

Pediatricians as Victims and Perpetrators under Nazi Rule

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Abstract

Pediatricians were both victims and perpetrators of heinous Nazi crimes, based on the concept of “racial hygiene.” Among many pediatrician victims of the Nazis were:

Lucie Adelsberger (1895-1971), pediatric immunologist and Jew, was dismissed from the Robert Koch Institute in Berlin in 1933 and stripped of her medical license in 1938. She survived 2 years in concentration camps and continued her career in New York after the war.

Simon van Creveld (1894-1971), a Dutch Jewish pediatrician, was removed from his faculty position in 1941. He was an expert in hemophilia and described the Van Creveld-Gierke and the Ellis-van Creveld syndromes. After the war, he was chair of pediatrics in Amsterdam.

Ernst Moro (1874-1951), a Slovenian pediatrician who described the Moro reflex, was forced to resign from the University of Heidelberg in 1936 after refusing to divorce his Jewish wife.

Lilli Jahn (1900-1944), killed at Auschwitz, was a Jewish pediatrician in Cologne. Letters to her children during her imprisonment were posthumously published to international acclaim.

Pediatricians who assisted in perpetrating Nazi crimes included those who selected disabled children for gruesome experiments and “euthanasia.” Prominent among them were these:

Ernst Wentzler (1891-1973) joined the Nazi party in 1936 and was responsible for the deaths of thousands of children in the “euthanasia” program.

Georg Bessau (1884-1944) was a pediatric leader in Berlin who carried out excruciating experiments killing many disabled children.

Werner Catel (1894-1981) joined the Nazis in 1937 and was professor of pediatrics in Leipzig. A mentee of Bessau, Catel co-led the child “euthanasia” program. After the war he was on the faculty at Kiel.

Hans Asperger (1906-1980), an Austrian pediatrician and early autism researcher, sent several disabled children to be killed. After the war he became chair of pediatrics in Vienna.

None of these Nazis or accomplices were punished, and many other pediatricians participated in referring “euthanasia” victims. Lessons must be learned to prevent such events now and in the future.

Introduction

From 1933-1945, pediatricians in Nazi-occupied Europe were both victims and perpetrators of Nazi crimes. This review will consider the following questions:

- What was the impact of National Socialist policies on pediatrician victims?
- How and why did Nazi pediatricians and their collaborators assist in implementing these policies?
- Can similar events still occur, and if so, how can they be prevented?

To address these questions, sources from the National Library of Medicine and other scholarly literature were reviewed and cross-referenced. Examples with adequate documentation were chosen to represent varied experiences of Nazi pediatrician victims and perpetrators.

1. Pediatrics Prior to National Socialism

Pediatrics was a relatively new specialty in Europe: the first academic pediatric department in Austria was established in 1884, and ten years later in Germany [1]. There were 1253 pediatricians in Germany in 1933, 611 (49 percent) of whom were considered Jews, compared to 16 percent of all physicians and 0.9 percent of the general population. The popularity of pediatrics among Jewish doctors has been attributed to anti-Semitism restricting them from more established specialties, as well as their attraction to the social and preventive aspects of pediatrics [2]. Although discrimination limited Jews from hiring and advancement at German medical schools, many non-academic pediatric institutions were managed by Jews and hired young Jewish doctors. Thirty-two percent of Jewish pediatricians were women, compared to 6 percent women among all physicians [3]. Among all female doctors, 46 percent were pediatricians in 1930. Women also encountered less restrictions in entering this young specialty [2].

2. Racial Hygiene and the Worthiness of Life

In 1895, the German physician and eugenicist Alfred Ploetz (1860-1940) proposed *Rassenhygiene* (racial hygiene), a biodeterministic concept that ranked the relative social value of different human racial groups. Ploetz founded the *Archives for Racial and Social Biology* in 1904 and, with psychiatrist Ernst Rudin (1874-1952), the Society for Racial Hygiene in 1905. Both Ploetz and Rudin joined the Nazi Party in 1937 [4]. Early racial hygiene policies were implemented during the mass killing of Blacks in German African colonies after World War 1 [5]. About 20 German university institutes for racial hygiene existed before Hitler gained power in 1933 [6].

The seeds of Nazi policies also emerged from a book calling for killing the mentally ill and others deemed to be nonproductive societal burdens. In 1920, psychiatrist Alfred Hoche (1865-1943) and jurist Karl Binding (1841-1920) published *Release and Destruction of Lives Not Worth Living*, which proposed that the right to life must be limited to the mentally fit [7]. The term *Lebensunwertes Leben* (life unworthy of life) from Hoche and Binding became a standard part of the Nazi vernacular.

German racial hygiene policies were also inspired by racist and eugenic practices in the United States, including segregation, experimentation on prison inmates, anti-miscegenation laws and sterilization programs, all greatly admired by the Nazis [6]. The 1938 decision by the American Medical Association to reject the membership of 8,000 Black physicians was prominently reported in *Archives of Racial Hygiene and Social Biology* [4].

Contrary to common belief, Nazis did not ignore medical ethics, but actively taught their version of the subject [8]. This curriculum included the belief in unequal human worth, the moral imperative to preserve a pure Aryan race, the physician's authoritarian role, the individual's obligation to stay healthy, and the priority of public health over individual patient care.

3. Persecution of Pediatricians

Due to their high numbers, Jewish pediatricians were disproportionately impacted by Nazi policies. After experiencing multiple acts of humiliation under Hitler's edicts starting in 1933, including boycotts, vandalism of their offices and firings from institutions, all Jewish doctors lost their medical licenses in 1938. To treat other Jews, they could then obtain revocable permits, but could not call themselves doctors, and their office signs and prescriptions required a blue Star of David stamp [2].

By 1945, virtually all Jewish and politically undesirable pediatricians under Nazi control had either emigrated (mainly to the United States, Palestine and Great Britain), been deported to concentration camps, suicided, or been murdered (Figure) [2]. Of approximately 4000 physicians emigrating from Germany to the United States from 1933-42, 70 percent were Jewish, and 174 (4 percent) were pediatricians [4]. About 50 German pediatricians were deported to concentration camps, of whom only 7 are known to have survived [9].

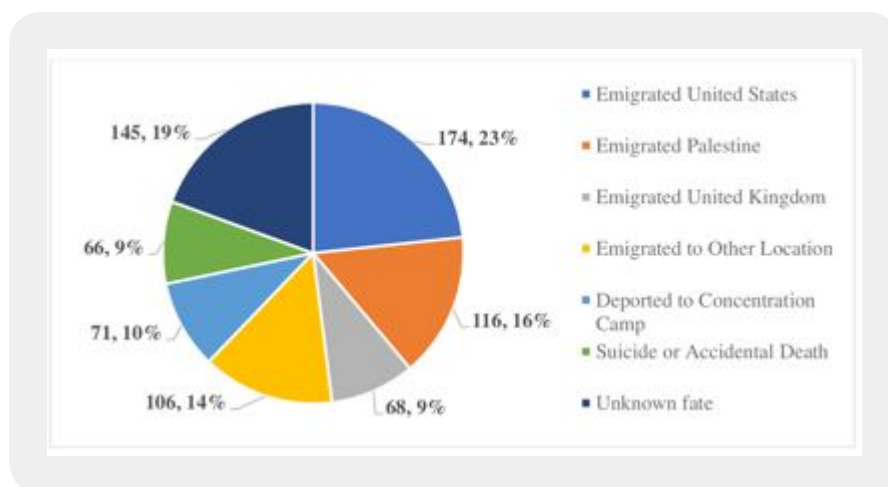


Figure: *Fates of 744 Jewish or Politically Undesirable Pediatricians from Germany, Vienna, and Prague, 1933-1938 (N, percentage)²*

4. Some Prominent Pediatrician Victims

Several well-established pediatricians survived the concentration camps. One was Lucie Adelsberger (1895-1971), a pediatric immunologist and Jew, who had declined several early opportunities to emigrate due to concerns about her mother. She was dismissed from the Robert Koch Institute in Berlin in 1933 and stripped of her medical license in 1938. Adelsberger survived 2 years in the camps, including the gruesome “death march” in January 1945 from Auschwitz to Ravensbrück, where she was liberated in May 1945. She moved to the United States in 1946, continuing her academic career in New York [9,10].

Simon van Creveld (1894-1971), a Dutch Jewish pediatrician, was fired in 1941 from his position as professor and chair at the University of Amsterdam. Soon, he was called to consult on babies at 2 concentration camps, where he met with SS commandants while wearing the yellow Jewish star. By late 1943, van Creveld was forced to go into hiding, and he and his wife were later imprisoned in a concentration camp until the end of the war. After 1945, he resumed his position as chair of pediatrics in Amsterdam until 1964. He was an expert in hemophilia and described the van Creveld-Gierke syndrome and the Ellis-van Creveld syndrome. In his first postwar lecture to medical students in 1945, van Creveld stated that Dutch tolerance of religious diversity and immigrants since 1597 was violated by the actions of the Nazis [11].

One pediatrician who did not survive was Lilli Jahn (1900-1944), a Jew from Cologne. She had some early protection from the Nazis by virtue of having a non-Jewish husband, but that ended when he divorced her in 1942. In August 1943, Jahn was denounced for omitting the middle name ‘Sara’ on her doorbell, as required of all female Jews, and for posting her medical degree. In 1944, after working as a slave laborer for a pharmaceutical company, she was murdered at Auschwitz. Letters to her children during her imprisonment were posthumously published to international acclaim [9].

Ernst Moro (1874-1951) was a non-Jewish pediatrician, originally from Slovenia, who described the Moro reflex and helped to found academic pediatrics in Germany. In 1936, he was forced to resign from the University of Heidelberg, where he directed its children's hospital, after refusing to divorce his Jewish wife. Moro worked from home as a pediatrician until 1948 [1].

5. Popularity of Nazism among Non-Jewish Pediatricians

Most non-Jewish German pediatricians welcomed the Nazi movement, hoping it would add prestige to their field. They were attracted to the medicalized concept of racial hygiene and valued their roles in creating a genetically pure population. Also, since there was widespread unemployment among doctors, the elimination of Jewish pediatricians created more opportunities for jobs and professional advancement for non-Jews. Doctors joined the Nazi party (50 percent) and elite SS (7 percent) at higher rates than any other profession [4], and there was little to no resistance to Nazi policies among physicians [12].

In planning the first Nazi-led conference of the German Society of Pediatrics in 1934, Nazi pediatrician Thilo Brehme (1897-1959) stated: "Our first congress must have a different touch than the former congresses: pediatrics must emphatically put itself at the state's disposal to promote population politics, thereby demonstrating that the pediatrics profession is in good form in that respect" [2]. The conference focused on genetic illnesses and condemned the preservation of "unvaluable life."

6. Pediatric Role in Child Killing Centers

In 1939, doctors and midwives were obligated to register newborns with deformities to health authorities [4]. To give the process a professional veneer, reports were to be sent to the "Government Committee for the Scientific Registration of Hereditary and Congenital Diseases." The edict for this process and its report forms obscured its true purpose: the extermination of "life unworthy of life." Two pediatricians (Ernst Wentzler and Werner Catel) and a child psychiatrist reviewed these reports and decided on life or death for these children at one of 21 "pediatric departments."

Hitler empowered physicians to grant "*Kindereuthanasie*," a euphemism for murder (contrary to a current view of euthanasia as an act of beneficence in assisting the death of a consenting, terminally ill person) [13]. Methods of killing included starvation, medications and gassing. Victims' families were given false diagnoses for their children's deaths and were billed for these procedures [7]. Though first limited to handicapped children, this systematic killing later expanded to include other Jewish and Roma children and disabled adults [4,13]. The "euthanasia" killings gave Nazis important experience that was later applied to mass genocide [12]

7. Some Prominent Pediatrician Perpetrators

Several leading pediatricians played major roles in torturing and killing disabled children. Georg Bessau (1884-1944) was a pediatric leader in Berlin who directed the renowned Charité Clinic. Bessau implemented Nazi policies and carried out excruciating tuberculosis vaccination experiments that killed many disabled children. Until recently, the ICU at the children's hospital at the University of Gießen was named after him [14].

Werner Catel (1894-1981) joined the Nazis in 1937 and was professor of pediatrics at the University of Leipzig. A mentee of Bessau, Catel was a leader of the child “euthanasia” program. After the war he continued to promote killing disabled children, was absolved of any serious crime and was on the faculty at the University of Kiel [7].

Another pediatric leader responsible for killing thousands of children was Ernst Wentzler (1891-1973), who joined the Nazi party in 1936. Wentzler’s Berlin pediatric patients came from wealthy families and high-ranking Nazis. His 1949 trial in Hamburg absolved him of any crime; the judges, including some former Nazis, stated that “the shortening of life unworthy of life” in no way “contradicts the general moral law.” After the war, Wentzler practiced pediatrics in the town of Hannoversch Münden until 1964 [14].

Perhaps today’s most well-known Nazi pediatric collaborator is Hans Asperger (1906-1980), an Austrian pediatrician and early autism researcher. He joined several Nazi-affiliated organizations (although not the party itself), promoted racial hygiene policies, and sent several disabled children for “euthanasia” at the Spiegelgrund Clinic in Vienna, the Nazis’ second largest child killing facility. After the war, Asperger assumed various leadership positions in Austrian pediatrics for 20 years, including chair at the University of Vienna [15].

None of these Nazis or accomplices were punished, and many other pediatricians participated in referring mentally and physically disabled children to killing centers and in persecuting and replacing their former colleagues.

Discussion

Under the Nazis, pediatricians had unique positions as both victims and implementers of heinous policies. Victims suffered humiliations, imprisonments, exile and death. Nazi pediatricians and their supporters were never penalized for their actions, and most continued to work in pediatrics after 1945.

Several factors that attracted doctors to the Nazis still persist: professional demoralization, economic insecurity, the drive for career advancement, the need to belong and conform, and the search for quick fixes to existential problems [16]. The use of dehumanizing language continues to be widespread among health professionals [17], and racial identifiers are still often treated as proxy biologic markers (race-based medicine) [18]. The recent societal resurgence of xenophobia, racism and right-wing populism adds to these concerns.

Conclusions

What can we learn from this history to help us recognize and thwart the harbingers of similar events today and in the future? The following should be considered:

1. Nazi doctors believed that some lives were unworthy of living. Are we willing to promote the universal inherent worth and dignity of each person, including calling out those in healthcare who use dehumanizing language [17] and treat patients differently based on their race, immigration status, sexual orientation, gender identity, insurance or lack of it?

2. Nazi policies were mainly legal, at least according to their own laws. Are we prepared to actively oppose legal and institutional racism, including vigorous advocacy for equity, as well as practicing civil disobedience against unjust laws and policies, such as discriminatory immigration enforcement? [19]

3. The American racism that helped inspire Nazi racial hygiene continues to impact healthcare. Can we accept that race is a social construct, stop using racial identifiers in the opening sentence of case presentations [20] and eliminate race-based medicine? [18]

If we value a just and equitable society, we should heed the lessons of these past tragic events.

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Conflicts of Interest

None

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