

INTRODUCTION

Recognizing the Past in the Present

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The past matters, as it continues to reach into the present and influence the future. The acknowledgment that this holds true for the legacies of medicine in the Holocaust has long been denied by the medical professions after World War II, to the point that systematic research into this history only began in the 1980s.¹ Too easy was it to point to the results of the Nuremberg Doctors Trial and claim that only a criminal few had been responsible for the atrocities committed by physicians in the extermination of those considered unworthy of life and the European Jewry.² Too easy was it to claim that medicine itself had been abused by the criminal regime of National Socialism.³ Research into the complicity of medical scientists, physicians, nurses, midwives, and other health personnel gained momentum only after the perpetrators of crimes—and in academic medicine often their pupils too—had left their positions that they had reclaimed after the war. And the potential failings of the theory of scientific medicine itself have come into the focus of historical analysis only late.⁴ Many threads of this history are currently under investigation, their roots traced back to the time before 1933, and they need to be placed in the larger framework of *continuities* of persons, thought patterns and epistemology, and *legacies* that include the trauma of victims, the published results, and the physical remains of Nazi research.

These continuities and legacies are encountered in many forms—at this point no longer in the person of the postwar psychiatrist, who is the same as the one complicit in a “euthanasia” verdict, evaluating a Nazi victim,⁵ but in the publication of a neuroanatomist who used the brains of “euthanasia” victims for his research after the war.⁶ Continuities from the past are also encountered in the specimens of “euthanasia” victims that are still held in scientific collections or in the bones of potential Holocaust victims that are found inadvertently.⁷ They are encountered in journal articles and books that were created from research on Nazi victims and are still in use.⁸ They are encountered in medical practices such as sterilization techniques that were perfected by Nazi gynecologists.⁹ More intangibly, continuities from this history are encountered in persistent thought

patterns of objectifying medicine, misogyny, and anti-Semitism. Importantly, they are also present in the intergenerational trauma of families of Holocaust survivors.¹⁰

A largely unexplored legacy from the history of medicine during the Holocaust concerns the practice of Jewish physicians during this time, as well as rabbinical responses to ethical dilemmas concerning medical aspects of victims' suffering under the Nazis.¹¹ Here Jewish medical ethics may aid in a productive interaction with the legacies of Nazi medicine, as in the example of the Vienna Protocol on what to do with Jewish or possibly Jewish human remains.¹² The fact that ultimately all aspects of human life are affected by patterns from the past in the present is most obviously reflected in contemporary artwork that engages with current and potential future challenges in bioethics.¹³

However, the ability to recognize the patterns of the past in the present relies on two prerequisites: on continued scholarly historical research on medicine during the Holocaust and on the teaching of this history in medical curricula.¹⁴ Why more historical research? Here the example of Josef Mengele is instructive: while he is arguably the most notorious perpetrator of Nazi medical crimes, hardly any archival research of his scientific activities in Auschwitz exists, and Paul Weindling's chapter in this volume presents entirely new results. Thus this volume contributes new studies of the wide spectrum of the history of medicine before and during the Holocaust, and then illustrates postwar continuities from this history in another set of new studies that discusses examples of the legacies from this history.

Situating Medicine within the General History of the Holocaust

Looking at patterns from the past in the present is all the more relevant in times of resurging anti-Semitism, and in light of Dan Michman's analysis, which places the origin of the Holocaust in Hitler's goal of the elimination of the *Jüdischer Geist*—literally the “Jewish spirit,” that is, Jewish life and Jewish thinking—and sees medicine as a main driving force of the Holocaust. He presented these thoughts in a keynote lecture at a conference of medical historians in Akko, Israel, in 2017,¹⁵ thereby setting a milestone in the historiography as the first historian of the Holocaust to assign a major role for medicine in the destruction of European Jewry. This is all the more significant as Professor Michman is one of the foremost scholars in the field of Holocaust research and holds the position of head of the International Institute for Holocaust Research and incumbent of the John Najmann Chair of Holocaust Studies at Yad Vashem.

Michman laid out his thoughts on resituating the place of medicine in the grand picture of the Holocaust within the context of a review of the historiography of the Holocaust.¹⁶ He observed that the Holocaust was often missing

in narratives of the history of medicine, and at the same time medicine was missing from the historiography of the Holocaust, appearing only as a marginal phenomenon if at all. However, he stated, the history of medicine had increasingly become a field of study for historians and not—as previously—only medical professionals, and thus medicine had been placed in its “political, social and cultural context.”¹⁷ Based on a critique of intentionalist, functionalist, and synthetic approaches in the historiography of the Holocaust, Michman proposed a new interpretation of this history in situating the origin of the Holocaust in the complete annihilation of the *Jüdischer Geist* as defined by the National Socialists. Drawing from, among others, historian Johann Chapoutot’s explanation of Nazi thinking and acting,¹⁸ Michman described Hitler as “activating” the preexisting anti-Semitism in the German population, as Germans sought relief from the economic and mental trauma following World War I. In implementing the “total removal of Jews” as carriers of the “Jewish spirit,” the National Socialists availed themselves of “legal” means of exclusion that included economic spoliation and expropriation; de-Judaization/self-purification of art, language, sciences, and humanities; and medicine. The National Socialists sought the support from the medical profession in the theory and practice of medicalized killing. Thus, in Michman’s reinterpretation of the origin of the Holocaust, medicine was one of the integrated and essential factors contributing to the purge of the “Jewish spirit.” He sees NS medicine in clear contrast to Jewish medicine practiced at the same time in the ghettos created by the National Socialists, as Jewish medicine counteracted NS medicine by working to save Jewish life and Jewish spirit.

Michman’s interpretation represents a significant transition in the perspective of major scholars of the Holocaust and Holocaust documentation centers. Heretofore the subject of medicine and the Holocaust was considered, for the most part, as a marginal subject, separate from the mainstream of traditional Holocaust scholarship and research. Michman’s interpretation opens a new, intellectually and philosophically legitimizing context for the importance of medicine within studies on the Holocaust.

The chapters included in this volume reflect many aspects of Professor Michman’s reinterpretation of the origins of the Holocaust and the place of medicine with it. They also confirm the observations on the historiography of medicine in the twentieth century made by Huisman et al. in 2017¹⁹: the studies present a variety of actors and show medicine in its sociopolitical context. Among the authors are not only scholars specialized on the history of medicine but also those from different fields of history and other professional disciplines altogether, established and emerging scholars. They discuss medical perpetrators, racial hygiene theorists, and NS bureaucrats, as well as Jewish physicians practicing before and during the war, and record the histories of victims. It will become clear that medicine in National Socialism is a particularly glaring example of the fact that “social and ideological conflicts were often transported into the medical domain

and that, conversely, medical arguments were used to support a variety of political opinions.”²⁰ These chapters allow new insights into the continuity of medical thinking, practice, and societal impact from before the NS period, throughout this time, and into the postwar period and the present.

The Origins of Medicine during the Holocaust

The roots of medicine during the Holocaust go back to the nineteenth-century history of eugenics, racial anthropology, and racism, and their continuities reach to what today may be called “othering.”²¹ Physicians and biological scientists were always part of this history. By the time the National Socialists attained government power in Germany in 1933, the biological sciences had provided foundational arguments for NS ideology and were on the verge of facilitating NS policies of positive and negative eugenics. In 1934, anthropologist Otto Aichel could proudly write in a tribute to the leader of the field of racial hygiene, Eugen Fischer,

We stand at the turn of an era. For the first time in world history the Führer Adolf Hitler puts into practice the knowledge of the biological foundations of the development of peoples—race, heritage, selection. It is no coincidence that Germany is the place of this event: the German science put the tools into the hands of the politician.²²

A few months earlier, Fischer—an anatomist, trained physician, and newly elected president of the Friedrich-Wilhelm-Universität in Berlin—had given the anniversary address for the foundation of this institution, which had opened in 1811.²³ He looked back on Germany in the nineteenth century, as the political union of the German Empire in 1871 followed decades of strife between individual German states, but this new nation-state—in Fischer’s consideration—lacked the unifying appreciation for shared blood and race. Fischer described the biological and technical advancements in hygiene and medicine in this period and held them responsible for differential population growth, as well as cultural and moral decline. Believing that “we feel our own race, and are conscious of being our one and own people [Volk],”²⁴ he claimed that this sense of “racial identity” had been lost, especially after the devastation of World War I and in the interwar period, but had been regained through his own field of work, racial hygiene and hereditary biology, which provided the scientific basis for the “eugenic-racial hygienic-people-based” state.²⁵ Fischer declared that it was only the NS Party that from the start had integrated regulations on genetic health and racial purity in its political program, and thus the NS state was now a “*völkisch*” one, that is, based on the biological and racial unity of its people. An inclusion of other races, namely Jews, in the German people was to be denied. Fischer saw

the new German state insofar as a “socialist” entity, as every healthy person of German race was considered to be of equal worth. In essence Fischer formulated here the basis for what historian Claudia Koonz called “the Nazi Conscience.”²⁶

Fischer touched in his speech on many pertinent aspects of German political and social history of the nineteenth century, a history that in certain parts was shared internationally: the rise of nationalism, racial ideology, the development of medicine as a biological science with its many new disciplines, and particularly the transfer of concepts of Darwinism to the social and political context, leading to the international movement of eugenics.²⁷ German biological and medical scientists had gained internationally recognized status as leaders in research and first practical applications of research results. This included not only the foundational sciences of bacteriology, immunology, histology, and embryology but also new technological developments such as radiology. Specific to the German context was particularly the implementation of ideas of preventative medicine based on insights from social hygiene—today’s public medicine—in institutions supported by the German state as early as 1871. These included compulsory health insurance for the whole population, licensing of panel doctors, and state-run health offices, which were supported by German governments through all their different political manifestations from the Imperial German State to the Weimar Republic.²⁸ The administrative institutions of healthcare and the interactions between state and healthcare provider were manifold and well established at the time of the NS takeover of the government, and were then adapted according to NS policies. Within the time span of only a few years, these policies progressed from exclusion, forced sterilization, and “euthanasia” of children and adults to the extermination of those not considered part of the German people.²⁹ As late as 1943, at a time when Fischer should have fully understood the murderous intent of the NS regime as mass deportations of Jews to the east had started all over Germany, he published a newspaper article in which he wrote, “It is a special and rare good fortune for theoretical research, when it falls into a time in which it receives recognition by the world. A time, in which even practical research results are welcomed as the basis for public policies.”³⁰

Fischer was one of many scientists in medicine who lived and worked in a symbiosis with the NS regime, to use historian Sheila Weiss’s term.³¹ For the racial hygienists, interactions with the National Socialists had already started in the 1920s, when Hitler came across the Baur-Fischer-Lenz, the standard work on racial hygiene and human heredity, in the prison library during his incarceration in Landsberg in 1923—he subsequently integrated reasoning from racial hygiene with his own anti-Semitism in his book *Mein Kampf*.³² In 1931 geneticist Fritz Lenz—Fischer’s coauthor and colleague at the Berlin Kaiser Wilhelm Institute for Anthropology, Human Heredity and Eugenics—called the politics of National Socialism “applied Biology,”³³ a term repeated by Hitler’s deputy Rudolf Hess in 1934.³⁴ Psychiatrist Ernst Rüdin had helped draw up the 1933 Law for the

Prevention of Hereditarily Diseased Offspring, which was patterned on decades-old similar laws in the United States,³⁵ and he, with Fischer and many other racial hygienists, served as a judge on the hereditary health courts.³⁶ At the same time, many other medical disciplines profited from the new NS policies: gynecologists honed their technical skills in ever new ways of sterilization; pathologists, forensic physicians, and anatomists had access to ever-increasing numbers of bodies of dead NS victims; and those from all fields of medicine interested in experimenting on the living could either do so in their own hospital setting—as long as their experimental subjects were considered as not belonging to the healthy German *Volk*—or they could apply to SS leader Heinrich Himmler for access to prisoners in concentration camps.³⁷ The techniques of mass murder were developed by physicians within the escalating “euthanasia” killing programs and employed in the psychiatric hospitals in Germany, then those in Poland and other occupied territories, ultimately arriving in the gas chambers of the extermination camps.³⁸

The Bauer-Fischer-Lenz text not only influenced Adolf Hitler in the development of *Mein Kampf*, its impact also extended internationally through an English-language edition that proved very popular. Copies of the English-language edition of the Bauer-Fischer-Lenz text can be found to this day on the shelves of university libraries in North America. Eugen Fischer also represents an important transitional figure through not only his coauthorship with Baur and Lenz but also his career with the Kaiser Wilhelm Institute for Anthropology, Human Heredity and Eugenics in Berlin-Dahlem and advocacy for his successor, Otmar von Verschuer. The internationally renowned institute and its member scientists had received support not only from organizations in Germany but also from distinguished foundations such as the Rockefeller Foundation.³⁹ Fischer was succeeded as director by Verschuer, the internationally noted expert on twin studies. Verschuer played a key role as the principal investigator for his former student and acolyte Josef Mengele, who was the holder of two doctorates, a PhD in anthropology from the University of Munich and an MD from the University of Frankfurt. After the war, Fischer protected Verschuer, who had been under suspicion from the Allied authorities. Because of Fischer’s support, Verschuer was eventually appointed professor and chair of genetics at the University of Muenster, where Verschuer became the most influential geneticist in postwar Germany⁴⁰ and drew admiration from his Italian colleague, Professor Luigi Gedda of the Gregor Mendel Institute of Genetics in Rome and the founding editor of the journal *Acta geneticae medicae et gemellologiae: Twin studies*. In 1956 Gedda published a special *Festschrift* on the occasion of Verschuer’s sixtieth birthday. The lead article (in Italian) by Gedda paid tribute to Verschuer as “Un Maestro et Un Esempio” (a teacher and an example).⁴¹ The examples of Fischer and Verschuer show that the history of medicine during the Holocaust can be traced through the work of individual persons from before the Nazi period to the postwar decades, and that their influence was international.

The Past

Systematic investigations of the collaboration between physicians, medical scientists, academic institutions, and professional organizations with the National Socialist regime began in the 1980s, often against severe opposition from the existing German medical establishment, which continued to include many historical actors from the Third Reich and their apologists.⁴² Since then, researchers have presented a wide array of studies that span from historical investigations of the leading scientific institutions, individual universities, and medical care facilities to in-depth perpetrator biographies, collections of victims' biographies, and studies of the actions of professional organizations.⁴³ In essence, these studies revealed that much, if not all, of German medical science and practice had been affected by the political conditions of National Socialism, and also that they had interacted with the regime. Anybody who was not persecuted and remained in Germany collaborated in some form or other with the National Socialist government, as only few individuals opted for overt political resistance. Instead, many of those who worked in the field of medicine actively sought the collaboration with the regime, either out of conviction or to advance their careers. And most of these scientists, physicians, nurses, midwives, health educators, and administrators continued to work in their respective fields after the war, usually following an only short phase of so-called denazification. Thus, in the last decade, topics of postwar consequences of medicine during the Third Reich have been the focus of several studies by medical historians and ethicists that assess the continuities and legacies from this time.⁴⁴

The collection of essays presented here sees itself in line with such studies and is organized in two parts. Part I, "The Past," begins with a focus on the theory and practice of the racial sciences before 1933, continues with the underresearched topics of Jewish medicine before and during the war, as well as gendered victimization that will be put in focus, and concludes with present studies that reflect the wide spectrum of medical perpetrators and their motivations. Part II, "The Present: Postwar Continuities, Legacies, and Reflections," includes postwar narratives of the continuing anguish of victims and the denial of medical professionals to deal with this suffering or their own potential guilt. However, legacies of the past not only include the continued presence and influence of former NS physicians and the fate of the surviving victims but also the search for traces of the vanished victims, including the identification of human remains from the Holocaust era. And apart from these physical legacies, there are moral ones: how should we remember the dead, how do we honor their memory, how should we reflect on human dignity in today's world?

The contributions in this volume come from an international and interdisciplinary group of authors, a unique collaboration insofar as it includes not only philosophers and historians of science, medicine, and art but also anthropologists,

psychiatrists, and anatomists, and among them not only established but also emerging new scholars of medicine and the Holocaust. Overall, this collection presents a widening of the perspective and a maturation of the scholarship in this field of historical inquiry. Topics that were once deemed “unmentionable”—such as gendered victimization or the, however misplaced, “idealism” of Nazi perpetrators—are here systematically analyzed. Throughout it will become apparent that the past that is discussed here in its various aspects is still very much present and relevant for today’s medicine, thus substantiating clinical psychologist Michael Wunder’s observation: “No modern bioethics or medical ethics discussion is possible without the knowledge of history and lines of development.”⁴⁵ It is our goal as editors of this volume to make these “lines of development” from the past to the present visible.

The first chapters of this volume discuss the theory and practice of racial science, which provided the so-called scientific basis for many of the manifestations of medical discrimination in the Third Reich. Israeli historian of science Amit Varshizky explores the different explanatory styles in German racial anthropology through a comparison of the work of Hans F. K. Günther and Ludwig Ferdinand Clauß, then the leading theorists of race, including an exploration of extra-scientific factors influencing their thinking. Varshizky calls for a reevaluation of the place of genetic science in German racial anthropology, showing how German racial ideas were built on detailed concepts of biology, heredity, and genetics that went beyond the traditions of naturalistic enquiry and causal explanations. Austrian anthropologist Margit Berner then investigates examples of the application of such racial theories in anthropological fieldwork during World War II. She describes how her predecessors in the Department of Anthropology at the Natural History Museum Vienna undertook extensive “racial” surveys of Jews and prisoners of war under the leadership of Josef Wastl, the director of the Department of Anthropology. Another anthropologist from the museum later moved on to collaborate in physiological and medical experiments on color vision and cerebrospinal fluid from prisoners of war in collaboration with a camp physician in the Kaisersteinbruch POW camp, thereby clearly transgressing an ethical boundary traditionally observed by his colleagues. As curator of the bone collection of the anthropological department of the museum, Berner herself had to deal with the physical legacies of her predecessor’s work.⁴⁶

Racial science also provided a framework for National Socialist medical ethics,⁴⁷ and the examples of Jewish medicine and medical ethics presented in the following chapters can be interpreted as illustrating a concept that ran diametrically counter to National Socialist medical ethics. Jewish physicians active during the Third Reich left a wealth of scientific, publicist, literary, and personal writings from the interwar period, the Holocaust, and the time afterward. However, as Israeli historian Miriam Offer points out in her chapter, these writings have rarely been investigated to expose the physicians’ professional, spiritual,

and ethical worlds, even though such studies could facilitate a deeper understanding of the history of Jewish physicians and Jewish medicine during that period. She explores this potential of physicians' writings in an exemplary manner with the study of Dr. Mordechai Lensky, who survived the Warsaw ghetto, describing his medical practice and ethics as established before World War II. Whereas Offer focuses her chapter on the biography of one physician, philosopher of religion Johnathan Kelly and his coauthors explore through the lens of rabbinic responsa—scholarly legal and ethical evaluations in the Jewish tradition that rabbis provide in answer to specific questions posed to them—a specific set of ethical problems in medical decision-making caused by NS persecution during World War II. Using the example of life-for-life choices during the Holocaust, the authors study here a set of documents rarely examined by historians or bioethicists. The rabbinic responsa provide a rare glimpse into the ways Jews were able to follow the principles of Jewish law and ethics in response to the attacks on their lives. The responsa also powerfully demonstrate the breadth and resiliency of the Jewish legal-ethical tradition in facing the most difficult ethical decisions in medicine. Fittingly, a question arising from postwar legacies of NS medical atrocities will be answered through the rabbinic responsum the Vienna Protocol (see chapter 18).

Many of the rabbinic responsa discussed by Kelly and colleagues concern questions that specifically address the plight of women. The topic of gendered victimization during the Holocaust has long been avoided in studies of this history, as US historian Annette Finley-Croswhite points out in her chapter. She argues that the “Jewish womb” became a killing field for the destructive forces of National Socialism, and she presents information that allows for a quantification of the loss of lives due to gender-specific forms of violence. This discriminatory assault on the female body is also the topic of the chapter by German historian Gabriele Czarnowski, a pioneer in the field of the history of gendered victimization in the Third Reich. She investigates the self-concept of Nazi gynecologists, who dealt out medical violence on one set of women through forced sterilization while at the same time living a medical ethos of help and care for another set with sterility problems. The postwar suffering of these women is addressed in medical historian Herwig Czech's contribution to this volume (chapter 15), and deserves further systematic exploration.

The theme of the self-conception and motivation of perpetrators will be further explored in a group of chapters that present a wide spectrum of historical actors in NS medicine, a spectrum reaching from a concerned medical student to notorious medical criminals exemplified by Dr. Josef Mengele. Studies of the motives and actions of these individuals not only show a surprising range but also reveal some unexpected findings. One of the latter is presented by German historian Mathias Schütz, who has studied the early career of SS officer Kurt Gerstein, which included a brief period as a medical student at the University of Tübingen.

During that time, Gerstein authored a highly unusual memorandum on ethics in anatomy that was in many respects decades ahead of its time. Schütz places this memorandum within the context of Gerstein's biography and the wider historical background. In another biographical study, German medical historians Stephanie Kaiser and Mathias Schmidt present a typical Nazi careerist in their detailed exploration of Hitler's physician Ludwig Stumpfegger's life. This reveals not only his medical activities but also his medical ethics and political aspirations. However, it was not only physicians who had decisive roles as perpetrators in Nazi medicine, as German historian Felicitas Söhner's report on the actions of bureaucrat Ludwig Trieb reveals. Based on archival documents, she presents and discusses his role within the Nazi "euthanasia" program as administrative manager of the Günzburg mental hospital by determining the mechanisms and objectives of administrative decision-making processes.

Likewise productive are analyses of groups and networks of perpetrators, as even eight decades after the Third Reich many of the professional associations have not been investigated, much less in detail. German medical historian Matthias Krischel presents a group portrait of German dentists as a fragmented profession. He describes the ready self-alignment of this professional group with Nazi politics and their willing collaboration in matters of hereditary health policies in order to advance their professional agenda. In another group portrait, UK historian Alexander von Lünen studies the dynamics within the scientific community of aviation medicine in Nazi Germany. His conclusion—based on new interpretations of the Milgram experiments—is that these physicians were not just blindly obedient but acted out of idealism. And while they did not perform inhumane experiments themselves, they had great interest in the results of the deadly studies performed by physician Sigmund Rascher in the name of aviation medicine at the concentration camp Dachau. Indeed, perpetrators like Rascher did not work alone but did so within a network of colleagues and interests. Such a network is at the center of the chapter by Paul Weindling, pioneer historian in the field of medicine and National Socialism. Weindling presents an in-depth look at the professional relationship between Dr. Josef Mengele and Professor Otmar von Verschuer. And while both individuals are well known if not notorious, Weindling's archival investigation reveals a depth of criminal action and connections that has not been known so far.

The Present

Recent work by Weindling and his group has shown that coercive medical experimentation and research by Nazi physicians was much more extensive and involved many more victims than previously thought.⁴⁸ Few of the medical perpetrators were ever held responsible for their deeds, and even fewer were brought

to trial after the war. Their victims, however, had to live with their experiences forever and were often re-traumatized in the process of trying to give testimony to the atrocities committed on them.

The legacies of the past in the postwar period are explored in part II of this volume, which includes chapters that trace these continuities and their interpretations into the present. From the United States, German studies scholar Andrew Wisely discusses an example of such re-traumatization in his chapter on Abraham de la Penha's testimony against Dr. Franz Lucas in the Frankfurt Auschwitz Trial. He describes how memory failure, miscommunications, and factual errors rendered de la Penha's testimony invalid. Wisely argues convincingly that, even with its forensic contradictions, this eyewitness account deserves reconsideration as conveying a message of trauma that transcends mere facts. He concludes that the naming and describing of the trauma of victims may be more important than proving the guilt of the perpetrator.

Using similar eyewitness accounts, Polish historian of medicine Kamila Uzarczyk explores the so far neglected history of the destruction of Jewish psychiatric patients in occupied Poland. She anchors her research in the case study of the Jewish psychiatric hospital Zofiówka in Otwock, near Warsaw, and describes not only the fate of its patients but also the postwar denial of any memory of this past and its victims. The postwar lives of victims are then also at the center of Austrian medical historian Herwig Czech's contribution to this volume. He investigates the history and politics of Austrian psychiatry after the war and the fate of survivors of Nazi persecution. By describing the postwar landscape of various schools of psychiatric thinking, their proponents, and the effects on victim patients, Czech provides insights into the tragic continuities that led to the re-victimization of many, including sterilization victims.

However, it is not only the postwar fate of the victims themselves that is an important field of research in need of further illumination. There are also the legacies of "books, bones, and bodies" from coercive experimentation and research that have to be considered. German historian and journalist Götz Aly shares in his chapter a personal account of his effort to locate and identify the physical remains of "euthanasia" victims in the archives of various institutes of the Max-Planck-Society. His chapter provides an example of the struggles of one dedicated researcher in dealing with an institution that for many years shied away from taking on the responsibility for the legacies it had inherited from its predecessor, the Kaiser Wilhelm Society. US art historian Andrew Weinstein then widens the perspective of reflection on Nazi medicine by not only including the perspective of the artist but also by reflecting on the meaning of Nazi medical ethics for the unprecedented challenges society faces from bioengineering and other new technologies in the field of medicine. He discusses examples of important recent artistic representations that reflect on Nazi ethical transgressions, based on Adorno's concept of "identity" as a stereotypical image of a

group—stereotypes that are reminiscent of Nazi racial categorizations. Weinstein argues that art offers an approach to “truth” that is a productive alternative to the scientific one and allows for flexible answers to and reflections on a changing reality. In his conclusion he states that many artists promote a deceptively simple antidote to the array of transgressions: they ask that biomedical researchers embrace responsibility and even cultivate love—or at least a recognition of the dignity of the Other—for the lives, human and nonhuman, with which they work and create.

Taking on responsibility for the past is at the center of the last chapter of this volume. Here anatomist Sabine Hildebrandt, Rabbi Joseph Polak, and medical historians Michael Grodin and William Seidelman point to the future by discussing the history of the Vienna Protocol, a set of guidelines on how to deal with the many physical remains from victims of Nazi atrocities that continue to emerge either inadvertently, e.g. through routine construction excavations, or through systematic searches in university collections or archeological digs. And it is not only “bones and bodies” that reappear, but books and publications based on research on these “bones and bodies,” which continue to exist in the worldwide literature. The Vienna Protocol includes recommendations on how to deal with these “books, bones, and bodies,” the first such set of which features an authoritative Jewish responsum on the subject. Thus the Jewish perspective of medical ethics becomes a valuable tool in responding to the question of how to deal with physical remains from Holocaust victims and data derived from them. The protocol is a universal, ecumenical document with potential application where the remains of victims of human rights violation may be found, irrespective of their national, ethnic, or religious origin.

Recognizing Patterns

The past does not repeat itself in the same form, but patterns are repeated. This volume of new studies on medicine before, during, and after the Holocaust aims to render such patterns recognizable and motivate the reader to further explore topics that are presented here for the first time. Bioethicists Barron Lerner and Arthur Caplan state that

good history transports those studying and practicing bioethics to an earlier time, figuratively putting them in the shoes of their predecessors and teaching them how these past individuals rationalized choices they made—choices that now seem clearly ethically dubious. Learning how societal values, scientific zeal, ideological beliefs, and the desire for personal achievement influenced these persons reveals how similar factors can and often still remain in play, even in our supposedly more “enlightened” era.⁴⁹

In this sense it is hoped that readers of this volume will learn to recognize reflections of the past in present-day medical theory and practice, thus becoming more critical and at the same time more productive in this world.

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Miriam Offer, PhD, is an expert on Jewish medicine in the Holocaust. Her book *White Coats inside the Ghetto: Jewish Medicine in Poland during the Holocaust* was published in Hebrew in 2015 by Yad Vashem; English edition forthcoming. Miriam has researched the history of medicine (organization, science, ethics) in ghettos in Poland and Lithuania. Her current focus is Jewish medical activity immediately before, during, and after the Holocaust, and medicine/Holocaust gender issues. Miriam is a senior lecturer in the Holocaust Studies Program, Western Galilee College, and teaches medicine and the Holocaust in the Sackler Faculty of Medicine, Tel Aviv University.

Michael A. Grodin, MD, is professor of health law, bioethics, and human rights at the Boston University School of Public Health, and professor and director of the Project on Ethics and the Holocaust at the Elie Wiesel Center for Jewish Studies. Dr. Grodin has served on national and international commissions focusing on medical ethics, human rights, and the Holocaust. He has received a special citation from the United State Holocaust Memorial Museum for “profound contributions—through original and creative research—to the cause of Holocaust education and remembrance,” and is the author of over two hundred articles and the editor or coeditor of seven books.

Notes

1. For a review of the historiography of medicine in the Third Reich, see Hildebrandt 2016, chapter 1.
2. Peter 1994.
3. Roelcke 2010.
4. Baader 1999; Roelcke 2014.
5. E.g. Dr. Werner Catel, see Klee 2001; see also chapter by Czech in this volume.

6. See chapter by Aly in this volume.
7. See chapters by Aly and Hildebrandt et al. in this volume.
8. As a most notable example: the Pernkopf *Atlas of Topographical and Applied Human Anatomy*, Yee et al. 2019.
9. See chapter by Czarnowski in this volume; also Hildebrandt et al. 2017.
10. Kellermann 2009.
11. See chapters by Offer and Kelly et al. in this volume.
12. Seidelman et al. 2017.
13. See chapter by Weinstein in this volume.
14. Reis et al. 2019; on the question of medical curricula, see foreword to this volume by Seidelman.
15. The Second International Conference and Medicine and the Holocaust and Beyond in the Western Galilee, Israel, 7–11 May 2017.
16. Michman 2017.
17. Michman quoted here, Wolfram 2017, 1.
18. Chapoutot 2018.
19. Huisman et al. 2017.
20. Huisman et al. 2017, 5.
21. Morrison 2017.
22. Original: “Wir stehen in einer Zeitenwende. Der Führer Adolf Hitler setzt zum ersten Male in der Weltgeschichte die Erkenntnisse über die biologischen Grundlagen der Entwicklung der Völker-Rasse, Erbe, Auslese- in die Tat um. Es ist kein Zufall, dass Deutschland der Ort dieses Geschehens ist: Die deutsche Wissenschaft legt dem Politiker das Werkzeug in die Hand.” Aichel and Verschuer 1934, vi.
23. Fischer 1933.
24. Fischer 1933, 5: original: “Die eigene Rasse wird gefühlt und ist als eigenes Volkstum bewusst.”
25. Fischer 1933, 6: original “eugenisch-rassenhygienisch-völkisch.”
26. Koonz 2003.
27. Cocks 1997; detailed history for Germany in Weindling 1989a, 1989b; international aspects in Kaupen-Haas and Saller 1999.
28. Labisch 1997.
29. Süß 2003.
30. Hofer and Leven 2003, 27.
31. Weiss 2010.
32. Fangerau 2000, 38.
33. Proctor 2000, 341.
34. Lifton 1986, 54.
35. Black 2003.
36. Proctor 1988.
37. For an overview, see Weindling 2017.
38. Proctor 1994.
39. Sachse and Massin 2010.
40. Kröner 1998.
41. Gedda 1956.
42. Examples can be found in this volume: Aly; also: Hohendorf 2014; Seidelman 2012.
43. Reviews of the large scope of literature can be found—however incomplete—in Jütte et al. 2011; Eckardt 2012.
44. E.g. Rubenfeld 2010; Rubenfeld and Benedict 2014; Roelcke et al. 2014; Czech et al. 2018.
45. Wunder 2014.
46. Berner 2005.

47. Bruns 2009; Bialas and Fritze 2014; Gross 2010; Chapoutot 2018.
 48. Weindling et al. 2016; Weindling 2017.
 49. Lerner and Caplan 2016, 6.

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