nationalsozialismus. Bilanz und Perspektiven der Forschung* (Göttingen 2011) 124-148, there 127.

<sup>24</sup> *Ibidem*, 127.

<sup>25</sup> Dick de Mildt, *In the Name of the People: Perpetrators of Genocide in the Reflection of their Post-War Prosecution in West Germany. The ‘Euthanasia’ and ‘Aktion Reinhard’ Trial Cases* (The Hague 1996) 15.

<sup>26</sup> See Appendix II for the complete list.

med. Fritz Fischer (1912-2003), Prof. Dr. med. Karl Gebhardt (1897-1948), Prof. Dr. med. Eugen Haagen (1898-1972), Prof. Dr. med. August Hirt (1898-1945), Dr. med. Waldemar Hoven (1903-1948), Prof. Dr. med. Johann Paul Kremer (1883-1965), Dr. med. Josef Mengele (1911-1979), Dr. med. Herta Oberheuser (1911-1978), Dr. med. Sigmund Rascher (1909-1945), Prof. Dr. med. Claus Karl Schilling (1871-1946), and Dr. med. Carl Værnet (1893-1965).<sup>27</sup>

The selection of these fifteen perpetrators is based on four criteria. The first criterion is the age of the doctors. Incorporating a wide range of ages can reveal whether young or old, respectively recently graduated or established physicians were more likely to commit the experiments. For this criterion it is important to take into account the attitude of the different generations to National Socialism and the Third Reich. Both the studies of historians Ulrich Herbert and Michael Wildt have demonstrated that members of the so-called *Kriegsjugendgeneration* were overrepresented as Nazi functionaries (*Schreibtischtäter*) at the Reich Security Main Office.<sup>28</sup> Historian of medicine Paul Julian Weindling has demonstrated that the same is true for the 23 perpetrators at the Nuremberg Medical Trial.<sup>29</sup> However, the majority of them were also functionaries. The six doctors of this group who actually executed the experiments are not overrepresented by the *Kriegsjugendgeneration*; the members of the *Nachkriegsjugend* had a slight majority.<sup>30</sup> This corresponds with the first selection I have made: members of both the *Kriegsjugendgeneration* and the *Nachkriegsjugend* are the majority among the perpetrators, followed by members of the *Frontkämpfergeneration*. I incorporated members of both the former generations in this study. Nevertheless, I also incorporated members from the *Frontkämpfergeneration*, two physicians born before 1890, and three physicians born outside Germany to represent these groups as well.<sup>31</sup> Incorporating this wide range of perpetrators allows for generalisation regarding the motives of the Nazi doctors.

The second criterion deals with the position of the doctors at the experiment. Two categories of doctors participated in the human experiments: the head of the experiment

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<sup>27</sup> See Appendix I for individual biographies.

<sup>28</sup> Ulrich Herbert, *Best. Biographische Studien über Radikalismus, Weltanschauung und Vernunft 1903 – 1989* (Bonn 1996), and Michael Wildt, *Generation des Unbedingten. Das Führerkorps des Reichssicherheitshauptamtes* (Hamburg 2002).

<sup>29</sup> Paul Julian Weindling, *Nazi Medicine and the Nuremberg Trials. From Medical War Crimes to Informed Consent* (Basingstoke 2004) 158.

<sup>30</sup> The doctors are: Beiglböck, Fischer, Gebhardt, Hoven, Oberheuser, and Hans Wolfgang Romberg.

<sup>31</sup> Furthermore, the ages of the doctors in this study match the ones in Lifton's selection. The doctors he interviewed were born between 1890 and 1920; the most were born before 1910. See: Lifton, *The Nazi Doctors*, 7-8.

responsible for the research project and the research assistants. This difference in position might have resulted in different motives to conduct the experiments. The institutes and organisations that commissioned the experiments and employed the physicians determine the third criterion. Within the polycratic structure of the Third Reich, various institutes and organisations ordered the execution of human experiments to benefit their own interests. The fourth criterion is the availability of sources relating to the doctors and the experiments. Only those doctors and human experiments that have handed down enough source material are suitable for historical research. Lastly, the selection incorporates doctors from a range of different experiments and various concentration camps where they executed the experiments.

Two groups of people linked to these Nazi doctors need to be mentioned: Firstly, the superiors and their staff at the institutes who commissioned the experiments. Many functionaries were involved in the execution and supervision of the experiments. These so-called *Schreibtischtäter* would only be part of this research to gain a perspective of the bureaucratic structures behind the experiments. Therefore, I will not focus on the motivations of why *these* people participated in these experiments. The focus of this study is on the physicians who *themselves* conducted the human experiments.

The second group are the victims of the human experiments in German concentration camps. The group of victims is very diverse, consisting of Jews, Sinti and Roma, homosexuals, Soviet POW's, members of the Polish resistance, political prisoners, and other groups of prisoners. In almost all cases, the Nazi doctors forced them to participate as guinea pigs in the experiments. In cases where prisoners voluntarily signed up for the experiments, with the hope of improving their chances of survival in the concentration camp system, they did not give their informed consent. The victims had terrible experiences serving as research subjects. The inhumane and gruesome human experiments of the Nazi doctors caused many deaths, and survivors suffered from their injuries and the psychological trauma of the experiments for the rest of their lives. With respect to the suffering of the victims, this study will not focus on their experiences before, during, and after the experiments.<sup>32</sup> Neither will I elaborate on the type of prisoners used at the various experiments, because in essence, the type of research subject did not matter to the Nazi doctors. Obviously, certain experiments

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<sup>32</sup> To date, there has been no encompassing study on the victims of human experiments in the Third Reich. However, currently the *Centre for Health, Medicine and Society: Past and Present* at the Oxford Brookes University facilitates a project to reconstruct the victim population and to investigate the lives and experiences of the victims. The research team consists of Paul Julian Weindling, Anna von Villiez, Marius Turda, Aleksandra Loewenau, and Nichola Hunt. They will publish a book on the issue in 2014, titled: *The Victims of Unethical Human Experiments and Coerced Research under National Socialism*. See: 'Victims of Human Experiments and Coercive Research under National Socialism'. URL: <http://www.history.brookes.ac.uk/research/centres/hms/vhens/> (accessed 11 November 2013).

needed particular persons, such as homosexuals for Værnet's research or Jews for Hirt's skeleton collection.<sup>33</sup> Nevertheless, in general, the Nazi doctors did not care what the race or nationality of their victim was. They perceived them all as degenerated and useless bodies, which were usable as guinea pigs. The Nazi doctors believed that their experiments would make these useless bodies useful to the German people and to warfare.<sup>34</sup>

The theories of sociologist and social psychologist Harald Welzer will serve as a theoretical framework to explain the mind-set of the perpetrators. In his book *Täter. Wie aus ganz normalen Menschen Massenmörder werden*, Welzer argued that perpetrators are able to commit their crimes because of significant changes in their normative reference frame. For outsiders their behaviour seems contradictory, however, as Welzer argued, human beings adjust their morality and actions based on the situation in which they are: 'Menschen sind soziale Wesen, deren Perspektiven und Handlungen in außerordentlich hohem Maße von den soziohistorischen, kulturellen und situativen Settings bestimmt sind, in denen sie sich gerade befinden.'<sup>35</sup> In the case of Germany, National Socialism influenced the morality of the perpetrators because of the mind-set of in-groups and out-groups, which made it legitimate to exclude and exterminate racially and socially undesirable people. '[T]he increasing impoverishment and marginalisation of the victims during the years after 1933 and the simultaneously growing ignorance and hostility of the perpetrators are two sides of the same procedure during which the normative standards, the things that were considered "normal", changed.'<sup>36</sup> This change in the normative reference frame of the perpetrators made them to regard their murderous actions as necessary to the future welfare of the German nation. The fact that they judged their criminal acts as just does not exempt the perpetrators from their individual responsibility to execute the crimes. According to Welzer, they knew they were committing crimes.<sup>37</sup> Historians should be cautious when they apply sociological and social-

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<sup>33</sup> See: Frederick H. Kasten, 'Unethical Nazi Medicine in Annexed Alsace-Lorraine: The Strange Case of Nazi Anatomist Professor Dr. August Hirt' in: George O. Kent (ed.), *Historians and Archivists. Essays in Modern German History and Archival Policy* (Virginia 1991) 173-208, and Hans Davidsen-Nielsen, Niels Højby, Niels-Birger Danielsen, and Jakob Rubin, *Carl Værnet. Der Dänische SS-Arzt im KZ Buchenwald* (Vienna 2004). German translation of the original Danish edition: *Værnet – Den danske SS-læge i Buchenwald* (Copenhagen 2002).

<sup>34</sup> Jordan Goodman, Anthony McElligott, and Lara Marks, 'Making Human Bodies Useful. Historizing Medical Experiments in the Twentieth Century' in: Jordan Goodman, Anthony McElligott, and Lara Marks (eds.), *Useful Bodies. Humans in the Service of Medical Science in the Twentieth Century* (Baltimore 2003) 1-23, there 12.

<sup>35</sup> Harald Welzer, *Täter. Wie aus ganz normalen Menschen Massenmörder werden* (Frankfurt am Main 2005) 88.

<sup>36</sup> Harald Welzer, 'Reference Frames of Group Violence', paper presented at the conference *Perpetrator Research in a Global Context* (Berlin 2009) 1-14, there 3. Online access, URL:

[http://www.bpb.de/system/files/dokument\\_pdf/U3RQB4%5B1%5D\\_welzer\\_en.pdf](http://www.bpb.de/system/files/dokument_pdf/U3RQB4%5B1%5D_welzer_en.pdf) (accessed 9 November 2013).

<sup>37</sup> Welzer, *Täter*, 98, 246-248.

psychological theories to historical events and historical actors, because reality – in this case the historical context – is more complex than a theory. However, if historians respect the uniqueness and the complex nature of the historical context, and consider it as the essence of their analysis, these theories can contribute to a better understanding of the actions of people and events in the past.

Two categories of primary sources are the base of this thesis. Firstly, the correspondence between the Nazi doctors and their superiors provides an insight into the origins and execution of human experiments. These sources will demonstrate who took the initiative for the experiment; the Nazi functionaries or the doctors themselves. Furthermore, these sources can help us determine whether the experiments were organised top-down or bottom-up and the latitude the physicians had in the execution of the research, the selection of prisoners, and the power over life and death of the research subjects. The post-war interrogations of the perpetrators form the second category of sources. These judicial sources offer an insight into the mind-set of the perpetrators. The use of these sources by historians and other researchers is discussed in the Goldhagen-debate. Daniel Jonah Goldhagen argued that judicial statements by perpetrators are unreliable as a historical source if primary sources cannot confirm these statements.<sup>38</sup> Christopher R. Browning disagreed because Goldhagen disqualified the historian as a scientist who could judge the plausibility of exonerating statements of perpetrators. Historians should be careful when using judicial statements of perpetrators, however, as Browning argued, they should not exclude them from their research because they are a valuable source.<sup>39</sup> The testimonies of the prisoner assistants and the survivors will only be integrated to clarify certain aspects of the execution of the experiment.<sup>40</sup>

Based on these primary sources and the secondary literature, this study offers a new perspective to the current historiography, by arguing that Lifton's theory of doubling is insufficient to explain the behaviour of the Nazi doctors. Rather, by applying the theories of Welzer on perpetrators of mass murder to this particular group of perpetrators, a more

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<sup>38</sup> Daniel Jonah Goldhagen, *Hitler's Willing Executioners. Ordinary Germans and the Holocaust* (New York 1996) 467-468.

<sup>39</sup> Christopher R. Browning, 'Daniel Goldhagen's Willing Executioners', *History and Memory* 1 (1996) 88-108, there 98.

<sup>40</sup> For example, I will use the publications of Eugen Kogon, Miklós Nyiszli, and Eugène Ost, who worked as prisoner assistants of the Nazi doctors at the human experiments. See: Eugen Kogon, *Der SS-Staat. Das System der deutschen Konzentrationslager* (Stockholm 1947), Miklós Nyiszli, *Auschwitz. A Doctor's Eyewitness Account* (Greenwich 1960), and Eugène Ost, 'Die Malaria-Versuchsstation im Konzentrationslager Dachau', *Dachauer Hefte. Studien und Dokumente zur Geschichte der nationalsozialistischen Konzentrationslager* 4 (1988) 174-189.

adequate explanation will be given about the mind-set of the Nazi doctors. Furthermore, by investigating the socioeconomic benefits the Nazi doctors gained by executing human experiments, their motives will become clear. The analysis of the bureaucratic structures behind the human experiments will show how they came into being and the position of the Nazi doctors within those structures.

This thesis is divided into four chapters. The first chapter focuses on the development of human experiments and the debate on informed consent from the end of the nineteenth century until the start of the Second World War. The investigation of human experiments in history will show that the use of the human body for scientific purposes was common and widespread in industrialised and civilised societies, particularly from the nineteenth century onwards. The historical debate on informed consent, particularly in Germany, demonstrates that despite the existence of this debate, physicians and scientists predominantly believed that human experiments were necessary for progress in medicine, and that they disagreed with legislation that limited their scientific freedom. Furthermore, the evolution of racial hygienic beliefs in German society created an atmosphere for doctors to participate in the realisation of a racial utopia, and this mind-set was one of the factors that allowed them to carry out human experiments without ethical constraints.

The second chapter deals with the social, educational, and scientific background of the Nazi doctors who committed the human experiments in the concentration camps of the Third Reich. If we want to understand the behaviour of the Nazi doctors, a deterministic biographical model based on the experiences during their childhood cannot be sufficient. Therefore, a complex model that not only includes the personal background but also the political context and the structure of the Nazi regime is essential. This chapter will analyse the lives of the Nazi doctors based on their social background, education, career, and their relation to National Socialism. The support for the new regime and the upward social mobility of the Nazi doctors during the Third Reich will also be taken into account. The final section will focus on how these physicians ended up in the concentration camps to commit human experiments. This chapter shows that neither the age nor the stage in the career of the doctors is of importance for their participation in the execution of human experiments. There hardly are any documented cases of physicians who did not seize the unique opportunity to use prisoners as research subjects to improve their careers.

The third chapter deals with the organisations and institutes that commissioned the experiments, the purposes of the experiments, and the physicians as perpetrators of criminal acts. The central issue will focus on how the experiments came into being: top-down, ordered

by high-ranking Nazis and their entourage; or bottom-up, initiated by the Nazi doctors themselves. Although this issue will be slightly touched upon in the second chapter, the third chapter will also take into account the organisations and institutes that commissioned the experiments. The analysis on the organisations and institutes, and the implementation of the experiments, illustrates the polycratic structure of the experiments. Furthermore, the behaviour of the Nazi doctors at the experiments will also be investigated. Irrespective of the fact whether the experiments came into being top-down or bottom-up, the Nazi doctors used the experiments to benefit their careers.

The fourth and concluding chapter will show that the Nazi doctors had no ethical and moral constraints to experimenting on prisoners of concentration camps. The fourth chapter is divided into two sections. The first section focuses on the lives of the Nazi doctors immediately after the war, in which the trials against them form the centrepiece. The second section will give an analysis of the justifications that Nazi doctors used to legitimise the execution of the experiments, based on the post-war trials. The concluding chapter analyses the mind-set of the Nazi doctors and demonstrates the absence of ethical and moral constraints.

## Chapter 1 – Medicine, Medical Ethics, and Human Experiments in Germany, 1890-1939

The human experiments in the concentration camps of the Third Reich should be seen as a culmination of the developments in medical science and racial thinking that had started at the end of the nineteenth century. During this century, new knowledge on bacteriology, pharmacology, eugenics, and surgery led to significant improvements in medical science.<sup>41</sup> This development, and the emerging perception of an ill *Volkskörper* created an atmosphere in which German physicians supported the National Socialistic effort to create a racial utopia, and they participated in the implementation of racial laws, the euthanasia program, and the execution of human experiments for the benefit of the German people.<sup>42</sup> However, human experiments did not originate in the Third Reich. These medical crimes were preceded by many human experiments since the end of the nineteenth century. Not only in Germany, but also in multiple other countries, including France, the United States, the Soviet Union, and in European colonies in Africa, did scientists and physicians carry out human experiments.<sup>43</sup> It seems contradictory that persons who are educated to heal humans, and have sworn to do no harm (*nihil nocere*) by affirming the Hippocratic Oath, deliberately harm or even kill humans in medical experiments. In this chapter, by investigating the historical context of human experiments in the Third Reich, it will become clear that this is an incorrect perception, a perception that even today haunts human minds and society.

The historiographical debate on human experiments has, ever since the Nuremberg Doctor's Trial in 1947, focussed on the question of informed consent of the human subject in the history of these experiments. This 'paradigm' was the result of the nature of the Doctor's Trial,<sup>44</sup> with its focus on medical ethics, rather than the studies of scholars. Nevertheless, after the trial scholars mainly researched and reconstructed the debate on informed consent in the years preceding the Third Reich. However, in 2003, historians of medicine Jordan Goodman, Anthony McElligott and Lara Marks proposed, in the introduction of *Useful Bodies. Humans in the Service of Medical Science in the Twentieth Century*, to shift away from the debate on

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<sup>41</sup> Barbara Elkeles, 'The German Debate on Human Experimentation between 1880 and 1914' in: Volker Roelcke and Giovanni Maio (eds.), *Twentieth Century Ethics of Human Subject Research. Historical Perspectives on Values, Practices, and Regulations* (Stuttgart 2004) 19-33, there 19-20.

<sup>42</sup> Ulf Schmidt, 'Medical Ethics and Nazism' in: Robert B. Baker and Laurence B. McCullough (eds.), *The Cambridge World History of Medical Ethics* (Cambridge 2009) 595-608, there 596-601.

<sup>43</sup> For information on these experiments, see for example the edited volume by Volker Roelcke and Giovanni Maio (eds.), *Twentieth Century Ethics of Human Subject Research. Historical Perspectives on Values, Practices, and Regulations* (Stuttgart 2004).

<sup>44</sup> Goodman, McElligott, and Marks, 'Making Human Bodies Useful', 4.

informed consent, because it focussed too much on the ethical analyses of the Nazi medical experiments. According to them, this leads to inaccurate historiography since informed consent is determined by the context of time and culture, and therefore, cannot be compared. To understand and explain the meaning of human experiments, the focus in research should shift away from the relationship of physician-patient to the relationship between the state, medical scientists and physicians, and as well to the relationship of state versus society. This can be accomplished by exploring the historical practice of human experiments.<sup>45</sup> Goodman, McElligott and Marks are right that there has been a paradigm in the research on human experiments. On the one hand, this limits our understanding on this topic. On the other hand, however, it is necessary to involve the debate of informed consent in research on human experiments. Only by considering this debate, are we able to understand the discourse of the “perpetrators” – that is the physicians, medical scientists, and eugenicists – who performed these experiments. Obviously, the context of time and culture determines the historical debate on informed consent, but this does not mean comparing them is meaningless. A comparative analysis will show the development in the discourse on human experiments and the question of informed consent, and demonstrate the continuities and discontinuities between the German *Kaiserreich*, the Weimar Republic, and Nazi Germany. However, as Goodman, McElligott, and Marks argued, the role of the state should also be taken into account. Therefore, the third chapter will focus on this issue.

### **1.1 The Emergence of Human Experiments in the World and in Germany, 1890-1939**

Human experiments during the Nazi era did not conjure out of thin air. During the first decades of the twentieth century, human experiments were more or less common in medical science, not only in Germany but also in other industrialized societies. The initiatives came from doctors acting independently as well as hospitals, research institutes, and state institutions such as ministries of health and public health councils. Without going too much into detail, it is important to realize that human experiments for the benefit of health and medicine are as old as the Antiquity, although we do not know exactly the circumstances of these experiments.<sup>46</sup>

From the eighteenth century onwards, medical scientists replaced the ancient and medieval perspectives on medicine and the human body for the philosophical principles of the

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<sup>45</sup> Ibidem, 4-5.

<sup>46</sup> Rolf Winau, ‘Der Menschenversuch in der Medizin’ in: Angelika Ebbinghaus and Klaus Dörner (eds.), *Vernichten und Heilen. Der Nürnberger Ärzteprozeß und seine Folgen* (Berlin 2001) 93-109, 510-512, there 93.

Enlightenment. Only empirical research could serve as true science, and science should be useful to humankind by contributing to its progress. During this first phase of human experiments, until the second half of the nineteenth century, scientists were mainly concerned with developing the right method for the experiments and expanded access (*Heilversuch*).<sup>47</sup> The Austrian physician Anton von Störck (1731-1803) and the German anatomist and pharmacist Georg Friedrich Hildebrandt (1764-1816) both described, independently from each other, the right method for developing and testing a new medicine, and both came with the following method: development of the medicine and testing in a laboratory setting (*in vivo*) - animal testing - human experiment. Von Störck argued that scientists also had to test the medicine themselves.<sup>48</sup>

At the end of the nineteenth century, medicine and medical research had developed as an academic discipline, because researchers had applied methods of natural science to support their quest for falsifiable knowledge.<sup>49</sup> In medical science, many new research fields originated, such as bacteriology, pharmacology, immunology, and surgery. Because of the new methods and new fields in medical science, animal testing and human experiments increased rapidly during this period.<sup>50</sup> Many experiments remained unknown to the public, particularly because physicians could hide incidents from the public. However, a few cases became disreputable, such as the Neisser case in Germany.

Albert Neisser (1855-1916), professor of dermatology and venereology, discoverer of gonococcus, and director of the Breslau Dermatological Clinic, experimented at the end of the nineteenth century with syphilis.<sup>51</sup> In 1892, Neisser, on his quest for a syphilis treatment, injected eight hospitalized teenage girls with a cell free syphilis serum, obtained from a syphilis patient. Four girls were prostitutes hospitalized for venereal diseases; the others were hospitalized for skin conditions. Neisser did not inform the girls about the experiment; neither did he obtain their approval for the injection. The use of underage girls was necessary because adults ran the risk of infection with syphilis via intercourse during the period of the

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<sup>47</sup> Winau, 'Der Menschenversuch in der Medizin', 93. Expanded access means the testing of a new medicine outside a laboratory on patients with a life-threatening disease, who might benefit from the new medicine.

<sup>48</sup> Ibidem, 94-95. See also: G.F. Hildebrandt, *Versuch einer philosophischen Pharmakologie* (Braunschweig 1786).

<sup>49</sup> Alfons Labisch, 'Die »hygienische Revolution« im medizinischen Denken. Medizinisches Wissen und ärztliches Handeln' in: Angelika Ebbinghaus and Klaus Dörner (eds.), *Vernichten und Heilen. Der Nürnberger Ärzteprozeß und seine Folgen* (Berlin 2001) 68-89, 501-509, there 70.

<sup>50</sup> Elkeles, 'The German Debate on Human Experimentation', 19.

<sup>51</sup> Wolfgang U. Eckart and Andreas J. Reuland, 'First principles: Julius Moses and medical experimentation in the late Weimar Republic' in: Wolfgang U. Eckart (ed.), *Man, Medicine, and the State. The Human Body as an Object of Government Sponsored Medical Research in the 20th Century* (Stuttgart 2006) 35-47, there 35.

experiment.<sup>52</sup> The experiment lasted four years, in which a few girls became infected with syphilis. However, Neisser argued that the cause was not the serum, but “natural circumstances” since the infected girls were working as prostitutes. Consequently, he reasoned that the “vaccination” did not work. In the first instance, academic physicians supported Neisser’s research and the related article, published in 1898. Only in 1900, when the Munich liberal newspaper *Freie Presse* wrote an article about the case, titled ‘*Arme Leute in Krankenhaus*’ (‘Poor people in hospitals’), did the Neisser case cause public indignation.<sup>53</sup> The reactions and the political consequences of the Neisser case will be discussed in the second part of this chapter.

Germany was not the only country where doctors carried out human experiments. Countries such as France, Sweden, the United States, and the Soviet Union had their own research programs. To show the broad dispersal of human experiments, some of them will be examined in more detail.<sup>54</sup> In the United States, an associate in neuropathology at the Johns Hopkins University, Henry J. Berkley, administered a thyroid extract to eight patients in the Baltimore mental hospital to determine the right toxicity of the extract for commercial medicine against insanity in 1897. Some patients experienced mental excitement, petulance, and digestive problems and two patients died in the weeks after the experiment. Autopsy on the bodies was not permitted, so acute tuberculosis was listed as the cause of death. After the experiment, Berkley concluded that the thyroid extract could not be used as a commercial medicine, since it had the potential to harm the health and life of the patient.<sup>55</sup> Berkley had no intention to cure the patients; his only goal was to test the effectiveness of the medicine.

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<sup>52</sup> To what extent Neisser perceived this also a problem for the prostitutes remains unclear.

<sup>53</sup> Jochen Vollmann and Rolf Winau, ‘Informed consent in human experimentation before the Nuremberg code’, *British Medical Journal* 313 (1996) 1445-1447, there 1445, Winau, ‘Der Menschenversuch in der Medizin’, 101, and Elkeles, ‘The German Debate on Human Experimentation’, 23-24.

<sup>54</sup> For experiments in the Soviet Union see: Boris Yudin, ‘Human Experimentation in Russia / the Soviet Union in the First Half of the 20th Century’ in: Volker Roelcke and Giovanni Maio (eds.), *Twentieth Century Ethics of Human Subject Research. Historical Perspectives on Values, Practices, and Regulations* (Stuttgart 2004) 99-110. For Japanese experiments see: Sheldon H. Harris, *Factories of Death: Japanese Biological Warfare 1932–45 and the American Cover-Up* (London 1994), Till Bärnighausen, ‘Barbaric research – Japanese human experiments in occupied China: Relevance, alternatives, ethics’ in: Wolfgang U. Eckart (ed.), *Man, Medicine, and the State. The Human Body as an Object of Government Sponsored Medical Research in the 20th Century* (Stuttgart 2006) 167-196, and Nie Jingbao, *Japan's Wartime Medical Atrocities: Comparative Inquiries in Science, History, and Ethics* (London 2010). Example from Sweden: In 1891, the Swedish physician Dr. Carl Janson used fourteen children from a foundlings’ home in an experiment with black smallpox pus, since acquiring and maintaining calves was too expensive. The head of the foundlings’ home gave him the permission to use the children. See: Susan E. Lederer, *Subjected to Science. Human Experimentation in America before the Second World War* (Baltimore 1995) 51.

<sup>55</sup> Susan E. Lederer, *Subjected to Science. Human Experimentation in America before the Second World War* (Baltimore 1995) 61-62.

Probably the most notorious human experiment in the United States was the Tuskegee syphilis experiment. In the 1930s, syphilis was still a major health issue for the authorities, since many people, especially poor black people, suffered from this venereal disease. The Public Health Service (PHS), founded in 1912 during the Progressive Era, ordered research on the distinction between black and white males presenting with the symptoms of syphilis. This study was a reaction to the Oslo Study to untreated syphilis, in which only white males had been investigated. In the United States, white physicians feared a syphilis epidemic, since they commonly believed that black males had a higher risk of becoming infected with syphilis because of their sexual promiscuity. The *Tuskegee Study of Untreated Syphilis in the Negro Male* started in Tuskegee, Alabama, in 1932 and lasted until 1972. The executive physician Dr. Taliaferro Clark selected four hundred black men infected with syphilis and two hundred without syphilis. He told the men that they were participating in the anti-syphilis program of the PHS, but not that they had a syphilis infection. ‘In other words, the PHS did not obtain informed consent from the men in study. Rather, the PHS tricked them into cooperating by withholding critical information and by deceiving them about the nature of their illness and the true purpose of the study.’<sup>56</sup> The men were administered medication, but not enough to cure them. Moreover, the PHS even withheld treatment by excluding their research subjects from the anti-syphilis program initiated by the Rosenwald Fund in the 1930s and by exempting them from the Henderson Act (1943), which obligated states and local authorities to test and treat all patients between fourteen and fifty years of age suffering from tuberculosis and venereal diseases. The researchers did not have any ethical constraints with carrying out the experiment; they regarded the participants as ‘clinical material’ and not as patients. Public pressure after a former employee had informed the press, forced the PHS to end the experiment in 1972. Between 28 and one hundred men had died as a cause of withholding treatment.<sup>57</sup>

In France, the Secretary of State for military hygiene Justin Godart, ordered in 1916 the military physician major J. Kerandel to develop in collaboration with the Pasteur Institute in Paris, a vaccine against pneumococcal infections. This was a response to the high rate of pneumococcal infections and deaths under Senegalese soldiers serving in South-France. Kerandel adjusted the existing vaccine and tested this on twelve hundred Senegalese soldiers, although they had not given their consent. The new vaccine seemed to function well. Godart

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<sup>56</sup> James H. Jones, ‘The Tuskegee syphilis experiment’ in: Wolfgang U. Eckart (ed.), *Man, Medicine, and the State. The Human Body as an Object of Government Sponsored Medical Research in the 20th Century* (Stuttgart 2006) 251-262, there 254.

<sup>57</sup> *Ibidem*, 251-262.

disagreed with the experiment, arguing that it should have been tested on animals beforehand. Since he was responsible for the experiment and feared negative public opinion, he stopped the experiment immediately and asked the *High consultative commission for military hygiene and epidemiology* (Commission supérieure consultative d'hygiène et d'épidémiologie militaires) for their opinion. The commission judged that the experiment could continue under strict supervision of the Pasteur Institute, though animal testing was not necessary.<sup>58</sup>

The African colonies also served as testing ground for new medicines. Both Germany and France used the population in their African colonies to carry out human experiments. In Senegal during the 1920s and early 1930s, Albert Calmette (1863-1933) in collaboration with the Pasteur Institute, vaccinated six hundred Senegalese soldiers and more than five thousand children with the BCG vaccine (Bacillus Calmette-Guérin) against tuberculosis. The participants did not give their consent for the vaccination. Many soldiers developed an abscess as a consequence of the vaccination and therefore vaccination on soldiers decreased. Nevertheless, the vaccination of children continued even though the effectiveness of the BCG vaccine was not yet scientifically proven, and scientists and physicians disputed whether the vaccine did prevent tuberculosis. Thus, the vaccination served as an experiment. Resistance within the French colonial army only occurred because opponents were afraid of incidents that could cause negative publicity; they did not reject the vaccination for ethical reasons. As long as no incidents occurred, they neglected the ethical issue of informed consent.<sup>59</sup>

In the German colonies of Togo and German East Africa, German scientists went very far to fight sleeping sickness. This parasitic disease was a major problem in Africa.<sup>60</sup> Authorities of the German Empire were afraid for an epidemic in their territories. Therefore, the colonial department of the Ministry of Foreign Affairs, the Prussian Ministry of Spiritual, Educational and Medical Affairs, and the Imperial Health Council (*Reichsgesundheitsrat*) sent Robert Koch (1843-1910), founder of modern bacteriology, on an expedition to German East Africa in 1906. After his return, Koch recommended the construction of concentration camps,

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<sup>58</sup> Christian Bonah, 'You should not use our Sengalese infantrymen as guinea pigs'. Human vaccination experiments in the French army, 1916-1933' in: Wolfgang U. Eckart (ed.), *Man, Medicine, and the State. The Human Body as an Object of Government Sponsored Medical Research in the 20th Century* (Stuttgart 2006) 15-34, there 21-23. A few members from the Commission, who also worked for the Pasteur Institute, determined this outcome.

<sup>59</sup> Ibidem, 25-34. The death rate between non-vaccinated and vaccinated children differed only two per cent; the rates were respectively 11 and 13 per cent. See page 27.

<sup>60</sup> Only in the year 1903, more than two million people died in the British area between Lake Victoria and Lake Njansa. See: Wolfgang U. Eckart, 'Medical Experiments at the Colonial Periphery: The Fight against Sleeping Sickness in German East Africa and Togo' in: Volker Roelcke and Giovanni Maio (eds.), *Twentieth Century Ethics of Human Subject Research. Historical Perspectives on Values, Practices, and Regulations* (Stuttgart 2004) 65-82, there 67.

in which people suffering from sleeping sickness could be examined and treated. The isolation of ill people intended to protect the healthy part of the population against infection.<sup>61</sup> The colonial German authorities constructed three concentration camps in German East Africa, and two in Togo. The German governor in Togo, Julius Zech auf Neuhofen (1868-1914), forced people suspected of sleeping sickness to the camps, by allowing tax exemptions to voluntary participators and punishing resisters with forced labour and imprisonment of up to four weeks. The police had to bring patients to the concentration camps. The conditions in the camps were bad, and patients tried to flee. Inside the camps, patients received treatment with Atoxyl, although the doctors knew that because of the poisonous arsenic in Atoxyl the treatment could also harm or even kill the patients. From 1909 onwards, Dr. Werner von Raven (1875-1928) started to experiment with different kinds of arsenicals produced by German companies. Eckart assumes that the physicians on the one hand had the intention to cure the patients, but on the other hand also experimented to find new medicines for the sake of their own academic careers. In German East Africa, between 1908 and 1911, the German researchers treated 11,079 persons. For Togo, the exact number remains unclear. It also remains unclear how many people suffered from sleeping sickness and how many died from the side effects of the treatment.<sup>62</sup>

In Germany, as in other countries, human experiments continued in the 1920s and 1930s. The Lübeck case created social unrest and fierce debates in the final years of the Weimar Republic. In 1930, the city of Lübeck started a large-scale vaccination program against tuberculosis, with the BCG vaccine. The French scientists Albert Calmette (1863-1933) and Camille Guérin (1872-1961) had developed this vaccine between 1905 and 1921. The Pasteur Institute introduced the BCG vaccine (Bacille Calmette-Guérin) in France in 1921, and tested it on 120 newborn babies who ran a great risk of tuberculosis contamination, since their relatives were already infected. The goal of the experiment was to prove the inoffensiveness of the vaccine, and no complications occurred. However, only in 24 families were people diagnosed with open tuberculosis. Despite the unethical method applied by Calmette, opponents of human experiments did not accuse him of dangerous, inhumane research. As long as no incidents occurred, critics in France remained predominantly silent.<sup>63</sup>

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<sup>61</sup> Eckart, 'Medical Experiments at the Colonial Periphery', 66-70.

<sup>62</sup> *Ibidem*, 71-80.

<sup>63</sup> Christian Bonah and Philippe Menut, 'BCG Vaccination around 1930 – Dangerous Experiment or Established Prevention? Practices and Debates in France and Germany' in: Volker Roelcke and Giovanni Maio (eds.), *Twentieth Century Ethics of Human Subject Research. Historical Perspectives on Values, Practices, and Regulations* (Stuttgart 2004) 111-127, there 111-116. In 1927, J. Lignières (venetiary and bacteriologist) criticised the assumptive safety of the BCG vaccine. After an international conference in Paris, both the Society

In Lübeck, physicians vaccinated 256 newborn babies with the BCG vaccine, however, 77 died because of the vaccination. During the subsequent trial, in which three physicians and one nurse were prosecuted, the court had to decide whether the vaccination was a preventive measure carried out with an approved vaccine or a human experiment. The court stated that although the physicians had withheld information to the families of the children, the vaccination could not be considered an experiment because the Lübeck authorities had approved the BCG vaccine. However, opponents regarded it an experiment because, as they argued, the vaccine was still in an experimental phase and not yet proven to be safe. In a final report, it became clear that the children had died because of contamination of the BCG vaccine in the German laboratory.<sup>64</sup> Due to the “Lübeck disaster, the BCG vaccine remained prohibited as vaccination against tuberculosis in Germany until after the Second World War.<sup>65</sup>

The cases mentioned above have demonstrated that, from the end of the nineteenth century onwards, physicians and scientists in industrialized societies used human bodies to carry out medical experiments. The purpose of these experiments was to invent new medicines and improve existing ones. The initiatives for these experiments came from both states and individual physicians and scientists. Germany was certainly not unique in carrying out human experiments.

## 1.2 The Debate on Informed Consent and Medical Ethics in Germany, 1890-1939

Obtaining the informed consent from research subjects in human experiments became an issue with the professionalization of medicine during the second half of the nineteenth century. During the previous centuries, the issue was simply beyond the ‘Denkkategorien der Zeit’.<sup>66</sup> In 1865, the French physiologist Claude Bernard (1813-1878) argued that medical science was impossible without experiments on living organisms (vivisection). ‘Il faut faire les expériences sur les hommes ou sur les animaux.’<sup>67</sup> Bernard held the opinion that researchers should carry out animal experiments before testing on humans. Human

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of Nations and the Academy of Medicine declared that the vaccine was safe and could be administered to all children, regardless whether they were living in families with tuberculosis. However, Lignières did not criticise the experiment itself. See page 117.

<sup>64</sup> Daniel S. Nadav, ‘The “Death Dance of Lübeck”’: Julius Moses and the German Guidelines for Human Experimentation, 1930’ in: Volker Roelcke and Giovanni Maio (eds.), *Twentieth Century Ethics of Human Subject Research. Historical Perspectives on Values, Practices, and Regulations* (Stuttgart 2004) 129-135.

<sup>65</sup> Bonah and Menut, ‘BCG Vaccination around 1930’, 121.

<sup>66</sup> Winau, ‘Der Menschenversuch in der Medizin’, 94.

<sup>67</sup> Claude Bernard, *Introduction à l’Etude de la Médecine Expérimentale* (Paris 1865) 143. Full quote: ‘Il n’y a pas à hésiter; la science de la vie ne peut se constituer que par des expériences, et l’on ne peut sauver de la mort des êtres vivants qu’après en avoir sacrifié d’autres. Il faut faire les expériences sur les hommes ou sur les animaux.’

experiments were only justified when they would benefit the health of the patient and when it could not harm the patient, ‘even though the result might be highly advantageous to science, i.e., to the health of others’.<sup>68</sup>

In Germany, two events at the end of the nineteenth century brought the issue of informed consent into the public arena. The first event was the regulation from the Prussian government on the administration of the medicine *Tuberkulin* on prisoners. In 1890, Robert Koch had invented this medicine against tuberculosis. The regulation, drafted by the Prussian Minister of Interior in 1891, made clear that the medicine could only be administered after the physicians had become familiar with the medicine, when the prison had an in-house clinic, and when the physician was living in the clinic to monitor the patients. But the most progressive aspect of the directive was the prohibition to administer the medicine against the patient’s will: ‘Voraussetzung sei dabei, daß die Behandlung mit dem Kochschen Mittel nur in frischen und sonst geeigneten Fällen auch nicht gegen den Willen des Kranken angewendet werde.’<sup>69</sup> However, this prohibition applied only for prisoners. The Prussian state did not issue a total ban on tuberculosis-treatment without the patient’s approval, due to a large-scale epidemic of tuberculosis in Berlin. At this time, public health was still more important than the rights of the individual patient.<sup>70</sup>

The second issue that caused an intensive debate on the rights of the individual patient was the Neisser-case. After the case became known to the public, the prosecutor started an investigation and shortly afterwards disciplinary proceedings (*Disziplinarverfahren*) followed. The central question was whether Neisser had obtained the consent of the patients. During the

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<sup>68</sup> Ibidem, 141-142. Quote: ‘D’abord a-t-on le droit de pratiquer des expériences et des vivisections sur l’homme ? Tous les jours le médecin fait des expériences thérapeutiques sur ses malades, et tous les jours le chirurgien pratique des vivisections sur ses opérés. On peut donc expérimenter sur l’homme, mais dans quelles limites ? On a le devoir et par conséquent le droit de pratiquer sur l’homme une expérience toutes les fois qu’elle peut lui sauver la vie, le guérir ou lui procurer un avantage personnel. Le principe de moralité médicale et chirurgicale consiste donc à ne jamais pratiquer sur un homme une expérience qui ne pourrait que lui être nuisible à un degré quelconque, bien que le résultat pût intéresser beaucoup la science, c’est-à-dire la santé des autres. Mais cela n’empêche pas qu’en faisant les expériences et les opérations toujours exclusivement au point de l’intérêt du malade qui les subit, elles ne tournent en même temps au profit de la science.’

Translation: ‘First, have we a right to perform experiments and vivisections on man? Physicians make therapeutic experiments daily on their patients, and surgeons perform vivisections daily on their subjects. Experiments, then may be performed on man, but within what limits? It is our duty and our right to perform an experiment on man whenever it can save his life, cure him or gain him some personal benefit. The principle of medical and surgical morality, therefore, consists in never performing on man an experiment which might be harmful to him to any extent, even though the result might be highly advantageous to science, i.e., to the health of others. But performing experiments and operations exclusively from the point of view of the patient’s own advantage does not prevent their turning out profitably to science.’

<sup>69</sup> Ministerialblatt für die gesamte innere Verwaltung in den Königlich Preußischen Staaten 52 (1891) 27. Cited in: Winau, ‘Der Menschenversuch in der Medizin’, 99-100.

<sup>70</sup> Winau, ‘Der Menschenversuch in der Medizin’, 99-100.

interrogation, he argued that obtaining consent was not necessary since the patients could not understand the potential dangers of the experiment:

Wäre es mir um eine formale Deckung zu tun gewesen, so hätte ich mir die Einwilligung bestimmt beschafft, denn es ist nichts leichter, als sachunverständige Personen durch freundliche Überredung zu jeder gewünschten Einwilligung zu bringen. [...] Ich würde nur dann von einer wirklichen Einwilligung sprechen, wenn es sich um Menschen handelte, die in der Lage wären, durch eigene Kenntnis und Beobachtung die ganze Bedeutung der eventuell vorhandenen Gefahren zu erkennen.<sup>71</sup>

Neisser's perspective on the issue of informed consent is not extraordinary when seen in the right context. Historians of medicine Eckart and Reuland argued that around 1900, doctors used patients in public hospitals regularly for (bacteriological) research. These lower class patients were poor and unskilled, and hospitals expected a reciprocal service for their hospitalization (*quid pro quo*). The patient had to provide his body for research purposes; the testing of new medicine and dissection after death.<sup>72</sup> The fact that influential scientists backed Neisser supports this argument.<sup>73</sup> Despite Neisser's pleas for innocence and his conviction that this was the right method for his experiment, the court convicted him for violating his duties as a physician, professor, and director, because he had not informed the patients. The court gave him an official reprimand and he had to pay a fine of three hundred Reichsmark.

Besides the fact that doctors regarded humans as research subjects, their perspectives on injuries as consequences of human experiments also influenced their opinion on the issue of informed consent. Physicians were generally against inflicting injuries to patients. However, they distinguished between short-term, lasting, and mortal injuries. Subjective suffering, extension of the disease, and infliction of short-term injuries were negligible, because this was part of the experiment and should be accepted by the patients. The fact that many physicians regularly performed self-experiment on their own bodies supports this argument. Terminal patients could be used for almost anything, since the patients were already dying, no lasting injuries could be inflicted on their bodies.<sup>74</sup> This mind-set, in which doctors and scientists regarded patients as research subjects and short-term injuries as inherent to human experiments, explains the support of scientists for Neisser's research.

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<sup>71</sup> E. Tashiro, *Die Waage der Venus. Venerologische Versuche am Menschen in zwischen Fortschritt und Moral* (Husum 1991) 93. Cited in: Winau, 'Der Menschenversuch in der Medizin', 101-102.

<sup>72</sup> Eckart and Reuland, 'First principles: Julius Moses and medical experimentation', 37.

<sup>73</sup> Elkeles, 'The German Debate on Human Experimentation', 24-26. To name a few influent supporters: Emil von Düring (Professor of Dermatology in Constantinople), Wilhelm Kolle (Professor of Dermatology in Strassbourg), Anton Weichselbaum (pathologist in Vienna) en Julius Pagel (Professor of the History of Medicine, University of Berlin).

<sup>74</sup> *Ibidem*, 27.

Furthermore, supporters of human experiments argued that imposing restrictions on the research of physicians and scientists would undermine scientific progress and discourage future research. Carl Ludwig von Bar (1836-1913), jurist at the University of Göttingen, claimed that if the opponents of Neisser were in control, medicine would still be in a Hippocratic paradigm and physicians would have to act according to homeopathy, naturopathy, and quack.<sup>75</sup> According to Julius Pagel (1851-1912), Professor in History of Medicine at the University of Berlin, human experiments were necessary for scientific progress, and consent seeking was only necessary for dangerous experiments.<sup>76</sup>

The strongest opposition to this perspective came from so-called antivivisectionists and editors of medical journals, such as the *Deutsche Medizinische Wochenschrift* and the *Berliner Klinische Wochenschrift*.<sup>77</sup> Since the end of the nineteenth century, an upcoming wave of antivivisectionism tried to influence public opinion on medical experiments, medical ethics, and informed consent. Their campaign focussed on the working class, because antivivisectionists argued that physicians would use poor hospitalized people in future experiments, and therefore, the working class could become the greatest victim of human experiments. In their opinion, this fear had become reality with the Neisser case. Their second argument was moralistic: cruelties inflicted on animals and humans heavily outweighed the obtained scientific knowledge and the health of all people. Antivivisectionists linked themselves with anti-Semites. Researchers in the fields of bacteriology and venereology, domains with a high rate of human experiments, consisted mainly of assimilated, East-European Jews, such as Neisser.<sup>78</sup> This confirmed the anti-Semitic perspective of an eternal Jewish enmity and their damaging influence on science and society. Antivivisectionists published their grievances mainly in anti-Semitic newspapers. The academic level of their publications was very low, because of the single-sided perspective together with an obvious ideological background. Therefore, the larger public did not support the arguments against

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<sup>75</sup> Winau, 'Der Menschenversuch in der Medizin', 103. Quote: 'Wenn es nach dem Willen dieser Herren [all persons who have been critical on Neisser's research – DL] ginge, dann stünde die Medizin heute auf dem Standpunkte des Hippokrates, und Naturheilkundige, Homöopathen und Kurfuscher müßten anstelle der Ärzte ihre Heilkunst entfalten.'

<sup>76</sup> Andreas-Holger Maehle, 'Biographies: Who Was Who in the History of Medical Ethics (Appendix). Pagel, Julius Leopold' in: Robert B. Baker and Laurence B. McCullough (eds.), *The Cambridge World History of Medical Ethics* (Cambridge 2009) 713, and Winau, 'Der Menschenversuch in der Medizin', 103-104.

<sup>77</sup> Elkeles, 'The German Debate on Human Experimentation', 24-26.

<sup>78</sup> By specialising in new research fields, such as venereology and dermatology, young Jewish physicians could build a career because established scientists paid no interest in – and even looked down on – these new fields. See: Elkeles, 'The German Debate on Human Experimentation', 23.

human experiments and this made the influence and scope of the opposition to human experiments very small.<sup>79</sup>

One of the most influential opponents of human experiments, Albert Moll (1862-1939), published the book *Ärztliche Ethik* (Doctors' Ethics), in which he argued that the physician had a paternalistic duty to the patient and that he should respect the self-determination of the patient.<sup>80</sup> On human experiments, he wrote:

I have observed with increasing surprise that certain medics, obsessed by a kind of research mania, have ignored the areas of law and morality in a most problematic manner. For them, the freedom of research goes so far that it destroys any consideration for others. The borderline between human and animal is blurred for them. The unfortunate sick person that has entrusted herself to their treatment is shamefully betrayed by them, their trust is betrayed, and the human being degraded to a guinea pig. Some of these cases have happened in clinics whose directors can't talk enough about 'humanitarianism', so that one might almost regard them as specialists in humanitarianism. There seem to be no national or political borders for this kind of aberration.<sup>81</sup>

In reaction to the Neisser case, the Prussian Ministry of Spiritual and Educational Matters issued a directive on human experiments, titled 'Directive to the Heads of Clinics, Policlinics and other Hospitals', in 1900. In this instruction, directed at hospitals and clinics, the Ministry advised that medical experiments other than for healing were excluded under specific circumstances for example, when the subject was under-age or incompetent, or when the subject had not given his irrefutable consent, after a briefing beforehand on the risks of the experiment.<sup>82</sup> The directive was only advisory, and not legally binding. Despite the fact that the instruction contributed to the general debate on consent in medical experiments and medical interventions,<sup>83</sup> historians of medicine Jochen Vollmann and Rolf Winau argued that the directive's impact on human experiments is unknown.<sup>84</sup> Since human experiments in the

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<sup>79</sup> Elkeles, 'The German Debate on Human Experimentation', 21-22. Antivivisectionists also argued that the knowledge obtained by human experiments was not reliable and scientific, because it had not been obtained by empirical research.

<sup>80</sup> Andreas-Holger Maehle, 'Biographies: Who Was Who in the History of Medical Ethics (Appendix). Moll, Albert' in: Robert B. Baker and Laurence B. McCullough (eds.), *The Cambridge World History of Medical Ethics* (Cambridge 2009) 712-713.

<sup>81</sup> Albert Moll, *Ärztliche Ethik. Die Pflichten des Arztes in allen Beziehungen seiner Thätigkeit* (Stuttgart 1902) 504-505. Cited in: Andreas-Holger Maehle, *Doctors, Honour and the Law. Medical Ethics in Imperial Germany* (Basingstoke 2009) 85-86.

<sup>82</sup> Eckart and Reuland, 'First principles: Julius Moses and medical experimentation', 37, Winau, 'Der Menschenversuch in der Medizin', 103, and Vollmann and Winau, 'Informed consent in human experimentation', 1446.

<sup>83</sup> Maehle, *Doctors, Honour and the Law*, 83-84.

<sup>84</sup> Vollmann and Winau, 'Informed consent in human experimentation', 1446. Barbara Elkeles has the same argument. See: Elkeles, 'The German Debate on Human Experimentation', 28.

*Kaiserreich* did not stop after the Minister issued the directive,<sup>85</sup> we can assume that the impact was limited. Certainly, the attitude and mind-set of scientists and doctors did not change after the Neisser case and the subsequent debate; it only raised public awareness, at most.<sup>86</sup> For scientists and physicians, progress in medical science, and with this the welfare of humankind, was more important than obtaining consent from research subjects.<sup>87</sup> ‘A restriction of progress by legal or moral regulation appeared to the researchers to be a limitation of scientific freedom and a threat to the general utility promoted by science’, argued historian of medicine Barbara Elkeles.<sup>88</sup> The majority of the physicians and scientists in medicine did not support the criticism of Albert Moll.<sup>89</sup> They choose the side of Neisser, the side of sovereignty in human experiments, and of progress in science.

In the field of medical science and human experiments, the period of the Weimar Republic was a continuation of the *Kaiserreich*. Experimentation continued, and as long as no incidents occurred, public and academic opponents remained silent on the issue. In Düsseldorf, Arno Nohlen (1899 – after 1964) injected dying children with soot to provoke an artificial coal worker’s pneumoconiosis, and in Berlin, Hermann Vollmer (1896-1959) left twenty rachitic children untreated to experiment with the newly invented drug Vigantol (Vitamin D).<sup>90</sup> However, at the end of the 1920s, the debate on research ethics and the problems of human experiment returned in Germany for two reasons. Firstly, Editor Emil Abderhalden (1877-1950) of the journal *Ethik* initiated an “Open Discussion Forum” on this topic. Abderhalden gave his opinion in a prefatory statement:

Any transmission of a disease to a healthy person for the purpose of studying its different phases or to establish whether a certain infectious pathogen or any substance derived therefrom is able to induce known disease symptoms is to be categorically rejected, unless the researcher concerned carries out the experiments on himself. Equally irreconcilable with medical ethics are experiments whose sole purpose is to confirm the results of an animal

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<sup>85</sup> This is proved by the commission of medical experts, founded by the Prussian Ministry of Spiritual and Educational Matters, which monitored human experiments by checking publications of physicians and researchers. This commission investigated six cases until 1913, when the commission was terminated. All cases were classified as harmless. However, the cases should be classified as human experiments. See: Elkeles, ‘The German Debate on Human Experimentation’, 28. Therefore, the statement of Eckart and Reuland, that no human experiments were conducted in Germany between 1900 and 1914, seems to be untrue. See: Eckart and Reuland, ‘First principles: Julius Moses and medical experimentation’, 38.

<sup>86</sup> Rolf Winau, ‘Versuche mit Menschen. Historische Entwicklung und ethischer Diskurs’ in: Carola Sachse (ed.), *Die Verbindung nach Auschwitz. Biowissenschaften und Menschversuche an Kaiser-Wilhelm-Instituten. Dokumentation eines Symposiums* (Göttingen 2003) 158-177, there 171.

<sup>87</sup> Maehle, *Doctors, Honour and the Law*, 88, and Winau, ‘Der Menschenversuch in der Medizin’, 104. Maehle argued that in some cases physicians started to require the patient’s consent, but only to prevent potential claims for compensation after bodily harm. See page 88-89.

<sup>88</sup> Elkeles, ‘The German Debate on Human Experimentation’, 28.

<sup>89</sup> Maehle, *Doctors, Honour and the Law*, 88.

<sup>90</sup> Winau, ‘Versuche mit Menschen’, 171-172.

experiment in humans, without there being any prospect of a beneficial effect on any condition for the individual who is the subject of the experiment, there rather being the probability of a greater or lesser degree of harm. [...] There remain, however, and this must be stated with complete frankness, enough cases which must unreservedly be condemned both from the medical and the general ethical standpoint. When reading such papers in which it is reported that certain experiments have been carried out that involve inflicting harm on healthy persons, even if these may be prostitutes, the mentally ill etc. – a human being is and remains a human being! – one gains the impression that a certain development in medicine is being taken to extremes and should be curbed at all costs.<sup>91</sup>

Three physicians responded to Abderhalden's call, and all of them agreed with him that the Hippocratic principle of *nihil nocere* (do no harm), should be the basic principle in the medical profession, and that human experiments were impermissible.<sup>92</sup>

Secondly, opponents raised their voices again after journalists started to investigate human experiments by inspecting articles in medical journals. The journal *Biologische Heilkunst* (Biological Art of Healing), critical of traditional medicine and a promoter of natural healing, even had a special edition on inhumane 'Experiments on Human Beings' in 1927.<sup>93</sup> Probably the most well known critic of human experiments was Julius Moses (1868-1942), a Jewish physician and member of the *Reichstag* for the *Sozialdemokratische Partei Deutschlands* (Social Democratic Party of Germany) from 1920 until 1932. He fought to strengthen the rights of patients and to improve social hygiene.<sup>94</sup> At the end of the 1920s, after he learned of the research of Vollmer, he started to condemn human experiments in several publications. In one of them, he wrote:

In our oh so cultivated, socially thinking century, crimes are being committed against the health of defenceless children, under the false flag of 'science'. If there is still a feeling for the dignity of man, indeed respect for human life as the highest good of all, these crimes would have to cause a unified scream of anger by the public.<sup>95</sup>

Moses' articles, in combination with his speech in Parliament on March 26, 1928 on "experimental mania", intensified public awareness on this issue and their disapproval of human experiments. However, according to Eckart and Reuland almost all doctors rejected

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<sup>91</sup> Emil Abderhalben, 'Versuche am Menschen', *Ethik* 5, 1 (1928) 13-16. Cited in: Andreas Frewer, 'Medical Research, Morality, and History: The German Journal *Ethik* and the Limits of Human Experimentation' in: William R. LaFleur, Gernot Böhme and Susumu Shimazono (eds.), *Dark Medicine. Rationalizing Unethical Medical Research* (Bloomington 2007) 30-45, there 32. See also: Andreas Frewer, *Medizin und Moral in Weimarer Republik und Nationalsozialismus. Die Zeitschrift 'Ethik' unter Emil Abderhalden* (Frankfurt am Main 2000).

<sup>92</sup> Frewer, 'Medical Research, Morality, and History', 32-34.

<sup>93</sup> Eckart and Reuland, 'First principles: Julius Moses and medical experimentation', 41.

<sup>94</sup> *Ibidem*, 38-40.

<sup>95</sup> Julius Moses, in: *StBerVDR*, Vol. 395, 13725-13726. Cited in: Eckart and Reuland, 'First principles: Julius Moses and medical experimentation', 42.

Moses' arguments, and argued that progress in medicine would be impossible without experimentation.<sup>96</sup> In 1929, Moses even helped to change Paragraph 263 of the German Criminal Code, which defined bodily harm caused by physicians. The old version was very vague and left much space for interpretation; the new version prohibited scientific experimentation and required conscientious physicians.<sup>97</sup>

The draft of the modified Paragraph 263 of the German Criminal Code, had required 'rules of the art of healing', which meant special guidelines for doctors who wanted to undertake experiments on humans.<sup>98</sup> Moses participated in the commission to establish these guidelines. The necessity of guidelines got into momentum when the Lübeck case forced the government to take action. On February 28, 1931, the Imperial Health Council issued the 'Final Draft of Guidelines for New Types of Therapeutic Treatment and for Undertaking Scientific Experiments on Human Beings' (*Richtlinien für die neuartige Heilbehandlung und für die Vornahme wissenschaftlicher Versuche am Menschen*):

Die Vornahme eines Versuch ist bei fehlender Einwilligung unter allen Umständen unzulässig. Jeder Versuch am Menschen ist zu verwerfen, der durch den Versuch am Tier ersetzt werden kann. Ein Versuch am Menschen darf erst vorgenommen werden, wenn zuvor alle Unterlagen beschafft worden sind, die zu seiner Klärung und Sicherung mit den der medizinischen Wissenschaft zur Verführung stehenden biologischen Methoden des Laboratoriumsversuchs und des Tierexperiments gewonnen werden können. Unter diesen Voraussetzungen verbietet sich jedes grund- und planlose Experimentieren am Menschen von selbst. Versuche an Kindern oder jugendlichen Personen unter 18 Jahren sind unstatthaft, wenn sie das Kind oder den jugendlichen auch nur im geringsten gefährden. Versuche an Sterbenden sind mit den Grundsätzen der ärztlichen Ethik unvereinbar und daher unzulässig.<sup>99</sup>

The guidelines distinguished between therapeutic ("new therapy") and non-therapeutic research ("human experimentation"). Doctors could introduce new therapy without consent in urgent, life-saving situations, but non-therapeutic research was "under no circumstances permissible without consent".<sup>100</sup> The guidelines also declared that it was unacceptable to make use of the subordinated position of the lower class. The Health Authority sent the guidelines to the German states and published them in medical journals. 'Altogether, the German guidelines of 1931 represented probably the most radical protection of the patient

<sup>96</sup> Eckart and Reuland, 'First principles: Julius Moses and medical experimentation', 42-43.

<sup>97</sup> The old version of Paragraph 263 of the German Criminal Code of 1927 stated: 'Intervention and treatment corresponding to the scrutiny of a conscientious physician do not constitute bodily harm.' The new version of 1929 stated: 'Intervention and treatment purely for the purpose of healing, and which correspond to the scrutiny of a conscientious physician and are undertaken according to the rules of the art of healing, do not constitute bodily harm.' See: Eckart and Reuland, 'First principles: Julius Moses and medical experimentation', 43.

<sup>98</sup> Eckart and Reuland, 'First principles: Julius Moses and medical experimentation', 44.

<sup>99</sup> Schreiben des Reichsministers des Inneren vom 28. 2. 1931 an die deutschen Landesregierungen. Cited in: Winau, 'Der Menschenversuch in der Medizin', 108-109.

<sup>100</sup> Vollmann and Winau, 'Informed consent in human experimentation before the Nuremberg code', 1446.

against experiments in comparison to internationally prevailing practice.’<sup>101</sup> Despite this protection, the effect of the guidelines was minimal in the years before the National Socialists took over, since they were too abstract to use and no authorities were checking and ensuring abidance. ‘[...] ebenso wie die Anweisungen aus dem Jahre 1900 blieben in Deutschland auch diese Richtlinien ohne jede Wirkung [...]’.<sup>102</sup> During the Nazi years, the guidelines were still valid, although it remains unclear whether the hospitals applied them. What is sure though, is that authors are not referring to them in medical journals.<sup>103</sup> In retrospect, with the large-scale participation of doctors in the human experiments of Nazi Germany in mind, we can conclude that support for the guidelines was not widespread. Furthermore, the rise to power of the National Socialists in 1933 interrupted the alteration of Paragraph 263 of the German Criminal Code, and the Nazi Ministry of Justice rejected the alteration entirely in September of the same year. Thus, they restored the old formulation of 1927.<sup>104</sup>

The discussions on medical ethics and informed consent did not change the mind-set of the majority of doctors in Germany. ‘Es ist bemerkenswert, daß es in der Zeit zwischen 1900 und 1933 zwar zu einem elaborierten Diskurs um die Ethik des Humanexperiments gekommen ist, daß diese Diskussion aber ganz offensichtlich nicht bewirkte, die Einstellung der Mediziner grundsätzlich zu verändern.’<sup>105</sup> Physicians were convinced that human experiments were necessary for progress in medicine. In human experiments, they distinguished between short-term damage, and long-lasting or lethal injuries. In general, they reasoned that their experiments would only inflict short-term damage. Moreover, they believed in the principle of *quid pro quo*, namely that hospitalized patients had to put their bodies in service of medicine. The majority of them wanted to retain their freedom in research and did not want to be curtailed by legislation. Therefore, they opposed the guidelines of 1931. This mind-set contributed to their enthusiastic participation in Nazi human experiments.

### 1.3 Medicine, Health, and Racial Hygiene in Germany, 1859-1945

Around the mid-nineteenth century, scholars in Europe started to contemplate the issues of race, race mixing, and race improvement. They hoped that racial ideas could offer solutions for the problems of the modern state. Charles Darwin’s *On the Origin of Species* (1859) marked a turning point in biological theories of society. Scholars, scientists, and philosophers

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<sup>101</sup> Eckart and Reuland, ‘First principles: Julius Moses and medical experimentation’, 46.

<sup>102</sup> Winau, ‘Versuche mit Menschen’, 175.

<sup>103</sup> Eckart and Reuland, ‘First principles: Julius Moses and medical experimentation’, 47.

<sup>104</sup> Ibidem, 41-44.

<sup>105</sup> Winau, ‘Versuche mit Menschen’, 175.

projected his ideas of ‘natural selection’ and ‘survival of the fittest’ on societies. Natural selection particularly drew their attention. The German philosopher and zoologist Ernst Haeckel (1834-1919) used this concept, together with the “struggle for existence”, and argued that besides natural selection within a society, there should also be ‘artificial selection’, which meant the active process of eliminating the weak elements, e.g. human beings, in a society. Besides Haeckel, many other scientist developed ideas on race and race improvement by applying evolutionary biology onto modern societies. They laid the foundations for social Darwinism.<sup>106</sup>

The changes in the late nineteenth century caused by the industrialization, such as population growth and urbanization, intensified the problems of public health and social security. Social Darwinists demanded state intervention to solve the problems of modern society and prevent biological degeneracy. According to historian of medicine Ulf Schmidt, racial hygiene was ‘the German derivative of eugenics’.<sup>107</sup> The first generation of scientists in the field of racial hygiene stressed to improve the human race through fighting infant mortality and improving the birth rate. Therefore, until the 1920s, the concerns of this first generation differed substantially from Nazi racial hygienists.<sup>108</sup> However, the National Socialists used these ideas as a foundation for their racial utopia.

The emerging racial perspective on society went hand in hand with rapid developments in medical science. The application of research methods from natural science led to new knowledge on diseases, and resulted in new medicines, treatments, and therapies. Moreover, this new knowledge, together with a belief in infinite human and scientific progress, ignited the desire to create a completely healthy society in which all diseases were conquered and every form of biological degeneration eliminated.<sup>109</sup> This feasible, healthy, suffer free (*leidensfreie*), salutary (*heilsbringend*) society can also be described as a ‘Medicokratie’, in which physicians do the maximum within their power to bring this utopia to reality. The danger of this ‘Medicokratie’ is inherent to the existence of physicians, because they always strive (*verabsolutieren*) to fulfil their wish to do right to others. In the mind-set of doctors, the highest achievement of doing right to humans is a *leidensfreie* society.<sup>110</sup> The creation of a *leidensfreie* and *heilsbringend* society was not *only* a project of medical science

<sup>106</sup> Schmidt, ‘Medical Ethics and Nazism’, 597.

<sup>107</sup> Ibidem, 597.

<sup>108</sup> Ibidem, 597.

<sup>109</sup> Gerhard Baader, ‘Heilen und Vernichten: Die Mentalität der NS-Ärzte’ in: Angelika Ebbinghaus and Klaus Dörner (eds.), *Vernichten und Heilen. Der Nürnberger Ärzteprozeß und seine Folgen* (Berlin 2001) 275-294, 561-563, there 278-279.

<sup>110</sup> Klaus Dörner, ‘Wenn Ärzte nur das Beste wollen’ in: Stephan Kolb and Horst Seithe (eds.), *Medizin und Gewissen. 50 Jahre nach dem Nürnberger Ärzteprozeß* (Frankfurt am Main 1998) 421-431, there 421.

in National Socialism, but also the foundation of natural science based medicine in the modern era.<sup>111</sup> Thus, '[d]iese Gefährdung wuchs insbesondere in der Epoche der Moderne und erreichte im Dritten Reich einen ersten Höhepunkt.'<sup>112</sup>

This 'hygienischen Revolution im medizinischen Denken',<sup>113</sup> contributed to the way physicians and medical scientists perceived the duty of their profession. At the beginning of the twentieth century, the increasing focus on racial criteria for a healthy society led to a shift in medical science away from the individual to the community. Scientists came to regard society as an organism with sick elements, which had to be eliminated in order to improve the health of the nation. The 'Individualethik', that placed the treatment of the individual in the centre of medical science, was replaced by the 'Gemeinschaftsethik' that strived to heal society.<sup>114</sup> The individual body became subordinated to the larger national body politic (*Volkskörper*), based on racial principles.<sup>115</sup>

The hygienic revolution in medical thinking culminated in the 1920s. The emeritus professor of law Karl Binding (1841-1920) and professor of psychiatry Alfred Hoche (1865-1943) published the book *Die Freigabe der Vernichtung lebensunwerten Lebens: Ihr Mass und ihre Form*, in 1920. It reflected on the one hand the racial thinking of the time, but on the other, it was controversial and initiated much debate in medical and legal circles.<sup>116</sup> Binding and Hoche elaborated on the ideas and publications of Haeckel. At the beginning of the twentieth century, he had proposed mercy killing for terminally ill patients and the consideration of involuntary euthanasia for incurable mental illness. Haeckel argued that these patients were a burden for the community since they did not contribute anything to the society and the costs of keeping them alive were disproportionately high. Binding and Hoche added a third group; persons who were unconscious because of illness or accidents. However, German doctors did not immediately support the proposals of Binding and Hoche, afraid of the slippery slope, which could lead to unrestricted euthanasia of all ill people who placed a burden on health expenses.<sup>117</sup> The transition in their worldview took place in the 1920s.

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<sup>111</sup> Gerhard Baader, 'Auf dem Weg zum Menschenversuch im Nationalsozialismus. Historische Vorbedingungen und der Beitrag der Kaiser-Wilhelm-Institute' in: Carola Sachse (ed.), *Die Verbindung nach Auschwitz. Biowissenschaften und Menschversuche an Kaiser-Wilhelm-Instituten. Dokumentation eines Symposiums* (Göttingen 2003) 105-157, there 122.

<sup>112</sup> Dörner, 'Wenn Ärzte nur das Beste wollen', 421.

<sup>113</sup> Labisch, 'Die »hygienische Revolution« im medizinischen Denken', 88-89.

<sup>114</sup> Baader, 'Auf dem Weg zum Menschenversuch im Nationalsozialismus', 123.

<sup>115</sup> Schmidt, 'Medical Ethics and Nazism', 11.

<sup>116</sup> Andreas-Holger Maehle and Ulrich Tröhler, 'The Discourse of Practitioners in Nineteenth- and Twentieth-Century Germany' in: Robert B. Baker and Laurence B. McCullough (eds.), *The Cambridge World History of Medical Ethics* (Cambridge 2009) 432-438, there 436.

<sup>117</sup> *Ibidem*, 436.

As for all parts of society, the First World War played an important role in the development of racial hygiene and medicine in Germany. The social and political crisis after the First World War intensified racial hygienist thinking in Germany. Moreover, ‘World War I devalued individual life and shifted attention to the “survival” of the nation and the race.’<sup>118</sup> However, the reforms in the welfare system initiated by politicians of the Weimar Republic, did not meet the demands of the people.<sup>119</sup> Racial hygienists, including physicians, emphasized that social laws only supported the weak and ill members of society and this was counterproductive when the goal was to create a racially pure nation.<sup>120</sup> The focus on healing the *Volkskörper* and preventing degeneration had strengthened the social position of doctors within Germany. This new elite jumped into the gap of the failing state and proclaimed themselves to be the representatives of traditional values and guardians of the German culture (*Kulturträger*).<sup>121</sup> German doctors considered contributing to the recovery and enforcement of the health of the *Volkskörper* as the most honourable duty in their profession.<sup>122</sup> Doctors had, on the one hand, the task to heal the national body from war and revolution, and on the other, to prepare it for the future so it could exist eternally. They were the gatekeepers of the national health and the physiological engineers of society, as Goodman, McElligott, and Marks title them. Because ‘the nation was their laboratory’, these self-declared gods of science determined which life was useful and which one was useless.<sup>123</sup> The healthy and racially pure life became more valuable than the degenerated, ill one.<sup>124</sup>

German doctors and medical scientists played a crucial role in establishing Nazi health policies. According to historian of medicine Susan E. Lederer, ‘they were essential to the success of such Nazi policies’.<sup>125</sup> The participation of the German doctors in National Socialist institutions will be discussed in more detail in the next chapter. For now, it is important to emphasize that many of them joined the NSDAP, SA, and the SS. Nearly 45

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<sup>118</sup> Schmidt, ‘Medical Ethics and Nazism’, 599.

<sup>119</sup> Ibidem, 597-598.

<sup>120</sup> Peter Schmiedebach, ‘Ärztliche Standeslehre und Standesethik 1919-1945’ in: Gerhard Baader and Ulrich Schultz (eds.), *Medizin und Nationalsozialismus. Tabuisierte Vergangenheit-Ungebrochene Tradition?* (Berlin 1980) 64-72, there 66.

<sup>121</sup> Ibidem, 64.

<sup>122</sup> Ibidem, 66.

<sup>123</sup> Goodman, McElligott, and Marks, ‘Making Human Bodies Useful’, 11. The authors designated the terms ‘gatekeepers of the national health’, ‘physiological engineers’ and ‘gods of science’ to the German physicians. These terms were not used at the time.

<sup>124</sup> Gernot Böhme, ‘Rationalizing Unethical Medical Research: Taking Seriously the Case of Viktor von Weizsäcker’ in: William R. LaFleur, Gernot Böhme and Susumu Shimazono (eds.), *Dark Medicine. Rationalizing Unethical Medical Research* (Bloomington 2007) 15-29, there 19.

<sup>125</sup> Susan E. Lederer, ‘The Ethics of Experimenting on Human Subjects’ in: Robert B. Baker and Laurence B. McCullough (eds.), *The Cambridge World History of Medical Ethics* (Cambridge 2009) 558-565, there 562.

percent of German physicians joined the Nazi Party.<sup>126</sup> The membership of the SA was 26 percent, after the Night of the Long Knives many physicians changed over to the SS. The membership-rate for the SS was 7 percent. This low rate might be deceiving because doctors were overrepresented in the SS in comparison to other professions, such as musicians (3%) and teachers (less than 0.5%), and to the *Reichs* average of 0.6 percent.<sup>127</sup> After 1933, doctors and medical scientists aided the Third Reich in the implementation of racial policies such as the Nuremberg laws, the sterilisation of mentally and chronically ill people, and the euthanasia program.<sup>128</sup>

Expert witness Alexander explained this active participation by German doctors in the racial policies of the Third Reich by the slippery slope. The doctors stepped onto the slippery slope because the Nazis deceived them: ‘Nazi propaganda was highly effective in perverting public opinion and public conscience in a remarkably short time. In the medical profession this expressed itself in a rapid decline in standards of professional ethics.’<sup>129</sup> Physician and researcher Hartmut M. Hanauske-Abel opposed this explanation. He argued that, as is demonstrated above, the German doctors willingly chose the side of the Nazis and supported the implementation of racial policies. The Nazis did not subjugate German medicine overnight, because the origins of the racial hygiene movement lay well before 1933. The German doctors intentionally accelerated the events to the point of ‘willing self submission’ to the National Socialists.<sup>130</sup>

A few reasons behind this submission and participation have already been mentioned above. Physicians and scientists in medicine identified themselves with the state. In these times of emergency, when the national health was threatened in its existence, they placed their knowledge at the state’s disposal. As gods of science, they felt elevated above morality and medical ethics, and also above the law. In 1932, Moses had warned of the influence of National Socialism on the medical ethics of physicians: ‘The national socialist radicalisation of the medical profession, therefore, is leading to an ethical decline in physicians’ perception of their professional identity.’<sup>131</sup> However, medical ethics were simply no issue for Nazi

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<sup>126</sup> Ibidem, 562.

<sup>127</sup> Michael H. Kater, ‘Criminal Physicians in the Third Reich: Toward a Group Portrait’ in: Francis R. Nicosia and Jonathan Huener (eds.), *Medicine and Medical Ethics in Nazi Germany. Origins, Practices, Legacies* (New York 2002) 77-92, there 80-81. Only lawyers had a higher participation rate in the SS than physicians.

<sup>128</sup> Schmidt, ‘Medical Ethics and Nazism’, 598.

<sup>129</sup> Alexander, ‘Medical Science Under Dictatorship’, 39.

<sup>130</sup> Hartmut M. Hanauske-Abel, ‘Not a slippery slope or sudden subversion: German medicine and National Socialism in 1933’, *British Medical Journal* 313 (1996) 1453-1463.

<sup>131</sup> Julius Moses, ‘Der Kampf gegen das “Dritte Reich”: Ein Kampf für die Volksgesundheit, *Der Kassenarzt* 5 (1932) 1-4. Cited in: Frewer, ‘Medical Research, Morality, and History’ 36.

doctors, because they had to protect the *Volkskörper* from degeneration.<sup>132</sup> Nazism changed the old Judeo-Christian value system based on altruism, compassion and respect for human beings into a belief system in which weakness was considered bad and hardness considered good. Death became the highest aim: ‘Whereas physicians generally perceive the preservation of life as their prime goal, death had become a core value in their overall belief system. The death of the weakling, the frail and incurable sick was believed to be of intrinsic value for the greater good.’<sup>133</sup> The ideas of race, racial hygiene, the *Volkskörper*, and National Socialism created an atmosphere of necessity of constant action, to turn the world that *should be* into reality. German doctors came to believe that they were elected to establish this racial utopia.<sup>134</sup>

Nazi doctors could not empathize with victims of euthanasia and human experiments because they perceived them as unhealthy, uncivilized, and degenerate. Nevertheless, ‘[t]hrough medical experimentation, *useless* bodies were rendered *useful* by being made *usable* in the national project regeneration, thus gaining a utility they were believed otherwise to lack.’<sup>135</sup> Schmidt emphasised the double meaning of the German word *Opfer*, namely “victim” and “sacrifice”. According to him, this created an ‘idealized view of sacrifice’: the death of the weak, degenerated individual contributed to the creation of a racially pure nation. This mind-set offers an explanation why Nazi doctors had no ethical constraints with the killing of racially impure people nor with carrying out human experiments on them. They believed they had acted ‘morally and responsibly’.<sup>136</sup>

The sterilisation and euthanasia programs originated in the 1930s as first steps to achieve the goal of a racially pure and healthy *Volkskörper*. To prevent genetic diseases, at least 300,000 people were sterilised before the war.<sup>137</sup> The death toll of mentally and chronically ill people in the euthanasia program reached the number of approximately 185,000.<sup>138</sup> The Nazis realised they crossed an ethical boundary with these programs.

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<sup>132</sup> Goodman, McElligott, and Marks, ‘Making Human Bodies Useful’, 12.

<sup>133</sup> Schmidt, ‘Medical Ethics and Nazism’, 601.

<sup>134</sup> *Ibidem*, 596.

<sup>135</sup> Goodman, McElligott, and Marks, ‘Making Human Bodies Useful’, 12.

<sup>136</sup> Schmidt, ‘Medical Ethics and Nazism’, 602.

<sup>137</sup> Henry Friedlander, *The Origins of Nazi Genocide. From Euthanasia to the Final Solution* (Chapel Hill 1995) 30. After 1939, sterilisation was devalued when the euthanasia program came into effect. However, from 1939 until the end of the war an estimated additional 75,000 persons were sterilised. The total number of 375,000 sterilised persons is according to Friedlander a ‘conservative figure’. See page 30. Gisela Bock estimates the total number at 400,000. See: Gisela Bock, *Zwangssterilisation im Nationalsozialismus. Studien zur Rassenpolitik und Frauenpolitik* (Opladen 1986) 8.

<sup>138</sup> Heinz Faulstich, *Hungersterben in der Psychiatrie 1914-1949. Mit einer Topographie der NS-Psychiatrie* (Freiburg im Breisgau) 582. This number is based on two categories: the death toll in the *Aktion T4* (70,000) and the number of victims who were secretly murdered in mental institutions after 1941 (117,000). During the first

Therefore, they were secret to prevent public opposition. However, in the summer of 1941 Clemens August Graf von Galen became informed of the euthanasia program and openly protested against the killing of mentally and chronically ill people in three powerful sermons. These sermons and the subsequent public controversy brought the regime in a difficult position. Finally, the Nazis temporarily halted the euthanasia program.<sup>139</sup> The opposition from both Graf von Galen and the public demonstrates that at least a section of the German population disagreed with the racial hygiene policies of the Third Reich.

In contrast to this opposition, influential academic institutes based on racial hygiene, such as the Kaiser-Wilhelm Institute for Genealogy and the Kaiser-Wilhelm Institute for Anthropology, Human Heredity and Eugenics, who had already been founded before the Third Reich, collaborated in the implementation of racial health policies for the Nazis. The Third Reich offered German scientists and doctors infinite possibilities for scientific research.<sup>140</sup> The concentrations camps offered an almost inexhaustible pool of research subjects that could be used to benefit the German nation. Because medical ethics were no issue for Nazi doctors, and useless bodies could turn into useful bodies by human experiments, they were willing to place their knowledge in the service of the Third Reich.

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phase of the euthanasia program, from 1939 until 1941, the death toll was 70,273 See: Friedlander, *The Origins of Nazi Genocide*, 109. In 1941, public pressure forced Hitler to stop the euthanasia program. However, the program continued secretly during the following years, with another 117,000 victims. The total number of approximately 185,000 victims only counts the victims in the German Reich. During the war, at least 20,000 patients in Polish and Soviet mental clinics were murdered as well, and another 40,000 mentally patients starved in French clinics. Therefore, Faulstich argued that the total number of mentally ill patients who perished under Nazi rule in Europa, is approximately 260,000.

<sup>139</sup> Winfried Süß, *Der „Volkskörper“ im Krieg. Gesundheitspolitik, Gesundheitsverhältnisse und Krankenmord im nationalsozialistischen Deutschland 1939-1945* (Munich 2003) 130-151, and Anton Gill, *An Honourable Defeat. A History of the German Resistance to Hitler* (London 1994) 59-60.

<sup>140</sup> Winau, 'Versuche mit Menschen', 177.

## Chapter 2 – A Group Portrait of the Nazi Doctors

National Socialism attracted German doctors for both ideological and opportunistic reasons. The establishment of a racial utopia by healing the *Volkskörper* was the highest aim. Once in power, the Third Reich offered Nazi doctors career opportunities that had not been possible in earlier years. Therefore, they joined the NSDAP and the SS in large numbers out of ideological support and opportunism. They expected career benefits by cooperating with the new regime. The Third Reich indeed significantly improved their lives and careers. During the war, they would end up committing human experiments. But who were these doctors? What lives did these people lead prior to the Third Reich, and how much influence did the coming of the Third Reich have on their lives?

### 2.1 The Lives of the Nazi Doctors until 1933

In 1996, historian Ulrich Herbert published the book, *Best. Biographische Studien über Radikalismus, Weltanschauung und Vernunft 1903 – 1989*, in which he analysed the life and career of Werner Best who worked for the *Sicherheitsdienst* during the Nazi era. Herbert portrayed Best as an exponent of the *Kriegsjugendgeneration*, a generation that was born between 1900 and 1910, and which members participated in large numbers in the Nazi regime, particularly as *Schreibtischtäter* in the security services of the Third Reich. This generation lacked the *Fronterlebnis*, because these men had been too young to fight during the First World War. They experienced the war at the home front (*Heimatfront*). Nevertheless, the war had a major impact on their childhood and shaped, together with their experiences during the Weimar Republic, their *Weltanschauung*.<sup>141</sup> Historian Michael Wildt expanded the research on this group of perpetrators in his book *Generation des Unbedingten. Das Führerkorps des Reichssicherheitshauptamtes*, published in 2002. Wildt researched the lives of four hundred members of the Reich Main Security Office (*Reichssicherheitshauptamt, RSHA*), who were the *Schreibtischtäter* of the Holocaust, and of which 75 percent belonged to the *Kriegsjugendgeneration*. Wildt explains the overrepresentation of this particular generation in the execution of the Holocaust by their experiences during the First World War and the Weimar Republic.<sup>142</sup>

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<sup>141</sup> Herbert, *Best*, 522-524. Herbert's book resulted in many studies on the perpetrators of the *Kriegsjugendgeneration* in various institutes and branches within the Nazi administration. See: Geraldien von Frijtag, 'Een nieuwe taak. Het biografische genre en de geschiedschrijving van de jodenvervolgung', *Biografie Bulletin* 2 (2005) 27-35, there 31-32.

<sup>142</sup> Wildt, *Generation des Unbedingten*, 848-855.

The philosopher of ethnic culture Ernst Günther Gründel first suggested the idea of the existence of this particular generation within German society in 1932. He distinguished three generations within German society in relation to the First World War in his book *Die Sendung der Jungen Generation. Versuch einer umfassenden revolutionären Sinndeutung der Krise*. The three generations are: the *jungen Frontgeneration*, in recent years referred to as *Frontkämpfergeneration*,<sup>143</sup> the *Kriegsjugendgeneration*, and the *Nachkriegsgeneration*.<sup>144</sup> Gründel's categorisation will be used to analyse the lives of the Nazi doctors who executed human experiments. The application of this method will demonstrate that this is a heterogeneous group of perpetrators, from all generations. Consequently, this supports the argument that the theories of Herbert and Wildt do not apply to this group of perpetrators.

Five physicians of this study cannot be integrated in the model of Gründel for various reasons. Schilling and Kremer were born before 1890, respectively in 1871 and 1883. Schilling studied medicine at the University of Munich and received his doctoral degree in 1894.<sup>145</sup> He served as an assistant physician in Munich and London, before he became government physician in German East Africa and Togo in 1899. He specialised in sleeping sickness and malaria. In 1905, he became the director of the newly founded Institute for Tropical Medicine at the Robert Koch Institute in Berlin and in 1909, he became a professor in tropical medicine. He remained director of the institute until his retirement in 1936.<sup>146</sup> During the First World War, he served as garrison doctor and advisory hygienist for the Turkish Army. After the war, he continued his scientific career. In 1921, he was appointed as extraordinary professor.<sup>147</sup>

Kremer started his medical studies only in 1914, after he had studied natural science, botanical science, and zoology. He received his doctoral degree in 1919. The army declared Kremer unfit shortly before the outbreak of the First World War. Nevertheless, he was engaged in the war because he operated as a deputy physician at the garrison hospital of the Ministry of War until 1919. During the Weimar years, he functioned as an assistant physician

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<sup>143</sup> See for example: Wildt, *Generation des Unbedingten*.

<sup>144</sup> E. Günther Gründel, *Die Sendung der Jungen Generation. Versuch einer umfassenden revolutionären Sinndeutung der Krise* (Munich 1932).

<sup>145</sup> Interrogation of Professor Schilling, Archive Gedenkstätte Dachau, A 3675, 358.

<sup>146</sup> Marion Hulverscheidt, 'Die Beteiligung von Mitarbeitern des Robert Koch-Instituts an Verbrechen gegen die Menschlichkeit – tropenmedizinische Menschenversuche im Nationalsozialismus' in: Marion Hulverscheidt and Anja Laukötter (eds.), *Infektion und Institution. Zur Wissenschaftsgeschichte des Robert Koch-Instituts im Nationalsozialismus* (Göttingen 2009) 147-168, there 152.

<sup>147</sup> Annette Hinz-Wessels and Marion A. Hulverscheidt, 'Die Tropenmedizinische Abteilung des Robert Koch-Instituts im „Dritten Reich“: Forschungsfelder, Personen und Beiträge zur nationalsozialistischen Eroberungspolitik', *Medizinhistorisches Journal* 44 (2009) 6-41, there 9.

at the Chirurgical Clinic of the University of Cologne and prosector at the Anatomical Institute of Cologne and Bonn. He habilitated in anatomy in 1929.<sup>148</sup>

Værnet was born in Denmark in 1893, and lived there until 1943. After he received his degree as a teacher, he started his medical studies at the University of Copenhagen, in 1915. During the First World War, he was enrolled in military service to defend Copenhagen. He worked as an assistant physician in two hospitals in Copenhagen, before starting his own practice in Søborg, northern Denmark, in 1924. He moved back to Copenhagen in 1933. He was hardly involved in the scientific world, and operated mainly as a family doctor.<sup>149</sup>

Brachtel and Beiglböck were also born outside Germany. Beiglböck was born in Hochneukirchen in Austria in 1905,<sup>150</sup> Brachtel in Gaya near Brünn in Czechoslovakia in 1909.<sup>151</sup> Brachtel was a *Volksdeutscher*, who received German nationality after the Munich Agreement.<sup>152</sup> It is not clear whether Beiglböck was a *Volksdeutscher*. Both men studied at the University of Vienna in the late 1920s and early 1930s.<sup>153</sup> Although both men were born between 1900 and 1909, they do not belong to the *Kriegsjugendgeneration* because they lived outside Germany. Nevertheless, they were confronted with the collapse of the Austrian-Hungarian Empire, the lost war, the economic hardships of the 1920, and the confrontation between fascism and communism. Both men had a strong orientation towards Germany. They became members of the NSDAP at crucial political moments: Beiglböck became a member of the NSDAP in 1933, when membership of the party was still illegal in Austria, and a member of the SA in 1934;<sup>154</sup> Brachtel became a member of both the NSDAP and the SS on 1 November 1938, immediately after the Munich Agreement.<sup>155</sup>

<sup>148</sup> Lebenslauf Johann Paul Kremer (1 April 1937), BArch SSO/SS 212 A, p. 926-927, and ‘Das Urteil gegen Dr. Johann Paul Kremer. Einzelausfertigung des Urteils des LG Münster vom 29.11.1960, 6 Ks 2/60 Band XVII, Lfd.Nr.500’ in: D.W. de Mildt and C. F. Rüter, *Justiz und NS-Verbrechen. Sammlung Deutscher Strafurteile wegen Nationalsozialistischer Tötungsverbrechen 1945-1966* (Amsterdam 2006, E-Buch Ausgabe) 1-50, there 1-3.

<sup>149</sup> Davidsen-Nielsen et al., *Carl Værnet*, 16-33.

<sup>150</sup> Ernst Klee, *Das Personenlexicon zum Dritten Reich. Wer war was vor und nach 1945* (Frankfurt am Main 2003) 36.

<sup>151</sup> Vernehmungsniederschrift Dr. med. Rudolf Brachtel, Staatsanwaltschaft München II (25 May 1970), Archive Gedenkstätte Dachau, A2799, 1-12, there 1-2, and Klee, *Das Personenlexicon*, 68. The spelling of the place is the former German name. Currently, the place is called Kyjov, near Brno.

<sup>152</sup> Christine Wolters, ‘„Zur ‚Belohnung‘ wurde ich der Malaria-Versuchsstation zugeteilt...“ Die Karriere des Dr. Rudolf Brachtel’ in: Ralph Gabriel et al. (eds.), *Lagersystem und Repräsentation. Interdisziplinäre Studien zur Geschichte der Konzentrationslager* (Tübingen 2004) 29-45, there 36.

<sup>153</sup> Klee, *Das Personenlexicon*, 36-37, and Wolters, ‘„Zur ‚Belohnung‘’, 36-37. Brachtel studied also at the University of Prague, where he received his medical degree and Approbation. Beiglböck became an assistant of Professor Hans Eppinger jr. at the Medical University Clinic of Vienna in 1933, and received his Habilitation in 1939.

<sup>154</sup> ‘Closing brief for the United States of America against Wilhelm Beiglböck’ in: Harvard Law School Library. *Nuremberg Trials Project: A Digital Document Collection*, Item No. 5, 1-23, there 9. URL: [http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSL\\_NMT01&docnum=5&numpages=24&startpage=](http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSL_NMT01&docnum=5&numpages=24&startpage=)

### *Frontkämpfergeneration*

The first generation distinguished by Gründel is the *jungen Frontgeneration*, or *Frontkämpfergeneration*, its members being born between 1890 and 1900, who were around the age of twenty when the war broke out in 1914, and who voluntarily served as soldiers during the war. According to Gründel, they were 'blutjung, noch tief empfänglich für alles und am tiefsten für das Große und Furchtbare. Sie waren noch keine fertigen Männer, Weltanschauung und Mensch waren noch im Werden. Sie sind als begeisterte, aber durch das Übermaß des allzu starken und furchtbaren Erlebnisses vielleicht sehr bald entwurzelte Jünglinge hinausgetaumelt.'<sup>156</sup>

The doctors Clauberg, Gebhardt, Haagen, and Hirt, belonged to this generation. They all served during the First World War, except for Haagen, and studied during the early years of the Weimar Republic. Clauberg, born in Wupperhof in 1898, was conscripted in 1916. From the summer of 1917 until November of the same year, he served at the western front, until he became a prisoner of war in English captivity. He remained in captivity until September 1919. Back in Germany, he studied at the University of Kiel, Hamburg, and Graz, and received his doctoral degree in 1924.<sup>157</sup> Gebhardt, born in Haag, Bavaria in 1897, voluntarily signed up in 1916, and served until 1920.<sup>158</sup> The outbreak of the war grasped the young Gebhardt with overwhelming patriotism. The British caught him as a prisoner of war in France after being injured, and transported him to Scotland, where he was held in captivity until the end of the war. As a POW, he became convinced of the *Dolchstoßlegende*.<sup>159</sup> Back in Germany in 1918, he served in the Ruhr area and became a member of the *Freikorps Oberland* to fight the communists.<sup>160</sup> At the same time, he started his medical studies at the

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1&title=Closing+brief+for+the+United+States+of+America+against+Wilhelm+Beiglboeck.&color\_setting=C (accessed 20 August 2013).

<sup>155</sup> Wolters, '„Zur ‚Belohnung‘', 36-37.

<sup>156</sup> Gründel, *Die Sendung der Jungen Generation*, 23.

<sup>157</sup> Jan Sehn, 'Carl Claubergs verbrecherische Unfruchtbarmachungs-Versuche an Häftlings-Frauen in den Nazi-Konzentrationslagern', *Hefte von Auschwitz* 2 (1959) 3-32, there 14, and Klee, *Das Personenlexikon*, 94.

<sup>158</sup> Lebenslauf Prof. Dr. med. Karl Gebhardt, BArch SSO/SS 5A, p. 1321.

<sup>159</sup> Freya Klier, *Die Kaninchen von Ravensbrück. Medizinische Versuche an Frauen in der NS-Zeit* (München 1994) 11-14.

<sup>160</sup> Lebenslauf Prof. Dr. med. Karl Gebhardt, BArch SSO/SS 5A, p. 1326-1327, and Klier, *Die Kaninchen von Ravensbrück*, 14.

University of Munich in 1918.<sup>161</sup> He received his doctoral degree in 1923. In this year, he also participated in the Beer Hall Putsch.<sup>162</sup>

Hirt also voluntarily signed up to serve in the army in 1914, at the age of sixteen. He was born in Mannheim in 1898, as the son of a Swiss merchant. He would become a German citizen in 1921. In October 1914, Hirt was severely wounded when a bullet shattered his jawbone.<sup>163</sup> According to historian of medicine Frederick H. Kasten, Hirt was ‘so badly damaged from wounds that he presented a fearsome appearance to others around him for the rest of his life’.<sup>164</sup> Because of his injuries, Hirt was released from military service in October 1916. After finishing high school, he started his study in medicine at the University of Heidelberg in 1917. He specialised in anatomy and received his doctoral degree in 1922.<sup>165</sup> As far as the documents and literature show, Haagen did not serve during the First World War.<sup>166</sup> There is little known about his childhood and adolescence. Haagen was born in Berlin in 1898. He received his doctoral degree in 1924.<sup>167</sup>

These men started to build their careers in the Weimar Republic. The rising unemployment at the end of the Weimar Republic did not affect them. Clauberg, Gebhardt, and Haagen first served as assistants in hospitals or research institutes, before they received promotions.<sup>168</sup> Hirt started his Habilitation at the University of Heidelberg.<sup>169</sup> At the beginning of 1933, they had all established themselves in the field of medical science. Clauberg did his Habilitation at the Women’s Polyclinic of the University of Königsberg,

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<sup>161</sup> Lebenslauf Prof. Dr. med. Karl Gebhardt, BArch SSO/SS 5A, p. 1321. Another document mentions 1919 as the year in which Gebhardt started his studies. See: Vernehmung des Karl Gebhardt vom 17. Oktober 1946, Institut für Zeitgeschichte, ZS 706, 1-55, there 1.

<sup>162</sup> Lebenslauf Prof. Dr. med. Karl Gebhardt, BArch SSO/SS 5A, p. 1326-1327. Gebhardt referred to his personal friend Himmler as a witness of the participation: ‘[...] als Bürgen für die Vergangenheit gebe ich meinen persönlichen Freund, den Reichsführer SS Himmler, und seit 1933 den Reichsärztführer Dr. Wagner an’.

<sup>163</sup> Lebenslauf von Professor Dr. August Hirt, Direktor des Anatomischen Institutes der Reichsuniversität Straßburg, BArch PK E0241, p. 380-400, there 380, and Lebenslauf August Hirt, BArch SSO/SS 101 A, p. 692.

<sup>164</sup> Kasten, ‘Unethical Nazi Medicine’, 177.

<sup>165</sup> Lebenslauf von Professor Dr. August Hirt, BArch PK E0241, 380, and Angelika Uhlmann, ‘August Hirt und seine Mitarbeiter Kiesselbach, Wimmer und Mayer. Die Karrieren vor der Reichsuniversität Straßburg’, *Revue d’Allemagne et des Pays de langue allemande* 3 (2011) 333-340, there 335.

<sup>166</sup> I could not find any documents confirming his enrolment in the army during the First World War. Neither is it mentioned in the literature. See: Patrick Wechsler, *La Faculté de Médecine de la “Reichsuniversität Straßburg” (1941-1945) à l’heure nationale-socialiste* (Dissertation at the University of Strassburg 1991) and Paul J. Weindling, ‘Virologist and National Socialist. The Extraordinary Career of Eugen Haagen’ in: Marion Hulverscheidt and Anja Laukötter (eds.), *Infektion und Institution. Zur Wissenschaftsgeschichte des Robert Koch-Instituts im Nationalsozialismus* (Göttingen 2009) 233-249.

<sup>167</sup> Wechsler, *La Faculté de Médecine*, 120, and Weindling, ‘Virologist and National Socialist’, 232. Both authors do not give any reference to Haagen’s activities during or participation in the war. Neither do they mention the university Haagen attended.

<sup>168</sup> Hermann Auer, *Der Galgen kennt keine Karriere. Zeitgeschichtliche Dokumentation: Aufstieg und Fall des Arztes und SS-Generalleutnant Prof. Dr. med. Karl Gebhardt* (Wasserburg 2007) 12, Weindling, ‘Virologist and National Socialist’, 232, and Sehn, ‘Carl Claubergs’, 14.

<sup>169</sup> Lebenslauf von Professor Dr. August Hirt, BArch PK E0241, 380.

specialising in gynaecology, female sex steroids, and reproduction.<sup>170</sup> His human experiments in Auschwitz from 1942 onwards also dealt with female sex hormones and reproduction. Gebhardt worked as an assistant physician at the Chirurgical Clinic in Munich, first under the supervision of the renowned Professor Ferdinand Sauerbruch (1875-1951), later under the supervision of Professor Erich Lexer (1867-1951). By the time he did his Habilitation in 1932, he had published several articles and functioned as a prominent scientist, in and outside Germany.<sup>171</sup> Haagen built an international career for himself; he worked at the Yellow Fever Laboratories of the Rockefeller Foundation in New York, trying to develop a vaccine for yellow fever.<sup>172</sup> Although they had already established themselves in the scientific field, the Third Reich would offer them even better and more prestigious positions, as will be explored in the second and third paragraphs.

### *Kriegsjugendgeneration*

For the men belonging to the *Kriegsjugendgeneration*, the First World War was a missed opportunity to show their valour and patriotism, and a ‘Zusammenbruch der Welt der Väter und alles dessen, was bisher gegolten hatte; Umsturz und „Umwertung aller Werte“.’<sup>173</sup> This resulted in ‘die ungewöhnlich frühe Erschließung der Kindesseele für das große Ganze, für völkische, gesellschaftliche und schließlich auch internationale Belange und für das kollektive Erleben überhaupt’.<sup>174</sup> Gründel himself, born in 1903, was part of this generation. His personal experiences are intertwined in the book. He writes for example: ‘Das Volk, die Nation und die bösen Feinde waren bereits aktivste Faktoren in unserer harmlosen Kinderwelt.’<sup>175</sup> The experiences of this generation during and after the war resulted in a powerful patriotism, according to Gründel: ‘noch nie eine Jugend dies Deutschland, dies deutsche Land so liebte und lieben mußte wie wir’.<sup>176</sup> Of the Nazi doctors in this study, only Hoven and Rascher belonged to this generation. Both men were born in Southern Germany: Hoven in Freiburg im Breisgau in 1903,<sup>177</sup> Rascher in Munich in 1909.<sup>178</sup>

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<sup>170</sup> Sehn, ‘Carl Claubergs’, 14.

<sup>171</sup> Auer, *Der Galgen kennt keine Karriere*, 13.

<sup>172</sup> Weindling, ‘Virologist and National Socialist’, 235-236.

<sup>173</sup> Gründel, *Die Sendung der Jungen Generation*, 32.

<sup>174</sup> *Ibidem*, 32.

<sup>175</sup> *Ibidem*, 33.

<sup>176</sup> *Ibidem*, 33.

<sup>177</sup> Dienstleistungszeugnis für SS-Unterscharführer Waldemar Hoven (29 juni 1939), BArch SSO/SS 117A, p. 1046-1047, and Ernst Klee, *Das Personenlexicon*, 272.

<sup>178</sup> Lebenslauf Dr. med. Sigmund Rascher, BArch RSE5255, p. 2931, Lebenslauf Dr. med. Sigmund Rascher (February 1944) BArch SSO/SS 007 p. 1063, and Ernst Klee, *Das Personenlexicon*, 480.

Both Herbert and Wildt have argued that the experiences of the *Kriegsjugendgeneration* during the Weimar Republic were, next to the period of the First World War, crucial in the development of this group's worldview and political convictions. The lost war, the Treaty of Versailles, the Spartacist uprising, the Polish invasion of Eastern Germany, the suppression of German minorities in newly established states in Eastern Europe, the political instability of the Weimar republic, the occupation of the Rhineland, and the economic crisis in 1923, contributed to the *Weltanschauung* of this generation.<sup>179</sup> These young men rejected the Weimar Republic, which was based on Western principles of democracy and human rights, and came to support radical nationalism and racial anti-Semitism.<sup>180</sup> Of the four hundred men of the RSHA in Wildt's research, 75 percent belonged to this particular generation. Two thirds of them went to college in the Weimar years.<sup>181</sup> During their years in college, they developed the idea that their generation in particular was in the position to create a new world based on racial grounds.<sup>182</sup> The *völkischen Nationalismus* became their way to explain and understand the world.<sup>183</sup> The rise of the National Socialist German Students' League (*Nationalsozialistischer Deutscher Studentenbund, NSDStB*) at the end of the 1920s demonstrates the students' support for National Socialism and racial anti-Semitism. This generation could build a quick career within the polycratic structure of the Third Reich.<sup>184</sup>

Rascher went to university in the Weimar Republic. He studied medicine at the Universities of Freiburg and Munich from 1931 until 1936.<sup>185</sup> With funding from the NSDStB and the NSDAP, Rascher studied for half a year at the University of Basel in 1934.<sup>186</sup> He became a member of the NSDAP in 1933.<sup>187</sup> He received his doctoral degree in 1936, and joined the SA in the same year. According to historian Wolfgang Benz, Rascher did not join the NSDAP and the SA because of his support for the National Socialist ideology, but as an opportunistic way to improve his chances of establishing a scientific career in medicine.<sup>188</sup>

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<sup>179</sup> Herbert, *Best*, 522, and Wildt, *Generation des Unbedingten*, 850-853.

<sup>180</sup> Herbert, *Best*, 522.

<sup>181</sup> Wildt, *Generation des Unbedingten*, 850. Most of them studied Law and Political Sciences (Rechts- und Staatswissenschaften).

<sup>182</sup> Wildt, *Generation des Unbedingten*, 852.

<sup>183</sup> Herbert, *Best*, 522.

<sup>184</sup> Wildt, *Generation des Unbedingten*, 852.

<sup>185</sup> Lebenslauf Dr. med. Sigmund Rascher, BArch RSE5255, p. 2931, and Wolfgang Benz, 'Dr. med. Sigmund Rascher. Eine Karriere', *Dachauer Hefte. Studien und Dokumente zur Geschichte der nationalsozialistischen Konzentrationslager* 4 (1988) 190-214, there 191. Rascher studied at the University of Freiburg from 1931 until 1934, and from 1934 until 1936 at the University of Munich.

<sup>186</sup> Lebenslauf Dr. med. Sigmund Rascher, BArch RSE5255, p. 2931.

<sup>187</sup> *Ibidem*.

<sup>188</sup> Benz, 'Dr. med. Sigmund Rascher', 191-192.

Hoven must have experienced the First World War intensively while being raised in Freiburg, close to the front line.<sup>189</sup> However, in contrast to Rascher and the *Kriegsjugendgeneration*, Hoven did not live and study in the Weimar Republic. From 1919 to 1933, he worked in the agricultural industry in Denmark, Sweden, the United States, and France. He started his medical studies to succeed his brother, who had passed away in 1934, as the head of the sanatorium owned by his parents in 1935.<sup>190</sup> He studied just as Rascher did, at the Universities of Freiburg and Munich, from 1935 to 1939. He became a member of the SS in 1934, and a member of the NSDAP in 1937.<sup>191</sup>

Of the group of Nazi doctors who committed human experiments during the Third Reich, only Rascher should be considered as an exponent of the *Kriegsjugendgeneration*, though only to a certain extent, because he was not a strong supporter of National Socialism and only joined the NSDAP and the SA out of opportunistic motivations. It is hard to determine what Hoven's motivation were to join the party and the SS, but we can assume it was a mixture of ideological convictions and opportunism. Brachtel and Beiglböck were not born and raised in Germany. Nevertheless, they ideologically supported National Socialism.

### *Nachkriegsgeneration*

The *Nachkriegsgeneration* was Gründel's third generation he distinguished within Germany. Members of this generation were born after 1910 and felt alienated since they had not experienced the war by full conscience. They had nothing to refer to in relation to the First World War. This generation was raised mainly during the years of inflation in the 1920s. Many of them became active members of the youth movements in the 1920s and 1930s.<sup>192</sup> The doctors who are classified under the *Nachkriegsgeneration* are Ding-Schuler, Fischer, Mengele, and Oberheuser. They were mainly educated during the National Socialist era. Mengele and Oberheuser were born in 1911. Oberheuser, the only female doctor in this study, started her studies in 1931 at the University of Bonn and Düsseldorf, and received her

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<sup>189</sup> The study of Roger Chickering, *The Great War and Urban Life in Germany. Freiburg, 1914-1918* (Cambridge 2007) describes the effects of the war on the city of Freiburg.

<sup>190</sup> Dienstleistungszeugnis für SS-Unterscharführer Waldemar Hoven (29 juni 1939), BArch SSO/SS 117A, p. 1046-1047, and 'Affidavit [Waldemar Hoven]' in: Harvard Law School Library. *Nuremberg Trials Project: A Digital Document Collection*, Item No. 286, 1-6, there 1. URL: [http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSL\\_NMT01&docnum=154&numpages=6&startpage=1&title=Affidavit.&color\\_setting=C](http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSL_NMT01&docnum=154&numpages=6&startpage=1&title=Affidavit.&color_setting=C) (accessed 22 August 2013).

<sup>191</sup> Dienstleistungszeugnis für SS-Unterscharführer Waldemar Hoven (29 juni 1939), BArch SSO/SS 117A, p. 1046-1047, and Eugen Kogon, *Der SS-Staat. Das System der deutschen Konzentrationslager* (Stockholm 1947 [first publication in Munich 1946]) 364.

<sup>192</sup> Gründel, *Die Sendung der Jungen Generation*, 43.

doctoral degree in 1937.<sup>193</sup> Mengele also studied at the University of Bonn. He started one year after Oberheuser, and received his doctoral degree in 1938.<sup>194</sup> Ding-Schuler and Fischer were both born in 1912. Ding-Schuler studied medicine from 1932 until 1937.<sup>195</sup> Fischer studied from 1933 until 1938, when he received his medical degree at the University of Hamburg.<sup>196</sup> This group started their careers in the Third Reich. Their careers, support for National Socialism, and their membership of the NSDAP and SS will be discussed in the next paragraph.

The group of Nazi doctors who executed human experiments should be considered as a heterogeneous group of people. They were born in different places in Germany, and three of them were born outside Germany, i.e., Austria, Czechoslovakia, and Denmark. They were born in different periods, the oldest being born in 1871, and the youngest in 1912. Consequently, by the time the National Socialists took power in Germany in 1933, they had very divergent lives, from established scientists and physicians to adolescents just starting their medical studies. However, they also had similarities. Overall, all these physicians came from middle class families. Some of their fathers were physicians as well.<sup>197</sup> Most of them studied in Germany during the time of the Weimar Republic and the Third Reich, which shaped their racial based *Weltanschauung*. To all of them, with the exception of Schilling and Værnet, the First World War and the subsequent political and economically unstable Weimar years had a major impact on their lives and their worldview. Particularly the members of the *Frontkämpfergeneration* and the *Kriegsjugendgeneration* came to believe that they were chosen to establish a racial utopia, as is described in the previous chapter.

The pre-selection of 46 doctors shows a large share of both the *Kriegsjugendgeneration* and the *Nachkriegsjugendgeneration*, respectively 17 and 20 perpetrators.<sup>198</sup> This can be explained by the fact that the older generation of doctors had already established themselves as family doctors or scientists, whereas the younger generation started their careers in the Third Reich, particularly out of their NSDAP and SS membership.

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<sup>193</sup> 'Affidavit [Herta Oberheuser]' in: Harvard Law School Library. *Nuremberg Trials Project: A Digital Document Collection*, Item No. 1799, 1-4, there 1. URL: [http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSL\\_NMT01&docnum=1799&numpages=4&startpage=1&title=Affidavit.&color\\_setting=C](http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSL_NMT01&docnum=1799&numpages=4&startpage=1&title=Affidavit.&color_setting=C) (accessed 1 September 2013).

<sup>194</sup> Klee, *Das Personenlexikon*, 402.

<sup>195</sup> Lebenslauf Erwin Ding-Schuler (3. Augustus 1944), BArch R/1501/127631. The document does not clarify which university Ding-Schuler attended. The literature on Ding-Schuler neither mentions this. See: Kogon, *Der SS-Staat*, and Naomi Baumslag, *Murderous Medicine. Nazi Doctors, Human Experimentation, and Typhus* (Westport 2005).

<sup>196</sup> Lebenslauf Dr. Fritz Fischer, BArch SSO/SS 208, p. 147-148, and Klier, *Die Kaninchen von Ravensbrück*, 190-191.

<sup>197</sup> Their fathers were physicians, merchants, factory owners, and middle class farmers.

<sup>198</sup> See Appendix II.

However, when it comes to the execution of human experiments, the unique opportunity of using prisoners as research subjects applied to doctors of every generation. There is no overrepresentation of the *Kriegsjugendgeneration*. Although the analysis of Herbert and Wildt on the impact of the war and the subsequent support for National Socialism of the *Frontkämpfergeneration* and the *Kriegsjugendgeneration* can be applied to the Nazi doctors to a certain extent, it cannot explain the participation of the other doctors within this group of perpetrators.

## 2.2 The Nazi Doctors and the Third Reich, 1933-1945

### *Membership of the NSDAP and the SS*

Many doctors in Germany were convinced that they were the chosen people to create a healthy, racially pure *Volkskörper* and by doing so, establishing a racial utopia. As strong supporters of National Socialism, they welcomed the founding of the Third Reich. After Hitler's accession to power, German physicians joined the SS in particular. During the twelve years of the Nazi era, seven percent of German doctors became members of the SS. The average membership of the population was only 0.6 percent. Moreover, doctors were also overrepresented as a profession, with teachers consisting less than half a percent and musicians only three percent. Only lawyers had a larger share in the SS than doctors.<sup>199</sup>

Historian Michael Kater explains the large share of doctors in the SS by the fact that Himmler especially recruited 'social and professional elites', such as lawyers and doctors, and that the SS offered them 'professional and socioeconomic security and desired recognition'. The doctors realised that the SS offered them limitless control over life and death, which would command more respect for their profession and themselves.<sup>200</sup> The average income of German doctors extremely increased after 1933, even exceeding the income of lawyers.<sup>201</sup> The Nazi doctors of the human experiments also joined the SS in large numbers. Of the total number of fifteen, eleven became members of the SS. Only Beiglböck, Haagen, Oberheuser, and Schilling did not join the SS. Of the eleven who became members, six joined the SS in

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<sup>199</sup> Kater, 'Criminal Physicians in the Third Reich', 80-81.

<sup>200</sup> Ibidem, 81-82. Kater refers about the recruitment policy of the SS to Heinz Höhne. Höhne argued that Himmler recruited members from professions that could improve the position of the SS within the Third Reich. He was particularly interested in the elites, that is, elites in the social meaning of the word: people with possession, education, and the right racial descent. See: Heinz Höhne, *Der Orden unter dem Totenkopf. Die Geschichte der SS* (Gütersloh 1967) 53-74.

<sup>201</sup> Hanauske-Abel, 'Not a slippery slope', 1458. See figure 2 in the article.

1933 and 1934, namely Ding-Schuler, Fischer, Gebhardt, Hirt, Hoven, and Kremer.<sup>202</sup> By 1940, Brachtel, Clauberg, Mengele, and Rascher had also joined the SS.<sup>203</sup>

German doctors were far more reluctant to join the NSDAP than the SS, according to Kater. Before 1933, only seven percent of all German doctors joined the NSDAP. They joined the party when it seemed opportune to do so, in 1933, and particularly in 1937. In 1933, physicians consisted almost a quarter of all academic professionals in the NSDAP. Most doctors joined the NSDAP in 1937, with a membership rate of 43 percent of the total profession. German physicians sat on the fence during the first years of the Nazi era, insecure about the effects of the new regime on their profession. By 1937, the Third Reich had won their trust for several reasons. The NSDAP had solved the economic crisis, and had reorganised the medical profession. Moreover, the regime had solved “the Jewish question” in the medical sector. Jews were overrepresented as physicians during the Weimar Republic.<sup>204</sup> The *Völkischer Beobachter* stated on 23 March 1933:

Es gibt wohl keinen Beruf, der für Größe und Zukunft der Nation so bedeutungsvoll ist wie der ärztliche. [...] Aber keiner ist auch so verjudet wie er und so hoffnungslos in volksfremdes Denken hineingezogen worden. Jüdische Dozenten beherrschen die Lehrstühle der Medizin, enteelen die Heilkunst und haben Generation um Generation der jungen Ärzte mit mechanistischem Geist durchgetränkt. Jüdische ›Kollegen‹ setzten sich an die Spitze der Standesvereine und Ärztekammern; sie verfälschten den ärztlichen Ehrbegriff und untergruben arteigene Ethik und Moral.<sup>205</sup>

The Nazi regime took measures to solve the “Jewish problem” in the medical profession. In the summer of 1933, 235 scientists and researchers were fired at German universities for being non-Aryan or Marxists, many of whom were Jews.<sup>206</sup> In 1934, the regime imposed restrictions on the medical profession, excluding Jews from their jobs. They could hardly practice as family doctors anymore, and were fired en masse at hospitals and universities. The exclusion of Jews created job opportunities for German physicians.<sup>207</sup>

Kater’s analysis on the doctors’ entry in the SS and NSDAP also applies to the Nazi doctors of the human experiments. Thirteen of them joined the NSDAP. Two of them, Kremer

<sup>202</sup> Ding-Schuler, Fischer, Gebhardt, and Hirt joined in 1933, Hoven and Kremer in 1934.

<sup>203</sup> Brachtel and Mengele joined the SS in 1938, Rascher in 1939, and Clauberg in 1940. Værnet is more or less an exception in this story. He only joined the SS in 1943, when he moved from Denmark to Germany to execute human experiments.

<sup>204</sup> Michael H. Kater, *Doctors under Hitler* (Chapel Hill 1989) 55.

<sup>205</sup> *Völkischer Beobachter*, 25. März 1933. Cited in: Klier, *Die Kaninchen von Ravensbrück*, 26.

<sup>206</sup> Klier, *Die Kaninchen von Ravensbrück*, 27.

<sup>207</sup> Kater, *Doctors under Hitler*, 55. By 1938, only 709 Jewish physicians were allowed to maintain their jobs in Germany. They were not allowed to have Aryan staff and could only use the title of ‘Arzt’ or ‘Krankenbehandler’. See: Klier, *Die Kaninchen von Ravensbrück*, 44.

and Ding-Schuler, joined the party in 1932 and four physicians joined the NSDAP in the year 1933.<sup>208</sup> Six doctors became members in 1937, and one, Brachtel, in 1938.<sup>209</sup> Schilling and Værnet did not join the NSDAP. Probably his old age distanced Schilling from National Socialism, and withheld him from joining the party.<sup>210</sup> A recommendation letter written by his British colleague also supports the fact that he was not attracted to National Socialism: ‘He [Schilling] is the type of man who should be helped: he is decidedly not of the ›Nazi type‹.’<sup>211</sup> Besides his lack of ideological support, as an established scientist who retired in 1936, he would not receive any socioeconomic benefits from the new regime and therefore the motivation to join for career advancement was not significant. Værnet lived in Denmark and did not join the NSDAP, but he became a national socialist during the German occupation of Denmark, and joined the National Socialist Workers’ Party of Denmark (DSNAP) in 1940. The four authors of his biography argued that he did so out of a combination of opportunism and idealism: ‘Carl Værnet war ein Mensch, der in seinem Streben nach Reichtum, Berühmtheit und Anerkennung bereit war, alles und jeden zu unterstützen, wenn ihm dies bloß für seine eigene Karriere dienlich war.’<sup>212</sup>

Except for Schilling, all Nazi doctors of this group joined either the NSDAP, or the SS, or both. Ten persons joined both organisations.<sup>213</sup> Some doctors became member of the NSDAP or the SS in the early years of the regime, others between 1937 and 1940. There were doctors who first joined the NSDAP and later the SS, and there were doctors who first joined the SS and then the NSDAP. In addition, there were doctors who only joined one of these organisations. The similarity between all of them is, that they joined these organisations when it seemed from their own individual perspective opportune to do so. However, no pattern emerges in relation to the age of the doctors and their membership.<sup>214</sup> Kater argued that doctors who received their medical degree during the years 1925-1932 had the strongest tendency to join the NSDAP, and the doctors who finished their education during the years 1871-1918 and after 1932, felt least attracted to the NSDAP. This argument does not apply to this group of Nazi doctors.

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<sup>208</sup> Beiglböck, Clauberg, Gebhardt, and Rascher.

<sup>209</sup> Fischer, Haagen, Hirt, Hoven, Mengele, and Oberheuser joined the NSDAP in 1937.

<sup>210</sup> Kater argued that doctors who received their medical degrees during the years 1878-1918, where the least drawn to the NSDAP. See: Kater, *Doctors under Hitler*, 57.

<sup>211</sup> Letter from Nuttall to Stanton, 21 October 1933. NA London CO691/133/3. Cited in: Hulverscheidt, ‘Die Beteiligung von Mitarbeitern’, 153.

<sup>212</sup> Davidsen-Nielsen et al., *Carl Værnet*, 51.

<sup>213</sup> They are Brachtel, Clauberg, Ding-Schuler, Fischer, Gebhardt, Hirt, Hoven, Kremer, Mengele, and Rascher.

<sup>214</sup> Kater, *Doctors under Hitler*, 57.

The Nazi doctors all had their own reasons to join the NSDAP and the SS. However, ideological support and careerism are the most important reasons. In all cases, it was an interaction between these two motivations; nevertheless, the career opportunities that the Third Reich offered were for most of them decisive. A few examples will illustrate this point. After his participation in the Beer Hall Putsch, Gebhardt refrained from politics and concentrated on his career. In May 1933, he contacted his old childhood friend Himmler. They had lost contact in 1923. When they met again in 1932, Himmler promised Gebhardt that he could work as a physician in his personal staff. In a letter of May 1933 Gebhardt asked for Himmler's support. According to historian Hermann Auer, the letter shows that 'Gebhardt als überzeugter Nationalsozialist ehrgeizig bestrebt war im Staate etwas zu werden.'<sup>215</sup> At this time, Gebhardt was head of the *Institut für Leibesübungen* in Berlin-Charlottenburg. Gebhardt initially wanted to join the SA out of careerism, but Himmler prevented him from doing so since this would damage his career. Instead, Gebhardt joined the SS in May 1933. Historian Freya Klier argued that he did not join from an ideological perspective but solely out of careerism.<sup>216</sup>

The second person that serves as an example is Mengele. He joined the SA in November 1933. However, he had already left the organisation within one year by October 1934, because membership of the SA was no longer in the interest of his career after the Night of the Long Knives. He did not join the NSDAP until 1937, since he wanted to focus on his studies. It remains unclear to what extent he supported National Socialism and anti-Semitism. Both biographers of Mengele, Ulrich Völklein and Anders Otte Stensager, argued that he joined the NSDAP and the SS out of ideological support for National Socialism and careerism.<sup>217</sup> He joined both organisations after he had finished his studies and started to build his career in medicine. For Mengele, being a young scientist in eugenics and heredity, membership was necessary to get a position at universities or research institutes.<sup>218</sup>

Thirdly, Kremer, who did his Habilitation in 1929, joined the NSDAP in 1932 and the SS in 1934. He served as the head of the Anatomical Institute at the University of Münster. He did not leave the Catholic Church immediately after his entry into the NSDAP and SS; he

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<sup>215</sup> Auer, *Der Galgen kennt keine Karriere*, 16.

<sup>216</sup> Klier, *Die Kaninchen von Ravensbrück*, 46-47. Auer argued that Gebhardt joined the SS and NSDAP out of ideological support, as a fanatic National Socialist. See: Auer, *Der Galgen kennt keine Karriere*, 17. I support Klier's perspective that careerism was more important for Gebhardt than ideological support. If Gebhardt only joined both organisations out of ideological support, it is more plausible that he would already have joined them before 1933.

<sup>217</sup> Ulrich Völklein, *Josef Mengele. Der Arzt von Auschwitz* (Göttingen 1999) 70-75, and Stensager, *Josef Mengele*, 35-40.

<sup>218</sup> Stensager, *Josef Mengele*, 35.

resigned in 1936. He became an extraordinary Professor for Anatomy and Genetics at the University of Münster in the same year. His field was of special interest for the Nazi's, especially after the introduction of the Nuremberg Laws in 1935. Despite this extraordinary professorship, Kremer did not follow the National Socialist racial theories, as becomes clear by his article on genetics, published in 1942. He received a rebuke by the Party.<sup>219</sup> This does not mean that he did not support National Socialism, but it demonstrates that Kremer held his own scientific convictions on racial theories, despite the fact that his professorship had a political component.

Hirt serves as the last example. Together with the Jewish professor and pharmacologist Philipp Ellinger (1887-1952) Hirt developed the intravital microscope, which enabled researchers to investigate biological systems of living organisms. However, Hirt predominantly benefited from the knowledge of the senior researcher Eppinger. The Jewish professor did not practice Judaism and was a German nationalist. The Nazis forced Eppinger to leave the country in 1933, which allowed Hirt to receive the scientific credits and royalties of the intravital microscope.<sup>220</sup> In the same year as Eppinger's emigration, Hirt became a member of the SS.<sup>221</sup> According to a former colleague, Hirt suddenly became a member of the SS. It is unclear whether he was Anti-Semitic before and in the direct years after his conversion.<sup>222</sup> The University of Greifswald appointed him as *ordentlicher* Professor and director of the Anatomical Institute in July 1936. Hirt joined the NSDAP in 1937. He was able to use his connections within the SS and NSDAP to receive additional funding for the Anatomical Institute.<sup>223</sup> These facts indicate that Hirt also joined the National Socialist organisations out of opportunism.

According to Kater, the German doctors welcomed, more than any other profession, the assumption of power of the National Socialists out of socioeconomic motives.<sup>224</sup> The above section and examples have proved that this is largely true. However, we should not neglect the ideological support for the regime. The physicians and National Socialists developed similar perspectives on the creation of a German state based on racial purity. The

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<sup>219</sup> Lebenslauf Johann Paul Kremer (1 April 1937), BArch SSO/SS 212 A, p. 926-927, and 'Das Urteil gegen Dr. Johann Paul Kremer.', 4-5. The criticised article was: 'Ein bemerkenswerter Beitrag zur Frage der Vererbung traumatischer Verstümmelungen', *Zeitschrift für menschliche Vererbungs- und Konstitutionslehre* (1942) 553-570.

<sup>220</sup> Uhlmann, 'August Hirt', 335.

<sup>221</sup> Lebenslauf von Professor Dr. August Hirt, Direktor des Anatomischen Institutes der Reichsuniversität Straßburg, BArch PK E0241, 380.

<sup>222</sup> Kasten, 'Unethical Nazi Medicine', 178.

<sup>223</sup> Uhlmann, 'August Hirt', 336-337.

<sup>224</sup> Michael Kater, 'Die soziale Lage der Ärzte im NS-Staat' in: Angelika Ebbinghaus and Klaus Dörner (eds.), *Vernichten und Heilen. Der Nürnberger Ärzteprozeß und seine Folgen* (Berlin 2001) 51-67, 500, there 56.

doctors perceived themselves as social engineers and they knew the new state would need them to accomplish their racial goals, as is demonstrated in the previous chapter. Once the Third Reich was established, the doctors realised that through collaboration they could improve their social status. This higher social status was created by the special position of doctors within the National Socialist state, and the rapid ascension within the academic world because of the exclusion of Jewish colleagues. Therefore, it has become clear that opportunism is the main motive for the doctors' membership in the SS and NSDAP.

### *Upward Social Mobility of the Nazi Doctors*

Wildt has argued that the establishment of the Third Reich offered unlimited possibilities to promotion and a higher social status in particular to the *Kriegsjugendgeneration*.<sup>225</sup> For the Nazi doctors who committed human experiments, this is true not only for this generation but can be applied to all of them. The Third Reich improved their social status and career because of the special status doctors had within the new state. However, we can observe two patterns in relation to the generations of the Nazi doctors.

First, only the older physicians, born before 1900, were appointed as professors during the Third Reich.<sup>226</sup> All of them received their professorships during the years 1935-1937. The exclusion of Jews paved the way for this group to become professors. Gebhardt became an extraordinary Professor in Sport Medicine at the University of Berlin in 1935.<sup>227</sup> Haagen benefited from the dismissal of Jewish scientist at the prestigious Robert Koch Institute in Berlin, when he was granted a professorship in 1935. He moved to *Reichsuniversität Strassburg* in 1941, where he became Professor in Hygiene. However, this appointment was controversial because Haagen was a specialist in virology, and his knowledge on hygiene and public health was disputed.<sup>228</sup> Kremer became an extraordinary Professor for Anatomy and Eugenics at the University of Münster in 1936,<sup>229</sup> and Clauberg an extraordinary Professor at

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<sup>225</sup> Wildt, *Generation des Unbedingten*, 855.

<sup>226</sup> They were granted various professorships. Besides the function of a fulltime Professor at the university, the German system has also other professorships. The *ordentlicher* Professor is a professor with a chair, representing a special area. The *außerordentlicher* Professor is a professor without a chair, often researching a side-area, or subordinated to a professor with a chair. This professorship is often granted to young and excellent researchers. The *außerplanmäßiger* Professor can either be a university lecturer or a *Privatdozent*, who has done excellent research before or after the Habilitation, but does not have a chair. They are not paid as professors but as researchers. I will translate both *außerordentlicher* and *außerplanmäßiger* as 'extraordinary'.

<sup>227</sup> Klee, *Das Personenlexicon*, 36, and Auer, *Der Galgen kennt keine Karriere*, 16-17. Gebhardt was an *außerordentlicher* Professor.

<sup>228</sup> Weindling, 'Virologist and National Socialist', 237-241, and Klee, *Das Personenlexicon*, 213.

<sup>229</sup> Lebenslauf Johann Paul Kremer (1 April 1937), BArch SSO/SS 212 A, p. 926-927, and 'Das Urteil gegen Dr. Johann Paul Kremer.', 3.

the *Grenzland* University in Königsberg in 1937.<sup>230</sup> Beiglböck was also granted a professorship during the Nazi era, though he is more or less an exemption because he was born in 1905, and did not become a professor in the Third Reich of the 1930s, but an extraordinary Professor at the University in Vienna in 1944.<sup>231</sup> Schilling and Hirt are the only physicians who were already professors before the National Socialist's takeover.<sup>232</sup> Nevertheless, Hirt also benefited from the new regime, when he changed from being an extraordinary Professor at the University of Heidelberg to become an *ordentlicher* Professor at the University of Greifswald and head of the Anatomic Institute at the same university in 1936.<sup>233</sup> His appointment as Professor in Anatomy at the *Reichsuniversität Strassburg* in 1941, should 'als politische Berufung im nationalsozialistischen Sinne gesehen werden.'<sup>234</sup>

Second, the group of younger doctors, born after 1900, built their careers in the Third Reich mainly out of their SS-membership. They finished their medical studies in the 1930s. Because these young physicians had only recently received their doctoral degree, they obviously lacked the scientific experience to become professors. Nevertheless, the Third Reich offered them unlimited possibilities for promotion and a higher social status. Seemingly, the outbreak of the war drifted them away from their scientific careers. They had to serve in the army or the SS during the first years of the war. Nevertheless, the expansion of the SS and the concentration camp system offered them an unprecedented way to further their scientific careers. Wildt has argued that the National Socialist dictatorship offered members of this generation particular benefits:

So erhöhte die NS-Diktatur ohne Zweifel auf der einen Seite den Anpassungsdruck auf junge Akademiker, wenn sie eine Berufskarriere in Deutschland planten und nicht an Emigration dachten, sich in den Dienst des Regimes zu stellen. Auf der anderen Seite bedeutete die Zerstörung rechtsstaatlicher, zivilgesellschaftlicher und moralischer Schranken in der wissenschaftlichen Forschung und Praxis eine ungeheure mephistophelische Öffnung des Möglichkeitshorizonts, die gerade diese jungen, radikalen Akademiker nicht unbeeinflusst ließ.<sup>235</sup>

This analysis also applies to the young Nazi doctors who executed human experiments in the concentration camps. However, as we shall see, the 'ungeheure mephistophelische Öffnung

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<sup>230</sup> Sehn, 'Carl Claubergs', 14.

<sup>231</sup> Klee, *Das Personenlexicon*, 36-37.

<sup>232</sup> Schilling was appointed as Professor in Tropical Medicine at the Robert Koch Institute in 1909. See: Hinz-Wessels and Hulverscheidt, 'Die Tropenmedizinische Abteilung', 9. Hirt was appointed as extraordinary Professor at the University of Heidelberg in 1930. See: Lebenslauf von Professor Dr. August Hirt, Direktor des Anatomischen Institutes der Reichsuniversität Straßburg, BArch PK E0241, 380.

<sup>233</sup> Lebenslauf von Professor Dr. August Hirt, Direktor des Anatomischen Institutes der Reichsuniversität Straßburg, BArch PK E0241, 380.

<sup>234</sup> Uhlmann, 'August Hirt', 340.

<sup>235</sup> Wildt, *Generation des Unbedingten*, 26.

des Möglichkeitshorizonts' not only applies to this particular group, but to all Nazi doctors in this study.

### **2.3 The Road to the Human Experiments, 1939-1945**

The outbreak of the Second World War was crucial to the careers of the Nazi doctors. The war demanded research that would improve German warfare and combat the negative consequences of the war, such as injuries, illnesses, and epidemics. The concentration camps became filled with “inferior”, degenerated people that could be used as research subjects. The camps offered opportunities for academic purposes, such as research for the Habilitation or a scientific publication, enabling physicians to teach in medical faculties or even to become professors.<sup>236</sup> However, how did the Nazi doctors end up working on the experiments in the concentration camps? Three avenues can be distinguished: doctors who had positions within the SS or concentration camps and were assigned or ordered to execute the experiments; doctors who were recruited by the Nazi authorities based on their previous research; and doctors who contacted the SS at their own initiative. The institutes and organisations that ordered or supported the experiments were crucial to the execution of the experiments and the allocation of doctors to the concentration camps. They will be discussed in more detail in the next chapter.

#### *Assigned or Ordered*

The group that was assigned or ordered to execute or participate in the experiments is the largest group of these perpetrators. This group can be divided into doctors who were originally employed as doctors at the concentration camps, and doctors who were sent to the camps with the assignment to execute the experiment. Nevertheless, once assigned, almost all of them took the opportunity to use the experiment to improve their scientific career. How they did so in particular, is addressed in the next chapter. For now, the focus is on the way they ended up at the experiments. The physicians who were originally employed as camp physicians were Hoven, Oberheuser, and Kremer.

Hoven had risen from Assistant Medical Officer at the SS Hospital in Buchenwald to the Chief Physician of the camp hospital for the prisoners of Buchenwald by 1942.<sup>237</sup> In this position, he was the deputy of Ding-Schuler at his typhus experiments. Hoven was assigned to this job by *Reichsarzt SS und Polizei* Prof. Dr. med. Ernst Grawitz (1899-1945) and the chief

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<sup>236</sup> Kater, 'Criminal Physicians in the Third Reich', 87-88.

<sup>237</sup> 'Affidavit [Waldemar Hoven]', HLSSL, 1.

physician at the Concentration Camps Inspectorate Dr. med. Enno Lolling (1888-1945).<sup>238</sup> Ding-Schuler, who kept a diary about the experiment, wrote about him: ‘Hoven worked as my deputy until my permanent entrance in Buchenwald in August 1943. [...] In the year 1942 he had to work a lot by himself since I contracted typhus and after that was sent to a resthome.’<sup>239</sup> Hoven was also responsible for the selection of prisoners.<sup>240</sup>

Oberheuser was also responsible for the selection of prisoners when she functioned as an assistant in Gebhardt’s sulphonamide experiment at Ravensbrück. She responded to an advertisement for female physicians to be employed at a “Frauen-Umschulungslager in der Nähe von Berlin”, in December 1940. She did not realise that it was a concentration camp at the time of application. Without job opportunities in her town of residence Düsseldorf, she regarded this job as an opportunity to earn a higher income and a higher position within the medical world.<sup>241</sup> She worked, just as Hoven, as a physician at the hospital for camp prisoners. The camp commandant selected her to assist Gebhardt with his experiment. Besides the selection of prisoners, she was also responsible for medical inspections before and after the experiment, and the aftercare.<sup>242</sup>

In contrast to Hoven and Oberheuser, Kremer did not function as a physician of the prison hospital in a concentration camp. In between university semesters in the summer and autumn of 1942, Kremer served as a physician at the SS-hospital of Prague and Dachau concentration camp. During this period, he was assigned to Auschwitz for over two months, from August 29 until 18 November. Here he seized the opportunity to take samples of human liver and spleen for his research on the effects of hunger on the human body.<sup>243</sup>

The second group of doctors had jobs outside the concentration camps and were assigned to the experiments by their employers. The Hygienic Institute of the Waffen-SS

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<sup>238</sup> ‘Closing Brief for the United States of America against Waldemar Hoven’ in: Harvard Law School Library. *Nuremberg Trials Project: A Digital Document Collection*, Item No. 11, 1-26, there 4. URL: [http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSSL\\_NMT01&docnum=11&numpages=26&startpage=1&title=Closing+brief+for+the+United+States+of+America+against+Waldemar+Hoven.&color\\_setting=C](http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSSL_NMT01&docnum=11&numpages=26&startpage=1&title=Closing+brief+for+the+United+States+of+America+against+Waldemar+Hoven.&color_setting=C) (accessed 2 September 2013).

<sup>239</sup> Ibidem, 6.

<sup>240</sup> Ibidem, 3.

<sup>241</sup> Wolfgang Woelk and Karen Bayer, ‘„Ich habe es als meine Pflicht aufgefasst und gehofft, hier als Frau auch helfen zu können...“ Herta Oberheuser – eine Ärztin im Konzentrationslager Ravensbrück und ihr Leben in der Nachkriegszeit’ in: Wolfgang Woelk et al. (eds.), *Nach der Diktatur. Die Medizinische Akademie Düsseldorf vom Ende des Zweiten Weltkriegs bis in die 1960er Jahre* (Düsseldorf 2003) 253-268, there 259.

<sup>242</sup> ‘Closing brief for the United States of America against Fritz Fischer and Herta Oberheuser’ in: Harvard Law School Library. *Nuremberg Trials Project: A Digital Document Collection*, Item No. 16, 1-11, there 2-6. URL:

[http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSSL\\_NMT01&docnum=16&numpages=11&startpage=1&title=Closing+brief+for+the+United+States+of+America+against+Fritz+Fischer+and+Herta+Oberheuser.&color\\_setting=C](http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSSL_NMT01&docnum=16&numpages=11&startpage=1&title=Closing+brief+for+the+United+States+of+America+against+Fritz+Fischer+and+Herta+Oberheuser.&color_setting=C) (accessed 2 September 2013), and ‘Affidavit [Herta Oberheuser]’, HLSSL, 2-4.

<sup>243</sup> ‘Das Urteil gegen Dr. Johann Paul Kremer.’, 4-11.

employed Ding-Schuler; his superior Dr. med. Joachim Mrugowsky (1905-1948) sent him to Buchenwald in 1942 to conduct research on typhus. Ding-Schuler had been camp physician of Buchenwald from 1938 to 1939.<sup>244</sup> High ranking Nazi's and SS-men initiated the experiment after a meeting on 29 December 1941: 'Es wird festgestellt, dass die Notwendigkeit vorliegt, die Verträglichkeit und Wirksamkeit von Fleckfieberimpfstoffen aus Hühnereidotterssäcken zu prüfen. Da der Tierversuch keine ausreichende Wertung zulässt, müssen die Versuche am Menschen durchgeführt werden.' They chose Buchenwald as the site for the experiment and 'SS-Hauptsturmführer Dr. Ding wird mit der Durchführung beauftragt'.<sup>245</sup> However, the ambitious Ding-Schuler was in fact an incompetent scientist without medical expertise on typhus, who hoped that the experiments would enhance his career.<sup>246</sup>

Mengele returned from the eastern front after two and a half years of service at the beginning of 1943. He contacted his former boss and supervisor of his dissertation Prof. Dr. Otmar Freiherr von Verschuer (1896-1969) and the SS for new orders. He was sent to conduct medical experiments in Auschwitz. Mengele executed the experiments in commission of the German Research Society (*Deutsche Forschungsgemeinschaft*) and Verschuer.<sup>247</sup> The exact role of Verschuer at this appointment is unknown.<sup>248</sup> Fischer also returned from the front when he was assigned to participate in the sulphonamide experiment in Ravensbrück. The head of the Pathological Institute at the Virchow Hospital in Berlin, a friend of Gebhardt, sent him to Hohenlychen in 1939. He had to serve at the eastern front during the first months of Operation Barbarossa. Back in Hohenlychen, Gebhardt ordered him to assist him in the experiment. Fischer had a blind faith in his superior Gebhardt and executed the order out of obedience to authority.<sup>249</sup> Nevertheless, he seized the opportunity to use the experiment for his career.

The exact circumstances under which Beiglböck was assigned to conduct the sea water experiment in Dachau are unknown. Dr. med. Hermann Becker-Freyseng (1910-1960), head

<sup>244</sup> Lebenslauf Erwin Ding-Schuler (3. Augustus 1944), BArch R/1501/127631.

<sup>245</sup> 'Tagebuch der Abteilung für Fleckfieber- u. Virusforschung am Hygiene-Institut der Waffen-SS' in: Harvard Law School Library. *Nuremberg Trials Project: A Digital Document Collection*, Item No. 1547, 1-27, there 1. URL: [http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSL\\_NMT01&docnum=1547&numpages=27&startpage=1&title=Tagebuch+der+Abteilung+fuer+Fleckfieber-+u.+Virusforschung+am+Hygiene-Institut+der+Waffen-SS..&color\\_setting=C](http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSL_NMT01&docnum=1547&numpages=27&startpage=1&title=Tagebuch+der+Abteilung+fuer+Fleckfieber-+u.+Virusforschung+am+Hygiene-Institut+der+Waffen-SS..&color_setting=C) (accessed 6 September 2013). The men at the meeting where: Hygienic Inspector of the Army Prof. Dr. Handloser, Reich Health Führer Dr. Conti, President of the Reichs Health Office Prof. Reiter, President of the Robert Koch Institute Prof. Gildemeister, and Dr. Mrugowsky of the Hygiene Institute of the Waffen-SS.

<sup>246</sup> Baumslag, *Murderous Medicine*, 140-147.

<sup>247</sup> Henry Friedlander, 'Physicians as Killers in Nazi Germany: Hadamar, Treblinka, and Auschwitz' in: Francis R. Nicosia and Jonathan Huener (eds.), *Medicine and Medical Ethics in Nazi Germany. Origins, Practices, Legacies* (New York 2002) 59-76, there 71.

<sup>248</sup> Stensager, *Josef Mengele*, 73.

<sup>249</sup> Klier, *Die Kaninchen von Ravensbrück*, 44.

of the Department for Aviation Medicine at the Medical Inspectorate of the Luftwaffe, ordered Beiglböck to execute the experiment in May 1944. Beiglböck had been a surgeon at the Luftwaffe since 1940, and had recently been appointed as an extraordinary Professor at the University of Vienna.<sup>250</sup> The United States prosecuted him at the Nuremberg Medical Trial after the war. Here he testified the following:

The defendant Beiglboeck testified that he reported to Berlin at the end of June 1944 where he was told by Becker-Freyseng that he was to carry out seawater experiments at Dachau. [...] He said he attempted to withdraw because he had a horror of working in a concentration camp. He did not refuse to perform the experiments because he was afraid of being called to account for failure to obey order.<sup>251</sup>

His fear for punishment because of disobedience might have been true. However, this fear was ‘objectively unfounded’ because the Nazi regime never severely punished a person who refused to obey the order to execute humans. The perpetrators had the possibility to withdraw from executing these special orders.<sup>252</sup> No documents or judgements from the Third Reich exist that deal with the punishment of persons who did not want to participate in the medical experiments, as is argued by historian Horst Freyhofer. Therefore, Beiglböck’s statement should be judged as a retroactive justification. Besides, Freyhofer makes another crucial point: ‘Those whose loyalty to the regime and its professed goals may have been questionable were unlikely to be asked to participate in this gruesome work. Evidence shows that even when they were asked or ordered to participate and refused, no repercussions followed.’<sup>253</sup> It is indeed unlikely that persons were forced to commit these experiments. Thus, just like the fear for punishment for disobedience, the argument of obedience is a ‘cheap excuse’ for the fact that the perpetrators did not withdraw from participation. Perpetrators only used this plea, called the *Befehlsnotstand* to which they referred by the sentence “Befehl ist Befehl”, to exonerate oneself from the crimes committed.<sup>254</sup>

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<sup>250</sup> ‘Letter of reference concerning Wilhelm Beiglboeck’s work as a doctor and researcher [by Hans Eppinger]’ in: Harvard Law School Library. *Nuremberg Trials Project: A Digital Document Collection*, Item No. 239, 1. URL: [http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSL\\_NMT01&docnum=239&numpages=1&startpage=1&title=Testimony.&color\\_setting=C](http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSL_NMT01&docnum=239&numpages=1&startpage=1&title=Testimony.&color_setting=C) (accessed 14 October 2013). Hans Eppinger was Beiglböck supervisor. In this recommendation letter, written in Vienna on 18 December 1943, he says that Beiglböck is his ablest pupil and he proposed him for the extraordinary professorship.

<sup>251</sup> ‘Closing brief for the United States of America against Wilhelm Beiglböck’, HLSL, 9.

<sup>252</sup> Hans Buchheim, ‘Befehl und Gehorsam’ in: Hans Buchheim et al. (eds.), *Anatomie des SS-Staates. Band I* (Munich 1967) 257-380, there 348-380.

<sup>253</sup> Freyhofer, *The Nuremberg Medical Trial*, 144.

<sup>254</sup> Buchheim, ‘Befehl und Gehorsam’, 368.

However, Freyhofer's argument that the doctors were not ordered but 'designed such experiments themselves and sought administrative approval for them later',<sup>255</sup> is incorrect. As the above cases have shown, the men and women were assigned to execute or participate in the experiments. Their superiors ordered them. Obviously, they were not forced to commit the experiments and no repercussion would have followed if they refused. However, this group of doctors did not design the experiments themselves. Nevertheless, once they were in the experiment, they tried to use the research to improve their careers. This point will be elaborated in the last two chapters.

### *Doctors Recruited by the Regime*

Three doctors were selected by the SS or Nazi functionaries to conduct human experiments. Brachtel was the main physician at the Tuberculosis Sanatorium of the SS in Mölln. Grawitz noticed him during a visit in Mölln and offered him a job in Dachau. Brachtel moved to Dachau in April 1941, where he executed human experiments for tuberculosis research in the commission of Grawitz. Because Grawitz was satisfied with the research and the result, Brachtel was offered to become Schilling's assistant in the malaria experiments.<sup>256</sup>

Ende Jan. 1942 – um diese Zeit etwa waren die Versuche ausgelaufen – lernte ich Prof. Schilling kennen. Zur ‚Belohnung‘ für meine Arbeit auf der Tbc-Station (die Versuche waren im Sinne des Reichsarztes SS u. Polizei ausgegangen) es hatte sich nämlich die herkömmliche, allopathische Behandlungsweise als überlegen gezeigt, wurde ich von Dr. Grawitz der Malaria-Versuchsstation als Internist zugeteilt.<sup>257</sup>

According to historian Christine Wolters, Brachtel expected that the cooperation with Schilling would offer him scientific prestige. 'Es war seiner Ansicht nach eine Auszeichnung mit Schilling zu arbeiten.'<sup>258</sup>

The director of the SS-Ahnenerbe, Wolfram Sievers (1905-1948), met Hirt during the opening of the academic year at the Reich University in Strasbourg in the autumn of 1941. Sievers was impressed by the research of Hirt and the microscope he had developed. Hirt discussed with Sievers the establishment of a Jewish skeleton selection.<sup>259</sup> Sievers wanted to integrate the prestigious scientist Hirt in his organisation. He contacted Himmler, who demanded further information before he would give permission to incorporate Hirt in the

<sup>255</sup> Freyhofer, *The Nuremberg Medical Trial*, 144.

<sup>256</sup> Wolters, '„Zur ‚Belohnung‘', 34-41.

<sup>257</sup> Aussage Rudolf Brachtel bei der Staatsanwaltschaft München am 25.5.1970. Cited in: Wolters, '„Zur ‚Belohnung‘', 41.

<sup>258</sup> Wolters, '„Zur ‚Belohnung‘', 41.

<sup>259</sup> Kasten, 'Unethical Nazi Medicine', 182-183. See also: Michael Kater, *Das "Ahnenerbe" der SS, 1935-1945. Ein Beitrag zur Kulturpolitik des Dritten Reich* (Stuttgart 1974).

Ahnenerbe. Nevertheless, through his personal assistant Rudolf Brandt (1909-1948) he gave Hirt the permission to conduct whatever kind of experiments he liked on concentration camp inmates:

Der Reichsführer-SS würde dem SS-Untersturmführer Prof. H. die Möglichkeit geben, mit Gefangenen und mit Berufsverbrechern, die sowieso nicht mehr in Freiheit kommen und mit den für eine Hinrichtung vorgesehenen Personen Versuche jeder Art anzustellen, die seine Forschungen fördern könnten.<sup>260</sup>

Himmler was very interested in the research and wanted to deliver everything that Hirt needed for his experiment.<sup>261</sup> Hirt seized the opportunity to be the first one to establish a Jewish skeleton collection. He sent the requested information, including a research proposal, to Himmler in February 1942. To get an indication of the nature of the research proposal, it is shown here completely:

Betr.: Sicherstellung der Schädel von jüdisch-bolschewistischen Kommissaren zu wissenschaftlichen Forschungen in der Reichsuniversität Straßburg.

Nahezu von allen Rassen und Völkern sind umfangreiche Schädelansammlungen vorhanden. Nur von den Juden stehen der Wissenschaft so wenig Schädel zur Verfügung, daß ihre Bearbeitung keine gesicherten Ergebnisse zuläßt. Der Krieg im Osten bietet uns jetzt Gelegenheit, diesem Mangel abzuweichen. In den jüdisch-bolschewistischen Kommissaren, die ein widerliches, aber charakteristisches Untermenschentum verkörpern, haben wir die Möglichkeit, ein greifbares wissenschaftliches Dokument zu erwerben, indem wir ihre Schädel sichern.

Die praktische Durchführung der reibungslosen Beschaffung und Sicherstellung dieses Schädelmaterials geschieht am zweckmäßigsten in Form einer Anweisung an die Wehrmacht, sämtliche jüdisch-bolschewistischen Kommissare in Zukunft lebend sofort der Feldpolizei zu übergeben. Die Feldpolizei wiederum erhält Sonderanweisung, einer bestimmten Stelle laufend den Bestand und Aufenthaltsort dieser gefangenen Juden zu melden und sie bis zum Eintreffen eines besonderen Beauftragten wohl zu behüten. Der zur Sicherstellung des Materials Beauftragte (ein der Wehrmacht oder sogar der Feldpolizei angehörender Jungarzt oder Medizinstudent, zugerüstet mit einem PKW nebst Fahrer) hat eine vorher festgelegte Reihe photographischer Aufnahmen und anthropologischer Messungen zu machen und, soweit möglich, Herkunft, Geburtsdaten und andere Personalangaben festzustellen. Nach dem danach herbeigeführten Tode des Juden, dessen Kopf nicht verletzt werden darf, trennt er den Kopf vom Rumpf und sendet ihn in eine Konservierungsflüssigkeit gebettet in eigens zu diesem Zwecke geschaffenen und gut verschließbaren Blechbehältern zum Bestimmungsort. An Hand der Lichtbildaufnahmen, der Maße und sonstigen Angaben des Kopfes und schließlich des Schädels können dort nun die vergleichenden anatomischen Forschungen, die Forschungen

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<sup>260</sup> Letter from Reichsführer-SS, Persönlicher Stab, Rudolf Brandt to Wolfram Sievers (19 December 1941), BArch NS 19/529, p.1.

<sup>261</sup> Letter from Brandt to Sievers, 11 February 1942, BArch NS 19/1582, p. 41. Quote: ‘Vielleicht können Sie Hirt in der nächsten Zeit einmal aufsuchen und ihm noch einmal sagen, dass der Reichsführer-SS ihm für seine Versuche alles zur Verfügung stellt, was er benötigt.’

über Rassenzugehörigkeit, über pathologische Erscheinungen der Schädelform, über Gehirnform und –größe und über vieles andere mehr beginnen.

Für die Aufbewahrung und die Erforschung des so gewonnenen Schädelmaterials wäre die neue Reichsuniversität Straßburg ihrer Bestimmung und ihrer Aufgabe gemäß die geeignetste Stätte.<sup>262</sup>

This document demonstrates that Hirt was aware of the participation of the Wehrmacht in the killing of Jews,<sup>263</sup> because he says that the Wehrmacht should turn them over *alive* to the field police. The establishment of a Jewish skeleton collection at the *Reichsuniversität Strassburg* started a few months later.

The Danish National Socialist's newspaper *Fædrelandet* published an article on the invention of Værnet's artificial gland that could treat cancer in 1941. Although Danish researchers on cancer had neglected Værnet's invention, Reich Health Leader (*Reichsgesundheitsführer*) Leonardo Conti (1900-1945) noticed the article and invited Værnet to do research in Germany. Værnet responded to the offer in the same newspaper:

Wir verfügen nicht über so gute Mäusestämme, als daß wir mit der direkten Einimpfung von Krebs experimentieren könnten. Und ich habe auch nicht genügend Patienten zur Verfügung, weshalb ich mit Freude das deutsche Angebot annehme, das alles beinhaltet, was mir fehlt. Ich weiß nur noch nicht, in welcher Form ich es annehmen kann.<sup>264</sup>

After Værnet moved to Berlin, he met with Grawitz in Hotel Adlon in November 1943. Værnet proposed to test his artificial gland on homosexuals, convinced that it could “cure” them and make them straight. Grawitz was not a specialist in the field of hormones, and was unable to understand the research proposed by Værnet. Nevertheless, Værnet impressed him by the potential applications of the artificial gland. Grawitz asked Himmler for permission to conduct the experiment, which he received on 15 November 1943.<sup>265</sup> Grawitz and Værnet decided to move the experiment to Prague because of the bombardments on Berlin. Værnet met with the pharmaceutical company *Deutsche Heilmittel* in Prague to discuss the patent and the production of the artificial gland. They agreed that Værnet would have the patent, and that

<sup>262</sup> Letter from Sievers to Brandt, 9 February 1942, plus a report written by Hirt, BArch NS19/1582.

<sup>263</sup> Christian Streit, *Keine Kameraden. Die Wehrmacht und die sowjetischen Kriegsgefangenen 1941-1945* (Stuttgart 1978), 87-108. Before the start of Operation Barbarossa, Hitler issued the infamous ‘Kommissarbefehl’, which ordered the Wehrmacht to execute Jewish Bolshevik commissars among the captured Soviet troops. On 31 October 1941, Hitler ordered the use of Soviet POW's for the benefit of the German war economy. See pages 191-216.

<sup>264</sup> Cited in: Davidsen-Nielsen et al., *Carl Værnet*, 49.

<sup>265</sup> Davidsen-Nielsen et al., *Carl Værnet*, 162. Himmler was very interested in the research. He wrote back to Grawitz: ‘Dr. Værnet bitte ich absolut großzügig zu behandeln. Ich möchte selbst monatlich einen 3-4 Seiten langen Bericht, da ich mich für die Dinge sehr interessiere. Zu einem späteren Zeitpunkt möchte ich V. dann auch einmal zu mir bitten.’ See page 162.

*Deutsche Heilmittel* had the exclusive right to produce the gland for fifteen years. During the first months of 1944, Værnet tested the gland on mice and capons at the laboratory of *Deutsche Heilmittel* in Prague. In the summer of 1944, he visited Buchenwald to prepare his experiment on homosexuals.<sup>266</sup> Helmut Poppendick (1902-1994), Chief of the Personal Staff of Grawitz, announced Værnet's visit to Ding-Schuler on 15 July 1944:

Lieber Kamerad Ding!

Auf Wunsch des Reichsführer-SS ist dem dänischen SS-Sturmbannführer Dr. Vaernet Gelegenheit gegeben worden, bei der SS seine Hormonforschungen und insbesondere die Weiterentwicklung seiner künstlichen Drüse weiterzutreiben. Der Reichsführer-SS verspricht sich durch die Behandlung von Homosexuellen mit der künstlichen Drüse Vaernets gewisse Erfolge. Die technischen Vorarbeiten sind soweit gediehen, daß in absehbarer Zeit mit Human-Versuchen begonnen werden kann.

Wie SS-Standartenführer Dr. Lolling mitteilt, ist das KL Weimar-Buchenwald angewiesen worden, 5 Häftlinge für die Versuche des SS-Sturmbannführers Vaernet zu Verfügung zu stellen. Diese Häftlinge werden durch den Lagerarzt SS-Sturmbannführer Vaernet jederzeit zu Verfügung gestellt.

SS-Sturmbannführer Vaernet beabsichtigt, demnächst nach Buchenwald zu kommen, um an diesen Häftlingen einige notwendige Voruntersuchungen vorzunehmen. Falls es sich um besondere Labor-Untersuchungen handelt, werden Sie gebeten, Vaernet bei der Durchführung im Rahmen Ihrer Möglichkeiten behilflich zu sein.

Dem Lagerarzt von Weimar-Buchenwald wurden heute einige nähere Unterlagen über die Untersuchungen Vaernets zur Einsichtnahme zugesandt.<sup>267</sup>

Værnet started his research in September 1944. The three men who were recruited by the SS took the opportunity to execute human experiments because they were seeking career improvements.

### *Own Initiative*

There were also doctors who seized the opportunity of the available prisoners in the concentration camps to benefit their own research and careers. Clauberg, Schilling, and Rascher contacted the branches of the SS to ask for the permission to conduct experiments on prisoners. Rascher used his wife's personal friendship with Himmler to improve his career. His wife, Karoline Diehl knew Himmler from the first years of the Nazi movement. The exact facts are unknown, but she probably offered Himmler shelter and looked after him. On 24 April 1939, she brought Rascher in touch with Himmler. After their meeting, Rascher wrote a proposal for research on cancer, in which he stated:

Nach Wunsch des Reichsführers SS ist die Auskristallisation des Blutes solcher Personen, welche lebenslänglich in Kz-Lager untergebracht sind, durchzuführen, um bei Auftreten von

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<sup>266</sup> Ibidem, 170-171.

<sup>267</sup> Ibidem, 173, 175.

Ka[rzinom] Zeichen im Blutbild eine sich über Jahre erstreckende Gesundheitskontrolle dieser Personen durchführen zu können, um das Auftreten von Karzinom bei diesen Menschen zu erfassen, um eine fragliche Frühdiagnose zu beweisen.<sup>268</sup>

The research could start whenever Rascher received the permission to enter the concentration camp.<sup>269</sup> According to historian Wolfgang Benz, it is unclear who took the initiative to use blood samples of prisoners for medical experiments; Rascher or Himmler.<sup>270</sup> Nevertheless, it was Rascher who took the first initiative to get in touch with Himmler to discuss the possibilities for his research. From the summer of 1939, Rascher investigated blood samples of Dachau inmates in his laboratory at his own house. Rascher had to join the SS to do research in the concentration camp itself. Therefore, he became a member on 1 October 1939.<sup>271</sup>

Rascher kept in touch with Himmler and asked permission to execute human experiments in 1941, after he had developed a research proposal based on his experiences in the Luftwaffe. The letter he wrote to Himmler also portrays the personal relationship between them:

Hochverehrter Reichsführer!

Für Ihre herzlichen Glückwünsche und Blumen zur Geburt meines zweiten Sohnes danke ich Ihnen ergebenst! [...] Zur Zeit bin ich nach München zum Luftgaukommando VII kommandiert für einen ärztlichen Auswahlkurs. Während dieses Kurses, bei dem die Höhenflugforschung eine sehr große Rolle spielt – bedingt durch die etwas größere Gipfelhöhe der englischen Jagdflugzeuge –, wurde mit großem Bedauern erwähnt, daß leider noch keinerlei Versuche mit Menschenmaterial bei uns angestellt werden konnten, da die Versuche sehr gefährlich sind und sich freiwillig keiner dazu hergibt... Daher stelle ich die ernste Frage: ob zwei oder drei Berufsverbrecher für diese Experimente zur Verfügung gestellt werden können? Die Versuche werden angestellt in der ›Bodenständigen Prüfstelle für die Höhenforschung der Luftwaffe‹ in München. Die Versuche, bei denen selbstverständlich die Versuchspersonen sterben können, würden unter meiner Mitarbeit vor sich gehen. Sie sind absolut wichtig für die Höhenflugforschung und lassen sich nicht, wie bisher versucht, an Affen durchführen, da der Affe vollständig andere Versuchsverhältnisse bietet. Ich habe mit dem Vertreter des Luftflottenarztes, der diese Versuche durchführt, absolut vertraulich in diesbezüglicher Richtung gesprochen und dieser ist ebenfalls der Meinung, daß die in Frage kommenden Probleme nur auf dem Wege des Menschenversuches geklärt werden können. (Es können als Versuchsmaterial auch Schwachsinnige Verwendung finden.)<sup>272</sup>

<sup>268</sup> Denkschrift über die Ausarbeitung und Lösung einiger, vom Reichsführer SS in der Unterredung vom 24. April 1939 gestellter Aufgaben (1 May 1939), BArch NS 21/2120, p. 1728-1738.

<sup>269</sup> Letter from Rascher to Himmler (12 May 1939), BArch NS 21/2120, p. 1740-1741.

<sup>270</sup> Benz, 'Dr. med. Sigmund Rascher', 194.

<sup>271</sup> Ibidem, 196.

<sup>272</sup> Letter from Rascher to Himmler, 15 May 1941. Cited in: Mitscherlich and Mielke, *Medizin ohne Menschlichkeit*, 20-21.

Himmler's secretary Brandt responded that 'Häftlinge für die Höhenflugforschung selbstverständlich gern zur Verfügung gestellt werden'.<sup>273</sup> The experiment started at the end of February 1942.

In 1938, Schilling moved to Italy on the invitation of Domenico Marotta (1886-1974), head of the Institute for Public Health, to conduct malaria research on mentally ill patients in nursing homes. The use of mentally ill patients for malaria research was a common and internationally recognized practice since the Viennese psychiatrist Julius Wagner-Jauregg (1857-1940) had proved that malaria-fever therapy could relieve the symptoms of paralytic syphilis patients. After this discovery, all kinds of mentally ill patients were infected with malaria to "treat" them, but predominantly to test new malaria medicines. This group of research subjects could not protest against the medical experiment, they were regarded as "useless" to society, and were, in contrast to guinea pigs, costless. Schilling's relation with the Italian authorities worsened when they did not want to provide him with mosquitos and when a decree was issued that only Italian citizens could use mentally ill patients as research subjects.<sup>274</sup>

Schilling wanted to return to Germany and wrote a letter to Conti in the summer of 1941, asking for research possibilities in the Third Reich. The two men met each other at a conference in Rome on 18 November 1941. Schilling convinced Conti of the value of his research. He wrote a letter to Conti's office the next day:

Über der Ort, wo ich arbeiten soll, muss Herr RGF. Conti die endgültige Entscheidung treffen. Maßgebend muß hierfür sein, dass die Versuchspersonen sich freiwillig, gegen kleine Vergünstigungen in der Kost o.ä. zur Verfügung stellen, und dass sie im Ganzen gesund und nicht durch lange Gefangenschaft zu sehr heruntergekommen sind. Mit Geisteskranken habe ich die Erfahrung gemacht, dass sie häufig sehr labil sind. Unter Kriegsgefangenen würde ich solche bevorzugen, die nicht aus notorischen Malariagebieten stammen.<sup>275</sup>

As is the case with Rascher, and as we will see as well with Clauberg, it is unclear who actually suggested conducting human experiments. However, historians Hinz-Wessels and Hulverscheidt argued that it was presumably Schilling himself.<sup>276</sup> Schilling returned to Germany in December 1941, and met with Himmler, Grawitz, and Conti on 27 January 1942

<sup>273</sup> Letter from Brandt to Rascher, undated. Cited in: Mitscherlich and Mielke, *Medizin ohne Menschlichkeit*, 21.

<sup>274</sup> Marion Hulverscheidt, 'Menschen, Mücken und Malaria – Das wissenschaftliche Umfeld des KZ-Malariaforschers Claus Schilling' in: Judith Hahn, Silvija Kavčič, and Christoph Kopke (eds.), *Medizin im Nationalsozialismus und das System der Konzentrationslager. Beiträge eines interdisziplinären Symposiums* (Frankfurt am Main 2005) 108-126, there 112-117.

<sup>275</sup> Letter from Schilling to Conti, 19 November 1941, BArch R 86/4089. Cited in: Hulverscheidt, 'Die Beteiligung von Mitarbeitern', 155.

<sup>276</sup> Hinz-Wessels and Hulverscheidt, 'Die Tropenmedizinische Abteilung', 16.

to discuss his malaria research. They sent him to Dachau where he started the experiment in February 1942.<sup>277</sup>

Clauberg had specialised in female sex steroids and had developed medicine that improved fertility for women. He was a prestigious scientist within his field. He arranged a meeting with Himmler through a mutual friend in March 1940. They discussed Clauberg's plans for an institute for propagation and biology. This conversation changed Clauberg's research because ever since he became preoccupied with sterilisation without surgery by using x-rays.<sup>278</sup> Clauberg researched the right method at his genealogic department at the hospital of Königshütte. Clauberg met again with Himmler, and Grawitz, to discuss the use of prisoners for his research in May 1941. They discussed the possibility of conducting the experiment at Ravensbrück, but this was impossible because Clauberg needed research subjects close to his department in Königshütte where he could use his equipment.<sup>279</sup> Afterwards, Grawitz demanded ten prisoners for Clauberg's research:

Bei der unerhörten Bedeutung, die ein solches Verfahren im Sinne einer negativen Bevölkerungspolitik haben würde und der daraus sich ergebenden Wichtigkeit, eine einwandfreie Ausarbeitung der Methode mit allen Mitteln zu fördern, erlaube ich mir daher, Reichsführer, den Vorschlag, Prof. Clauberg ein entsprechendes Forschungsinstitut in oder bei Königshütte einzurichten und diesem ein Frauenkonzentrationslager für etwa 10 Personen anzugliedern.<sup>280</sup>

Apparently, the war against the Soviet Union delayed the execution of the experiment and Clauberg became impatient.<sup>281</sup> On 30 May 1942, Clauberg again contacted Himmler and begged for Himmler's support, when he stated that 'derjenige, der in Deutschland heute an derartigen Dingen ein besonderes Interesse habe und mir helfen könnte, Sie, sehr verehrter Reichsführer, seien.'<sup>282</sup> Concerning the issue of 'negative population policy', a euphemism for mass sterilisation, a transition from animal testing to human experimentation was necessary: 'In der Frage der negativen Bevölkerungspolitik handelt es sich um einen Stand der Dinge, dass nunmehr vom Tierversuch (in welchem ich die Möglichkeit der operationslosen Sterilisierung gargetan [sic] habe) auf die ersten Versuche am Menschen übergegangen werden muss.'<sup>283</sup> Clauberg demanded five to ten women for his experiment.<sup>284</sup>

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<sup>277</sup> Interrogation of Professor Schilling, Archive Gedenkstätte Dachau, A 3675, 362-363, and Hinz-Wessels and Hulverscheidt, 'Die Tropenmedizinische Abteilung', 16.

<sup>278</sup> Sehn, 'Carl Claubergs', 16.

<sup>279</sup> Letter from Grawitz to Himmler, 29 May 1941, BArch NS 19/1583, p. 2-3.

<sup>280</sup> Ibidem.

<sup>281</sup> Letter from Clauberg to Himmler, 30 May 1942, BArch NS 19/1583, p. 40-42.

<sup>282</sup> Ibidem.

<sup>283</sup> Ibidem.

<sup>284</sup> Ibidem.

Clauberg finally met Himmler again on 7 July 1942, who granted him the permission to conduct the experiment at Auschwitz:

Der Reichsführer-SS hat dem SS-Brigadeführer Prof. Klauberg [sic] zugesagt, daß ihm für seine Versuche an Menschen und an Tieren das Konzentrationslager Auschwitz zur Verfügung steht. Es sollte anhand einiger Grundversuche ein Verfahren [illegible - DL] werden, daß die Sterilisierung bewirkt, ohne daß die Betroffenen davon etwas merken. Sobald das Ergebnis dieser Versuche vorliegt, wollte der Reichsführer-SS noch einmal einen Bericht vorgelegt bekommen, damit dann an die praktische Durchführung zur Sterilisierung der Jüdinnen herangegangen werden kann. [...] Der Reichsführer-SS hat allen beteiligten Herrn gegenüber betont, daß es sich hier um geheimste Dinge handle, die nur intern besprochen werden könnten, wobei jeweils die zu den Versuchen oder Besprechungen Hinzugezogenen auf Geheimhaltung verpflichtet werden müssten.<sup>285</sup>

Clauberg visited Auschwitz in August and December 1942 to investigate the research possibilities there. He started his research in January 1943.<sup>286</sup> Clauberg testified about his own initiative to execute the experiments the following during his trial: 'Ich bin nicht von Himmler gerufen worden, sondern habe ausschließlich aus wissenschaftlichen Interesse an ihm gewandt. Die Sterilisierung nahm ich daher rein privat aus eigenem Antrieb wegen dieses Interesses vor.'<sup>287</sup> Although it is impossible to figure out who suggested the use of concentration camp prisoners in the first place, all three men contacted the SS or Himmler directly or indirectly with the intention of receiving support for their research. Once the use of humans as research subjects was offered, they used this unique opportunity to improve their careers.

For two doctors it is not clear whether they took the initiative to conduct human experiments, or whether they were assigned to do so by the authorities. Himmler sent Gebhardt to Prague to save the life of Reinhard Heydrich after the bomb attack in May 1942. Gebhardt was accused of treating Heydrich with the wrong medicines, the application of sulphamide could have prevented Heydrich's death, said the accusers. Himmler sent an order to conduct sulphamide experiments to Hohenlychen.<sup>288</sup> By doing so, he knew that he would assign Gebhardt to the job. Gebhardt had personal interests with the experiment. He could use the experiment to rehabilitate himself by demonstrating that sulphamide was not the right medicine for blood poisoning, as he did so. After this first experiment, Gebhardt

<sup>285</sup> Report on the meeting between Himmler, Gebhardt, Glücks, and Clauberg, 7 July 1942, BArch NS 19/1583, p. 45.

<sup>286</sup> Sehn, 'Carl Claubergs', 17-18.

<sup>287</sup> Witness Statement Dr. Carl Clauberg, 21 November 1955, 2 Js 2482/55. Cited in: Ruth Jolanda Weinberger, *Fertility Experiments in Auschwitz-Birkenau. The Perpetrators and Their Victims* (Saarbrücken 2009) 128.

<sup>288</sup> Vernehmung des Karl Gebhardt, IfZ, 18.

committed other human experiments at Ravensbrück.<sup>289</sup> Haagen started his human experiments to develop a typhus medicine in May 1942. The Reich Research Council financed his research. He demanded his research subjects through the head of the Economic Office of the SS Oswald Pohl (1892-1951) and Lolling. Since they deemed French prisoners fit for work, they chose to use Roma from Auschwitz and sent them to Natzweiler.<sup>290</sup>

Almost all doctors were assigned to concentration camps close to their homes or to the universities and research institutes where they were employed. It seems that convenience was the main reason behind the allocation of prisoners to physicians. As the above paragraphs have shown, the Nazi doctors seized the opportunity of using prisoners for their research. Now they had the unique opportunity to conduct research on humans on a massive scale that had been impossible in earlier years. How they used the experiments for their careers, and how they justified the experiments will be discussed in the next chapters.

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<sup>289</sup> Auer, *Der Galgen kennt keine Karriere*, 30-32.

<sup>290</sup> Weindling, 'Virologist and National Socialist', 239.

### Chapter 3 – Human Experiments in German Concentration Camps

The war against the Soviet Union prompted the large-scale human experiments in German concentration camps for two reasons. Firstly, the war in the East demanded solutions to war injuries and epidemics, and military leaders feared biological and chemical warfare. It changed the perspective on German science, because only research that contributed to German warfare could count on financial support, material, and ultimately research subjects.<sup>291</sup>

Secondly, the initiatives that led to programs of large-scale human experiments should also be seen in relation to the implementation of the Holocaust. It is generally accepted in the current historiography that the destruction of Jews became an official Nazi policy in the autumn of 1941.<sup>292</sup> From that moment on, Nazi authorities could use the bodies of Jews for any purpose and without any limits. This genocidal mind-set contributed to an overall devaluation of individual life of all racially inferior people, as they became victims of the Nazi genocidal policies. The functionaries at the institutes and organisations who commissioned the experiments – such as the SS, Ahnenerbe, and the Hygiene Institute of the Waffen SS (*Hygiene-Institut der Waffen-SS*) – and individual doctors, influenced by the genocidal mind-set, initiated human experiments in concentration camps in which the research subjects could potentially die. The perpetrators, Nazi doctors and *Schreibtischtäter*, sacrificed the lives of individuals, useless bodies, for the benefit of German soldiers, German warfare, and the German people.

Already before the war, concentration camps had, on a small scale, been used for human experiments. Weindling differentiates four phases in human experimentation in the Third Reich. The first phase, from 1939 until 1941, took place mainly in clinics and was connected to the Nazi euthanasia program. The coercive experimentation in this phase focused on neurological research. The last three phases took place in the concentration camps. Between 1939 and 1944 anthropologists and psychologists investigated Jews and Sinti and Roma. The researchers used these groups for sterilisation and reproduction experiments. The third phase took place between 1941 and 1943, as a consequence of the war. The experiments dealt with the healing of wounds, infectious diseases, and aviation medicine. Scientists and

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<sup>291</sup> Hulverscheidt, 'Die Beteiligung von Mitarbeitern', 155.

<sup>292</sup> After extensive debates, most historians accept Christopher Browning's analysis that the Nazis must have implemented the Holocaust as official policy in the autumn of 1941. The exact date is unknown, but Browning argued that it must be somewhere between 18 September and 25 October 1941. See: Christopher R. Browning, *The Origins of the Final Solution. The Evolution of Nazi Jewish Policy, September 1939-March 1942* (Jerusalem 2004) 370-373, 424.

camp physicians used children as research subjects during the last phase, from 1944 until 1945. The mobilisation disrupted the human experiments during the years 1940-1941, when there were only a few experiments running.<sup>293</sup> Brachtel was the first Nazi doctor in this study who started using concentration camp prisoners for research purposes, when he began in Dachau in April 1941.<sup>294</sup> However, most of the doctors started their experiments in the year 1942, in relation to warfare.<sup>295</sup> This date corresponds to Weindling's argument that from 1942 the number of experiments rose again. The peak of the experiments was in the year 1944, according to Weindling.<sup>296</sup>

The experiments can be classified in multiple categories: military surgery, prevention and treatment of epidemics, experiments in the context of aviation medicine, genetic research, and biochemical warfare.<sup>297</sup> Various organisations and institutes commissioned experiments on humans, such as the SS and the several departments of the Wehrmacht. Individual doctors also seized the opportunity to conduct research on humans that had not been possible on this scale in earlier years.

### 3.1 Organisations and Institutes Behind the Human Experiments

The polycracy of the Third Reich is crucial to understanding the human experiments. The competition and power struggle between various organisations and institutes initiated human experiments: finding solutions to war-related medical issues could give the initiating party more prestige, but more importantly, by acquiring money and facilities for research projects, they could enhance their own position within the Third Reich. Two major organisations commissioned human experiments, the SS and the Wehrmacht. Various institutes and departments within these organisations ordered the experiments. A crucial distinction between

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<sup>293</sup> Weindling, *Nazi Medicine*, 188-189. Freyhofer argued that Rascher was the first to start human experiments in German concentration camps. This statement is obviously wrong. See: Freyhofer, *The Nuremberg Medical Trial*, 146.

<sup>294</sup> Wolters, '„Zur ‚Belohnung‘', 37.

<sup>295</sup> The following experiments started in 1942: Ding-Schuler's typhus experiment, Gebhardt's sulphonamide experiment, Hirt's mustard gas experiment and Jewish skeleton collection, Kremer's malnutrition experiment, Rascher's high altitude- and hypothermia experiment, and Schilling's malaria experiment.

<sup>296</sup> Weindling, *Nazi Medicine*, 189.

<sup>297</sup> Volker Roelcke, 'Human Subjects Research during the National Socialist Era, 1933-1945: Programs, Practices, and Motivations' in: Volker Roelcke and Giovanni Maio (eds.), *Twentieth Century Ethics of Human Subject Research. Historical Perspectives on Values, Practices, and Regulations* (Stuttgart 2004) 151-166, there 153-159, and Freyhofer, *The Nuremberg Medical Trial*, 27. Roelcke distinguishes four purposes (military surgery, prevention and treatment of epidemics, experiments in the context of aviation medicine, and genetic research); Freyhofer six (rescue of fliers and sailors, controlling epidemics, treatment of war injuries, reconstructive surgery, eugenics, and biochemical warfare). I reduced treatment of war injuries and reconstructive surgery to a common denominator, namely military surgery, because the surgical experiments served a military purpose.

the Wehrmacht and the SS intensified their competition. The Wehrmacht had the most prominent and best-educated professors and researchers at its disposal, and the most research projects at affiliated universities and academic institutes. In contrast, the SS lacked qualified medical scientists. However, it had concentration camp inmates as research subjects at its disposal.<sup>298</sup> The SS was in charge of the concentration camps and the prisoners, and every human experiment needed Himmler's personal permission.<sup>299</sup> This gave the SS a powerful position in relation to the Wehrmacht.

*Heinrich Himmler and Reichsarzt-SS Ernst Robert Grawitz*

As Reichsführer-SS, Himmler was in charge of the concentration camps and therefore, he had to give permission to every human experiment. Himmler had a broad interest in science and alternative medicine. Furthermore, medicine was an important issue to the SS. From the 1930s onwards, the SS developed its own medical division to be independent from military (Wehrmacht) and civil medicine, as well as to support the establishment of a racially 'pure' society. SS physicians were trained in university clinics, and received special training on ideology, racial issues, and eugenics in the medical academy of the SS.<sup>300</sup> Himmler not only gave permission to organisations and institutes to conduct research with concentration camp prisoners, but he also directly supported the research of individual scientists, as the previous chapter has demonstrated. An individual researcher who presented a well thought-out research proposal could count on his support, as was the case with Schilling, Rascher, and Værnet.<sup>301</sup>

On 1 June 1937, Ernst-Robert Grawitz was appointed as *Reichsarzt-SS*, residing directly under Himmler. A few years later, he was in charge of many human experiments.<sup>302</sup> However, Grawitz did not have his own staff and research facilities, and depended on subordinated departments of the SS, such as the Hygiene Institute of the Waffen-SS, to conduct experiments.<sup>303</sup> Grawitz was involved in almost all human experiments: in some cases he ordered the experiments, in others he supervised the experiments. The Nazi doctors had to update Grawitz on their research, and then he corresponded with Himmler. Grawitz visited many Nazi doctors at their experiments such as Rascher, who was eager to convince

<sup>298</sup> Ernst Klee, *Auschwitz, die NS-Medizin und ihre Opfer* (Frankfurt am Main 1997) 139.

<sup>299</sup> Paul Julian Weindling, *Epidemics and Genocide in Eastern Europe, 1890-1945* (Oxford 2000) 352.

<sup>300</sup> *Ibidem*, 246-247. The SS founded its own medical academy in Graz in 1936, and the SS Hygiene Institute in 1938.

<sup>301</sup> Wolters, '„Zur „Belohnung“', 30.

<sup>302</sup> Wolfgang U. Eckart, 'SS-Obergruppenführer und General der Waffen-SS Prof. Dr. med. Ernst Grawitz' in: Gerd R. Ueberschär (ed.), *Hitlers militärische Elite. Vom Kriegsbeginn bis zum Weltkriegsende* (Darmstadt 1998) 63-71, there 64.

<sup>303</sup> Weindling, *Epidemics and Genocide*, 247.

Grawitz of the necessity of his experiment,<sup>304</sup> and Kremer, who looked down on Grawitz's medical competence after their meeting.<sup>305</sup> Apparently, Grawitz had asked for Kremer's opinion on the right medical method for infectious diseases. When Kremer emphasized the necessity to distinguish various infectious diseases and treatments, Grawitz instead proposed a general application of laxative: 'Und was meinte er? Man höre und staune: Ein Abführmittel! – Als wenn der Arzt bei jedem Schnupfen, jeder Angina, Diphtherie mit Abführmittel eingreifen würde – geschweige denn beim Abdominaltyphus! So lässt sich die Medizin nun doch nicht schematisieren [...].'<sup>306</sup> The fact that Grawitz approved Værnet's research without having knowledge on this particular field also proves his incompetence and his inability to judge medical issues. To consolidate his power within the SS, Grawitz supported as much experimentation as was possible. The polycratic structure of the SS caused this behaviour, because it led to power struggles between department and institutes, and between medical officers and their cliques.<sup>307</sup>

#### *SS-Ahnenerbe and the Institute for Military Scientific Research*

The Institute for Military Scientific Research (*Institut für wehrwissenschaftliche Zweckforschung*) was founded on 7 July 1942 as a department of Ahnenerbe. Himmler, together with the historian Hermann Wirth (1885-1981) and *Reichsbauernführer* Walter Darré (1895-1953) founded *Ahnenerbe e. V. – Studiengesellschaft für Geistesurgeschichte* in 1935. The purpose of Ahnenerbe was 'Raum, Geist, Tat und Erbe des nordrassigen Indogermanentums zu erforschen, die Forschungsergebnisse lebendig zu gestalten und dem Volk zu vermitteln.'<sup>308</sup> Wirth was President and Sievers became Secretary-General. Around the turn of the year 1938/1939 Himmler changed the organisation into *Forschungs- und Lehrgemeinschaft Das Ahnenerbe*, became President himself, and appointed Sievers as director (*Reichsgeschäftsführer*).<sup>309</sup> Although curator Professor Walther Wüst (1901-1993) was responsible for the research projects of the organisation, the ambitious Sievers slowly but surely expanded his influence in this area.<sup>310</sup>

To expand the influence of Ahnenerbe within the SS and to enhance his own position, he proposed to Himmler the founding of a department for scientific military research within

<sup>304</sup> Eckart, 'SS-Obergruppenführer', 64-67.

<sup>305</sup> 'Das Urteil gegen Dr. Johann Paul Kremer.', 11.

<sup>306</sup> Ibidem, 11.

<sup>307</sup> Weindling, *Epidemics and Genocide*, 247.

<sup>308</sup> Klee, *Auschwitz*, 349.

<sup>309</sup> Ibidem, 349.

<sup>310</sup> Kater, *Das „Ahnenerbe“*, 221.

Ahnenerbe on 26 June 1942. The sole reason for this was to incorporate Hirt and Rascher into Ahnenerbe. By doing so, the institute could demonstrate the importance of Ahnenerbe to German warfare (*Kriegswichtigkeit*), because the research supported German warfare, in particular military research for the Waffen-SS.<sup>311</sup> Sievers headed the Institute for Military Scientific Research as well, despite the fact that he did not have a medical education.<sup>312</sup> The institute had several departments, however, the *Abteilung H* (Hirt) at the Reich University in Strasbourg and *Abteilung R* (Rascher) in Dachau were the most important ones. Sievers tried to recruit researchers and to affiliate his institute to other prestigious institutes. He was involved in Haagen's research and supported Beiglböck's experiment in Dachau.<sup>313</sup>

Although Ahnenerbe competed with the SS over research and resources,<sup>314</sup> the Institute for Military Scientific Research organised the experiments in the name of the SS and the office of the Personal Staff of the Reichsführer-SS funded the institute.<sup>315</sup> In competition with the Wehrmacht, universities, and academic institutes, the Institute for Military Scientific Research had easy access to concentration camp inmates as research subjects.<sup>316</sup> Sievers could increasingly act on his own initiative because Himmler took some distance from the day-to-day execution of the human experiments. He let his assistant Brandt cooperate with Sievers. Both men could make many decisions regarding the experiments without Himmler's formal approval.<sup>317</sup>

### *The Hygiene Institute of the Waffen-SS*

Originally founded as the 'Office for Bacteriology and Hygiene of the Waffen-SS' in Oranienburg in 1938, the Hygiene Institute of the Waffen-SS came into being in 1940. The institute trained SS men in tropical medicine at the nearby concentration camp Sachsenhausen. This demonstrates that the SS used concentration camps for routine training, according to Weindling.<sup>318</sup> Head of the institute was Joachim Mrugowsky, who quickly expanded the power and influence of the institute. Consequently, the physicians of the

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<sup>311</sup> Kater, *Das „Ahnenerbe“*, 219-223. Kater argued that since the time Sievers returned to Ahnenerbe in July 1941, after serving in the Waffen-SS, *Leibstandarte Adolf Hitler*, he tried to prevent being enrolled in the Waffen-SS again. Therefore, he made such extensive efforts to expand the influence of Ahnenerbe within the SS and his own position within Ahnenerbe. A meeting between Sievers and Hirt on 16 June 1942 played a crucial role in the founding of the institute.

<sup>312</sup> Klee, *Auschwitz*, 139.

<sup>313</sup> Kater, *Das „Ahnenerbe“*, 219-223.

<sup>314</sup> Klee, *Auschwitz*, 139.

<sup>315</sup> Kater, *Das „Ahnenerbe“*, 222.

<sup>316</sup> Klee, *Auschwitz*, 359.

<sup>317</sup> Kasten, 'Unethical Nazi Medicine', 183.

<sup>318</sup> Weindling, *Epidemics and Genocide*, 249.

Waffen-SS gained more power within the SS and within the society. Until September 1943, the Hygiene Institute was subordinated to the Sanitary Service of the Waffen-SS, headed by Dr. med. Karl Genzken (1885-1957). Mrugowsky was able to detach his institute from the influence of Genzken, and from then on, he fell directly under the authority of Grawitz.<sup>319</sup>

The purpose of the institute was to protect SS members against illnesses and infections at concentration camps and in the field. The war against the Soviet Union presented Germany with epidemics such as typhus and dysentery.<sup>320</sup> A typhus epidemic in the Soviet Union and the General Government in the winter of 1941-1942 threatened the health and lives of German soldiers.<sup>321</sup> To protect them against this disease - the Nazis did not care about the local population in Eastern Europe - it was necessary to develop a vaccine against typhus.<sup>322</sup> The Hygiene Institute became responsible for the typhus experiments in Buchenwald committed by Ding-Schuler and Hoven, after the meeting of high ranking Nazis at the end of December 1941.<sup>323</sup> It was probably because of Genzken, who supervised the sanitary services of the concentration camps and who had boosted Ding-Schuler's career in 1938 when he appointed him as camp physician in Buchenwald, that the Hygiene Institute employed Ding-Schuler in the autumn of 1941. A few months later, he was sent to Buchenwald.<sup>324</sup>

### *The Wehrmacht*

The Wehrmacht depended on Himmler's permission to conduct human experiments. The Wehrmacht had to send research proposals requesting the use of prisoners as guinea pigs to him. Faced with the medical issues of the war, the medical and sanitary services of the Wehrmacht needed to come up with solutions. Because the Wehrmacht needed Himmler's

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<sup>319</sup> Weindling, *Epidemics and Genocide*, 250-251. The institute had around two hundred employees in various branches such as bacteriology, serology, sanitation, pest eradication, medical zoology, chemistry, geology, hydrology, and hereditary.

<sup>320</sup> Ulrich Schneider and Harry Stein, *IG Farben – Buchenwald – Menschenversuche. Ein dokumentarischer Bericht* (Weimar 1986) 19-20. Typhus could kill many people: the death rate under persons in the age between 15 to 20 was 10-15%, for persons around the age of 50 it was even 50%. At the time of an epidemic, 80% of all affected persons lost their lives.

<sup>321</sup> Weindling, *Epidemics and Genocide*, 255.

<sup>322</sup> Schneider and Stein, *IG Farben – Buchenwald – Menschenversuche*, 19-20.

<sup>323</sup> 'Tagebuch der Abteilung für Fleckfieber- u. Virusforschung', HLSSL, 1, and Weindling, *Epidemics and Genocide*, 352. Ding's diary on the typhus experiments is a contested source. It is probably written in retrospect shortly before the liberation of Buchenwald, and although signed by Ding-Schuler, it was probably Ding's assistant Eugen Kogon who wrote the diary. Weindling argued that Ding-Schuler wanted to put the responsibility for the experiment onto his superiors and exculpate himself, and that Kogon wanted to make up for the lack of evidence after the SS destroyed almost all sources. Nevertheless, other documents from the Nuremberg Medical Trial prove that the diary is right that the Hygiene Institute was the responsible authority for the typhus experiments in Buchenwald. See: Weindling, *Epidemics and Genocide*, 354, and Mitscherlich and Mielke, *Medizin ohne Menschlichkeit*, 91-118.

<sup>324</sup> Weindling, *Epidemics and Genocide*, 353-354. Ding functioned as Genzken's adjutant until 1940.

permission to conduct human experiments in concentration camps it had to act under the tutelage of the SS.<sup>325</sup> With Himmler's permission, the Wehrmacht ordered human experiments in which their own medical specialists cooperated with the SS. An excellent example of this polarity is Rascher, who operated both as a Luftwaffe officer and SS man, and cooperated with Dr. med. Hans Wolfgang Romberg (1911-1981) from the Institute for Aviation Medicine. The Wehrmacht not only ordered the high altitude experiments, but also the hypothermia experiments, in which Rascher also cooperated with physicians of the Luftwaffe. The Luftwaffe also ordered with Himmler's permission the seawater experiments, allowing Beiglböck as a non-SS member to conduct this human experiment in a concentration camp. The next paragraphs will show that although some members of the Luftwaffe opposed using concentration camp prisoners as research subjects, many of them had no objections.

### 3.2 Top-down or bottom-up

To understand the behaviour of Nazi doctors at the experiments it is crucial to look at the structures behind the experiments. The issue is whether the experiments were initiated from the top down by leading Nazis or whether individual doctors seized the opportunity to benefit from the genocidal conditions.<sup>326</sup> The majority of the experiments were clearly organised top-down, either by the SS (e.g. Himmler and Grawitz), Ahnenerbe, or the Wehrmacht. The Luftwaffe organised the high altitude experiments in Dachau. Rascher was a member of the Luftwaffe and had proposed to use prisoners to conduct the experiments. Nevertheless, the Luftwaffe commissioned Georg August Weltz (1889- † unknown), Chief of the Institute for Aviation Medicine, as head of the experiment. However, Himmler only wanted to give his permission if Rascher would execute the experiment. At the experiment, Rascher acted more like a SS man than a researcher of the Luftwaffe. His willingness to let people die at the experiment caused friction with the researchers from the Luftwaffe, Romberg and Dr. med. Siegfried Ruff (1907-1987).<sup>327</sup>

#### High altitude experiments

The Luftwaffe introduced jet-powered fighter aircrafts that could reach heights of 18 to 21 kilometres. However, the physiological reaction of the human body to these high altitudes was unknown, particular the effects of rapid descents in case of a crash of the aircraft. The question was if and how pilots could be rescued in case of a loss of cabin pressure and a parachuting. In May 1941, medical scientists of the Luftwaffe met in Munich to discuss these

<sup>325</sup> Eugen Kogon, *The Theory and Practice of Hell. The German Concentration Camps and the System Behind Them* (New York 1950) 138.

<sup>326</sup> Weindling, *Epidemics and Genocide*, 352. Weindling raised the issue but left it unanswered.

<sup>327</sup> Kater, *Das „Ahnenerbe“*, 227.

issues. Rascher also attended this meeting. After the meeting, the Luftwaffe and the SS commissioned Wetz and Rascher to conduct experiments in Dachau. The experiment started at 22 February 1942 and lasted until 23 May 1942, and fell under the authority of the Luftwaffe. Rascher conducted the experiment together with Romberg. They placed prisoners in a mobile decompression cabin and investigated the physiological effects of rapid decompression. Ten to fifteen prisoners were used as research subjects, in two to three hundred experiments. Rascher continued after the official experiment by the Wehrmacht had ended. Seventy to eighty prisoners died, mainly due to Rascher's carelessness.<sup>328</sup>

Consequently, Rascher cooperated even more with the SS and Ahnenerbe, and in April 1942, Himmler discussed the integration of Rascher within Ahnenerbe. Rascher's connection with Ahnenerbe traces back to the spring of 1939, when he conducted his cancer research in commission of Ahnenerbe.<sup>329</sup> After his conscription by the Luftwaffe in the summer of the same year, he remained in touch with Ahnenerbe and received a monthly fee for his research (*Forschungsbeihilfe*).<sup>330</sup> In July 1942, Ahnenerbe founded the Abteilung R in Dachau.<sup>331</sup>

The Luftwaffe ordered, together with the Waffen-SS, the execution of the hypothermia experiments. This time, Professor Ernst Holzlöhner (1899-1945) from the Luftwaffe executed the experiment together with Rascher.<sup>332</sup>

### **Hypothermia experiments**

After the high altitude experiments, the Luftwaffe ordered experiments on hypothermia in May 1942. Many German pilots crashed into the sea, where they died because of hypothermia and dehydration. A new suit developed by the Luftwaffe could possibly prevent hypothermia. The Luftwaffe authorized Holzlöhner to execute the experiment. Rascher functioned as his assistant. The experiment started on 15 August 1942 and lasted until the beginning of October 1942. Holzlöhner and Rascher placed prisoners dressed in a rescue suit in a basin of 2 to 12 degrees centigrade to investigate the physiological reaction of the human body. The official experiment ended at the beginning of October when Holzlöhner left the station. Fifteen to eighteen prisoners had died at that time. Afterwards, Rascher continued the experiment with the permission of Himmler until December 1942. In total, 280 to 300 prisoners functioned as research subjects. Another 65 people died at the time when Rascher managed the experiment himself.

During the winter of 1942-1943, Rascher researched the possibilities of re-warming with human warmth after hypothermia. He executed this experiment on behalf of Himmler. Rascher placed prisoners naked outside during the cold winter nights and every hour he had them splashed with cold water to intensify the hypothermia. Afterwards, two women prisoners had to warm the body with their own body warmth or by sexual intercourse. The

<sup>328</sup> Albert Knoll, 'Humanexperimente der Luftwaffe im KZ Dachau: Die medizinischen Versuche Dr. Sigmund Raschers' in: Herbert Diercks et al. (eds.), *Wehrmacht und Konzentrationslager* (Bremen 2012) 139-148, there 139-140, and Stanislav Zámečník, *Das war Dachau* (Frankfurt am Main 2007) 268-270.

<sup>329</sup> Letter from Rascher to Himmler, 12 May 1939, BArch NS 21/2120, p. 1740-1741.

<sup>330</sup> Letter from Sievers to Brandt, 27 March 1941, BArch NS 21/2120, p. 1768.

<sup>331</sup> Kater, *Das „Ahnenerbe“*, 226-228.

<sup>332</sup> *Ibidem*, 228.

experiment lasted until March 1943. Rascher conducted three to four hundred experiments, in which eighty to ninety prisoners died.<sup>333</sup>

Sievers wanted to detract Rascher from the Luftwaffe and have full authority over his experiments.<sup>334</sup> He, and Himmler's assistant Brandt, wrote many requests to the Wehrmacht.<sup>335</sup> Brandt demanded the transfer of Rascher to the Waffen-SS in a letter to field marshal (*Generalfeldmarschall*) Erhard Milch (1892-1972), emphasizing the necessity of Rascher's experiments for German warfare:

Die Arbeiten, die sich mit dem Verhalten des menschlichen Organismus in großen Höhen sowie mit den Abkühlungserscheinungen des menschlichen Körpers bei längerem Verweilen im kalten Wasser und ähnlichen, gerade für die Luftwaffe lebensnotwendigen Problemen befassen, können bei uns deswegen mit so besonderer Wirkung durchgeführt werden, weil der Reichsführer-SS persönlich die Verantwortung übernommen hat, für diese Versuche todeswürdige Asoziale und Verbrecher aus den Konzentrationslagern zur Verfügung zu stellen. [...] Die Schwierigkeiten sind nach wie vor die gleichen. In den Ärztekreisen der Luftwaffe steht man auf dem Standpunkt, daß selbstverständlich ein junger deutscher Flieger sein Leben riskieren darf, daß aber das Leben eines Verbrechers – der nicht zum Militär eingezogen ist – dafür zu heilig ist und daß man sich damit nicht beflecken will; wobei interessanterweise die Ergebnisse der Versuche unter Ausschaltung des Wissenschaftlers, der sie gemacht hat, in Anspruch genommen werden. Der Reichsführer-SS selbst hat sich die Versuche angesehen und hat – das kann ich ohne Übertreibung sagen – an jeder Phase dieser wissenschaftlichen Arbeit helfend und auch anregend teilgenommen. Er will nun nicht, daß Sie und er sich über diese Entwicklung ärgern. Er ist der Ansicht, daß es noch mindestens ein Jahrzehnt dauern wird, bis derartige Engstirnigkeiten aus unserem Volk herausgebracht sind. Darunter dürfte aber die für unsere jungen und tadellosen Soldaten und Flieger notwendige Forschungen nicht leiden. Der Reichsführer-SS bittet sie daher, den Stabsarzt Dr. Rascher aus der Luftwaffe zu entlassen und ihn zur Waffen-SS zu überstellen. Der Reichsführer-SS wird dann unter seiner alleinigen Verantwortung alle Versuche auf diesem Gebiet machen lassen und die Erfahrungen, die wir in der SS nur zum Teil für die Erfrierungen im Osten brauchen, restlos der Luftwaffe zur Verwertung überlassen. [...] Unterbleiben dürfen die Versuche auf keinen Fall; das sind wir unseren Männern schuldig.<sup>336</sup>

Both the Wehrmacht and the SS wanted Rascher in their organisation, because it enabled them to receive the credits of his research.<sup>337</sup> This letter also reveals the discussion between the SS and the Wehrmacht on the use of concentration camp prisoners as guinea pigs. All Siever's efforts demonstrate how eager he was to incorporate Rascher and his experiments

<sup>333</sup> Knoll, 'Humanexperimente der Luftwaffe', 144-146, and Zámečník, *Das war Dachau*, 279-281.

<sup>334</sup> See: Proposal by Sievers to incorporate Rascher into Ahnenerbe, 6 November 1942, BArch NS 19/1590, p. 70-71, and 'Technical report no. 331-45 "German Aviation Medical Research at the Dachau Concentration Camp," Oct. 1945', Archiv Gedenkstätte Dachau, U.S. Naval Technical Mission in Europe A 2783, 1-39, there 12.

<sup>335</sup> See for example: Letter from Sievers to Waffen-SS General Wolff, 12 December 1943, BArch SSO/SS 007B p. 1047, and Letter from Sievers to Brandt, 4 February 1943, SSO/SS 0007B p. 1046.

<sup>336</sup> Letter from Brandt to Generalfeldmarschall Milch, 24 November 1942, BArch SSO/SS 007B p. 1049-1051.

<sup>337</sup> Weindling, *Nazi Medicine*, 155.

into Ahnenerbe.<sup>338</sup> Over time, the issue became so confusing to Rascher that after an unpleasant conversation with Gebhardt he desperately asked: ‘Darf ich mir nun, sehr verehrter Standartenführer [Sievers – DL], die Frage erlauben, wem ich eigentlich unterstellt bin? Dem Reichsführer-SS, dem Ahnenerbe, dem Reichsarzt-SS oder Prof. Dr. Gebhardt? Mehreren Herren kann ich nicht gleichzeitig dienen.’<sup>339</sup> The issue was finally settled in the summer of 1943.

Members of the Luftwaffe had an ambivalent relationship towards human experiments in concentration camps. On the one hand, they opposed them in general, but on the other, if a medical issue needed to be solved, they used the concentration camps as research facilities. Once again, they did so in 1944, when the question of drinkable seawater became urgent to save the lives of German pilots. On 20 May 1944, at a meeting at the Reich Aviation Ministry, functionaries of the Luftwaffe decided that the issue had to be solved by human experiments in concentration camps.<sup>340</sup> Dr. med. Hermann Becker-Freyseng (1910-1961), representative of the Chief of the Medical Service of the Luftwaffe Prof. Dr. med. Oskar Schröder (1891-1958), became responsible for organising the experiment.<sup>341</sup> Professor Hans Eppinger (1879-1946) participated in the conference and the preparation of the experiment and suggested that his subordinate Beiglböck would conduct the experiment.<sup>342</sup> After a second meeting on 25 May that Grawitz also attended, Schröder sent a letter to Himmler to request prisoners for use as research subjects:

Hochverehrter Herr Reichsminister!

Sie gaben bereits früher der Luftwaffe die Möglichkeit, dringende ärztliche Fragen im Versuch am Menschen zu klären. Ich stehe heute wieder vor einer Entscheidung, die nach zahlreichen Tier- und auch Menschenversuchen an freiwilligen Versuchspersonen eine endgültige Lösung verlangt: Die Luftwaffe hat gleichzeitig zwei Verfahren zum Trinkbarmachen von Meerwasser entwickelt. Das eine, von einem San.Offizier entwickelte Verfahren entsalzt das Meerwasser und macht es zu einem wirklichen Trinkwasser, das zweite, von einem Ingenieur angegebene Verfahren läßt den Salzgehalt unverändert, es nimmt dem Seewasser nur den unangenehmen Geschmack. [...] Da die Versuche am Menschen bisher nur bis zu einer Dauer von vier Tagen durchgeführt werden konnten, die praktischen Forderungen aber eine Versorgung in Seenot Geratener bis zu 12 Tagen verlangen, sind entsprechende Versuche erforderlich. Benötigt

<sup>338</sup> Kater, *Das „Ahnenerbe“*, 228.

<sup>339</sup> Letter from Rascher to Sievers, 17 May 1943, BArch NS 19/1580, p. 42-45, there 43.

<sup>340</sup> ‘Niederschrift über die Trinkbarmachung von Meerwasser am 20.5.1944’, BArch NS 19/1584, p. 9-12.

<sup>341</sup> ‘Eidesstattliche Erklärung Hermann Becker-Freyseng’, Archiv Gedenkstätte Dachau, Med. Versuche Trinkbarmachung von Meerwasser A 2832, p. 1.

<sup>342</sup> ‘Eidesstattliche Erklärung Konrad Wilhelm Philipp Schäfer’, Archiv Gedenkstätte Dachau, Med. Versuche Trinkbarmachung von Meerwasser A 2832, p. 1, ‘Eidesstattliche Erklärung Dr. Oskar Schröder’, Archiv Gedenkstätte Dachau, Med. Versuche Trinkbarmachung von Meerwasser A 2832, p. 1, and Mitscherlich and Mielke, *Medizin ohne Menschlichkeit*, 76. Schäfer was physician on the staff of the Institute for Aviation Medicine in Berlin and was present at the meeting.

werden 40 gesunde Versuchspersonen, die für 4 Wochen voll zur Verfügung stehen müßten. Da von früheren Versuchen bekannt, dass im K.L. Dachau die notwendigen Laboratorien sind, wäre dieses Lager sehr geeignet. Die Leitung der Versuche soll Stabsarzt Dozent Dr. Beiglböck übernehmen, Friedensstellung Oberarzt der Medizinischen Universitätsklinik Wien (Prof.Dr. Eppinger). [...] Bei der außerordentlichen Bedeutung, die eine Klärung dieser Frage für in Seenot geratene Soldaten der Luftwaffe und Kriegsmarine hat, wäre ich Ihnen, hochverehrter Herr Reichsminister, zu großem Dank verpflichtet, wenn Sie sich entschliessen könnten, meiner Bitte zu entsprechen.<sup>343</sup>

Beiglböck had to figure out which method, desalinisation or flavour improvement, could be implemented by the Luftwaffe.<sup>344</sup> The research subjects were Roma, transported from Auschwitz via Buchenwald to Dachau. Grawitz had opposed the use of Roma, because ‘die Zigeuner bei ihrer teilweise andersartigen rassischen Zusammensetzung möglicherweise Versuchsergebnisse bringen, die auf unsere Männer nicht ohne weiteres anzuwenden sind.’ Instead, he had proposed the use of prisoners ‘die rassisch der europäischen Bevölkerung vergleichbar sind.’<sup>345</sup> Despite the opposition of Grawitz, Himmler approved the experiment with the use of Roma.<sup>346</sup> Forty prisoners were selected in Buchenwald and sent to Beiglböck in Dachau. Beiglböck divided them into four groups: the first two could only drink the treated seawater, the third group only untreated seawater, and the last group was not allowed to drink anything. The experiment took place in the summer of 1944. None of the prisoners died at the experiment itself. However, it is very likely that many died shortly afterwards as a consequence of the maltreatment.<sup>347</sup>

Just like the Luftwaffe, Ahnenerbe also organised their experiments in a top-down manner. Sievers arranged everything for Hirt’s mustard gas experiments and his skeleton collection. Himmler had promised that Hirt could do whatever kind of experiments on concentration camp inmates he wished.<sup>348</sup> Nevertheless, after Sievers had recruited Hirt for Ahnenerbe, it was not yet clear what kind of research he was about to do.<sup>349</sup> This also indicates that Sievers was eager to recruit prestigious scientists for Ahnenerbe. In February

<sup>343</sup> Letter from Schröder to Himmler, 7 June 1944, BArch NS 19/1584, p. 17-18. Schröder calls Himmler ‘Herr Reichsminister’ as in ‘Herr Reichsminister des Innern u. Reichsführer SS’. Himmler was *Reichsminister des Innern* from 24 August 1943 until 29 April 1945.

<sup>344</sup> Mitscherlich and Mielke, *Medizin ohne Menschlichkeit*, 72, 81. The desalinisation method was developed by Dr. Konrad Schäfer. He proposed to add silver nitrate to seawater. At the same time had Eduard Berka, engineer to the Luftwaffe in Vienna, developed the remedy Berkatit. This remedy only improved the taste of seawater but did not desalinate it. The high level of vitamin C within Berkatit would secrete the salt by the kidneys. See: Zámečník, *Das war Dachau*, 292-293, and Mitscherlich and Mielke, *Medizin ohne Menschlichkeit*, 72.

<sup>345</sup> Letter from Grawitz to Himmler, 28 June 1944, BArch NS 19/1584, p. 16-17.

<sup>346</sup> Letter from Brandt to Grawitz, 8 July 1944, BArch NS 19/1584, p. 20.

<sup>347</sup> Zámečník, *Das war Dachau*, 292-293.

<sup>348</sup> Letter from Brandt to Sievers (19 December 1941), BArch NS 19/529, p.1.

<sup>349</sup> Kater, *Das „Ahnenerbe“*, 231.

1942, it turned out that Hirt would conduct mustard gas experiments and establish a Jewish skeleton collection. On 16 June 1942, Sievers visited Hirt in Strasbourg and they discussed the integration of the Anatomical Institute into Ahnenerbe and the execution of the mustard gas experiments in Natzweiler.<sup>350</sup> In the summer of 1942, Himmler once again allowed Hirt to conduct human experiments at Natzweiler for his ‘important’ medical research.<sup>351</sup> The goal of the experiment was to develop a new poison gas.<sup>352</sup> The experiment started in October 1942. The SS Economic and Administrative Main Office (*SS-Wirtschafts- und Verwaltungshauptamt*, WVHA) delivered the research subjects. To improve their health, Hirt nourished them for two weeks. Then he put mustard gas on the skin of the prisoners and forced them to inhale the poison gas. At least fifty prisoners out of the total 150 died because of the experiment. The others were severely wounded and killed in the gas chamber afterwards. In October 1943, the German Research Society (DFG) gave a grant for new research.<sup>353</sup>

Hirt and Sievers had some financial issues with the camp authorities of Natzweiler. Although the Reichsführer-SS had ordered the experiment, the camp authorities did not support the experiments of Hirt. Sievers was surprised that they had to pay for the research subjects at Natzweiler. If they would take only ten prisoners in an experiment, the total sum for ten months would be almost RM 4.000. Sievers compared the situation to Dachau, where they never had to pay for prisoners and the camp commandant supported Rascher’s experiments.<sup>354</sup> However, in Natzweiler the situation was different:

In Natzweiler scheint man aus der Angelegenheit möglichst viel Geld herauszuschlagen zu wollen. Wir machen die Versuche ja nicht, um irgend einer fixen wissenschaftlichen Idee wegen, sondern, um damit praktisch der Truppe und darüber hinaus im gegebenen Ernstfall dem Deutschen Volk zu nützen.<sup>355</sup>

After mediation by Himmler’s personal staff, the head of the WVHA Oswald Pohl (1892-1951) sent a letter to the camp commandant of Natzweiler,<sup>356</sup> stating that he was not allowed to ask for payment for the research subjects and he demanded his full cooperation.<sup>357</sup>

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<sup>350</sup> Kater, *Das „Ahnenerbe“*, 231-233.

<sup>351</sup> Letter from Brandt to Sievers, 13 July 1942, BArch NS 19/2909, p. 12-13.

<sup>352</sup> Kater, *Das „Ahnenerbe“*, 232.

<sup>353</sup> Kasten, ‘Unethical Nazi Medicine’, 191-192.

<sup>354</sup> Apparently, the camp commandant at Natzweiler charged RM 40 per prisoner per month. In contrast, Clauberg had to pay only RM 1 per woman per week at the camp commandant in Auschwitz. See: Władysław Fejkiel, ‘Ethisch-Rechtliche Grenzen bei Experimenten in der Medizin – und der Fall Prof. Clauberg’ in *Hefte von Auschwitz* 2 (1959) 33-50, there 43.

<sup>355</sup> Vermerk Sievers, 3 November 1942, BArch NS 19/1582, p. 54-56.

<sup>356</sup> Oswald Pohl (1892-1951) was appointed Chief of the Administration (*Verwaltungschef*) and Reichskassenverwalter (*Reich Treasurer*) for the SS on 1 June 1935. From this position, he initiated the establishment of the Concentration Camps Inspectorate (*Inspektion der Konzentrationslager*). On 1 February

The skeleton collection took more time to organise. Here also, Sievers put a lot of effort in the organisation. On 2 November 1942, Sievers requested permission from Himmler for Hirt's skeleton collection. He needed 150 bodies from Jewish prisoners.<sup>358</sup> However, because of the war there was no possibility to select the prisoners. Seven months later, Dr. med. Bruno Beger (1911-2009) went to Auschwitz to collect 115 prisoners, of which 79 were Jewish men, thirty Jewish women, two Poles, and four inner Asians.<sup>359</sup> They were transported to Natzweiler. At least 86 Jews were gassed in August 1943, and then brought to the Anatomical Institute at the Reich University. The gas chamber in Natzweiler was especially built for Hirt's Jewish skeleton collection and the later mustard gas experiments.<sup>360</sup>

The Hygiene Institute of the Waffen-SS organised the typhus experiments at Buchenwald, conducted by Ding-Schuler and Hoven. Although the purpose of the experiment was to develop a unique vaccine for the SS against typhus, in reality Ding-Schuler and Hoven only tested existing vaccines developed by pharmaceutical companies such as IG Farben and Behringwerke, and by the Pasteur Institute.<sup>361</sup> Genzken arranged the research subjects for the experiment.<sup>362</sup> As we shall see in other experiments as well, the Nazi doctors and the organisations, in this case Mrugowsky, demanded healthy research subjects that resembled the physical condition of German soldiers. However, due to the harsh conditions in the concentration camps – prisoners lived in extreme cold and burning heat, they were undernourished and exhausted from forced labour, and suffered from illnesses and wounds – it was almost impossible to find prisoners in a healthy condition. The research subjects used in the typhus experiment were mainly Soviet POW's, but also Jews, political prisoners, homosexuals, criminals, and “antisocials”.<sup>363</sup> Ding-Schuler and Hoven infected the research subjects with typhus by using contaminated blood, and then tested the effectiveness of various

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1942, he became head of the SS Economic and Administrative Main Office (*SS-Wirtschafts- und Verwaltungshauptamt*, WVHA). See: Klee, *Das Personenlexicon*, 467.

<sup>357</sup> Letter from Pohl to the camp commandant of Natzweiler, 5 November 1942, BArch NS 19/1582, p. 58.

<sup>358</sup> Letter from Sievers to Brandt, 2 November 1942, BArch NS 19/1582, p. 51.

<sup>359</sup> Letter from Sievers to Adolf Eichmann at the RSHA, 21 June 1943, BArch NS 19/1582, p. 60. I was unable to determine what race or ethnicity Sievers meant with 'Innerasiaten'. Unfortunately, Hans-Joachim Lang does not explain this category in his book on the victims of the skeleton collection. See: Hans-Joachim Lang, *Die Namen der Nummern. Wie es gelang, die 86 Opfer eines NS-Verbrechens zu identifizieren* (Hamburg 2004).

<sup>360</sup> Klee, *Auschwitz*, 373, 378.

<sup>361</sup> Hans-Georg Kühn, *Die Verbrechen der SS-Ärzte im Häftlingskrankenbau des Konzentrationslagers Buchenwald und die hygienischen Bedingungen im Lager* (Weimar 1988) 20-21, Schneider and Stein, *IG Farben – Buchenwald – Menschenversuche*, 19-20, Mitscherlich and Mielke, *Medizin ohne Menschlichkeit*, 91, and Weindling, *Epidemics and Genocide*, 356.

<sup>362</sup> Baumslag, *Murderous Medicine*, 140.

<sup>363</sup> Mitscherlich and Mielke, *Medizin ohne Menschlichkeit*, 91, and Weindling, *Epidemics and Genocide*, 356.

vaccines.<sup>364</sup> Ding-Schuler and Hoven used in total 450 to 600 persons in this experiment, which led to death of many of them.<sup>365</sup>

Whereas an internal group of the SS organised the typhus experiment in Buchenwald, Haagen's typhus experiment had many more participators. The experiment was also organised top-down. It was ordered by the Luftwaffe, the SS, and the WVHA; the Head of the Medical Service of the Luftwaffe (*Chef des Sanitätswesens der Luftwaffe*) Erich Hippke organised the experiment.<sup>366</sup> The German Research Society (DFG) provided financial support, and Sievers offered support for the obtainment of research subjects.<sup>367</sup> In contrast to the experiment in Buchenwald, Haagen did not test a vaccine developed by a pharmaceutical company but a vaccine developed by himself.<sup>368</sup> Haagen started his experiment at concentration camp Schirmeck in May 1943. He tested the vaccine on 25 Poles whom he had infected with typhus. The research station transferred to Natzweiler in the summer of 1943. Because Haagen did not belong to the SS, in Natzweiler he operated under the authority of Hirt who acted as his intermediate to the SS and Ahnenerbe.<sup>369</sup> Sievers offered his support to Haagen in September, and functioned as an intermediate to the allocation of research subjects.<sup>370</sup> It took apparently some time before Haagen had prisoners at his disposal, because he complained that he could not start the experiment.<sup>371</sup> The WVHA arranged the research subjects: a train with one hundred Roma was sent from Auschwitz to Natzweiler on 25 October 1943. The Nazis did not want to use French prisoners because they deemed them fit for forced labour.<sup>372</sup> However, by the time the train had arrived to Natzweiler, eighteen prisoners had died and only twelve had a physical condition that matched the target group - that of German soldiers. Haagen complained to Hirt:

Ich darf bemerken, daß die Untersuchungen die Prüfung eines neuen Impstoffes bezwecken. Derartige Versuche führen nur dann zu einem brauchbaren Schluß, wenn sie mit einem

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<sup>364</sup> Schneider and Stein, *IG Farben – Buchenwald – Menschenversuche*, 30.

<sup>365</sup> Weindling, *Epidemics and Genocide*, 352-356.

<sup>366</sup> Erich Hippke (1888-1969) remained Head of the Medical Service of the Luftwaffe until 31 December 1943. His successor was Dr. Oskar Schröder. See: Klee, *Auschwitz*, 210, footnote 63.

<sup>367</sup> Mitscherlich and Mielke, *Medizin ohne Menschlichkeit*, 118, and Klee, *Auschwitz*, 367.

<sup>368</sup> Mitscherlich and Mielke, *Medizin ohne Menschlichkeit*, 118.

<sup>369</sup> Klee, *Auschwitz*, 368.

<sup>370</sup> 'Letter to Professor Eugen Haagen concerning personnel for research [from Sievers]' in: Harvard Law School Library. *Nuremberg Trials Project: A Digital Document Collection*, Item No. 1106, 1. URL: [http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSL\\_NMT01&docnum=1106&numpages=1&startpage=1&title=Letter+to+Professor+Eugen+Haagen+concerning+personnel+for+research+\[vaccine+program\].&color\\_setting=C](http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSL_NMT01&docnum=1106&numpages=1&startpage=1&title=Letter+to+Professor+Eugen+Haagen+concerning+personnel+for+research+[vaccine+program].&color_setting=C) (accessed 10 September 2013). The letter was written on 30 September 1943. See also: Klee, *Auschwitz*, 370.

<sup>371</sup> Letter from Haagen to Gerhard Rose, 4 October 1943. Cited in: Mitscherlich and Mielke, *Medizin ohne Menschlichkeit*, 118.

<sup>372</sup> Weindling, 'Virologist and National Socialist', 239.

ernährten und in gutem allgemeinen Kräftezustand befindlichen gesunden Menschenmaterial angestellt werden, wie er dem Körperzustand der Soldaten entspricht. [...] Es wird daher gebeten, mir 100 Häftlinge im Alter zwischen 20 – 40 Jahren zu schicken, die gesund und körperlich so beschaffen sind, daß sie vergleichbares Material liefern.<sup>373</sup>

A new transport was sent to Natzweiler. Half a year later, he demanded new research subjects, this time two hundred, whom of course had to be in a good physical condition.<sup>374</sup> Although the exact number is unknown, it is clear that tens, maybe hundreds, of prisoners died because of Haagens experiments.<sup>375</sup>

Himmler and Grawitz operated with a dual structure: some of the experiments under their authority were organised top-down, others bottom-up. Brachtel started his tuberculosis experiment in Dachau on behalf of Grawitz. Himmler and Grawitz were entangled in a discussion about the right method of preventing and healing tuberculosis: Himmler regarded homeopathy as the right method, Grawitz supported regular medicine. To solve the issue the SS initiated five diverse tuberculosis experiments in various concentration camps, the experiment of Brachtel was one of them.<sup>376</sup> Brachtel tested homeopathic and regular medicines and treatments against tuberculosis. He manipulated the experiment on Grawitz's orders without any ethical and scientific concerns: all deaths were assigned to homeopathic medicine to undermine homeopathy as a remedy to tuberculosis. Obviously, Brachtel's results satisfied Grawitz. To show his satisfaction, Grawitz transferred him to Schilling's research.<sup>377</sup>

Schilling's malaria experiment was also organised top-down. The authorities in Berlin conceded that he could use approximately thirty prisoners a month. Schilling had to write an application for new prisoners to the camp commandant, who asked the WVHA for

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<sup>373</sup> 'Letter to Dr. August Hirt concerning prisoners used in vaccine program' in: Harvard Law School Library. *Nuremberg Trials Project: A Digital Document Collection*, Item No. 1110, 1. URL: [http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSL\\_NMT01&docnum=1110&numpages=1&startpage=1&title=Letter+to+Dr.+August+Hirt+concerning+prisoners+used+in+vaccine+program.&color\\_setting=C](http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSL_NMT01&docnum=1110&numpages=1&startpage=1&title=Letter+to+Dr.+August+Hirt+concerning+prisoners+used+in+vaccine+program.&color_setting=C) (accessed 17 September 2013).

<sup>374</sup> 'Letter to August Hirt concerning prisoners needed for vaccine experiments' in: Harvard Law School Library. *Nuremberg Trials Project: A Digital Document Collection*, Item No. 1119, 1. URL: [http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSL\\_NMT01&docnum=1119&numpages=1&startpage=1&title=Letter+to+August+Hirt+concerning+prisoners+needed+for+vaccine+experiments.&color\\_setting=C](http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSL_NMT01&docnum=1119&numpages=1&startpage=1&title=Letter+to+August+Hirt+concerning+prisoners+needed+for+vaccine+experiments.&color_setting=C) (accessed 17 September 2013). The letter was written on 9 May 1944; and 'Letter to Dr. August Hirt concerning typhus experiments' in: Harvard Law School Library. *Nuremberg Trials Project: A Digital Document Collection*, Item No. 1132, 1. URL: [http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSL\\_NMT01&docnum=1132&numpages=1&startpage=1&title=Betr.:+Pruefung+von+getrocknetem+Fleckfieberimpfstoff..&color\\_setting=C](http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSL_NMT01&docnum=1132&numpages=1&startpage=1&title=Betr.:+Pruefung+von+getrocknetem+Fleckfieberimpfstoff..&color_setting=C) (accessed 17 September 2013). The letter was written on 27 June 1944.

<sup>375</sup> Weindling, *Epidemics and Genocide*, 358.

<sup>376</sup> Wolters, '„Zur ‚Belohnung‘', 33-34. The other experiments were executed by: Dr. Kurt Heißmeyer in KZ Neuengamme, Dr. Waldemar Hoven in KZ Buchenwald, Dr. Gualtherus Zahn and his brother in KZ Sachsenhausen, and Dr. Helmuth Vetter in KZ Mauthausen.

<sup>377</sup> *Ibidem*, 39-31.

permission. Because Himmler had ordered the experiment, the commandant could not refuse the allocation of prisoners. The WVHA selected the prisoners, and sent a list with their names to Schilling. Schilling emphasized that he never selected prisoners himself.<sup>378</sup> The goal of the experiment was to find a vaccine against malaria. For the Nazi leaders, it also had a political purpose, because after the final victory (*Endsieg*) Germans would be transplanted to the Donets Basin in Eastern Ukraine. A vaccine was necessary to protect the German migrants against the widespread malaria in that region.<sup>379</sup> After a medical inspection, Schilling infected the prisoners with malaria-mosquitoes or with contaminated blood. Other prisoners, such as Italians and Russians, had already been infected in a natural way with malaria when they were brought to the research station.<sup>380</sup> Schilling tested vaccines from I.G. Farben and Boehringer-Mannheim.<sup>381</sup> None of the research subjects ever consented or volunteered. Schilling used 1200 male prisoners, from various nationalities. Three to four hundred died from malaria.<sup>382</sup> After Brachtel left the experiment in 1943, Dr. med. Kurt Plötner (1905-1984) became Schilling's assistant.<sup>383</sup> The experiment ended mid-March 1945, when Schilling was hospitalised.<sup>384</sup> Himmler ordered the termination of the research station on 5 April 1945.<sup>385</sup>

Himmler ordered the sulphonamide experiments in May 1942 to settle the debate on sulphonamide treatment. He commissioned Grawitz to support Gebhardt at the execution of the experiment.<sup>386</sup> Hitler's doctor Theo Morrell (1886-1948) held Gebhardt responsible for the death of Heydrich because he had not used sulphonamide.<sup>387</sup> The outcome of the experiment needed to settle the controversy with the Wehrmacht over the application of sulphonamide for the advantage of the SS. Gebhardt later said, it was the 'grossen Chance für die SS, im Wettlauf mit dem Heer etwas ganz besonderes zu erreichen'.<sup>388</sup> Oberheuser

<sup>378</sup> Interrogation of Professor Schilling, Archive Gedenkstätte Dachau, A 3675, 371-373.

<sup>379</sup> Eugène Ost, 'Die Malaria-Versuchsstation im Konzentrationslager Dachau', *Dachauer Hefte. Studien und Dokumente zur Geschichte der nationalsozialistischen Konzentrationslager* 4 (1988) 174-189, there 187. Eugène Ost, prisoner at Dachau, served as Schilling's assistant at the malaria research station.

<sup>380</sup> Interrogation of Professor Schilling, Archive Gedenkstätte Dachau, A 3675, 364.

<sup>381</sup> Hulverscheidt, 'Menschen, Mücken und Malaria', 121.

<sup>382</sup> 'Review of Proceedings of General Military Court in the Case of United States vs. Martin Gottfried Weiss et al.', Charles E. Cheever, *Headquarters Third US Army and Eastern District, Office of Judge Advocate*, Archive of the Jewish Virtual Library, 1- 167, there 45-46. URL:

<http://www.jewishvirtuallibrary.org/jsource/Holocaust/dachautrial/d3.pdf> (accessed 14 September 2013).

<sup>383</sup> Ost, 'Die Malaria-Versuchsstation', 186. Just like Brachtel, he also had quarrels with Schilling about the method of the experiment.

<sup>384</sup> Till Bastian, *Furchtbare Ärzte. Medizinische Verbrechen im Dritten Reich* (Munich 2001) 78.

<sup>385</sup> Letter from Glücks to Lagerkommandanten des KL Dachau, 5 April 1945, Archiv Gedenkstätte Dachau, Med. Versuche Malaria, A 2813, p. 229.

<sup>386</sup> Bastian, *Furchtbare Ärzte*, 78.

<sup>387</sup> Angelika Ebbinghaus and Karl Heinz Roth, 'Kriegswunden. Die kriegschirurgischen Experimente in den Konzentrationslagern und ihre Hintergründe', in: Angelika Ebbinghaus and Klaus Dörner (eds.), *Vernichten und Heilen. Der Nürnberger Ärzteprozess und seine Folgen* (Berlin 2001) 177-218, 540-556, there 195.

<sup>388</sup> Vernehmung des Karl Gebhardt, IfZ, 16.

selected the prisoners for the experiments and made the preparations.<sup>389</sup> Gebhardt decided to experiment on the legs of prisoners, because they could be amputated in case of an emergency. However, he and his assistants Fischer and Dr. med. Ludwig Stumpfegger (1910-1945) did not amputate the legs because Gebhardt needed the deaths to prove that sulphamide was not the right medication. He sacrificed them to restore his reputation, according to Klier.<sup>390</sup> Some prisoners were also killed by phenol injections.<sup>391</sup>

### **Sulphonamide experiments**

The war against the Soviet Union posed new questions to war surgery. The improved weapons created deep wounds and circulatory shocks for soldiers. The deeper impact of bullets, mines, and grenades in the body – together with sand, cloth fibers, and wood splinters – led to infections such as gas gangrene and sepsis. Physicians at the Medical Service of the Wehrmacht and at the Medical Service of the SS argued over the best treatment of these infections. Although experiments had demonstrated that sulphamide was not the right remedy, many physicians of the Wehrmacht held on to this treatment. At a conference in May 1942, they recommended the treatment of sulphamide against gas gangrene and sepsis. Gebhardt participated in the debate and argued against sulphamide. Himmler ordered a series of experiments to solve the issue. One week later, on 27 May 1942, a bomb attack wounded Reinhard Heydrich in Prague. Himmler sent Gebhardt to Prague to cure Heydrich, but Gebhardt could not save him. It was believed he died from sepsis and gas gangrene. Himmler commissioned Gebhardt to conduct the experiment, who choose Ravensbrück as the site for his research. The experiment started on 20 July 1942 and lasted until the summer of 1943. Gebhardt and his assistants Fischer and Stumpfegger deliberately created wounds in the legs of three men and 75 women, put sand, cloth fibers, wood splinters, and glass in their wounds to stimulate gas gangrene and sepsis. Then they tested sulphamide as a treatment. Many people died because of the infection, though they could have been saved had their infected leg been amputated.<sup>392</sup>

In many cases, such as for Hirt's and Haagen's research, the WVHA was responsible for the allocation of prisoners to Nazi doctors. Pohl, the head of the WVHA, declared at his trial in 1947:

Die Gefangenen wurden einfach ausgesucht und dem Versuchsprojekt zugewiesen. Manchmal verfügte Himmler, daß Gefangene, welche zum Tode verurteilt waren, verwendet werden sollten. Dies war nicht ausschließlich der Fall. Es gab keinerlei Weisungen, daß Gefangene Freiwillige sein mußten. Falls diese Ärzte an Freiwilligen Versuche ausüben wollten, dann hätten sie sich nicht an Himmler und an die Konzentrationslager zu wenden brauchen.<sup>393</sup>

<sup>389</sup> Woelk and Bayer, '„Ich habe es als meine Pflicht aufgefasst"', 261.

<sup>390</sup> Klier, *Die Kaninchen von Ravensbrück*, 182-183.

<sup>391</sup> 'Affidavit [Herta Oberheuser]', 4.

<sup>392</sup> Ebbinghaus and Roth, 'Kriegswunden' 177-204.

<sup>393</sup> Robert M.W. Kempner, 'SS im Kreuzverhör – Elite, die Europa in Scherben zerschlug. Erweiterte Neuauflage', *Schriften der Hamburger Stiftung für Sozialgeschichte im 20. Jahrhundert* 4 (1987) 123. Cited in: Sabine Schleiermacher, 'Die SS-Stiftung „Ahnenerbe“. Menschen als Material für „exakte“ Wissenschaft' in: Rainer Osnowski (ed.), *Menschenversuche. Wahnsinn und Wirklichkeit* (Cologne 1988) 70-87, there 74.

Pohl was telling the truth when he said that Himmler, in his communication, required prisoners who were convicted to death. He, and the Nazi physicians, spoke very often of 'Berufsverbrecher'. However, in the concentration camps almost everybody was destined to be killed. Once Himmler had given his permission, the WVHA, the camp commandants, and the Nazi physicians could therefore act on their own latitude in selecting prisoners as research subjects.

### *Bottom-up*

Himmler and Grawitz offered a few doctors much more individual freedom in the execution of their experiments, such as Clauberg, Mengele, Kremer, and Værnet. They also had more freedom in the selection of prisoners for their research. Very often, the selection of prisoners was done in consultation with the camp commandant or the chief camp physician. After testing his artificial gland on animals for a few months at his laboratory in Prague, Værnet was ready to go to Buchenwald.<sup>394</sup> The intensifying war delayed his visit to the camp, because Buchenwald was bombed.<sup>395</sup> Chief physician Dr. med. Gerhard Schiedlausky (1906-1947) made preparations for the experiment and selected seven men, of which six were homosexual. Værnet visited Buchenwald for a few days in September 1944, and implanted the artificial gland in the abdomen. The gland would run sex steroids that could "cure" homosexuality, as Værnet believed.<sup>396</sup> After the operation, he returned to Prague and Schiedlausky sent him blood and urine samples to investigate.<sup>397</sup> Værnet wrote to his superiors Grawitz and Pohl that his operation was successful, because at one patient had 'die Homosexualität in einen normalen Sexualtrieb verwandelt' and another one was 'ohne homosexuelle Einschläge'.<sup>398</sup> However, the staff of Pohl and the researchers at *Deutsche Heilmittel* were sceptical and did not believe the artificial gland could really transform homosexuals into heterosexuals. Needless to say, it did not function at all.<sup>399</sup> Værnet visited Buchenwald again at the end of October and the beginning of December 1944. In total, he implanted the artificial gland in seventeen men, most of them homosexual. In the weeks after

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<sup>394</sup> Letter from Værnet to Grawitz and Pohl, 24 August 1944, BArch NS 3/21, p. 219-220.

<sup>395</sup> Letter from Værnet to Pohl, 31 August 1944, BArch NS 3/21, p. 1-2. Buchenwald was bombed by the Allies because they believed it housed a production facility for the V2-rockets. See: Davidsen-Nielsen et al., *Carl Værnet*, 183.

<sup>396</sup> Letter from Værnet to Grawitz and Pohl, 30 October 1944, BArch NS 4 Bu/50, p. 1-2, and Davidsen-Nielsen et al., *Carl Værnet*, 183.

<sup>397</sup> Letter from Værnet to Schiedlausky, 1 October 1944, BArch NS 4 Bu/50, p. 1-2.

<sup>398</sup> Letter from Værnet to Grawitz and Pohl, 30 October 1944, BArch NS 4 Bu/50, p. 1-2.

<sup>399</sup> Davidsen-Nielsen et al., *Carl Værnet*, 189-190.

the experiment four men died, although it is not exactly clear whether they died because of the operation by Værnet.<sup>400</sup>

Clauberg started his research in Auschwitz-Birkenau, but he convinced the authorities that he needed his own block. A few months later, in April 1943, he moved his research station to Block 10 of Stammlager Auschwitz. Chief camp physician Dr. med. Eduard Wirths (1909-1945) selected women between the ages of twenty and forty years for Clauberg's experiment. Clauberg preferred women who had already given birth because this confirmed their fertility.<sup>401</sup> Although he acted officially on Himmler's order, Clauberg worked as a civilian at Auschwitz. He rented the facilities and had to pay for the research subjects.<sup>402</sup>

When he saw the women for the first time, he injected Iodipin (*Jodipin*) into them to check whether the uterus and the oviducts functioned well. The next time he injected formalin, which made the women infertile because the oviducts stuck together. Clauberg did not tell the women that he sterilised them. In fact, he avoided speaking to his research subjects at all.<sup>403</sup> The politics behind this sterilisation experiment changed over the course of time: initially Himmler wanted to sterilise Jews to prevent their reproduction, however, when the Holocaust came into being the method would only be applied to sterilise the Jewish forced labourers in the concentration camps.<sup>404</sup> On 7 June 1943, Clauberg reported to Himmler that his research was almost done:

Die von mir erdachte Methode, ohne Operation eine Sterilisierung des weiblichen Organismus zu erzielen, ist so gut wie fertig ausgearbeitet. Sie erfolgt durch eine einzige Einspritzung vom Eingang der Gebärmutter her und kann bei der üblichen, jedem Arzt bekannten gynäkologischen Untersuchung vorgenommen werden. [...] Was die Frage anlangt, die Sie, Reichsführer, mir vor fast Jahresfrist stellten, nämlich in welcher Zeit es etwa möglich sein würde, 1.000 Frauen auf diese Weise zu sterilisieren, so kann ich diese heute voraussehend beantworten. Nämlich: Wenn die von mir durchgeführten Untersuchungen so weiter ausgehen

<sup>400</sup> Ibidem, 184-187.

<sup>401</sup> Fejkiel, 'Ethisch-Rechtliche Grenzen', 43-46, and Sehn, 'Carl Claubergs', 22.

<sup>402</sup> Weinberger, *Fertility Experiments*, 136. According to Fejkiel, Clauberg had to pay 1 RM a week for each woman. See: Fejkiel, 'Ethisch-Rechtliche Grenzen', 43.

<sup>403</sup> Hans-Joachim Lang, *Die Frauen von Block 10. Medizinische Versuche in Auschwitz* (Hamburg 2011) 116-122.

<sup>404</sup> In October 1941, dermatologist Dr. med. Adolf Pokorny (1895- † unknown) proposed to Himmler to sterilise millions of people, particularly racial inferior people: 'Wenn es uns gelänge, auf Grund dieser Forschungen sobald als möglich ein Medikament herzustellen, das nach relativ kurzer Zeit eine unbemerkte Sterilisation bei Menschen erzeugt, so stände eine neue wirkungsvolle Waffe zur Verfügung.' However, around this time the Nazis decided to exterminate all Jews. Half a year later, on 23 June 1942, Viktor Brack (1904-1948) reported to Himmler that two to three million Jews could be used as forced labourers, but only under the condition if they could not reproduce: 'Bei ca. 10 Millionen europäischen Juden sind nach meinem Gefühl mindestens 2 - 3 Millionen sehr gut arbeitsfähiger Männer und Frauen enthalten. Ich stehe in Anbetracht der außerordentlichen Schwierigkeiten, die uns die Arbeiterfrage bereitet, auf dem Standpunkt, diese 2-3 Millionen auf jeden Fall heranzuziehen und zu erhalten. Allerdings geht das nur, wenn man sie gleichzeitig fortpflanzungsunfähig macht.' See: Klee, *Auschwitz*, 437-439.

wie bisher – und es besteht kein Grund anzunehmen, dass sie es nicht tun – so ist der Augenblick nicht mehr sehr fern, in dem ich sagen kann “von einem entsprechend eingeübten Arzt an einer entsprechend eingerichteten Stelle mit vielleicht 10 Mann Hilfspersonal (die Zahl des Hilfspersonals der gewünschten Beschleunigung entsprechend) höchstwahrscheinlich mehrere hundert – wenn nicht gar 1 000 – an einem Tage”.<sup>405</sup>

Clauberg continued his experiment in Auschwitz until January 1945. It is estimated that he sterilised seven hundred to several thousand women. Seven of them died because of Clauberg’s treatment, almost all of the others were sent to the gas chambers.<sup>406</sup> That Clauberg had latitude to make decisions himself is demonstrated by the story of Riel van Duren (1922-2004), a Dutch Jew in Auschwitz. When she had to enter Clauberg’s room for an injection, she apparently said: ‘I would like to be healthy and intact after I leave this room. Therefore, I prefer to return upstairs.’<sup>407</sup> The four persons in the room looked somewhat surprised by this statement, and then Clauberg let her go with a simple gesture of his hand. She was not gassed for this stubbornness and disobedience.<sup>408</sup>

In contrast to the other doctors, Mengele could select his research subjects himself. From the moment he arrived in Auschwitz-Birkenau, he participated in the selection of arriving prisoners and the gassings. He received a promotion after combating a typhus epidemic in a section of the camp by liquidating all prisoners in the barracks. Shortly after his arrival, he started to execute medical experiments.<sup>409</sup> His medical experiments were funded by the German Research Society (DFG) through his mentor Verschuer. Himmler had authorised the experiments.<sup>410</sup> Mengele recruited various experts from among the prisoners, such as the Hungarian Jew Dr. med. Miklós Nyiszli (1901-1956), who actually did most of the work at his research station and would make up for Mengele’s lack of scientific knowledge.<sup>411</sup> Both Völklein and Stensager argued that it is unclear who initiated the twin experiments, Mengele or Verschuer. However, Stensager argued that it is very plausible that Verschuer was decisive, because he was a leading expert and Mengele realised that this

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<sup>405</sup> Letter from Clauberg to Himmler, 7 June 1943, BArch NS 19/1583, p. 49-50.

<sup>406</sup> Klee, *Auschwitz*, 441, Lifton, *The Nazi Doctors*, 272, and Bastian, *Furchtbare Ärzte*, 86. In January 1945, Clauberg moved to Ravensbrück where he sterilised another 35 women.

<sup>407</sup> Cited in: Marjoleine Oppenheim-Spangenberg, *Over zij en ik* (Breda 2013) 96. Original Dutch quote: ‘Ik zou hier toch graag gezond en intact uit willen komen. Dus ik wil liever weer terug naar boven.’

<sup>408</sup> *Ibidem*, 96.

<sup>409</sup> Stensager, *Josef Mengele*, 112-116, and Miklós Nyiszli, *Auschwitz. A Doctor’s Eyewitness Account* (Greenwich 1960).

<sup>410</sup> Lifton, *The Nazi Doctors*, 341. The German Research Society (DFG) funded the research from 18 August 1943 onwards.

<sup>411</sup> Völklein, *Josef Mengele*, 144.

research could offer him an academic career.<sup>412</sup> Mengele sent human body parts to the Kaiser Wilhelm Institute of Anthropology and Human Heredity and Eugenics in Berlin.<sup>413</sup>

### **Mengele's experiments in Auschwitz**

*Noma:* Noma was a terrible but virtually unknown disease, caused by a bacteriological infection by extreme malnutrition and lack of vitamins that degrades tissues of the bone in the face. The disease only occurred in the blocks with Roma prisoners. Officially, Mengele tried to find a cure against Noma that could protect the undernourished German troops on the Eastern front from the disease. However, he only focussed on the progression of the disease. He also infected healthy children with Noma. Mengele beheaded some prisoners and placed their skulls in jars with formalin.

*Sterilisation and reproduction:* Mengele aided the research of Clauberg and Dr. med. Horst Schumann (1906-1983) by conducting sterilisation experiments as well. He sterilised or castrated prisoners by injections, x-rays, and surgery.

*Changing eyecolor:* Mengele injected adrenaline in the eyes of children to change the colour of the eye. He excised the eyes and sent them to his colleague Dr. med. Karin Magnussen at the Kaiser Wilhelm Institute for her research on heterochromie.

*Skeletons of dwarfs:* Mengele selected dwarfs, measured their anatomy, killed them by phenol injection, stuffed their bodies, and sent them to the Kaiser Wilhelm Institute, where scientists in eugenics investigated the bodies.

*Malaria and typhus:* Mengele tested typhus- and malaria vaccines developed by pharmaceutical companies such as Bayer and Behring-Werke. He did not have direct contact with these companies. He infected prisoners with one of the diseases and tested the vaccines.

*Electroshocks:* Prisoners received electronic shocks to measure the resistance of the body and the point where the shocks became lethal.

*Twins:* The twin research is probably Mengele's most notorious research. Mengele started the experiments on twins in early 1944. It is not exactly clear what his goal was. Some historians argued that Mengele tried to demonstrate the superiority of the Aryan race, others argued that he hoped to crack the genetic code of twin pregnancies, which could increase Aryan reproduction. The victims were mainly twin pairs until sixteen years of age. First, they were interviewed, anatomically measured, and photographed; then they had to give urine and blood samples, and make neurological and intelligence tests. Then Mengele committed experiments. Over time, he performed a wide range of experiments on twins, such as blood transfusions, surgical experiments, investigating someone's pain level, sewing twins together, injecting adrenaline in the eye to change its colour, excising pupils, making preparations from organs, and stuffing complete bodies.<sup>414</sup>

Kremer is an excellent example of a Nazi doctor who took the opportunity to use prisoners for his research when the SS temporarily stationed him at concentration camp Auschwitz. He came to Auschwitz for the medical care of the SS men at the age of 59.<sup>415</sup> However, he also assisted in some gassings, or 'Sonderaktionen', as he called them in his diary. In his infamous

<sup>412</sup> Ibidem, 145, and Stensager, *Josef Mengele*, 209-210.

<sup>413</sup> Lifton, *The Nazi Doctors*, 357.

<sup>414</sup> Stensager, *Josef Mengele*, 199-215, and Hermann Langbein, *Menschen in Auschwitz* (Vienna 1972) 381-384.

<sup>415</sup> 'Das Urteil gegen Dr. Johann Paul Kremer.', 4.

quote, he argued that Dante's *Inferno* was a comedy compared to the gassings.<sup>416</sup> The situation in Auschwitz, where humans were killed on a massive scale, gave Kremer the idea to use the undernourished prisoners for his scientific research.<sup>417</sup> Chief physician Wirths allowed Kremer to take samples of human organs after a conversation on Kremer's malnutrition research.<sup>418</sup> Kremer could set aside debilitated prisoners who were convicted to death for his experiment. The SS brought them to the dissection room, where they had to lay down on a table. Then Kremer interviewed the prisoners about their weight, weight loss in Auschwitz, and appetite. Sometimes he also took pictures. A SS doctor killed the prisoner with a phenol injection. At his trial, Kremer described what happened next:

Ich wartete einer gewissen Entfernung vor dem Seziertisch mit vorbereiteten Tiegeln. Unmittelbar nach Eintritt des Todes als Folge der Injektion hatten Häftlingsärzte Teil aus der Leber und der Bauchspeicheldrüse entnommen, welche ich in die Tiegel legte, in denen sich eine Konservierungsflüssigkeit befand. In einzelnen Fällen ließ ich die Kranken, welche getötet werden sollten, um aus ihrem Körper Präparate für mich zu entnehmen, fotografieren. Die Präparate und die Fotografien nahm ich in meine Wohnung nach Münster.<sup>419</sup>

Kremer needed warm bodies because it made the dissection easier and the samples better to investigate.<sup>420</sup> At the end of the semester break, on 18 November 1942, he returned to Münster with his samples and pictures.<sup>421</sup> He planned to work on the material from Auschwitz after the war, which would have to bring him a scientific breakthrough.<sup>422</sup>

Historian Robert N. Proctor argued that the experiments were clearly organised top-down. A strong state was necessary to release the 'destructive forces' in German medicine: 'In the midst of a war engineered by an aggressive, expansionistic state, Nazi ideologues were

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<sup>416</sup> On 2 September 1942 he noted in his diary: 'Zum 1. Male um 3 Uhr früh bei einer Sonderaktion zugegen. Im Vergleich hierzu erscheint mir das Dante'sche Inferno fast wie eine Komödie. Umsonst wird Auschwitz nicht das Lager der Vernichtung genannt!' See: 'Das Urteil gegen Dr. Johann Paul Kremer.', 9. The court in Münster convicted Kremer besides the human experiments for the assistance (*Beihilfetätigkeit*) in the murder of thousands of persons. The court argued that he did not have a large share in the gassing, because he only stood by with an oxygen-cylinder to save the SS men who did the actual gassings in case of emergency. See: 'Das Urteil gegen Dr. Johann Paul Kremer.', 49.

<sup>417</sup> 'Das Urteil gegen Dr. Johann Paul Kremer.', 25.

<sup>418</sup> Bastian, *Furchtbare Ärzte*, 68-69.

<sup>419</sup> Cited in: Langbein, *Menschen in Auschwitz*, 390-391. Kremer gave this quote during his trial in Poland. He repeated this method during his trial in Münster. See: 'Das Urteil gegen Dr. Johann Paul Kremer.', 25. Kremer wrote many times about dissection in his diary. The first time is on 3 October 1942: 'Heute lebendfrisches Material von menschlicher Leber und Milz sowie vom Pankreas fixiert, dazu in absolutem Alkohol fixierte Läuse von Fleckfieberkranken.' See page 11. On 13 November 1943, he also mentioned the taking of pictures: 'Lebendfrisches Material (Leber, Milz und Pankreas) von einem vorher fotografierten stark atrophischen jüdischen Häftling von 18 Jahren entnommen: Fixiert wie stets, Leber und Milz in Carnoy sowie Pankreas in Zenker.' See page 14.

<sup>420</sup> Stensager, *Josef Mengele*, 190.

<sup>421</sup> 'Das Urteil gegen Dr. Johann Paul Kremer.', 7. For Kremer's activities in Auschwitz, see also: Langbein, *Menschen in Auschwitz*, 389-392.

<sup>422</sup> Lifton, *The Nazi Doctors*, 293.

able to turn to doctors to carry out acts that have come to be regarded as the embodiment of evil.’<sup>423</sup> The above section has demonstrated that this argument is wrong. Although the state had to approve the experiments, they were not only organised top-down. In general, Himmler and Grawitz supervised experiments initiated bottom-up. The experiments set up by Ahnenerbe or the Wehrmacht were organised top-down. However, these are just general observations. If we take a closer look at individual cases, we see that Himmler and Grawitz also organised experiments top-down, and that particularly Ahnenerbe as well offered her scientists latitude. The kind of concentration camp also influenced the course of the experiment. In the extermination camp Auschwitz-Birkenau, Mengele could do whatever he liked, whereas the rules in the concentration camps within the Third Reich were stricter. Nevertheless, in all cases the Nazi doctors were given the opportunity to execute research on prisoners that could severely harm or even kill them. The lives deemed not worthy of life were made useful to limit the number of German casualties and, as we will see in the next paragraph, to the advancement of the careers of the individual doctors.

### 3.3 Nazi Doctors, Human Experiments, and Careerism

Although the experiments had a blueprint made by the authorities or the doctors themselves, once the experiments had started, the doctors had much autonomy. Besides carrying out orders, they started to act on their own initiative, using more prisoners in the experiments or arranging personal benefits.<sup>424</sup> The doctors who executed the medical experiments were not under the authority or command of the other doctors employed at the camps, such as the chief camp physician (*Standortarzt*) and the camp physician (*Lagerarzt*). Overall, they mainly worked directly under the authority of the organisations and institutes that commissioned the experiments.<sup>425</sup>

The Nazi doctors and scientists regarded the concentration camps as a ‘vast reservoir of experimental material’.<sup>426</sup> Once the Nazi doctors had started the experiments, they understood very well the situation they were in and the unlimited possibilities within reach. They came up with new research proposals and demanded new prisoners for their experiments. Schilling wanted to check the effectiveness of the malaria vaccine under realistic circumstances. He made a request to Grawitz, asking: ‘Wäre es möglich, Häftlinge mit lange

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<sup>423</sup> Proctor, ‘Nazi Doctors’, 29.

<sup>424</sup> Wolters, ‘„Zur „Belohnung“’, 30.

<sup>425</sup> Ibidem, 43-44. The *Standortarzt* was the head of the physicians at the camp and responsible for the medical treatment of the SS men. The *Lagerarzt* was responsible for the sanitary conditions within the camp and medical treatment of prisoners.

<sup>426</sup> Weindling, *Epidemics and Genocide*, 352.

dauernden Freiheitsstrafen hier vorzubehandeln, sie dann in notorisch schwer verseuchte Malariagebiete z.B. Südrußland oder Rumänien zu versetzen und sie dort unter Beobachtung zu halten?’<sup>427</sup> The course of the war made his plan impossible to execute.

The Nazi doctors also started to act more on their own initiative. The course of Rascher’s high altitude experiment depended on Romberg’s presence. With the permission of Himmler, Rascher executed his own lethal experiments in the decompression cabin only when Romberg was not present at the research station. On 1 May 1942, Himmler and Pohl visited Rascher in Dachau. They had chosen this particular day, a Sunday, so Romberg was not present.<sup>428</sup> Rascher started to act more on his own initiative; when Himmler requested whether Rascher could try to reanimate research subjects after they had become unconscious in the decompression cabin, Rascher could tell him he already did so successfully.<sup>429</sup> Rascher also conducted his own hypothermia experiments after the official research by the Luftwaffe had ended. During the time Rascher continued the experiments, around eighty to ninety prisoners died. He requested to move his research station to Auschwitz, Lublin, or any camp in the East, because the cold winter had not yet reached Dachau, and because the areas were more desolate. Apparently, he feared negative reactions by the inhabitants of the city of Dachau, because the ‘Versuchspersonen brüllen, wenn sie sehr frieren’.<sup>430</sup> Rascher could finish his experiment at Dachau because it finally became cold enough.<sup>431</sup> In Buchenwald, the SS guards were very afraid of a typhus infection, therefore they avoided the research station of Ding-Schuler and Hoven. Without anyone checking their experiment, they could do whatever they pleased.<sup>432</sup>

Once the Nazi doctors had started to experiment with prisoners, they realised the opportunities that the unlimited availability of research subjects offered to them. They demanded more prisoners, or just took them without approval. After the start of the sulphonamide experiment, Gebhardt took the opportunity to also conduct bone-, muscle-, and

<sup>427</sup> Letter from Schilling to Grawitz, 1 April 1943. Cited in: Ost, ‘Die Malaria-Versuchsstation’, 179.

<sup>428</sup> Knoll, ‘Humanexperimente der Luftwaffe’, 141-143. Rascher had invited Himmler to visit him at Dachau: ‘Ich glaube, hochverehrter Reichsführer, es würden Sie diese Versuche ausserordentlich interessieren! Ist es nicht möglich, dass Sie sich anlässlich einer Reise nach Süddeutschland einige Versuche vorführen lassen? [...] Ich danke Ihnen, hochverehrter Reichsführer gehorsamst für die grosszügige Verwirklichung meines Vorschlages, Versuche dieser Art im KL auszuführen [sic].’ See: Letter from Rascher to Himmler, 5 April 1942, BArch NS 19/1580, p. 1.

<sup>429</sup> Letter from Himmler to Rascher, 13 April 1942, BArch NS 19/1580, p. 11, and Letter from Rascher to Himmler, 16 April 1942, BArch NS 19/1580, p. 14.

<sup>430</sup> Letter from Rascher to Himmler, 17 February 1943, Archive Gedenkstätte Dachau, A 2838, Med. Versuche, Wiederwärmung nach Unterkühlung.

<sup>431</sup> Letter from Rascher to Brandt, 4 April 1943, Archive Gedenkstätte Dachau, A 2838, Med. Versuche, Wiederwärmung nach Unterkühlung. Rascher wrote: ‘Die Frage der Rettung an der Luft Erfrorener ist inzwischen auch geklärt worden, da in Dachau Gott sei Dank auch manchmal starkes Frostwetter eintrat.’

<sup>432</sup> Kogon, *Der SS-Staat*, 188.

nerve transplantation experiments. He had his assistants Stumpfegger and Fischer conduct these experiments. They used the same women as in the sulphonamide experiment.<sup>433</sup> Gebhardt also used prisoners from Ravensbrück for his research on the meninges, which he operated in his hospital at Hohenlychen.<sup>434</sup> Concerning this point, Mengele had the easiest position because he operated in an extermination camp with a vast stream of research subjects doomed to be killed in the gas chambers. Moreover, he could select them himself. He could conduct research that was impossible before, particularly because in Auschwitz many twin pairs were available.<sup>435</sup> During his time at the malaria station, Brachtel also conducted liver puncture on at least eighty prisoners, to investigate hepatitis A (infectious hepatitis). Brachtel sent the samples and the results to a medical institute in Munich. This was not an official experiment but a 'gewinnbringende private Angelegenheit'.<sup>436</sup> A few weeks in advance, Brachtel followed a course to learn how to execute liver puncture. Back in Dachau, he used the inmates to test and improve his skills.<sup>437</sup>

During the experiments, the Nazi doctors held the power over life and death. Welzer argued for the perpetrators of mass murders that this was a privilege they did not have under normal circumstances, at least not to this extent. The unlimited power over the lives of their victims influenced their behaviour and legitimated their cruel actions towards their victims: 'Bei all dem wird das herrenmenschliche Hintergrundgefühl überdeutlich, das alles, was den Opfern widerfährt, als ganz selbstverständlich gerechtfertigt erscheinen lässt.'<sup>438</sup> This also applies to the Nazi doctors who executed human experiments. Even Beiglböck, who initially refused to execute the experiment, threatened to kill the prisoners if they did not cooperate in the seawater experiments.<sup>439</sup> Lifton referred to omnipotence in this context, the inflicting of harm and the constant threat of death was the maximum expression of this unlimited power. In some cases, like Mengele, omnipotence merged with sadism.<sup>440</sup> Hoven also used his power over life and death. A witness at the trial testified that Hoven randomly picked a prisoner and said: 'I want to see the skull of this prisoner on my writing desk by tomorrow evening.'

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<sup>433</sup> Auer, *Der Galgen kennt keine Karriere*, 32.

<sup>434</sup> Ebbinghaus and Roth, 'Kriegswunden', 211.

<sup>435</sup> Völklein, *Josef Mengele*, 145.

<sup>436</sup> Zámečnik, *Das war Dachau*, 284. It is known that people died because of this experiment, though the exact number is unknown.

<sup>437</sup> Wolters, '„Zur Belohnung“', 42.

<sup>438</sup> Welzer, *Täter*, 104.

<sup>439</sup> 'Closing brief for the United States of America against Wilhelm Beiglböck', HLSL, 22-23.

<sup>440</sup> Lifton, *The Nazi Doctors*, 448-449.

Subsequently, the prisoner was killed with phenol, his skull preserved and brought to Hoven.<sup>441</sup> However, although some committed sadistic acts, this does not make them sadists.

The research in the concentration camps was not without risk, as Ding-Schuler and Hirt proved. Not only were the SS guards afraid of typhus, but Ding-Schuler was as well. He avoided the typhus block as much as possible, but could not prevent himself from contracting a typhus infection at the very start of the experiment.<sup>442</sup> Hirt injured himself at the mustard gas experiment during the spring of 1943, just like a year earlier, and was hospitalised. Sievers wrote to Brandt that Hirt 'als Opfer seiner Wissenschaft bezeichnet werden, da sich seine Forschungsarbeiten auf einem solchen Neuland bewegen, das nun einmal Gefährdungen nicht vermeiden läßt.'<sup>443</sup> It was Hirt's inexperience of working with toxic substances such as mustard gas, which caused the injury, according to Kasten.<sup>444</sup> Despite the risk, both men kept returning to their research station in the concentration camps.

### *Careerism*

The Nazi doctors were keen to use the experiments to improve their scientific careers. This is both true for the old and the young physicians. They realised the unique opportunities the Nazi regime offered them. Welzer argued that the *Bedürfnispotential* of human beings is common and that under normal circumstances it is restricted or limited by the boundaries of the society and state. However, under new circumstances, such as in the National Socialist state, this *Bedürfnispotential* can take on extreme forms: 'Und das Geheimnis, wieso es sich im Nationalsozialismus so gegenmenschlich entfalte, liegt in der Öffnung sozialer Handlungsräume, in denen plötzlich erlaubt oder sogar gefordert war, was zuvor als verboten galt.'<sup>445</sup> This explains the opportunistic behaviour of the Nazi doctors and the use of experiments for the benefit of their careers. The younger doctors worked on their Habilitation based on the research from the experiments. The older doctors hoped for a scientific breakthrough. The Nazi doctors were 'besessen von Forscherdrang'.<sup>446</sup> Many physicians were

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<sup>441</sup> 'Affidavit [Josef Ackermann]' in: Harvard Law School Library. *Nuremberg Trials Project: A Digital Document Collection*, Item No. 2339, 1-11, there 3. URL: [http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSL\\_NMT01&docnum=2339&numpages=11&startpage=1&title=Affidavit.&color\\_setting=C](http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSL_NMT01&docnum=2339&numpages=11&startpage=1&title=Affidavit.&color_setting=C) (accessed 2 October 2013). Ackermann (1896-1959) was a clerk and pathological assistant at the pathological section, subordinated to Hoven.

<sup>442</sup> 'Tagebuch der Abteilung für Fleckfieber- u. Virusforschung', HLSL, 3, and Baumslag, *Murderous Medicine*, 140.

<sup>443</sup> Letter from Sievers to Brandt, 27 April 1943, BArch SSO/SS 101 A. p. 734-735.

<sup>444</sup> Kasten, 'Unethical Nazi Medicine', 191.

<sup>445</sup> Welzer, *Täter*, 257.

<sup>446</sup> Gerhard Baader, 'Das Humanexperiment in den Konzentrationslagern. Konzeption und Durchführung' in: Rainer Osnowski (ed.), *Menschenversuche. Wahnsinn und Wirklichkeit* (Cologne 1988) 48-69, there 53.

also promoted within the SS based on their execution of the experiments. To put it shortly, from a personal point of view careerism was their prime motivator.

Fischer, Mengele, and Rascher worked on a Habilitation, Hoven on his doctoral dissertation. Almost all Nazi doctors used expert prisoners as assistants at the experiments. The extensive scale of the experiments asked for extra staff. Particularly the younger physicians were keen to benefit from these experts, and the prisoners had to assist them in writing academic papers. This does not mean these men were pseudo-scientists, they only tried to benefit as much as possible from the opportunities to improve their careers.<sup>447</sup> In Germany, obtaining a Habilitation is necessary to become a university teacher and in the end a university professor. Rascher initially tried to write a Habilitation based on the research of the high altitude experiment. He asked for Himmler's support to get the decompression cabin back to Dachau. However, the rector of the University of Munich declined the Habilitation because of the gruesome character of the research.<sup>448</sup> A short time later, Rascher switched to use the hypothermia results for his Habilitation, but Weltz worked against him. He did not want to put the necessary equipment at Rascher's disposal, because he was also working on a publication on hypothermia. According to Rascher, Weltz feared that Rascher could get more rapid results by using human experiments. Weltz tried to obtain Russian POW's through the OKW. Rascher opposed this intention from his competitor and wrote to Himmler: 'Menschenversuche ausserhalb eines Lagers durchzuführen, halte ich nicht für zweckmäßig.'<sup>449</sup> Rascher desperately tried to obtain the exclusive right on the hypothermia experiment, hoping that Himmler would forbid Weltz experimenting outside a concentration camp. Himmler supported Rascher's academic ambition, and therefore allowed Rascher to continue the hypothermia experiment on behalf of the SS to obtain research data for his Habilitation. Himmler declared this Habilitation a 'Geheime Reichssache'.<sup>450</sup> Nevertheless, just like Rascher's later attempts of obtaining a Habilitation based on Polygal and poison gas research, various universities declined the work. Although Himmler allowed a secret Habilitation, in which universities could accept it without reading the actual work, various universities declined all of his proposals. Universities wanted to know the content before accepting it, and furthermore, in their perspective the Habilitation was a public event and the

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<sup>447</sup> The older doctors, such as Clauberg and Schilling, also had assistants to support the execution of the experiments, but could count on their own scientific knowledge. The younger doctors, such as Ding-Schuler, Hoven, Mengele, and Rascher, tried to benefit from the scientific knowledge of their assistants to contribute to their careers.

<sup>448</sup> Weindling, *Nazi Medicine*, 178.

<sup>449</sup> Letter from Rascher to Himmler, 9 October 1942, BArch NS 19/1590, p. 56-57.

<sup>450</sup> Zámečník, *Das war Dachau*, 281.

research should be published.<sup>451</sup> Finally, Hirt was willing to accept the Habilitation on behalf of the Reich University Strasbourg after mediation by Himmler. Rascher never habilitated because he fell into disfavour before the official acceptance of his research.<sup>452</sup>

For Mengele, who had waited impatiently to distinguish himself and to build an academic career, the twin research in Auschwitz was his momentum. Völklein posed the rhetorical question Mengele must have asked himself: ‘Bis zu 350 Zwillingspaare gleichzeitig, die befragt, vermessen und Versuchen ausgesetzt werden konnten – wann und wo würde sich eine solche Gelegenheit für ihn noch einmal finden?’<sup>453</sup> The twin research could bring him academic fame. Moreover, now that the circumstances offered him the opportunity to secure an academic career, Mengele did everything he could to achieve his goal. He conducted many experiments in various fields, most of which he possessed no knowledge on. He used the expertise of his assistants to support him in his research and the writing of academic papers, but he could take the scientific credits himself.<sup>454</sup> Verschuer regarded Mengele as a candidate for a professorship.<sup>455</sup> A colleague and friend of Mengele in Auschwitz, Dr. med. Ernst B., declared to Lifton that Mengele worked on a Habilitation in Auschwitz, based on his twin research.<sup>456</sup>

Just like Mengele, Rascher also used the knowledge of prisoners. He annexed the medicine Polygal, patented by Dachau inmate Robert Freix, and started experiments with this blood anti-coagulant. This was for Rascher another possibility to gain academic recognition.<sup>457</sup> However, Gebhardt criticised Rascher’s lack of knowledge on the issue when Rascher paid him a visit at Hohenlychen. ‘Prof. Dr. Gebhardt meinte nämlich, daß die Abhandlung unwissenschaftlich sei. Wenn ein Student im 2. Semester mit einer solchen Arbeit käme, würde er ihn hinauswerfen.’<sup>458</sup> Gebhardt argued that for Rascher it was necessary to learn how to do scientific research, when he aspired for an academic career. Furthermore, he suggested that Rascher should no longer send his research reports directly

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<sup>451</sup> Weindling, *Nazi Medicine*, 178-179. The University of Marburg and the University of Frankfurt declined Rascher’s research.

<sup>452</sup> Zámečník, *Das war Dachau*, 281.

<sup>453</sup> Völklein, *Josef Mengele*, 145.

<sup>454</sup> Friedlander, ‘Physicians as Killers’, 71.

<sup>455</sup> Hans-Walter Schmuhl, *The Kaiser Wilhelm Institute for Anthropology, Human Heredity, and Eugenics, 1927-1945* (Göttingen 2003) 364.

<sup>456</sup> Lifton, *The Nazi Doctors*, 357-358.

<sup>457</sup> Knoll, ‘Humanexperimente der Luftwaffe’, 146.

<sup>458</sup> Letter from Rascher to Sievers, 17 May 1943, BArch NS 19/1580, p. 42-45, there 42.

through Himmler but over him so that he could judge the quality of the research, and that Rascher should join his research group because Rascher operated on his own.<sup>459</sup>

Hoven actually succeeded in obtaining a doctoral degree based on the results of the typhus experiment. However, he had not written the research himself. He ordered the prisoner doctors Wegere and Sitte to write his doctoral dissertation. Three days before the exam he memorized the dissertation, titled ‘Versuche zur Behandlung der Lungentuberkulose durch Inhalation von Kohlekolloid’. Hoven received his degree with distinction from the University of Freiburg in July 1942.<sup>460</sup> Fischer made preparations for a Habilitation about surgery and the regeneration of muscle tissues based on the results of the transplantation experiments.<sup>461</sup> However, in the end he did not continue these preparations because it would involve further experimentations. Although obtaining a Habilitation was ‘the greatest opportunity we had’ in the words of Fischer,<sup>462</sup> he abstained from further experiments because his conscience came into play. Fischer’s constraints will be further discussed in the next chapter.

Some of the older Nazi doctors, who already had their Habilitation, hoped that the experiments would bring them a scientific breakthrough. Kremer’s scientific ideas were not shared by other scientists. The samples he collected in Auschwitz had to be the base of his scientific breakthrough and revenge against his opponents. He said to a friend that he had ‘brought materials from Auschwitz which absolutely must be worked on’, in his own laboratory.<sup>463</sup> Lifton is right when he argued that Kremer ‘made maximally pragmatic use of the death factory for his own scientific aims’.<sup>464</sup> Just like Kremer, Værnet hoped for scientific

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<sup>459</sup> Ibidem, p. 42-45. Gebhardt had intimidated Rascher and he asked Sievers to solve his issues with Gebhardt, because he feared having a quarrel with him: ‘Ich bitte Sie von ganzem Herzen, Standartenführer, fassen Sie die Sache so an, daß ich mir nicht mit Prof. Dr. Gebhardt, der ja ein Duzfreund des Reichsführers-SS ist, einen Feind erwerbe. Ich glaube nämlich, daß Prof. Dr. Gebhardt ein sehr, sehr unangenehmer Gegner sein kann und ist. Ehe ich mit Prof. Dr. Gebhardt Krach kriege, lege ich lieber meine Arbeit nieder und bitte um sofortige Frontversetzung zur Luftwaffe. Ich bitte Sie nochmals, die Angelegenheit als so prekär anzufassen, wie sie ist, da ich außerdem überzeugt bin, daß Prof. Dr. Gebhardt (neben persönlichen Ehrgeiz) tatsächlich etwas Gutes vor hat.’ See page 44.

<sup>460</sup> Kogon, *Der SS-Staat*, 311-312.

<sup>461</sup> Ebbinghaus and Roth, ‘Kriegswunden’, 209, and Klier, *Die Kaninchen von Ravensbrück*, 253.

<sup>462</sup> Cited in: Weindling, *Nazi Medicine*, 177.

<sup>463</sup> Lifton, *The Nazi Doctors*, 293.

<sup>464</sup> Ibidem, 292. The court in Münster had a similar argument concerning Kremer’s behavior. The court stated in the judgement: ‘Der Angeklagte hat sich – angesehen von den Straftaten, die den Gegenstand des vorliegenden Verfahrens bilden – sein Leben lang unbeanstandet geführt. Er wäre – davon ist das Schwurgericht überzeugt – auch heute noch frei von Schuld, wenn er nicht durch Umstände, die letztlich ausserhalb seiner Person lagen, in jene Situation hineingestellt worden wäre, aus der diese Straftaten sich schliesslich entwickelten.’ See: ‘Das Urteil gegen Dr. Johann Paul Kremer.’, 48. The court is right that the circumstances allowed Kremer to execute his crimes. Furthermore, the court is also right that he could abstain himself from committing these crimes despite the circumstances. (see page 48-49) Therefore, it is plausible to argue that Kremer executed the experiments from personal career interests. However, I do not support the argument that he would have been innocent if he had not ended up in the specific circumstances, because this is a speculative argument.

recognition. Already since the 1930s, he had hoped for a scientific breakthrough with his artificial gland. Before he moved to Germany in 1943, he patented his gland.<sup>465</sup>

Clauberg took advantage of his close relationship with Himmler to benefit his own scientific research.<sup>466</sup> Clauberg was entangled in a ‘sterilisation race’ with Schumann, whom Himmler also ordered to do sterilisation experiment in Auschwitz. Both men tried to come up with the best method. This might also explain why Clauberg was so mysterious about the liquids he used to sterilise the women; he did not even tell camp commander Rudolf Höss what substances he used. Höss was very interested in the research and even executed some sterilisations himself. Just like Værnet, Clauberg was eager to protect a possible scientific discovery against competitors.<sup>467</sup>

Schilling said at his trial that he told research subjects that the experiments were ‘of such a great importance that they would cause a great scientific discovery’.<sup>468</sup> However, even before the beginning of the experiments his successor at the Robert Koch Institute, Prof. Dr. med. Gerhard Rose (1896-1992), had complained to Conti and Himmler that Schilling’s research was outdated, and that it was very unlikely that Schilling, with his advanced age, would find a new vaccine against malaria.<sup>469</sup> Nevertheless, Schilling told Grawitz that his research had brought completely new scientific results and he asked for permission to publish an article to get feedback from colleagues: ‘Es würde meine Arbeit vereinfachen, wenn schon jetzt eine Äußerung des Herrn Reichsführers-SS erwirkt werden könnte, ob er beabsichtigt, später die Einzelheiten der Versuche und ihre Ergebnisse Fachgenossen zugänglich zu machen.’<sup>470</sup> Schilling understood the secrecy of his research and proposed that Himmler could select reliable colleagues.<sup>471</sup> In the end, Schilling published a public article on his malaria research in the *Zeitschrift für Immunitätsforschung* in 1943. The article describes the research as a regular experiment executed on volunteers. Schilling avoided mentioning the use of forced prisoner and the location of his research station; the article does not give any clues of the true nature of the experiment.<sup>472</sup>

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<sup>465</sup> Davidsen-Nielsen et al., *Carl Værnet*, 45, 120. After the war, he patented his “discovery” even at the United States Patent Office.

<sup>466</sup> Sehn, ‘Carl Claubergs’, 25.

<sup>467</sup> Weinberger, *Fertility Experiments*, 137, 151-152.

<sup>468</sup> Interrogation of Professor Schilling, Archive Gedenkstätte Dachau, A 3675, 370.

<sup>469</sup> Hulverscheidt, ‘Menschen, Mücken und Malaria’, 119-121. Obviously, Himmler and Conti were not influenced by Rose’s discouragement.

<sup>470</sup> Letter from Schilling to Grawitz, 1 April 1943. Cited in: Ost, ‘Die Malaria-Versuchsstation’, 178-179.

<sup>471</sup> Ost, ‘Die Malaria-Versuchsstation’, 179.

<sup>472</sup> C. Schilling, ‘Nachweis von Antikörpern im Blute Malariakranker’, *Zeitschrift für Immunitätsforschung* (1943) 1-8, Archiv Gedenkstätte Dachau, Med. Versuche Malaria, A 2813.

In contrast to Schilling, Rascher brought his superiors into disrepute by publishing an article on Polygal in 1944 in which he mentioned the use of research subjects ('Versuchspersonen'), and 'Dachau 3 K' as research station. Grawitz sent him an angry letter, stating that it was forbidden to mention this and that scientific publications had to be checked by the authorities.<sup>473</sup> Sievers responded and said the Institute for Military Scientific Research had allowed the publication. He would send future articles first to Grawitz.<sup>474</sup>

Ding-Schuler also published several articles based on his experiments. However, just like Hoven, he had prisoners from Buchenwald writing these articles. His assistant Eugen Kogon (1903-1987) wrote at least six articles in the name of Ding-Schuler that were published in various medical journals. Most articles were not even based on the experiments but on non-existing data.<sup>475</sup> The editors of *The Lancet* were not fooled by one of Ding's articles. Based on the data, they deduced that Ding-Schuler had obtained it from human experiments, because the research subjects were all heavily infected with typhus within a few days, and the research was by a SS man. The age of the research subjects suggested it must have been Soviet POW's.<sup>476</sup> In the end, Ding-Schuler's articles on vaccine research were internationally targeted.<sup>477</sup> In Germany, Ding-Schuler presented his research at a conference at the Military Academy in Berlin from 24 to 26 May 1943. The participants at the conference recognised his innovative and clear research and academic expertise.<sup>478</sup>

Gebhardt and Fischer presented their research at the same conference. Grawitz opposed a public lecture, although the participants were mainly army physicians, and demanded that the title of the lecture was changed from *Menschenversuche über Sulfonamidwirkungen* into *Besondere Versuche über Sulfonamid-Wirkungen*.<sup>479</sup> Gebhardt told the physicians that the highest authorities had ordered the execution of the experiments, and that the research subjects were prisoners convicted to death but who were pardoned by their participation. He neglected to include that the prisoners were female political prisoners. None of the physicians at the conference protested against the use of prisoners for human experiments.<sup>480</sup>

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<sup>473</sup> Letter from Grawitz to Rascher, 17 February 1944, BArch NS 21/2120, p. 1874.

<sup>474</sup> Letter from Sievers to Grawitz, 21 March 1944, BArch NS 21/2120, p. 1902-1903.

<sup>475</sup> Kogon, *Der SS-Staat*, 312.

<sup>476</sup> *The Lancet*, 18 December 6277 (1943) 770-771. Quote: 'Thus, it seems that particularly heavy infections occurred in some hundreds of persons on known days during the investigations of a storm-troop leader. We leave our readers to make their own decisions.' Cited in: Baumslag, *Murderous Medicine*, 155.

<sup>477</sup> Baumslag, *Murderous Medicine*, 155.

<sup>478</sup> Schneider and Stein, *IG Farben – Buchenwald – Menschenversuche*, 34.

<sup>479</sup> Eckart, 'SS-Obergruppenführer', 68.

<sup>480</sup> Vernehmung des Karl Gebhardt, IfZ, 18-21. Only Gerhard Rose openly protested against the use of prisoners after Ding-Schuler's presentation. This issue will be discussed in the concluding chapter.

It is obvious that Gebhardt used the sulphonamide experiments to restore his reputation. Both his reputation as a prestigious scientist and as a consulting physician to the Waffen-SS were at stake. He acted out of ambition. To conduct an experiment to prove sulphonamide is not the right medication is contradictive, and therefore easy to manipulate by Gebhardt. On 9 October 1942, Himmler rehabilitated him by a letter, saying: ‘Dir aber, meinem alten Freunde, möchte ich noch mal meinen herzlichen Dank sagen, daß Du unserem guten Reinhard ein so tapferer Kamerad und guter Freund in seinen letzten Tagen und Stunden gewesen bist.’<sup>481</sup> Himmler appointed Gebhardt as his personal physician in 1943. In this position, he functioned more like a consultant physician to the Reichsführer.<sup>482</sup>

His tuberculosis experiments improved Brachtel’s career, because he was appointed as Schillings’ assistant afterwards.<sup>483</sup> The collaboration with the old and obstinate Schilling worsened over time, and Brachtel finally quit as his assistant in April 1943 and was subsequently sent to the front.<sup>484</sup> Haagen remained a prestigious international scientist during the war, and made academic visits to various countries.<sup>485</sup> He also published an article based on his research in Natzweiler.<sup>486</sup> Oberheuser cared more about the results of the experiments to please Gebhardt than about the fate of the research subjects. She even withheld medical care to aggravate the wounds.<sup>487</sup> Oberheuser did not obtain any academic benefits by her participation. However, as a sign of gratitude, Gebhardt transferred her to his hospital at Hohenlychen in June 1943. Therefore, she also gained a promotion.<sup>488</sup> To Hirt, the incorporation in Ahnenerbe meant not only the possibility of conducting human experiments but also more prestige as director of a department, an increase in salary, more freedom as a

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<sup>481</sup> Klier, *Die Kaninchen von Ravensbrück*, 184.

<sup>482</sup> Vernehmung des Karl Gebhardt, IfZ, 7-9, and Klee, *Das Personenlexicon*, 467.

<sup>483</sup> Wolters, ‘Zur ‚Belohnung‘’, 41.

<sup>484</sup> Robert Sigel, *Im Interesse der Gerechtigkeit. Die Dachauer Kriegsverbrecherprozesse 1945-1948* (Frankfurt am Main 1992) 81, and Wolters, ‘Zur ‚Belohnung‘’, 42.

<sup>485</sup> Weindling, ‘Virologist and National Socialist’, 239.

<sup>486</sup> ‘Betr.: Genehmigung der Arbeit von Oberstabsarzt Prof. Dr. Haagen und B. Crodel: “Versuche mit einem neuen getrockneten Fleckfieberimpfstoff.II.Mitt.”’ in: Harvard Law School Library. *Nuremberg Trials Project: A Digital Document Collection*, Item No. 1136, 1. URL: [http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSL\\_NMT01&docnum=1136&numpages=2&startpage=1&title=Betr.:+Genehmigung+der+Arbeit+von+Oberstabsarzt+Prof.+Dr.+Haagen+und+B.+Crodel:+](http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSL_NMT01&docnum=1136&numpages=2&startpage=1&title=Betr.:+Genehmigung+der+Arbeit+von+Oberstabsarzt+Prof.+Dr.+Haagen+und+B.+Crodel:+) (accessed 17 September 2013).

<sup>487</sup> Woelk and Bayer, ‘„Ich habe es als meine Pflicht aufgefasst”’, 261.

<sup>488</sup> Angelika Ebbinghaus, ‘Dokumentation. Die Ärztin Herta Oberheuser und die kriegschirurgischen Experimente im Frauen-Konzentrationslager Ravensbrück’ in: Angelika Ebbinghaus (ed.), *Opfer und Täterinnen. Frauenbiographien des Nationalsozialismus* (Nördlingen 1987) 250-273, there 253, and Silvija Kavčič, ‘Dr. Herta Oberheuser – Karriere einer Ärztin’ in: Viola Schubert-Lehnhardt and Sylvia Korch (eds.), *Frauen als Täterinnen und Mittäterinnen im Nationalsozialismus. Gestaltungsspielräume und Handlungsmöglichkeiten* (Halle 2006) 99-113, there 109.

researcher at the university, and authority over the experiments of Haagen and Prof. Dr. med. Otto Bickenbach (1901-1971) in Natzweiler.<sup>489</sup>

Like many other doctors, Hirt received a promotion within the SS for the execution of human experiments. Sievers declared why Hirt was promoted to SS-Sturmbannführer:

H. hat sich dieser Aufgabe [Kampfstoffversuche u.a. auf dem Gebiete der Fluoreszenzmikroskopie – DL] mit selbstlosem Einsatz und Eifer in einer Weise gewidmet, die seinen Gesundheitszustand stark beeinträchtigte, nicht zuletzt wegen der während der Versuche verwendeten Gifte. Das Ergebnis seiner Forschungen ist gerade für die kämpfende Truppe von ganz besonderer Bedeutung. Seine Leistungen, seine Opferfreudigkeit wie auch seine Dienststellung rechtfertigen die Beförderung zum SS-Sturmbannführer.<sup>490</sup>

It is clear that the Nazi doctors had a lot to gain by conducting the experiments. The fact whether an experiment was organised top-down or initiated bottom-up did not determine the opportunities the Nazi doctors had. The majority willingly seized the unique opportunity the regime offered them without ethical and moral constraints. This issue will be discussed in the next chapters.

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<sup>489</sup> Kasten, 'Unethical Nazi Medicine', 182. Otto Bickenbach was appointed as ausserordentlichen Professor at the Reich Universität Strasbourg in November 1941. In the summer of 1943 and in June 1944 he conducted phosgene experiments in Natzweiler. See: Klee, *Das Personenlexicon*, 47-48.

<sup>490</sup> Letter from Sievers to Der Reichsführer-SS, Persönlichen Stab, Amt A, 6 February 1944, BArch SSO/SS 101 A, p. 2848.

## Chapter 4 – The Mind-set of the Nazi Doctors and the Legitimation of Human Experiments

The central question that has puzzled contemporaries and later scientists ever since the public became informed on the human experiments in German concentration camps, is how men and women who have sworn to do no harm could deliberately harm and even kill people. Victims, prosecutors, judges, and other contemporaries, as well as later historians, psychologists, physicians, and other scientist have come up with various explanations. This chapter will demonstrate that most Nazi doctors had no ethical and moral constraints to experimenting on prisoners of concentration camps. The few physicians who did have ethical and moral constraints could easily suppress them. The post-war trials against the Nazi doctors are the starting point for the analysis of their mind-set.

### 4.1 Trials, Emigration, and Suicides: The Lives of Nazi Doctors after the War

The Nazi doctors kept on experimenting until the final days of the Third Reich. However, when the tide turned against the Third Reich and the collapse became inevitable they started to worry about prosecution. This fear was legitimate because Great Britain, the United States, and the Soviet Union had already in 1943 declared, in a section of the Moscow Declaration, that persons who had committed war crimes and crimes against humanity would be prosecuted after an Allied victory.<sup>491</sup> In the disturbing final days of the war, the Nazi doctors destroyed as much evidence as possible, but the scale of their crimes made it impossible to prevent the seizure of documents by the Allies. While Allied soldiers liberated Europe from Nazi rule, expert teams followed their trails to collect German research findings to contribute to the Allied warfare. Two fields in particular had their interest, namely nuclear technology and biological and medical military research.<sup>492</sup> As a side effect of the screenings of German scientists and the investigations, the Allies became informed of the medical crimes committed in concentration camps. Victims of human experiments and former prisoners also brought the

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<sup>491</sup> Angelika Ebbinghaus, 'Mediziner vor Gericht' in: Klaus-Dietmar Henke et al. (eds.), *Tödliche Medizin im Nationalsozialismus. Von der Rassenhygiene zum Massenmord* (Cologne 2008) 203-224, there 203. The section on atrocities in the Moscow Declaration was given a legal basis in the London Charter of the International Military Tribunal, issued on 8 August 1945, which set down the laws and procedures for the Nuremberg Trials. Three crimes were defined in legal terms: war crimes, crimes against peace and crimes against humanity.

<sup>492</sup> Weindling, *Nazi Medicine*, 44. The expert teams were the British Intelligence Operation Services (BIOS), the Field Information Agencies/Technical (FIAT) and the Combined Intelligence Operations Services (CIOS).

atrocities under the attention of the Allies as victim groups started to collect documents in various concentration camps. This contributed to a growing record of legal evidence.<sup>493</sup>

The doctors in concentrations camps at the outskirts of the German sphere of influence, such as Auschwitz and Natzweiler, were the first to be confronted with the advancing Allied armies. The Germans abandoned the concentration camps and the physicians had to leave their research stations in a hurry. They knew that their actions had been criminal offences and that the Allies would hold them accountable for war crimes if they were caught. Therefore, they tried to transport their research material back to Germany and destroy as much remaining evidence as possible.

Hirt and Haagen were the first doctors confronted with the Allied forces when the American army advanced in the direction of Alsace in November 1944. Hirt feared that the Americans would discover his skeleton collection and had already asked Sievers for directions in October. The head of Ahnenerbe submitted the urgent question to Himmler, offering three possible solutions: maintenance of the collection, partial destruction, or complete destruction. Himmler or his assistant Brandt decided that the collection had to be destroyed.<sup>494</sup> On 23 November 1944, the American army captured Strasbourg. Haagen fled around this day, Hirt had already left the city one week earlier, unable to destroy the skeleton collection. The French resistance and the American soldiers discovered the skeleton collection in the cellars of the Anatomical Institute and arrested Hirt's anatomical assistant Dr. med. Otto Bong.<sup>495</sup> An Allied journalist published an article on the gruesome topic in the *Daily Mail* on 3 January 1945. Nevertheless, the Allies did not yet know the full scale of the crime. The Germans feared post-war trials, and the German Ministry of Foreign Affairs summoned Hirt to comment on the article. Apparently, Hirt had lied to Sievers that he had destroyed the collection since Sievers assumed that the Allies would not have found any incriminating

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<sup>493</sup> Paul Weindling, 'Was wußten die Alliierten während des Krieges und unmittelbar danach über die Menschenversuche in deutschen Konzentrationslagern?' in: Astrid Ley and Marion Maria Ruisinger, *Gewissenlos, gewissenhaft. Menschenversuche im Konzentrationslager* (Erlangen 2001) 52-66, there 62-63, and Ebbinghaus, 'Mediziner vor Gericht', 204-205. On 4 March 1945, former prisoners who had worked as physicians in Auschwitz made an appeal to the international community to notify that prisoners had been used as research subjects. They urged the Allies and neutral states to bring the perpetrators to justice. These former prisoners interrogated victims of the experiments of Mengele and Clauberg. After the war, prisoners from Dachau, Buchenwald, and Ravensbrück also collected information from the victims of human experiments executed in these camps. Former prisoners in Dachau established the *International Investigation-Office for Medical SS-Crimes in the German Concentration Camps, Dachau* in June 1945. The purpose of this office was to support the prosecution of the perpetrators and to compensate the victims. According to Weindling, the Polish women who had become victims of Gebhardt's sulphonamide experiments were particularly active in notifying the authorities, and subsequently the public, on the crimes of the Nazi doctors.

<sup>494</sup> Mitscherlich and Mielke, *Medizin ohne Menschlichkeit*, 179.

<sup>495</sup> Kasten, 'Unethical Nazi Medicine', 194.

evidence: ‘Seien wir froh, daß wir alle Arbeitsunterlagen rechtzeitig vernichtet haben. Mit konkreten Angaben konnte die Gegenseite bisher nicht aufwarten.’<sup>496</sup>

Hirt’s reaction was desperate and exculpatory, arguing that all countries had skeleton collections, including France and the United Kingdom, and that the Germans had found bodies as well at the Anatomical Institute in Strasbourg when they occupied the city in 1940. Hirt argued that he did not work on racial issues, except for the major anthropological skull collection, consisting of skulls of Germans, English, French, Japanese, Chinese, Negroes, Egyptians and so on, that already existed in Strasbourg: ‘Es war meine selbstverständliche Pflicht, diese Schädelammlung zu erhalten und sie der Tradition des Instituts gemäß nach Möglichkeit nach modernen Gesichtspunkten weiterzuführen.’<sup>497</sup> The bodies came from criminals convicted to death, though, it was inevitable that during wartime more bodies were available because of epidemics. Hirt claimed he decided to build research facilities at Natzweiler because he had not enough space to hold his guinea pigs at the Anatomical Institute. He placed his devices and instruments at the disposal of the camp physician after he asked for Hirt’s support on microscopic research. Hirt executed sections on human bodies twice, which was a common practice around the world, according to him. The accusation that he infected prisoners with various diseases was so ignorant, that it did not need refutation: ‘Die Unsinnigkeit der Behauptung, die Insassen mit schweren Seuchen geimpft zu haben, ist wohl schon dadurch ad absurdum geführt, daß höchstens ein Irrsinniger es wagen würde, ein Lager, in dem einige Tausend Menschen sind, mit solchen schwer infektiösen Krankheiten zu verseuchen.’<sup>498</sup> Lastly, Hirt claimed ironically that the commission had mistaken the ‘Entlausungskammer’ for a gas chamber.<sup>499</sup>

A Swedish newspaper accused Ahnenerbe to be an organisation guilty of war crimes. Sievers responded to Brandt that Bong was responsible for the negative press while he was probably ill-treated by the Americans.<sup>500</sup> A few weeks later, Sievers and Hirt discussed the continuation of Hirt’s research for Ahnenerbe at the University of Tübingen. It seems that Sievers did not let himself be influenced by the tide of war: he promised that he would do everything to support Hirt in continuing his research and that he would arrange guinea pigs

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<sup>496</sup> Letter from Sievers to Hirt, 20 January 1945. Cited in: Mitscherlich and Mielke, *Medizin ohne Menschlichkeit*, 179.

<sup>497</sup> ‘Stellungnahme zu der Veröffentlichung der Daily Mail vom 3.1.1945’, written by Hirt in Tübingen on 25 January 1945, BArch NS 19/2281, p. 2-6, there 2.

<sup>498</sup> Ibidem, 5.

<sup>499</sup> Ibidem, 5.

<sup>500</sup> Letter from Sievers to Brandt, 2 February 1945, BArch NS 19/2281.

for him, however, this time the guinea pigs would no longer be concentration camp prisoners but animals.<sup>501</sup>

Clauberg and Mengele had to leave their research facilities in Auschwitz in January 1945. Clauberg moved via Gross-Rosen to Ravensbrück, where he continued his sterilisation experiments on another 35 women. After the war, he moved to Schleswig-Holstein where Soviet troops arrested him on 8 June 1945.<sup>502</sup> Mengele also went from Auschwitz to Gross-Rosen. He brought many samples and research files back to Germany, but was also forced to destroy many files that could be used as evidence against him. In the final months of the war, he worked in several camps, constantly on the move from the advancing troops. American troops finally arrested him in June 1945. He was well aware of his crimes and tried to avoid prosecution: he wore a Wehrmacht uniform and probably used a false name. The Americans were unaware of his identity, also because of the absence of a SS tattoo on Mengele's body, and he was released after only six weeks. Mengele went immediately into hiding in Mangolding, Upper Bavaria.<sup>503</sup>

The Allies prosecuted the highest functionaries of the Third Reich at the Nuremberg Trial immediately after the war. Nevertheless, they also wanted to prosecute lower ranks of the Nazi hierarchy that committed crimes. The Allied Control Council Law No. 10, issued on 20 December 1945, made their prosecution possible because it authorized every occupying power in Germany to prosecute war criminals in their own national jurisdiction. The following crimes would be prosecuted: crimes against peace, planning and implementing an aggressive war, war crimes, crimes against humanity and membership of a criminal organisation.<sup>504</sup> While the prosecutors of the United States prepared a trial against the main perpetrators of medical crimes in the Third Reich, they had already brought the first Nazi doctor who had executed human experiments to justice.

The U.S. General Military Government Court prosecuted Schilling, together with 39 other perpetrators from Dachau concentration camp, at the site of the former camp from 15 November until 13 December 1945.<sup>505</sup> Obviously, this trial was not based on Law No. 10.

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<sup>501</sup> Letter from Sievers to Brandt, 21 February 1945, BArch NS 19/2281.

<sup>502</sup> Sehn, 'Carl Claubergs', 14.

<sup>503</sup> Völklein, *Josef Mengele*, 187-199, and Stensager, *Josef Mengele*, 233-237.

<sup>504</sup> Ebbinghaus, 'Mediziner vor Gericht', 203.

<sup>505</sup> Sigel, *Im Interesse der Gerechtigkeit*, 40-42, and Joshua M. Greene, *Justice at Dachau. The Trials of an American Prosecutor* (New York 2003) 29, 41. The tribunal composed of eight senior military officers, headed by Brig. Gen. John M. Lentz. The prosecution consisted of five persons, with the thirty-two year-old lawyer Denson as head of the team. None of the prosecutors had any experience with war crimes. The indictment only prosecuted alleged crimes against Allied nationals, and only crimes that had been committed after the United States had entered the war in December 1941. According to Greene, the United States had two reasons why they choose the campsite as the location for the court: the Moscow Declaration stipulated that the war criminals had

The court accused all forty men of a “common design” of wilfully and deliberately committing crimes such as cruelty, torture, murder, fighting, starvation, and humiliation against civilians and prisoners of war at concentration camp Dachau.<sup>506</sup> The accused faced two charges; war crimes against civilians and war crimes against members of armed forces. Chief prosecutor Denson argued that crimes against humanity could only be charged if the defendants had committed such crimes for reasons of political, racial, ethnic, and religious persecution, as had been the case in the Nuremberg Major Trial. According to him, this was hard to apply to the defendants at Dachau and therefore, he used the concept of common design against the defendants as an alternative. Applying common design gave Denson the opportunity to prosecute everyone who had worked in the concentration camp but without the restrictions of the charge of conspiracy and crimes against humanity.<sup>507</sup> Common design worked in both ways: on the one hand, Schilling who had conducted human experiments was charged with all the violations of law committed at Dachau, on the other hand, the staff of the concentration camp that had never been involved in the experiments were also charged with these crimes. Thus, the defendants were also prosecuted for the experiments conducted in commission of the Luftwaffe, while the main perpetrators of these experiments stood trial in Nuremberg. All the defendants at the Dachau trial were ‘charged with the common design to perform the mistreatments [the experiments – DL]’, to quote prosecutor Denson.<sup>508</sup>

The court extensively interrogated Schilling about the malaria experiments. He regarded himself as a ‘free, independent, research man’ who was not guilty of any crimes. Himmler’s order from 12 March 1945 to burn all documents related to the experiments affected him deeply as a devoted scientist: ‘I must confess that this order hit me at the innermost. This terrific amount of work involved just to destroy that – that is a terrible impression for me but I did not have any choice.’<sup>509</sup> Schilling contradicted himself on the

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to be brought back to the location where the atrocities had taken place and be judged there, and the spacious buildings at Dachau could facilitate the court and its administration.

<sup>506</sup> Robert Alderson Wright (1869-1964), first chairman of the United Nations War Crimes Commission, invented the concept of common design. According to Wright the charge of conspiracy to commit a crime was too limited to convict a perpetrator or a group of perpetrators, because ‘conspiracy required a conscious collaboration among individuals gathered for the purpose of committing an illegal act.’ But what if the crime had a ‘continuing nature’ and the perpetrators never met at the same time or place to conspire their crime? The crime would never meet the charge of conspiracy. Wright found a solution in the concept of common design, in which the crime could be charged as a ‘conscious intent among disparate participants’. Common design as an independent crime does not exist, and in contrast to conspiracy, it only exists when it is related to certain criminal acts. See: Sigel, *Im Interesse der Gerechtigkeit*, 43, and Greene, *Justice at Dachau*, 42-43.

<sup>507</sup> Greene, *Justice at Dachau*, 43.

<sup>508</sup> *Ibidem*, 50.

<sup>509</sup> Interrogation of Professor Schilling, Archive Gedenkstätte Dachau, A 3675, 429. At the time of this order, Schilling was hospitalised in Munich. Therefore, he did not destroy the documents himself. When Himmler

issue on the voluntary participation of the prisoners: in his affidavit before the trial he said that none of the persons were volunteers,<sup>510</sup> whereas during the trial he said that only four or five patients refused to participate whom he convinced to participate in the end, indirectly claiming that everybody volunteered.<sup>511</sup> The court rejected all his exculpatory arguments and convicted him to death on 13 December 1945. He was convicted for his human experiments on the legal basis of common design: although his research facility at Dachau had been separately and independently organized, and despite the fact that he had not intentionally and knowingly killed anyone or participated in the common design to subject civilian nationals and members of the armed forces of nations then at war with the Third Reich, Schilling had become part of the common design because he had chosen Dachau as the site for his research station. He must have known that his research benefited the Nazi's and he used prisoners as guinea pigs without their consent.<sup>512</sup> Only seven months after the end of the war was the first Nazi doctor convicted for medical crimes.

The largest trial against perpetrators of medical crimes during the time of the Third Reich was the Nuremberg Medical Trial. The United States founded the American Military Tribunal (AMT) after the Nuremberg Trial, to prosecute high-ranking Nazi officials grouped by their profession. Although research groups had collected enough evidence for a separate trial against Nazi doctors, it remained unclear until the summer of 1946 whether there would be such a trial. Initially, the United States wanted to start with the prosecution of German industrialists in cooperation with the other Allies. However, they postponed this trial for political reasons.<sup>513</sup> Instead, the AMT started a trial against perpetrators who had been involved in the Holocaust, the euthanasia program and the human experiments.<sup>514</sup> Although the court prosecuted perpetrators of these various medical crimes, the focus of the trial was on the human experiments.<sup>515</sup> Twenty-three defendants were prosecuted during the Nuremberg

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ordered the termination of the malaria research station at the beginning of April 1945, Schilling was still in the hospital.

<sup>510</sup> 'Review of Proceedings of General Military Court', Jewish Virtual Library, 45.

<sup>511</sup> Interrogation of Professor Schilling, Archive Gedenkstätte Dachau, A 3675, 370.

<sup>512</sup> Sigel, *Im Interesse der Gerechtigkeit*, 75.

<sup>513</sup> Paul Weindling, 'Zur Vorgeschichte des Nürnberger Ärzteprozesses' in: Angelika Ebbinghaus and Klaus Dörner (eds.), *Vernichten und Heilen. Der Nürnberger Ärzteprozeß und seine Folgen* (Berlin 2001) 26-47, there 27-28. Financial issues, political and legal debates between jurists of the Allies, and the rising political tensions between the Allies undermined the establishment of a second international military tribunal. Furthermore, the Americans were insecure about which members of the Krupp-dynasty had to be prosecuted. In contrast, the French were particularly interested in the prosecution of the industrialist Hermann Röchling.

<sup>514</sup> Weindling, 'Zur Vorgeschichte', 28, and Hans-Walter Schmuhl, 'Brüche und Kontinuitäten nach 1945.

Nürnberger Ärzteprozess und »Euthanasie«-Prozesse' in: Robert Jütte et al. (eds.), *Medizin und Nationalsozialismus. Bilanz und Perspektiven der Forschung* (Göttingen 2011) 267-282, there 270.

<sup>515</sup> Weindling, *Nazi Medicine*, 187.

Medical Trial, consisting of twenty doctors, two functionaries, and one jurist.<sup>516</sup> They had mainly acted as functionaries (*Schreibtischtäter*), but also a few Nazi doctors who committed human experiments were prosecuted, including Beiglböck, Fischer, Gebhardt, Hoven, and Oberheuser. The trial lasted from 9 December 1946 until 20 August 1947.<sup>517</sup>

The United States indicted the accused on four counts. Count One charged the defendants with conspiracy of war crimes and crimes against humanity, as described in Count Two and Three. The prosecutor claimed that the accused had conspired to commit war crimes and crimes against humanity between September 1939 and April 1945. The prosecution stated that ‘each experiment constituted a criminal conspiracy in and of itself. None of the experiments were formulated and executed by one man.’<sup>518</sup> In contrast to the Dachau Trial, prosecutor Telford Taylor charged the accused with conspiracy to commit the crimes. Count Two and Count Three were the main counts of the indictment because those counts dealt directly with the human experiments. Count Two charged the accused with war crimes, because the experiments had been executed ‘without the subjects’ consent, upon civilians and members of the armed forces of nations then at war with the German Reich and who were in the custody of the German Reich in exercise of belligerent control.’<sup>519</sup> Count Three declared the human experiments as crimes against humanity.<sup>520</sup> The defendants who had been members of the SS, including Fischer, Gebhardt, and Hoven, were also charged with Count

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<sup>516</sup> The accused were: Dr. med. Hermann Becker-Freyseng, Prof. Dr. med. Wilhelm Beiglböck, Prof. Dr. med. Kurt Blome, Viktor Brack, Prof. Dr. med. Karl Brandt, Dr. iur. Rudolf Brandt, Dr. med. Fritz Fischer, Prof. Dr. med. Karl Gebhardt, Dr. med. Karl Genzken, Prof. Dr. med. Siegfried Handloser, Dr. med. Waldemar Hoven, Prof. Dr. med. Joachim Mrugowsky, Dr. med. Herta Oberheuser, Dr. med. Adolf Pokorny, Dr. med. Helmut Poppendick, Dr. med. Hans Wolfgang Romberg, Prof. Dr. med. Gerhard Rose, Prof. Dr. med. Paul Rostock, Dr. med. Siegfried Ruff, Dr. med. Konrad Schäfer, Prof. Dr. med. Oskar Schröder, Wolfram Sievers, and Prof. Dr. med. Georg Weltz.

<sup>517</sup> The Nuremberg Medical Trial was headed by four judges: Walter B. Beals, Harold L. Sebring, Johnson T. Crawford and Victor C. Swearingen. The Chief of the Counsel of the Prosecution (for all AMT trials) was General Telford Taylor, the chief prosecutor was James M. McHaney. The prosecution team also had a medical advisor, Dr. Leo Alexander. The prosecution brought forward 32 witnesses and 570 documents as evidence to prove the guilt of the accused. The defence team had 53 witnesses, including the 23 accused, and 901 exculpatory documents to demonstrate the innocence of the defendants. See: Mitscherlich and Mielke, *Medizin ohne Menschlichkeit*, 276.

<sup>518</sup> Cited in: Freyhofer, *The Nuremberg Medical Trial*, 59.

<sup>519</sup> Cited in: Freyhofer, *The Nuremberg Medical Trial*, 63.

<sup>520</sup> Freyhofer, *The Nuremberg Medical Trial*, 75. The London Agreement defines crimes against humanity as follows: ‘[...] atrocities and offenses, including but not limited to murder, extermination, enslavement, deportation, and other inhumane acts committed against any other civilian population, before or during the war; or persecutions on political, racial or religious grounds in execution of or in connection with any crime within the jurisdiction of the tribunal, whether or not in violation of the domestic law of the country where perpetrated’. Cited in: Freyhofer, *The Nuremberg Medical Trial*, 47. The distinction between war crimes and crimes against humanity is that the former refers to atrocities such as ill-treatment and murder committed against prisoners of war and civilians from occupied territory, whereas the latter refers to these atrocities committed against any civilian population.

Four, which accused them of membership of a criminal organisation.<sup>521</sup> The charges against the defendants at the Doctors' Trial were more comprehensive than the ones against Schilling at the Dachau Trial, because the Doctors' Trial had to prosecute the medical atrocities specifically, whereas the Dachau Trial prosecuted all crimes committed in the concentration camp based on a common design.

The court decided not to convict the defendants on Count One, conspiracy to commit war crimes and crimes against humanity, because the judges argued that neither the International Military Tribunal nor the Allied Control Council Law No. 10 had defined conspiracy of war crimes and crimes against humanity in legal terms. Therefore, the court stated that it had no jurisdiction to prosecute the defendants on this count. The court handled Count Two and Three together. The court convicted all five Nazi doctors that executed the human experiments in concentration camps based on the four counts of the indictment. However, because the court judged every defendant individually, their verdicts and sentences varied. Gebhardt and Hoven were convicted on Count Two, Three and Four and sentenced to death by hanging.<sup>522</sup> They were both executed at the prison in Landsberg am Lech on 2 June 1948.<sup>523</sup> The court also convicted Fischer on these counts but sentenced him to lifelong imprisonment. Because Oberheuser and Beiglböck had not been members of the SS, the court convicted them only on Count Two and Three; Oberheuser received twenty years imprisonment and Beiglböck fifteen years imprisonment.<sup>524</sup> However, none of these three perpetrators served their full sentences. In the early fifties, the Americans commuted all penalties to ten years as a consequence of the Cold War. To ensure West Germany's support for the West, the United States gave clemency to many war criminals, including those convicted at the Medical Trial.<sup>525</sup> Shortly after the commuting of sentences, the Americans released the perpetrators. Beiglböck was released in 1951, Oberheuser in 1952, and Fischer in 1954.<sup>526</sup>

Haagen served only as a witness at the Doctors' Trial. The Americans arrested him in June 1945 but released him in the summer of 1946. As was the case with the questioning of Mengele, his interrogators were unaware of his criminal human experiments. He moved to the Russian sector in Berlin in October 1946 to work for the Soviet Institute for Virus and

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<sup>521</sup> Mitscherlich and Mielke, *Medizin ohne Menschlichkeit*, 277-278. The International Military Tribunal had marked the SS as a criminal organisation. Count Four was based on this judgement.

<sup>522</sup> Ibidem, 276-280.

<sup>523</sup> Klee, *Das Personenlexicon*, 176, 272.

<sup>524</sup> Mitscherlich and Mielke, *Medizin ohne Menschlichkeit*, 280-281.

<sup>525</sup> Weindling, *Nazi Medicine*, 307.

<sup>526</sup> Klee, *Das Personenlexicon*, 36-37, 152, 441.

Tumour Research. The United States and Great Britain suspected the institute of developing biological and chemical weapons. Therefore, the British intelligent services decoyed Haagen under pretext to the British sector where they arrested him. The British extradited him to France in 1947. In the summer of 1947, the Americans interrogated him at the Doctors' Trial about his crimes and the political structure behind the human experiments. Back in France, a Military Tribunal in Metz convicted him, together with Otto Bickenbach, to lifelong forced labour in 1952. However, a higher court repealed the sentence and convicted him to twenty years imprisonment in 1954. They released him in 1955. He returned to Germany and worked as a virus researcher until his retirement in 1965.<sup>527</sup>

The most astonishing is the Brachtel case. The United States prosecuted Brachtel in an individual trial, from 24 November until 11 December 1947, together with Karl Zimmerman, who had been *Oberkapo* of the Dachau camp hospital. Brachtel admitted that he had executed tuberculosis experiments and liver punctures, and that he had assisted Schilling in his malaria experiments. Brachtel created a positive and hospitable atmosphere during his trial by answering the questions of the prosecutor and the judges in a friendly and elaborate manner, speaking both German and English. The atmosphere was more like an academic lecture than a judicial cross-examination, according to historian Robert Sigel.<sup>528</sup> Nevertheless, the court did not acquit him for his sympathetic behaviour but for political reasons. Rose and Brandt argued during the Nuremberg Medical trial that the United States also executed malaria experiments on prisoners without their consent. Although these experiments could not be compared with the scale and the gruesome character of the German experiments,<sup>529</sup> various physicians' associations from the United States lobbied not to prosecute persons for conducting human experiments they themselves executed as well, in this case malaria.<sup>530</sup> Whereas Schilling had been convicted two years earlier to death for the malaria experiments, and five other Nazi doctors had been sentenced to death and imprisonment just a few months earlier, Brachtel was acquitted.<sup>531</sup>

The Soviet Union also prosecuted Nazi doctors for human experiments. Clauberg and Kremer, who had both committed their crimes in Auschwitz, were prosecuted in the Soviet Union. British soldiers arrested Kremer for his SS membership in August 1945. During his imprisonment in Neuengamme, the Allies discovered his diary and became aware of his

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<sup>527</sup> Weindling, 'Virologist and National Socialist', 242-249, and Klee, *Das Personenlexicon*, 213. Haagen's research was funded by the German Research Society (DFG). He wrote two more books on virology.

<sup>528</sup> Sigel, *Im Interesse der Gerechtigkeit*, 81-83.

<sup>529</sup> Weindling, *Nazi Medicine*, 201-203.

<sup>530</sup> Wolters, '„Zur ‚Belohnung‘', 44-45.

<sup>531</sup> Sigel, *Im Interesse der Gerechtigkeit*, 82, and Wolters, '„Zur ‚Belohnung‘', 44-45.

involvement in Auschwitz crimes. They extradited him to Poland at the end of 1946. The Polish Supreme People's Tribunal in Cracow sentenced him to death on 22 December 1947, but within one month, the sentence was repealed to life imprisonment. Kremer was released from prison in 1958 because of good behaviour, his old age and illness. He returned to Münster, where the German authorities arrested him. The *Landgericht* in Münster sentenced him to ten years imprisonment on 22 November 1960, but he did not have to serve this sentence due to his imprisonment in Poland.<sup>532</sup> The Russians transported Clauberg after his arrest to Moscow, where he was sentenced to twenty-five years imprisonment in 1948. However, the court convicted him for mass murder of political prisoners and not for the experiments.<sup>533</sup> The Soviet Union gave him amnesty in 1955. Back in the German Federal Republic, the authorities arrested him again. He died during his trial in 1957 because of a stroke.<sup>534</sup> Clauberg and Kremer faced the longest judicial consequences for their participation in the human experiments.

Five doctors escaped prosecution for various reasons. Ding-Schuler and Hirt committed suicide shortly after the German surrender. Kogon wrote in his book *Der SS-Staat. Das System der deutschen Konzentrationslager* that he, through his conversations with Ding-Schuler, made clear to him that National Socialism would come to an end sooner or later, and that Ding-Schuler would be held accountable for his crimes.<sup>535</sup> Ding-Schuler always tried to give the impression that he was stationed in Berlin out of fear for accountability. At the time when Germany was losing the war in 1944, Ding changed his name to Schuler, the name of his birth father, to conceal his identity.<sup>536</sup> According to Kogon, Ding-Schuler already considered committing suicide at the end of the war. American soldiers arrested him in April 1945 during the liberation of Buchenwald. Ding-Schuler killed himself in captivity on 11 August 1945.<sup>537</sup> Hirt committed suicide in the Black Forest near Tübingen on 2 June 1945. His wife and son had been killed by the bombardment on Strasbourg on 25 September 1944.<sup>538</sup> Hirt hid in the forests near Tübingen after the German surrender. He realised that the downfall of National Socialism meant the end of his life as a respectable researcher, and he feared prosecution by the Allies. His life and his research had become worthless.<sup>539</sup>

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<sup>532</sup> 'Das Urteil gegen Dr. Johann Paul Kremer.', 6-7, and Klee, *Das Personenlexicon*, 338-339.

<sup>533</sup> Weinberger, *Fertility Experiments*, 386.

<sup>534</sup> Sehn, 'Carl Claubergs', 26-28, and Klee, *Das Personenlexicon*, 94.

<sup>535</sup> Kogon, *Der SS-Staat*, 331.

<sup>536</sup> Baumslag, *Murderous Medicine*, 147.

<sup>537</sup> Kogon, *Der SS-Staat*, 332.

<sup>538</sup> 'Stellungnahme', BArch NS 12/2281, 6. Only Hirt and his daughter survived the bombardment. See: Kasten, 'Unethical Nazi Medicine', 196.

<sup>539</sup> Kasten, 'Unethical Nazi Medicine', 196.

Both Mengele and Værnet escaped their imminent prosecution. Both men were interrogated about their wartime activities but released because of a lack of evidence. Afterwards, they fled to South-America where they would live until their death without ever being held accountable for their crimes committed in German concentration camps. One day after the liberation of Denmark, the police arrested Værnet for collaboration with the Wehrmacht and the SS. He denied any involvement with these organisations. The Danish and British authorities suspected him of being a spy during the war, but they could not prove this accusation with documents and released him in November 1945. In February 1946, the prosecutors accused him again, this time of treason and subversive activities. Værnet wrote a letter to the police inspector claiming that he could sell his artificial gland; a second arrest would halt the process and the subsequent income for Denmark. Besides the police investigation, the Danish press started to investigate Værnet's wartime activities during the summer of 1946. Because prosecution became ever more realistic, he left Denmark at the end of 1946 and fled to Brazil.<sup>540</sup> Mengele also fled to South-America. He remained in hiding in Mangolding and escaped via Italy to Argentina in 1949.<sup>541</sup> Because he was never brought to justice, he could become a mythical figure. De Mildt compares Mengele with Eichmann: the former remained a symbol of evil, the latter was 'again reduced to "normal human proportions"' during his trial in Jerusalem in 1962.<sup>542</sup>

Rascher did not survive the end of the war because of fraud. His sixteen-year-old wife had mysteriously given birth to four boys despite her old age. The issue had already raised the attention of Himmler at the beginning of the 1940s, but was finally solved in March 1944. The trail of a kidnapped baby at the Munich Main Railway station led to Rascher's wife Nini.<sup>543</sup> It turned out that all of the couple's four "children" had been kidnapped. Nini tried to exempt her husband of his involvement, claiming that she had acted on her own and that she had deceived Rascher.<sup>544</sup> The evidence that Rascher had forged the birth certificate of his last

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<sup>540</sup> Davidsen-Nielsen et al., *Carl Værnet*, 72-131.

<sup>541</sup> Stensager, *Josef Mengele*, 237-255.

<sup>542</sup> Mildt, *In the Name of the People*, 14-15. Quote: 'Indeed, if it had not been for the Jerusalem trial, Adolf Eichmann would have remained just as mythical figure as Joseph Mengele will probably always continue to be for the most of us. The difference in our perception of both these Nazi criminals is determined by the circumstance that, whereas the former was exposed and duly tried, the latter succeeded in escaping this fate. Because of his trial the "expeditionist of death" was once again reduced to "normal human proportions" with the average characteristics familiar to all specimens of the species.'

<sup>543</sup> Benz, 'Dr. med. Sigmund Rascher', 212.

<sup>544</sup> Letter from Nini Rascher to Rudolf Brandt, 21 April 1944, BArch NS 19/1590, p. 129.

“child” rebuffed this implausible statement of Nini.<sup>545</sup> Himmler felt personally betrayed.<sup>546</sup> The SS kept him in custody at a base near Munich until February 1945, when Himmler excluded him from the SS and sent him to Buchenwald.<sup>547</sup> He returned to Dachau at the beginning of April 1945, this time as a prisoner, where the SS executed him on 26 April 1945, three days before the liberation of the camp.<sup>548</sup>

## 4.2 Justifying Unethical and Criminal Behaviour

The Nazi doctors gave various arguments to legitimate the execution of human experiments during the trials. Some of these arguments were plausible, however, most of them were mere retrospective justifications to exonerate themselves from their crimes. The justifications concerned extraordinary circumstances, the research subjects, and their own involvement.

First, the Nazi doctors argued that various extraordinary circumstances made human experiments necessary and unavoidable. The consequences of the war against the Soviet Union were already discussed in the previous chapter. The defendants claimed that the total war threatened the existence and survival of the Third Reich and the German nation, and therefore, it was in their eyes legitimate to make exemptions to common morality in the name of the defence and security of the state.<sup>549</sup> Fischer testified that he initially objected the experiments but finally approved because of his experience as a medical officer at the Eastern front, where many soldiers died because of injuries.<sup>550</sup>

The argument of warfare made sense to a certain extent, because it was part of the National Socialist mind-set during the war. The Third Reich demanded that everybody contributed to German warfare. The National Socialist argument was that if soldiers placed their lives at risk at the front, the prisoners at concentration camps should also sacrifice their

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<sup>545</sup> Letter from Freiherr von Eberstein, SS-Obergruppenführer and President of the Munich Police, to Rudolf Brandt, 29 April 1944, BArch NS 19/1590, p. 131. Eberstein led the investigation personally. See: Benz, ‘Dr. med. Sigmund Rascher’, 212.

<sup>546</sup> Weindling argued that Himmler might have feared that Rascher wanted to change to the academic world and leave the SS. His arrest served as a means to keep him under the control of the SS. However, this argument is only a speculation. See: Weindling, *Nazi Medicine*, 179.

<sup>547</sup> Letter from Himmler to Rascher, 14 February 1945, BArch SSO/SS 007B, p. 1035, and Knoll, ‘Humanexperimente der Luftwaffe’, 146.

<sup>548</sup> Knoll, ‘Humanexperimente der Luftwaffe’, 146. Nini Rascher was shortly after her arrest sent to Ravensbrück. She was hanged in the final days of the regime after an unsuccessful attempt to flee. See: Benz, ‘Dr. med. Sigmund Rascher’, 214.

<sup>549</sup> Caplan, ‘How Did Medicine Go So Wrong?’, 74-75.

<sup>550</sup> Angelika Ebbinghaus, ‘Strategien der Verteidigung’ in: Angelika Ebbinghaus and Klaus Dörner (eds.), *Vernichten und Heilen. Der Nürnberger Ärzteprozeß und seine Folgen* (Berlin 2001) 405-435, 586-591, there 423.

lives.<sup>551</sup> A letter from Himmler to Rascher, concerning the hypothermia experiments, illustrates this mind-set:

Leute, die heute noch diese Menschenversuche ablehnen, lieber dafür aber tapfere deutsche Soldaten an den Folgen dieser Unterkühlung sterben lassen, sehe ich auch als Hoch- und Landesverräter an, und ich werde mich nicht scheuen, die Namen dieser Herren an den in Frage kommenden Stellen zu nennen.<sup>552</sup>

Gebhardt claimed his experiments could save the lives of soldiers.<sup>553</sup> However, there is no proof that the human experiments made a significant difference to the warfare, neither to the soldiers at the front nor to the citizens at the home front.<sup>554</sup> Despite the absence of direct results of the human experiments, the Nazi doctors emphasized the scientific value of the experiments to the court.<sup>555</sup> The defendants also argued that time pressure made it impossible to develop a detailed research design including animal experiments and the use of volunteers as research subjects.<sup>556</sup> All of the defendants argued that they would not have executed the experiment under normal, peacetime circumstances.<sup>557</sup> The claim made by the Nazi doctors of the imminent dangers and threats because of the war is a legitimate argument in the sense that at the time they really believed the experiments could benefit German warfare. Nevertheless, as is the case with all their exonerating arguments, this does not legitimise the experiments on humans, legally nor morally.

The rhetorical question the Nazi doctors asked themselves was whether it was legitimate to sacrifice a small group of people to save the lives of tens of thousands of soldiers. According to them, it was reasonable to sacrifice a small minority for the benefits of the majority, or even, as for example Haagen and Schilling claimed, for the sake of humanity.<sup>558</sup> Schilling argued during his trial:

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<sup>551</sup> Klaus Dörner, '»Ich darf nicht denken.« Das medizinische Selbstverständnis der Angeklagten' in: Angelika Ebbinghaus and Klaus Dörner (eds.), *Vernichten und Heilen. Der Nürnberger Ärzteprozeß und seine Folgen* (Berlin 2001) 331-357, 573-576, there 348.

<sup>552</sup> Letter from Himmler to Rascher, 24 October 1942, BArch NS 19/1590, p. 63-64.

<sup>553</sup> Weindling, *Nazi Medicine*, 205.

<sup>554</sup> Freyhofer, *The Nuremberg Medical Trial*, 38.

<sup>555</sup> Weindling, *Nazi Medicine*, 200. Freyhofer argued that after the war information obtained by the experiments was used as the base for scientific articles. The Hastings Center Report from December 1984 stated that at least 45 research articles published after the war had been based on the information from human experiments. The majority of the articles was on hypothermia, aviation medicine, immunology and genetics. Freyhofer argued that probably much more articles based on the data of human experiments than these 45 published have been published. See: Freyhofer, *The Nuremberg Medical Trial*, 40.

<sup>556</sup> Arthur L. Caplan, 'The Doctors' Trial and Analogies to the Holocaust in Contemporary Bioethical Debates' in: George J. Annas and Michael A. Grodin (eds.), *The Nazi Doctors and the Nuremberg Code. Human Rights in Human Experimentation* (Oxford 1992) 258-275, there 266.

<sup>557</sup> Freyhofer, *The Nuremberg Medical Trial*, 130.

<sup>558</sup> Weindling, 'Virologist and National Socialist', 248.

Before the conversation took place with Doctor Conti, and above all, with Himmler, I stood, you might say, in front of a scale. On the one side there were the thoughts and considerations which each doctor must have if he desires to perform experiments on human beings. On the other side of the scales there was the great importance of these experiments. I said yesterday that 17 million cases of malaria were determined by commission of the League of Nations, of which I am a member myself, and these millions of sicknesses, and even death cases, they constituted the heavy weight which tipped the scales. I knew of the responsibility and I took it upon myself, in the name of science, and above all, in the name of humanity.<sup>559</sup>

This is a bold claim. Schilling hoped he would discover a vaccine against malaria that would be applied worldwide. Nevertheless, he was not driven by utopian motives but by his own ambition to become famous. Therefore, he did not take it upon himself in the name of science and humanity, but in the name of careerism.

Some of the defendants, including Gebhardt and Schilling, claimed that animal experiments made no sense because animals had a different immunology than humans.<sup>560</sup> When the prosecutor asked why he did not use animals for the experiments, Schilling said: 'I was asked hundreds of times why I do not work with animals. The simple answer is that malaria of the human being cannot be transmitted to animals – even highly developed apes, chimpanzees are not receivers of malaria.'<sup>561</sup> This was a recognised principle in malaria research, he argued.

The Nazi doctors tried to exonerate themselves by claiming that many countries executed human experiments on prisoners, including the United States, and that there were no universal legal and ethical guidelines for human experimentation. Without precise and written guidelines, they could not have violated ethical standards. Following the legal principle of *nullum crimen sine lege scripta, certa praevia* (no crime without prior written, certain, law) they had not even committed a crime and could not be held legally accountable. However, the prosecution at the Nuremberg Trial could easily demonstrate that the Nazi doctors had violated their own laws, namely the guidelines of 1931 that obligated informed and voluntary consent for human experiments.<sup>562</sup>

The defendants also legitimised the use of concentration camp prisoners. All of them claimed they only had used persons convicted to death. They argued that it was legitimate to

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<sup>559</sup> Interrogation of Professor Schilling, Archive Gedenkstätte Dachau, A 3675, 400. On the question why he had not executed self-experiments, Schilling answered that he had been infected already three times with malaria and therefore his immunity had changed.

<sup>560</sup> Weindling, *Nazi Medicine*, 205.

<sup>561</sup> Interrogation of Professor Schilling, Archive Gedenkstätte Dachau, A 3675, 368.

<sup>562</sup> Dörner, '»Ich darf nicht denken.«', 350, and Schmidt, 'Medical Ethics and Nazism', 602.

use the prisoners, because their death was inevitable.<sup>563</sup> Gebhardt argued he did not ask whether the prisoners had given their consent because a war tribunal had convicted them to death.<sup>564</sup> Gebhardt responded irritably when the interrogator asked him whether he considered the involuntarily removal of the scapula of a healthy person as a violation of the Hippocratic Oath: 'An schon Verurteilten! Das ist eine grundsätzliche Auffassung.'<sup>565</sup> Kremer said he acted 'very human' by selecting persons from those convicted to death.<sup>566</sup> However, this argument is false because the prisoners had not been convicted by a court. The Nazi regime locked them up in a concentration camp based on their nationality, race, ethnicity, political conviction, or because they deemed them as inferior persons for other reasons such as homosexuality. The Nazi doctors only used people they deemed as inferior as research subjects.<sup>567</sup> Furthermore, they selected the prisoners randomly and did not care whether a court had convicted them to death.<sup>568</sup>

Some of the defendants claimed that the prisoners volunteered for the human experiments. Brachtel said that he obtained the consent of the prisoners to conduct liver punctures.<sup>569</sup> They interpreted the fact that the prisoners did not resist as silent approval for their participation. Witnesses claimed that the doctors acted friendly towards the prisoners, as if they participated voluntarily.<sup>570</sup> Gebhardt said that he was unaware whether the prisoners had given their consent.<sup>571</sup> According to Dörner, physicians like Gebhardt intentionally did not ask whether the prisoners were criminal offenders, if they participated voluntarily, and if they would be released after their participation.<sup>572</sup> This statement implies that the Nazi doctors suppressed their moral and ethical constraints and would have acted differently if they knew the true nature of their research subject. However, the Nazi doctors knew for sure the situation of the prisoners. They were even willing to let them die. When the prosecutor asked Gebhardt whether experiments executed on prisoners without their consent was a criminal offence by

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<sup>563</sup> Caplan, 'How Did Medicine Go So Wrong?', 72.

<sup>564</sup> Vernehmung des Karl Gebhardt, IfZ, 25-26.

<sup>565</sup> Ibidem, 25.

<sup>566</sup> 'Das Urteil gegen Dr. Johann Paul Kremer.', 27.

<sup>567</sup> Caplan, 'How Did Medicine Go So Wrong?', 73.

<sup>568</sup> Weindling, *Nazi Medicine*, 204.

<sup>569</sup> United States v. Rudolf Adalbert Brachtel, et al., Case No. 000-30-2-103, Headquarters 7708 War Crimes Group European Command, 26 February 1948, Jewish Virtual Library, p. 1-4, there 2. URL: <http://www.jewishvirtuallibrary.org/jsourc/Holocaust/dachautrial/d104.pdf> (accessed 23 September 2013)

<sup>570</sup> Dörner, '»Ich darf nicht denken.«', 344.

<sup>571</sup> Vernehmung des Karl Gebhardt, IfZ, 25-26.

<sup>572</sup> Dörner, '»Ich darf nicht denken.«', 343.

the perpetrator, he responded: 'Wenn es der Staat war und der staatliche Auftrag bestanden hat, also es legalisiert war, sicher nicht.'<sup>573</sup>

The defendants supported the claim of voluntary participation with the argument that the prisoners benefitted from their participation in the experiment. The prisoners received nutritious food, became immune to various diseases, were saved from inevitable execution or death, and afterwards would be pardoned by the regime.<sup>574</sup> 'Ich war der Auffassung, daß den Versuchspersonen, die unter deutschem Recht stehen, den sicheren Tod vor Augen hatten, eine menschlich vertretbare Chance geboten würde. Und ich glaubte, daß ich, in der gleichen Situation, eine solche Chance ergreifen würde', said Fischer.<sup>575</sup> The defendants argued that they had even helped the prisoners. Haagen claimed the prisoners should be grateful for their immunity to typhus after their participation in his experiment.<sup>576</sup> Clauberg argued that from the moment he realised what was happening to the prisoners in Auschwitz, his aim became to save as many women as possible from the gas chambers. He said the women wanted to be his research subjects and to be sterilised, because it was their only way to prevent execution.<sup>577</sup> Oberheuser said she could not prevent the experiments and had to cooperate, though the only thing she could do was to help the patients at the best of her ability.<sup>578</sup> Hoven argued that he saved his assistants from execution,<sup>579</sup> and that he executed people in consultation with, and on orders of members of Jewish, German, Dutch, Polish, and Czech resistance groups within Buchenwald.<sup>580</sup>

The argument that the prisoners benefitted from their participation is obviously false. In some cases the research subjects received more food, but only to improve their health to match the physical condition of German soldiers, and only as long as the experiment lasted. The immunisation argument does not need refutation because the doctors infected the prisoners with diseases without their consent. Moreover, many prisoners died because of these

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<sup>573</sup> Ebbinghaus, 'Strategien der Verteidigung', 423.

<sup>574</sup> Dörner, '»Ich darf nicht denken.«', 344.

<sup>575</sup> Cited in: Mitscherlich and Mielke, *Medizin ohne Menschlichkeit*, 149.

<sup>576</sup> Weindling, 'Virologist and National Socialist', 248-249.

<sup>577</sup> Weinberger, *Fertility Experiments*, 388, and Sehn, 'Carl Claubergs', 26-28.

<sup>578</sup> 'Final plea for the Defendant Dr. Herta Oberheuser' in: Harvard Law School Library. *Nuremberg Trials Project: A Digital Document Collection*, Item No. 803, 1-30, there 15-17. URL: [http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSL\\_NMT01&docnum=803&numpages=30&startpage=1&title=Final+plea+for+the+Defendant+Dr.+Herta+Oberheuser.&color\\_setting=C](http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSL_NMT01&docnum=803&numpages=30&startpage=1&title=Final+plea+for+the+Defendant+Dr.+Herta+Oberheuser.&color_setting=C) (accessed 10 October 2013).

<sup>579</sup> 'Interrogation of Waldemar Hoven by Iwan Devries on request of Mr. Hardy' in: Harvard Law School Library. *Nuremberg Trials Project: A Digital Document Collection*, Item No. 221, 1-34, there 7. URL: [http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSL\\_NMT01&docnum=221&numpages=34&startpage=1&title=Interrogation+of+Waldemar+Hoven+by+Iwan+Devries+on+request+of+Mr.+Hardy.&color\\_setting=C](http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSL_NMT01&docnum=221&numpages=34&startpage=1&title=Interrogation+of+Waldemar+Hoven+by+Iwan+Devries+on+request+of+Mr.+Hardy.&color_setting=C) (accessed 7 October 2013).

<sup>580</sup> Weindling, *Nazi Medicine*, 198.

diseases. The Nazi doctors did not care for the life of the prisoners. More importantly, never was a prisoner released for his or her participation in experiments.<sup>581</sup>

Besides the legitimations concerning the situational factors and the victims, the Nazi doctors also defended their own role in the experiments. The defendants used the common defense strategy of the *Befehlsnotstand*: they acted under orders and could not refuse to execute them.<sup>582</sup> Fischer and Beiglböck argued that just like soldiers at the front, they had to fulfil their duty and obey every order.<sup>583</sup> Beiglböck argued that he was afraid of punishment for refusal.<sup>584</sup> Just like Fischer, Oberheuser argued that she had only followed orders and did her duty, and that she trusted Gebhardt's expertise.<sup>585</sup> Furthermore, she placed herself in the position of a victim; as a camp physician she could not have acted against the powerful SS-men. She claimed that as a woman in a men's world she had to follow the orders of the men. This was a false argument and only a defence strategy, according to historian Silvija Kavčič.<sup>586</sup>

The defendants argued that if everybody had been disobedient, the German state would have collapsed. 'And faced with this alternative, I saw disobedience as the worst one', said Fischer.<sup>587</sup> Particularly Beiglböck, Brachtel, Fischer, Gebhardt, and Oberheuser tried to exonerate themselves by the obedience to authority argument. However, as is demonstrated in the previous chapter, this was a false argument because never was a Nazi or SS man punished for disobedience.<sup>588</sup> The court at the Nuremberg was not deceived by this argument: 'We cannot see the applicability of the doctrine of superior orders as a defense to the charges contained in the indictment. Such doctrine has never been held applicable to a case where the one to whom the order is given has free latitude of decision whether to accept the order or

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<sup>581</sup> Ibidem, 204.

<sup>582</sup> See also: Buchheim, 'Befehl und Gehorsam', 348-380.

<sup>583</sup> Mitscherlich and Mielke, *Medizin ohne Menschlichkeit*, 143-144, 150, Freyhofer, *The Nuremberg Medical Trial*, 74-80, and Weindling, *Nazi Medicine*, 209.

<sup>584</sup> Vorerhebung in Sache Dr. Beiglböck, BArch NS 4 Da/24, p. 17-20, there 20, and Freyhofer, *The Nuremberg Medical Trial*, 144.

<sup>585</sup> 'Final plea for the Defendant Dr. Herta Oberheuser', HSL, 14-15, 29.

<sup>586</sup> Kavčič, 'Dr. Herta Oberheuser', 112-113, and Woelk and Bayer, '„Ich habe es als meine Pflicht aufgefasst"', 264. Kavčič protested against the analysis of Angelika Ebbinghaus who characterised Oberheuser based on this fact. Ebbinghaus said: 'Zu ihrem Weltbild gehörte es, für Männer dienend tätig zu sein.' See: Ebbinghaus, 'Dokumentation. Die Ärztin Herta Oberheuser', 253. According to Kavčič, Oberheuser intentionally portrayed herself as a subordinated woman: 'Meiner Meinung nach war Herta Oberheuser keine „kleine“, verschüchterte Frau, die zu einer Beteiligung an den medizinischen Versuchen gezwungen worden war, sondern eine auf ihr berufliches Weiterkommen orientierte Frau, die die Möglichkeiten der damaligen Zeit für sich nutzte. Die Betonung ihrer Unterordnung und geringen Einflussmöglichkeiten betrachte ich als eine Verteidigungsstrategie während des Nürnberger Ärzteprozesses.' See page 113.

<sup>587</sup> Cited in: Freyhofer, *The Nuremberg Medical Trial*, 127.

<sup>588</sup> Freyhofer, *The Nuremberg Medical Trial*, 144.

reject it.’<sup>589</sup> The judges in Kremer’s trial had a similar judgement. The court convicted him because he did not reject to carry out orders once he was in the situation: ‘[dass Kremer – DL] sich nicht auflehnte und sich nicht weigerte, seine Funktionen im Rahmen eines bereits laufenden Geschehens zu erfüllen. Darin liegt letztlich seine Schuld.’<sup>590</sup>

However, the argument of some Nazi doctors went further than plain obedience. Particularly Gebhardt and Fischer argued that the individual had to subordinate himself, his considerations, and his actions to the state, particularly during a time of crisis.<sup>591</sup> Fischer said:

Stand im Frieden das Individuum im Mittelpunkt und war der Staat im gewissen Sinne nichts anderes als die Organisation für die Sicherheit des Individuums, so konnte eben, wenn man nicht Anarchist werden wollte, keine andere Erklärung gelten, als unter dem Gesetz des Krieges den Staat im Mittelpunkt zu sehen, einen überindividuellen Standpunkt einzunehmen und, ohne daß man sich dagegen wehren konnte, festzustellen, daß das Individuum in eine zweite Reihe gerückt war.<sup>592</sup>

By postulating this argument, they also placed the responsibility for the experiments on the state, both in a legal and ethical sense.<sup>593</sup> Obviously, this does not exempt them from their own liability.

The Nazi doctors considered themselves as honourable and conscientious scientists at the time of the experiments and in the courtroom. This argument is connected to the claim of the scientific value of the human experiments. They protested against the argument of the prosecutors that their actions had been criminal.<sup>594</sup> Haagen regarded himself as an innovative researcher: he argued that the international scientific community should praise him for his research and award him a Nobel Prize, instead of a prison sentence.<sup>595</sup> Schilling actually went so far as to ask the court for a table, a typewriter, and paper so he could finish his report based on the results of the malaria experiments. He directed himself to the court and said: ‘I don’t ask you as a court, I ask you personally to do what you can’, because it would be of an enormous profit for humanity, science, and his colleagues, and a ‘good part to rehabilitate my person’, if he could finish his report.<sup>596</sup> Schilling argued that he did not know that Brachtel executed experiments on his own. If he had known it, he would have removed Brachtel from

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<sup>589</sup> Cited in: Freyhofer, *The Nuremberg Medical Trial*, 74.

<sup>590</sup> ‘Das Urteil gegen Dr. Johann Paul Kremer.’, 48.

<sup>591</sup> Dörner, ‘»Ich darf nicht denken.«’, 349.

<sup>592</sup> Cited in: Mitscherlich and Mielke, *Medizin ohne Menschlichkeit*, 147.

<sup>593</sup> Freyhofer, *The Nuremberg Medical Trial*, 129-130.

<sup>594</sup> Caplan, ‘How Did Medicine Go So Wrong?’, 70.

<sup>595</sup> Weindling, ‘Virologist and National Socialist’, 245, 249.

<sup>596</sup> Interrogation of Professor Schilling, Archive Gedenkstätte Dachau, A 3675, 432.

the research station and would have complained about him.<sup>597</sup> In an exonerating letter to the attorney, Clauberg emphasized his ‘breakthrough’ method of a surgery-free sterilisation of women.<sup>598</sup> By portraying themselves as conscientious scientists, they hoped to distinguish themselves from the “pseudo-scientific Nazi fanatics”. They regarded Rascher as an excellent example of this group of fanatics. The pseudo-scientist fanatics had executed the most gruesome and cruel experiments, according to the defendants.<sup>599</sup>

Another argument the Nazi doctors used to exonerate themselves was that at the time of the experiments they acted in a ‘value-neutral manner’. Implicitly they argued that because they were educated as scientists, they were not experts on values, morals, and ethics, and could not be held accountable for their actions. Therefore, they did not feel any moral responsibility, and consequently no moral and legal guilt.<sup>600</sup> In sum, the Nazi doctors argued that given the circumstances of the war and their dedication to the threatened National Socialist state they could not have acted any differently. By the demands of the state, they had executed the crimes. This exempted their accountability.<sup>601</sup>

The judges at the various trials dismissed the exonerating arguments of the Nazi doctors. Except for Brachtel, the ones that were brought to justice were convicted for their crimes. The sentences imposed by the various courts varied because they were based on the individual criminal acts of the doctors and the jurisdiction of the court. When the horrible crimes of the Nazi doctors were discussed at the Nuremberg Medical Trial, the cry for universal rules for human experiments became imminent. Never again should people be forced to place their bodies at the disposal of individuals, states, and science. The Nuremberg Code, which provided universal guidelines for human experimentation, emerged out of this dark period in history.<sup>602</sup>

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<sup>597</sup> Ibidem, 431.

<sup>598</sup> Carl Clauberg, 21 april 1957, 2 Js 3484/55. Cited in: Weinberger, *Fertility Experiments*, 391.

<sup>599</sup> Weindling, *Nazi Medicine*, 199-200.

<sup>600</sup> Caplan, ‘How Did Medicine Go So Wrong?’, 74 and Dörner, ‘»Ich darf nicht denken.«’, 347.

<sup>601</sup> Freyhofer, *The Nuremberg Medical Trial*, 150.

<sup>602</sup> See Appendix III for the Nuremberg Code. For a background on the Nuremberg Code, see: Paul Weindling, ‘The Origins of Informed Consent. The International Scientific Commission on Medical War Crimes, and the Nuremberg Code’, *Bulletin of the History of Medicine* 1 (2001) 37-71.

## Conclusion

At the time, the Nuremberg Medical Trial served not only as a legal procedure against the perpetrators of medical crimes within the Third Reich, but also as a moral reckoning with Nazi medicine. Only a “few debased members” within the German medical profession had committed medical crimes, was the message by the West German Physicians’ Chamber.<sup>603</sup> However, the group of perpetrators was not a small group or a minority. A large number of German doctors collaborated with the Nazi regime in the introduction of racial policies, the euthanasia program, and the human experiments. To understand and explain the actions of the Nazi doctors it is necessary to investigate their mind-set. An analysis of their normative reference frame can demonstrate how they were able to execute human experiments and kill people.

To understand the behaviour of the Nazi doctors, it is crucial to acknowledge that National Socialism influenced their normative reference frame. The research of Welzer focussed on the issue of how ordinary men can become mass murderers. He emphasised the different normative reference frame of the perpetrators at the time they committed the crimes: ‘Das Problem der Be- und Verurteilung von Vernichtungstätern besteht darin, dass ein Referenzrahmen für die Beurteilung ihrer Taten herangezogen wird, der nicht in Kraft war, als sie ihre Taten begangen haben.’<sup>604</sup> Welzer argued that Nazi perpetrators accepted the National Socialist morality to destroy inferior races for the purposes of healing and protecting the German nation. The perpetrators needed to do what was necessary to prevent the degeneration and possible destruction of the German people.<sup>605</sup> Because outsiders do not have the same normative reference frame, it is difficult for them to understand the mind-set of the perpetrators. Welzer’s thesis also applies to the Nazi doctors who executed human experiments, because National Socialism also influenced their normative reference frame. The Nazi doctors regarded the National Socialist beliefs of inferior and superior races and racial hygiene as the highest aim. The inferior people, or useless bodies, could contribute to the survival of the German people. This ideology governed the ethics of Nazi medicine and the mind-set of the Nazi doctors.

According to philosophers Tom L. Beauchamp and James F. Childress, morality refers to ‘norms about right and wrong human conduct that are so widely shared that they form a

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<sup>603</sup> Mitscherlich and Mielke, *Medizin ohne Menschlichkeit*, 15.

<sup>604</sup> Welzer, *Täter*, 246-247.

<sup>605</sup> *Ibidem*, 98.

stable (although usually incomplete) social consensus'.<sup>606</sup> Every profession has their own professional morality; standards of moral conduct acknowledged by the members of the profession. These implicit guidelines are the ethics of a profession.<sup>607</sup> The change in the normative reference frame caused by National Socialism influenced both the individual morality and the ethics of the Nazi doctors. This group of perpetrators had different ethical and moral standards towards humans and human experimentation than outsiders had and continue to have. As the sources demonstrate, the Nazi doctors did not ethically nor morally object to the experimentation on humans, although they knew they crossed an ethical and legal boundary by doing so. According to Caplan, it is hard for outsiders to accept that this group of perpetrators committed the crimes from 'firm moral convictions'.<sup>608</sup> However, the absence of ethical constraints and the willingness of the Nazi doctors to commit these criminal acts support the argument that in the mind-set of the Nazi doctors, it was legitimate to use prisoners as research subjects in human experiments. Although Freyhofer argued it is dangerous to even suggest that they acted in accordance with ethical principles because of the risk of legitimising their crimes,<sup>609</sup> acknowledging this fact is crucial to understanding the behaviour of these Nazi doctors. However, understanding does not mean legitimising.

Although the Nazi doctors had no ethical and moral constraints towards executing human experiments, this does not mean that every German physician approved it. Holzlöhner executed the hypothermia experiments together with Rascher, but finally withdrew because he disapproved of the involuntarily use of prisoners.<sup>610</sup> The members of the Luftwaffe also disapproved of Rascher's lethal high altitude experiments and did not want to put the pressure cabin at his disposal any longer.<sup>611</sup> However, the group of people that ethically objected the human experiments was only a small minority. The support for human experiments was widespread with German physicians. During the Third Meeting of Consulting Physicians of the Armed Forces in Berlin in May 1943, nobody opposed Gebhardt's sulphonamide experiments, although the attendees must have known they were executed on prisoners.<sup>612</sup> Only Rose protested openly to the utilisation of prisoners as research subjects, after Ding-Schuler's presentation on his typhus experiment. Just like Gebhardt, Ding-Schuler had not explicitly said that he used concentration camp inmates, but one could deduce this from his

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<sup>606</sup> Tom L. Beauchamp and James F. Childress, *Principles of Biomedical Ethics* (Oxford 2001, 5th edition) 2-3.

<sup>607</sup> *Ibidem*, 5-6.

<sup>608</sup> Caplan, 'The Doctors' Trial', 258-259.

<sup>609</sup> Freyhofer, *The Nuremberg Medical Trial*, 108.

<sup>610</sup> *Ibidem*, 139.

<sup>611</sup> Mitscherlich and Mielke, *Medizin ohne Menschlichkeit*, 48-49.

<sup>612</sup> Vernehmung des Karl Gebhardt, *IfZ*, 30.

presentation. Although Rose protested at the presentation, seven months later he asked Ding-Schuler to test a vaccine developed by himself on Buchenwald inmates, which Ding-Schuler did in the spring of 1944.<sup>613</sup> Thus, the majority of German doctors approved the use of inferior people as research subjects.

The false presumption that the Nazi doctors must have had ethical constraints towards executing human experiments undermined the work of the prosecutors at the Nuremberg Medical Trial and Lifton's research. According to Lifton, the theory of doubling also applies to the Nazi doctors who executed human experiments. He argued that the origins of doubling lay within National Socialism, but it was the institution of the extermination camp (Auschwitz) that initiated doubling.<sup>614</sup> However, almost all Nazi doctors who executed human experiments had already decided to do so before they arrived in the camps. They knew in advance what they were about to do and they did not object. In other words, they chose beforehand to commit these crimes. Furthermore, Lifton argued that Mengele's doubling was unique in comparison to other Nazi doctors, because his 'Auschwitz self' remained active over the years after the war because of his 'continuing allegiance to the Nazi ideology'.<sup>615</sup> This statement undermines his argument of doubling, because he argued that doubling takes place in extreme situations. After the war, Mengele was no longer in the extreme situation of Auschwitz and thus doubling had no psychological function anymore. This implies a continuation in the mental framework of the perpetrator instead of doubling in extreme situations. These counter-arguments make the theory of doubling and the situational factor of the concentration camp an insufficient explanation. Thus, the theory of doubling is problematic because it presumes that the Nazi doctors had ethical constraints towards executing human experiments.

This argument also has implications for the analysis of Dörner. He too argued that the Nazi doctors had ethical constraints, but suppressed these thoughts until they reached a point of 'Gedankenlosigkeit', which made them capable of executing crimes. Dörner gives Rascher as an example, because he apparently once said 'Ich darf nicht denken', when his uncle confronted him with his criminal actions.<sup>616</sup> However, Rascher went voluntarily to the concentration camp because he knew he could use prisoners as research subjects. As the second chapter has demonstrated, the majority of doctors knew beforehand what they were

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<sup>613</sup> Freyhofer, *The Nuremberg Medical Trial*, 137-139.

<sup>614</sup> Lifton, *The Nazi Doctors*, 425.

<sup>615</sup> *Ibidem*, 424.

<sup>616</sup> Dörner, '»Ich darf nicht denken.«', 341-342, 351-352. For reference to Rascher's quote, see: Mitscherlich and Mielke, *Medizin ohne Menschlichkeit*, 71.

about to do, and they did not object to it. Some of them, including Rascher, Clauberg, and Schilling, even sought the opportunity themselves. The others willingly seized the opportunity offered to them.

The argument of Dörner only applies to a certain extent to the doctors who felt they were ordered to execute the experiments, such as Beiglböck and Fischer. It seems that both men disliked executing experiments. Beiglböck did not like his appointment in Dachau at all, as his letters to his father and mother illustrate: ‘By and by also this job is also coming to an end and I am not sorry about it. The results of my work are only fair, I had not planned it so but only carried out orders. I hope that I shall soon be able to return to my former office where I enjoyed the work much more.’<sup>617</sup> He had ‘wasted his whole summer’, therefore, ‘the moment I board the train at Dachau railway station will count as one of the nicest and never to be forgotten of my life’.<sup>618</sup> To Fischer the death of the first woman created a feeling of shame and discomfort. He asked Gebhardt to send him back to the front but he was only released after he had finished his duty. He returned one more time to Ravensbrück to assist Stumpfegger with the transplantation of a scapula from a prisoner to the wounded son of Gebhardt’s friend. Afterwards, he decided never to be involved in human experiments again.<sup>619</sup>

Both men argued that they executed the experiments out of obedience for authority. This exonerating argument needs to be taken seriously. However, as the previous chapters have shown, the *Befehlsnotstand* does not stand because the doctors could refuse to carry out orders. Therefore, the argument of Welzer about the obedience to authority of perpetrators in general also applies to the cases of Beiglböck and Fischer: they *decided* to be obedient and execute the orders.<sup>620</sup> The obedience to the National Socialist state resulted in the fact that both men also placed the moral and legal responsibility of their actions on the state. Fischer said:

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<sup>617</sup> ‘Letter to Beiglboeck's mother, concerning recent activities’ in: Harvard Law School Library. *Nuremberg Trials Project: A Digital Document Collection*, Item No. 247, 1. URL: [http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSL\\_NMT01&docnum=247&numpages=1&startpage=1&title=Letter+to+Beiglboeck\'s+mother,+concerning+recent+activities.&color\\_setting=C](http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSL_NMT01&docnum=247&numpages=1&startpage=1&title=Letter+to+Beiglboeck\'s+mother,+concerning+recent+activities.&color_setting=C) (accessed 2 September 2013). The letter was written on 12 September 1944.

<sup>618</sup> ‘Letter to Beiglboeck's mother, concerning recent activities’ in: Harvard Law School Library. *Nuremberg Trials Project: A Digital Document Collection*, Item No. 246, 1. URL: [http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSL\\_NMT01&docnum=246&numpages=2&startpage=1&title=Letter+to+Beiglboeck\'s+mother+and+father,+concerning+recent+activities.&color\\_setting=C](http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSL_NMT01&docnum=246&numpages=2&startpage=1&title=Letter+to+Beiglboeck\'s+mother+and+father,+concerning+recent+activities.&color_setting=C) (accessed 2 September 2013). The letter was written on 12 August 1944.

<sup>619</sup> Klier, *Die Kaninchen von Ravensbrück*, 199-202.

<sup>620</sup> Welzer, *Täter*, 113. Quote: ‘Gehorsam ist man nicht, sondern man entscheidet sich dafür, gehorsam zu sein.’

Der Gehorsam gegen den Staat erschien mir in der damaligen Zeit, in der, im Durchschnitt, täglich 1500 Soldaten an der Front fielen und in der mehrere hundert Menschen täglich in der Heimat starben, infolge von Kriegseinwirkung, dieser Gehorsam gegen den Staat erschien mir damals höchste sittliche Pflicht zu sein.<sup>621</sup>

Consequently, these Nazi doctors only felt responsible for the proper design and execution of the experiment.<sup>622</sup> Nevertheless, this does not exempt them from their liability because they knew they were committing criminal acts. Just as they decided to be obedient, they also decided to suppress their ethical constraints. Fischer said that Gebhardt convinced him to let go of his objections: ‘Und ich wurde auch von ihm darauf hingewiesen, daß es im Leben des Menschen und im Leben der Völker Situationen gibt, in der das Einzelwesen verpflichtet ist, innere Bedenken zurückzustellen, weil das Interesse einer Gemeinschaft es erfordert.’<sup>623</sup>

Beiglböck also had ethical constraints; he initially opposed to participation in the execution of the experiments.<sup>624</sup> The fact that both men suppressed their ethical constraints supports Dörner’s argument. However, they never reached the point of ‘Gedankenlosigkeit’, because during the entire length of the experiment, both men hoped their gruesome task would soon end. This proves that they were never able to completely silence their inner reservations about the experiments.

The question is why these men suppressed their ethical constraints. The argument of De Mildt on the perpetrators of the euthanasia program also applies to the cases of Beiglböck and Fischer. He argued that their ‘inner voice was no match for their personal interests at stake’ because the perpetrators were driven by career interests.<sup>625</sup> The previous chapters have shown that these men indeed benefited from their participation in the execution of the experiments. Furthermore, they did not find any support for their ethical constraints from their superiors, respectively Becker-Freyseng and Gebhardt. De Mildt said about the perpetrators of the euthanasia program:

Indeed, finding no echo for his ‘conscientious reservations’ outside his own, the murder accomplice in doubt was entirely left to himself to decide whether to act upon such reservations, or to suppress them. That, under these circumstances, nearly all of them decided in favour of the latter seems hardly surprising. Expecting this to have been otherwise, means assuming the existence of a self-assertive moral integrity which was not only absent in these men and women, but was, moreover, quite rare in Nazi Germany at large.<sup>626</sup>

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<sup>621</sup> Cited in: Mitscherlich and Mielke, *Medizin ohne Menschlichkeit*, 149.

<sup>622</sup> Caplan, ‘How Did Medicine Go So Wrong?’, 74.

<sup>623</sup> Cited in: Mitscherlich and Mielke, *Medizin ohne Menschlichkeit*, 149-150.

<sup>624</sup> Mitscherlich and Mielke, *Medizin ohne Menschlichkeit*, 81.

<sup>625</sup> Mildt, *In the Name of the People*, 304, 309-310.

<sup>626</sup> *Ibidem*, 309-310.

Although Beiglböck and Fischer initially opposed to participation in the execution of the experiment because of ethical constraints, they were also able to violate their own ethics. This also corresponds to the argument of Welzer: ‘Das Vorhandensein ethischer Grundüberzeugungen schließt ihre Verletzung nicht aus’.<sup>627</sup> The reasons for this violation are the absence of a moral integrity because of the National Socialist ideology and careerism.

However, in contrast to Beiglböck and Fischer, the majority of Nazi doctors, including other doctors who were also ordered to execute the experiments, did not have ethical and moral constraints.<sup>628</sup> This can be explained by the argument of De Mildt about the perpetrators of the T4 program, to whom National Socialism served as the only ‘ethical guidance’.<sup>629</sup> He explained their criminal behaviour in the same manner as Welzer, based on the social environment of the perpetrators:

In the final analysis, then, it is not particularly difficult to see why, left with their own moral compass in an environment in which the magnetic poles had been set out by Nazism, so many so easily set out on their criminal course. With the Hitler regime as the only external reference point left for ‘ethical guidance’ within the German society, traditional notions of justice and injustice, good and evil became rapidly stripped of their persuasive powers as behavioral guidelines.<sup>630</sup>

This normative reference frame also applies to the Nazi doctors who executed human experiments, because this mind-set legitimated the use of inferior people as research subjects in human experiments. Although they regarded their actions as legitimate, they also knew they crossed an ethical and legal boundary by conducting human experiments. The implementation of the Holocaust devalued the lives of the inferior people to an absolute minimum in which their useless bodies could be used without any restrictions. The war dissolved existing rules on human experiments. The Nazi doctors understood very well the implication of these circumstances, that is, the possibility to execute unrestrictive human experiments. Before the war, these large-scale human experiments approved by the state had been impossible. Therefore, they were well aware that by their actions they broke the law. The Nazi doctors could do so because the National Socialist morality was the only ‘ethical guidance’ to them. However, in contrast to De Mildt’s argument on the perpetrators of the

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<sup>627</sup> Welzer, *Täter*, 117.

<sup>628</sup> Hoven and Oberheuser were also ordered to assist in the execution of the experiments, but did not have ethical and moral constraints to do so.

<sup>629</sup> Mildt, *In the Name of the People*, 309.

<sup>630</sup> *Ibidem*, 309.

euthanasia program, for which he argued that they suppressed their ‘conscientious reservations’,<sup>631</sup> the majority of the Nazi doctors who executed human experiments did not have these inner moral reservations at all. As is demonstrated above, the argument of suppression only applies to the minority of Nazi doctors who felt they had to obey the order to execute the experiment.

The argument that the majority of the Nazi doctors had no ethical and moral constraints is supported by the fact that the road to the experiments was a gradual process, in which each time a more radical step was taken. This corresponds to Welzer’s theory on the transition from ordinary men to mass murderers:

Wichtig bei all dem ist, dass jeder Beteiligte an jeder Stelle des Prozesses Deutungen vornimmt, und es ist diese unablässige Deutungsarbeit und Orientierung an sinngebenden Referenzrahmen, die das Durchhalten, Fortsetzen und Erweitern der Tötungsarbeit ermöglicht. Das aber bedeutet, dass an jeder Stelle des Prozesses von jedem Handelnden Entscheidungen gefordert sind und dass jede Stelle einen spezifischen Spielraum dafür bietet, sich so oder so zu entscheiden.<sup>632</sup>

The gradual process that led to the committing of crimes also applies to the Nazi doctors. When the Nazi doctors took the first step, that is the acceptance of the idea that there were lives not worthy of life, they had not yet accepted the last step of large-scale lethal human experimentation. The danger of this process is that the perpetrators were convinced they had opportune reasons to take the first, and then every following step, though until the end the last step was regarded as unacceptable. At every step in this process the perpetrators interpreted their role based on their normative reference frame, and regarded their work as legitimate and honourable, which made continuation possible. This also implies that each time, the physicians, just as the perpetrators in Welzer’s study, had latitude to act in various ways and made decisions according to this latitude.<sup>633</sup> During the trials, the doctors argued that they acted under orders and denied they had this freedom at their disposal.<sup>634</sup> This argument is obviously false. The fact that the majority of the Nazi doctors decided to continue, despite the latitude that allowed them to reconsider their actions, also supports the argument that they had no ethical and moral constraints. They would not have decided to continue their criminal acts if they would have had ethical and moral constraints.

Although this gradual process is based on the transition of the normative reference frame of the perpetrators, it does not mean that the human experiments were inevitable, in

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<sup>631</sup> Ibidem, 309-310.

<sup>632</sup> Welzer, *Täter*, 260.

<sup>633</sup> Ibidem, 256-260.

<sup>634</sup> Wolters, ‘„Zur ‚Belohnung‘’, 30.

contrast to what Dörner argued. His argument that small moral concessions, either towards people not able to give their consent for human experiments (*Nichteinwilligungsfähigen*) or towards the exclusion of minorities, inevitably results in the immolation of these groups, needs to be revised.<sup>635</sup> The changes in the normative reference frame made it possible for the Nazi doctors to execute the human experiments without ethical and moral constraints. However, these changes did not inevitably led to the criminal acts, because of the latitude the perpetrators had at their disposal to act otherwise. They consciously decided to commit these crimes.

This leads to another point of the mind-set of the Nazi doctors. The prosecutors at the Nuremberg Medical Trial and Lifton presumed that the Hippocratic Oath should serve as an ethical guidance for doctors, and that the Nazi doctors had violated this oath. Lifton argued: ‘Those [fatal human – DL] experiments, in their precise and absolute violation of the Hippocratic oath, mock and subvert the very idea of the ethical physician, of the physician dedicated to the well-being of patients.’<sup>636</sup> However, the above arguments have shown that the Nazi doctors did not support this kind of ethic. During the Medical Trial, the origins, literal text, and interpretation of the oath were discussed in detail. The prosecutors tried to demonstrate that the oath already served for over two thousand years as the universally legal and moral code for physicians. The defendants in contrast argued that the text varied in each country and that a universal Hippocratic Oath did not exist. Furthermore, they argued that at German medical faculties the oath was not part of the medical training. Even if they had to have followed the Hippocratic Oath and refuse the use of prisoners as research subjects, as the prosecutors argued, in the perspective of the Nazi doctors, the war had suspended all pre-war ethics. Therefore, it would be unjust to convict them on ethics that did not exist at the time they committed their crimes.<sup>637</sup> Obviously, this argument does not stand in jurisdiction because the Nazi doctors deliberately harmed and killed people.

In the end, the discussion whether the doctors had violated the Hippocratic Oath by executing human experiments was not solved. Nevertheless, it is clear that the Nazi doctors did not feel bound by this oath. Psychiatrist and jurist Jay Katz argued that the oath sworn to

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<sup>635</sup> Dörner, ‘»Ich darf nicht denken.«’, 338. Quote: ‘Wer in guten Zeiten kleine moralische Zugeständnisse macht, etwa bei der Forschung an Nichteinwilligungsfähigen, oder Bevölkerungsgruppen ausgrenzt, kann wissen, daß er in schwierigen Zeiten, in Not oder Krieg, das Risiko in Kauf nehmen wird, diese ausgegrenzten Bevölkerungsgruppen auch zu opfern. Das ist dann fast unvermeidlich.’ This is a retrospective argument.

<sup>636</sup> Lifton, *The Nazi Doctors*, 4. Dörner argued that the Nazi doctors already violated their Hippocratic Oath by the support for the exclusion of Jewish colleagues in the 1930s. They must have known that this would cause a further degradation of their profession. However, this is a retrospective argument. See: Dörner, ‘»Ich darf nicht denken.«’, 337.

<sup>637</sup> Freyhofer, *The Nuremberg Medical Trial*, 122-126.

Adolf Hitler affirmed the physician's support for National Socialism, which superseded the Hippocratic Oath.<sup>638</sup> It is difficult to determine if German doctors supported the oath before 1933. The fact that National Socialism served as the only ethical guidance to the Nazi doctors in the years after 1933 because 'traditional notions of justice and injustice, good and evil became rapidly stripped of their persuasive powers as behavioural guidelines',<sup>639</sup> supports the argument that they did not feel bound by the Hippocratic Oath. Furthermore, the fact that most of them did not originate from elite medical families might have influenced the lack of ethical understanding for the patient, according to Weindling.<sup>640</sup>

The absence of moral and ethical constraints is also supported by the fact that the Nazi doctors did not seem psychologically affected by their criminal actions, and did not feel any guilt towards their victims. To them, it was legitimate to use inferior people in concentration camps as research subjects. Caplan argued that the Nazi doctors believed the prisoners, either criminals or inferior people, could expiate themselves and cleanse themselves from their crimes and sins by participating in the experiments.<sup>641</sup> However, the sources do not give any evidence to support this argument. The Nazi doctors were not concerned at all about the faith of their victims; the ease of the physicians to harm, kill, and finally replace their research subjects proves this statement. Moreover, during the trials, none of the doctors apologised for their crimes.<sup>642</sup> Clauberg even said: 'Die Frauen, mit denen ich in Auschwitz Versuche machte, können mir dankbar sein. Ich habe sie von der Verbrennung gerettet.'<sup>643</sup> They did not have any feelings of guilt,<sup>644</sup> because in their point of view they had done what was right at that particular moment. In contrast to what Alexander and Margarete Mitscherlich argued in their book *Die Unfähigkeit zu trauern. Grundlagen kollektiven Verhaltens* about Nazi perpetrators in general,<sup>645</sup> or as the court judged in Kremer's case,<sup>646</sup> the Nazi doctors did not suppress feelings of guilt. For suppression, feelings of guilt have to exist with the perpetrator.

<sup>638</sup> Katz, 'Abuse of Human Beings for the Sake of Science', 252.

<sup>639</sup> Mildt, *In the Name of the People*, 309.

<sup>640</sup> Weindling, *Nazi Medicine*, 151, 175.

<sup>641</sup> Caplan, 'How Did Medicine Go So Wrong?', 73. Caplan did not give a reference to sources for this statement.

<sup>642</sup> Ibidem, 70.

<sup>643</sup> 'Der Fall Clauberg. Die Wunden werden aufgerissen', *Der Stern*, Heft 3, 10. Jahrgang, 19 January 1957. Cited in: Weinberger, *Fertility Experiments*, 388.

<sup>644</sup> Freyhofer, *The Nuremberg Medical Trial*, 130.

<sup>645</sup> Alexander and Margarete Mitscherlich, *Die Unfähigkeit zu trauern. Grundlagen kollektiven Verhaltens* (Munich 1967). Lifton explained the absence of feelings of guilt by the process of numbing: through derealisation could the Nazi doctors distinguish themselves from the reality, and disavowal allowed them to reject the meaning of what they actually perceived. Through the process of numbing the 'Auschwitz self' executed the criminal acts, and it allowed the Nazi doctors to avoid feelings of guilt. See: Lifton, *The Nazi Doctors*, 442-443.

<sup>646</sup> 'Das Urteil gegen Dr. Johann Paul Kremer.', 392. Quote: 'Der Fall Kremer beweist, daß selbst intellektuell geschulte Menschen ein Schuldbewußtsein gänzlich verdrängen können.'

However, just as Welzer has shown for the ordinary men who became mass murderers,<sup>647</sup> the Nazi doctors did not have these feelings at all.<sup>648</sup> The only one who expressed sympathy to the lethal victims was Fischer, though only in his final plea.<sup>649</sup> However, Fischer was also the one who emphasised most that he acted under orders:

Zunächst und zuvorderst bedauere ich es, daß das Schicksal mich gezwungen hat, als Arzt einmal das Grundgesetz ›nihil nocere‹ zu verletzen, und daß Menschen gegen mich auftreten, um zu bezeugen, daß ich ihnen nicht geholfen, sondern ihnen geschadet habe. Und daß das Frauen sind, bedauere ich ganz besonders tief. Ich habe jedoch gelernt, daß man eine Tat, wenn man sie begeht und wenn man sie später beurteilt, beurteilen muß nach den Motiven und nach den Begleitumständen, aus der sie entstand. Das dieser Handlung, derentwegen ich hier vor Gericht stehe, zugrunde liegende Motiv war ausschließlich das Motiv der Verwundetenhilfe. Es sollte eine Hilfe gegeben werden in dieser damals einmalig schweren Zeit, in der Millionenzahl der Verwundeten. Und die Tat wurde von mir begangen als einem gehorsamen Mitglied in der Zahl, in der Masse der deutschen Streitkräfte. Der Glaube und das Vertrauen an das legale Recht der Obrigkeit und des Staates und des Führers, so schien mir damals, gab die juristische Deckung [sic] und Rechtfertigung ab und enthob mich, wie mir auch betont ausgedrückt wurde, der individuellen Verantwortung.<sup>650</sup>

On the one hand, Fischer expressed his sympathy to the lethal victims; on the other hand, he exonerated his individual guilt because the state had ordered him to execute the experiment.

Just as the majority of the Nazi doctors, Schilling's conscience seemed not to be affected by the fact that he had used prisoners as guinea pigs.<sup>651</sup> When the court asked Schilling if he would execute the experiment again if Himmler would ask him, he said he would only do so on volunteers. 'I believe that the burden on the soul of a person who has to do such things without consent is too large. But because of the tremendous importance which such a protective inoculation of malaria is, I could have had continued the experiments.'<sup>652</sup> Apparently, the burden on his soul was not too large. Even Schilling, who was not an ardent Nazi, was convinced that it was legitimate to use inferior people as research subjects. Therefore, this statement shows that Schilling, like the other doctors, did not object to the experiments from an ethical nor moral point of view.

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<sup>647</sup> Welzer, *Täter*, 218.

<sup>648</sup> Freyhofer, *The Nuremberg Medical Trial*, 130.

<sup>649</sup> Angelika Ebbinghaus, 'Zwei Welten. Die Opfer und die Täter der kriegschirurgischen Experimente' in: Angelika Ebbinghaus and Klaus Dörner (eds.), *Vernichten und Heilen. Der Nürnberger Ärzteprozeß und seine Folgen* (Berlin 2001) 219-240, 556-560, there 236.

<sup>650</sup> Cited in: Mitscherlich and Mielke, *Medizin ohne Menschlichkeit*, 149. Fischer probably referred to his superior Gebhardt, when he said: 'wie mir auch betont ausgedrückt wurde'. Gebhardt convinced him to execute the experiment. See: Mitscherlich and Mielke, *Medizin ohne Menschlichkeit*, 149-150.

<sup>651</sup> Hulverscheidt, 'Menschen, Mücken und Malaria', 125.

<sup>652</sup> Interrogation of Professor Schilling, Archive Gedenkstätte Dachau, A 3675, 379.

The downfall of the Third Reich made the Nazi doctors realise that they would be held accountable for their crimes, because all of them tried to avoid prosecution. This also indicates that they knew they had committed crimes by conventional medical ethics and morality. They could commit their crimes because of the historical context. National Socialism removed barriers that existed in previous years.<sup>653</sup> The Nazi doctors knew they crossed an ethical and legal boundary by using prisoners as guinea pigs. However, they did not oppose this because in their eyes the experiments were legitimate. Just as De Mildt has argued for the perpetrators of the T4 program, the Nazi doctors did not guide themselves by inner convictions, but by ‘pursuit and protection of their own petty career interests’, ‘job-related considerations’, and ‘career prospects’.<sup>654</sup> They benefitted from their participation in the National Socialist medical crimes as long as the Third Reich lasted.

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<sup>653</sup> Pross, ‘Nazi Doctors’, 33.

<sup>654</sup> Mildt, *In the Name of the People*, 304.

## Summary

The human experiments in German concentration camps did not just conjure out of thin air. The developments in modern medicine, including the rise of new research fields such as pharmacology and bacteriology, made experiments on humans necessary. Germany was by no means the only country where scientists and physicians used human bodies for the improvement in medical knowledge and the development of new medicines and treatments. At the end of the nineteenth- and the beginning of the twentieth century, human experiments became a common practice in medicine in almost all civilised and industrialised countries. In many cases people were used as research subjects without their informed consent, particularly poor hospitalised persons, mentally ill patients in asylums, and people living in the European colonies. These cases remained largely unknown to the public. Only experiments that caused the death of the research subjects received public attention. These cases, such as the Neisser- and the Lübeck case, created a public outcry for guidelines to regulate human experiments.

The debate in Germany focused on the issue of informed consent. Doctors opposed regulations and the struggle for the rights of research subjects. They regarded humans as research subjects and argued that human experiments were necessary for progress in medicine. The distinction made by doctors between short-term, lasting, and mortal injuries contributed to this mind-set. The advisory directive issued by the Prussian state in 1900 had only a limited impact, and human experiments continued during the Weimar Republic. Opponents started the debate on informed consent again at the end of the 1920s. This public pressure together with the Lübeck case forced the government to issue guidelines concerning human experiments in 1931. However, the physicians did not support the guidelines, and without agencies to check the observance, the guidelines turned out to be a dead letter.

The social and political crisis after the First World War intensified the emergence of racial hygiene in Germany and led to a shift in focus for medicine from the individual to the community. The healing of the ill *Volkskörper* based on racial principles became the highest aim. The racially pure and healthy life became more valuable than the racially degenerated one. Physicians became the physiological engineers of the society. Their aim was to heal the national body. Racial hygiene created a framework in which physicians regarded human bodies in terms of usefulness for the benefit of society. If necessary, useless bodies could be sacrificed for the creation of a racially pure nation. The doctors determined which life was useful or useless. Nevertheless, racial hygiene should be considered as a continuation of medicine based on natural science methods that developed in the nineteenth century. The

same is valid for human experiments. The National Socialist state offered physicians research subjects; useless bodies, that could contribute to the future welfare of German nation. However, the mental framework of using bodies for scientific progress in medicine already existed well before the Third Reich.

German doctors played a crucial role in the implementation of Nazi racial policies, such as the Nuremberg racial laws, the sterilisation of mentally and chronically ill patients, and the euthanasia program. The ideas of a slippery slope and a sudden subversion in German medicine were countered by Hanauske-Abel. The Nazis did not confiscate German medicine or deceive German physicians. Doctors themselves willingly chose to collaborate with the new state. They did so out of opportunistic reasons. The doctors became members of the NSDAP, SA, and SS because these organisations could advance their careers. Particularly in the SS, doctors were overrepresented as a profession. Except for Schilling, every doctor in this study became a member of these organisations.

The Third Reich brought the doctors career improvements. The new state created many jobs and the exclusion of Jewish scientists further opened up the possibilities for German physicians, who received better positions, a raise in income, and consequently a higher social status. Some of the older doctors received a professorship during the Nazi era. The younger generation built their careers out of their membership of the SS. They could quickly make a career in the Third Reich and would opportunistically exploit the opportunities that the concentration camps offered them during the war.

The perpetrators of the human experiments did not belong to a particular generation. In contrast to the functionaries at the RSHA, where the *Kriegsjugendgeneration* was overrepresented, to a high degree the perpetrators of the human experiments came from various generations within the German society. Nevertheless, particularly those born after 1900 represent a large share in the number of perpetrators. However, in contrast to the theories of Gründel, Herbert, and Wildt, this large share is not caused by an exceptional support for National Socialism by these doctors in particular, because doctors who were born before 1900 also committed these criminal acts. The younger doctors had recently finished their medical studies and the experiments provided them with the opportunity to build an academic career. The older doctors already had established themselves within the medical world and had decent jobs. This explains the fact that they represent a smaller ratio in the total number of perpetrators. Nevertheless, they also benefited from National Socialism: the exclusion of Jews allowed them to receive professorships during the 1930s, and during the war, they executed human experiments as well. Thus, the opportunities given by National

Socialism applied to doctors in general and not to a certain generation. The presence of non-Germans within the group of perpetrators, such as Beiglböck, Brachtel, and Værnet, demonstrates that it was not only Germans that were drawn to these experiments. It was the Nazis who committed these crimes.

The outbreak of the war against the Soviet Union and the subsequent implementation of the Holocaust prompted the large-scale human experiments in German concentration camps. The genocidal mind-set devalued every form of inferior life. The lives of individuals became worthless because they could simply be replaced. With every legal and ethical boundary omitted, anything became possible. Besides the immediate elimination of these useless bodies, their only function was to serve as research subjects to contribute to the survival of the National Socialist state and the German people. Before the war, researchers only executed small-scale experiments on inmates. In contrast to this previous human experimentation, the death of the research subjects was now integrated into the research design. The authorities that initiated the experiments and the doctors immediately realised the unlimited opportunities. Consequently, they started making preparations and asked for formal approval. Thus, most of the experiments came into being in the year 1942.

The bureaucratic structure behind the experiments is complex. The polycracy typical of the Third Reich created a power struggle between the various involved institutions. The execution of human experiments could enhance the position of the institute or organisation because it demonstrated their crucial role for warfare and science. The SS, the Wehrmacht, Ahnenerbe, and the Waffen-SS Hygiene Institute all competed with each other over available researchers and financial resources. The top-down or bottom-up structure of the experiment also shows the complex nature of the issue. Particularly the Wehrmacht used a top-down structure. The SS, that is Himmler and Grawitz, applied both structures. The majority of the experiments were clearly organised top-down. In the end, every doctor needed the approval from Himmler to use prisoners as research subjects. Despite the overall top-down structure of the experiments, the doctors had much latitude once they were in the concentration camps doing their research.

This thesis has shown that the Nazi doctors ended up at the experiments in the concentration camps via three avenues. One group was assigned or ordered to execute the experiments, the Nazi authorities recruited another group, and the last group contacted the SS on their own initiative. Convenience was the main reason behind the allocation of individual doctors to concentration camps, since the SS assigned the doctors to concentration camps close to their homes or universities and research institutes where they were employed. In

some cases research subjects were transported from one camp to another just for the experiment of a particular scientist. In almost all cases, the WVHA was responsible for the allocation of prisoners to physicians. Some physicians had the power to select prisoners themselves.

These findings subvert the argument that Nazi doctors started human experiments and sought approval for them afterwards. Without the authorities willing to fund the experiments, or to “deliver” prisoners as research subjects, the Nazi doctors could not execute human experiments at all. The three various avenues offer a balanced perspective on the issue. The doctors who contacted the SS at their own initiative needed Himmler’s approval before they could even enter a concentration camp for executing a human experiment. The fact that the authorities ordered physicians to execute the experiments does not mean that they could not refuse. The post-war exoneration of the *Befehlsnotstand* does not stand. Obviously, it never did because doctors could detach themselves from the experiments. Never was a physician severely punished for refusal to execute an experiment. Furthermore, it seems unlikely that the regime would have asked people who might have objected in the first place. Even the physicians who were ordered or assigned to execute the experiments, realised the unique opportunity offered to them that could contribute to their scientific career.

Whether they were assigned, ordered, recruited, or executed the experiments from their own initiative, they were aware of the latitude offered to them. Once on the site, they commanded the power over life and death, and they demanded more prisoners and came up with new research proposals. The younger doctors used the experiments to receive a Habilitation or to establish themselves in the academic world. The older doctors, such as Clauberg, Kremer, Schilling, and Værnet hoped for a scientific breakthrough.

After the war, the Nazi doctors defended their actions by exonerating arguments. However, as the prosecutors and judges argued, none of these arguments legitimised the involuntary use of prisoners. Except for Fischer, none of the Nazi doctors felt guilty for their crimes. They believed that they had done what was right. Their normative reference frame based on National Socialism explains their mind-set and this perspective. The Nazi doctors had no ethical and moral constraints to executing the human experiments because they deemed the lives of the research subjects as inferior and useless. In their eyes, pre-war or even pre-1933 ethics were abrogated at the time when the survival of the nation was at stake. It is hard to determine the application and support for the Hippocratic Oath within German medicine before the war. Nevertheless, it is clear that Nazism overruled the oath. Consequently, the Nazi doctors cannot be characterised as “ordinary men” because their

normative reference frame was based on National Socialism. Therefore, they had no ethical and moral constraints to deliberately harming and killing people. However, they were ordinary men in the sense that their opportunistic motives guided them.

This thesis has shown that Lifton's theory of doubling does not apply to the Nazi doctors who executed human experiments. The few doctors who initially had ethical and moral constraints were the ones who were ordered to execute the experiments, such as Fischer and Beiglböck. However, they chose to suppress their constraints because in their eyes the responsibility lay with the state. Therefore, Dörner's explanation that the doctors suppressed their ethics only applies to a very small number of perpetrators. The theory of Welzer about the transition in the normative reference frame of the perpetrator also applies to the Nazi doctors. This also corresponds to the perpetrators of the euthanasia program in De Mildt's study, to whom National Socialism also served as an ethical guidance. Furthermore, just like the medical criminals of the euthanasia program, the Nazi doctors who executed human experiments were also driven by careerism.

Not everybody within the German medical world agreed with the experiments. In the perspective of the opponents, it was unethical to use humans as guinea pigs. However, two remarks should be made. Firstly, before the Third Reich there had been opponents of human experiments as well. Secondly, people who initially opposed, such as Rose, later changed their minds and also used the opportunity to their advantage. Although some resistance existed, this should not be taken as an indicator of ethical standards within the German medical profession during the Third Reich.

The perpetrators of human experiments were not monsters or pseudo-scientists. They were intelligent researchers and scientists. They supported National Socialism and racial hygiene out of ideological and opportunistic reasons. The ambition to build an academic career or discover a scientific breakthrough was their motive to either actively seek or to willingly accept the unique opportunity offered by the National Socialist state.

There seems to be a contradiction between the top-down structure and the eager and ambitious doctors. However, this can be explained. Human experiments were a common practice in medicine and supported by doctors. Before the war, the moral values of the society concerning human experimentation, expressed by the movement for legal guidelines, restricted the use of humans as research subjects. Although almost every physician opposed these moral and legal restrictions, they had to abide by them. The public did not accept any medical experiments without the informed consent of the research subjects, let alone any deaths, as the Neisser and Lübeck case demonstrated. This limited the possibilities in the

medical research of doctors and scientists. The Nazi doctors realised that the approval by the state to execute these kinds of experimentation in a secret setting was a unique opportunity. Thus, the state only had to allow human experimentation to attract the attention of doctors. The state provided the necessary resources and the doctors willingly seized the opportunity. In seizing this opportunity, they did not have any ethical and moral constraints whatsoever. My first finding exculpates the Nazi doctors because overall the experiments had a top-down structure. My second finding inculpates them because they did not have any ethical and moral constraints regarding the execution of the human experiments and the research subjects.

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## Appendix I - Biographies

The biographies give a brief overview of the lives and careers of the Nazi doctors. Since the length of these biographies is too short to give an elaborated description of their lives, I have selected the most important aspects in relation to their careers and the human experiments.

The biographies are based on primary sources and literature.

### **Prof. Dr. med. Wilhelm Beiglböck**

Wilhelm Franz Josef Beiglböck was born in Hochneukirchen, Austria on 10 October 1905. He studied medicine at the University of Vienna. In 1933, he became an assistant of Hans Eppinger at the Medical University Clinic in Vienna. In the same year, he became a member of the NSDAP, when membership of the party was still illegal in Austria. Beiglböck became a member of the SA in 1934. In May 1941, he served as Stabarzt in the Luftwaffe. In 1944, he became extraordinary professor at the University of Vienna and executed seawater experiments in concentration camp Dachau. After the war, he was prosecuted at the Nuremberg Medical Trial and sentenced to fifteen years' imprisonment. Beiglböck was released in 1951. In 1952, he became the main physician for internal medicine at the hospital of Buxtehude. Beiglböck died on 22 November 1963, in Buxtehude.

### **Dr. med. Rudolf Brachtel**

Rudolf Adalbert Brachtel was born in Gaya, near Brünn, Czechoslovakia on 22 April 1909. He studied medicine at the Universities of Vienna and Prague. He received his doctoral degree at the University of Prague in 1933. From 1933 until 1938, he was employed in several hospitals (among other cities in Brünn, Aussig, and Berlin), specialising in internal medicine. He became a member of the NSDAP and the SS in 1938. He had his own practice in Asch. In 1940, Brachtel became chief physician at the Lung Sanatorium of the SS in Mölln. In April 1941, he was transferred to concentration camp Dachau and became head of the research facilities. He conducted a tuberculosis experiment in the commission of Reichphysician SS and Police Dr. Grawitz. In February 1942, he became Schilling's assistant at the malaria experiment. He also committed liver punctures at Dachau. An American General Military Government Court prosecuted Brachtel in 1947. He was acquitted after American doctors' associations recommended not to prosecute persons for conducting experiments that the United States were themselves conducting, in this case malaria. Afterwards, Brachtel had a practice in the area of Gießen. He died in 1988.

### **Prof. Dr. med. Carl Clauberg**

Carl Clauberg was born in Wupperhof (Rhineland) on 28 September 1898. In 1916, Clauberg had to serve in the army. He was sent to the western front in the summer of 1917. In November 1917, the British army took him as a POW. He was released in September 1919. Back in Germany, he studied medical studies at the Universities of Kiel, Hamburg, and Graz. On 1 May 1925, he received his doctoral degree and was appointed as an assistant-doctor at the Women's Policlinic at the University of Kiel (*Universitäts-Frauenklinik*) under the supervision of Professor R. Schröder. During this period, Clauberg started his scientific

research on female sex steroids. In 1932, he moved to the Women's Polyclinic at the University of Königsberg. One year later, on 18 February 1933, he received his Habilitation under the supervision of Professor von Mikulicz-Radecki. On 1 April 1933, he became a member of the NSDAP and SA, ultimately reaching the position of SA-Sanitätsoberturmführer. Clauberg was appointed as an extraordinary professor in 1937, and an *außerplanmäßigen* professor in 1939. In the beginning of 1940, he moved to the Mining Hospital in Königshütte, where he was employed until January 1945. The year 1940 marked an important change in his research. After meeting with Himmler, he solely focussed on temporary and permanent sterilisation of women. Himmler supported the research of Clauberg. He did human sterilisation experiments in concentration camp Auschwitz from 1943 until January 1945, when he moved his research facilities to concentration camp Ravensbrück because of the advancing Soviet army. He was arrested on 8 June 1945 by Red Army soldiers and transported to the Soviet Union. In July 1948, a court convicted him to 25 years imprisonment. The Soviet Union granted him amnesty in 1955, after which he returned to the Federal Republic of Germany. The authorities arrested him in November 1955. Before the start of his trial in the Federal Republic, Clauberg died of a stroke on 9 August 1957.

#### **Dr. med. Erwin Ding-Schuler**

Erwin-Oskar Ding-Schuler was born in Bitterfeld on 19 September 1912. He was the illegitimate son of Dr. med. Carl Freiherr von Schuler and Elsa Braun. In 1915, Heinrich and Alma Ding adopted him. He studied medicine from 1933 until 1937. He joined the NSDAP in 1932, the SS in 1933, and the Waffen-SS in 1937. He was also a member of the National Socialist German Students' League. From October 1934 until March 1935, he served voluntarily in the Wehrmacht, but was discharged after an accident that injured his back. After he received his doctoral degree in 1937, he studied one year at the SS Hospital in Berlin. In 1938, Ding-Schuler became camp physician at Buchenwald concentration camp. He served in the army and participated in the war from 1939 to 1940. Then he returned to Buchenwald, and served as the main physician at the SS Physicians' Academy in Graz. From the end of 1941, he was the head of the Department for Typhus and Virus Research of the Hygienic Institute of the Waffen-SS. In this position, he committed human experiments in Buchenwald to develop a vaccine for typhus. The prisoner Eugen Kogon served as his assistant. The typhus experiment lasted until March 1945. He changed his name from Ding to Schuler in 1944, to conceal his participation in human experiments. In the days before the evacuation of the camp, he smuggled Kogon, who had to be executed by the SS, out of the camp and saved his life by this action. On 25 April 1945, he was arrested by American soldiers. Ding-Schuler committed suicide in captivity on 11 August 1945.

#### **Dr. med. Fritz Fischer**

Fritz Ernst Fischer was born in Berlin-Tegel on 5 October 1912. In 1933, he started his medical studies at the University of Hamburg, and joined the SS. He received his doctoral degree in 1938, and worked afterwards as an assistant physician and researcher at the Pathological Institute of the Virchow Clinic in Berlin. He joined the Nazi party in 1937. In 1939, he is sent to Hohenlychen to serve as Gebhardt's assistant. Fischer served as a troop doctor of an *SS-Panzerdivision* during the attack on the Soviet Union. At the end of 1941, he

returned to Hohenlychen and participated in the sulphonamide experiments in concentration camp Ravensbrück. From May 1943 until August 1944, he returned to the front, where he lost his right arm. After he recovered, Fischer returned to Hohenlychen again as Gebhardt's assistant in April 1945. After the war, he was arrested by the Allies and brought to justice at the Nuremberg Medical Trial. On 20 August 1947, the tribunal sentenced him to life imprisonment. He was released from the Landsberg prison in 1954. He moved to Ingelheim, where he became a scientific researcher at the company Böhlinger Ingelheim. Fischer died in Ingelheim in 2003.

### **Prof. Dr. med. Karl Gebhardt**

Karl Franz Gebhardt was born in Haag, Bavaria, on 23 November 1897. The outbreak of the war grasped the young Gebhardt with overwhelming patriotism. He voluntarily signed up to serve at the front in 1916, and served until 1920. He was caught as prisoner of war in France after being injured, and transported to Scotland, where he was held in captivity until the end of the war. Back in Germany in 1918, he served in the Ruhr area and became a member of the *Freikorps Oberland* to fight the communists. At the same time, he started his medical studies at the University of Munich in 1918. Gebhardt received his doctoral degree in 1923. In this year, he also participated in the Beer Hall Putsch. After his studies, he worked as an assistant physician in the Hospital of Landshut, the Pathological Anatomical Institute in Munich, and at the Chirurgical Clinic in Munich. He developed himself to be a high qualified surgeon of international prestige. He did his Habilitation in 1932. He joined the NSDAP and the SS in 1933. In the same year, he became head of the Sanatorium (*Heilanstalt*) Hohenlychen, which he remained until the end of the war. In 1935, Gebhardt became extraordinary Professor in Sport Medicine at the University of Berlin. From 1938, he served as Himmler's physician during his travels. During the war years, he was either in Hohenlychen or at the warfront. In 1940, he became advisory surgeon of the Waffen-SS. He was sent by Himmler to Prague to save the life of Reinhard Heydrich after the bomb attack in May 1942. Gebhardt was accused of treating Heydrich with the wrong medicine. In 1942, he committed sulphonamide experiments at concentration camp Ravensbrück to rehabilitate himself. From August 1942, he served as Himmler's personal physician. Gebhardt became the President of the German Red Cross in the final days of the war. He helped Himmler escape out of Berlin, but was arrested by Allied forces. He was prosecuted at the Nuremberg Medical Trial, and sentenced to death on 20 August 1947. Gebhardt was executed on 2 June 1948 in Landsberg am Lech.

### **Prof. Dr. med. Eugen Haagen**

Niels Eugen Haagen was born in Berlin on 17 June 1898. He studied medicine and received his doctoral degree in 1924. In 1926, he was a researcher at the Bacteriological Department of the Imperial Health Office. He became director of the newly established Department for Experimental Virus and Tumour Research at the same institute in 1927. Haagen moved to New York in 1928 to work as a research assistant at the Department for Bacteriology at the Rockefeller Institute. He lived again in Berlin from 1929 until 1931. From 1931 until 1934, he was a researcher at the Yellow Fever Laboratories of the Rockefeller Foundation in New York. Haagen returned to Germany in 1934. He became a professor at the Robert Koch Institute, specialised in virology and immunology. He joined the NSDAP in 1937. After the

outbreak of the war Haagen also served as an advisor in public health at the Luftwaffe. On 31 October 1941, the Reich University Strasbourg appointed him as the Professor of Hygiene. From this position, he committed typhus and jaundice experiments in Natzweiler from 1942 onwards. American soldiers caught him in June 1945 but released him shortly afterwards, unaware of his crimes. In October 1946, Haagen worked as a researcher at the Soviet supervised institute for virus and tumour at the former Kaiser-Wilhelm-Institute in Berlin. One month later, the British army arrested him in their occupation zone and transported him to the prisoner of war camp Minden. The British extradited him to France in 1947. He could not be prosecuted at the Nuremberg Medical Trial, because the prosecutors had not enough time to make preparations before the start of the trial. However, Haagen functioned as a witness at the trial. The French Military Tribunal in Metz prosecuted him in 1952 and a French court in Lyon in 1954. This latter court sentenced him to twenty years imprisonment. He was released in 1955. He had been in French captivity from 1946 until 1955. Haagen returned to Germany and became a researcher at the Federal German Research Institute for Virus Diseases in Tübingen. He kept denying his responsibility for the experiment in Natzweiler, which was generally accepted by his scientific colleagues in the Federal Republic. Haagen died in Berlin on 3 August 1972.

#### **Prof. Dr. med. August Hirt**

August Erwin Theobald Hirt was born in Mannheim on 29 April 1898, as the son of a Swiss merchant. Hirt voluntarily signed up to serve in the army, in 1914 at the age of sixteen. In October 1914, Hirt was severely wounded when a bullet shattered his jawbone. Because of his injuries, Hirt was released from military service in October 1916. After finishing his high school, he started his study in medicine at the University of Heidelberg in 1917. Hirt specialised in anatomy and received his doctoral degree in 1922. Hirt became a German citizen in 1921. Hirt did his Habilitation at the University of Heidelberg in 1925. He became an extraordinary Professor in 1930 at the University of Heidelberg. He joined the SS in 1933. From the end of the 1920s until the beginning of the 1930s, Hirt cooperated with the Jewish Professor Dr. Philipp Ellinger. They developed the intravital microscope together. However, after Ellinger fled to London in 1933, Hirt received the financial fees and the intellectual credits of this microscope. He became *ordentlicher* Professor and Director of the Institute for Anatomy at the University of Greifswald in 1936. He joined the NSDAP in 1937. From 1938 until 1941, he was Director of Anatomy at the Frankfurt University Medical School. During this period, he had to serve multiple times in the army. In 1941, he became Professor in Anatomy at the Reich University of Strasbourg. Here he worked on the establishment of a Jewish skeleton collection and committed mustard gas experiments in Natzweiler. Because of the advancing Allied forces, he fled to Tübingen at the end of 1944. Hirt committed suicide in Schönebach on 2 June 1945.

#### **Dr. med. Waldemar Hoven**

Waldemar Hoven was born in Freiburg im Breisgau on 10 February 1903. From 1919 to 1933, he lived in Denmark, Sweden, the United States, and France. He returned to Germany in 1933 and finished his high school education in 1935. After his brother, head of the sanatorium owned by his parents, passed away in 1934, Hoven started to study medicine to

succeed his brother. He studied at the Universities of Freiburg and Munich from 1935 to 1939. He became a member of the SS in 1934, a member of the NSDAP in 1937, and a member of the Waffen-SS in 1939. From 1939 until 1941, Hoven was Assistant Medical Officer of the SS Hospital at Buchenwald concentration camp. At the end of 1941, he was transferred to the Camp Hospital and served as an Assistant Medical Officer. In July 1942, he became the Chief Physician of the Camp Hospital, with full responsibility over the prisoner. Hoven served as Ding-Schuler's deputy at the experimental station. In this position, Hoven was in charge of the typhus experiment during the numerous times Ding-Schuler was absent and executed human experiments. He also killed prisoners with phenol injections. In July 1943, Hoven received his doctoral degree at the University of Freiburg "with distinction", after a dissertation on the treatment of tuberculosis. In fact, two prisoners had written the dissertation. Hoven learned the work by heart the weekend before his dissertation. The SS Police Court of Kassel arrested him in September 1943, accusing him of killing an injured SS-Officer at the Hospital of Buchenwald. The SS-Officer served as a witness in the case against Karl Otto and Ilse Koch, who were accused of corruption, and Hoven wanted to protect them. He remained imprisoned in Buchenwald until 2 April 1945, when he was released because of the lack of physicians in Germany. The Nuremberg Medical Trial prosecuted him after the war. He was sentenced to death by hanging. Hoven was executed in the prison of Landsberg am Lech on 2 June 1948.

#### **Prof. Dr. med. Johann Kremer**

Johann Paul Kremer was born in Stelberg near Cologne, on 26 December 1883. Kremer started his medical studies only in 1914, after he had studied natural science, botanical science, and zoology. He received his doctoral degree in 1919. Shortly before the outbreak of the First World War, Kremer was declared unfit for military service. Nevertheless, he was engaged in the war because he operated as a deputy physician at the garrison hospital of the Ministry of War during the war until 1919. During the Weimar years, he functioned as an assistant physician at the Chirurgical Clinic of the University of Cologne and prosector at the Anatomical Institute of Cologne and Bonn. Kremer became head of the Anatomical Institute at the University of Münster in 1927. He habilitated in anatomy in 1929. He joined the NSDAP in 1932 and the SS in 1934. He became an extraordinary Professor for Anatomy and Genetics at the University of Münster in 1936. Kremer joined the Waffen-SS in 1939, but in 1941 he was released from active military service. In between university semesters in the summer and autumn of 1942, Kremer served as a physician at the SS-hospital of Prague and Dachau. During this period, he was assigned to Auschwitz for two months where he executed human experiments for his own research. After his visit to Auschwitz, he worked at the Anatomical Institute in Münster until the end of the war. Kremer was arrested in August 1945. The diary he wrote in Auschwitz was found during his captivity. The British authorities extradited him to Poland at the end of 1946. The Polish Supreme People's Tribunal in Cracow sentenced him to death on 22 December 1947. However, the sentence was changed into life imprisonment within one month. He was released from prison in 1958 because of decent behaviour, his old age, and his illness. Kremer returned to Münster and was arrested by the German authorities. The Landgericht in Münster sentenced him to ten years imprisonment on

22 November 1960, but he did not have to serve this sentence due to his imprisonment in Poland. Kremer died in Münster on 8 January 1965.

### **Dr. med. Josef Mengele**

Josef Mengele was born in Günzburg, on 16 March 1911. He studied dental surgery at the University of Munich for one year, but switched to medicine at the University of Bonn in 1932. Mengele specialised in anthropology. He joined the SA from November 1933 until October 1934. In 1937, he started to work at the Institute for Hereditary Biology and Racial Hygiene as an assistant to Otmar Freiherr von Verschuer. In the same year, he also joined the NSDAP. In 1938, Mengele received his doctoral degree and became a member of the SS. After he served with discontent for one month as a regular soldier, he voluntarily signed up for the Waffen-SS. He served at the medical corps (*Sanitäts-Inspektion*) of the Waffen-SS. Mengele participated in the attack on the Soviet Union as troop physician of the Waffen-SS Division 'Wiking' from the summer of 1941 until January 1943. On 30 May 1943, he was transferred to Auschwitz. Here he executed various human experiments. Mengele left Auschwitz because of the advancing Red Army in January 1945. He worked in a military hospital during the final months of the war. He was arrested in June 1945, but released after two months because he had false identity papers during the time of his arrest. Mengele went into hiding in Bavaria. He fled to Argentina through Genua, Italy. The rest of his life he lived in Southern America, in Argentina, Uruguay, and Brazil. Mengele died from a stroke/ heart attack while swimming in Bertioga, Brazil, on 7 February 1979.

### **Dr. med. Herta Oberheuser**

Herta Oberheuser was born in Cologne on 15 May 1911. She studied medicine from 1931 to 1937 at the University of Bonn and Düsseldorf. She became a member of the League of German Girls (*Bund Deutscher Mädel*) in 1935, and joined the NSDAP in 1937. After her studies, Oberheuser worked at the Medical Clinic and Dermatological Clinic in Düsseldorf. She voluntarily moved to concentration camp Ravensbrück to become physician at the prisoners' hospital in December 1940. From August 1942 until June 1943, Oberheuser participated in Gebhardt's sulphonamide experiment. She was responsible for the selection and inspection of prisoners, the medical care of the research subjects after the experiment, and the documentation of the experiment. She was transferred to Hohenlychen in June 1943. After the war, she was arrested and prosecuted at the Nuremberg Medical Trial. On 20 August 1947, the tribunal sentenced Oberheuser to 20 years imprisonment. She was released from the Landsberg prison in 1952. The Federal Republic of Germany recognised Oberheuser as *Spätheimkehrer*. She started her own practice in Stocksee, in the area of Segeberg, in 1956. After international protests, the Ministry of Interior in Kiel invalidated her doctoral degree in 1958. She had to close her practice. Oberheuser died in Linz am Rhein on 24 January 1978.

### **Dr. med. Sigmund Rascher**

Sigmund Rascher was born in Munich on 12 February 1909. He started his studies in medicine at the University of Freiburg in 1931. He joined the NSDAP in 1933. In 1934, he visited the University of Basel for a few months. In 1936, Rascher received his doctoral degree at the University of Munich. In the same year, he also joined the SA. During the years

1937-1938, he was an assistant surgeon at the Medical Clinic of the University of Munich, and at the same time, he served voluntarily in the army. In 1939, he became a surgeon at the hospital of Munich-Schwabing and joined the SS. Rascher got in touch with Himmler through his wife and started research with blood samples taken from Dachau prisoners. He was employed by the SS-Ahnenerbe. From May 1939, he had to serve in the Luftwaffe as a troop physician. He suggested research on high altitudes to Himmler in May 1941. Rascher started this experiment in Dachau in 1942 in commission of the Luftwaffe Medical Service. After this first experiment, he remained in Dachau to commit freezing and blood coagulation experiments on humans. He was arrested in March 1944, after his wife unsuccessfully tried to steal a baby at the Munich railway station. Because his wife, Karoline Diehl, was too old to give birth, she had faked pregnancy and kidnapped four babies over the years. The couple claimed the children were their own. Rascher was kept in captivity in Buchenwald. His wife was kept in Ravensbrück, where she was executed after an attempt to flee. Rascher was transferred to Dachau in the final months of the war. Here Rascher was executed on 26 April 1945, three days before the liberation of the camp.

#### **Prof. Dr. med. Claus Karl Schilling**

Claus Karl Schilling was born in Munich on 5 July 1871. He studied at the University of Munich, where he received his doctoral degree in 1894. He served as an assistant physician in Munich and London, before becoming government physician in German East Africa and Togo in 1899. He specialised in sleeping sickness and malaria. In 1905, he became director of the newly founded Institute for Tropical Medicine at the Robert Koch Institute in Berlin. He remained in this function until his retirement in 1936. In 1909, Schilling became professor in tropical medicine. During the First World War, he served as garrison doctor and advisory hygienist for the Turkish Army. After the war, he continued his scientific career. In 1921, he was appointed as extraordinary professor. As emeritus Professor, he went to Italy to conduct experiments on mentally ill patients for malaria research in 1938. At his own initiative, Schilling contacted the Nazi authorities about research possibilities in Germany in 1941. He returned to Germany in December 1941, and started his malaria experiments in Dachau in February 1942. He executed the experiment until 1945, when Himmler ordered the experiment to end. The United States prosecuted Schilling at the first Dachau Trial (*Dachau Hauptprozeß*). He was sentenced to death on 13 December 1945. He unsuccessfully tried to revoke the sentence. Schilling was executed in Landsberg am Lech on 28 May 1946.

#### **Dr. med. Carl Værnet**

Carl Peter Værnet was born in Løjenkær, Denmark in 1893, as Carl Peter Jensen. He started his studies at the teacher training college in Hjørring, in 1911. After he received his degree in 1914, he started his medicine studies at the University of Copenhagen in 1915. During the First World War, he was enrolled in military service to defend Copenhagen. Carl Peter Jensen changed his name to Værnet in 1921. The name Værnet derives from the Danish word for 'defending' and 'protecting'. He received his doctoral degree in 1923. He worked as an assistant physician in two hospitals in Copenhagen, before starting his own practice in Søborg, northern Denmark, in 1924. Værnet moved back to Copenhagen in 1933. He was hardly involved in the scientific world, published his only scientific article in 1934 on the

treatment of cancer with shortwave therapy, and operated mainly as a family physician. At the beginning of the 1930s, he visited Professor Magnus Hirschfeld multiple times at the Institut for Sexology in Berlin. It was in this place, that the seeds were sown for his lifework, the artificial gland. Værnet became a national socialist during the German occupation of Denmark, and joined the National Socialist Workers' Party of Denmark (DSNAP) in 1940. In 1943, he left Denmark after he was prosecuted for medical wrongdoing when one of his patients died and moved to Berlin. Here Værnet met with Grawitz and Himmler to discuss the development of his artificial gland by human experiments. He was granted a laboratory in Prague, and from there, he visited concentration camp Buchenwald several times in 1944. Værnet returned to Denmark in March 1945, where he was charged for collaboration, membership of the SS, and human experiments. He left Denmark for Argentina in 1946. He became an Argentinian citizen under the name of Carlos Pedro Varnet, and worked at the Physiological Institute in Buenos Aires. Værnet died in Buenos Aires on 25 November 1965.

## Appendix II – Selection of Nazi doctors

Surname	Given name	Year of birth	Year of death
Babor	Karl	1918	1964
Beiglböck	Wilhelm Franz Josef	1905	1963
Bickenbach	Otto	1901	1971
Brachtel	Rudolf Adalbert	1909	1988
Clauberg	Carl	1898	1957
Delmotte	Hans	1917	1945
Ding-Schuler	Erwin	1912	1945
Dohmen	Arnold	1906	1980
Eisele	Hans	1913	1967
Entress	Friedrich	1914	1947
Finke	Erich	1905	1945
Fischer	Fritz	1912	2003
Gebhardt	Karl	1897	1948
Gross	Karl-Josef	1907	1967
Haagen	Eugen Nils	1898	1972
Heim	Aribert	1914	1992
Heißmeyer	Kurt	1905	1967
Hintermayer	Fritz	1911	1946
Hirt	August	1898	1945
Holzlöhner	Ernst	1899	1977
Hoven	Waldemar	1903	1948
Kaschub	Emil (also referred as Heinz)	1919	1977
Kremer	Johann Paul	1883	1965
Mengele	Josef	1911	1979
Münch	Hans	1911	2001
Neumann	Robert	1902	1962
Oberheuser	Herta	1911	1978
Plötner	Kurt	1905	1984
Rascher	Sigmund	1909	1945
Romberg	Hans Wolfgang	1911	1981
Rosenthal	Rolf	1911	1947
Rühl	Helmuth	1918	unknown, retired in 1983
Schiedlausky	Gerhard	1906	1947
Schilling	Claus Karl	1871	1946
Schmitz	Heinrich	1896	1948
Schumann	Horst	1906	1983
Schütz	Heinrich	1906	1986
Sonntag	Walter	1907	1948
Stumpfegger	Ludwig	1910	1945
Treite	Percival	1911	1947
Vetter	Hellmuth	1910	1949
Vaernet	Carl	1893	1965

Wagner	Erich	1912	1959
Weber	Bruno	1915	1956
Wirths	Eduard	1909	1945
Wolter	Waldemar	1908	1947

### Appendix III - The Nuremberg Code

After the Nuremberg Medical Trial, the court designed a universal applicable standard for human experimentation, therapeutic and non-therapeutic. It consists of ten principles. The Nuremberg Code protects human beings from abuse at human experiments, guaranteeing certain safeguards, most notably the requirement of informed consent throughout the experiment.

The Nuremberg Code:

1. The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior forms of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be concluded; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment. The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility, which may not be delegated to another with impunity.
2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.
3. The experiment should be so designed and based on the result of animal experimentation and a knowledge of the natural history of the disease or other problem under study that the anticipated results will justify the performance of the experiment.
4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.
5. No experiment should be conducted where there is an *a priori* reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.
6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.
7. Proper preparation should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.
8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.

9. During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached the physical or mental state where continuation of the experiment seems to him to be impossible.
10. During the course of the experiment the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill, and careful judgment required of him, that the continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.