

DOCTORS OF INFAMY

THE STORY OF THE NAZI MEDICAL CRIMES

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With Statements by Three American Authorities Identified with the Nuremberg Medical Trial:

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and a *Note on Medical Ethics* by **ALBERT DEUTSCH** (*Including the New Hippocratic Oath of the World Medical Association*)

Illustrated with 16 Pages of Photographs

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STATEMENT by

ANDREW C. IVY, M.D., Vice-President, University of Illinois; Medical
Scientific Consultant to the Prosecution, Military Tribunal No. 1, Nuremberg

In 1946 the Secretary of War of the United States asked the Board of Trustees of the American Medical Association to nominate a medical scientist to serve as a consultant at the Nuremberg trial of the Nazi physicians who had been indicted for committing atrocities or crimes against humanity. I was nominated and appointed, and served as consultant and as an expert witness on scientific and ethical subjects.

On my return I submitted a report to the Secretary of War and to the American Medical Association. After extracts of this report had been published and I had spoken several times on the "Nazi War Crimes of a Medical Nature," numerous physicians wrote or spoke to me in effect as follows: "The Nazi medical atrocities are incredible. But, since you saw the documents and talked with some of the Nazi physician prisoners, I am willing to believe that the atrocities were actually committed."

I must confess that it was difficult for me to believe that physicians could have committed the atrocities with which these Nazi physicians had been charged until I had read the official documents. It was inconceivable that a group of men trained in medicine and in official positions of power in German governmental circles could ignore the ethical principles of medicine and the unwritten law that a doctor should be nearer humanity than other men and that all experimental subjects should be volunteers.

We knew that Hitler and his gang were bereft of morals and of a respect for human rights. We knew that the Nazis were operating on the basis of the immoral principle enunciated by Bethmann-Hollweg in 1914 that "necessity knows no law." It was known everywhere that the inhumane treatment of Jews served as a propaganda device for the promotion of the anti-Christian, immoral, and unscientific ideology of the inequality of human beings or of the mythology of the Master Race. During the war it became evident that this mythology was extended to include the Poles, Russians and Slovenes in such a manner as to constitute genocide (the annihilation of an ethnic group). It was evident that many of the German people not only accepted Hitler's plan but participated in and profited from it, that businessmen supported it, and that educators cooperated by teaching Hitler's ideology to the German youth. We knew that some churchmen openly revolted against Hitler; and since we had heard of no protest from the medical profession, we had assumed that the sacred aspects of medicine and its ethics would certainly remain inviolate.

From the time that I learned that the ethics of medicine were indeed violated by the Nazi physicians (and, through silence which amounted to complicity, by a large part of the German medical profession), I have on every opportunity sounded the warning that there appears to be no bottom to the pit of spiritual and moral iniquity into which the ideology of fascism insidiously leads.

I cannot pass by this point without a few additional words, for I believe it is important for the medical profession to be aware that this Nazi infamy was not merely the infamy of a few crazed, psychologically twisted practitioners. It appears that fewer than two hundred German physicians participated directly in the medical war crimes; however, it is clear that several hundred more were aware of what was going on. Now it appears evident to me that this "witches' sabbath" of medical crime was only the logical end result of the mythology of racial inequality and of the gradual

but finally complete encroachment on the ethics and freedom of medicine by the Nazis when they were in the process of gaining control of the German government. And this process, so far as I know, went unopposed by the German medical profession.

As a result, the world witnessed the catastrophe of a national medical group which let itself be ruled by a false political ideology and found a notable number of its members committing murder under the defense of political expediency and superior orders.

It is too much to say, perhaps, that one single courageous individual, one single worthy representative of German medicine could, with less careful consideration for his physical comfort, have saved the honor of the entire profession. Yet I am convinced that such an individual could have done something to mitigate the horrors which are related in this book. Had the profession taken a strong stand against the mass killing of sick Germans before the war, it is conceivable that the entire idea and technique of death factories for genocide would not have materialized. From all the evidence available, it is necessary to conclude that, far from opposing the Nazi state militantly, part of the German medical profession cooperated consciously and even willingly, while the remainder acquiesced in silence. Therefore, our regretful but inevitable judgment must be that responsibility for the inhumane perpetrations of Doctors Brandt, Handloser, and Conti rests in large measure also upon the bulk of the German medical profession, because the profession without vigorous protest permitted itself to be ruled by such men.

One further point should be made, I believe, to answer a question that undoubtedly arises in many minds, although I believe the true and enlightened physician cannot but be aware of the answer immediately. Were the criminal medical experiments carried out in Nazi Germany of any real scientific value? As a matter of fact they were not.

We all know the general categories of the Nazi medical experiments—exposure to low pressure, cold, and sea water; injection

of infectious viruses into open wounds; mutilation and grafting of limbs; development and application of efficient methods of large-scale extermination, genocide and sterilization. Some of these categories, in their very essence, preclude the human and scientific spirit. From the other categories (such as sterilization which on occasion of course has been used to serve the necessary purposes of medicine and human health), this spirit was precluded by the fact that the purposes and goals to be attained were not scientific or human, but political goals—including the propagation of the fantastic mythology of racism.

As one might expect, I found documentary evidence showing that the experimental laboratories in the concentration camps were established by the SS for political reasons. The men who worked in these laboratories did so either for reasons of political preference, or because they were ordered to do so, or because the scientific end of the experiment had eradicated or warped their moral judgment. Some of the men who worked in these laboratories were well-trained scientists and others were untrained pseudo-scientists. None were motivated by the spirit of the true scientist, namely, to seek the truth for the good of humanity.

A true scientist must be a moral and an honest man, in the highest meaning of these words. The German scientists had become immoral and dishonest, therefore their achievements were of a pseudo-scientific character. The book which follows explains this fact clearly.

So, the greatest of all medical tragedies was further magnified by the fact that the experiments performed added nothing of significance to medical knowledge.

This book presents in documentary form one aspect of the tragedy of a people and a profession which succumbed to the degradation of fascism. What happened to the medical profession of Germany is stern testimony to the fact that acceptance of or even silence before anti-Semitism and the rest of the trappings of racism, acquiescence in or even silence before the violation of

sanctified professional ethics, the service by medical men of any goal but truth for the good of humanity, can lead to dishonor and crime in which the entire medical profession of a country must in the last analysis be considered an accomplice.

STATEMENT by

TELFORD TAYLOR, Brigadier General, U. S. Army, Chief of Counsel
for War Crimes

LATE in 1946, twenty-three German defendants were indicted and arraigned before a war crimes tribunal at Nuremberg. Twenty of the defendants were physicians who, as governmental, military, or SS officials, stood at or near the top of the medical hierarchy of the Third Reich. The other three occupied administrative posts which brought them into close connection with medical affairs.

The defendants stood accused of responsibility for a wide variety of atrocious and incredible crimes, all involving murderous or dangerous and painful experiments on human subjects, or other criminal perversions of the healing art. The trial has therefore become widely known as the "Nuremberg Medical Trial," although its moral and legal implications far transcend the boundaries of medicine. This book contains a substantial portion of the documentary evidence which was offered in support of the charges in the indictment.

The tribunal before which the medical case was tried was established by the authority of the four powers occupying Germany, under an enactment known as "Control Council Law No. 10," one purpose of which was to "establish a uniform legal basis in Ger-

many for the prosecution of war criminals and other similar offenders." The Tribunal was composed of Walter B. Beals, chief judge of the Supreme Court of the state of Washington, Harold L. Sebring of the Supreme Court of Florida, and Johnson T. Crawford of the District Court of Oklahoma. The alternate judge was Victor C. Swearingen, former assistant attorney general of the state of Michigan. The indictment against the twenty-three defendants was prepared, signed, and filed before the Tribunal by me, as Chief of Counsel for War Crimes. The trial opened on December 8, 1946. Mr. James McHaney, of Little Rock, Arkansas, headed the prosecution staff, and the great bulk of the courtroom work for the prosecution was handled by Mr. McHaney and his chief assistant, Mr. Alexander G. Hardy, of Boston, Massachusetts.

As the authors of this book have stated (p. 155), and as will be apparent to anyone who peruses the voluminous record of the proceedings, the trial was conducted in accordance with the best traditions of jurisprudence. Defense counsel were conscientious and dignified, and represented the accused with determination and ability.

In presenting the case, the prosecution endeavored not to lose sight of the larger objectives of the proceedings. Their opening statement declared:

"The defendants in this case are charged with murders, tortures, and other atrocities committed in the name of medical science. The victims of these crimes are numbered in the hundreds of thousands. A handful only are still alive; a few of the survivors will appear in this courtroom. But most of these miserable victims were slaughtered outright or died in the course of the tortures to which they were subjected . . .

"The responsibilities here imposed upon the representatives of the United States, prosecutors and judges alike, are grave and unusual. They are owed not only to the victims, and to the parents and children of the victims, that just punishment be imposed on the guilty, and not only to the defendants, that they be accorded a

fair hearing and decision. Such responsibilities are the ordinary burden of any tribunal. Far wider are the duties which we must fulfill here.

"These larger obligations run to the peoples and races on whom the scourge of these crimes was laid. The mere punishment of the defendants, or even of thousands of others equally guilty, can never redress the terrible injuries which the Nazis visited on these unfortunate peoples. For them it is far more important that these incredible events be established by clear and public proof, so that no one can ever doubt that they were fact and not fable, and that this Court, as the agent of the United States and as the voice of humanity, stamp these acts, and the ideas which engendered them, as barbarous and criminal.

"We have still other responsibilities here. The defendants in the dock are charged with murder, but this is no mere murder trial. We cannot rest content when we have shown that crimes were committed and that certain persons committed them . . .

"It is our deep obligation to all peoples of the world to show why and how these things happened. It is incumbent upon us to set forth with conspicuous clarity the ideas and motives which moved these defendants to treat their fellowmen as less than beasts. The perverse thoughts and distorted concepts which brought about these savageries are not dead. They cannot be killed by force of arms. They must not become a spreading cancer in the breast of humanity. They must be cut out and exposed, for the reason so well stated by Mr. Justice Jackson in this courtroom a year ago: 'The wrongs which we seek to condemn and punish have been so calculated, so malignant, and so devastating that civilization cannot tolerate their being ignored because it cannot survive their being repeated.'

"To the German people we owe a special responsibility in these proceedings . . .

". . . This case is a striking demonstration not only of the tremendous degradation of German medical ethics which Nazi doctrine brought about, but of the undermining of the medical art and thwarting of the techniques which the defendants sought to employ. The Nazis have, to a certain extent, succeeded in con-

vincing the peoples of the world that the Nazi system, although ruthless, was absolutely efficient; that although savage, it was completely scientific; that although entirely devoid of humanity, it is highly systematic—that 'it got things done.' The evidence which this Tribunal will hear will explode this myth. The Nazi methods of investigation were inefficient and unscientific, and their techniques of research were unsystematic.

"These experiments revealed nothing which civilized medicine can use. It was, indeed, ascertained that phenol or gasoline injected intravenously will kill a man inexpensively and within sixty seconds. This and a few other 'advances' are all in the field of 'thanatology.' There is no doubt that a number of these new methods may be useful to criminals everywhere and there is no doubt that they may be useful to a criminal state. Certain advances in destructive methodology we cannot deny, and indeed from Himmler's standpoint this may well have been the principal objective.

"Apart from these deadly fruits, the experiments were not only criminal but a scientific failure. It is indeed as if a just deity had shrouded the solutions which they attempted to reach with murderous means . . .

". . . In short, this conspiracy was a ghastly failure as well as a hideous crime. The creeping paralysis of Nazi superstition spread through the German medical profession and, just as it destroyed character and morals, it dulled the mind."

The trial was conducted in two languages—English and German. It consumed 139 trial days, including 6 days allocated for final arguments and the personal statements of the defendants. The transcript of the trial proceedings runs to more than 11,000 pages. During the 133 trial days used for the presentation of evidence, 32 witnesses gave oral evidence for the prosecution and 53 witnesses, including the 23 defendants, gave oral evidence for the defense. In addition, the prosecution put in evidence as exhibits a total of 570 affidavits, reports and documents; the defense put in a total number of 901—making a grand total of 1471 documents received in

evidence. Copies of all exhibits tendered by the prosecution in their case in chief were furnished in the German language to the defendants prior to the time of the reception of the exhibits in evidence.

The Tribunal's judgment* was rendered on August 19, 1947. The procedure at the trial had been derived both from the Anglo-Saxon and Continental systems of jurisprudence, but in rendering judgment, the Tribunal gave full effect to the Anglo-Saxon principle that "every defendant in a criminal case is presumed to be innocent of an offense charged until the prosecution, by competent, credible proof, has shown his guilt to the exclusion of every reasonable doubt." Seven defendants were acquitted, and several of the acquittals were based expressly upon a rigorous determination on the part of the Tribunal to give the "presumption of innocence" full weight. For example, while the defendant Schäfer was acquitted because the prosecution entirely failed to show that Schäfer was involved in or connected with the criminal experiments, and Rostock was acquitted because the prosecution failed to establish that he directed or had the authority to control or prevent the criminal action charged against him, the acquittals of Ruff, Romberg, and Wertz were couched in quite different terms:

"The issue on the question of the guilt or innocence of these defendants is close; we would be less than fair were we not to concede this fact. It cannot be denied that there is much in the record to create at least a grave suspicion that the defendants Ruff and Romberg were implicated in criminal experiments at Dachau. However, virtually all of the evidence which points in this direction is circumstantial in its nature. On the other hand, it cannot be gainsaid that there is a certain consistency, a certain logic, in the story told by the defendants. And some of the story is corroborated in significant particulars by evidence offered by the prosecution.

* Some further details of which will be found in the "Publishers Epilogue" beginning on p. 146 of this book.

“. . . Before a court will be warranted in finding a defendant guilty on circumstantial evidence alone, the evidence must show such a well-connected and unbroken chain of circumstances as to exclude all other reasonable hypotheses but that of the guilt of the defendant. What circumstances can amount to proof can never be a matter of general definition. In the final analysis the legal test is whether the evidence is sufficient to satisfy beyond a reasonable doubt the understanding and conscience of those who, under their solemn oaths, as officers, must assume the responsibility for finding the facts.

“On this particular specification it is the conviction of the Tribunal that the defendants Ruff, Romberg, and Weltz must be found not guilty.”

The earnestness of the Tribunal's search for the truth, and its scrupulous regard for established legal principles, can be an object lesson of the highest value in Germany, where the judicial process was corrupted and perverted by years of dictatorship. For twelve years Germans lived in a world where facts were not facts unless they were proclaimed to be such by properly authorized persons, where the very existence of a Jew was intrinsically criminal, but any act, however murderous, by a German against a Jew, was eminently meritorious—where, in short, crime was not crime unless the parties were arranged in proper order. The Tribunal's judgment was a breath of fresh air in a foul atmosphere.

If the Tribunal dealt fairly with the individual defendants, it also dealt wisely with the fundamental general issues presented by the case. In discussing criminal liability for experiments performed on human subjects, the judgment lays down ten standards to which physicians must conform:

“Judged by any standard of proof the record clearly shows the commission of war crimes and crimes against humanity substantially as alleged in counts two and three of the indictment. Beginning with the outbreak of World War II criminal medical experiments on non-German nationals, both prisoners of war and

civilians, including Jews and 'asocial' persons, were carried out on a large scale in Germany and the occupied countries. These experiments were not the isolated and casual acts of individual doctors and researchists working solely on their own responsibility, but were the product of coordinated policy-making and planning at high governmental, military, and Nazi Party levels, conducted as an integral part of the total war effort. They were ordered, sanctioned, permitted, or approved by persons in positions of authority who under all principles of law were under the duty to know about these things and to take steps to terminate or prevent them.

PERMISSIBLE MEDICAL EXPERIMENTS

“The great weight of the evidence before us is to the effect that certain types of medical experiments on human beings, when kept within reasonably well-defined bounds, conform to the ethics of the medical profession generally. The protagonists of the practice of human experimentation justify their views on the basis that such experiments yield results for the good of society that are unprocurable by other methods or means of study. All agree, however, that certain basic principles must be observed in order to satisfy moral, ethical and legal concepts:

“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 form 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 conducted; 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 results 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 preparations 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 a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

"Of the ten principles which have been enumerated, our judicial concern, of course, is with those requirements which are purely legal in nature—or which at least are so closely and clearly related to matters legal that they assist us in determining criminal culpability and punishment. To go beyond that point would lead us into a field that would be beyond our sphere of competence. However, the point need not be labored.

"We find from the evidence that in the medical experiments which have been proven, these ten principles were much more frequently honored in their breach than in their observance. Many of the concentration camp inmates who were the victims of these atrocities were citizens of countries other than the German Reich. They were non-German nationals, including Jews and 'social persons,' both prisoners of war and civilians, who had been imprisoned and forced to submit to these tortures and barbarities without so much as a semblance of trial. In every single instance appearing in the record, subjects were used who did not consent to the experiments; indeed, as to some of the experiments, it is not even contended by the defendants that the subjects occupied the status of volunteers. In no case was the experimental subject at liberty of his own free choice to withdraw from any experiment. In many cases experiments were performed by unqualified persons; were conducted at random for no adequate scientific reason, and under revolting physical conditions. All of the experiments were conducted with unnecessary suffering and injury and but very little, if any, precautions were taken to protect or safeguard the human subjects from the possibilities of injury, disability, or death. In every one of the experiments the subjects experienced extreme pain or torture, and in most of them they suffered permanent injury, mutilation, or death, either as a direct result of the experiments or because of lack of adequate follow-up care."

The Tribunal's judgment will be of profound and enduring value in the field of medical jurisprudence, and the trial as a whole—as the statement of Drs. Ivy and Alexander and Mr. Deutsch so clearly demonstrate—is an epochal step in the evolution of forensic medicine. The trial illustrates, furthermore, how rapidly the focus of activity in international law has moved from the academic lecture hall and toward the courtroom. The Nuremberg proceedings are among the outstanding examples of modern international law in action.

STATEMENT by

LEO ALEXANDER, M.D., *Psychiatrist, Consultant to the Secretary of War and to the Chief of Counsel for War Crimes*

IN THE SUMMER of 1945, as an officer in the United States Army, it became my duty to investigate medical and research activities carried out in Germany during the war, particularly in the field of diseases of the nervous system and in related fields of physiology. I examined many documents, records and reports. I saw the concentration camps with their dispensaries and laboratories. I interrogated surviving witnesses, culprits, and others. I embodied my findings in a number of official reports and contributions to scientific journals.*

In 1946 I returned to Nuremberg as a Consultant to the Secretary of War, on duty with the Office of the Chief of Counsel for War Crimes. I served into the following year and had a chance to acquaint myself still more thoroughly with the subject matter of this book. I can therefore vouch for the authenticity of the documents it includes and for the truth and accuracy of virtually all

* There were five reports, published by the Combined Intelligence Objectives Subcommittee in July and August 1945 (Item No. 24). The remaining contributions appeared in the *Archives of Neurology and Psychiatry*, May 1948, the *American Journal of Psychiatry*, September 1948, and the *Journal of Criminal Law and Criminology*, September-October 1948.

the statements made. The selection of the crimes and the documents chosen for this book are representative of all those that are known.

It is altogether fitting that the first comprehensive report of these activities to the general public should be given to the world by two Germans. General Telford Taylor, Chief of Counsel for War Crimes, as well as I, felt that one of the important functions of the War Crimes trials was to inform and educate the German people, degraded by twelve years of totalitarian rule. For this reason we welcomed Dr. Mitscherlich and Mr. Mielke, who came to the courthouse as delegates chosen by a group of German medical societies and universities, among which the University of Heidelberg had taken the initiative. They were given the same privileges as the working press: permanent seats in the press section of the courtroom, free access to all court sessions, office space in the courthouse, free access to all documents introduced, certified copies of all documents requested by them, and daily mimeographed copies of the entire proceedings. Not the slightest suggestion was made as to what they should report, whether their report should be made publicly or in private to the societies and universities that had sent them, and when they should do so.

When the German report appeared in print, it came as a complete surprise to everyone in the courthouse. No one had seen the manuscript or the proofs. It was a pleasant surprise, confirming our hope that the object lesson had taken root. We were happy to see that the book was fair and unbiased, and free of emotionalism. What little bias there was present by implication was (see Authors' Foreword in the Appendix) in favor of the defendants. But these instances were minor indeed.

During my own investigations I recognized that social-psychological and philosophical determinants were of great importance in understanding the significance of these events. Let me attempt briefly to resketch my findings here.

Science under dictatorship becomes subordinated to the guiding philosophy of the dictatorship. "Rational utility" and corresponding doctrine and planning replace moral, ethical, and religious values. 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.

It is surprising how early the practice of exterminating the physically or socially unfit was openly accepted. In an article published in 1936 in the official German Journal for Tuberculosis, an obviously well-meaning physician, Dr. R. Dierichs, stressed the importance of keeping up the morale of patients in public tuberculosis sanatoria, since only thus could the number that had to be transferred to concentration camps or slated for extermination be kept to a minimum. In 1943 a distinguished German neurologist, Georg Schaltenbrand, published a book in which he reported, among other similar experiments, what he considered the successful transmission of monkey encephalitis to a number of mental patients. Nothing is said in the book as to whether these patients or their next of kin for them volunteered for these experiments. This German doctor was so unaware that he was doing anything out of the ordinary that he even saw to it that a copy of his book reached the United States by way of Switzerland. These experiments were performed in 1940, two full years before Dr. Rascher killed his first victims in the low-pressure chamber at Dachau. From 1942 on, experiments performed on concentration-camp prisoners were openly presented at medical meetings.

The experiments performed in concentration camps represented not merely a ruthless and callous pursuit of legitimate scientific goals. An important feature is that they were motivated by sinister, practical, ulterior political and personal purposes, arising out of the requirements and problems in the administration of totalitarian rule.

A good example are Professor Gebhardt's sulfonamide experi-

ments. Why did he conduct such experiments? The answer I gave me, after some evasion, will occasion no surprise among those familiar with the evidences of fear, hostility, suspicion, rivalry and intrigue, the fratricidal struggle euphemistically termed the "selection of leaders," which went on within the leading ranks of the Nazi Party and the SS.

The answer was fairly simple and logical. Professor Gebhardt performed these experiments in order to clear himself of the suspicion that he had contributed to the death of SS General Reinhard Heydrich ("The Hangman"), either negligently or deliberately, by failing to treat his wound infection with sulfonamides. When Heydrich died of gas gangrene, Himmler himself told Professor Gebhardt that the only way in which he could prove that Heydrich's death was "fate-determined" was to carry out large-scale experiments on prisoners, to prove that people died of gas gangrene irrespective of whether they were treated with sulfonamides or not.

Thus we understand the concern shown by Dr. Grawitz, Gebhardt's immediate superior in the SS, as to whether any deaths had occurred in the experiments (see p. 58). Grawitz could likewise have been held responsible for Gebhardt's failure. Grawitz need not have worried. Gebhardt obviously saw to it that the victims slated to die did die.

This method of making suspects of disloyalty clear themselves by participation in a crime which definitely and irrevocably tied them to the organization was consciously and methodically used in the SS. It is an age-old method of criminal gangs everywhere. In the SS this process of reinforcing group cohesion was called *Blutkitt* (blood-cement), a term which Hitler himself is said to have learned from a book on Genghis Khan.

Dr. Sigmund Rascher did not become the notorious vivisectionist of Dachau and the willing tool of Himmler's research interests until after he had been forbidden to use the facilities of the Pathological Institute of the University of Munich because he was sus-

pected of having Communist sympathies. Then Rascher was ready to go all out, to do anything, merely to regain acceptance by the Nazi Party and the SS.

These cases illustrate an important element of motivation, familiar in ordinary crime and applying equally to war crimes and crimes against humanity. Fear and cowardice—especially fear of punishment or ostracism by the group—are often more important motives than simple ferocity or aggressiveness.

The archcrime to which the SS was committed was the genocide of non-German peoples and the elimination by killing, in groups or singly, of Germans who were considered useless or disloyal. In effecting this twofold program Himmler demanded and received the cooperation of physicians and of German medical science. I have proposed the term "ktenology," the science of killing, for this trend of Nazi research.

In the course of ktenological research, methods of mass killing and mass sterilization were investigated and developed, as well as methods for rapid and inconspicuous individual execution. A committee of physicians and medical experts, headed by Dr. Karl Brandt, developed various methods of extermination by gas. At first carbon monoxide was used; later cyanide gas ("Cyclon B"), and occasionally chemical warfare gases. Of methods for the inconspicuous execution of individuals the most widely used was the intravenous injection of phenol or gasoline. This, however, left a telltale odor with the corpse, which made it undesirable in the case of prominent prisoners or high-ranking Nazis.

The triumph along this line—a method that would produce autopsy findings indicative of death from natural causes—was the development of intravenous injections of a suspension of live tubercle bacilli, which brought on acute miliary tuberculosis within a few weeks. The method was worked out by Professor Heissmeyer, one of Gebhardt's associates at the SS hospital of Hohenlychen. As a means of further camouflage, so that the SS at large would not suspect the purpose of these experiments, pre-

liminary tests on the efficacy of this method were performed exclusively on children at the Neuengamme concentration camp. The "cellulitis experiments" (pp. 67-74) which were associated with intravenous injection of pus from the abscess produced (p. 72), represent an earlier phase of the same research.

For use in "medical" executions of prisoners and of members of the SS and other branches of the German armed forces, the use of simple lethal injections, particularly phenol injections, remained the instrument of choice. Whatever methods he used, the physician gradually became the unofficial executioner, for the sake of convenience, informality, and relative secrecy. Even on German submarines it was the physician's duty to execute the troublemakers among the crew by lethal injections.

Medical science has always been an instrument of military power, in that it preserves the health and fighting efficiency of troops. This essentially defensive purpose is not inconsistent with the ethical principles of medicine. As long ago as the first World War, however, the German empire enlisted medical science as an instrument of aggressive military power, by putting it to use in the development of gas warfare. It was left to the Nazi dictatorship to make medical science into an instrument of political power, a formidable, essential tool in the complete and effective manipulation of totalitarian control. This should be a warning to all civilized nations, and particularly to those individuals who are blinded by the "efficiency" of totalitarian rule, under whatever name.

A NOTE ON MEDICAL ETHICS

(Including the New Hippocratic Oath of the World Medical Association), by

ALBERT DEUTSCH

THE NAZI DOCTORS who tortured concentration camp prisoners to death in their experimental laboratories made a signal contribution to the evolution of medical ethics in the civilized world. They produced not a single new cure, nor did a single important medical discovery result from the experiments performed on their human guinea pigs, but, thanks to their labors, the 2000-year-old Hippocratic Oath has been changed for the first time. When Hippocrates, the father of medicine, (or his followers) gave to the world the venerated declaration of medical ethics, he never could have dreamed of the human barbarity that, two millennia later, would require a modification of the simple, moving oath.

The World Medical Association, comprising thirty-nine national medical societies including our own American Medical Association, held its second General Assembly at Geneva, Switzerland, last September. There a resolution, introduced by the English delegate and seconded by the Danish delegate, was adopted to present to the medical world a "modern version" of the Hippocratic Oath.

At its first Assembly in Paris, the World Medical Association had solemnly condemned the crimes and inhuman acts committed by the German physicians. The German medical profession was urged by the WMA to make a formal declaration recognizing that some German physicians had "violated the ethical traditions of medicine, defiled the professional medical honor and prostituted medical science by placing it at the service of war and political hatred." That formal statement has not been forthcoming.

Noting the lowering of medical ethics by the German barbarities, the WMA has officially drafted and adopted the "modern version" of the Hippocratic Oath, recommending at the same time that it be read by every doctor on receipt of his diploma to help impress upon him the "fundamental principles of medical ethics" as a check upon any repetition, anywhere in the world, of the German doctors' descent into savagery.

Here is the Geneva version of the Hippocratic Oath, in full

"Now being admitted to the profession of medicine, I solemnly pledge to consecrate my life to the service of humanity. I will give respect and gratitude to my deserving teachers. I will practice medicine with conscience and dignity. The health and life of my patient will be my first consideration. I will hold in confidence all that my patient confides in me.

"I will maintain the honor and the noble traditions of the medical profession. My colleagues will be as my brothers. I will not permit consideration of race, religion, nationality, party politics or social standing to intervene between my duty and my patient. I will maintain the utmost respect for human life from the time of its conception. Even under threat I will not use my knowledge contrary to the laws of humanity. (Emphasis mine A.D.)

"These promises I make freely and upon my honor."

It is not for the sake of vengeance that the record of the foul deeds of the medical perverts under Nazidom should be read and remembered. It is far more important to the maintenance and progress of civilization that the tragic record be remembered as an episode in history that must not be repeated. It is problematical whether civilization can survive another large-scale descent into barbarism, one aspect of which is depicted in this book.

As a contemporary philosopher has observed, those who ignore the lessons of the past are condemned to repeat its errors. We cannot afford to forget the epochal lesson which evoked the Geneva Oath. May those who recite it as they enter the noble Hippocratic fellowship ever recall the deeds that necessitated its drafting—determined never to let such things happen again.

DOCTORS OF INFAMY

TWENTY-THREE DOCTORS: THE INDICTMENT

The following were the defendants in the trial of the twenty-three SS (Schutz Staffel) physicians and scientists that began on December 9, 1946, in Nuremberg, before American Military Tribunal No. 1:

*Karl Brandt, M.D. Professor; Reich Commissioner for Health and Sanitation; personal physician to Hitler; Major General in the Waffen-SS.**

Hiegfried Handloser, M.D. Professor; Chief of the Medical Services of the Armed Forces and Medical Inspector of the Army; Lieutenant General in the Medical Corps.

Paul Rostock, M.D. Professor; Chief of the University Surgical Clinic, Berlin; consulting physician to the Army; Chief of the Office for Medical Science and Research; Brigadier General in the Army Medical Corps.

Oskar Schröder, M.D. Chief of the Air Force Medical Service; Inspector of the Air Force Medical Service; Lieutenant General in the Medical Corps.

Karl Genzken, M.D. Chief of the Medical Services of the Waffen-SS; Major General in the Waffen-SS.

Karl Gebhardt, M.D. Professor; Chief Surgeon of Hohenlychen Medical Institute; Chief Surgeon to the Reich Physician SS; personal physician to Himmler; President of the German Red Cross.

** TRANSLATOR'S NOTE: The Waffen-SS was the army branch of the Nazi elite guards.*

Kurt Blome, M.D. Professor; Deputy Reich Health Leader; Deputy Chief of the Reich Chamber of Medicine.

Joachim Mrugowsky, M.D. Professor; Chief of the Institute of Hygiene of the Waffen-SS; Chief Hygienist and Colonel in the SS.

Rudolf Brandt, LL.D. Personal Administrative Officer to Himmler; Chief of the Ministerial Office in the Reich Ministry of Interior; Colonel in the SS.

Helmut Poppendick, M.D. Chief Surgeon in the SS Main Race and Settlement Office; Chief of the Personal Office on the staff of the Reich Physician SS; Colonel in the SS.

Wolfram Sievers. Secretary General of the "Ahnenerbe" * Society (SS research and study institute); Chief of the Institute for Military Scientific Research; Colonel in the SS.

Gerhard Rose, M.D. Professor; Chief of the Division for Tropical Medicine at the Robert Koch Institute; Consulting Hygienist and Specialist on Tropical Diseases to the Chief of the Air Force Medical Service; Brigadier General in the Army Medical Corps.

Siegfried Ruff, M.D. Chief of the Institute of Aviation Medicine of the German Experimental Institute for Aviation, Berlin.

Viktor Brack. Chief Administrative Officer in Hitler's private Chancellery; Colonel in the SS.

Hans Wolfgang Romberg, M.D. Section Chief in the German Experimental Institute for Aviation.

Hermann Becker-Freysing, M.D. Specialist (Referent) for Aviation Medicine in the Office of the Medical Inspector of the Air Force; Captain in the Medical Corps.

Georg August Weltz, M.D. Professor; Chief of the Institute for Aviation Medicine, Munich; Lieutenant Colonel in the Medical Corps.

Konrad Schäfer, M.D. Assistant at the Chemotherapy Laboratory of the Schering Corporation; non-commissioned medical officer in the Medical Corps on the staff of the Research Institute for Aviation Medicine, Berlin.

* TRANSLATOR'S NOTE: *Ahnenerbe* literally means "ancestral heritage."

Waldemar Hoven, M.D. Camp Physician at the Buchenwald concentration camp; Captain in the SS.

Wilhelm Beiglböck, M.D. Professor; Senior Attending Physician of the First Medical University Clinic, Vienna (Prof. Eppinger); Captain in the Medical Corps.

Adolf Pokorny, M.D. Munich urologist and dermatologist.

Herta Oberheuser, M.D. Camp Physician at the Ravensbrück concentration camp; Assistant Surgeon at Hohenlychen.

Fritz Fischer, M.D. Assistant Surgeon at Hohenlychen; Major in the Waffen-SS.

The general indictment, presented on October 25, 1946, specified:

- I. The common design or conspiracy *
- II. War crimes
- III. Crimes against humanity
- IV. Membership in criminal organizations

For the purposes here pursued it does not matter what value was ultimately assigned in the trial to the documents selected for inclusion in this report. They have been selected solely with a view to the light they may shed on the problems of experimental medicine, practical eugenics, and general medical ethics. The prosecution was based on captured evidence in the form of correspondence, secret reports, eyewitness accounts, etc. The documents reprinted herein are typical of the scientific methods, the medical habits of dealing with patients or test persons, the whole background against which medical and scientific activities were unfolded, the quality of the research work, and, finally, the racial and eugenic policies that were followed. Documents of doubtful evidential value have been scrupulously eliminated.

* PUBLISHER'S NOTE: During the course of the trial the Tribunal sustained a defense motion that this part of the indictment be withdrawn for lack of jurisdiction.

EXPERIMENTS INVOLVING HIGH ALTITUDE (SUBJECTION TO LOW PRESSURE), LOW TEMPERATURE, AND THE DRINKING OF SEA WATER

Among the human experiments charged in the indictment, the following form a closely related group:

1. *High-altitude rescue experiments*
2. *Experiments with sustained low temperature*
3. *Experiments in making sea water potable*

They were all conducted on prisoners in the Dachau concentration camp, and their sole purpose was to close gaps in the knowledge of warfare.

In the first and second series of experiments a key position was occupied by Dr. Sigmund Rascher, former captain in the Air Force Medical Service. A second lieutenant in the SS at the same time, he initially maintained direct liaison with Himmler, who granted him permission for the Dachau experiments.

Insofar as the documentary evidence permits an opinion, the Dachau experiments suggested and conducted by Dr. Rascher appear to be the earliest human experiments of a new category, with the "terminal experiment," as Dr. Rascher put it—in other words, the death of the test person—part and parcel of the experimental plan.

High-Altitude Rescue Experiments

Among Himmler's correspondence was found a letter from Dr. Rascher, dated May 15, 1941, containing the earliest request for

permission to experiment on human beings. Since the letter also throws some light on Dr. Rascher's own personality, the personal introduction is included:

Dear Mr. Reich Leader:

My humble thanks for your warm congratulations and the flowers on the occasion of the birth of my second son! It is a lusty boy again this time, though he arrived three weeks prematurely. Perhaps you will permit me to send you a snapshot of the two children some time.

I would like to have a third child very soon, and I am very grateful to you, dear Mr. Reich Leader, for your help in making the marriage possible. SS Colonel Sollmann told me today by telephone that the 165 marks in question, lacking for a marriage, will be supplied by the "R" account and will be included in the "Ahnenerbe" check. I thank you with all my heart! The Air Force has already seen my passport, but I still need a brief certificate confirming my Aryan descent. I shall dictate a draft to Nini D. before I leave tomorrow, and she will then send it to you, dear Mr. Reich Leader.

I also wish to thank you warmly for the generous regular remittance, of special importance to mother and child at this time . . . I therefore ask this question in all seriousness: Cannot two or three professional criminals be made available for these experiments? The experiments will be conducted at the "Air Force Ground-Level Testing Station for High-Altitude Research" in Munich. The experiments, during which, of course, the test persons may die, will proceed with my collaboration. They are definitely of importance in high-altitude flight research, and cannot be conducted with monkeys, as has been tried, since monkeys react altogether differently. I have talked about this matter in strict confidence with the deputy air surgeon who will conduct these experiments, and he shares my view that the problems in question can be

clarified only by way of experiments on human beings. (Feeble minded persons might also be used as testing material.)

In reply Dr. Rascher received an undated letter from Dr. Rudolf Brandt, Himmler's personal administrative officer. It reads:

Dear Dr. Rascher:

Shortly before he left by air for Oslo, the Reich Leader SS gave me your letter of May 15, 1941, to be answered in part.

I can advise you that prisoners will of course gladly be made available for high-altitude flight research. I have notified the Chief of the Security Police of this approval by the Reich Leader SS, and have asked him to direct the official concerned to communicate with you.

May I take advantage of this opportunity to send you my warmest wishes on the birth of your son.

Rascher's dual role in the Air Force and the SS gave rise to differences with his Air Force superior, Colonel Wetz, Chief of the Institute for Aviation Medicine in Munich.

The decompression chamber required for the experiments was shipped by the "German Experimental Institute for Aviation" (DVL) to Wetz's institute in Munich, and from there by the SS to the Dachau concentration camp. Dr. Wetz detailed Dr. Hans Wolfgang Romberg, "research associate" in the aviation-medical section of the DVL, to be Rascher's collaborator in the low-pressure experiments. Dr. Siegfried Ruff, chief of the Institute of Aviation Medicine of the DVL, also had a hand in planning the experiments. It appears that Wetz and Ruff ultimately tried to conduct the experiments at Dachau without the aid of Dr. Rascher. Mrs. Rascher, however, who had established her husband's connection with Himmler in the first instance, strongly objected. When the experiments at Dachau had begun, Himmler, through his personal administrative officer, expressly declared that per-

mission had been granted only on condition that Dr. Rascher would participate.

Dr. Rascher therefore did not fail to keep Himmler posted on the progress of the experiments. In a letter dated April 5, 1942, he writes, among other things:

A few days ago Reich Physician SS Dr. Grawitz briefly inspected the experimental set-up. Since he was greatly pressed for time, no experiments could be presented for his benefit. SS Lieutenant Colonel Sievers took a full day to watch some of the more interesting standard experiments, and may have already briefly reported on them. I believe these experiments would hold extraordinary interest for you, dear Mr. Reich Leader! Isn't it possible that you might have some experiments conducted in your presence, when you make your next trip to southern Germany? If the experimental results obtained so far are further sustained, they will add up to entirely new conclusions for science, and a radically new set of aspects in aviation will have been created . . .

Enclosed with this letter was a "First Intermediate Report on the Decompression Chamber Tests at Dachau Concentration Camp," which is here reproduced in its entirety:

The question to be clarified is whether the theoretically calculated values on the period of time for which man can sustain life in air of low oxygen content and pressure agree with results obtained in actual tests. It has been asserted that a parachutist jumping at an altitude of 40,000 feet * would suffer serious injury if not death because of lack of oxygen. Heretofore actual tests in this field have always been terminated after fifty-three seconds at the outside, because of the appearance of serious symptoms of altitude sickness.

* TRANSLATOR'S NOTE: In the altitude tests, kilometers have been recalculated in feet, with an accuracy within 500 feet.

No tests whatever have been heretofore conducted concerning the period of time for which human life can be sustained above the normal breathing limit (15,000-20,000 feet), since it was established beyond doubt that the test person (TP) would suffer death.

1. In simulated parachute-descending tests neither lack of oxygen nor low atmospheric pressure had a fatal effect from 40,000 and even 42,500 feet. All in all fifteen tests were made at these extreme altitudes, with no fatal effect to the TP's. Extreme altitude sickness with unconsciousness supervened, but full capacity was always regained by the time the descent had reached an altitude of 23,000 feet. The appended electrocardiograph tracings show certain irregularities during the test, but toward the end the curves all return to normal, nor do they show any morbid changes during the ensuing days. To what extent constant repetition of the test will wear down the organism will not be established until the test series is concluded. These extreme daily experiments were conducted with specially assigned TP's, since otherwise the degree of control required for practical application would not be possible.*

2. The TP's were brought to the equivalent of an altitude of 26,250 feet while being fed oxygen and then had to make five kneebends each, with and without oxygen. After a certain period of time moderate to intense altitude sickness appeared, and the TP's lost consciousness. After a certain time of habituation, however, all the TP's recovered consciousness and full capacity. Not until altitudes in excess of 34,500 feet did sustained tests result fatally. In such tests respiration ceased after about thirty minutes, while in two cases electrocardiograph records of heart action showed a cessation only twenty minutes after respiration had ceased.

* TRANSLATOR'S NOTE: Careful examination of the documents makes it clear that all the experiments took place in a decompression chamber at ground level, not in actual flight.

The third test of this character proceeded along such extraordinary lines that I went to get an SS camp physician as a witness, since I was conducting the tests alone. It was a sustained test without oxygen at the equivalent of 29,400 feet altitude, conducted on a 37-year-old-Jew in good general condition. Respiration continued for thirty minutes. After four minutes the TP began to perspire and roll his head.

After five minutes spasms appeared; between the sixth and the tenth minute respiration increased in frequency, the TP losing consciousness. From the eleventh to the thirtieth minute respiration slowed down to three inhalations per minute, only to cease entirely at the end of that period.

Meanwhile intense cyanosis was observed, together with frothing at the mouth.

At five-minute intervals electrocardiograph tracings were recorded in three sections. After respiration had ceased such records were made continuously until heart action had ceased completely. Subsequently, about half an hour after breathing had ceased, an autopsy was begun.

POST-MORTEM REPORT

After opening the chest cavity, the pericardium was found to be distended (pericardial tamponade). Upon opening the pericardium 80 cc of clear yellowish fluid spurted out in a stream. The moment the tamponade had ceased, the right auricle began to beat vigorously, initially at a rate of 60 contractions per minute and gradually growing slower. Twenty minutes after opening the pericardium the right auricle was tapped with a needle. For some fifteen minutes a very fine stream of blood was discharged in spurts. The puncture in the auricle then was closed off by coagulation, and the action of the right auricle was again accelerated.

One hour after the cessation of respiration the brain was removed, the spinal cord being completely severed. The action of the auricle thereupon ceased for forty seconds. This action was

then resumed and finally ceased only eight minutes later. The brain showed a large subarachnoid brain edema. Much air was found in the brain arteries. In addition large numbers of air embolisms were found in the heart and liver vessels. The anatomical preparations are being preserved, so that they will be available for my evaluation at a later date.

To my knowledge the last-described case is the first of its kind to be observed in man. The heart action described above gains in scientific interest since I was able to record it by electrocardiograph to the end.

The experiments are being continued and expanded. Another intermediate report will follow when additional results have been obtained.

Dr. Rascher

On April 13, 1942, Dr. Rascher received the following reply:

Top Secret

To: SS Second Lieutenant Rascher, M.D.

Your report of April 5, 1942, came to the attention of the Reich Leader SS today. He was very much interested in the experiments, on which SS Lieutenant Colonel Sievers had reported briefly.

★ — I wish you continued success in your further experiments.

Warm greetings, to your dear wife as well.

Heil Hitler!

Your
(signed) R. Brandt, SS Major

Another letter, dated April 16, 1942, reports, among other things:

The experiment described in the report of April 4 has been repeated no less than four times, each time with the same results. After respiration had ceased in the last TP, Wagner, I revived him by increasing the pressure. Since this TP had been slated for a

terminal experiment and another test promised no new results, and since your letter was not yet in my hands at the time, I subsequently conducted another experiment which the TP, Wagner, did not survive. The electrocardiograph tracings in this case were again extraordinary.

This letter by Dr. Rascher closes with the following words:

Dear Mr. Reich Leader, may I assure you in conclusion that your productive interest in these researches has a profound influence on our energy and resourcefulness.

The killings of test persons described in the reports were by no means the only ones. In a sworn deposition Dr. Romberg, Dr. Rascher's collaborator in the low-pressure experiments, stated:

During the experiments I witnessed the death of three of Dr. Rascher's test persons. The first fatality occurred late in April. On this occasion I was just studying the electrocardiogram of the test person in question. After the death of this test person, I voiced objections to Rascher and also notified Dr. Ruff of the matter. Thereafter two further deaths occurred on different days in May. I again notified Dr. Ruff. I know that other test persons were killed while I was not present, and I estimate their number at between five and ten . . .

In their sworn statements the defendants Romberg and Ruff state that to their knowledge no one in the Air Force ever made any objections to these experiments. This applies particularly to the ranking medical officers, Prof. Hippke and Dr. Oskar Schröder. Dr. Ruff concluded his sworn statement with this sentence:

† Personally I should not regard these experiments as unethical, especially in wartime.

Although Himmler's decree assigned as test persons concentration-camp inmates condemned to death, Dr. Rascher was assailed by doubts. On October 20, 1942, he addressed the following top priority telegram to Dr. Rudolf Brandt, Himmler's personal administrative officer:

Request you clarify soonest following case with Reich Leader SS.

Paragraph three of his letter of April 4, '42, prescribes that when Dachau prisoners condemned to death survive mortally dangerous experiments, sentence is to be commuted. Until now I have had only Poles and Russians at my disposal for these experiments, including some condemned to death. I am in the dark so far whether paragraph three cited above applies to them as well and whether their sentences are to be commuted to life in the concentration camp if they survive several of the most hazardous tests. Request wire reply via adjutant's office, Reich Leader SS, Munich.

Devoted greeting. Heil Hitler!

Your
(signed) S. Rascher

Another secret report, sent by Dr. Rascher to Heinrich Himmler on May 11, 1942, is likewise reproduced in toto, since it too is eminently characteristic of the "style" of these scientific activities:

Munich, May 11, 1942

SECRET REPORT

On the basis of prior animal experiments by various scientists, the purpose of the tests conducted at Dachau was to find out whether the results obtained in animal experiments can be validly applied to man.

1. The first experimental set-up was to show whether man can be gradually acclimated to high altitudes. About ten tests showed

that a slow ascent within six to eight hours left the different types of TP's in full possession of their faculties up to an altitude of about 26,000 feet, even without oxygen. Some TP's attained 31,000 feet in eight hours without oxygen, before altitude sickness set in instantaneously.

1. Normally men cannot stay at an altitude in excess of 20,000 feet without oxygen. Experiments showed, however, that after an ascent to 26,000 feet without oxygen, altitude sickness with loss of consciousness lasted for only about twenty-five minutes. After this period the TP's usually showed habituation to this altitude. Consciousness returned, they were able to make kneebends, their electrocardiograms were normal, and they were fit for work (60-70 per cent of the cases examined).

2. Descending tests with the parachute (suspended), without oxygen.

It was shown in these tests that from 46,000 feet on, intense altitude sickness was experienced, continuing to ground level. The symptoms arising in these tests were initial loss of consciousness, with spastic and flaccid paralysis, catatony, stereotypy, and retrograde amnesia lasting several hours. At the end of one hour after the experiment most of the TP's were still disoriented in time and space. The blood picture frequently showed a shift to the left. Post-experimental urine regularly showed albumen, red and white blood corpuscles, sometimes casts. Blood and urine findings returned to normal within several hours or days. Changes in the electrocardiogram were likewise reversible.

In contrast to descending tests without oxygen, such tests with oxygen were conducted up to 59,000 feet altitude. It was shown that on the average the TP's recovered full capacity at between 40,000 and 46,000 feet. In none of these tests were disturbances of any kind in the general condition noted. The brief period of unconsciousness at the beginning of the test did not cause any sustained harm. There were only slight changes in the urine and blood findings.

4. During long parachute descents under actual flight conditions, serious frostbite would occur, even when there was no impairment by reason of lack of oxygen. We therefore took TP's in rapid decompression with oxygen feed from 26,000 to 65,000 feet, simulating damage to a high-altitude pressurized cabin. After a waiting period of ten seconds, corresponding to the period for bailing out of a plane, the TP's were dropped with oxygen into breathable altitudes. After 32,000 to 40,000 feet the TP's came to, pulling the ripcord at an altitude of about 26,000 feet.

5. In simulated drop tests from the same altitude without oxygen the TP's did not regain the capacity to act until they had reached an altitude of between 16,500 and 6,500 feet.

6. Tests for the purpose of establishing the effects of benzedrine on the organism in parachute descents showed that the serious after effects described in paragraph 3 were greatly mitigated. High-altitude resistance was but slightly improved, while the onset of altitude sickness was instantaneous because it went unnoticed (inhibition-relaxing effect of benzedrine).

Dr. Kliches, of Charles University in Prague, states in the organ of the Reich Research Council that "theoretically man should retain full efficiency up to 42,500 feet after prolonged oxygen-breathing. The practical limit is around 36,000 feet." Experiments conducted by myself along these lines show that up to 43,500 feet with pure oxygen, no decline of measurable muscular energy (ergometer) is found. The TP's merely become restive, since stomach and sinus pains greatly increase because of the pressure gradient between body and rarefied air. With pure oxygen, altitude sickness did not appear until above 46,500 feet in all twenty-five cases.

Valid practical results from the more than 200 experiments conducted at Dachau may be summarized as follows:

Flight above 40,000 feet, even with pure oxygen-breathing, is impossible except in pressurized cabins or pressurized flying-suits.

to the event of damage to a pressurized cabin at high altitudes—43,500 and above—crews cannot bail out of the damaged plane under their own power, since altitude sickness sets in almost instantaneously. The goal must therefore be to expel the crew automatically from the plane, for example by catapulting the seats by compressed air. A descent with opened parachute but without oxygen would result in intense frostbite as well as in grave impairment because of lack of oxygen. Consciousness would not have returned by the time the ground is reached. The needs therefore are:

1. A parachute that opens automatically by barometric pressure.
2. Portable oxygen apparatus for the jump.
3. For the experiments described in the following, Jewish professional criminals guilty of race defilement were used.

The question of the genesis of air embolisms was investigated in ten cases. Some of the TP's died in the course of a sustained altitude test, for example after half an hour at 40,000 feet. In opening the cranial cavities under water, copious air embolisms were found in the brain vessels, and in some cases free air in the brain ventricles. In order to establish whether the serious physical and psychic phenomena described in paragraph 3 are due to the formation of air embolisms, individual TP's, after relative recovery from parachute descent tests but before consciousness had returned, were finished off under water. Opening the cranium, or the chest and abdominal cavities, here too under water, again showed copious air embolisms in brain, coronary, liver, intestinal blood vessels, etc.

It is thus proved that air embolisms, hitherto regarded as inevitably fatal, are by no means fatal, as is shown by the restoration to normal of all the other TP's.

The fact that air embolisms form in virtually all blood vessels even when pure oxygen is breathed was likewise proved by experiment. A TP was given pure oxygen to breathe for two-and-

a-half hours before the experiment began, and died after six minutes at 65,000 feet. The autopsy showed the same copious air embolisms as in all the other experiments.

In sudden pressure drops with immediate subsequent return to breathable altitude no extensive impairment by air embolism was observed. Air embolisms always require a certain time to form.

Dr. Rascher

As already mentioned, Dr. Romberg, in his sworn statement, reports that he notified his superior, the chief of the Institute of Aviation Medicine at the DVL, of the fatalities. Naturally Dr. Rascher's ruthless procedure remained no secret to the Medical Inspector of the Air Force, Lieutenant General Hippke. The chief of the Munich Institute for Aviation Medicine, the defendant Weltz, as well as the superior Berlin authorities, on several occasions tried to withdraw the decompression chamber from Dachau. By skillfully exploiting his connections to the highest SS echelons, however, Dr. Rascher succeeded in circumventing these attempts.

It is even more difficult to understand why Dr. Hippke failed to protest against the experimental methods and killings of Dr. Rascher, since Hippke was evidently by no means convinced of the value of the Dachau experiments. This is seen from his letter to Himmler, dated October 10, 1942:

Dear Mr. Reich Leader SS:

In the name of German aviation medicine and research I express my obedient gratitude for your great interest and aid in connection with the Dachau experiments. These experiments supplement our knowledge to an important and valuable degree.

The fact that such extreme lack of oxygen can at all be sustained for some time while maintaining life is very encouraging for further research.

Conclusive application to actual parachute-jumping, however, is not yet possible for the time being, since a very essential factor

has not been taken into account, namely cold. It represents a very considerable additional strain on the body as a whole and on the vital processes, and it is likely that results under actual conditions would be far more unfavorable than in the present experiments. The supplementary work required has meanwhile been taken in hand. In part it cannot be concluded until after the new Research Institute for Aviation Medicine of the Reich Air Ministry in Tempelhof has been completed. This will have a decompression chamber equipped with full refrigeration and with a nominal altitude of 100,000 feet.

Freezing experiments along different lines are still under way at Dachau.

As soon as the work will require your further kind support I hope I may be permitted to appeal to you through Captain Rascher.

With Heil Hitler!

(signed) Prof. Dr. Hippke

*Himmler on his part was thoroughly imbued with the importance of the experiments and attributed the distrust encountered by Rascher primarily to "religious factors." In a letter to his "dear comrade Milch" * in November 1942 he comments:*

* Let's not worry about the difficulties. It will take at least another ten years before we have rooted out this narrow-minded approach from our people.

The low-pressure experiments at the Dachau concentration camp were concluded late in May 1942. On July 28, 1942, Dr. Ruff as chief of the institute and Drs. Rascher and Romberg as the research men directly concerned finished their official DVL report. It is entitled "High-Altitude Rescue Experiments" and classi-

* PUBLISHER'S NOTE: Undoubtedly the reference is to Erhard Milch, one of Göring's chief lieutenants, himself an "honorary Aryan."

fied "top secret." The twenty-four typewritten pages cover the same ground as the two secret reports by Dr. Rascher reproduced above.

The summary of this final report reads as follows:

V. Summary

Experiments dealing with rescue possibilities were conducted up to an altitude corresponding to 69,000 feet.

Without oxygen apparatus, rescue in simulated parachute descent is possible from as high as 42,500 feet, with oxygen apparatus from as high as 59,000 feet. Exposure to cold must be taken into account.

In drop tests, rescue from as high as 69,000 feet proved possible, with and without oxygen apparatus. An automatic parachute release is required. The blood does not yet begin to boil at an altitude of 69,000 feet.

Prior to the pressure drop, oxygen must be breathed. Exit from the plane must take place by catapulting the seats. The possibilities of rescue are excellent in quick emergency descents, if the plane does not have to be abandoned after losing cabin pressure.

A realistic picture of the events that took place at the Dachau experimental laboratory at the time was drawn on the witness stand by Walter Neff. This erstwhile prisoner, later a civilian employee, had been assigned by camp headquarters as an assistant to Rascher and Romberg.

He reported that between 180 and 200 prisoners were subjected to the experiments. They included every nationality represented in the camp. In the main they were Russians, Poles, Germans, and Jews. Asked how many of the subjects had volunteered, Neff stated that their number may have run to ten. Of all the prisoners that underwent the tests only one was discharged, "since he had logged the largest number and was employed in an experiment conducted in the presence of the Reich Leader." This prisoner,

Robotta by name, "was later transferred to the Dirlwanger group." According to Neff, "the Dirlwanger Group was an SS detachment that underwent training at Oranienburg and was detailed to special duty . . . For the prisoners . . . it was the worst that could happen to them."

Asked the number of prisoners who lost their lives in these low-pressure experiments, the witness Neff stated:

During the high-altitude tests seventy to eighty persons were killed.

These casualties included some forty who were not under sentence of death. The witness Neff was also present at the autopsies described in the secret reports. He gave the following account of the procedure:

During one autopsy, after the chest and the cranium had already been opened, it was found that the heart was still beating. I remember it distinctly, because I was ordered to bring the electrocardiograph machine to the post-mortem room at once, where the heart-beats were recorded. This type of experiment exacted a heavy death-toll, for time and again experiments were made to find out how long the heart of a subject already dissected would continue beating. It was my job to pass the electrocardiograph rolls from the darkroom to the window of the post-mortem room.

Although Dr. Romberg, the research associate, had notified the institute chief, Dr. Ruff, as early as the first fatality, the final report, signed by both, includes the following passage:

In view of the rigorous conditions under which these experiments were conducted, it must be emphasized in conclusion that during the entire test series there was no fatality nor any lasting impairment because of lack of oxygen.

Experiments With Sustained Low Temperature

The newly granted unlimited license to experiment with human beings bridged all the rivalries between the Air Force and the SS that had developed even in the course of the altitude experiments. It was Dr. Rascher who was the connecting link.

There was a conflict between certain ethical reservations, never clearly formulated, and the desire to promote research for which unprecedented experimental vistas had opened up. Under the pressure of personal ambition, this conflict was settled by the acceptance of the methods adopted by the SS in dealing with the concentration camp inmates entrusted to it.

As in the preceding Dachau experiments, the freezing tests conducted on human beings, beginning August 15, 1942, were to serve to clarify problems that had arisen in the course of the war in connection with plane crashes into the ocean. Suitable protective clothing was to be developed, and various methods of restoring body warmth were to be checked. As early as February 24, 1942, Dr. Holzlöhner of Kiel had received a research assignment from the Air Force Medical Inspector to investigate "The Effect of Chilling on Warm-Blooded Organisms." (Doc. No. 286.) A letter from the Reich Air Ministry's official in charge of aviation medicine, dated October 8, 1942, states:

At the suggestion of Captain Rascher such investigations were extended to human subjects, and the approval of the Reich Leader SS was obtained in making available suitable testing facilities through the SS.

To carry out the investigations, a research group with the code word *Seenot* ("Marine Emergency") was assembled, consisting of Dr. Holzlöhner as chief, Captain Rascher, and Dr. Finke.

During the course of these experiments too, Dr. Rascher passed on his personal reports on their progress to Himmler. On September 10, 1942, he dispatched an "Intermediate Report on the Freezing Experiments at Dachau Concentration Camp":

EXPERIMENTAL SET-UP

The TP's were immersed in water in full flying uniform, winter and summer combination, with flying hood. A life-jacket of rubber or kapok prevented sinking. The experiments were conducted at water temperatures between 36.5 and 53.5° F. In the first test series the back of the head and the brain stem were above water. In another series the back of the neck (brain stem) and cerebellum were submerged. Temperatures as low as 79.5° in the stomach and 79.7° in the rectum were recorded electrically. Fatalities occurred only when the medulla and the cerebellum were chilled. In autopsies of such fatalities large quantities of free blood, up to a pint, were always found inside the cranial cavity. The heart regularly showed extreme distention of the right chamber. The TP's in such tests inevitably died when body temperature had declined to 82.5°, despite all rescue attempts. These autopsy findings plainly prove the importance of a heated head and neck protector for the foam suit now in the process of development.

Mention must be made of the following special findings in all the tests: a sharp increase in blood viscosity, a sharp rise in hemoglobin, approximate quintupling of the leucocytes, regular doubling of the blood sugar level. Auricular flutter was regularly encountered from 86° on down.

Tests in the restoration of chilled persons showed that quick warming is in every instance to be preferred over slow, since body temperature continues to decline after removal from the cold water . . . Warming by animal heat—the bodies of animals or women—is much too slow. The only available aids to prevent chilling are improvements in flying clothes. Chief importance must

be assigned to the foam suit developed by the German Textile Research Institute at München-Gladbach, together with suitable neck protection. The tests show that medication is probably unnecessary, if the aviator is at all recovered alive.

Munich-Dachau, September 10, 1942

(signed) Dr. S. Rascher

Himmler's answer of September 22, 1942, reads as follows:

I have received the intermediate report on the freezing experiments at Dachau.

I should nevertheless arrange the tests in such a way that all the possibilities—rapid warming and warming by medication or animal heat—can be tried in turn.

The results of these experiments were to be presented at a scientific conference on "Medical Questions in Marine and Winter Emergencies," set by the Air Force Medical Inspector at Nuremberg for October 26 and 27, 1942. To this end the research group Holzlöhner-Rascher-Finke, on October 10, 1942, submitted to Berlin a thirty-two-page "top secret" report on "Freezing Experiments With Human Beings."

Following is the summary of this report:

1. As the result of chilling in water of 36.5 to 53.5°, rectal temperature in humans initially shows a fairly slow decline to about 95°. The decline then grows sharper. Danger of death exists at temperatures below 86°.

2. The cause of death is heart failure. Direct heart impairment results from general irregularity of heart action, observed regularly and beginning at about 86°. The damage is due to the strain placed on the heart by marked and regular increase in blood viscosity, as well as by the blocking of sizable areas of peripheral

blood vessels. Impairment of the heart because of cold is also probable.

3. When the back of the neck is involved in the chilling, the temperature drop is accelerated. This must be attributed to the failure of the regulatory centers governing body warmth and blood vessels. In addition, brain edema sets in.

4. Blood sugar rises during the temperature decline and does not sink as long as the chill is maintained. There are indications of a temporary disturbance in metabolism.

5. Respiration on the part of the chilled person is rendered difficult on account of the rigor afflicting the breathing muscles.

6. After emergence from the cold water a further temperature decline may ensue for fifteen minutes or longer. This offers a possible explanation for fatalities occurring after a person has been rescued from the sea.

7. Strong external heat application never does any harm to badly chilled persons.

8. No effects were observed as the result of treatment with atropanthin. The question of the use of atropanthin remains open.

9. Active and massive heat treatment was shown to be the most effective therapeutical measure. The best method is immersion in a hot bath.

10. Tests with cold-protective clothing showed that the time of survival can be more than doubled.

11. Recommendations for the improvement of life-jackets are being submitted.

The accounts repeatedly indicate that here too the purpose was to observe the terminal state. Thus we read in Chapter III of the report (The Clinical Picture of Chilling):

When TP's were immersed in a state of anesthesia, a certain waking effect was observed . . . The response movements ceased

*with
death*

A. Yes. Rascher then continued the experiments, giving as his reasons that he must provide them with a solid scientific foundation, and that he was preparing a dissertation for the University of Marburg.

The experiments conducted by Dr. Rascher alone from October 1942 to May 1943 included some intended to observe the restoration of warmth to chilled persons by "animal heat." The conduct of these test series accorded with a personal wish of Himmler, who had written to Rascher on October 24:

I am very curious about the experiments with animal heat. Personally I believe these experiments may bring the best and most sustained results, but of course I may be mistaken.

In this same letter Himmler once again covered Rascher in the conduct of experiments on human beings:

I regard as traitors to their country those people who even today reject these human experiments and would rather see brave German soldiers die of the effects of chilling. I shall not hesitate to pass on the names of such gentlemen to the authorities in question.

For these warming tests by animal heat, four women from the Ravensbrück concentration camp were "marched" to Dachau (Doc. No. 295.) On the arrival of the four women prisoners at Dachau, Dr. Rascher made a discovery that disquieted him, and on November 5 he rendered a "Requested Report on Concentration Camp Prostitutes":

Four women were assigned to me from the women's concentration camp at Ravensbrück, for purposes of testing the warming of chilled persons by animal heat, as directed by the Reich Leader SS.

One of the women assigned showed impeccably nordic racial characteristics: fair hair, blue eyes, corresponding skull shape and physical build, age 21½. I asked the girl why she had volunteered for brothel service. This was her reply: "To get out of the concentration camp. All who volunteered for half a year's brothel service were promised that they would be discharged from the concentration camp in return."

When I objected that it was shameful to volunteer as a brothel girl, I was advised: "Better half a year in the brothel than half a year in the concentration camp." There ensued an enumeration of a series of very curious conditions in the Ravensbrück camp. The conditions described were for the most part confirmed by the three other brothel girls and the woman overseer who had accompanied them from Ravensbrück.

My racial conscience is outraged by the prospect of exposing to racially inferior concentration-camp elements a girl who is outwardly pure nordic and who might be led on the right path by proper employment.

For this reason I decline to use this girl for my experimental purposes, and I have rendered an appropriate report to the commandant of the camp and to the adjutant of the Reich Leader SS.

Dr. S. Rascher

The results with this form of warming were summarized by Rascher in a secret report dated February 12, 1942 (Doc. No. 1016-PS), which he sent to Himmler:

EXPERIMENTS IN THE WARMING OF CHILLED PERSONS BY ANIMAL HEAT

A. The Problem

Object of the investigation is to establish whether chilled persons can be warmed by animal heat—i.e., by warmth from animal

or human bodies—as well as or better than by physical means or medication.

B. Test Persons

The test persons were chilled in the familiar way—dressed or undressed—in cold water at various temperatures (between 39° and 48°). Temperature of the test persons was in every instance measured rectally and thermoelectrically. Chilling to the lower degrees ensued in the familiar time, fluctuating according to the general condition of the test person and the temperature of the water. Removal from the water took place at a rectal temperature of 86°. At this temperature the test persons were invariably unconscious.

In eight cases the test persons were placed between two naked women on a wide bed. The women were instructed to snuggle up to the chilled person as closely as possible. The three persons were then covered with blankets. No acceleration of warming by means of arc lights or medication was attempted.

C. Results

1. It was noteworthy in taking the temperature of the test persons that in every instance a subsequent temperature drop, up to 5.5°, was recorded; in other words, a greater post-removal drop than in any other method of warming. It was noted that consciousness returned earlier, i.e., at a lower temperature than with other methods of warming. Once the test persons regained consciousness, they never lost it again, quickly grasping their situation and nestling close to the naked bodies of the women. The rise of body temperature then proceeded at approximately the same speed as with test persons warmed by being swathed in blankets. . . . An exception was formed by four test persons who practiced sexual intercourse between 86° and 89.5°. In these persons, after

coitus, a very swift temperature rise ensued, comparable to that achieved by means of a hot water bath.*

2. Another experiment concerned the warming of chilled persons by means of one woman. Here warming was in every case faster than with two women. I attribute this to the fact that in warming by means of one woman personal inhibitions are avoided and the woman clings more closely to the chilled person. Here too return of full consciousness was notably rapid. In the case of only one test person did consciousness fail to return and only a slight degree of warming was recorded. This test person died with symptoms of a brain hemorrhage, later confirmed by autopsy.

D. Summary

In rewarming tests of severely chilled persons it was shown that warming by means of animal heat proceeds very slowly. Only test persons whose physical state permitted sexual intercourse warmed up surprisingly fast and also showed a surprisingly rapid return of full bodily well-being. Since exposure of the body to low temperature beyond a certain period creates the danger of general impairment, a rewarming method must be chosen which assures that the low temperature will be overcome as fast as possible. Experience shows such a method to be the massive application of heat by means of a hot bath.

Rewarming severely chilled persons by means of animal or human heat can therefore be recommended only in such cases where other facilities for warming are unavailable, or in the case of sensitive individuals who may not be able to withstand massive heat applications. By way of example I am thinking of chilled infants who are best warmed against the mother's body, with the aid of hot-water bottles.

Dachau, February 12, 1943

Dr. S. Rascher, SS Captain

* TRANSLATOR'S NOTE: In the translation, temperatures have been consistently converted from Centigrade to Fahrenheit.

In his accompanying letter Rascher notes that it would be simplest if he "could go to Auschwitz with Neff and there clear up the problem of frostbite suffered on land in a broad test series. Auschwitz is much better suited in every respect for such tests than Dachau, because it is colder there, and because the size of the grounds causes less of a stir to be made in the camp. (The test persons yell when they freeze.)" Evidently this plan could not be realized.

On April 4, 1943, however, Rascher was able to report to Himmler's personal adjutant on the continuation of his experiments:

The question of saving persons suffering from chilling by air has meanwhile also been clarified, since, thank God, we had another intense cold snap at Dachau. Some people remained out in the open for fourteen hours at 21°, attaining an interior temperature of 77°, with peripheral frostbite, yet were all saved by hot baths. As I said before, to assert the contrary is easy! But before doing so, one should come and take a look. Incidentally, a report on air chilling experiments will go off to the Reich Leader SS in the next few days.

The above-mentioned "Report on Air Chilling Experiments" has not been found. But the witness Neff has given a dramatic account of the "Dry Freezing Tests":

... The first experiment was conducted in the following way. A prisoner was placed naked on a stretcher outside the barracks. This was in the evening. He was covered with a sheet, and every hour a bucket of cold water was poured over him. The test person lay out in the open like this into the morning. The temperature of these test persons was taken with the thermometer.

Later Dr. Rascher said it was a mistake to cover the subject with a sheet and to drench him with water. This caused the wrong effect since the air could not reach the test person. In future the test persons must not be covered.

The next experiment was a multiple test on ten prisoners, who were exposed in turn, likewise naked. In one case temperature was measured by galvanometer, in the rest by thermometer. I do not recall precisely, however, whether there were fatalities during these experiments and how many. I should like to state, with reservations, that about three victims lost their life at this time.

During one of the next days Rascher called up and said Grawitz had visited him and demanded that at least 100 tests of this kind be conducted . . .

The witness Neff further reported that test persons "were kept outdoors" from six o'clock in the evening until nine o'clock in the morning. The lowest temperature recorded in these chilled persons was 77°. Replying to a question whether the test persons had suffered much, Neff stated:

Yes, for initially Rascher forbade these tests to be made in a state of anesthesia. But the test persons made such a racket that it was impossible for Rascher to continue these tests without anesthetic.

FATAL CASES

Test No.	Water Temp.	Body Temp. on Removal From Water	Body Temp. at Death	Length of Stay in Water	Death Occurred After
5	41.5°	81.25	81.25	66 min.	66 min.
13	43	84.5	84.5	80	87
14	39	82	81.5	95	100
16	39	83.5	79	60	74
23	40	82	78.25	57	65
25	40	82	80	51	65
	39.5	80	78.5	53	53

Fatally Resulting Freezing Experiments with Seven TP's
(Table prepared by Dr. Rascher)

Even though freezing tests were conducted mainly by prolonged exposure of the test person to the open air, Dr. Rascher simultaneously continued his ice-water experiments. The following experiment was described by Neff as "the worst ever made"

It was the worst experiment ever made. Two Russian officers were brought from the prison barracks (*Bunker*). They arrived about four o'clock in the afternoon. Rascher had them stripped, and they had to go into the vat naked. Hour after hour went by, and whereas usually unconsciousness from the cold set in after sixty minutes at the latest, the two men in this case still responded fully after two-and-a-half hours. All appeals to Rascher to put them to sleep by injection were fruitless. About the third hour one of the Russians said to the other: "Comrade, please tell the officer to shoot us." The other replied that he expected no mercy from this Fascist dog. Thereupon the two shook hands with a "Farewell, Comrade." . . . These words were translated for Rascher's benefit by a young Pole, though in a somewhat different form. Rascher went to his office. The young Pole at once tried to chloroform the two victims. But Rascher came back at once, threatening us with his gun and holding out the direst consequences if we dared touch the victims again. The test lasted at least five hours before death supervened. The two bodies were taken to the Schwabing Hospital in Munich for post-mortem examination.

Down to the final transfer of Dr. Rascher from the Air Force to the SS, the controversy around this medical officer grew more and more pointed. The SS charged that Hippke had not afforded Dr. Rascher the support warranted by the importance of the experiments. The Inspector of the Air Force Medical Service replied to these charges in a letter of March 6, 1943, addressed to SS Lieutenant General Wolf, Chief of the Personal Staff of the Reich Leader SS, in which he wrote, among other things:

. . . You are mistaken, however, in assuming that I, the responsible head of all medical-scientific research work, ever offered the slightest opposition to the freezing experiments on human beings, thus impeding their progress. I instantly assented to these experiments, because our own preliminary tests on large animals had been concluded and required supplementation. It would seem rather implausible that I, who am responsible for the development of every kind of rescue method for our airmen, would not do everything possible to promote such work. When Rascher first presented his plans to me, I agreed with him at once . . .

Experiments in Making Sea Water Potable

The series of experiments to test sea water that had been made potable were likewise conducted at Dachau, but the cast of characters charged with this work was a different one.

Direction of these experiments was in the hands of the defendant Beiglböck, Senior Attending Physician of the First Medical University Clinic at Vienna (Prof. Eppinger). He had been given this assignment after extensive discussions that took place in May and June 1944 in the Reich Air Ministry.

In a sworn statement the defendant Schröder, successor to Prof. Hippke, gave the following background information about the sea water experiments:

Experiments in making sea water potable were conducted at Dachau in the Summer of 1944. The Air Force was interested in the development of a method for making sea water potable, since fliers were often compelled to make forced landings on the high seas. The Navy was also interested in the problem. We had at our disposal two methods for making sea water potable. One had been developed by Konrad Schäfer, the other was an invention of Berka.

Schäfer's method had several disadvantages, arising from the size of the necessary appliances and shortages of the chemicals required. For this reason the office of the Air Force Medical Inspector as well as the Technical Office of the Reich Air Ministry were considering the possibility of using the Berka method.

An Air Force physician in Vienna, Dr. von Sirany, had conducted certain tests on human beings, using sea water treated by the Berka method. These tests showed that the use of berkatite caused diarrhea. Becker-Freysing, the official in charge of aviation medicine and my subordinate since January 1944 (Becker-Freysing had formerly been assistant to Anthony, who had been chief under Hippke), took the position that the tests made by von Sirany were not conclusive, since conditions had not been as rigorous as at sea. Both Prof. Eppinger and Prof. Heubner insisted that the Berka method should be developed to the point of practical use.

A record of two conferences at the Technical Office of the Reich Air Ministry, held on May 19 and 20, reveals the main aspects:

I. A preliminary discussion took place . . . in the Reich Air Ministry . . . on May 19, 1944: . . .

During the conference Captain Becker-Freysing reported on the clinical tests conducted by Major von Sirany, arriving at the conclusion that these tests were open to question and insufficient for a final judgment. The Chief of the Medical Service is convinced . . . that the ingestion of berkatite used in the Berka method is likely to lead to health impairment within six days at the latest, leading to permanent damage and likely to have a fatal outcome after twelve days at the latest, in the view of Dr. Schäfer, a non-commissioned medical officer . . . External symptoms to be expected are dehydration, diarrhea, cramps, hallucinations, and finally, death. It was decided as the result of the preliminary discussion to arrange for a new short-term experimental program

To establish this program a committee is to meet, to be organized at the conference on May 20, 1944, in cooperation with the Naval High Command.

The experiments are to test the following groups:

1. a) Persons fed on Berka-treated sea water
- b) Persons fed on ordinary drinking water
- c) Persons deprived entirely of drinking water
- d) Persons fed on sea water treated by the present process (0.7 quarts drinking water for four men for four days)

During the period of the tests all persons are to receive only emergency sea rations. The tests are to last at the most six days. In addition to these tests, another series is to be conducted as follows:

2. Persons fed on sea water and berkatite, with standard emergency sea rations. Duration of the test: Twelve days. Since, in the opinion of the Chief of the Medical Service, permanent health impairment and even death may be suffered by the test persons, these are to be made available by the Reich Leader SS.

According to the statement of Dr. Schäfer, the committee formed on the following day embraced "Prof. Eppinger, Dr. Becker-Freysing, a representative of the Technical Office of the Reich Air Ministry, and a representative of the Naval High Command."

The fact that another test of the Berka method was demanded at all, after the statements by Becker-Freysing and Schäfer, was due to the attitude taken by Prof. Heubner of Berlin and Prof. Eppinger of Vienna on the occasion of another discussion in June 1944.

*Heubner and Eppinger were of the opinion that the value of the Berka method could not be determined in advance and that it was necessary to conduct experiments.

As a result, the Medical Inspector of the Air Force, Dr. Schröder, in a letter dated June 7, 1944, approached Himmler with the request to make the experimental laboratory at Dachau available once again.

Dear Mr. Reich Minister:

On a prior occasion you gave the Air Force an opportunity to clarify medical questions in experiments on human beings.

Today I again face a problem calling for final solution, following numerous animal experiments and also tests on human volunteers.

The Air Force has simultaneously developed two processes for making sea water potable. One of the methods, developed by a medical officer, actually removes the salt from the sea water, turning it into real drinking water. The other, reported by an engineer, leaves the salt content unchanged, merely removing the unpleasant taste of sea water. The latter process, in contrast to the former, requires no bottleneck raw materials. From the medical point of view and from our present knowledge this process must be regarded as doubtful, since the intake of concentrated salt solutions may give rise to serious symptoms of poisoning. Since so far it has been possible to conduct human experiments only up to four days, whereas actual practice requires a margin up to twelve days for persons adrift at sea, appropriate experiments are necessary. Forty healthy test persons are required, to be available full time for four weeks. Since it is known from former experiments that the Dachau concentration camp has the necessary laboratories, this camp would be eminently suitable.

The experiments are to be headed by Captain Beiglböck, whose peacetime position is that of Senior Attending Physician of the Vienna Medical University Clinic (Prof. Eppinger). I shall send you the names of the other participating physicians on receipt of your general authorization.

In view of the great importance of clarifying this problem,

affecting personnel of the Air Force and the Navy caught in emergencies, I should be greatly indebted to you, my dear Mr. Reich Minister, if you could see your way clear to granting my request.

Reich Physician SS Dr. Grawitz, to whom this letter was referred, replied to Himmler on July 28, 1944, as follows:

Reich Leader:

The Chief of the Air Force Medical Service, in the enclosed letter, requests that tests be made on prisoners to check two evidently promising and simple methods for making sea water potable. In accordance with your order of May 15, 1944, Reich Leader, I have obtained the comments of SS Major General Gebhardt, SS Major General Glueck, and SS Major General Nebe, which are as follows:

1. SS Major General Gebhardt:

"I think it entirely appropriate to support the Air Force in every way, and to make available for the experiments a supervising internist of the Waffen-SS."

2. SS Major General Glueck:

"With reference to above letter it is stated that this office offers no objection to carrying out at the Rascher experimental laboratory in the Dachau concentration camp the experiment series requested by the Chief of the Air Force Medical Service. Jews or other prisoners to be taken from quarantine are to be used as far as possible."

3. SS Major General Nebe:

"I agree to the proposal to test a process for making sea water potable on prisoners in concentration camps. I suggest that the anti-social gypsy half-breeds in the Auschwitz concentration camp be used for this purpose. Among them are men in good health who cannot be used in general work. I expect shortly to offer special recommendations concerning these gypsies to the Reich Leader, but believe it would be appropriate even now to select

the required number of test persons from this group. If the Reich Leader should approve, I will pick the names of the test persons."

With reference to the suggestion by SS Major General Nebe to use gypsies in the conduct of the experiments, I take the liberty of pointing out that with their somewhat different racial make-up gypsies may produce test results that cannot be directly applied to our men. For this reason it would be desirable if prisoners racially comparable to the European population could be made available for the tests.

I obediently request transmission of authority so that the experiments may be initiated.

Heinrich Himmler made the following marginal note on this document in his own handwriting: "Gypsies, and three others as controls."

Following this decision by the Reich Leader SS, the defendant Sievers, executive secretary of the "Ahnenerbe" Society, to which was attached the Office of Military Scientific Research, took steps to establish the Dachau research station. In his report to Dr. Crawitz he emphasizes:

I trust that these arrangements will enable the experiments to be conducted successfully. When a report on the experiments is rendered at the proper time, I request that you will agree just how the participation and support of the Reich Leader SS is to be given due credit.

No comprehensive report is available, but several witnesses—former inmates—have confirmed that the sea water experiments actually took place, giving accounts that are in agreement.

The witness August Vieweg described the events that occurred in the following words:

In the year 1944—I cannot remember the exact month—a section in the so-called Hospital Block 3, Stage I, formerly occupied by

malaria patients, was equipped for the so-called sea water experiments. Some forty to sixty gypsies—I cannot give the exact figure—were locked up together there and the doors barred. There was an orderly at this station who had once been orderly with us; but I cannot remember his name any more. Some Air Force officers appeared, some sergeants too, and took the whole thing in hand. Actually the section was off limits. None of us could get inside, but I had a pretty good view of it from my own section, and during the first few days those patients locked up there were let into the courtyard for brief walks. They told us they were getting Air Force rations. As far as I remember these rations lasted for about two weeks, then they were stopped . . . I then noticed that considerable trouble began to develop in this section. On one occasion there was something of a mutiny. They beat up the orderly, as the story went. This orderly was relieved and replaced by other personnel. I recall that on several occasions men in a very exhausted state were carried out of this section on stretchers. Some of them were taken to other wards for treatment.

In a sworn statement Ignaz Bauer reported:

From the patients of the second test series on, I had to check muscular and nerve response electrically every day, in addition to making a number of electrocardiograms, and thus I had opportunity to watch some of the proceedings and draw my own conclusions . . .

In the course of these hunger and thirst experiments the patients were subjected to many examinations, including repeated daily blood specimens and liver punctures.

Among symptoms of starvation and thirst evident even to the layman were: nervousness, and a state of agitation rising in some cases to frenzy. (The delirious were tied to their beds.) Some showed apathy and loss of consciousness. Symptoms of heart trouble could often be observed.

Individually the patients suffered from gnawing hunger and dreadful thirst, which was only made worse by drinking salt water. This thirst was so intense that some patients did not shrink from drinking the dirty water used in mopping the floors. I saw one of these poor devils sliding about on his knees asking in vain for water. Dr. Beiglböck was inexorable, however. A young fellow who had succeeded in obtaining some drinking water was tied to his bed in punishment. Added to all these physical torments was the constant fear of death.

Fritz Pillwein, employed as an orderly at the testing station, testified:

The experiments themselves were carried out in the following way: For the first three days the test persons got emergency marine rations, consisting of one tablet of koka-kola, some dextropur, a few pieces of zwieback (about ten to twelve small pieces). In addition, from the first day to the last, the participants were issued salt water four to five times daily to the total quantity of a pint. The forty-four persons were subdivided into five or six groups. Two groups received pure sea water, two others pure sea water with an added salt preparation, the remaining group received distilled sea water without addition. From the outset daily blood specimens were drawn from the participants. In individual patients weakness and especially thirst took such extreme forms that after only a few days they could no longer leave their beds. In one case I remember that the patient broke out into paroxysms of screaming. It happened frequently that these patients drank from the slop buckets of the orderlies, or in unobserved moments drained water from the air-raid protection buckets in the hall. Some patients actually lapped up the water poured out on the floor for mopping. I had to weigh the men taking part in the test every day, and noted that the daily loss of weight was up to two pounds. One day, when Dr. Beiglböck

had established that certain patients had taken additional fluid, the orderly in charge (likewise a prisoner) was transferred out of the hospital.

When the men were picked for these experiments, they were promised better rations for some time afterward. Actually these rations were issued only to the first group. All the rest, when the experiments had been stopped, got drinking water and skimmed milk for the next two days, and on the third day were put on standard camp rations. The first group, for four or five days, got some sausage, bread, butter, cheese, marmalade, and two cigarettes. I remember that there was an argument between camp headquarters and the Air Force people concerned, since the Air Force had not made enough rations available. The sufferers, of course, were the participants in the tests.

These sea water experiments took place in the Fall of 1944, toward the end of the war. They marked the end of the applied research initiated by the Air Force with the enthusiastic support of the top leadership of the SS.

EXPERIMENTS WITH TYPHUS AND INFECTIOUS JAUNDICE

Typhus Research

Typhus experiments on human beings were demonstrably conducted during the war at two places: a) in the Buchenwald concentration camp; and b) in the Natzweiler concentration camp (Struthof).

Our knowledge of the typhus experiments in the Buchenwald concentration camp rests essentially on the ward journal kept by SS Captain Ding-Schuler who worked in the camp, as well as on the testimony of various European scientists who were incarcerated at Buchenwald. There is especially Dr. Eugen Kogon, who was examined as a prosecution witness on January 6 and 7 and who succeeded in saving the journal. Throughout the period of the experiments Dr. Kogon was employed as Dr. Ding-Schuler's ward clerk. The "Division for Typhus and Virus Research" at the Buchenwald concentration camp was part of the Institute of Hygiene of the Waffen-SS in Berlin, the chief of which, SS Colonel Mrugowsky, was one of the defendants.*

On September 29, 1944, there was submitted to Berlin the manuscript of a study by Dr. Ding "On the Treatment of Typhus With Acridine Derivatives." The paper was intended for the Journal of Hygiene and Infectious Diseases in which Dr. Ding had previously published several contributions. The study dis-

* PUBLISHER'S NOTE: Cf. Dr. Eugen Kogon: *Der SS-Staat. Das System der deutschen Konzentrationslager*, Munich, 1946. An American translation is scheduled for publication in 1949.

usses the effect of two new preparations of the I. G. Farbenindustrie (Höchst)-acridine granulate and rutenol. (Prof. Lautenschläger had personally handed them to Dr. Ding.) The study reads in part:*

In the months of April and May 1943 thirty-nine persons with typhus infections confirmed by serological and clinical tests came under treatment in the clinical ward attached to the Division for Typhus and Virus Research of the Institute of Hygiene of the Waffen-SS. A clinical picture of marked severity with regard to the central nervous system, circulation, and exanthema was observed in this epidemic. This accords with the fatal issue experienced in more than 50% of the cases. Strict quarantine measures made it possible to ascertain the day of infection in a number of cases. This is of particular importance in determining the period of incubation . . . and when to begin specific treatment. In these cases the preparations could be given at a very early stage, supplementing their evaluation.

Further on in the same study we read:

Eight of the fifteen patients vomited up to seven times a day after being given rutenol. The mortality of 53.3% was extraordinarily high. No correlation between tolerance and mortality was shown: Four patients tolerated the rutenol and recovered, three others tolerated it well, yet died . . . Of the eight patients who vomited on being given rutenol, three recovered, the other five died.

Mortality among the third group of typhus patients in this epidemic, who went without treatment with rutenol or nitroacridine, was only 2% higher, i.e., it was 56%.

* PUBLISHER'S NOTE: One of the major defendants in the subsequent trial of I. G. Farben officials. He was acquitted.

With respect to tolerance to acridine, the study continues as follows:

Tolerance was far inferior than even to rutenol . . . Mortality was again very high, 53.3%.

In Dr. Ding's journal, however, under date of April 24, 1943, in precise agreement with the date given in the study—we find the following entry:

Therapy tests, acridine granulate (A-Gr. 2) and rutenol (R 2). To conduct these therapy tests with acridine granulate and rutenol, thirty persons (fifteen each) and nine controls were intravenously injected, each with 2 cc fresh blood from typhus patients. All the test persons contracted very virulent cases of typhus.

Under date of June 1, 1943:

Case charts and curves completed.
Test series is being concluded.

Twenty-one fatalities (eight with acridine granulate, eight with rutenol, five controls).

This entry proves that there was no epidemic, and that instead this was a case of test persons deliberately infected. Such experiments were continuously conducted, from January 1942 up to April 1945, when the Allies liberated the camp. Two groups must be distinguished in Dr. Ding's experiments—immunization tests with typhus serum on the one hand, and therapeutical tests on the other. A summary of all the test series recorded in the journal is shown in Tables 1 and 2, which we have prepared.

Table 1
TYPHUS THERAPY TESTS

Deliberately Infected TP's		Fatalities		
Therapy Test With		Without Special Therapy (Controls)	Treated TP's	Controls
Acridine	20	7	1	5
Methylene Blue	20		(Infection partly ineffective)	
Rutenol	15	9	8	4
Acridine Gran.	15		8	
Typhus Serum	10	5	9	4
Intravenous			6	
Intramuscular	10			
	90	21	32	9

After immunization, artificial infection was effected with fresh blood from typhus patients or culture virus of *Rickettsia Pro-wazeki*.

Not shown in the tables is a third group of persons used by Dr. Ding as carriers to maintain the virulence of his Rickettsia Prowazeki strain, "Matelska," obtained from the Robert Koch Institute. Dr. Kogon's testimony on January 7, 1947, discussed this aspect:

A third category of test persons was used to maintain the typhus strains. They were the so-called carriers. There were between three and five per month. They were infected for the sole purpose of having fresh blood from typhus patients available at all times. Nearly all of them died. I believe I am not exaggerating when I put their mortality at 95%.

Table 2
TYPHUS SERUM TESTS

Deliberately Infected TP's		No Serum (Controls)	Actually Infected	Fatalities	
Serum Used				With Serum	Controls
Weigl	31	10	143	1	3
Cox-Gildemeister-Haagen	35				
Behring, normal	35				
Behring, normal str.	34	19	59		4
Durand and Giroud	20				
Combiescu & Zotta	20				
Giroud	20				
Weigl	25	6	5		
Zurich	20	10			
Riga	20				
Asid	20			18	
Asid adsorbate	20	10	70	18	3
Weigl	20			9	
Kobenhagen (Ibsen)	17	9	26	3	3
Weimar	5			1	
Giroud	5	5	20		3
Asid	5			1	
Weimar	20				
Weigl	20	20	60	15	19
Total	392	89	383	66	40

The accuracy of this testimony is confirmed by an entry by Dr. Ding, dated April 11, 1943:

Preliminary Test C

To establish a reliable method of infection, experiments with fresh blood from typhus patients were conducted. The following were infected in the manner described:

Three persons with 2 cc fresh blood each, intravenously.

Two persons with 2 cc fresh blood each, intramuscularly.

Two persons with 2 cc fresh blood each, subcutaneously.

Two persons by scarification.

Two persons, cutaneously, by means of the vaccinating lancet.

Those infected intravenously contracted typical and severe cases of typhus and died in consequence of circulatory failure. The other test persons had only minor complaints, without showing the clinical picture of the disease.

The next entry concerned "Preliminary Test D," conducted along the same lines two days later, but with six persons each. Of the six infected intravenously, five died on this occasion.

In the following we quote examples from the serum test series, which at the same time reveal how Dr. Ding was introduced to experimental practice:

January 6, 1942 to February 1, 1942

Typhus immunizations were conducted with the following serums:

1. Thirty-one persons with Weigl serum from the intestines of lice, obtained from the Army High Command Institute for Typhus and Virus Research, Cracow.

2. Thirty-five persons with serum from chicken-egg yolk-sac culture by the Cox-Gildemeister-Haagen method.

3. Thirty-five persons with "Behring normal" serum (one egg suffused to 450 cc serum, mixture of 70 percent *Rickettsia Mooseri* and 30 percent *Rickettsia Prowazeki*).

4. Thirty-four persons with "Behring normal" "Behring strong" (one egg suffused to 250 cc).

5. Ten persons as controls.

March 3, 1942

The persons immunized from January 6 to February 1, 1942, were infected with *Rickettsia Prowazeki* virus culture, in the presence of Prof. Gildemeister. SS Captain Ding infected himself in the process. (Laboratory accident.)

March 17, 1942

Visit to the ward by Prof. Gildemeister and Prof. Rose (Chief of the Division for Tropical Medicine, Robert Koch Institute). All test persons have contracted typhus.

April 19, 1942

Concluding report on the first typhus serum test series: Five deaths (three controls, one with Behring normal, one with Behring strong).*

Questioned by the Tribunal on the method of selecting test persons for these series, Dr. Kogon made the following remarks:

The selection of the TP's was not the same at various times. At a very early period all the prisoners in the camp were requested to volunteer. The matter was described as harmless. The men would get substantial additions to their rations. After one or two experiments it became impossible to find volunteers. From then on Dr. Ding requested the camp physician or camp headquarters to make available persons suitable for his experiments. He set no special qualifications. Headquarters picked the men at random and by whim, regardless of whether they were criminals, political prisoners, homosexuals, or so-called anti-social elements. Intrigues among the prisoners in the camp also played their part, and occasionally men were admitted to the experiments for no particular reason at all. From about the Fall of 1943 on, the three camp leaders refused any longer to assume the responsibility for selecting the test persons. Dr. Ding too was no longer satisfied with oral instructions from Mrugowsky to conduct the experiments, but demanded written orders. To this end he appealed to Mrugowsky with the request to have the Reich Leader SS himself name the

* AUTHOR'S NOTE: It is of interest to note that the facts, including the case history of Dr. Erwin Ding's own accidental infection, can all be obtained from the version written for publication, in the *Zeitschrift für Hygiene und Infektionskrankheiten (Journal of Hygiene and Infectious Diseases)*, Volume 124, 1943, p. 670ff.

men for the experiments. In line with a directive from Himmler, which I myself saw, SS Major General Nebe, of the Reich Criminal Police Office in Berlin, thereupon decreed that henceforth only men were to be used who were serving penitentiary sentences which had at least ten more years to run.

Asked by the prosecutor whether the test persons were exclusively men under sentence of death, Dr. Kogon replied:

I do not know of a single case in which a man was admitted to the experimental ward of Block 46 because he had been sentenced to death. Once, in the case of four Russian prisoners of war, it was asserted that they were to be shot. But they were not under sentence. They belonged to that category of Russian prisoners of war, of whom some 9,500 were shot or hanged or garroted at Buchenwald.

The typhus experiments on human beings at the Natzweiler concentration camp (Struthof), in Alsace, were conducted from the Fall of 1943 to the Fall of 1944, when the camp was liberated. The experiments were initiated by the Professor of Hygiene at the Reich University of Strassburg, Dr. Eugen Haagen. The Buchenwald experiments had been conducted essentially by an internal group within the SS, but Prof. Haagen's backers were more broadly based, as is shown in the following. We quote from a letter to Prof. Haagen by the Strassburg anatomist, Prof. Hirt, dated July 10, 1944:

The Reich Leader SS desires that your published report include the following passage:

The investigations were carried out at the direction and with the support of the Chief of the Air Force Medical Service, as well as with the support of the Reich Research Council. They were also sponsored by the Reich Leader SS personally, as well as by the

SS Main Economic and Administrative Office, and the Institute for Military Scientific Research of the Waffen-SS.

Through the intercession of the Institute for Military Scientific Research, test persons for Prof. Haagen were transferred to the Natzweiler camp. Subsequently Prof. Haagen complained to his colleague, Prof. Hirt, as his intermediary with the SS leadership in a letter that reads as follows:

On November 13, 1943, the prisoners made available by the SS Main Office were inspected as to their suitability for the proposed typhus immunizations. Of one hundred prisoners selected in their former camp no less than eighteen have died in transport. Only twelve of the prisoners are in a condition that makes them appear suitable for the tests, provided they are first restored to good strength. This is likely to take two to three months. The remaining prisoners are in such a general condition that they must be eliminated altogether for the proposed purposes.

I may note in passing that the investigations concern the testing of a new serum. Such tests can lead to useful conclusions only when they are conducted on healthy human material in a normal state of nourishment and general physical vigor, corresponding to the physical condition of soldiers. No useful results can be expected with the presently available prisoner material, particularly since a large number of them are already afflicted with impairments that render them useless for the proposed tests. Extensive rest and good nourishment would bring about no changes here.

It is therefore requested that I be sent one hundred prisoners between the ages of twenty and forty, in good health and of a physical quality that will make them comparable material.

In a letter of December 13, 1943 (Doc. No. 122), Prof. Rose of the Robert Koch Institute recommended to Prof. Haagen that he

conduct his tests with various serums on the basis of the Buchenwald results. Subsequently Prof. Haagen again appealed to Prof. Hirt (Doc. No. 123), this time requesting two hundred test persons and again insisting that they "must be in the same physical state as that encountered in members of the armed forces." The experiments were still to be conducted at the Natzweiler camp.

No journal comparable to Dr. Ding's document has become known from Natzweiler. The character and extent of the tests thus remain obscure. All that is available are coinciding accounts by three witnesses that experiments took place on twenty-five Poles in May 1943. Prof. Haagen's assistant, Dr. Gröfe, when representations were made by the technical staff,† reassuringly said at the time that "the experiments would not be conducted with prisoners but only with Poles," adding that "Poles really are not human beings."*

Experiments with Infectious Jaundice Virus

There are, again, no clinical or experimental documents dealing with the researches on the virus of infectious jaundice.

All that is established is that a demand was made for experiments on human beings to clarify the mode of transmission. This is seen from an exchange of correspondence between the Reich Physician SS and Police, Dr. Grawitz, and Heinrich Himmler. Under date of June 1, 1943 (Doc. No. 010), in a communication marked "top secret," Grawitz requested Himmler's approval for making available to a Dr. Dohmen at the Sachsenhausen con-

* PUBLISHER'S NOTE: This document was found intact in Dr. Haagen's files in Strassburg, and was introduced in rebuttal of Dr. Haagen's testimony as a defense witness for Dr. Rose, who was Dr. Haagen's immediate superior in the Luftwaffe Medical Corps.

† PUBLISHER'S NOTE: This representation was made by an Alsatian technician, obviously concerned about her many compatriots imprisoned at Natzweiler.

centration camp "eight prisoners sentenced to death, as young as possible," so that experiments sponsored by Dr. Karl Brandt, Reich Commissioner of Health and Sanitation, could be carried out.

Himmler replied with a letter:

Field Command Post, June 16, 1943

The Reich Leader SS

Journal No. 1652/43

RF/Bn

Subject: Research into the Cause of Infectious Jaundice (Hepatitis Epidemica)

Reference: Yours of June 1, 1943—File No. 420/IV/43—Journal No. 6.43, top secret

Top Secret!

To Reich Physician SS and Police, Berlin

I acknowledge receipt of your letter of June 1, 1943.

1. I grant authorization for use in the experiments of eight criminals under sentence of death at Auschwitz (eight Jews of the Polish resistance movement sentenced to death).

2. I am in agreement that Dr. Dohmen should conduct these experiments at Sachsenhausen.

3. I share your view that an effective campaign against infectious jaundice would be of immense value.

(signed) H. Himmler

Carbon copy to SS Lieutenant General Pohl, Berlin, for information.

SS Lieutenant Colonel

In connection with a "Common Research Program on the Question of the Virus of Hepatitis," the consulting internist to the Army Medical Inspector, Prof. Gutzeit of Breslau, wrote to Prof. Haagen in Strassburg on June 24, 1944 (Doc. No. 124). Among other things he stated that he was trying "to create the possibility of carrying out the crucial experiment of transmission to man . . . However,

*certain precautions which I cannot mention in writing must be observed." **

This letter from Gutzeit, Haagen answered on June 27, 1944, with the following passage:

For the time being I cannot yet conclusively answer your inquiry about the human experiments. As you know, I am working with Messrs. Kalk, Büchner,† and Zuckschwerdt. I have agreed especially with Mr. Kalk, of course, that we are to conduct such experiments with our material.

In this same letter Prof. Haagen mentions that the above-mentioned Dr. Dohmen was expected in Strassburg on July 15. On the same day he passed on Prof. Gutzeit's letter together with his answer to Prof. Kalk, who was on the staff of the Chief of the Air Force Medical Service:

Dear Mr. Kalk:

Enclosed I am sending you a copy of a letter from Gutzeit as well as my reply. We really must proceed with the human ex-

* AUTHOR'S NOTE: The fact that the "crucial experiment" on human beings was actually carried out in Prof. Gutzeit's Breslau clinic is confirmed by a contribution from this clinic in the *Munich Medical Weekly*, 1942, p. 76ff. It was written by Dr. H. Voegt, resident physician at the clinic, and was entitled: "On the Etiology of Hepatitis Epidemica." The paper, by the way, is a very clear example of the tactics of obscurity as to whether the experiments were voluntary or not. In the case of a first test series voluntary participation is expressly emphasized; in a second, embracing six persons, this is not mentioned. Among the latter was a "thirty-year-old woman afflicted with a not very extensive tubercular infection of the lymph glands on the left side of the throat." She "drank, in a cup of soup, 100 cc of urine from patient B. and . . . (a little later) again about 25 cc from patient Sch." Even after the first dosage "the tubercular lymph-gland involvement began to flare up."

† PUBLISHER'S NOTE: Prof. Büchner, of Freiburg, later stated emphatically that he had had no part whatever in the planning and conduct of Prof. Haagen's experiments on human beings, having solely examined a series of mouse-livers for him.

periments as soon as possible. They had best be conducted here in Strassburg or in the vicinity. Can your office take the necessary steps to see to it that we get the test persons required? I don't know what kind of men Gutzeit has at his disposal, soldiers or other people.

I should be grateful to you for a prompt reply.

No witnesses appeared who had personal knowledge of the infectious jaundice research here outlined.

EXPERIMENTS WITH SULFONAMIDE, BONE-GRAFTING, CELLULITIS, AND MUSTARD GAS

Sulfonamide and Bone-Grafting Experiments

This group of experiments, carried on in the Ravensbrück concentration camp for women, was conducted at the direct instigation of Dr. Karl Gebhardt, Professor of Orthopedic Surgery at the University of Berlin, Chief Surgeon of the Hohenlychen Medical Institute, and Chief Surgeon to the Reich Physician SS.

The experiments began with the testing of the sulfonamides in infected wounds. Later followed operations of various kinds, in which bone and other tissue was removed from prisoners in the camp, to be transplanted to patients at Hohenlychen. The various test series partly overlap in time. They began in August 1942 and ended during the course of the year 1943.

A clinical summary of the operations carried out is given in the sworn statement of Dr. Zophia Maczka, a Polish woman radiologist who was a political prisoner at Ravensbrück during the time in question. She worked as an assistant in the X-ray ward of the camp hospital. (Her statements were made when she was questioned at the Seraphim Hospital in Stockholm, where Dr. Maczka is a staff member in Prof. Lysholm's department.)

According to this sworn deposition (Doc. No. 861), the following were carried out:

- 1. Infective operations*
- 2. Experimental aseptic operations*

In the first group the soft part of the calf was opened operatively and the open wound infected with bacteria that were introduced Staphylococci (staphylococcus aureus), malignant edema (clostridium oedematis maligni), gas bacilli (clostridium perfringens), and tetanus were used.

... Weronika Kraska was infected with tetanus. She died within a few days. Kazimiera Kurowska was infected with gas bacilli. She died within a few days. Aniele Lefanowicz, Zofia Kiecol, Alfreda Prus, and Maria Kusmierczuk were infected with malignant edema. The first three died within a few days. Maria Kusmierczuk survived the infection. She lay ill for more than a year and was crippled, but she lives, a witness to the experiment. Pyogenic germs were chiefly used. The wounds were closed after infection, and the severe siege of sickness began. Many of those operated on were sick for months and almost all became cripples. Why did Prof. Gebhardt and his school conduct such experiments? To test the new preparations of the German pharmaceutical industry. Cibazol and albucid * were used most often. Even tetanus was treated in this fashion.

But the results of the treatment went uncontrolled, or were controlled in such an inadequate and superficial way that it was of no value.

The second group consisted of bone, muscle and nerve experiments.

Bone operations were checked by X-ray pictures. As a hospital worker I had to take all the X-ray photographs. In this way I had an opportunity to get a good grasp of the proceedings. The following were carried out:

a) Fractures; b) Bone Transplants; c) Bone Slivers.

* TRANSLATOR'S NOTE: These are the German proprietary terms for sulfathiazole and sulfacetamide, respectively.

a) On the operating table the bones of both lower legs were broken into several pieces with the hammer and subsequently repaired with bone clips (example: Janina Marczewska) or without clips (example: Leonarda Bien). The leg was put in a cast that was removed in a few days. The leg then remained without a cast until healed.

b) The transplants were made in the familiar way, but in the process entire pieces of the fibula were excised, sometimes with the periostium, sometimes without. (The most typical operation was performed on Krystyna Dabska.)

c) Bone slivers. These operations were a fad with Prof. Gebhardt's school. In the preliminary operation two bone slivers from the tibias of both legs were prepared. In the second operation the slivers with the surrounding bone were excised, to be taken to Hohenlychen. To perfect this bone-sliver operation, two such operations were performed on prisoners in protective custody. The changes in the bones were osteomyelitic in character.

The muscle experiments consisted of several operations on the same place of the thigh or lower leg. In each subsequent operation additional sections of muscle were excised. On one occasion a piece of bone was implanted into the muscle (with Babinska). In nerve operations sections of nerve were removed (example: Barbara Pytlewska).

The defendant Herta Oberheuser, in a sworn statement (Doc. No. 487), insisted that "only Polish nationals in full health were used for the experiments."

The defendant Fritz Fischer who, as one of Gebhardt's assistants, performed the operations with Dr. Oberheuser, said in his statement:

I cannot recall precisely how many persons were subjected to the sulfanilamide experiments. As far as I remember, there were six test series, each embracing some ten persons. I do recall quite

clearly that fatalities occurred only in the last two series. One of the patients died during the low-grade culture series, and three persons died of acute gas bacillus infection.

According to Dr. Fischer, in the first three series, bacteria, then bacteria and tiny fragments of wood, and finally bacteria, wood and glass were introduced into the wounds. At this stage Reich Physician SS Dr. Grawitz visited the camp. About this visit Dr. Fischer said:

... I explained to Dr. Grawitz the details of the operations and their results. Before I had been able to finish my report on the procedures used and the results obtained, Dr. Grawitz brusquely interrupted me and remarked that the conditions under which the experiments were being conducted did not sufficiently approximate conditions at the front. He literally asked me: "How many deaths have there been?" and when I reported that there had been none, he declared this confirmed his view that the experiments had not been conducted in accordance with his instructions.

He said the operations were mere flea-bites, and since the purpose of the experiments was to test the effect of sulfonamides in gunshot wounds, it would be necessary to inflict actual gunshot wounds on the patients. He ordered that the next groups of experiments to be undertaken be conducted in accordance with these directives.

In all the series the infections were created only in the lower leg, in order to make amputation possible. Dr. Fischer explained however, that in cases of gas bacillus infection inflammation spread so rapidly that there was no possibility of cure and therefore no amputations were performed.

Dr. Maczka, a witness to the five deaths in this series, reported from the prisoner's point of view.

In my opinion, and from clinical observation, Kurowska had been infected with gas bacilli. She was a strong young girl, twenty years old. The infection progressed slowly. Starting at the foot, the leg swelled up and turned more and more black day by day.

Only during the first few days was she given any attention. She was then taken to Room 4, where she was days dying, with the most dreadful agonies and screams.

Alfreda Prus too was infected with malignant edema. But Alfreda Prus proved to be stronger than Kiecol and Lefanowicz, and therefore lived a few days longer. She was a beautiful girl of twenty-one, a college student, who gave up her life in dreadful agony. She died of hemorrhage.

In describing the background against which the survivors of the infective experiments existed, the eyewitness account of the Polish woman physician also throws light on the nursing methods customary in the camp:

If the girls survived and were in pain, their legs full of pus, they were given dressings from time to time, according to whim. Sometimes they had to wait three or four days. There was an unbearable stench of pus in the room. The girls waited and waited for help. There were no nurses at night. They had to help each other.

With such an interpretation placed on his duties, the attitude of the physician toward his patients, or his "test persons," slipped unresistingly into the customs of the camp.

Four woman witnesses, exhibiting the scars of these deliberate infections to which they had been subjected at Ravensbrück, appeared in court. One of them, Jadwiga Dzido, once again described the contrast of power and utter helplessness that permitted any experiment to be performed on human beings:

In the year 1942 there was hunger and terror in the camp. The Germans were at the zenith of their power. They could read pride and happiness written in the face of every SS-wife. Every day we were told that we were nothing but numbers, that we must forget we were human beings or still had anybody who thought of us, that we would never see our country again, that we were slaves and that all we had to do was to work. We were not permitted to smile, to weep, or to pray. We were not permitted to defend ourselves when we were beaten. And there was no hope of seeing my home again.

A subjective account of the course of the operations was given in court by the witness Wladislawa Karolewska:

On July 22, 1942, seventy-five prisoners of our transport, which had come from Lublin, were called to the camp commandant. Later we were sent back to the block where we were to await further instructions. On July 25 all the women who had come with the transport from Lublin were called together by Mandel who told us we would not be allowed to work outside the camp.

The next day seventy-five women were again called and had to stand outside the camp hospital. Present were Schiedlausky, Oberheuser, Rosenthal, Koegel, and the man whom I later recognized as Dr. Fischer . . .

On that day we did not know why we had been called before the camp physicians. But that same day ten of twenty-five girls were transferred to the hospital, though we did not know for what purpose.

Four came back, but six remained in the hospital. That same day the six came back to the block, after having received a certain injection; but we did not know what kind of injection it was.

On August 1 these six girls were again called to the hospital. The six who had received the injection. They were detained in the

hospital, and we could not get in touch with them to find out why they had been taken to the hospital.

A few days later one of my fellow inmates succeeded in getting close to the hospital and in learning from one of the prisoners that they were all in bed, their legs in casts. On August 14 of the same year I myself was called to the hospital, and my name was on a sheet of paper. I did not know why. In addition to me, eight other girls were called to the hospital. We were called at a time of day when executions were usually carried out, and I was sure I would be executed, since shortly before several girls had been shot down. In the hospital we were put to bed and the room was locked.

We were not told why we were in the hospital and when one of my fellow inmates asked, she got no reply whatever. The only reply was a sarcastic grin.

A German nurse then came and gave me an injection in the leg. After this injection I vomited and grew weak. I was then placed on a wheeled stretcher and taken to the operating room. There Dr. Schiedlausky and Dr. Rosenthal gave me a second intravenous injection, into the arm. Shortly before, I saw Dr. Fischer leave the operating room. He was wearing surgical gloves.

I then lost consciousness and when I awoke I noticed that I was in an ordinary hospital room. After some time I regained consciousness and felt severe pains in my leg . . . I noticed that my leg was in a cast from ankle to knee. The pains in the foot were very severe and I had a high fever. I also noticed that my leg was swollen from toe to hip. The pains increased more and more and the temperature rose too, and the next day I noticed that some fluid was draining from my leg. On the third day I was placed on a wheeled stretcher and taken to the dressing room. There I again saw Dr. Fischer. He wore an operating gown and had rubber gloves on his hands. A blanket was drawn over my eyes and I did not know what was done to my leg. But I felt great pain and had the impression that something was being cut out of my leg. Present were Drs. Schiedlausky, Rosenthal, and Oberheuser. When the

dressing had been changed, I was taken back to the ordinary hospital room. Three days later I was again taken to the dressing room. The dressing was changed by Dr. Fischer with the aid of the doctors mentioned, my eyes again having been covered. I was taken back to my usual hospital room. Later dressings were applied by camp physicians. Two weeks later we were all again taken to the operating room and placed on an operating table.

The dressing was removed, and for the first time I again saw my own leg. The incision was so deep that I could see the bone itself. We were told that the Hohenlychen physician, Dr. Gebhardt would come to examine us. We waited three hours for his arrival while lying on the tables. When he came, a sheet was spread over our eyes . . . Then we were taken back to our rooms. On September 8, I was sent back to the block. I could not walk. Pus flowed from my leg and I was unable to walk. In the block I stayed in bed for a week. Then I was again called to the hospital, and since I could not walk, my fellow inmates carried me. In the hospital I met a few of my fellow prisoners who were there after the operation. I was sure I would now be executed. For outside the hall I saw drawn up the ambulance used by the Germans to take away persons selected for execution. We were taken to the dressing room, where Drs. Oberheuser and Schiedlausky examined our legs. We were again put to bed.

That same afternoon I was taken to the operating room and the second operation on my leg was performed. As before, I was put to sleep by means of an injection. This time I again saw Dr. Fischer. I woke up in the ordinary hospital room. I felt still sharper pain and was running a temperature. The symptoms were the same. The leg was swollen and full of pus.

After this operation the dressings were changed, by Dr. Fischer every three days. After more than ten days we were again taken to the operating room, and it was announced that Dr. Gebhardt would come to examine our legs. We waited a long time, and then he came and examined our legs while our eyes were covered. The

time some other people came with Dr. Gebhardt, but I do not remember their names or their faces any more. We were then taken back to our rooms on stretchers. I felt even worse after this operation and could not move. While I lay in the hospital, Dr. Oberheuser treated me with extreme cruelty.

When prisoners reached a physical state that made their early demise probable, they were not infrequently killed by injections. Dr. Herta Oberheuser admitted in her sworn statement (Doc. No. 487): "I myself administered five or six such injections." Another camp physician, Dr. Rosenthal, confirmed this:

I saw several times that Dr. Oberheuser gave prisoners gasoline injections. She used a 10 cc syringe and made the injection into the arm vein. The effect offered the picture of acute heart failure. The patients would rear up and then suddenly collapse. The time from the injection until death was between three to five minutes. The patients were fully conscious down to the last moment. The time needed for the injection was fifteen to perhaps thirty seconds. Dr. Oberheuser told me that the prisoners to whom she administered gasoline injections were all hopeless cases incapable of cure.

I myself eased some twenty or thirty hopelessly sick patients into a gentler death by means of an overdose of morphine.

On the subject of the experiments in muscle regeneration there is available, except for Dr. Maczka's statement, only a brief description of an operation by the defendant Fischer:

Under evipan and ether anesthesia, two-inch incisions were made along the outside of the thigh. The fascia was severed and a piece of muscle about the size of the last digit of the little finger was removed. Fascia and skin were then closed, following the standard techniques of aseptic surgery. Afterward a cast was

applied. A week later the incision was reopened under anesthesia and an adjoining section of muscle removed.

In addition to the classification of bone-grafting and regeneration experiments by Dr. Maczka given earlier, we have a detailed account of an individual case by Dr. Fischer:

A student of Lexer, Gebhardt had long planned a free heteroplastic bone-graft (transplanting a bone from one person to another). Although some of his associates were in disagreement, he was determined to perform such an operation on the patient Ladisch, whose shoulder joint (scapula, clavicle, and the head of the humerus) had been removed because of sarcoma.

I and my colleagues raised medical and humanitarian objections until the evening the operation was performed. But Gebhardt ordered us to carry out the operation. Captain Stumpfegger, in whose special field of research the operation lay, was to remove the scapula (shoulder blade) at Ravensbrück and therefore had already made special preparations. But since Prof. Gebhardt needed Dr. Stumpfegger for the final transplant of the shoulder to the patient Ladisch, I was ordered to go to Ravensbrück that same night to perform the removal operation. I begged Drs. Gebhardt and Schulze to describe to me the precise technique they desired me to follow. The next morning I went to Ravensbrück . . .

The camp physician who assisted me in the operation finished it, while I returned to Hohenlychen as quickly as possible with the bone to be transplanted. In this way the time lag between removal and graft was shortened. The bone was handed to Prof. Gebhardt in Hohenlychen, and he, together with Dr. Schulze and Dr. Stumpfegger, transplanted it.

Other amputations were observed by the prisoners. Thus the account of Gustawa Winkowska agrees with that of Dr. Maczka:

I saw Rosenthal struggle with a healthy young Ukrainian girl whom they tried to take to the operating room by force. The girl fought back and screamed for help. With the help of Gerda Quernheim, Dr. Rosenthal gave her a sedative. She was then taken to the operating room where one of her legs was amputated. I think it was Dr. Fischer, for I saw him enter the operating room before the struggle just described. Immediately after the operation Dr. Fischer and another physician whom I could not recognize left the operating room with a large package, going directly to a car that stood ready, in which they returned to Hohenlychen. I knew that he had come from Hohenlychen, for the hospital always received warning when someone was to come from Hohenlychen. I believe the package contained the amputated leg. This took place at the time when experimental operations were being performed on the Polish girls.

The woman on whom this operation was performed . . . later received a fatal injection . . .

Under similar circumstances the arm and shoulder group were removed from another Ukrainian girl. She too was killed by injection.

At the "Third Eastern Conference of Consulting Specialists," held May 24 to 26, 1943, at the Academy of Military Medicine, Berlin, Major General Gebhardt and Dr. Fischer reported on "Special Experiments on the Effect of Sulfonamides." Dr. Fischer's sworn statement explains:

In the lectures delivered by Dr. Gebhardt and myself it was made perfectly plain that the experiments had been conducted with prisoners in a concentration camp.

Prof. Gebhardt began with the following words: "I bear the full human, surgical, and political responsibility for these experiments."

At this May 1943 conference the following officials were present: Dr. Paul Rostock, chairman of the conference; Dr. Siegfried Handloser, then Chief of the Armed Forces Medical Services, who had issued the call for the conference; Prof. Karl Brandt, who sat in the center of the front row; Reich Health Leader Dr. Leonardo Conti; Prof. Sauerbruch; Dr. Frey; and Prof. Heubner. The Air Force Medical Service was represented by Dr. Hippke, its Chief, and by Dr. Oskar Schröder. The Medical Service of the Waffen-SS was represented by its Chief, Dr. Karl Genzken. In addition, Dr. Helmut Poppendick (Chief of Staff of Dr. Grawitz, the Reich Physician SS and Police) was present . . . None of these physicians found any fault with the experiments. The lecture was followed by a discussion in which Dr. Frey and Prof. Sauerbruch participated, but they too voiced no criticism.

After the reading of this document, Mr. McHaney, the prosecutor, added the following remarks, among others:

This affidavit proves beyond any peradventure of a doubt that the features of these criminal experiments were brought home to the leaders in the German medical world . . . These people were in a position to clearly know a duty, and to know that it could not and should not happen!

There is no documentary evidence to show to what extent muscle-regeneration and bone-grafting experiments, especially free heteroplastic transplants, were publicized.

Cellulitis Experiments

In 1942 and 1943, at the same time as the operative experiments on human beings just described, similar experiments were conducted at Dachau. In these cellulitis was created by artificial means, to

*compare the effectiveness of allopathic and homeopathic * therapeutic agents.*

According to the testimony of the witness Stöhr, Chief Surgeon Wolter first conducted a test series with ten German prisoners, and then picked as his test persons members of holy orders and Catholic priests of every nationality, from the camp's clerical block. The infection was administered in the operating room of the camp hospital. The witness Heinrich Stöhr, a political prisoner employed as a male nurse, was present during these proceedings. He stated that they occurred in "the presence also of SS Major Schütz and the homeopath Dr. Kiesewetter," the operation being performed by Dr. Pape, a camp physician.

The artificial infections were preceded by simultaneous treatment tests, in which patients who had spontaneously contracted cellulitis, "the typical camp complaint," were treated with allopathic and homeopathic preparations.

Three identical or similar cases were observed. One of these cases was treated allopathically, another homeopathically, while the third received only ordinary wound treatment, i.e., no medication of any kind. The limb bearing the wound was immobilized, treated with compresses and the like, as the case might be. These were the instructions by the physicians. Well, it developed that the patients frequently recovered faster without any medication, i.e., without tablets, injections, etc. Experiments of this character were conducted for several weeks, and if I as a layman am permitted any judgment, I must say that to my observation the physicians were not satisfied with such experiments.

I must emphasize, by the way, that not merely wounds were treated by these methods but also internal diseases. The chief aim

* TRANSLATOR'S NOTE: For reasons of Nazi nomenclature, the German term "biochemical" is actually used throughout this section, instead of "homeopathic." The context makes it clear that homeopathic remedies are in fact meant, and the term has been so translated.

was to find out whether the homeopathic drugs were also useful in combatting dropsy, which was very common in camp. It developed that the homeopathic drugs had no effect whatever on the course of the disease.

The degree of danger inherent in these experimental infections is shown by an excerpt from the examination of the witness:

Q. Now, you have told us that they had one group, the first group, consisting of ten Germans. How many died in this group?

A. I believe the first group consisted of ten men. Of these, as far as I recall, seven died.

Q. Now, you have told us of a second group, of forty clergymen. How many died in that group?

A. I saw a list of the survivors, and according to this list about twelve priests or monks probably died.

Of these test persons too one group was treated with sulfonamides, the other with homeopathic preparations.

An inkling of the extent of the test series is given in a report which the Reich Physician SS Dr. Grawitz sent to Himmler on August 29, 1942:

Reich Leader! I take the liberty of submitting the following intermediate report of results obtained so far with the homeopathic treatment of sepsis and other complaints:

I. In the SS Hospital at Dachau, during the period covered by the report, the following forty cases were treated by homeopathic means. In addition to septic infections, other complaints were treated in which homeopathic treatment had shown promises of improvement.

Cellulitis	17
Sepsis	8

Furunculosis and abscesses	2
Infected operative wounds	1
Malaria	5
Pleural empyema	3
Septic endocarditis	1
Nephrosis	1
Chronic sciatica	1
Callstones	1

In accordance with therapeutical directions provided by homeopathy, the following preparations were administered, according to case:

Kalium phosphoricum (potassium phosphate)	D6 *
Ferrum phosphoricum (ferric phosphate)	D6 and D12
Silicium (silicon)	D6
Natrium muriaticum (sodium chloride)	D6
Calcium phosphoricum (calcium phosphate)	D6
Natrium sulfuricum (sodium sulphate)	D6
Magnesium phosphoricum (magnesium phosphate)	D6
Natrium phosphoricum (sodium phosphate)	D6
Calcium fluoraticum (calcium fluoride)	D6

In the majority of cases septic infection was artificially administered. Results so far indicate that the unfavorable course of these severe complaints is scarcely affected by homeopathic means in even a single instance. All cases of sepsis ended fatally. The malaria cases remained completely unaffected.

The cases of extensive cellulitis with abscess formation, empyema, septic endocarditis, nephrosis, chronic sciatica, and gallstones afforded not the slightest degree of certainty as to the effect of homeopathic treatment. Insofar as they showed a favor-

* TRANSLATOR'S NOTE: These are degrees of dilution.

able course, medical experience shows it to be no different from what would have ordinarily occurred with absolute immobilization in bed and no other special measures.

Only in five cases was the impression offered that the complaints were favorably influenced by homeopathic means. Of these, four cases were comparatively light. The fifth case was that of a seventeen-day-old child with severe furunculosis. Here a turn for the better was experienced only a few days after the onset of the treatment. It must be mentioned, however, that there was an error in the experimental arrangements on this case, since at the beginning of treatment albucid, a sulfonamide preparation, was also administered.

The stronger pus formation plainly observed in some cases may also perhaps be attributable to the effect of the homeopathic preparations. Perhaps this is the result of the frequent dosage with sugar, since the homeopathic tablets consist almost entirely of lactose. Experiments to clear up this point have been scheduled.

In one case of joint surgery potassium phosphate was given as a prophylactic antiseptic, since the operative incision was particularly exposed to infection. Nevertheless, the next day a temperature of 102.2°F was measured. Homeopathic treatment thus proved incapable of preventing the onset or outbreak of infection, though potassium phosphate D6 was at once administered intensively. It is also noteworthy that after a short time all the severe cases vigorously rejected the homeopathic tablets, since it meant torture for them to take the medicine every five minutes, even at night.

In summary, it is stated that of a total of forty cases, one is evaluated as positive, and four as positive with reservations, as opposed to thirty-five failures, including ten deaths.

The tests at Dachau are being continued.

In addition to the present program, we are especially on the look-out for twin cases of the greatest possible similarity, the one to be treated allopathically, the other homeopathically.

At the Auschwitz concentration camp three typical cases of septic infection, developing from tissue inflammation, were treated with potassium phosphate D4 according to directions. In none of these cases was a therapeutic effect on the course of the complaint observed. All three cases ended fatally. The tests are being continued.

(signed) Grawitz

In the home of former Reich Physician SS Dr. Grawitz, who was "profoundly concerned with the unbroken continuity of the tests," the following case history, reproduced only in part, was found. Its entries are continuous from November 11, 1942, to January 18, 1943:

Diagnosis: Artificial cellulitis on the left thigh and right upper arm.

Natorski, Stefan, born January 21, 1909, Sch P 30,300.

Date of admission: November 10, 1942.

Health history: Does not recall childhood diseases. Typhus in 1941.

Appearance: Patient is thirty-three years old, in reduced state of health and vigor, head and throat negative.

Thorax: No evidence of active or specific lung involvement. Heart negative.

Abdomen: Soft, insensitive to pressure. Limbs negative. Temperature 96.4°F, pulse 60, weight 112.5 lbs. Height 5'4½".

History

November 11, 1942: At 1800 hours, under the designation "purolin," the patient received an injection of 1 cc pus in which numerous streptococci chains had been observed under the microscope. The injection was administered on the inside of the left thigh close to the abductor canal. Late at night the patient complained of severe headache and drawing pains in the left thigh.

November 12, 1942: Around the injection puncture on the left thigh there is swelling and sensitivity to pressure.

November 13, 1942: Further swelling of the left thigh, especially the inside. Pains chiefly in moving the left leg, at times a throbbing pain in the left thigh even at rest. A reddened area about the size of a saucer appears around the place of injection.

November 14, 1942: *Status idem.*

November 15, 1942: The left thigh today shows severe swelling over its entire extent. Pain and sensitivity to pressure have increased. Persistent headache.

November 16, 1942: At the point of injection on the left thigh a pustule has formed, the size of a pea. Otherwise no change in the left thigh. Patient complains of severe throbbing pains.

November 17, 1942: The entire left thigh remains greatly swollen. Reddening is seen at some smaller spots around the point of injection. At the point of injection itself a pus-filled blister, the size of a penny, has formed. Extreme sensitivity to pressure over the entire inside of the left thigh.

November 18, 1942: *Status idem.*

November 19, 1942: Outwardly no significant change in the left thigh. The swelling has somewhat increased toward the knee. The patient complains of intense throbbing pain there. The left leg was today immobilized in a Volkmann splint. Tapping the inside of the left thigh yielded fourteen cc of creamy pus, of which three cc was at once injected intravenously into the patient's right arm.

November 20, 1942: Swelling and slight reddening about the point of injection on the left thigh persist. Patient feels severe throbbing pains.

November 21, 1942: Photograph taken. On the median front side the center of the left thigh shows an extrusive deformation with maceration of the epidermis and a reddened area the size of a silver dollar. Creamy pus drains from the old puncture. The left thigh is swollen in its entire circumference. Under ether anesthesia an incision was made in the inside center and preparation

continued with the forceps. About 250 cc of creamy yellow pus was evacuated. In the rear of the left thigh a counterincision was made. Both incisions were connected by a rubber tube thus providing free drainage. Afterward dry dressing and Volkmann splint were applied.

November 22, 1942: The swelling of the left thigh has somewhat declined. Only small quantities of brown pus, mixed with blood, drain from the incisions. Sensitivity to pressure on the left thigh is felt only near the incisions. The lower part of the right upper arm, especially the inside, is slightly red, swollen, and sensitive to pressure.

Therapy: Bathing of the leg, flushing with rivanol, drainage. Dry dressing and Volkmann splint.

November 23, 1942: Further slight reduction of the swelling in the left thigh. Copious yellow-brown pus, mixed with coagulated blood, drains from the incisions. Necrotic tissue fragments are likewise expelled.

The lower part of the right upper arm remains swollen, slightly reddened, and sensitive to pressure.

Therapy as on the preceding day . . .

November 28, 1942: No significant external changes in the left thigh. Moderate quantities of yellow-brown pus drain from the incisions. At the lower end of the right upper arm, inside, a swelling about the size of an egg is seen. The skin is red. Slight fluctuations in the swelling are perceptible.

An incision was made under ethylene chloride anesthesia. Copious evacuation of creamy pus. A strip of iodoform gauze and a rubber drain were introduced, and a dry dressing applied. The entire left arm was immobilized.

Therapy: Twelve g tibatin,* intravenously, six g albucid *per os* and three times one cc cardiazol-sympatol subcutaneously.

November 29, 1942: Moderate swelling persists in the left thigh.

* TRANSLATOR'S NOTE: A galactoside of 4-4-diaminodiphenyl sulfonamide.

Slight drainage of brownish pus from the incisions. In an area about the size of a saucer around the wound the epidermis is undermined.

Therapy: Flush incisions in left thigh with rivanol, drainage, dry dressing, Volkmann splint. Right upper arm: tampon strip, dry dressing, splint. Internally as yesterday . . .

January 18, 1943: The condition of the patient has continued to improve greatly in the last few days. No complaints of any kind remain. He will be discharged from the hospital today, classified as convalescent.

Summary

In the present case purolin injection into the left thigh gave rise to full abscess formation. In the right upper arm too, after intravenous injection, an abscess formed. Both abscesses were opened. In the left thigh extensive and deep-seated necrosis developed. Blood vessels were destroyed. There was extensive hemorrhage. Ligature of the *vena saphena magna* was performed and the bleeding thus controlled. The wounds suppurated for some weeks. Internally the patient received large doses of albucid and tibatin. Compared to homeopathically treated patients, drainage of the incisions proceeded comparatively rapidly. The patient recovered well and is again fully fit for duty.

Total sulfonamides administered in the case were:

Tibatin, intravenously	124 g
Albucid, <i>per os</i>	336 g

Dr. Laue, one of the SS physicians at whose instigation the parallel tests of allopathic and homeopathic therapy were conducted, in a letter to Rudolf Brandt, Himmler's personal administrative officer, wrote on September 12, 1942:

In view of certain failures recently experienced at Dachau, I am particularly gratified that SS Major General Grawitz now wants to tackle the situation purely from the scientific side, first of

all driving a powerful wedge into the whole subject of mineral-salt therapy. I believe this thought can be received only with general gratification, since there is no better opportunity to do this than precisely at Dachau.

Experiments With Mustard Gas

At the behest of the Armed Forces High Command, experiments with mustard gas were conducted at Sachsenhausen and Natzweiler-Struthof between September 1939 and April 1945. The purpose of these tests was to find the best therapeutic measures to combat mustard gas lesions. The experimental set-up as well as the cast of characters involved is the subject of documentary evidence as well as of eyewitness statements.

The prosecution files contain Document No. 198, a preliminary report by a Dr. Sonntag on eight cases of "Oil-O" injuries and their treatment with the remedies "H" and "F 1001" at the Sachsenhausen concentration camp. The document is dated December 22, 1939. We reproduce the following passages:

In order to have the broadest possible base for judgment with a relatively small number of cases, lesions were inflicted on both arms. "Oil-O" was applied to an area about the size of a half dollar with a platinum loop and allowed to dry for thirty minutes in the air. The arm was then given a protective dressing. On the third day, with cases 1 and 4, and on the fourth day, with cases 7 and 8, an infection was caused on the left arm. A mixed flora of streptococci, staphylococci, and pneumococci was rubbed into the affected parts under the opened blisters or the scabs carried away with the dressing.

The infections with a mixed flora of streptococci and pneumococci caused in cases 1, 4, 7, and 8 responded somewhat differently. Case 1 showed a picture of septic poisoning, with high temperature, chills, swelling of the local glands, and enlargement

of the spleen. In cases 4, 7, and 8 moderate temperature was observed. In all cases the general condition was strongly affected. No germs could be shown in the blood. Smears were made after two and four weeks. In all cases streptococci and staphylococci were found. In case 8 pneumococci as well. The disposition to heal is not as good in the infected lesions.

Further mustard gas experiments, on which extensive evidence is available, were conducted by Dr. August Hirt, Professor of Anatomy at the Reich University of Strassburg, and one Wimmer, candidate for the doctor's degree, first on animals, and subsequently on prisoners in the Natzweiler concentration camp. These experiments on human beings can be traced down to a letter by the executive secretary of the "Ahnenerbe" Research Society, Sievers, to Prof. Hirt. He wrote, among other things:

Above all, the Reich Leader SS would like to hear some details about you and your mustard gas experiments. In connection with certain special secret tests we are at present conducting at Dachau, we will certainly be in a position to make some unique facilities available to you. Perhaps you will find it possible to write a brief secret report on your mustard gas experiments for the Reich Leader SS.

Once the Reich Leader SS had received the desired secret report (Doc. No. 097), he issued a research assignment to SS Captain Hirt on July 13, 1942, the schedule including experiments at the Natzweiler concentration camp. For at the end of his secret report Hirt had explained that the practical application of the vitamin prophylaxis and therapy he had discovered, as well as the therapeutic possibilities of the acrinidine dye, tryptaflavine, "could be shown only by direct experiment."

The appropriate SS authorities were notified of the research assignment. A file reference of the "Ahnenerbe" Society of November 13, 1942, states:

We were further advised that the prisoners to be subjected to the experiments must be paid for by us for the duration of the experiments. In the case of the prisoners scheduled for the mustard gas test it is necessary that we make application that they be placed on full rations (guard rations), so that the tests can be made under conditions similar to those among the troops. I am very much surprised that we are to be charged for the prisoners who will be under experiment. If we use only ten prisoners in a test that might extend over ten months, prisoner costs alone would come to nearly 4,000 marks. When I think of the military scientific research we carried out in the Dachau concentration camp, I must say to its credit that our work there was supported in the most generous and understanding way and that we were treated with every courtesy. There was never any mention of payment for the prisoners. Natzweiler seems to want to make as much money as possible on the affair. After all, we are not conducting these tests for the sake of some scientific notion, but to be of practical service to the troops, and beyond them, in case of need, to the whole German people.

Provided the prisoners slated for the experiment can be put into the desired nutritional condition by that time, the tests could begin about November 10, 1942.

Precisely how they were conducted was told by the witness Ferdinand Holl (Transcript, January 3, 1947) who in 1942 and 1943 was prisoner foreman of the hospital ward made available to the "Ahnenerbe" Society:

In mid-October, when the "Ahnenerbe" arrangements had been made, Prof. Hirt selected a few prisoners who were still reasonably sturdy—that is, they at least looked healthy—and had them taken to this ward. There were two rooms and fifteen men were quartered in each. The men were first fed on SS rations, for about two weeks, and then the experiments began. The men were taken to the pathology division, and there the first experiments with liquid gas were conducted. Before picking the men, Prof. Hirt had given

them a talk to the effect that if any of them volunteered he would intercede with Himmler about their discharge. But the men in camp had already heard about other experiments in other camps, and there were no volunteers. The men were then simply detailed . . .

In the first experiments there was Prof. Hirt and then this German Air Force officer who conducted the experiments. The prisoners were stripped to the skin. They entered the laboratory one by one. There I had to hold their arms while one drop of this liquid was smeared on, about four inches above the elbow. The patients then had to go to the adjoining room, and the men thus treated had to remain standing for about an hour with their arms spread out. After about ten hours, or it may have been a little more, burns began to appear, all over the body. There were burns wherever the vapor from this gas had reached. Some of the men went blind. The pains were so terrific that it was almost impossible to stay near these patients. The patients were then photographed every day—all of the injured or burned places. About the fifth or sixth day we had the first death. At that time the dead were still shipped to Strassburg, since we had no crematory in the camp. But this body was returned and dissected in the "Ahnenerbe" ward. The lungs and inner organs were completely eaten away. In the course of the next few days another seven men died. It lasted, this treatment, for about two months, until the men were in some kind of condition to travel. Then they were shipped to other camps.

According to the testimony of the witness other test series were conducted with liquid gas:

These were the experiments in the gas chamber . . . The gas was in small ampoules of one to two cc . . . The prisoners were taken to the gas chamber which was about a third of a mile from camp, and there two men at a time had to enter this gas chamber. The gas chamber was locked, of course, and then one of these

prisoners had to break the ampoules and they had to breathe the gas that escaped. Afterward they were taken out again—some of them unconscious—and returned to the "Ahnenerbe" ward, where they were treated or the course of the damage was observed . . . The results were about the same as with liquid gas. At times I worked with oxygen, so that the organs of breathing would be restored. Certain individuals actually suffocated for lack of air, when it became no longer possible to revive them. The symptoms were also those of burning, about the same as with the first [experiments]. I saw the lungs of some of these men—autopsies were immediately performed in the "Ahnenerbe"—and they were perhaps as large as half an apple, all eaten up and full of pus.

Asked how many test persons there were, the witness Holl, during this same examination, testified:

While I was there, that was until 1942, about one year, during which these experiments were made, about 150 persons were treated in this way in the various series—there were four sessions, four experiments—and about seven or eight out of every thirty died, with the gas experiments too . . . Those that died in camp, that can be found out, of course, but as soon as these patients were at all able to travel, they were shipped to Auschwitz or Belsen or Lublin, to some of the big camps.

In March, 1944, Prof. Karl Brandt, Reich Commissioner for Health and Sanitation, received an order from Hitler himself, dealing with the urgency of experiments with combat agents. The order was published in strictest secrecy, with "minimum distribution," and in April Executive Secretary Sievers reported to Prof. Karl Brandt, "as ordered," on Prof. Hirt's experiments. At the same time he transmitted a report, "Proposed Treatment for Combat Lesions From Mustard Gas," written by Prof. Hirt and Dr. Wimmer for publication. This report (Doc. No. 099) makes

it clear that data had been accumulated, covering exterior and interior mustard gas burns of every degree of severity.

There are repeated hints in the documents of further experiments with mustard gas and other combat agents. Thus Prof. Bickenbach, internist at Strassburg University, in connection with a larger project on "Problems of Chemical Warfare," worked on experiments with war gases in a Strassburg research institute established at the express instigation of the Reich Commissioner for Health and Sanitation, Prof. Karl Brandt. The fact that he also worked at the Natzweiler concentration camp, side by side with the experiments of Profs. Haagen and Hirt, was confirmed in the testimony of Joseph Kramer, former commandant of the Bergen-Belsen concentration camp and meanwhile executed. Kramer was commandant at Natzweiler until April 1944:

Prof. Bickenbach came to the Struthof camp several times for talks with the camp physicians Krieger and Blanke. I do not know whether they actually conducted any experiments, but he did advise me one day that he had received orders to perform certain experiments on inmates. He did not tell me the nature of these experiments. He was bound to silence by the SS leadership.

One day, when I was making a general camp inspection, I saw ten inmates wearing bandages on their arms in one of the hospital rooms. When I asked questions, I was told that tests had been made on these inmates. (Bickenbach.) I inquired what kind of experiments, but he refused to give me any information whatever. I do not know the number of deaths that took place in camp while I was there.

*The character, extent, and locality of other experiments with combat agents cannot be documented with sufficient accuracy.**

* PUBLISHER'S NOTE: The complete official reports from Dr. Bickenbach to the central research agency headed by Dr. Karl Brandt were introduced later in rebuttal of Dr. Rostock's testimony.

COLLECTION OF SKULLS OF JEWS FOR STRASSBURG UNIVERSITY

The research goals animating the former Professor of Anatomy at Strassburg University, Dr. August Hirt, in his desire to accumulate a collection of skulls of Jews, were forcefully laid down by Dr. Hirt himself, in a report meant for Himmler:

Subject: The securing of skulls of Jewish-Bolshevist commissars for scientific research purposes at Strassburg University.

Voluminous collections of skulls exist of almost all races and peoples. Only in the case of the Jews does science have so few skulls at its disposal that no valid results can be arrived at from their study. The war in the East now affords us a chance to make up for this deficiency. By securing the skulls of Jewish-Bolshevist commissars, representing a repulsive but typical species of sub-humanity, we stand to acquire tangible scientific research material.

The practical accomplishment of safe and smooth procurement of this skull material can be most suitably effected in the form of a directive to the Armed Forces, providing that henceforth all Jewish-Bolshevist commissars are to be immediately handed over to the Military Police alive. The Military Police in turn will receive special orders to make current reports of the number and location of these captured Jews to a designated office, and to guard them carefully until the arrival of a special commissioner. This commissioner will be charged with safeguarding the ma-

terial. He should be a junior medical officer or student in the Armed Forces or even the Military Police, and should be provided with an armored car and driver. It will be his job to prepare a previously determined series of photographs and anthropological measurements, and to establish, insofar as is possible, descent, birth dates, and other vital statistics.

Subsequently, when the death of these Jews has been effected—the head must not be injured—he severs the heads from the bodies and sends them on to their destination, immersed in specially constructed air-tight tin containers filled with preservative. The photographs, measurements, and other data, covering the head, and finally the skull, will then form the point of departure for comparative anatomical research, research on racial characteristics, on pathological features in skull formation, on the shape and size of the brain, and on many other subjects.

To conduct this research and serve as depository for the skull material acquired in this fashion, the new Reich University of Strassburg would seem to be the most suitable place, because of the responsibilities it has been given.

In this undertaking too the Reich Leader SS expressed his full interest, henceforth offering SS Captain Hirt every facility within his power.

Judging from a document that has been preserved, it was precisely these desires voiced by Prof. Hirt that motivated Himmler in assigning a new central task to the endowed SS Research Society "Ahnenerbe." In a letter of July 7, 1942 (Doc. No. 422), he ordered the "Ahnenerbe" Society to set up an "Institute for Military Scientific Research." This institute was to coordinate and support all scientific work that appeared valuable from the point of view of SS ideology and that was calculated to promote SS prestige in the cultural field. The defendant Sievers, Executive Secretary of the "Ahnenerbe" Society, was entrusted with the direction of this institute as well. Sievers had formerly been a bookdealer.

In the ensuing years his new position earned him bitter enmity, especially on the part of Reich Physician SS Grawitz, and Prof. Gebhardt, Chief Surgeon to the Reich Physician SS.

As already mentioned, the first task assigned to the Institute for Military Scientific Research was "to support Prof. Hirt in every possible way." In addition to his skull collection, Hirt, on the basis of his "Intravital Microscopy," planned to write "a completely new 'Anatomy of Living Organs Under Fluorescent Light.'"

The available documents do not show whether the Jews mentioned in the next letter were captured "Jewish-Bolshevist commissars," in accordance with Hirt's proposal, or whether they were merely inmates long since incarcerated in the Auschwitz concentration camp. All that is evident is that the men assigned to Prof. Hirt for his "anthropological" investigations were transferred from Auschwitz to the Natzweiler-Struthof concentration camp, located near Strassburg:

To: Reich Security Main Office, Department IV B 4, attention SS Lieutenant Colonel Eichmann.

Berlin SW 11, Prinz Albrecht St. 8

Subject: Creation of a skeleton collection

With reference to your letter of September 25, 1942, IV B 4 0576/42 g 1488, and to the personal discussions that have meanwhile taken place in the above matter, you are advised that the staff member of this office charged with the accomplishment of above special assignment, SS Captain Bruno Beger, concluded work in the Auschwitz concentration camp on June 15, 1943, on account of the existing danger of epidemic.

A total of 115 persons, including seventy-nine Jews, two Poles, four Asiatics, and thirty Jewesses were processed. These prisoners are at present in quarantine, separated by sex, each group in a hospital ward of the Auschwitz concentration camp. Further processing of the persons selected requires immediate transfer to

the Natzweiler concentration camp, a matter that should be handled with dispatch in view of the danger of epidemic at Auschwitz.

A roll of the persons selected is attached.

It is requested that appropriate instructions be issued. Since in the transfer of the prisoners to Natzweiler there is the danger that the infection may be propagated, it is requested that you take immediate steps to have clean and disinfected prisoner clothing for eighty men and thirty women shipped from Natzweiler to Auschwitz.

At the same time steps must be taken to provide temporary shelter for the thirty women at the Natzweiler concentration camp.

Sievers, SS Colonel

What happened then in this concentration camp was shown in the examination of the former commandant, Joseph Kramer:

Prior to the year 1932 I was a bookkeeper in Augsburg. I then volunteered for the SS and was assigned to guard concentration camp inmates. Before the start of hostilities I was a lieutenant in various concentration camps, specifically in Esterwege, Sachsenhausen, Dachau, Mauthausen, and Auschwitz. In the month of August 1943 I received orders from the Oranienburg camp—or rather, from the SS High Command in Berlin which forwarded them to me—to receive some eighty inmates from Auschwitz. In a letter accompanying this order I was requested to communicate at once with Prof. Hirt of the Strassburg Medical Faculty.

I went to the Strassburg Anatomical Institute where Hirt was. The latter told me he knew about the prisoner convoy en route from Auschwitz to Struthof. He said these persons were to be killed by poison gas in the gas chamber of the Struthof camp, their bodies then to be taken to the Anatomical Institute for his disposal.

At the end of the conversation he gave me a bottle containing

about a half pint of salts—I think they were cyanide salts. The professor told me the approximate dosage I would have to use to poison the inmates arriving from Auschwitz, about whom I have already told you.

Early in August 1943 I received the eighty inmates who were to be killed with the gas Hirt had given me. One night I went to the gas chamber in a small car—it was about nine o'clock—with about fifteen women this first time. I told the women they had to go into the chamber to be disinfected. I did not tell them, however, that they were to be poisoned.

With the help of a few SS men, I stripped them completely and shoved them into the gas chamber when they were stark naked.

When the door was closed they began to scream. After the door had been closed, I introduced a certain amount of salt through a tube installed to the upper right of the peephole. I then closed the opening of the tube with a cork attached to the end of the tube. This cork had a metal pipe. This metal pipe projected the salt and water toward the inside of the opening in the chamber of which I have spoken. I illuminated the inside of the room by means of a switch installed near the tube and observed through the peephole what happened inside the room. I saw that these women breathed for about half a minute before they fell to the ground. After I had turned on the ventilation inside the flue, I opened the doors. I found the women lying lifeless on the floor, and they were covered all over with excrements. The next morning I told the SS hospital orderlies to place the bodies in a small car—it was about 5:30 o'clock—so that they could be taken to the Anatomical Institute, as requested of me by Prof. Hirt.

A few days later I again took a certain number of women to the gas chamber under the same circumstances, and they were gassed in this way.

A few days later I again went to the gas chamber, and this was repeated about two or three times, until fifty people, or perhaps fifty-five, had been killed with the salts given to me by Hirt.

(In answer to a question): I did not trouble about what Hirt meant to do with the bodies of these inmates whom I had poisoned. On the basis of what he said at Struthof, I did not think it was my business to ask him.

(In answer to a question): I paid no attention to the nationality of the murdered inmates. I believe they came from south eastern Europe. But I cannot tell you the country.

The witness was shown an album of photographs containing pictures of the gas chamber.

Witness: I recognize the Struthof gas chamber in these pictures. It was built in the middle of 1943, to poison the inmates intended for Prof. Hirt.

Q. You have spoken to me before of the conditions in which you have executed the inmates with asphyxiating gas. In case these inmates would not have been killed following the introduction of the gas done by you, would you have killed them with a bullet?

A. I would have tried once again to suffocate them with gas, by throwing another dose of gas into the chamber. I had no feelings in carrying out these things, because I had received an order to kill the eighty inmates in the way I already told you.

That, by the way, was the way I was trained.

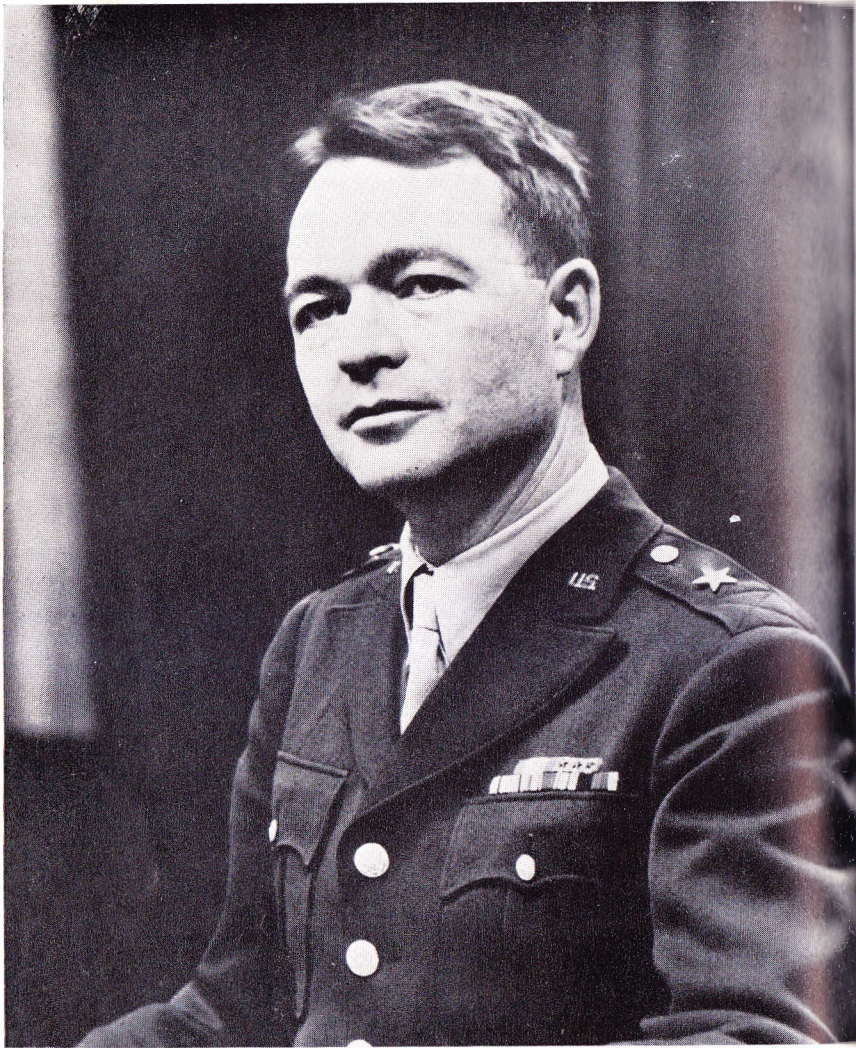
The testimony of Henry Herypierre, who worked in the Anatomical Institute until Strassburg was occupied by the Allies, agrees completely with Kramer's statements, even as to the time element:

In the month of July 1943 Prof. Hirt was visited by a high SS officer.

The officer came three times in July. Hirt let him inspect the



PROF. ANDREW C. IVY, M.D., Vice-President of the University of Illinois, who was medical scientific consultant to the prosecution, Military Tribunal No. 1, Nuremberg. This was the tribunal before which the 23 SS physicians and scientists were tried. Professor Ivy is a distinguished American physiologist. (Acme Photo)



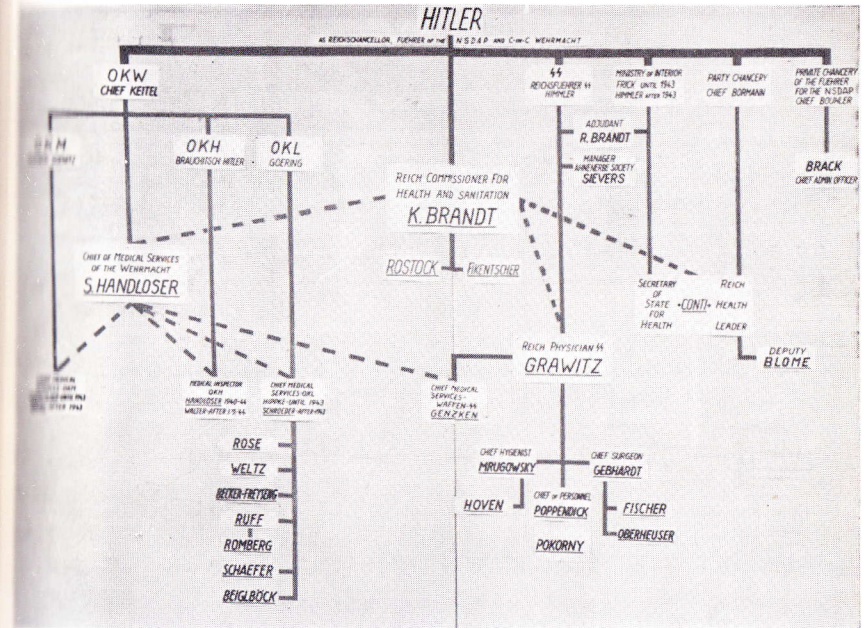
BRIG. GEN. TELFORD TAYLOR, Chief of Counsel for War Crimes, is here pictured at the trial. (*Acme Photo*)



GEN. LUCIUS D. CLAY, Commander in Chief, U. S. European Command, and later Chief of the American Military Government, listens to the trial of the Nazi doctors at the Palace of Justice, Nuremberg, Germany. Beside him is Brigadier General Taylor. (*Wide World Photo*)



JUDGES OF U. S. MILITARY TRIBUNAL NO. 1. These four prominent American judges, appointed by President Truman, are shown listening to testimony during the trial of the 23. Left to right: Harold L. Sebring, justice of the Supreme Court of Florida; Walter B. Beals (presiding judge), justice of the Supreme Court of the state of Washington; Johnson T. Crawford, former justice of the Oklahoma District Court in Ada, Oklahoma; and Victor C. Swearingen, former assistant attorney general of Michigan, from Detroit. (*Wide World Photo*)



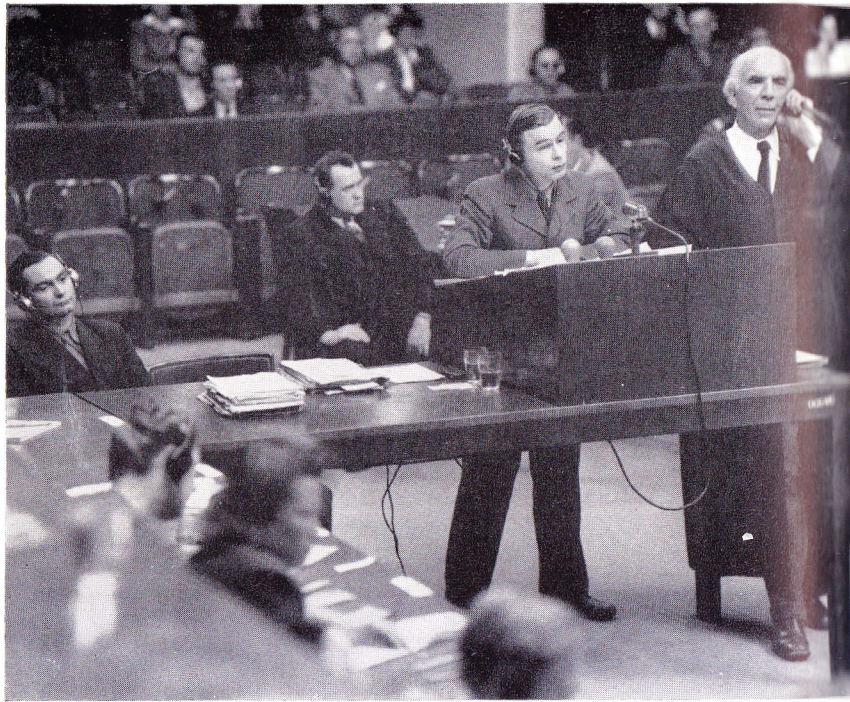
THE ORGANIZATION OF THE GERMAN MEDICAL SYSTEM. This chart was used by the prosecution in the course of its opening statement in order to show graphically the way the individual defendants fitted into the system. OKW = the High Command of the German Armed Forces, OKM = the High Command of the Navy, OKH = the High Command of the Army, and OKL = the High Command of the Air Force. (*Public Information Photo Section, Office Chief of Counsel for War Crimes, Nuremberg*)



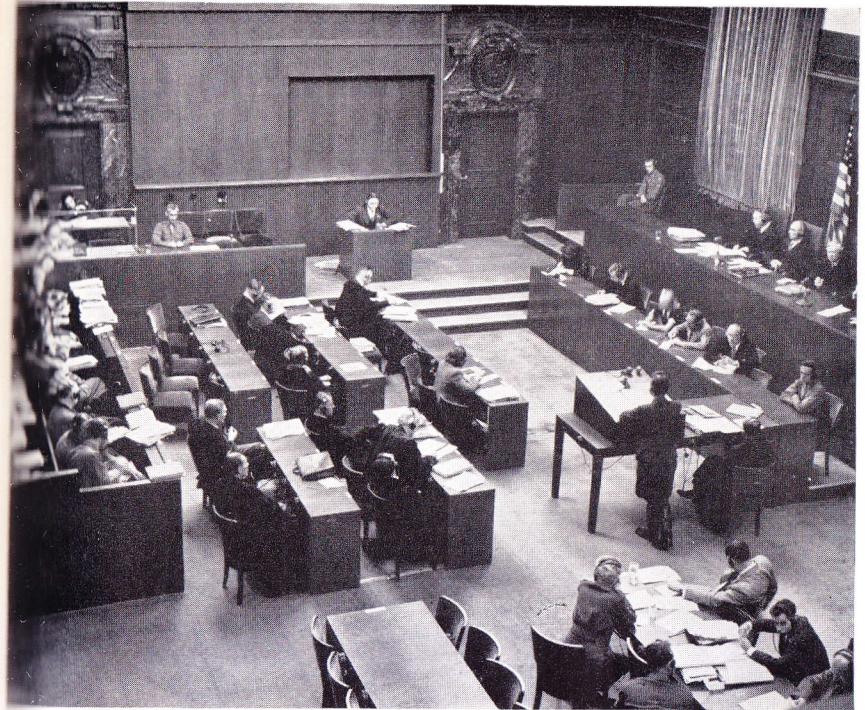
THE LEADING DEFENDANT, KARL BRANDT, being sentenced to death by the Tribunal. In the foreground are a number of German defense counsel (Public Information Photo Section, Office Chief of Counsel for War Crimes Nuremberg)



DR. KARL GEBHARDT. One of the highest-ranking "Doctors of Infamy" was the 50-year-old surgeon-in-chief of the famous Hohenlychen Hospital of Berlin. Shown here taking his oath before going to the witness stand in his own defense, Gebhardt was one of the seven who were hanged. (U. S. Army Signal Corps—Wide World Photo)



THE DEFENDANT RUFF, cross-examining Dr. Ivy. While it is most unusual for a defendant to be allowed to question a witness directly, the special circumstances of this case seemed to the Tribunal to justify a departure from customary practice. At Ruff's left is his defense counsel, Dr. Sauter, and at his right is seated his co-defendant Romberg. In the background is Mr. Hardy, of the prosecution staff. (Public Information Photo Section, Office Chief of Counsel for War Crimes, Nuremberg)



A GENERAL SCENE OF THE COURTROOM, taken while the defendant Helglböck was cross-examining Dr. Ivy. At the prosecution table are Dr. Alexander, Mr. McHaney, Mr. Hardy, and, with the white hair, an associate prosecutor of Czech nationality named Horlik-Hochwald. (Public Information Photo Section, Office Chief of Counsel for War Crimes, Nuremberg)



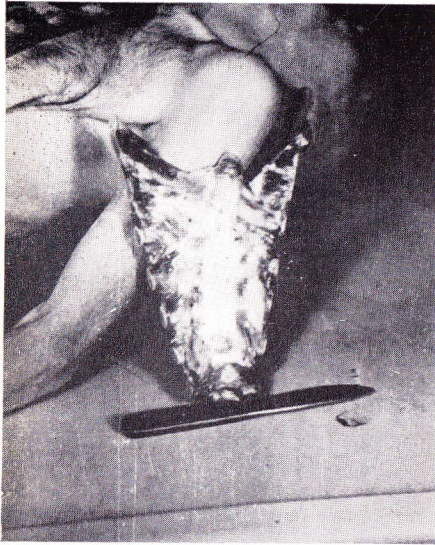
DR. WOLFRAM SIEVERS, called the "Nazi Bluebeard," was Director of the Institute for Military Scientific Research. He was deeply involved in the Jewish skeleton collection at Strassburg. Sievers pleaded "not guilty," was found guilty of medical crimes, and was hanged. (*Acme Photo*)



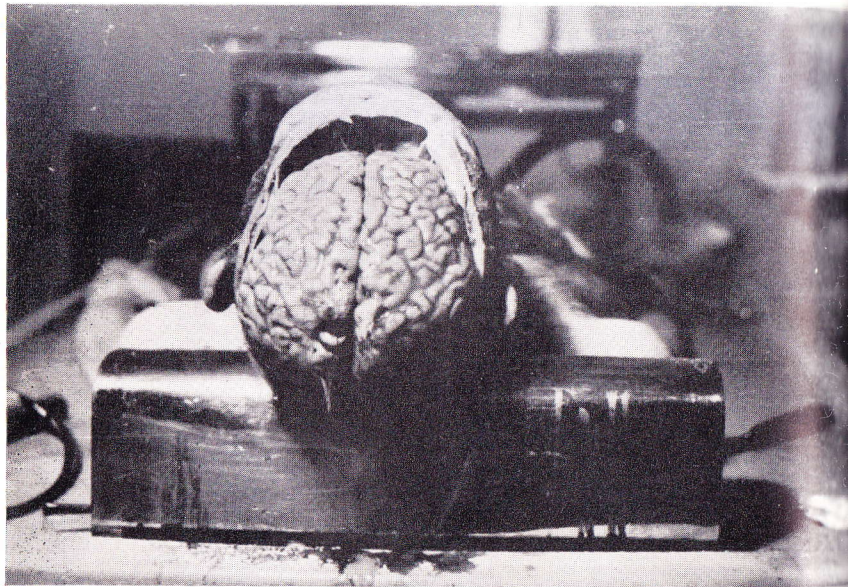
DR. HERTA OBERHEUSER, the only woman among the 23 defendants, was physician at the Ravensbrück concentration camp for women prisoners. She too pleaded "not guilty." She was convicted and sentenced to 20 years' imprisonment. (*Acme Photo*)



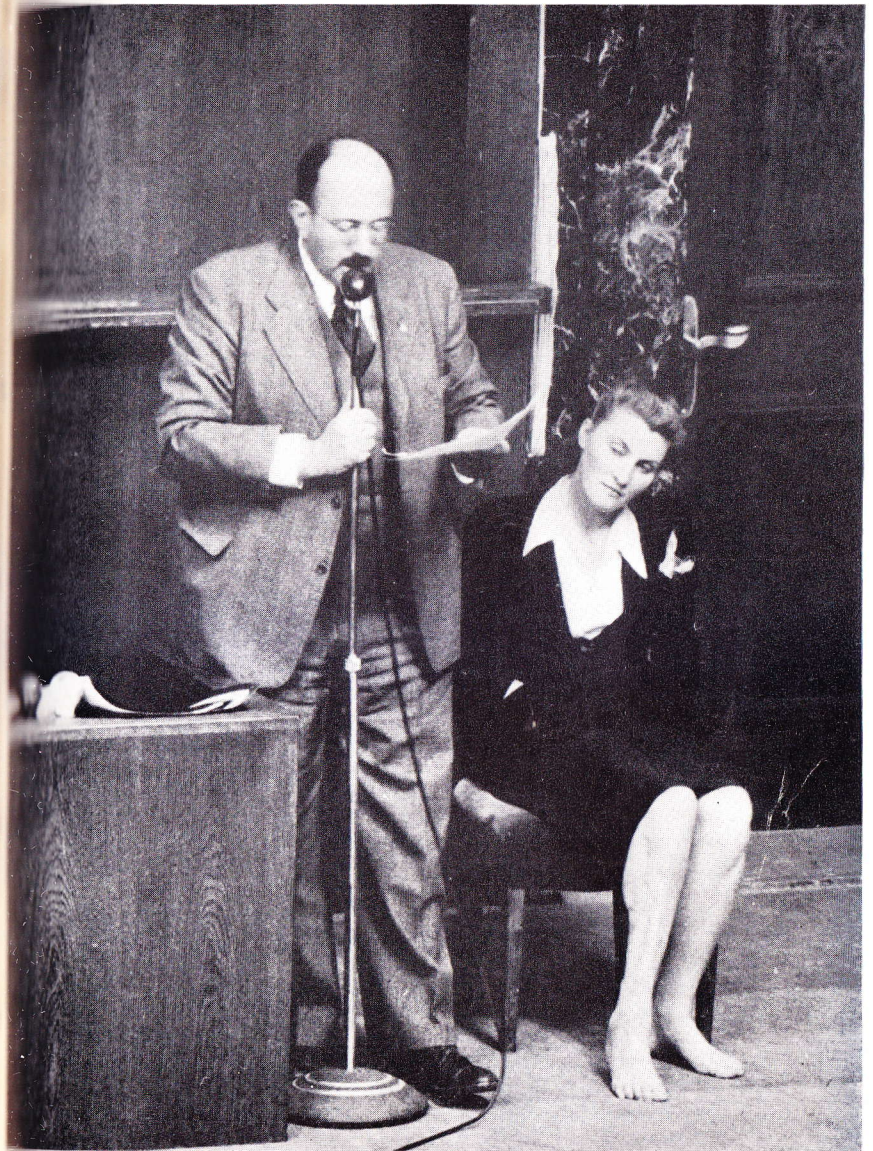
A FREEZING EXPERIMENT AT DACHAU CONCENTRATION CAMP. Dr. E. Holzlöhner, left, professor of physiology at the Medical School of the University of Kiel, and Dr. Sigmund Rascher, right, observe a victim immersed in ice water. This particular man was a political prisoner.



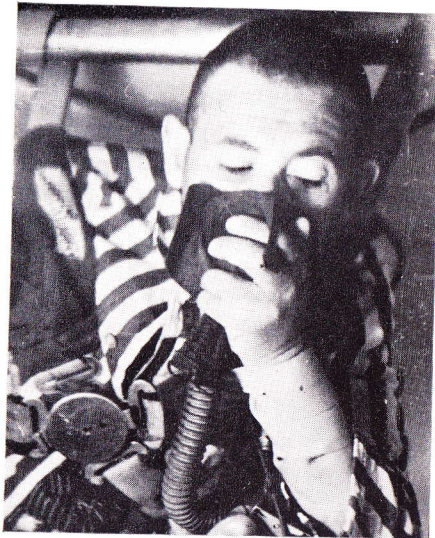
AUTOPSY OF A VICTIM OF CRIMINAL MEDICAL EXPERIMENTS. This photo illustrates one of the criminal medical experiments carried out on human beings by the Nazi "Doctors of Infamy." It shows air bubbles under the pleura of the anterior chest wall of a prisoner killed during low pressure chamber experiments. The print was made from a negative found in the home of Dr. Sigmund Rascher of Munich, one of the chief organizers of the medical crimes. (*Wide World Photo*)



AUTOPSY SPECIMEN OF THE BRAIN. This photo of the brain of a victim of the criminal pressure experiments shows air bubbles in the blood vessels in the subarachnoid space of the brain. The victim was eventually killed by strangulation under water. (*Wide World Photo*)



VICTIM OF THE "DOCTORS OF INFAMY." Criminal experiments such as those described in detail in this book resulted in the permanent crippling of this pretty Polish girl. Shown with her is Dr. Leo Alexander, Boston neurologist and psychiatrist who served as consultant to the Secretary of War and to the Chief of Counsel for War Crimes at the trial of the "Doctors of Infamy." (*Wide World Photo*)



HUMAN GUINEA PIG. This series of photos, taken from captured files of the sadistic "Doctors of Infamy," shows progressive stages of reaction of a "human guinea pig" being subjected to "low pressure experiments." 1) shows the victim breathing through a mask in the decompression chamber. 2) shows him in convulsive seizures due to anoxia. 3) and 4) show him in the limp stage,

unconscious in the chamber. The remaining photos show the victim in progressive phases of the "confusional stage," suffering from a combination of anoxia and the bends, prior to temporary "recovery." This "experimental person" was finally killed. (Wide World Photo)



THE TWENTY-THREE. Here are the twenty-three defendants in the medical war crimes trial at Nuremberg. Left to right, front row: Karl Brandt (whose testimony, under cross-examination, is the fullest statement of the credo of the "Doctors of Infamy"), Siegfried Handloser, Paul Rostock, Oskar Schroder, Karl Genzken, Karl Gebhardt, Kurt Blome, Joachim Mrugowsky, Rudolf Brandt, Helmut Poppendick, and Wolfram Sievers. Left to right, back row: Gerhard Rose, Siegfried Ruff, Viktor Brack, Hans Wolfgang Romberg, Hermann Becker-Freysing, George August Weltz, Konrad Schäfer, Waldemar Hoven, Wilhelm Beiglböck, Adolf Pokorny, Herta Oberheuser, and Fritz Fischer. Of the twenty-three, seven were hanged, nine received sentences of varying lengths, seven (Rostock, Blome, Romberg, Weltz, Schäfer, and Pokorny) were acquitted and freed. (*Acme Photo*)

lower floor of the Anatomy Building in my presence. A few days later Bong told me we had to prepare basins to receive 120 bodies. Bong and I prepared six basins. They contained synthetic alcohol, in a strength of 55%. The first shipment we received was a shipment of thirty women. It was to arrive at five o'clock in the morning, but did not come until seven o'clock. When we asked the driver why he was late, he explained: "They caused us a good deal of trouble." These thirty female bodies were unloaded by the driver and two assistants, as well as by Bong and myself. Preservation began immediately. The bodies arrived still warm, the eyes were wide open and shining. They were red and bloodshot and were popping from their sockets. There were also traces of blood about nose and mouth. Others had lost fluid too. No *rigor mortis* was evident.

At this moment I thought secretly that they must be victims who, in my opinion, had been poisoned or suffocated. For none of the victims from prior preservations had shown traces such as could be seen in these newly arrived victims. For this reason I copied their prison numbers from their left arms on a piece of paper and kept them secretly with me. The prison numbers had five digits.

A few days later we got a second shipment, thirty men, who arrived in exactly the same condition as the first, still warm, with wide-open, bloodshot, and shining eyes, bleeding from mouth and nose, and losing fluid. The preservation of these thirty men was likewise accomplished immediately, with one small difference. The left testicle was removed from these men and sent to the Anatomy Laboratory. The laboratory in question is the personal laboratory of Prof. Hirt.

Some time later we received a third and last shipment, twenty-six men. Again they arrived in exactly the same condition as those that had come before. I should like to make that clear once more, and I am saying it in accordance with the truth.

After the first shipment of women which we received, Hirt met me at the door of the Anatomy Building and said—I quote literally—“Peter, if you can’t keep your trap shut, you’ll be one of them.” This is what Hirt told me, word for word. I should like to mention another incident. Some time before he received these bodies, Hirt was talking with Bong on the lower floor of the Anatomy Building. “They will drop like flies,” he said. All this was an indication to me that this must apparently be a case of murder, and therefore had every reason to think that these eighty-six victims whom we received had not died a natural death.

In the course of the war the Allied threat to Strassburg grew more and more serious, and thus there was increasing danger that the Allies might find out about these matters. Hirt appealed to Sievers for instructions. Sievers, in turn, appealed to Himmler.

Subject: Collection of skeletons of Jews

In accordance with proposal of February 9, 1942, and your approval of February 23, 1942, AR/493/37, the skeleton collection lacking heretofore was initiated by SS Major Hirt. In view of the time required for eighty specimens, Hirt requests instructions in case of a threat to Strassburg as to what to do with the collection now stored in the morgue of the Anatomy Building. He can remove the flesh, thus rendering identification impossible, but in that case part of the work will have been in vain, with great scientific loss to the collection, since Hominit casts would no longer be possible. A skeleton collection as such would not be conspicuous. Fleshy portions would be described as remnants from old bodies left behind by the French when the Anatomy Building was taken over, and would be disposed of by burning. Request decision on following proposals:

1. Collection is to be preserved.
2. Collection is to be partly dismantled.
3. Collection is to be completely dismantled.

A file notice for SS Colonel Brandt, dated October 16, 1944, confirms “that the collection in Strassburg has been meanwhile completely dismantled, in accordance with instructions issued at the time.”

Henry Herypierre’s eyewitness account describes the efforts to destroy the incriminating evidence:

When the bodies had been embalmed, they were placed in containers. They remained there for a full year, without being touched by anyone. In the month of September 1944 the Allies made an advance on Belfort, and at this moment Prof. Hirt ordered Bong and Herr Meier to cut up these bodies and have them burned in the crematory . . . When this work had been finished by Bong and Meier in the room where the containers were, I asked Herr Bong the next day whether he had cut up all the bodies, but Herr Bong replied: “We couldn’t cut up all the bodies, it was too much work. We left a few bodies in the storeroom.” I then asked Herr Bong: “Were the bodies all burned with their gold teeth?” At this moment Herr Bong replied that the gold teeth which these Jews still had were handed to Prof. Hirt by Herr Meier.

THE EUTHANASIA PROGRAM. DIRECT EXTERMINATION OF RACIAL GROUPS AND UNDESIRABLE PATIENTS. EXPERIMENTAL WORK IN MASS STERILIZATION

Hitler's interest in "eugenic" measures was in keeping with the whole program of the Nazi Party.

As early as 1933—on July 14 of that year, in fact—the "Law for the Prevention of Progeny With Hereditary Disease" was proclaimed. By March 1934 Messrs. Gütt, Rüdin, and Ruttke had already presented their comprehensive commentary on the law.

This became the starting point for a line of development that inexorably led to enforced "mercy death" for the incurably insane on the one hand, and, during the war, on the other, to plans for exterminating races declared to be inferior—Poles, Russians, Jews, and gypsies.

It is from this frame of reference that the concept of "special treatment" * must be approached. Even more than the concept of "mercy death," it puts to the fore purely utilitarian considerations, as against a humanitarian ideology.

These efforts on behalf of "national health" and the "integrity of the German people" can thus be classified under three main headings:

1. The euthanasia program for the "incurably sick."
2. The direct extermination, by means of "special treatment," of racial groups and patients considered undesirable.
3. Preliminary experimental work in mass sterilization.

* TRANSLATOR'S NOTE: The German term *Sonderbehandlung* also has the connotation of "discriminatory treatment." It is actually no more than another Nazi euphemism for "liquidation."

The Euthanasia Program

In testifying on his own behalf, the chief defendant, Karl Brandt, pointed out that as early as the Nazi Party Convention of 1935, Gerhard Wagner, at that time Nazi Medical Leader, had seized upon the problem of euthanasia, having a film produced which was to show the life of mental patients.*

Karl Brandt testified that in 1935 Hitler expressed himself to Dr. Wagner to the effect "that if war came, he would pick up and carry out this question of euthanasia," since "the Führer was of the opinion that such a program could be put into effect more smoothly and readily in time of war, that in the general upheaval of war the open resistance to be anticipated on the part of the Church would not play the part that might otherwise be expected . . ."

Certain petitions that reached Hitler seem to have played a part in making up his mind. Thus, according to Brandt, in 1939 the father of a malformed child appealed to Hitler, requesting authority for a mercy death.

Brandt testified on this point:

At the time Hitler ordered me to look into the matter and to go at once to Leipzig—the locale of this affair—to confirm the situation on the spot. It was the case of a child that had been born blind, that appeared to be an imbecile, and that in addition lacked one leg and part of one arm . . . The physicians were of the opinion that it was not really justifiable to keep such a child alive. It was pointed out as quite natural that under certain circumstances physicians in lying-in hospitals administer euthanasia on their own initiative, with nothing further being heard of the matter.

* PUBLISHER'S NOTE: The film actually produced and entitled "I accuse" was based on the life history of a patient suffering from multiple sclerosis, a neurologic, not a psychiatric condition.

The whole problem of malformation and euthanasia had been studied and discussed along general lines by Reich Health Leader Conti, Philipp Bouhler, Chief of Hitler's Chancellery, and Dr. Linden, Councilor in the Reich Ministry of Interior and in charge of all mental institutions. After the conclusion of the Polish campaign, Hitler told Karl Brandt "that he proposed now to put into effect a definitive solution to the euthanasia problem." Late in October 1939 he signed a decree dated back to September 1, 1939, that ran as follows:

Reich Leader Bouhler and Dr. Brandt are charged with the responsibility for expanding the authority of physicians, to be designated by name, to the end that patients considered incurable in the best available human judgment, after critical evaluation of their state of health, may be granted a merciful death.

With the help of three camouflaged organizations, Philipp Bouhler and Dr. Linden's office in the Reich Ministry of Interior put this "euthanasia program" into effect. The "Reich Association, Hospital and Nursing Establishments," as the first agency, undertook to locate patients by sending out and processing questionnaires. The "Charitable Foundation for Institutional Care" was charged with the financial arrangements. And the "Non-Profit Patient-Transport Corporation" took care of moving the patients. Three consultants, independently of one another, received a photostat each of the questionnaires, sent to them by the Reich Association, Hospital and Nursing Establishments. When these consultants had put their comments on the photostats, these went to the chief consultants, Prof. Heyde and Prof. Nietsche—and according to the statement of the witness Dr. Mennecke, still other university professors—he remembered Prof. de Crinis by name. They had the final decision on the transfer of a patient to an observation institution. The chief purpose of these observation institutions was to assemble the patients before shipping them by

groups to the euthanasia institutions (chiefly Hadamar in Hesse, Hartheim near Linz, Grafeneck in Württemberg, Brandenburg-on-Havel, Sonnenstein near Pirna). Neither the patients themselves nor their next of kin were given an opportunity to make the decision.

Preparations for enactment of the program emerge from the statements of Dr. Fritz Mennecke, former chief of the Eichberg Observation Institution, sentenced to death in the Eichberg trial. He tells of a conference held at Berlin early in February 1940:

Some ten or twelve physicians unknown to me had been asked to attend this conference, in addition to myself. We were advised by Drs. Hevelmann and Bohne and by Herr Brack that the National Socialist Government had decreed laws under which socially unfit lives * could be extinguished. The assembled physicians were asked whether they cared to function as medical consultants. We were urgently enjoined not to discuss these matters, since they were classified "top secret." During the conference Herr Brack read a communication, the precise content of which I do not recall. In my recollection it gave assurances that the physicians cooperating in the program would be immune from penalties. The discussion then turned to the work we were expected to do—rendering medical opinions on institutional patients, that is, mental patients. The other physicians assembled were all gentlemen of mature years, including some eminent figures, as I learned later. Since all these gentlemen consented without hesitation, I joined in this decision and offered my services as a consultant.

The former senior Attending Physician of the Eichberg Institution, Dr. Walter Schmidt, now sentenced to the penitentiary for life, testified about the same conference:

* TRANSLATOR'S NOTE: The Nazi term is *lebensunwertes Leben*—literally, "life unworthy of living."

. . . The legal gentlemen in Berlin told us that this task was a legitimate matter, that it was a law of Hitler's, a decree having full legal force. The question as to whether Hitler was empowered to issue such decrees was likewise discussed by the lawyers and answered in the affirmative. We were told that the matter was a legitimate concern of the state, that it had been planned as early as 1932, that other countries had made similar plans, that we would in no way make ourselves liable, that, on the contrary, sabotage of this order by Hitler would be punishable. The question of secrecy was also discussed at length. It was stated that this was a new type of law, that for this reason patients must not have prior knowledge of the measure since otherwise they might become too agitated, that this was probably the crucial reason why the law had not been made public. Besides, we were at war at the time, and such measures on the home front had to be kept secret . . . [We were told] that only incurable patients, suffering severely, were involved, though I was not quite clear on where the line was to be drawn.

In order to insure secrecy for the program, only such consultants and institutional executives were enlisted as were tried and tested Nazis and SS leaders.

Excerpts from the more than hundred documents available give a clear picture of the extent and character of the euthanasia program. We quote from the sworn statement of a nurse, P. Kneissler:

. . . In 1939 I received a summons from the Chief of Police to report on January 4, 1940, at the Ministry of Interior, located in the building of the Columbus House. There a gentleman by the name of Blankenburg addressed our group, which consisted of twenty-two or twenty-three persons. He explained the importance and the secrecy of the euthanasia program and told us that Hitler had worked out a law on euthanasia which had not been made

public on account of the war. He told us it was entirely up to us whether we wished to volunteer for work on this program. None of those present had any objections to the program and Blankenburg swore us in. The oath included obedience and secrecy and Blankenburg called our attention to the fact that any violation of the oath was punishable by death . . .

After the conference we took a bus to Grafeneck Castle, where we were received by Dr. Schumann, its director. Our work at Grafeneck did not begin until March 1940, but the male personnel began work there earlier. One of my jobs was to go to the various institutions, in company of Herr Schwenniger, who was also a member of the "Charitable Foundation for Institutional Care," in order to pick up patients and bring them to Grafeneck. Herr Schwenniger, who was our transport chief, had lists naming the patients to be moved . . . The patients we moved were not necessarily severe cases. They were mentally ill, true enough, but often in very good physical condition. Each transport consisted of about seventy persons, and we had such transports almost daily . . . When the patients had arrived at Grafeneck they were assigned to the barracks there, where Dr. Schumann and Dr. Baumhardt gave them a cursory examination on the basis of the questionnaires. It was up to these two physicians to say the final word on whether a patient was to be gassed or not. In individual cases the patients were exempted from gassing. In most cases the patients were killed within twenty-four hours of arriving at Grafeneck. I was in Grafeneck for almost a year and know of only a few cases in which the patients were not gassed. In most cases the patients received an injection of 2 cc morphine-scopolamine before the gassing. These injections were administered by the physician. Gassing itself was accomplished by certain picked men. Dr. Hennecke performed autopsies on some of the victims. Idiot children between the ages of six and thirteen were also included in the program.

When Grafeneck was closed, I was assigned to Hadamar, where

I remained until 1943. At Hadamar the same work was continued but with the difference that instead of gassing, the patients were killed with veronal, luminal, and morphine-scopolamine. About seventy-five patients a day were killed.

From Hadamar I was transferred to Irrsee near Kaufbeuren, where I continued my work. Dr. Valentin Faltlhauser was the head of this institution. There the patients were killed by injections as well as with tablets. This program was carried out down to Germany's collapse.*

* AUTHOR'S NOTE: Later file excerpts show that after an end had been put officially to the enforced killings, especially of the mentally ill, some institutions continued to kill foreign slave workers, for example, who had become sick and incapable of work. This was done with morphine, luminal, etc.

The next document represents one of the questionnaires sent out:

Specimen	Insert to Secret Journal No. 163/41
Report Form I	To be filled out on the typewriter
Name of institution:	at
Patient's full name:	
Date of Birth:	Place: District:
Last residence:	District:
Married, single, widowed, divorced:	Religion:
Race †:	Nationality:
Address of next of kin:	
If regularly visited, by whom (address):	
Guardian or nurse (name, address):	
Person bearing financial responsibility:	Since when in your institution:
Record of other institutions, where and how long:	
Sick since:	When admitted and from where:
Twin—yes—no. Blood relatives mentally ill:	
Diagnosis:	
Chief symptoms;	
Predominantly bedridden—yes—no	Very restless—yes—no
Under restraint—yes—no	Incurable physical complaints—yes—no
War injury—yes—no	

in schizophrenia: Fresh case Final condition

Remissions:

in feeble-mindedness: Moron Imbecile Idiot.....

in epilepsy: Psych. changes:

Average frequency of seizures:

in senile disease: Marked confusion Uncleanliness

Therapy (insulin, cardiazol, malaria, salvarsan, etc):

Persistent effect—yes—no

Admitted on basis of Par. 51, Par. 42b, Criminal Code, etc.:

By:

Criminal record: See other side. See other side for character of employment. (Precise description of work and performance, for example: field work, small output; mechanic, good skilled worker. Do not give vague data, such as housework, but state clearly: cleans rooms, etc. Always state whether employed full-time, frequently, or only occasionally.)

.....

is discharge anticipated in immediate future:

Remarks:

Do not write in this space

..... Place: Date:

.....

(Signature of medical director or his deputy)

† Of German or kindred blood (of German blood, Jewish, first or second degree, Jewish half-breed, Negro [half-breed], gypsy [half-breed], etc.).

The path taken by the questionnaires, as shown in the following documents, at once reveals the organizational background of the program. The then Reich Health Leader himself initiated the action by means of a round robin order:

Reich Minister of Interior NW40, Königsplatz 6 To the Director	Berlin, October 24, 1939
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In view of the necessity for planned utilization of hospital and nursing institutions, I request that you promptly fill out the enclosed report forms, in accordance with the enclosed instructions, returning them to me. In the event you are not yourself a physician, the report forms for the individual patients are to be filled

out by the physician in charge. The report forms are to be filled out *on the typewriter*, if at all possible.

To accelerate processing, the report forms for the individual patients may be returned in several installments. The final shipment, however, must have reached this Ministry *no later than* December 1, 1939. I reserve the right to have my representatives make further inquiries on the spot, in case of need.

(signed) For Dr. Conti

A sheet of instructions was enclosed with the report forms:

INSTRUCTION SHEET

Follow in filling out report forms!

To be reported are all patients who

1. Suffer from the diseases hereinafter enumerated, and are unemployable in work in the institution, or are employable only in simple routine work (unraveling, etc.):

Schizophrenia

Epilepsy (if caused by external war injury or other cause, so state)

Senile diseases

Therapy-resistant paralysis and other syphilitic sequelae

Feeble-mindedness, from any cause

Encephalitis

Huntington's chorea and other neurological conditions of a terminal nature

Or

2. Who have been continuously institutionalized for at least five years

3. Who are in custody as criminally insane

Or

4. Who are not German citizens, or are not of German or kindred blood, giving race and nationality.

The report forms are to be filled out for each patient individually and should be numbered consecutively.

As far as possible the report forms are to be filled out on the typewriter.

The representative date is:

Instructions

The diagnosis is to be given as precisely as possible. In cases caused by trauma, the character of the trauma (war injury, industrial accident) is to be reported.

Under "precise description of work," the work performed in the institution by the patient is to be reported. In the case of patients whose work is described as "good" or "excellent," it is to be made clear why they cannot be discharged. When patients in the higher diet categories perform no work though they might be able to do so, special note is to be made of this fact.

In the case of patients who were sent to your institution from the area of evacuation, a (V) is to be placed behind the name.

If the number of Report Forms I is insufficient, please ask my office for the required number.

Report forms are also to be filled out for additional cases arising in your institution. These are to be sent to me by February 1 (representative date: January 1) and by August 1 (representative date: July 1) at one time.

The program went into effect according to plan and without resistance. The following correspondence between chief consultant and consultant shows that only a month after the date of Hitler's decree it was in full swing:

cerning the removal of the patients, which will take place under my orders. Preparations for the movement are to be made by the dispatching institution. If the institution has no railroad siding of its own, transportation to the nearest railhead is to be effected by the dispatching institution. Disturbed patients are to be prepared by means of sedatives for a journey of several hours. Insofar as is possible, the patients are to wear their own underwear and clothes. All private possessions are to be sent along, properly packed. If no privately owned clothing is available, the dispatching institution will provide underwear and clothing on a loan basis. Personal files and case histories are to be handed over to the transport chief. The dispatching institution will notify those bearing financial responsibility for the patients that payments will cease with the day of removal, until resumption is requested by the receiving institution. In the case of patients admitted by court order, such notification will go to the bailiff's office, the file number being given. Next of kin will be promptly notified of the removal by the receiving institution. In the event relatives inquire at the dispatching institution in the interim, they are to be told, unless the name of the receiving institution is known, that the patient has been transferred on orders of the competent Reich Commissioner for Defense and that the new institution will communicate promptly with the next of kin.

The document file contains three further orders, all identical, addressed to the Eglfing-Haar institution. Four hundred and forty patients were affected between October 1940 and January 1941. Rolls listing the patients by name, and "receipts" by the representative of the Non-Profit Patient Transport Corporation are likewise included in the file. The former Senior Attending Physician of the Eichberg Observation Institution testified that his chief, Dr. Mennecke, had told him the patients taken to Hadamar early in the morning by buses from the Non-Profit Patient-Transport Corporation were dead by that same night.

When the "transfer" had been effected, the institution usually received a brief note a short time later. This is a sample:

I have the honor to inform you that all the female patients transferred from your institution on November 8, 1940, died last November at the Grafeneck, Bernburg, Sonnenstein, and Hartheim institutions.

Relatives of the transferred patients were advised of the death in a form letter that had the same text in the various institutions:

State Nursing Home Grafeneck-Münzingen, August 6, 1940

Mrs. B. . . . Sch. . . . , Z. . . .

Dears Mrs. Sch. . . . :

We sincerely regret the need for advising you that your daughter, F. . . . Sch. . . . , who had to be transferred to this Institution on July 26, 1940, in the course of measures taken by the Reich Commissioner for Defense, died here suddenly and unexpectedly on August 5, 1940, of a brain edema. Because of her grave mental illness life was a torment for the deceased. You must therefore look on her death as a release. Because danger of epidemic currently threatens in this Institution, the police authorities ordered the body to be cremated immediately. We request notification to which cemetery we are to advise the police authorities to ship the urn with the mortal remains of the deceased . . . It is requested that any inquiries be made in writing to this address, since visits are at present prohibited for public health reasons . . .

(signed) Dr. Koller

The frequency of these incidents and newspaper notices of mysterious deaths claimed the attention of several district attorneys' offices. The State Prosecutor's Office in Dresden, for example, directed a letter to the Reich Ministry of Justice, attaching among

other things a list of death notices taken from the *Leipziger Neueste Nachrichten*, virtually all identical in wording:

"After completed cremation we received from Grafeneck in Württemberg the sad news of the sudden death of our only beloved son B.... S...."

At a regional press conference in Frankfurt-on-Main on April 30, 1941, editors-in-chief were reminded "that of late death notices have been found in the local press with wordings that are henceforth no longer permissible. For example: a) On advice from a mental institution, the death is announced of . . . b) As anticipated, we have received news . . . c) After long uncertainty . . ."

The State Prosecutor in Stuttgart addressed three lengthy letters on the subject of "cases of unnatural death in mental institutions" to the Reich Minister of Justice. The investigations that had been initiated were quashed by Secretary of State Freisler.

The following is taken from a report by the Party District Leader in Ansbach:

The transfer of patients in mental institutions to other areas naturally could remain no secret from the public. It appears, too, that the commissions concerned worked under handicaps and did not always use good judgment, and that many a mistake was made. Nor could it be prevented that individual cases became known and talked about. There is no excuse for such cases as the following: 1. A family received two urns in error. 2. A death notification gave appendicitis as the cause, but the appendix had been removed ten years previously. 3. In another case the cause of death was given as a spinal ailment. Members of the family a week earlier had visited the patient, who was in perfect physical health. 4. A family received a death notice, whereas the woman actually lives in the institution to this day, enjoying the best physical health.

The following excerpts from official correspondence to the Reich Minister of Justice complete the picture of the euthanasia program. In December 1939 the Court of Appeals at Frankfurt-on-Main reported as follows:

There is constant discussion of the question of the destruction of socially unfit life—in the places where there are mental institutions, in neighboring towns, sometimes over a large area, throughout the Rhineland, for example. The people have come to recognize the vehicles in which the patients are taken from their original institution to the intermediate institution and from there to the liquidation institution. I am told that when they see these buses even the children call out: "They're taking some more people to be gassed." From Limburg it is reported that every day from one to three buses with shades drawn pass through on the way from Weilmünster to Hadamar, delivering inmates to the liquidation institution there. According to the stories, the arrivals are immediately stripped to the skin, dressed in paper shirts, and forthwith taken to a gas chamber, where they are liquidated with hydrocyanic acid gas and an added anesthetic. The bodies are reported to be moved into a combustion chamber by means of a conveyor belt, six bodies to a furnace. The resulting ashes are then distributed into six urns which are shipped to the families. The heavy smoke from the crematory building is said to be visible over Hadamar every day. There is talk, furthermore, that in some cases heads and other portions of the body are removed for anatomical examination. The people working at this liquidation job in the institutions are said to be assigned from other areas and are shunned completely by the populace. This personnel is described as frequenting the bars at night and drinking heavily. Quite apart from these overt incidents that exercise the imagination of the people, they are disquieted by the question of whether old folk who have worked hard all their lives and may merely have come into their dotage are also being liquidated. There is talk that the homes for

the aged are to be cleaned out too. The people are said to be waiting for legislative regulation providing some orderly method that will insure especially that the aged feeble-minded are not included in the program.

The conjecture that medical research was tied up with the euthanasia program is confirmed by Document No. L-170. It states that Prof. Hallervorden, at his own request, received 600 brains from euthanasia institutions. They were shipped to him, in accordance with instructions he gave, in batches of 150 to 250 by the Non-Profit Patient-Transport Corporation.

Dr. Mennecke, in addition, admitted that the late Prof. Carl Schneider of Heidelberg had received brains from persons killed in this program.

Among the numerous clerical writings on the subject is a fifteen-page memorial by the chairman of the executive committee of the Domestic Welfare Council (Innere Mission) of the German Protestant Church, Pastor Braune. The following excerpt is here reproduced:

In the course of the past few months there have been reports from various parts of the country that a large number of mental institution inmates, for reasons of "planned economy," are being transferred and sometimes retransferred, until a few weeks later their families are notified of their death. The similarity of the measures and the similarity of the accompanying circumstances eliminate all doubt of the fact that this is a broadly planned program for the extinction, by certain means, of thousands of lives considered "socially unfit." The view is that the national defense requires the elimination of these supernumerary eaters. It is also maintained that the regeneration (*Aufartungsprozess*) of the German people makes it essential to exterminate as rapidly as possible all feeble-minded persons and other hopeless cases, as well as abnormal and anti-social elements—all who are incapable of as-

suming their share in society. According to estimates, 100,000 persons or more are involved. In an article by Prof. Kranz in the April issue of the National Socialist *Volksdienst*, the number of those whose extermination is probably considered desirable is actually given as 1,000,000. Even now it has probably become a matter of thousands of fellow Germans (*Volksgenossen*) already eliminated without due process of any kind, or about to die in the immediate future. It is urgently necessary to halt these measures as quickly as possible, since they strike sharply at the moral foundations of the nation as a whole. The inviolability of human life is a pillar of any social order. Only valid laws can be taken as a basis for ordering killings. It is intolerable that the sick are to be currently eliminated for purely utilitarian reasons, without careful examination, without legal protection, without consulting the will of the family or the legal representatives . . .

Another serious question arises. How far is the destruction of socially unfit life to go? The mass methods used so far have quite evidently taken in many people who are to a considerable degree of sound mind. In one case with which I am particularly familiar, six girls were to be included in a transfer, despite their impending discharge from the institution in order to become domestics in workhouses. Is it intended to strike only at the utterly hopeless cases—the idiots and imbeciles? The instruction sheet, as already mentioned, also lists senile diseases. The latest decree by the same authorities requires that children with serious congenital disease and malformation of every kind be registered, to be collected and processed in special institutions. This necessarily gives rise to grave apprehensions. Will a line be drawn at the tubercular? In the case of persons in custody by court order euthanasia measures have evidently already been initiated. Are other abnormal or anti-social persons likewise to be included? Where is the borderline? Who is abnormal, antisocial, hopelessly sick? Who can be adjudged incapable of assuming his share in society? How will the soldiers fare who have contracted incurable ailments fighting for

the fatherland? Such questions have already emerged within their ranks.

The Bishop of Limburg wrote in August 1941, in part:

. . . Some five miles from Limburg, in the little town of Hadamar there is an institution, right above the town. It was formerly used for various purposes, most recently as a mental institution. It has now been altered and equipped as a place in which the people are convinced—the above-mentioned euthanasia program has been carried out for several months according to plan. The matter has become known beyond the confines of the Wiesbaden district, because a registry office at Hadamar-Mönchberg is sending death certificates to the home communities of the persons concerned. Several times a week busses with considerable numbers of such victims arrive at Hadamar. Children in the neighborhood are familiar with these vehicles and say: “There comes the murder van again.” After the arrival of the busses the people of Hadamar observe smoke rising from the chimney and are shaken by the constant thought of the poor victims, especially when the wind carries the noxious odors in their direction. One effect of the program here being put in effect is that children in chiding each other say: “You’re not quite bright, they’ll put you in the oven at Hadamar!” People who want to marry or who are prevented from marrying say: “Marry? No! Why put children into the world, only to have them fed to the Rex machine!” Old people are heard to say: “For heaven’s sake, not into a state institution. After the feeble-minded, it will be the turn of the aged, as useless eaters.”

In the same matter the Archbishop of Munich-Freising, Cardinal Faulhaber, on October 6, 1940, addressed a long letter to the Reich Minister of Justice, Dr. Gürtner. It concluded with the following sentences:

We understand that in time of war extraordinary measures must be taken to safeguard the country and the people’s food supply. We tell the people that in wartime they must take upon themselves great sacrifices in a spirit of Christian devotion. It is with a spirit of reverence that we see the women in the streets, wearing the black veil in token of the precious life they have sacrificed for the fatherland. But even in time of war the inalienable foundations of moral order and the fundamental rights of the individual must not be revoked.

The document file also holds another letter, from a physician, Dr. Schlaich, head of the mental institution at Stetten:

. . . Since on September 10 and 13 seventy-five each of the patients entrusted to my care are to be transferred to such a place from the institution under my direction as well, I take the liberty of asking the following question: Is it possible that such measures are carried into effect without an appropriate law on the subject having been proclaimed? Is not every citizen obligated to offer opposition under any and all circumstances to actions not sanctioned by law, indeed, prohibited by law, even when they are carried out by organs of the state? The utter secrecy and obscurity in which these measures are carried out give rise not only to the wildest rumors among the people (e.g., that even persons unable to work on account of age or injury suffered in the World War have been or are to be eliminated), but also to the impression that the selection of those affected by the measure is entirely arbitrary. If the Government actually wishes to carry out the extermination of these patients, or at least of certain categories of these mental patients, should not a clearly formulated law be proclaimed—one for which responsibility is openly taken before the people, that offers every individual the guarantee that his verdict of death or claim to life is carefully examined, and that entitles the families

too to voice their opinions, as in the case of the Law for the Prevention of Progeny With Hereditary Disease?

Moved to action by all these voices from the general public the Reich Minister of Justice appealed to the Reich Ministry of Interior and to Hitler himself. A section edited by Count Gleispach, M.D., in Dr. Gürtner's work, "The Coming German Penal Code," includes the following paragraph:

Any dispensation for the destruction of so-called socially unfit life is out of the question. In the main it is a matter of persons suffering from grave mental ailments and of idiots in the full sense of the term. The National Socialist state seeks to stem the rise of such degenerative phenomena in the body politic by means of comprehensive measures, to the end that they must become more and more rare. But the power of the moral law that forbids killing must not be weakened by exceptions for the victims of serious diseases or accidents, for mere utilitarian reasons . . . On the other hand, even under the rule of law now in effect—which knows no special precept of this character—the view has quite properly developed that cases of genuine dying-aid (euthanasia) cannot be regarded as killings, i.e., when a physician refrains from artificially prolonging a life already in the process of painful extinction, or when he transforms the death throes into a gentle slumber. Beyond this sharply drawn line the sovereignty of the injunction against killing must not be infringed upon. The law must guard against undermining the patient's faith in the medical profession.

In the "Commentaries on the Penal Code," published in 1944 by Ohlshausen, the following position was taken:

Under presently valid law neither the physician nor any other person can be deemed to have the right to administer aid in dying

(euthanasia), to provide a painless death in place of one that is certain, agonizing, prolonged, rooted in disease or injury—nor can they even be considered immune to penalty. This applies even to the very last period, when death closely impends and the patient himself pleads for release—Paragraph 216 can be invoked merely in mitigation in such cases. On the other hand, the physician is not liable for acts of omission, such as failure to administer special stimulants in such cases—camphor injections for example—since a legal obligation on the part of the physician to prolong life under such circumstances as long as possible and at all costs can no longer be assumed. It is even more plain that other categories of destroying socially unfit life, such as the killing of the incurable feeble-minded, could become immune from punishment only by legislative changes.

The reply received from the top government level by the Reich Minister of Justice is reflected in his letter to Dr. Lammers, Chief of the Reich Chancellery, in which we read:

. . . As you advised me yesterday, the Führer has declined to proclaim a law. I am convinced that this makes it necessary to call an immediate halt to the clandestine killing of mental patients. The present procedure has become widely and rapidly known, not least because of the efforts at camouflage. I ask that you inform yourself from the enclosures to what embarrassment this has led. The number of such inquiries is likely to grow. It is most annoying not to be able to make an official reply, for neither the fact nor the content of a decree by the Führer can be made known. It is impossible to take the position toward our own agencies that the Reich Administration of Justice knows nothing about the whole matter.

Even Heinrich Himmler felt impelled to intervene and in December 1940 wrote to the defendant Brack, staff head in Bouhler's office:

I hear that there is great unrest in the Württemberg mountains on account of the Grafeneck Institution. The people know the gray SS bus and think they know what happens in the crematory with its ever-smoking chimney. What does happen there is a secret and yet it is a secret no longer. The public temper is ugly and in my opinion there is nothing to do but to stop using this particular institution. Possibly one might initiate a skillful and reasonable program of enlightenment by running films on hereditary and mental disease in this particular region. May I ask you to let us know how this difficult problem was solved.

In March 1941 Dr. Schlegelberger, Secretary of State in the Reich Ministry of Justice, once more appealed to the Chief of the Reich Chancellery:

. . . But I think I must draw your attention to the fact that these events directly affect numerous fields in the administration of justice, leading to uncertainties in our work that must be regarded with apprehension. Essentially the following fields are involved. In the field of legal guardianship, there have been unpleasant incidents in that certain judges have countermanded orders transferring to other institutions mental patients under legal guardianship or care. In many instances the courts have never been officially notified of the new address or death of mentally ill wards, though the personal and financial affairs involved in a guardianship, the relation between guardian and ward, and the current personal inquiries on the part of the families require that the authorities must be ready at any time to give information about the address and disposition of the ward . . . Difficulties arise for the prosecutors' offices as well, in that relatives and third persons make formal complaints of murder or disappearance. One state prosecutor proposes to bring legal action against a public-health physician who prepared the case history in such a "death," in order to establish whether the case history was tampered with

Details concerning the difficulties that have arisen in the criminal courts may be learned from the enclosed File No. 2. Serious difficulties are encountered in the courts in actions brought under the Law Against Malicious Attacks on State and Party, where the statements charged to the defendants deal with the killing of persons able to sustain life. Since the elimination measures are being kept secret, the most varied rumors circulate among the people. These are fed and vastly exaggerated by opposition elements. The secrecy and the uncertainty concerning the extent of the program prove to be fertile soil for rumors to the effect that the execution institutions also do away with inmates of sound mind, indeed, even handicapped war veterans and old folk unable to work, as well as persons politically undesirable. Trying such malice actions even when the public is excluded is a doubtful procedure where such statements are involved, since clearing up the facts in an individual case would inevitably unfold the whole problem of the destruction of socially unfit life. On the other hand, certain unscrupulous agitators are in this manner evading just punishment. Confidence in the German medical profession, especially the administration of mental institutions, is being severely shaken. Voices have been heard attributing such deaths to deliberate medical action, insisting that mental patients are being used in military experiments, for example the testing of poison gases and other combat agents. Other rumors reveal fears about the food situation, in view of resort to the elimination of a few hundred thousand mental patients.

Hitler yielded to the pressure of this unexpectedly arisen public opinion. In August 1941, at his headquarters, he gave Karl Brandt an oral order to pass on word that the euthanasia program was to be "stalled." Karl Brandt transmitted the order by telephone to Philipp Bouhler. No written documents on this "incident" have been found, nor do they ever seem to have existed. The testimony of various witnesses shows that the killing of mental patients by

gas in the institutions in question was actually halted in the Fall of 1941. The special gas chambers were in part dismantled—as in Hadamar—and shipped to the East. There they were reassembled at such places as Belze, Maidanek, and Treblinka. This time it was the Jews of Poland, many times the number of those who had gone before, who found their death in them. On the other hand it is well established, even by documents in certain institutions that even after the end of the official mercy death program mental patients were killed in some institutions, at the behest of the Reich Ministry of Interior, now acting independently. In all the cases that have become known lethal doses of morphine or the barbiturates were administered.

In contrast to the mercy death program for adults, slowed down by Hitler's orders, the killing of malformed and idiot children continued to the end of the war.

It was organized by means of a "Reich Committee for Research on Hereditary Diseases and Constitutional Susceptibility to Severe Diseases" in Berlin.

In compliance with a decree of the Reich Ministry of Interior (IVb $\frac{3088/39}{1079 Mi}$), health departments, midwives, physicians, and clinics had to report such children to Berlin by questionnaire. The consultants and chief consultants there working for the Reich Committee decided on euthanasia in the individual cases, making out so-called "authorizations" which were then sent to the various "Pediatric Sections of the Reich Committee." Such a section had been organized at the Eichberg institution, for example. According to the testimony of the former senior surgeon of this institution the children were admitted a short time afterward. They were examined and the findings confirmed, and they were then "granted dying aid." From 1941 to 1944, again according to the statement of the Senior Surgeon, Dr. Schmidt, some eighty children are said to have been killed there by "doses of morphine chloride and luminal." Lists of these dead children were kept at the Reich Min-

istry of Interior by the above-mentioned Reich Committee. The originals are among the documents. They contain the serial number, name, birth date, diagnosis, date of the "authorization," and death date of the children in question (Doc. No. 1146). Mentioned in the documents as extermination institutions for malformed children and children with brain defects are Idstein, Kantenhof, and Görden, in addition to Eichberg.

Asked by the prosecution why a distinction was made in carrying out euthanasia on adults and on children, Karl Brandt replied:

In the case of children the purpose was to prevent their development at an early stage, if only for reasons of family difficulties, etc. The goal was to make it possible to locate and kill these cases of congenital malformation as soon as possible after birth.

In contrast to the euthanasia program for adults, the consent of the parents is supposed to have preceded the "authorization" for the killing of the children in every instance, according to Karl Brandt. But there has been no documentary proof in even a single case. Karl Brandt said he believed he had seen letters of consent, but thought consent had not always "been demanded in written form, but sometimes orally, by way of public-health physicians or other authorities concerned."

This testimony by Karl Brandt, however, is contradicted by Document No. 890. It is a letter, marked "confidential," by the Reich Committee to the Senior Surgeon of the Eichberg State Nursing Home, Dr. Schmidt:

. . . On the basis of a letter in the matter of the above-named directed to Prof. Brandt, I request a detailed report of findings on the above-mentioned Anna Gasser, who is reported to be in your institution at present. The matter has already at one time engaged the attention of the Regional Commissioner at Wies-

baden. Evidently the relatives of A. G. desire her discharge at all costs. If such discharge can be answered for from the medical point of view, it is to be considered whether the application should perhaps be granted, in view of the reputation of the institution.

The work of the Reich Committee for Research on Hereditary Diseases and Constitutional Susceptibility to Severe Diseases also continued the original euthanasia program for adults, though on a reduced scale. This is proved, among other things, by the testimony of Dr. Fritz Mennecke, former head of the Eichberg State Institution:

The program was not resumed in its original form. But the functions of the Reich Committee were expanded. Originally the Reich Committee dealt only with child patients up to the age of three. The age limit was later raised to eight, twelve, and I think even sixteen or seventeen years. To some extent this expansion was to offer a substitute for the canceled program. In conversation with other participants in the program I learned that there would be no fuss if some physician or other in an institution stood ready to kill a patient by injection or overdose, if he was convinced that the patient's extinction was desirable. Such things would have to happen without any method or procedure . . .

Direct Extermination, by Means of "Special Treatment," of Racial Groups and Patients Considered Undesirable

At a later date the Pediatric Sections of the Reich Committee became the death chambers for children who were defective neither by inheritance nor trauma, but who were selected purely by racial criteria. This is confirmed in a sworn statement by the chief nurse of the Hadamar Institution. We read there:

In May 1943 half-breeds (half-Jews)—all of them children—were brought to the Hadamar Institution. I cannot give the exact number of the children, but to the best of my knowledge they included fifteen to twenty girls. Nearly all of these children were in good health. A few had skin rashes. These children were all killed by injection. In October 1943, when I returned to Hadamar after a twenty-four-day leave, I was told all the children were gone.

The granting of "dying aid" in the case of incurable mental patients and malformed or idiot children may be considered to be still within the legitimate sphere of medical discussion. But as the "winnowing process" continued, it moved more and more openly to purely political and ideological criteria for death, whether the subjects were considered to be "undesirable racial groups," or whether they had merely become incapable of supporting themselves. The camouflage around these murderous intentions is revealed especially by proof that in the concentration camps prisoners were selected by the same medical consultants who were simultaneously sitting in judgment over the destiny of mental institution inmates. A sworn statement by the defendant Waldemar Hoven, formerly camp physician at the Buchenwald concentration camp, sets forth, among other things:

In 1941 I learned that a so-called "euthanasia program" for the extermination of the feeble-minded and crippled in Germany had gone into effect. The camp commandant, Koch, at the time assembled all the SS officers in positions of authority in the camp and announced that he had received secret orders from Himmler to the effect that all feeble-minded and crippled camp inmates were to be killed. The commandant declared that on orders from higher authority in Berlin all Jewish prisoners in the Buchenwald concentration camp were to be included in this program of extermination. In compliance with these orders some 300 or 400 Jewish prisoners of various nationalities were shipped to the euthanasia

station at Bernburg for extermination. A few days later the camp commandant gave me a list of the names of the Jews exterminated at Bernburg and ordered me to make out falsified death certificates. I complied with this order. This special action was carried out under the cover designation "14 F 13."

"14 F 13" was a file designation of the Inspector of Concentration Camps in the Office of the Reich Leader SS—that is, of Office D of the SS Main Economic and Administrative Office in Berlin and Oranienburg.

As a result, the code number "14 F 13" becomes the connecting link between a sizable number of documents. The activities of the "Medical Commission" are illuminated by two letters from this inspector.

Under date of December 10, 1941, he issued the following instructions to the commandants of a number of his concentration camps:

To the camp commandants of the concentration camps Dachau, Sachsenhausen, Buchenwald, Mauthausen, Auschwitz, Flossenbürg, Gross-Rosen, Neuengamme, Niederhagen.

As the camp commandants of the concentration camps Dachau, Sachsenhausen, Buchenwald, Mauthausen, and Auschwitz have already been advised by subject letter, a medical commission is about to visit the above-named concentration camps shortly in order to select prisoners. A visit to the concentration camps Flossenbürg, Gross-Rosen, Neuengamme, and Niederhagen is scheduled for the first half of January 1942, for the same purpose . . .

Enclosed report form copy is to serve as a model in preliminary work. The forms are to be reproduced in quantity and filled out. The specimen shows answers to various questions, the answers being underscored in red. Only these questions need be answered. The following explanations are given with regard to some of the questions:

Wherever possible the question of "incurable physical ailments" is to be answered not merely yes or no but with a brief diagnosis. In addition the question of service-connected ailments is to be clarified, since this will greatly facilitate the checks to be made by the medical commission . . .

All files and sickcharts available are to be placed at the disposal of the commission on request.

At the conclusion of the check a report to the Inspector of Concentration Camps is to be made, giving the number of prisoners assigned to special treatment "14 F 13." Notice will be given of the precise date of arrival of the medical commission.

(signed) For SS Lieutenant Colonel Liebehenschel

The second letter shows that SS Lieutenant Colonel Mennecke, head of the Eichberg State Mental Institution and repeatedly mentioned before, was a member of this medical commission. The letter bears the date of January 10, 1942—a date, by the way, that proves that the destruction of "socially unfit" life was continued independently, beyond the original mercy-death program ordered by Hitler.

With further reference to above-named instructions, you are advised that SS Lieutenant Colonel Mennecke, M.D., will proceed with the selection of prisoners in the Gross-Rosen concentration camp, beginning January 16 or 17, 1942. The required report forms have already been transmitted to you. As ordered in reference letter, they are to be filled out before the arrival of Dr. Mennecke, insofar as possible . . .

(signed) For Liebehenschel

The hypocrisy of this "medical commission" is quite plainly confirmed in statements by Dr. Mennecke, who appeared as a witness and was examined by counsel for the defendant Brandt. Following is an excerpt from the transcript of January 17, 1947:

Q. You stated further that questionnaires were also filled out for prisoners in the concentration camps.

A. Yes.

Q. What were the criteria applied?

A. That has already been discussed, Counselor. The Jews were not evaluated by health factors, but from the viewpoint of the reasons for their arrest.

Q. It was political and racial considerations?

A. Yes.

Q. Who ordered you to proceed along these lines?

A. I mentioned that too, a little while ago. It all depended. Sometimes the procedure was set by Prof. Nietsche, sometimes by Prof. Heyde or even Herr Brack.

Q. Wasn't this a complete break with what was stated at the outset?

A. Yes. At least, it had nothing to do with euthanasia for mental patients.

Q. When was the first time that this procedure for racial and political reasons was followed? Was that as early as your first visit to a concentration camp?

A. No.

Q. When was it?

A. In my opinion it may have started at Buchenwald or even Dachau.

Q. What methods were used before? What was your job then in the concentration camps?

A. The examination of selected prisoners to establish the presence of psychosis or psychopathic symptoms.

Q. It was at first a question of mental illness?

A. A medical question.

Q. And later it grew into a political and racial question?

A. Yes. That is, even later, apart from the political and racial question, I had to make purely medical judgments.

Q. At the later period you thus had two types of cases—mental

patients to be judged from the medical viewpoint, and those who were to be judged by political and racial criteria?

A. That can't be separated, Counselor. It was not subdivided and sharply distinguished.

Q. When you examined a large number of Jews, do you mean to say that they were all mentally ill at the same time?

A. I have already given my position on that, to the effect that in my view they were not sick at all, either mentally or otherwise.

Q. But you filled out the questionnaires?

A. Yes, that was the way Berlin had ordered it.

Q. And who was to evaluate the questionnaires?

A. I don't know.

Q. Was it your opinion that a physician should have made an evaluation after you?

A. I don't know what evaluation of the Jews a physician could have made from the questionnaires.

Details of the actual procedure were reported by the same witness in a letter to his wife, written on November 25, 1941, during his "medical" work at the Buchenwald concentration camp:

We then examined until about 4 P.M.; I, 105 patients, Müller, seventy-eight, so that the final first installment amounted to 183 report forms. The second installment consisted of a total of 1,200 Jews, none of whom was actually "examined." It was sufficient to obtain the reasons for the arrest (often very voluminous) from the files and transfer them to the forms. It is purely a routine job that will certainly take us until Monday night, perhaps longer. Of this second installment (Jews) I managed to do seventeen today, Müller, fifteen. At 5 P.M. sharp we "downed tools" and went to dinner.

The next few days are likely to run pretty much as I have described today—the same program, the same work. After the

Jews, there will be a third installment of some 300 Aryans, who will have to be "examined." . . .

The effects of the order issued to the camp commandants on December 10, 1941, may be seen from the example of some internal correspondence in the Gross-Rosen concentration camp:

Enclosed the protective-custody camp presents a tabulation of prisoners who may be considered suitable for transport.

Selected from the camp hospital	70 prisoners
Selected from the barracks	104 prisoners
Jews	119 prisoners

Total	293 prisoners
As of December 15, 1941	

The desired quota of prisoners has been exceeded by 43, in order to have the necessary margin of loss in the event of transport planned for a later date.

Chief of the Protective-Custody Camp

From these 293 prisoners in protective custody at the Gross-Rosen concentration camp, higher authority at Berlin selected 214 for extermination. The list of these 214 is preserved among the documents. It was transmitted to the euthanasia station at Bernburg. This agency wrote to the Gross-Rosen concentration camp concerning the matter of "delivery":

March 24, 1942, seems to us the most suitable date of arrival since we are being supplied from other concentration camps in the meantime and we need an intermediate period for technical reasons. If you can deliver the prisoners by bus, we suggest two shipments of 107 prisoners each, on Tuesday, March 24, and Thursday, March 26.

We request your reaction to our proposals and your final decision, so that we may make further disposition.

Another document shows that in the course of the war the selection of prisoners for extermination was governed more and more exclusively by the factor of incapacity for work, "in view of the tasks set the concentration camps." Even racial criteria seem to have been subordinated. To give a sample of the complex official procedure of concentration-camp administration, Document No. 1007 is reproduced with its full letterhead:

SS Main Economic and Administrative Office
Chief of Office D Oranienburg, April 27, 1943

Concentration Camps

D T/I, File Reference: 14 F 13/L/S/—

Secret Journal No. 612/43

Subject: Operation 14 F 13 in the concentration camps

Reference: Orders, this office, DI/1/ File reference: 14 F 13/Ot/S.

—Secret Journal No. 34/43, January 15, 43

Enclosures: None

Top Secret

— copy

To: Camp commandants of the concentration camps Da., Sah., Bu., Mau., Neu., Au., Gr.-Ro., Natz., Stu., Rav., Ri., Herz.-Lubl., and Bergen-Belsen.*

Copy: Chief of Office D II, III, this headquarters

The Reich Leader SS and Chief of the German Police has decided on request that henceforth the medical commissions concerned may select only mentally ill patients for Operation 14 F 13.

All other prisoners unable to work (tubercular patients, bed-ridden cripples, etc.) are to be exempted from the program as a matter of principle. Prisoners confined to bed are to be utilized in appropriate work, capable of being performed in bed.

* TRANSLATOR'S NOTE: Identification: Dachau, Sachsenhausen, Buchenwald, Mauthausen, Neuengamme, Auschwitz, Gross-Rosen, Natzweiler, Stutthof, Ravensbrück, Riga, Herzogenbusch, Lublin.

This order by the Reich Leader SS is to be complied with without fail in future.

Fuel requisitions for this purpose will therefore cease.

(signed) Signature

SS and Waffen-SS Brigadier General

But the concentration-camp prisoners sent to the euthanasia institutions under Operation 14 F 13 were not the only group, over and above the "incurably sick" of the initial period, to whom "mercy death" was applied. The sworn statement of the Chief Nurse of the Hadamar Institution, already quoted in part, contains this further reference, confirmed by other testimony:

From July 1944 until the collapse of Germany, some 400 Russians and Poles (men, women, and children) were brought to the Hadamar Mental Institution. They allegedly all had tuberculosis. These people were always killed by injection immediately after their arrival.

Quite independently of these exterminations, carried out in Germany proper, of Eastern workers suffering from mental or contagious disease or otherwise unable to work, mass exterminations of Jews, Poles, and Russians took place on the spot in the Eastern regions. In these operations no medical pretext of any kind was sought. For this reason these exterminations are not here discussed. Only in the question of the disposition of Poles suffering*

* PUBLISHER'S NOTE: It was to this type of mass extermination that the term genocide was originally applied. Subsequent debate in the United Nations, in connection with the preparation of an international "Genocide Convention," has tended toward a broader definition of genocide, which would undoubtedly cover a large part of the medical crimes discussed in this book. Specific articles of this Convention, tentatively approved by the General Assembly at the time this book goes to press (November, 1948), define as forms of genocide "the deliberate infliction of conditions of life for such groups (racial, religious, national, or political) calculated to bring about their physical destruction in whole or in part"; "causing serious bodily or mental harm to members of the group"; and "imposing measures intended to prevent births within the group."

from open tuberculosis did medical problems and decisions by the leading official medical authorities play a part.

The earliest documentary proof for the plan to exterminate tubercular Poles is found in a letter from the Reich Governor of Warta Province, Greiser, to Heinrich Himmler, dated May 1, 1942:

Reich Leader!

It will be possible to complete within the next two or three months the special-treatment program for about 100,000 Jews in my province, as authorized by yourself in agreement with the Chief of the Reich Main Security Office, SS Lieutenant General Heydrich. I request your authority to rid the province, subsequent to the Jewish operation, of a danger that is growing more disastrous week by week. The present emergency detachments, which are now well trained, could be used for this purpose.

There are, in the Province, some 230,000 TB cases of Polish nationality so far recognized. Of these the number of Poles afflicted with open lesions is estimated at 35,000. To a growing and alarming degree, this fact has led to the infection of Germans who arrived in Warta Province in perfect health. The danger of contagion is reported to be particularly on the increase among German children. A whole series of men in leading positions, especially among the police, have contracted the disease in recent times, becoming unavailable for further war service on account of the treatment required. The increasing elements of danger have been recognized and evaluated by the Deputy Reich Health Leader, Party Member Prof. Blome, as well as by the commanding officer of your X-ray Battalion, SS Colonel Hohlfelder.

In the Reich proper, the appropriate Draconian measures to root out this plague cannot be applied. But I believe I may assume responsibility for suggesting to you to have cases of open TB among the Polish racial group within Warta Province exterminated. Of course only such Poles would be subject to the operation as had the presence of open TB as well as its incurable character established and certified by the health authorities.

In view of the urgency of the undertaking I request your basic approval as promptly as possible so that, as the operation against the Jews is wound up, preparations may be made even now for a subsequent operation against Poles afflicted with open TB, with all precautions being observed.

Heil Hitler! Greiser

In a letter dated June 9, 1942, Heydrich, then Chief of the Security Police, stated that he had no objections "to special treatment, within the meaning of Governor Greiser's proposal, for Protectorate nationals and stateless Poles in Warta Province afflicted with open tuberculosis, insofar as the health authorities establish the case to be incurable" (Doc. No. 245). Himmler originally joined in this view, in a letter of June 27, 1942, addressed to Greiser (Doc. No. 244). However, the "special treatment" projected made prior X-ray examination of the entire population necessary. While this was under way by Prof. Hohlfelder's SS X-ray Battalion, the defendant Blome, then Deputy Chief of the Nazi Party's Main Office of Public Health, approached Greiser with certain apprehensions. The letter is here reproduced in full, since it affords insight into the manner in which medical considerations were completely subordinated to political and propagandistic factors.

Dr. Blome, Deputy Chief, Main Office of Public Health of the National Socialist Party

Berlin, SW 68, Linden St. 42. November 18, 1942

To: Reich Provincial Governor, Party Member Greiser, Poznan

Subject: Tuberculosis in Warta Province

Dear Party Member Greiser:

I revert today to our several discussions on combating tuberculosis in your Province, and, as discussed in Munich on the 9th inst., herewith offer you a comprehensive picture of the situation, as it reveals itself to me.

The prerequisites for quickly registering every case of tubercu-

losis in your Province exist. The total population of the Province is about 4,500,000, including some 835,000 Germans. Records compiled so far show a tuberculosis incidence in the Warta Province that lies far above the average for the Reich proper. Figures for the year 1939 give some 35,000 cases of open tuberculosis, with another 120,000 cases in need of treatment. Mention must be made that despite evacuation of part of the Poles to points farther east, the number of cases today is at least as high as in 1939. Since the war has progressively worsened food and living conditions over 1939, even higher figures must be anticipated.

The settlement of Germans in all parts of the Province has threatened them with a terrible source of danger. Every day there are new cases of infection among the settlers, both adults and children.

These facts apply to Warta Province, but they must also be true of the other newly incorporated regions, such as Danzig-West Prussia, and the districts of Ziechenau and Kattowitz. There are cases where Germans settled in Warta Province have refused to send for their families, on account of the danger of infection. If such examples are followed and our people see us fail to take appropriate measures among the Poles in the fight against tuberculosis, the necessary further influx may be altogether halted. This would lead to a most undesirable stage in the Eastern settlement program.

Radical action therefore must be taken soon.

The question is what form of action will be most comprehensive. There are three possible ways:

1. Special treatment for severe cases.
2. Strictest segregation of severe cases.
3. Creation of a reservation for all tubercular patients.

In arriving at a plan, a number of important factors must be taken into account—factual, political, and psychological in character. Cold analysis would show the following method to be simplest: With the help of the X-ray Battalion, we examine the entire

population of the Province, Germans and Poles, during the first half of 1943. Germans would be treated and segregated in accordance with standard tuberculosis procedure. The 35,000-odd incurable and contagious Poles would receive "special treatment." The remaining Polish TB cases would be appropriately treated in order to maintain their manpower and suppress contagion.

At your request I have made appropriate preparations with the authorities concerned, so that this radical program may be started and completed within half a year. You have advised me that competent authority has approved the special treatment and has promised appropriate support. But before the program is finally initiated, I think you should once more make absolutely certain that the Führer is really in agreement with such a solution.

Since some time ago the Führer halted the program in the mental institutions, it occurs to me that he may not regard "special treatment" of the hopelessly sick as politically feasible at the moment. In the case of the euthanasia program German citizens afflicted with hereditary diseases were involved. This time it would be infected members of a subjugated nation.

There can be no question that the proposed method represents the simplest and most radical solution. If there were the assurance of complete secrecy, all reservations, regardless of the reason, could be withdrawn. But I regard such secrecy as downright impossible. Experience should have taught that this assumption is correct. The plans provide that these patients are to be sent to Germany, ostensibly for treatment and cure. When they fail to return, even the strictest secrecy will not keep the families from finding out some day that "all is not well." It must be kept in mind too that there are many Polish workers in Germany proper who keep making inquiries about their families, and that a certain number of Germans are related to Poles by blood or marriage and thus would hear about the shipments of patients. News of the program would be bound to transpire very soon, and would be seized upon by propaganda abroad. The manner in which this happens

and the methods that are resorted to were shown in the case of the euthanasia program. From a political viewpoint this new program would probably be exploited even more extensively, since members of a conquered nation would be involved. The Church too is not likely to keep silent.

Nor will propaganda stop there. Certain interested circles will spread rumors that the same methods are later to be used on German tubercular patients. Indeed, that probably at some future date all more or less incurable patients will be finished off. In this connection I call attention to the ever-recurrent recent example, when foreign radio stations, in connection with the appointment of Prof. Brandt as Reich Commissioner, broadcast that his appearance meant the least possible care for the gravely wounded, to the benefit of the recovery of the slightly wounded. And there are more than enough illicit radio listeners.

Another factor to be taken into account is that the proposed method will furnish the enemy with first-rate propaganda material not merely among Italian physicians and scientists, but among the Italian people as a whole, on account of their close Catholic ties. It is likewise beyond question that the enemy will mobilize the medical profession throughout the world. This is all the easier since the traditional and universal conception of the physician's function runs along the lines that he "must prolong the life and soften the sufferings of the poor innocent patient as long as possible."

I therefore believe that these considerations must be presented to the Führer before the program is started, for in my opinion he alone can envision all the implications and render a decision.

Should the Führer reject this radical solution, appropriate preparations for another method must be made. Closed settlement of all tubercular Poles, curable as well as incurable, would be one possibility of insuring isolation of the infection. Members of the immediate family could be included in the settlement plan, if they so desired, so that care and sustenance would be insured. For rea-

sons of manpower utilization certain industries could be developed in such areas, in addition to agriculture and forestry. I cannot presume to judge whether you can see any such possibility within your province. I can imagine that a common settlement area might be created for the tubercular cases not only of your province, but for those of Danzig-West Prussia, Ziechenau, and Upper Silesia. To avoid an unnecessary burden on the common carriers, resettlement might proceed on foot. This would be a solution that could scarcely be exploited to our disadvantage by propaganda abroad nor could it, on the other hand, furnish food for silly rumor mongering at home.

Another possible solution would be strict quarantine and institutionalization of all infectious, hopeless, tubercular patients. This solution would tend to make the patients die off fairly rapidly. The necessary inclusion of Polish physicians and nurses would to some extent rob such institutions of the character of death camps.

At the present time the following Polish facilities are available in your province:

Waldrose institutions	400 beds
"Grosse Wiese" institutions	300 beds
Smaller institutions	200 beds
Leslau, from January 1, 1943	1,000 beds
Total	1,900 beds

If the radical solution—that is, method No. 1—is out of the question, the conditions necessary for proposal No. 2 or 3 must be met.

We must be clear that under wartime conditions there will be no opportunity to carry out even halfway acceptable treatment of the tubercular patients susceptible to cure. This would require the provision of at least another 10,000 beds. This figure is based on the assumption that the program is to be completed within half a year.

Objective examination of all these arguments and circumstances

makes the most feasible measure appear to be the creation of a reservation, such as is familiar in the case of leprosy. It should be possible to create such a reservation within a short time by means of resettlement. Within such a reservation it should be comparatively simple to provide for the strictest isolation of tubercular patients offering serious danger of contagion.

Even the care of the German tubercular cases confronts the Province with very difficult tasks. But these cannot be mastered, unless the problem of the tubercular Poles moves toward successful solution at the same time.

Heil Hitler!

Your
(signed) Dr. Blome

Even Himmler could not close his mind to the arguments here set forth. In a second letter to Greiser, on December 3, 1942, he proposed that Greiser "select a suitable area into which incurable tubercular patients can be sent."

In a sworn statement the defendant Rudolf Brandt, one-time personal adjutant to Himmler, believes he remembers that "many thousands of Poles afflicted with tuberculosis were taken to isolation camps." Apart from this Document No. 441, the prosecution evidence contains no material throwing light on the final destiny of these sufferers.

Experimental Work in Mass Sterilization

The genesis of the sterilization experiments too can be accurately traced. In the course of the war the Nazi ideology began to show less and less restraint in its trend toward the destruction of the subjugated Eastern peoples. As a result a number of different approaches to the sterilization of whole populations were followed quite independently of one another. Those tried were:

- a) Sterilization by medication
- b) Sterilization by X-ray
- c) Sterilization by intra-uterine irritation

a) *The experiments with sterilization by drugs go back to a letter by the defendant Adolf Pokorny to Heinrich Himmler in October 1941:*

. . . Borne up by the thought that the enemy must be not only conquered but destroyed, I feel impelled to submit the following to you as the Reich Commissioner for the Strengthening of the German Racial Heritage:

Dr. Madaus has published the results of his researches into sterilization by drugs (I enclose both studies).^{*} In reading this article, the tremendous importance of this drug in the present struggle of our nation occurred to me. If we were to succeed, on the basis of these researches, in producing as soon as possible a drug that would, within a relatively short time, imperceptibly bring about sterilization in man, we should have a new and extremely effective weapon at our disposal. The thought alone that the 3,000,000 Bolsheviks presently in German hands could be sterilized, making them available as workers while excluding them from procreation, opens vast perspectives.

Madaus found that the juice of *caladium seguinum*, taken by mouth or injected, results in permanent sterilization after a certain time, especially in male but also in female animals. The illustrations included with the research study are convincing.

If the thought expressed by me finds your approval, the following course would have to be taken:

^{*} AUTHOR'S NOTE: The contribution in question appeared in the *Zeitschrift für die gesamte experimentelle Medizin (Journal of Experimental Medicine)*, Volume 109, 1, under the title, "Animal Experiments on the Question of Sterilization by Drugs." The magazine *Umschau* reported on the same subject under the title, "Miracle Plants in the Light of Experimental Research" (1941, Issue No. 38).

1. Dr. Madaus must not be allowed to make any further publication (the enemy is listening!).
2. Cultivation of the plant (readily cultivated in hothouses).
3. Immediate experiments on human beings (criminals!), to establish dosage and duration of treatment.
4. Intensive research into the effective chemical substance, leading to
5. Synthetic production, if possible.

The discovery of the sterilizing effect of caladium seguinum seems to have suggested the possibility of mass sterilization elsewhere as well. On August 24 the Deputy Governor at Niederdonau likewise wrote to Himmler:

. . . The urgent tasks of our National Socialist racial and population policy include the prevention of procreation among racially inferior groups and persons unfit to have progeny. The present head of the Regional Office of Race Policy, Dr. Fehringer, has therefore studied the question of sterilization, establishing that the presently available methods of castration and sterilization do not of themselves bring about the desired or intended results. In consequence he has seized upon the obvious thought whether treatment by medication or injection might not likewise create sterility and infertility in man and woman. He came across the animal experiments on the question of sterilization by drugs, using *caladium seguinum*, conducted at the biological institute of Dr. Madaus, Radebeul-Dresden, which have become available through the Madaus Annual Report No. IV, 1940, and which are of extreme interest from the viewpoint of population policy. Madaus and Koch have established that *caladium seguinum*, administered in homeopathic doses—that is, minute quantities—has a favorable effect on generative power, sterility, and frigidity (sexual coldness), a fact clinical research will not be able to dismiss offhand. Extensive experimental sequences on rats, rabbits,

and dogs have established the dose of *caladium* extract necessary for the sterilization of male and female animals; and further, the different effects of the different methods of administration. According to the animal experiments, it appears to be possible to make the male permanently, the female temporarily sterile.

These observations are obviously of vast importance in the event it should prove possible to create changes in potency and fertility in man too, by feeding *caladium* extract. This, of course, would require experiments on human beings. The head of my Race Policy Office therefore calls attention to the fact that the necessary investigations and human experiments could be made on inmates of the gypsy camp Lackenbach in Niederdonau, by means of an appropriately selected medical staff, on the basis of the animal experiments of Madaus, and in collaboration with the Institute of Pharmacology of the Vienna Medical Faculty.

We fully realize that such investigations would have to be treated as matters of state of the greatest secrecy and potential danger, since enemy propaganda might use a knowledge of such research to do us great damage in the eyes of the world.

At the present stage this whole question is still a matter of theory, though the basic principles have been established in animal experiments and their applicability to man is extremely probable. The vistas opened up by the possibility of sterilizing an unlimited number of people in the shortest possible time and the simplest possible way can only be hinted at . . .

But Himmler had already followed the first suggestion and had instructed SS Lieutenant General Pohl, Chief of the SS Main Economic and Administrative Office, and SS Major General Grawitz, Reich Physician SS, to establish contact with Dr. Madaus on Himmler's behalf, to "convey to him the desire that he publish nothing further on the question of sterilization by drugs, while offering him the opportunity to experiment on criminals already slated for sterilization—with the SS and in collaboration

with the Reich Physician SS" (Doc. No. 036). The practical cultivation of caladium seguinum, which is native to South America, offered difficulties, however. A hothouse was made available. Himmler urged that "sterilization experiments be conducted even now in the concentration camps, using whatever supply of the plant might be available" (Doc. No. 044). A sworn statement by the defendant Rudolf Brandt, Himmler's personal adjutant, explains that experiments with caladium seguinum were actually made on concentration-camp inmates (Doc. No. 440). But all efforts to discover the details have proved fruitless.

b) In a sworn statement (Doc. No. 426), the defendant Viktor Brack, formerly Chief of Service in Bouhler's office, the Reich Chancellery, reported the origin and details of the X-ray sterilization experiments:

In 1941 it was an "open" secret in higher Party circles that those in power proposed to exterminate the entire Jewish population in Germany and in the occupied territories. I and my co-workers, especially Drs. Hevelmann and Blankenburg, were of the opinion that such an undertaking by the Party leaders was unworthy of Germany and mankind as a whole. We therefore resolved to find another solution for the Jewish problem, one that would be less radical than the complete eradication of an entire race. We developed the idea of deporting the Jews to some distant land, and I recall that Dr. Hevelmann suggested the Island of Madagascar for this purpose. We drew up such a plan in my office and submitted it to Bouhler. Apparently the plan was not acceptable, so that we came around to the view that sterilization might be the answer to the Jewish problem. Since sterilization represented a complex program, we thought of sterilization by X ray. In 1941 Bouhler proposed that the Jews be sterilized by X ray, but the proposal was not accepted. Bouhler told me that such a sterilization program by X ray could not be put into effect, since Hitler was against it. I continued to work on the plan and finally sub-

mitted a new proposal to Heinrich Himmler, the Reich Leader SS . . .

This "Report on Experiments in X-ray Castration" is likewise part of the document file (Doc. No. 203). It was sent to Himmler in March by Viktor Brack, with an accompanying letter, and reads:

The experiments in this field have been concluded. The following results can claim certainty and an appropriate scientific foundation.

If persons are to be rendered permanently sterile, this can be accomplished only by X-ray dosages so high that castration with all its consequences ensues. These high X-ray dosages destroy the inner secretions of the ovaries and the testicles. Lesser dosages would merely suspend procreative capacity for a certain period of time. The symptoms in question include cessation of menstruation, symptoms of the menopause, changes in body hair, changes in metabolism, etc. It is necessary to call attention to these disadvantages.

The dosage can take various forms, and exposure to the X rays can be conducted inconspicuously. Men require a focal dosage of 500-600 r, women of 300-350 r. Theoretically, with top voltage, thin filter, and close proximity an exposure of two minutes for men and three minutes for women should be sufficient. But another disadvantage must be taken into account. Since it is impossible to screen other parts of the body with lead without attracting attention, other tissues are affected and so-called radiation sickness ensues. If the radiation has been too intense, the skin reached by the rays will, in the ensuing days or weeks, show symptoms of burning, varying with the individual.

One practical method, for example, would be to have the persons to be processed step up to a window where they would be

asked certain questions or have to fill out certain forms, detaining them for two or three minutes. The official behind the window could operate the equipment, in such a way that the switch simultaneously turned on two X-ray tubes, since exposure must be from two sides. A two-tube installation thus could sterilize 150-200 persons a day, twenty installations some 3,000-4,000 persons a day. A larger number of daily shipments is out of the question anyway, in my estimate.

I can give only a rough estimate of the costs—20,000-30,000 marks per two-tube installation. There must also be added the cost of a special building, since substantial safeguards for the personnel concerned must be installed.

In summary, it can be stated that the present state of X-ray technology and research without question permits mass sterilization by X ray. On the other hand, it appears to be impossible to carry out such a program without the persons affected sooner or later ascertaining that they have been sterilized or castrated by means of X rays.

(signed) Brack

One year later, in connection with detailing personnel for the swift execution of SS Brigadier General Globocnik's Jewish program, Viktor Brack reminded Himmler of his sterilization program, with the following motivation:

. . . Out of a total of some 10,000,000 Jews, there are in my opinion 2,000,000 to 3,000,000 men and women well able to work. In view of the extraordinary difficulties facing us in the manpower question, I am in favor of selecting and maintaining these at all costs. True, this will be possible only if they are at the same time rendered incapable of procreation. About a year ago I reported to you that my representatives had concluded the necessary experiments to this end. I should like to remind you of the

facts once again. The type of sterilization normally performed on persons with hereditary disease is out of the question, since it takes too much time and costs too much.

X-ray castration, however, is not only relatively cheap, but can be carried out on thousands in a short time.

I believe, moreover, that even now it has become a matter of small moment whether the persons affected know from the effects in a few weeks or months that they have been castrated.

If you, Reich Leader, in the interests of preserving manpower should decide to choose this way, Reich Leader Bouhler is prepared to place at your disposal the physicians and other personnel required to do the work.

At Himmler's behest, Brack's deputy communicated with SS Lieutenant General Pohl, Chief of the Main Office for Concentration Camps. Not until the year 1944 do we find a letter that confirms the collaboration between Brack's physicians and the SS in the concentration camps:

Dear Mr. Reich Leader:

At the request of Reich Leader Bouhler I herewith submit to you a study by Dr. Horst Schumann on the effects of X rays on the human germ cells.

Some time ago you requested Chief Leader Brack to carry out this work, supporting it yourself by making available appropriate material at the Auschwitz concentration camp. I refer specifically to the second part of the present study which sets forth proof that castration of males is almost out of the question by this method, since it requires an uneconomical expenditure of resources. Castration by operation takes only six to seven minutes, as I have convinced myself, and can thus be performed with much greater certainty and speed than castration by X ray.

I hope soon to be able to submit a continuation of this study to you.

Around 1939 Dr. Schumann had been head of an euthanasia institution and consultant for the euthanasia program. His activities and investigations in X-ray castration in the year 1943 are reported by a former Jewish prisoner in a sworn statement and on the witness stand:

I had been working on road construction for four weeks, when suddenly one night the block clerk called out: "All able-bodied Jews, aged twenty to twenty-four, report!" I did not report. Twenty men were selected, and the very next day they had to report to a doctor. They returned the same day and had to resume work at once. No one knew what they planned to do with these twenty men. A week later another twenty Jews between the ages of twenty and twenty-four were selected. But this time they were picked alphabetically. I was the very first one. We were taken to Birkenau, to a labor camp for women. A tall physician in gray Air Force uniform appeared. We had to strip, and our sexual organs were placed under a machine and kept there for fifteen minutes. The machine heated up the sexual organs and the surrounding parts, and afterward these parts turned black. After this performance we had to resume work at once. In the course of the next few days the sexual organs discharged pus with most of my comrades, and they had great difficulty in walking. Nevertheless they had to go on working until they dropped. Those that fell were taken to be gassed.

I myself experienced only a watery discharge, but no pus. After two weeks, about October 1943, seven men of our group were taken to Auschwitz I. This distance had to be traversed on foot. They had great difficulty in walking, because of pain in the sexual organs. We were taken to the hospital building at Auschwitz I. There we were operated. We received an injection in the back which turned the lower part of the body numb while the upper part remained quite normal. Both testicles were removed. There was no prior examination of the seminal fluid. I was able to watch

the proceedings in the mirror of a surgical lamp. No consent for the operation was obtained. We were merely told: "Your turn," and sent to the operating table without a word. The director of the sterilization and castration experiments at Auschwitz was a Dr. Schumann . . .

. . . Excuse me for crying, I can't help it. I was at the Auschwitz hospital for three weeks. Afterwards there was a muster and sixty per cent of our block was taken to be gassed. I got scared and though still half-sick I went back to work. I was assigned to the prisoner tailor shop. There I had to work very hard and was often beaten . . .

A sworn statement by Gustawa Winkowska, a Polish woman who was a prisoner at Ravensbrück, confirms that in connection with the Auschwitz experiments X-ray sterilization was also tested at the Ravensbrück concentration camp:

A doctor came from Auschwitz for several days, possibly a week, and all day long, while he was in camp, he was busy sterilizing gypsy children by X ray, without using any anesthetic. After sterilization the children used to come out crying, asking their mothers what had been done to them . . .

The supervising surgeon of a hospital barracks in Birkenau, an outside camp belonging to the Auschwitz concentration camp, was Dr. Robert Levy, a prisoner since 1943. He was likewise able to confirm sterilization by X ray with subsequent operative castration:

I saw men at Birkenau who had been sterilized. I knew in September that of each group of men that arrived about 100 young men were picked out. These were Poles from the region of Auschwitz. These men had come a short time before we arrived, and

that time strong young men of good build and fine health were picked. At the time we did not know what these young men had been picked for. After December or possibly January I received some of these young men as medical cases in my ward. They reported sick because of circulatory trouble in the abdominal region. By questioning I was able to establish that these young men had been treated with X rays in the month of September 1943 and had been operated four weeks later. Either one testicle or both were removed. The men showed signs of abscess formation, which I identified by the typical appearance as X-ray dermatitis. These suppurations showed no tendency to improve, especially since we had very few medical facilities. Nevertheless we managed to care for some of them, though most of them disappeared with the periodic exterminations . . .

. . . I supposed that the testicles were removed for microscopic examination, to establish the effects of X-ray treatment. I assume that these men were exposed to different intensities of X-ray radiation, to find out the best concentration for the desired purpose . . .

c) The sterilization method using injections of an irritant fluid into the uterus was developed exclusively by Prof. Clauberg, Königshütte, Upper Silesia.

In a letter of June 7, 1943, Prof. Clauberg reported to Himmler on the stage of development and efficiency of his method:

The method I have devised for effecting sterilization of the female organism without operation has been developed virtually to completion. It operates by a single injection from the cervix, and can be performed during the usual gynecological examination familiar to every physician. When I state that the method is "virtually complete" I mean:

I. Only certain refinements remain to be worked out.

2. Even today it could be used regularly in our customary congenic sterilizations in place of operation, which it is able to supplant.

As for the question you put to me not quite a year ago, Reich Leader—namely, how long it would take to sterilize 1,000 women by this method—I can now give a preliminary answer.

If the investigations I am conducting continue as heretofore and there is no reason to assume that they will not—the moment is not far distant when I can say that:

“An appropriately trained physician, using appropriate equipment and perhaps ten assistants (the number depending on the speed to be attained), can very probably handle several hundred women a day, if not, indeed, 1,000.”

The question by Himmler referred to in the preceding document—at what rate sterilization could be performed by the Clauberg method—is likewise documented. On July 10, 1942, Rudolf Brandt, of the “Personal Staff of the Reich Leader SS,” wrote the following “top secret” letter to Prof. Clauberg:

1. To: Prof. Clauberg, Königshütte

Dear Professor:

The Reich Leader SS today ordered me to write you and convey to you his desire that you go to the Ravensbrück concentration camp for women some time, after making arrangements with SS Lieutenant General Pohl and the camp physician, in order to perform sterilizations on Jewesses by your method.

Before you start with your work, the Reich Leader SS would appreciate learning from you the approximate time that would be required to sterilize 1,000 Jewesses. The Jewesses themselves are to know nothing about it. In the opinion of the Reich Leader SS you should be able to administer the injection in the course of a general examination.

Extensive tests would have to be made to show the effectiveness

of the sterilization. For the most part, these could perhaps consist of X-ray photographs, to be made after a certain period of time, to be determined by yourself, which would establish what changes have taken place. In some case or other, however, there might have to be a practical test, conducted in such a way that a Jewess is locked up with a Jew for a certain period of time, any success attained to be observed.

May I ask you to give me your reactions to this letter, for the information of the Reich Leader SS.

Heil Hitler!

(signed) Brandt, SS Lieutenant Colonel

2. To: SS Lieutenant General Pohl, for information. SS Lieutenant Colonel Koegel has likewise received a copy from me, for the information of the camp physician. In addition, the Reich physician SS and the Reich Main Security Office have received carbons.

(signed) Brandt, SS Lieutenant Colonel

3. To: SS Major General Grawitz, Reich Physician SS.

(signed) Brandt, SS Lieutenant Colonel

4. To: SS Lieutenant Colonel Koegel, Main Economic and Administrative Office, for his information and that of the camp physician.

(signed) Brandt, SS Lieutenant Colonel

5. To: Reich Main Security Office, Berlin (SS Major Guenther, V B 4, Jewish section), for information.

(signed) Br., SS Lieutenant Colonel

Dr. Zdenka Nedvedova-Nejedla, a woman prisoner who practiced at the Ravensbrück concentration camp, reports on sterilization by injection into the uterus from her own experience:

I saw gypsy women inmates going into the X-ray room and coming out again—they were there sterilized by a method which, so far as I know, was tested at Osviecim. The method was based

on the injection into the uterus of an irritant fluid, most probably silver nitrate, together with a contrasting fluid in order to permit an X-ray check on the operation. All sterilized women were X-rayed immediately after sterilization. I examined these pictures together with Dr. Mlada Taufrova and can therefore testify that in most of the cases mentioned the injection penetrated to the ends of the ovarian ducts; in several cases even to the abdominal cavity. Only the ten last cases or so were given anesthesia, by the intervention of the SS nurse, Gerda. I took care of the children the whole night after the operation. All these girls bled from the sexual organs and were in such pain that I had to give them sedatives secretly. In the morning, before roll call, I took the children to their blocks, with the help of girls working in the hospital . . .

The name "Osviecim" mentioned in the foregoing document is identical with Auschwitz. That Prof. Clauberg was actually empowered by Himmler to accumulate experimental experience there is proved by a letter of July 1942 from Hitler's headquarters, again from the pen of the personal adjutant to the Reich Leader SS

On July 7, 1942, there was a conference between the Reich Leader SS, SS Brigadier General Gebhardt, SS Brigadier General Glueck, and SS Brigadier General Clauberg of Königshütte. Subject of discussion was the sterilization of Jewesses. The Reich Leader SS promised Prof. Clauberg that the Auschwitz concentration camp would be at his disposal for his experiments on humans and animals. Certain basic experiments were to be developed into a method effecting sterilization without the knowledge of the person affected. As soon as results from these experiments are available, the Reich Leader SS desires to see another report, so that the practical task of sterilizing Jewesses may be tackled. At the same time, preferably after consulting Prof. Hohlfelder, an X-ray specialist in Germany, tests are to be made to find out in what way X-ray exposure will result in sterilization in men

The Reich Leader SS emphasized to all the gentlemen concerned that these matters were top secret and could be discussed only internally, all persons consulted in the experiments or discussions being pledged to secrecy.

The available documentary material fails to show the full extent of the sterilizations performed by X ray and by the Clauberg method. It is certain, however, that after 1943 the development of the war situation no longer permitted the murder of a racial group—or "genocide"—by such methods.

PUBLISHER'S EPILOGUE: SEVEN WERE HANGED

THE TRIAL known as "The Case Against the Nazi Physicians" was completed on Aug. 20, 1947. Fifteen of the 23 defendants were found guilty. Seven were found not guilty. One (Poppendick) was acquitted of the charges of having performed medical experiments, but was found guilty of SS membership.

Sentence was pronounced the following day. Karl Brandt, Gebhardt, Mrugowsky, Rudolf Brandt, Sievers, Brack and Hoven (the last three named being non-physicians) were sentenced to death by hanging. Life imprisonment sentences were imposed on Handloser, Schröder, Genzken, Rose, and Fischer.

Herta Oberheuser, the only woman among the defendants, was sentenced to 20 years, as was Becker-Freysing. Beiglböck was sentenced to 15 years, Poppendick to 10 years for SS membership. Rostock, Blome, Ruff, Romberg, Weltz, Schäfer, and Pokorny were acquitted and freed.

A few days previously, 31 lesser fry of the staff of the Buchenwald concentration camp had been found guilty on all counts, and 22 of them had been sentenced to hang. Among them was Ilse Koch, the notorious "Bitch of Buchenwald," whose life sentence has since been commuted to four years.

One of the condemned among the medical underlings was an Edwin Katzenellenbogen, erstwhile member of the Faculty of Harvard Medical School. He asked the court for the death sentence in the following words: "You have placed the mark of Cain on my forehead. Any physician who committed the crimes I am

charged with deserves to be killed. Therefore I ask for only one grace. Apply to me the highest therapy that is in your hands." He was given life imprisonment. Another of these lesser torturers of humans, Dr. Hans Eiser, is reported to have said that if he was found guilty the court "should not confine me to prison, but rather to an insane asylum."

Neither this horror at the character of their crimes, nor this disbelief in their own ability to take part in such monstrosities, was shared by the major Nazi medical criminals convicted at Nuremberg. To the end, they did not acknowledge that they had done any wrong.

The hangings took place on June 2, 1948. The scene was the prison at Landsberg, in the American zone. Here Hitler had been imprisoned while he wrote *Mein Kampf*.

History records that the hangings took 62 minutes. Two black gallows were erected in the prison courtyard. Karl Brandt was the only one of the seven who refused religious solace.

Karl Brandt had boasted he was "one German the Americans will never hang." He tried to cheat the gallows by offering his living body for medical experiments like those he had conducted. To his surprise, the American authorities rejected his offer. Beside the gallows, he made a final speech, declaring his conviction was nothing but political revenge." Cried Brandt: "It is no shame to stand on this scaffold. I served my Fatherland as others before me." He refused to end his speech, and finally the black hood was dropped over him in mid-sentence. He was 43.

Mrugowsky shouted: "I die as a German officer sentenced by a brutal enemy and conscious I never committed the crimes charged against me." He was 42.

Gebhardt, 50-year-old former head of the German Red Cross, said: "I die without bitterness, but regret there is still injustice in the world."

The last words of the other murderers were not reported. In any event, seven were hanged, only four of them physicians—

seven out of the 23, and out of the many more who, as Dr. Mitscherlich's narrative makes clear, were involved in the Nazi medical crimes. It can never be said that the quality of American mercy had been strained.

APPENDIX: THE MEANING OF GUILT

PUBLISHER'S NOTE

An introduction, foreword, and epilogue by the authors were included in the German edition of this book. For American publication, we determined to combine these three into an appendix to this volume. We took this course because it seemed to us that these three statements basically constitute a single statement or testament—a painful (indeed, an agonized) effort to probe to the psychological heart of the problem of evil which is raised by the indisputable fact that recognized medical men participated in the genocidal infamies of Nazism.

The men who wrote these statements were and are themselves Germans. They could not have been in sympathy with Nazism and its program of medical crime. The fact that one of these men was chosen by his colleagues, by a number of German medical societies, by the reconstituted University of Heidelberg, and by other cooperating German universities, to be head of the German Medical Commission to Military Tribunal No. 1, Nuremberg, should be sufficient grounds for this assumption. That this German man of medicine, on the basis of his study of the medical crimes, should have considered seriously and wrestled spiritually with the concept of "collective guilt"—as an explanation and, perhaps, as a partial rationalization of the complicity of his colleagues in the medical perpetrations of Nazi Germany—is itself significant and illuminating.

We do not take a position as to "collective guilt." We feel it is

important, however, to call attention to the mental processes and attitudes of German medical men themselves—expressed not only in the biting documentary testimony but also in these statements made by a representative of that country's medical profession who was as far removed from participation in the medical war crimes as any German doctor could be. These statements, taken together, make a document which is as disturbing and indicative as the material in the book itself.

In a further effort to facilitate an analysis and understanding of the psychological and moral phenomenon of participation by recognized medical men in such inhuman and pointless crimes against humanity, we should like to direct the reader's attention particularly to that part of the authors' statement which consists of direct quotation from the revealing testimony given at Nuremberg by Dr. Karl Brandt, chief defendant among the Nazi medical war criminals; this was originally part of the authors' epilogue in the German edition.

SCIENCE AND GOVERNMENT alike have proliferated to a degree too vast to be encompassed. During the war years especially, their interests were so closely interwoven that often the individual was no longer able to check the effects of his work. What had been the fruit of scientific research but yesterday, suddenly turned into a weapon of war, an adjunct in the killing of men, founded on *Weltanschauung*. Twilight pervaded the space in which all of us lived. Our guilt—the guilt of all of us—arises in consequence of our failure to find the strength to air out this murky atmosphere. Now we must make every effort to help one another to create a common realm of life in which the simplest stirrings of justice are no longer threatened with death, in which our work is no longer wrested from unresisting hands to serve the powers of destruction, of contempt for the dignity of man.

We shall succeed in this effort, which must claim every fiber of our strength, only if we realize in full clarity the events of the

past decades, their chaos as well as the planning behind them. This clarity we must seek, no matter what part we played ourselves, wittingly or ignorantly, by force of circumstance or by our own free will.

This collection of documents is intended to be one necessary step in this direction. If we, as physicians, propose to claim that unconditional trust of the halt and the sick is indispensable to our work, we must not shun the full light of publicity, we must gloss over nothing. It is quite likely that some scientist or other who here sees his name mentioned in connection with the crimes that now stand revealed, even though but on their farthest outskirts, may now for the first time perceive the frightful linkage necessarily hidden from his view in the time of tyranny. The editors are very far from seeking to exalt themselves self-righteously above even a single such man, nor do they seek to indict him in the eyes of his fellows. The years of disaster have enmeshed all of us in guilt deeply enough, as it is, and the task of the day is to find bridges that will lead us to deeper insight. Not indictment but enlightenment, not ostracism but the blazing of a new trail—a common path into the future that may, in all our misery, at least spare us from self-abasement—such is the purpose of this record.

An icy wind was sweeping over the rubble-heaps of Nuremberg when the trial began on December 9, 1946. It enveloped all of us in thick clouds of dust. The cold was oppressive—and the atmosphere too remained oppressive. Never once was suffering vouchsafed the boon of pity in that great dungeon from which the ensuing weeks brought news, bit by bit, ominously belated. Amid the growing desolation, each act of cruelty had merely served to wear away one more fragment of what had once been whole.

The chill that has befallen the relationship of men among one another defies conception. It is on a cosmic scale, like a shift in the climate. Most unnerving of all is that it could lay hold even of the physician. The very foundations of his profession suddenly become

his undoing. He seeks to help, but to be able to help he must know, must go to the bottom of things, must see the truth. "The taproots of the cult of truth," says Keyserling, "lie in elemental aggressiveness, in the primitive vital urge to conquer new living space, pushing others out of theirs. This is true even where alleged scientific truth seeks to supplant alleged religious error." Whether this is a trait common to the West must remain a moot point. In our own country these words describe an actuality. It is one of the most mysterious compensatory phenomena of our history that the individual, the more forcefully he seeks to emerge from a world rooted in collectivism, stubbornly undermines his own qualities, by means of a doctrine of man assigning each feature and peculiarity in turn to non-individual forces that in the end become completely dehumanized. There remains but a familiar creature—a creature without a face. For acts of utter horror to prevail, for monstrous thoughts to become the governing policy in everyday life, disaster must first have embarked on its course from many sources. As for the doctor, he could become a licensed murderer, a publicly appointed torturer, only in the merging of two trends—at the point where his aggressive quest for truth coincided with the ideology of dictatorship. There is not much difference whether a human being is looked on as a "case," or as a number to be tattooed on the arm. These are but two aspects of the faceless approach of an age without mercy. Only the secret kinship between the practices of science and politics can explain why throughout this trial the names of high-ranking men of science were mentioned—men who perhaps themselves committed no culpable act, but who nevertheless took an objective interest in all the things that were to become the cruel destiny of defenseless men. A profound inhumanity had long been presaged. This is the alchemy of the modern age, the transmogrification of subject into object, of man into a thing against which the destructive urge may wreak its fury without restraint.

And indeed, only he who traces the disaster back to its historical

motivation can get the better of the overwhelming array of awful facts now unfolded in the quiet courtroom. This is the sole permissive impartiality; for whatever the verdict of the judges, it would be altogether out of the way to see in the twenty-three defendants but abnormal individuals of varying degrees of guilt. Even had they been individually of greater importance than they were, this corporal's guard could never have effected so vast a tide of suffering. We who were the chroniclers of death, despair, hatred, and contempt for the dignity of man therefore looked on our own task not as one of indictment or extenuation, but of communicating contemporary history. We have endeavored to set forth our report without raising our voices. Not that we were spared the deepest sorrow of all—that these men who had killed and tortured were Germans, who went so far as to derive from such unrestraint their claims to rule, their very methods of government; not that we were strangers to grief and discouragement, to nausea and revulsion; but because we hold that to grasp in its full significance this reality, news of which has spread to the far corners of the earth, it must first be borne almost without speech or reaction. Let the reader too withhold judgment, even at those places where he is horror-stricken at this combination of diletantism, vanity, intoxication with power, and sycophantic servility. In this way alone—by opening his mind completely to the recall of what has barely passed into limbo—can he attain the truth that concerns us all.

That which was done and left undone by men from among our midst we can, in the eyes of the world, overcome only by patiently exploring the facts, by learning to grasp that even the most fearful aspects of reality were part and parcel of ourselves. The one thing we cannot afford is the extenuating argument that man is unalterably evil. The defendants in this trial are likely, in mitigation of their own acts, to offer evidence of cruelty and malevolence in other lands. That is their legal right. But we are not concerned with the personal argument. At bottom no one is convinced of his

own innocence by proving the sins of his neighbors. Other times may have seen their triumphs of evil; we cannot escape responsibility in our own time. We live no longer in the childlike ingenuousness of early history. The intoxication of self-abandonment endangered us at the full prime of our existence. Let us be vigilant, for the memory of those in the world who have once suffered our contempt is likely to be truer and more inexorable than our own.

To make amends is scarcely within our human powers. But to overcome error remains the worthiest task, for weak and strong alike. It has been our purpose to help those who do not shrink from the sweat and shame it takes to learn from history, in the broad sense and the narrow. It is for their sake that we have taken on the arduous task of blazing a trail through the jungle of documents and frenzied statements. We do not seek to direct the view to the guilt of individuals—that is not our place. We do seek to make manifest in part the great fabric of our time into which all nations are woven, effectively though but passively. To disparage our guilt cannot be our concern, for we shall enjoy respect only if we have the strength to survive in the full knowledge of it. Only if we have forever forfeited that respect on the part of our fellow men would life become no longer worth living.

The pages that have gone before have shown the personal tragedy of men who, having utterly lost their integrity, were individually sucked down in the wake of tyranny. We have shown, moreover, the doom awaiting a science that permits itself to be swept along by a political ideology, apparently in the direction of its own goals, only to see itself suddenly engaged in the organization of murder.

We leave it to historians with a broader approach to delve into the characters and biographies of the individuals who here stand accused, to assign them to their rightful places in the total picture, composed of traditional elements and new. Such a presentation

far transcends the scope of this trial, although it may well be counted among the more important historical sources.

All that the collection of documents here offered seeks to do is to illuminate what actually happened. A comprehensive picture of the motivation with its overlapping of conscious and acknowledged argumentation with secret and often only half-conscious goals will be given elsewhere.

One subject, however, that may be discussed even now is the manner in which the trial was conducted. Little purpose would be served merely to let it go at emphasizing the sense of sovereign impartiality displayed by the court. In present-day Germany, its atmosphere steeped in distrust, such a judgment would only be regarded as subjective, if not inspired. And indeed, when victor sits in judgment over vanquished, a situation is created that goes far toward favoring the subversion of justice. The reader who distrusts these reporters when they say that there was no trace of such a thing in this trial should take the trouble to read the trial transcript day by day together with the documents offered in evidence, before deciding to persist in his error. Once he has read the seventeen volumes of evidence and the thousands of pages of the transcript, he will become convinced, even without himself having witnessed the serene and unemotional atmosphere of the Nuremberg courtroom, that the trial was conducted in keeping with high traditions of jurisprudence. It was conducted, even more, from a desire to render no verdict except with a full knowledge of how the accused were enmeshed in the whole historical pattern.

Perhaps a brief and random specimen from the trial record may serve to illustrate in what measure evidence was sought and what wide scope was granted the defense. Under American trial procedure the defense is entitled to the same prerogatives as the prosecution. In case of attempts to curtail these rights of the defendant, the court is always guided by the principle: *In dubio pro reo*. (The defendant has the benefit of the doubt.) This is

shown in a brief interlude between prosecutor and presiding justice that took place on the afternoon of March 4, after the defendant Karl Gebhardt had engaged in a long general statement:

PROSECUTOR (Mr. Alexander G. Hardy): May it please the Tribunal, the prosecution respectfully requests that the Court admonish the witness to confine himself to questions asked by defense counsel and be more concise in his answers. Furthermore, it is requested that defendant refrain from his lengthy speech-making.

THE PRESIDENT: The Tribunal is not inclined to admonish the witness.

Inquiry into the formal responsibility of the individual defendant naturally remains the main concern in such a trial. On numerous occasions, however, the line of evidence cannot avoid becoming involved in the full depth of the problems. Such an appeal to the final criteria in a responsible approach to life is contained in the following fragment from the cross-examination of the chief defendant, Karl Brandt, by the prosecution:

PROSECUTOR (Mr. James M. McHaney): Herr Brandt, do you regard as criminal, experimentation on human beings without their consent?

DEFENDANT KARL BRANDT: It depends on what kind of experiments are involved. In my opinion the question of consent plays an important part in judging the experiments as a whole—an aggravating part if the experiments are qualified as criminal.

MR. MCHANEY: Well, Herr Brandt, why do you draw a distinction between the type of experiments? What difference does it make what type of experiment it is, if the experimental subject has not consented to undergo the experiment?

DEFENDANT KARL BRANDT: You may well call it an experiment even when it is only a matter of testing some newly introduced drug. There is the conviction that it will be helpful, but the final

knowledge is lacking. Even such a thing can be called an experiment. I should therefore like to make a distinction in the matter of the questions that are being put. In addition, the question of voluntary and involuntary experiments is of psychological significance in the case of a prisoner, as it may be with a mental patient. If the blanket answer to the question is that it is criminal, it must be made clear what kind of experiments is involved. There are three aggravating factors with respect to the question of the criminal element in experiments: their involuntary character, the lack of necessity for them, and the danger involved.

MR. MCHANEY: In other words, you find situations where it is possible, although the experimental subject does not volunteer, that nonetheless the experiment is permissible, both by way of law and morals? Is that right?

DEFENDANT KARL BRANDT: Both may be possible, yes.

MR. MCHANEY: You are a doctor. I should think that you are probably rather familiar with malpractice cases and statutes in Germany. Suppose, Herr Brandt, you tried out a new drug on one of your patients in pre-war Germany, without telling the subject about it or asking his consent in any way, and as a result the person were injured by this drug. Would you or would you not be subject to a charge of malpractice?

DEFENDANT KARL BRANDT: I should certainly have risked such a charge.

MR. MCHANEY: Well, then, I don't quite understand the situation in which you say it is permissible to do something to a person without his consent.

DEFENDANT KARL BRANDT: That is why I made the distinction just now, because it is essentially a question of the degree of danger. And what you have just said implies an aggravated danger, because lack of consent is added. To my mind this would constitute double aggravation, and if the experiments should also be non-essential, then the ultimate degree of aggravation would have been reached.

MR. MCHANEY: Herr Brandt, would the experiments charged in the indictment be criminal, if the experimental subjects did not consent to undergoing these experiments? Will you answer the question?

COUNSEL FOR KARL BRANDT (Dr. Servatius): Mr. President, this is purely a legal question which, in my opinion, cannot be put to the defendant.

THE PRESIDENT: I would ask counsel if by his question he intends to ask the witness whether the experiments—I don't know to which experiments counsel refers—would be objectionable or illegal if carried on by a physician upon persons in civil life disconnected with the military service.

MR. MCHANEY: That is correct, Your Honor. I am simply trying to search the moral values which the witness places upon an experimental situation of this type.

JUDGE SEBRING: Now then, Mr. McHaney, in posing your question, are you attempting to elicit from this witness his views as to whether each of these experiments is illegal or criminal *per se*, or are you concerned primarily with whether, assuming the prosecution theory of the case to be true, these experiments were illegal or criminal because of the manner in which they were executed?

MR. MCHANEY: Well, I believe it is the latter, Your Honor.

JUDGE SEBRING: I think perhaps that is not too clear.

MR. MCHANEY: I am trying to determine the importance which the witness attaches to consent by the experimental subject in the context of the experiments here charged.

JUDGE SEBRING: It would seem to me that there might be a certain type of so-called medical experiment which in and of itself might not be anticipated to produce painful or dire consequences. On the other hand, I apprehend that any type of experiment, if continued to excess, might be a criminal experiment; and I would suggest, if I may, that, if that differentiation is made to the witness, perhaps we can get at what we are trying to here more quickly.

MR. MCHANEY: If the Tribunal please, I think I will proceed to putting questions to him with respect to each experiment in the indictment rather than in the general manner I have stated it.

MR. MCHANEY: Herr Brandt, you have heard the testimony and evidence in this case with respect to the freezing experiments carried on at the Dachau concentration camp. I will ask you to assume that the proof as adduced by the prosecution, for purposes of this question, is correct and true; and you will recall that there was substantial testimony and proof that the experimental subjects in that experiment did not consent to undergoing the experiments. Will you tell the Tribunal your view on the criminal character of that experiment on that assumption?

JUDGE SEBRING: Mr. McHaney, are you concerned now with the experiment or the manner of its execution?

MR. MCHANEY: The experiment as it was carried out.

JUDGE SEBRING: As it was supposed to have been executed in accordance with the prosecution proof?

MR. MCHANEY: That is right.

MR. MCHANEY: Assuming the experiments were carried out in the manner that the prosecution's proof has tended to show, in your opinion was that a criminal experiment?

DEFENDANT KARL BRANDT: I cannot answer the question in this form. For I am here presented with the complex of what is criminal in line with a legal evaluation of this concept. I can make a statement on the whole complex of the freezing experiments, or the necessity for freezing experiments, only when the entire situation that led to the experiments in the first place is made clear. Thus I can only tell you something of the ethical side. This ethical side is partially influenced, decisively influenced, by the whole manner in which the problem and the task were posed, leading to such an experiment in the first place. The critical factor in the posing of an experiment is the question whether the experiment is important or whether it is unimportant. When this is applied to the freezing experiments, the importance of such experiments

can be affirmed under wartime conditions which added official interest to the general medical and human factors. Indeed, one can reach the point where the demand must be made that such freezing experiments be conducted. It is then, beyond a certain point, a question of how the experiments are to be conducted. The conduct of such experiments must again be subdivided, according as they are voluntary or involuntary. I make further reference to their danger or harmlessness. If the experiment is not dangerous, it may possibly, in my opinion, be carried out by a physician taking into account general medical and human considerations—I wish to express myself carefully. If there is danger, the physician must be relieved of all responsibility for the danger that is involved. This is possible only by way of an official order on the part of some superior authority, or some government dispensation, the interests of the state being capable of varying interpretation in time of war. But I cannot react to the freezing experiments or take an irrevocable stand on whether such experiments were criminal or not in the legal sense.

MR. MCHANEY: Do you think the freezing experiments were dangerous?

DEFENDANT KARL BRANDT: Yes. Since instances of death occurred in them, they were undoubtedly dangerous experiments.

JUDGE SEBRING: Mr. McHaney: I would like to address a question to the witness.

QUESTION: Witness, for the sake of clarification let us assume that it would have been highly important to the German armed forces to ascertain, as a matter of fact, how long a human being could withstand exposure to cold before succumbing to the effects of it. Do you understand that? Let's assume, secondly, that human subjects were selected for such freezing experiments without their consent. Let's assume, thirdly, that such involuntary human subjects were subjected to the experiments and died as a direct or indirect result thereof. Now, would you be good enough to inform

the Tribunal what your view of such an experiment is—either from the legal or the ethical point of view?

DEFENDANT KARL BRANDT: May I first of all repeat, so that I am sure I have understood correctly. In the conduct of the experiments it is assumed that they are of the highest military importance, that the test persons have not given their consent, and that the experiments are dangerous, with death as a possible consequence. In such a case I am of the opinion, considering the war situation, that the individual or government institution determining their importance must also undertake to relieve the physician of responsibility in the event of a fatal outcome of the experiment.

JUDGE SEBRING: Now, does it take away that responsibility from the physician, in your view, or does it share that responsibility jointly with the physician, in your view?

DEFENDANT KARL BRANDT: In my opinion it removes it from the physician, for from this moment on the physician is only an instrument, in about the same way as is an officer in the field who is ordered to take a group of three or five soldiers without fail to a position where they will perish, fall. When I apply the relationship of our German conditions during the war, it is basically the same. I do not believe that the physician on his own would or could conduct such an experiment by his medical ethics or his moral sense, unless he had this immunity from the authoritarian state, which would give him, on the one hand, security under formal law, and on the other hand, a direct order to carry out. Of course, in this case such considerations are rather theoretical, since they are pointed at a specially formulated case, the freezing experiments, on which I do not have complete information. I do not know in what form this order and this general dispensation were given. I want to make a fundamental distinction between an experimental set-up that springs rather from medical needs as such, with the state under certain circumstances taking a secondary part on the basis of medical initiative; and the converse case,

where the demands of the state make use of the work of the physician.

JUDGE SEBRING: The Tribunal has one further question of interest:

In your view, would an order which authorized or directed a subordinate medical officer or subordinate medical group to carry on a certain medical experiment—let us assume for the moment this freezing experiment—we have then a general order, let us assume, directing a certain institute to carry on freezing experiments without delineating or specifying in detail the exact course of those experiments. Would you conceive that such an order would authorize the medical officer to whom the order was addressed to select subjects involuntarily and subject them to experiments, the execution of which that officer absolutely knew or should have known would likely result in death to the subject?

DEFENDANT KARL BRANDT: This is a very difficult question to answer, for it depends on the clear chain of command that would apply in such a case. I may perhaps reply with an example. If Himmler ordered a Dr. X to conduct a certain experiment, it is quite possible that such a Dr. X may have been unwilling to carry out the order. In such a case, however, this Dr. X was quite likely incapable of appraising the importance of the experiment in question. No more than the lieutenant who has received a certain military order—and we are actually dealing with military orders—can understand why he with his group of eight men must hold out and perish on a bridgehead. Nevertheless this officer with his eight men, to whom he has passed on the command, will perish on this spot. Dr. X too, who received the order from Himmler, may under certain circumstances have to conduct an experiment without grasping all of the fundamental factors entering into it and causing it to be ordered by a central agency. Had this physician refused to carry out the experiment, he would have surely been called to account for his failure. In such a case—and here the authoritarian character of our system of government must be

taken into account—personal response to a code of ethics peculiar to a specific profession had to give way to the total character of this war. I must state once again that I am giving expression to a set of suppositions rather theoretical in nature. I want to show at the same time how difficult such decisions are.

This single scene cannot illuminate the multiplicity of factors and circumstances that will have to be summarized in the verdict. But the reference cited does show that the trial can lay claim to our interest not merely with respect to the expiation of wrongdoing. We here have a historical close-up enabling us to witness how the social foundations of the medical profession have been shaken. The whole position of medicine as a *free* profession is at stake. It is precisely this freedom that none of the defendants took with the seriousness demanded not only, per chance, by an age of “individualism” or “liberalism,” but rooted in the very position of privilege which the physician occupies in society.

On another occasion Karl Brandt spoke of “preeminent government interest” to which the physician must submit. Here again the bonds that tie the physician to society—i.e., to human beings who appeal to his aid in their need—are confounded with obedience to absolute state authority. Thus the physician completes the process of cutting himself off from the living relationships within his grasp in favor of the claims of “rational planning,” such as are implicit in the course of historical development. The defendant Gebhardt rightly pointed out that there was a rather vulgar precedent, for example, for the dispensation from medical secrecy decreed by Hitler in the event leading personages fell ill. Physicians treating patients under national health insurance, are obliged to communicate their diagnosis to the government officials there employed. Thus the original relationship of trust between doctor and patient is being more and more overshadowed by non-medical considerations. And even today, with the brutal, government-inspired system of extirpation and eugenics ended, the

physician must keep on fighting for that freedom of his profession to which the fulfillment of his fundamental duties is forever joined. For it seems to be of small moment for the future whether the imposed code of contempt for the dignity of man issues from bureaucratic indifference or ideological aggression.

Nazi fanatics thought of the SS as a new aristocracy. But, in Gebhardt's words, it was also "an instrument of power that could be misused for the best and for the worst." This makes of it a model for an organizational stage of civilization, in which the individual no longer makes the ultimate ethical and moral decisions, nor answers for them, but allows himself to be pushed around. It is this escape into guardianship that ushers in dictatorship. Freedom, frivolously surrendered, comes home to roost in the shape of tyranny. Whoever squanders his liberty earns only contempt. He finds that out soon enough under the heel of a tyranny that holds him in the same contempt it teaches him for others.

Thus when a state of unfreedom is ended, it is necessarily followed by general guilt. In our own country the doctrine of collective guilt today draws the most spontaneous resistance; but before being rejected in chagrin or indignation, it should be given closer attention, in the face of the mass surrender to the pseudo-authority of the absolute state that took place. Since German soldiers remained loyal to their homeland down to its ruins, it was inevitable that in the face of this inseparable German cohesion only the "collective mind" should be seen.

True, those who even today use the term collective guilt only in the hope of indiscriminate punishment persist in a reprehensible prejudice. But the term does not seem inappropriate for purposes of our own soul-searching amid the toils of destiny from which we can scarcely extricate ourselves. For the brazen and inexorable procedure of dictatorship consists in adulterating an ever growing number of decisions in the conduct of everyday life with the ultimate threat—to be or not to be. Once human freedom has been

this far encircled, it is small wonder that countless numbers follow the line of least resistance. In the higher social levels especially, it merely shows our poverty of values. At the cost of deceiving our conscience, of humiliating ourselves—though it often looks like exaltation—we look out for ourselves first.

All the gruff commands, all the unconditional obedience, all the chilly ways of bureaucracy—where have they led us but to the very death of brotherly love? And where charity lies entombed, small wonder that millions share its grave, that our very history as a people has become expunged.

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