Université de Strasbourg

UNIVERSITÉ DE STRASBOURG

ÉCOLE DOCTORALE 519 **Sciences humaines et sociales – Perspectives européennes**

[ARCHE]

THÈSE présentée par :

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soutenue le : **12 mars 2021**

pour obtenir le grade de : **Docteur de l'université de Strasbourg**

Discipline/ Spécialité : Histoire Contemporaine de la Médecine

History of Paediatric Treatment in the Reichsuniversität Straßburg (1941-1944)

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Acknowledgements

I am extraordinarily lucky to have so many people who have supported me throughout the process of writing my PhD thesis; too many people to list, so I will begin by saying thank you to everyone who has helped me along the way. Thank you to my supervisors, Catherine Maurer and Paul Weindling, for being prompt with their edits on my drafts, and for pushing me to improve upon my work. Thank you to my colleagues in the Historical Commission of the Reichsuniversität Straßburg for their help. Thank you to my thesis jury and my colleagues at DHVS. Thank you to my previous academic mentors for encouraging me to pursue a PhD, in particular Marius Turda and John Paul Newman.

Many thanks to the Fondation pour la Memoire de la Shoah, and the University of Strasbourg who have funded this research, and without whom this project could not have come to fruition. Thank you to the historical commission for hiring me, for providing peer support, encouragement, and an amazing archive network. Thank you to Paul Weindling and Florian Schmaltz, the presidents of the commission, who have provided a platform to share my research and given me the tools to do so. It has been an honour to work with such incredible academics, but I feel Gabriele Moser, Sabine Hildebrandt and Christian Bonah require a particular thanks, for reading my thesis, for encouraging me throughout the process, and for providing advice. Thank you to Volker Roelcke, Isabelle von Bueltzingsloewen, Sara Doll, and Tricia Close Koenig for helping me with my research, sharing your research findings with me, and answering all my questions. Thank you to Elizabeth Fuchs for all her help with proof reading my translations and offering support. Thank you to Katie Jones for being so helpful and encouraging.

To the archivists at the Archives Départementales du Bas Rhin, Archives de la Ville et de l'Eurométropole, Bundesarchiv Berlin, Humboldt Universität Archiv, Archives Nationales de France at Pierrefitte, Staatsarchiv Sigmaringen, Archiv Universität Wien, Archives du

Stephansfeld, Archives de la Faculté du Médecine, Landesarchiv Stuttgart, Bridgeman Image Archives, and the Amis des Hôpitaux Universitaires, for being so helpful with inquiries and access to archival sources. Special thanks to the archivists at the International Tracing Service in Bad Arolsen for being so accommodating with remote access to archives during the pandemic. Thanks to the librarians at the Bibliothèque de médecine et odontologie, Bibliothèque nationale et universitaire de Strasbourg, and the Bibliothèque d'Histoire de Médecine for their help in ordering books from often obscure places. Thank you to Loïc Lutz for helping in my archival research. Thank you to Gerard Schaussig for putting me in contact with many interesting people. Thank you to Dr Levy and his family, for welcoming me and answering my questions about life at the hospital. A huge thanks to Therèse Vincent for being so kind, helpful, and welcoming, as well as being patient with my imperfect French. Thank you to my colleagues in Strasbourg.

Thank you to my incredible friends in Ireland who have endured years of me talking about this project and offering their advice; thank you to the friends I made in Vienna and Strasbourg, and to Moni Robson. Special thanks to Neale Rooney, without whom I could not have finished this work. Thank you to Caoimhe Burke, Caoimhe Kiernan, Darragh Fleming, Sean Woods, and Richard Breen for helping me to proof drafts, and coming to visit me in Strasbourg.

This work is dedicated to my family. In particular, thank you to my granny for her constant interest in my work and her help with proofreading. Thank you to my wonderful parents and sister, for encouraging me to pursue this opportunity and supporting me throughout my education. Special thanks to Joan Shalvey for helping me with my data analysis and teaching me about computer systems long after hours. Thank you to my extended family, for all their help and kindness.

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Abbreviations

BKK: Betriebskrankenkasse, company health insurance.

KdF: Kanzlei des Führers, Hitlers Chancellery.

NS Dozentenbund: Nazi university lecturers union.

NSDAP: Nationalsozialistische Deutsche Arbeiterpartei, Nazi party.

NSKK: Nationalsozialistisches Kraftfahrkorps, National Socialist Motor Corps. A paramilitary organisation of the Nazi Party established in 1931.

NSDStB: Nationalsozialistischer Deutscher Studentenbund, or National Socialist German Students Union, which was an organisation of university students integrated into the Nazi party.

NSV: Nationalsozialistische Volkswohlfahrt, National Socialist People's Welfare organisation.

OKK: Ortskrankenkasse, local health insurance.

SA: Sturmabteilung, a paramilitary division of the Nazi party established in 1921.

SD: Sicherheitsdienst, security service and intelligence agency of the Nazi party, established in 1931.

SS: Schutzstaffel, a paramilitary division of the Nazi party established in 1925, with Heinrich Himmler as leader, generally tasked with enforcing 'racial purity.'

Waffen SS: Military branch of the SS.

Terminology

Abstammungsnachweis: Ancestry certificate, like a family tree detailing the racial characteristics and health of a person's relatives.

Alter Kämpfer: 'Old fighter', meaning that they were one of the earliest members of the Nazi party, joining before it became beneficial for securing employment indicating an ideological belief in Nazism.

Ariernachweis: Certification of a person's Aryan heritage, usually required for employment under the National Socialist regime.

Blut und Boden: 'Blood and soil'; a Nazi slogan uniting the idea of a racially uniform national group with the settlement of land.

Deutsche Forschungsgemeinschaft: German Research Organisation.

Erbpflege: Eugenics.

Fremdvölkischer: 'Foreign peoples' but could also refer to those of non-Aryan race as well as those of foreign nationality.

Habilitation: An extra qualification in Germany which is required to lecture in a university of become a head of department or become a professor. It requires a postdoctoral thesis of original research in the individual's subject area.

Heil- und Pflegeanstalt: 'Hospital and care home'; a medical clinic for convalescence and curative treatment.

Hilfsschulen: Schools for special education of children who could not participate in mainstream education.

Hilfsschüler: Pupils who required extra help in schooling, usually provided in a separate institution. An industrial school is an example.

Kaiserreich: 1871-1918 German Empire under Bismarck as Chancellor and Emperor Wilhelm II.

Kinderfachabteilung: 'Special children's department'; these were constructed to care for children certified as physically or mentally disabled and later were used in the T4 campaign.

Kinderlandverschickungslager: Camp for children away from cities and into the countryside to avoid bombing raids and provide respite during the war. Some of these camps were organised by the Hitler Youth, but many functioned independently.

Kinderreich: 'Child rich.' This was not originally a National Socialist term. It referred to families with a large number of children. During the Nazi era, it became used for families of Aryan blood who had many children, as they were seen as being in service to the Third Reich through increasing the population.

Länder: Approximately means German county or local administrative district.

Lebensborn-Heime: Homes established under the plan of Heinrich Himmler to care for 'racially pure' mothers and their children, organised by the SS.

Lebenslauf: Curriculum Vitae that also contains the persons' family history, their parent's professions and their nationality.

Lebensunwertes Leben: 'Lives unworthy of living,' a phrase used to justify the killing of the mentally and physically disabled in the context of the T4 campaign.

Minderwertig: 'Inferior'; used in relation to individuals who did not fulfil racial characteristics, also used in relation to those who were disabled and subsequently sent to kinderfachabteilungen.

Patientenklasse: Patient class; does not correspond exactly with social class, but indicates to what degree the patients care is provided by medical insurance.

Reichsgesundheitsführung: Reich health management

Reichsminister für Wissenschaft Erziehung und Volksbildung: Minister for scientific training and peoples education.

Sippe: A national socialist eugenic based term, rougly meaning ethnic group or 'race'.

Sippentafel: A medical examination indicating physical measurements of the body as well as typology, including information on the patients' family tree, in order to determine their 'Sippe'.

Staatliche medizinaluntersuchungsanstalt: State medical examination department. Testing for blood samples etc. was often outsourced to this organisation by the Reichsuniversität Straßburg.

Staatsangehörigkeit: Nationality. Refers to regional belonging also, such as Saar or Alsace. In the context of Nazi ideology, nationality was determined by blood (ius sanguinis), so nationality was often based on ethnic groups.

Umsiedlungslager: A camp in which those who were forcibly relocated could be indoctrinated to German customs and National Socialist ideology before integration to the German Reich.

Verfolgungsideen: Persecution complex, used in a diminutive way to dismiss political awareness of Nazi persecution.

Volk: People. Meaning the German people (including German speaking people), associated with an ethnic group.

Volksgemeinschaft: Peoples community.

Volkskörper: The people's body.

Vorlesungsverzeichnis: A course catalogue of all available modules available, as well as all relevant examination authorities, lecturers, information on administration and student organisations, compiled at the start of each term and distributed to students.

Westforschung: Western European research. The Reichsuniversität Straßburg was established to be a centre for this kind of research in the Third Reich, focusing on German history, literature, culture and science as primary in the West of Europe.

Archive Abbreviations

ADBR	Archives Départementale du Bas-Rhin, Strasbourg
ADHVS Path.	Archives du Département d'Histoire de la Vie et de la Santé, l'Ancien Bâtiment d'Anatomie, Hôpital Civil, Université de Strasbourg. Pathology collection
ADHVS Psych.	Archives du Département d'Histoire de la Vie et de la Santé, l'Ancien Bâtiment d'Anatomie, Hôpital Civil, Université de Strasbourg. Psychiatric Collection
ADHVS Spec.	Archives du Département d'Histoire de la Vie et de la Santé, Reichsuniversität Straßburg Specimen Collection Archives de l'Ancien Bâtiment d'Anatomie, Hôpital Civile, Université de Strasbourg
AEPSANS	Archives de l'Etablissement Public de Santé Alsace Nord, Stephansfeld (Now relocated to Archives Départementales du Bas-Rhin)
AFMS	Archives de la Faculté du Médecine, Université de Strasbourg, Strasbourg. Thesis Archive
AFMSD	Archives de la Faculté du Medecine, Université de Strasbourg, Strasbourg
AHUS	Archives du Département d'Histoire de la Vie et de la Santé, l'Ancien Bâtiment d'Anatomie, Hôpital Civile, Université de Strasbourg. Paediatric Collection; Amies des Hôpitaux Universitaires Association.

AN	Archives Nationales de France, Pierrefitte-sur-Seine
AN-CAD	Archives du Ministère des Affaires Etrangères, Archives Dekanat
AVES	Archives de la Ville et de l'Eurométropole, Strasbourg
BArch	Bundesarchiv Berlin
BIAP	Bridgeman Images Archive, Paris
BNU	Bibliothèque Nationale et Universitaire de Strasbourg
ITS	International Tracing Service Digital Archive, Bad Arolsen La Courneuve
LA-BW GLA	Landesarchiv Baden-Württemberg, Abt. Generallandesarchiv Karlsruhe
LA-BW HStA	Landesarchiv Baden-Württemberg, Abt. Hauptstaatsarchiv Stuttgart
LA-BW StAS	Landesarchiv Baden-Württemberg, Abt. Staatsarchiv Siegmaringen
NLM	National Library of Medicine Bethesda MD; Historical Audiovisiuals Archive
UAH	Humboldt Universität Archiv, Kaiserin Auguste Victoria Haus Bestand, Berlin

Tables and Figures

Appendices.

Introduction

> The focus ought to be not only on *cure* but also on *care*; not only on doctors' achievements but also on the whole range of patient experience.[1]

> Until now, historians have focused on perpetrators and certain organisational aspects, with the victim seen as incidental and insignificant. The life histories of those caught up in the experiments appeared to contribute neither to the history of the organisation of experiments nor to consider history of the persons experimented on...[2]

(i) Aims of the Thesis and General Questions

The treatment of children in the Reichsuniversität Straßburg, and how this treatment reflected paediatrics at the time will be the central discussion of this thesis. The contribution of the staff and students to paediatric medicine will also be analysed. The impact of German occupation and Nazi ideology on paediatric care will be examined through case studies of patient files, and it will also examine how the Reichsuniversität Straßburg adhered to this ideology.[3] This is a selective, though not distortive, history, focusing on the treatment of children as patients rather than concentrate on the heads of departments. Childrens' experiences varied considerably from those of adults during this period as they had different understandings of what exactly was happening. Therefore, this warrants a more nuanced assessment not only of how they lived

[1] Alexandra Bacopoulos-Viau and Aude Fauvel, 'The Patients Turn: Roy Porter and Psychiatry's Tales Thirty Years On,' *Medical History* 60 (2016): 1-18.
[2] Paul Weindling, *From Clinic to Concentration Camp Reassessing Nazi Medical and Racial Research, 1933-1945*, London: Routledge (2017): 10.
[3] Richard Overy, 'Nazi Ideology,' in *The Oxford Companion to World War II,* I. C. B. Dear and M. R. D. Foot eds. Oxford: Oxford University Press, (2014): Not paginated.

through occupation, but also how their experience of medical care was different.[4] Histories of the Reichsuniversität Straßburg have been conducted before which have focused largely on individuals conducting specific research, such as that of August Hirt.[5] While such an approach is illustrative of research interests of academics during the Third Reich, this study seeks a more foundational approach to illuminate the patient experience. Therefore, selective case studies are chosen throughout this thesis as examples to highlight and elucidate the treatment experienced by children in the hospital. It is not possible to explore the treatment of every individual, but case studies backed up by statistical analysis will illustrate some broader trends and provide details as to how an individual patient would have experienced their healthcare in Strasbourg during such a tumultuous era.

This thesis will also investigate how the paediatric clinic operated, who staffed it, and what their ethos was. The question of whether the students' work contributed to German academic knowledge of paediatrics will be examined through their research and medical education at the Reichsuniversität Straßburg. Other studies have looked at the motivations and ideas of heads of department in other German universities in this era, for example Jena, Gießen, Leipzig, and Berlin. This thesis examines the outcomes and efficacy of the Reichsuniversität Straßburg in caring for children and how the fraught atmosphere of Nazism and the Second World War impacted the aims of the institution and affected the patients themselves. There has

[4] Beth Cohen, 'The last remnant of the Holocaust: the representation and reality of child survivors' lives' in *Children, Childhood and Cultural Heritage*, eds. Kate Darian-Smith, Carla Pascoe, London: Routledge, (2012): 175-186.

[5] Frederick H. Kasten, 'August Hirt: Anatomiste et expérimenteur en camp de concentration,' in *La science sous influence. L'université de Strasbourg enjeu des conflits franco-allemands 1872-1945* eds. Elizabeth Crawford, Josiane Olff- Nathan. Strasbourg; La Nuée Bleue, (2005): 289-300.
Hans-Joachim Lang, *Die Namen Der Nummern. Wie Es Gelang, Die 86 Opfer Eines NS-Verbrechens Zu Identifizieren,* Hamburg: Hoffmann und Campe, (2004).
Raphaël Toledano, 'Anatomy in the Third Reich. The Anatomical Institute of the Reichsuniversität Strassburg and the Deliveries of Dead Bodies,' *Annals of Anatomy* 205 (2016): 128-144.

not been a study on the treatment of a particular demographic group across clinics in the Reichsuniversität Straßburg hospital. Furthermore, there has not yet been a study focusing on the medical research of students, or the 'everyday research' that took part at the Reichsuniversität Straßburg.[6] As Paul Weindling illustrates, a considerable number of experiments that were considered 'normal research' involved coercion, and this includes student research.[7] This thesis will address these aspects through archival analysis and comparative historiographic research. By comparing pathology records and available information from pathology specimens, these samples will be identified and create a more complete view of the paediatric patients at the Reichsuniversität Straßburg hospital. The focus on a social history of patients at the Reichsuniversität Straßburg is also new, as previous studies have focused on recreating the lives of victims of National Socialism who came from concentration camps, but no study has yet uncovered the treatment and lives of ordinary patients who were admitted to the hospital in Strasbourg.

(ii) Methodology of Dealing with Source Material Including Patient Files

In the following chapters, a number of case studies of paediatric patients will be detailed. These case studies have been chosen to illustrate the trends that have been observed in reading extensive numbers of patient files from the years 1941 to 1944, from psychiatry, paediatrics, pathology and student medical research. Therefore, the chosen case studies have been selected to indicate an overarching narrative; this does not mean that it is a subjective history, but rather a

[6] Volker Roelcke and Simon Duckheim, 'Medizinische Dissertationen aus der Zeit des Nationalsozialismus. Potential eines Quellenbestands und erste Ergebnisse zu ‚Alltag', Ethik und Mentalität der universitären medizinischen Forschung bis (und ab) 1945,' *Medizinhistorisches Journal* 49 (2014): 260-271.
[7] Paul Weindling, *From Clinic to Concentration Camp*: 15.

curated history designed to indicate an overall feeling of the era and of the primary records from which these cases are taken. It is also of utmost importance to note that these case studies contain the stories of real people, and therefore the first names of individuals have been retained. That being said, these medical files are not yet 80 years old, and so surnames are not provided. The story of the heads of clinics, and those engaged in research during this era have been retold numerous times. Their names are familiar, but the names and stories of ordinary people who lived under unique conditions, who experienced day to day life in an occupied city, have not been told. The intention in naming these patients is in part to create empathy with the situation of these patients, the letters they wrote to their friends and family, and in part to bring their experience of medicine under National Socialism to the fore. A similar methodology of viewing patient files to illustrate the conditions of a hospital is utilized by Isabelle von Bueltzingloewen and Flora Graefe.[8]

One caveat that must be understood about these files is the source from which they came. These files were written by medical professionals and students in the 1940s, when there were different ethical and medical standards, different naming conventions for illnesses, and different diagnoses. As Henry Sigerist states, the political philosophy of a nation has considerable influence on medical care and scientific study, therefore it is not the aim of this research to reinterpret these diagnoses, or to retrospectively diagnose patients as to do so would remove it from its historical context.[9] These diagnoses and information contained within the files will be presented faithfully to the original, translated into English with the original quote provided in

[8] Flora Graefe*, Arbeitskraft, Patient, Objekt; Zwangsarbeiter in der Gießener Universitätsmedizin zwischen 1939 und 1945,* Frankfurt/New York: Campus Verlag (2011).
Isabelle von Bueltzingsloewen *L'Hécatombe des Fous; La Famine dans les Hôpitaux Psychiatriques Français sous l'Occupation,* Paris: Editions Flammarion (2009).
[9] Henry E. Sigerist, *Civilization and Disease,* Ithaca New York: Cornell University Press (1945): 161.

footnotes. It also must be understood that these files do not necessarily tell the full story; each individual has bias, and in an era when bias was very evident in medicine, this disparity is clear between those of German patients and those who were foreign patients.[10] The intention in writing about this disparity is not to replicate such bias, but to present it and highlight it for further study.

The methodology of this research is both qualitative and quantitative. Quantitative research will be used to indicate the number of patients treated, and the amount of research conducted. Illustrations in the form of charts will present the nationality of patients, the duration of their stay in hospital, the illnesses they had, and their social situation from 1941 to 1944. Further detail on these cases and a breakdown of these charts will be provided in appendices outlining every paediatric patient file admitted to the Reichsuniversität Straßburg during this era.[11] Qualitative research will elaborate upon the quantitative research, elucidating the practicalities of what patient nationality meant in this era, and how this affected their treatment. Case studies will inform this qualitative research to expand upon trends found in the quantitative data. Finally, secondary literature will be integrated throughout to give a clearer indication as to how the Reichsuniversität Straßburg compares to other university clinics of the era through capacity, treatments, ideology and research.[12]

(iii) Note on Sources: Availability, Absence, and How This Shaped the Analysis

[10] Elizabeth N. Chapman, Anna Kaatz, Molly Carnes, 'Physicians and implicit bias: How doctors may unwittingly perpetuate health care disparities' *Journal of General Internal Medicine* 28, no 11. (2013): 1504-1510.
[11] Full list of paediatric patients available in appendix 2.
[12] Full list of secondary literature consulted available in Bibliography.

A full list of archives consulted is included in the sources and bibliography section at the end of this thesis. However, given the complexity of these sources and the occasional difficulties in accessing them, it is necessary to reflect on what can be expected of these sources, and indeed what they can and cannot reveal. This project, entitled 'History of Paediatric Treatment in the Reichsuniversität Straßburg 1941-1944' was originally intended to examine just the paediatric clinic of the hospital under the directorship of Professor Kurt Hofmeier. However, following an extensive search, an initial lack of documentation from the clinic itself led to an expansion of the subject matter of the thesis. This thesis now encompasses a detailed analysis of the treatment of paediatric patients in multiple areas of the hospital, including pathology, psychiatry, the paediatric clinic, and student research. It also includes further information on the staff of the hospital and their activities in order to ascertain their involvement with National Socialism. This expansion of the project has led to a more concrete overview of the treatment of children throughout the hospital rather than focusing on one clinic, thus giving a more comparative and detailed analysis. This project will still delve into the paediatric clinic, as well as the research interests and background of its director to illustrate the day to day functioning of the clinic. Data analysis of patient files, referral clinics, diagnoses, ages and duration of admission as well as case studies of individual patients will be included in this thesis.

While there is a vast number of archival sources about the era from 1941 to 1944 in Strasbourg during German occupation, and a large amount of material about the Reichsuniversität in general, there is not as much about paediatrics in Strasbourg during this time. The difficulty in finding more in depth information concerning the director of the children's clinic has also been significant, as there is a lack of records on funding in paediatrics, as well as documentation on the definitive nature of the relationship between Professor Kurt Hofmeier and

Nazi officials, such as Leonardo Conti and General Vatterrodt among others.[13] More information on the clinic during this era has been compiled from information on Professor Hofmeier's past employment, postwar activities, his work outside the clinic, and from indications in the patient files. Regarding the medical student theses from this era, the work of Patrick Wechsler highlighted the importance of these theses as sources.[14] However, he only listed 123 medical dissertations in his work. On further inquiry, it was found that the medical faculty had retained a copy of student theses in their own closed administration archive. This archive was searched in detail, and 292 medical dissertations were found: 169 of these titles were not previously analysed, and the full list of theses is provided in appendix 6. This illustrates that while previous studies providing an overview of the Reichsuniversität Straßburg were instrumental in building our understanding of how this institution functioned under occupation, these studies also lacked the targeted analysis that can give greater depth of information on previously unknown material.

A further limitation of this study emergegd as a result of the COVID 19 pandemic. An expert panel was convened in March 2019 in order to finalise the findings from the former pathology department of the Reichsuniversität Straßburg. However, as this panel was largely comprised of individuals from outside France, restrictions meant that this panel could not gather to confirm these findings. At the time of writing, this is still paused until it is possible to have many experts gathered to share opinions on these specimens in person. Just as this work was coming to a conclusion, libraries closed as a result of the second wave of the pandemic. A number of newer editions that were not available online and could not be consulted in the library,

[13] Ernst Klee, *Das Personenlexikon zum Dritten Reich*, Leonardo Conti entry, (Frankfurt am Main, 2007), 96, and 'Histoire / Général Franz Vaterrodt / Condamné à Mort Pour La Reddition de Strasbourg - Les DNA Archives', accessed 5 September 2019, http://sitemap.dna.fr/articles/201003/13/condamne-mort-pour-la-reddition-de-strasbourg,strasbourg,000006351.php.
[14] Patrick Wechsler, *La Faculté de médecine de la "Reichsuniversität Strassburg" (1941-1945) à l'heure nationale-socialiste,* PhD Thesis, University of Strasbourg, (1991): 84.

so older versions of these texts have been used. This is the case with Hans Joachim Lang's work on the 86 victims of August Hirt, as a new revised version in French has been published, but this work references the 2004 edition due to lack of library access. During this time, new literature was published following the successful habilitation defence of Rainer Möhler, but the references in this thesis could not be updated to reflect the new book. As a result, the references in this thesis continue to reference his habiltation thesis rather than the more current book that has been published.

This study originated in looking at pathology records to elucidate information about paediatric patients, basing the research in how they died and tracing referral forms for indications as to how they were treated in life. This was originally necessary because it was thought that all patient files from the paediatric clinic had been destroyed, as there was no trace of them in any archive. As Christian Bonah mentions, the preservation of patient records is largely due to personal initiative.[15] In 2008, Mr Schaussig and Dr Levy saved a number of records from routine destruction, including some 900 paediatric patient files. While these records were saved, they were largely forgotten, then subsequently rediscovered by the historical commission. Thanks to the *Amis des Hôpitaux Universitaire* and the president of the association, Professor Maurice Leize, these records were retrieved from a basement holding and temporarily moved to the archive at the Department de l'Histoire de la Vie et la Santé in the Hôpital Civil in May 2019 for further analysis and conservation.[16] This is indicative of how records can be overlooked based on their absence in finding aids and formal archives. The aim of this thesis is to highlight the treatment of paediatric patients at the Reichsuniversität Straßburg, and also open the possibility

[15] Christian Bonah, 'Archival Findings and Sources' in *Report of the Historical Commission for the Reichsuniversität Straßburg*, Université de Strasbourg, 2020. (In press.)
[16] For further information about this process, consult chapter 3 concerning paediatric patients.

of further research into the demographics of patients that were treated at the hospital during the Second World War through previously unanalysed archives.

(iv) Limitations of sources

There are numerous limitations of using patient records, especially from this era. As W.F. Bynum notes, it can often be difficult to find any individuality in these formalized medical records, and in some cases, their record is simply a page of notes registering their admission. He states that:

> Often, case registers were literally that: registers of cases rather than histories of individuals. The very fact that medical institutions remained overwhelmingly for those segments of society who were poor and inarticulate means that we usually have only the doctors' side of the story.[17]

While this quote concerns nineteenth century medical records more specifically, this study on the Reichsuniversität Straßburg deals with the same issues in that patient records for those who were poor, from Eastern Europe, or from a disadvantaged background, have much less information in their patient file. When reading some of the records that the diagnosis is not sensitive to the patient, and in some cases is no longer a recognised diagnosis, for example 'idiocy'. Therefore, when listing the diagnosis of a patient from these sources, it is translated directly and not 'modernised' but left exactly as it was written. As discussed in the medical education chapter, those who practiced medicine in this era were heavily indoctrinated to the

[17] W.F. Bynum, *Science and the Practice of Medicine in the Nineteenth Century*, Cambridge: Cambridge University Press, (1994): 209.

Nazi ideology, and generally believed in eugenics.[18] This ideology clearly marks the patient files, and therefore they must be read with considerable caution, taking into account the bias of those who wrote these records.[19] This does not mean that these records can be discounted as entirely false; this thesis aims to explore how despite the bias of those writing the record, a glimmer of the patient experience can often be seen, which requires a close reading of the record. These files will form the basis of the chapters on psychiatry and paediatric patients. Theories of the patient voice and the patient narrative will be elaborated upon in the chapter on paediatric patients. That being said, as sources written by the patients themselves are rare in this analysis, this thesis aims for a social history of patients admitted to the Reichsuniversität Straßburg children's clinic, rather than a patient led history.

The issue of sources and conservation applies in the case of the pathology specimens which will be discussed in chapter six. While many of the samples in jars had an identification paper with a number and possibly a diagnosis that could be traced, there were many more specimens that did not have any paper to identify its contents. In some cases, identification could be made by the wax markings on the glass, but in other cases the wax had worn away, leaving it unidentifiable.[20] Therefore, while considerable attempts have been made to identify all the specimens of dubious origin from this era, this is not the aim of this thesis, and requires considerable time and attention to completely identify these collections. Regarding the pathology record books, the issue of missing records persists, as there is no record of 1941 bar a few isolated cases. Therefore, while an indication can be given for the era of Nazi occupation of the

[18] Alessandra Colaianni, 'A Long Shadow: Nazi Doctors Moral Vulnerability and Contemporary Medical Culture,' *Journal of Medical Ethics* 38. No 7 (1 July 2012): 435-438.
[19] Elizabeth N. Chapman, Anna Kaatz, Molly Carnes. 'Physicians and implicit bias: How doctors may unwittingly perpetuate health care disparities,': 1504-1510.
[20] Images of specimen identification provided in chapter 6.

Reichsuniversität Straßburg, this is incomplete. This is also the case for 1944, where the records were not bound and so loose sheets of cases remain.[21]

(v) Issue of Nationality Politics in Patient Files

Further limitations of the sources include the issue of translation. There are many modern German words which do not have a direct translation in English. This is made more difficult when dealing with the highly ideological language used in the Third Reich; many words can seem innocuous but had a double meaning. One such example is in the patient files include a column marked 'Staatsangehörigkeit,' which roughly translates as nationality however this term is not entirely accurate in its' usage.[22] The term nationality implies a nation state where one can have citizenship, however many of the terms recorded under this column do not correspond to a formal nationality. Staatsangehörigkeit does not necessarily correspond with place of birth either, as many patients give their home address but were born elsewhere. Roughly, Staatsangehörigkeit corresponds to a national belonging (i.e. Ukrainian, French etc), but also a regional belonging (i.e. Saar, Alsatian etc). Therefore, when this term is translated as 'nationality', this is meant in a general way given the absence of a more appropriate English translation. The original quote provided as a footnote in each case, and a list of terminology and abbreviations are provided for words that are used repeatedly. Another problem with analysing nationality in these cases is that a number of these files do not include information on the individuals place of birth, information

[21] BArch. R 76 IV 27. Account of the evacuation of Strasbourg, Dr Kurt Hofmeier. Hofmeier noted that his car was laden down with documents from the paediatric clinic while crossing the bridge to Kehl; while it is not specified what was in his car, it is possible that he took records with him, and also that other clinic directors did the same thing when they fled to Tübingen.

[22] Dieter Gosewinkel, *Einbürgern und Ausschließen: Die Nationalisierung der Staatsangehörigkeit vom Deutschen Bund bis zur Bundesrepublik Deutschland*, Göttingen: Vandenhoeck & Ruprecht, (2011): 369.

on their parents and their place of birth, or list a home address, so cross referencing their listed nationality and where they are from is often not possible.

Just listing the nominal declared Staatsangehörigkeit often does not tell the reader very much, except that Alsatians declare themselves neither as French nor as German. Nationality was determined through a mix of *ius sanguinis*, racial politics, and ethno cultural identity in this era, leading to the denaturalisation of many people who did not fit into these categories.[23] The issue of nationality in this era is not just a question of regional belonging, but an observation of German administrative practices, particularly in the process of annexation, in deciding who could and could not be considered German.[24] Determining nationality also reflects on an individuals protesting, conforming, or resisting occupation and their willingness to integrate to the Volk. Added to this complex issue of determining nationality, language often helped to determine this category, as an aim of Nazi expansionist policies was the unification of all German speaking peoples under one group. While this is the case with adults, the situation is further complicated when dealing with children, as they cannot self determine their nationality, but rely entirely on these external determinants of place of birth, language, administrative categorisation, and race to ascertain their nationality. In the case of patient files, while the listed nationality is prominent, the language spoken by the patient and their family is unclear, so lack of interaction may be as a result of less concern for those not considered German or Alsatian, a language barrier, or lost records, as well as considerations of wealth and patient class. All these considerations will be examined in case studies, but the complex nature of nationality, and the inability to know exactly

[23] Dieter Gosewinkel, *Einbürgern und Ausschließen: Die Nationalisierung der Staatsangehörigkeit vom Deutschen Bund bis zur Bundesrepublik Deutschland*, Göttingen: Vandenhoeck & Ruprecht, (2011): 369.
[24] Ibid: 390.

what nationality the patient identified as, must be first understood in order to contextualise the findings.

(vi) Historiography of Previous Research on the Medical Faculty of the Reichsuniversität Straßburg

One of the first major studies of the medical faculty of the Reichsuniversität Straßburg, was done by Patrick Wechsler. His thesis entitled *La Faculté de Médecine de la „Reichsuniversität Straßburg" (1941-1945) à l'heure nationale-socialiste* was completed in 1991.[25] This thesis focused exclusively on the medical faculty, but particularly on the heads of each department. He also analysed 123 student theses, highlighting the importance of student research. While Wechsler's work does not address patient files, his study provides an important basis through illustrating how the clinics operated, who directed them, and how the university hospital was founded. This thesis utilises the biographical work conducted by Wechsler and examines the remaining theses that Wechsler did not have access to.

Jacques Héran published *Histoire de la médecine à Strasbourg* in 1997.[26] This book presents a concise history of medicine in Strasbourg, focusing not only on the university, or on the National Socialist era. This provides important context, highlighting the stylistic changes over the centuries, from German to French, which led to the physical landscape of the hospital from 1940 to 1944. Concerning the Reichsuniversität Straßburg, Héran dedicates a section of his book to this, including photographs of Alt-Rehse, Sinti and Roma individuals, and those who

[25] Patrick Wechsler, *La Faculté de médecine de la "Reichsuniversität Strassburg" (1941-1945) à l'heure nationale-socialiste*.
[26] Jacques Héran, ed., *Histoire de la médecine à Strasbourg.* Strasbourg: La Nuée Bleue, (1997).

were killed for the skeleton collection of August Hirt. He also provides a short biography of the clinic directors, and a description of the courses on offer to students.

Hans Joachim Lang examined the personal histories and lives of the 86 victims of August Hirt who were brought to the medical faculty of the Reichsuniversität Straßburg.[27] Although this work focuses on the individual, rather than the head of department as other studies have, it is a victim history, and is not concerned with their medical history. Lang's work highlighted the complex networks that worked in conjunction with the Reichsuniversität Straßburg medical faculty and how some research was conducted.

Jens Thorsten Marx published his work on *Die vertagten medizinischen Fakultäten zu Straßburg in ihren historischen, politischen, universitätsinstitutionellen und wissenschaftlichen Kontexten, 1538–1944* in 2008.[28] This study focuses only on the heads of departments in the medical faculty, but like Héran, includes a larger scope of the medical faculty rather than just during National Socialism. This context is important as it highlights the continuity, and indeed the discontinuity, in the faculty over the years through the changing of university administration. His work illustrates the importance of the political atmosphere, such as the annexation of Alsace, on the university in determining the structure of the medical faculty, which is integral in the Reichsuniversität Straßburg. It also discussed the political aims and ambitions behind the establishment of the Reichsuniversität Straßburg, providing a base on which to examine individual clinics.

[27] Hans-Joachim Lang, *Die Namen Der Nummern. Wie Es Gelang, Die 86 Opfer Eines NS-Verbrechens Zu Identifizieren,* Hamburg: Hoffmann und Campe, (2004).
[28] Jens Thorsten Marx, 'Die vertagten medizinischen Fakultäten zu Straßburg in ihren historischen, politischen, universitätsinstitutionellen und wissenschaftlichen Kontexten', 1538–1944, Med. Diss Heidelberg (2008).

Robert Steegmann has written extensively on the concentration camp Natzweiler-Struthof in Alsace. His books, *Struthof, le KL-Natzweiler et ses commandos. Une nébuleuse concentrationnaire des deux côtes du Rhin 1941-1945* (2005) and *Le camp de Natzweiler-Struthof* (2009), examine the camp, but also the interaction between this camp and the medical faculty of the Reichsuniversität Straßburg.[29] Steegmann highlighted work by Bickenbach, Wimmer, and Hirt conducted at Natzweiler-Struthof, explained conditions in the camp, and how this led to the research with in the Reichsuniversität Straßburg medical faculty including histological studies, urotrophin experiments, and vaccine research.

Raphael Toledano examined *Les expériences médicales du professeur Eugen Haagen de la Reichsuniversität Strassburg. Faits, contexte et procès d'un médecin national-socialiste* in 2010.[30] This thesis examined one individual in the context of the Reichsuniversität Straßburg, and does not provide external context of the hospital prior to National Socialism. Indeed, this study mostly examines Haagen's work outside the hospital, albeit with university backing, for the experiments conducted at Natzweiler Struthof concentration camp. This work brought to light how those employed at the Reichsuniversität Straßburg also were engaged in external research with concentration camps and other organisations.

Alexander Pinwinkler conducted a study focused on the 'racial hygiene' department under Dr Lehmann.[31] In his analysis there is no mention of collaboration with other clinics in medical practice, and does not state any link to the childrens clinic or to Kurt Hofmeier. This link

[29] Robert Steegmann, *Struthof, le KL-Natzweiler et ses commandos. Une nébuleuse concentrationnaire des deux côtes du Rhin 1941-1945,* Strasbourg: Nueé Bleue (2005) and Robert Steegmann *Le camp de Natzweiler-Struthof*, Paris: Le Seuil (2009).
[30] Raphael Toledano, *Les expériences médicales du professeur Eugen Haagen de la Reichsuniversität Strassburg: faits, contexte et procès d'un médecin national-socialiste*, Med. Diss Strasbourg (2010).
[31] Alexander Pinwinkler. 'Der Arzt als 'Führer der Volksgesundheit?' Wolfgang Lehmann (1904-1980) und das Institut für Rassenbiologie an der Reichsuniversität Straßbourg,' *Revue d'Allemagne et des Pays de Langue Allemande*. 43, no. 3 (2011): 401-416.

has been uncovered in the use of Sippentafeln and hereditary analysis for patients in the childrens clinic, particularly evident in the thesis of Otto Dahms where he focuses on twin studies. Lehmann indeed examined some student theses, but this was as a result of availability, rather than actively playing a role in paediatrics. Pinwinkler's study does not provide a deeper analysis of who was being seen at the 'racial hygiene' department, nor what research was being conducted there, beyond the detailed analysis of Dr Lehmann as an individual.

Florian Schmaltz conducted research on Otto Bickenbach's poison gas research at the Reichsuniversität Straßburg medical faculty and at the concentration camp of Natzweiler Struthof.[32] Schmaltz explains how his work in Heidelberg on phosgene led to his appointment to the Reichsuniversität Straßburg, and his collaboration with the SS Ahnenerbe, August Hirt, and his funding from the Reichsforschungsrat. A purpose built gas chamber in Natzweiler-Struthof was provided for this chemical warfare research on camp inmates. Schmaltz work further highlights the human experimentation conducted by those employed by the Reichsuniversität Straßburg medical faculty, as well as providing testimonies from those who survived the experiments. His work also examines the networks created between the staff and external organisations to conduct this research.

Rainer Möhler completed his work for Habilitation entitled *Die Reichsuniversität Straßburg 1940-1944. Eine nationalsozialistische Musteruniversität zwischen Wissenschaft, Volkstumspolitik und Verbrechen* in 2019.[33] This work examined the university as a whole during National Socialism, and thus helped to situate the hospital in the larger context of the

[32] Florian Schmaltz, *Kampfstoff-Forschung im Nationalsozialismus: Zur Kooperation von Kaiser-Wilhelm-Instituten, Militär und Industrie,* Göttingen: Wallstein (2005).
[33] Rainer Möhler, *Die Reichsuniversität Straßburg 1941-1944. Eine Nationalsozialistische Musteruniversität zwischen Wissenschaft, Volkstumspolitik, und Verbrechen.* Habilitation Universität Saarlandes (2019).

university. This was reminiscent of Tania Elias' work wherein the symbolism seen in the founding of the hospital set the trajectory for the type of research and teaching that would be done there.[34] Möhler also explains the broader situation in universities during National Socialism and the experience of the students who studied there, which provides an important insight to how important the university structure was in disseminating Nazi ideology. He goes into more detail on the individual chairs of departments, but also looks at the postwar era and what their fate was when the Reichsuniversität Straßburg was dissolved.

The history of the hospital in Strasbourg, and the medical faculty of the university, had both been extensively documented in previous studies. However, a detailed view of what exactly was happening in the hospital during National Socialism was not yet well understood beyond the level of the clinic directors. As a result, the Historical Commission for the Reichsuniversität Straßburg (1941-1944) was established to answer some of the remaining questions, based on the findings that had already been established through prior historiography.[35] Were figures such as August Hirt and Otto Bickenbach the norm for the medical faculty of the Reichsuniversität Straßburg, or was clinical practice more prevalent than criminal research in the other clinics? What were the other clinic directors doing during this time? What exactly were the students being taught, and to what degree were they involved in research? Who were the patients treated at the hospital, what happened to them, what treatments were offered to them? This thesis then seeks to answer these questions in relation to the children's clinic, providing the first overview of a clinic, and a demographic group being treated in the hospital during National Socialism.

[34] Tania Elias. 'La Cérémonie Inaugurale De La Reichsuniversität De Strasbourg (1941).' *Revue d'Allemagne et Des Pays de Langue Allemande* 43, no. 3 (July 2011): 341–61.
[35] Further information on the Historical Commission, as well as press releases from the founding of the commission, available at https://dhvs.unistra.fr/recherche/medecine-et-nationalsocialisme/

(vii) Ethics in Medical Research: Reichsrichtlinien

The limitations of sources have been highlighted in a practical sense, but much of the ethical issues surrounding the sources must be examined before the limitations become entirely clear. The Whig idea of medical history is linear and makes the assumption that former medical research was significantly less humane and advanced than that of today.[36] This is not necessarily the case, as much of the debate around informed consent and medical ethics originated in Germany prior to the Third Reich.

The Reichsrichtlinien, or *Richtlinien für neuartige Heilbehandlung und für die Vornahme wissenschaftlicher Versuche am Menschen* were a set of guidelines, established by the Reichsgesundheitsrat and the Reichsministerium des Inneren in 1931.[37] These guidelines were drafted following the Lübeck tragedy of 1930, where 75 children involved in a trial of a BCG vaccine died as a result of contaminated vaccines.[38] However, the intention of the subsequent guidelines, and later the Nuremberg code, was not to forbid all research. It was imperative to situate the guidelines between the need to test modern medicine on humans, and the individual rights of the research subjects, to balance the risk for the individual taking part in research and the risk posed to society by not trialling a treatment or cure.[39]

[36] Henry E. Sigerist, *Civilization and Disease*, Ithaca New York: Cornell University Press (1945): 6.
[37] 'Richtlinien für neuartige Heilbehandlung und für die Vornahme wissenschaftlicher Versuche am Menschen', *Deutsche Medizinische Wochenschrift* 57, no. 12 (1931): 509.
[38] Christian Bonah, Étienne Lepicard and Volker Roelcke, *La médecine expérimentale au tribunal: implications éthiques de quelques procès médicaux du XXe siècle européen,* Paris: Éd. des Archives contemporaines, (2003) : introduction.
[39] Volker Roelcke, Sascha Topp, Étienne Lepicard, *Silence, Scapegoats and Self-Reflection. The Shadow of Nazi Medical Crimes on Medicine and Bioethics,* Göttingen : V&R Unipress (2014): 64.

The *Richtlinien für neuartige Heilbehandlung und für die Vornahme wissenschaftlicher Versuche am Menschen* differentiated between therapeutic research and innovation, and scientific experimentation with no therapeutic benefit. For each of these, a different type of consent was required, and it also considered the different consent policies for minors. In the case of innovative therapy, the patient had to be provided with all the information about the procedure in advance, and then give their consent. One caveat was that innovative therapy was allowed in the case of urgent care that could save the life of the patient, or prevent their suffering, where it was not possible to ask for consent beforehand. In the case of non-therapeutic experimentation, this was forbidden in all cases where informed consent had not been given. For patients under the age of eighteen, all experimentation was forbidden if it could constitute a risk to their health. Furthermore, animal experimentation had to be conducted before the same experiment was trialled in humans.[40]

If a doctor had signed the Richtlinien, they were obliged to follow it, however the guidelines did not have the far reaching power of a law to dictate what doctors should do.[41] Doctors were required to sign it at the beginning of their contract in public hospitals, however, if their work was conducted outside public hospitals then they did not have to sign the Richtlinien.[42] Therefore, if a doctor had not signed these guidelines, they were not bound by these suggestions. The idea that these guidelines were not circulated widely appears to be false, as the main medical periodicals published the guidelines in 1931, including the most widely read

[40] 'Richtlinien für neuartige Heilbehandlung und für die Vornahme wissenschaftlicher Versuche am Menschen'.
[41] Volker Roelcke, 'The Use and Abuse of Medical Research Ethics: The German Richtlinien / Guidelines for Human Subject Research as an Instrument for the Protection of Research Subjects – and of Medical Science, ca. 1931-1961/64', in *From Clinic to Concentration Camp: Reassessing Nazi Medical and Racial Research, 1933-1945*, ed. Paul Weindling. Milton Park: Routledge, (2017): 33–56.
[42] Ulf Schmidt, *Justice at Nuremberg Leo Alexander and the Nazi Doctors' Trial,* New York: Palgrave Macmillan, (2004): 13.

medical journal at the time the *Deutsche Medizinische Wochenschrift*.[43] Even during the Nazi era it appears that the guidelines were disseminated as they were present in medical textbooks, such as the introduction for medical students in *Der "Ärzte-Knigge"* by Carly Seyfarth.[44] However, as Volker Roelcke notes, just because they were widely circulated does not mean they were widely read, or taken seriously.[45] The issue of who exactly these guidelines applied to during the Nazi era is one of contention. In literature from the era in medical journals, in the case of research on human subjects, there appears to be very little discussion of the guidelines, or of a process of informed consent. This appears to follow in medical theses in the Reichsuniversität Straßburg and in the University of Gießen. In the case of human subject research, no reference is made to the process of informed consent, even in German subjects.[46] In the Reichsuniversität Straßburg, some first-class German patients have parent-signed consent forms for specific procedures, such as pneumoencephalography.[47] This is indicative that doctors were aware of the importance of patient consent, but not necessarily every patient was allowed to review their options and consciously consent to procedures. It is important to note this difference before examining case studies in Strasbourg; German first class patient files often have signed consent forms from their parents, but many other patient records contain no evidence of signed consent. This is not to say

[43] 'Richtlinien für neuartige Heilbehandlung und für die Vornahme wissenschaftlicher Versuche am Menschen'.
[44] Carly Seyfarth, *Der Ärzte-Knigge: über den Umgang mit Kranken und über Pflichten, Kunst und Dienst der Krankenhausärzte* Leipzig: Georg Thieme (1938): introduction.
[45] Volker Roelcke, 'The Use and Abuse of Medical Research Ethics: The German Richtlinien / Guidelines for Human Subject Research as an Instrument for the Protection of Research Subjects – and of Medical Science, ca. 1931-1961/64,' 33–56.
[46] Volker Roelcke, 'Medizinische Dissertationen Aus Der Zeit Des Nationalsozialismus: Potential Eines Quellenbestands Und Erste Ergebnisse Zu „Alltag", Ethik Und Mentalität Der Universitären Medizinischen Forschung Bis (Und Ab) 1945', *Medizinhistorisches Journal*, 2014, 49 edition. Further examination of informed consent in student research during the Nazi era is discussed in chapter four on the use of paediatric patients in medical education in the Reichsuniversität Straßburg.
[47] ADHVS Psych. Case of Emilie G. 1942 (case number K27/481); Consent form signed by her father for the procedure of a pneumoencephalography on 21 March 1942.

there was no consultation with parents; there may have been verbal consent, but the disparity between wealthy German families and other patients is evident.

(viii) Evacuation of Strasbourg and Germanisation of Alsace

On 24 August 1939 the French military issued an evacuation order to the population of Alsace and Moselle, with intentions for the population to be behind the Maginot line by September.[48] Approximately 600,000 people from Alsace were evacuated, carrying their possessions on foot, by bike, and sometimes by car. There were also special trains that took people from the cities and into the French countryside with their belongings.[49] As Ute and Wolfgang Benz noted, this evacuation from their homes during this crucial era of development in childhood left a lasting psychological repercussions on many children that impacted their identity development.[50] While the process of evacuation was difficult for all individuals, for children with a limited understanding of underlying political issues, this was particularly problematic.[51] By 3 September 1939, Strasbourg was completely deserted for a number of weeks.[52] Olivier Forcade states that the reason for the evacuation was largely due to France being underprepared for invasion, leaving no other viable option but to evacuate the population.[53] By 2 August 1940, the region was occupied by Germany and Robert Wagner was appointed as Gauleiter for

[48] René Meyer 'L'évacuation, une tragedie frontaliere,' in *Alsace 1939-1945: la grande encyclopédie des années de guerre.* Eds. Bernard Reumaux and Alfred Wahl. Strasbourg: Nuée bleue, (2009): 35-135.
[49] Ibid.
[50] Ute Benz and Wolfgang Benz, *Sozialisation und Traumatisierung: Kinder in der Zeit des Nationalsozialismus* Frankfurt am Main: Fischer Taschenbuch (1998): 131.
[51] Machteld Venken, 'Introduction,' in *Borderland Studies meets Child Studies: a European Encounter,* Vienna: Peter Lang (2017): 1-34.
[52] René Meyer 'L'évacuation, une tragedie frontaliere' in *Alsace 1939-1945. La grande encyclopedie des années de guerre*: 56.
[53] Olivier Forcade, Mathieu Dubois, and Johannes Grossmann, *Exils intérieurs: les évacuations à la frontière franco-allemande (1939-1940),* Paris: Presse universitaires Paris Sorbonne (2017): 46.

Alsace.[54] The Elsässisches Hilfsdienst was established to repatriate Alsatians back to their homes, and resulted in the resettlement of 8,000 people in German occupied Alsace.[55] The first train of repatriated refugees arrived at the central station in Strasbourg on 6 August 1940 with 780 people. By 2 September 1940, 73,818 people were resettled in Strasbourg, with a grand welcome of music and swastika flags for their arrival.[56]

Figure 1.1.: Kreisleiter Hermann Bickler speaking at the central train station in Strasbourg 1940, on the arrival of people to the city.[57]

[54] Jens Thorsten Marx, 'Die vertagten medizinischen Fakultäten zu Straßburg in ihren historischen, politischen, universitätsinstitutionellen und wissenschaftlichen Kontexten', 1538–1944, Med. Diss (Heidelberg, 2008): 271.
[55] René Meyer 'L'évacuation, une tragedie frontaliere,' in *Alsace 1939-1945. La grande encyclopedie des années de guerre*: 100.
[56] Ibid.
[57] AVES. 1 FI 132 40 - Retour des réfugiés alsaciens en gare de Strasbourg. 1940. Photograph by Hellmuth Struckmeyer-Wolff.

In 1936, a census of Strasbourg shows that the population of the city was 193,119 inhabitants. By 1941, the population of Strasbourg was 138,793 people; while this shows a significant decrease in population, it is notable how many people returned, but also how many new German settlers came to the city. Despite its complete evacuation, the population regenerated and settled in a remarkably short amount of time.[58] The Reichsuniversität Straßburg hospital catered for this large population in the city, and even attracted patients from further afield. Robert Wagner began the process of Germanising the population of Alsace following the return of the population.[59] Grandhomme notes that the reasons for the population returning are numerous. For example, it appealed to the evacuees sense of 'heimweh', or a sense of belonging to an area and homesickness, to return to Strasbourg.[60] From personal testimonies, others stated that their parents had fond memories of the Kaiserreich and so saw no problem with returning to their home, without realising how different life under National Socialism would be.[61] Others felt more strongly German and considered themselves to be part of the regime and so returned out of loyalty. The population that did return were subject to numerous laws, including the ban on berets, and any publication of French material.[62] This was intended to eliminate any trace of Alsatian or French culture and create a loyal ethnically and culturally German population. New publishing houses were established in place of French ones, including the *Straßburger Neueste Nachrichten*. People were forbidden from speaking French, and schools were now aligned to teach Nazi ideology to children.[63] In 1941 there was an opening ceremony of the Hitler Youth

[58] René Meyer 'L'évacuation, une tragedie frontaliere,' in *Alsace 1939-1945: La grande encyclopedie des années de guerre*: 116.
[59] Jean-Laurent Vonau, *Le Gauleiter Wagner : le bourreau de l'Alsace,* Le Nuee Bleue : Strasbourg (2011): 196.
[60] Jean-Nöel Grandhomme, 'La « mise Au Pas » (Gleichschaltung) de l'Alsace-Moselle En 1940-1942' *Revue d'Allemagne et Des Pays de Langue Allemande* 46, no. 2 (July 2014): 443-465.
[61] Julie Kalman, ‚Presence and Absence of the Shoah in Strasbourg – A Regional Narrative,' *Journal of Contemporary History* 52, no.2 (2017): 229-249.
[62] Jean-Nöel Grandhomme, 'La « mise Au Pas » (Gleichschaltung) de l'Alsace-Moselle En 1940-1942.': 443-465.
[63] Ute Benz and Wolfgang Benz, *Sozialisation und Traumatisierung: Kinder in der Zeit des Nationalsozialismus*: 20.

Alsace division and 5,000 children attended, so while it was not compulsory until 1942, it was evidently popular due to the social benefits derived from membership.[64] According to official statistics, by 1 November 1941 there were 91,808 members of the Alsace branch of the Hitler Youth.[65] Hitler Youth organisations took on this role as a rite of passage, as Alsatian school children now prepared for the move to the Hitler Youth from the Jungvolk with a ceremony and was intended to mark one's emergence into adulthood, similar to the act of confirmation in religious societies. In school, children now learned about German fables and heroes, as well as racial hygiene principles.[66]

L. Shields, B. Bryan, 'The effect of war on children: the children of Europe after World War II,' *International Nursing Review*, 49 (2002): 87-98.

[64] Geneviève Humbert, 'Capter la Jeunesse' in *Alsace 1939-1945*. *La grande encyclopedie des années de guerre* : eds. Beranrd Reumaux and Alfred Wahl . Strasbourg : Nueé Bleue (2009) : 577-591.

[65] Ibid. 587.

[66] Dominik Figiel, 'The experience of the Hitler Youth - boys in national-socialism,' *The Journal of Education, Culture, and Society,* 5, no 2 (2014); 112-125.

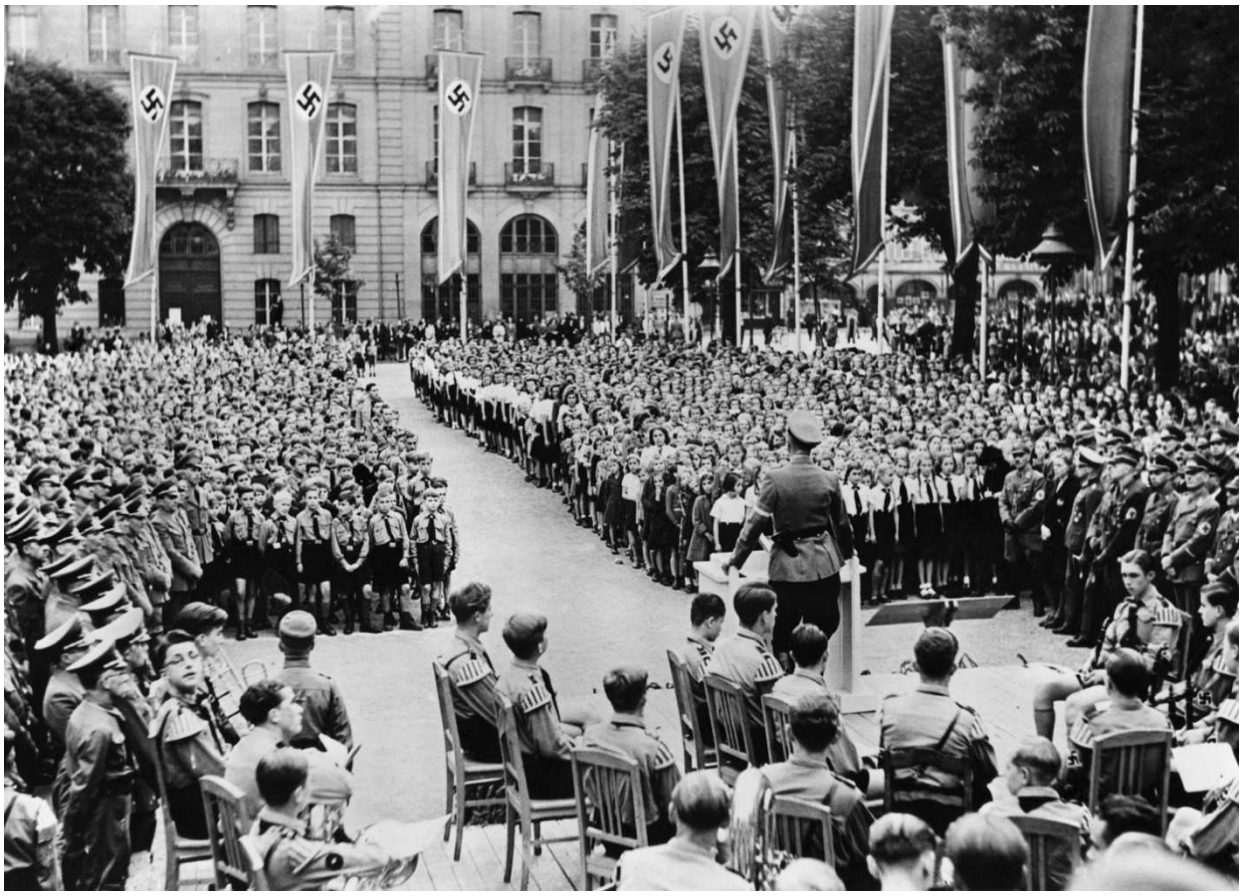

Figure 1.2.: Meeting of the Hitler Youth in Strasbourg, 1943.[67]

The process of Germanisation involved both physical change to the surroundings and a symbolic change. Physical symbols such as removing French flags and replacing them with the swastika occurred, along with the renaming of streets and towns to sound more German.[68] This process of renaming also occurred with peoples' names, with French sounding names changed; René Mehl became Renatus Mehl to fit the process of Germanisation.[69] The enforcement of military service and public works service for the population of Alsace function as both symbolic integration to the German community, and physical battle for the German Reich. At the

[67] BIAP. TAD176181900578235. Jeunesse Hitleriennes, 1943.
[68] François Rouquet, *Une épuration ordinaire, 1944-1949: petits et grands collaborateurs de l'administration française*, Paris: CNRS Editions, (2018): 257.
[69] ADBR. 1558 W 52167. René Mehl.

International Military Tribunal, the issue of Alsatian involvement in the German army was addressed:

> Conscription was enforced by the German authorities in conformity with the provisions of German legislation... The French people who refused to obey these laws were considered as deserters and their families were deported, while their property was confiscated.[70]

From 25 August 1942, men aged between seventeen and twenty five had to complete obligatory military service in the Wehrmacht.[71] The practical impact of the conscription of men from Alsace into the Wehrmacht is particularly evident in the patient files of children from the children's clinic in the Reichsuniversität Straßburg. Of 900 patients, 45 of them listed their fathers as members of the Wehrmacht; this excludes those who did not specifically state that their father was in the Wehrmacht, and also those who had lost a parent due to the conflict. Erwin Ackerknecht highlights the importance of politics in healthcare, that these political decisions shape who receives what type of care, and what is considered important.[72] Roy Porter notes that a core part of examining the patient voice involves acknowledging the importance of the community in medical care.[73] Therefore, this background of the Germanisation of the population and the impact of the community must be taken into account to fully understand the experience of the patient in the Reichsuniversität Straßburg.

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[70] 'Count Three War Crimes, Forcing Civilians of Occupied Territories to Swear Allegiance to a Hostile Power,' in *Trial of the major war criminals before the International Military Tribunal, Nuremberg 14 November 1945*. Volume 1, Nuremberg: International Military Tribunal (1947): 64.

[71] 1942 The Establishment of Required Military Service, Mémorial Alsace Moselle, available at https://www.memorial-alsace-moselle.com/en/le-memorial/un-peu-d-histoire/1942-the-establishment-of-required-military-service#:~:text=The%20vast%20propaganda%20campaign%2C%20implemented,incorporated%20into%20the%20German%20army. (accessed November 26, 2020).

[72] Erwin Ackerknecht 'Beiträge zur Geschichte der Medizinalreform von 1848,' *Sudhoffs Archiv für Geschichte der Medizin*, 25 (2 January 1932): 61-109.

[73] Roy Porter, 'The Patient's View: Doing Medical History from Below', *Theory and Society* 14, no. 2 (1985): 175–98.

Those who did not comply with the Germanisation process were sent to concentration camps.[74] One example of this is the incident in 1943 where 36 students were arrested in their student accommodation by the Gestapo and sent to prison, and then to Buchenwald.[75] The International Military Tribunal noted the extent of the severity for not adhering to the Germanisation process:

> of which I should simply like to read the last sentence: "If, after 1 June 1941, Alsatians are found still to have French flags in their possession, they are to be sent to a concentration camp for one year." [76]

This fear of transportation appears to have been very prevalent in the population, as is evidenced in the case of Johann H., a seventeen year old psychiatric patient at the hospital who constantly feared deportation to Schirmeck.[77] All those who returned following the annexation that complied with Germanisation still had to provide evidence that they were suitable for employment by providing an Ariernachweis and an Abstammungsnachweis; this would ensure their hereditary health and their Aryan ancestry.[78] This process was in place for all places of employment, including the Reichsuniversität Straßburg professors and the hospital staff. Nazi organisations also became part of life in Alsace as a result of the Germanisation process, including the Nationalsozialistisches Kraftfahrkorps and Nationalsozialistische Frauenschaft. 70,000 people from Alsace and Moselle became involved in the Reichsarbeitsdienst from 5 February 1941, taking part in youth community service. Germanisation of the population took

[74] For further information, consult Jean-Noël Grandhomme, 'La « mise Au Pas » (Gleichschaltung) de l'Alsace-Moselle': 450.
[75] ADBR. 150AL132017. Procès Vebal de Marcel Haeffele, 24 May 1946, Commissaire de Police à la 16e Brigade Régionale de PJ à Strasbourg.
[76] 'Count Three War Crimes', in *Trial of the major war criminals before the International Military Tribunal, Nuremberg 14 November 1945*. Volume 6, Nuremberg: International Military Tribunal (1947): 441.
[77] ADHVS Psych. Case of Johann H., 1943 (case number K27508), patient observations.
[78] Jean-Nöel Grandhomme, 'La « mise Au Pas » (Gleichschaltung) de l'Alsace-Moselle En 1940-1942': 443-465.

place in other areas, predominantly German Occupied Eastern Europe due to the presence of an ethnically German population from prior expansionist policies.[79] The impact of Germanisation policies, and the regimes that were required to support this is evident by looking at the psychiatric patients files, as a sixteen year old Zech W. was sent to the psychiatric clinic in order to determine his suitability for 'Germanisation.'[80] As Anne-Ségolène Verneret notes, cooperation with Germanisation and resistance to it went together; both existed side by side. There were degrees of conformity, as argued by multiple historians that Verernet goes into detail on. Broadly, these can be categorised into five types; the non conformists, who occasionally spoke French in certain groups, but adhered to other rules externally; the refusers, who more openly rejected the regime, such as refusing to send their children to Hitler Youth organisations; the protesters, who openly practiced their religion and their bilingualism; and the resisters, who actively participated in resistance organizations and sought to bring down the regime and the system.[81] Those who did not conform to these rules were subject to compulsory re-education camps, or Umschulungslager, but certain degrees of more private resistance were sometimes tolerated. For example, the case of Henri Henripierre who was subject to re-education for his supposed communist sympathies.[82] He later went on to work as an assistant for August Hirt in the Anatomical Institute at the Reichsuniversität medical faculty and recorded the numbers of corpses transported from Auschwitz for August Hirt's skeleton collection as he recognised that the corpses were freshly killed and not acquired following their natural death.[83] This illustrates

[79] Jochen Oltmer *Migration und Politik in der Weimarer Republik,* Göttingen: Vandenhoeck and Ruprecht (2005): 139.
[80] ADHVS Psych. Case of Watzlaff Z. 1944, (case number K27/951), admission form.
[81] Anne-Ségolène Verneret, 'Nommer le conflit. Le cas de l'Alsace pendant son annexion de fait au Troisième Reich, 1940-1945', *Trajectoires. Travaux des jeunes chercheurs du CIERA*, no. 5 (16 December 2011), http://journals.openedition.org/trajectoires/828.
[82] Ernest Lachmann, 'Anatomist of Infamy. August Hirt,' *Bulletin of the History of Medicine,* 51 (1977): 594–602.
[83] Ibid: 598.

the different layers of collaboration and cooperation, as well as public and private resistance that defined life in annexed Alsace. Henrypierre worked for Hirt, and assisted in preparing for the skeleton collection, but his resistance is notable through recording the tattooed numbers on the arms of the corpses, resulting in their later identification by Hans Joachim Lang.[84]

(ix) Three Era Structure of the Reichsuniversität Straßburg, 1941-1944

The University of Strasbourg was the second largest university in France in 1919, with 2,500 French students and 900 international students.[85] The hospital under French administration had been considered a civil hospital, providing resources like a nursing home for the elderly, and it was not affiliated with the university as a whole under French administration. However, individual laboratories and clinics were developed by the university; in 1924 the university opened a "private account" that placed issues like microscopic analysis of anatomopathological specimens was under the direction of the university account.[86] The university was evacuated to Clermont Ferrand on 2 September 1939, and the hospital was evacuated to Périgeux.[87]

Raphael Toledano, *Les expériences médicales du professeur Eugen Haagen de la Reichsuniversität Strassburg: faits, contexte et procès d'un médecin national-socialiste*.
Hans-Joachim Lang*, Die Namen Der Nummern. Wie Es Gelang, Die 86 Opfer Eines NS-Verbrechens Zu Identifizier*en.

[84] Hans-Joachim Lang*, Die Namen Der Nummern. Wie Es Gelang, Die 86 Opfer Eines NS-Verbrechens Zu Identifizier*en.: 178.

[85] Françoise Olivier-Utard, *Une université idéale?: histoire de l'Université de Strasbourg de 1919 à 1939*: 127.
Olivier Forcade, Mathieu Dubois, and Johannes Grossmann, *Exils intérieurs: les évacuations à la frontière franco-allemande (1939-1940)*: 123.

[86] Tricia Close Koenig, *Betwixt and between: production and commodification of knowledge in a medical school pathological anatomy laboratory in Strasbourg (mid-19th century to 1939)*: 314.
Christian Bonah and Pierre Filliquet, *Silence Hôpital. Regards sur la vie d'un centre hospitalo-universitaire au XXe siècle*, Strasbourg, MeSaSo, (2016): 130.

[87] Christophe Woehrle, *La Cité silencieuse. Strasbourg - Clairvivre (1939-1945),* Beaumontis-en-Périgord: Les Editions Secrets de Pays (2019).
Angelika Uhlmann, 'Die medizinische Fakultät der Reichsuniversität Straßburg und die Menschenversuche im KZ Natzweiler', in *Medizin im Nationalsozialismus und das System der Konzentrationslager. Beiträge eines*

When the university and the hospital were transferred to Nazi administration, Robert Wagner cancelled the French administrative agreement of the hospital and returned the clinics to the administration of the University in April 1941.[88] This attempt at restructuring was not particularly smooth. The social assistance aspects of the hospital, such as the nursing home for the elderly or the children's home, were not accepted as part of the German model, so medical and social aspects had to be separated as they fell into different administrative areas. Ownership of the clinics was also a problem in that employees were no longer considered municipal employees. The state was particularly interested in supervision of the hospital given its mandate for training doctors, but the Länder typically control universities in Germany.[89] Financing the university directly by the Reichsminister für Wissenschaft, Erziehung und Volksbildung undermined the jurisdiction of the Länder, and so this was an ongoing dispute that was not fully resolved until July 1944. Despite these disagreements about funding and administration, the new medical faculty was formed as an example of modernity modelled on Nazi ideology. As Hans Mommsen noted, social, economic and technological modernization occurred at different times in different regions during the Nazi era. He also explains that while new systems were developed, it took some time for these to be implemented and adopted.[90] This helps to explain how a 'three era' structure occurred in the case of the Reichsuniversität Straßburg, where official policy and practical implementation differed.

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interdisziplinären Kolloquiums, ed. Judith Hahn, Silvija Kavcic, and Christoph Kopke. Frankfurt am Main: Mabuse-Verlag, (2005): 165–87.

[88] Rainer Möhler, *Die Reichsuniversität Straßburg 1940-1944 eine nationalsozialistische Musteruniversität zwischen Wissenschaft, Volkstumspolitik und Verbrechen*, Habilitation Universität Saarlandes (2019): 85.

[89] For further information on the administration of Alsace during this era, Marie Muschalek, 'Die Zivilverwaltung im Elsass 1940-1944,' in Frank Engehausen, *Die badischen und württembergischen Landesministerien in der Zeit des Nationalsozialismus*, Stuttgart (2019): 435-538.

[90] Hans Mommsen, 'Noch einmal: Nationalsozialismus und Modernisierung,' *Geschichte und Gesellschaft* 21, 3 (1995): 391-402.

Despite the short time frame from the evacuation of the city in 1939 to the end of the Reichsuniversität Straßburg in 1944, there were three distinct eras within this period that helps to explain the situation more clearly. It is evident that in November 1941 that not everything changed immediately both in the university and in the region. Following the resettlement of the city in 1940, the university and the hospital were unoccupied. Alsatian doctors who had formerly worked there believed that despite the ensuing occupation of the city by German forces, they could have an opportunity to shape the university and clinical activities. From November 1940 to November 1941 it was in effect an Alsatian/German hospital, as the hospital and the university had not yet been formally declared. The clinic directors that are mentioned in this thesis had not yet been hired, and as such individual Alsatian doctors took initiative and began rebuilding the clinics and appointing themselves to positions of management. However, with the founding of the university in 1941, many of the Alsatian doctors were dismissed. One such example, which is pertinent to the paediatric clinic, is that of Charles Apffel. He worked in the children's clinic in Strasbourg from 1933 under the direction of Paul Rohmer, and became the director of the clinic in 1938.[91] He returned to Strasbourg following the evacuation in 1940, but in 1941 Kurt Hofmeier was hired as director of the clinic under the administration of the Reichsuniversität Straßburg. Apffel was initially favourable to the new regime, but he then refused to attend the inauguration, and realised he would not be promoted to director of the clinic, as Alsatian assistants were pushed into lower positions.[92]

The second era is the main subject of this thesis, which lasted from November 1941 to mid 1943. In this time, the heads of the medical faculty were appointed, the university was

[91] ADBR. 1558 W 229 16473. Apffel, Charles.
[92] Christian Bonah, 'Charles Apffel' in *Wiki Reichsuniversitat Strassburg,* available at https://ch-rus.u-strasbg.fr/w/index.php/Karl_Apffel.

inaugurated, and it was a cohesive system. It appears that in this era the focus was on teaching and clinical practice rather than research, as well as reinstating essential supplies and diagnostic equipment. In 1943 and up to the evacuation of the hospital in November 1944, it appears that equipment had been restored, and so research took precedence. In this era it also appears that the faculty become more radicalized and that the ideological aspect of the university is more evident. There is a significant impact on the population of the hospital in this era as students have to finish their theses in exile, as well as students and staff being called to serve in the Wehrmacht. It is also notable that the infamous experiments of August Hirt and Eugen Haagen happen exclusively in this era, insinuating a radicalization of the staff and an urgency to present research findings given the increasing difficulty of the war situation.

(x) Establishment of the Reichsuniversität Straßburg

The Reichsuniversität Straßburg was established in 1941. It was one of three Reichsuniversitäten; one in Poznan was founded in 1939, and one in Prague founded in 1939.[93] These universities were established to be bastions of German innovation and research in the annexed territories, with Strasbourg being the centre for 'Westforschung.'[94] Tania Elias notes that the date 23 November 1941 was particularly symbolic for the inauguration ceremony, as this was the anniversary of the date that the university became French again under Raymond

[93] Bernhard Piotrowski, 'Die Rolle der" Reichsuniversitäten" in der Politik und Wissenschaft des hitlerfaschistischen Deutschlands', in *Universities during World War II. Materials of international symposium held at the Jagiellonian University on the 40 anniversary of 'Sonderaktion Krakau', October 22-24, 1979*, ed. Joszef Buszko and Irena Paczyńska, Krakow: Nakładem Uniwersytetu Jagiellońskiego, (1984): 467–86.
[94] Peter Schöttler, 'La "Westforschung" Allemande Des Années 1930-1940 : De La Odéensice à La Offensive Territoriale'. In *Les Reichsuniversitäten de Strasbourg et de Poznan et Les Résistances Universitaires 1941-1944*, eds. Christian Baechler, François Igersheim, and Pierre Racine. Strasbourg: Presses de Strasbourg, (2005): 36–46.

Poincaré in 1918.[95] Therefore, this was a symbolic retrieval of a former German university, known as the Kaiser Wilhelm Universität during the Kaiserreich from 1877 to 1918.[96] Furthermore, Elias details the ideological stance that was taken in the establishment of the Reichsuniversität Straßburg. She notes that Ernst Anrich intended for the Reichsuniversität Straßburg to 'dethrone the Sorbonne' as a centre for innovative research.[97]

[95] Tania Elias. 'La Cérémonie Inaugurale De La Reichsuniversität De Strasbourg (1941).' *Revue d'Allemagne et Des Pays de Langue Allemande* 43, no. 3 (July 2011): 341–61.
[96] Jacques Héran, ed., *Histoire de la médecine à Strasbourg.* Strasbourg: La Nuée Bleue, (1997): 346.
[97] Tania Elias. 'La Cérémonie Inaugurale De La Reichsuniversität De Strasbourg (1941)': 341–61.

Figure 1.3.: Inauguration ceremony of the Reichsuniversität Straßburg in 1941 at the Palais Universitaire.[98]

Although Adolf Hitler was not at the inauguration, he sent Robert Wagner a telegram issuing his congratulations and best wishes for the new university, and donated 250,000 RM toward research at the Reichsuniversität Straßburg.[99] On his visit to Strasbourg on 28 June 1940, Hitler stated that he viewed Strasbourg as an ancient German city, outlining the liminal nature of the Alsace region, incorporated into both French and German culture.[100] Prior to the inauguration, staff and professors had been chosen so the ceremony was full of students and staff in what Elias determined to be a pseudo religious ceremony.[101] Just as the university itself was founded on National Socialist principles, the teaching of students in the medical faculty also followed this trend. From the Vorlesungsverzeichnissen we can see the lectures that were offered to students.[102] They included the study of racial biology wherein students were taught biological determinism and that certain races were inferior.[103] As this university was intended to showcase the forefront of research, this included medical research. Despite this focus, 'everyday research' also took place, as evidenced through the theses completed by students at the Reichsuniversität Straßburg, which will be elaborated upon in chapter three.

The medical students of the Reichsuniversität Straßburg were taught in multiple fields, all the lectures on offer to them were outlined in the Vorlesungsverzeichnisse for each semester. Lectures available included anatomy, obstetrics and gynaecology, dentistry, ophthalmology, surgery, orthopaedics, and dermatology. Other courses on newer disciplines included hygiene,

[98] AVES. 1 FI 139 11. Inauguration de la « Reichsuniversität Straßburg ». 23 Novembre 1941. Photographed by Charles Spehner.
[99] Robert Heinrich Wagner (1895-1946) was the head of government in Alsace and Baden. For further information on his time in office as Gauleiter, https://stadtlexikon.karlsruhe.de/index.php/De:Lexikon:bio-0064.
[100] Tania Elias. 'La Cérémonie Inaugurale de la Reichsuniversität De Strasbourg (1941).': 341–61.
[101] Ibid.
[102] Reichsuniversität Straßburg *Personal-und Vorlesungsverzeichnis,* Henitz Verlag: Straßburg (1941-1944).
[103] The number of courses available in racial biology increased from only one course in 1941/42: 23, to four in 1944: 61. Consult Vorlesungsverzeichnissen for further details.

bacteriology and serology, racial biology, and neurology. Further courses were also detailed in the Vorlesungsverzeichnissen, as well as the professors in charge of each area.[104] Faculty members were hired in 1940 and 1941 and were subject to the same regulations as that of the general population in Alsace. They had to provide an Ariernachweis and an Abstammungsnachweis, as well as certification from the NSDAP that they were politically reliable.[105] It is unclear whether lower faculty members such as scientific assistants were subject to the same degree of rigorous investigation, but at least the heads of faculty were expected to be loyal supporters of the Nazi ideology.

(xi) Hirt, Haagen and Bickenbach; An Indication to Criminal Research Interests at the Reichsuniversität Straßburg

A distinct historiographic shift has occurred over time in relation to the study of medical history. C.R. King states that 'Modern writing of medical history began as the history of 'great men,' then became historicism, and recently has emphasised social and intellectual interpretations of history.'[106] While an older form of medical history focused solely on the individuals who practiced medicine, a more current method looks at society, the patient and their treatment as well as doctors. While this thesis will highlight both, a more societal focus will be adopted throughout primary source analysis featured in later chapters. Despite this focus on newer methods of historical analysis, it is necessary to examine the influence of individuals on the Reichsuniversität Straßburg and how their research reflected ethics at the time. While some

[104] Jacques Héran, *Histoire de la médecine à Strasbourg*: 586.
[105] Examples provided in the chapter concerning the staff of the paediatric clinic, René Mehl 1558 W 52167. ADBR.
[106] C. R. King, 'The historiography of medical history: from great men to archaeology,' *Bulletin of the New York Academy of Medicine* 67 (1991): 407–428.

individuals conducted criminal research at the university, it appears that such research co-existed with a 'normal' teaching hospital.[107] One example of individuals involved in criminal research is that of August Hirt, the director of the anatomical institute at the Reichsuniversität Straßburg.

Dr August Hirt and his former colleague, Dr Phillip Ellinger invented the fluorescence microscope in 1929 in Heidelberg, this new instrument helped to examine living tissues as well as those from autopsy in more detail due to the luminescence of the tissues.[108] Ellinger was Jewish, and following the rise of the Nazi Party in 1933, Hirt began to claim the fluorescence microscope as his own invention, effectively discrediting Ellinger. Hirt also was heavily involved in the Ahnenerbe, a derivative association of the SS, managed by Wolfram Sievers. The Ahnenerbe sought to confirm its belief that Germans were the master race through historical and scientific study of skeletal remains, anthropological studies, and archaeological surveys.[109] Hirt was involved with this organisation through the development of a skeleton collection, intended to illustrate the supposed degeneracy of the Jewish race in comparison to the Aryan race. He requested for Jewish people to be transported and killed at Natzweiler Struthof concentration camp before being brought to the anatomical institute of the Reichsuniversität Straßburg.[110] In this manner, 86 people were murdered.[111] Heran notes photographs of Sinti and Roma women

[107] While it is difficult to make such a distinct differentiation between 'criminal' and 'normal' in a university founded on the principles of National Socialism, for the purposes of this thesis, it is taken to mean that normal research is aligned with what was of research interest in an international context in this era and was not similar to research that was prosecuted in the postwar era due to ethical violations. Consult chapter on medical theses for a further breakdown from the University of Gießen on what can be considered Nazi research and what was standard research.
[108] Barry R. Masters, 'The Development of Fluorescence Microscopy,' *Encyclopedia of Life Sciences* (2010): Not paginated.
[109] Michael Kater, *Das "Ahnenerbe" der SS 1935–1945. Ein Beitrag zur Kulturpolitik des Dritten Reiches,* Munich: R. Oldenbourg (1997): 251.
[110] Hans-Joachim Lang, *Die Namen Der Nummern. Wie Es Gelang, Die 86 Opfer Eines NS-Verbrechens Zu Identifizieren*: 220.
[111] Ibid.

who were studied by Hirt for unknown purposes.[112] This illustrates that while he is known for his skeleton collection and his associations with the Ahnenerbe, this was not the full extent of his research, which may have gone considerably further.[113] It is also important to note that this work was not conducted in isolation but involved at least two assistants; Dr Karl Wimmer and Dr Anton Kiesselbach. In 1952 he was tried for war crimes, and his skeleton collection was examined by Hans-Joachim Lang, through an in-depth analysis of the 86 victims who were murdered in an attempt to complete this collection.[114]

Concurrent to this analysis of Professor Hirt, similar analysis has been conducted on Professor Otto Bickenbach, who was the director of the institute of internal medicine at Reichsuniversität Straßburg. He initially began experimenting phosgene gas at the University of Heidelberg in connection with the damage this gas had caused to the lungs of soldiers during the First World War.[115] In 1940 he began to test chemicals that would reduce the harm caused by phosgene gas, as up until that point the only treatments were bloodletting and administering oxygen. He began to investigate Urotropin on animals which made them resistant to phosgene damage.[116] In 1942 Bickenbach began to collaborate with the Institut für Wehrwissenschaftliche Zweckforschung of the SS-Ahnenerbe, and he showed his results of animal experimentation to a conference in Strasbourg. As a result of this, he was allowed to conduct research at Natzweiler from 1943. Bickenbach argued in a post war testimony that he conducted the experiments to save

[112] Jacques Héran, *Histoire de la médecine à Strasbourg*. 592
[113] Sabine Hildebrandt, 'Anatomische Gesellschaft from 1933 to 1950. A Professional Society under Political Strain. The Benninghoff Papers.' *Annals of Anatomy - Anatomischer Anzeiger* 195, no. 5 (October 2013): 381–92, https://doi.org/10.1016/j.aanat.2013.05.001.
[114] Hans-Joachim Lang, *Die Namen Der Nummern*: 15.
[115] Florian Schmaltz, *'Chemical Weapons Research on Soldiers and Concentration Camp Inmates in Nazi Germany' in One hundred years of chemical warfare: research, deployment, consequences,* eds. Bretislav Friedrich, Dieter Hoffmann et al. Springer Open*:* (2017): 229-257.
[116] Ibid.

civilians from expected gas warfare.[117] Otto Bickenbach was tried for human experimentation and poisoning with phosgene gas which killed four people; these experiments were conducted in the Natzweiler concentration camp where a gas chamber was built specifically for this purpose.[118] He also was tried for war crimes in 1952 and appealed in 1954 as a result of his research on concentration camp prisoners and was sentenced to 20 years of hard labour following trial in Lyon.[119]

Eugen Haagen was the third professor involved in criminal research at the Reichsuniversität Straßburg. Prior to his employment at the Reichsuniversität Straßburg, Haagen was a scientist of considerable renown, as he had worked at the Rockefeller Institute for Medical Research on the yellow fever virus in 1932.[120] He was appointed as the professor of hygiene and the director of the Hygiene Institute of the Reichsuniversität Straßburg in 1941. While in Strasbourg he researched influenza, typhus, penicillin, sulfonamides, epidemic hepatitis and yellow fever (1941–43).[121] He developed a live vaccine and experimented on inmates of the Natzweiler Struthof concentration camp from 1943 to 1944.[122] Most notably Haagen 'ordered'

[117] Ibid.
[118] Jean-Claude Pressac, Serge Klarsfeld and Jan Green-Krotki, *The Struthof Album: study of the gassing at Natzweiler-Struthof of 86 Jews whose bodies were to constitute a collection of skeletons: a photographic document*, New York: The Beate Klarsfeld Foundation, (1985): 6.
[119] Christian Bonah and Florian Schmaltz, 'From witness to indictee. Eugen Haagen and his court hearings from the Nuremberg Medical Trial (1946-47) to the Struthof Medical Trials (1952-54)' in *From clinic to concentration camp. Reassessing Nazi medical and racial research, 1933-1945* ed. Paul Weindling, London: Routledge (2017): 293-315. Paul Weindling, 'The Extraordinary Career of the Virologist Eugen Haagen', Marion Hulverscheidt and Anja Laukotter, eds, *Infektion und Institution: Zur Wissenschaftsgeschichte des Robert Koch-Instituts im Nationalsozialismus,* Göttingen: Wallstein, (2009) : 232-49.
[120] Ibid: 232-249.
[121] Raphael Toledano, *Les expériences médicales du professeur Eugen Haagen de la Reichsuniversität Strassburg: faits, contexte et procès d'un médecin national-socialiste*.: 40.
Christian Bonah and Florian Schmaltz, 'From Nuremberg to Helsinki. The preparation of the Declaration of Helsinki in the light of the prosecution of Medical War Crimes at the Struthof Medical Trials, France 1952-1954,' in *Human Research Ethics and the Helsinki Declaration*, (2019); 293-315.
[122] Robert Steegman *Le Camp de Natzweiler-Struthof,* Paris: Éditions du Seuil (2009): 350.

Roma from Auschwitz specifically for vaccine testing in Natzweiler.[123] His notebook which was provided as evidence by the French prosecution, Haagen's assistant noted his request for healthy inmates, thus proving these experiments were conducted on his own initiative and did not have therapeutic intent. Despite this, the Nuremberg Medical Trial did not ascertain the number of victims attributed to these experiments, and left the question open for further prosecution at the French Military Tribunal in Metz from 1947 to 1954.[124] Haagen was employed at the Federal German Research Center for Viral Animal Diseases from 1955 until he retired in 1965.[125]

The recent historiography concerning Hans Asperger, such as the studies by Herwig Czech and Edith Scheffer, illustrate how this re-evaluation can be done in light of further evidence in relation to medical practice under National Socialism. It is evident through Herwig Czech's study that the view of a figure as entirely positive or negative is not conducive to accurate historical study, but that each person has some degree of innocence, and also of culpability in this era. Czech explains that prior research had envisioned Asperger as a protector of children who had autism, however his methods of evaluation could be considerably harsh.[126] While Asperger was not a formal member of the NSDAP, other forms of allegiance such as his loyalty to the ideology was enough for the deputy Gauleiter Franz Hamburger to consider him 'politically irreproachable.'[127] This methodology can also be utilised when examining figures who worked at the Reichsuniversität Straßburg illustrating that while not all of them were

[123] Raphael Toledano, *Les expériences médicales du professeur Eugen Haagen de la Reichsuniversität Strassburg: faits, contexte et procès d'un médecin national-socialiste.*: 35.
[124] Christian Bonah and Florian Schmaltz, 'The reception of the Nuremberg code and its impact on medical ethics in France: 1947–1954,' *Wiener Klinische Wochenschrift*, 130 (2018); 199-202.
[125] Christian Bonah and Florian Schmaltz, 'From Nuremberg to Helsinki. The preparation of the Declaration of Helsinki in the light of the prosecution of Medical War Crimes at the Struthof Medical Trials, France 1952-1954': 293-315.
[126] Herwig Czech, 'Hans Asperger, National Socialism, and "Race Hygiene" in Nazi-Era Vienna', *Molecular Autism* 9 (19 April 2018): 29, https://doi.org/10.1186/s13229-018-0208-6.
[127] Ibid.

necessarily active members of organisations, this does not counteract their loyalty to the ideology and politics of the time. Czech also notes that Asperger's his active involvement in the T4 euthanasia in Spiegelgrund solidified his status as a contributor to the Nazi ideal. Furthermore, his 'holistic approach' to educability and intelligence was not a form of liberalism, but in fact part of the Nazi method of determining children who could be educated to some degree, who could be beneficial to the Volk, to be saved and given an opportunity to contribute.[128] Czech notes that Asperger did focus more on environmental factors that could influence a person's health rather than purely biological determinism, but this concern with environmental factors was part of eugenics at the time as well as Nazi ideology. Asperger did not cooperate with all measures enacted by the Nazi regime, as he frequently refused to provide the data of children in the Spiegelgrund institution to the race hygiene hereditary index. This does not negate the fact that he sent some patients directly to Spiegelgrund, knowing that his diagnosis of autistic psychopathy and uneducability was a death sentence.[129] This is similar to studies conducted at the Reichsuniversität Straßburg, both in medical practice of Professor Hofmeier and Professor Lehmann, but also of their students such as the medical thesis of Walther Schmuhl who referred extensively to the Sippentafel of his patients. While the implications of including such negative information on the heredity of patients is less clear in Strasbourg, it is evident that similar research, with similar aims was conducted in Strasbourg.

[128] Ibid.
[129] Ibid.

(xii) Conclusion

The following chapters will discuss patients of the children's clinic as well as the staff of the clinic and its director, Professor Kurt Hofmeier. The placement of children in the psychiatric clinic will also be discussed, as well as the use of child patients as research subjects for medical students in the Reichsuniversität Straßburg. The practice of pathology and the presence of paediatric patients in the pathology department will be investigated. Remaining samples from the pathology clinic will then be detailed, with particular focus on those that can be identified as children who were treated at the Reichsuniversität Straßburg hospital. Further data analysis will be conducted to explain the general trends evident in paediatric treatment in the Reichsuniversität Straßburg, Finally, the evacuation of the clinic, and the fate of the staff and patients in the postwar era will be detailed.

Chapter One: Staff of the Paediatric Clinic at the Reichsuniversität Straßburg

One thought of one doctor as head of the infant department and another as head of the children's clinic and polyclinic. With my vocation to Straßburg, the division of paediatrics into infant care and into children's health was no longer necessary... Anyone who has followed the development of paediatrics in the last decennia in Germany will regard it with me as a joyous achievement that such a division of paediatrics has been prevented in Straßburg.[130]

(i) Background

Paediatrics occupies a special position among medical disciplines, as it does not focus on a particular organ or disease, but a demographic group and the particular needs of that group based on their susceptibility to illness. As a result, the professionalisation of paediatrics as an independent discipline was a contentious issue well into the first decade of the twentieth century. While paediatrics began as a concern with infant mortality rates, welfare organisations focused on childhood health, and expanded in popularity.[131] Paediatrics as a separate medical discipline became legitimised through the adoption of university professorships and specialised departments focused on health in childhood.[132] Paediatric practice was considerably impacted during the National Socialism as more than 400 Jewish paediatricians were dismissed and

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[130] Adalbert Czerny, 'Straßburgs neue Kinderklinik,' *JB Kinderheilkunde*, 73, (1911): 1-8.
Original Quote; 'Aus der Anlage ging deutlich hervor, dass man an einen Arzt als Leiter der sauglingsabteilung und an einen anderen als Leiter der Kinderklinik und poliklinik dachte… Mit meiner Berufung nach Straßburg wurde die Teilung der Pädiatrie in eine sauglingslehre und in eine Kinderheilkunde hinfällig. Jeder der die Entwicklung der Pädiatrie in den letzten Dezennien in Deutschland verfolgt hat wird es mit mir als eine freudige Errungenschaft betrachten, dass in Straßburg eine derartige Teilung der Pädiatrie verhindert worden ist.'
[131] Edward Ross Dickinson, *The politics of German child welfare from the Empire to the Federal Republic,* Cambridge Massachusets: Harvard University Press, (1996): 56.
[132] Hans-Heinz Eulner, *Die Entwicklung der medizinischen Spezialfächer an den Universitäten des deutschen Sprachgebietes,* Stuttgart: Enke (1970): 202.

persecuted from 1933 to 1939.[133] As the Reichsuniversität Straßburg was founded to be a bastion of Nazi ideology, this selection of staff based on their ideological stance had a considerable influence on the structure of individual departments, changing it drastically from what the hospital was like during the French era prior to 1940. The institution of the children's clinic at the Reichsuniversität Straßburg and the staff who ran it are detailed in this chapter. A number of questions arise in this chapter; who staffed the clinic and where did they come from? Were all the staff German, or did some Alsatian staff return to their jobs? How did the German clinic (1941-1944) differ from the French clinic (1919-1939)? What was the structure of the clinic? How did this children's clinic compare to others in Germany during the Third Reich? What research and teaching occurred in this clinic? This chapter also explains the background and publications of the director of the children's clinic, Professor Kurt Hofmeier, as well as the nursing staff and assistant doctors. It will also examine how nursing services were provided, how student nurses were trained, and the political affiliations of the nursing staff. The history of paediatrics is first examined to situate the analysis. There will be a particular focus on the origins of the children's clinic in Strasbourg, illustrating the similarities and differences between the clinic under French administration of Professor Paul Rohmer and the German clinic as managed by Professor Kurt Hofmeier.

[133] Eduard Seidler, *Kinderarzte 1933-1945: entrechtet – geholfen – ermordet : Pediatricians – victims of persecution 1933 – 1945.* Bonn: Bouvier, (2000): 69.
D. Schäfer, 'Pädiatrische Netzwerke im „Dritten Reich" Helmut Seckel und seine Kollegen aus der Universitätskinderklinik Köln,' *Monatsschrift für Kinderheilkunde* 165 (2017):1102–1108.

Figure 2.1.: Image of the the Kinderklinik from Adalbery Czerny (1911), illustrating the pavilion structure.[134]

(ii) History of Paediatrics (1800-1940)

The rise of children's clinics emerged across Europe in the late 1800's as a result of the high infant mortality rates, particularly in urban centres.[135] In Paris, the first specialist childrens hospital, Hôpital des enfants malades opened in 1802 with the intention of providing medical care to orphans and children of destitute families.[136] However, this was focused on helping

[134] Adalbert Czerny, 'Straßburgs neue Kinderklinik,': 1-8.
[135] E.L. Grauel, 'Universitätskinderklinik an der Berliner Charité,' *Monatsschrift für Kinderheilkunde,* 152 (2004): 902-913.
[136] Scarlett Beauvalet-Boutouyrie, 'La mise en place des hôpitaux pour enfants maladies à Paris (Fin XVIIIe – début XIXe Siècle),' *Histoire, Économie et Société*, 22, no.4 (2003): 487-498.

children who were already in the care system, or for families who could not afford private nursing. Another milestone was achieved in paediatric care with the establishment of the first dedicated children's clinic in Germany at the Charité Berlin in 1829, that was not affiliated with providing care exclusively to the poor.[137] Paediatric care was initially focused on reducing infant mortality, through provision of adequate nutrition, improvements in environment and cleanliness, as well as vaccination. This eventually led to improvements in midwifery and encouraging higher breastfeeding rates to improve infant health.[138] The specialisation in paediatrics from the 1870s is linked to the rise of public health and the concern with biologically based social hygiene.[139] The specialisation of doctors, and the establishment of university professors for paediatrics such as Adalbert Czerny, as well as the concern with infant mortality rates were instrumental in the firm establishment of paediatrics.[140] By 1883 in Germany the professional association of child health had 98 members, but by 1910 this had risen to 295 members, illustrating the rise in specialisation of paediatric care. Philipp Osten, Wolfgang Eckart and Georg Hoffmann note the significance that up to 1910 in Germany, the words 'poor' and 'sick' were synonymous as infant mortality in poor industrial areas was over 30%.[141] Therefore, a large amount of paediatric healthcare in the late nineteenth and early twentieth centuries was dispensed by charitable organisations in order to address this disparity in infant mortality between rich and poor children; in Heidelberg, this took the form of the Luiseheilanstalt.[142] As

[137] E.L. Grauel, 'Universitätskinderklinik an der Berliner Charité,': 902-913.
[138] Edward Ross Dickinson, *The politics of German child welfare from the Empire to the Federal Republic*: 62.
[139] Paul Weindling, *Health, Race and German Politics Between National Unification and Nazism, 1870-1945*, Cambridge: Cambridge University Press, (1993): 188.
[140] Hans-Heinz Eulner, 'Kinderheilkunde,' in *Die Entwicklung der medizinischen Spezialfächer an den Universitäten des deutschen Sprachgebietes*. Hans-Heinz Eulner. Stuttgart ed.: Ferdinand Enke, (1970): 202-22.
[141] Philipp Osten, Wolfgang U. Eckart and Georg F. Hoffmann, 'Entwicklungen und Perspektiven der Kinder- und Jugendmedizin' in *Entwicklungen und Perspektiven der Kinder- und Jugendmedizin 150 Jahre Pädiatrie in Heidelberg* edited by Georg F. Hoffmann, Mainz; Kirchheim (2010): 19-29.
[142] Angela Weirich and Georg F. Hoffmann, 'Von der privaten, überwiegend karitativen Kinderheilanstalt (1860) zur staatlichen Universitäts- kinderklinik Heidelberg (1923)' in *Entwicklungen und Perspektiven der Kinder- und Jugendmedizin 150 Jahre Pädiatrie in Heidelberg* edited by Georg F. Hoffmann, Mainz: Kirchheim (2010): 29-57.

Angelika Lautenschlager stated, the speciality of paediatrics grew with the establishment of more children's clinics, and with it grew the realisation that '…children are not small adults to whom conventional therapies can be transferred. Children have their own disesases, they react differently to medication… and therefore need their own medicine.'[143] Therefore, the new speciality of paediatrics focused not only on infant mortality rates or poor children, but illnesses that particularly impacted children, such as polio, diphtheria, and the prevention of disease through breastfeeding, nutrition research, improvements in environment, and vaccination.[144]

As Weindling states, motherhood was idealised in campaigns to raise the birth rate through the encouragement of large families, as Germany was said to be 'a nation without youth'.[145] At the beginning of the twentieth century, children became seen as a state resource that had to be carefully managed, thus legitimising a focus on collective societal rights over individual parental rights.[146] The innocent child motif had considerable power in moving individuals to support ideological positions, such as Nazism.[147] Paediatrics was an integral part of National Socialism, as Michael Buddrus notes the militaristic tones employed by the Reichsjugendführer in 1933 that 'the youth of today is the worker and soldier of tomorrow. Keeping German youth healthy must therefore be considered a priority.'[148] This illustrates then

[143] Angelika Lautenschlager, 'Grussworte,' in *Entwicklungen und Perspektiven der Kinder- und Jugendmedizin 150 Jahre Pädiatrie in Heidelberg* edited by Georg F. Hoffmann, Mainz; Kirchheim (2010): 15.
[144] Hans Michael Straßburg, 'Prävention – Eine zentrale Aufgabe der Sozialpädiatrie,' in *Entwicklungen und Perspektiven der Kinder- und Jugendmedizin 150 Jahre Pädiatrie in Heidelberg* edited by Georg F. Hoffmann, Mainz; Kirchheim (2010): 297-313.
[145] Paul Weindling, *Health, Race and German Politics Between National Unification and Nazism, 1870-1945*:189. The German birth rate in this era was not the lowest in Europe, and other countries were similarly concerned with a reduction in birth rate, but this illustrates the degree of concern about the decreasing family size in Germany at the time.
[146] Edward Ross Dickinson, *The politics of German child welfare from the Empire to the Federal Republic*: 55, 78.
[147] Laura Jane Smith, 'Taking the children: children, childhood and heritage making' in *Children, Childhood and Cultural Heritage*, Kate Darian-Smith and Carla Pascoe eds. London: Routledge, (2012): 113.
[148] Michael Buddrus, 'HJ im Kampf um ein gesundes Volk". Die „Gesundheitsführung der deutschen Jugend" und die HJ-Medizinalorganisation' in *Totale Erziehung für den totalen Krieg: Hitlerjugend und nationalsozialistische* Jugendpolitik Berlin, Boston: De Gruyter (2003): 903.

that the protection of the health of children who could later be 'useful' in service of the Third Reich was of considerable importance, and paediatricians would ensure the fitness of the future population. Hereditarian thinking was prominent in paediatrics, and thus improvement in child health became tied to nationalism, eugenics and ideas of hereditary health.

In 1933, about 16% of doctors in Germany were Jewish. In comparison to other medical specialities, 48.8% of paediatricians in Germany were Jewish. [149] One possible reason for this, that Eduard Seidler states is that middle class Jewish families encouraged their daughters, as well as their sons, to pursue medicine in higher education.[150] This often led to Jewish women pursuing a career in paediatrics as it was socially adherent to their desire for a university education, a career, and the traditional gender role of caring for children. [151] This is notable as medicine in Germany in 1933 was a considerably male dominanted field, in part due to denying women admission to university until the start of the 20th century.[152] In October 1938 Jewish medical licenses were revoked meaning not only was there a lack of medical practitioners but also a specific dearth of paediatricians.[153] Therefore, while many doctors were members of the Nazi party, paediatrics had an even higher proportion of Nazi party members given the amount of paediatricians that left the profession after 1938.[154] Seidler explains this as the ideology of the well-developed and healthy child expanded with the Hitler Youth movement, doctors became more involved and therefore paediatricians integrated easily as the basic ideas of childhood

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Original quote; Der Jugendliche von heute ist der Arbeiter und Soldat von morgen. Die Gesunderhaltung der deutschen Jugend muß daher als vordringlich angesehen warden.

[149] Eduard Seidler, *Kinderarzte 1933-1945: entrechtet – geholfen – ermordet : Pediatricians – victims of persecution 1933 – 1945.* Bonn: Bouvier, (2000): 69.

[150] Ibid. 75.

[151] Melissa Kravetz, *Women doctors in Weimar and Nazi Germany: maternalism, eugenics, and professional identity*, Toronto: University of Toronto press (2019): 2.

[152] Ibid. 13.

[153] Gabriele Moser, 'Radiologie in der NS Zeit – Teil 1: Staat, Staatsbürger, Ausgrenzung Normalität im NS Staat' *Fortschritte auf dem Gebiet der Röntgenstrahlen und der bildgebenden Verfahren* 186, 1 (2014): 19-23.

[154] Omar S. Haque et al., 'Why Did so Many German Doctors Join the Nazi Party Early?' *International Journal of Law and Psychiatry*, 35 (2012): 473-479.

health overlapped.[155] Due to the links with eugenics, paediatrics soon became one of the medical disciplines with the most zealous adherents of Nazi ideology.[156] Eduard Seidler notes that paediatrics initially focused on providing for the future of a race or population through the preservation of their health, but also states that this was present long before National Socialism.[157] While the history of paediatrics in general is helpful to contextualise paediatric healthcare, the history of the children's clinic in Strasbourg is also necessary to fully understand paediatrics in the Reichsuniversität Straßburg.

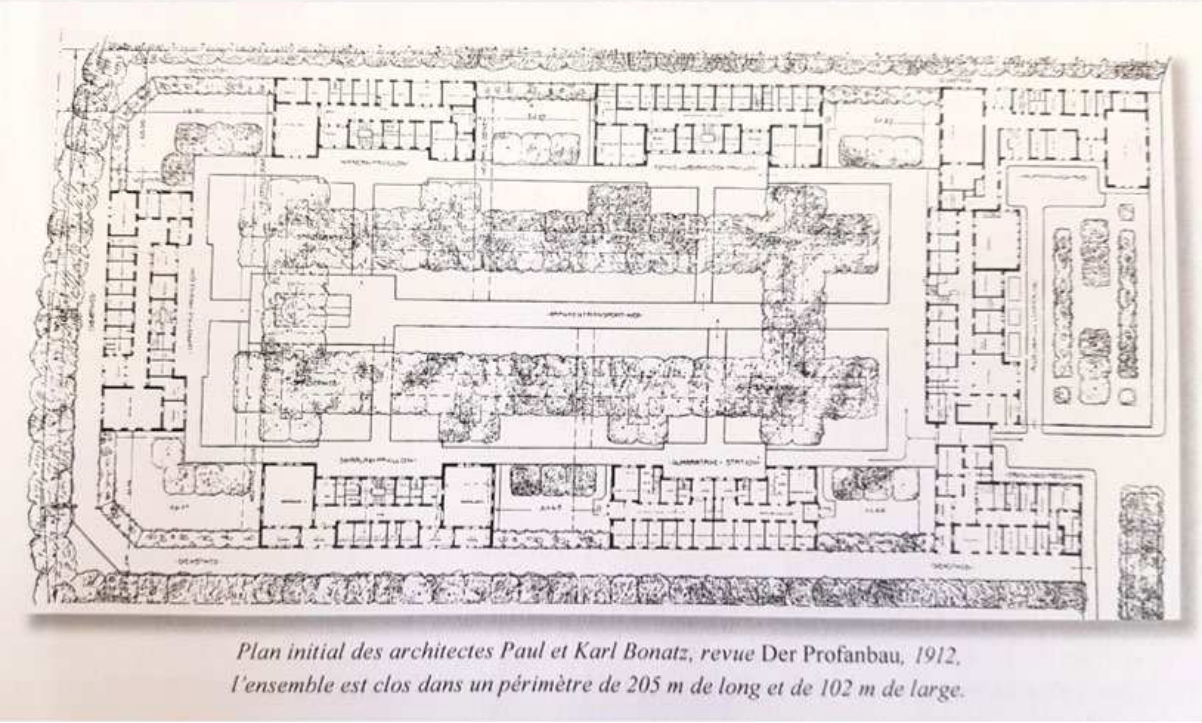
(iii) History of the Children's Clinic in Strasbourg

Strasbourg Bürgerspital children's clinic began as a single room for sick infants in 1738.[158] In 1837 the administrative commission for the hospital, following the request of the dean of the medical faculty, founded the formal children's clinic in room 17 of the main building of the hospital with just 14 beds that could accommodate children up to the age of 15.[159] Two years later the children's clinic had expanded to fill an entire building and boasted a capacity for 45 beds.[160] When Professor William Welch of Johns Hopkins University Hospital came to visit, he stated that the Strasbourg hospital had some of the most advanced facilities he had ever seen.[161] Soon the clinic outgrew its beginnings, and so Paul Bonatz was hired as an architect to

[155] Eduard Seidler, *Kinderarzte 1933-1945*: 108.
[156] Edward Ross Dickinson, *The politics of German child welfare from the Empire to the Federal Republic*: 143.
[157] Eduard Seidler, *Ethics in Medicine: Historical Aspects of the Present Debate* Sheffield: European Association for the history of medicine and health, (1996): 11.
[158] Paul Rohmer, *La Clinique Infantile et l'Enseignant de la Pédiatrie à Strasbourg*, les Editions Universitaires: Strasbourg (1931): 2.
[159] Ibid.
Location of the main building indicated on the map of the Reichsuniversität Straßburg in the appendices. The main building was constructed in 1725 and remained the same in the Reichsuniversität Straßburg era.
[160] Hans-Heinz Eulner, 'Kinderheilkunde,': 202-221.
[161] John Eldon Craig, *A mission for German learning. The university of Strasbourg and Alsatian society 1870-1918.* PhD thesis, Ann Arbor (1977): 340.

design a purpose built new children's clinic in 1910, and the building was completed two years later.[162] It was considered to be revolutionary and modern for its time, given that it was built in six separate buildings, each in a pavilion style, intended for the segregation of different illnesses.[163] These six buildings were almost identical and situated around a rectangular garden.[164] Originally these pavilions contained patients with different diseases in separate sections; one for scarlet fever, diphtheria and the contagious diseases section, one for typhoid, whooping cough, and measles, and a polyclinic for outpatient care. The main building was for the neonatal unit, the polyclinic, and an amphitheatre for lecturing medical students.[165] The main building managed access to the rest of the buildings making it easier to control the spread of disease. The inclusion of a central rectangular garden, paths and terraces was considered essential as it allowed air to circulate and gave children access to sun and the outdoors to speed up recovery.[166]

[162] Hans-Heinz Eulner, 'Kinderheilkunde,': 202-221.
[163] Adalbert Czerny, 'Straßburgs neue Kinderklinik,': 1-8.
[164] Jean-Marie Mantz, 'Editorial', *Histoire & Patrimoine Hospitalier: Mémoire de La Médecine à Strasbourg* 23 (2010): 2–4.
[165] Adalbert Czerny, 'Straßburgs neue Kinderklinik,': 1-8.
[166] I. Greenhalgh and A. R. Butler, 'Sanatoria Revisited: Sunlight and Health', *The Journal of the Royal College of Physicians of Edinburgh* 47, no. 3 (1 September 2017): 276–80



Plan initial des architectes Paul et Karl Bonatz, revue Der Profanbau, *1912, l'ensemble est clos dans un périmètre de 205 m de long et de 102 m de large.*

Figure 2.2.: Floor plan of the six pavilions of the children's clinic.[167]

In 1919 Professor Paul Rohmer became the director of the children's clinic under the new French administration.[168] Modern laboratories had been built in the main building, along with a classroom and a library.[169] Rohmer also established a centre for tuberculosis and a special pavilion for contagious diseases with 27 beds, and an isolation house for premature infants.[170] A special department for dehydrating illnesses was established and each room was climate controlled through heating and large windows. The fifth building became a quarantine section,

[167] Jean-Marie Mantz, 'Editorial,' *Histoire & Patrimoine Hospitalier : Mémoire de La Médecine à Strasbourg* 23 (2010).
[168] Françoise Olivier-Utard, *Une université idéale?: histoire de l'Université de Strasbourg de 1919 à 1939*, Strasbourg : Presses Universitaires de Strasbourg (2015): 223.
Jean-Pierre Kintz, 'Paul Rohmer' in *Nouveau Dictionnaire de biographie Alsacienne*, vol 32. Strasbourg: Fédération des Sociétés d'Histoire et d'Archéologie d'Alsace, (1999): 3273.
[169] Adalbert Czerny, 'Straßburgs neue Kinderklinik,': 1-8.
[170] Jean-Marc Lévy, 'Les "Patrons" Successifs de La Clinique Infantile', *Histoire & Patrimoine Hospitalier : Mémoire de La Médecine à Strasbourg* 23 (2010): 14–29.

and the sixth building became the private children's clinic.[171] The adoption of autopsies and histological testing in paediatric cases was revolutionary for the time and drastically improved diagnostics at the clinic. The laboratories also researched the impact of nutrition on childhood diseases, particularly the influence of vitamin C which was tested by Nikolai Bezssonoff in 1930.[172] The clinic was adapted to accommodate radiology and physiotherapy, improving the diagnostic and treatment options for children. Neonatal health was also addressed through Rohmer's focus on puericulture and the creation of the l'Association Alsacienne et Lorraine de Puericulture on 30 June 1920 with his colleague Gustav Schickele.[173] The intention behind puericulture was to reduce depopulation through the encouragement of motherhood, and the promotion of hygiene and nutrition, which was thought to lead to healthier racial stock.[174] Puericulture focused on monitoring pregnancy, encouraging breastfeeding, and postpartum care in order to improve the health of infants and thus increase the population.[175] While this French focus was different to the German focus on more negative eugenic practices, the emphasis on neonatal care continued in the Reichsuniversität Straßburg. In total, the clinic could accommodate 320 children, which made it the largest single clinic in the hospital.[176] It was anticipated that up to 400 children could be accommodated at the clinic, although it is unclear if this number of admissions was ever reached.[177]

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[171] Ibid.
[172] Ibid.
[173] Jean-Pierre Kintz, 'Grange (Florent), Paul Rohmer, une vie au service de l'enfance,' *Revue d'Alsace*, no. 132 (1 September 2006): 567–69.
[174] Margaret Andersen, 'Kinderreicher Familien or familles nombreuses? French pronatalism in Alsace,': 63-81.
[175] William H. Schneider, 'L'eugénisme en France: le tournant des années trente' *Sciences Sociales et Santé* 4 (1986): 81-114.
[176] Jean-Marc Lévy, 'Les "Patrons" Successifs de La Clinique Infantile': 14–29.
While Med A and Med B, as well as Surgery A and Surgery B cumulatively comprised a higher bed count, the medical wards and surgical wards were counted as two separate entities through designation as A and B. The childrens clinic was classified as one single clinic, thus making it the largest.
[177] ADBR. 126AL77 E. Letter 13 March 1942 concerning Dr Steinmaurer, Kinder und Säuglingspflegeschule Strassburg Medizinalwesen.

In 1939 the staff and patients of the Strasbourg children's clinic were evacuated to l'Hôpital Parrot in Périgueux.[178] The city of Strasbourg was occupied by the German Army in 1940, the hospital became part of the Reichsuniversität Straßburg in 1941, and the former building of the French clinique infantile became the German Kinderklinik. Following the evacuation of the clinic it appears that almost everything had to be bought to replace materials taken by the French administration to the clinic in Périgueux. In 1940, Dr Ernst wrote an extensive inventory of the clinics and what material was required; the children's clinic seems to have required the most equipment to return to functioning order, with a full page list of laboratory equipment and basic materials.[179]

(iv) Background of Professor Kurt Hofmeier, the Director of the Children's Clinic (1941-1944)

Kurt Hofmeier was born in Königsberg in 1896 to Fritz Hofmeier and Paula Hofmeier (maiden name Ramm). Like his father, who was a Lieutenant General in the Prussian army, Kurt Hofmeier joined the army and served in the First World War. He was a Lieutenant of the field artillery from 1914 to 1918 and was awarded with the first and second class Iron Cross.[180] As Möhler mentions, the generation during the First World War considerably impacted their reaction to the conflict, and served as a foundation for their response to the Second World War.[181] As a result of his early enlistment, and his birth in the 1890s, Hofmeier was part of the

[178] Ibid.
[179] AVES. 7AH 358 inventory lists.

[180] UAH. Lebenslauf Dr Hofmeier, Personalakten der Dozent Dr Kurt Hofmeier Medizinische Fakultät (Geschlossen 1938-1941).
[181] Rainer Möhler, *Die Reichsuniversität Straßburg 1941-1944. Eine Nationalsozialistische Musteruniversität zwischen Wissenschaft, Volkstumspolitik, und Verbrechen*.: 20.

'junge Frontgeneration'.[182] This is categorised as a group who were actively involved in student politics before the war started, and had an idealistic vision of Germany which led them to enlist early in the war. Consequently, this group were also the most disillusioned with the results of the Treaty of Versailles, and became more engaged with Nazi politics in the aftermath of the Weimar Republic. As Moehler notes, they firmly believed in the idea of an inherent German people's unity, the concept of 'Blut und Boden' and in a sense they invented the unity of German peoples that supposingly would be achieved through National Socialism. As a result of their age, these individuals who had fought in the war from 1914, were those who would be selected as teaching staff for the Reichsuniversität Straßburg.[183] While studying medicine in Marburg in 1918, Hofmeier joined the student organisation Corps Hasso-Nassovia Marburg, which was a conservative student group. Hofmeier did not mention specifically what activities he was involved in, but this influenced his political views.

In 1922 Hofmeier received a grade of 'Very Good' during his medical state exams in Würzburg, and in October of that year became a practicing civilian doctor as well as a military doctor. From 1921 to 1922 he assisted at the university medical clinic in Würzburg under the direction of Professor Morawitz. In his personal files he did not mention his previous marriage, where he had one child before their divorce. In 1929 he was remarried to Edith Breitschuh, with whom had three children. In 1931 he joined the NSDAP, in 1932 joined the NSKK and became a member of the NS Ärztebund. As a result of this early involvement in the Nazi party, he is classified as an Alte Kämpfer, and a dedicated National Socialist.[184] In August 1940 Ernst Anrich noted the criteria for selecting the clinic directors for the Reichsuniversität Straßburg

[182] Ibid.
[183] Ibid.: 624.
[184] Detlev Humann, 'Alte Kämpfer' in der neuen Zeit. Die sonderbare Arbeitsvermittlung für NS-Parteigänger nach 1933,' *Vierteljahrschrift für Sozial- und Wirtschaftsgeschichte* 98, no. 2 (2011): 173-194.

included ‘lively national socialism… willingness to comradeship’ with a preference for those who were considered as Alte Kämpfer.[185] Hofmeier fit these criteria but was only considered after the other candidates for the position were ruled out. Among those who were considered for the role were Johann Duken of Heidelberg, Paul Frick of Gießen, Albert Viethen of Erlangen, Kurt Scheer of Frankfurt, and Hans Kleinschmidt of Cologne.[186] Ultimately, those on the committee could not come to a decision, and as their first preferences rejected the role, Hofmeier was appointed as the head of the children's clinic on 23 September 1941.[187] This recruitment to a prestigious position was preceded by his professional accomplishments in Germany, including the directorship of the Reichsanstalt zur Bekämpfung der Säuglings-und Kleinkindersterblichkeit Kaiserin Auguste Viktoria Haus.[188] The Kaiserin Auguste Viktoria Haus was founded in 1906 as a national infant health centre, at the forefront of combatting infant mortality rates, and Hofmeier continued to focus on this goal.[189]

[185] Anrich an Schmidt, Bonn, 2.8.1940: NL Anrich 111/437, cited in Rainer Möhler, *Die Reichsuniversität Straßburg 1941-1944. Eine Nationalsozialistische Musteruniversität zwischen Wissenschaft, Volkstumspolitik, und Verbrechen*. Habilitation Universität Saarlandes (2019): 512.
[186] For a full discussion of who proposed each candidate for childrens clinic director, and their varied reasons for not taking up the role, consult Rainer Möhler, *Die Reichsuniversität Straßburg 1941-1944. Eine Nationalsozialistische Musteruniversität zwischen Wissenschaft, Volkstumspolitik, und Verbrechen*. Habilitation Universität Saarlandes (2019): 546-547.
[187] UAH. Letter 23 September 1941 from Dr Hofmeier, Personalakten der Dozent Dr Kurt Hofmeier Medizinische Fakultät (Geschlossen 1938-1941).
[188] Thomas Lennert, ‘Die Entwicklung der Berliner Pädiatrie’ in *Exodus von Wissenschaften aus Berlin*. W. Fischer, K. Hierholzer, M. Hubenstorf, P.T. Walther und R. Winau eds. Forschungsbericht 7 der Akademie der Wissenschaften zu Berlin, (1994): 529–551.
For further information on the development of paediatrics in Berlin consult Lea Münch, ‚Kinder und Kinderheilkunde in Berlin; Zwischen Fürsorge und Forschung (1945-1965),‘ Berlin, Diss. Med (2020).
[189] Edward Ross Dickinson, *The politics of German child welfare from the Empire to the Federal Republic:* 57.

(v) Professor Kurt Hofmeier's Publications

On Hofmeier's appointment to the position of the head of the children's clinic in the Reichsuniversität Straßburg, Professor Fritz Lenz wrote a letter of recommendation for him, noting that Hofmeier's monograph entitled *Die Bedeutung der Erbanlage für die Kinderheilkunde* from 1938 filled a noticeable gap in the research on the question of heredity in children and contributed to expertise in the field of immunity research, neuropathic diathesis as well as bacteriology in children.[190] In this work he referenced Otmar von Verschuer, Eugen Fischer, Erwin Bauer, and Fritz Lenz giving the latter a special thanks in the introduction.[191] All of these figures were well known eugenicists who were instrumental in the development of a Nazi policy on racial hygiene and euthanasia, and as Hofmeier referenced them frequently he saw value in their ideas. Hofmeier repeatedly argued in this publication that there were discernible differences in skeletal development between the races.[192] Hofmeier also stated that an in depth knowledge of racial hygiene practices were essential for the paediatrician in order to be able to eliminate disease:

> The incidence of mortality… and premature births are to a considerable extent caused by environmental and hereditary factors. In the early death of these individuals, who are to be regarded as inferior due to their heredity, a selection process is to be welcomed from the perspective of race hygiene.[193]

This quote illustrates that while he aimed to reduce infant mortality, this was through the lens of racial hygiene and a belief that certain individuals were inferior. Bessau and Catel were

[190] UAH. Letter 26 February 1938 from Dr Lenz concerning Dr Hofmeier, Personalakten der Dozent Dr Kurt Hofmeier Medizinische Fakultät (Geschlossen 1938-1941).
[191] Kurt Hofmeier, *Die Bedeutung der Erbanlage für die Kinderheilkunde*: vorwort (not paginated).
[192] Ibid: 5-7.
[193] Ibid: 73.
Original quote; wie sahen, dass die Übersterblichkeit… und das Vorkommen von Frühgeburten zu einem erheblichen Teil durch umweltstabile krankhafte Erbanlagen bedingt sind. In dem frühen Absterben der durch ihre Erbmasse als minderwertig anzusehenden Individuen darf sogar ein vom rassenhygienischen Standpunkt aus zu begrüßender Auslesevorgang gesehen werden.

instrumental in establishing the euthanasia campaign of disabled children, and as Hofmeier referenced them in his work and was trained under Bessau's supervision, it is evident that he agreed with their judgement of a hereditary link for disabilities that should be eliminated.[194] Hofmeier went on to say that the participation of the paediatrician in the Gesetz zur Verhütung Erbkranken Nachwuchses (the law for the prevention of hereditary diseases, which subsequently led to the T4 euthanasia campaign)[195] was essential for the health of the population. He noted that the success of the Gesetz zur Verhütung Erbkranken Nachwuchses was predicated on the cooperation of paediatricians in notifying the authorities for every case of developmental problems, insanity, and congenital problems:

> In order to successfully implement the law for the prevention of hereditary infantile offspring, a notification requirement has been introduced for every case of congenital feeble-mindedness. The exogenous causes of feeble-mindedness are listed as obstetric trauma meningitis encephalitis and other inflammatory processes... The cooperation of paediatricians in the early detection of congenital mental retardation is urgently needed. In many cases it is not done in the necessary manner because the discussion of the possibility of its occurrence in a family may not be a pleasant part of the medical profession.[196]

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[194] Michael Obladen, 'Despising the weak: long shadows of infant murder in Nazi Germany,' *Archives of Disease in Childhood - Fetal and Neonatal Edition*, 101, (2016): 190-194.

[195] The T4 Campaign was a formal campaign by the National Socialist state to remove disabled and 'asocial' people from society, and later killed many of them. This originated with the compulsory reporting of birth defects and developmental issues, leading to the institutionalisation of disabled children. For further information consult Maike Rotzoll et al., 'The First National Socialist Extermination Crime: The T4 Program and Its Victims.' *International Journal of Mental Health* 35, no. 3 (2006): 17–29. This will be explained greater further detail in Chapter 3 on psychiatry.

[196] Kurt Hofmeier, *Die Bedeutung der Erbanlage für die Kinderheilkunde*: 174.
Original quote: Um das Gesetz zur Verhütung erbkranke Nachwuchses erfolgreich durchzuführen ist Anzeigepflicht für jeden fall von angeborenem Schwachsinn eingeführt schon der verdacht ist meldepflichtig. Als exogene Ursachen für den Schwachsinn werden ein Geburtstrauma meningitis, encephalitis, und ander entzündliche Prozesse des Gehirns Kinder Krämpfe lues rachitis Röntgenschäden ua angeführt… Überhaupt stehen die exogene Faktoren wahrscheinlich stark im Hintergrunde. die Mitarbeit der Kinderärzte zur frühen Erkennung des angeborenen Schwachsinns ist dringend notwendig. Sie geschieht vielfach deshalb nicht in der erforderlichen weise weil der Erörterung der Möglichkeit seines Vorkommens in einer Familie zu wenig angenehmen Seite der ärztlichen Tätigkeit gehören kann.

It is notable that while he states the central role of the paediatrician in upholding this law, he also acknowledges that many doctors do not comply with the regulations as it is 'unpleasant' His reference to Catel and Bessau in this work further reinforce his belief in the hereditary nature of childhood illness. In this work he also included 26 Sippentafeln, indicating his study into racial and hereditary links in childhood illnesses, even noting his belief that immunity to certain diseases was race related.[197]

As part of his role as the director of the Kaiserin Auguste Viktoria Haus and the Reichsanstalt für Bekämpfung der Säuglings-und Kleinkindersterblichkeit, Hofmeier edited a monograph entitled *Körperliche und geistige Erziehung der Kinder und Jugendlichen* in 1939, just before his appointment in Strasbourg. This work included a section by the Reichssportführer von Tschammer und Osten and addressed the importance of nutrition and physical fitness in children's health, as well as the importance of their ideological adherence to Nazism. Hofmeier stated that paediatricians have a responsibility to the National Socialist state, and also noted that 'we Germans can be thankful that the National Socialist Movement, more than most of the other peoples of the world, has given us a new ground in which we can take new roots.'[198] He mentioned that ideology, nutrition, and physical fitness must be implemented, not only through doctors' influence, but also by educating mothers, and advocating childhood inclusion in the Hitler Youth movements. These efforts were later reflected in campaigns in Strasbourg for increased breastfeeding rates, maternity care and counselling, as well as vaccination campaigns.[199] Hofmeier noted that,

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[197] Kurt Hofmeier, *Die Bedeutung der Erbanlage für die Kinderheilkunde*.: 45.
[198] Kurt Hofmeier, *Körperliche und geistige Erziehung der Kinder und Jugendlichen*, Stuttgart: Ferdinand Enke Verlag (1939): 10.
Original quote; Wir deutsche können dankbar sein dass uns die nationalsozialistische Bewegung mehr als den meisten Völkern der Erde einen Boden bereitet hat einen neuen Boden in dem wir neu wurzeln konnen.
[199] ADBR. 126AL77 A. Richtlinien für Säuglingsschwestern in der nachgehenden Säuglingsfürsorge (vorbeugende Familienhilfe) 1941, Ordnung des Säuglings-und Kinderpflege Berufs im Elsass.

> Let us not forget the intellectual education and German schools have helped to establish Germany's cultural department. In order to achieve an inner harmony, which is an essential facet of health, an appropriate training of the mental abilities in childhood is indispensable.[200]

Hofmeier believed in the cultural supremacy of Germany, which is reflected in his ideas on the influence of race and heredity in childhood health. A contributor to the book, Dr Friedrich Muller, advocated extensively for the improvement in childhood health that resulted from membership of the Hitler Youth.[201] He also noted that as part of membership of Hitler Youth children should be taught the importance of biological laws. Muller stated that,

> Since the industrialisation of Germany the development of the health of children has become one of the necessary tasks of state and people. The mobilization of all forces in the National Socialist state has led to a particularly intensive expansion of this area of state responsibility.[202]

This illustrates Dickinson's point where he states that welfare organisations, while originally focused on individual children, came to be seen as a state responsibility to ensure healthy future citizens.[203] As Hofmeier edited this work, he acknowledged the important link between paediatricians, the Hitler Youth, and Nazi state control of children, including the promotion of ideas of racial difference and the influence of heredity in disability and illness.

During his time as the director of the children's clinic in Strasbourg, Hofmeier published an article addressing the influence of hereditary biology and hereditary illness in adoption

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[200] Kurt Hofmeier, *Körperliche und geistige Erziehung der Kinder und Jugendlichen*.: 20.
Original quote: Wollen wir aber nicht vergessen, dass die Geistesbildung und die deutschen Schulen Deutschlands Kulturabteilung mit begründet haben. Zur erzielung einer inneren harmonie einem wesentlichen faktor der gesundheit ist auch die angemessene Ausbildung der geistigen Fähigkeiten in der Kindheit unerlässlich notwendig ganz davon abgesehen.
[201] Friedrich Muller, 'Leistungsfähigkeit des Schulkindes ihre grenzen und die wege zu ihrer beurteilung' in *Körperliche und geistige Erziehung der Kinder und Jugendlichen*, edited by Kurt Hofmeier, Stuttgart: Ferdinand Enke Verlag (1939): 65.
[202] Ibid: 24.
Original quote: Seit der industriellen Entwicklung Deutschlands ist die Gesunderhaltung des Kindes ein notwendiges Aufgabengebiet von Staat und Volk. Die Mobilisierung aller Kräfte im Nationalsozialisten Staate hat zu besonders intensiven Ausbau siesen staatlichen Aufgabenkreises geführt.
[203] Edward Ross Dickinson, *The politics of German child welfare from the Empire to the Federal Republic*: 78.

entitled *Erbwissenschaft und Adoption - Die Bedeutung von Krankheiten Erbanlagen und Erbkrankheiten bei Adoptiveltern und Adoptivkindern*.[204] In this article he thoroughly endorsed adoption, but noted through Nazi thinking that 'we must always keep in mind the protection of the pure racial and genetic purity of the German body.'[205] This documents the importance he placed on heredity while adopting children, noting that certain illnesses should prevent children from being suitable for adoption, such as diabetes, scrofula, and severe eczema.[206] Hofmeier illustrated that a certain degree of physical and mental health needed to be established before a child could be adopted, but the manner of determining health was often difficult in the absence of parents, grandparents and a family tree in order to determine their hereditary "worth", intelligence and fitness. Hofmeier also believed in the influence of environment on the development of children, despite the emphasis he placed on heredity and racial characteristics. He noted that,

> ...The environment has a decisive formative influence on genetic heritage, precisely in childhood. The hereditary predisposition can be modified in the way the genetic researcher states.[207]

Here he stated that the environment had a particular influence in childhood, and that a suitable environment could ensure the development of the most favourable and suppression of the unfavourable parts of the child's hereditary disposition. He also noted that this could be done

[204] Kurt Hofmeier, 'Erbwissenschaft und Adoption - Die Bedeutung von Krankheiten Erbanlagen und Erbkrankheiten bei Adoptiveltern und Adoptivkindern.': 160-168.
[205] Ibid.
Original quote: 'Immer aber soll der Gedanke an die rassische und Erbbiologische Reinerhaltung des deutschen Volkskörpers allem anderen voranstehen'
[206] Kurt Hofmeier, 'Erbwissenschaft und Adoption - Die Bedeutung von Krankheiten Erbanlagen und Erbkrankheiten bei Adoptiveltern und Adoptivkindern': 160-168.
[207] Ibid.
Original quote: 'Trotzdem hat die Umwelt gerade in den Kinderjahren einen entscheidenden formenden Einfluss auf dieses Erbgut. Die vorhandenen erblichen Anlagen werden modifiziert wie der Erbforscher sagt.'

both for physical and mental characteristics. One of these environmental influences he discussed was that of nutrition, which became very popular for research in this era as hormones and vitamins were found to have an influence on the human body. In this work he noted that the reason for more illnesses and higher mortality in so-called illegitimate children was a result of the shorter (or even absent) breastfeeding period.[208] Hofmeier stated that birth trauma could affect the child's constitution for life depending on the severity of the trauma. He returned to hereditary processes in his discussion of birth trauma, stating that the children who experienced birth trauma were generally of less hereditarily valuable stock, as healthy and strong children did not tend to suffer birth trauma, or if so, they recovered very quickly,

> The children who experience birth trauma are generally those with inferior heredity facilities. The normally developed child generally recovers from the physiological birthing process without any disturbances.[209]

Hofmeier believed that adoption had always existed along the lines of racial and hereditary value. He drew comparatives to Irish clans, whom he claimed would adopt children, providing they were of the same race and were hereditarily valuable to the clan as a whole, rather than to a smaller family group. Hofmeier claimed that the approval of the whole tribe was necessary for a successful adoption, and that the racial characteristics of the child had to at least be similar to the mother's side.[210] He advocated this process of foregrounding the worth of the child to the community, rather than the desire of the immediate family to adopt a child. As he mentioned, the care of children must be done in light of the goals of the Volksgemeinschaft and the community.

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[208] Kurt Hofmeier, 'Erbwissenschaft und Adoption - Die Bedeutung von Krankheiten Erbanlagen und Erbkrankheiten bei Adoptiveltern und Adoptivkindern': 160-168.
[209] Ibid.
Original quote: 'Den Kindern bei denen ein geburtstrauma beobachtet werden kann mit größter Wahrscheinlichkeit überwiegend solche mit einer minderwertigen erblich bedingten Widerstandsfähigkeit befinden. Das normal angelegte Kind übersteht eben den physiologischen Vorgang der Geburt im allgemeinen ohne Störungen'
[210] Ibid: 160-168.

This reflects Himmler's letter on the founding of the Lebensborn organisation, which was established to provide a higher standard of maternal and infant care to those deemed racially valuable.[211] In this letter, Himmler stated,

> Should unfortunate circumstances deny a married couple their own children then every SS leader should adopt racially and hereditarily valuable children, educate them in the spirit of National Socialism…[212]

Nazi ideology concerning the primacy of the Aryan race and the importance of the community in protecting the health of the race influenced Hofmeier's ideas and treatment of children and may have been a factor in his decision to assist the Lebensborn organisation through his work at Nordrach. While he did not publish much material during his time in Strasbourg, it is evident from his former publications that Hofmeier, while not a key player in the area of eugenics, believed in eugenics and advocated for the involvement of paediatricians in ensuring Nazi ideas. Furthermore, his study of hereditary issues in adoption directly influenced the research of his students who also addressed this topic in their medical thesis. This work may also be a link to the territorial expansion of Germany into Alsace, and the question of nationality politics and who can be deemed German.

[211] The Lebensborn organisation will be detailed further in section (x) Children's Clinic Staff Involvement with the Lebensbornheim 'Schwarzwald' in Nordrach. For further information, consult Georg Lilienthal, *Der 'Lebensborn e.V.' – Ein Instrument nationalsozialistischer Rassenpolitik*, Frankfurt am Main: Fischer Verlag (2003).
[212] 'Letter from Heinrich Himmler on the Founding of the Organisation 'Lebensborn e.V.' (13 September 1936),' in in *Trial of the major war criminals before the International Military Tribunal, Nuremberg 14 November 1945*. Volume 5. Nuremberg: International Military Tribunal (1947): 465. English translation, rather than the German original, provided in the source.

(vi) Staff at the Children's Clinic

Staff in the children's clinic in Strasbourg were expected to follow Nazi ideology, and former staff members mentioned how National Socialist rituals were incorporated to the daily functioning of the clinic. Marlène Link stated in an interview that Hofmeier wore his Wehrmacht uniform with high leather boots under his white doctors coat daily, illustrating his strong nationalist sentiments, however, she does not state if he wore a Nazi armband daily.[213] She noted that his daily greeting was 'Heil Hitler ladies and gentlemen,' but also stated that this greeting was not widely practiced by all professors, illustrating that Hofmeier fostered Nazi customs even where it was not compulsory.[214] In 1942 the *Verzeichnis der Ärzte und Krankenanstalten in den Westgebieten Elsass, Lothringen und Luxemburg sowie im General-Gouvernement und im Protektorat Bohmen und Mahren* was published. This recorded the doctors who were employed in different departments and hospitals in Alsace and its environs, including the names of those who worked in the children's clinic.[215] Those who worked in the clinic as doctors and medical assistants were probably chosen just as much for their adherence to Nazi ideology as much as for their scientific qualifications. While Hofmeier took on the majority of lecturing and supervision of students, a core lecturer for paediatrics was Hans Jörg Steinmaurer.

Hans Jörg Steinmaurer became a member of the NSDAP in 1933, similar to professor Hofmeier, which was illegal in pre-Anschluss Austria.[216] He studied medicine at the University of Innsbruck and the University of Vienna. Under the supervision of Dr Hamburger he

[213] Patrick Wechsler, *La Faculté de Médecine*: 132. Cited in Dorothee Neumaier, 'Die Zuzammenarbeit mit der Reichsuniversität Straßburg 1943 bis 1944' Das Lebensbornheim "Schwarzwald" in Nordrach Baden-Baden: Tectum Verlag, (2017): 319-330.
[214] Ibid.
[215] Raphael Toledano, 'Anatomy in the Third Reich – The Anatomical Institute of the Reichsuniversität Straßburg and the deliveries of dead bodies,': 128–144.
[216] ADBR. 1558 W 77322. Hans Jörg Steinmaurer Personalfragebogen, NSDAP number 1.611.493 joined 26 April 1933.

experimented with the diphtheria toxin in patient's blood at the children's clinic of the University of Vienna and published on this topic in 1938.[217] In July 1940 he habilitated in paediatrics, and in March 1941 he became a dozent for paediatrics in the University of Vienna children's clinic.[218] Dr Hamburger was a dedicated National Socialist, and had worked previously with Dr Hofmeier in the construction of a Kinderkundliche Woche in Vienna.[219] Steinmaurer also completed research on the topic of serotherapeutics, pathological anatomy, and vaccine research in animals. In 1940, Dr Chiari and Dr Hamburger wrote to the Professorenkollegium of the medical faculty at the university of Vienna to state that he had been a loyal member of the NSDAP with a good character, and so he was given the title of Dr med habil.[220] As part of Steinmaurers application process to the Reichsuniversität Straßburg, the NSDAP had to attest to his political reliability, which was approved in February 1942.[221] Steinmaurer was employed as a Dozent Dr Med Habil Oberarzt for the paediatric clinic at the Reichsuniversität Straßburg from 1 February 1942.[222] In March 1942 the Reichsminister für Wissenschaft, Erziehung und Volksbildung attested to his appointment in Strasbourg in both clinical practice in the children's clinic, and also teaching in the clinic.[223] Steinmaurer was requested to conduct military service, but despite this request, the President of the Reichsuniversität Straßburg stated that

> [Steinmaurer] is absolutely necessary as a specialist for the children's clinic, especially since there is an extraordinary shortage of specialists. The conscription of Dr

[217] Hans Jörg Steinmaurer, 'Nachweis von Freiem Diphtherietoxin im Patientenblut,' *Medizinische Klinik* 41, (1939).
[218] A habilitation is an extra qualification in Germany which is required to lecture in a university or to become head of a department or professor. It requires a postdoctoral thesis of original research in the individuals subject area.
[219] Edith Sheffer, *Asperger's Children: The Origins of Autism in Nazi Vienna*: 108. Eduard Seidler, 'Die Kinderheilkunde und der Staat,' *Monatsschrift für Kinderheilkunde* 143 (1995): 1184-1191.
[220] AT-UAW/MED PA 502; Steinmaurer, Hans Jörg Medizinische Personalakten, Letter 5 April 1940.
[221] ADBR. 1558 W 77322. Antrag auf Einstellung eines Assistenten, 5 February 1942 Leiter der Dozentenschaft Prof. Anrich, ‚In politischer und charakterlicher Beziehung keine Bedenken.'
[222] AT-UAW/MED PA 502; Steinmaurer, Hans Jörg Medizinische Personalakten.
[223] ADBR. 1558 W 77322. Letter from Reichsminister für Wissenschaft Erziehung und Volksbildung 23 March 1942.

> Steinmaurer to military service would have an extremely unfavourable effect with regard to the medical care of the 250 children currently accommodated in the children's clinic.[224]

This letter indicates the considerable disruptions to clinical practice and care that resulted from the military involvement of doctors and students at the Reichsuniversität Straßburg, as well as the attempts to retain staff at the hospital. Steinmaurer taught Infektionskrankheiten im Kindesalter (infectious diseases in childhood) (1941-1942),[225] Einführung in die Kinderärztliche Praxis (introduction to paediatric practice) (1942),[226] a course on vaccination, and a paediatrician's seminar (1943).[227] However, he was marked as Zur Zeit im Feld from the Vorlesungsverzeichnis in 1943-1944, and the lectures he formerly taught were divided between Dr Hofmeier and Dr Kiehl.[228]

The Vorlesungsverzeichnisse in Strasbourg list a number of staff members, though the primary lecturer from 1941/42 to 1944 is Dr Steinmaurer.[229] In 1941/42 eight clinical residents are listed, although their specific roles and research areas are not specified; Dr Wolfgang Kiehl, Dr Karl Willer, Dr Renatus Mehl, Dr Hugo Strohm, Dr Ludwig Wilhelm, Dr Grete Trier, Dr Elizabeth Melle-Dietz, and Dr Hermine von Bentheim. Dr Wolfgang Kiehl is listed as a member

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[224] ADBR. 1558 W 77322. Letter from Der Kurator der Universität Straßburg 24 July 1941.
Original Quote; Der Genannte ist als Facharzt für die Universitäts-Kinderklinik unbedingt notwendig, zumal an Fachärzten z.Zt. ein außerordentlicherer Mangel besteht. Die Einberufung des Dr Steinmaurer zum Wehrdienst wurde sich hinsichtlich der ärztlichen Betreuung der z.Zt. in der Universität-Kinderklinik untergebrachten 250 Kinder höchst ungünstig auswirken.

[225] Personal-und Vorlesungsverzichnis der Reichsuniversität Straßburg, Winter-Semester, 1941-1942. Henitz Verlag: Straßburg (1941): 24.

[226] Personal-und Vorlesungsverzichnis der Reichsuniversität Straßburg, Sommer-Semester, 1942. Henitz Verlag: Straßburg (1942): 50.

[227] Personal-und Vorlesungsverzeichnis der Reichsuniversität Straßburg. Sommer-Semester, 1943. Henitz Verlag: Straßburg (1943): 63.

[228] Personal-und Vorlesungsverzeichnis der Reichsuniversität Straßburg. Winter-Semester, 1943-1944. Henitz Verlag: Straßburg (1943): 37.

[229] Personal-und Vorlesungsverzichnis der Reichsuniversität Straßburg, Winter-Semester, 1941-1942. Henitz Verlag: Straßburg (1941): 24. The Vorlesungsverzeichnis from 1941/42 does not give a full list of staff in each clinic, and only mentions Dr Hofmeier and Dr Steinmaurer.

of the Wehrmacht, but no staff members are listed as Zur Zeit im Feld (doing active duty in the field). In 1943/44 the clinic expands, adding Dr Ernst Wenner and Dr Hanspeter Naegele. Of these clinical residents, Dr von Bentheim and Dr Naegele were former students of Hofmeier who were retained in the clinic following their medical studies in the clinic. Dr Renatus Mehl was no longer listed as a member of staff in 1943/44, though his reasons for leaving are not evident, and in his place, Dr Hanspeter Naegele is hired. While there are some female staff members, the majority of the staff members in paediatrics were male. As noted by Ross Dickinson, at the beginning of the twentieth century, doctors began to view themselves as protectors of national health as a cohesive whole, and this, coupled with their training, led to an elitist, insular, and male dominated profession.[230] Kravetz also notes that as Germany was the last European country to admit women to medical schools, this inequality would take decades to correct.[231]

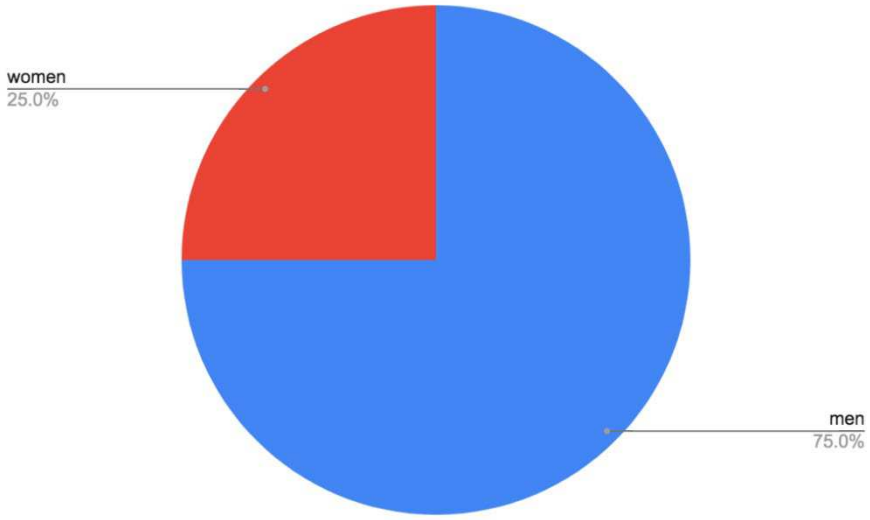

Figure 2.3: Proportion of male and female staff members in the children's clinic.

[230] Edward Ross Dickinson, *The politics of German child welfare from the Empire to the Federal Republic:* 143.
[231] Melissa Kravetz, *Women doctors in Weimar and Nazi Germany: maternalism, eugenics, and professional identity*,: 13.

Both Mehl and Willer revealed some reluctance to engage with Nazi organisations initially, despite eventually joining in order to retain employment at the Reichsuniversität Straßburg. It is unclear if they were the only two Alsatians in the clinic, but they were the only two recorded as being of concern due to their not being German. Dr Karl Willer was born in Strasbourg in 1903 and served as a lieutenant in the French army.[232] Despite his involvement with the French army, the NSDAP stated that he had no political affiliation.[233] The Kreispersonalamt of the NSDAP informed the Dekan of the medical faculty that Karl Willer should join a Nazi organisation.[234] On presentation of a certificate to state that he joined, then his case would be considered to be employed at the children's clinic.[235] While this certificate is not included in the file, Professor Stein wrote to the Chef der Zivilverwaltung in August that Willer had registered to work with the Hitler Youth and had reported to the district doctor, Dr Frank.[236] It is unknown in what capacity Willer worked with the Hitler Youth, but paediatricians routinely aided the Hitler Youth in medical screenings.[237] In the postwar era individuals claimed that they were not really engaged in the party even though they had membership, therefore the specific organisations an individual joined can determine the degree of engagement with Nazi policies; without information on what specific group they joined it is difficult to ascertain their personal thoughts on Nazism. Dr Willer joined a Nazi organisation, despite seemingly having no political inclinations. His reasons for doing so are unknown, but it is possible that this 'recommendation' to join a Nazi organisation was enough to persuade him to join the Hitler Youth in a medical capacity. This is in contrast to

[232] ADBR. 1558 W 7877757. Politische Beurteilung der Dr Karl Willer, 26 March 1942.
[233] Ibid.
[234] ADBR. 1558 W 7877757. Letter from Kreispersonalamt der NSDAP Straßburg, 22 May 1942.
[235] Ibid.
[236] ADBR. 1558 W 7877757. Letter from Dekan den Medizinischen Fakultät Straßburg to Chef der Zivilverwaltung Straßburg, 26 August 1942.
[237] Michael Buddrus, 'HJ im Kampf um ein gesundes Volk". Die „Gesundheitsführung der deutschen Jugend" und die HJ-Medizinalorganisation,' in *Totale Erziehung für den totalen Krieg: Hitlerjugend und nationalsozialistische Jugendpolitik* edited by Michael Buddrus, Berlin: De Gruyter (2015): 910.

Renatus Mehl, who retained his job for several months despite not joining a Nazi organisation and the external pressure to do so.

Dr Renatus Mehl was born in Hagenau in 1910, but was never a Francophile according to the investigation by the Kreisleitung der NSDAP in August 1941.[238] Despite his participation in the war from September 1939 to August 1940 in the French army, and the medal he received for his war effort, the Kreisleiter of the NSDAP declared that he had no strong political affiliations. The Dean of the medical faculty replied to this report in September 1941, stating that,

> It is hoped that he will soon find his way to the NSDAP or one of its branches. There are no fundamental concerns about his use as an assistant in the children's clinic.[239]

In 1943 the NSDAP note that Renatus held no known views against Germanisation but was still politically inhibited.[240] Despite this, the Chef der Zivilverwaltung in Strasbourg stated that he had 'only now agreed to join an NS organisation' though it is not mentioned which specific organisation he became a member of.[241] It is likely this was as a result of external pressure rather than personal convictions, as they note that they would 'wait and see' his political affiliations. This is indicative of the political pressure on individuals to join the Nazi cause, not necessarily due to personal conviction, but in order to secure employment. This is in contrast to the zealous adherents to Nazism as seen in Dr Kiehl, Dr Steinmaurer and Dr Hofmeier; it appears they all worked together in the clinic, indicating differing degrees of compromise and collaboration of the staff.

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[238] ADBR. 1558 W 52167. Letter from Kreisleitung der NSDAP 12 August 1941, René Mehl.
[239] ADBR. 1558 W 52167. Letter from Rektor der Medizinisches Fakultät Reichsuniversität Strassburg 17 September 1941, René Mehl/
Original Quote; ‚Es ist zu hoffen, dass er bald de weg zur NSDAP oder einer ihrer Gliederung findet, Gegen seine Verwendung als Assistent in der Kinderklinik bestehen keine grundsätzlichen Bedenken'
[240] ADBR. 1558 W 52167. Letter from NSDAP 14 October 1943, René Mehl.
[241] Ibid.
Original Quote; ‚Seit 1940 nahm er eine abwartende Haltung ein und hat sich erst jetzt bereit erklärt einer NS Organisation beizutreten.'

The medical resident Dr Rosemarie von der Decken was a former student of Hofmeier who completed her successful thesis under his supervision. The second medical resident Marlene Amos also worked at the clinic.[242] In 1941 Dr Med Hermine von Bentheim came to Strasbourg to work as an assistant at the children's clinic under Dr Hofmeier. She stated that she was the first German assistant at the clinic, and in his opening address Hofmeier highlighted the need to be welcoming to the Alsatian assistants.[243] Given her proximity to Hofmeier, it is likely that her testimony is intended to cover her and Hofmeier's actions in the period from 1941 to 1944. This welcome von Bentheim mentions only extended to keeping Alsatians as members of staff in positions that were secondary to German staff members, as evidenced in the case of Charles Apffel who left the clinic due to being refused employment at a higher position due to his habilitation which would entitle him to a degree of independence and autonomy as an Oberarzt.[244] The testimony given Dr von Bentheim was chosen by Hofmeier to indicate his suitability for employment in the postwar era, thus illustrating postwar legitimisation of the differential treatment Alsatian staff received. The clinic appeared to be run with Christian principles in mind, as Hermine von Bentheim stated that Hofmeier 'considered a nursery of children without Christian principles to be unthinkable.'[245] This is evident through the correspondence between the children's clinic and the Verwaltung der Klinischen

[242] Verzeichnis der Ärzte und Krankenanstalten in den Westgebieten Elsass, Lothringen und Luxemburg sowie im General-Gouvernement und im Protektorat Böhmen und Mähren (1942) eds Dr H Lautsch, Dr Hans Dornedden: Leipzig: Georg Thieme Verlag (1942): 25.
[243] AN-CAD. AC0134/4. Letter from Dr Med. Hermine von Bentheim on 18 March 1947. Archives de l'Occupation Française en Allemagne et en Autriche.
Original quote; 'Ich war damals die erste deutsche Assistentin und wie mir auch die Kollegen bezeugten hatte ich anfangs einen besonders schweren Stand bei Herr Hofmeier der bei keine, der elsässischen Kollegen so kritisch war wie bei mir und besonders viel verlangte. Er hat allen deutschen gegenüber immer wieder von ihren Pflichten gegenüber den Elsässern gesprochen.'
[244] For further information consult Christian Bonah, 'Charles Apffel' in *Wiki Reichsuniversitat Strassburg,* available at https://ch-rus.u-strasbg.fr/w/index.php/KarlApffel.
[245] AN-CAD. AC0134/4. Letter from Dr Med Hermine von Bentheim on 18 March 1947. Archives de l'Occupation Francaise en Allemagne et en Autriche.

Universitätsanstalten concerning the request for new toys for the children in time for Christmas celebrations which would cost 68,84 RM.[246] While theoretically devout religious practices were incompatible with Nazism, the paediatrician and longstanding Nazi Dr Johann Duken in the University of Heidelberg was also a devout Evangelical Christian, to the extent that this swayed his denazification.[247] Despite this, he was considered a Hauptschuldiger, but religious conviction was considered antithetical to devout Nazism, and this argument is an example of postwar legitimisation.[248]

(vii) Infant Nutrition and Breast Milk Banks

Dr Hofmeier introduced a breast milk bank for the children's clinic, and incorporated the infants ward into this nutrition scheme, echoing the first milk bank created by Rohmer in the early 1900's. This was integral to the nursing of premature and underweight infants, as Katharina Rowold mentions in the case of quadruplets born in England in 1935, who all survived as a result of the establishment of a breast milk bank.[249] It was backed by Hofmeier to the Dean of the medical faculty, Professor Stein wherein he emphasised the importance of adequate nutrition in the prevention of disease in children and infants. This scheme accounted for approximately 200 litres of milk a day used in the children's clinic.[250] Similar schemes had been established in the USA and Britain as a result of the success of such breast milk banks in Germany for the survival

[246] AVES. 7AH486. Letter from A Reiter Oberin, March 1943.
[247] Stephen P. Remy, *The Heidelberg Myth; The Nazification and Denazification of a German University*: 194.
[248] For further information on degrees of denazification, please consult chapter 7 on the postwar era and evacuation of Strasbourg.
[249] Katharina Rowold, 'Other Mothers' Milk: From Wet Nursing to Human Milk Banking in England, 1900-1950,': 1-19.
[250] AVES. 7AH486. Letter of Dr Hofmeier concerning breast milk bank in the Kinderklinik.

of newborns.[251] Dr Johann Duken established a similar breast milk bank in the University of Heidelberg in 1940 as part of modernisation measures.[252] This illustrates that Strasbourg was on par with other clinics in terms of modernisation, and also shows how infant mortality rates, and infant nutrition were at the centre of paediatric care in this era.

[251] Katharina Rowold, 'Other Mothers' Milk: From Wet Nursing to Human Milk Banking in England, 1900-1950,': 1-19.
[252] Gerrit Hohendorf, Maike Rotzoll and Sigrid Oehler Klein, ‚Der Padiater Johann Duken im Dienst Nationalsozialistischer Gesundheitspolitik': 323-359.

Source www.numistral.fr / Bibliothèque nationale et universitaire de Strasbourg

Figure 2.4.: Propaganda poster for the Strasbourg children's clinic, urging new mothers to give their excess breast milk to the clinic. Message states: '[Infants] Get healthy through breast milk: Mother give your excess milk to the breast milk collection point of the NSV in the children's clinic of the Reichsuniversität Straßbourg.'[253]

[253] BNU. NIM18718. Gesund gewarden durch Frauenmilch: Mutter gib deinen Milchüberfluss an die Frauenmilchsammelstelle der NSV. in der Kinderklinik der Reichsuniversität Strassburg.

As Kravetz notes, breast milk was viewed as a national resource in the Nazi era, as reproduction was politicised and breast milk collection centres reinforced the ideology that healthy children were central to the war effort.[254] The Reichsmütterdienst and the Mutterschulung taught women that their position in feeding and caring for German babies was their obligation to the German Volk, and this was achieved through extensive breastfeeding propaganda as well as incentivised breast milk donation.[255] Agnes Bluhm, a German doctor who was actively involved in eugenics research, believed that doctors were uniquely suited to ensure the Nazi racial hygiene goals, in particular though appealing to women and the family.[256] Kravetz also notes that nurses were seen as integral to the success of the breastfeeding campaigns as they could take time with mothers to encourage them to breastfeed or also to donate excess milk. This appears to be foregrounded in the Richtlinien für Säuglingsschwestern in der Nachgehenden Säuglingsfürsorge which was distributed by the Chef der Zivilverwaltung in June 1941. The Richtlinien highlighted the specific roles that nurses had in relation to clinical work as well as their contribution to public health campaigns:

> For this purpose, Säuglingsschwestern der Reichsbund der freien Schwestern und Pflegerinnen are employed by the NSV to help the family with baby care and nutrition. It means that they show the mothers how the child is properly bathed and directed and how the food is prepared. Their task is also to inform the mother about the necessity of breastfeeding, and if necessary, to give practical instruction.[257]

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[254] Melissa Kravetz, *Women doctors in Weimar and Nazi Germany: maternalism, eugenics, and professional identity*: 18.
[255] ADBR. 126AL77 A. Strasbourg 18 June 1941; Chef der Zivilverwaltung im Elsass, *Richtlinien für Säuglingsschwestern in der nachgehenden Säuglingsfürsorge (vorbeugende familienhilfe),* Ordnung des Säuglings- und Kinderpflege Berufs im Elsass.
[256] Melissa Kravetz, *Women doctors in Weimar and Nazi Germany: maternalism, eugenics, and professional identity*: 161.
[257] ADBR. 126AL77 A. Strasbourg 18 June 1941; Chef der Zivilverwaltung im Elsass, *Richtlinien für Säuglingsschwestern in der nachgehenden Säuglingsfürsorge (vorbeugende familienhilfe),* Ordnung des Säuglings- und Kinderpflege Berufs im Elsass.
Original Quote; Zu diesem zwecke werden von der NSV Säuglingsschwestern des Reichsbundes der Freien Schwestern und Pflegerinnen eingesetzt die in der Familie bei der Säuglingspflege und Ernährung praktisch mithelfen DH den Müttern zeigen wie das Kind richtig gebadet und gerichtet und die nahrung zubereitet wird. Ihre

The nursing students in Strasbourg were taught about these campaigns, and were tested on this in their final exams.[258] These campaigns appear to have worked, as there was for example a 95% breastfeeding rate in Hamburg, and a 100% breastfeeding rate in the Lebensborn home in Nordrach, where Hofmeier and Kiehl consulted.[259] However the collection of breast milk for these banks also appears to have been constructed along racial lines, as Kravetz states that those who wished to donate breast milk had to first come to the clinic to have a racial exam, and only then would they be admitted as a donor.[260] Furthermore, doctors reprimanded women who could not, or chose not to breastfeed as being selfish and contributing to higher infant mortality.[261] This may have spurred the increase in breast milk banks, as parents chose donated breast milk above formula in cases where they could not produce breast milk themselves. By the end of 1944 there were 44 breast milk banks in the Reich, one of which was in Strasbourg.

aufgabe besteht ferner in der aufklärung der Mutter über die notwendigkeit des stillens und wenn erforderlich in der praktischen Unterweisung.

[258] ADBR. 126AL77 B. Medizinalwesen prüfung der Säuglings und Kleinkinderpflegerinnen.

[259] Melissa Kravetz, *Women doctors in Weimar and Nazi Germany: maternalism, eugenics, and professional identity*: 206

ITS. 4.1.0/ 82452169. 100% breast feeding rate noted in Letter from Dr Kiehl 15 July 1943 'Kurzer bericht über den Kinderärztlichen besuch des Lebensborn-heimes Nordrach i Schwarzwald am 10.7.43.'

[260] Ibid. 180.

[261] Edward Ross Dickinson, *The Politics of German Child Welfare from the Empire to the Federal Republic*: 62.

5.9 Breast milk collection facilities in the German Reich, 1944. Image from Eckardt and Feldweg, *Die Frauenmilchsammelstellen*.

Figure 2.5.: Map of Breast Milk Banks in the Third Reich by 1944. [262]

(viii) Paediatric Nursing at the Reichsuniversität Straßburg

Nursing, and particularly paediatric nursing, was determined and led by what the doctors required of them in terms of treatment and medical ideas.[263] Therefore, in order to have a clear idea about treatment in the children's clinic, the nursing staff must be examined in conjunction with the doctors. Nurses were present at the hospital and in a largely supervisory role. The

[262] Melissa Kravetz, *Women doctors in Weimar and Nazi Germany: maternalism, eugenics, and professional identity*: 185. Referencing Eckhardt and Feldweg, *Die Frauenmilchsammelstellen,* (1944): 14.
[263] Michael Jeremy Jolley, 'A social history of paediatric nursing 1920-1970,' PhD thesis. University of Hull (2003): 69.

question of who exactly provided nursing care in the Reichsuniversität Straßburg children's clinc is a complex one. While the Diaconesses de Strasbourg, a Protestant community of women (comparable to a Catholic order of nuns) had been nursing sick children in Strasbourg since 1842, it is unlikely that they were present between 1940 and 1944.[264] The Sisters of Charity signed a contract in 1942 with the Reichsministerium für Wissenschaft, Erziehung und Volksbildung to specify the clinics in which they would work, but the children's clinic is not on that list.[265] These sisters had been present at the children's clinic since 1811, so it is possible that there were sisters of charity present at the clinic, after the signing of this contract in 1942.[266] A list of nurses, dating to approximately 1941 has been found, but their organisation is not mentioned. This list was part of an archival source entitled 'DRK Schwestern', but as the majority of the listed nurses were present before 1940, their specific status in the organisation was not mentioned.[267] It is likely that they were members of the German Red Cross, due to the title on the record, and as this was one of the largest medical organisations in Germany with 1.4 million members.[268] On 9 December 1937 'The Law on the German Red Cross' was signed, which marked the full incorporation of the German Red Cross to the Nazi state.[269] This meant that the members of the German Red Cross had to swear allegiance to Adolf Hitler and had to identify with the Nazi regime.[270]

[264] Historique, http://www.diaconesses.fr/qui-sommes-nous/historique/
[265] Sophie Ehret, 'Entre rupture et entente avec la ville: la congrégation des Soeurs de la Charité de Strasbourg de 1914 à 1945,' (MA. diss) Université de Strasbourg (2003): 194-197.
[266] Ibid.
[267] AVES. 7AH120. DRK Schwestern.
[268] Information on the history of the German Red Cross available at https://www.drk.de/das-drk/geschichte/das-drk-von-den-anfaengen-bis-heute/1930/1937/
[269] "Gesetz über das Deutsche Rote Kreuz" 9. Dezember 1937.
[270] Information on the history of the German Red Cross available at https://www.drk.de/das-drk/geschichte/das-drk-von-den-anfaengen-bis-heute/1930/1937/

Figure 2.6.: German Red Cross propaganda poster 1941. Message states; 'War relief organisation for the German Red Cross. Your reward - your sacrifice.'[271]*

[271] BNU. NIM33691. 2. Kriegshilfswerk für das Deutsche Rote Kreuz. Dein Dank - Dein Opfer. Herausgegeben vom Reichsbeauftragten für das WHW. Amt Werbung und Schulung. 1941.
* As a direct translation would not be accurate, the message has been translated to convey the meaning of the propaganda rather than directly translated.

Paediatric nursing in this era was predominantly a profession for women due to the convergence of childcare and motherhood with the management of sick children.[272] Nursing care was organised hierarchically, with nursing sisters at the top who largely organised the nurses rather than actually caring for patients. There were then nurses who were fully qualified and did the majority of the work, while there were also trainee nurses who shadowed the nurses before completing their examinations. In the children's clinic one fully trained nurse could take charge of four paediatric patients. In principle there were to be eight trainee nurses for every ten sisters and six nurses indicating the considerable number of trainee nurses.[273] In the first term in 1942, there were 12 trainee nurses, but by 1944 there were 25, illustrating the growth of the clinic, but also the capacity for teaching and examining student nurses.[274] It also speaks to the ongoing impact of war, as there was a further reliance on trainee nurses during wartime as fully qualified nurses were required for caring for soldiers.

The Poliklinik was an extension of the children's clinic, established to provide outpatient care to children who did not require overnight admission to the hospital.[275] It was administratively a part of the children's clinic, and therefore shared staff and resources with the rest of the children's clinic; this is why there are no separate records for admissions there, as it was in the same clinic, just a different ward. The Poliklinik could be used to monitor patients who had left the formal inpatient setting of the children's clinic and was also a more open

[272] C. Wood, 'A training of nurses for sick children.' Nursing Record 1, no. 36 (1888): 507-510.
[273] AVES. 7AH120. DRK Schwestern.
[274] ADBR. 126AL77 B. Medizinalwesen prüfung der säuglings und kleinkinderpflegerinnen, 20 January 1942 Liste der Schülerinnen, and 11 April 1944 Liste der Schülerinnen.
[275] Adalbert Czerny refers to the presence of the Poliklinik in his work in 1911, and the same Poliklinik was still in use up to the Reichsuniversität era. Not to be conflated with the general poliklinik of the Reichsuniversität hospital as this did not cater to children. From here, the children's poliklinik as a section of the childrens clinic will be referred to as 'the poliklinik'.

treatment facility attached to the clinic.[276] This facility predated the Reichsuniversität Straßburg, but its function and structure remained the same. It was located on the ground floor of the main building of the children's clinic and consisted of a number of separate rooms. It had a large waiting room, with a separate entrance and exit for suspected contagious cases. Rohmer noted that the seats in the waiting room were specifically placed separately, rather than one single waiting bench, in order to separate those who may be contagious.[277] The Poliklinik contained a room for physical examinations like hearing and sight tests, as well as three individual consultation rooms, and an administrative room where admission files were prepared. The Mütterberatungsstunde were held in the Poliklinik wherein new mothers could bring their children for short check ups and health screenings as well as vaccinations. This check up sometimes revealed concerns that led to admission to the children's clinic. This was the case with Hedwig H., a 5 month old Alsatian child, where a routine examination in the Poliklinik during a Mütterberatungsstunde led to admission to the children's clinic for a skin disorder called lichen rubra planum.[278] While the patient records from this aspect of the children's clinic no longer exist for the Poliklinik under the Reichsuniversität Straßburg, the size of this clinic and the number of children that were treated can be garnered from the records of the nursing service. The nurses mention that given an excess of 3,000 patients, as in 30 patients treated per day, a professional typist would need to be hired to supplement the note taking of the nurses.[279] For the Poliklinik, a staffing ratio of 2 sisters to 2 to 3 nursing students in the case of 5,000 admissions per year (comprised of 50 average daily treatments) was recommended.[280] While this number

[276] Further information on outpatient capacity is discussed in the Chapter 2; Paediatric Treatment at the Kinderklinik Reichsuniversität Straßburg.
[277] Paul Rohmer, *La Clinique Infantile et l'Enseignant de la Pédiatrie à Strasbourg*: 8.
[278] AHUS. Case of Hedwig H., 1942 (case number 341/42): Admission chart 15 May 1942.
[279] AVES. 7AH120. DRK Schwestern. Date not provided, but documents from 1938-1944 in record information.
[280] Ibid.

seems very large, it was noted that nurses that were not required in the Poliklinik should be employed in other areas relating to paediatric care, such as helping on the hospital ward and administering treatments.[281]

Based on the figure below, the majority of nurses had been part of the staff prior to the transfer of the clinic to German administration (24 joined prior to 1940, with only 3 joining post 1940), indicating a considerable amount of retention of staff from the French period. Therefore, the question of what their organisational affiliation was remains as they entered the service before 1940. The same political background checks were required of nurses as well as doctors.[282] In order to facilitate a larger number of nurses, and continuity of staff, they allowed the registration of full time nurses with French diplomas providing they passed a racial examination to determine that they were of German blood.[283] The degree of continuity of staff is indicated in this table illustrating the fully qualified nursing staff and their background.

Name	Birth place	Contract type	Role	Entry Year
Mathilde Meisch	Strassburg	Permanent	X Ray assistant	1910
Mathilde Bohnert	Strassburg	Permanent	Paediatric nurse	1919
Elizabeth Huth	Niederbronn	Permanent	Neonatal nurse	1921
Karoline Michel	Pfaffenhofen	Permanent	General nurse	1922
Maria Kniesel	Ruffach	Permanent	Neonatal nurse	1923
Anna M Fuchs	Strassburg	Permanent	General nurse	1924

[281] Ibid.
[282] ADBR. 142AL436. Unterricht und Erziehung Universität Heidelberg, NSDAP letter to Oberstadtskommissar Stadtsichsgesundheitsamt, 1 December 1942.
[283] ADBR. 126AL77 A. 14 September 1941 Verordnung zu Ordnung des Säuglings und Kinderpflegeberufs im Elsass.

Rosalie Muller	Strassburg	Permanent	Neonatal nurse	1924
Emilie Richert	Brumath	Permanent	Neonatal nurse	1926
Marianne Christ	Strassburg	Permanent	Paediatric nurse	1927
Alice Crozer	Stoztheim	Permanent	Paediatric nurse	1927
Bertha Jaeckle	Strassburg	Permanent	Neonatal nurse	1928
Elizabeth Braun	Diedenhof	Permanent	Paediatric nurse	1929
Mariette Richter	Kolmar	Permanent	Neonatal nurse	1930
Leonie Spiess	Sultzmatt	Permanent	Neonatal nurse	1931
Margarete Ruh	Strassburg	Temporary	Paediatric nurse	1932
Elizabeth Christ	Strassburg	Permanent	Paediatric nurse	1932
Adrienne Flory	Saaralben	Permanent	General nurse	1934
Johanna Spiess	Sultzmatt	Permanent	Neonatal nurse	1934
Luiza Strohl	Bischweiler	Permanent	Neonatal nurse	1934
Elizabeth Munch	Molsheim	Permanent	General nurse	1935
Sylvia Ehlinger	Mulhausen	Permanent	Paediatric nurse	1936
Gabrielle Krebs	Mulhausen	Temporary	Paediatric nurse	1937
Melanie Mary	Sufflenheim	Temporary	Paediatric nurse	1937
Luise Jemoli	Munster	Temporary	Paediatric nurse	1939
Maria Kohler	Niederhaslach	Temporary	Paediatric nurse	1939

Heiter Johanna	Kingersheim	Temporary	Paediatric nurse	1940
Elizabeth Rue	Diemeringen	Temporary	Paediatric nurse	1940
Erna Schirck	Strassburg	Temporary	Paediatric nurse	1940

Figure 2.7.: Paediatric nursing personnel in the Reichsuniversität Straßburg children's clinic.[284] Estimated date, 1941; precise date not provided in archive original.

In total there were 9 neonatal nurses, 1 X-ray assistant, 4 general nurses, and 14 specialist paediatric nurses, with 8 of the 28 nurses employed as temporary staff. One possible reason for this considerable number of nurses is that children required more one on one attention. This is seen when the one nurse per 4 patients in paediatrics is compared with other clinics. An example is the surgical clinic with one nurse per 7 patients, one nurse per 6 patients in the medical clinics, one nurse per 5 patients in the gynaecology clinic, one nurse per 8 patients in dermatology. The number of nurses, excluding nursing sisters, was quite large and indicates the capacity for paediatric treatment, both within the clinic proper, and in the Poliklinik.[285]

Much like the doctors, the nurses utilised the teaching environment of the hospital to train and supervise new nurses. On 22 November 1941 the *Straßburger Neueste Nachrichten* reported the opening of the paediatric nursing school at the Reichsuniversität Straßburg.[286] Representatives of the Wehrmacht were in attendance, and a ceremony was held in the festival hall at the clinic as 36 nurses were awarded the brooch of the Reichsbund der Freien Schwestern

[284] AVES. 7AH120. DRK Schwestern.
[285] Ibid.
[286] ADBR. 126AL77 E. Kinder und Saüglingspflegeschule Straßburg Medizinalwesen. Säuglings-und Kinderpflege' eroffnung einer Schule an der Kinderklinik der Reichsuniversität Straßburg, *Strassburger Neueste Nachrichten,* 22 November 1941.

und Pflegerinnen. From 1936 onwards the Reichsbund der Freien Schwestern und Pflegerinnen was the only professional organisation of nurses that was allowed to exist in Nazi Germany; Catholic, Protestant, and Red Cross Nurses all had to be members of this organisation in order to practice.[287] This further complicates ascertaining which organisation the nurses were originally part of. The article in the *Straßburger Neueste Nachrichten* also notes that Professor Hofmeier would manage their education, while Oberin Reiter would be the head matron.[288] Their training was extensively detailed, including theoretical instruction on the biological structure of the body, practical lessons on bedside manner and treatments, physical exercise, and ideological training with the NSV. As the clinic already had 260 patients, this was an ample opportunity for the 40 new trainee nurses to study here during the 18 month course. It also noted the symbolic importance of training nurses in a Nazi worldview west of the Rhine and stated that 25 of these new student nurses were from Alsace.[289] Throughout the nurses' training they had to pass practical and written examinations, and the specific skills that were recorded by Oberin Reiter and sent to Dr Sprauer in 1944 illustrates what they were expected to know. This includes vaccinations, urine examination, intubation, blood transfusions, tuberculin reaction tests, pleural puncture techniques, tracheotomy, catheterisation, recognising sepsis and encephalitis, care of premature infants, eczema, diphtheria, measles, whooping cough, rickets, and seizures, among further descriptions of care for illnesses and breastfeeding awareness campaigns.[290]

[287] Kate Docking, 'Medical misconduct: the nurses of Ravensbrück concentration camp, 1939-1945', *UK Association for the History of Nursing*, 8, no 1. (2020): not paginated.
[288] ADBR. 126AL77 E. Kinder und Saüglingspflegeschule Straßburg Medizinalwesen. Säuglings-und Kinderpflege' eroffnung einer Schule an der Kinderklinik der Reichsuniversität Straßburg, *Strassburger Neueste Nachrichten,* 22 November 1941.
[289] Ibid.
[290] ADBR. 126AL77 F. 11 April 1944, Letter from Uni Kinderklinik Oberin Reiter to Chef der Zivilverwaltung Dr Sprauer concerning the exam results of nursing students, Notdienstverpflichtung der Säuglings u kinderschwesternschulerinnen der Lehranstalt bei der Universitäts Kinderklinik in Straßburg.

(ix) Teaching and Research at the Children's Clinic

Teaching took place in the children's clinic as a specific lecture hall was built in the clinic for lecturing students in 1910, which was still in use up to the Nazi era.[291] In 1941/1942 the only available courses on paediatrics were 'Kinderheilkunde und Kinderfürsorge' (paediatrics and child welfare) and 'Konstitutionsfragen in der Kinderheilkunde' (constitutional issues in paediatrics) both taught by Hofmeier, and 'Infektionskrankheiten im Kindesalter' taught by Dr Steinmaurer.[292] The number of available courses on paediatrics increased as the semesters continued and by the summer semester of 1942, courses on vaccination, nutrition, and X-ray diagnostics were added and were taught by Hofmeier. 'Einführung in die Kinderärztliche Praxis,' (introduction to Paediatric Practice) and 'Kochkurs' (cooking course on nutrition) taught by Steinmaurer and Strohm were both added in 1942. In 1943 it becomes particularly evident that the war was having a considerable impact on teaching practices in the clinic, as a number of hospital staff were listed as part of the Wehrmacht or doing active duty in the field (Zur Zeit im Feld), including Wolfgang Kiehl, Hugo Strohm, and Ludwig Wilhelm from the children's clinic. A paediatricians' seminar, taught by Hofmeier and Steinmaurer, was added in the 1943 summer semester. In 1943/1944, the war effort increases, and this is reflected in Steinmaurer and Hanspeter Naegele both being listed as on active duty. As a result of the loss of Steinmaurer from the teaching staff, Dr Kiehl takes on the infectious diseases course, and the vaccination course is no longer listed. All other courses are taken on by Hofmeier. There is no known list of

[291] Adalbert Czerny, 'Straßburgs neue Kinderklinik,': 1-8.
[292] Reichsuniversität Straßburg Personal und Vorlesungsverzeichnis Wintersemester 1941-1942. Henitz Verlag: Straßburg (1941): 24.

students who attended his lectures, nor is there a record of the material addressed in these lectures, although an indication as to what was taught can be gleaned from his prior publications.

Hofmeier also supervised 31 medical theses at the Kinderklinik of the Reichsuniversität Straßburg, which represented a considerable number of the 292 theses completed in the university medical department as a whole.[293] These theses were directly related to the ongoing research that Hofmeier conducted, and it appears he had a significant influence in their studies aside from a supervisory role.[294] It is possible that the considerable amount of courses being taught by Hofmeier, as well as the theses he supervised, along with responsibilities outside the clinic, meant that there was simply no time for his own research in paediatrics. While students conducted paediatric research as part of their dissertations, it appears that Hofmeier and Steinmaurer, being over-burdened with teaching responsibilities and supervision, did not complete much new paediatric research themselves, relying on more general questions and some of their former work for publication purposes.

On 1 June 1943 Hofmeier evaluated the thesis of Hans Joachim Gawantka entitled *Die Bedeutung krankhafter Erbanlagen und Erbkrankheiten bei Adoptiveltern und Adoptivkindern,* and noted that the question was one of importance for doctors and gave it a grade of good. In his view,

> This issue is very important on the grounds of the children's department for the Reich health office and also for the Reichsgesundheitsfürung. This thesis also seemed to be very important for the reason that the adoption of children has been supported by various important measures of the Reichgesundheitsführung as well as the N.S.V. Although this issue is not easy to handle Gawantka managed the task with diligence and skill.[295]

[293] Consult Appendices for full list of medical theses conducted at the Reichsuniversität Straßburg.
[294] Consult appendices for a full list of medical theses. Consult chapter 4 for a full explanation of student research and teaching supervision.
[295] AFMS. 10 November 1943 Protokoll der Ärztliche Doktorprüfung bei der Medizinischen Fakultät der Reichsuniversität Straßburg Hans Joachim Gawantka.
Original quote: Dieses schien auch aus dem Grunde sehr notwendig zu sein, weil die Annahme an Kindesstatt durch verschiedene wichtige Maßnahmen der Reichsgesundheitsführung die auch der N.S. volkswohlfahrt gefordert

The grade was reinforced by Dr Busse and Dr Lehmann, who also agreed that the quality of the work is a high standard.[296] Thesis examination panels in the Reichsuniversität Straßburg usually comprised of three individuals, and the two doctors who had not super vised the thesis were usually chosen based on availability rather than subject area. Hofmeier was the primary thesis supervisor and published on the subject before in *Erbwissenschaft und Adoption* in 1942 and so he gave his students this topic to research further.[297] The subject of hereditary biology was also brought up in his students work, most notably in the thesis of Rosemarie von der Decken who received a grade of 'very good.'[298] Her thesis was entitled *Hand−Schüller−Christiansche Erkrankung bei zweieiigen Zwillingen* and was submitted in 1942. Hofmeier particularly complimented the degree of recording and comparative analysis that was completed in this case of twins. He also noted that 'the present work is concerned with the very rare and hereditary biologically important HSC disease with twins […] The disease shows familial occurrence here' and thus the work was seen to be important to the work of heredity and also of twin research.[299] Professor Bickenbach and Dr Hirt agree with Hofmeier on the grade of very good for this thesis.[300]

While in Strasbourg Hofmeier received two grants for his research on children's health from the Reichsministerium für Wissenschaft and the Deutsche Forschungsgemeinschaft.

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worden ist. Dieser an sich nicht ganz leichten Aufgabe hat sich Gawantka mit Gewissenhaftigkeit und Geschick unterzogen.'

[296] AFMS. Ibid.

[297] Kurt Hofmeier, 'Erbwissenschaft und Adoption - Die Bedeutung von Krankheiten Erbanlagen und Erbkrankheiten bei Adoptiveltern und Adoptivkindern.': 160-168.

[298] AFMS. 2 October 1942 Protokoll der Ärztliche Doktorprüfung bei der Medizinischen Fakultät der Reichsuniversität Straßburg Rosemarie von der Decken.

[299] AFMS. Thesis evaluation form for Rosemarie von der Decken 13 August 1942.
Original quote: 'Die vorliegende Arbeit beschäftigt sich mit der sehr seltenen und erbbiologisch wichtigen HSC Erkrankung bei zweieiigen Zwillingen… Die HSC Erkrankung zeigt hier familiäres Auftreten.'

[300] Similarly to the case with Lehmann, these two examiners were chosen based on availability, rather than collaboration on the project or proximity to the topic being researched.

Hofmeier's first grant was for a general study entitled 'Forschungsauftrag auf dem Gebiet der Kinderheilkunde,' (research assignment in the field of paediatrics) which took place from 1941 to 1942 with the sum of 6,000 RM.[301] His second study was entitled 'Untersuchungen über den Gesundheitszustand der Elsässischen Jugend' (studies on the state of health of Alsatian youth) for which he was awarded 3,000 RM in September 1943.[302] He notes in his denazification file that due to damage in the war, his records of these research projects were destroyed.[303] It is most likely that these vague project titles, and the lack of application process to receive a grant, that it was financial compensation for potential loss of income for clinically active doctors who were then employed in teaching.[304] Hofmeier was a longstanding member of the Deutschen Gesellschaft für Konstitutionsforschung, from 1941 during his time in Strasbourg, up to 1951.[305] His membership of this organisation appears to have influenced some of his publications, as the organisation dealt with nutrition, constitution, and public health.[306] Hofmeier continued to publish his research while in Strasbourg, with a very extensive publication list including work on immunity, nutrition, contagious diseases, heredity, paralysis, constitution, rickets, diphtheria, and maternal health.[307] None of these publications listed specific patient case studies from the children's clinic in Strasbourg.

[301] BArch. R73/11767. Letter from Reichsministeriums für Wissenschaft usw and the Deutsche Forschungsgemeinschaft 5 December 1941 to Dr Hofmeier.
[302] BArch. R73/11767. Letter from reichsministeriums für Wissenschaft usw and the Deutsche forschungsgemeinschaft 9 April 1943 to Dr Hofmeier.
[303] LA-BW StAS. Wü 13 T 2 Nr. 2133/014. Dr Kurt Hofmeier Entnazifizierung.
[304] Rainer Möhler, *Die Reichsuniversität Straßburg 1941-1944. Eine Nationalsozialistische Musteruniversität zwischen Wissenschaft, Volkstumspolitik, und Verbrechen*.: 135.
[305] Gerhard Koch, *Die Gesellschaft für Konstitutionsforschung Anfang und Ende 1942-1965. Die lnstitute lür Anthropologie, Rassenbiologie, Humangenetik an den deutschen Hochschulen Die Rassenpolitischen Amter der Jahre 1933-1945*, Erlangen: Palm und Enke Verlag, (1985): 23, 62.
[306] Carl Coerper, 'Über Konstitutionsforschung,' *Deutsches Ärzteblatt*, no. 8 (1943): 89-90.
[307] For a full list of Kurt Hofmeier's publications, consult Appendix 14.

(x) Children's Clinic Staff Involvement with the Lebensbornheim 'Schwarzwald' in Nordrach.

Lebensborn e.V. was an SS organisation established by Heinrich Himmler with the aim of providing welfare assistance to those having 'racially valuable' children, and also to provide improved maternity and infant welfare to those who were considered racially valuable.[308] Himmler hoped to increase the birth rate especially among young SS soldiers; 61% of the SS were bachelors in 1939, and those who were married had an average of 1.1 children per family, rising to 1.5 children for the officer class.[309] Therefore, couples who would ordinarily have gotten married before having children, but had been prevented from doing so by the war, or mothers whose SS partners had died in combat, were encouraged to increase the size of their families, and ensured that they would be given the best of care. With this goal in mind, Lebensborn homes opened to provide maternity care to pregnant women who could prove their racial purity, providing ideological training such as mothercraft classes, and assistance to achieve an expected 100% breastfeeding rate.[310] Women would then give birth in these homes, and their children would be cared for up to their first year of life. Mothers who could then prove their ability to take care of these racially pure children would be allowed to take them home, while other mothers could leave their children there to be later adopted by a family who passed racial tests if she was unable to provide for the child.[311] These 'racially pure' children in Lebensborn homes were given the best of nutrition and care in order to ensure their health.[312] As the war

[308] Georg Lilienthal, *Der 'Lebensborn e.V.' – Ein Instrument nationalsozialistischer Rassenpolitik*, Frankfurt am Main: Fischer Verlag (2003): 28.
[309] Larry V. Thompson, 'Lebensborn and the Eugenics Policy of the Reichsführer-SS,' *Central European History*, 4, no.1 (March 1971): 54-77.
[310] ITS. 4.1.0/ 82452169. 100% breast feeding rate noted in Letter from Dr Kiehl 15 July 1943 'Kurzer bericht über den Kinderärztlichen besuch dees Lebensborn-heimes Nordrach i Schwarzwald am 10.7.43.'
[311] Herbert F. Ziegler, 'Fight against the empty cradle: Nazi prenatal policies and the SS-Führerkorps,' *Historical Social Research / Historische Sozialforschung*, no. 38 (April 1986): 25-40.
[312] ITS. 4.1.0/82466612. Extensive Menu cards from 1942-1944 indicate no change in quantity or quality of food, despite the circumstances of rationing with the progression of war. Speisezettel, Menus of the Lebensborn home 'Schwarzwald.'

progressed, and it became evident that these homes were not as fruitful as expected, children who were considered racially pure were taken from their families in Eastern Europe, to be 'Germanised' and then adopted by a 'racially suitable' German family.[313] The importance of adoption along racial lines was highlighted by Hofmeier in his work *Erbwissenschaft und Adoption; Die Bedeutung von Krankhaften Erbanlagen und Erbkrankheiten bei Adoptiveltern und Adoptivkindern*.[314]

It was claimed by Lebensborn officials that only 700 people were employees of the organisation; the approximate number of births as a result of the Lebensborn project is 12,000 children.[315] This illustrates that the co-operation of external medical professionals was essential to the fulfilment of their goals of maternal health and ensuring the development of racially 'pure' children. The Lebensborn home 'Schwarzwald' in the town of Nordrach in Baden-Württemberg was established in 1942 at the former Rothschild tuberculosis sanatorium.[316] This hospital formerly catered for Jewish patients, who were deported to Theresienstadt ghetto, and subsequently Auschwitz, in order to use the building as a Lebensborn home.[317] As it was a former Jewish hospital, the building and its contents were 'Aryanised' by throwing out equipment and books from the library that were not deemed adherent to the Nazi ideology.[318] While the Schwarzwald home had a target occupancy rate of 65 children, this number was not

[313] Ines Hopfer, *Geraubte Identität Die gewaltsame "Eindeutschung" von polnischen Kindern in der NS-Zeit*, Bohlau Verlag, (2010): 62.
[314] Kurt Hofmeier, 'Erbwissenschaft und Adoption; Die Bedeutung von Krankhaften Erbanlagen und Erbkrankheiten bei Adoptiveltern und Adoptivkindern': 160-168.
[315] Herbert F. Ziegler, 'Fight against the empty cradle: Nazi prenatal policies and the SS-Fuhrerkorps,': 25-40.
[316] ITS. 4.1.0/82449011. Fernschrieben über Reichsverinigung der juden in Deutschland – Heilanstalt der Rothschild'schen Stiftung in Nordrach/Baden.
[317] Rolf Oswald, Recherche über SS-Verein 'Lebensborn' aus Nordrach, (23 September 2015) Baden Online. https://www.bo.de/lokales/offenburg/recherche-ueber-ss-verein-lebensborn-aus-nordrach#
[318] Dorothee Neumaier 'Das Lebensbornheim 'Schwarzwald' in Nordrach 1942-1945,' in *Vom Nationalsozialismus zur Besatzungsherrschaft : Fallstudien und Erinnerungen aus Mittel- und Südbaden*, edited by Heiko Haumann and Uwe Schellinger, Ubstadt-Weiher: Heidelberg (2018): 83-101.

achieved in their first year as in 1942 only 5 births were certified.[319] The numbers did increase in subsequent years, as 1943 had 97 births, and in 1944 there was a record of 110 births, far higher than the initial target occupancy. In 1945 only 28 children were born there, leading to a total of 240 children born at Schwarzwald Lebensborn home, with an infant mortality rate of 1.25%.[320]

There were five nurses, one head nurse, one secretary, a house doctor, a deputy doctor, and maintenance staff working in this home. While it had a house doctor, Dr August Hagenmeier, it also required an external consultant to write reports and check on the children at regular intervals to ensure they were developing as expected. Dr Georg Ebner of the Lebensborn home asked Dr Hofmeier if he could suggest a suitable doctor from the Reichsuniversität Straßburg children's clinic that could dedicate some time every six to eight weeks to come to Nordrach and check the health of the Lebensborn children.[321] Hofmeier responded in May 1943 stating that he would be happy to help at the Lebensborn home, and that he would drive himself and an assistant to the home in the near future as he was 'very interested in the establishment of the institution.'[322] They arranged a meeting on Saturday after the Pentecost holiday in 1943 for the first visit, and Hofmeier brought Dr Wolfgang Kiehl with him as an assistant.

Thereafter, Dr Kiehl became the consultant doctor for the Lebensborn home in Nordrach, with occasional referrals to Hofmeier. Kiehl was reimbursed by 50RM for each visit, and Dr Ebner arranged transport for him from the train station and reimbursement for travel expenses incurred.[323] Despite the request of Dr Ebner to visit every six to eight weeks, Kiehl visited Schwarzwald every four weeks.[324] Only two of Dr Kiehl's reports into the home exist; in July

[319] Ibid.
[320] Ibid.
[321] Consult biographical appendix for details of Dr Ebner.
[322] ITS. 4.1.0/82450597. Letter from Hofmeier to Ebner, 28.05.1943.
Original quote: 'natürlich sehr für die Anlage der Anstalt interessiere.'
[323] ITS. 4.1.0/82452131. Letter from Ebner to Bissing, 01.06.1943.
[324] ITS. 4.1.0/82452190. Aktenvermerk Ebners, 13.11.1943.

1943 on his first trip as a solo medical consultant, he noted that the home 'makes an exceptionally well-kept and clean impression'.[325] He also praised the 100% breastfeeding rate, and examined all children for vitamin D and rickets as well as other ailments. As a result of these examinations, he ordered vitamin D supplementation and viagntol to be given to each child as a prophylaxis measure.[326] In his second report from December 1943, he noted that despite the cold weather, children should spend more time outside on the veranda, and he criticised the lack of a rainproof shelter there to enable year-round use of the air cure.[327] As the children born in Lebensborn homes had to be mentally and physically developed, any delays were concerning; Kiehl stated that two children were 'somewhat striking' to him in terms of mental and physical development, and he would be monitoring them closely.[328] Kiehl also stated that should any child become unwell that they should be transferred to the children's clinic in Strasbourg, and two of these children have been identified in pathology records from the Reichsuniversität Straßburg.[329]

[325] ITS. 4.1.0/82452169. Kiehl to Ebner, Kurzer Bericht, 15.07.1943.
Original quote: 'Soweit sich bei einem ersten Besuch ein abschließendes Urteil geben läßt, macht das Heim einen vorzüglich gepflegten und sauberen Eindruck.'
[326] ITS. 4.1.0/82452169. Kiehl to Ebner, Kurzer Bericht, 15.07.1943.
[327] ITS. 4.1.0/82452192. Letter from Kiehl to Ebner, 07.12.1943.
[328] ITS. 4.1.0/82452169. Kiehl to Ebner, Kurzer Bericht, 15.07.1943.
Original quote: '2 weitere Kinder waren mir in ihrer geistigen und körperlichen Entwicklung etwas auffällig.'
[329] For further information on two Lebensborn children identified in the pathology records of the Reichsuniversität Straßburg, please consult the pathology chapter.

(xi) Comparison between the Reichsuniversität Straßburg Kinderklinik and similar Children's Clinics in German Universities during the Second World War

The Reichsuniversität Straßburg is different to most other universities of the era, as former professors had either fled or were dismissed.[330] In effect, this meant the university started from scratch, which was symbolised in the inauguration ceremony in November 1941.[331] As mentioned in the introduction, while women became more involved in academic and medical positions in this era, it appears that the Reichsuniversität Straßburg was elitist, and men made up the vast majority of faculty.[332] That being said, it is important to situate Strasbourg in relation to the similarities and differences between other German universities in this era, and so Heidelberg, Göttingen, Prague, and Gießen have been chosen as examples.

As Stephen P. Remy explains in his study of Heidelberg University during National Socialism, the participation of academic research in Nazi ideology was of vital importance.[333] The medical faculties of universities appeared to have the most Nazi party members when compared to other university faculties, and this was the case in Strasbourg too.[334] Part of the reason for this representation was the ongoing 'aryanisation' of medical faculties, as evidenced in the University of Göttingen and the University of Prague.[335] "Scientific" racism was taught in Strasbourg, not only in the racial hygiene department headed by Wolfgang Lehmann, but also in the medical theses conducted by students in the paediatric clinic, lectures in the paediatric clinic,

[330] Rainer Möhler, *Die Reichsuniversität Straßburg 1941-1944. Eine Nationalsozialistische Musteruniversität zwischen Wissenschaft, Volkstumspolitik, und Verbrechen.*: 4.
[331] Tania Elias, 'La Cérémonie Inaugurale De La Reichsuniversität De Strasbourg (1941)': 341–61.
[332] Geoffrey J Giles, 'German students and higher education policy in the Second World War,' *Central European History*, 17 no 4 (1984): 330-354.
Melissa Kravetz, *Women doctors in Weimar and Nazi Germany: maternalism, eugenics, and professional identity*: 131.
[333] Stephen P. Remy, *The Heidelberg Myth; The Nazification and Denazification of a German University,*: 1.
[334] Ibid: 43.
[335] Ota Konrad, ‚Die Geisteswissenschaften an der Prager Universitat (1938/9 - 1945),' in *Universitäten und Hochschulen im Nationalsozialismus und in der frühen Nachkriegszeit. Gefälligkeitsübersetzung* eds. Karen Bayer, Frank Sparing, Wolfgang Woelk, (2004): 219-249.

as well as the publications of Professor Kurt Hofmeier.[336] Hans Joachim Dahms stated that the presentation of medical course content on racial science promoted this ideology; it was teaching this ideology to incoming medical students that solidified these ideas of worth based on race and heredity, and legitimised the regime.[337] This link between concepts of racial hygiene and paediatrics is also evident in the University of Gießen Kinderklinik, wherein the director Johann Duken (1933-1937) incorporated racial hygiene ideology into the clinic. In 1934 he transferred the former isolation ward of the children's clinic to use for the racial hygiene department under the supervision of Henrich Wilhelm Kranz.[338] Duken himself contributed to the teaching of racial hygiene; in February 1934 he taught 'Rassenhygienischen Fortbildungskurs' at the University of Gießen.[339] In the Kinderklinik at the University of Heidelberg, Duken (1937-1945) was responsible for a large number of deaths as a result of refusing treatment, an overdose of luminal, or scopolamine, in accordance with the euthanasia programme targeting 'minderwertigen' children.[340] While such treatment seemingly did not occur in Strasbourg, Hofmeier did write about 'minderwertigen' children in relation to infant mortality rates.[341] Some of the children who were murdered in Heidelberg (transferred to the psychiatric clinic first for detailed observation and then killed under the direction of Dr Carl Schneider) had the same diagnoses as those in Strasbourg, such as epilepsy, Littles disease and 'mongolism' or Downs syndrome. In Strasbourg these children were released from the clinic, and were not transferred to

[336] Consult appendices for the full list of student theses and Hofmeier's publications for the titles concerning „scientific" racism. Reichsuniversität Straßburg Personal und Vorlesungsverzeichnis Wintersemester 1943-1944. Henitz Verlag: Straßburg (1943): 63.
[337] Hans Joachim Dahms, ‚Einleitung' in *Die Universität Göttingen unter dem Nationalsozialismus: das verdrängte Kapitel ihrer 250jährigen Geschichte* eds. Heinrich Becker, Hans-Joachim Dahms, Cornelia Wegeler (1987): 29-74.
[338] Gerrit Hohendorf, Maike Rotzoll and Sigrid Oehler Klein, ‚Der Pädiater Johann Duken im Dienst Nationalsozialistischer Gesundheitspolitik' in *Die Medizinische Fakultät der Universität Giessen 1607 bis 2007*, ed. Volker Roelcke, Stuttgart: Steiner (2007): 323-360.
[339] Ibid.
[340] Ibid.
[341] Kurt Hofmeier, *Die Bedeutung der Erbanlage für die Kinderheilkunde*,: 76.

further Kinderfachabteilungen, although the reason for this discrepancy, when Hofmeier believed in differing degrees of 'worth' based on race and ability in children, is unknown.[342] This illustrates that while there were significant similarities between the University of Heidelberg children's clinic and the Reichsuniversität Straßburg children's clinic, there were some crucial differences in the treatment of so called 'minderwertigen' children. A significant reason for the lack of euthanasia in Strasbourg children's clinic is not necessarily because Hofmeier did not agree with it, but because by 1941 there was no longer an obligation to report children to a hospital in the case of disability or severe illness, and possibly as a result of Alsace's status as an occupied territory.

Comparison between the Kinderklinik in the Reichsuniversität Prag and the Reichsuniversität Straßburg is particularly important as Prague was also an annexed territory in which a university was newly established. This means that they were slightly different to other university clinics in the German Reich as they were founded during the era of National Socialism in a contested geographical region. In the Kinderklinik at the Reichsuniversität Prag, Dr Carl Gottlieb Bennholdt Thomsen extensively studied the question of constitution in contributing to childhood diseases and also the issue of rickets and its prevention through nutritional means.[343] These concerns were shared by Professor Hofmeier in the Reichsuniversität Straßburg, so it appears these areas of research in paediatrics were standard for this era. In the University of Heidelberg, the remains of children were used for research purposes following the children's killing; while euthanasia was not practiced in Strasbourg, the use of physical remains of children

[342] Volker Roelcke, Gerrit Hohendorf and Maike Rotzoll, ‚Psychiatric research and euthanasia. The case of the psychiatric department at the University of Heidelberg, 1941-1945,' *History of Psychiatry*, 5 (1994): 517-532.
[343] Michal Simunek ‚Getarnt - Verwischt - Vergessen. Die Lebensgänge von Prof. Dr. med. Franz Xaver Luksch und von Prof. Dr. med. Carl Gottlieb Bennholdt-Thomsen im Kontext der auf dem Gebiet des 'Protektorates Böhmen und Mähren' durchgeführten NS-Euthanasie ' in *Universitäten und Hochschulen im Nationalsozialismus und in der frühen Nachkriegszeit. Gefälligkeitsübersetzung* eds. Karen Bayer, Frank Sparing, Wolfgang Woelk, Stuttgart: Steiner (2004): 125-147.

in student and staff research was prevalent.[344] Further information as to the use of paediatric patient samples in research will be addressed in later chapters.

The childrens clinic in Strasbourg could accommodate up to 400 children in its' large pavilion structure from 1910, and as a result it did not undergo any expansion between 1940-1944. Conversely, at the University of Bonn Kinderklinik, Hans Knauer requested the expansion of the clinic, as in 1937 the innere Station had only 20 beds.[345] It also had a separate infant clinic within the paediatric department as Strasbourg did, although the bed capacity in Strasbourg was significantly higher. The University of Heidelberg Kinderklinik also had a specific newborn ward, and also a breast milk bank, similar to that of Strasbourg, which was evidence of considerable modernisation in equipment and in the treatment of children.[346]

The Reichsuniversität Straßburg appears to have been similar to other hospitals and children's clinics in key ways: the areas of nutrition research, breastfeeding, prophylaxis measures against common childhood illnesses and the reduction of infant mortality rates. It also promoted Nazi ideology through race pseudoscience and conceptions of 'worth' based on heredity and eugenics. The Reichsuniversität Straßburg children's clinic differed from other universities in some important areas, in that there is no evidence that children were sent from the clinic to Kinderfachabteilungen based on diagnoses listed in the Gesetz zu Verhütung Erbkranke Nachwuchses; indeed, some children with these diagnoses were given long term care in the childrens clinic of the Reichsuniversität Straßburg. Children were treated differently based on nationality, and that heredity and race had a considerable impact on their care, as the presence of

[344] Volker Roelcke, Gerrit Hohendorf and Maike Rotzoll, ‚Psychiatric research and euthanasia. The case of the psychiatric department at the University of Heidelberg, 1941-1945,': 517-532.
[345] Ralf Forsbach 'Ein einsamer Nationalsozialist. Der Bonner Padiater Hans Knauer' in *Universitäten und Hochschulen im Nationalsozialismus und in der frühen Nachkriegszeit. Gefälligkeitsübersetzung* eds. Karen Bayer, Frank Sparing, Wolfgang Woelk, (2004): 167-183.
[346] Gerrit Hohendorf, Maike Rotzoll and Sigrid Oehler Klein, ‚Der Padiater Johann Duken im Dienst Nationalsozialistischer Gesundheitspolitik': 323-359.

Sippentafeln and lack of communication with parents represents.[347] Student research and teaching materials appear standard for the time, with the aim of teaching contemporary medicine but also indoctrinating students to the Nazi ideology. The question then remains why the director of the Reichsuniversität Straßburg children's clinic did not engage in research in these areas, as other children's clinics did at the time. Based on the pressures of wartime absences of staff, administration of trainee nurses, a considerable teaching load, supervision duties for students, as well as his role in the Lebensborn home Schwarzwald, Hofmeier could not have had time to implement such research, especially in the shorter time frame of the Reichsuniversität Straßburg in comparison to other more established German universities at the time.

(xii) Conclusion

The topic of paediatrics was a popular one at the Reichsuniversität Straßburg, as the clinic expanded its staff and its remit for teaching new medical students. However, the staff and the clinic were considerably impacted by the conditions of war, as members of staff left their teaching and research behind at the clinic to serve at the front. Paediatrics had one of the highest numbers of student theses, and a large number of courses on offer, thus this chapter asked why there was not more paediatric research conducted by its staff, and by its director, Professor Kurt Hofmeier. While Hofmeier continued to publish in this era, it was significantly less than he published prior to his arrival in the Reichsuniversität Straßburg, and the material he published did not deal with research specific to Strasbourg, but instead addressed more general questions. These more general questions seem to be geared toward incorporation of the local population

[347] This will be expanded upon in the next chapter on patient records.

into the German Volk, through studying questions of hereditary worth, the illnesses present in the clinic, and the issue of adoption. It is evident from this chapter concerning the teaching activities, research, and staff that the clinic was in some ways limited by its own success. With such a large number of students being supervised, monographs still being published, as well as the majority of teaching being conducted by the director of the clinic, it was not possible for him to pursue research projects like staff in other departments did. In the final period of the Reichsuniversität Straßburg from 1943-1944, other departments increased emphasis on research and this was when criminal experiments were undertaken in the absence of such an emphasis on teaching and supervision. It appears that in this final period, consolidation of student theses and continuation of lecturing capacity, as well as the treatment of patients were the priorities for the staff of the children's clinic. Hofmeier was approached to contribute to medical care in the Lebensborn home Schwarzwald in Nordrach, but he contributed voluntarily, as did Kiehl. Kiehl far exceeded his duties in visiting every four weeks instead of the recommended six to eight weeks. Postwar legitimisation of their role, and the denial of their contribution to the Lebensborn programme will be further examined in the postwar chapter. The next chapter focuses on patient treatment in the children's clinic, and examines how this adherence to ensuring the health of the Volk was evident in patient care.

Chapter Two: Paediatric Treatment at the Kinderklinik Reichsuniversität Straßburg

In order to successfully implement the *Gesetz zur Verhütung Erbkranken Nachwuchses*, the obligation to notify is introduced for every case of congenital insanity, already the suspicion is notifiable.... according to Bessau and Catel the role of the obstetric trauma is overestimated here. In general, the exogenous factors are probably strongly in the background... The cooperation of the paediatrician for early detection of the congenital insanity is urgently needed.[348]

(i) Background

Paediatrics, as noted by Eulner, is a peculiar medical speciality in that it emerged not from working with a particular condition or organ, but with a demographic group of patients due to their susceptibility to illness at an important phase of life.[349] As a result, this medical speciality was contested until the first decade of the 20th century, when foundling hospitals and policlinics developed into specialist children's clinics. Healthy children were seen as a national resource and the speciality of paediatrics placed importance on protecting future citizens by ensuring their health from an early age.[350] While there is a considerable focus on the ideological importance of childhood and paediatric care in the Nazi era, less attention was drawn to the actual experience of childhood illness during this time. There is an extensive historiographical

[348] Kurt Hofmeier, *Die Bedeutung der Erbanlage für die Kinderheilkunde*: 174.
Original quote; Um das Gesetz zur Verhütung erbkranken Nachwuchses erfolgreich durchzuführen ist Anzeigepflicht für jeden Fall von angeborenem Schwachsinn eingeführt schon der Verdacht ist meldepflichtig… Nach Bessau und Catel wird die Rolle des Geburtstraumas hierbei überschätzt. Überhaupt stehen die exogenen Faktoren wahrscheinlich stark im Hintergrunde… die Mitarbeit der Kinderärzte zur frühen Erkennung des angeborenen Schwachsinns ist dringend notwendig.
[349] Hans-Heinz Eulner, 'Kinderheilkunde': 202-221.
[350] Paul Weindling, 'From cradle to barracks' in *Health, Race and German Politics Between National Unification and Nazism, 1870-1945*, Paul Weinding ed. Cambridge: Cambridge University Press (1993): 188-213.

base on victim narratives through this aim to present history from below.[351] In this case, the status of the individual is very different, as the patients are not victims and therefore have some agency, and can be seen as part of the day to day functioning of the hospital. *Alltagsgeschichte,* or the study of everyday history, tends to focus on individuals and social movements, but does not tend to focus on the everyday medical experience.[352] The research in this chapter, and more widely in this thesis, is situated at the intersection of these two currents. It incorporates a social history of a patient group, studies of Nazi experimentation and research, but also looks at the ordinary patient experience. This is where this thesis is innovative, in bridging this gap between victim narrative, medical history from below, and everyday history.

This chapter primarily asks who were the children that were treated in the clinic? How normally did this clinic function in the midst of political turmoil in an environment founded on Nazi ideology in an occupied territory? What was the process of being admitted to the hospital, and what provision for follow up outpatient care was provided? What diagnoses, ages, nationalities and classes were represented in the patient demographic? What were their treatments, and how did the process of hospitalization impact them? The patient files from the Kinderklinik will form the basis of case studies, examining themes such as infectious disease, nationality, class, multiple births and heredity, as well as living conditions, infant mortality and so-called illegitimacy. This methodology of using patient case studies to illustrate the conditions of a particular institution has been used to great success in work such as that of Flora Graefe and Isabelle von Bueltzingsloewen.[353] The case studies from the Kinderklinik of the

[351] Paul Weindling, *Victims and Survivors of Nazi Human Experiments: Science and Suffering in the Holocaust,* London: Bloomsbury, (2015): xii.
[352] David F. Crew, 'Alltagsgeschichte: A New Social History "From below"?' *Central European History* 22 (1989): 394-407.
[353] Flora Graefe*, Arbeitskraft, Patient, Objekt; Zwangsarbeiter in der Gießener Universitätsmedizin zwischen 1939 und 1945,* Frankfurt/New York: Campus Verlag (2011).

Reichsuniversität Straßburg will be analysed through a historiographic lens wherein the impact of hospitalisation on children will be explored both in an international context and using specific examples from case studies of children at the Reichsuniversität Straßburg. The individual cases will be further bolstered by systematic data analysis from the children's clinic to further highlight the patient perspective and a provide a social history of paediatric patients at the Reichsuniversität Straßburg.

(ii) Archives and Methodology

In the course of archival research, records concerning the paediatric clinic were uncovered in 2019, and the previously overlooked children's clinic of the Reichsuniversität Straßburg was chosen as a subject of research. These records concerned the daily administration, as well as information on staff, publications, and information on student research at the children's clinic. This information was analysed in the previous chapter concerning staff and the founding of the children's clinic. However, this material was exclusively focused on the director of the clinic as well as the staff and clinic organisation. This wealth of archival material did not indicate who exactly was treated in the clinic, how the patients experienced their treatment, or what daily life was like in the clinic. Following consultation with the Amis des Hôpitaux Universitaires, it was discovered that a number of documents from the Reichsuniversität Straßburg were in their possession in a former cold storage unit of the pharmacy building.[354] These records had been rescued from routine destruction by Professor Storck, Dr Jean-Marc

Isabelle von Bueltzingsloewen *L'Hécatombe des Fous; La Famine dans les Hôpitaux Psychiatriques Français sous l'Occupation,* Paris: Editions Flammarion (2009).

[354] Consult appendix 1 for a map of the hospital complex; number 11 is the pharmacy building, still in the same location today as the Reichsuniversität Map.

Lévy and Gérard Schossig in 2008 but had not been analysed subsequent to their rescue.[355] Given that the former site of the children's clinic is now home to the modern Nouvel Hôpital Civile, a clear out of old medical files, administrative documents, and other materials occurred as the building was razed to make room for the new hospital.[356] These retrieved documents had been all but forgotten, and following the request of the Historical Commission for the Reichsuniversität Straßburg, access was granted to these documents. On 14 May 2019, Christian Bonah, Lea Münch and Aisling Shalvey went to the pharmacy building to consult with the Amis des Hôpitaux Universitaires association on the retrieval of documents and their subsequent study.

[355] Archives, Christian Bonah, Commission Historique Report 2021.
[356] Consult appendix 1 for a map of the hospital complex; the box around number 1 is the former site of the children's clinic, now the site of the Nouvel Hôpital Civile.

Figure 3.1.: Sample photograph of the condition of the cold storage room in which patient records from the paediatric clinic had been stored. Photograph by Aisling Shalvey.

A full inventory of what records existed at the cold storage basement, and where they were found, was completed. The documents that had been rescued from disposal were collected at random. Thomas Beddies and Andrea Dorries note a similar process in the case of the Wittenauer Heilanstalt records, where due to a lack of dedicated archival space very few patient record archives remain.[357] The patient file exists in an odd middle ground, as Beddies and Dorries explain, as hospitals and clinics are generally not legally required to keep them, and while they are historical records, they are also deeply personal and so are often destroyed in routine expansion of hospital grounds. Furthermore, due to the damage to some records, a lack of information in patient records, and the complexity in dealing with patient files, there is rarely any incentive to keep them, leading to non-consecutive records when files are present.[358] In the archives found in Strasbourg, some files existed from the gynaecology clinic, some from the children's clinic, and some administrative record books from the obstetrics ward. The collection of records on the medical clinic 1 and 2 are still being analysed on an ongoing basis and, as such, were not considered in the data for paediatric records.

[357] Andrea Dorries and Thomas Beddies, 'Coping with quantity and quality: Computer-based research on case records from the "Wittenauer Heilstätten" in Berlin (1919-1960),' *History of Psychiatry* 10 (1999): 59-85.
[358] Ibid.

Figure 3.2.: The numbered boxes contain records from the Medical Clinic 1 and 2. Christian Bonah and Lea Münch pictured. Photograph by Aisling Shalvey.

An agreement was made with the Amis des Hôpitaux Universitaires association that the records would be better preserved and cared for in a new archive at the Département d'Histoire des sciences de la Vie et de la Santé, as well as allow ease of access for research.[359] This would

[359] Consult appendix 1 for a map of the hospital complex; number 13 is the anatomy building, still in the same location today as the Reichsuniversität Map. Today this building houses anatomy and history of medicine and ethics,

also allow a full categorisation and index of available records, as well as cataloguing them and putting them in acid free archive boxes to file them correctly.

Figure 3.3.: Movement of records from the Pharmacy building to the Département d'Histoire des sciences de la Vie et de la Santé. Photograph by Aisling Shalvey.

Following the movement of these records from the pharmacy building to the Département d'Histoire des sciences de la Vie et de la Santé office in the anatomy and pathology building, a former print room was set aside in order to become an archive for the collection. Archive boxes

as well as the Département d'Histoire des sciences de la Vie et de la Santé office and the room containing the archives from the Amis des Hôpitaux Universitaires association.

were ordered, and brushes, gloves and masks were procured in order to clean the documents of dust before cataloguing and organising the records. This process was completed for all records that were found on site at the cold storage room, and from this, three separate collections emerged; one collection of index cards for births at the hospital, which included records from before the Reichsuniversität Straßburg era, the paediatric clinic patient record collection, the medical clinic 1 and 2 patient record collection, and finally loose records of individual patient records from various clinics, such as the gynaecology clinic.

Figure 3.4.: Sample of one shelf of the new archive created for paediatric clinic records at the Département d'Histoire des sciences de la Vie et de la Santé. Photograph by Aisling Shalvey.

Upon cleaning, categorising, cataloguing and boxing all the records, it was evident that some of the records would require expert conservation skills due to the poor condition of the records. As a result, some of the records could not be included in statistical analyses or case studies as they were illegible. These have been separated from the rest of the collection to be dealt with by conservationists in due course. After cataloguing every case that had been recovered, it was found that a number of cases were missing. Often this was just one individual case in the chronological sequence, but sometimes hundreds of records were absent. On consultation of the full database of cases provided in the appendices these gaps in the record can be seen.[360] As the efforts to conserve these records were entirely situational and voluntary, it is to be expected that some records had been routinely shredded before they could be recovered like the other records.

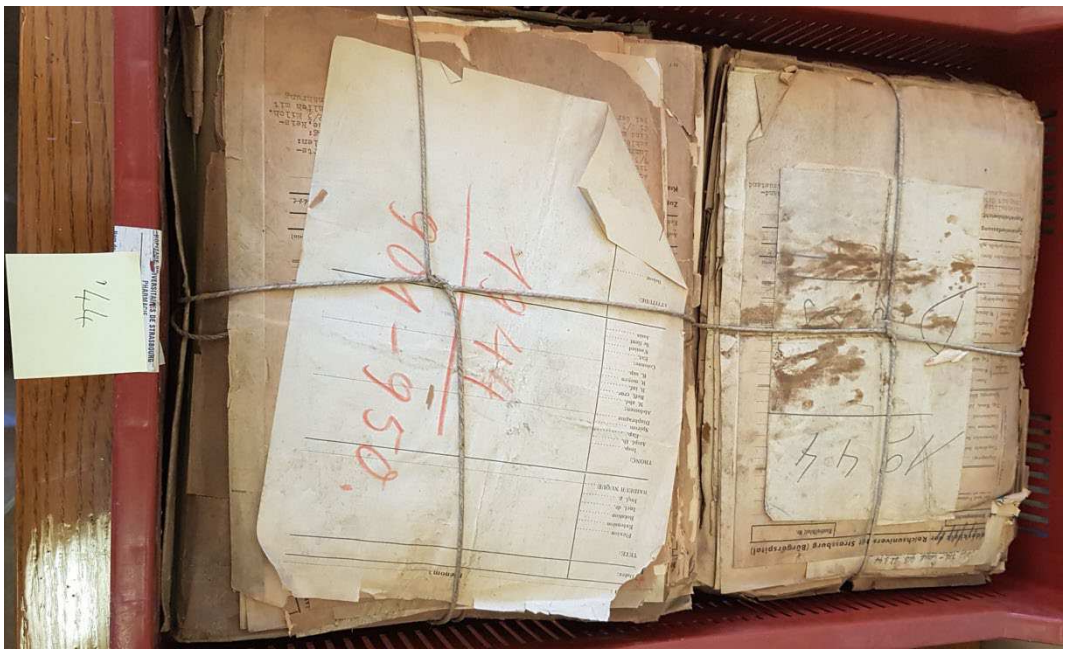

Figure 3.5.: Example of the condition of some of the records prior to archiving at the Département d'Histoire des sciences de la Vie et de la Santé. Photograph by Aisling Shalvey.

[360] Please consult appendix 4 for full record of paediatric diagnoses.

Of the approximately 900 files found, only 869 are legible due to damaged paper that requires considerable conservation in order to be analysed. Therefore, all the statistics of these 900 files concern the 869 legible cases.[361] Within the 900 patient files, a conscious choice had to be made on which cases to include as case studies, and which to exclude. In some respects, this choice was relatively easy, in that a significant number of these files contained very brief admissions for minor issues. Other cases contained very sparse information, to the extent that extrapolating about the treatment and care received by the patient would be more speculative than based in reality. The cases that remained then fell broadly into a few categories: class and social status, nationality, outpatient care, twin research, social issues as a medical concern, and the impact of hospitalisation. Within these categories, a few cases with the most documentation concerning their treatment and conditions of their stay were chosen as case studies. This has the effect of in part reducing the amount of speculation and also illuminating a broader grouping of patient experiences. A full database of all paediatric patient files is attached in the appendices to extrapolate on statistical analyses and case study patient narratives explored in this chapter. While the patient narrative is important to examine, further studies which also include a similar methodology will be consulted to help situate this study.

(iii) Historiography of the Patient Narrative

Traditional medical history was physician centric and tended to focus on individuals who were authority figures. Henry Sigerist was one of the first to combine anthropology, history, and social policy to examine the social history of medicine. Rather than focus on individual medical

[361] The gaps in the records and the records that are not fully legible have not been included in the database.

professionals, he sought to examine the patient experience and the society in which the doctor worked.[362] He examined the impact of social health care schemes and determined that they had a much greater influence on the health of individuals than the work of pioneering individual doctors did.[363] Erwin Ackerknecht contextualised the development of medicine, by stating that the medical professional played only a small role in improvements in health.[364] He argued that better living conditions, political changes and increased access to education altered the experience of medicine and healthcare for the population.[365]

Roy Porter built upon this tradition established by Sigerist and Ackerknecht and examined the patients experience of hospitalisation and medical care. Questions concerning the patient's voice have been discussed since Roy Porter's seminal work *The Patient's View: Doing Medical History from Below* published in 1985.[366] In this monograph he argued that the future history of medicine needed to include more of the patient narrative. Porter noted that the patients individual perception of their illness was crucial to understanding the sufferers history, and proposed that this was possible through medical case studies; 'suitably interrogated, what the doctors recorded can often be decoded to reveal what the sufferers dreaded or demanded.'[367] He refuted Michel Foucault's explanation that the patient was a construction of the 'medical gaze,'[368] as Porter explained that the individual patient experienced their illness in a community setting and that diagnosis and perception could give meaning to their physical symptoms. Porter

[362] Henry E. Sigerist 'The medical student and the social problems confronting medicine today,' *Bulletin of the Institute of the History of Medicine*, 4, no. 5 (May 1936): 411-422.
[363] Henry E. Sigerist, 'Medical Care for All the People,' *Canadian Journal of Public Health / Revue Canadienne de Santé Publique,* 35, no. 7 (July 1944): 253-267.
[364] Erwin Ackerknecht 'Beiträge zur Geschichte der Medizinalreform von 1848,' *Sudhoffs Archiv für Geschichte der Medizin*, 25 (2 January 1932): 61-109.
[365] Ibid: 61-109.
[366] Roy Porter, 'The Patient's View: Doing Medical History from Below,' *Theory and Society* 14, no. 2 (1985): 175–98.
[367] Ibid: 175-98.
[368] Michel Foucault, *The Birth of the Clinic; An Archaeology of Medical Perception*, London: Tavistock Publications (1973): 89.

did, however, acknowledge that 'Whig history' (medical history that is physician centric and views medical advance as linear) tended to emphasise this medical gaze by not interrogating records or seeking the patient experience within these files. Therefore, he stated that the historian must be aware of imposing retrospective ideas on patients or their diagnoses as this would serve to further alienate the patient voice.[369] This move toward a focus on the patient voice developed as a result of Porter's aim to centralise the patients experience and an aim to reduce the impact of the medical gaze. The initial emphasis on the medical gaze came about as a result of historians of psychiatry, who focused on a historically marginalized population of those experiencing mental illness; while this study is tangential to patient history, it is important to note their intention to highlight the view of the doctor influencing the recording of medical experiences of patients.

While this view of including the patient voice is an important one, it must be considered that the historian is limited by the available sources, which often do not contain any indication as to the wishes of the patient. This is evident in the following case studies, as they are primarily medical records, written by medical professionals for diagnostic purposes, rather than for narrative purposes. This thesis therefore takes this historiography into account, and creates a social history of patients due to the lack of patient led sources available. Flurin Condrau highlights this dilemma in his article *'The Patient's View Meets the Clinical Gaze'*,

> ...Clinical notes do indeed reveal a great deal about doctors and their perception of the patient, while not necessarily being terribly useful sources for examining the patient's view. It becomes increasingly clear that taking a patient's medical history results in a medical construct based on information coming from the patient, while being clearly governed by perceptions, categories and the language of medicine.[370]

[369] Roy Porter, 'The Patient's View: Doing Medical History from Below,': 175–98.
[370] Flurin Condrau, 'The Patient's View Meets the Clinical Gaze,' *Social History of Medicine*, 20 (2007): 525–540.

This illustrates that while the absence of a clear patient led narrative is not ideal for illustrating the patient voice, an element of patient input can be garnered through analysis of medical records. Mary Fissell in turn has argued that the more direct patient narrative has become less important in the age of hospitalisation, where medical expertise and laboratory results can illustrate the story of treatment.[371] As she states, direct quotes from patients can be found in the medical files which can highlight the patient's cognitive condition. The issue of fragmentary patient files, especially with handwritten records where the words are difficult to decipher and often contain no date or signature, are difficult to determine information about the patient or even ascertain a particular opinion of an individual doctor.[372] Furthermore, an analysis of medications used and tests performed can illustrate the degree of pain, comfort and treatment that the patient experienced. Therefore, an in-depth analysis of medical records can be integral to finding a social history of the patient, and this is one of the aims of this thesis. The patient narrative, as Nathan Crick and Joseph M. Gabriel note, should be central in understanding medicine.[373] Medicine requires an understanding of the social, physical and psychological aspects of a person before an accurate diagnosis can be made, which therefore depends on the patient narrative and the patient experience.[374] Patients can deliberately conceal, or tell contrasting stories to try to regain agency. This highlights that history is not necessarily the full truth but a method that can be used to examine the past, particularly with the social history of the patient.[375] While patient files were constructed through the medical gaze of practitioners who held certain biases, the

[371] Mary Fissell, 'The Disappearance of the Patient's Narrative and the Invention of Hospital Medicine,' in *British Medicine in an Age of Reform*, eds. A. Wear and R. French, London: Routledge, (1991): 92–109.
[372] Edith Sheffer, *Asperger's Children: The Origins of Autism in Nazi Vienna,*: 152
[373] Nathan Crick and Joseph Gabriel. 'Medical Narrative and Rhetorical Identification: The Many Faces of Anna White Dildane,' *Health Communication* (March 2016): 1-9.
[374] Ibid.
[375] Joseph Gabriel presentation on narrative risk, presented at the Governing Uncertainty Conference, University of Strasbourg 2019.

patient narrative should still be foregrounded as much as possible in order to understand both the medical aspect of their case and also the patient experience.[376] The question then is how one can grasp the social history of people who have little voice in the institutional settings in which they are placed. This chapter seeks to follow this historiography in reconstructing the experience and social history of the patient through case studies supported by data.

(iv) Process of Admission

As noted in the introduction chapter, the hospital went through three broad eras of change, and many of the doctors who had formerly occupied the hospital from 1940-1941 subsequently stayed in Strasbourg. Some went on to establish a private medical practice rather than adhere to the ideology of the hiring process employed in the Reichsuniversität Straßburg hospital. One such example is that of Charles Apffel, who had been the 'chef de clinique'of the children's clinic from 1938 to 1939 and returned to Alsace to resume his position on 22 June 1940.[377] He worked there until November 1941 and seemed to view the new regime rather favourably. However, he refused to attend the inauguration ceremony and handed in his resignation as he was not allowed to be head doctor for a year due to being non-German and due to questions about his reliability as a result. Apffel then left the hospital and established a private practice in 1943 after re-joining the Nazi party. Private practitioners were paid from German health insurance funds, and usually saw wealthier patients.[378] It was standard at the time for

[376] Nathan Crick and Joseph Gabriel, 'Medical Narrative and Rhetorical Identification: The Many Faces of Anna White Dildane,': 1-9.
[377] Christian Bonah, 'Charles Apffel,' Wiki Reichsuniversität Database, https://ch-rus.u-strasbg.fr/w/index.php/Karl_Apffel.
[378] For a full list of Alsatian doctors and their coverage by insurance plans, consult *Verzeichnis der Arzte und Krankenanstalten in den Westgebieten Elsass, Lothringen und Luxemburg sowie im General-Gouvernement und im Protektorat Bohmen und Mahren*, Leipzig: Georg Thieme Verlag (1942).

wealthier patients to be treated at home by their doctor as much as possible.[379] Most social medicine, and hospitalised medical care, was targeted at the poor in this era.[380] It was only in more urgent cases that wealthy patients would be referred to the hospital and subsequently accommodated in private wards. General practitioners (or paediatricians) often referred middle and working class patients to the hospital, with the referral letter included in the file.[381] Following their treatment in the hospital, Hofmeier and other doctors in the children's clinic would often write a release letter to the patients general practitioner explaining the treatment they had received while admitted, as well as any further recommendations for follow up care. As there have been no pervious studies of clinics in the Reichsuniversität Straßburg, statistical analysis of admissions to the children's clinic was one aim of this research. What age were these patients; was it exclusively children, or were younger children and infants incorporated? What illnesses did they suffer from? What nationalities were represented in the patient files?

[379] Jacques Léonard, Claude Bénichou, François Lebrun, Jean-Pierre Peter, *Médecins, malades et société dans la France du XIXe siècle*, Paris: Sciences en Situation (1992): 23.
[380] Paul Weindling, 'Constitutional pathology' in *Health, Race and German Politics Between National Unification and Nazism, 1870-1945* Paul Weindling ed. Cambridge: Cambridge University Press, (1993): 215-280.
[381] AHUS. Case Number 1270/41. See Dr Levy's referral letter in the case of Ernst Z., 1942.

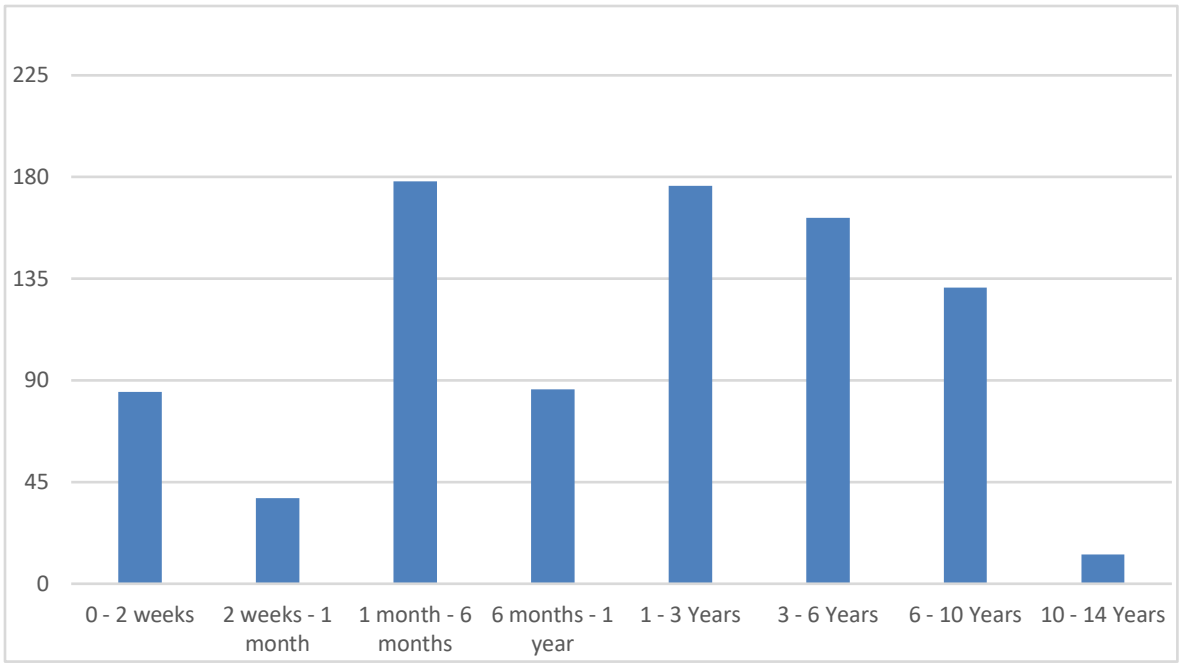

Figure 3.6.: Age range of patients in the children's clinic (1941-1944). AHUS.

This chart was compiled following the analysis of all the children's files found in the collection of the Amis des Hôpitaux Universitaires association. It was found that Czerny's observation in 1911 that paediatrics and infant care was combined in the clinic remained in practice during the Reichsuniversität era. The average age of the children admitted to hospital was under one-year-old. It is unclear where children were treated past the age of 14, as this was still technically considered a child. A significant number of newborns (74 patients under two weeks old) and infants (38 patients between 2 weeks and 1 month old) were admitted to the clinic, illustrating that there was a large capacity for infant care.[382] It is possible that younger children had already been treated for or built up an immunity to the more common childhood diseases and therefore were admitted for other issues such as surgical or emergency cases, thus

[382] Neonatal and paediatric care does not appear to be separated; consult appendix 2 for list of patients and their wide ranging ages. Czerny also noted that it was beneficial that Strasbourg had not separated the care of infants and children in Adalbert Czerny, 'Straßburgs neue Kinderklinik,' *JB Kinderheilkunde,* 73, (1911): 1-8.

avoiding the paediatric clinic entirely. During this era, it was common for outbreaks of certain seasonal epidemics to be reflected heavily in admission records to the hospital. This is the case in Strasbourg, where most patients are admitted for the common illnesses of diphtheria, pneumonia, meningitis, scarlet fever, poliomyelitis, and tuberculosis, among other illnesses.[383] These diseases disproportionately affected children, and specifically younger children, which may be a reason for the younger age of the children represented in the data above. This is seen in the admission statistics for the children's clinic in the Reichsuniversität Straßburg, illustrating a very young demographic due to the inclusion of infants and children in the same clinic.

(iv) Nationality

The region of Alsace, and particularly the city of Strasbourg, is notable in the plurality of national identity of its citizens. This issue of nationality politics and the problematic categorisation of nationality has been further detailed in the introduction chapter. As Catherine Maurer notes, Alsace was a particularly important region in terms of concepts of nationhood, as it

> had to suffer from all the ensuing geopolitical effects, changing hands three times within a quarter of a century: in 1919, it came back to France after forty years during which it had belonged to Germany; in 1940, it was annexed by the National-Socialist Reich, before being handed back to France in 1944–5. The region thus lies at the meeting point between two powerful states and two distinct linguistic, cultural and legislative areas.[384]

[383] Consult figure 3.9 on diagnoses for further information.
[384] Catherine Maurer, Gabriele Ripplingen, 'Destitute Children in Alsace from the Beginning of the Twentieth Century to the End of the 1930s: Orphan Care in Strasbourg, in between France and Germany,' in *Borderland studies meets child studies: a European encounter* Machteld Venken ed., New York, Frankfurt: Peter Lang, (2017): 40-63.

As Julien Fuchs states, the young population in the region were most affected by these changes.[385] As noted in section (vi) of the introduction chapter, analysing patient files by nationality is complicated by the translation of 'Staatsangehörigkeit' which technicallty means nationality, but in this case refers to more of a regional belonging. The term can refer to categories of resistance, protest, or conforming to the occupying forces, and thus may not necessarily be a personal determinant of national belonging. It also reflects administrative ideals of who can and cannot be considered German, as well as who could be admitted to the Volksgemeinschaft.[386] The students at the Reichsuniversität Straßburg also considered nationality to be an important differentiating factor in medical care, as Hellmuth Will compared Alsatian and German patients,[387] and Edith Schneider compared fingerprints of Alsatian schoolchildren to determine their criminality and racial characteristics.[388] These two theses indicate that it was considered important to biologically determine those who could be considered part of the Volksgemeinschaft. This regional belonging, as Machteld Venken notes, intersected with concepts of racial groups and hereditary difference.[389] Therefore, while nationality is a complex term in this era, examining nationality in the demographic group of those treated in the Reichsuniversität Straßburg is particularly pertinent, in as far as the available sources allow. The majority of patients admitted to the children's clinic in the period 1941-1944 were Alsatian in origin as illustrated in figure 3.7 below.

[385] Julien Fuchs, 'Youth Movements in Alsace and the Issue of National Identity, 1918–1970' in *Borderland studies meets child studies: a European encounter* Machteld Venken ed., New York, Frankfurt: Peter Lang, (2017): 85-114.
[386] Anne-Ségolène Verneret, 'Nommer le conflit. Le cas de l'Alsace pendant son annexion de fait au Troisième Reich, 1940-1945', *Trajectoires. Travaux des jeunes chercheurs du CIERA*, no. 5 (16 December 2011) : 51, http://journals.openedition.org/trajectoires/828.
[387] AFMS. Hellmuth Will, 'Auftreten von Nervenerkrankungen bei Kindern im Zugangsgebiet der Universitätskinderklinik Strassburg (Diss. Med.)' (1943): 6.
[388] Edith Schneider, 'Fingerleistenuntersuchungen Bei Strassburger Schulkindern (Diss. Med.)' (1944).
[389] Machteld Venken, 'Introduction,' *Borderland Studies Meets Child Studies: A European Encounter*, Peter Lang, Vienna (2017): 29.

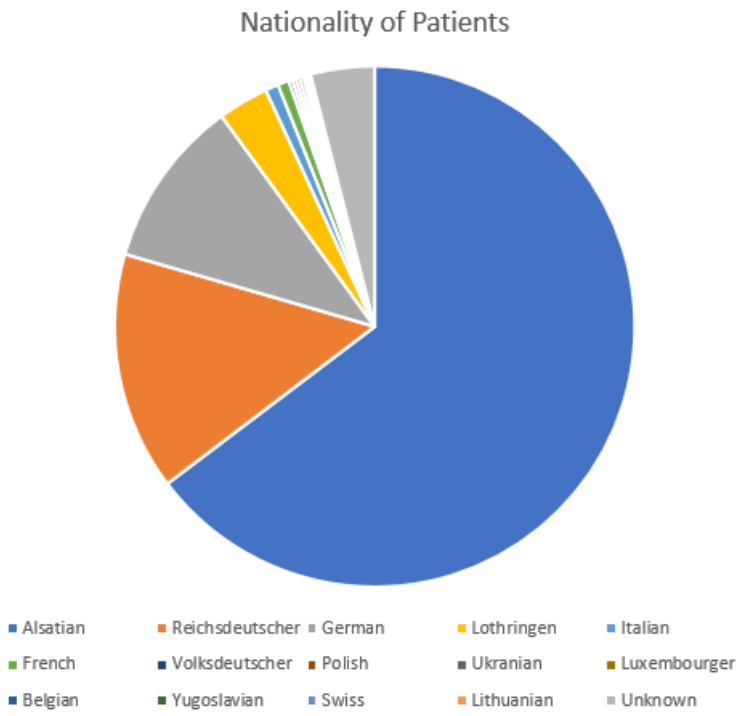

Figure 3.7.: Prevalence of nationalities (Staatsangehörigkeit) in the Children's Clinic. AHUS.

From this graph one can see that while the majority of patients are listed as Alsatian, this is closely followed by different designations of German (Reichsdeutscher, Volksdeutscher, and German). Children from Belgium, Italy, Luxembourg, Switzerland and France make up the majority of the remainder which is to be expected given the geographical proximity to Strasbourg. Individuals from Eastern Europe will be further analysed, as while they are in the minority of patients, due to the distance from Strasbourg it was unexpected to find them in the clinic. As noted in the introduction chapter, determinants of nationality in this era are problematic and the question of what exactly led to the classification of some patients as Alsatian, while others are considered German, remains to be answered, but must be considered in the analysis.

One example of an Alsatian patient is that of Ernst Z., who was admitted as a third class patient in February 1942 at two months old. Dr Levy writes a referral note in February for the child to be admitted to hospital, stating that due to conspicuous umbilical hernia, oedema and convulsions, the child was requested to undergo tests and observation to discover the cause of his illness.[390] On admission, a record was made of the child's family and living situation. Although Ernst's sibling died 6 months ago, his parents were healthy and no hereditary conditions were listed. Their living situation was considered good as they lived in a modern building, Ernst had his own bedroom, and was exclusively breastfed. Having ruled out hereditary or environmental factors, a pneumoencephalography was performed in order to view the ventricles inside the brain to determine the cause of the seizures; his ventricles were considerably enlarged.[391] His cerebrospinal fluid was also tested, revealing increased pressure on the brain. Opthalmological testing was then conducted to see if this increased pressure had damaged his eyesight, but it was found to be normal. Ernst's blood was also tested and findings all returned as negative for common infections. On 5 March he was sent home, and Dr Hofmeier requested that Dr Levy send him back to a check up in six months.[392] Hofmeier did not expect a good prognosis in the condition improving as they suspected these problems were caused by difficulties at birth. Leucoplast bandages, chloralhydrate, and drawing of spinal fluid were recommended, as well as luminal for his convulsions. From this case we get an indication of the normal course of treatment for the statistical majority of patients of Alsatian origin. This also illustrates the management of illnesses at the clinic, as well as the variety of tests and treatments available.

[390] AHUS. Case of Ernst Z. (Case Number 1270/41) 1942, Dr Levy referral note 2.2.42.
[391] AHUS. Ibid, X-ray department test results 4.2.42.
[392] AHUS. Ibid, Dr Hofmeier note to Dr Levy 7.3.42.

The case of Bertha W. is an example of standard treatment provided to German patients. She was admitted to the children's clinic in June 1943 aged two. Her admission record noted that she was a second class German patient, so not of the wealthy private patient class, but her care was subsidised by her parents employer and the rest was paid by her parents.[393] She was admitted due to poor nutrition and her refusal to eat solid food, causing her parents concern that the issue could be due to a physical malformation. In her case notes explain that during her admission she was very restless, refused to sleep, and continued to refuse solid foods, ingesting only liquids. Contrast gastrointestinal imaging was completed in order to ascertain if the issue was a developmental problem with her intestines or stomach. The nurses managed to feed her two spoons of radiocontrast fluid with great difficulty, but normal conditions were found in her digestive system.[394] Her stomach was normally developed and there were no pathological findings. They noted on the X-ray image that there was some accumulation of air in the small intestines. She was diagnosed as severely neuropathic, and after ten days in hospital, her parents requested her release and return home.[395] This shows that her parents had some degree of agency over the fate of their child, being able to formally request her return home. This may be because of their class status, because her parents could pay part of her admission themselves, or because she was German.

[393] AHUS. Case of Bertha W., (Case Number 655/43) 1943, Admission Record.
[394] AHUS. Ibid, X-ray department letter 21.6.43.
[395] AHUS. Ibid, diagnosis column.

Nationality	Number of Patients
Alsatian	555
Reichsdeutscher	127
German	90
Lothringen	27
Italian	7
French	6
Volksdeutscher	2
Polish	2
Ukranian	2
Luxembourger	2
Belgian	1
Yugoslavian	1
Swiss	1
Lithuanian	1
Unknown	34
Illegible Nationality	11
Total	869

Figure 3.8.: Numerical breakdown of nationalities in the children's clinic. AHUS.

This table indicates the numerical breakdown of patient nationality. As mentioned before, given that this is not a complete record of patient files from the clinic, this breakdown is an estimate of the capacity of the clinic. It appears that Alsatian patients considerably outnumber all other nationalities, despite this not being an actual nationality, but an administrative category. This is also evidenced through the categories of Reicshdeutscher, Volksdeutscher and German as not referring to a nationality, but as a 'racial' determinant of belonging. However, the presence of two Polish, two Ukranian, one Yugloslavian and one Lithuanian patient are unexpected. The question of differences in treatment as a result of nationality becomes more pertinent when patients from Eastern Europe are concerned. One further question can then be added to the

analysis of nationality; how did they come to the Reichsuniversität Straßburg childrens clinic? One example is Wida K., who was listed as Yugoslavian, and her home was listed as the Umsiedlungslager Kork Baden.[396] The Umsiedlungslagern were resettlement camps for those considered to be ethnically German, where they would be 'Germanised' and resettled in a new land, often after forced migration.[397] Wida was admitted on 15 May 1942, at less than one month old. Wida's diagnosis on admission was pyoderma and suspected congenital syphilis. Wida received numerous blood transfusions and was still being breastfed on admission. X-rays and a Wassermann test was performed on 15 May, which indicated no congenital syphilis, no osteochondritis, and no phalangitis.[398] Through looking at Wida's charts we can ascertain to some degree the difficulties of a family placed in an Umsiedlungslager. Her mother was 41, her father was 42 and a forced labourer at Katz und Klumpp building materials manufacturer in Kehl, who also provided insurance for Wida's healthcare.[399] Although both parents were assumed to be healthy and no congenital or inherited issues were detailed, four of their eleven children had died.[400] There is no illness noted as the cause of death for these children, but in this era the early death of multiple children was common as the infant mortality rate had been rising steadily since the end of the 19th century. Wida was born in the Umsiedlungslager and was noted by the camp doctor as unwell and thus she was transferred to the Reichsuniversität for treatment, with a nurse accompanying her for admission rather than her parents. This indicates a sign of interest on the part of the camp authorities, which must be questioned. However, in the absence

[396] AHUS. Case of Wida K., 1942 (case number 336/42).
[397] Isabel Heinemann, *"Rasse, Siedlung, deutsches Blut*": *Das Rasse- und Siedlungshauptamt der SS und die rassenpolitische Neuordnung Europas,* Göttingen: Wallstein, (2003): 314.
Maria Fiebrandt *Auslese für die Siedlergesellschaft Die Einbeziehung Volksdeutscher in die NS-Erbgesundheitspolitik im Kontext der Umsiedlungen 1939- 1945,* Göttingen: Vandenhoeck & Ruprecht Verlag (2014): 28.
[398] AHUS. Case of Wida K., 1942 (case number 336/42).
[399] AHUS. Ibid. Admission record.
[400] AHUS. Ibid. Familienamnese.

of further information on the reason for her placement in an Umsiedlungslager, and without a larger number of cases to compare it to, it is not possible to determine the reason for this. During her treatment there is no indication of communication to her parents about her condition, or when she would return. She was sent back to the Umsiedlungslager in October, with no improvement in her condition.[401] This case is important as it illustrates the interaction between political policies such as Germanisation and the difference in treatment of patients when compared to other cases in the clinic.[402]

In contrast to this case, the case of Bruno D. from Italy indicates how those from western European countries were treated. Bruno was admitted in February 1942 aged 2 years old.[403] While he was a third class patient like Wida, the depth of correspondence differs considerably in this case even though he is not a private patient. Although he was physically under developed, he was also described as very bright and lively, in contrast to Wida where there no indication as to her personality.[404] Pathological examinations were conducted to ascertain the reason behind his inability to walk; tuberculosis examination, as well as blood urine and neurological examinations were all conducted. Bruno's full family history also indicates the social difference between families from Eastern Europe and Western Europe, as there is extensive detail in his family history and inquiries as to his development. Concerns were raised as he was never breastfed due to his mother's breast cancer and this lack of nutrition in formative years may have impacted his development. Hereditary concerns were debated, but given the health of his two siblings, aged 15 and 13, and their lack of developmental difficulties, this was considered to be non-hereditary.[405]

[401] AHUS. Ibid. Admission record.
[402] AHUS. Maria Fiebdrant. *Auslese für die Siedlergesellschaft Die Einbeziehung Volksdeutscher in die NS-Erbgesundheitspolitik im Kontext der Umsiedlungen 1939-1945.* Göttingen: Vandenhoeck & Ruprecht (2014): 216.
[403] AHUS. Case of Bruno D. 1942 (case number 1396/42).
[404] AHUS. Ibid. Admission record.
[405] AHUS. Ibid. Familienamnese.

Furthermore, his former care at the St Louis children's home in Caen and his extended hospitalisation was blamed as a contributing factor to his physical developmental delays.[406] In a letter from Dr Hofmeier to Dr Westphal in April, further intensive work and a strict diet was recommended.[407] The impact of wartime is also evident in this case, as Hofmeier apologised for the delay in reporting about Bruno's condition, citing the military service of Dr Steinmaurer as a contributing factor to the delay.[408] Doctors concerns about Bruno's early nutrition and his developmental milestones contrast with Wida, as there was no mention about environment or development in her file. This indicates that care may have differed based a person's origin, their language, and their social status, as Bruno's case shows apologies for delays in correspondence, while Wida's case shows scarcely any correspondence. As well as nationality, patient class and social status can account for differences in patient files.

(v) Class and Financial Circumstances

Class in this instance refers to Patientenklassen, rather than social class, although the two are closely related. Each patient file has a section denoting Patientenklasse, which corresponded with what class of care they were to receive. The division into classes relates to the classification of the payment for hospital services which had been established in the Kaiserreich era and was retained into the Nazi era. For 1st class patients the services rendered (medical treatment,

[406] AHUS. Case of Bruno D. 1942 (case number 1396/42). Letter from Dr Kurt Hofmeier to Dr Westphal, 25 April 1942.
[407] AHUS. Ibid.
Original Quote: ‚Wir empfehle weiterhin eine intensive Beschäftigung mit dem Kind und die Verabfolgung roborierender kost.'
[408] AHUS. Ibid. Original Quote: ‚Die Verspätung unseres befundberichtes bitten wir zu entschuldigen. Der Stationsarzt ist zum Heeresdienst einberufen worden und war nicht mehr in der Lage ihnen selbst näheres mitzuteilen nachträglich noch besten Dank für die Einweisung.'

accommodation, food quality) were the most expensive, 2nd class was less expensive, and the 3rd class was the cheapest. The costs of medical treatment in 1st class were usually paid by the patient without the involvement of insurance including laboratory costs and medications. 2nd class patients had private health insurance and paid the cost of their treatment themselves. Following negotiation between the 2nd class patient health insurance company and the doctors, the individual applied for reimbursement from their insurance company; however, this did not always cover the entire cost, so they could be subject to financial risk. Costs for patients in 3rd class were paid by a health insurance company or the community welfare association. The majority of patients were classified as third class as people would receive a certain amount of health care through their employment contracts.[409] This 3rd class level of care even extended to forced labourers and those in Umsiedlungslagern. The poor and unemployed also received a similar type of insurance through public welfare support and so were also designated as 3rd. The important differentiation in classification especially in relation to the Reichsuniversität Straßburg was that it was a teaching hospital. Under the 1914 statutes of the Heidelberg Hospital, which continued in to the Nazi era, only third class patients were allowed to be used for medical teaching purposes.[410] As a result of this, 3rd class patients could be transferred to special departments or individual doctors in accordance with their desire for teaching and research.[411] It is unclear whether this differentiation between wealth and class was more pronounced under National Socialism. It is possible that classifying patients in this manner was intended to highlight to the occupied population that engagement with the German system, including

[409] For further information about economics and healthcare in Germany in the 19th and 20th century, please consult Gabriele Moser, *Ärzte, Gesundheitswesen und Wohlfahrtsstaat. Zur Sozialgeschichte des ärztlichen Berufsstandes in Kaiserreich und Weimarer Republik,* Freiburg i.Br. (2011).
[410] LA-BW. GLA. Holdings 235, no. 29990. Letter from the Directorate of the Institute for Experimental Cancer Research to the Ministry of Culture and Education from April 26, 1940.
[411] Ibid.

employment that would lead to full healthcare benefits, would be more beneficial than resistance. As parents' employment is not always noted in paediatric files, it is a difficult question to be answered, but must nonetheless be considered as a possible faecet of occupation politics and must be reflected upon.

Class and personal associations with the doctors seemed to have had a notable impact on the treatment of the child, or at least the communication about their treatment with their parents. It also may have had an impact on the length of their hospital stay, as indicated in the case of Francine L., the daughter of a business manager, who entered the hospital on 18 September 1943 and was almost one year old. Francine was admitted as a French second class patient, and diagnosed with hypernephroma, a kidney tumour.[412] Her doctor referred her because of a suspected kidney malformation that caused her to be in a 'very miserable condition.'[413] Extensive testing included urine and blood glucose levels which were normal, although she appeared undernourished. On 24 September, Dr Zukschwerdt recommended that as her condition was not too serious, surgery was not urgently required, and so Hofmeier devised a nutritional plan for Francine to see if this could alleviate her symptoms.[414] She was given extra food which was selected and detailed by Dr Hofmeier in accordance with his research on vitamins and childhood nutrition.[415] After this, Francine 'rose very quickly and was cheerful and happy before being released' on 11 October 1944.[416] It appears that her mother was an acquaintance of Dr Hofmeier, as he personally wrote to her to update her about her child. He lists what she had been eating for every meal, and further observations as to her mood and general condition.[417] Her

[412] AHUS. Case of Francine L., 1943 (case number 1638/43).
[413] AHUS. Ibid.
[414] AHUS. Case number 1638/43. Letter 24 September 1943 from Professor Hofmeier to Dr Mommsen in Metz concerning Professor Zukschwerdt's decision on surgery, Case of Francine L., 1943.
[415] Consult appendix 14 for a full list of Hofmeier's research publications.
[416] AHUS. Case of Francine L., 1943 (case number 1638/43).
[417] AHUS. Ibid. Letter from Mrs L. to Dr Hofmeier 20 November 1943.

mother appeared to have been in contact with Francine, as she complained of the cold in the clinic, which Hofmeier stated could not be avoided given the weather. When the child returned home, the hospital received further updates, as Francine's mother expressed gratitude that following treatment 'she [is] so lively and jumps all day long at the lattice of the bed.'[418] It appears in certain cases there was considerable follow up examination and contact, as following her release, Hofmeier expressed his concern that there were not adequate paediatric facilities to deal with her kidney problems closer to their home in Metz. There is no further record for her admission, so it appears adequate follow up care was provided.

(vi) Diagnoses and Treatments

Illnesses such as polio, diphtheria, meningitis, tuberculosis, and scarlet fever among others, were particularly prevalent in this era, and as a result, children required well rounded treatment in order to overcome illnesses like poliomyelitis. Due to administrative differences between the hospital prior to Nazi occupation and during the Reichsuniversität Straßburg, it is not possible to compare statistics on disease prevalence between these two periods. It is possible that health conditions worsened, as noted by Martin Gumpert in *Heil Hunger.*[419] Given the provision of modern technologies and treatments in the Reichsuniversität Straßburg children's clinc, it may also be the case that the prevalence of disease remained the same or reduced somewhat. One example of patient care during such an outbreak is Margarete, who was admitted to the hospital during the polio epidemic of July 1944, at two years old.[420] She was listed as a third class Alsatian patient, and by the time of her admission, had developed considerable

[418] AHUS. Ibid, Letter from Mrs L. to Dr Hofmeier 20 November 1943.
Original Quote: ‚Sie ist soweit munter und turnt den ganzen Tag am Gitter des Bettchens'.
[419] Martin Gumpert , *Heil Hunger,* London: George Allen and Unwin (1940).
[420] AHUS. Case of Margarete O. 1944 (case number 865/44).

paralysis in her left leg, and a limp weak right leg, with completely absent reflexes in both legs. Her past history of illness was noted, and it was recorded that she has suffered from scarlet fever and an ear infection. A family history was taken, noting that both her parents and her one sibling were healthy and each had their own rooms. On admission she was subject to routine blood tests, all of which came back negative for other illnesses.[421] As noted in Abraham's work, polio diagnosis and treatment was heavily dependent on an integrated network of precision laboratory testing and follow up treatment. [422] Czerny explains that this combination of laboratories and patient wards was a particular advantage in the children's clinic in Strasbourg, and this system was retained into the Reichsuniversität era. [423] The practical application of this integrated system and its' benefits are shown in Margarete's case. Dr Schubert recommended that Margarete should receive fresh air, and daily massages to reduce muscle atrophy. Regular physiotherapy was recommended at the hospital, as well as a leg brace for night time use.[424] For symptoms that she suffered from aside from the paralysis, symptomatol was prescribed as well as hot compresses to relieve pain. After more than two months of intensive treatment at the clinic she was discharged home to continue the treatment regimen. This provides an insight to how patients with chronic conditions were treated on an ongoing basis, as well as how patients in Strasbourg dealt with epidemic illnesses of the era.

The most prevalent diagnoses seen in the children's' clinic of the Reichsuniversität Straßburg were consistent with this era in that contagious diseases were the majority of admissions. Chief among these was scarlet fever (81 cases), secondly pneumonia (64 cases), and diphtheria (57 cases) was the third most prevalent illness. More uncommon illnesses are

[421] AHUS. Ibid. Staatliche Medizinal Untersuchungsanstalt.
[422] Thomas Abraham, *Polio; The Odyssey of Eradication,* Hurst & Co London (2018): 115.
[423] Adalbert Czerny, 'Straßburgs neue Kinderklinik,': 1-8.
[424] AHUS. Case of Margarete O. 1944 (case number 865/44).

classified as ‘other’ when only one incidence of an illness was found in the nearly 900 records. A complete list of diagnoses and patients is provided in Appendix 4 which can provide details on all cases with diagnoses listed as ‘other’. Another aspect to consider with diagnoses, is that many children who were admitted changed diagnosis following more extensive testing, therefore some cases may have more than one diagnosis attached. In more complex cases with profoundly ill children, several comorbidities and complicating diagnoses are listed on their admission, all of which had to be recorded in the statistical analysis of these records.

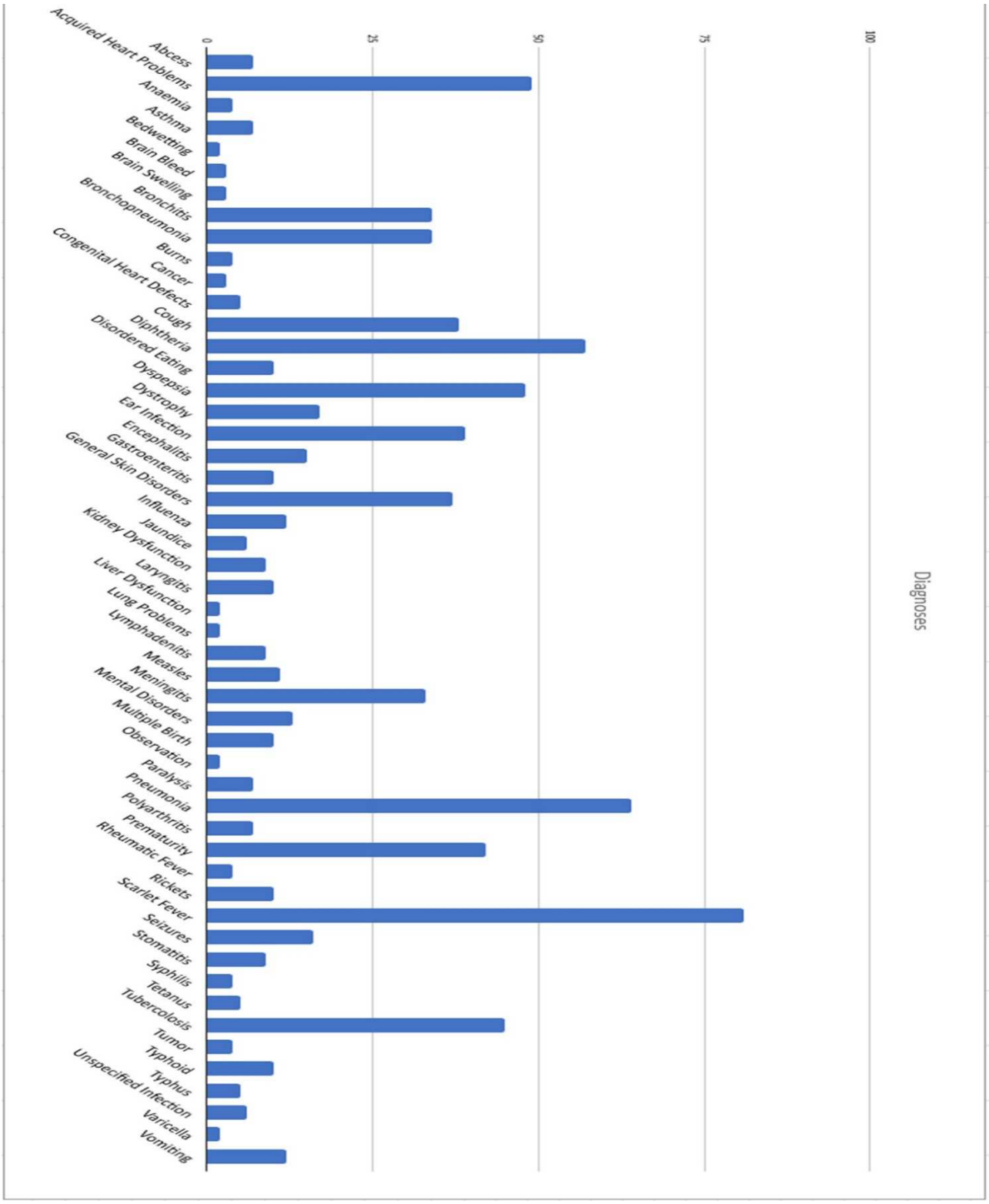

Figure 3.9.: Diagnoses present in the children's clinic 1941-1944. AHUS.

Congenital and acquired heart problems also feature heavily in the data, which required consistent monitoring and treatment. The data allows us to evoke the technology available in Strasbourg to conduct this kind of ongoing treatment, as they used an ECG machine which only became routine in 1939.[425] This required admission to a hospital and monitoring with medication in conjunction with an ECG machine. One patient who availed of this treatment was Klaus D. who was admitted to the children's clinic in June 1943 aged 8.[426] He was listed as a 2nd class Reichsdeutscher patient with impaired growth and was described as very pale. He was brought to the Poliklinik by his mother who was concerned at his weak constitution, and there an abnormality in his pulse was detected.[427] Klaus was treated with digitalis for 'weakness,' and a common side effect was slowing the heart rate, and was put on bed rest.[428] He had an EKG which showed arrhythmia perpetua, and a heartbeat of 150 beats per minute. Dr Dieker at the X-ray department took some images of his heart and stated that the retrocardial space was considerably narrowed and the heart was more spherical in shape, leading him to suspect myocarditis as a complicating factor. After one month in the clinic, he showed very little improvement, and was sent home on the condition his treatment with digitalis was continued and that he return for check ups regularly.

[425] Borys Surawicz, 'Brief History of Cardiac Arrhythmias Since the End of the Nineteenth Century: Part I,' *Journal of Cardiovascular Electrophysiology* 14, 12 (December 2003): 1365-1371.
[426] AHUS. Case of Klaus D. 1943, (case number 659/43).
[427] AHUS. Ibid. Letter from the Poliklinik to Kinderklinik.
[428] Christian Bonah, '"The Strophantin question" : early scientific marketing of cardiac drugs in two national markets (France and Germany, 1900-1930),' *History and technology,* 26 (2013): 135-152.

Figure 3.10.: Excerpt from the three lead EKG of Klaus D. taken 12 June 1943. AHUS.

In figure 3.9 detailing the diagnoses present in the chidren's clinic, epidemic illnesses such as scarlet fever, diphtheria, and measles contributed to a significant amount of hospital admissions. While this data records only admissions to hospital, such illnesses could often strike not just the child who was sent to hospital, but many members of the same family. The impact of epidemic illnesses on the entire family is evidenced in the case of nine year old Peter G. who was admitted to the children's clinic in May 1942. He was listed as a third class Alsatian patient, but importantly, he was from a Kinderreiche family, which indicates the importance of large families.[429] Dr Albert Bury, the general practitioner to the family, wrote a letter to the children's clinic, affectionately calling the child 'little G' indicating the more informal nature of the relationship with a general practitioner than a hospital doctor. He stated that having been called

[429] While the term Kinderreiche preceeded National Socialism, due to the focus on increasing the population, this is significant. Margaret Andersen, 'Kinderreicher Familien or familles nombreuses? French pronatalism in Alsace,': 63-81.

to the family house two days ago to tend to Peter, he suspected diphtheria and sent for tests to be conducted. He stated 'it seems to me that there is a large family and the danger for the environment is high.'[430] Therefore the main aim in hospitalizing Peter, as listed in the admission records, was to prevent the further spread of suspected diphtheria to the other children in the household. A patient history was taken, and it was discovered that he had previously had measles but had not suffered any complications from this infection. Peter was extensively tested in the clinic, and this came back as positive for diphtheria. He was then given diphtheria serum. On 30 May he was given a scarlet fever vaccine, and the parents were requested to return in order to give the second dose in July.[431] This highlights that the status of the family and the capacity for further infection of other children in the family played a role in hospital admissions when little else could be done to restrict outbreaks.

(vii) Twin Research

Research on twins was carried out at the Reichsuniversität Straßburg, as evidenced through the racial biology department under the direction of Professor Lehmann, and the studies conducted by students as part of their theses.[432] One such example is the thesis of Otto Dahms who included a Sippentafel as well as physical measurements and photographs of twins.[433] This basic understanding of the importance of twin research established by Galton among others, has

[430] AHUS. Case of Peter G. 1942 (case number 411/42), referral letter from Dr Albert Bury 23.5.43.
Original quote: 'Der kleine G. in saal erkrankte vor 2 tagen an angina… ist scheint mir die ubersicht um eine kinderreiche familie handelt und die umgebungsgefährdung gross ist'
[431] AHUS. Ibid.
[432] Alexander Pinwinkler. 'Der Arzt als 'Führer der Volksgesundheit?' Wolfgang Lehmann (1904-1980) und das Institut für Rassenbiologie an der Reichsuniversität Straßbourg': 401-416.
[433] Consult appendix 9 for a twin research analysis example from Otto Dahms thesis.

endured in scientific research.[434] It must be noted however that the reasons for examining twins have altered from the 1940s to today, as concerns about eugenics and racial hygiene informed the experiments of individuals like Otmar von Verschuer and Josef Mengele.[435] In contrast, as Jordana T. Bell and Richard Saffery suggest, the use of twin studies in current research are of immense importance to epigenetic research, showing the heritability of infectious disease and indeed the genetic components of an individual's immune response.[436]

While twins could be subject of student research, they primarily attended the clinic for medical care, and many twins were admitted to the children's clinic. There was one notable set of triplets, but unfortunately, only two of the triplets' patient files still exist: Heinrich K. and Elizabeth K. The triplets were born on 10 October 1942 and admitted the same day as their birth as they were born premature.[437] Heinrich was admitted at three hours old due to asphyxia, and was treated with oxygen, and Lobelin, commonly used for asthma and colic.[438] As this was a triplet birth, there was considerable interest in the hereditary aspect; however, the parents had only had one child before this, and there was no history of multiple births in the family. The doctors noted on admission that they were both farmers from Alsace and listed as third class patients. They also were said to live in the countryside, with adequate space, indicating environmental concerns.[439] Heinrich died after two days, while his sister, Elizabeth died at one day old as her condition was considerably worse. She was admitted with asphyxia, severe

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[434] Francis Galton, *The History of Twins, as a Criterion of the Relative Powers of Nature and Nurture*. London: Anthropological Institute, (1877).
[435] See also, Benoît Massin, 'Mengele et le sang d'Auschwitz' in *Nazisme, science et médecine*, ed. Christian Bonah, Paris: Edition Glyphe (2006): 93-140.
Paul Weindling, *Victims and Survivors of Nazi Human Experiments: Science and Suffering in the Holocaust* : 162.
[436] Jordana T. Bell and Richard Saffery, 'The Value of Twins in Epigenetic Epidemiology', *International Journal of Epidemiology* 41, no. 1 (1 February 2012): 140–50, https://doi.org/10.1093/ije/dyr179.
[437] AHUS. Case of Heinrich K., 1942 (case number 1518/42), and Elizabeth K., 1942 (case number 1517/42). File number 1516/42 is missing and was presumably that of the third triplet.
[438] AHUS. Ibid.
[439] AHUS. Ibid.

hypothermia, and cyanosis.[440] Elizabeth was also treated with oxygen and Lobelin but showed no improvement in her condition. It is not known what happened to the third triplet as there is no admission file for them, but the child was listed as a patient on the sibling data section of Heinrich and Elizabeth's hereditary information.

Twins have a higher incidence of being born prematurely, and thus it is important to examine their treatment given that they may have had more complex needs.[441] In the absence of neonatal intensive care units, twin births can often ascertain the level of care provided to infants in the Reichsuniversität Straßburg.[442] The treatment of the T. twins, Helga and Monika is notable in the requests of the family for specific treatment. They were born at 8 months gestation on 26 November 1943, both diagnosed with significant prematurity.[443] Monika was treated for pneumonia as well as prematurity, but this apparently reduced after numerous blood transfusions and eleudron tablets.[444] They were both listed as Reichsdeutsche and 2nd class. On 23 February, Maria T., their mother, wrote to request their transfer to a private ward, and it appears this request was granted as the family were paying privately, separate to any insurance company.[445] Both infants were fed with donated breastmilk by a nurse, and tested negative for diphtheria bacteria with the Staatliche Medizinal-Untersuchungsanstalt.[446] Helga also had two blood transfusions for anaemia, from which she quickly recovered.[447] Both twins were released, considerably improved and increased in weight on 29 January 1944.[448]

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[440] AHUS. Case of Elizabeth K., 1942 (case number 1517/42).
[441] While there were 9 stillbirths recorded in the period 1942-1944, it is not mentioned if these stillbirths were twins or not. There is more representation of twins diagnosed with prematurity.
[442] Michael Obladen, 'Early Neonatal Special Care Units and Their Scientific Achievements,' *Neonatology*, 102, no. 2 (2012): 89-97.
[443] AHUS. Case of Monika T., 1943 (case number 2436/43), and Helga T., 1943, (case number 2437/43).
[444] AHUS. Ibid.
[445] AHUS. Case of Helga T., 1943, (case number 2437/43); Letter from Maria T., on 23/2/43.
[446] Consult infant nutrition section in previous chapter for further information on the breast milk bank in Strasbourg.
[447] AHUS. Case of Helga T., 1943, (case number 2437/43).
[448] AHUS. Case of Monika T., 1943 (case number 2436/43), and Helga T., 1943, (case number 2437/43).

Hofmeier formerly studied the impact of heredity in disease through his work on twins and poliomyelitis entitled 'Poliomyelitis vom zerebralen Typ bei einiigen Zwillingen' which was published in 1938.[449] He conducted this resarch with his co-author, K. Dinckler, including full comparative tables on the twins' development, nutrition, blood cultures, lumbar punctures, and comparative X-rays.[450] He suggested that as both twins reacted similarly with encephalitis symptoms as a result of poliomyelitis infection, they had the same gene with the same reaction which led to their identical symptoms. In this work he referenced Verschuer's *Erbpathologie*, and referenced the impact of heredity and 'inferior' genes in the development of neuropsychaesthenic symptoms.[451] While this study was conducted prior to his appointment at the Reichsuniversität Straßburg, this resaerch indicates the theories he believed in and how they could be used in cases of twins in the children's clinic. This type of research involving twins was also conducted by students and referenced in work by students at the Reichsuniversität Straßburg children's clinic. Two such examples are Gerhardt Brenneke and Rosemarie von der Decken, which will be further elaborated upon in chapter four on medical theses. It appears therefore that while twins were studied in relation to race and heredity theories by Hofmeier and his students, they were not treated differently to other patients in the Reichsuniversität children's clinic.

(ix) Social Issues as a Medical Concern

So called 'illegitimacy' was framed as a medical issue in studies of the children's clinic by students at the Reichsuniversität Straßburg. One such example is the thesis of Helmuth Will,

[449] Kurt Hofmeier and K. Dinckler, 'Poliomyelitis vom zerebralen Typ bei einiigen Zwillingen,' *Zeitschrift für menschliche Vererbung und Konstitütions Lehre*, 22 (1938): 224-237.
[450] Ibid: 224-237.
[451] Ibid: 224-237.

who studied the prevalence of nervous disorders in children in Strasbourg. This was also examined by Dr Hofmeier in his article 'Über die erbliche Bedingtheit infektiöser Erkrankungen des Nervensystems' published in *Monatsschrift für Kinderheilkunde* in 1938.[452] Will noted that while the prevalence of infectious diseases had reduced in the children's clinic from the time of the old Reich, the current social conditions had a considerable influence on the health of children;

> The children in Alsace are not any more exposed to infectious diseases than the children in the old Reich. The social conditions, however, seem to have a significant impact against this. In any case, the majority of the children with nervous disorders, such as those in our medical histories, are from the lowest circles of society, many are illegitimate children.[453]

Another student, Werner Hessling, noted that illegitimacy was a risk factor for higher infant mortality that must be monitored.[454] Hofmeier noted that the majority of the children who were placed for adoption were illegitimate and this was of concern given the lack of knowledge about their hereditary disposition.[455] Hofmeier also suggested that the acceptance of the wider social group was necessary before adoption took place as a child had an important part to play in social life, therefore their hereditary disposition should be of considerable importance to the family and community. He also agreed that illegitimacy increases the risk of health-related issues as 'the married mother naturally takes more care in her pregnancy' and following their birth

[452] Kurt Hofmeier, 'Über die erbliche Bedingtheit infektiöser Erkrankungen des Nervensystems,' *Monatsschrift für Kinderheilkunde*, 75 (1938): Not paginated.
[453] AFMS. Hellmuth Will, 'Auftreten von Nervenerkrankungen Bei Kindern im Zugangsgebiet der Universitatskinderklinik Straßburg (Diss Med)' (1943): 7.
Original quote: ‚Die Kinder im Elsass sind Infektionskrankheiten nicht mehr ausgesetzt als die Kinder im Altreich. Die sozialen Verhältnisse scheinen dagegen einen Großen Einfluss zu haben. Jedenfalls stammt der größte Teil der Kinder mit nervenerkrankungen wie aus unseren Krankengeschichten hervorgeht aus sozial niedrigsten kreisen; viele sind uneheliche Kinder.'
[454] AFMS. Werner Hesseling, 'Sterblichkeit und Todesursachen an der Straßburger Universitätskinderklinik vom 1.1.1941 bis 31.12.1942 (Diss. med.)' (1944): 19.
[455] Kurt Hofmeier, 'Erbwissenschaft und Adoption; Die Bedeutung von Krankhaften Erbanlagen und Erbkrankheiten bei Adoptiveltern und Adoptivkindern,': 160-168.

illegitimate children are less likely to be breastfed.[456] Hofmeier acknowledged the importance of environment to the development of children, and therefore advocated the adoption of children, their education and integration to the community as 'this is achieved by developing the favourable and suppressing the unfavourable.'[457] This quote illustrates belief in eugenic principles that aligned with Nazi ideology which focused not only on eliminating those not considered to be beneficial to the Volk, but also the development of children who were deemed of worth to the Volk.[458] It is possible that Hofmeier's focus on poor social conditions and 'illegitimate' children in Strasbourg was due to concerns about the integration of occupied Alsace into Germany and the issue of 'selecting' infants for adoption that could be influenced by inadequate early environmental conditions.

These concerns about illegitimacy and health appear in the Reichsuniversität Straßburg children's clinic patient files. One example is the case of Karl Heinz B. who was admitted to the clinic in June 1943 with congenital syphilis.[459] Although he was almost one year old, he was considered to be underdeveloped, with dirty skin, multiple abscesses and boils.[460] His parents were young, and unmarried, and his family was listed as Reichsdeutscher. As a result of this, tests were conducted on Karl Heinz for diphtheria bacteria and for syphilis, and his mother was also tested for syphilis.[461] An X-ray examination was conducted and determined that there were no changes to his bones in conjunction with congenital syphilis.[462] He was treated with luminal, a common medication for anxiety and seizures, cibazol which was a standard antimicrobial

[456] Ibid.
[457] Ibid: 163.
Original quote: Das geilingt durch Entwickling der Gunstigen und Unterdruckung der Ungunstigen anlagen.
[458] Daniel J. Kevles *In the name of eugenics: genetics and the uses of human heredity,* Cambridge Mass.: Harvard University Press (2004): 117.
[459] AHUS. Case of Karl Heinz B., 1943, (case number 725/43), admission record.
[460] AHUS. Ibid. Observations.
[461] AHUS. Ibid. Staatliche Medizinal-Untersuchungsanstalt examinations.
[462] AHUS. Ibid. Röntgenabteilung observations 2 August 1943.

medicine, and spirocid which was prescribed for congenital syphilis. He was then released and told to return in two months for further treatment, which illustrates the capacity for follow up care and outpatient treatment. It is possible that due to his status as Reichsdeutscher, that this follow up care and medication provided, they considered him capable of improvement and possible adoption.

(x) Impact of Hospitalisation on Children

In the charts presented and the case studies already discussed, a considerable number of children were admitted for what can be classified as normal paediatric care. The illnesses presented are those that one would expect in this era, and the medications and treatments used are standard practice at this time. While this is useful to contextualise how patients were treated, this data cannot explain the experience of patients during their hospitalisation. One aim of this thesis is to ascertain the experience of children in the hospital and a social history of patients in the Reichsuniversität Straßburg between 1940 and 1945. This has been illuminated to a certain degree through case studies from the clinic, but by examining research in this era on the impact of hospitalisation on children, one can also garner further information on what these children were likely experiencing. This normal paediatric care began to be examined more critically in the 1940s as doctors began to advocate for increased visits from parents to alleviate what would later be considered separation anxiety, particularly in younger children who could not be prepared for the experience of hospital care. Based on patient care and parent's reactions to this period of hospitalisation, a scientific film was produced by Bowlby and Robertson in entitled *A Two Year Old Goes to Hospital*. The aim of this film was to investigate the behavioural changes in a child

as a result of separation from their parents during their stay in hospital.[463] While this film emerged after the war, it was filmed as a result of information garnered from paediatric patients during the war, and can therefore help to examine the patient experience. The film presents time-stamped snapshots of a two-year-old patient named Laura, who appears to withdraw into herself as well as engage in uncharacteristic behaviours. Despite the moving nature of *A Two Year Old Goes to Hospital*, critics suggested that it was a poor representation of childhood distress in hospital.

> [As] it should be said that the value of films as an argument in scientific debates is limited... they can only show that a certain phenomenon may take place, not that it generally takes place, and under which specific circumstances. Thus, Robertson's opponents could always argue that Laura, her parents, or the hospital were somehow exceptional and that other children in (other) hospitals were perfectly fine. At any rate, they could argue with some justification that it remained far from proven that her distress was caused by the separation.[464]

It must be noted that the desire for parents to remain with their children during their stay in hospital was not influenced by doctors or research; this push to have access to their children while in the ward pre-dated this investigation into separation anxiety. In the cases of Andreas N. and Erich M., among others, their parents believed their visits to be important to the health and wellbeing of the child.[465] From the letters that remain, it appears that parents had to formally request to visit their child or request their release, illustrating that such visits were not standard practice.[466] Indeed, parents visting their children in hospital, and communication with the family about their child's care, was impacted by factors such as nationality, financial status, and social

[463] NLM. 9504906. James Robertson, *A Two Year Old Goes to Hospital* Robertson Films, (1952).
[464] Frank C. P. van der Horst and René van der Veer, 'Changing Attitudes towards the Care of Children in Hospital: A New Assessment of the Influence of the Work of Bowlby and Robertson in the UK, 1940–1970', *Attachment & Human Development* 11, no. 2 (1 March 2009): 119–42 https://doi.org/10.1080/14616730802503655.
[465] ADHVS Psych. Case of Andreas N. (K27/520). AHUS. Case of Case of Erich M. (657/43).
[466] ADHVS. Case of Erich M (657/43), Letter from Karoline M on 24 June 1943 requesting a visit to her grandson. ADHVS Psych. Case of Andreas N (K27/520). Letter from Alfons N on 15 November 1942 requesting a visit to his son.

class. That parents wanted to visit their children indicates that the move to include parents was driven by families prior to this scientific film proving the impact of separation on patients. Therefore, it can be theorised that the children admitted to the hospital of the Reichsuniversität Straßburg were impacted by this separation from their parents. As Michael Jeremy Jolley notes, nurses were usually the ones enforced with implementing new medical ideas. One of these ideas was that parents would upset children by their visits, and were generally ignorant of medical practices and so would jeopardise the children's progress.[467] It is unknown if class affected the frequency or amount of visits allowed in the children's clinic in Strasbourg, but more correspondence and information concerning the health and welfare of the child was provided to families of an upper class background, as in the case of Francine L. in the paediatric clinic, and Susanna D. in the psychiatric clinic who will be discussed in the next chapter.[468]

Play is an indicator of the normal hospital conditions that existed in the children's clinic in Strasbourg. It is also used by doctors as an indication as to how the child was feeling; children who were profoundly unwell were of course unable to interact with toys, but approaching their release date, patient files often record their engagement in play. The impact of play on the experience of hospitalisation in children is explored by Barnes in his 1995 article. He stated that

> play is an essential characteristic of childhood… but in hospital it has a very special significance. It is a means of assisting coping strategies, thus reducing anxieties and offering the child a medium through which information can be given.[469]

This appears to have been a concern in Strasbourg too, as Hofmeier ordered more toys for the children's clinic in time for Christmas.[470] Play as an indicator of improvement in health is also

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[467] Michael Jeremy Jolley, 'A social history of paediatric nursing 1920-1970,' PhD thesis University of Hull (2003): 11.
[468] AHUS. Case of Francine L., 1943 (case number 1638/43). ADHVS Psych. Case of Susanna D., Case Number (K27/170), 8 May 1943 letter from Mr D to Dr Bostroem.
[469] Pam Barnes, 'Thirty Years of Play in Hospital', *International Journal of Early Childhood* 27, no. 1 (1 March 1995): 48, https://doi.org/10.1007/BF03178105.
[470] AVES. Letter from A Reiter Oberin, March 1943.

noted in many cases, including that of Francine L, where her mother notes her playing and jumping in bed as an indication of her improved health and mood.[471] Playing was considered important at the Reichsuniversität Straßburg, as this was included in the patient notes as an indicator of improvement. The case of six year old Ulof H. illustrates this as it ws noted on his medical chart that on 30 June he had begun to play with his toys again following his admission for scarlet fever.[472] For children at the Reichsuniversität Straßburg children's clinic, playing signalled that the patients were feeling better and could engage with their caregivers at the hospital. Beyond this, the presence of accounts of children playing with one another and with toys, indicates the stability of the clinic in the midst of political upheaval, where it continued to function as a normal paediatric clinic.

(xi) Outpatient Care

As outlined in the section on admissions, patients would usually be treated at home for some time before referral to hospital. Following their hospital stay, patients would return home, however, a number of patients required consistent specialist care for chronic conditions or follow up examinations that could only be provided in a hospital setting. As a result, a number of patients in the children's clinic received outpatient care as a condition of their release from the clinic.

[471] AHUS. Case of Francine L., 1943 (case number 1638/43).
[472] AHUS. Case of Ulof H., 1944 (case number 559/44); Patient chart, observations 30 June 1944.

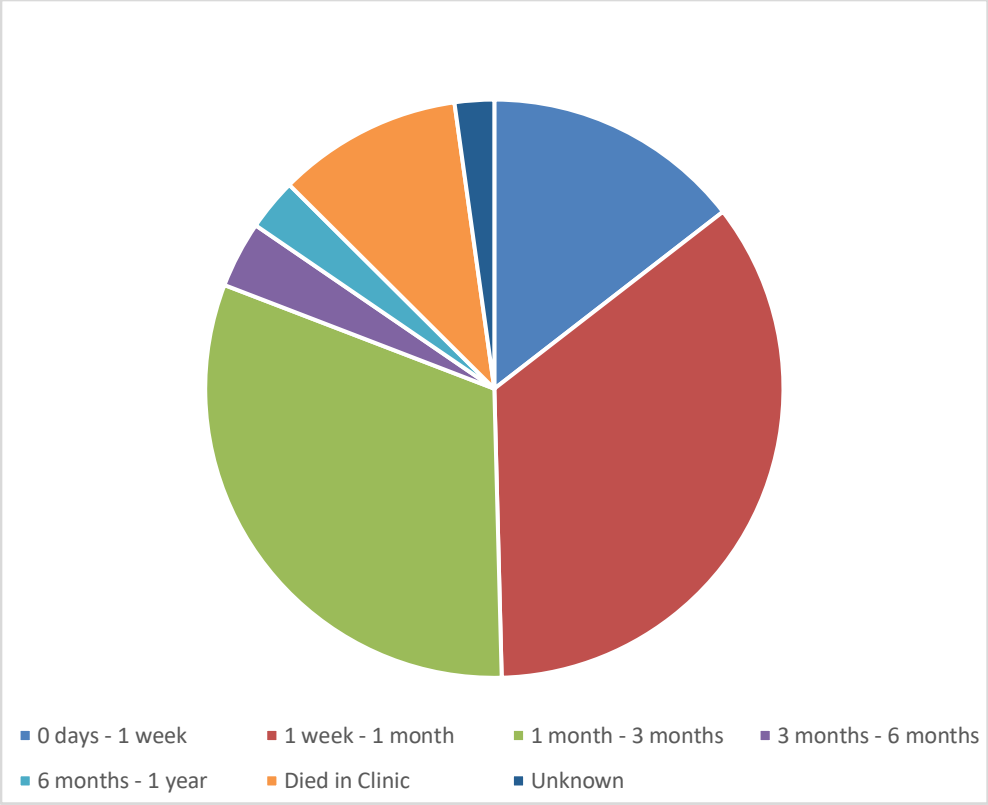

Figure 3.11.: Duration of stay of paediatric patients in the children's clinic.

The majority of patient care was provided in the hospital. Considering the outbreaks of poliomyelitis and other illnesses such as scarlet fever it is understandable that many patients had to be accommodated in the children's clinic for a longer term. 120 children were treated in the clinic for less than one week, while the majority of children stayed in the clinic between one week and one month (302 patients). Of the 869 legible cases, 89 children died while in the clinic. There were 26 children who stayed at the clinic longer than six months, illustrating the possibility to provide longer term in clinic care to certain patients. In the case of 19 patients, a date of release from the clinic was never recorded. This may indicate that the patient stayed in the hospital until the return of French administration, or they may have been transferred to another clinic.

The case of Ernst Z. illustrates the capacity for management of a patient's condition, despite a poor prognosis. He was born on 4 December 1941 and was admitted in February 1942 primarily due to tonic-clonic seizures. Dr Hofmeier noted his condition shortly after his birth due to his severe umbilical hernia, dysplastic condition and hypertonic muscle reflexes.[473] It was confirmed after extensive tests that he did not have meningitis, but despite this, his intracranial pressure was significantly elevated. As a result, a procedure called a pneumoencephalogram was conducted, where some of the fluid from the spine was drained and air was injected, then the patient was restrained while the air dispersed in the brain. X-rays could then be taken from different angles to see the structure of the brain.[474] While this test was standard procedure and helped them to see that the ventricles in his brain were enlarged, this procedure was quite dangerous and very painful. The children's clinic doctors performed several more lumbar punctures to monitor the child, and also administered chloral hydrate medication. His eyesight was examined at the ophthalmological clinic on 5 February following a referral from the children's clinic to ensure that the increased pressure in his brain had not affected his eyesight.[475] As noted in the previous chapter, Dr Hofmeier was interested in the hereditary and environmental issues that could result in childhood illness, so an extensive examination of the family was carried out. The parents of Ernst Z. were considered healthy, and lived in a modern and clean building, with beds for each child. It was conspicuous to the doctors that Ernst had a sister that died just 6 months ago from unknown circumstances, which led them to believe the condition may have been hereditary.[476] Following all these examinations, they recommended

[473] AHUS. Case of Ernst Z., 1942 (case number 1270/41); Observations on Admission.
[474] Louis Casamajor., Robert W. Laidlaw, and Philip G. Kozinn, 'The Technique of Pneumoencephalography in Children: Comparative Results with Air and Oxygen Injection,' *The Journal of Pediatrics* no. 38, 4 (1951): 463-467.
[475] AHUS. Case of Ernst Z., 1942 (case number 1270/41); Augenklinik referral from Dr Kurt Hofmeier 5 February 1942.
[476] AHUS. Ibid. Familienanamnese.

that he come back for analysis in 6 months, which shows an ongoing treatment of more complex conditions in an outpatient clinic. Unfortunately following this follow up appointment 6 months later, they stated that his condition had not changed and they could not offer a favourable forecast for his condition, despite this, he was allowed to stay with his family.[477]

However, following this analysis of patient records, a considerable amount of outpatient care was recommended following the release of patients in order to ascertain their continued improvement outside the hospital setting. For this, some children were released and recommended to visit the Poliklinik within a certain duration, for follow up tests, check-ups or vaccinations. For further information on the establishment of the Poliklinik, consult section (viii) paediatric nursing at the Reichsuniversität Straßburg.

[477] AHUS. Ibid. Dr Hofmeier note to Dr Levy 7 March 1942.

Figure 3.12.: Propaganda poster from Strasbourg detailing a Poliklinik where routine childhood vaccinations are carried out. Quote states; 'Protect your child trust the doctor. Come to the mother's counselling session.'[478]

[478] BNU. NIM18721. Schütze dein Kind. Vertraue dem Arzt. Komm zu Mütterberatungsstunde. NSDAP. Gauleitung Baden, Amt für Volkswohlfahrt, Abt. Werbung und Schulung. Strasbourg editor.

It appears that the capacity in the Poliklinik of the Kinderklinik was quite substantial as outlined in the previous chapter, where the nurses from the German Red Cross noted how staffing would work when clinic numbers reached 5,000 per year.[479] They could cope with 30 to 50 patients in an outpatient capacity daily.[480] Unfortunately, the patient records from the outpatient facility of the Poliklinik have not yet been found, but based on the records of patients who were hospitalised to the wards of the children's clinic, many of those attending the Poliklinik would have been follow up appointments following their discharge from the hospital ward. This is evident in the case of Irene E., a 3 year old Alsatian patient, who was admitted in May 1943. Her notes state that she had felt unwell for three days and was admitted to hospital.[481] She was extensively tested, and found positive for scarlet fever, but as she was experiencing no complications she was discharged on 30 June 1943. The condition for her release was her attendance at the Poliklinik in ten days to conduct a follow up X-ray and further tests.[482] It appears that there was also consideration given to preventing the spread of disease in larger families as an incentive to monitor children as outpatients. The case of Peter G. illustrates this, as he was said to be from a 'Kinderreiche' family.[483] He was admitted in May 1942 aged 9.[484] His general practitioner wrote to admit him to the university children's clinic as he had been sick with angina for two days, and his tests had returned possible diphtheria. Due to the size of his family Dr Hofmeier was concerned about the possible spread of infection and admitted Peter as a

Further information on Strasbourg Mütterberatungsstunde in staff chapter. Also see Melissa Kravetz, *Women doctors in Weimar and Nazi Germany: maternalism, eugenics, and professional identity*, Toronto: University of Toronto press (2019); 157.

[479] AHUS. 7AH120. DRK Schwestern.
[480] Ibid.
[481] AHUS. Case of Irene E., 1943 (case number 452/43).
[482] AHUS. Ibid.
[483] AHUS. Case of Peter G., 1942 (case number 411/42).
[484] AHUS. Ibid. Admission record.

precaution.[485] Considerable interest was placed in the heredity section as he was one of four children, all of whom are listed as healthy.[486] Dr Steinmaurer wrote a letter to Peter's general practitioner on stating that as his tonsils were considerably swollen they recommended a tonsillectomy in the near future. He also said that a follow up examination and vaccination should take place at the Poliklinik. This illustrates that, in some cases, follow up outpatient care was provided, although there are no records exist indicating if the patient attended the outpatient follow up appointment.

(xii) Conclusion

This chapter explained the daily functioning of the clinic further through the use of statistical analysis and case studies. The process of admission to the clinic was explained, as well as the impact of social factors such as nationality and class on treatment. Through examining these categories, the demographic of who was admitted to the clinic was discovered. The clinic comprised of a multinational group of children: although the majority of patients were Alsatian and German, the presence of patients from neighbouring Western European countries has also been outlined. The unexpected presence of patients from Umsiedlungslagern and those of Eastern European nationality has been examined. The children treated at the clinic ranged from poorer patients to private patients, and the content of their patient files varied accordingly. Their diagnoses and treatments as well as outpatient care were then extrapolated to examine the functioning of the Reichsuniversität Straßburg children's clinic which continued to treat patients despite the politically fraught atmosphere of the occupied city. The war impacted medical care,

[485] AHUS. Ibid. Admission record.
[486] AHUS. Ibid.

as children were admitted to the hospital (although not the children's clinic) for injuries sustained during bombing raids as the war progressed, although it is not clear that clinical outcomes for routine cases worsened.[487] Social issues such 'illegitimacy', twin research and the impact of hospitalization on children was then examined in this chapter. While the records analysed are of course written from the perspective of the medical gaze, as Porter states, the essence of the patient can still be found within once the source is interrogated properly.[488] A full understanding of how exactly these patients felt may not be possible, but this chapter has sought to question these sources to explain exactly how the clinic functioned and explain the aspects of a social history of patients in an occupied city. The next chapter will follow on from this question, examining a small number of patients who were subsequently transferred to the psychiatric clinic. This examines how wartime shortages led to their accommodation in an adult psychiatric ward; a situation noted as less than ideal by Hofmeier.

[487] ADHVS Path. Case number 514/43 of a three year old child admitted to the surgical clinic 2 for bomb injuries in 1943 but did not survive. Pathology Record Books.
[488] Roy Porter and Colin Jones, *Reassessing Foucault: Power, Medicine and the Body* (Routledge Studies in the Social History of Medicine), Routledge: Abingdon, (1998): 11.

Chapter Three: Paediatric Patients at the Psychiatric Clinic

> Many of the involved and most active psychiatrists were the leading reform-oriented psychiatrists of the time... But the reality was different... An unfounded therapeutic optimism led to the loss of sight of those where they failed. The most disabled persons, the most difficult patients, should always be in the centre of our attention and care.[489]

(i) Background

The previous chapter explored the treatment of paediatric patients in the Reichsuniversität Straßburg children's clinic, however many children were transferred to the psychiatric clinic for further care. 127 children were treated at the psychiatric clinic, despite its' formal status as an adult psychiatric institution. This chapter will focus on an in depth analysis of the children who were treated in the psychiatric clinic of the Reichsuniversität Straßburg, examining the illnesses they presented with and their treatment. It will focus on statistical analysis of the 127 paediatric patients by examining nationality, primary diagnosis and length of stay in the institution. This chapter asks why children were admitted to an adult psychiatric ward. Who were these patients? What illnesses did they suffer from and what treatment was provided? Where did these patients come from? Following a statistical overview of the clinic, a number of patient files are examined in case studies. These case studies will illustrate different aspects of

[489] Michael von Cranach, 'Ethics in psychiatry: the lessons we learn from Nazi psychiatry,' *European Archives of Psychiatry and Clinical Neuroscience*, 260, (2010): 152-156.

treatment in the clinic, including patients who travelled large distances (as far away as South Africa) for treatment at the institution, patients who had extensive medical treatment, those who were readmitted, and those who died in the clinic. Some patients from Eastern European countries, such as Ukraine, Russia and Poland will be examined through case studies to illustrate how their treatment differed from those who were German citizens or Alsatian. This chapter will also examine the patient voice through the psychiatric files, looking at the correspondence of the patients' parents with the clinic, children's activities in the clinic, as well as the extent to which patients and their families were informed about the procedures that took place. This primary source analysis will be foregrounded in a discussion of current literature on the topic to help illustrate these findings. Finally, this chapter will analyse the treatments and medicines provided to the patients.

(ii) History of the Psychiatric Clinic

In order to examine the case studies in detail, one must first examine the doctors who ran the clinic to ascertain the ethos and treatment that was offered to patients in the psychiatric clinic. The Reichsuniversität Straßburg had a large psychiatric clinic, with over 400 beds available.[490] From 1941 to 1944 there were 127 children admitted to this clinic; a small proportion of the over 3,000 adult patients who were treated there.[491] Dr August Bostroem was appointed as head of this large psychiatric clinic in October 1942, and served as its chair until his

[490] AVES. 7AH47 *Direction Generale Krisenmaßnahmen Bergung und Rückführung aus den Bergungsgebieten.*
[491] 35 boxes of psychiatric files from 1941 to 1944 (the period of German occupation) at the archives of the Département d'Histoire des sciences de la Vie et de la Santé at the University of Strasbourg, with approximately 86 files per box, resulting in an estimated 3,010 cases in the psychiatric clinic treated during German occupation.

death in February 1944.[492] He was born in Gießen in 1886 and studied in Freiburg and Gießen.[493] He completed his medical thesis entitled *Die Benennung optischer Eindrücke* in Halle in 1909, and went on to serve as a doctor in the First World War.[494] In 1918 he served as a psychiatric assistant in Rostock, then a doctor in Leipzig in 1921.[495] He was promoted to professor and practiced in Leipzig, Munich and Königsberg, and published extensively on psychiatric practice.[496] Bostroem became a member of the NSDAP in 1937, and a member of the NSLB in 1934, which was integral to his nomination as head of the psychiatric clinic in Strasbourg.[497] His publications focused on the topics of psychosis, mania, syphilis, encephalitis and catatonia, among other psychiatric illnesses.[498] Professor Bostroem died of a heart attack while he was the director of the clinic in Strasbourg in February 1944, therefore the position of director passed to Dr Jensch, who had previously worked in the clinic and was the interim director of the clinic from 1941 until Bostroem's appointment.[499]

Dr Nikolaus Jensch served as the director of the clinic again until the evacuation of the clinic in November 1944.[500] He was born in Breslau in 1913 and became a member of the NSDAP and SA in 1933.[501] Dr Jensch is best known for his studies on the castration of homosexuals entitled *Untersuchungen an Entmannten Sittlichkeitsverbrechen. Sammlung*

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[492] Patrick Wechsler, *La Faculté de médecine de la "Reichsuniversität Strassburg" (1941-1945) à l'heure nationale-socialiste,*: 103.
[493] Ernst Klee, *Das Personenlexikon zum Dritten Reich: Wer war was vor und nach 1945,* Bostroem August entry, Frankfurt am Main: Fischer Verlag (2005): 67.
[494] Patrick Wechsler, *La Faculté de médecine de la "Reichsuniversität Strassburg"* (1991): 103.
[495] Kürschners Deutscher Gelehrten Kalender 1941, "Bostroem".
[496] Patrick Wechsler, *La Faculté de médecine de la "Reichsuniversität Strassburg"* (1991): 103.
[497] BArch. R9361-VIII Kartei / 3590565 NSDAP Zentralkartei, Bostroem, August.
[498] Patrick Wechsler, *La Faculté de médecine de la "Reichsuniversität Strassburg"* (1991), Publications list. 104.
[499] Ibid: 238.
[500] Ibid. 100.
[501] Ernst Klee, *Das Personenlexikon zum Dritten Reich: Wer war was vor und nach 1945,* Jensch Nikolaus entry, Fischer Verlag (2005): 286.

psychiatrischer und neurologischer Einzeldarstellungen published in 1944.[502] In this study of 693 castrated sex offenders, he argued that 'the therapeutic outcomes of castration were disappointing' as castration did not appear to change the person's sexual orientation.[503] Both Bostroem and Jensch appear to have been highly regarded in the psychiatric community at the time, judging from both their appointment to the Reichsuniversität Straßburg and by the referral letters of patients. In many cases, the referral of patients from other hospitals made specific reference to being unable to treat the patient any further, but that Jensch or Bostroem would be able to treat them or provide some degree of clarity on the case.[504]

Dr Bostroem wrote a letter to Dr Stein, the Dean of the medical faculty on 25 January 1944 proposing to create a separate psychiatric department exclusively for the care of children.[505] Bostroem referenced his time in Leipzig where a similar case of segregating children from the adult psychiatric patients worked well and 'greatly aided [him] in [his] work' during his three years at the clinic. Bostroem mentioned that the clinic itself was designed for adult psychiatric patients and proposed that a new system be created,

> The solution I envisaged would have the advantage that the children and young people in question would not need to be accommodated in the psychiatric clinic, which always causes certain difficulties in view of the known prejudices. The planned space in the clinic would then only be used for the observation of strong devious and criminal or other young people, and this separation from the others would prove to be desireable. I would like to propose that a verbal discussion be convened on the details of this question and would be grateful if this could be done soon.[506]

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[502] Nikolaus Jensch, *Untersuchungen an Entmannten Sittlichkeitsverbrechern. Sammlung psychiatrischer und neurologischer Einzeldarstellungen*, Leipzig: Thieme, (1944).
[503] Ibid.
[504] ADHVS Psych. Case of Susanna D, 1943 (case number K27/170); letter 7 May 1943 from Kork recommending Dr Bostroem for her treatment, and thus she is transferred to Strasbourg.
[505] AVES. 7AH90. Ärztliche Betreuung. Letter from Dr Bostroem to Dr Stein on 25 January 1944.
[506] AVES. Ibid.
Original quote: ‚Die von mir ins Auge gefaßte Lösung würde den Vorteil mit sich bringen, daß die in Betracht kommenden Kinder und Jugendlichen nicht in der Psychiatrischen Klinik untergebracht zu werden brauchten, was bei den bekannten Vorurteilen ja immer gewisse Schwierigkeiten macht. Die vorgesehenen Räume in der Klinik würden dann nur für die Beobachtung von stärker abwegigen und kriminellen oder sonstigen Jugendlichen verwandt

From his letter it is unclear where the institution was intended to be created, if it would fall under the remit of the psychiatric department or the paediatric department, or what capacity the new facility would have. No further plans of the institution were found as the letter was written in January 1944, and by November the hospital and university would be evacuated with the arrival of Allied forces.[507] Nonetheless, from his letter one can ascertain that the care of the 127 children at the adult psychiatric clinic was not an intended or ideal situation, and that plans were being made for a rearrangement of patients. This may be part of the reason for the transfer of paediatric patients to Stephansfeld Heil-und Pflegeanstalt as a result of a lack of space or also due to the intention to move children from the adult psychiatric facility.[508] Dr Stein replied that he approved of Dr Bostroem's solution as it would be an excellent advantage to the city and to the care of children who were more 'difficult'.[509] Therefore more children may have been admitted given the proper facilities, but the treatment of children at the adult psychiatric clinic was not intended as a long term solution.

(iii) Aktion T4 and Euthanasia of the Mentally Ill

As Alsace was part of Germany while the Reichsuniversität psychiatric clinic was operational, it is integral to understand the background of psychiatric care in Germany in this era.

werden diesen Abtrennung von den anderen sich als wünschenswert erweisen wurde. Ich möchte vorschlagen, wegen Einzelheiten der Fragen [..ne] mündliche Besprechung anberaumen zu wollen und wäre dankbar, wenn dies bald geschehen könnte.'

[507] For further discussion, consult chapter six on the postwar era and evacuation.

[508] ADBR. 126AL77 F. 14 April 1944 letter from Dr Hofmeier to chef der Zivilverwaltung, concering the transfer of the childrens clinic to Stephansfeld, Notdienstverpflichtung der Säuglings u kinderschwesterschulerinnnen der Lehranstlt bei der Universitäts Kinderklinik in Straßburg.

[509] AVES. 7AH90. Arztliche Betreuung. Dr Stein letter 26 January 1944.

The situation in French psychiatric hospitals, while tragic in the number of lives lost due to neglect and malnutrition, does not compare to the calculated extermination that occurred in Germany as part of the T4 campaign. This began as a result of a highly publicised case of a disabled child and focused on the extermination of mentally and physically disabled in institutions. In Leipzig University children's clinic, a child known as Knauer was being treated, but his parents appealed to the peadiatrician Professor Werner Catel to euthanize him in 1939.[510] Catel initially declined, and suggested that the parents bring the case directly to Hitler, who granted permission to euthanize the child.[511] Questionnaires were filled out by decree from 18 August 1939 by doctors and nurses indicating infants and children under three years old who had mental or physical disabilities, who would then be admitted to a special children's ward for observation. These questionnaires would be sent to the Reich Committee for the Scientific Registration of Serious Hereditary and Congenital Illnesses.[512] Karl Brandt, Werner Catel, Hans Heinze, Hellmuth Unger, and Ernst Wentzler as part of the Kanzlei des Fuhrers (KdF) determined if each child would live or die, with a cross marked on their file if they were to be transferred to an extermination centre.[513] While the initial case that prompted the adoption of the T4 campaign was supposedly requested by the parents, the T4 campaign differed dramatically from the "Knauer" case, as parents were not aware that their children would be killed. Despite letters to the institution inquiring as to the welfare of their children or requests to see them, the parents often only heard that their children had died long after they had been murdered. The

[510] Udo Benzenhöfer, *Der Fall Leipzig (alias Fall "Kind Knauer") und die Planung der NS-"Kindereuthanasie"* Münster: Klemm & Oelschläger (2008): 10.
[511] Hans-Christian Petersen and Sönke Zankel, 'Werner Catel — Ein Protagonist Der NS-„Kindereuthanasie" Und Seine Nachkriegskarriere / Werner Catel — A Protagonist of the Nazi Programme for "Euthanasia of Children" and His Career after World War II', *Medizinhistorisches Journal* 38, no. 2 (2003): 139–73.
[512] Edith Sheffer, *Asperger's Children: The Origins of Autism in Nazi Vienna*; 101.
[513] Maike Rotzoll et al., 'The First National Socialist Extermination Crime: The T4 Program and Its Victims,' *International Journal of Mental Health* 35, no. 3 (2006): 17–29.

parents were then informed that for epidemiological control, the body, clothes and possessions of the child had to be incinerated, but for a fee an urn of ashes could be returned to them.[514] Bishop Clemens August Graf von Galen of Munster protested against the T4 campaign in 1941, and partially as a result of his sermons and the feared public outcry, the campaign officially ended.[515] This did not mean an end to euthanasia, rather it became so called 'wild euthanasia', with doctors killing individual patients rather than an independent panel determining the fate of the mentally and physically ill. Euthanasia continued for the sick and disabled, but instead of gas chambers and crematoria, children were killed by withholding food, an overdose of medications, or a consistent dose of barbiturates to induce illnesses like pneumonia which were then not treated.[516] A particular focus on children in psychiatry is important, as the 'special childrens' wards' or Kinderfachabteilungen functioned as centres of extermination for children with psychiatric illnesses and other illnesses. The situation in France and Germany was quite different, which leads to the question as to how the Reichsuniversität Straßburg dealt with individuals admitted to psychiatric clinics, particularly children, because the Reichsuniversität was opened in an annexed region after the official end of Operation T4.

(iv) Psychiatric Care in France (1940-1944)

Patient care in France was directly influenced by the war, particularly for those in psychiatric institutions. Murielle Habay, Geneviève Herberich-Marx, and Freddy Raphaël note

[514] '8.10 relatives condolence letter' in Dokumentationsarchiv des Österreichischen Wiederstandes, *The War Against the Inferior: on the History of Nazi Medicine in Vienna.*
[515] Hans-Walter Schmuhl, 'Was heisst "Widerstand" gegen die NS-"Euthanasie"-Verbrechen?,' *Historia hospitalium* 26 (2015): 237-55 .
[516] Heinz Faulstich*, Hungersterben in der Psychiatrie 1914-1949 mit einer Topographie der NS-Psychiatrie*, Freiburg im Breisgau: Lambertus, (1998): 25.

that patients were transferred from clinics in Alsace to Stephansfeld and Hoerdt, and sometimes from there to Hadamar, an extermination centre in Germany.[517] While Isabelle von Bueltzingloewen focuses exclusively on France and not Alsace during this era, she notes that the main concern regarding mortality rates of patients was the lack of personnel due to mobilisation, and therefore it was usually the patients whose family could afford to send them extra provisions and packages that survived.[518] While Max Lafont argues that many patients in French asylums died due to 'gentle extermination' this perception argues a conscious decision to eliminate the mentally ill population through a reduction in their rations and has been disproven by Isabelle von Bueltzingsloewen.[519] It is estimated that 40,000 psychiatric patients died due to a lack of food in France, but this was not an intentional deprivation of those in asylums.[520] One such example of this is seen in Sieglind Ellger-Rüttgardt's article, where patients are photographed, and are in such a drastic state of malnutrition that they bear significant resemblance to those who would later be liberated from concentration camps.[521] It is understandable why people would link this open extermination process to the neglect of patients in war conditions, however Ellger-Rüttgardt illustrates why these conclusions must be adequately questioned. While psychiatric patients undoubtedly suffered during the war, the civilian population in France suffered a similar

[517] Murielle Habay, Geneviève Herberich-Marx, and Freddy Raphaël, 'L'identité-stigmate: l'extermination de malades mentaux et d'asociaux Alsaciens durant la seconde guerre mondiale', *Revue des sciences sociales de la France de l'Est* (1991): 38–62.
[518] Isabelle Von Bueltzingsloewen, *L'hécatombe des fous: la famine dans les hôpitaux psychiatriques français sous l'Occupation* Paris: Aubier (2009): 111.
[519] Max Lafont, *L'extermination douce: la mort de 40 000 malades mentaux dans les hôpitaux psychiatriques en France, sous le régime de Vichy* (Nantes: Ed. de l'AREFPPI, 1987): 153.
[520] Isabelle Von Bueltzingsloewen, 'Starvation in French Asylums During the German Occupation (1940-1945): Methodological Issues in a Comparative Historical Investigation,' in *Transnational Psychiatries. Social and cultural Histories of Psychiatry in Comparative Perspective 1800-2000*, edited by Waltraud Ernst and Thomas Mueller, Cambridge: Cambridge Scholars Publishing, (2010): 229-243.
[521] Sieglind Ellger-Rüttgardt, 'Außerhalb der Norm. Behinderte Menschen in Deutschland und Frankreich während des Faschismus. Eine vergleichend-historische Studie,' in *»Du bist nichts, Dein Volk ist alles« Forschungen zum Verhältnis von Pädagogik und Nationalsozialismus* eds. Christa Berg and Sieglind Ellger-Rüttgardt, Weinheim: Deutscher Studien-Verlag, (1991): 88-105.

fate of extreme malnutrition, and often starvation, as their rations were the same as those in psychiatric institutions.[522] This drastic malnutrition was not as evident in general population in Germany, as they could work for extra money and buy food on the black market; such an economy was not accessible to psychiatric patients without the intervention of their families or voluntary societies.[523] Ellger-Rüttgardt notes that their social isolation often contributed to their death as a hospital was closed to the public and did not receive aid from voluntary organisations. Furthermore, the very act of transferring patients who were more prone to illnesses like pneumonia while malnourished, could often be the cause of death, with mortality rates increasing as a result of patient transfers.

While many of the patients in Stephansfeld were evacuated by the French, over 300 patients remained by the time the Germans arrived in June 1940.[524] Isabelle von Bueltzingsloewen details the difficulties with associating the death of psychiatric patients with intent for patient deaths in France. She states that while many patients died, this was not organised as the T4 campaign was, nor was it intentional.[525] Von Bueltzingsloewen indicates that there were attempts to decrease the mortality rate of psychiatric patients during occupation and evacuation, as evidenced by the 1942 directive issued by the French secretary of state for family and health to provide supplementary rations to patients in psychiatric asylums.[526] This directive shows intent to reduce the mortality rate of patients, illustrating that the death of patients cannot be compared to the willful murder that took place during the T4 campaign. The situation in

[522] Ibid.
[523] Isabelle Von Bueltzingsloewen, 'Starvation in French Asylums During the German Occupation (1940-1945): 229-243.
[524] Murielle Habay, Geneviève Herberich-Marx, and Freddy Raphaël, 'L'identité-stigmate': 38-62.
[525] Isabelle Von Bueltzingsloewen, 'The Mentally Ill Who Died of Starvation in French Psychiatric Hospitals during the German Occupation in World War II': 99.
[526] Isabelle Von Bueltzingsloewen, 'Starvation in French Asylums During the German Occupation (1940-1945)': 229-243.

France where psychiatric patients died cannot therefore be compared to the intentional killing of psychiatric patients in Germany. Psychiatric hospitals were not uniform in their death rate or the suffering of patients for multiple reasons. Each department in France was effectively autonomous in deciding the care of psychiatric patients, but also hospitals that were situated in the countryside with their own farm did considerably better as they had some degree of self-sufficiency in comparison with urban psychiatric hospitals.[527] As Quetel and Bonnet note, while the death of so many is indeed a tragedy, and investigation needs to occur to examine how such negligence could happen, 'there was no Holocaust in all this.'[528] While many patients died during transfers to other hospitals due to their more frail condition, the transfer of patients with the intent of their extermination must be examined further. A monument was unveiled in the courtyard in 1995 to commemorate the deportation of fifty patients in January 1944 from Stephansfeld to the extermination centre at Hadamar.[529] In 1996 in Stephansfeld a conference was organised by the Association pour la recherche en psychiatrie en Alsace to commemorate and investigate the treatment and transfer of patients during the Second World War.[530] The situation in France and in Germany was drastically different, as the following section will show. However, Alsace remains different to both of them; Alsace was not subject to the near starvation rations as the rest of France, but it also was occupied just as the T4 campaign was ending, so it is not fully comparable to either France or Germany. There is no evidence that child patients were intentionally killed in the psychiatric clinic in Strasbourg (unlike in other German institutions), it

[527] For further comparison of mortality rates in psychiatric hospitals in Baden-Alsace region, consult; Heinz Faulstich*, Hungersterben in der Psychiatrie 1914-1949 mit einer Topographie der NS-Psychiatrie*, Freiburg im Breisgau: Lambertus, (1998).
[528] Olivier Bonnet and Claude Quétel, 'La surmortalité asilaire en France pendant l'Occupation,' *Nervure IV,* no. 2 (March 1991): 22−32.
[529] Ibid.
[530] Isabelle von Bueltzingsloewen, 'The Mentally Ill Who Died of Starvation in French Psychiatric Hospitals during the German Occupation in World War II': 99.

also is considerably different to French institutions that are mentioned by Von Bueltzingsloewen in that they received much more substatntial rations.

(v) Diagnoses of Paediatric Patients in the Psychiatric Clinic

Certain diagnoses, as noted in the 1939 *Reichsausschuss zur wissenschaftlichen Erfassung erb- und anlagebedingter schwerer Leiden* were recorded and considered incurable, and subsequently targeted as part of the T4 campaign. This specifically concerned congenital malformations, mental retardation, idiocy and mongolism (especially when associated with blindness and deafness), microcephaly, hydrocephaly, limb malformations and spinal column malformations, paralysis, and spastic conditions (e.g. Littles disease).[531] Therefore, the question of what diagnoses were found among children admitted to the psychiatric clinic in Strasbourg is particularly important.

[531] Robert Jay Lifton, *The Nazi Doctors; Medical Killing and the Psychology of Genocide*, Basic Books: New York, (1986): 52.

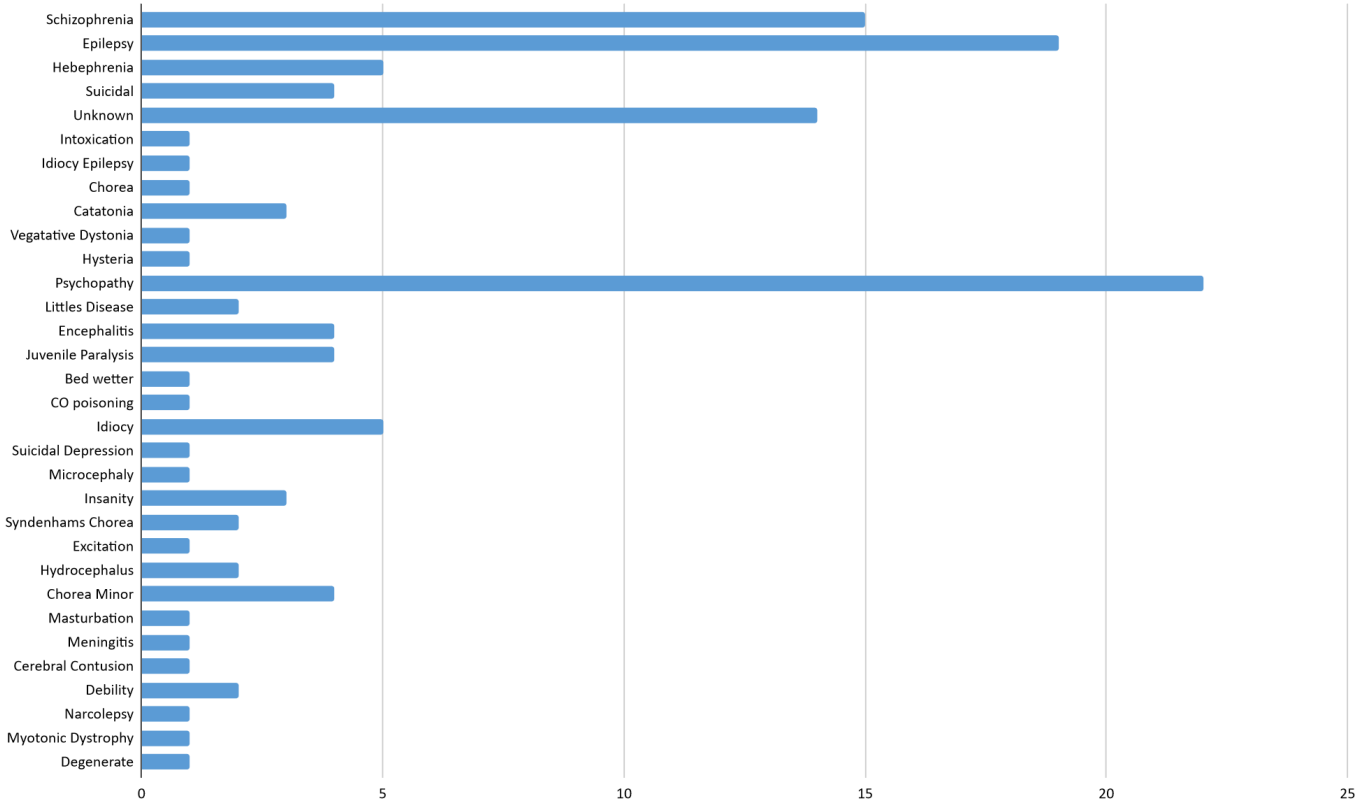

Figure 4.1.: Primary diagnoses of paediatric patients admitted to the psychiatric clinic. ADHVS Psych.

This graph compiles the majority of diagnoses found in the psychiatric clinic in the paediatric records. The most common illnesses were psychopathy (24 cases), followed by epilepsy (20 cases), and schizophrenia (15 cases). There were, however, diagnoses that were not included in the graph due to only occurring in once in 127 cases. Such diagnoses include one case of cerebral contusion. [532] For a full list of all diagnoses consult appendix 4. Diagnoses are difficult to analyse statistically, as patients were admitted with an extensive list of symptoms, but never received a formal diagnosis. In such cases the diagnosis can be surmised, but a more

[532] ADHVS Psych. Case of Ludwig F., 1944 (case number unknown).

formal retrospective diagnosis is not appropriate.[533] The youngest patient admitted to the clinic was two years old, while the case studies included in this chapter are patients up to the age of seventeen, most patients in the clinic were adults. The age of patients on admission does not appear to have influenced their diagnosis, as the youngest patient to be diagnosed with schizophrenia was thirteen years old, and this diagnosis continues to be used into adulthood.

Of the 127 patients admitted to the psychiatric clinic in Strasbourg, four died in the clinic. The number of patients who died in the clinic is low, considering that those cases died from quite severe conditions, such as Sydenham's chorea, and two cases of encephalitis.[534] In the brain research institute of the Kaiser Wilhelm Gesellschaft in Berlin, a two year old with Littles disease was killed in order to examine their brain.[535] This is one of the diagnoses presented in Strasbourg, but crucially, these patients are not transferred to other institutes and are not killed. In Heidelberg childrens clinic, even by 1943, children with significant diagnoses were still dying for no clear reason with seemingly no interventions to prevent this death.[536] This is not the case in Strasbourg. While four patients died in the clinic in Strasbourg, there is no indication that these were not natural deaths. Furthermore, some patients present with illnesses that would have been targeted either with a lack of treatment in accordance with views of their 'curability' or 'worth' in other hospitals, but they continued to be treated in the clinic in Strasbourg.

[533] Katherine Foxhall, *Migraine: A History,* Baltimore: Johns Hopkins University Press, (2019): 137.
[534] ADHVS Psych. Case of Melitta S., (case number K27/873) case of Sydenham's Chorea, and the cases of Robert M., (case number K27/428) and Herbert H., (case number K27/420) both with a sudden onset fatal encephalitis.
[535] Eduard Seidler, 'Der Kinderarzt und "Euthanasie" -Gutachter Ernst Wentzler,' *Monatsschrift für Kinderheilkunde* (2003): 151.
[536] Maike Rotzoll, and Geritt Hohendorf, 'Johann Duken und die Kinderklinik im Nationalsozialismus' in *Entwicklungen und Perspektiven der Kinder- und Jugendmedizin 150 Jahre Pädiatrie in Heidelberg* edited by Georg F. Hoffmann, Mainz; Kirchheim (2010): 86.

(vi) Duration of Stay for Paediatric Patients

As noted in the section concerning psychiatric care in Germany during National Socialism, most patients did not receive long term psychiatric care, but were transferred to Kinderfachabteilungen or were killed. Therefore, examining the patient data for the length of stay in the clinic is important to ascertain what care they received.

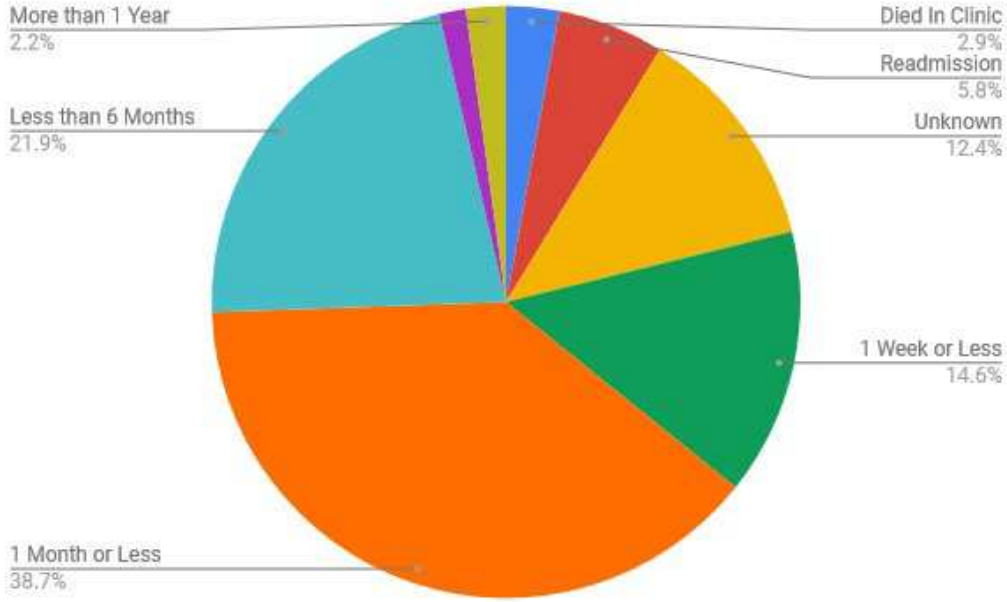

Figure 4.2.: Duration of stay of paediatric patients admitted to the psychiatric clinic. ADHVS Psych.

The majority of paediatric patients sent to the psychiatric clinic were admitted for a short period. 14.6% patients stayed less than 1 week, while 38.7% stayed between one week and one month. One example of a short stay for psychiatric reasons is that of Melitta S. from Mannheim who was 13 years old. She was sent to the Kinderlandverschickungslager camp in Klingenthal by her parents in 1944. Melitta suddenly fell ill while there and was referred to the psychiatric clinic

by her teachers at the camp.[537] In their letter on 8 February 1944 they note that she was behaving in a peculiar manner, finding it difficult to write and experiencing weakness in her right arm and leg.[538] These symptoms were worrying enough to write for a referral to the psychiatric clinic in Strasbourg, who admitted her and diagnosed her with Sydenham's chorea.[539] Dr Jensch noted that on admission, Melitta had uncontrollable movements of her limbs, and despite their treatment, her condition worsened rapidly and could not be improved with medications.[540] A blood test was performed at the Staatliche Medizinal-Untersuchungsanstalt, where Wasserman, Meinicke and Kahn tests were all negative.[541] On 13 February Melitta died following extensive treatment with Cardiazol, Traubenzucker, Sympatol, and other medications, although due to the rapid deterioration in her condition prior to her medication, it is unlikely these medicines contributed to her death.[542] Dr Frank of the Hitler Youth wrote to Dr Jensch stating; 'She died there and an autopsy was supposed to be done. Please, I would like to request a report on the findings.'[543] In March Dr Jensch wrote to Dr Holscher in Mannheim informing him of the findings from the autopsy, stating that endocarditis rheumaticia was found which may have contributed to her death although Syndenhams chorea was the official listed cause of death.[544] This case illustrates the capacity for urgent treatment, as telegrams were exchanged to prepare for the urgent transfer of the patient to the clinic from the camp. It also highlights the degree of

[537] ADHVS Psych. Case of Melitta S. (case number K27/873), admission file.
[538] ADHVS Psych. Ibid. 8 February 1944 letter from Die Lehrerinnen KLV Lager Klingenthal.
[539] ADHVS Psych. Ibid. Patient observations.
[540] ADHVS Psych. Ibid. 22nd February 1944 letter from Dr Jensch to the Hitler Jugend Gesundheitsabteilung Straßburg.
[541] ADHVS Psych. Ibid. Staatliche Medizinal-Untersuchungsanstalt examination 10 February 1944.
[542] ADHVS Psych. Ibid. Patient chart.
[543] ADHVS Psych. Ibid. 15 February 1944 letter from Dr Frank to Dr Jensch.
Original quote: 'sie ist dort gestorben und es soll auch eine Leichenöffnung vorgenommen worden sein. Ich bitte um Mitteilung eines Befundberichtes.'
[544] ADHVS Psych. Ibid. 3 March 1944 letter from Dr Jensch to Dr Holscher.

involvement that Hitler Youth organisations had with children, as well as the liasons between doctors and the Hitler Youth.

While the majority (53.3.%) of patients stayed for a short term, it is evident that many children required longer term care at the clinic. 21.9% of patients stayed in the clinic between one month and six months, but 2.2.% of patients remained in the clinic for more than one year. One reason for this is that a number of the longer admission cases did not appear to be curable, or indeed treatable with any degree of improvement.[545] Furthermore, unlike other asylums of this era, the degree of 'curability' does not appear to have influenced their admission to the clinic, or their release from the clinic. It is possible that the release of some patients was prompted by overcrowding, as many patients were released without any indication of an improvement in their condition, or a possible ongoing treatment plan or referral general practitioner for their outpatient care.[546]

One example of a longer term patient is that of Susanna D., aged 7 years, who was born in Johannesburg in South Africa.[547] Her father returned to Germany with his daughter following his wife's death, seeking treatment for an unknown psychiatric issue. He believed a mishandling of her birth led to mental difficulties, including her inability to speak.[548] She was diagnosed in the psychiatric hospital in Graz as an idiot, but they stated that they could do no more for her and transferred her to Strasbourg where they recommended Dr Bostroem for her treatment.[549] This

[545] Michael von Cranach, 'Ethics in psychiatry: the lessons we learn from Nazi psychiatry,' *European Archives of Psychiatry and Clinical Neuroscience*, 260, (2010): 152-156.
[546] AVES. 7AH90. Arztliche Betreuung. Another possible reason is the less than ideal situation of children being treated at an adult psychiatric facility; consult page 4 for further details of the record; Letter from Dr Bostroem to Dr Stein on 25 January 1944.
[547] ADHVS Psych. Case of Susanna D., 1943 (case number K27/170), 8 May 1943 letter from Mr D. to Dr Bostroem.
[548] ADHVS Psych. Ibid.
[549] ADHVS Psych. Ibid. 7 May 1943 referral letter from Kork Heil-und Pflegeanstalt.

case includes correspondence between her father and the clinic, including lengthy letters both from the clinic and from her father to Dr Jensch concerning the patient history of his daughter as well as concerns about her welfare. Such letters are an important source in indicating how family were involved in patient care.[550] In this case, the issue of social class comes to the fore, as it was noted not only on the admission paper but also in correspondence with the clinic that the family were paying privately for her care, and her father was an engineer.[551] It appears that his status as a well-educated and wealthy man influenced their correspondence about his daughter's treatment, informing him in advance of every step they took, but also possibly influenced the treatment they gave his daughter. In correspondence with her father, the Heil-und Pflegeanstalt für Epileiptischen in Kork addressed the patient as 'Susi' which was how her father addressed her.[552] The only medication she appeared to be treated with was thyroxin, illustrating the assumption that the doctors had of a thyroid issue that may be a cause of her slower intellectual development.[553] Such treatment came about as a result of the discovery of phytelkenourea or PKU in 1934 by Ivar Asbjørn Følling wherein the enzyme phenylalanine hydroxylase is lacking and so excess phenylalanine cannot be broken down in the body, leading to mental developmental delays.[554] This treatment was based upon contemporary medical practice and therapeutic optimism in their ideas about the influence of nutrition and hormones on mental capacity.[555] The treatment was stopped after some time as it appeared to have no effect on her

[550] Louise Wannell, 'Patients' Relatives and Psychiatric Doctors: Letter Writing in the York Retreat, 1875 – 1910,' *Social History of Medicine,* 20, 297-313.
[551] ADHVS Psych. Case of Susanna D., 1943, (case number K27/170), admission form.
[552] ADHVS Psych. Ibid. 7 May 1943 referral letter from Kork Heil-und Pflegeanstalt.
[553] ADHVS Psych. Ibid. 1 June 1943 letter from Graz medical centre detailing her previous treatment.
[554] Ivar Asbjørn Følling 'Über Ausscheidung von Phenylbrenztraubensäure in den Harn als Stoffwechselanomalie in Verbindung: mit Imbezillität,' *Hoppe-Seyler´s Zeitschrift für physiologische Chemie*, 227, Issue 1-4, (1934): 169–181.
[555] Diane B Paul and Jeffrey P Brosco, *The PKU Paradox: A Short History of a Genetic Disease*, Baltimore: Johns Hopkins University Press (2013): 64.

condition, and they described her as 'slightly mongoloid idiot,' and determined that there was no more they could do for her.[556] Susanna was not given a definitive release date, therefore it is unknown how long she remained at the institution illustrating that if a patient could pay extensively for their care, they were retained in the clinic for a longer stay.

(vii) Transfer of Patients

These statistics that have just been addressed concerning the duration of admission do not account for the 16 child patients who were sent from the psychiatric clinic to Stephansfeld Heil- und Pflegeanstalt. The re-admission of patients for more chronic psychiatric issues was one reason for transfer to Stephansfeld, as indicated in the case of Robert K., who was admitted to the clinic in Strasbourg for the first time in February 1942 and remained there until April. He was 16 years old on his first admission, and diagnosed with juvenile paralysis as a result of nerve degeneration from tertiary syphilis.[557] Extensive tests were performed, including Pandy, Wasserman, Meinicke and Kahn testing, all of which return a strong positive result from the Staatliche Medizinal-Untersuchungsanstalt.[558] This test was performed again, on both blood serum and cerebrospinal fluid, and confirmed the strong positive result, leading to a diagnosis of syphilis.[559] Robert's second admission is in July 1942 when his condition had not improved. There was correspondence with his father, insinuating a conversation with Dr Jensch in person, as it listed that he understood and consented to the treatment of his son with malaria to cure his

[556] ADHVS Psych. Case of Susanna D., 1943, (case number K27/170), 1 June 1943 letter from Graz medical centre detailing Dr Berzaczy's perceptions of her medical condition.
[557] ADHVS Psych. Case of Robert K., 1942, (case number K27/420 and K27/243), admission file.
[558] ADHVS Psych. Ibid. Results of Staatliche Medizinal-Untersuchungsanstalt testing 17 February 1942.
[559] ADHVS Psych. Ibid. Results of Staatliche Medizinal-Untersuchungs anstalt testing 3 November 1942.

syphilis. This treatment was quite an innovative one, as the high temperatures of malaria would kill syphilis, and malaria could then be treated.[560] Robert was additionally given 3.60 units of neosalvarsan in order to control the syphilis.[561] In October 1942 Robert was transferred to Stephansfeld Heil-und Pflegeanstalt where his treatment was described as follows:[562]

> He suffers from juvenile progressive paralysis. After a malaria treatment already carried out during an earlier admission, he was subjected to X-ray radiation of the head. In a few weeks, he might have to be presented for X-ray treatment again. A cerebrospinal fluid follow up examination is currently underway.[563]

This case illustrates a continuity of treatment in Stephansfeld, and correspondence between the Reichsuniversität Straßburg hospital and Stephansfeld regarding past patients and their progression in treatment. This is the only letter from Stephansfeld regarding the treatment of Robert or his progression, therefore his fate is unknown, but does insinuate an attempt at treatment, and indeed cure.

Another reason for transfer to Stephansfeld is when the parents formally request a transfer. This illustrates some degree of patient advocacy in the case of children, as evidenced in the case of Karl F. in 1941.[564] It is not known if his parent's decision was influenced by doctors' opinions in verbal communication, but their decision is noted and followed through. Karl was 17 years old on admission to the psychiatric clinic in November 1941 and was diagnosed with

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[560] John Parascandola, 'From Mercury to Miracle Drugs: Syphilis Therapy over the Centuries,' *Pharmacy in History* 51, No. 1 (2009): 14-23.
[561] ADHVS Psych. Case of Robert K., 1942, (case number K27/420 and K27/243), undated consent form signed by Robert K. administering malaria cure.
[562] ADHVS Psych. Ibid. 30 October 1942 Stephansfeld letter updating condition of the patient.
[563] Ibid. Original quote: 'Er leidet an einer juvenilen progressiven Paralyse. Nach einer bei einer früheren Aufnahme schon durchgeführten Malariakur, wurde er der Röntgenbestrahlung des Kopfes unterzogen. Er wäre in einigen Wochen evtl [sic] der Röntgenbehandlung wieder vorzustellen. Eine Liquornachuntersuchung ist zur Zeit im gange.'
[564] ADHVS Psych. Case of Karl F., 1942, (case number K27/519), 9 March 1942 letter from Mr and Mrs F. requesting the admission of their child to Stephansfeld.

schizophrenia.[565] He was referred by Dr Burckel from the hospital in Hagenau, on the wishes of his parents who state that they will cover the costs of his treatment in the psychiatric clinic in Strasbourg.[566] In his patient history it is noted that he was sick for a number of weeks, with suspected osteomyelitis, and therefore numerous blood tests are performed.[567] His Wassermann, Meinicke and Kahn tests (routine antibody tests performed on blood samples to check for syphilis) returned negative results illustrating no syphilis. In March 1942, Dr Frey replies to a letter from Karl's parents stating that 'as to their wishes' he will be sent to Stephansfeld.[568] The reasons for the parents' request to send their child to Stephansfeld are not noted, but they wrote a letter in March stating:

> We agree if they want to take our son there, as we had arranged yesterday. Karl also agreed straight away. He only wants to get out of the clinic, hoping for freedom... We hope for the best. Please be so good as to let us know what day you think Karl should be taken away. I would like to be with him, and I still have a bill to pay, so I can take care of everything right away.[569]

This letter illustrates that the parents were informed about the patient's condition and had some degree of influence over the treatment of their son. Lutz Kaelber discussed the issue of 'informed consent' in relation to T4, but his comments are still pertinent to this case as he notes the complexity of consent in this era. Kaelber states that often parents were consulted about the transfer of their children but given false information and hope of a more modern treatment that

[565] ADHVS Psych. Ibid. Admission file.
[566] ADHVS Psych. Ibid. 16 March 1942 letter from Dr Burckel.
[567] ADHVS Psych. Ibid. Patient observation file.
[568] ADHVS Psych. Ibid. 12 March 1942 Telegram from Dr Frey to Mr F. agreeing with his decision to send his son to Stephansfeld.
[569] ADHVS Psych. Ibid. 9 March 1942 letter from Mr F. to the Psychiatric clinic in Strasbourg.
Original quote: 'Wir sind damit einverstanden, wenn sie unseren Sohn dorthin wollen bringen lassen, wie wir gestern verabredet hatten. Karl war auch gleich damit einverstanden. Er will nur heraus in der Freiheit… Wir hoffen das Beste. Bitte herr Dr mochten so gut sein und uns mitteilen welchen Tag sie denken Karl fort-bringen zu lassen. Ich möchte doch gern bei ihm sein, auch habe ich ja doch noch eine Rechnung zu bezahlen, dann kann ich gleich alles regeln.'

would never materialise. This led to them actively putting their children into these institutions after the appeal of doctors for them to consent to this 'expert treatment.'[570] This case shows how many decisions regarding the treatment of patients and their transfer was discussed in person rather than by written communication so the analysis of the decision or reasons for transfer is not possible. In this instance that the parents were convinced that the transfer of their child was the best thing to do. This appears to be the case largely because they are paying for his treatment, and they are listed as being Protestant Alsatian, and therefore their treatment seems to be different to those who were listed as being foreign, or unable to pay for their treatment.[571] In the patient's transfer letter to Stephansfeld Heil-und Pflegeanstalt, Jensch notes that the patient was being transferred for 'hebephrenie' which illustrates the evolution of diagnoses and differing opinions as each patient's case progresses.[572] The issue of visitation is raised in the case of Karl F., as his mother writes to request permission to see him. She wrote in March 1942 that as she works during the week, a visit on Sunday would suit her and her two sons best. This request is granted, but it is evident that this permission is not common practice as the director replied a day later stating

> Exceptionally you get permission with your two sons to visit Karl one Sunday in the month. You will submit this letter to the institution administrator as a passport.[573]

Visitation was allowed, albeit in exceptional circumstances and rather rarely, as it appears to be only once a month. Requests for release of patients were also answered in this case, as the family

[570] Lutz Kaelber, 'Child Murder in Nazi Germany: The Memory of Nazi Medical Crimes and Commemoration of "Children's Euthanasia" Victims at Two Facilities (Eichberg, Kalmenhof),' *Societies* (2012): 157 -194.
[571] ADHVS Psych. Case of Karl F., 1942, (case number K27/519) admission file; Staatsangehörigkeit is listed as Evangelical Alsatian.
[572] AEPSANS. Case of Karl F. 355 1942, Admission file to Stephansfeld Heil und-Pflegeanstalt.
[573] AEPSANS. Ibid. Letter from the director of Stephansfeld Heil-und Pflegeanstalt, 27 March 1942. Original quote: 'Sie erhalten hiermit Ausnahmensweise die Erlaubnis mit ihren beiden Sohn den kranken Karl einmal an einer Sonntag im Monat zu besuchen. Sie wollen diesen schreiben dem Anstaltsporter als Ausweis vorlegen.'

wrote an extensive letter in June asking for their son to return home. The letter stated that Karl spoke about missing the garden and wanted to go home, while the family raised their concerns about him being alone.[574] Their request is denied, with the response stating that Karl 'still irritable at times, generally shows a repellant behaviour and is also often unclean. So we will have to wait a little longer.'[575] On 30 July Emil F. signs his son Karl out of Stephansfeld Heil- und Pflegeanstalt, declaring that 'I [Emil] undertake to give him [Karl]… the necessary supervision in his family,' and paid the 3.30 RM per day for his care.[576] It is possible that the level of care given to Karl F. correlated to the wealth of his family and their ability to pay the high cost for his care, as well as their concern for the welfare of their son and their desire for him to return home.

(viii) Nationality

In the 127 paediatric psychiatric cases, their nationality was predominantly German and Alsatian.[577] This information was garnered from the 'Staatsangehörigkeit' column in the patient file, which often listed 'Volksdeutsche' or 'Deutsch' despite being from another region. [578] There is a marked difference in recording and thus possibly in treatment between those who were considered German or Alsatian, versus those who were from Eastern Europe. This difference in

[574] AEPSANS. Ibid. Letter from the F. family, to Stephansfeld Heil-und Pflegeanstalt on 2 June 1942.
[575] AEPSANS. Ibid. Letter from Stephansfelf Heil-und Pflegeanstalt to Emil F. 6 June 1942.
Original quote: '[Er ist] zeitweise noch gereizt zeigt im allgemeinen noch ein abweisendes verhalten und ist auch noch oft unrein. Es muss also noch einige zeit abgewartet warden.'
[576] AEPSANS. Ibid. Release form signed 30 July 1942 from Stephansfeld Heil-und Pflegeanstalt.
Original quote: 'Ich unterzeichner erkläre meinen sohn herrn Karl F… Ich verpflichte mich ihm in seiner familie die notwendige aufsicht angedeihen zu lassen.'
[577] Consult the introduction chapter for full explanation of the problematic nature of the categorisation of Alsatian as a nationality, and the factors that influence the determination of German nationality in this era.
[578] For a full explanation of nationality politics, please consult introduction chapter.

treatment or in volume of the patient record is not noted in Northern Europeans, which insinuates a certain degree of difference in treatment in the clinic. Those who were considered foreign, or those who were deemed ‘minderweritg’ were given significantly less notes about their treatment and almost non-existent information about medical procedures, consent, or contact with their family. As mentioned in the introduction chapter, the designation of nationality in this era is problematic and complex, particularly in the differentiation between Alsatian and German.

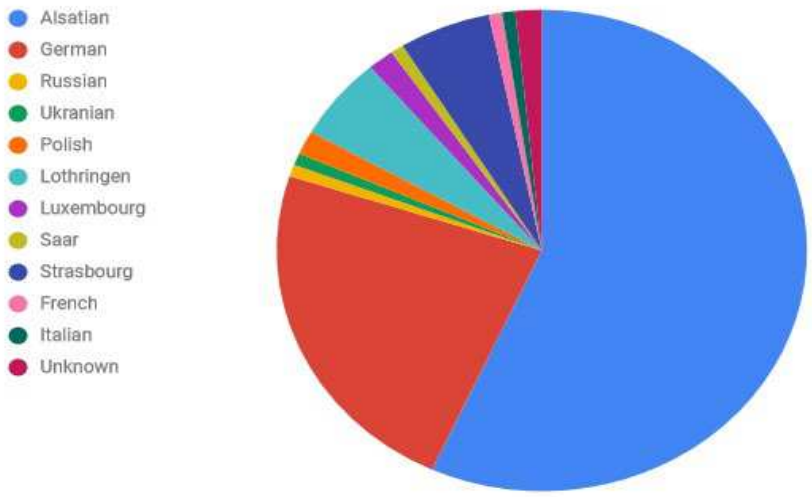

Figure 4.3.: Nationality of paediatric patients admitted to the psychiatric clinic. ADHVS Psych.

One difference between figure 4.3 and that of nationality in the childrens clinic, is that figure 4.3 lists Strasbourg as a separate nationality category. It is unclear why this occurs in the psychiatric clinic records and not in the childrens clinic. As a result of the complex nationality politics in the region, it would be incorrect to classify all those who list Strasbourg as a nationality as Alsatian, German or French, therefore it has been represented as a separate category. It appears that those who were Alsatian and German were given information and consent forms concerning their treatment more often. Of the 11 cases that record consent for procedures, all of these are

Alsatian. German, Strasbourg, or Northern European.[579] One such example is that of Emilie G., an Alsatian patient, born in Colmar, who was admitted to the clinic in March 1942 aged 15.[580] Emilie's admission record noted that she enjoyed playing with dolls, had a good appetite and only quietened when she was with her mother.[581] Her care was paid for by the Ortskrankenkasse (OKK) Strasbourg Familienmitglied health insurance, and it was noted that she suffered some weakness and paralysis as a result of Little's Disease, following an unspecified brain injury early in life. Emilie's reflexes and muscle tone were considered to be very poor, and she was subjected to multiple tests including a blood test and lumbar puncture.[582] A pneumoencephalography was performed, which involved the removal of cerebrospinal fluid and its replacement with air in order to see the brain more clearly.[583] While this method of imaging was more effective than X-ray alone, it was a very painful procedure and often led to side effects such as nausea, vomiting, severe headaches, neck stiffness and tachycardia.[584] The pneumoencephalography procedure was verbally explained to the parents, as her father signed permission for this to be done, noting that he understood the procedure.[585] Dr Haessler stated that there was very little air in the subarachnoid area, and noted considerable abnormalities in her brain as a result of this test.[586] This illustrates that there was correspondence between the parents and the clinic, and that they were consulted to some degree in her treatment and tests performed. On 25 March the child was noticeably agitated, as she:

[579] Consult appendix 4 for full list of cases.
[580] As her nationality is listed as Alsatian and her place of birth is not mentioned, it is unclear where exactly she is from.
[581] ADHVS Psych. Case of Emilie G., 1942 (case number K27/481).
[582] ADHVS Psych. Ibid. 25 March 1942 Staatliche Medizinal-Untersuchungsanstalt examinations.
[583] Norman E. Leeds, and Stephen A. Kieffer, 'Evolution of Diagnostic Neuroradiology from 1904 to 1999,' *Radiology*, 217 (2000): 310.
[584] Mariam Ishaque, David J. Wallace, and Ramesh Grandhi, 'Pneumoencephalography in the workup of neuropsychiatric illnesses: a historical perspective,' *Neurosurgical Focus*, 43 (2017): 2.
[585] ADHVS Psych. Ibid. 21 March 1942 pneumoencephalography consent form.
[586] ADHVS Psych. Ibid. 25 March 1942 Röntgenabteilung examinations.

> has considerable anxiety/fear and cried for her mother even though she had been given half an ampoule of scopolamine Ephetanin and Eukodal. Tolerated everything well. No complaints at all in the evening.[587]

In March, Emilie was sent home, followed by an admission to an unspecified sick children's home, although it is not evident that any improvement was seen in her symptoms during her stay. She was admitted to the hospital a second time from 18 April to 14 June 1942, but despite this readmission she was sent home with no apparent improvement in her condition.[588] It is notable that consent from her parents for this painful procedure is present in this case, but absent in cases of foreign patients, indicating that class and nationality may have impacted consultation in medical care.

An example of a German patient from Saarbrücken treated at the psychiatric clinic is that of Herbert H. who was admitted to the clinic in August aged 15.[589] He had been at a Kinderlandverschickungslager organised by the Hitler Youth group he was a member of when he caught a cold that developed into seizures.

[587] ADHVS Psych. Ibid. 25 March 1942 patient observations.
Original quote: 'hatte grosse angst, weinte dauernd, schrie nach der mutter, obwohl sie vorher eine halbe amp scopol epph eukod bekommen hatte. Hat jedoch alles gut vertragen. Am abend keinerlei beschwerden [sic].'
[588] ADHVS Psych. Ibid. 3 March patient observations.
[589] ADHVS Psych. Case of Herbert H. 1943, (case number KN27/420).

Source www.numistral.fr / Bibliothèque nationale et universitaire de Strasbourg

Figure 4.4.: Propaganda poster for the Kinderlandverschickungslager, 1941. Message states; 'Kinderlandverschickung (children's dispatch). Donates family holidays for children in recuperation.'[590]

[590] BNU. NIM18731 Kinderlandverschickung. Spendet Familienfreistellen für Erholungskinder, Herausgeber: NSDAP. Gauleitung Baden, Amt für Volkswohlfahrt, Abteilung. 1941.

Herbert was brought to the Universität Nervenklinik in Leipzig and remained there from January to April 1943 but with no improvement in his condition. Herbert was transferred to the psychiatric clinic at the Reichsuniversität Straßburg, where the referral notes documented that his family were all healthy, and Herbert himself had never been ill before. His parents admitted him to the clinic for suspected chronic encephalitis and paid 100 RM for his treatment. Herbert was given electroshock therapy twice, and continued insulin shock therapy.[591] He is also treated with increasing amounts of Traubenzucker and Kombetin before his death on 29 November 1943.[592] His father gave permission for an autopsy to determine the cause of death, what illness his son suffered from, and how he could have acquired this illness.[593] The Hitler Youth branch that Herbert belonged to wrote to the clinic requesting results of this autopsy, stating that the father had blamed the Hitler Youth camp where Herbert contracted the illness as being responsible for his death, which they disputed.[594] The pathology department wrote to the psychiatric clinic on 21 January 1944, stating that the microscopic examination of the cerebral cortex, basal ganglia and cerebellum displayed chronic diffuse encephalitis.[595] By 6 March 1944 the father had still not heard about the conclusive microscopic findings, and so he wrote to the hospital requesting further information. Dr Jensch replied on 13 March, stating that the results were not yet clear, but could confirm his son had encephalitis which was the cause of his death, and ended his letter with 'ihr sehr ergebener' indicating that he regarded the fathers request with respect.[596] This case shows the advocacy of parents for their children, and more importantly, the respect that staff members had for certain strata of society, namely German children. Even though Herbert was a

[591] ADHVS Psych. Case of Herbert H. 1943, (case number KN27/420), Elektroschock form 10 September 1943.
[592] ADHVS Psych. Ibid. Patient medications chart.
[593] ADHVS Psych. Ibid. Letter from Fritz H. 12 January 1944.
[594] ADHVS Psych. Ibid. Letter from Ludwigshafen Hitler Youth to the psychiatric clinic, 11 December 1943.
[595] ADHVS Psych. Ibid. Pathology department letter to psychiatric department concerning the autopsy and microscopic examination of Herbert H. (sektionsnummer 658/44), 21 January 1944.
[596] ADHVS Psych. Ibid.

second class patient, his parents paid a considerable sum of money for his care and were actively engaged with the clinic in finding the cause of death. Moreover, they signed a consent form to ascertain the cause of death, indicating the normal procedures for microscopic analysis and autopsy.[597]

This discrepancy in the size of patient files between German and Alsatian patients and those from Eastern Europe is especially evident in the case study of Watzlaff Z., a patient who was admitted to the psychiatric ward on 9 March 1944, aged 16.[598] His admission form states that he was admitted in order to determine if his condition was genuine epilepsy, or if his seizures were due to a different underlying cause.[599] His Staatsangehörigkeit, or nationality, was Ukrainian but his home was listed as Kork Baden Umsiedlungslager der Volksdeutschen Mittelstelle, a form of resettlement camp for those deemed to be 'Germanisable.'[600] This illustrates that Watzlaff was part of the resettlement programme under the propaganda campaign of 'Heim ins Reich.'[601] His placement in Kork was organised by the Einwandererzentralstelle, a central office for immigration and resettlement based in Litzmanstadt, who wrote to the Reichsuniversität psychiatric clinic requesting Watzlaffs admission to the clinic.[602] While Umsiedlungslager camps were organised for the processing of 'Fremdvölkischer' and the

[597] For further information on consent, normal pathology procedures, autopsy, and microscopic analysis, consult chapter six on pathology.
[598] ADHVS Psych. Case of Watzlaff Z., 1944, (case number K27/951), admission form.
[599] ADHVS Psych. Ibid.
[600] AN. BB30/1797. 10 March Goldberg court 1 case VIII , 5308, in Procès de Germanisation VIII 1948.
[601] Markus Leniger: *„Heim ins Reich"? Das Amt XI und die Umsiedlerlager der Volksdeutschen Mittelstelle 1939–1945*. In: Wolf Gruner, Armin Nolzen: *Bürokratien: Initiative und Effizienz*. Assoziation A, Berlin (2001): 81-109.
[602] ADHVS Psych. Case of Watzlaff Z., 1944, (case number K27/951), 16 September 1944 letter from SS Hauptsturmfuhrer,
Original quote: 'Es wird um Mitteilung an die Einwandererzentralstelle Abtl. IV Litzmannstadt, ob in den beiden Fällen eine genuine Epilepsie vorliegt'

Germanisation of the population in Alsace, it is unknown as to why a Ukrainian was moved to an Umsiedlungslager camp so far from his original home.

Watzlaff's record indicated that although his nationality was Ukranian, he was considered 'Aryan'.[603] His psychiatric assessment therefore was part of the process of becoming 'Volksdeutsche' which involved the medical assessment to ascertain if they were of healthy blood and would not pass on any heritable diseases as a new German citizen.[604] While it is the only such case that was found among the children's psychiatric files, it can be ascertained that the Reichsuniversität Straßburg played a role in the certification of people from the east and from Alsace as 'Volksdeutsche' through their medical examinations in the hospital.[605] In Watzlaff's case, he was kept at the hospital for three days, and was not treated with electroshock therapy, or with any psychopharmaceuticals or other medications. He was therefore released three days after admission, back to the Umsiedlungslager, having determined that his seizures were not due to epilepsy. It is not noted what other reason could be given for his seizures, and it is possible he was sent to the hospital for close observation rather than treatment purposes.[606]

In the case of other foreign patients, much less information is provided in their patient record given that it appears they were not part of the Umsiedlungslager or resettlement programmes. This is indicative of the degree of effort that was put into recording their statistics and treatment due to the lack of any support network for patients who were not ethnically German, Alsatian or 'Germanisable.'[607] Their files do not include correspondence with parents,

[603] ADHVS Psych. Case of Watzlaff Z., 1944, (case number K27/951), Zeugnis der Ortspolizeibehörde.
[604] ADHVS Psych. Ibid. Admission form.
[605] ADHVS Psych. Ibid. 16 September 1944 letter from SS Hauptsturmfuhrer concerning the 'naturalisation process'.
[606] ADHVS Psych. Ibid. 21 March 1944 letter from Psychiatric clinic Strasbourg.
[607] Maria Fiebrandt, *Auslese für die Siedlergesellschaft Die Einbeziehung Volksdeutscher in die NS-Erbgesundheitspolitik im Kontext der Umsiedlungen 1939- 1945*: 216.

and often do not list an address. An example of this is the case of Heinrich B., aged 9, who was a Polish Catholic living in Metz and was admitted as a third class patient paid for by the Allgemeine Ortskrankenkasse Metz.[608] It was noted on admission that he was suspected to have meningitis, and therefore tests were performed on him. These include Wassermann, Meinicke and Kahn tests, all of which were negative, as well as a 'Tuberkel Bazillus' test which came back positive.[609] The medications used in this case are particularly dominant as they were widely recorded, including the dosage and number of times the drug was administered; these include luminal, camphor and scopolamine. Heinrich's temperature and heart rate were recorded extensively and monitored for the duration of his time in the clinic.[610] He was released four days after admission on 9 January 1944, with no indication as to an improvement in his symptoms. It is notable that for foreign patients, their duration of stay appears to be quite short, in most cases less than one week. This is in contrast to wealthy German patients where their stay was considerably longer, with a more in depth record and considerable communication with the family about their care.

(ix) Modern Therapies

Electroconvulsive therapy (ECT or *Elektrokrampftherapie*) was a new therapy in the 1940s, with many hospitals employing earlier methods of treatment such as cardiazol and insulin therapies. Cardiazol therapy was considered to be the more modern treatment by the 1937 international congress on cardiazol, insulin coma therapy and deep sleep treatments at

[608] ADHVS Psych. Case of Heinrich B., 1944 (case number K27/773), admission form.
[609] ADHVS Psych. Ibid. Staatliche Medizinal-Untersuchungsanstalt record.
[610] ADHVS Psych. Ibid. Patient medical charts.

Münsingen.[611] Cardiazol had notable disadvantages, including unpredictable dosages, a feeling of dread in the patient and alarming seizures, but was claimed to have more potential to cure patients.[612] Conversely, insulin therapy had been in use for longer, but risked irreversible coma.[613] While both of these treatments were in use at the psychiatric clinic at the Reichsuniversität Straßburg, as well as in other psychiatric institutions of this era, it is notable that they also adopted the most modern treatment of electroconvulsive therapy (or ECT) as early as 1942, even in children.[614] A medical thesis entitled *Gedänknißstörungen bei des Schockbehandlung das manisch depressiven Formenkreises* was completed by Rudolf Gross in 1944, and was supervised by Dr Bostroem, on the topic of the therapeutic range in electroconvulsive therapy, but focused solely on the treatment of adults in the psychiatric clinic.[615] Despite this formal research focusing solely on adults in the clinic, many children received more modern therpies such as electroshock treatment in the psychiatric clinic, in conjunction with older therapies such as insulin and cardiazol.

Georg E., a 16 year old Lothringen boy who was born in Metz, was treated with electroconvulsive therapy following his admission in August 1942 for catatonia.[616] He was transferred from Metz by Dr Loewenbruck, who listed that his treatment was to be paid by Betriebskrankenkasse (BKK) der Hobus Werke Metz.[617] There was no family history of mental

[611] Schweizerische Gesellschaft für Psychiatrie (1937) Bericht über die wissenschaftlichen Verhandlungen auf der 89 Versammlung der Schweizerischen Gesellschaft für Psychiatrie in Münsingen b. Bern am 29–31 Mai 1937. *Schweizer Archiv für Neurologie und Psychiatrie*, 39 (suppl.), 1–240.
[612] Wyllie, A. M. 'Treatment of Mental Disorders by Cardiazol,' *Glasgow Medical Journal,* 129 (1938): 269–79.
[613] Niall Mccrae, 'A violent thunderstorm': Cardiazol treatment in British mental hospitals,' *History of Psychiatry* Vol 17, 1 (2006): 70.
[614] Lea Münch, '*„weil sich das Gerät als unentbehrliches Hilfsmittel […] herausgestellt hat.*"[614] Zur Einführung und Behandlungspraxis der Elektroschocktherapie an der RUS' in *Commission Historique Report 2021* (in press).
[615] AFMS. Rudolf Gross, 'Gedanknißstörungen bei der Schockbehandlung das manisch-depressiven Formenkreises' (Diss. Med.) (1944): 19.
[616] ADHVS Psych. Case of Georg E., 1942 (case number K27/269), admission file.
[617] ADHVS Psych. Ibid. 1 August 1942 letter from Städtisches Krankenhaus Metz.

illness, and he was admitted as he was no longer eating or sleeping. He was in a good state of general development, and was able to understand questions to which he gave monosyllabic answers.[618] Georg was admitted to Strasbourg from Metz by ambulance due to the severity of his mental illness, which was affecting his ability to work.[619] What is notable about this case is not that he received electroconvulsive therapy, but that during his seven month stay at the clinic, he was subject to forty five courses of electroshock treatment, with increasing voltage, often with only one day in between courses.[620] This number far exceeds the research done in the clinic by Rudolf Gross in 1944 on the therapeutic range of ECT. Georg's course of ECT began on 4 July; he fell into a stupor and was said to be significantly quietened.[621] The next entry on the patient file is more than one month later, on 15 August where there was still no noticeable improvement; Georg hallucinated frequently and ran from his bed to the window and refused to stay in bed.[622] On 14 December, pharmaceutical treatment with cardiazol began in conjunction with electroshock treatment. Electroconvulsive treatment ended, and luminal and asoman were used, but the dosage was not noted.[623] On 8 February Georg had a seizure, although what type and the duration is not listed. By 27 March 1943 Dr Jensch stated that the patient had fully recovered due to the use of electroconvulsive therapy and recommended the use of luminal and abasin to Dr Loewenbruck to manage the condition. This extensive use of electroshock on a young patient, in conjunction with pre existing psychopharmaceuticals is notable as many other patients received similar treatment, though not to the same extent or duration. Despite the seeming severity of his mental health issues, he was not transferred to Stephansfeld or any other Heil-und Pflegeanstalt,

[618] ADHVS Psych. Ibid. Patient observations.
[619] ADHVS Psych. Ibid. 1 August 1942 letter from Städtisches Krankenhaus Metz.
[620] ADHVS Psych. Ibid. Electroconvulsive therapy record.
[621] ADHVS Psych. Ibid. 4 July 1942 patient observations.
[622] ADHVS Psych. Ibid. 15 September 1942 patient observations.
[623] ADHVS Psych. Ibid. Patient medical chart.

but transferred home to be managed if necessary through psychopharmaceuticals.[624] Similar releases are shown in many other paediatric psychiatric patients files, wherein their condition was managed by a local doctor at home through psychopharmaceutical means.

(x) Intelligence Testing

Binet Simon testing, or other forms of intelligence testing such as Binet Bobertag and Binet Bobertag Norden, were utilised extensively in psychiatric evaluation in the psychiatric clinic in Strasbourg, as well as in many other institutions of the time.[625] In *Die Bedeutung der Erbanlage für die Kinderheilkunde*, Dr Kurt Hofmeier advocated for the use of the Binet Simon Bobertag test to confirm the diagnosis of idiocy in children, and explained that while idiocy could be inherited, it did not necessarily always run in families and so there should be more emphasis on testing.[626] Hofmeier also estimated that based on adoption of this test for intelligence, idiots, insane, or mentally ill should be admitted to a Hilfschüle, and that there were approximately one million people in need of a place at such an institution.[627] The focus on potential of some children with psychiatric illnesses did not detract from the emphasis on educability and reform; if a child was noted to be beyond such reform or was 'uneducable' ("bildungsunfähig") they were not granted the same treatment and were often simply transferred to other institutions.[628] Crucially, disability or psychiatric illness was not considered enough

[624] ADHVS Psych. Ibid. 27 March 1943 letter from the psychiatric clinic Strasbourg.
[625] Corwin Boake, 'From the Binet Simon to the Wechsler Bellevue: Tracing the History of Intelligence Testing,' *Journal of Clinical and Experimental Neuropsychology* 24, no. 3 (2002): 383-405.
For a full list of questions provided in Binet Bobertag Norden intelligence testing, please consult appendix 5 for a copy of a test carried out in the Reichsuniversität Straßburg psychiatric clinic.
[626] Kurt Hofmeier *Die Bedeutung der Erbanlage für die Kinderheilkunde.*:8.
[627] Ibid: 173. A hilfschule was an institutional school setting with an alternate curriculum for those considered to be of lower intelligence to the extent that they could not participate in mainstream schooling.
[628] Ibid.

grounds to forego treatment; the perception of their value to the regime and community regarding their hereditary value was most important, and predicted the kind of treatment they would receive.[629] Hofmeier advocated for further twin research especially in the case of idiocy, as he wrote that while idiocy was hereditary, even in twins one may be more severely affected than the other despite their genetic similarity.[630]

Dr Leonore Liebenam, a contemporary of Hofmeier who wrote on this topic in the *Archiv für Kinderheilkunde*, promoting the use of the Binet Simon Bobertag test for mental age in order to provide for these children separately. Liebenam also stated that the job of the paediatrician is partially to provide for these children, but also, as she believed that these issues were primarily hereditary to prevent the birth of 'idiotic' children and reduce the instances of birth trauma which may also lead to a reduction in intelligence. Despite her advocacy of separate institutions to provide for children who displayed idiocy in the Binet Simon Bobertag tests, Liebenam stated that children who were born 'idiotic' did not have the natural capacities required to thrive in life.[631] This form of testing was common practice in Germany and abroad before the Nazi era, as Thomas Beddies states that most children admitted to a psychiatric facility in the 1930s were subject to intelligence testing.[632] Questions included in the Binet Bobertag test in Strasbourg went from easier questions on general knowledge such as 'how many days in a year' and 'how

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[629] Hans-Walter Schmuhl, 'Reformpsychiatrie und Massenmord' in *Nationalsozialismus und Modernisierung*, Rainer Zitelmann and Michael Prinz eds. 2nd ed. Darmstadt: Wiseenschaftliche Buchgesellschft (1994): 239-266.
[630] Kurt Hofmeier *Die Bedeutung der Erbanlage für die Kinderheilkunde.*: 131.
[631] Leonore Liebenam, 'Die Bedeutung der Erbbiologie für den Kinderarzt,' *Archiv für Kinderheilkunde* (1937): 94-120.
See also; Sheila Faith Weiss. 'The Loyal Genetic Doctor' Otmar Freiherr von Verschuer, and the Institut für Erbbiologie und Rassenhygiene: Origins, Controversy, and Racial Political Practice,' *Central European History* 45, no. 4 (December 2012): 631-668.
For further information on intelligence testing, consult Valentine Hoffbeck, 'De l'arriéré Au Malade Héréditaire: Histoire de La Prise En Charge et Des Représentations Du Handicap Mental En France et Allemagne (1890-1934)' PhD Thesis, University of Strasbourg, (2016).
[632] Thomas Beddies, *Die Patienten der Wittenauer Heilstätten in Berlin 1919-1960,* Husum: Matthiesen, (1999): 162.

many hours in a day,' to geographical and historical questions such as 'what is the capital of France' and 'who was Bismarck.'[633] More difficult questions were included on verbal reasoning such as 'explain the phrase "hunger is the best sauce"' and more complex mathematical questions such as 130-58 and 12x13.[634] There were also a number of more ideological questions, including 'Make a sentence from the following words "Soldier, War, Fatherland"' and 'what enemies did we have in the World War.'[635] Based on a child's results in this test, the patient would be assigned an intelligence age and thus diagnosed with idiocy or imbecility or feeblemindedness, which in Germany, could determine if a child was sent to a Kinderfachabteilung. A.F. Tredgold, a British doctor who analysed mental development and aducability, criticised intelligence tests stating that they required certain basic skills in order for the patient to perform them.[636] This is evidenced in the intelligence test provided from the psychiatric clinic, as it required a good knowledge of German, some degree of intelligence to read and write the questions, cooperation, and socially defined important facts such as knowing who the 'enemies' in the First World War were.[637]

Renatus T., a ten year old Alsatian patient, was subject to Binet Bobertag Norden testing in the clinic during his admission for juvenile psychopathy. Despite his stay of two months at the

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[633] See Appendix 5 illustrating an example of the intelligence testing used in the Psychiatric clinic of Reichsuniversität Straßburg. Original Quote:
Wieviel tage hat das Jahr?
Wieviel Stunde hat der Tag?
Wie heißt die Hauptstadt von Frankreich?
Wer War Bismarck?

[634] Ibid. Original Quote: Was heißt das: Hunger ist die beste Kost?

[635] Ibid. Original Quotes:
Welche Feinde hatten wir im Weltkriege?
Bilden Sie einen Satz mit folgenden Worten: Soldat - Krieg - Vaterland
See Appendix 5 illustrating an example of the intelligence testing used in the Psychiatric clinic of Reichsuniversität Straßburg.

[636] A.F. Tredgold, *Mental Deficiency (Amentia)*, New York: William Wood and Company, (1920): 388.

[637] For further information on the ideological nature of intelligence testing, consult Valentine Hoffbeck, 'De l'arriéré Au Malade Héréditaire: Histoire de La Prise En Charge et Des Représentations Du Handicap Mental En France et Allemagne (1890-1934)' PhD Thesis, University of Strasbourg, (2016):458.

hospital there are very few notes on the treatments given to the patient but a considerable amount about his general appearance and character. Renatus was described as a 'tender, pale boy with freckles' in good health when he was admitted to the psychiatric clinic on 5 July 1944.[638] His admission file details his home life and this appeared to be the reason why he was admitted, while he was deemed small for his age with considerable dark circles under his eyes.[639] The doctors noted that he was an only child whose stepfather died at the front and was being raised by his mother who 'was very rough and brutal with [Renatus].'[640] While it is not explicitly stated, there appears to be some judgement about the mothers situation as she had Renatus while unmarried, and let her son sleep at the postal depot where she worked.[641] Renatus had to sleep on a bench three times as she had not returned from work to open the door to their house, and he regularly had to wake up and go to school by himself without breakfast.[642] On 6 September 1944 he was sent to Stephansfeld, and the reason for his transfer was:

> Summary: a 10-year-old boy from an asocial family who is inadequately looked after by his mother and who has become conspicuous due to a lack of intelligence... Admission to Stephansfeld.[643]

This concern with his 'asocial' family situation is given considerable attention, as this term was used to convey socially disruptive behaviour that was burdensome to the community, that could be inherited.[644] His daily routine was detailed along with the contents of his home, which may

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[638] ADHVS Psych. Case of Renatus T., 1944 (case number K26/260).
Original quote: 'Körperlicher Befund: Zarter blasser Junge, Sommersprossen.'
[639] ADHVS Psych. Ibid. Aktenauszug über Rentus T.
[640] ADHVS Psych. Ibid. Aktenauszug über Rentus T.
Original quote: 'Sei sehr grob und brutal mit ihm.'
[641] ADHVS Psych. Ibid. Aktenauszug über Rentus T.
[642] ADHVS Psych. Ibid.
[643] ADHVS Psych. Ibid.
Original quote: 'Zusammenfassung: aus asozialer familie stammender, von der mutter unzureichend versorgter 10 jähriger junge der durch einen mangel an intelligenz auffällig […] geworden ist… Aufnahme nach Stephansfeld.'
[644] Greg Eghigian, 'A Drifting Concept for an Unruly Menace: A History of Psychopathy in Germany,' *Isis,*106, no.2, (2015): 283-309.

reflect the consideration of environmental issues contributing to his lower than average mental age (estimated to be between eight and nine years old).[645] Doctors from the psychiatric clinic describe his home as consisting of two rooms, and that 'in terms of order and cleanliness left much to be desired. The apartment facility is very poor.'[646] This comment suggests the hygenic and social aspect to the doctor-patient interaction, as the doctors who enjoyed a bourgeois lifestyle observed an environment considerably different to their own. Their concern also emerges from a social hygiene perspective as they believed that environment in childhood could negatively influence his mental development. An indication as to Renatus' mental condition is shown through their notes on his behaviour in the clinic; he was said to have thrown a cat out the window, tried to barter a spoon for a lighter with someone in the clinic, and lit a fire under another patients cot because he claimed to have been bitten by another boy.[647] Despite this erratic behaviour, the doctor noted that 'he has sparkling eyes during his intelligence exam.'[648] While the original answer sheets of the Binet Bobertag Norden test is not included in the patient file, the doctor goes through the child's answers for the test in considerable depth. In August, following Renatus' intelligence test, Dr Kessler noted that:

> This deficiency has a particularly unfavourable effect due to the fact that his intellectual disposition is only moderate... In the intelligence test according to Binet Bobertag Norden, he lagged considerably behind the performance that can be expected from normally gifted child of the same age.[649]

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[645] ADHVS Psych. Case of Renatus T., 1944 (case number K26/260). Befund.
[646] ADHVS Psych. Ibid. Aktenauszug. It is unclear who conducted the home visit on which they base their commnents.
Original quote: 'Die Wohnung besteht aus zwei Zimmern und Küche und lässt in Bezuf auf Ordnung und Sauberkeit viel zu Wunschen Ubrig. Die Wohnungseinrichtung ist sehr dürftig.'
[647] ADHVS Psych. Case of Renatus T., 1944 (case number K26/260); Psychisches verhalten observations.
[648] ADHVS Psych. Ibid.
Original quote: '...bei der intelligenzprüfung […] hat er strahlende augen'
[649] ADHVS Psych. Ibid.
Original quote: 'besonders ungünstig wirkt sich dieser haltmangel dadurch aus, dass auch seine intellektuelle veranlagung nur massig ist... Bei der intelligenzprüfung nach Binet Bobertag Norden blieb er gegenüber den leistungen die von normal begabten gleichaltrigen kindern erwartet werden konnen erheblich zuruck.'

That intelligence testing could determine possible educability was of considerable importance as children who were thought to be 'educable' were often treated with the intention to make them useful to society.[650] Valentine Hoffbeck states that under the Nazi regime the Hilfschulen that were ideologically intended to help care for children who could not keep up with traditional schooling. They were centres for those that were considered to be not hereditarily valuable, and were thought to preserve the hereditary purity of the people by segregating those of lesser intelligence. Hoffbeck also notes that this ideological stance on intelligence testing was also present in other areas during the Nazi regime and gives the case of Harry H. in Wittenau as an example. This patient was asked questions about the fatherland and Hitler's role in his intelligence test, and because he answered in the correct ideological manner they marked the answer as correct.[651] There was also an important though informal differentiation between idiot, imbecile and feebleminded, with the latter being the most educable and capable of improvement.[652] In the Reichsuniversität Straßburg psychiatric clinic it does not appear that they differentiated between these categories very much, but the severity of the idiocy was documented by doctors in most cases based on the mental age ascertained from Binet Bobertag Norden testing.

[650] Michael S. Bryant, *Confronting the "good death": Nazi euthanasia on trial, 1945-1953*, University Press of Colorado, (2005): 135.
[651] Valentine Hoffbeck, 'De l'arriéré Au Malade Héréditaire: Histoire de La Prise En Charge et Des Représentations Du Handicap Mental En France et Allemagne (1890-1934)' PhD Thesis, University of Strasbourg, (2016): 383.
[652] Thomas Beddies, *Die Patienten der Wittenauer Heilstätten in Berlin: 1919 – 1960.*: 252.

(xi) Patient Support Network and the Patient Voice

The case of Helene S., a German patient, shows the correspondence between patients and their friends outside of the hospital. She was found by her sister following a failed suicide attempt and was admitted to the surgical clinic to have the deep wound on her elbow stitched, then transferred to the psychiatric clinic once she was medically stable.[653] Helene was diagnosed with depression and endogenic psychopathy at the age of 17. In the clinic she lay in bed all day, rarely ate or slept, and spoke very little.[654] The doctor's noted in her patient observations that she was 'tormented' and constantly cried, which is a valuable insight to the degree of distress experienced by the patient.[655] In September she was sent to the gynaecological clinic in the Reichsuniversität Straßburg for an examination, and the gynaecologist Dr Claer noted that her examination showed ovarian insufficiency and cysts, for which he prescribed cyren b tablets for 20 days.[656] Further blood tests, leucocyte tests, and X-ray analysis were done, and her patient history noted that her father was an alcoholic. While in the clinic Helene was extensively treated with opium drops, luminal three times daily, medinal, phanadorm and thirteen electroshocks for which the outcome is unknown.[657] She was described as having a 'psychotic personality' given her previous suicide attempts for which she was not hospitalised.[658] Helene longs for the support of her family while in hospital, as she has visions of her dead grandmother at night who tells her she will be forgiven.[659] The importance of religion as emotional support is also seen in Helene's case, as she is visited by her priest on 16 October. She reveals to him that she 'can no longer pray

[653] ADHVS Psych. Case of Helene S., 1942 (case number K27/514), patient admission observations.
[654] ADHVS Psych. Ibid. Patient observations.
[655] ADHVS Psych. Ibid.
[656] ADHVS Psych. Ibid. 24 September 1942 letter from Uni Frauenklinik Dr Claer.
[657] ADHVS Psych. Ibid. Patient Medication Chart.
[658] ADHVS Psych. Ibid. Admission file.
[659] ADHVS Psych. Ibid. Patient observations, 13 October.

as the sin weighs on her.'[660] Helene's friend Yvonne wrote to her at the clinic, enclosing a picture of her near the university, and wished her a speedy recovery.[661] However, Helene does not mention Yvonne to the doctors. Another relationship between Helene and a male school friend was so notable that the doctors mention on 25 September that this friendship was her only consolation in life, 'The patient explains she had a school friend who was the only person in the world close to her.'[662] Despite this seeming importance, this unnamed male friend does not write to her, indicating the This case also lists a direct quote from the patient in September; 'I believed him and yet he took advantage of my trust. I have brought shame on my family and that is why I have to die.'[663] This illustrates the desperation felt by the patient, through her discussion of shame, trust and the sense of a lack of options other than to attempt suicide. The patient's words also illustrate a common form of amorous frustration, with a vocabulary of a failed romantic relationship that was common in this era. Moreover, it illustrates the fundamental difference in relationships and support between her family, this unnamed male friend, and Yvonne, the friend who writes to her in hospital.

[660] ADHVS Psych. Ibid. Patient observations, 16 October.
Original quote: 'Pat [sic] erzählt dem Pfarrer der sie von Kleinkind auf kennt, dass sie nicht mehr beten könne, weil die Sünde auf ihr lastet.'
[661] ADHVS Psych. Ibid. October 1942 letter from Yvonne Dörfer.
[662] ADHVS Psych. Ibid. 25 September 1942 patient observations.
Original quote: 'pat [sic] erzählt, dass sie ein Schulfreund gehabt habe der ihr der einzig nahe Mensch auf der Welt gewesen wäre.'
[663] ADHVS Psych. Ibid. 25 September 1942 patient observations.
Original quote: 'ich habe ihm geglaubt, doch er hat mein Vertrauen ausgenutzt. Ich habe Schande über meine Familie gebracht und darum muss ich sterben.'

Straßburg, den 30.Oktober 1942

Liebe Helene !

Wenn ich Dir mit der Maschine schreibe, so ist es weil ich hier auf dem Büro bin und gar nicht viel Zeit habe, da es hier viel Arbeit gibt und bitte Dich deshalb, mich dafür zu entschuldigen.

Wir geht es bei Dir ? Ich hoffe besser ! Ja ? Mir gefällt es wieder so ganz gut auf meinem Büro, wenn ich eben manchmal keine Lust habe zum Arbeiten, dann lasse ich's eben bleiben, weißt Du, ich habe zum guten Glück ein sehr guter Chef, der es gnädig macht mit mir für den Anfang.

Denk' Dir mal, am Mittwoch war ich mit einer Arbeitskollegin im Arkaden-Filmtheater, da haben sie einen sehr netten Film gezeigt, "Ihr erstes Erlebnis" hieß er; wenn Du mal wieder daheim bist und Gelegenheit hast, Dir diesen Film anzusehen, so mache es nur, denn es lohnt sich schon, es war einfach fabelhaft !!! Stelle Dir das vor "Ihr erstes Erlebnis", da gibt's schon allerhand Erlebnisse. Jedes Mädel hat das seine. Verstehst Du mich ? Ich denke ja !

In der Hoffnung, daß ich Dich nicht zu sehr gelangweilt habe, grüße und küsse ich Dich recht herzlich

Recht viele Grüße an alle !

Yvonne

Figure 4.5.: Letter from Yvonne to Helene, a patient at the psychiatric clinic. ADHVS Psych.

Another case where the patients' voice is particularly evident is that of Josef L., an Alsatian patient, who was admitted in October 1942 aged 11.[664] His mannerisms are noted, as he appeared to enjoy the clinic, and he thanked everyone for everything there.[665] Blood tests were performed on Josef that were sent to the Staatliche Medizinal-Untersuchungsanstalt where Wassermann, Meinicke and Kahn tests were all found to be negative. On 21 October Dr Hagdorn at the ear, nose, and throat (ENT or otolaryngology) clinic in Strasbourg examined Josef and noted that he had a significant septum deviation, although Dr Hagdorn stated that Josef was too young to be operated on for this issue.[666] While there are no direct quotes from him, his passions and life outside of the clinic are particularly poignant, as he drew a detailed picture of the gates of the hospital, and of what appears to be a Messerschmitt Bf 109F-4.[667]

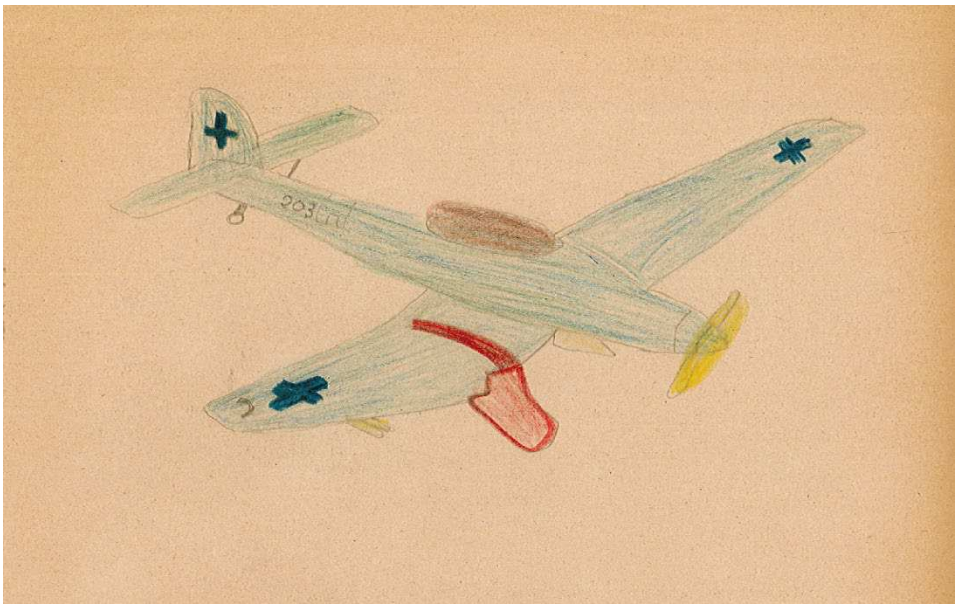

Figure 4.6.: Drawing of a Messerschmitt Bf 109F-4 by Josef L., 1942.

[664] ADHVS Psych. Case of Josef L., 1942 (case number K27/491), admission file.
[665] ADHVS Psych. Ibid.
[666] ADHVS Psych. Ibid. 21 October 1942 letter from the Hals Nasen Ohren Klinik from Dr Hagdorn.
[667] ADHVS Psych. Ibid. Drawings.

In Josef's patient notes, the doctor described him as a talkative child, who was quite good at school, particularly at painting as he wanted to be a painter when he grew up.[668] Josef had no friends at school and always played alone. He also spoke fondly of his evacuation from Strasbourg to Toulon, as he enjoyed the seaside and horses there which were his favourite animal.[669] These details are notable as they do not convey any medical information, yet they are meticulously recorded in his file thus giving an insight to the patient voice. His drawing of the gates of the hospital may indicate that Josef could leave the hospital grounds, or at least show the importance he placed on being admitted to, and eventually leaving, the hospital.

Figure 4.7.: Drawing of the Porte de l'Hôpital gates leading to the hospital, drawn by Josef L., 1942. ADHVS Psych.

[668] ADHVS Psych. Ibid. 21 October 1942 patient observation notes.
[669] ADHVS Psych. Ibid.

(xii) Impact of the war on Psychiatric Patients

It is remarkable the extent to which patient records such as Josef L. illustrate how the war affected the mental health of the people in Strasbourg. Patient files can also convey the feeling of uncertainty and persecution that was evident in those who were not considered to be a threat to the German system. This is particularly evident in the case of Johann H., an Alsatian patient, who was diagnosed with schizoid psychopathy and admitted to the psychiatric clinic on 20 September 1943.[670] Johann had no typical childhood illnesses and performed well in school. He became a locksmiths' apprentice after school, which he enjoyed.[671] In his first instance of psychopathy he became anxious when people spoke, and he would not speak or listen to music.[672] During Johann's second attack of psychopathy he repeatedly said 'is someone down in the basement,' highlighting his growing paranoia in a further example of the patient voice in a medical file. His third instance of persecution led to his hospitalisation, following his belief that the Gestapo were following him and that he would be taken to the Schirmeck concentration camp.[673] This evidences that the general population was aware and afraid of the concentration camps there, albeit not to the full extent of what occurred there.[674] Doctors note that this was a significant cause of anxiety and fear in the patient leading them to diagnose 'Verfolgungsideen,' or a persecution complex.[675] Johann was given electroshock therapy seven times, and Wassermann, Meinicke and Kahn testing returned a negative result.[676] Dr Bostroem noted that

[670] ADHVS Psych. Case of Johann H., 1943 (case number K27/508), admission file.
[671] ADHVS Psych. Ibid. Patient observations.
[672] ADHVS Psych. Ibid.
[673] ADHVS Psych. Ibid. Ärztliches Zeugnis.
Original quote: 'ist jemand unten im Keller'
[674] Lutz Kaelber, 'Child Murder in Nazi Germany: The Memory of Nazi Medical Crimes and Commemoration of "Children's Euthanasia" Victims at Two Facilities (Eichberg, Kalmenhof),': 157 -194.
[675] ADHVS Psych. Case of Johann H., 1943 (case number K27/508).
[676] ADHVS Psych. Ibid. 21 September 1943 Staatliche Medizinal-Untersuchungsanstalt examinations.

outpatient treatment took place for four weeks, while he received electroshock therapy.[677] highlighting a capacity for treatment outside the confines of a formal clinic, and in a structured outpatient setting. It appears that this electroshock therapy helped the ongoing fear and anxiety that Johann felt, as following his discharge and outpatient treatment, there was no further information provided in his file as to readmission.

The case of Renatus F., an Alsatian patient, explores the psychological effects of war and evacuation on children in Strasbourg, as he was admitted due to his symptoms which appear to be related to the trauma of displacement. Renatus was admitted to the clinic in May 1942, aged nine. His admission record to the psychiatric clinic states that he was evacuated from Strasbourg in September 1939 to Limoges, and prior to this had performed well in school without any mentioning of childhood illness or family history of mental illness.[678] Following his evacuation to the South of France, he suffered extreme headaches during the train journey from Strasbourg, and for three days after his evacuation he had a high fever. He also had no appetite, and was sensitive to light and sound, thus prompting examination as a case of suspected meningitis. The hospital in Limoges that referred him believed his symptoms were a result of meningitis or encephalitis. The hospital ran extensive tests for possible causes of his symptoms but there was no indication of encephalitis or meningitis. Two years later and after his return to Strasbourg, he was referred to Strasbourg psychiatric clinic and tested for alcohol, nicotine and sexually transmitted diseases, all of which came back negative through examining, blood, urine, stool and spinal fluid.[679] Dr Kummer from the ophthalmological department noted no issues with his eyesight, and could not explain his sensitivity to light and sound.[680] In May, extensive X-rays

[677] ADHVS Psych. Ibid. 20 October 1943 letter from Dr Bostroem to Wehrbezirkskommando Hagenau.
[678] ADHVS Psych. Case of Renatus F., 1942 (case number K27/74), patient observations.
[679] ADHVS Psych. Ibid. 16 May 1942 Staatliche Medizinal-Untersuchungsanstalt examinations.
[680] ADHVS Psych. Ibid. 16 May 1942 Augenklinik letter from Dr Kummer.

were taken through pneumoencephalography, wherein Dr Haessler stated that there was no change to the skull.[681] The child was described as well orientated, and his appetite and sleep were both good. An explanation could not be found for his worrying symptoms at the hospital in Limoges, but the issues started with the evacuation from Strasbourg, illustrating the psychological damage that war and its consequences could have on children.

(xiii) Conclusion

The case study analysis of patients shows that there were multiple ways of treating patients in the clinic, which largely depended on the patient's illness, social status and nationality as well as the involvement of the parents. Nationality may have played a role in medical care, as those patients who were not from Northern Europe appear to have much less information in their files. This also may be as a result of language and the ability for the doctor and the patients' family to communicate effectively, leading to barriers in understanding the treatments being provided. The influence of social class and wealth on the treatment of patients appears through the case of Susanna D., wherein the doctor refers to the patient by nickname, and corresponded extensively with the parents.[682] This issue of social class, wealth, discrimination and occupation politics is explained in more detail in chapter two on paediatric files and should also be considered in psychiatric cases. Many parents signed consent forms illustrating consultation about their child's treatment, but to what extent they were informed about the risks,

[681] ADHVS Psych. Ibid. 11 May 1942 Röntgenabteilung letter from Dr Haessler.
[682] ADHVS Psych. Case of Susanna D., 1943, (case number K27/170), 7 May 1943 referral letter from Kork Heil- und Pflegeanstalt.

consequences, or alternatives to this treatment is unknown. This is especially pertinent in the numerous cases of pneumoencephalography.[683]

In many patients' cases there was no apparent communication between the parents and the patients. It is evident that some parents communicated directly with the clinic, requesting permission to visit their children, writing for information and updates on the welfare of their children, and also informing the clinic of patient histories and the condition of their child prior to admission.[684] The parents had some degree of agency in the treatment of their children based on requests for transfer to another institution or to be cared for at home sent by the patient's parents. It is also evident that not all transfers were the result of clinical intervention by doctors at the psychiatric clinic; the parents could be consulted and did have a say in the matter.

This chapter posed the question of where exactly the Reichsuniversität Straßburg stood in between the situation in France and Germany. In the case of children admitted to the psychiatric clinic in Strasbourg they were not subject to euthanasia, or indeed to registration of disabilities or psychiatric illnesses as children were in Germany. This may be because the T4 campaign had formally ended by 1941, before the founding of the Reichsuniversität Straßburg. Although, their psychiatric files do indicate the same diagnoses as were present in other clinics, such as Littles disease and 'mongolism', among others, that theoretically should have marked the the children out as subject to euthanasia, that was not the case in Strasbourg. The psychiatric clinic did provide innovative treatments such as electroshock therapy to the children who were admitted and are indicative of a clinic focused on recent therapeutic standards and new treatments. This

[683] Norman E. Leeds, and Stephen A. Kieffer, 'Evolution of Diagnostic Neuroradiology from 1904 to 1999,' *Radiology*, 217 (2000): 310.
[684] ADHVS Psych. Case of Andreas N., 1942 (case number K27/520), 15 November 1942 letter from Mr Alfons N. requesting to visit his son.

focus on modern treatments and research will be examined in the next chapter through discussing the medical students' theses and their use of paediatric patients as research subjects.

Chapter Four: Medical theses in the Reichsuniversität Straßburg

> The revised medical curriculum included newly designed lectures in racial hygiene, the science of heredity, population policy, military medicine, and the history of medicine. These subjects seemed particularly suitable for promoting Nazi ideology to medical students... lectures were intended to provide medical students with "an understanding of both the written and unwritten laws of the medical profession and of doctors' ethics." The revised curriculum… was intended to explicitly create a "new type of physician" ... This physician would be trained to internalize and then implement the Nazi biomedical vision of a homogeneous and powerful people (Volk) in his daily work. It involved shifting the focus of ethical concern and medical care away from the individual patient and toward the general welfare of society or the people.[685]

(i) Background

The previous chapter focused on the treatment of children in the psychiatric clinic of the Reichsuniversität Straßburg and the new research and experimental methods that were used in their treatment. This modernisation in treatment was in part made possible through the use of student medical research. Elie Wiesel stated that 'it is impossible to study the history of German medicine during the Nazi period in isolation from German education in general,' therefore this chapter will address the medical education provided in the Reichsuniversität Straßburg from 1941 to 1944.[686] This chapter will shed further light on the actions of students of the medical faculty, the research that was conducted at the children's clinic, and the case of children as research subjects. The treatment of patients by student doctors was of course heavily influenced

[685] Florian Bruns and Tessa Chelouche, 'Lectures on Inhumanity: Teaching Medical Ethics in German Medical Schools Under Nazism', *Annals of Internal Medicine* 166, no. 8 (18 April 2017): 591, https://doi.org/10.7326/M16-2758.
[686] Elie Wiesel, 'Without Conscience', New England Journal of Medicine 352 (2005): 1511–13, https://doi.org/10.1056/NEJMp058069.

by their education; how a student is taught to perform medicine is ultimately how they will treat a patient. The study of paediatrics, and of subjects pertaining to children and the use of the Kinderklinik in student research will form the basis for this chapter. The theses completed by students will be examined to ascertain how Nazi ideology influenced their research and education. Many of these theses were conducted under the supervision of Dr Kurt Hofmeier in the paediatric clinic, but those that used children as subjects of study for their research, and those theses that were completed in conjunction with the paediatric department will also be examined. This study is comprised primarily of institutional analysis, through the lens of five case studies of theses completed by medical students. An overall view of the medical theses in the Reichsuniversität Straßburg will first be presented in order to contextualise the research in the paediatric department. Following the overview and case studies from the paediatric department, the Reichsuniversität Straßburg will be situated in relation to other universities of the era. The number of theses completed in the period of 1941 to 1944 will clarify its designation as a 'research university.'[687] This designation as a research university was also established in the Kaiser Wilhelm University of Strasbourg, indicating further perceived continuity between the former German university and the Reichsuniversität Straßburg.[688] These theses will be used to illustrate the subjects that were researched in the Reichsuniversität Straßburg children's clinic, and what these theses can tell us about normal research methods in Strasbourg during this era: Roelcke has expanded on this by looking at research that was not conducted in conjunction with concentration camps during National Socialism, and takes this to be normal research done by

[687] Christian Baechler, François Igersheim, and Pierre Racine, eds., *Les Reichsuniversitäten de Strasbourg et de Poznan et Les Résistances Universitaires, 1941-1944*, Les Mondes Germaniques 12. Strasbourg: Presses universitaires de Strasbourg, (2005): 8.
[688] Christian Bonah, *Instruire, guérir, servir: formation, recherche et pratique médicales en France et en Allemagne pendant la deuxième moitié du XIXe siècle*, Strasbourg: Presses Universitaires de Strasbourg (2000).

both students and staff.[689] The theses produced by the students in the Reichsuniversität Straßburg can help to understand the normal functioning of the clinics and the networks they had with one another, while also explaining how this version of 'everyday research' compared to other universities in Germany and internationally during this period.[690]

Figure 5.1.: Wehrmacht medical students at the inaugural lecture of Professor Dr. Stein in 1941 at the Reichsuniversität Straßburg medical faculty; behind him stand the directors of the medical faculty.[691]

[689] Christoph Beckmann, 'Medizinische „Alltagsforschung" an Universitäten in Nationalsozialismus und früher Nachkriegszeit: Inhalte und Kontexte Medizinischer Dissertationen, ca. 1930 – 1960' in https://www.hsozkult.de/conferencereport/id/tagungsberichte-8016

[690] Volker Roelcke and Simon Duckheim, 'Medizinische Dissertationen Aus Der Zeit Des Nationalsozialismus: Potential Eines Quellenbestands Und Erste Ergebnisse Zu „Alltag", Ethik Und Mentalität Der Universitären Medizinischen Forschung Bis (Und Ab) 1945', *Medizinhistorisches Journal* 49, no. 3 (2014): 260–71.

[691] BIAP. SZT6310684, Opening of the Reichsuniversitaet Strasbourg, 1941, (28.11.1941), photographed by Scherl.

(ii) Medical Education during National Socialism

Alfred Hoche was a professor of psychiatry in 1920, who co-authored the book *die Freigabe der Vernichtung lebensunwerten Lebens* which argued in favour of euthanising mentally ill and disabled people. He described how individualism would end, and the health of the national community would be foregrounded; he described this community as the 'Volk'. Sofair and Kaldjian describe this process of integration,

> This quasi-mystical image, later incorporated into Hitler's world view, portrayed society as an organism with its own health and identified human beings as functional or dysfunctional parts of a larger whole' which became the focus of medical education.[692]

Medical students were largely indoctrinated into how care should be provided, and to whom they would provide this care. Julius Moses, a socialist and Jewish deputy of the Reichstag and doctor, wrote in 1932 on the impact of focusing on the health of the people as a whole, rather than the health of the individual, as was popular in Nazism. This stance on protecting the health of the chosen national group above the individuals' medical rights became standard in universities teaching medical students. In his article, Moses stated that

> …ethics of the body of the people ("Ethik des Volkskörpers") in the Nazi State where the good of the community prevails over the good of the individual. We are seeing the path that leads from racial hygiene to performance medicine to the eradication of the sick and dependent.[693]

His foresight is remarkable in highlighting the ethical issues with the rise of Nazism. As Andreas Frewer states, the belief that the end justified the means in medical experimentation was

[692] André N. Sofair and Lauris C. Kaldjian, 'Eugenic Sterilization and a Qualified Nazi Analogy: The United States and Germany, 1930-1945', Annals of Internal Medicine 132, no. 4 (15 February 2000): 312, https://doi.org/10.7326/0003-4819-132-4-200002150-00010.
[693] Julius Moses, 'Der Kampf gegen das 'Dritte Reich' - ein Kampf für die Volksgesundheit', *Der Kassenarzt,* 9 (27.02.1932): 1-4.

prevalent, and therefore, to some extent the evolution of medical education and ethics under National Socialism was to some degree foregrounded.[694] Eugenic theories were a compulsory part of the German curriculum, including the biological determinism of race, however it is important to note that eugenics was seen as a modern scientific theory in many countries in this era.[695]

By 1935 eugenic theories were used in support of the protection of the greater German Volk and ideal of an Aryan race.[696] Medical ethics during the Nazi era foregrounded the protection of the Aryan race and the German people. Lectures on ethics focused on the responsibility of the physician to the state, to their profession, and also to their patient. However, due to the disruptive effect of the war on medical studies, many universities did not have such lectures in the final years of the conflict. As Henry Sigerist noted, prior to Adolf Hitler's rise to power, the concept of individualism in healthcare in Germany was already fading in favour of the greater German Volk.[697] Ethical debates in German medicine predated the Nazi regime, as figures such as Rudolf Ramm, Karl Binding and Alfred Hoche focused on the good of the patient versus the greater good of the German 'Volk'. There was extensive debate about the ethics of human research and the responsibility of the profession, but not so much about the day to day

[694] Andreas Frewer, 'L'expérimentation sur l'homme à la lumière de la revue Ethik (1922-1938): Ruptures et continuités d'un débat en Allemagne' in *La médecine expérimentale au tribunal : implications éthiques de quelques procès médicaux du XXe siècle européen*, Christian Bonah, Volker Roelcke, Etienne Lepicard eds. Archives Contemporaine; Pantin (2003): 133-156.
[695] The racial biology department under Professor Lehmann at the Reichsuniversität Straßburg offered courses including ,'Rassenhygiene' (Winter-Semester 1941-1942 1313W44: 23) 'menschliche Erblehre als Grundlage der Rassenhygiene,' (Sommer-Semester 1942: 50.) 'Aussprache über Fragen aus dem Gebiet der Rassenbiologie,'and 'Anleitung zu wissenschaftlichen Arbeiten im Institute fur Rassenbiologie.' (Sommer-Semester 1943: 61). Full course information available in Vorlesungsverzeichnissen.
[696] Andreas Frewer, 'L'expérimentation sur l'homme à la lumière de la revue Ethik (1922-1938): Ruptures et continuités d'un débat en Allemagne': 133-156.
[697] Henry E Sigerist, *Einführung in die Medizin,* Leipzig: G. Thieme, (1931): 390.

ethics of patient treatment.[698] Leonardo Conti wanted to install loyal Nazi party members to teach students, as most of them had joined the party before 1933 and so were firmly in line with the ethics and ideology of the Nazi party. This led to the biased nature of ethics education for medical students from the outset, along with compulsory lectures on eugenics, racial biology and other ideologically motivated areas of study.[699] Pellegrino states that 'ethical teaching has to be sustained by the ethical values of the larger community.'[700] When the academics who taught students were the world leaders in racial science, eugenics and actively advocated for the sterilisation and extermination of the sick, these aspects were emphasised in the study of medicine during the Nazi era.

As Reis, Wald and Weindling state the 'potential for abuse of power is inherent to medicine,' and as a result, the teaching of medicine must recognise the decisive role that medical professionals had to play in the Holocaust.[701] Medical students are socialised to report to their superiors and do as they are told, in a very similar manner to soldiers.[702] Students during the Nazi era were called upon to do their 'duty' and were surrounded by social reinforcement of the ethics that they were being taught. In this way, it is conceivable that these students would carry out experiments based on what they saw on a daily basis as they emulated their professors and their peers.[703] It must also be noted, however, that clinical education is inherently necessary in

[698] Lutz Sauerteig, 'Règles éthiques, droits des patients et ethos médical dans le cas d'essais médicamenteux (1892-1931)' in *La médecine expérimentale au tribunal: implications éthiques de quelques procès médicaux du XXe siècle européen*, Christian Bonah, Volker Roelcke, Etienne Lepicard eds. Archives Contemporaine; Pantin (2003): 31-64.
[699] Florian Bruns and Tessa Chelouche, 'Lectures on Inhumanity: Teaching Medical Ethics in German Medical Schools Under Nazism': 591
[700] Edmund D. Pellegrino, 'The Nazi Doctors and Nuremberg: Some Moral Lessons Revisited', *Annals of Internal Medicine* 127, no. 4 (15 August 1997): 307, https://doi.org/10.7326/0003-4819-127-4-199708150-00010.
[701] Shmuel P. Reis, Hedy S. Wald and Paul Weindling, 'The Holocaust, medicine and becoming a physician: the crucial role of education,' *Israel Journal of Health Policy Research* no. 8 (2019): 1-5.
[702] Alessandra Colaianni, 'A Long Shadow: Nazi Doctors, Moral Vulnerability and Contemporary Medical Culture,': 435–38.
[703] Shmuel P. Reis, Hedy S. Wald and Paul Weindling, 'The Holocaust, medicine and becoming a physician: the crucial role of education,': 1-5.

any system of evidence based medicine, and this vulnerability of patients potentially becoming research objects was no more likely in German medical education than in any other medical education.[704] Colaianni states that,

> The Nazis utilised that hierarchy and power of socialisation to enlist physicians in their cause. By calling on young doctors to do their national duty as 'soldiers', they added a level to the existing hierarchy and made physicians accountable to the state.[705]

Studying medicine, by its nature, is highly competitive; in an atmosphere where compliance with these ideals of duty, hierarchy, and state sanctioned euthanasia, eugenics and sterilisation, it can be understood how medical students during the Nazi regime were indoctrinated. Sue Black notes that physicians, by their nature as trained professionals, are given permission to act in ways that would be criminal for the general public. She gives an example of dissecting a cadaver; this was considered criminal for both physicians and the general public alike, but in the interest of furthering medical knowledge, it has become common practice.[706] Such medical exceptionalism in the view of advancing medical knowledge led to the perception of ethics and consent as secondary to the aim of increasing medical knowledge.[707] Today, doctors must be taught clinical detachment, so they are not too disturbed by wounds, physical pain and other unpleasant issues that the general public would find repulsive. This concept was also taught in Nazi medical schools and led to the development of physicians who were capable of such clinical detachment

[704] Noting that experimentation is necessary and that banning it was not the aim of the Lübeck trial or the Nuremberg trial. Christian Bonah 'Le drame de Lübeck : la vaccination BCG, le « procès Calmette » et les Richtlinen de 1931' in *La médecine expérimentale au tribunal : implications éthiques de quelques procès médicaux du XXe siècle européen*, Christian Bonah, Volker Roelcke, Etienne Lepicard eds. Archives Contemporaine; Pantin (2003): 65-94.
[705] Alessandra Colaianni, 'A Long Shadow: Nazi Doctors, Moral Vulnerability and Contemporary Medical Culture,': 435–38.
[706] Sue Black, *All that Remains: a Life in Death,* London: Penguin (2019): 119.
[707] Alessandra Colaianni, 'A Long Shadow: Nazi Doctors, Moral Vulnerability and Contemporary Medical Culture': 435–38.

from their patients as to inflict pain on individuals who did not fit the idea of the German Volk.

Sabine Hildebrandt makes an important point in *The Anatomy of Murder* which illustrates how we must consider the theses of students in this era to be an important source. She notes that in the post war era, the doctors that would serve the population had been trained during the Nazi era, often being taught in universities with the motive of indoctrinating students with Nazi ideals.[708] Their theses reflected not only their own research interests, but also the research interests of their supervisor and of the university they studied in, therefore the legacy of their Nazi supervisors effectively lived on into research in the post-war era.

(iii) Medical Education at the Reichsuniversität Straßburg

There has not been a collective analysis of the impact of the war on medical education in Strasbourg, but studies focused on other universities can shed light on how the war affected the medical students. In 1946, the medical, dental and veterinary education of the Universities of Leipzig, Halle and Jena were examined by Colonel Robert M. Zollinger, Colonel Francois H. K. Reynolds, Lieutenant Colonel George F. Jeffcot, and Captain Hans Schlumberger, and a report was then published by the US Department of War and the Navy who had commissioned this work.[709] While this report did not directly concern the Reichsuniversität Straßburg, it shed some light on the manner of medical teaching in similar institutions during the Nazi regime. The report on the University of Jena noted extensive damage to the buildings where lectures were held, and

[708] Sabine Hildebrandt, *The Anatomy of Murder. Ethical Transgressions and Anatomical Science During the Third Reich,* New York, Oxford: Berghahn Books, (2016): 267.
[709] Robert M. Zollinger, Francois H. K. Reynolds, George F. Jeffcot , and Hans Schlumberger. *Medical, Dental and Veterinary Education and Practice in Germany as Reflected by the Universities of Leipzig, Jena, Halle and Erlangen* / Washington, D.C.:, (1945), http://hdl.handle.net/2027/umn.31951d03595646d.

the reinforcement of clinic buildings in order to preserve and sustain medical practice. This understandably disturbed the medical education of students, but it is important to note that attempts were made to maintain clinical practice and treatment of patients in reinforced buildings and bomb shelters. Considerable overcrowding in lectures resulted from the damage to buildings, and thus medical studies were interrupted. This is seen in Strasbourg in 1944, where significant bomb damage led to the reconstruction of the electricity network, water pipes and the psychiatric clinic building; this lack of basic facilities had a considerable impact on teaching practices.[710] In the University of Leipzig general medical clinic, due to the extent of the bombing, 650 of 1000 beds had been rendered unusable. The report mentioned that patients and equipment had been evacuated to the countryside to prevent further damage. In Strasbourg, the decision to transfer of patients to a makeshift clinic in Stephansfeld from April 1944 were consistent with the report on Leipzig.[711]

Regarding medical education, the professors interviewed for the report unanimously agreed that 'the caliber [sic] of the medical students was far below the peacetime level.'[712] Further difficulties associated with the war led to the underperformance of students according to the report:

> the general hardships and attitudes naturally associated with war, plus military interference of various kinds, from the army, bombings etc, distracted the students from their medical studies...[713]

[710] BArch. R76 IV 46. Concerning the reconstruction of the Psychiatric clinic Reichsuniversität Straßburg rebuilding costs 1944.
[711] AVES. 7AH409. Concerning the transfer of patients to Stephansfeld from the Reichsuniversität Straßburg, Entwurf Vereinbarung zwischen Stephansfeld und Reichsuniversität Straßburg, 24 April 1944.
[712] Robert M. Zollinger et al., *Medical, Dental and Veterinary Education and Practice in Germany as Reflected by the Universities of Leipzig, Jena, Halle and Erlangen*.:14.
[713] Ibid.: 4.

Issues such as consistent air raid sirens requiring complete evacuation to air raid shelters meant a loss of several hours of lectures, and these classes were not usually rescheduled. Zollinger also noted that the number of enrolled students was difficult to decipher given the transience of the students. In the Strasbourg medical faculty, students who were members of the Wehrmacht were given preference on entry to medical studies; the number of medical students increased from 1,212 in 1943/1944, to 1,683 in the 1944 summer semester. However, with medical units of the Wehrmacht being moved across the Rhine in 1944, students moved to other faculties in the German Reich.[714]

The number of students at the Reichsuniversität Straßburg increased year on year despite these interruptions; 1941/42 winter semester had 896 enrolled students, while 1943/1944 boasted 2270 students.[715] Based on the 'Lebenslauf' of students provided at the back of their theses, many students took breaks in their studies to fight at the front, and these short biographies are also listed in the online database of the Reichsuniversität Straßburg.[716] As was the tradition at the time, students moved between universities to facilitate the completion of their studies, not often remaining in one university for the entirety of their course.[717] It was estimated that Jena had 2500 students, Leipzig had 1500 students, and Halle had 700 students; so the medical faculty of the Reichsuniversität Straßburg was of equivalent size to other German universities at the time. At the Reichsuniversität Straßburg, 292 medical theses were submitted by the end of the war, with possibly more students who did not complete their studies before evacuation in 1944. It is

[714] Rainer Möhler, 'Die Reichsuniversität Straßburg 1941-1944. Eine Nationalsozialistische Musteruniversität zwischen Wissenschaft, Volkstumspolitik, und Verbrechen.': 520.
[715] Ibid. 668.
[716] Consult Medical Theses archives at the BNU and at the Medical faculty Archives at the University of Strasbourg. Short biographies for all 292 medical students also available at https://ch-rus.u-strasbg.fr/w/index.php/Cat%C3%A9gorie:Personnes
[717] Ibid.

unclear which students remained in Strasbourg, and what their reasons for staying were. Many students continued their studies elsewhere, such as the University of Tübingen.[718]

[718] Jens Thorsten Marx, *Die vertagten medizinischen Fakultäten zu Straßburg in ihren historischen, politischen, universitätsinstitutionellen und wissenschaftlichen Kontexten, 1538–1944*.: 338.

Männer des Elsass!

Als das Grossdeutsche Reich sich im Juni 1941 entschliessen musste, neben seinem Krieg gegen die englische Plutokratie auch noch den Kampf gegen die Sowjet-Union zu führen, hat es

eine Mission für die gesamte Kulturwelt

übernommen. Erfüllt von dieser Mission haben Deutschlands tapfere Soldaten, zusammen mit ihren Bundesgenossen und den Freiwilligen fast aller europäischer Völker, die bereitgestellten bolschewistischen Angriffsarmeen zerschlagen und deren Reste weit nach Russland hinein zurückgeworfen. Wenn der bolschewistische Feind der völligen Vernichtung noch entging, so ist das nicht auf ihn, sondern auf äussere Umstände zurückzuführen. Witterung und Jahreszeit nahmen den Siegern vorläufig die Möglichkeit, den letzten vernichtenden Schlag zu führen. Was aber im Jahre 1941 aufgeschoben wurde, wird im Jahre 1942 vollendet.

Elsässische Männer!

Seit Beginn des Kampfes im Osten stehen bereits viele Hunderte von Elsässern aus eigenem Entschluss, als Freiwillige, Seite an Seite mit den Männern aller anderen deutschen Gaue in der grossen Front gegen den Feind der europäischen Zivilisation und Kultur. Sie haben erkannt und bestätigen es mit ihrem Einsatz: Dem Elsass ist heute vom Schicksal die einmalige Gelegenheit geboten, zu zeigen, dass es seiner grossen deutschen Geschichte bewusst und würdig ist. Einfacher ist es, der allgemeinen Wehrpflicht Folge zu leisten. Verantwortungsbewusster aber und damit grösser und schöner ist es, freiwillig dem Rufe an die ganze deutsche Nation zur Rettung Europas zu folgen.

Im Weltkrieg 1914-1918 hat das Elsass durch die stolze Zahl seiner Kriegsfreiwilligen und die vorbildliche Pflichterfüllung seiner Feldgrauen gezeigt, dass es allen Verlockungen und Einflüsterungen zum Trotz seines Weges und Zieles bewusst war. Ihr Kampf verpflichtet das Elsass, heute vollenden zu helfen, wofür sie eintraten: **die Sicherung des elsässischen Lebens nach den Gesetzen seiner natürlichen Bestimmung.**

Der Chef der Zivilverwaltung, unser Gauleiter und Reichsstatthalter Robert Wagner, hat wiederholt ausgesprochen, dass er im Juni 1940 mit einem unerschütterlichen **Glauben an den deutschen Menschen ins Elsass** gekommen und in diesem Vertrauen nicht enttäuscht worden ist. **An Euch, elsässische Männer, liegt es jetzt, zu bezeugen, dass der Glaube und das Vertrauen des deutschen Volkes in das Elsass auch im Entscheidendsten und Grössten nicht zu Schanden werde:** im freiwilligen, soldatischen Einsatz gegen unser aller Feind, die Unmenschlichkeit und Kulturfeindschaft des Moskauer Bolschewismus.

Das Elsass muss darauf achten, dass es nach dem Siege der europäischen jungen Völker nicht für alle Zukunft vor seinem eigenen Gewissen die moralische Last tragen muss, in entscheidender Stunde versagt zu haben.

Der Platz der Jugend ist an der Front des stählernen Helms.

Dort gehörst auch Du hin, junger Elsässer! Deshalb zögere nicht! Entscheide Dich für den Freiheitskampf der Welt, der auch der Freiheitskampf Deiner Heimat ist.

Als elsässische Kriegsfreiwillige und Frontkämpfer der Jahre 1914-18, als Soldaten des jetzigen Krieges, halten wir unserem elsässischen Volke diese Verpflichtung unausweichlich vor Augen.

Für die elsässischen Kriegsfreiwilligen und Frontkämpfer 1914-18:

Emil Bacher, Schulrat, Strassburg
Dr. Ludwig Bernauer, ehem. Aeroclubführer, Strassburg
Dr. Robert Ernst, Oberstudienrat, Strassburg
Rosenst Haass, Kreisleiter, Hagenau
Paul Haass, Oberstudienrat, Mülhausen
Hans-Peter Murer, Kreisleiter, Mülhausen
Rainer Schlegel, Strassburg, Volksmusikreferent beim C. d. Z.
Paul Schaffo, Strassburg, Abteilungsleiter der NSKOV
Walter Würtz, Geschäftsführer der Ind.- u. Handelskammer, Strassburg

Für die elsässischen Kriegsfreiwilligen von heute:

Dr. Georg Christian, Studentenführer, Strassburg
Dr. Alfred Hanauer, Rappoltsweiler
Georg Heil, Strassburg
Eugen Hof, Mundolsheim
Rudolf Krafft, Strassburg
Dr. Alexander Kräuer, Kreisleiter, Gebweiler
Richard Liebrich, Herbitzheim
Karl Marx, Mülhausen
Peter Mathis, HJ.-Gebietsschaftsführer, Hürth
Ludwig Rieffel, Strassburg
August Schwebel, Munich

Die Einstellungsbedingungen für die Wehrmacht

Angenommen werden alle Angehörigen der Geburts-Jahrgänge 1900 und jünger, die bei der Untersuchung als tauglich befunden werden. Elsässer, die im ehemaligen französischen Heer gedient haben, können ebenfalls als Freiwillige in die deutsche Wehrmacht eintreten. Die Dienstzeit, sowie der Dienstrang, werden bei Bewährung angerechnet. Offiziere der alten deutschen Armee können zum ehemaligen Dienstgrad übernommen werden.

Meldungen können erfolgen:

Kreis Strassburg-Stadt und -Land bei Wehr.-Bez. Kdo. Strassburg,
Kreis Hagenau und Weissenburg bei Wehr.-Bez. Kdo. Hagenau,
Kreis Zabern und Molsheim bei Wehr.-Bez. Kdo. Zabern,
Kreis Schlettstadt bei Wehr.-Bez. Kdo. Schlettstadt,
Kreis Kolmar und Rappoltsweiler bei Wehr.-Bez. Kdo. Kolmar,
Kreis Tann und Gebweiler bei Wehr.-Bez. Kdo. Tann
Kreis Mülhausen-Stadt und -Land bei Wehr.-Bez. Kdo. Mülhausen.

Figure 5.2.: Propaganda poster from 1941 urging young Alsatian men to enlist in the Wehrmacht. Message states; 'Men of Alsace, a mission for the entire cultural world. Alsatian men, the place of the youth is at the front of steel helmet.'[719]

[719] BNU. NIM18815. Männer des Elsass, Eine Mission für die gesamte Kulturwelt. Elsässiche Männer, Der Platz der Jugend ist an der Front des stählernen Helms. Strasbourg, 1941.

As figure 5.2. above indicates, young men in Alsace were urged to enlist and join the war, however this group formerly made up the majority of medical students. This had a considerable impact on the demographics of the student body given that obligatory conscription was introduced in 1942. However, one advantage of students enlisting in the Wehrmacht that was not mentioned in the graphic above was that their tuition would be paid by the state. The report by Zollinger on medical education in Germany also remarked on the demographics of medical students in this era and how students were comprised of three categories. Fit young men who were in the army had their tuition paid by the state for their medical studies; those who were discharged from the army as a result of injury also had their tuition paid by the state; and those who were deemed unfit for military service had to pay their own tuition. The marked increase in women studying medicine is noted in the report, although they had to pay their own tuition fees and fell outside of this proposed structure.[720] A few women progressed to train as specialists, and served in civilian hospitals following their studies, while fit and discharged men could serve in either civilian or military hospitals.[721] Due to the increasing manpower shortage incurred by the war, women were more highly represented than usual in postgraduate study as the war continued. As mentioned earlier, paediatrics prior to the eviction of Jewish physicians as a result of the rise of national socialism was one of the medical fields with the most female representation.[722] Despite this increased representation of women in postgraduate study as noted in the Zollinger report, women were still in the minority. In Strasbourg, while 6 women submitted a thesis on the broad topic of paediatrics, they were far outnumbered by 31 men writing on this topic as

[720] For further information on women studying medicine in German universities, consult Melissa Kravetz, *Women doctors in Weimar and Nazi Germany: maternalism, eugenics, and professional identity*, Toronto: University of Toronto press (2019).
[721] Robert M. Zollinger et al., *Medical, Dental and Veterinary Education and Practice in Germany.*: 21.
[722] D. Schäfer, 'Pädiatrische Netzwerke im „Dritten Reich" Helmut Seckel und seine Kollegen aus der Universitätskinderklinik Köln,' *Monatsschrift Kinderheilkunde: Zeitschrift für Kinder- und Jugendmedizin*, 165, no. 12 (2017): 1102-1108.

illustrated in figure 5.3.[723]

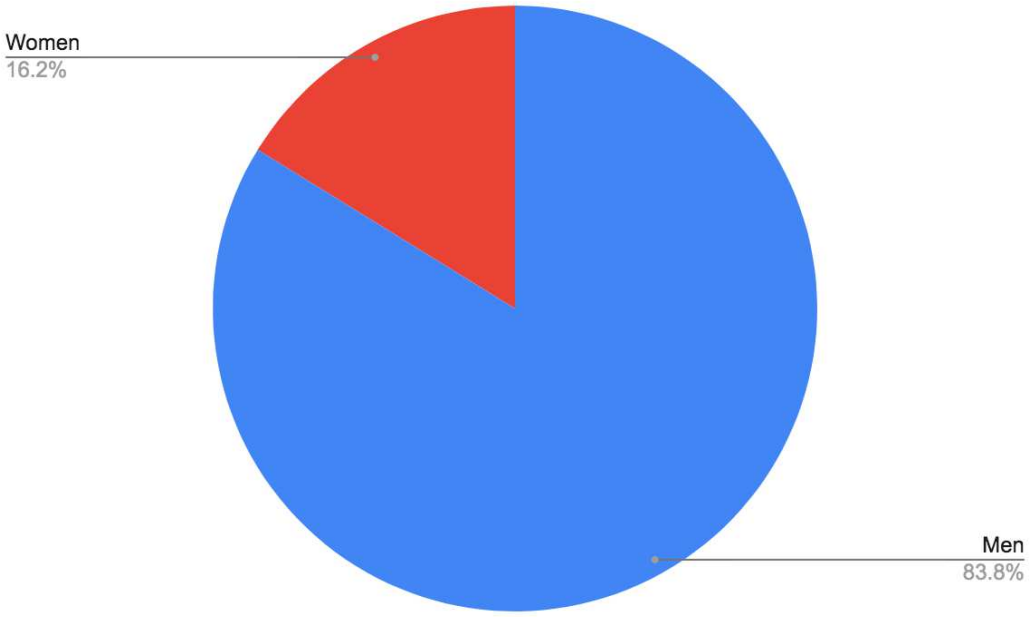

Figure 5.3.: Proportion of men and women submitting theses on the topic of paediatrics.[724]

This chart includes the 31 theses conducted under the direction of Kurt Hofmeier at the children's clinic, although further information will be provided on these theses in the section on case studies. The duration of medical studies decreased dramatically, from 6 years initially, to just 4 ½ years by the end of the war. A core reason for this appeared to be the consistent interruptions to study; most of the students had their studies postponed by their military service. The report by Zollinger states that due to these deferrals and inconsistencies in service time,

> as a result of this army service, the majority of students must have had little opportunity for bedside teaching and clinical work in hospitals.[725]

[723] As administrative documents are not present for all students, information on their nationalities has not been analysed.
[724] For a full list of theses submitted on the topic of paediatrics, and the students who submitted them, consult appendix 6.
[725] Robert M. Zollinger et al., *Medical, Dental and Veterinary Education and Practice in Germany.*: 5.

Furthermore, they missed out on many specialities that they could have sampled had they been present, such as otolaryngology among others. Therefore, Zollinger predicted that the real time that students spent in university was about three and a half years. The report also notes that extensive study was done by students in Jena, Leipzig and Halle in diagnosis of infectious diseases. It is likely, therefore, that there was a similar trend in Strasbourg.[726]

(iv) Analysis of Medical Theses

The analysis of the chosen theses completed at the children's clinic of the Reichsuniversität Straßburg follows the discussion that took place at the University of Giessen workshop in 2018 entitled *Everyday Medical Research in Unviersities during National Socialism and the Early Postwar Era. Contents and Context of Medical Dissertations*. ('Medizinische „Alltagsforschung" an Universitäten in Nationalsozialismus und früher Nachkriegszeit: Inhalte und Kontexte Medizinischer Dissertationen.') [727] Through discussion at this workshop, a number of headings were devised to help create an ethical framework from which the theses completed by medical students could be examined:

[726] While the experiments of Eugen Haagen are an extreme example involving prisoners in concentration camps, he conducted research on yellow fever, epidemic influenza and typhus while employed by the Reichsuniversität Straßburg indicating that infectious diseases were being researched. For further information on Haagen's experiments, consult Raphaël Toledano *Les expériences médicales du professeur Eugen Haagen de la Reichsuniversität Strassburg : faits, contexte et procès d'un médecin national-socialiste*. University of Strasbourg thesis (2010).

[727] Tagungsbericht: Medizinische „Alltagsforschung" an Universitäten in Nationalsozialismus und früher Nachkriegszeit: Inhalte und Kontexte Medizinischer Dissertationen, ca. 1930-1960'. 25.10.2018-26.10.2018 Gießen, in: H-Soz-Kult, 17.12.2018. www.hsozkult.de/conferencereport/id/tagungsberichte-8016
For the fullt list of student theses from the medical faculty of the Reichsuniversität Straßburg, consult Appendix 6.

1: Material (Human, plants, animals, microorganisms, or literature)

2: Type of Research (Case histories or current cases, retrospective work)

3: Number of people involved, Group (‘Asocial,’ institutionalised people, youths)

4: Material (Methods of acquiring this material, invasive i.e. penetrating the skin of the subject)

5: Use (Use for the research subjects and for the student)

6: First and second supervisors of the thesis

7: Institution in which the research took place

8: Adherence to three core elements of Nazi Research (eugenics, research related to the war, spatial and agricultural research including nutrition research)

9: Consent (explicit informed consent clarified in the thesis)

10: Publications resulting from the thesis

11: References to the Reichsrichtlinien

12: Grades received for this research.

This categorisation will form a basis to analyse the theses and will help to ascertain whether the research was ‘everyday research’ or can be considered unethical Nazi research with a strong grounding in the party ideology. Broadly speaking, ‘everyday’ research involves topics of medical concerns at the time that were being researched in most universities including those

outside Nazi Germany, such as infectious diseases and infant mortality rates, which did not involve coercive research. Theses that involved considerable ideological influences, or used forced labourers or prisoners could not be considered 'everyday' research.

There were 292 MD theses/dissertations completed at the Reichsuniversität Straßburg from 1940-1944, covering all medical disciplines with twenty seven heads of faculty supervising the research.[728] Of these theses, 168 were previously unknown and not detailed in previous studies, such as the research of Patrick Wechsler.[729] These 168 theses were uncovered in 2018 following access being granted to the administrative archive of the medical faculty, as these theses are not present in the library. Thirty five theses were completed in the gynaecology, thirty four in surgery (or were partially surgically focused), twenty five in psychiatry and neurology, twenty one from internal medicine, six from pathology, five from bacteriology. Thirty-one theses were supervised by Hofmeier at the paediatric clinic, while more may have involved his assistance and input as other theses include the use of research on paediatric patients. This represents 10.3% of theses completed. With twenty-four departments of the medical faculty, this represents a significant proportion of dissertations, and thus majority considerable part of the research completed was by students in the field of paediatrics. The statistics shown in figure 5.3 on theses broadly involving paediatrics are reflected when we look at theses submitted to the childrens clinic under the direction of Kurt Hofmeier. Twenty seven of the students who completed their theses in the paediatric department were male, while only four were female, reflecting that the majority of students in the Reichsuniversität Straßburg were male.[730] Professor

[728] Consult Appendix 6.
[729] For list of previously known theses, consult Patrick Wechsler, 'La Faculté de Medecine de la "Reichsuniversität Straßburg" (1941-1945) à l'heure nationale-socialiste,' PhD Université de Strasbourg (1991).
[730] Appendix 6 containing the names of students and titles of theses completed under the paediatric department.

Kurt Hofmeier published extensively on the topics of heredity, immunity, nutrition, contagious diseases, paralysis, constitution, rickets, diphtheria, as well as infant and maternal health.[731] This is not surprising, as his students wrote their theses following these topics based on his research themes.

Student	Abbreviated Title and Submission Date	Heredity	Nutrition	Environment	Twin Study	Statistics	Therapy	Single illness
Beetz, Georg	Beitrag zur Frage der Panhämocytophthise (1943)		X			X	X	X
Bochberg, Joachim	Die Bedeutung des Blutbildes bei der Aufdeckung septischer Zustände (1943)		X			X	X	X
Boehm, Kurt	Vergleichende Untersuchungen über den allgemeinen Körper– und Kräftezustand (1944)	X	X	X		X		
Braeuchle, Ernst	Die Grundwirkung der ultravioletten Strahlen, insbesondere der künstlichen (1943)	X	X	X			X	X
Brenneke, Gerhard	Beitrag zur Kenntnis der neuro–psychasthenischen Diathese (1944)	X		X		X		
Burkhard, Johannes	Lähmungen nach Nasendiphtherie (1943)	X	X				X	X
Dahms, Otto	Poliomyelitis bei Zwillingen (1944)	X		X	X			X
Decken, Christel von der	Über gutartige sympathische Neuroblastome mit histologisch sarkomartigen Bildern (1945)			X			X	X
Decken, Rosemarie von der	Hand–Schueller–Christian'sche Erkrankung bei zweieiigen Zwillingen (1942)	X			X			X
Eckes, Karl-Heinz	Über eine Paratyphus B Epidemie in einem geschlossenen Heim (1944)		X	X			X	X
Freund, Rupert	Über die Kapillarresistenz bei Frühgeborenen und Neugeborenen vor und nach Verabreichung von Synkavit (1944)	X		X		X	X	
Gawantka, Hans Joachim	Die Bedeutung krankhafter Erbanlagen und Erbkrankheiten bei Adoptiveltern und Adoptivkindern (1943)	X		X		X		

[731] See Appendix 14 for full publication list of Dr Hofmeier.

Haas, Annemarie	Zur Diagnosenstellung der congenitalen Tuberkulose (1943)	X						X
Hauswald, Karl	Über die Cystenlunge (1944)	X				X	X	X
Hesseling, Werner	Sterblichkeit und Todesursachen an der Strassburger Universitätskinderklinik (1944)		X	X		X		
Hoffmann, Heinz	Zur Differentialdiagnose cystischer Tumoren im Unterbauch besonders im Douglasraum beim Kinde (1942)						X	X
Kazmarek, Heinz	Über das Auftreten von allgemein verbreitetem Emphysem im Gefolge von Erkrankungen des Respirationstraktes (1944)	X					X	X
Keil, August	Ergebnisse einer Reihenuntersuchung mit Tuberkulinsalbe an 6 jährigen Schulkindern der Stadt Strassburg (1944)					X	X	X
Leuffen, Franz	Die Wiege (1944)	X		X		X	X	
Mildenberger, Karl	Über einen seltenen Fall von Hauttuberkulose bei einem zwölfjährigen Knaben (1943)	X		X			X	X
Oelkrug, Fritz	Die Bedeutung der Röntgenuntersuchung zur Diagnose und Operationsindikation bei Pylorospasmus (1944)	X	X	X			X	X
Rau, Eugen	Nekrose beider Ohrmuscheln als Folge eines Hämangioms (1943)		X				X	X
Schempp, Helmut	Stilldauer und Stillhäufigkeit in Strassburg. Nach Feststellungen bei den Neugeborenen des Jahres 1941 (1943)		X	X		X		
Schilling, Juergen	Die Säuglingssterblichkeit und Säuglingsfürsorge im Elsass in den letzten 20 Jahren (1943)	X		X		X		
Siefert, Herta	Über das Wesen der hyperplastischen Dickdarmtuberkulose im Kindesalter (1944)	X				X	X	X
Steingass, Hans	Das Magendarmgeschwür im Kindesalter (1944)	X					X	X

Teufel, Hermann	Über familiäres Auftreten von hypertrophierender Gingivitis, beobachtet in einer elsässischen Familie (1944)	X	X					X
Weismann, Dieter	Untersuchungen am Knochenmark des normalen und rachitischen Säuglings (1943)					X		X
Wendel, Wolfgang	Zwei Fälle von jugendlicher Poikilodermie im lothringischen Inzuchtgebiet Rimlingen (1945)	X		X				X
Will, Hellmuth	Auftreten von Nervenerkrankungen bei Kindern im Zugangsgebiet (1943)	X		X		X		X
Zumbansen, Heinz	Ein Beitrag zur Erkennung der primären oralen Schleimhauttuberkulose (1943)	X		X			X	X

Figure 5.4.: Titles and themes of student theses from the Reichsuniversität Straßburg.

Of the thirty-one theses completed in the paediatric department detailed above, the themes listed occur most frequently in their theses. The themes of heredity, nutrition, environment, statistics, twin studies, therapies, and focus on a single illness also appear in Hofmeier's work. The topics of nutrition, infectious diseases, and vaccination were taught in the children's clinic as noted in the staff chapter, and so students covering these topics illustrates that the process of students writing their theses was built upon their clinical practice in the clinic. A selection of ten of these thirty one theses will be presented in case studies as an indication of the content of the students work.

(v) Case Studies of Theses Conducted Under the Supervision of the Paediatric Clinic Director, Professor Kurt Hofmeier

The following case studies of theses have been chosen to illustrate the different areas of study which were strongly affiliated with Dr Hofmeier's research, paediatric medicine, and the research interests of the era. The director of a medical department was deemed responsible for all research that was conducted in his department. The research of each individual student was in effect an extension of the research of their supervisor. Therefore, these student experiments must be analysed partially on an individual basis, but also understood in terms of what research was authorised under the direction of Dr Kurt Hofmeier in the Kinderklinik at the Reichsuniversität Straßburg. Of the 10 theses chosen for analysis, 4 were completed by women, and 6 by men. The first thesis is completed in 1942, with the last in 1945, thus spanning the entire duration of the Reichsuniversität Straßburg.

Some of the students research was used in the postwar era, an example of this is Rosemarie von der Decken, who completed her thesis entitled *Hans Schüller-Christiansche Erkrankung bei Zweieiigen Zwillingen* in 1942. This thesis examined one case of Hans Schüller-Christiansche syndrome, a rare syndrome which causes skeletal defects, bone lesions and diabetes insipidus. Her research examined the difference in illness between monozygotic twins, and discovered a previously unknown hereditary link, as both twins were affected by this syndrome.[732] The syndrome that von der Decken studied was rare, and it is a testament to how large the children's clinic was (comprised of six different buildings) that she found a case on

[732] AFMS. Rosemarie von der Decken, 'Hand-Schüller-Christian'sche Erkrankung Bei Zweieiigen Zwillingen (Diss. Med.) ' (1942): 11.

which to build her thesis.[733]

The children involved in this case study were Daniel and Christine, aged 15 months at the time of admission to the clinic.[734] They were both referred from the infants home in Strasbourg, where they were temporarily staying while their mother was recuperating from polyarthritis and rheumatism, and as they were illegitimate children, there was no one else to take care of them. Comparative X-rays were conducted on both twins to illustrate the difference in skeletal structure that is evident in this syndrome, and illustrated that the disease had progressed slightly further in Daniel, although neither of them had yet developed diabetes insipidus as was expected in this disease. Furthermore, extensive patient records on treatments and tests done on both children were listed, including prophylaxis measures against rickets. Von der Decken also referenced other works on this illness, noting that not much was known about the syndrome, but it resulted in developmental delays and 'idiocy,' based on the results of R. Wagner's study.[735] The enduring relevance of the subject material after the Nazi era highlights the exceptional nature of this thesis. Von der Decken published her edited thesis in *Archiv für Kinderheilkunde* 1943, including the findings, X-rays and comparative analysis of the patients.[736] This research was considered important at the time as it was published in quite a well renowned journal. However, not only was it considered of importance in the era, but in 1960 this thesis was referenced by Hans Forssman and Brita Rudberg in an article entitled *Study of Consanguinity in Twenty one Cases of Hand Schüller Christian Disease (Systemic Reticuloendothelial*

[733] AFMS, Ibid.
See Appendix 1 for map of the hospital including the size of the children's clinic.
[734] AFMS. Ibid: 5.
[735] Ibid: 14.
[736] Rosemarie von der Decken, 'Hand-Schuller-Christian'sche Erkrankung bei zweieiigen Zwillingen.' *Archiv für Kinderheilkunde*, (1943).

Granuloma, and was listed as one of the core studies on this syndrome.[737] Although this syndrome is rare, it is notable that her research was still considered of a high calibre many years after its publication in *Archiv für Kinderheilkunde* in 1943.[738] In a short evaluation of her thesis, Dr Hangarter (professor of internal medicine, hereditary pathology and constitutional research at the Reichsuniversität Straßburg), noted that this thesis 'deals with the very rare and important hereditary biology disease of Hans Schuller Christian of dizygotic twins,' while the grade given by Dr Hirt, Dr Bickenbach, and Dr Hofmeier was 'very good'.[739] This thesis appears to have been well received and was published as a result. While there does not appear to be any evidence of informed consent, the nature of the experimentation involved in this thesis lends itself to the classification of 'normal research.' In the absence of concrete knowledge on how this syndrome developed, the use of twins in this instance was integral to understanding the genetic and environmental factors affecting the presentation of this illness. Therefore, while the children who were research subjects did not appear to benefit from the study, it also could not be classified as invasive or as damaging. While this study did conduct research on twins, it could not be classified as Nazi research as it did not further the war effort. It appears that a concern with heritability, 'illegitimacy' and disease progression was the motivating factor in choosing this topic for a thesis. Decken notes that the prognosis is unclear, but the simultaneous occurrence of the disease in a pair of twins was noteworthy given the possible familial occurance of the disease. This focus on heritability and 'illegitimacy' as factors in illness were also concerns of

[737] Hans Forssman and Brita Rudberg, 'Study of Consanguinity in Twenty-one Gases of Hand-Schüller-Christian Disease (Systemic Reticuloendothelial Granuloma)', *Acta Medica Scandinavica* 168, no. 5-6 (12 January 1960): 427–29, https://doi.org/10.1111/j.0954-6820.1960.tb06673.x.
[738] Rosemarie von der Decken, 'Hand-Schuller-Christian'sche Erkrankung bei zweieiigen Zwillingen.' *Archiv für Kinderheilkunde*, (1943).
[739] AFMS. Referat über die Dissertationsarbeit Rosemarie von der Decken, 31 August 1943.
Original quote: ‚die vorliegende Arbeit beschäftigt sich mit der sehr seltenen und erbbiologisch wichtigen Hans Schuller Christianschen Erkrankung bei zweieiigen Zwillingen.'

Hofmeier in his work, and this is reflected here in his student's thesis.

Hans Joachim Gawantka wrote a thesis entitled *Die Bedeutung krankhafter Erbanlagen und Erbkrankheiten bei Adoptiveltern und Adoptivkindern,* which he completed in 1943. This study focused on the influence of heredity in adoptive children; a topic also addressed by Hofmeier. This thesis is the most ideologically charged of all those that were supervised in the paediatric clinic, and it was for this reason that it was chosen as a case study for further analysis. In its introduction, Gawantka quotes *Mein Kampf*; this is unusual for medical thesis produced in Strasbourg.[740] His quote illustrates how Adolf Hitler considered those who made a sacrifice in taking in a poor child:

> It is in the Führer's own words as he writes in Mein Kampf 'That it is a sign of the highest nobility and admirable humanity when a blameless sick person renounces giving birth to their own sick child, and gives their love and tenderness to a young poor unknown descendant of his people.'[741]

Gawantka's use of the quote suggests that the adoption of children was appropriate, providing this was done within the boundaries of what people were considered hereditarily valuable. The aim of this thesis then seems to be how to integrate the population to the German Reich through adopting those considered of hereditary 'worth.' Gawantka noted that children were being adopted at an earlier age which meant not all of their inherited traits were evident. In this thesis Gawantka noted that maternal age was affecting levels of 'degeneracy' while also going into

[740] AFMS. Hans Joachim Gawantka, 'Die Bedeutung krankhafter Erbanlagen und Erbkrankheiten bei Adoptiveltern und Adoptivkindern' (Diss. med., 1943): 1.
[741] AFMS. Ibid: 1.
Original quote: 'Es kommt in den Worten des Führers selbst zum Ausdruck, wenn er in 'Mein Kampf' sagt 'dass es von einem Adel höchster Gewinnung und bewundernswerter Menschlichkeit zeugt, wenn der unschuldiger Kranke, unter Verzicht auf ein eigenes krankes Kind, seine Liebe und Zärtlichkeit einem unbekannten, armen jungen Sprossen seines Volkstums schenkt'.

depth about the importance of early marriages to reduce levels of degeneracy in any prospective children.[742] This is also seen in Hesseling's thesis, illustrating that this was a common theoretical view of the students which may have been taught at the paediatric clinic. Gawantka's thesis also deals with contemporary issues of heritability and eugenics, noting that issues such as alcoholism, psychopathy, idiocy and mental illnesses were largely heritable.[743] It is these issues that Gawantka cites as being a concern when adopting children as he noted that their heritable traits such as those for mental illness, would only become evident later in childhood. As a result of this he advocated the importance of medical examination and of trying to ascertain a family history of disease for the potential adoptive child before adopting them.[744] He noted that it was important to adopt racially and hereditarily valuable children and provide them with good parents and homes.

This concern with heredity and mental ill health is prominent in contemporary research, but the ideological influence on Gawantka's thesis is evident. This research in this thesis was considered to be 'very necessary' by Dr Hofmeier, as it addressed questions posed by the NS Volkswohlfahrt and the Reichsgesundheitsführung on the topic of adoption, as well as addressing the concerns of doctors regarding adoption.[745] For this work, he received a grade of 'good' from Dr Busse (chair of gynaecology at the Reichsuniversität Straßburg), Dr Lehmann and Dr Hofmeier.[746] While this research can be classified as non-invasive literature research as it does not directly concern experimentation on patients, it can be considered highly ideological as it directly references eugenic concerns about the hereditary health of the population and the

[742] Ibid: 13.
[743] Ibid: 12.
[744] Ibid: 30.
[745] AFMS. Doktorprufung als Hans-Joachim Gawantka.
Original quote: 'sehr notwendig. '
[746] Ibid.

'worth' of children.

Otto Dahms's thesis entitled *Poliomyelitis bei Zwillingen* was completed in 1944 under the supervision of Dr Kurt Hofmeier. This thesis looks at poliomyelitis through analysis of seven cases of twins, where only one twin appeared to be visibly infected.[747] The objective of Dahms' thesis was to trace a heritable cause of the illness, focusing heavily on family history rather than vectors of infection. Dahms continued to follow the patients' families after their release. It was not until the 1950s that a full understanding of the polio virus was developed, so the use of twins in this thesis aimed to ascertain a genetic or environmental cause.[748] In the archive cellar of the medical faculty at the University of Strasbourg, the thesis is comprised of one volume, and referred to patients in a vague manner, using no names or identification numbers. However, a second copy of his thesis was found in the Bundesarchiv in Berlin, which contained the same core thesis, but with a second volume containing appendices.[749] This addition of a second volume, pointing to the potential for other theses to include further information, was the reason for choosing Dahms' thesis as a case study. These appendices go into significant detail about the patients used in the research study on poliomyelitis in twins, including their names, photographs, and details about their temperament and their patient history.[750] The analysis of the children is not confined to the children's clinic, as stated in the thesis, but includes collaboration with the racial biology department of the Reichsuniversität Straßburg. How this collaboration occurred, and whether this was a regular occurrence is unclear, but the records detail that Professor Wolfgang Lehmann, the head of the racial biology department, conducted examinations on each

[747] AFMS. Otto Dahms, 'Poliomyelitis Bei Zwillingen (Diss. Med.)' (1944): 13.
[748] C. N. Herndon and R. G. Jennings, 'A Twin-Family Study of Susceptibility to Poliomyelitis,' *American Journal of Human Genetics* 3, no. 1 (March 1951): 17–46.
[749] BArch. R 76 IV 29. Otto Dahms, 'Poliomyelitis Bei Zwillingen (Diss. Med.)'. Page numbers not provided for appendices.
[750] Ibid

set of twins.[751]

As Hans Walter Schmuhl notes, studying twins was a common research method at the time, which was used to decipher whether certain illnesses were due to environmental factors or genetic factors.[752] The Kaiser Wilhelm Institute of Anthropology conducted research on schoolchildren in Berlin in 1931, in which Verschuer identified 1000 sets of twins. Questionnaires were distributed to willing participants, examining their anthropological measurements, and if there was any family history of illnesses.[753] Dahms study is quite similar to the studies conducted by the Kaiser Wilhelm Institute. The examination sheets contained extensive information on each set of twins, detailing their measurements, anthropological data such as the shape and colour of the eyes, skin, and hair, and also elaborated upon developmental information such when the children first learned to walk and talk. The data also had a section detailing how the mother of the children could tell them apart, illustrating that the degree of similarity (and potential difference) in the identical twins was significant for the research. Information concerning the blood group and history of twins in the family was also discussed along with the general health of the family, showing the importance of heredity.

One case study presented in Dahms thesis addressed Brigitte and Christiana, twins born in December 1943, and it was noted that they were strikingly similar in appearance.[754] Their mother believed that Brigitte contracted poliomyelitis from their cousin and was then admitted to

[751] Ibid, 'Belegblatt für Zwillingsdiagnose' page included in each file.
[752] Hans Walter Schmuhl *Grenzüberschreitungen: das Kaiser-Wilhelm-Institut für Anthropologie, menschliche Erblehre und Eugenik 1927-1945* Göttingen: Wallstein-Verlag (2005): 86.
[753] Ibid, 91.
[754] BArch. R 76 IV/29. Otto Dahms, 'Poliomyelitis Bei Zwillingen (Diss. Med.)' (1944). Case 2, Brigitte and Christiana: 18.
Consult Appendix 8 for this case, and an example of the ‚Belegblatt für die Zwillingsdiagnose' used in Dahms thesis.

the children's' clinic. This input of the patient's mother does not appear in the other case studies, so it is unusual that they list her opinion on how the illness was contracted in the clinical notes. The clinical record noted that both twins were well developed, meeting all the milestones of walking and talking for their age. Brigitte had no swelling of the heart, liver and gallbladder, but had significant left facial paralysis and inconsistent reflexes. As a result, a lumbar puncture was performed, but the findings were inconclusive, as was the case with urine and blood analysis. A tuberculin reaction test for intracutaneous probe of 1:10000 returned a negative result but a positive result for the 1:1000 test.[755] It appears that in each case, both twins were subjected to testing, even though only one was confirmed to be ill, possibly as a form of comparative analysis, or as a form of infection control given the lack of prophylaxis or treatment measures. There is no record of medicines used in her treatment, but Brigitte was released from the clinic on 10 November, noting that her paralysis had reduced. Following her release from hospital, research continued on her family group, or 'Sippe'. Dahms noted that the mother was psychologically unstable but does not specify in what way, and there was a history of twins in the family on the father's side.

This further research on the family after the twins were released appears to have occurred in all cases, except that of the siblings Marlene and Irmgard where it was noted that their father was very religious and so would not allow further research.[756] This implies that further research on the family was consensual, and that their reasons for declining on religious grounds were accepted. Whether the patients' families were aware that they were part of academic research is unknown. The extent to which they were aware of the motives for this research, or the use of

[755] BArch. R 76 IV/29. Ibid.
[756] AFMS. Otto Dahms, 'Poliomyelitis Bei Zwillingen (Diss. Med.)' (1944). Case 1. Irmgard and Marlene: 13.

their data is unclear. In accordance with the outlines for analysing theses produced at the Gießen workshop, the research in Dahms study can be classified as invasive human research on a vulnerable population, with no explicit reference to informed consent. It is not evident that the research subjects benefited from their inclusion in the study, and it appears to correlate with certain aspects of Nazi research as it contains references to racial biology and heredity. The objective in completing this thesis then appears to be a statistical analysis of familial transmission of illness and a 'racial' profile of the local population.

Other theses were less innovative in explaining rare conditions, but instead focused on statistical analysis. An example of this is Hellmuth Will's thesis *Auftreten von Nervenerkrankungen bei Kindern im Zugangsgebiet der Universitätskinderklinik Straßburg,* which was submitted in 1944. A useful case study, it lists the complete admission statistics of children with nervous and psychiatric disorders, as the primary records listing this data have not yet been found in their entirety. This thesis gives an insight to the numbers of patients admitted with these illnesses, as well as what was considered a psychiatric and nervous illness that required more specialist care. As a result of this analysis of children admitted with psychiatric and neurological conditions, Will's thesis was chosen as a case study for further analysis. Not only does this thesis address admission statistics, it also referenced the incidence of birth defects and provided discussion on the cause of these defects.[757] The thesis compiled data from 1940 to 1943, including all 3987 children who were admitted to the Nervenklinik. 457 of the patients that were admitted had disorders that specifically affected the nervous system, thus the rest were comprised of psychiatric symptoms.[758] It is illustrative of both the era and Nazi ideology that

[757] AFMS. Hellmuth Will, 'Auftreten von Nervenerkrankungen Bei Kindern Im Zugangsgebiet Der Universitätskinderklinik Strassburg (Diss. Med.)' (1943): 8.
[758] Ibid: 3.

there was also a section comparing the incidence of defects in children from Alsace and from Germany in an attempt to ascertain any differences in their genetic profiles; this idea for comparing the constitutional health of German and Alsatian children was taken from Hofmeier's work and linked to the question of who could be considered a Volksdeutscher in Alsace.[759] This aim in determining the difference between German and Alsatian, in part through their supposed succeptibility to nervous and psychiatric disorders, was the motive behind conducting this thesis.

Will noted that the majority of patients were those from the Strasbourg area, while there were significantly less patients coming from Baden and areas east of the Rhine. His work illustrated that Alsatian children were more prone to nervous disorders than their German counterparts. The issues of heritability of psychiatric illness, and the different forms of idiocy are examined extensively. Will also noted the importance of proper care in the prevention of non-heritable nervous illnesses, such as those caused by traumatic birth injuries which accounted for 26 admissions.[760] The highest rate of admission was a result of scarlet fever (308 patients), dyspepsia (241 patients), and diphtheria (216 patients), however Will does illustrate every cause for admission and its' prevalence.[761] His research references two notable researchers during the Nazi era; Otmar Freiherr von Verschuer in the Kaiser Wilhelm Institute for Anthropology and August Bostroem in Strasbourg, showing what materials and references were deemed appropriate and were taught to students at the time.[762] Dr Hofmeier's interests are reflected in the question raised by Will regarding the hereditary constitution of children affecting their

[759] Ibid: 6. See also, Kurt Hofmeier, 'Über die erbliche Bedingheit infektiöser Erkrankungen des Nervensystems,' *Monatsschrift für Kinderheilkunde*, 75 (1938). For a list of Hofmeier's publications, many of which address heredity and nerve disorders, consult Appendix 14.
[760] Ibid: 45.
[761] Ibid: 3.
[762] Hans Walter Schmuhl *Grenzüberschreitungen : das Kaiser-Wilhelm-Institut für Anthropologie, menschliche Erblehre und Eugenik 1927-1945* Göttingen: Wallstein-Verlag (2005): 68.

susceptibility to illnesses.[763] He concluded that while heredity played a large role in the development of diseases and constitution of a child, not all of the factors that influence this could be quantified. Will noted that the social issues of children in Alsace appeared to have a large influence on their health, while most children had a "hereditary inferiority" which disposed them to such an illness.[764] This further reflects the concerns with integration of the occupied population into the German 'Volk' and determinants of nationality, particularly in the case of Alsatian chilren. His work appears to be mostly theoretical in approach and in practice. This research can be considered literature research on human statistics, as it did not directly involve human subjects, but rather the use of their data. However, given that Will correlated constitution and health to heredity and German national identity, this can also be considered Nazi research as it has eugenic undertones that references prominent Nazi eugenicists, such as Verschuer. Will's thesis therefore partakes in the medical justification of annexation and integration of the Alsatian population in terms of hereditary 'worth'.

Werner Hesseling completed his thesis in 1944 on statistical analysis of death rates in the children's clinic of the Reichsuniversität Straßburg. As this study was the most complete of many statistical studies completed as a thesis, this case was examined in more detail. Entitled *Sterblichkeit und Todesursachen an der Straßburger Universitäts Kinderklinik in der Zeit vom 1 Januar 1941 bis 31 Dezember 1942,* admissions' statistics were listed for the paediatric clinic in this thesis; an invaluable source as the primary administrative records for the clinic have not yet been found. This thesis takes a similarly statistical overview to that of Hellmuth Will. The statistical information in Hesseling's thesis is a compilation from the case histories of the

[763] AFMS. Hellmuth Will, 'Auftreten von Nervenerkrankungen Bei Kindern Im Zugangsgebiet Der Universitätskinderklinik Strassburg (Diss. Med.)' (1943): 9.
[764] Ibid, 7.

University Children's Clinic Strasbourg and in the period being studied by Hesseling, in which 4,660 patients were admitted, of whom 345 died.[765] Statistics from this thesis indicate a rather large paediatric department as part of the hospital which shows how prominent the department was and how much research would have been undertaken there. It illustrates a cause for each of the 345 deaths, with premature births (71), diphtheria (43) and meningitis (30) accounting for the three most prominent causes of infant mortality, although each cause is listed in detail.[766] Hesseling acknowledged a critical period in infant mortality as 22.5% of all deaths happened in the first 14 days of life, but deaths reduced after an infant reached 14 days old.[767] He also noted the prominence of common illnesses, including those deemed contagious such as diphtheria, tuberculosis, pneumonia, among other illnesses. Hesseling specified that older women, and those who were ill, had a higher chance of delivering prematurely, which was the largest cause of death in infants. He also predicted that low birth weight signified a greater risk of death in newborns, but prenatal classes and maternal education could improve infant mortality rates.[768]

Breastfeeding was also considered to be a significant benefit which reduces the death rate, but Hessling noted that up to 10% of women in Strasbourg did not breastfeed which contributed to the higher death rate.[769] Interest in nutrition and breastfeeding especially in infancy was shared by many researchers at the time, including Professor Hofmeier who published extensively on the topic. This interest in nutrition research correlates to one of the core elements of Nazi research as outlined in the Giessen workshop, but as it concerns literature

[765] AFMS. Werner Hesseling, 'Sterblichkeit und Todesursachen an der Straßburger Universitätskinderklinik vom 1.1.1941 bis 31.12.1942 (Diss. med.) ' (1944): 4.
[766] Ibid, 4.
[767] Ibid, 5.
[768] Margaret Andersen, 'Kinderreicher Familien or familles nombreuses? French pronatalism in Alsace,': 63-81.
[769] AFMS. Werner Hesseling, 'Sterblichkeit und Todesursachen an der Straßburger Universitätskinderklinik vom 1.1.1941 bis 31.12.1942 (Diss. med.)' (1944): 14.

research on the statistics of patients, rather than involving human research subjects, it can be considered non-invasive. It is possible that the conclusions Hessling came to in his thesis were heavily influenced by his supervisor, Hofmeier. Hessling noted that multiple births were significantly riskier as they had a higher mortality rate both for the mother and the baby. Issues of illegitimacy are also discussed in this thesis as Hesseling noted that illegitimate children were more susceptible to disease and had a higher infant mortality rate.[770] While this thesis does not address individual cases as most of the other theses do, it provides a valuable insight to concerns present in the paediatric department at the time, particularly reflecting concerns of his supervisor. Explaining the statistics of infant mortality rates and efforts to decrease that rate was a significant concern of the era, involving the introduction of vaccinations and treatments for contagious diseases, and this is reflected in Hesseling's thesis.[771] It appears that an overall statistical analysis, and the influence of 'illegitimacy' on illness in Strasbourg was the intention behind conducting this thesis, possibly with the intention of further incorporating the occupied population into the German 'Volk'.

Such statistical data helped to explain neonatal illnesses both on a large scale (for example, statistics for a country and region), but also for individual hospitals as is evidenced in this thesis. For historical analysis, it illustrates the most common illnesses and issues of concern for the hospital. It is not clear how this data was used, as it does not appear to have been published. It is possible that the data was utilised for administration statistics regarding patient bed availability and segregation of contagious diseases, as archival records reflect a significant

[770] Ibid: 19.
[771] AFMS. Werner Hesseling, 'Sterblichkeit und Todesursachen an der Straßburger Universitätskinderklinik vom 1.1.1941 bis 31.12.1942 (Diss. med.)' (1944): 5.

concern with bed availability in the clinic.[772] There also appears to have been no informed consent given for the use of this statistical material from patients, nor is there any indication as to the grade received for this work.

Gerhard Brenneke's thesis entitled *Beitrag zur Kenntnis der neuropsychasthenischen Diathese* was completed in 1944 and elaborated upon the constitutional predisposition of children to illnesses, as previously researched by his supervisor, Professor Hofmeier. He based his study on 94 families of patients with encephalitis that were studied by Dr Jensch in the psychiatric clinic of the university hospital.[773] Brenneke noted that 75% of these patients were more likely to develop a nervous disorder, thus showing that he believed there to be a hereditary constitutional disposition to developing nervous disorders.[774] He also mentioned a study conducted by Hofmeier and Dinckler (a former co-author of Hofmeier) on monozygotic twins where both twins had poliomyelitis, for which he determined a hereditary disposition to the illness being the cause of this trend.[775] Brenneke conducted his own generational study of pneumonia as a possible hereditary disposition to this illness, including many heredity tables at the back of the thesis. This thesis illustrates the contemporary interest and search for heritable factors in developing illnesses. As this thesis involved the use of data on numerous patients, it can be classified as "literary" research as it concerned patient records rather than experimenting on humans. Therefore, it is also considered non-invasive, yet there appears to be no indication of informed consent in using the data of these patients. There is no record concerning the grade received for this work, or indeed its reception outside the university as no indication as to its

[772] AVES. 7AH47. Direction Generale Kriegsmassnahmen Bergung und rückführung aus den bergungsgebieten.
[773] AFMS. Gerhard Brenneke, 'Beitrag Zur Kenntnis Der Neuro-Psychasthenischen Diathese (Diss. Med.)' (1944): 8.
[774] Ibid: 6.
[775] Ibid: 6.

publication has been found. This research falls into the categorisation of Nazi medical research as it is primarily concerned with proving a hereditary disposition for mental illness. It also appears that this thesis was intended to show an increased hereditary dispositon to psychiatric disorders in the local population.

Hans Kazmarek's thesis entitled *Über das Auftreten von Allgemein Verbreiteten Emphysem im Gefolge von Erkrankungen des Respirationstraktes im Kindesalter* was completed in 1944 and addressed cases of children who had developed emphysema following a respiratory disease. His first case study involved 5 year old George J., who was admitted in November 1943 to the children's clinic with a fever and bronchitis.[776] The child was in good general condition, having developed well with the exception of delayed speech. His family were described as healthy, but it stated that information on his 'Sippe' was not available which illustrates a possible search for hereditary causes of emphysema. The thesis described the way George was fed as an infant, illustrating the links between nutrition and illness that were being investigated in this era.[777] This focus on nutrition and illness was also highlighted in Werner Hesseling's thesis, illustrating that Hofmeier's interest on the link between nutrition and infant mortality was taught at the clinic. George was exclusively breastfed up to the age of three months, and was still given cow's milk at the time of admission to hospital. This concern with nutrition falls into the categorisation of Nazi medical research as outlined in the Giessen workshop, and no indication as to the informed consent of the underage patient or their guardian is shown. The second case was that of 2 year old Frieda H., who was admitted as her parents thought she had the mumps as she struggled to breathe and was very sleepy.[778] Her general health was considered good, as her

[776] AFMS. Heinz Kazmarek, 'Über Das Auftreten von Allgemein Verbreitetem Emphysem Im Gefolge von Erkrankungen des Respirationstraktes im Kindesalters (Diss. Med.)' (1944): 3.
[777] Ibid: 3.
[778] Ibid: 6.

family history and 'Sippe' noted that she was free of any hereditary disease. The concern with hereditary disposition to illness was common in this era, but the inclusion of a Sippentafel is an indication that this research was part of Nazi medical research rather than 'normal' medical research, and indeed intended to discern the 'racial' characteristics of the local population.[779] The issue of nutrition also arose in this case, because it was noted that the child was exclusively breastfed for the first three months. It was also noted that she had bronchopneumonia and pneumothorax in her left lung following diagnostic X-rays which were included in the thesis.[780] The conclusion of the study notes that emphysema was more common in children that experienced birth trauma and who subsequently got bronchopneumonia.[781] There is no record for what grade was received for this research, nor is there an indication of attempts to publish this study, so it is unknown how this work was received contemporarily.

Christel von der Decken's thesis *Über gutartige sympathische Neuroblastome mit histologisch sarkomartigen Bildern* was completed in 1945 and illustrated the normal collaborative nature of research in the Reichsuniversität Straßburg. This thesis was chosen due to its documentation of transfers between clinics in the hospital, and the innovative techniques used in treating the patient. Von der Decken's work illustrated treatment options for an aggressive form of cancer through examining one case study in detail. The thesis addresses a particular type of childhood cancer, multiple sympathetic neuroblastoma, looking at a case study of Gaby S. aged 10 months in the children's clinic.[782] This thesis focused on Gaby's treatment and prognosis with this cancer that generally resulted in death within one year. It was noted that the family was

[779] Paul Weindling, *Victims and Survivors of Nazi Human Experiments: Science and Suffering in the Holocaust.*: 26.
[780] AFMS. Heinz Kazmarek, 'Über Das Auftreten von Allgemein Verbreitetem Emphysem Im Gefolge von Erkrankungen des Respirationstraktes im Kindesalters (Diss. Med.)' (1944): 9.
[781] Ibid: 25.
[782] AFMS. Christel von der Decken, 'Über Gutartige Sympathische Neuroblastome Mit Histologisch Sarkomartigen Bildern (Diss. Med.)' (1945): 5.

generally healthy, while the child had a healthy birth and upbringing, and was teething, showed no signs of rickets and was beginning to walk. The child's mother brought her daughter for examination due to the hard lumps in Gaby's abdomen, but then found another lump on her back. Gaby was examined thoroughly and completed blood and urine tests, before going for a double excision surgery in November.[783] The lump was sent for pathological examination, and Dr Klinge wrote that the tumour was a sarcoma, but was strangely formed with oval cells that were growing into the adjacent muscle.[784] A second tumour was removed a month later from the left thigh that was twice the size of the previous tumour. In May 1942, the child returned for a check-up showing no new tumours and was in good health with general development progressing as normal; suggesting how follow up care was provided but does not illustrate to what extent this follow up care was provided to all patients. The issue of nutrition was also raised in the examination of this child, illustrating how concerns about development and diet were linked in the paediatric department as a result of contemporary research.[785]

In Hofmeier's publications, he noted how important vitamins, minerals and proper nutrition are to the prevention of disease and to normal childhood development, so it is possible such examination of the patient was prompted by the influence of the thesis supervisor. This concern with nutrition and childhood health was quite a prominent one for the era and featured in a significant amount of research both in the Reichsuniversität Straßburg and internationally. This concern with nutrition research is also part of the Gießen workshop areas that were particular to Nazi research. There appears to be no explicit informed consent in this case, which was necessary given that it was invasive human research. However, given the therapeutic benefit for

[783] Ibid: 7.
[784] Ibid: 7.
[785] Ibid: 5.

the patient, such research can be classified as 'normal research.' It was noted that while the child had a very poor prognosis of survival at the outset, further observation continued after her release for 6 months in which she showed no signs of illness or debility.[786] The eager nature to treat such a seemingly hopeless case is notable, although it is not evident if such an approach was undertaken regularly. The aim of this thesis then can be seen as an attempt to expand therapies offered to children in the clinic through a single case study to prove this theoretical concept.

Wolfgang Wendels thesis entitled *Zwei Fälle von jugendlicher Poikilodermie im lothringischen Inzuchtgebiet Rimlingen* addressed the diagnosis of poikiloderma, a hypopigmentation disorder of the skin, which can develop over time or can be congenital in nature. Therefore, there was a significant interest in researching this illness in children to determine a hereditary cause. This thesis was jointly supervised by Professor Hofmeier, Professor Hirt and Dr Achelis from Heidelberg. This study began in Strasbourg, under the supervision of Professor Hofmeier with research subjects at the children's clinic. However, it was finished in 1945; therefore, supervision and institutional affiliation change from Strasbourg to the Ruprecht Karl Universität in Heidelberg with Dr Achelis as the co-supervisor. This illustrates how research and study continued following the evacuation of the Reichsuniversität Straßburg, and indeed indicates how this thesis could then be adopted in Heidelberg due to the broad interest of the research topic.[787] Wendel's thesis draws heavily on previous research, but he focused on the congenital presentation of the illness from birth. He quoted the unique histological markers of the illness, but it appears that this analysis is not from his own primary

[786] Ibid: 14.
[787] For further information on the evacuation of the Reichsuniversität Straßburg and how medical students continued their studies, consult chapter 7 on Postwar.

histological analysis, but established through pre-existing research.[788] Wendel tried to draw links between illnesses, noting how previous cases examined by doctors concluded that there was a link between poikiloderma and syndactyly as well as malformations of the ear as established through analysis of research in Kings College London.[789] Wendel noted that the current best practice for treatment was vitamin C and could possibly be due to abnormal endocrine function. In the congenital form of poikiloderma, Wendel noted that Thompson had researched differences in bone development of children with the condition through X-ray analysis. Two cases of poikiloderma had been examined in the Reichsuniversität Straßburg children's clinic by Hofmeier and Wendel.

The first case noted in his study was of a five year old girl, named Henriette H., whose parents had brought her to the hospital on 17 July 1942 where she was diagnosed with poikiloderma.[790] Her parents detailed that the child's grandparents, in Lorraine, had a similar skin condition, illustrating a familial link in the development of the illness. It appears that a non-hereditary cause of the illness is also examined as it was noted that the child's home environment was very clean and airy, with no contaminants present.[791] The child was admitted to hospital for observation, where her general condition was noted to be very healthy, meeting all of the normal developmental milestones. She was sent to the dermatological clinic to be seen by Professor Leipold where he confirmed the diagnosis and excised a calcified section of skin.[792] He advised the best treatment to the parents to be dietary considerations for improving endocrine function, as

[788] AFMS. Wolfgang Wendel, 'Zwei Fälle von jugendlicher Poikilodermie im lothringischen Inzuchtgebiet Rimlingen (Diss. med)' (1945): 4.
[789] Ibid: 12. Referring to M Sydney Thomson, 'Poikiloderma Congenitale' *British Journal of Dermatology* 48 (1936): 221-234.
[790] Ibid: 15.
[791] Ibid: 25.
[792] Ibid: 26.

well as topical treatments with a salicylic solution. He also noted that there were no bone abnormalities as of yet, but continued check-ups were recommended to ensure her proper development. On discussion with Professor Hofmeier at the children's clinic, it was noted that a second case of a child from the same area was admitted to the clinic. Hofmeier noted the influence of environment on the development of illness as,

> The author therefore went on behalf of Prof Hofmeier to the place and ascertained that the location Rimlingen in Lorraine is an area of consanguinity of the greatest extent[793]

illustrating that the condition may be as a result of 'inbreeding' leading to an increased prevalence of this otherwise rare congenital illness.[794] This seems to be the motivation behind conducting this thesis, to ascertain if the local population's supposed 'inbreeding' had impacted their health, and if this could then determine who could be incorporated into the 'Volk'. The second case was that of Paulette H. who was admitted to the children's clinic and also appeared otherwise to be a healthy child.[795] Her family was healthy, and she also did not present with any abnormal bone development. A comparative analysis of the two children concluded with a note stating that it would be recommended to follow both girls to adolescence to determine if there would be any dysmenorrhea or gynaecological problems associated with the condition at the onset of puberty.[796] The thesis followed the comparative analysis of the children, wherein a Sippentafel of both of their families was constructed, noting that they had the same ancestors and considerable consanguinity.[797] As such, his thesis came to the conclusion that there was a

[793] Ibid: 29.
Original quote: 'Verfasser begab sich deshalb im Auftrage von Prof Hofmeier an Ort uns Stelle und machte dort die festellung, dass der ort Rimlingen in Lothringen ein Inzuchtgebiet grossten ausmasses ist. '
[794] Ibid: 29.
[795] Ibid: 29.
[796] Ibid: 33.
[797] Ibid: 35.

recessive gene for poikiloderma, on the x chromosome and it therefore affected primarily females. Due to this hereditary link, Wendel noted that he could not confirm if the illness was due to a reduced endocrine function.[798] Wendel finished his thesis by thanking Hofmeier for his help and supervision, and noted that the inclusion of photographs was prevented due to conditions of the war.[799] This note of the effect of the war on the production of a student's thesis is notable as this does not occur in other theses of the paediatric department. Wendel's thesis includes human research on young patients, without apparent informed consent. It is not evident that this treatment was invasive, as it does not appear that the student himself treated the patient, and the only indication as to treatment is topical ointment. This research can be categorised as Nazi medical research given that it is heavily focused on heredity, consanguinity and the Sippentafel. There is no record of the grade received for this research, nor any evidence of publication of this thesis so there is no indication as to the reception of this thesis following its completion. This concern with hormone research and its influence in causing disease follows both Hofmeier's research into nutrition and hormones, but also contemporary research which focused on underlying causes as well as treatment of illnesses.[800] This type of research was also classified as a core component of Nazi medical research in the Giessen workshop.

The theses conducted under the direction of Professor Hofmeier all exhibit elements of the influence of his publications on their research. Kazmarek, Hesseling, detail the influence of nutrition on childhood illnesses. Will, Hesseling, Christel von der Decken, Brenneke, Wendel and Gawantka focus on heredity, while Dahms and Rosemarie von der Decken concern themselves with twin studies. Indeed, issues such as adoption, constitution research, and infant

[798] Ibid: 35.
[799] Ibid: 39.
[800] Ibid: 14.

mortality were directly related to Hofmeier's publications. The following section details case studies of theses that, although they were not directly conducted in the childrens' clinic, display similar focus on paediatrics and involve research on children.

(vi) Case Studies of Theses Conducted with Paediatric Patients as Research Subjects

Several students developed their research and thesis topic under a different supervisor but carried out research on children. Therefore, while Dr Hofmeier was not necessarily involved in the supervision of these theses, they included research concerning paediatric care. Some of these were conducted within the children's clinic in Strasbourg, while others focused on the children of Strasbourg and the surrounding area. Edith Schneiders' 1944 thesis entitled *Fingerleistenuntersuchungen bei Straßburger Schulkindern* was supervised by Professor Lehmann of the racial biology institute but conducted research on Strasbourg school children.[801] This thesis compared Alsatian children and those of German descent through fingerprint analysis. The main argument of the thesis was that fingerprint analysis could be used to determine inherent criminality based on the unique whorl patterns.[802] Despite the unique nature of fingerprints, Schneider groups fingerprints in her thesis by "racial" characteristics to determine if Alsatian children were more disposed to criminal actions than German children: this was the aim of the thesis. 308 schoolchildren in Strasbourg aged six to eight years old were the basis for the study, which was a considerable quantity of the children in the city.[803] This research involved a significant amount of human research on underage research subjects with no apparent

[801] AFMS. Edith Schneider, 'Fingerleistenuntersuchungen Bei Strassburger Schulkindern (Diss. Med.)' (1944): front page.
[802] Ibid: 1.
[803] Ibid: 2.

indication as to the informed consent of their parents. While this research was non-invasive, it was heavily ideologically charged given that was focused on "race", criminality and biological determinism. Unlike most of the theses that have been presented, her findings are particularly unclear and do not provide a conclusion as to whether she believes Alsatians are more criminal based on their fingerprints. A similar study was conducted in 1943 by Dr Hans Fleischhacker for his habilitation, where he took the handprints of Jews in the Litzmannstadt ghetto to illustrate differences in "racial" biology; it is possible then that Fleischhacker's study inspired Schneider.[804] The thesis of Edith Schneider belongs to the field of Nazi medical research as it adheres to one of the core elements that classify this research, and that is a central eugenic component. The rationale of this thesis was that of trying to find ways to establish in a predictable biological measurement of criminality, and thus an indication for segregating who should be integrated into Germany and who should not in relation with the assimilation policies by Zivilverwaltung. It is unknown what use was made of this research as it appears to have remained unpublished, and there is no record stating what grade was received for this work.

Johanna Wehrung's thesis was completed in 1944, entitled *Erläuterungen zum Euthanasie Problem auf Grund einer Rückfrage bei Frauen.* This thesis was supervised by Dr von Neureiter (chair of legal medicine at the Reichsuniversität Straßburg), and was on the topic of euthanasia. This study did not include human research but concerned itself with literature research through conducting questionnaires.[805] The opinions expressed in this study are pertinent to the study of paediatric patients however, as these patients were vulnerable and unable to give consent for medical procedures, therefore medical opinions about their right to life particularly

[804] Jens Kolata et al., *In Fleischhackers Händen: Wissenschaft, Politik und das 20. Jahrhundert.* Tübingen: Museum der Universität Tübingen (2015): 19.
[805] For the full questionnaire from this thesis consult Appendix 9.

affected children.[806] This study was conducted on medical students at the Reichsuniversität Straßburg; as the university was founded under a profound Nazi ideology this influenced the manner in which medicine, and thus medical ethics was taught.[807] Therefore, looking at the ideas of students regarding the issue of euthanasia, and their power to end the lives of those in the multiple clinics of the hospital, including that of the children's clinic is an important one to consider. Wehrung initially detailed that the issue of eugenics was a very commonly discussed one in medical ethics for that era, and quoted extensively from the monograph by Binding and Hoche *die Freigabe der Vernichtung lebensunwerten Lebens.*[808] Wehrung explained that the issue of euthanasia was not simply that of medical ethics, but had very close ties to the religious affiliation of the person, as well as financial and social reasons.[809] The final two reasons illustrate why the elimination of life deemed 'unworthy' was in part an ideological concept, but also it was framed by the issue of 'wasting' money on those who could not in turn contribute financially to society.[810] Wehrung quoted from Binding and Hoche:

> Should permissable elimination of life be limited to suicide as it is in current law, or should it be legally extended to the killing of fellow humans, and to what degree? [811]

Wehrung distributed questionnaires to those of Reichsdeutsche descent and those of Alsatian descent. The questionnaires included particular situations in which one would answer

[806] AFMS. Johanna Wehrung, 'Erläuterungen zum Euthanasie-Problem aufgrund einer Rückfrage bei Frauen (Diss. med.)' (1944): 5.
[807] Marius Turda, *Modernism and Eugenics*, Basingstoke: Palgrave Macmillan, (2011): 2.
[808] Karl Binding and Alfred Hoche, *Die Freigabe der Vernichtung lebensunwerten Lebens, ihr Maß und ihre Form,* Leipzig: F. Meiner, (1920).
[809] AFMS. Johanna Wehrung, 'Erläuterungen zum Euthanasie-Problem aufgrund einer Rückfrage bei Frauen ': 19.
[810] Ibid: 19.
[811] Ibid: 1.
Original quote: 'Soll die unverbotene Lebensvernichtung, wie nach heutigem Recht, auf die Selbsttötung der Menschen beschränkt bleiben, oder soll sie eine gesetzliche Erweiterung auf Tötungen von Nebenmenschen erfahren und in welchem Umfange?'

whether euthanasia should be permitted in such an instance. It is important to note that there are ethical concerns about the questionnaires that have not been answered. It is not clear if the answers were anonymous, if there was pressure for respondents to answer in a certain way, or indeed if Wehrung was pressured by her supervisor to promote certain findings. Despite these concerns, given the large quantity of questionnaires distriuted and returned, these statistics are particularly interesting. 250 questionnaires were handed out, of which 150 were answered and returned. 88% of those questionnaires stated that euthanasia should be allowed in some circumstances.[812] 62% of those who answered states that the 'lebensunwerten lebens' should be eliminated by euthanasia.[813] Wehrung noted that similar surveys had been conducted by Karl Bacher, a fellow medical student, and Ewald Meltzer (a doctor in Saxony) who conducted a similar survey on patients parents and their views on euthanasia.[814] In this survey, 56% of people agreed with euthanasia in some form, while 22% of people answered that euthanasia should not be allowed in any circumstance.[815] In Wehrung's thesis conclusion, it was noted that those of Alsatian descent were more likely to agree with euthanasia, with only 10% of respondents stating that it should never be permitted, in comparison to 13% of Reichsdeutsche stating that it should never be permitted.[816]

While another medical student, Karl Bacher, conducted a similar study at the Reichsuniversität Straßburg, there is no comparative study to examine what the general population thought about this, beyond those who took part in this questionnaire which was presumably confined to the university. However, that this many people self-identifying as

[812] Ibid: 13.
[813] Ibid, 12.
[814] AFMS. Ewald Meltzer, *Das Problem der Abkürzung lebensunswerten Lebens*, Halle, (1925). Referenced in Johanna Wehrung, 'Erläuterungen zum Euthanasie-Problem aufgrund einer Rückfrage bei Frauen,' 2.
[815] AFMS. Johanna Wehrung, 'Erläuterungen zum Euthanasie-Problem aufgrund einer Rückfrage bei Frauen', 10.
[816] Ibid, 15.

Alsatian agreed with euthanasia in certain circumstances illustrates just how prevalent the ideological concept of the 'worth' of a person had infiltrated Strasbourg, and possibly the greater Alsace region. It is unclear what the intention behind this study was, as T4 ended in 1941 and it is clear these policies were not introduced in Alsace. It is possible that this study was conducted with the intention of gaugeing medical students' opinions on how to treat those with illnesses such as Downs syndrome. These theses were also influenced by the research of their supervisors, so this may also have led to the choice to conduct this study. Despite the non-invasive nature of this study, it can be considered Nazi research as it is primarily concerned with eugenics and the willingness of doctors to implement various means to eliminate those considered 'unworthy of life.' It also has particular relevance for the children's clinic, as many children were admitted to the clinic with illnesses such as Littles disease and Downs syndrome, that under the *Gesetz für Verhütung erbkranken Nachwuchses* should be registered and euthanised. Even the nurses in the children's clinic were expected to be aware of this, and their duty was to report these cases.[817] There is no evidence that these children were actually registered, which begs the question why medical practitioners in the children's clinic did not do so, especially considering this questionnaire illustrates they adhered to the ideology that some children were not worthy of life. This perception of eugenics, however, was not unique to Nazi ideology.

(vii) Conclusion

A significant number of theses completed in the paediatric department broadly addressed

[817] ADBR. 126AL77 A. Richtlinien für Säuglingsschwestern in der nachgehenden Säuglingsfürsorge, in Ordnung des Saüglings und Kinderpflege berufs im Elsass.

the issue of heredity, illness, nutrition, and environmental influences on childhood development as they were standard research questions of the era. Sheffer notes that twin studies were a central part of Nazi research as it highlighted biological determinism and the influence of environment on one's health which was a core principle of eugenics.[818] This especially is influenced in the study of Dahms' in which twins are studied, one of whom has poliomyelitis while the other remained healthy. A number of theses also reflect the research interests of their supervisor, Professor Hofmeier, as was often mentioned throughout. The study of theses from the Reichsuniversität Straßburg can illustrate how departments cooperated with one another to produce research material but can also allude to what normal research was at the time in comparison to other universities. The interest in heredity, nutrition and other topics were of contemporary general interest, following the discovery of a link between nutrition, genetics and mental development. This was especially prominent following the 1934 discovery of phenylketonuria which causes intellectual disability as a result of an excess of phenylalanine in the system, and can be treated with dietary changes.[819] In cases such as pathological and anatomical examinations numbers referred to in the theses can lead to a specimen record. In the paediatric department, it is evident that the students who submitted theses followed normal research interests that were prominent at the time, and also the interests of their supervisor, Proffessor Hofmeier. Some of this research has had a lasting impact on research, such as issues of infant mortality and the evaluation of infectious diseases and rare diseases.

The Reichsuniversität Straßburg is a difficult example to contextualise in comparison to other universities of the era in relation to how much research was done, and how many theses

[818] Edith Sheffer, *Asperger's Children: The Origins of Autism in Nazi Vienna*: 96.
[819] Susan Lindee, *Moments of Truth in Genetic Medicine,* Baltimore, Md.: The Johns Hopkins University Press, (2008): 40.

were produced by its students as the short period that this university was operational (1941-1944) does not take into account the era before or after the war. Given the vastly different ideology that influenced the university at this time, it cannot be said that the French university before the war and the German university during the war are comparable.[820] The research conducted in the Reichsuniversität Straßburg was not what is popularly termed 'pseudoscience' .[821] Research done in these institutions under Nazi leadership during the Second World War did seem to reflect international research interests and concerns of the time. Research done both by students and by professors during this era played an important role in science in the post war era and was quite well regarded long after the Nazi era. This was evidenced by Rosemarie von der Decken as her research was considered to be one of the core studies on Hans Schuller Christian syndrome well into the 1960s and was cited in Forssman and Rudberg's study as well as being published during the Second World War. Of course, there was some research that can be considered to be of little scientific value being too weighted by Nazi ideology to be considered of a high scientific and objective standard, an example is that of Helmuth Wills' thesis. However, this very strongly ideological scientific work is in the minority of theses, both in Strasbourg and in other universities of the time.

Issues such as the prevalence of human research and experimental research within the theses completed by students must be addressed by scholars. During the workshop in Gießen it became evident that classification is a concern regarding human research and experimental research. Questions arose during this workshop as to what can be considered human research and

[820] Tania Elias, 'La création de la "Reichsuniversität" de Strasbourg en Alsace annexée (1941): conflits de compétences et rivalités universitaires entre Strasbourg et Berlin', in *Deutsch-französische Besatzungsbeziehungen im 20. Jahrhundert*, ed. Frank Engehausen, Marie Muschalek, and Wolfgang Zimmermann. Stuttgart: Kohlhammer, (2018):153–68.
[821] Christian Bonah and Florian Schmaltz, 'The Reception of the Nuremberg Code and Its Impact on Medical Ethics in France: 1947–1954,': 199–202.

experimental research that can be applied as a standard across universities. Such a standard has not yet been specified, but it is evident that experimental research can be considered research that was not confirmed to have any therapeutic benefit for the patient on which the treatment was practiced. Human research was a more complex term to define, as most theses involve human research to some extent, whether that is the use of their patient data or with actual experimentation on the patients for clinical research purposes. Given these two parallel conclusions, it can be said that there was both human research and experimental research conducted both on children and in general in the medical faculty of the Reichsuniversität Straßburg.

Chapter Five: The Practice of Pathology in the Reichsuniversität Straßburg concerning Paediatric Patients and Extant Medical Specimens

> Progress and knowledge in medicine depend on the performance of complex experiments - and many of these experiments need to be done on humans in the case of... clinical pathology… and many other issues. The need to conduct experiments on human beings has increased greatly, partly because scientists are reaching the limit of what is possible to study in laboratory animals and partly because when the questions investigated become more complex, it becomes increasingly important to take into consideration the differences between animals and humans.[822]

(i) Background

In the previous chapter, the medical research of students in the Reichsuniversität Straßburg was outlined as students work comprised a considerable amount of the research conducted at the Reichsuniversität Straßburg. Many of the students referenced and thanked the pathology department in their theses for providing access to histological material and specimens. The pathology department provided the materials for a significant amount of this research and the completion of student theses. Pathology was also central to routine medical examinations and clinical practice in other departments. Clinical autopsies in pathology were particularly important in determining the cause of death.[823] Throughout this thesis, the children's clinic, psychiatric clinic, and medical theses material can be traced to pathology; in the instance of an indeterminate cause of death, these clinics would send bodies to the pathology department for differential diagnosis through autopsy, where their suspicions could be proven or disproven.[824]

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[822] Ludwik Fleck, 'On Medical Experiments on Human Beings,' translated by Ilana Lowy in *Science, Technology, & Human Values,* 2016, Vol. 41(3): 534-546.
[823] Martin Mattulat and Andreas Frewer, 'Pathologie, Politik und Moral: Georg B. Gruber als Medizinethiker und die Zustimmung zur Sektion,' *Ethik in der Medizin*, 18, 3 (2006): 238-250 .
[824] ADHVS Psych. Cases such as Herbert H. (case number KN27/420) and Melitta S. (case number K27/873) indicate the importance of determining the cause of death for parents through routine autopsy; consult psychiatric chapter for further details on their individual cases.

This research was initially focused exclusively on paediatric patients in the paediatric clinic. Given the initial lack of sources on paediatrics, pathology record books were perused to give a general feeling of how a clinic functioned. Following this reading of the patient records and pathology clinic administration, a familiarity with the numerical ordering of patient information was honed. However, in October 2018, when helping a colleague find pathology slide preparations and paraffin blocks in the attic concerning syphilis treatment, an unexpected discovery was made.[825] While searching the attic, specimens in jars that were from the Reichsuniversität Straßburg era were found.

Figure 6.1.: Image taken on 1 October 2018 on the discovery of a number of specimens from the Reichsuniversität Straßburg era.

[825] While slide preparations from the pathology institute from the era of the Reichsuniversität Straßburg were found, no paraffin block preparations were found from 1940-1944.

As the pathology collection was initially created in the 19th century and interwar period as a teaching collection, it was removed to the attic in the 1960s and it was initially believed to contain only material from this older teaching collection, and no material from the Nazi era.[826] The presence of specimens from Reichsuniversität era was confirmed through the pairing of patient case numbers in pathology records with the number listed on the specimen. A full explanation of the specimen collection, further context of Professor Klinge's research interests, and the adults represented in the pathology records are provided in the historical commission report.[827] What was most surprising was that a number of these specimens concerned children, and as this thesis focuses on paediatrics, they will remain the focus of this pathology section rather than the material concerning adults. This discovery sparked a series of questions that this chapter aims to answer. What patients did these specimens come from? How did they die and what were their diagnoses? Were these specimens used in teaching or research? It was evident that this discovery needed to be further analysed as it concerned children, many of whom must have come from the children's clinic. Were these children then requested by the pathology department for analysis and research, or did the paediatric clinic send their remains to the pathology department in order to confirm a diagnosis? This chapter will examine these specimens as well as their discovery, statistical analysis of pathology records, case studies of pathology records and specimens, and provide a historiographical background to pathology research in order to situate this research. The discovery, inventory, and process of identification of these specimens will be examined later in the chapter. A broader overview of the pathology

[826] For further information on the origins of the collection please consult Tricia Close Koenig, 'Histopathology Slides from Medical Research to Medical Practice in Interwar Strasbourg' *History and Philosophy of the Life Sciences* 35. 3 (2013): 341-361.
[827] Aisling Shalvey and Paul Weindling, ‚Pathology', in *Commission Historique Report 2021* (in press).

department, and the work that went on there that led to the creation of these specimens will be examined first.

(ii) Pathology Department at the Reichsuniversität Straßburg

The pathology department of the Reichsuniversität Straßburg was led by Friedrich (Fritz) Klinge. He received his doctorate of medicine in Berlin in 1922, and went on to work as the deputy prosector in the University of Basel. He then lectured in Leipzig, and in 1936 he joined the NS Dozentenbund and the NSDAP. Klinge joined the SA in 1933. In 1941 Klinge was appointed as a professor of pathology and director at two separate pathology institutes at the Reichsuniversität Straßburg; the pathological anatomical institute which conducted microscopic examinations and autopsies for the hospital, and the experimental pathology institute.[828] He refused to evacuate in November 1944, and was captured by the Allies and sent to a prisoner of war camp near Marseilles.[829] While detained there, he wrote *Der Sektionskurs und was dazu gehört auch zur Zusammenarbeit der Pathologen mit dem Arzt,* which was published in 1948 about his methods of teaching pathology during his time in Strasbourg.[830] Through the pathology record, it can also be ascertained who was involved in the clinic through autopsy and teaching. Some names are consistent throughout the record from 1942 to 1944, such as Professor Klinge, Dr Eickhoff and Dr Haible. Others were only hired later, such as the promotion of women to the role of prosector in 1943 including Fräulein Fritsch, Fräulein Stenglin, Fräulein Lochner and

[828] Aisling Shalvey and Paul Weindling, ‚Pathology', in *Commission Historique Report 2021* (in press).
Rainer Möhler, *Die Reichsuniversität Straßburg 1941-1944. Eine Nationalsozialistische Musteruniversität zwischen Wissenschaft, Volkstumspolitik, und Verbrechen.*: 573.
[829] Fritz Klinge, *Der Sektionskurs und was dazu gehört. Auch zur Zusammenarbeit des Pathologen mit dem Arzt* Stuttgart: Georg Thieme Verlag, (1948).
[830] Ibid.

Fräulein Biermann.[831] Their extensive involvement in autopsies is unusual given that they do not address themselves as doctor when they sign off on records, but solely as Fräulein. The identities of many of the staff of the pathology institute are currently unknown, with no indication of these women in the Vorlesungsverzeichnissen, but the inclusion of their signature and consistent involvement in autopsy could lead to later discoveries about their identity.[832]

The book *Der Sektionskurs und was dazu gehört auch zur Zusammenarbeit der Pathologen mit dem Arzt* is an invaluable source, not only for the personal history of the pathologist during the war era, but because it also outlines the exact practices in the pathology institute of the Reichsuniversität Straßburg. Klinge's book is quite short and was produced under difficult conditions of a prisoner of war camp, therefore self censorship of activities during the era of National Socialism may be a partial reason for the modesty of this work. Due to the book's creation in a prisoner of war camp managed by the US government, the illustrations contained in the work are rudimentary woodcuts created by an unknown artist.

[831] ADHVS Path. Reichsuniversität Straßburg Pathology Record Books 1943.
[832] No full record exists of personnel; in peace time, hospitals change staff and have temporary staff as standard, and the same is the case in Strasbourg especially in the case of transient staff. A full list of clinic directors and lecturers is available.

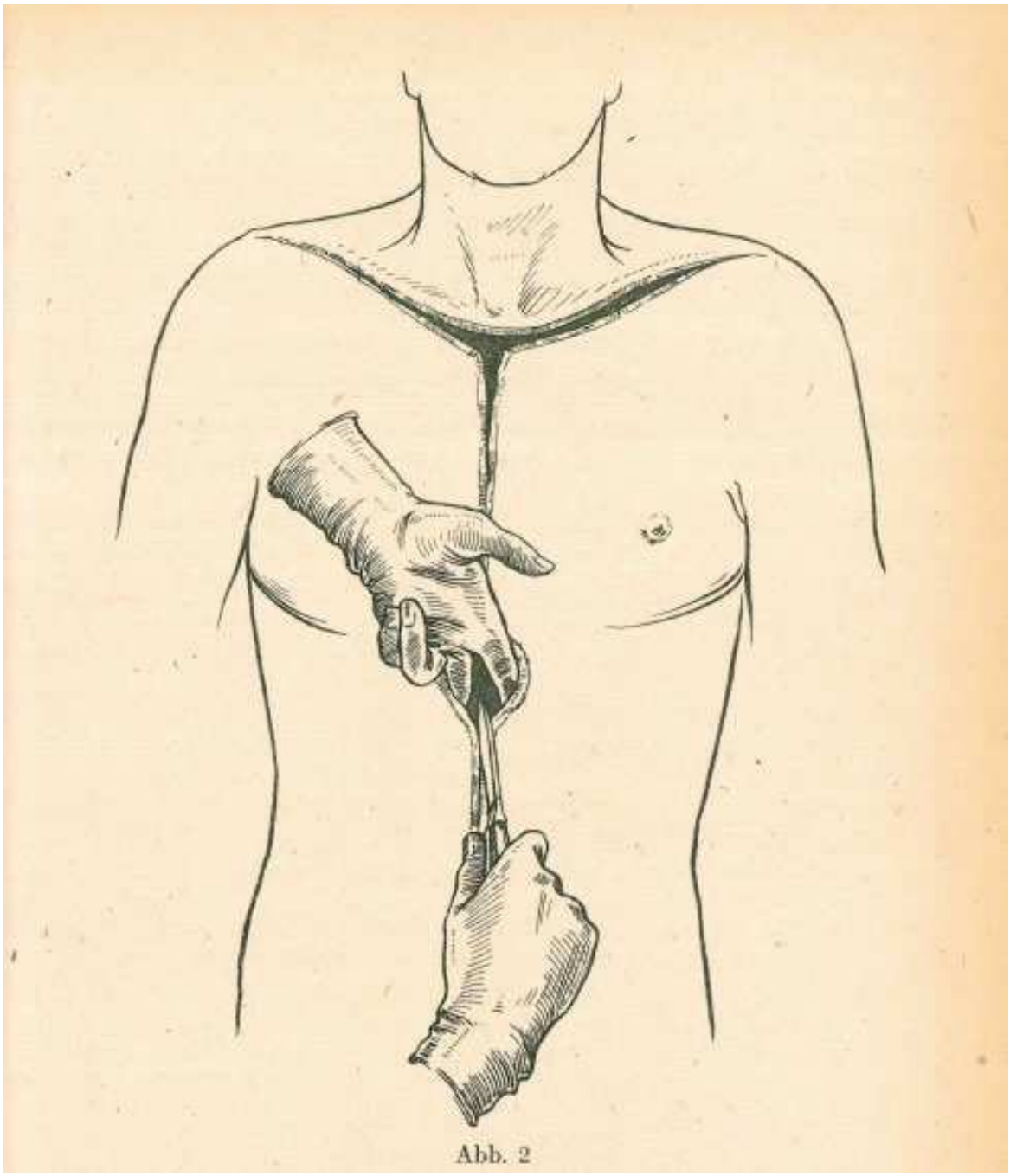

Figure 6.2: Woodcut illustration from Dr Klinge's *Der Sektionskurs und was dazu gehört auch zur Zusammenarbeit der Pathologen mit dem Arzt* (1948).

Klinge noted in the introduction that while he had been approached by a publisher to outline the methodology of an autopsy course in Strasbourg, he had to decline as the work in the clinic was

too great to undertake personal research or writing concurrently.[833] Most of Klinge's work in Strasbourg seems to have been dedicated to the education of students, routine autopsies and military pathology.[834] Klinge also stated that his choice to delay the publication gave him more time to acquire case studies and examples from his teaching and thus write the monograph. Klinge stated that students had to become very familiar with autopsy in many ways. They had to undergo theoretical instruction, as well as participate in at least two autopsies before their state exams. Furthermore, he stated that the students had to be engaged and enthusiastic to learn about specific organs which they would then examine themselves.

Most importantly for this study, Klinge noted that there was a considerable difference between the autopsy of children and adults, and he listed these different methods and considerations in his book. The investigation of stillborn children forms a considerable section of the monograph, as he described the test to determine if the infant was born alive or dead. Klinge noted that the lungs are removed and placed in water; if they floated, they inhaled air and thus the infant was born alive. If they sank then the lungs were dense and not aerated, proving that the infant never took a breath and was born dead.[835] This particular form of determining the stillbirth of a child is problematic, as Katherine Watson notes. In Britain in the nineteenth century, concerns about stillbirth were prominent in forensic pathology, and so this hydrostatic test was developed to indicate if the infant had taken a breath. However, aspiration of amniotic fluid in

[833] Fritz Klinge, *Der Sektionskurs und was dazu gehört. Auch zur Zusammenarbeit des Pathologen mit dem Arzt*: Vorwort.
Original quote: Darüber hinaus aber musste eine zusage in jedem falle nur um die Niederschrift alter und jedem Fachmann bekannter Arbeitsgänge handeln konnte die immerhin so zeitraubend gewesen wäre dass laufende eigene wissenschaftliche Untersuchungen hatten zurücktreten müssen.
[834] For further information on military pathology consult Aisling Shalvey and Paul Weindling, ‚Pathology', in *Commission Historique Report 2021* (in press).
[835] Fritz Klinge, *Der Sektionskurs und was dazu gehört. Auch zur Zusammenarbeit des Pathologen mit dem Arzt*: 98.

labour led to the test often being considered inconclusive.[836] This test, while frequently performed and recommended by Klinge, was not perfect as it did not account for the inhalation of meconium or amniotic fluid. Klinge detailed particular things to look for in determining the cause of death in infants, such as paying particular attention to the umbilical cord area to rule out umbilical sepsis, as in a case study of Alfred G.[837] Dissection of the placenta was also noted as an important aspect in case of stillbirth or death shortly after birth and so Klinge advocated for the preservation of this organ in paraffin. This particular technique and instruction was evident in the Karl I. case study.[838] Klinge paid attention to the colour and structure of the placenta and advocated a paraffin analysis to rule out possible spirochetes in the placenta that may have caused complications leading to death of the infant.

Klinge noted the difference in basic technique of autopsy on a child. He stated that with the removal of the breastbone in accessing the organs, below the age of three this bone has not fused so less force should be used to remove it in order to prevent damaging the organs.[839] Heart defects were also specifically mentioned as a frequent cause of death in infants in their first month of life that may not have been obvious in examinations of the patient during their life. Klinge also explained that some of the organs may be underdeveloped in children and noted particular differences in the thymus between adults and children. He gave in depth details on the removal or organs and the correct manner of preservation, listing paraffin and formalin as his preferred methods.[840] It seems that in detailing standard procedures, Klinge was trying to

[836] Katherine D. Watson, *Forensic Medicine in Western Society*, Oxon: Routledge Abingdon, (2011): 107.
[837] ADHVS Path. Case Number 176/43, Alfred G. Reichsuniversität Straßburg Pathology Record Book 1943.
[838] ADHVS Path. Case Number 1/41, Karl I. Reichsuniversität Straßburg Pathology Record Book 1942 (Entry from 1941).
[839] Fritz Klinge, *Der Sektionskurs und was dazu gehört. Auch zur Zusammenarbeit des Pathologen mit dem Arzt*: 40.
[840] Ibid: 22.

foreground that the processes employed in Strasbourg, on which the book is based, were routine practice and well organised.

(iii) Statistical Analysis of the Pathology Department

Autopsies can be analysed according to where corpses come from and what diagnoses they presented with. Through the analysis of the pathology record books, it was illustrated that a significant number of admissions came from the children's clinic.[841] The children's clinic is one of the highest recorded referral clinics in the pathology records. One potential reason for this, is that when children die it is a cause for investigation due to a potential epidemic or unknown cause. It may also be due to the sheer size of the children's clinic, taking up six buildings of the hospital and appeared to be one of the clinics with the most beds.[842] At maximum listed capacity, the childrens' clinic could accommodate 400 children in the clinic, with an estimated 5,000 patients per year.[843] Therefore, with such a large clinic, a comparatively large amount of those sent to the pathology lab would also be children, or would come from the children's clinic.[844] Tricia Close-Koenig has done extensive work on the pathology department prior to 1940, and so her work will be used as a base to measure the pathology department of the Reichsuniversität Straßburg. While a comparative statistical analysis of the French hospital prior to German

[841] See Table Number 1; 349 entries are children from various clinics, of these 299 entries are from the children's clinic.
[842] See Appendix Number 1; Map of Reichsuniversität Straßburg Hospital. Number 1 indicates the buildings that comprise the children's clinic.
[843] Refer to chapter one on staff at the childrens' clinic for further information on the increase in size of the childrens clinic.
[844] The number of patients per clinic is not known; numbers of patients vary widely in peace time and in war time, even the projected maximum number of patients can be exceeded in times of flu outbreaks for example. Furthermore, given the incomplete number of patient files, it is not possible to ascertain how many patients were actually treated in each clinic.

occupation is provided, it should be noted that such a comparison cannot entirely be made between wartime and peacetime pathology records.

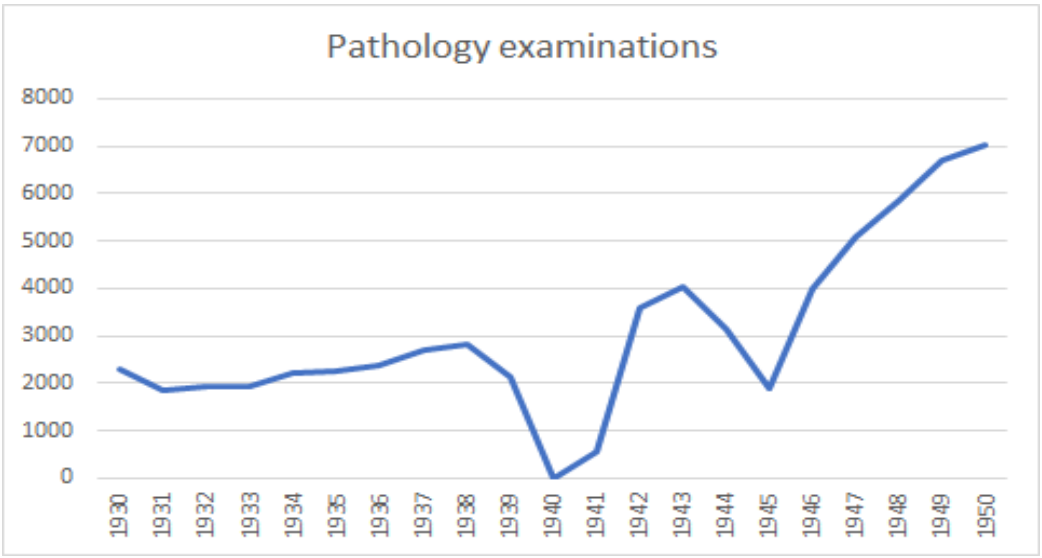

Figure 6.3.: Table illustrating the number of histopathology examinations recorded per year, including data before the war and after the Second World War for comparison. Data for before and after the war courtesy of Tricia Close Koenig.[845]

No records have been found from 1940, and so this is an anomaly in the graph illustrating the difference in pathology numbers from pre war and post war. As the clinics are evacuated to Clermont Ferrand, the institute is disrupted in its' functioning, but the records resume on 9 August 1941. As mentioned in the introduction of this work, this was a different era of the functioning of the hospital and so the records are different as the pathology institute was still closed. It must also be recognised that not necessarily all of the examinations took place on corpses from the university hospital, as a considerable amount of pathology involved live tissue samples for histological analysis. Especially in the pre-war era, the hospital pathology laboratories were a central point for tissue sample diagnostics for the region. This continued

[845] Tricia Close Koenig, *Betwixt and between: production and commodification of knowledge in a medical school pathological anatomy laboratory in Strasbourg (mid-19th century to 1939)*: 314.

during the war as many doctors from smaller practices in Alsace, Germany, and Baden sent samples to be examined in the pathology institute.[846] A further lack of clarity in pathology autopsy records makes statistical analysis difficult, such as people listing simply 'Med' when this could have meant Med 1 or Med 2, complicates matters.[847] The listing of Med 3 or Med C is a further question, as there is no third medical clinic listed in the Vorlesungsverzeichnissen except in 1943.[848]

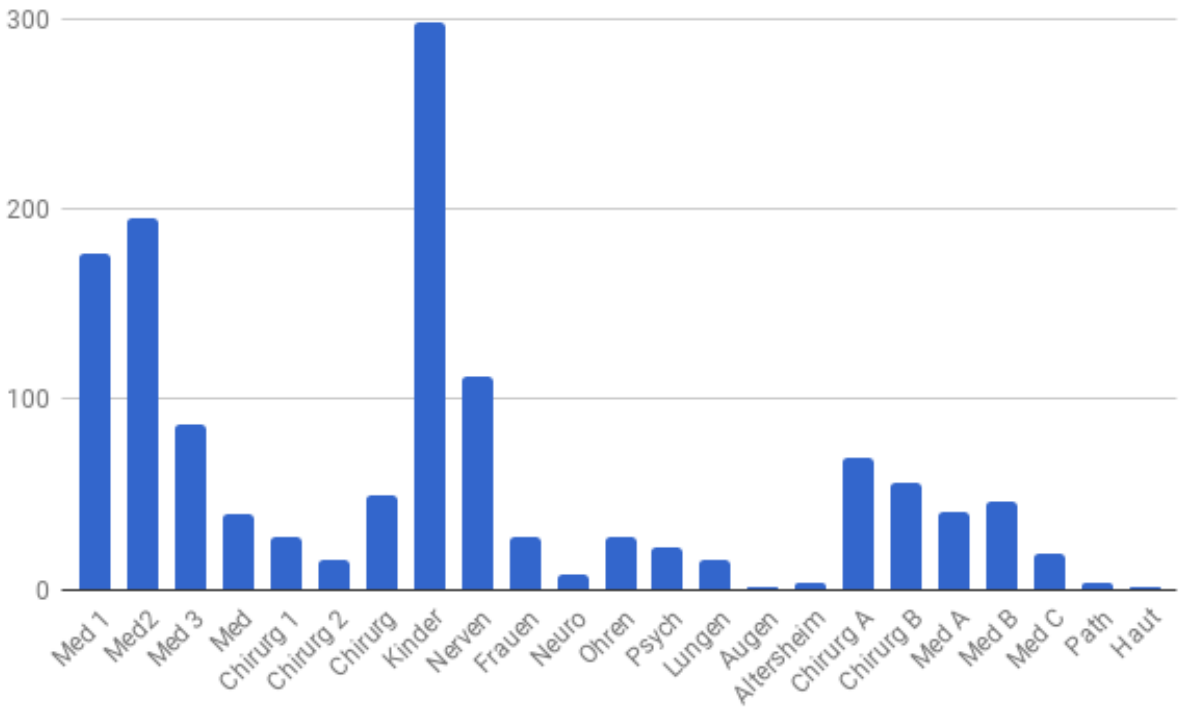

Figure 6.4.: Table illustrating the referral clinic for pathology autopsy records (1941-1944). There are some inconsistencies in the naming of referral clinics. ADHVS Path.

[846] ADHVS Path. Case Number 208/42, Kessler. Reichsuniversität Straßburg Pathology Record Books 1942, Referral Clinic Dr Weber, Schlosspl.
[847] ADHVS Path. Records indicate Med 1, Med A, Med 2, Med B, Med 3, Med C, Chir 1, Chir A, Chir 2 and Chir B. The former French system of alphabetic organisation of clinics rather than by number was clearly still in use, although less prevalent. For clarity, A and 1 have been combined, etc.
[848] *Reichsuniversität Straßburg Personal-und Vorlesungsverzeichnis,* Sommer-Semester 1943. Henitz Verlag: Straßburg, (1943): 36.

It must also be noted that while the majority of children (below the age of 18) came from the children's clinic for autopsy, many other paediatric patients originated in the psychiatric and neurological clinic, the surgical clinic and the general medical wards, among others. There were also a number of referrals for autopsy from individual doctors rather than named clinics, although these were less frequent. Following this apparent trend of a large number of paediatric patients being sent to the pathology institute for autopsies, an examination of what specific illnesses these children suffered from was compiled.[849] All records included in the pathology record books were read, analysed, and compiled into the table below. This displays common trends that one would expect from a hospital of this era; pneumonia, diphtheria and sepsis are the most dominant illnesses causing death in children. Pneumonia also appears in conjunction with other illnesses listed as the cause of death, therefore, it is not necessarily the sole cause of death in many cases. Paralysis and poliomyelitis are instances where clarification is difficult as the paralysis may have been poliomyelitis, but due to a lack of definitive diagnosis, the cause of death is listed simply as paralysis. It is possible that many of the paralysis cases were poliomyelitis, particularly as they appear to occur in mini-outbreaks rather than consistently throughout the pathology record. The main epidemic outbreaks were of meningitis in 1942, poliomyelitis and two outbreaks of diphtheria in 1943, and tuberculosis and diphtheria in 1944.[850] These outbreaks have not been further pinpointed to regions due to a lack of specificity in referral documentation. The ‘other’ column is also quite dominant, which includes issues such as erysipelas, pylorus spasmus and undefined fevers. These illnesses have been included in the ’other’ column as less than two cases were recorded in the pathology records. There are other cases wherein the cause of death cannot be determined definitively, and therefore these cases are

[849] ADHVS Path. Please consult appendix 9 for a full list of pathology diagnoses, categorised by year and volume.
[850] For full details of the deaths from these epidemic outbreaks consult appendix 9.

listed as unknown. However, in some of the records a cause of death is noted but with a question mark beside it, illustrating that the cause of death is not definitive - in this instance the cause of death is the assumed illness, and is not included in the unknown category.[851] Pathology autopsy records therefore provide a clue as to what children die of during the four years of German occupation.

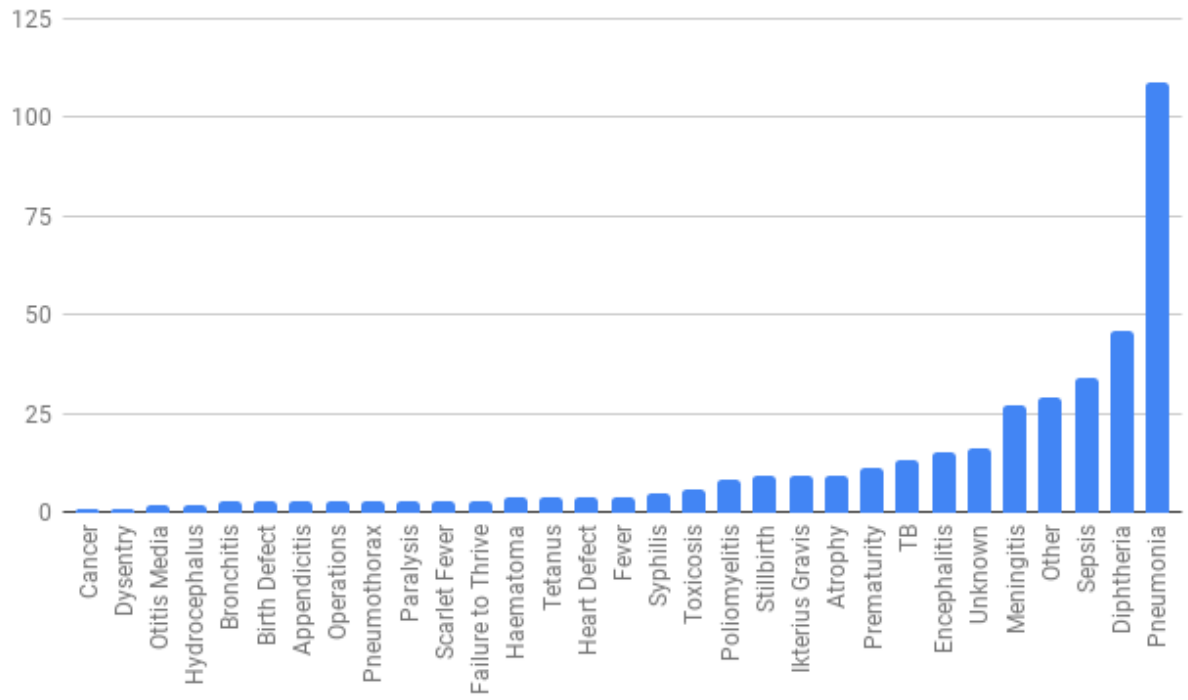

Figure 6.5.: Cause of death for all paediatric patients listed in pathology records. AHUS.

[851] ADHVS Path. Case Number 90/43, B. Gunther. Reichsuniversität Straßburg Pathology Record Book 1943; 'Toxische Ruhr (?)'.

(iv) The Study of Pathology in the Reichsuniversität Straßburg

The use of pathology autopsy for state exam material was commonplace both within the Reichsuniversität Straßburg and in other universities at the time as it was a required part of the curriculum.[852] It is interesting to note the change that occurs in the examination of students as the record progresses. Long pathology record books in the DHVS archive detail not only the cause of death, but also the notes on autopsy, including the students observations and findings, illustrating the process of student examinations. This material is not found in the short pathology books, which only record the cause of death. It appears that at the start of 1942, few students were completing state exams using pathology autopsies. Those who completed their state exams using pathology autopsies appeared to be assigned one student per one corpse, however they leave very little notes attached to the file so this number may have been higher. In 1944 there are up to three students who completed their state exams on one corpse, each including their own notes with the autopsy record.[853] They all follow the same format in their notation, listing the specimen number, the name and age of the corpse, as well as the general condition of the body before commencing the autopsy. Weights of organs were not always noted, but a request is made when particular organs are desired for autopsy. These organs are then examined extensively by the students, each making notes. The state exam records also indicate which doctor supervised this autopsy. Autopsy material that was provided for state exam included the victims of bombing, accidents and those who died in the hospital, as well as patients from external clinics such as Hagenau.

[852] Livia (formerly Cay Rüdiger) Prull, *Medizin am Toten oder am Lebenden?: Pathologie in Berlin und in London, 1900-1945.* Basel: Schwabe, (2003): 67.
[853] ADHVS Path. Case Number 100/44. Reichsuniversität Straßburg Pathology Record Book 1944, Medical State Examinations of Hermann Grandpierre, Max Holligardt, and Heinz Sander.

One such example of state exam autopsy with children is Erika W. who died aged 2 in the children's clinic.[854] The cause of death was meningitis with possible poliomyelitis although this diagnosis was questioned by an unknown doctor who marked the diagnosis with a question mark. Professor Klinge supervised the state examination of Hans Skenigans and Joseph Wfawer, both of whom included their full notes on the autopsy.[855] Each organ was weighed, and it was noted that the brain was particularly heavy at 1180 grams. They both noted that the corpse had a dilated heart, and confirm the diagnosis of meningitis.[856] A specimen was then sent to the Staatliche Medizinaluntersuchungsanstalt wherein the sample tested gram positive and was signed off by Dr Wiedemann.[857] The notes of the medical students on their state exams are handwritten and at times difficult to decipher but they both contain the same basic observations and format to the rest of the pathological examinations in the records. This indicates the process of learning pathology techniques by students at the Reichsuniversität Straßburg. These routine autopsies led to sample retrieval as well as microscopic slide formation, and sometimes to the process of completing an MD research thesis based on these core concepts the students had learned in the practice of pathology.

(v) Collaboration between Hirt and Klinge in Student Research

On examining the student research conducted at the pathology institute, it was discovered that a number of theses involved collaboration between August Hirt, the chair of the anatomy

[854] ADHVS Path. Case Number 585/43, Erika W. Reichsuniversität Straßburg Pathology Record Book 1943, Pathological Examination, 22 October 1943.
[855] ADHVS Path. Ibid. Sektionsprotokoll 1 Hans Skenigans, Sektionsprotokoll 2 Joseph Wawer, 22 October 1943.
[856] Ibid.
[857] ADHVS Path. Ibid. Staatliche Medizinal Untersuchungsanstalt examination 26 October 1943.

department,[858] and Fritz Klinge as supervisors of student projects. Hirt's work on fluorescent microscopy required fresh human tissue shortly after death to ascertain what tissues fluoresced. To obtain this, he turned to Klinge to donate material gained from routine autopsies for Hirt and his students to test. The systematic testing of fluorescence on tissues, and the students who continued working on different organs, illustrates the collaboration between Hirt and Klinge on this project, and the manner in which pathology could be of service to different disciplines in their search for research material. Further records of children being utilised as research subjects came to light through analysing the medical theses of students at the Reichsuniversität Straßburg. The pathology institute allowed research between institutions to occur, as the anatomy students of August Hirt used some of this material in their study. This was possibly facilitated by their occupying two different sides of one building.[859] Four of his students conducted their theses using material from the pathology institute to indicate different topics of research, most notably the use of fluorescence microscopy which August Hirt had a considerable role in developing. Cumulatively, 68 of the specimens mentioned in Hirt's students' theses have been identified in the pathology record. Those selected for these studies were selected post mortem, and comprise a wide demographic (i.e. not selected from a specified group as is evidenced in the selection of the 86 Jewish people. This was routine study, rather than specific research), which was intended to show a full 'map' of the human body and what material will show fluorescence. As a result, Hirt's student each chose a different organ of the body with this overall aim of a new map of fluorescence as the goal. Fluoresence microscopy requires living, or close to living tissues, which in this student research corresponds to post-mortem within 12 to 24 hours after death. All of this

[858] Consult Introduction section on Hirt, Haagen and Bickenbach for further information on August Hirt's research.
[859] Consult appendix 1 for the map of the Reichsuniversität Straßburg indicating the building that pathology and anatomy shared. The east wing of the building was anatomy, and the west wing was pathology.

research was conducted on individuals whose remains have been used for research after their death. The following case studies examine the four students of Hirt in which research on children was conducted with the pathology department.

Ernst Jaeger wrote his thesis *Die Eigenfluoreszenz der menschlichen Schilddrüse* in 1943 concerning fluorescence microscopy in the human thyroid gland.[860] His study involved 19 patients, of whom one was a child. Number 67 in his thesis is listed as a boy who died of peritoneal tuberculosis. This boy is identified in the pathology record as Karl S. who was admitted to surgery clinic A but there is no patient history to indicate how Karl S. died or how he was admitted to the hospital.[861] The autopsy completed by Dr Wiedemann listed the weights of his organs and noted chronic peritoneal tuberculosis as the cause of death as well as a severely dilated heart. Extensive autopsy notes were included in the file, indicating that the child was in a very good general state of development, but does not list the inclusion of samples from this patient in student medical research.

Gerhard Teufel's work concerning fluorescence microscopy on the liver entitled *Fluoreszenzmikroskopische Beobachtungen an der menschlichen Leber* was completed in 1943.[862] He used material from twenty four patients, of which two were children. The children referred to in his thesis are identifiable only by number which was standard practice. The number 58 listed in the thesis, detailed as a two month old female with bronchopneumonia. In the pathology record, number 58 is that of Marie S. who was admitted to the children's clinic aged two months old.[863] Her autopsy was performed by Fraulein Lochner with no written indication

[860] AFMS. Erich Jäger, 'Die Eigenfluoreszenz der menschlichen Schilddrüse' (Diss. med., 1943): 9.
[861] ADHVS Path. Case Number 67/43, Karl S. Reichsuniversität Straßburg Pathology Record Book 1943.
[862] AFMS. Gerhard Teufel, 'Fluoreszenzmikroskopische Beobachtungen an der menschlichen Leber' (Diss. med., 1943): 25.
[863] ADHVS Path. Case Number 58/43, Marie S. Reichsuniversität Straßburg Pathology Record Book 1943.

for the use of this particular case for research purposes. Weights are listed for the organs, and a patient history is handwritten on the file, listing double sided acute mastoiditis for the clinical diagnosis. The extended period of bronchopneumonia in both lungs, was noted in both the pathology record and the research of Teufel. He also noted sample 154 as a child with cirrhosis, which was shown in the pathology record as Ferdinand E. who was five months old.[864] He was admitted to the children's clinic due to congenital issues with his gallbladder and kidneys since birth leading to severe jaundice. Fräulein Stenglin conducted the autopsy and listed the weights of the organs, stating that he had serious jaundice that affected his organs, a dilated heart, bronchopneumonia and cirrhosis of the liver. A histological examination is conducted on the liver to confirm cirrhosis, and the autopsy record is present and noted that aside from the jaundice he was a large and well developed child. While these students worked with Dr Hirt extensively and were mentored by him in their studies, it is unknown to what extent Hirt was involved in the process of research and acquisition of material or how much he helped in analysing the results.

Hanspeter Naegele wrote on the study of kidneys through fluorescence microscopy in *Die Eigenfluoreszenz der menschlichen Niere bei der Betrachtung im ultravioletten Licht* in 1944.[865] Naegele's study involved twenty patients, of whom four were children. He notes that his material was exclusively randomly chosen post mortem material; this was a standard process to try and sample a general distribution rather than selecting individuals, illustrating that this was testing the methodology rather than looking for medical indicators in a specific population. However, after death these corpses were used for research, and can be identified with patient names.

[864] ADHVS Path. Case Number 154/43, Ferdinand E. Reichsuniversität Straßburg Pathology Record Book 1943.
[865] AFMS. Hanspeter Naegele, 'Die Eigenfluoreszenz der menschlichen Niere bei der Betrachtung im ultravioletten Licht' (Diss. med., 1944): 34.

Number 110 in the thesis is listed as a three-year-old male with a tumour and kidney stones. The pathology record gives further detail, and identifies 110 as Siegfried K. who was admitted to the children's clinic aged three years.[866] The clinical diagnosis was that of encephalitis, and a hydronephrotic tumour in the stomach. The patient history for this case is remarkably detailed, noting that he was admitted with measles but began to feel very tired and was writhing in pain from intestinal cramps. On 18 January he was diagnosed with meningoencephalitis in the children's clinic and then the stomach tumour was discovered. He had a lumbar puncture performed and the fluid was clear, but the second test revealed blood. Following a triple positive result on a pandy test of his spinal fluid, he died. Weights were listed for his organs by Fräulein Lochner who conducted the autopsy. The tumour appeared to be of considerable size and the impact on the physiology of the patient. Meningoencephalitis was also confirmed due to abnormalities in the brain and considerable atrophy of the cerebellum. These cases indicate that the organ being tested was not one affected by disease, but was used with the intention of testing the methodology in normal tissues. This shows that these studies were a series of systematic investigation of fluorescence in healthy tissue.

Albert Klein's thesis *Die Eigenfluoreszenz der menschlichen Nebenniere* was completed in 1944.[867] This research used material from eight patients, two of which were children. Children appear to be used in all the sample groups, indicating that they were evaluating if the method also worked in childrens tissues to the same extent. The sample numbered 137 in his thesis is described as a four month old infant with otitis media and pneumonia. The pathology record reveals number 137 to be Alfred S. who was admitted to the children's clinic with a high fever

[866] ADHVS Path. Case Number 110/43, Siegfried K. Reichsuniversität Straßburg Pathology Record Book 1943.
[867] AFMS. Albert Klein, 'Die Eigenfluoreszenz der menschlichen Nebenniere' (Diss. med., 1943): 25.

that progressed to difficulty breathing.[868] Diphtheria and pneumonia were suspected, and Fräulein Lochner listed the diagnosis as otitis media, double pneumonia and pleuritis. Histological examination was done on the heart which indicated diffuse myocarditis. This illustrates that individuals were chosen for this study based on when they died, choosing a wide group of people, and those with healthy supre renal capsula, an endocrine organ, would be selected for study. Klein also investigated a case of a four month old, listed in his thesis as sample number 240.[869] In the pathology record this was Gilbert B., who was admitted to the children's clinic and autopsied in the pathology department by Dr Schütz. The weights of the organs were noted, and noted swelling of the spleen, osteochondritis, bronchopneumonia, and liver problems associated with congenital syphilis. A histological examination confirmed diffuse hepatitis of the liver, and revealed no abnormalities in the spleen or kidneys. There was an extensive autopsy recorded included in the file but did not detail the inclusion of this study in student research, as the student research only focused on healthy tissues.

Pathology was essential for diagnostics in clinical practice, as well as student theses, and therefore it was a source for all departments when conducting research. It also provided access to healthy tissues for research, as in the case of Hirt's students work. They could request certain organs to aid in the completion of their theses and pathology would return a randomised sample within a set time frame, being informed of recent deaths and the time of autopsy. Therefore, while Hirt's students engaged with the pathology department with the aim of creating a fluorescence map of the human body, it is not evident that this research involved unethical research on patients.

[868] ADHVS Path. Case Number 137/44, Alfred S. Reichsuniversität Straßburg Pathology Record Book 1943.
[869] ADHVS Path. Case Number 240/44, Gilbert B. Reichsuniversität Straßburg Pathology Record Book 1943.

(vi) Continuity of Care from the Children's Clinic

It was clear from the pathology specimens that a number of children were referred to the pathology institute from the children's clinic. Through analysis of the pathology records this appeared to be routine procedure, but further explanation as to the tracing of a single paediatric patient from admission to the children's clinic to autopsy was undertaken. The presence of 'pink slips' included in pathology files begins in June 1943.[870] These appear to be notes from the referral clinic noting a bit of the patient history as well as the particular wishes for autopsy, for example a particular organ or disease that the referral clinic suspected was the cause of death. These 'pink slips' vary in their degree of detail, but they are quite illuminating as to the continuation of care from the children's clinic to the pathology department, and also regarding the patient themselves both before and after their death. They also indicate improvement in pathology method from 1943 onwards as a clinical indication of illness is essential for an accurate autopsy.

[870] ADHVS Path. Case Number 345/43, Margarete H. Reichsuniversität Straßburg Pathology Record Book 1943, Referral Slip from Med 1, 7 June 1943.

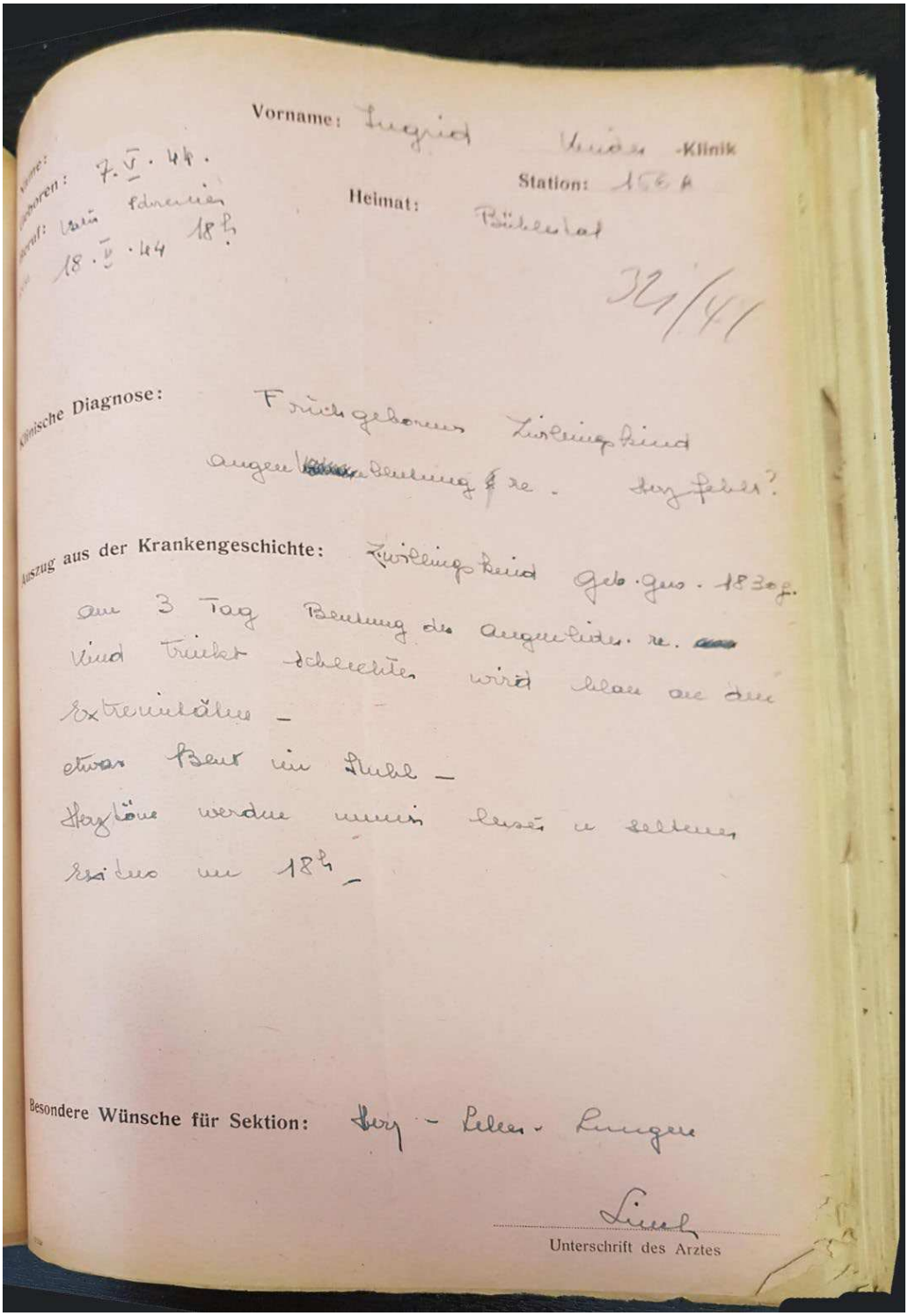

Figure. 6.6.: Example of a 'pink slip' in the pathology autopsy record books, describing clinical observations from the children's clinic.

One such example of the use of pink slips is that of Ingrid K. who was admitted to pathology following her death at the children's' clinic on 20 May 1944.[871] The pathology record noted that she had no heart defects or general defects, and no weights are listed for her organs on the autopsy page. Attached to the file is a pink slip, on which the referral clinic diagnosed suspected heart failure as a result of being a premature twin birth.[872] She weighed 1830g at birth and thrived for the first three days. Then, her extremities began to turn blue, blood was found in her stool and her heart tone grew weaker, resulting in her death at 20 days old. As a result of this, the children's' clinic requested the specific attention of her heart, liver and lungs autopsy.[873]

Ingrid's' twin, Dieter, died at 9 days old, and was also sent to pathology with a pink slip.[874] Weights were listed for the organs in Dieter's case, with his brain weighing in at 300g.[875] A septum defect of the heart was listed as the cause of death, along with severely dilated heart and necrosis of the liver. Dr Rascher conducted an autopsy on Dieter, whereas Ingrid was autopsied by Dr Schwendemann.[876] In Dieter's case, unlike that of his sister, there is a histological examination of the liver.[877] The pink slip attached to his file is completed by the children's clinic, and the diagnosis listed was possible congenital heart failure, a failure to thrive, and twin birth.[878] The children's clinic noted that over the course of four days he began to get paler and slowly turned blue indicating cyanosis, following this Dieter died. The only desired organ for autopsy from the children's clinic was the heart, and the pink slip was signed off by the

[871] ADHVS Path. Case Number 321/44, Ingrid K. Reichsuniversität Straßburg Pathology Record Book 1944. 21 May 1944.
[872] ADHVS Path. Ibid. Referral Slip from Kinderklinik, 21 May 1944.
[873] Ibid.
[874] ADHVS Path. Case Number 316/44, Dieter K. Reichsuniversität Straßburg Pathology Record Book 1944, Referral Slip from Kinderklinik, 18 May 1944.
[875] ADHVS Path. Ibid. Autopsy Notes, 18 May 1944.
[876] No further information has been found on these doctors, other than they appear in the pathology record conducting post mortem analyses.
[877] ADHVS Path. Ibid. Histological Examination, 18 May 1944.
[878] ADHVS Path. Ibid. Referral Slip from Kinderklinik, 18 May 1944.

same person (possibly 'Linch' based on an unclear signature) in the case of both twins. A full autopsy protocol was included for Dieter, noting that he was in a poor state of development.[879] The brain dura matter was analysed and no pathological changes were noted. The heart, lungs, abdomen, throat and thorax are all and detailed extensively but with no evident abnormalities apart from the heart defect.[880] Ingrid had a less detailed autopsy record but included an examination of the abdomen noting that the lungs were red and fully formed, and the heart is of normal size. The thorax organs were said to be normal and there were no findings listed for the brain and throat.[881] While the twins died at a similar time and both died of prematurity and heart issues, the pink slips attached to their files indicate the approach to each post mortem was individual. These cases also indicate the transfer of information from the children's clinic to the pathology department through pink slips, and how post mortem analysis was often based on this patient history. While records from autopsies have been detailed above, many of these cases also correspond to a specimen. The following section explains how the material was found, and the methodology of identifying these specimens.

(vii) Methodology of Specimen Analysis

On entering the attic, a map was drawn in order to identify slide box numbers that might correlate with syphilis specimens as this was the original intention behind examining the collection (see figure 6.7). However, as further progress was made through the attic and the

[879] ADHVS Path. Ibid. Sektionsprotokoll, 18 May 1944.
[880] Ibid.
[881] ADHVS Path. Case Number 321/44, Ingrid K. Reichsuniversität Straßburg Pathology Record Book 1944. Sektionsprotokoll, 21 May 1944.

slides were catalogued, it became clear that there was no cohesive organisation of the material in specimen jars unlike the slides. Some of the material originated from the French period prior to annexation, others came from the Kaiserreich.[882] Due to the unexpected nature of this discovery of specimens from the Reichsuniversität era, the map indicates simply 'jar samples' (figure 6.7), and as evident from the photograph (figure 6.1), some were in a rather poor state of conservation. Following the initial discovery of the specimens, a more systematic approach was needed to categorise and identify the specimens from the Reichsuniversität Straßburg era. An initial systematic inventory of the collection was conducted in November 2018 to ascertain how many specimens were concerned, although this would subsequently be refined.[883]

[882] Tricia Close Koenig, 'Histopathology Slides from Medical Research to Medical Practice in Interwar Strasbourg' *History and Philosophy of the Life Sciences* 35. 3 (2013): 341-361.
[883] Consult appendix 12 for full inventory of specimens.

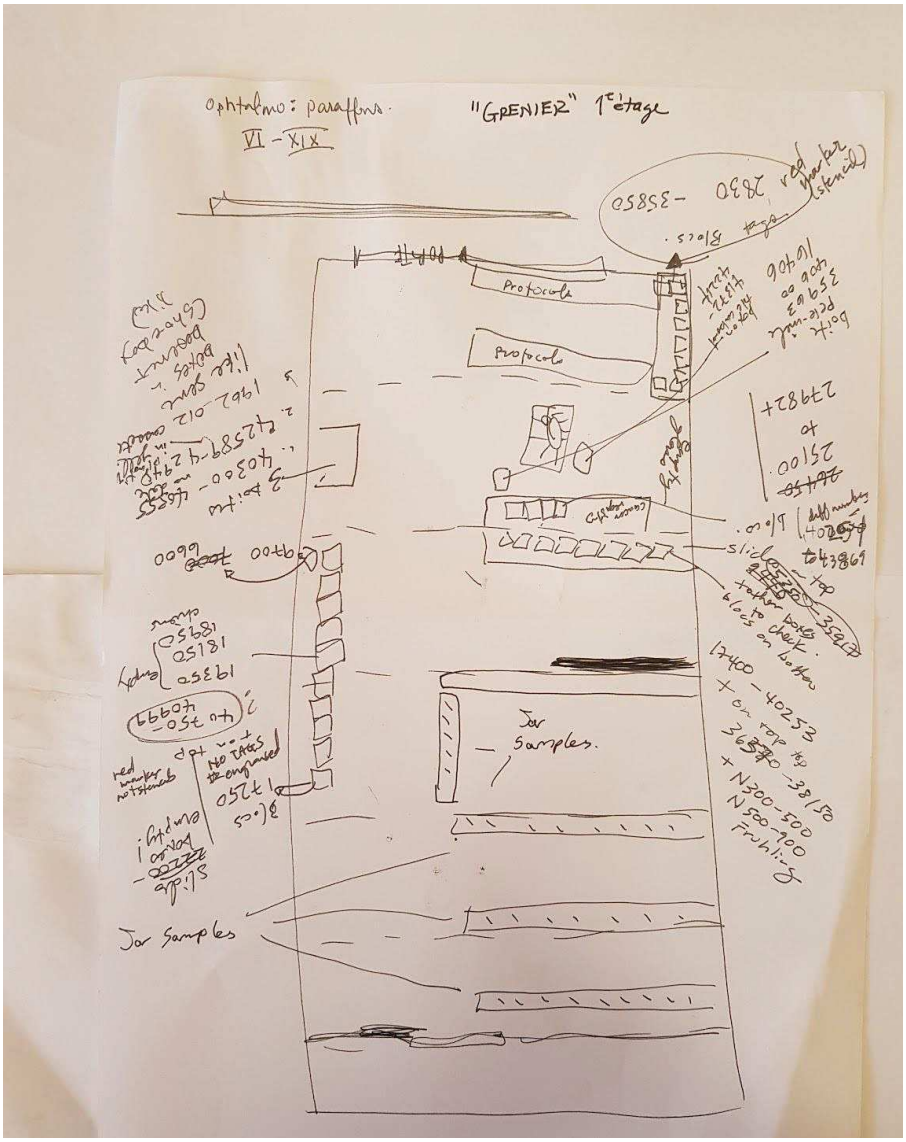

Figure 6.7.: Map of the attic in which the samples from the Reichsuniversität were found, drawn by Tricia Close Koenig and Aisling Shalvey on 1 October 2018 when the collection was discovered. Note the initial numbering of slide boxes to ascertain syphilis samples, while jar samples are simply labelled for their location as this discovery was unexpected.

As a result of this inventory (provided in appendix 12), the specimens were then grouped into four separate categories. The first group consisted of sample jars with identification slips attached, stating that they were from the pathology institute and usually with an identification number of some description. The second group was sample jars with no identification slip, but

with markings made on the glass in wax indicating just a sample number and year of acquisition. The third group was identification slips that had become separated from the sample jars; providing a brief diagnosis, sample number, and year, but without a jar attached. The fourth group was jars with no identification slip and with no wax marking to indicate a sample number. While these are of uncertain origin, their physical resemblance to the other preparations warrant their inclusion as possibly from the Reichsuniversität Straßburg.

Figure 6.8.: Four methods of specimen identification. Number 1: identification card with sample number attached to sample jar. Number 2: identification card with sample number but not attached to any sample. Number 3: specimen with wax marking indicating specimen number but no identificaton card. Number 4: specimen with no wax marking or identification card, but of the same type as other specimens.

For the first group of specimens (those with identification slips attached), any dust was carefully removed with soft brushes to preserve the pencil inscriptions and prevent further

degeneration of the paper.[884] Once the writing on the paper was legible, the number and a brief description of what was noted on the paper was recorded. This was then correlated with the remaining pathology records. The pathology records consist of files from 1941-1944 that were bound into books which are now kept at the Département d'histoire Des Sciences de La Vie et de La Santé in Strasbourg. Very few records from 1941 exist, which implies a lack of activity, as this was in the era of Alsatian dominance in the Reichsuniversität Straßburg (see Introduction chapter section vii 'Three Era Structure of the Reichsuniversität Straßburg'). The complete record of 1943 is available where 712 autopsies are performed. In 1942 approximately 300 autopsies were performed, but one volume, from November-December, is missing. In 1944, 350 autopsies were performed that were recorded from January to June, but from June to November only minimal information concerning administrative records exist.

[884] This process was undertaken following consultation with Dr Sara Doll of the Institut für Anatomie und Zellbiologie in the University of Heidelberg, personal correspondence 29 January 2020.

Figure 6.9.: Image of the complete pathology record books; missing volumes evident.

Of the 134 glass jar samples confirmed from the Reichsuniversität era, 83 of these have been identified by name through correlation with the pathology record. These cases are elaborated upon further in case studies. Of the 51 cases that are not identified, there are many reasons for the current lack of identification. The pathology records that exist are not complete, so while some samples may contain identification slips with numbers to theoretically correlate it with the pathology record, this is not possible when the record is missing. There are also other samples that have slips attached, but their identification system does not correspond to the pathology record; for example, a sample identification card that notes '2508 Stat' – this suffix is not present anywhere in the pathology record, and the index numbers do not reach the 2000s.

While one can say this is definitely from the Reichsuniversität era, these particular samples correspond to another clinic or another record that has not yet been found.

The pathology records were systematically examined and combined into a database to indicate just how many autopsies were performed on children in comparison to adults. The pathology records were also consulted to ascertain a cause of death and see if the issues recorded corresponded with the samples as well as the identification numbers. A number of specimens have not been identified by name, but based on the accompanying evidence, we can determine the age profile for the majority of specimens. Of the 134 specimens, we cannot determine the age for 34 of them. The majority of specimens are those of adults (76 confirmed adults), rather than children (24 confirmed children).[885] Identification of specimens is equally complex in the collections stored in the attic of the pathology department, where they were kept when no longer in use as part of the teaching and research collections. Some of the samples were not identifiable due to gaps in the record, as well as volumes missing from 1941, November to December 1942 and June to November 1944.[886]

Issues of conservation are another problem for positive identification of samples; in the case of Sophie S., her name was found through a slip that corresponded with the pathology record. This slip was not attached to a sample jar so while we know there was a sample, this sample could now be missing, destroyed or simply in the attic with other samples with no method of ascertaining which sample corresponds to this number. Unfortunately, there are many other samples which have some numbers written in blue wax on the jars, but they have no identification slip to indicate a possible date, sample number or illness that could help to pair the

[885] For further analysis of specimens and their age range, consult appendix 12.
[886] For further pictures of the identification of specimens and the condition in which they were found, consult the appendices.

records. There are other sample jars that once had similar blue wax markings but due to a lack of conservation these have worn away. This is also the case with some of the identification labels; the paper is there but due to poor conditions the writing is now illegible. Some of the samples themselves are also in a very poor state of conservation, with the preservation liquid sometimes completely evaporated or has leaked, or an incomplete seal which has led to deterioration of the sample. [887]

(viii) Pathology Slides

Ilana Löwy states that microscopic slides are 'samples, artefacts and representations, intermediary objects on the boundary between raw material and finite scientific results.'[888] As such, they have importance in showing the development of scientific techniques and the process of medical care, but also hold importance as part of the story of individual humans from whom this biological material was acquired. Therefore, to have a fully comprehensive understanding of the treatment of patients at the Reichsuniversität Straßburg, the microscopic slide collections must be taken into consideration.

In the former anatomy and pathology building of the Reichsuniversität Straßburg, the complete pathology microscopic slides were found which correspond to the record books detailing all pathological examinations completed on live patients. These boxes systematically contained all records with numbers attached and therefore can be correlated with patients. Patients admitted to the hospital who required testing from the pathology department would send

[887] ADHVS Spec. Reichsuniversität Straßburg Specimen number 577/43.
[888] Ilana Löwy, 'Past, present and future of microscope slides,' in *Microscope slides: reassessing a neglected historical resource* ed Ilana Löwy, Berlin: Max Planck Institut für Wissenschaftsgeschichte, (2011): 3-7.

specimens to analysed. These specimens would be processed by microtome to be made into microscopic slides, then viewed under a microscope to confirm a diagnosis. Payment was recorded for these tests, and these numbers correspond with the wax numbers recorded on the slides. The record books detailing these samples and the payment for analysis also record the age of the individual, and so we can ascertain which slides contain material from children, from adults, and indeed the clinic from which they were referred. These microscopic samples were often used in student theses to indicate the particular patient's illness, therefore these slides functioned both as normal pathological analysis, but also served to provide material for student research.[889]

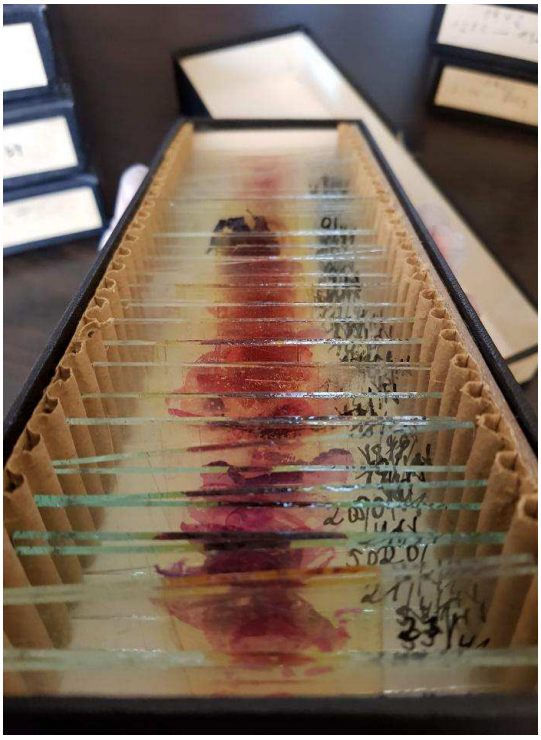

Figure 6.10.: Example of the interior of a slide box from the pathology department each noting a case number. There are 188 boxes of slides identical to this one, dating from 1941 to 1944.

[889] Tricia Close Koenig, *Betwixt and between: production and commodification of knowledge in a medical school pathological anatomy laboratory in Strasbourg (mid-19th century to 1939)*, University of Strasbourg Doctoral Thesis (2009): 201.

From these slides, certain illnesses could be determined, and could be used in student research on particular patients or conditions in the completion of their theses. Christel von der Decken thanked Professor Klinge for his help with her thesis, which was presumably the procurement of pathological samples for her study. Some of the slide boxes contained slips of paper from professors, including on in 1942 noting that the sample number 3246/42 was 'im Privatbesitz Dr Klinge.'[890] This is interesting to note as Gaby S. was the subject of research in Christel von der Decken's thesis under Dr Hofmeier in the children's clinic.[891]. In pathology record books recording payment and the sample record, the number 3247/42 corresponds with the name Gaby S. who also had a sarcoma.[892] Therefore, it can be determined that these slides were used primarily for diagnostic and also for research purposes. Many of the slides contained red, blue and yellow markings on the glass, indicating that these particular samples may have been used for research purposes.[893] It is most likely that these markings were made contemporaneously as the slide boxes were in a sealed cabinet until 2018.

[890] ADHVS Spec. Slide Boxes; 1942, slide number 3273/42.
[891] AFMS. Christel von der Decken, 'Über Gutartige Sympathische Neuroblastome Mit Histologisch Sarkomartigen Bildern (Diss. Med.) ' (1945): 5.
[892] ADHVS Path. Case Number 3247/42, Gaby S. Reichsuniversität Straßburg Pathology Short Record Book 1942.
[893] ADHVS Spec. Slide Boxes; 1942, slide number 2056/42.

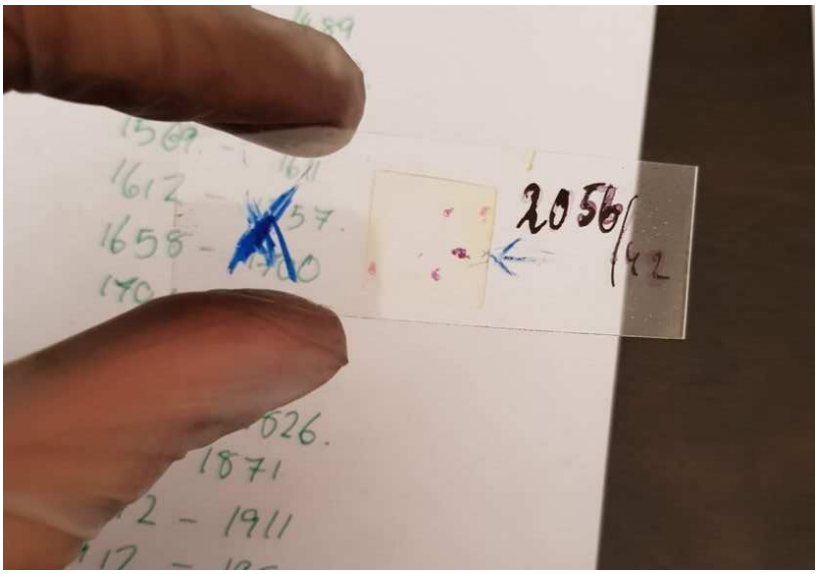

Figure 6.11.: Slide from 1942, indicating a blue mark on the slide as well as an identification number.

The numbers of such samples have not yet corresponded to any of the research articles produced by Dr Klinge, nor by other members of the medical faculty at the time. One other example of a marked slide that could be identified is that of Emil R. On the slide number 106/41 the name Emil R. is visible and corresponds to the pathology short record books.[894] It is noted that the sample originated in the ophthalmology department and was stamped to indicate that the analysis was paid for.[895] This identification indicates that the other numbered slides in the collection may also correspond with pathology short records, but due to a lack of clarity on many of the sample slides this has not yet occurred. As Bronwyn Parry notes, the slide as material repository, particularly in the case of those who have died, can produce an emotional affect, and therefore they must be handled with consideration for those emotional reactions.[896] This is the case for other samples that remain from the Reichsuniversität Straßburg. As a result, case studies

[894] ADHVS Spec. Slide Boxes; 1941, slide number 106/41.
[895] ADHVS Path. Case Number 106/41, Emil R. Reichsuniversität Straßburg Pathology Short Record Book 1942.
[896] Bronwyn Parry, 'The afterlife of the slide: exploring emotional attachment to artefactualised bodily traces,' *History and Philosophy of the Life Sciences*, 35, 3 (2013): 431-447.

are presented in order to ascertain the individuals concerned and help to answer some of the questions that arise as a result of this discovery.

(ix) Case Studies

It appears that the identifiable specimen case studies are all of interesting and rare conditions to be examined post-mortem. In this sense, they were routine procedures, albeit the illnesses they presented at autopsy were of particular interest. This section presents five case studies, chosen to reflect the process of identification, and the information that can be gleaned from the records that are available. The aim of these case studies is to tell the patient's stories in so far as possible, so those with more detail were chosen as examples. Identification, where records still remain, help to tell the story of the patient, however while naming is an important step, is not the end result of the analysis. Partial identification of a specimen is also possible through analysing the pathology records, but if this record is incomplete then the sample may be only identifiable by surname. This is the case with sample number 84/42.

This identification slip on the sample jar details blood in the brain and werlhof's purpura in a two year old female infant.[897] This is the extent of information garnered from the sample itself, which is in poor condition. This was traced to the pathology record book where this sample is recorded simply as 'Lang' and it is noted that this child was treated at the children's clinic, although no place of birth, date of death, cause of death, next of kin, or first name are provided. Despite the lack of a full name, this case includes a partial patient history, which noted that the child became sick on 3 June with small blue bruises all over her head with no known

[897] ADHVS Spec. Reichsuniversität Straßburg Specimen number 84/42.

cause that spread to her entire body by the next day.[898] By 6 June she had become visibly paler with a temperature of 40 degrees Celsius. They also listed her haemoglobin tests and erythrocyte tests illustrating the monitoring of statistics in order to identify the issue. She died on 10 June, and through the autopsy the cause of death was established as werlhof's purpura. This is an autoimmune disease that targets the platelets causing extensive bruising and can cause life threatening bleeding. This case was autopsied in otder to verify the cause of death, and due to the relative rarity of the disease, at approximately 2 cases per 100,000 people, this may have been the reason for the retention of tissues in the pathology department. Dr Plitzko conducted the autopsy and weighed the brain, spleen and liver. A histological examination was also conducted on the lungs, where the alveoli were filled with blood, and the tonsils, which were necrotic. This standard procedure indicates the use of pathology in confirming a clinical diagnosis.

A fifteen day old male infant known as sample number 429/42 was found with pathology collection. The specimen is remarkably well preserved given the condition of the rest of the collection, with the diagnosis listed on the identification card. It states on the card that sample 429/42 had a harelip, hydrocephalus and a cleft palate, and the Y shaped autopsy mark as well as the noted defects are visible.[899] On the identification card no further information is given about a name, referral clinic, date of death or autopsy, or a cause of death. While the hydrocephalus in this case looks severe, the child survived birth and lived for 15 days before its' death. It can only be surmised in what circumstances this child was born and what led to his death.

The case of Paul B. is remarkably intact, given that a full name is possible to correlate with the sample provided. This sample was numbered 185/43 and notes that there was a congenital malformation of the oesophagus causing an oesophageal tracheal fistula, which

[898] ADHVS Path. Case Number 84/42, Lang. Reichsuniversität Straßburg Pathology Record Book 1942.
[899] ADHVS Spec. Reichsuniversität Straßburg Specimen number 429/42.

presumably caused the death of the male infant aged three days old.[900] This was then correlated with the pathology record where the name recorded was Paul B. and the infant came from the children's clinic. Paul was autopsied a day after his death on 23 March 1943 but listed no patient history or histological examinations. Fraulein Stenglin, who worked at the pathology department, noted that he was a premature infant with blue/red tinged skin and suffered from haemorrhagic bronchopneumonia. She listed the full autopsy protocol but noted that no skull autopsy was requested.[901] Given the congenital nature of his illness, causing a small hole to form between oesophagus and trachea leading to aspiration of liquids from the stomach, this interesting and rare case was retained in the pathology collections in order to document the case.

Andreas F. was ten years old and admitted to surgical clinic 1 to operate on a perforated appendix, but shortly into the operation he suffered a heart collapse due to the toxicosis caused by peritonitis and a perforated appendix. He died in surgery; this is noted in the pathology record and corresponds to a sample numbered 100/42.[902] The identification slip details a strangulated ileus and small intestine which may have led to the patient's death. In the pathology record there is no home place recorded for Andreas, and he was autopsied on 16 June 1942.[903] In the patient history section it is noted that he was admitted to the surgical clinic Dr Eickhoff performed the autopsy and listed the weights of his organs. It was noted that he suffered from gangrene at the top of the appendix which led to peritonitis, but there were no further histological or anatomical notes included in the file.

The case of Alfred G. was identified through comparing the information given on the sample identification card with the pathology record. Sample 176/43 was identified on the

[900] ADHVS Spec. Reichsuniversität Straßburg Specimen number 185/43.
[901] ADHVS Path. Case Number 185/43, Paul B. Reichsuniversität Straßburg Pathology Record Book 1943.
[902] ADHVS Spec. Reichsuniversität Straßburg Specimen number 100/42.
[903] ADHVS Path. Case Number 100/42, Andreas F. Reichsuniversität Straßburg Pathology Record Book 1942.

identification slip with no name or referral clinic or age.[904] It did note haemorrhagic infarction and other issues, this was then found to correspond to Alfred G. who was in the children's clinic and died at one month old. Fräulein Fritsch, a pathologist at the Reichsuniversität Straßburg, performed the autopsy in this case and listed the weights of the brain and spleen but no other organs. She noted multiple abscesses and a collapsed duodenum and haemorrhagic infarction. The clinical diagnosis listed was umbilical sepsis, but there are no further notes of the autopsy or any histological examination that may have occurred in diagnosis.[905] In this instance, as in other similar cases, there is no home address or next of kin listed, and it is also missing all patient history so identification in this case is also limited. The search is ongoing for potential publications that reference this number for further information on the case, but as of yet nothing has been found which may indicate the use of this sample as part of teaching rather than research.

Case studies from the pathology long record books illustrate the workings of the clinic in terms of correspondence with the original referral clinic, the treatment of the patient, the presentation of illness, the tests conducted, the use of histological and bacteriological techniques to analyse a cause of death, and the use of corpses in teaching and research. The following five case studies that were chosen are indicative of particular trends in the pathology records. While these case studies contain a wealth of information, there are other records which lack even the most basic information, such as age, name and cause of death. It must therefore be noted that these cases are not indicative of all the records available but are chosen to represent an overview of the pathology institute, while offering an in depth analysis of patient care and treatment before their death.

[904] ADHVS Spec. Reichsuniversität Straßburg Specimen number 176/43.
[905] ADHVS Path. Case Number 176/43, Alfred G. Reichsuniversität Straßburg Pathology Record Book 1943.

Erika A. was sick with vomiting, diarrhoea and fever for nine weeks prior to her death. She was treated with blood plasma transfusions and 0.1 of fol digotal three times daily to reduce the oedema.[906] While this worked well, she had not been able to stop vomiting since 17 November and her strength and weight diminished rapidly. Urine tests, leukocyte tests and blood tests were all performed in an effort to understand her condition, but on 25 November she suffered a serious regression in health. Her lungs omitted a rattling sound while her heart weakened, and she died on 27 November.[907] This detailed information about the child prior to her death is interesting, as such intestinal issues also appear to be reflected in the autopsy notes which notes the cause of her death. Erika died aged five and a half years old, and was autopsied one day after her death by Dr Eickhoff, following normal procedure of a quick autopsy.[908] There were no weights recorded for her internal organs, but the autopsy appears to have been very thorough; she suffered from anaemia, an embolism to the left heart, bronchopneumonia, nephritis, enteritis, and oedema among other issues all noted from the condition of her internal organs. A note was attached to her file from the children's clinic illustrating her treatment and general condition preceding her death that led to the request for an autopsy.[909] A histological examination was conducted on her liver, kidneys and heart which were noted to be in very poor condition of congestive atrophy. Erika's case is of particular interest as it noted the exact medications given prior to her death, which appears to be more in depth than many other entries.

Laura H. felt sick for three weeks before being admitted to hospital with vomiting and dizziness in January 1942.[910] Although we do not know her exact age, given her previous history

[906] ADHVS Path. Case Number 20/41, Erika A. Reichsuniversität Straßburg Pathology Record Book 1942 (Entry from 1941).
[907] Ibid.
[908] Ibid.
[909] Ibid: 3, Letter from Kinderklinik.
[910] ADHVS Path. Case Number 6/42, Laura H. Reichsuniversität Straßburg Pathology Record Book 1942.

of jaundice in 1938, she was at least four years old when she died. Her doctor in the children's clinic noted that she had a very poor appetite, and an abnormal heartbeat. He then noted that while she was an otherwise happy child, she was very miserable and restless in the clinic, particularly at night. This insight to her emotional state in the days preceding her death was remarkable. On 24 January, her condition worsened considerably, as she suffered intense abdominal pain. On 2 February, following an enema that morning, she collapsed suddenly and complained of severe pain.[911] That afternoon she died, and on 4 February her body was sent for autopsy. It was noted that she suffered from numerous gastro-intestinal issues, with double sided chronic nephritis, left sided chronic hypertrophy of the heart, arteriosclerosis and multiple abdominal embolisms.[912] Histological examination also largely focused on the gastrointestinal area, noting that her right renal artery had signs of embolism, and both kidneys were very swollen. Her heart was also sent for histological examination and was noted to have signs of atherosclerosis.[913] On the day of her pathological examination a letter was sent from the children's clinic to the pathology clinic noting the patient's history of childhood illnesses, and it appeared that she had chickenpox, measles, mumps and angina. This communication about previous illnesses is important as it illustrates how communication about patient history and illnesses could influence the manner in which the autopsy was performed and what conclusions they came to about the cause of death, thus linking clinical and post mortem information. It was a heavily involved process between the pathology institute and the referral clinic to ascertain the cause of death for each patient. The second case study illustrates the emotional state of the child before her death and also her reaction to treatments given to her in the children's clinic. Such an

[911] Ibid. Letter from Kinderklinik 4/2/42.
[912] Ibid. Pathological examination, 1.
[913] Ibid. Histological examination record, 2.

in depth analysis of the emotional state of a child is unusual in these records but is even more remarkable that it is considered pertinent and is included in a pathological examination to determine the cause of death.

Karl I. was stillborn in August 1941, and as a result his patient history primarily concerns his parents. Both parents are noted to be healthy, and had been tested extensively for different illnesses that may have resulted in a stillbirth, such as syphilis for which they received a Wassermann test.[914] It was noted that there were no other birth defects evident, but the organs were underdeveloped and the infant had a considerable amount of lanugo, indicating that it was not full term. A full autopsy was performed, where blood was present in the pericardium and belly. The lungs were noted to still be in their foetal state and completely deflated indicating that the child had never taken a breath. The child also had significant liver decay as well as an enlarged gallbladder and liver.[915] Dr Riott who performed the autopsy was astonished by the size of the placenta, weighing 2400 grams. As a result of this, he specifically requested for the sample to be preserved in paraffin and two samples were cut from this.[916] The specimen embedded in paraffin appears to be intended for teaching purposes due to the unusually large nature of the organ as this was routine practice at the time. This illustrates the link between the post mortem pathology records and the method of creating a specimen from such cases.

Two case studies that illustrate the routine nature of the pathology records, and the capacity for the pathology department to deal with external referrals, are those who were referred from the Lebensborn home in Schwarzwald. Peter Rolf B. was admitted to the children's clinic

[914] ADHVS Path. Case Number 1/41 Karl I. Reichsuniversität Straßburg Pathology Record Book 1942 (individual record from 1941). Histological testing, 2.
[915] Ibid. Pathological examination, 1.
[916] Ibid. Pathological examination, 2.

following a difficult birth at the Lebensborn home in Schwarzwald.[917] His children's clinic patient file could not be found, so it is uncertain what he was treated with in the three days before his death on 8 August 1943. His cause of death was listed as a major haemorrhage in his brain as a result of a traumatic birth. On autopsy, all his internal organs were weighed, and no changes were noted in the abdominal cavity. While the routine notes of autopsy were added to the file, there was no further clinical information found, nor any slides or jar samples.

The second Lebensborn case was that of Helmuth K. who was admitted to the children's clinic at one month old.[918] The reason for his admission was not noted in the pathology record and his patient file from the children's clinic has not been found. He died on 20 April 1944, with his cause of death listed as bacterial infection following surgery for mastoiditis, although no record of this surgery has been found. Helmuth also had bronchopneumonia, otitis media, swollen lymph glands and a low-grade dilation of the heart. Similar to the case of Peter Rolf B., there is very little clinical information provided in the case, although both infants are described as well developed. This is because, despite their admission to the children's clinic, the majority of their healthcare was provided in the Lebensborn home. As Dr Kiehl noted, it was always possible to get seriously ill children to the Reichsuniversität Straßburg in time.[919] This indicates that these two cases were exceptional, and not the norm. One particularly interesting thing about these two cases is their anonymity; their address and nationality are not listed, and so based exclusively on pathology records, these files would never have been identified as those of Lebensborn children. It was only through consulting with Dorothee Neumaier and reading the Bad Arolsen International Tracing Service files that this movement between the Lebensborn

[917] ADHVS Path. Case Number 482/43, Peter Rolf B. Reichsuniversität Straßburg Pathology Record Book 1943.
[918] ADHVS Path. Case Number 257/44, Helmuth K. Reichsuniversität Straßburg Pathology Record Book 1944.
[919] ITS. 4.1.0/82452192. Letter from Kiehl to Dr Ebner 7.12.1943.

home and the Reichsuniverstät Straßburg hospital was evident. Overall, these case studies provide insight to the variety of illnesses that the pathology department examined, and the manner in which the specimens were created. However, it is important to contextualise pathology of the era in order to determine where the Reichsuniversität Straßburg fit in relation to standards and research themes.

(x) Pathology Methods and Contemporary Standards

Following the discovery of these specimens, contemporary concerns in the field of pathology were examined. Two of the most popular pathology journals of the era, *Virchows Archiv* and *Zentralblatt für Allgemeine Pathologie*, were selected for systematic review to ascertain common research interests, as well as determining if Strasbourg appeared in these journals. This would indicate a high volume of research conducted at the institute. There was considerable use of luminescence microscopy and vitamin research on human tissues in the Reichsuniversität Straßburg. There were notable contributions on this topic in *Virchow's Archiv* in 1941, with contributions from Russia, Hungary, Romania, Sweden, Austria, and Switzerland to the journal. [920] It is interesting to note that these countries were either allied with Germany, or are neutral, illustrating that German pathology tried to appear international in scope, but was simultaneously constrained by the military situation.[921] A sustained interest in pathology concerning children and newborns is also evident, as endophlebitis hepatica obliterans in foetuses, as well as degenerative diseases of the skeletal structure and the heart were

[920] *Virchow's Archiv,* Band 307 (1941).
[921] Paul Weindling, *Epidemics and genocide in eastern Europe, 1890-1945,* Oxford: Oxford University Press, (2000): 246.

published.[922] This interest in pathology in relation to childhood occurs in the pathology records of the Reichsuniversität Straßburg. There was a sustained concern in the *Zentralblatt für Allgemeine Pathologie* on the topic of icterus gravis in children, which is also found in many pathology cases in Strasbourg.[923] Hormone research and pathological examination of the testes and ovaries were also of contemporary concern, and were discussed in the *Zentralblatt für Allgemeine Pathologie* as well as the subject of considerable research funding from the Deutsche Forschung Gemeinschaft. Methods of conservation in liquid paraffin, and fixatives for organs such as brains were discussed at length in these journals too, which illustrates the importance of retaining specimens in a good condition for further teaching and research, as seen in Strasbourg.[924] It must be noted that thoughout the systematic review of these two leading journals, that the pathology institute of the Reichsuniversität Straßburg appeared only once, while other institutes often appeared multiple times. The majority of work in the pathology institute was in routine autopsies, teaching and student examiniation, as well as establishing methods and organization for the new institute which hindered rapid publication. This is shown in the lack of bound records for 1941 indicating a disorganized start to routine autopsies, and the introduction of pink slips to files only in 1943, leaving rougly 2 ½ years in which to conduct research. While students conducted considerable research at the Reichsuniversität Straßburg, it is clear that by 1944 most of this research in relation to pathology and paediatrics was not in a position to be published.

[922] *Virchow's Archiv,* Band 311 (1944).
[923] *Zentralblatt für Allgemeine Pathologie* 80 (1943).
[924] *Zentralblatt für Allgemeine Pathologie* 79 (1942).

(xi) Conclusion

As Jenna M. Dittmar and Piers D. Mitchell illustrate, the autopsy and study of foetal and infant remains were a prized source of medical knowledge since the late eighteenth century.[925] Part of this special status of the child or infant body was that it could illustrate both normal development, in developmental stages, as well as congenital abnormalities that could lead to an early death or stillbirth. Following the discovery of specimens, the question of what patients they came from, and how these specimens were used, became particularly pertinent. As illustrated in the case studies provided, even in the absence of a full patient record, a considerable amount of information can be ascertained through the examination of jar specimens, as well as microscope slides, and pathology records. As the Reichsuniversität Straßburg was a teaching hospital, it is conceivable that much of this collection was used for teaching purposes. However, it is still important to identify these specimens, to name the patients, and to examine their treatment to ascertain both the norms of medical research and teaching. In this chapter, case studies of children from the pathology department and remaining specimens were combined with analyses of student work involving pathology. With the moving of the frontlines closer to Strasbourg in 1944, some specimens were inevitably left behind. The following chapter details the evacuation of the Reichsuniversität Straßburg and the postwar situation which will further illuminate the circumstances of specimen retetnion.

[925] Jenna M Dittmar and Piers D Mitchell, 'From cradle to grave via the dissection room: the role of foetal and infant bodies in anatomical education from the late 1700s to early 1900s', *Journal of Anatomy* 229, no. 6 (2016): 713–22.

Chapter Six: Post War and Evacuation of the Reichsuniversität Straßburg

> In certain occupied territories purportedly annexed to Germany the defendants methodically and pursuant to plan endeavoured to assimilate those territories politically, culturally, socially, and economically into the German Reich. The defendants endeavoured to obliterate the former national character of these territories. In pursuance of these plans and endeavours, the defendants forcibly deported inhabitants who were predominantly non-German and introduced thousands of German colonists. This plan included economic domination, physical conquest, installation of puppet governments, purported de jure annexation and enforced conscription into the German Armed Forces.[926]

(i) Background

This chapter details the unique situation in the city of Strasbourg, the evacuation of the hospital of the Reichsuniversität Straßburg, and the postwar era. Strasbourg held an important ideological role in the expansion of the 'Third Reich', and so attempts were made to retain a stronghold in Strasbourg for as long as possible.[927] As a result, much of the remains of research in Strasbourg that were discussed in the previous chapters were abandoned rather than destroyed.[928] This chapter asks the following questions: what happened during the process of evacuation? What happened to the patients in the clinic? What happened to the staff of the hospital? How was their research received in the post war era? What was the process of denazification for the staff of the Reichsuniversität Straßburg? Were the staff unaware of the

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[926] '1945 Count Three War Crimes, section j; Germanization of Occupied Territories,' in *Trial of the major war criminals before the International Military Tribunal, Nuremberg 14 November 1945*. Volume 1, Nuremberg: International Military Tribunal (1947): 63.

[927] Fernand L'Huillier, 'Sur la Nazification de l'Alsace,' *Revue d'histoire de la Deuxième Guerre mondiale*. 120 (1980): 59-68.

[928] This is clear, particularly in the case of August Hirt's research, where the remains of 86 Jewish victims were left in various states of maceration in the Anatomical Institute of the Reichsuniversität Straßburg; due to the lack of time to dispose of these remains, the Allies became aware of the research conducted at the Reichsuniversität Straßburg. For further details on the discovery of the 86 victims, consult Hans Joachim Lang, 'August Hirt and "extraordinary opportunities for cadaver delivery" to anatomical institutes in National Socialism. A murderous change in paradigm,' *Annals of Anatomy,* 129 (2013): 373-380.

approaching war front, or did they remain in the hospital due to belief in the Nazi cause? These questions will be answered both through archival sources, and through historiography to ascertain what may have occurred where specific documents concerning Strasbourg are unavailable.

On 23 November 1944, Allied forces entered Strasbourg, by that time some of the staff of the Reichsuniversität Straßburg had fled, but those who had not were taken as prisoners of war.[929] Twenty one German professors from the Reichsuniversität Straßburg were placed in American prisoner of war camps. Klinge, the former head of pathology, and Zukschwerdt the former head of surgery, were both in the American prisoner of war hospital in Marseille.[930] Klinge also utilised this time to write his book on pathology in Strasbourg entitled *Der Sektionskurs und was dazu gehört. Auch zur Zusammenarbeit des Pathologen mit dem Arzt.* Alsace-Lorraine was the last French province to be liberated, and so Strasbourg found itself at the war front from September 1944 to January 1945.[931] François Rouquet notes that following the conflict, the French authorities were determined to consider Alsace as an ordinary part of France; however, Alsace was not the same as the rest of France, as Alsace had been de facto annexed to Germany without there having been any treaty confirming the situation. This was not the case with the rest of France. At the International Military Tribunal at Nuremberg, it was stated that

> the Germans authorized the people of Alsace-Lorraine to return to their homes only if they acknowledged themselves to be of German origin. Now the Tribunal will

[929] For a full list of staff members and their fate please consult Rainer Möhler, *Die Reichsuniversität Straßburg 1941-1944. Eine Nationalsozialistische Musteruniversität zwischen Wissenschaft, Volkstumspolitik, und Verbrechen*. Habilitation Universität Saarlandes (2019): 771.
[930] Consult Appendix 15 for biographies and information on Reichsuniversität Straßburg staff.
[931] François Rouquet, *Une épuration ordinaire, 1944-1949 : petits et grands collaborateurs de l'administration française*: 271.

understand that these restrictions upon the return of refugees were in themselves equivalent to expulsion.[932]

Despite returming, Alsatians found themselves subject to restrictions, as mentioned above, such as conscription into the Wehrmacht, Nazi party membership, and 'Germanisation' of the population.[933] Postwar, this issue of forced collaboration was dealt with through two processes: 'épuration' was practiced in Alsace and France, while the process of 'denazification' occurred in Allied occupied regions in Germany. These were administrative exercises to eliminate traces of Nazi ideology from all faecets of society. This chapter will explore these processes, address the end of the war, and the final days of the Reichsuniversität Straßburg. An in-depth analysis will examine Kurt Hofmeier's testimony of the final days of the Reichsuniversität Straßburg and illustrate how the Reichsuniversität Straßburg was dismantled. This chapter will ask what occurred to those involved in the Reichsuniversität in the post war period, from denazification and prisoner of war camps, to subsequent acceptance in the medical community.

(ii) The Final Days of the Medical Faculty of Reichsuniversität Straßburg and the Process of Evacuation

The account of Professor Hofmeier, sent to the Reich Ministry of Science, Education and National Education on 1 December 1944 is one of the most indicative and in depth accounts of the evacuation of the Reichsuniversität Straßburg.[934] It reveals the general disbelief of the staff

[932] 'Count Three War Crimes,' in *Trial of the major war criminals before the International Military Tribunal, Nuremberg 14 November 1945*. Volume 6, Nuremberg: International Military Tribunal (1947): 467.
[933] François Rouquet, *Une épuration ordinaire, 1944-1949 : petits et grands collaborateurs de l'administration française.* : 354.
[934] BArch. R 76 IV 27. Account of the evacuation of Strasbourg, Dr Kurt Hofmeier.

about encroaching Allied forces and how the majority of them stayed in Strasbourg until the final moments. This is evident even from a planning perspective, as paediatric nursing students had their schedule prepared for exams up to 1946.[935] It also shows how the staff were cognisant to some degree about the threat to the city and to the hospital as they made attempts to prioritise moving patients. Indeed, seventeen research institutes from the Reichsuniversität Straßburg had already been moved to the interior of the Reich, and further away from the encroaching Western Front in September following the orders of Werner Osenberg, the head of planning in the Reich Research Council.[936]

The account was Hofmeier's personal perspective on the evacuation and the moments leading up to it and was sent to as a report to his superior, therefore it is a subjective account. This record does not indicate what happened to the patients, as it was intended to provide an insight to how the clinic was dismantled and the sudden nature of the evacuation. Hofmeier stated that on 19 November the staff of the Reichsuniversität Straßburg became aware of the Allied victory outside Mulhouse, but despite this proximity, activities continued as normal in Strasbourg. On the morning of 20 November, Hofmeier spoke to General Franz Vatterodt, the commandant of Strasbourg, who told him the city was not well equipped for defence, but still he did not get the impression that there was serious concern about a threat to the city of Strasbourg.[937] Later that afternoon he went to Professor Stein, the Dean of the medical faculty, and spoke about the meeting with General Vaterrodt. Hofmeier's liaison between the General and the Dean implies that Hofmeier held a key role in civilian administration and that he was

[935] ADBR. 126AL77 F. Letter from Oberin Reiter to Chef der Zivilverwaltung with exams planned for 50 students in 1945 and 35 students in 1946. Notdienstverpflichtung der Säuglings u kinderschwesternschulerinnen der Lehranstalt bei der Universitäts Kinderklinik in Straßburg.
[936] Rainer Möhler, *Die Reichsuniversität Straßburg 1941-1944. Eine Nationalsozialistische Musteruniversität zwischen Wissenschaft, Volkstumspolitik, und Verbrechen*.: 759.
[937] BArch. R 76 IV 27. Account of the evacuation of Strasbourg, Dr Kurt Hofmeier.

trusted with such sensitive information concerning the war. By this point the war had degraded former hierarchies to such an extent that a meeting between Hofmeier, a Lieutenant of the former imperial German army and a chief medical officer for the Sanitätercorps, and Major General Vaterrodt, the commandant of Strasbourg, could occur.[938]

Hofmeier and Stein discussed how they should be prepared in case of Allied invasion; Stein agreed, stating that

> the keeping open of the University can be regarded as particularly significant and politically important.[939]

Stein noted that evacuation was not an immediate concern and scheduled a faculty meeting for the next day. Hofmeier seemed insistent that life should continue as normal and that civilians stay in the city to continue working. This measure would prevent panic from resulting in a civilian retreat that might block roads and thus impede the military. The importance of clear roads was noted in this meeting between Vatterodt and Hofmeier, as they discussed the practicalities of moving patient to Stephansfeld providing the roads were free of disruptions. It was noted that of the three hospital buses, only one was in service, while only two ambulances were available to transport patients, so moving patients was impractical.[940]

While student enrolment at the Reichsuniversität Straßburg theoretically remained the same in November 1944, in practice, many students had already left the city.[941] Only eighteen

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[938] Derek R. Mallett, *Hitler's Generals in America : Nazi POWs and Allied Military Intelligence*, Lexington Kentucky: University Press of Kentucky (2013): 49.
[939] BArch. R 76 IV 27. Account of the evacuation of Strasbourg, Dr Kurt Hofmeier.
Original quote: Daß das Offenhalten der Universität als besonders bedeutungsvoll und politisch wichtig angesehen werden müsste.
[940] BArch. R 76 IV 27. Account of the evacuation of Strasbourg, Dr Kurt Hofmeier.
100 paediatric patients had been previously moved to Stephansfeld, so this discussion concerned the patients that remained in the hospital, not just those in the children's clinic.
[941] Exact numbers of staff and students that remained in the city is unknown.

civilian medical students remained in Strasbourg following the order for all medical student companies of the Wehrmacht to be relocated to the interior of the Reich.[942] This illustrates how militaristic the medical faculty was, but also how few people (both patients and staff) were left in the hospital by the time the Battle of Strasbourg began. In total, the final semester of medical studies in the Reichsuniversität Straßburg lasted only three days.[943] It is probable that they were aware of the encroaching battle to some degree, as only ten students attended Hofmeier's lecture on 21 November. There were some notable absences at the faculty meeting too as Professor Hirt was missing with no reason for his non-attendance, although it is now known that Hirt had fled to the Black Forest, leaving behind remnants of the Jewish skeleton collection.[944] Professor Klinge and Professor Dyckerhoff were both in Baden Baden and had excused themselves in advance of the meeting. This indicates a concerted effort by the clinic directors to move their patients outside the city, and of the other faculties of the Reichsuniversität Straßburg to evacuate. Despite this knowledge of the impending Allied arrival, due to the symbolic nature of the hospital and the university, Hofmeier stated that a considerable amount of the staff remained in Strasbourg:

> Only the researchers were known to have been outsourced by order of the Armaments Inspectorate on the basis of their important military research contracts with their institutes in the Reich. It goes without saying that everything remains in Strasbourg, especially since the Gauleiter has also given this instruction. I replied that I could in no

[942] Rainer Möhler, *Die Reichsuniversität Straßburg 1941-1944. Eine Nationalsozialistische Musteruniversität zwischen Wissenschaft, Volkstumspolitik, und Verbrechen*: 761.
[943] Ibid.: 761.
[944] International Military Tribunal; Trial of Dr Hirt (in absentia) concerning the SS Ahnenerbe; Testimony from accused, Wolfram Sievers. Also see Hans Joachim Lang, 'August Hirt and "extraordinary opportunities for cadaver delivery" to anatomical institutes in National Socialism. A murderous change in paradigm,' *Annals of Anatomy,* 129 (2013): 373-380.

way agree with this view. In my opinion, it was our task to advise who would have to stay in Strasbourg at all costs.[945]

Hofmeier noted that by the end of the faculty meeting there was no instruction from either the Dean or the Rector as to who should stay in Strasbourg, and they continued to highlight the symbolic importance of retaining the university. The movement of seventeen research institutes to the interior of the Reich was labelled as 'defeatist' by the chief of civil administration in Strasbourg.[946]

The medical, surgical and gynaecological clinics had been moving patients to Stephansfeld for an indeterminate amount of time, and Hofmeier noted that about 100 paediatric patients had been placed in Stephansfeld in a makeshift children's clinic.[947] General Vaterrodt confirmed that the roads to Stephansfeld were clear for transport if this became necessary to move more patients.

When I returned home, I ordered my senior physician and my head nurse to come to me. It was now clear to me that action had to be taken. I sent her immediately to Stefansfeld in my car with the instruction, to order all Reichsdeutschen Sisters to Strasbourg, as far as it can somehow be treated, without endangering the care of the children. Simultaneously they should take the one German child who was still there from the Renchtal to Strasbourg. The two drove off about 1 o'clock at night. I went with Professor Gebhardt to Professor Stein's apartment, who already had gone to rest. I told

[945] BArch. R 76 IV 27. Account of the evacuation of Strasbourg, Dr Kurt Hofmeier.
Original quote: Lediglich die Naturwissenschaftler seien bekanntlich durch Befehl der Rüstungsinspektion auf Grund ihrer kriegswichtigen Forschungsaufträge mit ihren Instituten ins Reich ausgelagert worden. Es sei selbstverständlich, daß alles in Straßburg bleibe, zumal auch der Gauleiter dahingehende Weisung gegeben habe. Ich erwiderte, daß ich mich dieser Auffassung keinesfalls anschließen könnte. Es sei meines Erachtens unsere Aufgabe, darüber zu beraten, wer unter allen Umständen in Straßburg bleiben müsse.
[946] Rainer Möhler, *Die Reichsuniversität Straßburg 1941-1944. Eine Nationalsozialistische Musteruniversität zwischen Wissenschaft, Volkstumspolitik, und Verbrechen*: 759.
[947] This is the same Stephansfeld institution mentioned in the chapter on psychiatry, located approximately 20 kilometres from the hospital.

him about the situation, as the Wehrmacht commander had told me, and told him that I thought it was my duty to give him advice and that in my opinion we must act now.[948]

On 22 November the staff were made aware of the Allied position, as Hofmeier began to hand out certificates to the nurses, doctors and technical assistants for them to leave.[949] He also gathered the staff of the children's clinic and told them to leave Strasbourg for a week. If it was not possible to return to Strasbourg in a week, they were ordered to report to the clinic in Tübingen. Indeed, following bombing raids on Strasbourg which led to the destruction of the hygiene institute in October 1944, Adalbert Erler, Ernst Ahnrich and Richard Dehm of the Reichsuniversität Straßburg were sent to the University of Tübingen to find suitable premises for the relocation of the university. By 20 November, an agreement has been reached between the Reichsuniversität Straßburg, University of Tübingen and the Reich Ministry of Education to move teaching for the last three clinical semesters of medical studies to the new site.[950] This agreement suggests the evacuation to Tübingen was well understood and planned amongst the staff, but ultimately intended to be a short term solution.[951] The patients of the children's clinic also appear to have been well prepared, as Hofmeier mentioned only twenty patients remained at

[948] BArch. R 76 IV 27. Account of the evacuation of Strasbourg, Dr Kurt Hofmeier.
Original quote: Nach Hause zurückgekehrt bestellte ich meinen Oberarzt und meine Oberin zu mir. Es war mir jetzt klar, daß gehandelt werden mußte. Ich schickte sie sofort mit meinem Wagen nach Stefansfeld mit der Weisung, alle reichsdeutschen Schwestern soweit es sich irgendwie vertreten lasse, ohne daß die Pflege der dort vorhandenen Kinder gefährdet würde, nach Straßburg zu beordern. Gleichzeitig sollten sie ein noch dort liegendes reichsdeutsches Kind aus dem Renchtal nach Straßburg bringen. Die Beiden fuhren etwa gegen 1 Uhr nachts ab. Ich selbst begab mich mit Professor Gebhardt in die Wohnung von Professor Stein, der schon zur Ruhe gegangen war. Ich berichtete ihm über die Lage, wie sie mir der Wehrmachtskommandant geschildert hatte, und sagte ihm, daß ich es für meine Pflicht hielt, ihn zu orientieren und daß nun meines Erachtens gehandelt werden Müsse.
[949] Ibid.
[950] Hans-Joachim Lang, 'Der Untergang der Reichsuniversität. Mit den Professoren aus Straßburg kam auch ein Verbrecher nach Tübingen,' *Schwäbischen Tagblatt*, 20. März 2015.
[951] For further information on the move to Tübingen, consult Hans-Joachim Lang, 'Der Untergang der Reichsuniversität. Mit den Professoren aus Straßburg kam auch ein Verbrecher nach Tübingen,' *Schwäbischen Tagblatt*, 20. März 2015.

the clinic in Strasbourg, under the supervision of a Lithuanian medical assistant.[952] It is assumed that these twenty patients were not evacuated due to their medical conditions, although what illnesses they had are not mentioned. Hofmeier's decision implies that there were some patients released in anticipation of the Allied arrival. The record does not specify how many patients were released under such conditions, nor is there an explanation as to how this triage system was organised.

Hofmeier went to see the Wehrmacht Lieutenant-Colonel Kaiser on 23 November, having heard gunfire and shells exploding outside his house. On his arrival, Kaiser told him that the Battle of Strasbourg had just begun.[953] Hofmeier returned home, and informed Professor Gebhardt of the battle, who had been staying at Hofmeier's house following bomb damage to his own home.

[952] It is unknown who exactly this medical assistant was, as there is no record of a Lithuanian medical assistant at the children's clinic. It is possible this person was a temporary staff member who therefore did not appear on the staff register, or it is also possible that this medical assistant was sourced from another clinic.
[953] BArch. R 76 IV 27. Account of the evacuation of Strasbourg, Dr Kurt Hofmeier.

Figure 7.1.: Example of damage caused by bombing to the city of Strasbourg prior to the liberation of the city. Corner of Rue Gutenberg and Place Gutenberg in Strasbourg following aerial bombardment 11 August 1944.[954]

[954] AVES. 1 FI 113 121. Place Gutenberg à l'entrée de la Rue Gutenberg. Opérations de déblaiement suite au bombardement aérien du 11 août 1944.

Together they went to Professor Stein, who was having coffee with his daughter at the hospital and informed him of the advance of the Allied troops. There were no further German staff members from the clinic in Strasbourg by that morning, but Hofmeier suggested that Alsatian staff should remain. Hofmeier was of the impression that if he stayed in the hospital he would be imprisoned when the Allies arrived, so he planned to flee. He went to his office at the children's clinic, gathered his papers and files, and packed up his car. Other staff members including the chief nurse, left by bike that morning just as Hofmeier was leaving, and he described being shot at from the direction of Polygone, about three kilometres from the hospital. He noted that 'We drove very slowly, as the car was heavily overloaded,' over the bridge to Kehl, where they arrived by about 10.30am.[955] It is unknown exactly what material and files Hofmeier took with him on his escape from Strasbourg, and from his account, by 10am the Allies had advanced almost to the gates of the hospital.

Kiehl was offered a place in Hofmeier's car while fleeing to Kehl, but he did not take up the offer, choosing to leave by bike instead. As a result, his movements during the evacuation are unknown, but it is surmised that he went to the Black Forest as it was considered safe and close enough to Strasbourg to cycle. If this assumption of his location in the Black Forest is correct, it is possible that he returned to the Lebensborn home in Nordrach. Hofmeier had anticipated being able to return to Strasbourg, but was unable to do so given the damage to the bridge at Kehl, therefore Hofmeier never returned to the children's clinic or to the Lebensborn home in Nordrach.

[955] BArch. R 76 IV 27. Account of the evacuation of Strasbourg, Dr Kurt Hofmeier.
Original quote: Wir fuhren sehr langsam, da der Wagen stark überlastet war.

(iii) The Fate of the Medical Faculty of the Reichsuniversität Straßburg Staff following the German Evacuation of Strasbourg

The Allies took three days to liberate Strasbourg, starting on the morning of 23 November 1944. In the immediate aftermath of the battle, the surgical clinic 1 was used by the American and French troops as a field hospital, and Zukschwerdt continued to operate in the surgical clinic 2.[956] The hospital staff who did not flee stayed in the private clinic of Johannes Stein for two weeks. On 7 December the remaining 250 staff members were placed on a train from Strasbourg to a prisoner of war camp between Marseilles and Aix-en-Provence where they worked in a new hospital camp built to accommodate 1500 patients.[957] In a circular letter to all staff of the medical faculty, the rector of the Reichsuniversität Straßburg wrote from Tübingen on 26 March 1945 concerning the evacuation of Strasbourg and what occurred in the aftermath.[958] The list includes the addresses of staff, and also their condition, such as whether they had stayed in Strasbourg, been sent to a prisoner of war camp, or had fled to a different city.[959] The rector stated that in the first days of the prisoner of war camp, their conditions were bad, with bitter cold weather, however their requests for medicines were granted so they were treated well.[960] The rector also thanked the Americans for accommodating the accident and emergency clinic in Stephansfeld and staffing it adequately with doctors. At the end of the letter, the rector noted that he sent his wishes to all the former staff, from the Strasbourg group in Tübingen. While the Reichsuniversität Straßburg and its staff were not in Strasbourg anymore, they appeared to continue operating as normal from Tübingen, excluding clinical practice which

[956] Rainer Möhler, *Die Reichsuniversität Straßburg 1941-1944. Eine Nationalsozialistische Musteruniversität zwischen Wissenschaft, Volkstumspolitik, und Verbrechen*.: 761.
[957] Ibid.
[958] Ibid.
[959] Consult Rainer Möhler page 761 and biographical appendices in this thesis for full list of staff and their fate in the immediate postwar era.
[960] BArch. R 76 IV 27. Account of the evacuation of Strasbourg, Dr Kurt Hofmeier.

was suspended.[961] Students wrote to Tübingen to request further information about their exams, continued their research and their theses, and many of these were submitted in 1945 for examination by the Reichsuniversität Straßburg.[962] In the Marseille prisoner of war camp, Professor Klinge wrote a book on pathology practices at the Reichsuniversität Straßburg during his incarceration.[963] The female Reichsuniversität hospital staff members were brought to a prisoner of war camp near Chartres, although it is not known if this group included Alsatian staff members.

The French children's clinic had been evacuated to the Hôpital Parrot in Périgueux in 1940, and returned to Strasbourg at the end of August 1945.[964] The rest of the hospital was reinstated by the French in June 1945, but the buildings of the children's clinic retained their function as a military health facility until August.[965] Paul Rohmer was reinstated as director of the childrens' clinic, and on his retirement in 1947, his former student Dr Robert Sacrez took control of the department.[966] In the post war era, despite the financial instability, Dr Sacrez led the reconstruction and modernisation of the clinic.[967] In 1989 the children's clinic buildings were demolished and the clinic moved to the Hôpital Hautepierre, with the site of the former children's clinic later used for the construction of the Nouvel Hôpital Civil in 2008.[968]

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[961] Hans-Joachim Lang, 'Der Untergang der Reichsuniversität. Mit den Professoren aus Straßburg kam auch ein Verbrecher nach Tübingen,' *Schwäbischen Tagblatt*, 20. März 2015.
[962] Hans-Joachim Lang, 'Der Untergang der Reichsuniversität. Mit den Professoren aus Straßburg kam auch ein Verbrecher nach Tübingen,' *Schwäbischen Tagblatt*, 20. März 2015.
Examples of theses submitted in 1945 include Christel von der Decken and Wolfgang Wendel.
[963] Fritz Klinge, *Der Sektionskurs und was dazu gehört. Auch zur Zusammenarbeit des Pathologen mit dem Arzt*: vorwort.
[964] Denis Durand De Bousingen, 'La Clinique Infantile de l'Hôpital Civil (1910-1989). Une Réalisation Modèle Au Service Des Enfants Malades,' *Histoire & Patrimoine Hospitalier : Mémoire de La Médecine à Strasbourg* 23 (2010): 4–11.
[965] Jean-Marc Lévy, 'Les "Patrons" Successifs de La Clinique Infantile': 14–29.
[966] Ibid.
[967] For further information on the financial situation in the postwar era, consult AFMSD.
[968] Ibid.

(iv) The Fate of Patients following the German evacuation of Strasbourg

The literature available on the aftermath of the war in Alsace is quite sparse, so therefore an analysis of the fate of patients must rely on existing material from other studies. As Shields and Bryan note, the process of adapting to normal life following the war was almost as traumatic as the war itself for children.[969] The psychological difficulties were equally as profound for German children and those who had been indoctrinated, as they found the defeat of Hitler and the National Socialism to be 'an abnegation of all they had been brought up to believe.'[970] It is estimated that there were thirteen million orphaned children by the end of the war, many of whom were now dealing with considerable injuries and illnesses as a result of the war. Many patients who were being cared for at the moment of evacuation in Strasbourg were discharged, or sent to Stephansfeld, away from the encroaching war front. However, it is unknown as to what happened individual patients, or even statistics as to how many patients remained to be treated under French administration or how many were transferred to a German hospital.[971] Alsace was remarkably intact at the end of the war, and compared to the German population, Alsatians were indoctrinated for a much shorter period. Therefore, the situation in Alsace is not equivalent to the fate of other German cities in the immediate aftermath of the war.

It is possible to ascertain what may have happened to these children by looking at the postwar ideology surrounding the importance of children and nationhood. As mentioned in the chapter on paediatric medicine, the care of children has always been ideologically symbolic of

[969] L. Shields and B. Brian, 'The effect of war on children: the children of Europe after World War II,' *International Nursing Review,* 49, 2 (2002): 87-98.
[970] Ibid, referencing Guido Knopp and Jörg Mullner, *Hitlers Children,* (2000).
[971] A number of patients who were admitted to the Reichsuniversität Straßburg children's clinic, subsequently listed their release date from the hospital in the French era following evacuation; it is unknown if they were transferred to another hospital and subsequently received treatment at the French hospital after German evacuation in November 1944, but some patients' care was situated in both French and German eras.

the future of the nation.[972] Tara Zahra stated that in the aftermath of the war, Europe's 'lost children' were considered by European politicians to be of national significance. Zahra notes that policy makers in the post war era considered 'the rehabilitation of these children to be essential to the biological, moral, and economic reconstruction of the nation' and as a result the presence of refugee children was often debated between nations.[973] Children were perceived as a form of national property, whose national identity was of the utmost importance. Repatriation of children to their nation state was deemed of international significance, symbolising justice and reconstruction of Europe by the International Refugee Organisation.[974] Eugenic ideologies saw a considerable resurgence during the Second World War across the continent; as a result of the significant loss of life of not only soldiers, but also civilians, considerable importance was placed on increasing citizenship of European nations. One example is that of Pierre Pfimlin, the French minister for public health, who in 1946 described the arrival of displaced children in France as a 'blood transfusion' that would revitalise the nation and ameliorate the loss of so many people.[975] This is applicable to Alsace in that it was literally re-incorporated to France.

The population of Alsace was subject to 'Germanisation,' much like other occupied lands, however, the policy in Alsace was of integration which was not the case in Eastern Europe. The 'Germanisation' of children was also a sensitive issue, as there were no exact numbers of children who had been forcibly moved to Germany and many of those from Eastern Europe who were subject to Germanisation were bilingual to begin with. This issue of

[972] Eduard Seidler, *Ethics in Medicine: Historical Aspects of the Present Debate*: 14.
[973] Tara Zahra, '"A Human Treasure": Europe's Displaced Children between Nationalism and Internationalism,' *Past & Present* 210, no. suppl 6 (1 January 2011): 332–50, https://doi.org/10.1093/pastj/gtq053.
[974] Constitution of the International Refugee Organization, December 15, 1946 available at Yale Law School Lillian Goodman Law Library, The Avalon Project. Accessed 15/5/20 https://avalon.law.yale.edu/20th_century/decad053.asp
[975] Tara Zahra, '"A Human Treasure" Europe's Displaced Children between Nationalism and Internationalism': 332-50.

bilingualism was particularly difficult in Alsace, as although schooling was conducted in German, French being spoken at home was an act of private resistance. In Alsace, as elsewere, a considerable number of children lost family members during the war. This could have a considerable impact on individuals; those who were not Holocaust survivors, but who lost family, were in need of psychosocial support.[976] Irene, a child survivor, talked about how she was separated from her friend and sent to be fostered in America but promised her that she could come back to her friend. This reunion never happened, and she stated that she had been exploited in being forcibly separated, leading to intense loneliness in her new home.[977] Issac, another child refugee, spoke about how children's wishes were not taken into consideration, as he had been picked for adoption by an American couple, despite the fact that he did not want to go with them and wanted to move to Israel instead. He poignantly stated that 'a stranger demands to take charge of your life' and the children were expected to accept it.[978] This was more complex than expected however, especially in Eastern Europe, as the nationality of many children was difficult to decipher in the absence of paperwork and passports, renaming children to become German, and the fact that many children had no memory of their native language and claimed to be German.[979] In Alsaee, many children knew more German than French because of the schooling system, so their incorporation to France was similarly difficult.

Norway faced a similar issue of assimilation as Alsace did when it came to children of dual nationality after the war. In Norway, the War Child Committee discussed whether children of German and Norwegian parents would be deported to Germany or incorporated and accepted

[976] Michael Dorland*, Cadaverland: inventing a pathology of catastrophe for Holocaust survival: the limits of medical knowledge and memory in France*.: 166.
[977] Beth B. Cohen, 'The Last Remnant of the Holocaust,' in *Children, Childhoood and Cultural Heritage*, (2013): 180.
[978] Ibid: 181.
[979] Ibid: 183.

into Norwegian society.[980] In late 1945 the decision was made to keep the children in Norway and assimilate them, but the discussion opened the question as to the political importance of choosing a single nationality in more diverse areas where national boundaries had been blurred. Ericsson and Simonsen explain this by the fact that not only did societies have to physically reconstruct themselves after the war, they also had to socially construct who belonged to this new national community and who did not.[981] In France, Ericsson and Simonsen state, that while there was no official policy to exclude these 'war children' from society, the narrative of French Resistance and German brutality was directed at them and these children would feel misplaced and be further victimised.[982]

There are no case studies of children from the paediatric clinic in Strasbourg after the war but reading the situation of other displaced children sheds light on how children navigated the post war environment. Even at that, the situation is not entirely comparable as the city is not as severely damaged as others in the postwar era. Due to confidentiality of records consulted, and the temporal limitations of the project, this thesis has not embarked upon an oral history of those who remember their treatment at the hospital during Nazi occupation. The issue of national belonging was particularly pertinent for children in Alsace; they were often born to parents who had been reclassified twice as both French and German.[983] The dividing line between German and French, as Machteld Venken states, was particularly unclear in Alsace as the Nazi designation of racial groups and nationality were obscure but aimed at including borderland

[980] Kjersti Ericsson and Eva Simonsen, 'On the Border: The Contested Children of the Second World War', *Childhood* 15, no.3 (August 2008): 397.
[981] Ibid.
[982] Ibid.
[983] Margaret Andersen, 'Kinderreicher Familien or familles nombreuses? French pronatalism in Alsace,': 63-81.

inhabitants.[984] Problems with fostering, adoption, and the agency of children to stay in a certain area or with certain friends or siblings was often not taken into account in other cities, and it is likely that a similar situation occurred in Strasbourg.

(v) Process of Denazification

The process of denazification was developed by Elmer Plischke, a political scientist, with the aim of eliminating Nazism from the population.[985] This process started with changing place names, preventing Nazi propaganda and forbidding the use of Nazi insignia and flags. The remaining objectives were more difficult to quantify however, as the Allies sought to arrest all Nazi leaders, along with others deemed hostile to allied occupation. It also aimed to remove Nazi supporters from public office, as well as eliminating the Nazi party and all its' affiliated privileges and pensions including the seizure of Nazi property. However, as Czech states, denazification was not a uniform process, and varied widely depending on the geographical region, administrative powers, and which field of work the person to be denazified was involved in.[986] The legal issue of removing Nazism from the constitution was also raised. In order to achieve this, it relied on a questionnaire, with over 130 questions that sought the person's former voting record, military service, religion, membership of the Nazi party and its affiliated

[984] Machteld Venken, 'Introduction,' *Borderland Studies Meets Child Studies: A European Encounter*, Vienna: Peter Lang (2017): 29.
[985] Elmer Plischke, "Denazification Law and Procedure," *The American Journal of International Law* 4, (1947) 807–27: 815
[986] Herwig Czech, 'Braune Westen, weiße Mäntel Die Versuche einer Entnazifizierung der Medizin in Österreich,': 179-201.

organisations, as well as activities during the war to determine if they were affiliated with the Nazi party or sympathetic to its aims.[987]

Following the war, a widespread practice of denazification occurred in all zones occupied by the allies, while épuration (or 'purification') occurred in France, including Alsace. In Baden and Alsace, mayors and top tier administrators were removed, and as Grohnert states, the most prominent Nazis were arrested and brought to trial, such as Robert Wagner.[988] However, basic party members were not considered to be convinced Nazis, and as a result they were not all immediately removed from office, as some civil administration needed to continue. [989] While the process of denazification in Allied controlled regions hoped to cleanse the administration of the more ideologically committed Nazis so that rebuilding could occur, the practicalities of the process lagged far behind the theoretical benefit.[990] Part of the reason for the difficulty in processing of denazification files was the sheer scale involved; by 1945, approximately 8 million Germans were members of the Nazi party, and many more were members of its' affiliated organisations. The reasons for joining the party were diverse; from agreeing with the political ideology of Nazism, to trying to retain a job, to forced membership, or opportunism. To remove 8 million Germans from work would place further burden on the Allies to prop up a functioning government, administration and society therefore they depended heavily on rushing denazification and clearing people to work again.

[987] Werner Sollors, '"Everybody Gets Fragebogened Sooner or Later": The Denazification Questionnaire as Cultural Text', German Life and Letters 71, no. 2 (1 April 2018): 139–53, https://doi.org/10.1111/glal.12188.
[988] R. Grohnert, 'Die »auto-epuration«', III Entnazifizierung, Selbstmitlied und umgang mit der NS-Vergangenheit in *Krisenjahre und Aufbruchszeit Alltag und Politik im französisch besetzten Baden 1945–1949* eds. Edgar Wolfrum, Peter Fäßler and Reinhard Grohnert, München: De Gruyter (1996): 165-185.
[989] Ibid: 165-185.
[990] François Rouquet and Fabrice Virgili, 'Épurer et dénazifier l'Alsace-Moselle,' in *Les Française, Les Français et l'Épuration, De 1940 à nos jours.* Paris: Editions Gallimard (2018): 283.

In the Reichsuniversität Straßburg most staff had fled, and medical students and civillians considered to be Reichsdeutsche had also left the city and returned to Germany. Therefore, the question in Alsace is more of épuration rather than denazification of the civilian population. In Alsace, there are records of approximately 20,000 initial investigations to criminal activity during the war, however for purely practical reasons of being unable to bring that number of people to trial, only the more serious crimes were investigated fully and brought to trial.[991] While individuals did have to undergo épuration, investigation was placed on criminal activity, rather than adherence to Nazism. In practice, it was the more obviously unethical research that was targeted, leading to the conviction of Hirt, Haagen and Bickenbach.[992] The fact that being part of the Reichsuniversität Straßburg required significant ideological commitment to the regime was ignored, as an ideology and political convictions alone were not enough for prosecution in practice.[993] In order for former members of the Reichsuniversität that fled to Germany to be cleared to work again, a denazification record had to be completed, and it was a crime to lie on record. A significant problem with this was that a thorough investigation of the answers, rather than a cursory check of information given, was not possible until 1946.[994] Despite this flaw, public prosecution of those who lied on the denazification record sent the message that the questions had to be answered correctly.

There were arguments that the process of denazification failed to apprehend the devoted members of the Nazi party, as many of them had already fled, committed suicide, or adopted an

[991] ADBR. Police Judiciaire files under 1095W 1-172 (Dossiers 1-20500).
[992] Christian Bonah and Florian Schmaltz, 'From witness to indictee. Eugen Haagen and his court hearings from the Nuremberg Medical Trial (1946-47) to the Struthof Medical Trials (1952-54)' in *From clinic to concentration camp. Reassessing Nazi medical and racial research, 1933-1945* ed. Paul Weindling, London: Routledge (2017): 293-315.
[993] Tania Elias, 'La Cérémonie Inaugurale De La Reichsuniversität De Strasbourg (1941)', *Revue d'Allemagne et Des Pays de Langue Allemande* 43, no. 3 (July 2011) : 341–61.
[994] David Buxton, 'To What Extent Was the Failure of Denazification in Germany 1945-48 a Result of the Apathy of the Allies?' *Historian,* no. 78 (2003): 18.

alias to avoid detection.[995] As a result, denazification was not welcomed by much of the population due to the difficulty in classifying collaboration. An autobiographical novel by Ernst von Salomon detailed his personal experience of the post war era, in which he compared the investigation of denazification to Nazi interrogation.[996] In a review of the "Fragebogen", Rudolf Heberle notes that 'if a book like this one reaches seven editions in a year and three months… it must have hit some receptive spots in the German mind, it must speak for a lot of people.'[997] Denazification records had five different categories of clearance:

I. Major Offenders/Hauptschuldige

II. Offenders/Belastete (Aktivisten, Militaristen, Nutznießer)

III. Lesser Offenders/ Minderbelastete (Bewahrungsgruppe)

IV. Followers/Mitläufer

V. Persons exonerated/Entlastete.[998]

In practice, it was difficult to differentiate between many of the categories and as a result, most people were included in the fourth category of followers, or Mitläufer.[999] A complication of denazification was the lack of uniformity in the system; as multiple different regions had the same process, they carried it out somewhat differently. Furthermore, the demilitarisation at the end of the war led to the Germans administering the denazification process themselves which was considerably biased. Denazification records varied from the original six page long questionnaire, to the two page Meldebogen from 1946, and the one-page document that von

[995] David Buxton, 'To What Extent Was the Failure of Denazification in Germany 1945-48 a Result of the Apathy of the Allies?': 18.
[996] Ernst von Salomon, *Der Fragebogen*, (1951).
[997] Rudolf Heberle, 'Der Fragebogen'*, Social Forces* 31, no. 3 (March 1953): 286–87.
[998] Ibid: 18.
[999] Rainer Hudemann 'La denazification: succès ou mission impossible? Réflexions de conclusion' in *La France et la denazification de l'Allemagne après 1945* eds. Sébastien Cahuffour, Corine Defrance, Stefan Martens, Marie-Bénédicte Vincent, Brussels: Peter Lang (2019): 267.

Salomon filled in. The denazification record of Dr Hofmeier from 1949 is quite sizeable, at 58 pages long. It details his former addresses, his membership of the Nazi party and affiliated organisations, chronology of military service, and financial information for the duration of the war. As he was a former professor at the Reichsuniversität Straßburg, a full publication list as well as testimonies of his associations with other doctors was provided as part of his denazification file. Testimonies of a bankers, co-workers and friends indicate that he was a skilled and dedicated paediatrician; crucially, these testimonies were chosen by Hofmeier himself, and so gloss over any wartime involvement with Nazism, indicative of postwar legitimization of his career. As a result, Hofmeier was classified as a "Mitläufer", and was described as 'medically indispensable in paediatrics', with no obligations to stop him practicing medicine.[1000]

(vi) Investigation and Denazification of Dr Kurt Hofmeier

In the post war era, the recruitment process for universities was complicated by denazification. Hiring personnel with experience of lecturing and practicing in a university setting, while simultaneously weeding out those who were ideologically devoted to the Nazi party was a difficult task.[1001] Moreover, each area had a different process of denazification. In France there was a shortage of qualified personnel as experienced administrators were needed to reestablish ministries rather than become involved in checking denazification records, and the

[1000] LA-BW StAS. Wü 13T2133. Denazification of Dr Kurt Hofmeier.
Original quote: ‚Er ist nach seinen Leistungen ärztlich als unentbehrlich in der Kinderheilkunde zu betrachten.'
[1001] Corine Defrance and Frank Hüther, 'Un nouveau personel pour une nouvel université? Les défis du recrutement des enseignants à Mayence, 1945-1949' in *La France et la denazification de l'Allemagne après 1945* eds. Sébastien Cahuffour, Corine Defrance, Stefan Martens, Marie-Bénédicte Vincent, Brussels: Peter Lang (2019): 45- 64.

sheer volume of paperwork created by the process of denazification, without the administrative resources to proess it, was not sustainable.[1002] The number of people assigned to process the denazification records in the French occupation zone in Germany was far exceeded by the number of cases; in Baden, out of 155,000 cases, only 20% had been checked by 1947.[1003] Dr Hofmeier applied to the University of Mainz, also in the French occupation zone, for a job as a paediatrician, but each individual who applied for the job had to provide his curriculum vitae, publication list, and a denazification record.[1004] By 1947 many academics had fallen through the cracks of the denazification records, and so Hofmeier had to complete a second one. Josef Schmid was appointed to examine candidates and set up the university and was later appointed as rector of the university by the French occupation authorities.[1005] The candidates' files were transferred to the French military government who investigated their records, and in turn dismissed unsuitable candidates. Part of these candidate files included testimonials from former colleagues to account for their activities during the war. Crucially, these testimonials were compiled by the individual themselves, in this case by Hofmeier, and so they are naturally biased in favour of the applicant. It was customary that a candidate with potential would meet with Schmid in person for an interview and would then be informed if they could be suitable for the job or not. While there is no formal letter declaring Hofmeier's unsuitability for the position, his file is included in the rejected applications record in the Archives Diplomatiques conserved in

[1002] Mikkel Dack, 'A Comparative Study of French Denazification. Instruments and Procedures in Allied Occupied Germany' in *La France et la denazification de l'Allemagne après 1945* eds. Sébastien Cahuffour, Corine Defrance, Stefan Martens, Marie-Bénédicte Vincent, Brussels: Peter Lang (2019): 112.
Jürgen Klöckler, 'Entnazifizierung im französisch besetzten Südwestdeutschland. Das Verfahren der „auto-épuration" in Baden und Württemberg-Hohenzollern,' in *Entnazifizierung im regionalen Vergleich*, Walter Schuster/Wolfgang Weber, Linz (2004): 511–528.
[1003] R. Grohnert, 'Die »auto-epuration«', III Entnazifizierung, Selbstmitlied und umgang mit der NS-Vergangenheit in *Krisenjahre und Aufbruchszeit Alltag und Politik im französisch besetzten Baden 1945–1949* eds. Edgar Wolfrum, Peter Fäßler and Reinhard Grohnert. De Gruyter, (1996); 165-185.
[1004] AN-CAD. AC0134/4 Archives de l'Occupation Française en Allemagne et en Autriche.
[1005] Ibid.

the centre of La Courneuve.[1006] In the dossier provided by Hofmeier for the position of head of paediatrics at the medical faculty of the university of Mainz, we see a considerable amount of information about his activities and how he was perceived by his former colleagues at the Reichsuniversität Straßburg.[1007] Notably, all testimonials are from those who worked under Hofmeier, and not other heads of clinics. Their statements are contradictory to other testimony given by those opposed to the Nazi regime. Frau Wilhelm, his secretary testified stating that only necessary letters to Dr Conti were sent, and could not comment on the presence of Nazi propaganda in Hofmeier's office.[1008] Other doctors claimed that his lack of communication with Dr Conti in person was remarkably frosty.[1009] A nurse stated that he made no attempt to influence the politics of the nurses, nor did he require them to greet him with the Nazi salute, and even went so far as to claim that he rejected political activity of the nurses; this is directly contradictory to later testimony in the Police Judiciaire.[1010] This nurse also specifically added that 'he knew nothing about the final solution' which appears that she was asked a leading question about the extent of his knowledge.[1011] These testimonies that claim he was completely ignorant are in contrast to Alsatian and French testimony, which claims he 'supported National Socialism until the end.'[1012] In his denazification record in Siegmaringen Professor Hans

[1006] Corine Defrance and Frank Hüther, 'Un nouveau personel pour une nouvel université? Les défis du recrutement des enseignants à Mayence, 1945-1949' in *La France et la denazification de l'Allemagne après 1945* eds. Sébastien Cahuffour, Corine Defrance, Stefan Martens, Marie-Bénédicte Vincent, Brussels: Peter Lang (2019): 45- 64.
[1007] Personal correspondence with Corine Defrance, 11 September 2019.
[1008] AN-CAD. Testimony of Fray Wilhelm, 9 May 1947. AC0134/4 Archives de l'Occupation Française en Allemagne et en Autriche.
[1009] AN-CAD. AC0134/4. Testimony of Dr Jakober, 21 March 1947. Archives de l'Occupation Française en Allemagne et en Autriche.
[1010] AN-CAD. AC0134/4. Testimony of Nurse Reiter, 15 April 1947. Archives de l'Occupation Française en Allemagne et en Autriche.
[1011] AN-CAD. AC0134/4. Ibid. Original quote; Bei vorher stattgefunden Besprechungen war zwischen Herr Hofmeier und der damaligen Oberschwester soweit ich orientiert bin nicht gesprochen worden da ihm über die endgültige Lösung nichts genaues bekannt war.
[1012] AN-CAD. AC0134/4. Testimony of Dr Devillier, 25 November 1946, Archives de l'Occupation Française en Allemagne et en Autriche.

Schlossberger stated that his appointment as the chair of paediatrics in Strasbourg had been the result of 'well-deserved recognition of scientific activity,' rather than as a result of affiliation with the Nazi party.[1013]

As briefly mentioned previously in this thesis, in 1945 the Service Régionale de la Police Judiciare in Strasbourg opened a case concerning Hofmeier denouncing students to the Gestapo.[1014] The denazification file ignored the testimonials provided by students, nurses and co-workers against Hofmeier in this case. It is unknown how far this case progressed, but based on the accounts of students it is evident that the denazification clearance for work in the postwar era was as a result of convenience rather than an indication that Hofmeier had nothing to do with the Nazi party. The lead investigator of the case, Mr Schwager, complained that he was not sure of the exact origin of the information, and only one testimony is particularly damning, so it is possibly for this reason that the investigation did not progress further. It is not clear if this investigation was linked to the Mainz application, as evaluation criteria of candidates for the position was not recorded. Dr Hofmeier controlled a student regiment in the hospital, as was fitting his military rank as Stabsarzt, and therefore insisted that students regularly attend meetings of the NSDStB; one of these meetings is shown below in figure 7.3.[1015]

[1013] LA-BW StAS. Wü 13 T 2 Nr. 2133/014. Testimony of Professor Hans Schlossberger in Heidenheim. Dr Kurt Hofmeier Entnazifizierung.
Original Quote; Ihre vor einigen jahre erfolgte ernennung zum direktor der universitätsklinik in rus bildete die wohlverdiente anerkennung ihrer wissenschaftlichen betätigung.
[1014] ADBR. 1095 W 17 2391. Service Régional de la Police Judiciaire.
[1015] ADBR. 1095 W 17 2391. Testimony of Mme Gabriele Krebs (nurse) on 18 December 1945, Inspector Pierre Schwager, Strasbourg, Service Régional de la Police Judiciaire 8 January 1946.

Figure 7.3.: Members of the National Socialist Student League in Strasbourg, 1941. This league of German university students would have been under the leadership of Kurt Hofmeier.[1016]

The witness was Georgette Sittler, a medical student, and she indicated that he reproached her as she was found in possession of French books, which he deemed propaganda. Georgette claims that Hofmeier took it further and reported her to the Gestapo for an anti-German attitude, and threatened her with being sent to Schirmeck concentration camp.[1017] She

[1016] BIAP. 3000971. Members of the National Socialist Student League in Strasbourg, 1941. Photographed by Scherl.

[1017] ADBR. 1095 W 17 2391. Tesimony of Georgette Sittler, Nursing Student, 18 December 1945. Service Régional de la Police Judiciaire.
Original quote: Cet homme était un vrai nazi qui ne voyait que par le national-socialisme…Personnellement Hofmeier m'a reproché un jour en m'appelant à son bureau de ne pas être une bonne Allemande et de faire de la propagande française… Après qu'Hofmeier m'eut appelé à son bureau il a déposé d'accord avec la directrice une plainte contre moi à la Gestapo pour mon attitude anti Allemande.

fled to Paris and did not continue her medical studies as a result. While this is the only concrete testimony of his denunciation of students, the investigation stated

> Hofmeier and Weski denounced students to the SS and one of them was even sentenced to death after the attack on Hitler on 20 July 1943 [sic], for expressing regret at the failure of the attack. Other students were sent to the front in "Bewährungskompanien".[1018]

The investigation process is particularly interesting as individuals are questioned concerning events that happened a long time after they occurred, and much of the testimonials are from individuals who worked or studied at the Reichsuniversität Straßburg, and so are naturally not inclined to show how involved they were in an openly Nazi university. In August 1945, the Police Judiciaire note that Hofmeier was involved in denouncing students to the Gestapo for anti-Nazi sentiment, and this concerned many students, though they do not list a definitive number.[1019] No further information has been found on this particular case, but this record suggests that Hofmeier went beyond mere duty in his role, and actively engaged in the preservation of Nazi ideology in students. It is important to note though that the most damning testimony came from a French woman, long after the proposed incident, and it was not investigated further, indicating that the extent of her claims may have been exaggerated. It is possible that the denazification record did not mention this case as it did not progress to the stage of a trial, but it appears that Hofmeier's file may have been one of those that were not investigated further as it also excluded two of his more ideologically suspect publications *Die*

[1018] ADBR. 1095 W 17 2391. 17 November 1945, Note de Renseignements, Bureau de Documentation, Service Régional de la Police Judiciaire.[sic] noted as the file specifies the attack in 1943, when in fact the attempt on Hitler's life was in 1944, therefore the error present in the original has been replicated.
Original quote: Hofmeier et Weski ont dénoncé aux SS des étudiants et l'un d'eux fut même condamné à mort après l'attentat contre hitler du 20.7.1943, pour avoir manifesté des regrets de l'échec de l'attentat.
D'autres étudiants furent envoyés au front dans les compagnies sûres (Bewährungskompanien).
[1019] ADBR. 150AL2017. 31 August 1945 letter from the Chef du Service to Pinson, Perroquet, Chardonneret and Eperevier concerning Hofmeier, Weski, Boehler, and Fischer.

Bedeutung der Erbanlage für die Kinderheilkunde and *Körperliche und Geistiger Erziehung der Kinder und Jugendlichen*. In view of these French investigation files, while there were claims that he was actively involved in denouncing students to the Gestapo, these could not be proven. What is more interesting about these files is the indication that he was more ideologically affiliated to Nazism than he claimed in his denazification record. Testimonies note his insistence on wearing full uniform, as well as greeting colleagues with the Nazi salute even though not all doctors did so.[1020]

There is no doubt that Hofmeier had adhered to National Socialism. Based on his engagement with the Lebensborn programme, and his publications which encourage disparate care of children based on their racial and hereditary worth, we see that he not only believed in this ideology, but also actively practiced it. It was common practice for those involved to deny their involvement in the postwar era, negating their collaboration by simply not mentioning the war, or by stating that they were not fully aware of the extent of the cruelty. While Hofmeier attempted to distance himself from his wartime activities, he still had some affiliation to his former practice and position as a member of a Nazi university, as evidenced by his attendance at the last meeting of the faculty of the Reichsuniversität Straßburg in 1970 for Rektor Schmidt's 70th birthday in Tübingen.[1021]

[1020] ADBR. 1095 W 17 2391. 18 December 1945 testimony of Gabriele Krebs, Service Regional Police Judiciaire. Original Quote ; je sais qu'il obligeait les élèves infirmiers a faire le salut hitlérien.
[1021] Rainer Möhler, *Die Reichsuniversität Straßburg 1941-1944. Eine Nationalsozialistische Musteruniversität zwischen Wissenschaft, Volkstumspolitik, und Verbrechen:* 811.

(vii) Hofmeier's Post War Reception in Paediatric Medicine

Dr Kurt Hofmeier contributed toward paediatric medicine in part due to the students whom he supervised, the patients he treated, and the articles he wrote. One example of his students that went on to be referred to in post war paediatrics was Rosemarie von der Decken who was discussed at length in the chapter on medical education and student research at the Reichsuniversität Straßburg.[1022] Hofmeier himself contributed many articles to paediatric journals, although his work was largely reflective of research interests of the era rather than anything particularly innovative.[1023] His medical opinion appears to be valued in the immediate postwar era, as he contributed to the Fragekasten section in the *Deutsche Medizinische Wochenschrift* in 1949*,* one of the most popular medical journals at the time, so it is clear the editors thought his perspective was valuable.[1024]

His main research concerns included the impact of environment on childhood development, constitution, infection control and nutrition remained pertinent after the war, as evidenced in Hofmeier's publications such as *Deutsche Nachkriegskinder* in 1954 and *10 Jahre Nachkriegskinder* in 1962.[1025] Both of these publications addressed issues such as intelligence testing, the impact of physical environment and social environment, childhood development, nutrition, infection control, and details on the question of childhood constitution and the impact on health: these were all questions he had published on during the war, indicating that his

[1022] Rosemarie von der Decken, 'Hand-Schuller-Christian'sche Erkrankung bei zweieiigen Zwillingen.' *Archiv für Kinderheilkunde*, (1943).
[1023] For a full list of published articles by Dr Kurt Hofmeier, consult Appendix 14.
[1024] Kurt Hofmeier, 'Fragekasten,' *Deutsche Medizinische Wochenschrift,* 79 Jahrgang (1949): 589-590.
[1025] Wilhelm Hagen, Hans Thomae, and Anna Ronge, *10 Jahre Nachkriegskinder* München: J.A. Barth, (1962). Carl Coerper and Anneliese Coerper, *Deutsche Nachkriegskinder: Methoden und erste Ergebnisse der deutschen Längsschnittuntersuchungen über die körperliche und seelische Entwicklung im Schulkindalter* Stuttgart: G. Thieme, (1954).

interests had not altered in the postwar era.[1026] Hofmeier continued to practice as a paediatrician in Stuttgart, and published books on paediatric care after the war. The most popular of these was *Alles Über Dein Kind*, originally published in 1971, it went through five editions which illustrates its popularity.[1027] In this book he continued to examine the importance of issues such as nutrition, fitness, environment, and mental stimulation, but he does not mention his own research on these topics.[1028] The issues of vaccine research, practical first aid, education and learning processes, the importance of sleep and nutrition research were addressed in this book, and also in his other publications. Hofmeier also included information on pregnancy, childbirth and infant care.[1029] Furthermore, issues of adoption, heredity, and racial hygiene are not discussed, distancing him from his publications during the war. He also does not mention his involvement in the Lebensborn home in Nordrach. This shows how he distanced himself from his former work but continued paediatric practice.

In 1971 the *Stuttgarter Nachrichten* published a segment on Dr Kurt Hofmeier's time as the director of the Kaiserin Auguste Viktoria Haus in Berlin as well as his work as a paediatrician in Stuttgart.[1030] It mentions briefly that he worked in Strasbourg as the head of the paediatric clinic during the war, but does not indicate the extensive research and teaching involved, his involvement with Lebensborn, nor does it outline his period of exile in Tübingen. On his 75th birthday, the *Stuttgarter Zeitung* published a piece on his contribution to paediatrics, and noted how Hofmeier campaigned to reduce infant mortality rates and improve nutrition

[1026] Wilhelm Hagen, et al. *10 Jahre Nachkriegskinder*. Carl Coerper and Anneliese Coerper, *Deutsche Nachkriegskinder*.
[1027] Kurt Hofmeier, Werner Schwidder, and Friedrich Müller*, Alles über dein Kind: Auskunfts- und Nachschlagewerk nach Altersstufen über die körperliche und seelische Entwicklung, Pflege und Erziehung des Kindes für alle Eltern, Lehrer und Erzieher*, Bielefeld: Gieseking, (1970).
[1028] Ibid.
[1029] Ibid.
[1030] *Stuttgarter Nachrichten*, 10 September 1971.

during the war, briefly mentioned that he was the former director of the children's clinic in the Reichsuniversität Straßburg, and focuses on his establishment of a successful paediatric practice in Stuttgart in 1948.[1031] Hofmeier died on 27 August 1989, and his obituary in the Stuttgarter Zeitung stated that donations were to be made to SOS Kinderdorf (a non profit organization of childrens villages providing social, educational and medical facilities to impoverished children) in lieu of flowers which indicates his lifelong commitment to paediatric care.[1032]

Hofmeier wrote an unpublished and undated memoir during his time in Stuttgart, entitled *Ein Bild Meiner Zeit; So War Es* which included an account of his childhood, his medical studies, although not much about his time in the Reichsuniversität Straßburg.[1033] He did, however, include a chapter 'Zur Judenfrage' or 'On the Jewish Question' where he outlined his views. Hofmeier recalled going to school with a Jewish child and claimed that this was not considered exceptional at the time as his parents were very liberal and sympathetic toward Jews. This chapter is the final one of his memoirs, and he concludes with the following statement:

> What differentiated the Jews from us was their religion, but they were never presented to us as a foreign race. They were also like Prussian citizens and that they had any rights deprived was not known to me and was not the case… With these few words I want to conclude what I remember from the Jewish problem from that time. One can perhaps say the following, that the Jews were not loved, that one did not seek a community or initiate contact, but there was no talk of hatred toward Jews, or even worse, racial hatred.[1034]

[1031] Ibid.
[1032] *Stuttgarter Zeitung*, 4 September 1989.
[1033] LA-BW HStA. J175 BU2006. Kurt Hofmeier, *Ein Bild Meiner Zeit; So War Es*.
[1034] Ibid.
Original quote: ‚Wodurch sie die Juden von uns unterschieden war ihre Religion nie aber wurden sie uns als fremdrassig hingestellt. Sie waren ja auch wie preußische Staatsbürger und dass sie irgendwelche rechte entberhren war mir nicht bekannt und war auch nicht der Fall… Mit diesen wenigen Worten will ich das was mir vom Judenproblem aus der damaligen Zeit noch erinnerlich ist abschließen. Man kann vielleicht so sagen, dass man den Juden nicht liebte, dass man keine Gemeinschaft mit ihm suchte oder begründete, dass aber von Judenhass oder gar Rassenhass keine Rede war.'

It is telling that he chose the final chapter of his memoirs to focus exclusively on Jews while simultaneously not mentioning his actions during the Second World War, his early membership of the Nazi party, or indeed his position in the Reichsuniversität Strasbourg which was predicated on the explusion of Jews from Strasbourg. This is an example of, as Sheila Faith Weiss calls it, political whitewashing in the postwar era, by seeming to address the issue at hand while simultaneously glossing over the war time realities.[1035] This quote refers specifically to Prussia and the period of his childhood, and not Nazism, however Hofmeier's claim of being entirely unaware of the deprivation of rights to Jewish people is untrue. Hofmeier was appointed as director of the Kaiserin Auguste Viktoria Haus in 1938 as a direct consequence of the expulsion of its former director, Werner Gottstein, on the grounds that he was Jewish.[1036] He also appears to be fully aware of the exclusion of Jewish doctors, and was actively participating in it through his comment that 'it is inconceiveable to us that it was considered right to appoint a Jewish doctor as the successor.'[1037] His involvement with the Deutsche Gesellschaft für Kinderheilkunde was as a result of the 'voluntary' resignation of Jewish members, which were then replaced with members of the NSDAP, including Hofmeier and Gruninger.[1038] Given his close relationship with the commandant of Strasbourg from 1941, and his involvement in the Nazi party, Hofmeier must also have been aware that Strasbourg was declared Judenrein by 1940. During the war, he was a zealous adherent of National Socialism, and had joined the party early enough to be considered an Alte Kämpfer.

[1035] Sheila Faith Weiss, 'After the Fall: Political Whitewashing, Professional Posturing, and Personal Refashioning in the Postwar Career of Otmar Freiherr von Verschuer,' *Isis,* 101, no 4 (December 2010): 722-758.
[1036] Thomas Lennert, 'Die Entwicklung der Berliner pädiatrie,': 529–551.
[1037] Ibid, referring to a review oft he KAVH in 1939 where Hofmeier explains his position on Leo Langstein. Original quote: Es ist für uns alle unfasslich, dass man es für richtig hielt als Nachfolger einen jüdischen Arzt zu ernennen.
[1038] Eduard Seidler, 'Die Schicksale jüdischer Kinderärzte im Nationalsozialismus,' *Monatsschrift für Kinderheilkunde* 146 (1998): 744-753.

It appears that Hofmeier was deflecting knowledge of anti-Semitism during the Second World War by focusing on the presence of Jews in the Prussian community, which has the effect of avoiding any incriminating remarks on his war time involvement with the Reichsuniversität Straßburg. This confirms Stephen P. Remys' remark that in the postwar era, former academics omitted information about their participation with a regime that reinforced racist rhetoric and the war. Academics claimed that research and academia were removed from this, but racist theories and ideas were disseminated by their involvement with the regime. However, due though the necessity to resume a functioning university and clinic, as Remy states in the example of Heidelberg, the majority of former medical faculty did not have their licenses revoked.[1039] Czech also notes that as denazifiation was primarily intended to be a military rather than sociopolitical issue, even if a dismissal of medical staff occurred as a result of denazification, it did not necessarily mean the end of their career.[1040]

[1039] Stephen P. Remy, *The Heidelberg Myth; The Nazification and Denazification of a German University*: 123.
[1040] Herwig Czech, 'Braune Westen, weiße Mäntel Die Versuche einer Entnazifizierung der Medizin in Österreich,' in *Österreichische Ärzte und Ärztinnen im Nationalsozialismus*, eds. Herwig Czech and Paul Weindling. Vienna, (2017): 179-201.

Figure 7.4.: Liberation de l'Alsace; Allied troops with Alsatian women at Strasbourg Cathedral 1944.[1041]

[1041] BIAP. SAI188962900022217 Liberstion de l'Alsace 1944, René Saint Paul.

(viii) Conclusion; Transfer of the Paediatric Clinic back to French administration

On 3 October 1945, the University of Strasbourg was officially opened.[1042] Many of the buildings were damaged, and so temporary departments were stationed near the children's clinic which remained relatively intact. Reconstruction began in instalments from 1945, with inventories made to ascertain what material remained and what had been damaged or taken. In an inventory of what remained in each clinic, it appears only 2 autoclaves were in the children's clinic when it was reclaimed by the French.[1043] The children's clinic claimed more than one million francs for reconstruction and purchasing new equipment such as a microtome, microscopes, cameras and weighing scales.[1044] Many of the laboratories from the German era remained in use, such as those in the anatomy building, and the administrative structure of the German clinics was rearranged.[1045] Following the evacuation many patient files remained, but it is possible that some of these files, as well as some of the research material were removed in the process of evacuation.

Following their time as prisoners of war, the former staff of the Reichsuniversität Straßburg underwent a process of denazification, and largely kept their licenses to practice medicine. They were not brought to trial personally, with the exceptions of Hirt, Haagen and Bickenbach. In their correspondence reflecting on their time in the Reichsuniversität Straßburg, Dean Georg Niemeier and Altrektor Schmidt mention that 'it was nice' and that the abrupt evacuation was a 'sad end' to the university.[1046] The final meeting of the former

[1042] In 1971 it was divided into the Louis Pasteur University, Marc Bloch University, and Robert Schumann University, then reunited in 2009.
[1043] AFMSD. Inventaire de le Clinique Infantile, Dommages de Guerre.
[1044] AFMSD. Demandes de Paiement en titres d'une Indemnité de Dommages de Guerre, Clinique Infantile, Dommages de Guerre.
[1045] Jacques Héran, 'Depuis 1945*', Histoire de la médecine à Strasbourg.* : 629.
[1046] Rainer Möhler, 'Die Reichsuniversität Straßburg 1941-1944. Eine Nationalsozialistische Musteruniversität zwischen Wissenschaft, Volkstumspolitik, und Verbrechen.': 811.

Reichsuniversität Straßburg took place for Rektor Schmidt's birthday in Tübingen in 1970. As Möhler mentions in his habilitation, the process of denazification was a complex one; simply being a member of the Nazi party was not enough of an indication that one had been influenced by the ideology, as many joined out of a feeling of social obligation. Conversely, lack of membership of the Nazi party did not necessarily mean the individual held no favourable views of the actions of National Socialism. Alte Kämpfer such as Hofmeier, often managed to distance themselves from their former membership and create a new life in the postwar era.

Conclusions

> Thus, the core question we have to consider is not whether his science was sound, or whether he advanced our understanding of female reproduction. The central issue we have to raise relates to the capacity of a gifted scientist to stop looking beyond his science and fail to examine the circumstances and implications of his work. We ought to recall the example of Stieve and recommit to the education of scientists and medical professionals who will be good human beings first and foremost, as well as fine scientists.[1047]

(i) Thesis Overview

Throughout this thesis, paediatric treatment in the Reichsuniversität Straßburg hospital has been explored in detail. This analysis is situated at the intersection between three well developed historiographic traditions; that of *Alltagsgeschichte* or the study of the everyday experience of life, in this case under occupation extraordinary times, the patient view which has primarily focused on psychiatric patients, and the history of victims of Nazi experimentation who were not part of normal hospital admissions. There has not been a study of ordinary admissions to a hospital under Nazi rule before; the majority of research on the topic of universities during National Socialism has focused on the unethical experimentation that occurred, or researched one individual, usually a director of a clinic. This is where this thesis provides an innovative perspective.

[1047] Jonathan Cohen and Rabbi Michelle Werner, 'On Medical Research and Human Dignity,' *Clinical Anatomy* 22 (2009): 161–162.

Several questions that arose during this research. Can one have a normal paediatric clinic in an abnormal historical context, especially one that is built on fundamental ideas of inequality? How did external pressures such as material shortages, bombing, and the encroaching war front impact patient care? What kind of research was conducted involving children? To what extent can this treatment and research be considered normal? Were patients treated differently based on nationality, class or diagnosis? This thesis largely draws information from new archival sources to answer these questions. The new archives presented in include 900 paediatric clinic records, 128 psychiatric clinic records, microscopic slides and specimens.

Figure 8.1.: Gates to the Reichsuniversität Straßburg hospital, 1941.[1048]

[1048] AVES. 1 FI 144 7. Place de l'Hôpital, entrée principale des hospices civiles. – 1941.

The founding of the Reichsuniversität Straßburg was detailed, including the ideological aims of the university as it was established. The process of Germanisation of Alsace was also introduced and formed one of the important bases of examination of the clinics of the Reichsuniversität Straßburg. A short overview of prior research into institute directors of August Hirt, Eugen Haagen and Otto Bickenbach revealed some of the impact of ideology on research in the Reichsuniversität Straßburg. An initial examination of the founding of the children's clinic under French administration led to examining the historiography of paediatric care during the Second World War. This was then contrasted with the annexation of the clinic and its operation under the direction of Dr Kurt Hofmeier from 1941 to 1944. In order to examine the ethos of the clinic, the political and scientific background of Dr Hofmeier was explained, as well as the staff of the institution. Some case studies of staff members highlighted the impact of Germanisation policies on staff, and also how the retention of staff from the French era impacted the demographic of the hospital. The issue of nursing care and financing the clinic as well as teaching were also examined.

The historiographical basis of studying patient files, their benefits, as well as the difficulties in using patient files as a source, have been discussed. The statistics of approximately 900 patients were then elaborated upon with the case studies of paediatric patients treated at the clinic. The issues of class, nationality, Germanisation, and the impact of hospitalisation on children were all addressed. Further comparative work was undertaken to situate the conditions in Strasbourg in the broader ‘Third Reich’. The issue of twin research, as well as the use of modern therapies were analysed in order to examine the day to day functioning of the clinic. The historiography of paediatric psychiatric care was examined, along with a brief overview of the clinic directors and their scientific background. The intricacies of psychiatric care for children

during the Nazi era was examined, with the T4 campaign and Kinderfachabteilungen detailed. Similar to the paediatric chapter, statistical analysis and case studies followed to elucidate not only the demographic data of the children who were treated at the psychiatric clinic, but also their individual experiences and treatment. With this in mind, the specific areas of intelligence testing, the use of modern therapies at the Reichsuniversität Straßburg, the patient support network, as well as the impact of the war of psychiatric care was detailed.

An overview of the student population and their demographics was described, as well as a background of how medical theses was completed during the 'Third Reich'. Following this, an analysis of theses supervised by Professor Hofmeier was conducted, as well as an analysis of theses that involved the children's clinic but were completed under a different thesis supervisor. The use of this research and the publication of these findings were then examined following a detailed analysis of how these theses were received following the research involving children in the Reichsuniversität Straßburg. Background literature on the history of pathology was examined, as well as a brief note on the clinic director Professor Klinge. Statistical analysis was also conducted in this instance, which revealed that children were the most common demographic found in pathology records. Both microscopic samples and specimen jars concerning the remains of children were discussed. The process of identification and some case studies illustrated how the pathology records and the physical specimens interact to form a better understanding of paediatric care in the hospital. The evacuation of Strasbourg in 1944, the subsequent battle of Strasbourg and what happened to the staff and patients of the hospital were explained. While much of the detail of what happened to individuals is still unclear, these issues are understood more broadly through a historiographic analysis of the difficulties facing children

in the aftermath of the war. The reception of Professor Hofmeier in the post war era is examined, as well as his denazification process.

This thesis has contributed to the analysis of what happened in the Reichsuniversität Straßburg from a clinical standpoint. While previous studies have highlighted the ideological foundation of the Reichsuniversität Straßburg, until now the daily functioning of clinics and the treatment of patients therein remained unclear. This work offers an in depth view of a particular patient group, in this case children, relating to their treatment and care in the Reichsuniversität Straßburg hospital. Furthermore, this work opens the field for further research, especially in the area of pathology. While the limitations of this thesis were to focus on one demographic group, further pathological specimens could be analysed in the case of adults, and similar analysis could be conducted for the remaining clinics in the university. This ethical discussion regarding specimen identification, and the use of patient files to illuminate patient histories is foregrounded in a cohesive analysis of existing historiography and literature. Therefore, this thesis offers an analysis of previously unknown archival records, but also an analysis of current literature on the topic of medicine, ethics, paediatrics, occupation politics and society during National Socialism.

(ii) Overview of Statistics and Case Studies

The statistics presented in this thesis indicate a wider trend across the hospital. These statistics have highlighted the importance of nationality in patient care, the duration of treatment of patients, the predominant diagnoses and the duration of their care. There is, of course, much more nuance than it initially appears, and therefore full appendices including patient data have

been included in this thesis. Even with all this information, it is clear that columns and charts cannot explain the full story of each individual and each medical case. Therefore, this thesis, and the appendices, function as a starting point for further research into social groups at the Reichsuniversität Straßburg.

The case studies provided in this thesis have been anonymised to a certain extent to protect the identity of the individual. This anonymisation as well as the reading of confidential patient information has been conducted under supervision by a medical professional. While case studies are important to illustrate the individual stories of particular patients, these should be taken in conjunction with statistical analysis. It is not possible to present the stories of more than 1,000 children treated at the Reichsuniversität Straßburg, and each chosen case study only reveals an example of one individual. Therefore, while certain case studies were selected to indicate trends, looking at the appendices concerning patient data analysis is advised to gain a more cohesive overview as to the scale of patient information, and indeed as to the prevalence of certain diagnoses and issues that have arisen in this thesis.

(iii) How Research and Practice Contributed to the Aims of the Reichsuniversität Straßburg

Another significant question remains to be answered; to what extent did the research and practice conducted at the children's clinic, and research conducted on children, contribute to the grand aspirations of the Reichsuniversität Straßburg? As outlined in the introduction, the Reichsuniversität Straßburg was intended to be a bastion of Nazi ideology in teaching, research, and in practice. That this intention was fulfilled is not in question; the Vorlesungsverzeichnisse

from 1941 to 1944 illustrate a prevalence of racial science, and the affiliation of the faculties with Nazi ideology.[1049] Paediatrics was the same in this respect; the head of the department, Professor Hofmeier was a member of the NSDAP, had published extensively on the topic of heredity and was a proponent of eugenic ideas. Furthermore, his eager involvement with the Lebensborn programme illustrates that he took these ideas particularly seriously and was content to support the Nazi system. The research in the children's clinic, and indeed research on paediatric patients, concerned the areas of nutrition, heredity, twin research, prevention of infectious disease through vaccination and other preventative measures, childhood development, social concerns such as adoption and children born out of wedlock, and a focus on the environment and how this impacted childhood. While many of these areas were affiliated with Nazi research, such as the concern with social issues and illegitimacy, twin research and heredity, and the control of the environment, these were not solely the concern of Nazi medicine. These concerns were prevalent at the time and much of the research done in the children's clinic at the Reichsuniversität Straßburg was very much in line with international research of that era. Indeed, the ideas of the impact of race and social mixing being harmful to childhood development were indicative of the Nazi ideology, was not unique to the 'Third Reich'.

Therefore, the question of whether the research conducted on children at the Reichsuniversität Straßburg was adherent to the Nazi ideology that was central to the foundation of the university can be answered as both yes and no. The staff of children's clinic did not appear to conduct any criminal research, but it did reinforce the ideology that some children, by virtue of their place of birth, their parents, or their hereditary illnesses, were more 'useful' to the

[1049] Reichsuniversität Straßburg *Personal-und Vorlesungsverzeichnis,* Straßburg: Henitz Verlag: Straßburg (1941-1944).

German public than others. It appears that through the theoretical work on adoption and heredity conducted by Hofmeier and his students in the children clinic, as well as the medical care provided in the clinic, these actions were intended to promote the willingness of the Alsatian population to adhere to the system of National Socialism and their integration to the German Volk. The ideology of the era is seen in student theses and in the notes of patient files, but this does not appear to have led to grossly unethical behaviour, an example of which is the work of August Hirt or Otto Bickenbach during their time at the Reichsuniversität Straßburg. Some of the research focused on statistics or on individual illnesses, and this was not particularly influenced by ideology.

(iv) Recommendations for Further Research and Practical Implications of these Findings

This thesis has outlined patient data of over 1,000 paediatric patients that were treated from 1941 to 1944 in the Reichsuniversität Straßburg hospital. In order to elaborate on this potentially monofaceted data analysis, in depth case studies have been examined. The practical implications of these findings are split into two broad categories. First, it has provided a database of patients, including their treatment and diagnosis, therefore having the potential to act as a contribution to an epidemiological survey of a city during occupation, and also a contribution to a demographic study of children in Strasbourg during war time. Second, it details the individual cases and stories of patients who were treated at the hospital. Cathy Caruth's concept of 'let the archives speak' is particularly poignant in the case of this research; one can understand how the trauma of wartime occupation and Nazi ideology manifested and impacted children's care in the

Reichsuniversität Straßburg through examining the archives.[1050] In analysing the patient files, it can be seen how trauma developed both in Nazi occupied zones, but also in a hospital environment.

Another practical implication of this research is to flip the narrative from the more Whig history of clinic directors, to a broader study of the practical impact the choice of staff members and clinic directors had on a vulnerable population. The recommendation from this research is to further understand how medicine operated under such ideological conditions, by not only looking at victims of criminal research, but also by examining 'everyday' research of such a regime. This study concludes that for the children who were treated at the Reichsuniversität hospital, their care was guided by the theoretical works conducted by Hofmeier and his students on the integration of the population, adoption, and heredity, which may in turn have helped to ground the action of the Zivilverwaltung in occupied Alsace. The Nazi regime was, for millions of people, an everyday occurrence that impacted their daily life. In the patient records one can see this impact through marriage loans, involvement with the Wehrmacht, accounts of the evacuation of the city, and indoctrination seen in the Binet Bobertag Norden intelligence testing. As in one's everyday life, these patients got sick and were sent to hospital. They were treated, and returned home, as was the case in most of those admitted to the Reichsuniversität Straßburg. Despite this seemingly mundane 'ordinary everyday' research, it highlights the practical impact of an ideology on the regular medical care of the population. Such a study has not been done before, and it is the recommendation of this thesis that further research such as this be conducted to gather a more well-rounded idea to determine if other clinics in the hospital operated in a

[1050] Cathy Caruth, 'The Body's Testimony: Dramatic Witness in the Eichmann Trial,' *Paragraph* 40.3 (2017): 259–278.

similar vein. A more in depth study of paediatric patients' perceptions of their own care, and how they adapted to life in the aftermath of the war could be examined further through sourcing oral testimonies. In the interests of focusing on archival material and the wealth of previously unknown patient records, this angle has not been addressed in this thesis, but could lend a more comprehensive understanding of the patient experience in the Reichsuniversität Straßburg.

(vi) Concerning Specimen Identification

Paul Weindling stated that the rapid 'cleansing' of anatomical collections which was favoured in Germany from 1988 to 1992 prevented the identification of individual victims; therefore, a more nuanced look at ethics and identification must be sought before specimens are buried.[1051] This focus on identification prior to determining what should be done is pertinent to pathology collections as wll, as noted in the Leiden Declaration of 2011, where it is stated that

> Anatomical and pathological collections are medically relevant not only for future generations of medical students and faculty, and for future medical research. They are also important in the history of medicine generally, for the history of the institutions to which they belong, and also for a wider understanding of the cultural history of the body.[1052]

It is important to examine what should be done with the specimens, after providing a narrative of the research done and who was the subject of this research. Given the limited scope of this research, this thesis has not made formal suggestions on what should be done with these specimens in the future but acts as a basis for further research. By 1989 anatomical specimens

[1051] Paul Weindling, 'Cleansing Anatomical Collections. The politics of removing specimens from German anatomical and medical collections 1988–92, *Annals of Anatomy*, 194(3), (2012): 237-242.
[1052] The Leiden Declaration on Human Anatomy/ Anatomical Collections Concerning the Conservation & Preservation of Anatomical & Pathological Collections', 2011.

from victims of the Nazi period were still in German university collections. Removing these specimens from the collections began, and a number of reports were commissioned to identify and classify these remains.[1053] The issue of cleansing anatomical collections of their specimens of dubious origin was problematised by Paul Weindling; simply anonymising and burying specimens was not enough without the knowledge of who these people were, and confirming their origin.[1054] While he mentioned anatomical collections, this need for confirmation of origins is also relevant to the pathology collection in Strasbourg.

In the case of the Max Planck Gesellschaft, all specimens of known Nazi victims were destroyed, but those of unknown but dubious provenance were also destroyed. Weindling explained that as definitive identification would take time, and indeed may not be possible for all those of dubious origin, it was considered that the better option would be to remove them. Others disagreed with the destruction of the specimens, such as Wolfgang Schlote who stated that a mass grave was inappropriate and that remembrance of the specimens was the most appropriate along with a special documentation centre and memorial site. The lack of complete listing of the buried specimens is problematic as the victims were considered as a group rather than named individuals.[1055] The Hallervorden collection of the Max Planck Institute for Brain Research were examined by Götz Aly. As Weindling states:

> [Aly's] role was pioneering in terms of challenging anatomists with the legacy of the past. Yet he could not see beyond the issue of "disposal". In the atmosphere of confrontation and defensive self-justification, the issues of commemoration, identification and responsibility were lost from sight.[1056]

[1053] William E. Seidelman, 'Dissecting the History of Anatomy in the Third Reich—1989–2010: A Personal Account', *Annals of Anatomy - Anatomischer Anzeiger, Special Issue: Anatomy in the Third Reich*, 194, no. 3 (1 June 2012): 228–36, https://doi.org/10.1016/j.aanat.2011.11.013.
[1054] Paul Weindling "Cleansing" anatomical collections: The politics of removing specimens from German anatomical and medical collections 1988–92,': 237-242.
[1055] Ibid.
[1056] Ibid.

Specimens of dubious origin from this era were considered to be 'polluting' German anatomical collections, so based on international pressure, these specimens were rapidly removed from collections without further inquiries or investigation:

> The whole 'disposal' operation was conducted with little publicly available documentation. The hope was that with burial of body parts, the controversy would also be finally buried.[1057]

The use of human tissues has always been more valuable to research as the findings are then directly applicable to humans as opposed to surmised, as in the case of conducting research on animal specimens in which case the results can vary greatly. The issue of the conservation and retention of human tissues is a contentious issue. This is evidenced in part in the prior sections which detail how the line between the desecration of the dead, the dignity of the deceased person, and the quest for furthering medical knowledge all must be in balance when addressing the issue of human specimens in medical collections. Multiple different discoveries of a similar nature to that of Strasbourg have dealt with their human specimens collections in various ways. The 2005 UK Guidance for the care of Human Remains in Museums states that the continued use of human remains is important for scientific research and a source of study for the history of medicine. However, it also highlights that the ethical situation in which the remains were gathered must be taken into account.[1058]

The Vienna Protocol of 2017 reviewed the ethical and religious issues in dealing with remains of the Holocaust as a result of human experimentation, and the challenges associated with it. University pathology and anatomy collections profited from the increased executions as well as the availability of research subjects in concentration camps during the Nazi era.[1059] The

[1057] Ibid.
[1058] 'Guidance for the Care of Human Remains in Museums' (2005).
[1059] How to Deal with Holocaust Era Human Remains: Recommendations arising from a special symposium Recommendations/Guidelines for the Handling of Future Discoveries of Remains of Human Victims of Nazi Terror

victims remains were often retained in scientific collections for teaching purposes long after the heads of faculty under Nazi occupation had vacated their position, and as a result, there is often a record of the victim's identity and the manner in which they died. As this identification process conducted in this thesis has proven, this consideration of religion and possible link to the Holocaust is not relevant in this instance as they have been determined as routine autopsy material. While these teaching collections remained either unused and intact, or in use until the 1980s, anatomists that had previously been unwilling to acknowledge their past involvement with National Socialist politics began to be questioned. Lutz Kaelber notes that since the 1980s, as many institutions and historical societies began to write their history, it was seen as 'socially inappropriate, if not outright deviant' to exclude a description of that institution or organisation during the Nazi era.[1060] There was a significant change which led to the exposure of the collections as part of criminal actions and in need of identification.[1061] This took several steps; identification of the specimens and reunification of these specimens with identification, the determination of provenance of specimens for whom an identity is unknown, and ascertaining what parts of existing collections should be buried due to association with criminal activity in the Nazi era and what was acquired ethically. The identification process as described in this thesis then is integral as it determines the routine nature of autopsies performed, in contrast to the criminal collections as mentioned above.

"Vienna Protocol" for when Jewish or Possibly-Jewish Human Remains Are Discovered by Rabbi Joseph A. Polak November 22, 2017.

[1060] Lutz Kaelber, 'Child Murder in Nazi Germany: The Memory of Nazi Medical Crimes and Commemoration of "Children's Euthanasia" Victims at Two Facilities (Eichberg, Kalmenhof)', *Societies* 2, no. 3 (September 2012): 157–94, https://doi.org/10.3390/soc2030157.

[1061] Sabine Hildebrandt, 'Wolfgang Bargmann (1906–1978) and Heinrich von Hayek (1900–1969). Careers in Anatomy Continuing through German National Socialism to Postwar Leadership', *Annals of Anatomy - Anatomischer Anzeiger* 195, no. 4 (1 July 2013): 283–95, https://doi.org/10.1016/j.aanat.2013.04.003.

Duncan Wilson notes that excised tissues are often seen by the patient as an 'intruder', as they are often abnormal cells or abnormal tissue that was threatening the life of the patient.[1062]

> Uprooting contemporary ethical principles, like getting informed consent for research on tissues, and applying them to periods where they did not exist undermines our appreciation of the past in critical ways. It projects a current view of the world backwards and overlooks how historical actors lived and worked in a different moral climate.[1063]

This illustrates that the issue of tissue cultures, ownership, and the production of medical specimens is continuously debated, and indeed is not just a concern of medical collections of the era of National Socialism. Therefore, it is not enough to simply bury all specimens found under the assumption they could have dubious origins; an attempt at identification must be made, and the ethics of the specimens and their procurement must be analysed. This is pertinent to the pathology specimens found in Strasbourg, as simply burying them under the assumption they were obtained unethically is false, given that they display the methods of routine clinical autopsy.

(v) Concluding remarks

It appears that despite the founding of the Reichsuniversität Straßburg under Nazism, these ideas were more liminal than initially expected. Certainly, Nazi ideological ideas impacted the treatment of patients, but it seems that the clinics were primarily motivated by financial means through insurance companies, and through the intended integration of the local population. Children who would theoretically have been sent to a Kinderfachabteilung, who were

[1062] Duncan Wilson, 'A Troubled Past? Reassessing Ethics in the History of Tissue Culture', *Health Care Analysis* 24, no. 3 (1 September 2016): 246–59, https://doi.org/10.1007/s10728-015-0304-0.
[1063] Ibid.

able to pay for their first class care independently of an insurance company, were treated for extended periods of time in the clinic.[1064] Theoretically, these children should have been sent to a Kinderfachabteilung regardless of financial means, but this was not the practice in the children's clinic of the Reichsuniversität Straßburg. It appears that research interests and financial incentives impacted patient care, both in presenting the transfer of paediatric patients to Kinderfachabteilungen, but also in reducing the amount of treatment and duration of admission for patients who depended on insurance companies to pay for their care.

It is not the aim of this thesis to ascertain the personal life of the heads of clinic, nor their specific motivations, but to highlight how the clinics operated under their direction, in the absence of personal correspondence. With the often polarising effect of testimonials in denazification records, it is necessary to outline to some degree the personal ideas of the clinic directors. Dr Hofmeier was military trained, and medically trained. He joined the NSDAP as an early supporter and follower, although the military rank he acquired remained.[1065] While this does not necessarily indicate what sort of medical care he provided, such leanings could predispose someone to adherence to Nazi ideologies in medical practice. His thesis supervisor was Dr Bessau at the Charité and this gives another indication as to his aptitude at medicine, and also his proximity to unethical tuberculosis research given that he worked in Bessau's clinic for the duration of the experiments on children.[1066] Hofmeier's central role in organising the Kinderkundliche Woche also indicate his enthusiasm for Nazi ideology in paediatrics, as the intention behind this conference was a collection of the Hitler Youth and paediatricians to

[1064] ADHVS Psych. Case of Susanna D., 1943 (case number K27/170).
[1065] LA-BW StAS. Wü 13 T 2 Nr. 2133/014. Dr Kurt Hofmeier Entnazifizierung.
[1066] UAH. Personalakten der Dozent Dr Kurt Hofmeier Medizinische Fakultät (Geschlossen 1938-1941).

highlight the central importance of German children to the future of the Reich.[1067] He followed through with his ideology of the centrality of children in securing the Nazi system through his enthusiasm toward the Lebensborn programme. He also held antisemitic ideas as evident in his opposition to the hiring of Jewish doctors to the Kaiserin Auguste Viktoria Haus zur Bekämpfung der Säuglingssterblichkeit in Berlin, and that he tried to cover this up in the postwar era by including an entire section on 'Zur Judenfrage' in his memoirs.

While denazification records indicate the train of thought of postwar prosecution and administration, the full story cannot be elucidated from these forms alone. As evident in the previous chapter on the post war era, many students and other testimonals painted Hofmeier either in a very poor light, comparing him to a war criminal, or as completely innocent who happened to get caught up in the Nazi party due to circumstance. This thesis has sought to highlight the grey area, where neither of these situations as noted in testimonials is the entire truth. It is most likely that Hofmeier existed somewhere in between. He joined as one of the early Nazi party members (joining in 1931), long before it was strategic to do so. That being said, it was common practice for heads of department during the era of National Socialism to be early party members as these were the sort of people that were hired for university positions as it was hoped their ideological leanings would help to indoctrinate the students.

The demographic situation of Strasbourg was unique as it was a symbolically significant region for Germany that had previously held the region from 1871-1919. Alsatian families that returned to Strasbourg in 1940 following evacuation had many complex reasons for their return; one such example is that of Adolphe Jung, an Alsatian surgeon who worked with Sauerbruch in

[1067] Eduard Seidler, *Kinderärzte 1933-1945: entrechtet - geholfen - ermordet: Pediatricians - victims of persecution 1933-1945.*: 112.

the Charité in Berlin, but simultaneously provided documents to the resistance.[1068] Rejection of the new regime could lead to death or incarceration, and families had no choice but to send their children to German school and include them in the Hitler Youth. This trauma and threat is evident in patient files, as children reacted poorly to the swift evacuation, and the return to their home city that had changed completely. Cases such as Johann H. show that despite their loyalty, children were impacted by the sights and rumours of incarceration of their friends and neighbours, as he became convinced the gestapo were following him.[1069] This impact of Nazi ideology on a demographic group being treated at the hospital is therefore not only an insight to medical care and treatment, but also a look at the social impact of occupation on a population.

(vi) Future Work

This thesis has outlined the medical treatment and history of a single demographic group during the Reichsuniversität Straßburg from 1941 to 1944. It is evident in researching this topic that a significant amount of material still needs to be addressed. While a top down approach focusing on the directors of clinics is valuable, it can only elucidate certain types of information. Such studies in the past have been invaluable, such as Raphael Toledano's work on Haagen, and Florian Schmaltz work on Bickenbach, which have drawn attention to the calibre of research conducted at the Reichsuniversität Straßburg, and prompted investigation to the whole hospital and university.[1070] A more cohesive study of individuals, similar to the work carried out by

[1068] Christian Bonah and Thomas Beddies, *Zwangsversetzt - Vom Elsass an Die Berliner Charité: Die Aufzeichnungen Des Chirurgen Adolphe Jung, 1940-1945*, Basel: Schwabe Verlag (2019): 34.
[1069] ADHVS Psych. Case of Johann H., 1943 (case number K27/508), admission file.
[1070] Florian Schmaltz, *Chemical Weapons Research on Soldiers and Concentration Camp Inmates in Nazi Germany* (2017). Raphaël Toledano, *Les expériences médicales du professeur Eugen Haagen de la Reichsuniversität Strassburg. Faits, contexte et procès d'un médecin national-socialiste* (diss med.) Université de Strasbourg, 2010.

Hans-Joachim Lang on the 86 victims of August Hirt would be integral to further research as an approach.[1071]

This study took some guidance from this approach, however in the interests of time, such an in depth analysis could not be conducted; the discovery of the lives of these 86 victims has been the ongoing labour of Hans Joachim Lang, lasting over 11 years; such a time frame was not conceivable for this work given the over 1000 patients that had been discovered, excluding the pathology specimens. The question of status is also an important distinction to make between Lang's work and this thesis, as his work focused on victims, while this work looks at patients. Future work should include a pathological analysis of the specimens that were partially identified. While these specimens were used largely for routine purposes, it is only by looking at normal admission and routine treatment that we can truly understand the gravity of mistreatment experienced by individuals subject to criminal research and experimentation.

Explaining all research as 'pseudoscience' has the effect of distancing modern researchers from the legacy of Nazi research.[1072] By being able to dismiss it as not real science, one does not hold it to the same standard, expecting that all of the work was unethical and far from the standard of the era. This work has disproven that view; Nazi doctors were capable of asking for informed consent from parents, and indeed in the Reichsuniversität Straßburg, they often recorded this consent. There were standards and protocols that were followed, and patients were treated in a timely manner. As Hildebrandt mentions, science did not go 'mad' in this era, and to claim that it did is to find an easy way out of not questioning their research practices and

[1071] Hans-Joachim Lang, *Die Namen der Nummern: wie es gelang, die 86 Opfer eines NS-Verbrechens zu identifizieren*.
[1072] Paul Weindling, 'From Scientific Object to Commemorated Victim: the Children of the Spiegelgrund,' *History and Philosophy of Life Sciences* (2013): 415-430.

the extent of ethical violations.[1073] Scientists understood the scientific norms and were able to provide appropriate treatment. That they then withheld this treatment, or intentionally harmed individuals, in accordance with their ideological stance, foregrounds how ideology can influence medical care.

In conclusion, this study presents new research through the analysis of new archival sources, including paediatric patient files, psychiatric files, theses, and specimens. This study has not only examined one clinic, but has determined children's treatment in psychiatry and pathology as well. Through this broader view, it has determined that while children were referred to the adult psychiatric clinic, they were not referred to Kinderfachabteilungen, and were not killed in the clinic. Despite this, the affiliation of the staff and students with ideas of hereditary worth and eugenics has been established in this study through examining the research of Kurt Hofmeier and his students. Topics such as euthanasia, adoption based on 'racial worth,' studies on the heritability of disease, and criminality of the local population indicate systematic resaerch on eugenics and the integration of the local population to the German Volk. The link between the children's clinic and the Lebensborn home in Nordrach has been established in this work. In some cases, questions of nationality politics, patient class, language, and social status appear to have impacted their medical care, as evidenced in patients from Eastern Europe. Despite these ideas of hereditary worth, the patients who were admitted to the children's clinic were generally treated with standard medicines of the era, indicating the provision of Gesundheitsversorgung to the local population. Through determining good quality service in suppressing epidemics, providing concrete benefits such as healthcare, follow up care through the Poliklinik, and breast milk banks for premature infant, the local population may have been persuaded into thinking the

[1073] Sabine Hildebrandt, *Anatomy of Murder*.: 322.

Zivilverwaltung would be beneficial to them. The ‘ordinary’ experience of healthcare in an occupied city is examined through this thesis, as paediatrics seems to have been a somewhat protected area wherein totalitarianism and occupation policies did not lead to selection and discrimination of Alsatian children given that they were intended to be integrated to the German population. This ‘normal’ treatment and research is evident in the Reichsuniversität Straßburg childrens clinic and provides a lens through which the extent of medical harm can be fully understood.

Appendices

1: Map of Reichsuniversität Straßburg hospital with key indicating buildings. ADHVS.

2: Dataset of Paediatric Patients from the Kinderklinik and their Diagnoses. AHUS.

Key; A=Alsatian, RD=Reichsdeutscher, VD= Volksdeutscher, G=German, L=Lothringen, F=French, I=Italian, P=Polish, Ukr=Ukranian, Lx=Luxembourg, B=Belgian, Y=Yugoslavian, Sw=Swiss, Li=Lithuanian, NA=Unknown. X=Died in Clinic.

Box	**Num.**	**Name**	**Age on Admit.**	**Admit. Date**	**Release Date**	**Nat.**	**Diagnosis**
1941	551	Rose Marie H	0 years 0 months 6 days	24/09/1941	23/12/1941	A	Prematurity
	552	Suzanna J	0 years 0 months 3 days	24/09/1941	X 09/10/1941	A	Ikterus Gravis
	553	Yvette H	2 years 9 months 27 days	25/09/1941	11/19/1941	A	Whooping Cough
	554	Marie Luise H	1 years 10 months 25 days	25/09/1941	11/19/1941	A	Cough; Ichthyosis
	555	Edith Renate R	0 years 0 months 2 days	25/09/1941	12/23/1941	A	Prematurity
	556	Udo B	0 years 4 months 13 days	25/09/1941	10/22/1941	G	Dyspepsia; Pertussis
	557	Nouvier	0 years 0 months 1 days	25/09/1941	X 31/10/1941	L	Prematurity
	558	Georg P	1 years 0 months 12 days	25/09/1941	10/06/1941	L	Encephalitis
	559	Reiner G	0 years 2 months 15 days	25/09/1941	9/30/1941	G	Seizures
	560	Albert K	9 years 4 months 23 days	25/09/1941	11/22/1941	G	Angina

	561	Melitta Z	0 years 0 months 20 days	26/09/1941	11/07/1941	G	Dyspepsia
	562	Christiana B	1 years 3 months 13 days	26/09/1941	11/08/1941	A	Pertussis; Otitis Media
	563	Georgette G	1 years 0 months 20 days	26/09/1941	11/05/1941	A	Dystrophy; Rickets; Bronchitis
	564	Hugette K	1 years 3 months 4 days	26/09/1941	11/20/1941	A	Impetigo; Mumps; Whooping Cough
	565	Rudolf A	7 years 10 months 30 days	26/09/1941	10/27/1941	A	Paratyphus B
	566	Lina S	6 years 3 months 22 days	26/09/1941	10/11/1941	G	Diphtheria; Angina
	567	Peter E	4 years 10 months 0 days	26/09/1941	10/02/1941	A	NA
	568	Margarete W	2 years 0 months 7 days	27/09/1941	10/02/1941	A	Pneumonia
	569	Johann Helmut L	0 years 1 months 5 days	27/09/1941	X 20/10/1941	A	Meningitis
	570	Liliane W	6 years 7 months 22 days	27/09/1941		A	Angina
	571	Rudiger G	6 years 9 months 20 days	27/09/1941	10/16/1941	NA	Angina
	572	Marie Luise HE	1 years 8 months 10 days	27/09/1941	10/16/1941	A	Meningitis

	573	Johanna B	0 years 5 months 4 days	28/09/1941	10/23/1941	A	Dyspepsia; Bronchitis; Otitis Media
	574	Crestaw B	0 years 0 months 8 days	28/09/1941	9/29/1941	P	Vomiting
	575	Ernst August S	0 years 3 months 27 days	29/09/1941	10/24/1941	A	Dyspepsia
1941	576	Eugen E	5 years 6 months 10 days	29/09/1941	10/01/1941	A	Tuberculosis
	577	Beatrice S	2 years 6 months 13 days	29/09/1941		A	Tuberculosis
	578	Paul H	0 years 2 months -1 days	29/09/1941	10/28/1941	A	Atrophy
	579	Ferdinand O	0 years 10 months 27 days	29/09/1941	10/22/1941	A	Influenza; Bronchitis
	580	Renatus R	9 years 11 months 5 days	30/09/1941	2/13/1942	A	Myocarditis
	581	Richard M	0 years 0 months 11 days	30/09/1941	10/25/1941	A	Dyspepsia
	582	Marianne T	0 years 0 months 12 days	30/09/1941	10/15/1941	A	NA
	583	Marlin W	5 years 10 months 8 days	30/09/1941	11/06/1941	A	Slight Angina
	584	Josef B	0 years 8 months 7 days	30/09/1941	X 05/10/1941	A	Meningitis

	585	Jakobine R	0 years 11 months 23 days	30/09/1941		A	NA
	586	Yvonne F	2 years 4 months 4 days	30/09/1941	10/15/1941	A	Pertussis; Bronchitis
	587	Luiza M	6 years 5 months 6 days	01/10/1941	10/20/1941	A	Erythema
	588	Karl K	0 years 5 months 27 days	01/10/1941	10/18/1941	A	Dyspepsia
	589	Marie Rose B	3 years 3 months 13 days	01/10/1941	10/15/1941	A	Pneumonia
	590	Johann B	1 years 11 months 28 days	01/10/1941	10/07/1941	A	Debility
	591	Ingrid B	0 years 3 months 18 days	01/10/1941		A	NA
	592	Else M	3 years 5 months 16 days	01/10/1941		A	Diphtheria
	593	Christiane H	0 years 0 months 3 days	02/10/1941	12/23/1941	A	Prematurity
	594	Gertrud M	6 years 1 months 12 days	02/10/1941	10/08/1941	A	Stomatitis
	595	Arlette R	1 years 10 months 28 days	02/10/1941	11/10/1941	A	Pirquet Observation
	596	Peter K	6 years 6 months 3 days	02/10/1941	10/07/1941	A	Headache with Fever

	597	Johanna H	5 years 5 months 2 days	02/10/1941	10/20/1941	A	Scarlet Fever
	598	Adolf K	0 years 5 months 14 days	03/10/1941	11/29/1941	A	Whooping Cough; Bronchitis; Otitis Media; Rickets; Multiple Head Abcesses
1941	599	Anna M	5 years 3 months 20 days	03/10/1941	10/08/1941	A	Stomatitis
	600	Ella H	1 years 0 months 0 days	03/10/1941	11/10/1941	A	Meningismus; Angina; Otitis Media
	601	Georgine H	3 years 2 months 23 days	03/10/1941	10/15/1941	A	Pertussis
	602	Raimund R	0 years 1 months 25 days	03/10/1941	11/10/1941	A	Otitis Media
	603	Richard K	0 years 0 months 10 days	03/10/1941	12/19/1941	A	Vomiting
	604	Alfred J	0 years 4 months 14 days	03/10/1941	10/20/1941	A	Bronchitis
	605	Winifried K	1 years 6 months 8 days	04/10/1941	10/15/1941	G	Laryngitis
	607	Albert M	0 years 2 months 18 days	04/10/1941	X 19/10/1941	A	Severe Enteritis; Otitis Media
	609	Peter A	6 years 2 months 12 days	05/10/1941	10/13/1941	NA	Angina
	610	Roland M	0 years 4 months 7 days	05/10/1941	11/22/1941	A	Dystrophy

	611	Fritz H	0 years 2 months 3 days	06/10/1941	12/17/1941	G	Dyspepsia; Otitis Media
	612	Rudiger D	3 years 8 months 11 days	06/10/1941	05/01/1942	A	Pneumonia; Scarlet Fever; Tuberculosis
	613	Lydia H	0 years 3 months 20 days	06/10/1941	X 07/10/1941	L	Severe toxic general condition; Heart Muscle swelling
	614	Suzanna K	3 years 5 months 15 days	06/10/1941	12/03/1941	A	Bronchitis; Conjunctivitis; Cough
	615	Guido B	0 years 1 months 12 days	07/10/1941	11/19/1941	A	Toxicosis
	616	Marzell A	0 years 3 months 0 days	07/10/1941	12/27/1941	A	Multiple Exostoses
	617	Robert F	1 years 11 months 8 days	07/10/1941	11/01/1941	A	Paratyphus B
	618	Karl LA	4 years 4 months 6 days	08/10/1941	08/10/1941	A	Hepatitis
	618	Annelore D	0 years 2 months 2 days	08/10/1941	11/07/1941	A	Rhinitis; Otitis Media
	619	Gerhard H	0 years 0 months 28 days	08/10/1941	12/20/1941	A	Osteomyelitis
	620	Karl B	1 years 6 months 21 days	08/10/1941	11/29/1941	A	Enteritis
	621	Karl Hans E	0 years 3 months 3 days	08/10/1941	10/10/1941	A	Influenza; Bronchitis

1942	417	Gilbert N	2 years 11 months 21 days	25/05/1942	10/07/1942	A	Bronchitis
	419	Luiza M	7 years 4 months 12 days	25/05/1942	07/01/1942	A	Paratypus B; Debility
	420	Marzellus E	9 years 11 months 2 days	26/05/1942	7/20/1942	A	Polyarthritis
	421	Renate D	6 years 4 months 15 days	26/05/1942	06/04/1942	A	Pharyngitis
	422	Martha A	8 years 11 months 6 days	26/05/1942	6/22/1942	A	Tuberculosis
	423	Lieselote H	0 years 0 months 1 days	26/05/1942	X 27/05/1942	A	Prematurity
	424	Martha H	0 years 0 months 1 days	26/05/1942	X 27/05/1942	A	Prematurity
	425	Hans Peter E	0 years 0 months 8 days	27/05/1942	12/06/1942	G	Vomiting; Omphalitis
	426	Thea B	1 years 11 months 24 days	27/05/1942	07/01/1942	G	Polyarthritis
	427	Gerhard M	6 years 0 months 0 days	27/05/1942	12/15/1942	A	Tracheobronchitis
	428	Gertrud K	0 years 6 months 24 days	27/05/1942	6/22/1942	A	Otitis Media
	429	Roland A	0 years 2 months 10 days	27/05/1942	7/16/1942	A	Dyspepsia

	430	Erika S	0 years 5 months 17 days	27/05/1942	07/08/1942	G	Osteomyelitis
	431	Dieter A	3 years 7 months 9 days	27/05/1942	08/07/1942	G	Scarlet fever; Burn Injuries
	432	Robert H	0 years 2 months 21 days	27/05/1942	08/05/1942	A	Dyspepsia
	433	Willi H	5 years 0 months 12 days	27/05/1942	07/07/1942	A	Scarlet Fever
1942	434	Lily K	4 years 1 months 2 days	27/05/1942	09/06/1942	A	Rhinopharyngitis
	436	Magdalene K	5 years 7 months 21 days	28/05/1942	08/07/1942	NA	Scarlet Fever
	437	Monika B	0 years 1 months 13 days	28/05/1942	6/26/1942	A	Dyspepsia
	438	Renatus G	1 years 7 months 19 days	28/05/1942	6/13/1942	A	Angina
	439	Marzella L	3 years 0 months 5 days	28/05/1942	06/06/1942	A	Angina
	440	Robert A	0 years 1 months 3 days	28/05/1942	07/04/1942	A	Rhinopharyngitis
	441	Albert H	3 years 10 months 20 days	28/05/1942	10/06/1942	A	Angina
	442	Frederike G	0 years 4 months 18 days	28/05/1942	6/24/1942	A	Rhinopharyngitis
	443	Richard W	5 years 4 months 3 days	28/05/1942	6/13/1942	A	Nephritis; Otitis Media

	444	Sigfried S	2 years 8 months 12 days	28/05/1942	6/22/1942	G	Facialis parese after Antrotomie
	445	Anita M	0 years 4 months 24 days	28/05/1942	06/04/1942	G	Otitis Media
	446	Hannelore W	1 years 7 months 28 days	29/05/1942	06/04/1942	G	Burned Mouth
	447	Helene O	0 years 5 months 30 days	29/05/1942	6/20/1942	A	Pneumonia
	448	Marie S	0 years 3 months 27 days	29/05/1942	07/03/1942	A	Bronchopneumonia
	449	Gilbert L	2 years 0 months 0 days	29/05/1942	06/06/1942	A	Meningitis
	450	Michael G	0 years 1 months 14 days	30/05/1942	06/11/1942	A	Bronchitis
	451	Paul S	4 years 9 months 4 days	30/05/1942	6/25/1942	A	Epilepsy
	622	Renatus B	6 years 4 months 1 days	10/08/1941	10/17/1941	A	Bronchitis
	624	Salomea B	2 years 11 months 7 days	10/08/1941		A	Tuberculosis
1942	336	Wida K	0 years 0 months 20 days	15/05/1942	10/16/1942	Y	Pyodermia
	337	Margarete F	5 years 9 months 15 days	15/05/1942	5/26/1942	A	Pneumonia
	338	Helene H	6 years 11	15/05/1942	5/22/1942	G	Heart Problems

			months 19 days				
	341	Hedwig H	0 years 8 months 22 days	15/05/1942	6/28/1942	A	Dystrophy
	342	Martha E	6 years 5 months 3 days	15/05/1942	08/07/1942	A	Scarlet fever; Nephritis; Myocardial infection; Otitis Media
	343	Moritz E	0 years 2 months 8 days	15/05/1942	6/15/1942	A	Mother had appendicitis
	344	Hermann E	8 years 10 months 26 days	16/05/1942	6/24/1942	A	Scarlet Fever
	345	Hungette J	2 years 3 months 10 days	16/05/1942	5/26/1942	A	Enteritis
	346	Robert K	0 years 9 months 26 days	16/05/1942	5/28/1942	A	Bronchitis
	347	Germania P	8 years 1 months 5 days	16/05/1942	6/24/1942	A	Scarlet Fever
	348	Heinrich E	2 years 3 months 22 days	16/05/1942	08/07/1942	A	Scarlet fever; Nephritis; Otitis Media
	349	Edward B	9 years 0 months 5 days	16/05/1942	6/27/1942	A	Scarlet Fever
	350	Lina Luise P	0 years 1 months 14 days	16/05/1942	06/02/1942	A	Angina
	351	Raimmunde S	1 years 4 months 24 days	16/05/1942	5/23/1942	A	Meningitis; Tuberculosis

	352	Anton B	9 years 2 months 8 days	16/05/1942	06/02/1942	A	Pneumonia
1942	1226	Rudolf H	4 years 6 months 21 days	26/01/1942	3/18/1942	NA	Angina
	1227	Marliese P	2 years 0 months 1 days	26/01/1942	02/09/1942	A	Otitis Media
	1228	Blanka Anna H	1 years 3 months 15 days	26/01/1942	04/05/1943	A	Tuberculosis
	1229	Gilbert F	0 years 3 months 6 days	26/01/1942	2/17/1942	A	Impetigo
	1231	Manfred K	1 years 3 months 5 days	27/01/1942	02/11/1942	G	Prematurity; Seizures
	1232	M Luise Z	0 years 2 months 27 days	27/01/1942	2/26/1942	A	Whooping cough; Mastoiditis
	1233	Andreas G	0 years 9 months 26 days	27/01/1942	02/04/1942	A	Pneumonia
	1234	Luzian M	10 years 2 months 7 days	27/01/1942	3/14/1942	A	Paratyphus
	1235	Gilbert G	0 years 11 months 17 days	27/01/1942	12/30/1942	L	Tuberculosis
	1236	Odila W	3 years 2 months 0 days	27/01/1942	12/19/1942	A	Primary lung complex
	1237	Georgine W	6 years 9 months 24 days	27/01/1942	12/21/1942	A	Tuberculosis
	1238	Christiane M	0 years 2 months 5 days	27/01/1942	3/22/1942	A	Erythroderma Desquamitiva

	1239	Liliane S	3 years 7 months 16 days	28/01/1942	02/12/1942	A	Scabies
	1241	Gerhardt P	2 years 4 months 17 days	28/01/1942	3/31/1942	A	Hypothyroidosis; Idiocy
	1242	Denisia M	8 years 3 months 9 days	28/01/1942	02/12/1942	A	Pleuritis
	1243	Hans H	0 years 11 months 22 days	28/01/1942	02/02/1942	G	Angina
	1244	Margarete S	0 years 0 months 18 days	28/01/1942	03/09/1942	A	Abcess
1943	1245	Ernst C	2 years 7 months 15 days	28/01/1942	4/16/1942	A	Diphtheria
	1246	Margarete L	9 years 2 months -1 days	28/01/1942	02/07/1942	A	Appendicitis
	1248	Laura H	6 years 3 months 18 days	29/01/1942	X 02/02/1942	A	Embolism
	1249	Roland S	1 years 8 months 21 days	29/01/1942	4/15/1942	G	Scarlet Fever
	1251	Gerhard M	0 years 5 months 18 days	29/01/1942	2/18/1942	G	Fever
	1252	Suzanna W	0 years 6 months 11 days	29/01/1942	2/18/1942	A	Otitis Media; Pneumonia; Prextoxic condition
	1253	Lydia S	9 years 1 months 26 days	29/01/1942	02/07/1942	A	Angina

	1254	Celine S	8 years 5 months 27 days	30/01/1942	2/23/1942	A	Pneumonia; Angina
	1255	Lothar S	0 years 3 months 23 days	30/01/1942	02/03/1942	G	Paralysis of the shoulderblade
	1256	Rosemarie M	0 years 6 months 1 days	30/01/1942		A	Measles
	1257	Alfred C	7 years 11 months 27 days	30/01/1942	3/19/1942	A	Febritis Rheumatica
	1258	Horst D	0 years 4 months 17 days	30/01/1942	3/16/1942	A	Bronchopneumonia
	1260	Maria W	0 years 8 months 4 days	31/01/1942	2/16/1942	A	Stomatitis Aphthosa
	1261	Marlene D	0 years 5 months 12 days	31/01/1942	2/26/1942	A	Bronchopneumonia
	1261	Helmuth M	0 years 7 months 30 days	31/01/1942	03/09/1942	A	Influenza
	1263	Robert L	0 years 8 months 26 days	01/02/1942	2/28/1942	A	Pneumonia
	1264	Marceline B	0 years 11 months 17 days	01/02/1942	02/10/1942	A	Measles
	1265	Mina K	0 years 1 months 5 days	02/02/1942	03/05/1942	A	Atrophy
	1266	Siegrid J	2 years 5 months 7 days	02/02/1942	02/03/1942	G	Chronic Eczema

	1267	Paul H	0 years 0 months 28 days	02/02/1942	X 04/03/1942	A	Pertussis; Pneumonia
	1268	Johanna J	6 years 0 months 10 days	02/02/1942	03/09/1942	A	Otitis Media
	1269	Henriette S	3 years 11 months 16 days	02/02/1942	02/09/1942	A	Angina
	1270	Ernst Z	0 years 6 months 29 days	02/02/1942	03/05/1942	A	Dysplasia; Seizures
1943	1271	Friedrich Ludwig B	0 years 3 months 10 days	03/02/1942	04/02/1942	G	Navel Ulcer
	1272	Denisia H	6 years 2 months 14 days	03/02/1942	2/25/1942	A	Diphtheria
	1273	Elfriede B	1 years 2 months 11 days	03/02/1942	03/06/1942	G	Eczema
	1275	Erna B	2 years 3 months 29 days	03/02/1942	2/15/1942	A	Scarlet Fever
	1276	Alexa G	9 years 7 months 7 days	03/02/1942	03/07/1942	A	Angina
	1278	Nikole H	4 years 0 months 5 days	03/02/1942	2/13/1942	A	Angina
	1279	Friedrich S	0 years 2 months 1 days	04/02/1942	4/15/1942	A	Dyspepsia; Rickets
	1281	Anton B	0 years 1 months 27 days	04/02/1942	06/11/1942	A	Osteochondritis; Pseudoparalysis

	1282	Karl S	1 years 9 months 20 days	04/02/1942	03/03/1942	A	Mishandling
	1283	Anton G	4 years 1 months 12 days	04/02/1942	03/02/1942	A	Bronchitis
	1284	Friedhelm B	4 years 0 months 5 days	05/02/1942	2/16/1942	G	Mononeucleosis
	1286	Gilbert F	2 years 1 months 13 days	05/02/1942	02/11/1942	A	Angina
	1287	Willy K	0 years 2 months 0 days	05/02/1942	2/17/1942	A	Throat infection
	1288	Albert G	7 years 11 months 17 days	05/02/1942	6/26/1942	A	Pancarditis; Pneumonia
	1289	Martha S	0 years 6 months 18 days	05/02/1942	X 23/02/1942	A	Brain Tumor
	1290	Josef H	0 years 1 months 5 days	06/02/1942	2/26/1942	A	Pertussis
	1291	Liesel S	7 years 4 months 21 days	06/02/1942	3/20/1942	G	Scarlet Fever
	1292	Irene M	5 years 5 months 11 days	06/02/1942	2/25/1942	A	Diphtheria
	1293	Eugen R	0 years 2 months 26 days	06/02/1942	03/10/1942	A	Eczema; Rickets
	1294	Jakob H	1 years 10 months 27 days	07/02/1942	3/20/1942	A	Scarlet fever; Otitis Media

	1295	Berhard H	3 years 2 months 5 days	07/02/1942	2/25/1942	L	Debility
1943	1296	Ludwig M	0 years 10 months 12 days	07/02/1942	12/02/1942	A	Meningitis
	1297	Joh Paul A	0 years 0 months 11 days	07/02/1942	X 01/08/1942	A	Bronchopneumonia
	1298	Raimund H	2 years 8 months 13 days	09/02/1942	2/19/1942	A	Infected Scabies
	1299	Fritz S	1 years 6 months 4 days	09/02/1942	X 12/02/1942	G	Post Diphtheria Paralysis
	1300	Moritz E	0 years 0 months 1 days	09/02/1942	05/01/1942	A	Prematurity; Twin
	1376	Berta B	0 years 5 months 6 days	21/02/1942	09/03/1942	A	Spasmophilia
	1377	Hans B	0 years 0 months 5 days	21/02/1942	07/05/1942	A	Bronchopneumonia
	1379	August F	5 years 1 months 5 days	23/02/1942	04/04/1942	A	Scarlet Fever
	1380	Hermann W	1 years 10 months 6 days	24/02/1942	11/03/1942	A	Scarlet Fever
	1381	Emil S	0 years 5 months 7 days	24/02/1942	03/04/1942	A	Eczema
	1382	Odila M	0 years 0 months 21 days	24/02/1942	8/13/1942	A	Dystrophy; Erythroderma; Pertussis

	1383	Germania M	7 years 1 months 27 days	24/02/1942	5/22/1942	A	Polyarthritis Rheumatica; Myocarditis
	1384	Magdalene S	0 years 1 months 1 days	24/02/1942	03/11/1942	A	Prematurity; Bronchopneumonia
	1385	Renate K	0 years 0 months 1 days	24/02/1942	05/06/1942	A	Prematurity
	1386	Luise N	5 years 7 months 6 days	25/02/1942	12/03/1942	A	Meningitis
	1388	Wollgang H	3 years 9 months 6 days	25/02/1942	X 26/03/1942	G	Post Diphtheria Paralysis
	1389	Peter O	2 years 11 months 29 days	25/02/1942	11/03/1942	G	Imbecility
	1391	Joh Peter K	0 years 1 months 5 days	25/02/1942	X 26/02/1942	A	Dyspepsia
	1392	Renatus R	10 years 2 months 19 days	25/02/1942	04/11/1942	A	Polyarthritis
	1393	Alfred Georg	0 years 5 months 3 days	26/02/1942	04/11/1942	A	Bronchitis
	1394	Berhard S	1 years 9 months 11 days	26/02/1942	11/03/1942	A	Brain Tumor
	1395	Rosa K	1 years 8 months 5 days	26/02/1942	03/09/1942	A	Diphtheria
	1396	Bruno DD	1 years 3 months 11 days	26/02/1942	3/25/1942	I	Physical Underdevelopment
	1397	Gabriele F	4 years 5 months 10 days	26/02/1942	08/04/1942	A	Scarlet Fever

	1399	Liliane H	5 years 10 months 3 days	26/02/1942	5/21/1942	A	Polyarthritis Rheumatica
	1400	Marie Therese L	0 years 2 months 17 days	26/02/1942	2/28/1942	A	Meningitis; Hydrocephalus
	1401	Joh Peter B	2 years 4 months 18 days	26/02/1942	3/26/1942	A	Tuberculosis
	1403	Robert M	0 years 1 months 18 days	27/02/1942	05/01/1942	A	Dystrophy
	1404	Suzanna K	2 years 3 months 24 days	27/02/1942	X 07/03/1942	A	Diphtheria
	1405	Edith K	4 years 3 months 26 days	27/02/1942	3/13/1942	A	Imbecility
	1407	Karoline R	6 years 2 months 1 days	28/02/1942	3/24/1942	A	Epipharyngitis
	1408	Luise G	0 years 9 months 0 days	28/02/1942	5/26/1942	A	Laryngitis; Spasmophylia; Rickets
	1409	Julia M	4 years 9 months 15 days	28/02/1942	03/11/1942	A	Observation
	1410	Ferdinand S	1 years 3 months 0 days	28/02/1942	03/09/1942	A	Influenza; Seizures
	1411	Paul L	0 years 0 months 0 days	28/02/1942	5/26/1942	A	Brain Bleed; Dyspepsia
	1412	Marianne B	0 years 0 months 0 days	28/02/1942	X 01/03/1943	A	Prematurity; Debility
	1415	Johann T	0 years 11	01/03/1942	03/07/1942	A	Morbili

			months 29 days				
1943	1416	Alice Rose B	0 years 11 months 14 days	01/03/1942	12/15/1942	A	Tuberculosis
	1417	Michaela B	3 years 7 months 9 days	02/03/1942	03/10/1942	A	Pertussis
	1418	Agathe H	6 years 3 months 21 days	02/03/1942	03/06/1942	NA	Angina
	1419	Magdalene R	4 years 10 months 18 days	02/03/1942	03/10/1942	A	Bronchitis; Pertussis
	1420	Anton M	4 years 3 months 15 days	02/03/1942	3/23/1942	A	Lymphadenitis Colli
	1421	Georg M	1 years 2 months 14 days	02/03/1942	03/04/1942	A	Respiration problem
	1422	Heinrich K	3 years 11 months 21 days	02/03/1942	03/12/1942	A	Influenza
	1423	Peter Joachim M	0 years 0 months 16 days	02/03/1942	3/25/1942	G	Influenza
	1424	Robert D	0 years 2 months 24 days	03/03/1942	4/18/1942	A	Rickets; Anaemia
	1427	Alois B	5 years 11 months 26 days	03/03/1942	3/23/1942	A	Hepatitis
	1428	Marlene N	0 years 1 months 9 days	03/03/1942	05/07/1942	A	Nasopharyngitis

	1429	Margarete E	9 years 2 months 16 days	03/03/1942	4/16/1942	I	Scarlet Fever
	1430	Maria F	6 years 10 months 28 days	04/03/1942	04/11/1942	A	Scarlet Fever
	1431	Gilbert M	1 years 0 months 28 days	04/03/1942	3/16/1942	A	Bronchopneumonia
	1432	Georg E	0 years 0 months 18 days	04/03/1942	05/04/1942	A	Pylorusspasmus
	1434	Rosemarie W	0 years 0 months 20 days	04/03/1942	3/25/1942	A	Rhinopharyngitis
	1435	Johann J	0 years 8 months 9 days	05/03/1942	X 11/03/1942	L	Tuberculosis; Pneumonia; Anaemia
	1436	M Odila S	0 years 2 months 9 days	05/03/1942	3/18/1942	A	Bronchitis
	1437	Joh Peter R	0 years 1 months 13 days	05/03/1942	05/04/1942	A	Spasmophilia
	1439	Thea T	1 years 4 months 16 days	06/03/1942	03/12/1942	A	Angina; Lymphadenitis
	1441	Monika W	0 years 0 months 13 days	06/03/1942	05/07/1942	A	Vomiting; Dyspepsia
	1442	Arnold K	0 years 4 months 14 days	06/03/1942	3/26/1942	A	Pharyngitis; Erythma
	1443	Richard F	0 years 3 months 5 days	06/03/1942	3/17/1942	A	Slight infection
	1444	Gerhard G	2 years 5 months 6 days	06/03/1942	03/07/1942	NA	Diphtheria; Otitis Media

	1445	Gerhard H	1 years 1 months 18 days	06/03/1942	03/07/1942	NA	Littles Disease; Diphtheria
	1446	Maria B	0 years 8 months 24 days	06/03/1942	03/07/1942	NA	Diphtheria
	1447	Andrea B	3 years 5 months 26 days	06/03/1942	03/07/1942	NA	Hyperthyroidosis; Diphteria; Stomatitis
	1448	Joh Paul S	1 years 11 months 18 days	07/03/1942	3/13/1942	A	Fever; Bronchitis
	1449	Hilde M	0 years 6 months 28 days	07/03/1942	3/14/1942	L	Pneumonia
	1450	Magdalena H	0 years 0 months 1 days	07/03/1942	X 07/03/1942	A	Prematurity; Failure to thrive
	1517	Elizabeth K	0 years 0 months 0 days	10/10/1942	X 12/10/1942	A	Prematurity; Triplet; Asphyxia
	1518	Heinrich K	0 years 0 months 0 days	10/10/1942	X 11/10/1942	A	Prematurity; Triplet; Asphyxia
	1519	Walter L	5 years 8 months 29 days	10/10/1942	11/01/1942	G	Diphtheria
	1520	Annette K	3 years 11 months 15 days	10/10/1942	11/30/1942	A	Typhus B
	1521	Gunther P	8 years 11 months 25 days	10/10/1942	11/29/1942	G	Diphtheria
	1522	Werner S	10 years 0 months 26 days	10/09/1942	11/15/1942	G	Diphtheria

	1523	Twin 1 Schneider		11/10/1942	X 31/10/1942	G	Prematurity; Aphasia
	1524	Twin 2 Schneider		11/10/1942	X 11/10/1942	G	Prematurity; Disordered Eating
	1525	Hubert F	0 years 1 months 9 days	11/10/1942	11/21/1942	A	Dyspepsia
1943	1526	Anton U	2 years 4 months 18 days	11/10/1942	11/10/1942	A	Meningococcal Meningitis
	1527	Maria L	4 years 8 months 15 days	11/10/1942	11/10/1942	G	Typhus
	1528	Gerhard H	5 years 1 months 28 days	12/10/1942	10/30/1942	G	Lymphadenitis Colli
	1529	Andreas B	0 years 0 months 21 days	12/10/1942	10/19/1942	A	Struma Congenita; Congenital Vitum Cordis
	1530	M Therese L	0 years 11 months 14 days	12/10/1942	10/19/1942	A	Laryngitis
	1531	Heinz B	4 years 9 months 18 days	12/10/1942	11/23/1942	RD	Scarlet Fever
	1533	Gerhard Z	7 years 5 months 21 days	12/10/1942	10/28/1942	G	Angina
	1534	Bruna F	8 years 6 months 14 days	12/10/1942	10/23/1942	I	Eczema from Lice
	1535	Alfred F	1 years 10 months 18 days	12/10/1942	10/14/1942	G	Angina

	1536	Peter B	4 years 4 months 19 days	12/10/1942	11/11/1942	G	Typhus
	1537	Klaus B	1 years 4 months 15 days	12/10/1942	10/12/1942	G	Enteritis
	1538	Helene H	1 years 5 months 14 days	12/10/1942	11/20/1942	G	Scarlet Fever
	1539	Martha W	0 years 1 months 13 days	12/10/1942	11/24/1942	A	Vomiting
	1541	Emma K	0 years 0 months 21 days	12/10/1942	X 27/10/1942	A	Dystrophy; Disordered Eating; Mastoiditis
	1542	Alois S	3 years 7 months 12 days	12/10/1942	11/26/1942	A	Scarlet Fever
	1545	Erna Elizabeth S	2 years 8 months 3 days	13/10/1942	10/17/1942	A	Poliomyelitis
	1546	M Therese G	9 years 7 months 29 days	13/10/1942	11/06/1942	A	Hepatopathy
#####	401	Karl M	2 years 4 months 0 days	22/05/1942	06/01/1942	A	Asthma; Bronchitis
	402	Georgette D	1 years 5 months 25 days	22/05/1942	7/30/1942	A	Pneumonia
	403	Herbert W	6 years 9 months 28 days	22/05/1942	07/01/1942	G	Scarlet Fever
	404	Luzian M	7 years 0 months 27 days	22/05/1942	06/01/1942	A	Angina Lacunaris
	405	M Liesa B	0 years 1 months 25 days	23/05/1942	07/03/1942	A	Dyspepsia

	407	Klaus E	0 years 4 months 14 days	23/05/1942	06/04/1942	G	Spastic Bronchitis
	408	Josef F	0 years 0 months 0 days	23/05/1942	12/09/1942	G	Prematurity
	409	Agatha W	0 years 1 months 29 days	23/05/1942	8/15/1942	A	Whooping Cough
	410	Emma D	0 years 1 months 11 days	23/05/1942	06/04/1942	A	Dyspepsia
	411	Peter G	6 years 4 months 24 days	23/05/1942	6/21/1942	A	Diphtheria
	412	Marlene F	2 years 1 months 19 days	23/05/1942	07/03/1942	A	Scarlet Fever
	413	Ernst H	8 years 6 months 15 days	24/05/1942	10/06/1942	G	Lymphadenitis Colli; Meningismus
	414	Roland B	1 years 8 months 15 days	24/05/1942	06/02/1942	A	Tonsillitis
	415	Rudiger Ernst	0 years 0 months 1 days	25/05/1942	X 25/05/1942	G	Brain Bleed from traumatic birth
1943	42	Heide S	2 years 6 months 22 days	05/04/1943	04/12/1943	G	Megacolon
	43	Therese N	0 years 4 months 16 days	05/04/1943	04/12/1943	Lx	Chondrodystrophic Dwarfism
	44	Alfred S	0 years 9 months 6 days	05/04/1943	06/03/1943	A	Harelip Operation
	45	Berhard K	3 years 3 months 21 days	05/04/1943	5/20/1943	A	Nephritis

	50	Annette L	3 years 10 months 2 days	05/04/1943	4/14/1943	A	Angina
	51	Ursula B	0 years 3 months 1 days	05/04/1943	4/29/1943	G	Otitis; Angina
	52	Renate N	6 years 10 months 16 days	05/04/1943	5/20/1943	A	Pleuropneumonia
	53	M Margarete D	0 years 3 months 26 days	05/04/1943	4/17/1943	A	Paratyphus
	54	Hanne K	3 years 0 months 29 days	05/04/1943	4/15/1943	G	Stomatitis Aphthosa
	55	Helga K	1 years 3 months 5 days	05/04/1943	4/15/1943	G	Stomatitis Aphthosa
	56	Anje E	0 years 2 months 15 days	06/04/1943	5/26/1943	G	Dystrophy; Rumination
	57	Willy E	0 years 1 months 7 days	06/04/1943	5/22/1943	A	Dyspepsia; Dystrophy
	58	Liliane M	3 years 3 months 14 days	06/04/1943	4/16/1943	A	Angina
	59	Karl K	4 years 10 months 17 days	06/04/1943	4/29/1943	A	Tuberculosis
	60	Magdalene G	0 years 2 months 15 days	06/04/1943	X 15/04/1943	A	Pertussis; Bronchopneumonia
	61	Roland S	1 years 4 months 1 days	06/04/1943	4/17/1943	A	Pertussis

	451	Georg B	7 years 7 months 6 days	22/05/1943	06/02/1943	A	Meningitis
	452	Irene E	3 years 10 months 28 days	22/05/1943	6/30/1943	A	Scarlet Fever
	453	Jakobine E	2 years 10 months 4 days	22/05/1943	6/30/1943	A	Scarlet Fever
	454	Karl K	7 years 8 months 12 days	22/05/1943	06/12/1943	A	Scarlet Fever
	455	Elizabeth D	0 years 1 months 22 days	22/05/1943	06/04/1943	A	Parenteral Dyspepsia
	456	Gerhard G		22/05/1943	X 22/05/1943	NA	Prematurity; Failure to Thrive
	458	Raimund M	6 years 7 months 7 days	22/05/1943	07/01/1943	A	Scarlet Fever
	459	Karl K	3 years 11 months 16 days	22/05/1943	6/23/1943	A	Scarlet Fever
	460	Eduard S	1 years 6 months 4 days	22/05/1943	07/03/1943	A	Scarlet Fever
	461	Berhard S	1 years 8 months 10 days	23/05/1943	5/28/1943	A	Asthma
	463	Peter N	0 years 10 months 6 days	23/05/1943	07/01/1943	RD	Scarlet Fever
	464	Daniel D	1 years 3 months 7 days	24/05/1943	06/12/1943	A	Bronchopneumonia

	466	Antonia M	5 years 9 months 15 days	24/05/1943	6/15/1943	RD	Seizures
	467	Josef M	5 years 11 months 25 days	24/05/1943	6/19/1943	A	Scarlet Fever
	468	Marie L	11 years 2 months 6 days	24/05/1943	07/06/1943	A	Metabolic disorder
	469	Johann S	2 years 7 months 1 days	24/05/1943	09/01/1943	A	Post Pneumonia Empyema
	470	Frieda A	9 years 7 months 13 days	25/05/1943	07/06/1943	RD	Paroxysmal Tachycardia
	472	Jakob B	5 years 7 months 22 days	25/05/1943	7/19/1943	A	Ikterus
	473	M Therese O	9 years 4 months 18 days	25/05/1943	5/28/1943	A	Ascarditis
	474	Robert T	9 years 4 months 24 days	25/05/1943	07/02/1943	A	Struma Adolescenta
	475	Ludwig G	5 years 4 months 3 days	25/05/1943	6/18/1943	I	Asthma
1943	476	Ingrid C	0 years 5 months 30 days	25/05/1943	12/06/1943	G	Bronchopneumonia
	477	Gertrud G	7 years 11 months 11 days	25/05/1943	8/20/1943	RD	Oxyuriasis
	478	Ferdinand J	0 years 5 months 30 days	25/05/1943	5/31/1943	A	Otitis

	479	Maria Franziska B	0 years 7 months 22 days	25/05/1943	7/14/1943	A	Pneumonia
	481	Klaus Rudiger E	0 years 0 months 30 days	25/06/1943	08/06/1943	G	Disordered eating
	482	Karl K	7 years 5 months 9 days	26/05/1943	6/25/1943	A	Mastoiditis; Scarlet Fever; Meningitis; Endocarditis
	483	Anton S O	5 years 0 months 22 days	26/05/1943	07/03/1943	A	Scarlet Fever
	484	Karl H	3 years 3 months 15 days	26/05/1943	09/06/1943	A	NA
	486	Eduard G	7 years 2 months 10 days	26/05/1943	06/03/1943	A	Rheumatoid Arthritis
	487	Lile L	0 years 4 months 7 days	26/05/1943	X 28/05/1943	G	Meningococcal Meningitis; Sepsis
	488	Robert S	6 years 11 months 12 days	26/05/1943	06/02/1943	L	Seizures
	489	Martha G	0 years 0 months 1 days	26/05/1943	X 27/05/1943	A	Prematurity; Aspiration Pneumonia
	490	Margarete S	3 years 10 months 26 days	26/05/1943	X 04/06/1943	RD	Embolism; Encephalitis
	491	Irene S	1 years 9 months 3 days	26/05/1943	5/27/1943	G	Perforated Appendix
	492	Alfons T	8 years 0 months 13 days	27/05/1943	6/21/1943	A	Healed Mesenteric Tumour

	493	Ingrid A	2 years 5 months 29 days	27/05/1943	6/23/1943	G	Otitis Media
	494	Marianne S	2 years 6 months 24 days	27/05/1943	06/03/1943	A	Catarrh Infecton
	495	Hans M	0 years 0 months 1 days	27/05/1943	7/26/1943	RD	Tuberculosis
	496	Wolfgang H	1 years 2 months 18 days	28/05/1943	11/06/1943	RD	Insomnia
	497	Emil S	0 years 0 months 17 days	28/05/1943	06/04/1943	A	Conjunctivitis
	498	Kweta L		27/05/1943	06/08/1943	RD	Pertussis
	499	Fritz G	6 years 9 months 25 days	28/05/1943	X 03/06/1943	G	Pneumonia; Polyarthritis Rheumatica; Endocarditis; Pericarditis
	500	Josef G	0 years 5 months 14 days	28/05/1943	6/19/1943	L	Catarrh infection
	501	Ekkehardt N	1 years 0 months 20 days	28/05/1943	06/05/1943	G	Gastroenteritis (following Opium Poisoning)
	502	Richard S	6 years 1 months 11 days	28/05/1943	6/21/1943	G	Pneumonia
	503	Berhard D	0 years 9 months 6 days	29/05/1943	06/05/1943	A	Pneumonia
	504	Michael D	0 years 1 months 16 days	29/05/1943	7/16/1943	A	Dystrophy

	505	Roland K	0 years 5 months 15 days	29/05/1943	06/05/1943	NA	Disordered Eating
	506	Robert Z	0 years 0 months 27 days	29/05/1943	09/07/1943	L	Pylorusstenosis
	507	Luzian R	7 years 2 months 22 days	29/05/1943	6/26/1943	A	Pleuropneumonia
	508	Mathilde K	10 years 3 months 9 days	29/05/1943	6/18/1943	A	Endocarditis; Angina; Nephritis
	509	Paul S	0 years 2 months 19 days	29/05/1943	11/08/1943	A	Dystrophy
	510	Robert L	5 years 1 months 6 days	29/05/1943	07/03/1943	A	Scarlet Fever
	512	Helmuth W	2 years 10 months 30 days	29/05/1943	06/04/1943	RD	Laryngitis
	513	Margaritta J	0 years 10 months 27 days	29/05/1943	06/03/1943	G	Throat infection
	514	Heide Kristel K	0 years 0 months 30 days	30/05/1943	6/18/1943	RD	Cattarrh Infection
	515	Robert N	6 years 11 months 9 days	30/05/1943	06/05/1943	L	Otitis
	516	Germania K	4 years 7 months 27 days	30/05/1943	07/05/1943	A	Scarlet Fever
	517	Kurt A	9 years 5 months 27 days	30/05/1943	10/07/1943	G	Diphtheria

	518	Marzell H	2 years 3 months 15 days	30/05/1943	12/06/1943	A	Pneumonia
	519	Johann C	7 years 6 months 0 days	30/05/1943	6/21/1943	A	Paratyphus
	520	Hermann R	7 years 1 months 2 days	30/05/1943	06/03/1943	G	Meningitis
1943	521	Rude H	5 years 5 months 2 days	31/05/1943	06/02/1943	A	Nephritis
	522	Karl D	0 years 0 months 0 days	30/05/1943	6/28/1943	NA	Tuberculosis
	523	Adolf D	2 years 0 months 3 days	29/05/1943	7/17/1943	NA	Pneumonia
	524	Eleanore D	5 years 5 months 0 days	29/05/1943	7/17/1943	NA	Tuberculosis
	525	Marie Luise G	0 years 10 months 22 days	31/05/1943	07/01/1943	A	Diphtheria
	601	Andreas B	7 years 3 months 28 days	08/06/1943	6/25/1943	A	Eneurisis
	602	Doris H	1 years 8 months 11 days	08/06/1943	6/26/1943	A	Throat Infection
	603	Gilbert A	5 years 8 months 8 days	08/06/1943	7/28/1943	L	Endocarditis
	604	Paul H	7 years 4 months 15 days	08/06/1943	10/06/1943	A	Polyarthritis; Endocarditis
	605	Robert R	0 years 10	08/06/1943	7/28/1943	A	Seizures

			months 28 days				
	606	Cezila D	1 years 3 months 27 days	08/06/1943	12/16/1943	A	Burns
	607	Herta F	2 years 0 months 26 days	08/06/1943	6/22/1943	A	Pertussis
	608	Bernhard Z	0 years 4 months 21 days	08/06/1943	6/17/1943	A	Dyspepsia; Otitis Media
	609	Georg B	0 years 2 months 3 days	08/06/1943	06/09/1943	A	Dystrophy
	610	Karl K	0 years 1 months 16 days	08/06/1943	8/16/1943	A	Dystrophy
	611	Liliane D	6 years 11 months 5 days	09/06/1943	6/15/1943	A	Ikterus; Jaundice
	612	Paul F					
	613	Dionisia P					
	614	Roswitha W					
	615	Hermine H					
	616	Emilie S					
	617	Magdalena M					
	618	Alfred T	5 years 10 months 20 days	09/06/1943	6/17/1943	A	Angina
	619	Gertrud S					
	620	Doris Irmgard F	3 years 0 months 29 days	10/06/1943	6/18/1943	G	Stomatitis
	621	Ingolf V					
	622	Eduard V					

	623	Monika W					
	625	Raimund W	0 years 0 months 4 days	10/06/1943	X 11/06/1943	A	Prematurity; Failure to Thrive
	626	Vincenz H	6 years 6 months 22 days	11/06/1943	7/14/1943	A	Pleuritis
	627	Herbert D	0 years 1 months 3 days	10/06/1943	07/12/1943	RD	Dyspepsia
	628	Karl K	0 years 2 months 1 days	11/06/1943	7/14/1943	A	Retropharyngier Abcess
	629	Susanna S	6 years 7 months 22 days	11/06/1943	6/30/1943	A	Lymphadenitis Colli
	630	Roland M	0 years 7 months 23 days	11/06/1943	7/31/1943	A	Hiliusdrusen Swelling
1943	631	Roswitha S	0 years 2 months 11 days	11/06/1943	7/21/1943	G	Furunkulosis; Dyspepsia
	632	Leoni S	4 years 8 months 23 days	11/06/1943	07/07/1943	A	Bronchitis; Paratyphus
	633	Herta N	0 years 6 months 12 days	12/06/1943	06/12/1943	A	Eczema
	635	Michel B	0 years 6 months 12 days	12/06/1943	06/12/1943	A	Pertussis
	636	Marie Luise Z	0 years 3 months 16 days	12/06/1943	6/15/1943	F	Pertussis
	637	Eugen S	1 years 1 months 2 days	12/06/1943	6/18/1943	A	Varicellen
	638	Ingeborg G	2 years 9 months 1 days	12/06/1943	7/22/1943	RD	Scarlet Fever; Pertussis

	639	Christa G	3 years 0 months 16 days	12/06/1943	07/03/1943	G	Chorea Minor
	640	Marie Magd. H	0 years 2 months 1 days	12/06/1943	07/03/1943	A	Otitis; Dyspepsia
	641	Jakob Josef O	0 years 3 months 2 days	12/06/1943	07/02/1943	A	Dyspepsia
	642	Gerhard M	0 years 0 months 16 days	12/06/1943	7/19/1943	A	Dyspepsia; Otitis Media
	643	Marianne G	3 years 4 months 28 days	13/06/1943	7/22/1943	A	Scarlet Fever
	644	Marie T	0 years 0 months 0 days	13/06/1943	7/28/1943	I	Prematurity
	645	Paul B	0 years 11 months 29 days	13/06/1943	6/19/1943	A	Bronchitis; Measles
	646	Daniel K	1 years 9 months 8 days	14/06/1943	7/23/1943	A	Scarlet Fever
	647	Johanna F	10 years 0 months 4 days	14/06/1943	7/23/1943	A	Scarlet Fever
	648	Emil Roland S	0 years 0 months 6 days	14/06/1943	X 18/06/1943	A	Toxicosis; Bronchopneumonia
	649	Suzanna R	3 years 5 months 6 days	15/06/1943	X 18/06/1943	A	Diphtheria; Croup
	651	Marie Johanna K	3 years 3 months 7 days	15/06/1943	08/04/1943	A	Calcified Primary Complex
	652	Johanna W	7 years 2 months 6 days	15/06/1943	6/26/1943	A	Tuberculosis

	653	Renate B	1 years 4 months 21 days	15/06/1943	6/30/1943	G	Diphtheria
	654	Manfred C	0 years 11 months 2 days	15/06/1943	6/24/1943	A	Scabies
	655	Bertha W	1 years 4 months 13 days	15/06/1943	6/24/1943	G	Neuropathy
	656	Marie Therese S	1 years 10 months 0 days	15/06/1943	08/07/1943	A	Tuberculosis
	657	Erich M	4 years 11 months 2 days	15/06/1943		RD	Debility
	658	Joseph K	7 years 0 months 26 days	15/06/1943	07/01/1943	A	Otitis Media
	659	Klaus D	5 years 8 months 29 days	16/06/1943	7/18/1943	RD	Arythmia Perpetua
	660	Ernst S	2 years 10 months 15 days	16/06/1943	6/24/1943	A	Enteritis
	661	Christiane T	0 years 11 months 3 days	16/06/1943	X 21/07/1943	A	Influenza; Meningitis
	663	Robert H	0 years 0 months 23 days	16/06/1943	8/18/1943	A	Pylorusspasmus; Exudative Diasthese
	664	Gunther L	6 years 8 months 30 days	17/06/1943	07/10/1943	G	Bed wetting

	665	Raimund S	0 years 1 months 13 days	17/06/1943	X 17/06/1943	A	Toxicosis
	666	Hans Z	0 years 1 months 3 days	17/06/1943	7/14/1943	RD	Rickets
	667	Jakobine F	3 years 5 months 23 days	17/06/1943	08/07/1943	A	NA
	668	Kurt G	2 years 0 months 9 days	18/06/1943	07/10/1943	RD	Impetigo
	669	Marie Luise H	6 years 5 months 22 days	18/06/1943	7/28/1943	A	Scarlet Fever
	670	Norbert S	3 years 10 months 16 days	18/06/1943	07/03/1943	A	Scarlet Fever
	671	Anne Marie H	0 years 10 months 8 days	18/06/1943	07/10/1943	A	Pneumonia
	672	Alfred M	0 years 7 months 23 days	18/06/1943	07/02/1943	A	Bronchitis
	673	Nanta K	0 years 0 months 18 days	18/06/1943	8/24/1943	RD	Pyodermia; Furunkulose
	674	Willi S	0 years 4 months 1 days	18/06/1943	08/04/1943	A	Bronchopneumonia
	675	Hedwig A	3 years 2 months 23 days	18/06/1943	07/07/1943	RD	Accident
1944	676	Emma R	2 years 4 months 29 days	18/06/1943	6/19/1943	A	Diphtheria

	677	Josef G	7 years 3 months 29 days	18/06/1943	8/25/1943	A	Brain Swelling
	678	Rolf M	0 years 3 months 14 days	19/06/1943	6/28/1943	RD	Dyspepsia; Furunkulose
	679	Inge F	3 years 3 months 8 days	19/06/1943	6/28/1943	RD	Pneumonia
	680	Karin M	0 years 7 months 14 days	19/06/1943	6/21/1943	RD	Disordered Eating
	681	Johann Josef E	0 years 0 months 21 days	19/06/1943	X 19/06/1943	A	Bronchopneumonia
	683	Ilse B	3 years 0 months 11 days	19/06/1943	07/01/1943	RD	Tuberculosis
	684	Martin K	5 years 11 months 12 days	19/06/1943	7/30/1943	A	Scarlet Fever
	685	Werner O	4 years 6 months 22 days	19/06/1943	7/28/1943	G	Scarlet Fever
	686	Cacillie L	1 years 3 months 5 days	19/06/1943	7/14/1943	A	Invagination; Pertussis
	687	Rudolf E	1 years 3 months 20 days	19/06/1943	9/15/1943	NA	Atrophy; Severe post Diphtheria paralysis
	688	Maria G	5 years 11 months 16 days	20/06/1943	09/07/1943	A	Scarlet Fever
	691	Maria Luise H	6 years 2 months -1 days	21/06/1943	7/15/1943	A	Tuberculosis

	692	Karl Ludwig S	3 years 6 months 24 days	21/06/1943	6/29/1943	RD	High grade Insanity; Post Encephalitis
	693	Paul K	5 years 1 months 26 days	21/06/1943	7/14/1943	A	Diphtheria
	694	Willi B	1 years 6 months 7 days	21/06/1943	8/21/1943	A	Enteritis
	695	Gerhard B	0 years 2 months 19 days	21/06/1943	6/23/1943	A	Throat infection; Otitis Media
	696	Andreas L	9 years 7 months 20 days	21/06/1943	6/22/1943	A	Asthma bronchiale
	697	Marie Therese K	0 years 0 months 18 days	20/06/1943	10/06/1943	P	Otitis Media; Dyspepsia
	698	Kurt K	2 years 1 months 8 days	21/06/1943	8/18/1943	A	Scarlet Fever; Otitis; Sinusthrombosis
	699	Marie Rosa E	0 years 10 months 15 days	21/06/1943	X 26/06/1943	A	Encephalitis
	700	Andreas K	2 years 4 months 29 days	21/06/1943	X 26/06/1943	A	Encephalitis
	701	Robert R	8 years 1 months 8 days	21/06/1943	08/02/1943	RD	Scarlet Fever
	702	Michael R	0 years 2 months 16 days	21/06/1943	7/21/1943	G	Disordered Eating
	703	Bernhard R	3 years 9 months 10 days	21/06/1943	6/30/1943	NA	Measles

	704	Rosemarie K	8 years 9 months 5 days	21/06/1943	6/28/1943	RD	Vasolabilitat; Stomach Pain
	705	Waltraud G	8 years 5 months 29 days	22/06/1943	8/27/1943	RD	Tuberculosis
	706	Andreas G	5 years 3 months 6 days	22/06/1943	07/09/1943	L	Pneumonia
	707	Adolf K	0 years 1 months 22 days	22/06/1943	07/01/1943	RD	Bronchitis
	708	Ulrich S	0 years 4 months 25 days	22/06/1943	7/20/1943	G	Disordered Eating
	709	Hans H	1 years 8 months 24 days	22/06/1943	8/20/1943	G	Fractured Cranium
	710	Karl L	0 years 3 months 7 days	22/06/1943	X 05/07/1943	A	Pertussis Convulsis; Pneumonia
	711	Raimund W	3 years 6 months 26 days	22/06/1943	X 26/06/1943	A	Encephalitis; Diphtheria
	712	Gabriele S	1 years 0 months 27 days	22/06/1943	7/17/1943	A	Scabies (Infected)
	713	M Therese S	0 years 0 months 1 days	22/06/1943	X 22/06/1943	A	Prematurity; Twin; Failure to thrive
	714	Josefine S	0 years 0 months 1 days	22/06/1943	X 22/06/1943	A	Prematurity; Twin; Failure to thrive
	715	Werner D	0 years 0 months 2 days	22/06/1943	6/26/1943	NA	Circulatory disorder

	716	Heinrich K	0 years 2 months 0 days	22/06/1943	09/07/1943	A	Phimosis; Vomiting
	717	Monika G	2 years 4 months 14 days	23/06/1943	6/30/1943	A	Diahorrea
	718	Doris G	1 years 2 months 21 days	23/06/1943	6/30/1943	A	Dysentry
	719	Gunther S	1 years 8 months 26 days	24/06/1943	07/09/1943	RD	Congenital Vitum Cordis
	720	Remeigius N	10 years 2 months 21 days	24/06/1943	6/30/1943	L	Pachypleuritis
1944	721	Marie Rose F	0 years 5 months 30 days	24/06/1943	07/01/1943	A	Congenital Deafness; Herzvitum; Debility
	722	Gerhard O	0 years 1 months 11 days	24/06/1943	X 24/06/1943	NA	Toxicosis; Disordered Eating
	723	Herbert W	0 years 7 months 16 days	24/06/1943	X 19/07/1943	A	Influenza; Meningitis
	724	Brigitte B	6 years 8 months 5 days	24/06/1943	08/04/1943	RD	Glomerulus Nephritis
	725	Karl Heinz B	0 years 4 months 21 days	24/06/1943	11/15/1943	RD	Congenital Syphilis
	726	Karl KA	10 years 2 months 15 days	24/06/1943	7/26/1943	A	Paratyphus B
	727	Paul L	7 years 1 months 5 days	24/06/1943	08/04/1943	A	Diphtheria
	728	Emil S	4 years 7 months 11 days	24/06/1943	X 26/05/1943	A	Diphtheria

	729	Christian K	7 years 0 months 0 days	24/06/1943	07/09/1943	A	Pneumonia
	730	Alfred B	1 years 9 months 16 days	25/06/1943	07/07/1943	A	Impetigo
	731	Heinrich F	0 years 7 months 7 days	24/06/1943	07/07/1943	A	Pneumonia
	732	Hanni I	4 years 5 months 28 days	24/06/1943	7/28/1943	A	Scarlet Fever
	733	Paula M	7 years 7 months 10 days	06/07/1943	7/17/1943	A	Scarlet Fever
	1608	Francine L	0 years 1 months 9 days	13/11/1943	01/10/1944	F	Hypernephremoma
	2096	Marie Helene E	0 years 1 months 21 days	13/11/1943	01/12/1944	A	Seizures
1944	2401	Liliane D	6 years 2 months 14 days	19/12/1943	1/19/1944	A	Scarlet Fever
	2403	Johann Michael G	2 years 6 months 19 days	19/12/1943	1/28/1944	A	Scarlet Fever
	2407	Helga H	0 years 2 months -1 days	20/12/1943	1/22/1944	RD	Dystrophy
	2408	Margot O	1 years 8 months 12 days	20/12/1943	01/05/1944	RD	Debility
	2409	John Paul L	0 years 1 months 7 days	20/12/1943	1/31/1944	A	Dystrophy
	2410	Robert E	0 years 0 months 6 days	20/12/1943	X 22/02/1944	A	Dermatitis; Otitis; Bronchopneumonia

	2411	Gilbert Z	0 years 1 months 20 days	20/12/1943	07/01/1944	L	Club Foot; Multiple Defects
	2412	Erika H	2 years 1 months 11 days	20/12/1943	X 23/12/1943	RD	Diphtheria
	2413	Irmgard B	6 years 9 months 22 days	20/12/1943	12/24/1943	RD	Lymphadenitis
	2414	Berhard S	2 years 9 months 12 days	20/12/1943	12/29/1943	A	Seizures
	2416	Christiane H	0 years 8 months 3 days	20/12/1943	1/20/1944	A	Bronchopneumonia
	2417	Christiane G	0 years 9 months 19 days	20/12/1943	2/24/1944	A	Bronchopneumonia
	2419	Friedrich L	1 years 5 months 9 days	21/03/1943	12/31/1943	RD	Pneumonia
	2420	Gerhard W	4 years 6 months 21 days	21/12/1943	9/24/1944	RD	Tuberculosis
	2422	Christian B	0 years 0 months 1 days	21/12/1943	X 13/03/1944	A	Prematurity; Bronchopneumonia
	2423	Marlene B	0 years 0 months 2 days	21/12/1943	3/29/1944	A	Prematurity; Spastic Bronchitis
	2424	Ernst W	1 years 1 months 26 days	21/12/1943	12/30/1943	A	Throat infection; Laryngitis; Rickets
	2426	Marlene R	0 years 4 months 17 days	21/12/1943	08/01/1944	A	Pemphigus
	2327	Alois R	0 years 2 months 10 days	12/10/1943	12/22/1943	RD	Influenza

	2427	Gerhard S	9 years 4 months 9 days	21/12/1943	X 22/12/1943	A	Abcess; Meningitis
	2429	Suzanne B	0 years 5 months 7 days	22/12/1943	12/29/1943	A	Otitis Media
	2430	Willi K	6 years 10 months 12 days	22/12/1943	1/28/1944	RD	Rheumatic Fever
	2431	Helga M	0 years 5 months 5 days	22/12/1943	2/24/1944	RD	Tuberculosis
	2432	Ingrid W	3 years 11 months 12 days	02/03/1944	3/14/1944	RD	Pertussis; Pneumonia; Scarlet Fever
	2433	Wilhelm B	0 years 5 months 8 days	22/12/1943	2/18/1944	RD	Pneumonia
	2435	Marie W	0 years 1 months 10 days	23/12/1943	1/29/1944	L	Vomiting
	2436	Monika T	0 years 0 months 20 days	23/12/1943	1/20/1944	RD	Prematurity; Pneumonia
	2437	Helga T	0 years 0 months 20 days	23/12/1943	1/29/1944	RD	Prematurity
	2438	Raimunde K	0 years 2 months 17 days	23/12/1943	12/29/1943	A	Bronchopneumonia
	2439	Diana T	7 years 4 months 27 days	23/12/1943	01/03/1944	RD	Pneumonia
	2442	Willi H	1 years 0 months 9 days	23/12/1943	01/07/1944	VD	Pneumonia
	2443	Eugen S	10 years 11	23/12/1943	12/27/1943	A	Meningitis

			months 3 days				
	2444	Paul Z	0 years 1 months 22 days	23/12/1943	2/28/1944	A	Erisypelas
	2445	Emil L	4 years 3 months 5 days	23/12/1943	01/10/1944	A	Pneumonia
	2447	Erika D	0 years 0 months 30 days	23/12/1943	1/28/1944	RD	Bronchopneumonia
	2448	Bernd B	0 years 8 months 6 days	24/12/1943	1/21/1944	RD	Toxicosis
	2449	Nicole B	3 years 7 months 27 days	23/12/1943	1/25/1944	L	Pneumococcal Meningitis
	2450	Raymund E	6 years 7 months 29 days	23/12/1943	12/24/1943	A	Measles
1944	3056	Johann Peter P	0 years 3 months 29 days	06/03/1944	4/15/1944	A	Dyspepsia; Blepharitis
	3057	Ingrid K	0 years 2 months 0 days	06/03/1944	6/22/1944	RD	Pneumonia; Diphtheria Carrier
	3058	Karl Heinz M	0 years 0 months 30 days	06/03/1944	4/17/1944	A	Pertussis
	3059	Erich M	0 years 0 months 7 days	06/03/1944	X 10/03/1944	RD	Premature Twin
	3060	Theresia M	0 years 0 months 7 days	06/03/1944	X 08/03/1944	RD	Premature Twin
	3061	Otto Frik H	6 years 11 months 0 days	06/03/1944	3/18/1944	RD	Uramia

	3062	Renate K	1 years 3 months 30 days	06/03/1944	3/27/1944	G	Pneumonia
	3063	Ingrid F	1 years 0 months 1 days	07/03/1944	4/26/1944	NA	Chronic Rhinopharyngitis; Otitis Media
	3064	Franziska B	5 years 5 months 15 days	07/03/1944	3/20/1944	RD	NA
	3065	Fritz K	0 years 1 months 26 days	07/03/1944	11/04/1944	RD	Spastic Bronchitis; Spasmophilia
	3066	Johann Ludwig G	0 years 4 months 23 days	07/03/1944	3/25/1944	G	Otitis; Spasmophilia
	3067	Walter D	1 years 6 months 22 days	08/03/1944	04/06/1944	A	Eczema
	3068	Luiza S	4 years 7 months 16 days	08/03/1944	3/29/1944	A	NA
	3069	Monika R	0 years 0 months 22 days	08/03/1944	4/28/1944	A	Dyspepsia; Underdevelopment
	3070	Marliese S	7 years 2 months 9 days	08/03/1944	3/15/1944	RD	Rheumatic Fever
	3072	Alfred H	0 years 1 months 2 days	08/03/1944	04/05/1944	G	Vomiting
	3073	Annemarie B	0 years 1 months 18 days	09/03/1944	4/21/1944	A	Whooping Cough
	3074	Irene D	2 years 10 months 20 days	09/03/1944	4/19/1944	A	Diphtheria

	3076	Rudolf S	0 years 0 months 19 days	09/03/1944	05/05/1944	RD	Dyspepsia
	3078	Jolanta R	3 years 2 months 20 days	10/03/1944	4/15/1944	A	Diphtheria
	3075	Beatrix A	0 years 1 months 7 days	09/03/1944	X 17/03/1944	A	Bronchopneumonia; Dyspepsia; Twin; Encephalitis; Prematurity
	3077	Priska H	5 years 4 months 23 days	10/03/1944	3/23/1944	RD	Laryngitis
	3080	Hugette L	8 years 1 months 29 days	10/03/1944	6/18/1944	A	Tuberculosis
	3081	Erika M	0 years 4 months 8 days	10/03/1944	05/08/1944	A	Bronchopneumonia; Rickets
	3082	Norbert W	4 years 5 months 18 days	10/03/1944	10/04/1944	RD	Tuberculosis
	3083	Klaus S	2 years 10 months 26 days	11/03/1944	3/21/1944	G	Laryngitis
	3084	Jutta F	0 years 2 months 8 days	11/03/1944	3/18/1944	RD	Mastoiditis
	3085	Monika S	0 years 2 months 5 days	11/03/1944	4/17/1944	A	Bronchopneumonia
	3086	Helmut K	6 years 5 months 21 days	11/03/1944	4/14/1944	Ukr	Malaria; Bedwetting
	3087	Franz Xaver Z	0 years 7 months 8 days	11/03/1944	4/13/1944	RD	Lymphadenitis Colli; Rickets

	3088	Josef H	4 years 0 months 17 days	11/03/1944	4/17/1944	RD	Scarlet Fever; Diphtheria; Measles
	3089	Susanne S	5 years 8 months 1 days	11/03/1944	3/24/1944	A	Pneumonia; Meningismus
	3090	Susanne B	9 years 3 months 25 days	11/03/1944	3/18/1944	G	Influenza
	3091	Monika D	1 years 5 months 30 days	12/03/1944	07/06/1944	L	Pneumonia; Empyema; Diphtheria Carrier
	3092	Hans Joachim D	0 years 1 months 13 days	13/03/1944	04/06/1944	RD	Pertussis; Throat Infection
	3093	Maria G	9 years 6 months 1 days	13/03/1944	3/31/1944	A	NA
	3094	Christiane G	0 years 2 months 13 days	13/03/1944	06/04/1944	A	Bronchopneumonia
	3095	Marie Klara G	0 years 1 months 5 days	13/03/1944	11/05/1944	A	Dystrophy
	3096	Marie Luise C	8 years 0 months 3 days	13/03/1944	5/28/1944	A	Tuberculosis
	3098	Brigitte C	4 years 1 months 24 days	13/03/1944	3/23/1944	RD	Neuropathy
	3099	Rainer S	0 years 11 months 26 days	13/03/1944	3/28/1944	RD	Pneumonia
	3100	Irmgard D	3 years 0 months 11 days	13/03/1944	3/15/1944	RD	Meningitis; Tuberculosis

1944	3055	Hans Joachim S	6 years 2 months 26 days	06/03/1944	X 03/04/1944	RD	Rheumatic Fever
	3054	Jurgen S	4 years 7 months 19 days	06/03/1944	3/22/1944	RD	Pneumonia
	3053	Ernst U	0 years 1 months 29 days	06/03/1944	4/17/1944	A	Pyodermia
	3052	Franz S	3 years 3 months 12 days	06/03/1944		A	NA
	3057	Anne Marie B	0 years 3 months 16 days	06/03/1944	3/17/1944	A	Catarrh Infection
	3050	Marie Magdalene G	5 years 10 months 23 days	06/03/1944	3/13/1944	A	Pleuritis
	3049	Gerhard N	3 years 0 months 10 days	05/03/1944	04/03/1944	A	Meningitis
	3048	Hans Peter M	5 years 1 months 7 days	05/03/1944	3/25/1944	NA	Pneumonia
	3047	Werner Kurt S	0 years 2 months 20 days	05/03/1944	04/10/1944	NA	Bronchopneumonia
	3046	Helmuth T	4 years 4 months 15 days	05/03/1944	04/05/1944	G	Diphtheria; Croup
	3044	Elizabeth E	0 years 1 months 15 days	04/03/1944	04/11/1944	RD	Infection
	3043	Marlene W	0 years 1 months 16 days	04/03/1944	04/06/1944	A	Bronchopneumonia
	3042	Eleonore W	5 years 10	04/03/1944	3/16/1944	RD	Lobarpneumonia

			months 10 days				
	3041	Martha P	0 years 0 months 30 days	04/03/1944	4/16/1944	RD	Bronchitis
	3040	Albert S	2 years 0 months 22 days	04/03/1944	X 10/03/1944	A	Tuberculosis; Meningitis
	3039	Christiane G	0 years 0 months 14 days	04/03/1944	X 16/03/1944	A	Pneumoccocal Meningitis; Meningitis
	3038	Peter B	7 years 2 months 6 days	04/03/1944		A	Tuberculosis
	3037	Karl D	1 years 11 months 5 days	04/03/1944	X 04/03/1944	A	Diphtheria
	3034	Udo S	1 years 5 months 0 days	03/03/1944	3/29/1944	G	Catarrh Infection
	3033	Rolf H	0 years 10 months 26 days	03/03/1944	03/11/1944	A	Fainting
	3032	Gertrud K	1 years 1 months 24 days	03/03/1944	4/17/1944	A	Pertussis
	3030	Anne Marie S	0 years 0 months 5 days	03/03/1944	X 30/03/1944	RD	Prematurity
	3029	Walter K	0 years 3 months 12 days	03/03/1944	3/29/1944	RD	Scabies; Eczema; Dysentry
	3028	Germania K	7 years 10 months 19 days	03/03/1944	3/18/1944	A	Swelling

	3026	Hermann Alfred Z	0 years 7 months 9 days	03/03/1944	X 03/03/1944	A	Myatonia Congenita
	3025	Karl Emil S	0 years 0 months 20 days	03/03/1944	05/01/1944	A	Pneumonia; Encephalitis; Otitis; Dyspepsia
	3024	Dieter E	1 years 10 months 4 days	02/03/1944	03/11/1944	G	Angina
	3023	Martha K	2 years 8 months 2 days	02/03/1944	4/19/1944	A	Croup; Measles
	3021	Theobald G	0 years 0 months 21 days	02/03/1944	X 26/03/1944	A	Prematurity
	3020	Monika K	0 years 7 months 9 days	02/03/1944	3/17/1944	A	Bronchopneumonia
	3019	Ursula B	0 years 0 months 22 days	02/03/1944	4/29/1944	RD	Underdevelopment; Infection
	3018	Christa G	1 years 2 months 9 days	02/03/1944	10/05/1944	RD	Tuberculosis
	3017	Paul Z	0 years 3 months 13 days	02/03/1944	03/04/1944	A	Bronchopneumonia
	3016	Philipp H	1 years 0 months 13 days	01/03/1944	3/27/1944	A	Problem with the hip joint
	3014	Malena H	3 years 5 months 29 days	01/03/1944	03/11/1944	RD	Hernia
	3013	Hugette M	2 years 6 months 6 days	01/03/1944	X 06/03/1944	F	Diphtheria

	3012	Marie Elizabeth A	0 years 1 months 1 days	01/03/1944	X 05/03/1944	A	Prematurity; Twin; Bronchopneumonia
	3009	Peter H	1 years 7 months 7 days	29/02/1944	04/05/1944	L	Diphtheria
	3008	Anne Marie K	3 years 11 months 8 days	29/02/1944	4/19/1944	A	Diphtheria
	3007	Mathilde F	3 years 4 months 1 days	29/02/1944	04/01/1944	A	Pertussis
	3006	Gunther F	0 years 0 months 12 days	29/02/1944	3/14/1944	RD	Vomiting
	3005	Hedwig L	10 years 1 months 14 days	29/02/1944	3/20/1944	RD	Tuberculosis
	3004	Roland U	1 years 5 months 15 days	29/02/1944	4/20/1944	A	Infected Scabies
	3003	Manfred P	0 years 6 months 24 days	29/02/1944	03/10/1944	RD	Pneumonia
	3002	Johann Paul G	0 years 1 months 10 days	29/02/1944	05/12/1944	A	Vomiting
	3001	Bernhard M	0 years 6 months 8 days	29/02/1944	3/14/1944	A	Eczema
1944	550	Werner K	3 years 3 months 2 days	03/06/1944	6/15/1944	RD	Measles
	549	Karl R	0 years 2 months 1 days	03/06/1944	08/05/1944	L	Dyspepsia
	548	Ursula M	1 years 10	03/06/1944	6/15/1944	RD	Phlegmone

			months 26 days				
	547	Bernd B	0 years 11 months 29 days	03/06/1944	07/04/1944	RD	Toxicosis
	546	Gabriel M	0 years 8 months 14 days	03/06/1944		A	Bronchopneumonia
	545	Anna H	7 years 1 months 6 days	03/06/1944	09/03/1944	A	Tuberculosis
	544	Heinz R	2 years 0 months 7 days	03/06/1944	6/16/1944	RD	Scabies
	543	Hans Albert O	0 years 0 months 11 days	03/06/1944	6/29/1944	A	Vomiting
	542	Elizabeth S	0 years 1 months 19 days	17/06/1944	07/11/1944	L	Bronchopneumonia
	541	M Luise G	0 years 2 months 21 days	17/06/1944	07/12/1944	L	Dyspepsia
	540	Alexandra G	2 years 9 months 10 days	16/06/1944		I	Diphtheria
	538	Gabriel F	4 years 3 months 19 days	16/06/1944		NA	Diphtheria
	537	Marianne F	0 years 7 months 20 days	11/06/1944	7/22/1944	G	Diphtheria
	536	Susanne H	8 years 10 months 23 days	11/06/1944	7/22/1944	A	Diphtheria
	535	Denise D	5 years 6 months 28 days	07/06/1944		A	Diphtheria

	534	Bernhard R	1 years 4 months 18 days	05/06/1944	7/15/1944	A	Diphtheria
	533	Charlotte Z	4 years 8 months 6 days	03/06/1944	7/14/1944	A	Diphtheria
	532	Robert K	5 years 10 months 25 days	02/06/1944	X 04/06/1944	A	Diphtheria
	531	Jutta G	2 years 0 months 6 days	02/06/1944	8/25/1944	NA	Scarlet Fever
	530	Johann Ludwig W	3 years 8 months 14 days	02/06/1944	06/07/1944	A	Scarlet Fever
	529	Margot S	8 years 1 months 3 days	02/06/1944	07/12/1944	NA	Scarlet Fever
	528	Odila S	9 years 11 months 9 days	02/06/1944	07/12/1944	A	Scarlet Fever
	527	Johanna Marie K	0 years 3 months 17 days	02/06/1944	X 03/06/1944	NA	Immaturity
	526	Kurt S	7 years 2 months 19 days	01/06/1944	07/11/1944	G	Scarlet Fever
	525	Erika T	4 years 1 months 23 days	01/06/1944	06/03/1944	NA	Scarlet Fever
	524	Rolf L	0 years 6 months 12 days	01/06/1944	07/05/1944	A	Pneumonia
	523	Gunther H	0 years 1 months 5 days	01/06/1944	7/24/1944	RD	Dermatitis

	522	Elizabeth R	3 years 9 months 5 days	01/06/1944	7/17/1944	A	Scarlet Fever
	521	Irma S	3 years 11 months 21 days	31/05/1944	07/09/1944	A	Scarlet Fever
	520	Arthur R	2 years 4 months 6 days	31/05/1944	7/21/1944	A	Typhus
	519	Bernhard E	0 years 2 months 0 days	31/05/1944	07/12/1944	A	Mastoiditis
	517	Heinrich Konrad G	0 years 0 months 4 days	31/05/1944	X 05/06/1944	G	Downs Syndrome; Idiocy
	516	Manfred L	0 years 2 months 3 days	31/05/1944	08/09/1944	A	Dyspepsia
	515	Paul R	9 years 5 months 2 days	31/05/1944	06/09/1944	VD	Angina
	514	Anna W	0 years 11 months 21 days	31/05/1944	6/28/1944	A	Pneumonia
	513	Anna Maria B	0 years 0 months 13 days	31/05/1944	07/10/1944	RD	Premature Twin
	512	Karl B	0 years 0 months 13 days	31/05/1944	07/10/1944	RD	Premature Twin
	511	Waltraud H	5 years 4 months 24 days	31/05/1944	07/06/1944	NA	Tuberculosis
	510	Renate F	8 years 10 months 13 days	31/05/1944		A	Chorea Minor

	509	Josef S	2 years 6 months 8 days	30/05/1944	07/07/1944	A	Scarlet Fever
	508	Doris E	0 years 7 months 28 days	30/05/1944		A	Scarlet Fever
	507	Alfred C	0 years 10 months 19 days	31/05/1944	X 04/06/1944	A	Tuberculosis
	506	Monika E	0 years 5 months 30 days	31/05/1944	X 31/05/1944	A	Encephalitis
	505	Josef P	0 years 1 months 16 days	30/05/1944	07/08/1944	G	Adenoid problem
	504	Joh Klaudius L	3 years 2 months 5 days	30/05/1944	6/14/1944	A	Scabies
-	501	Renatus G	8 years 7 months 22 days	29/04/1944	07/08/1944	A	Scarlet Fever
1944	950	Christiane G	0 years 0 months 12 days	25/07/1944	9/14/1944	A	Brain bleed after birth trauma
	949	Elizabeth H	0 years 10 months 3 days	25/07/1944	9/16/1944	A	Tuberculosis
	948	Ernst K	7 years 1 months 9 days	25/07/1944	7/29/1944	A	Appendicitis
	947	Helmut S	5 years 5 months 25 days	25/07/1944	8/14/1944	RD	Werlhof Purpura
	946	Laura F	5 years 7 months 9 days	25/07/1944	11/07/1944	L	Endocarditis Rheumatica; Scarlet Fever

	945	Sigrun H	3 years 2 months 27 days	25/07/1944	8/31/1944	RD	Vulvovaginitis
	944	Georg B	0 years 1 months 11 days	25/07/1944	09/04/1944	A	NA
	943	Christiane R	6 years 3 months 18 days	24/07/1944	8/20/1944	A	Mitralvitum after Rheumatoid Arthritis
	942	Theo H	2 years 1 months 0 days	24/07/1944	8/20/1944	RD	Bronchitis
	941	Ernst M	1 years 10 months 22 days	24/07/1944	08/01/1944	A	Pertussis
	940	Alfred S	0 years 3 months 11 days	24/07/1944	9/15/1944	A	Sepsis; Pneumonia
	939	Liliane C		24/07/1944	8/22/1944	A	Dyspepsia
	938	Mathilde K	9 years 7 months 29 days	24/07/1944	08/04/1944	A	Tuberculosis
	937	Beatrix W	0 years 0 months 7 days	23/07/1944	8/31/1944	A	Throat Infection
	936	Margarete Z	2 years 6 months 10 days	23/07/1944	08/02/1944	A	Pneumonia
	935	Monika P	2 years 9 months 26 days	23/07/1944	08/08/1944	RD	Tuberculosis
	934	Raimund G	1 years 9 months 15 days	22/07/1944	X 23/07/1944	A	Appendicitis; Peritonitis
	933	Richard B	0 years 11 months 28 days	22/07/1944	X 15/08/1944	A	Pneumonia; Nephritis

	932	Marlene K	0 years 3 months 5 days	22/07/1944	09/03/1944	A	Spastic Bronchitis; Otitis Media
	930	Anna W	0 years 0 months 20 days	22/07/1944	X 23/07/1944	A	Sepsis
	928	Leonore H	0 years 0 months 3 days	22/07/1944	08/03/1944	RD	Suspected Syphilis
	927	Anne Marie J	0 years 5 months 29 days	22/07/1944	8/18/1944	A	Abcess in gluteal and shoulderblade
	926	Johann Peter V	0 years 2 months 3 days	21/07/1944	7/23/1944	A	Encephalitis
	925	Martha K	0 years 2 months 11 days	21/07/1944	08/06/1944	RD	Infection; Pertussis
	924	Roland M	2 years 4 months 7 days	21/07/1944	X 21/07/1944	A	Brain Swelling; Second Degree Burns
	923	Robert H	1 years 5 months 27 days	21/07/1944	7/29/1944	A	Idiocy
	922	Klaudius B	6 years 2 months 27 days	22/07/1944	X 01/03/1945	B	NA
	922	Suzanna A	0 years 0 months 10 days	21/07/1944	08/09/1944	A	Fever; Dyspepsia
	921	Christiane W	0 years 0 months 1 days	20/07/1944	X 09/08/1944	A	Prematurity
	920	Hubert K	2 years 0 months 17 days	20/07/1944	7/25/1944	A	Angina; Infection
	918	Christiane W	2 years 3 months 2 days	20/07/1944	7/27/1944	A	Bronchitis

	917	Stefan H	4 years 7 months 8 days	20/07/1944	08/03/1944	A	Stomatitis
	916	Jakobine G	3 years 7 months 9 days	20/07/1944	7/24/1944	L	Goitre
	915	Anton M	9 years 7 months 17 days	20/07/1944	7/27/1944	A	Liver Swelling
	914	Simone K	2 years 11 months 25 days	20/07/1944	08/06/1944	A	Enteritis
1945	913	Johann Jakob S	3 years 4 months 8 days	20/07/1944	08/10/1944	A	Dysentry
	912	Gisela B	5 years 7 months 22 days	20/07/1944	7/25/1944	RD	Tuberculosis
	911	Christiane K	2 years 1 months 7 days	19/07/1944	7/24/1944	A	Angina
	910	Monika L	1 years 2 months 26 days	19/07/1944	7/21/1944	A	Scabies
	909	Romualdas S	1 years 5 months 9 days	19/07/1944	7/26/1944	Li	Laryngitis
	908	Johann Klaudius	0 years 0 months 8 days	18/07/1944	X 24/09/1944	A	Prematurity; Downs Syndrome
	907	Marie S	2 years 5 months 3 days	18/07/1944	08/02/1944	L	Meningitis
	906	Gerda H	1 years 2 months 3 days	18/07/1944	X 19/07/1944	A	Poisoning
	905	Elvira T	1 years 11	18/07/1944	7/30/1944	RD	Erythema Infection;

			months 27 days				Lymphadenitis Inguinalis
	904	Luise K	3 years 11 months 22 days	18/07/1944	08/07/1944	A	Leukaemia
	903	Michael N	0 years 0 months 1 days	17/07/1944	09/04/1944	RD	Prematurity
	902	Christiane D	0 years 0 months 20 days	17/07/1944		A	Dysentry; Dystrophy
	901	Ingrid S	2 years 2 months - 1 days	17/07/1944	7/27/1944	F	Stomatitis Aphthosa
	900	Johanna M	0 years 0 months 22 days	17/07/1944	X 08/08/1944	A	Atrophy; Pertussis
	899	Christiane M	0 years 1 months 10 days	17/07/1944	09/06/1944	A	Dyspepsia
	898	Monika M	5 years 0 months 30 days	17/07/1944	7/26/1944	A	Seizures
	897	Paul G	9 years 10 months 30 days	17/07/1944	7/29/1944	RD	Obesity
	896	Rose Marie G	0 years 2 months 19 days	17/07/1944	9/15/1944	A	Multiple Abcesses; Syphilis; Meningitis
	895	Anneliese H	5 years 11 months 26 days	17/07/1944	7/26/1944	A	Tuberculosis; Peribronchitis
	894	Rainer E	5 years 10 months 1 days	17/07/1944	7/24/1944	RD	Hepatitis

	893	Renatus L	2 years 5 months 12 days	17/07/1944	09/08/1944	L	Meningitis
	892	Gerhard V	1 years 0 months 21 days	17/07/1944	7/31/1944	A	Pertussis
	891	Susanna R	0 years 5 months 17 days	17/07/1944	7/21/1944	A	Vitum Cordis Congentia
	890	Monika F	0 years 2 months 1 days	06/08/1944	8/24/1944	RD	Vitum Cordis Congentia
	889	Marie Luise S	9 years 2 months - 1 days	02/08/1944	09/07/1944	A	Diphtheria
	888	Rudolf S	3 years 0 months 9 days	31/07/1944	8/20/1944	G	Dipththeria; Angina
	887	Jenina S	10 years 0 months 2 days	27/07/1944	9/18/1944	RD	Osteomyelitis
	884	Karl Roger S	0 years 1 months 13 days	17/07/1944	7/31/1944	A	Dyspepsia
	885	Angela S	11 years 1 months 5 days	26/07/1944	09/03/1944	RD	Diphtheria
	883	Jakob E	3 years 1 months 19 days	15/07/1944	8/28/1944	A	Diphtheria
	882	Magdalene D	0 years 10 months 1 days	15/07/1944	X 15/07/1944	A	Diphtheria; Pneumonia
	881	Martha S	5 years 0 months 2 days	15/07/1944	8/28/1944	A	Diphtheria
	880	Schiebel D	0 years 4 months 6 days	16/07/1944	7/22/1944	A	Paratyphus

	879	Margarete R	0 years 1 months 11 days	16/07/1944		RD	Vomiting; Poorly Cared For
	878	Brigitte W	5 years 11 months 2 days	16/07/1944	7/19/1944	RD	Bleeding after tooth extraction
	876	Hans Peter H	0 years 0 months 5 days	15/07/1944	9/23/1944	RD	Scleroderma
	875	Johann Jakob G	8 years 10 months 27 days	15/07/1944	7/17/1944	A	Influenza; Appendicitis
	873	Marzellus K	6 years 6 months 16 days	15/07/1944	08/11/1944	A	Paratyphus B
	872	Monika B	0 years 7 months 17 days	14/07/1944	7/19/1944	RD	Scabies
	871	Suzanne Lacour H	0 years 8 months 27 days	14/07/1944	7/20/1944	A	Lung problem
	870	Raimunde L	0 years 9 months 16 days	14/07/1944	7/15/1944	A	Tuberculosis
	869	Almut W	2 years 3 months 19 days	14/07/1944	7/26/1944	G	Pertussis
	868	Horst H	0 years 0 months 29 days	14/07/1944	8/14/1944	A	Dyspepsia
	867	Alfred S	1 years 5 months 4 days	14/07/1944	7/18/1944	A	Pleuritis; Pneumonia
	866	Richard R	0 years 0 months 4 days	13/07/1944	7/26/1944	A	Heart anomaly
	865	Margarete O	1 years 10	07/09/1944	9/18/1944	A	Poliomyelitis

			months 10 days				
1945	864	Maria K	4 years 7 months 26 days	13/07/1944	X 19/07/1944	Lx	Aplastic Anaemia
	863	Eugen M	4 years 0 months 7 days	13/07/1944	7/25/1944	A	Sarcoma
	862	Hermann F	9 years 4 months 6 days	13/07/1944	08/02/1944	A	Typhus
	861	Elizabeth S	0 years 0 months 16 days	12/07/1944	7/14/1944	A	Fever
	860	Christiane H	0 years 5 months 9 days	12/07/1944	7/13/1944	A	Asthma
	859	Erwin H	1 years 10 months 25 days	12/07/1944	7/17/1944	A	Angina
	858	Gilbert D	3 years 9 months 29 days	12/07/1944	7/27/1944	A	Tuberculosis
	855	Christiane Mathilde V	2 years 4 months 21 days	11/07/1944	7/26/1944	A	Enteritis; Downs Syndrome
	854	Peter S	8 years 2 months 28 days	11/07/1944	8/16/1944	A	Nephritis
	853	Andreas M	0 years 3 months 7 days	11/07/1944	11/10/1944	A	Asthma
	852	Rudi S	0 years 0 months 8 days	11/07/1944	X 27/08/1944	A	Hereditary Syphilis
	974	Johann Paul S	0 years 3 months 3 days	30/07/1944	09/02/1944	NA	Encephalitis

	1277	Alfred L	0 years 5 months 30 days	15/09/1944	12/13/1944	A	NA
	1332	Monika W	0 years 2 months 8 days	29/09/1944	12/10/1944	A	Encephalitis
	1529	Roland S	3 years 11 months 4 days	23/11/1944	12/06/1944	A	Encephalitis
	286	Gerhard G	0 years 1 months 12 days	03/05/1944	5/22/1944	A	Chronic Infection; Toxicosis
	1190	Roland K	0 years 4 months 3 days	30/08/1944	09/11/1944	A	Disordered Eating
	1350	Sieglinde U	0 years 0 months 9 days	04/10/1944	11/08/1944	A	Tetanus Neonatorium
	979	Karl B	3 years 5 months 5 days	31/07/1944	8/14/1944	A	Tetanus
	842	Luzian Ferdinand L	0 years 1 months 15 days	10/07/1944	X 10/07/1944	A	Tetanus Neonatorium
	413/44	Guy DS					
	1153	Marianne T	0 years 11 months 0 days	24/08/1944	09/04/1944	A	Tetanus
	1154	Susanna D	0 years 0 months 5 days	25/08/1944	09/04/1944	A	Tetanus; Diphtheria
	3015	Heidelinde S	0 years 1 months 10 days	01/03/1944	03/06/1944	RD	Encephalitis
	3071	Karl Heinz P	1 years 3 months 17 days	08/03/1944	3/17/1944	RD	Encephalitis

1945	2589	Georg L	1 years 1 months 12 days	08/01/1944	1/27/1944	A	Measles; Influenza
	3150	Lydia H	0 years 0 months 1 days	18/03/1944	X 05/04/1944	A	Failure to Thrive; Prematurity
	3149	Marie Luise S	2 years 0 months 20 days	18/03/1944	04/11/1944	A	Diphtheria
	3148	Marzellus K	3 years 3 months 20 days	18/03/1944	3/25/1944	A	Scarlet Fever; Diphtheria
	3147	Dieter Gerhold W	0 years 0 months 0 days	18/03/1944	X 18/03/1944	RD	Premature; Twin; Failure to Thrive; Bronchopneumonia
	3145	Karl P	1 years 2 months 23 days	17/03/1944	04/01/1944	A	Abcess; Anaemia
	3144	Gerhard R	0 years 8 months 20 days	17/03/1944	3/27/1944	A	Bronchopneumonia
	3143	Adelheide D	0 years 9 months 11 days	17/03/1944	4/21/1944	RD	Post Diphtheria Paralysis
	3142	Eva Susanne H	2 years 3 months 21 days	17/03/1944	04/04/1944	RD	Pneumonia
	3141	Karl Jorg B	0 years 3 months 11 days	17/03/1944	04/08/1944	RD	Pneumonia
	3139	Gilbert D	0 years 6 months 13 days	17/03/1944	04/12/1944	A	Pneumonia
	3138	Raimo DR	3 years 3 months 25 days	16/03/1944	05/07/1944	I	Laryngitis; Scarlet Fever; Measles; Otitis Media

	3137	Gilbert H	1 years 0 months 25 days	16/03/1944	X 01/04/1944	L	Diphtheria; Bronchopneumonia
	3136	Gerhard S	2 years 10 months 8 days	16/03/1944	4/14/1944	A	Pneumonia; Tuberculosis
	3135	Ingeborg S	9 years 10 months 23 days	16/03/1944	3/25/1944	RD	Scarlet Fever
	3134	Marlene M	4 years 2 months 24 days	16/03/1944	3/30/1944	A	Otitis; Rhinipharyngitis
	3133	Doris S	1 years 6 months 23 days	16/03/1944	3/23/1944	RD	Cexa Vara Cengenits
	3132	Margarete F	5 years 10 months 2 days	16/03/1944	3/30/1944	A	Asthma
	3131	Ingrid M	0 years 9 months 14 days	16/03/1944	04/05/1944	RD	Scabies
	3130	Ferdinand S	8 years 6 months 23 days	15/03/1944	04/12/1944	A	Lymphadenitis; Diphtheria
	3129	Christiane G	0 years 0 months 1 days	15/03/1944	X 17/03/1944	Sw	Laryngitis; Failure to Thrive
	3128	Margarete H	0 years 3 months 16 days	15/03/1944	3/16/1944	A	Meningoccal Meningitis
	3126	Magdalena M	0 years 3 months 28 days	15/03/1944	04/08/1944	A	Dyspepsia; Measles
	3127	Paula Beatrix K	0 years 0 months 8 days	15/03/1944	3/20/1944	A	Prematurity

1945	3125	Josef S	2 years 0 months 21 days	15/03/1944	3/20/1944	A	Otitis Media
	3124	Walter F	0 years 2 months 26 days	15/03/1944	6/20/1944	RD	Pneumonia
	3123	Alois R	0 years 6 months 1 days	15/03/1944	4/29/1944	RD	Pertussis
	3122	Silinde D	3 years 0 months 8 days	15/03/1944	3/30/1944	RD	Pneumonia
	3121	Doris B	0 years 5 months 22 days	15/03/1944	4/13/1944	A	Paratyphus B
	3120	Roland W	0 years 1 months 25 days	15/03/1944	4/20/1944	RD	Morbus Werlhof
	3118	Christiane F	2 years 11 months 9 days	15/03/1944	3/25/1944	A	Rhinopharyngitis
	3117	Francine L	0 years 11 months 14 days	15/03/1944	5/21/1944	F	Neuropathiy
	3116	Josef J	3 years 1 months 7 days	15/03/1944	05/01/1944	G	Diphtheria
	3115	Marie Joanna W	2 years 0 months 9 days	15/03/1944	04/12/1944	G	Scarlet Fever; Diphtheria
	3114	Peter H	0 years 1 months 11 days	14/03/1944	6/16/1944	A	Spastic Bronchitis
	3113	Irma Luise C	0 years 7 months 5 days	14/03/1944	6/13/1944	A	Diphtheria

	3112	Josef W	0 years 0 months 17 days	14/03/1944	3/15/1944	A	Dermatitis; Intoxication
	3111	Leonard S	3 years 3 months 13 days	14/03/1944	4/20/1944	A	Diphtheria
	3109	Robert O	0 years 2 months 5 days	14/03/1944	3/24/1944	A	Atrophy
	3108	Paul K	6 years 5 months 17 days	14/03/1944	06/02/1944	A	Pneumonia
	3107	Pia R	0 years 3 months 20 days	14/03/1944	4/25/1944	RD	Bronchitis; Herzvitum
	3106	Paul P	0 years 6 months 10 days	14/03/1944	4/13/1944	A	Whooping Cough
	3103	Alfred P	0 years 2 months 15 days	14/03/1944	05/09/1944	A	Pneumonia; Dyspepsia
	0	Annemarie L		13/03/1944	3/18/1944	NA	Pneumococcal Meningitis
	0	Roswita B	0 years 2 months 3 days	10/06/1944	07/06/1944	NA	Indigestion
	599	Rudiger D	4 years 10 months 10 days	10/06/1944	7/21/1944	A	Chorea Minor
	598	Johann Paul Z	0 years 3 months 3 days	10/06/1944	08/03/1944	A	Bronchopneumonia
	597	Gerard W	0 years 0 months 7 days	10/06/1944	7/15/1944	A	Prematurity
	596	Emil S	8 years 5 months 12 days	10/06/1944	6/14/1944	A	Enteritis

	594	Charlotte W	0 years 0 months 2 days	09/06/1944	12 weeks later	A	Twin; Immaturity; Dyspepsia; Fever; Ikterus
	593	Suzanne W	0 years 0 months 2 days	09/06/1944	12 weeks later	A	Twin; Immaturity; Dyspepsia; Fever
	592	Edgar J	0 years 0 months 5 days	09/06/1944	X 26/06/1944	A	Atrophy; Dermatitis
	590	Gerhard P	0 years 3 months 19 days	09/06/1944	6/21/1944	F	Seizures
	589	Brunhilde S	3 years 1 months 10 days	09/06/1944	6/19/1944	RD	Tuberculosis
	587	Maria V	7 years 0 months 23 days	08/06/1944	X 11/06/1944	A	Meningitis Tuberculosa
	586	Joh Klaudius P	2 years 10 months 0 days	08/06/1944	08/06/1944	A	Encephalitis; Poliomyelitis; Facial Paralysis
	585	Monika G	0 years 0 months 14 days	08/06/1944	6/20/1944	A	Abcess
	3101	Martha H	0 years 0 months 1 days	13/03/1944	6/15/1944	A	Prematurity; Ikterus; Otitis
1945	584	Gernod W	1 years 5 months 3 days	08/06/1944	09/03/1944	G	Tuberculosis
	583	Dieter W	0 years 11 months 1 days	08/06/1944	07/06/1944	RD	Dystrophy
	582	Mariane L	1 years 10	08/06/1944	6/14/1944	RD	NA

			months 10 days				
	581	Rainer H	0 years 10 months 21 days	08/06/1944	07/12/1944	RD	Bronchitis
	580	Martha K	2 years 3 months 6 days	12/06/1944	7/23/1944	A	Scarlet Fever
	579	Margarete G	6 years 11 months 17 days	12/06/1944	7/21/1944	A	Scarlet Fever
	578	Robert H	7 years 1 months 10 days	12/06/1944	7/20/1944	A	Scarlet Fever
	577	Rose L	1 years 5 months 1 days	09/06/1944	7/26/1944	NA	Scarlet Fever
	576	Gerhard M	5 years 1 months 19 days	08/06/1944	7/19/1944	NA	Scarlet Fever
	575	Ursula S	1 years 1 months 26 days	08/06/1944	07/06/1944	RD	Scarlet Fever
	574	Gerhard F	3 years 4 months 8 days	07/06/1944	7/22/1944	A	Multiple Defects; Scarlet Fever
	573	Andreas K	0 years 1 months 6 days	07/06/1944	6/19/1944	A	Dyspepsia
	572	Johann B	5 years 1 months 6 days	07/06/1944		A	Perifocal Reaction
	571	Gerda R	0 years 1 months 11 days	06/06/1944	07/08/1944	RD	Dyspepsia
	570	Margarete D	9 years 7 months 18 days	06/06/1944	7/14/1944	NA	Scarlet Fever

	569	Anton H	0 years 0 months 16 days	07/06/1944	6/24/1944	A	Dyspepsia
	568	Bruno L	0 years 0 months 2 days	06/06/1944	6/28/1944	A	Dyspepsia
	567	Renate S	4 years 0 months 20 days	06/06/1944	X 07/06/1944	RD	Sepsis
	566	Marie Luise P	5 years 1 months 25 days	06/06/1944	06/09/1944	A	Erythema Exodum
	565	Waldemar K	0 years 2 months 6 days	05/06/1944	6/22/1944	Ukr	Diphtheria
	564	Wolfgang L	0 years 8 months 3 days	05/06/1944	06/12/1944	RD	Seizures
	563	Elvira Z	0 years 1 months 20 days	05/06/1944	7/17/1944	G	Dyspepsia
	562	Johann Bernard Franz K	0 years 1 months 12 days	05/06/1944	X 05/06/1944	A	Aspiration Pneumonia
	560	Werner M	0 years 0 months 21 days	05/06/1944	8/31/1944	RD	Pylorusspasmus
	559	Ulof H	4 years 2 months 13 days	04/06/1944	7/28/1944	RD	Scarlet Fever
	558	Renate B	7 years 9 months 25 days	03/06/1944	07/12/1944	NA	Scarlet Fever
	557	Barbie H	8 years 7 months 1 days	04/06/1944	7/14/1944	RD	Scarlet Fever
	556	Denise M	9 years 9 months 19 days	03/06/1944		A	Scarlet Fever

	555	Joh Peter B	4 years 1 months 7 days	04/06/1944	09/06/1944	A	Meningitis
	554	Elfriede W	2 years 1 months 0 days	04/06/1944		A	NA
	553	Suzanne R	2 years 0 months 25 days	04/06/1944	06/09/1944	A	Seizures
	552	Emma R	2 years 1 months 14 days	04/06/1944	07/12/1944	A	Varicella
	551	Eduard S	10 years 3 months 0 days	04/06/1944	X 09/06/1944	A	Tuberculosis

3: Sample of Admission Diagnostic Questions from the Paediatric Clinic

Anamnese (nach Angabe der Kusine

Familienanamnese: Vater(Alter, Krankheiten):

Mutter (Alter, Krankheiten): – am 23-j. Fehlgeburt.

Geburten der Mutter, einschl. Aborte (Alter, gesund oder krank, evtl. wann und woran gestorben):

1. Kn. M. 5. Kn. M.

2. Kn. M. 6. Kn. M.

3. Kn. M. 7. Kn. M.

4. Kn. M. 8. Kn. M.

Erbliche und konstitutionelle Besonderheiten der gesamten Sippe:

Wohnung (Lage , Zimmerzahl , soziale Lage , hat das Kind eigenes Bett? (ja — nein)

Beschaffenheit , Kleinhaus, Mietskaserne, wieviel Parteien? , beide Eltern auf Arbeit?

Vater arbeitslos? , Untervermietung?) Ehestandsdarlehen:

Infektionen in der Umgebung des Patienten (einschl. Tuberkulose):

Geburt: normal / nicht normal legitim / illegitim zu Hause / Klinik im Schwangerschaftsmonat. Geburtsgewicht kg.

Wehenmittel: Geburtshilf. Op.:

Wie lange voll gestillt? wie lange Zwiemilch? weshalb nicht gestillt?

Weitere Ernährung:

Gemüse, Griesbrei (Flasche), Schonkaviar, Zwieback

Rachitisprophylaxe: Wieviel Flaschen Vigantol im ganzen:

Rohe Kuhmilch: Seit wann: C-Prophylaxe:

Pflege (bei der Mutter oder in Pflege, wo bei Tag, wo bei Nacht, Spielschule, wie oft gebadet, im Freie gebracht?):

Welche Fürsorgestelle?

Bisherige Entwicklung:

Körperliche Leistungsfähigkeit (Turnzeugnis): HJ.: BDM.:

Schulleistungen: Sitzengeblieben:

Erste Zähne: Sprachentwicklung:

Erstes Laufen: Sauberkeit:

Bisherige Krankheiten: Windpocken: Masern: Röteln: Scharlach:

Diphtherie: Keuchhusten: Gelenkrheumatismus: Angina:

Mumps: Sonstige Krankheiten:

4: Dataset of Paediatric Patients from the Psychiatric Clinic. ADHVS Psych.

Key; Nat=Nationality, G=German, A=Alsatian, S=Strasbourg, L=Lothringen, R=Russian, B=Baden, Sr=Saar, I=Italian, F=French, Lx=Luxembourg, P=Polish, U=Ukraine

	Name	Age (years)	Duration	Readmit.	Nat.	Primary Diagnosis	ECT	Stephansfeld
1941	Karl F	17	3m22d	N	G	Schizophrenia	N	3/17/1942
	Albert D	4	1m9d	N	A	Epilepsy	N	N
	Robert D	17	?	N	S	Epilepsy	N	N
	Paul A	15	4m6d	N	S	Hebephrenia	N	N
	Hermann H	16	?	N	G	Suicidal Psychopath	N	N
	Robert J	14	2d	N	A	?	N	N
	Paul G	14	1m10d	N	A	Schizophrenia	N	N
	Ferdinand S	17	?	Died in Clinic	?	Intoxication	N	N
	Anton M	15	24d	N	A	?	N	N
	Albert M	11	25d	N	L	Epilepsy	N	N
	Kurt Renatus K	7	1m6d	N	A	Idiocy Epilepsy	N	N
	Angelika P	17	10d	N	A	Schizophrenia	N	11/24/1941
	Margarete R	17	13d	N	S	Chorea	N	N
1942	Albert D	14	3d	Died in Clinic	A	Catatonia	N	N
	Renatus F	9	9d	N	A	?	N	N
	Georg E	16	7m25d	N	L	Catatonia	Y - 33	N
	Yvonne D	13	7d	N	A	Suicidal Psychopath	N	N
	Marie F	17	?	N	G	Vegatative Dystonia	N	N
	Renate B	14	11d	N	A	Suicidal	N	N
	Henriette B	17	?	N	G	?	N	N
	Nelly B	16	3d	N	A	Hysteria	N	N
	Hans G	17	17d	N	A	?	N	N
	Roland G	16	6d	N	R	Psychopathy	N	N
	Emilie G	15	1m8d	2m	A	Littles Disease	N	N
	Johanna H	15	5d	N	L	Psychopathy	N	N
	Karl K	13	3m	N	A	Encephalitis	N	N
	Robert K	16	2m10d	3m	A	Juvenile Paralysis	N	10/20/1942

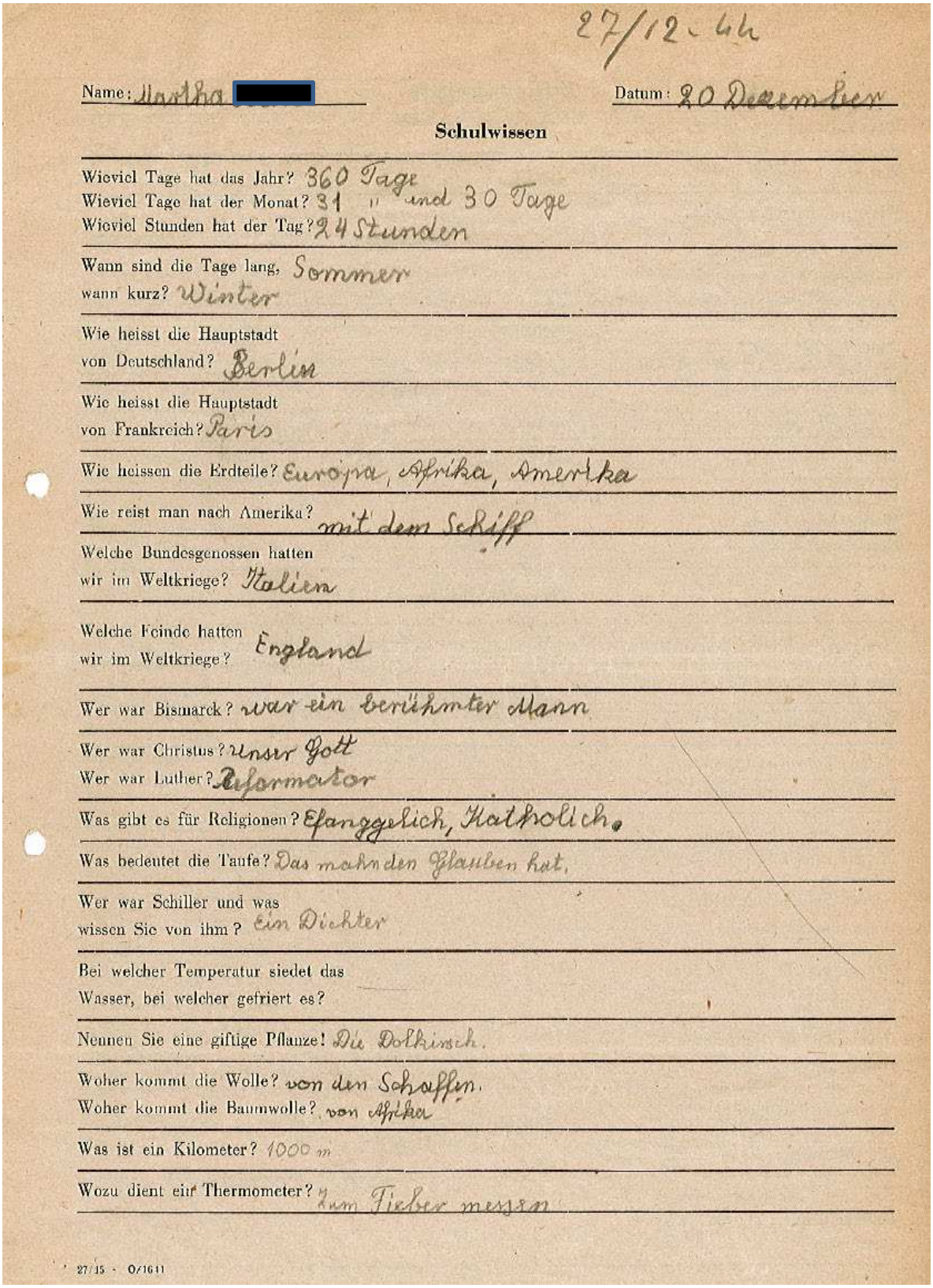
	Josef L	11	14d	N	A	Psychopathy	N	N
	Rudiger R	12	?	N	G	Bed wetter	N	N
	Andreas N	15	1m	N	A	Schizophrenia	N	N
	Frieda R	16	15d	N	G	CO poisoning	N	N
	Fritz M	3	5m16d	N	G	Littles Disease	N	N
	Magdalena N	17	1d	N	A	Juvenile Paralysis	N	N
	Maria S	8	2d	N	A	Idiocy	N	N
	Irene S	16	1m	N	A	Psychopathy	N	N
	Marie Louise S	16	10d	N	A	Catatonia	Y unknown	N
	Helene S	17	10d	5m	G	Suicidal Depression	N	N
	Ludwig S	13	15d	N	G	Psychopathy	N	N
	Adolf S	6	2m	N	G	Psychopathy	N	2/12/1943
	Marzell S	15	7d	N	A	?	N	N
	Eduard S	15	3m5d	N	A	Juvenile Paralysis	Y - 20	N
	Walter H	4	14d	16d	G	Microcephaly Idiocy	N	N
	Rudi W	16	1m	N	S	Psychopathy	N	4/1/1942
	Bernhart W	12	1m	N	S	Schwachsinn	N	12/1/1942
	Johann T	16	5m22d	N	A	Hebephrenia	Y - 17	N
	Margarete T	14	14d	10d	S	Psychopathy	N	N
1943	Robert B	13	2y	N	A	Epilepsy	N	N
	Kurt B	10	1y	N	G	Epilepsy	N	N
	Jacobine B	10	2m	N	L	Psychopathy	N	N
	Alice B	15	20d	N	A	Juvenile Paralysis	N	N
	Herbert F	8	1m	N	B	?	N	N
	Johann F	16	1y	N	A	Epilepsy	N	N
	Lisbeth F	16	?	N	A	Suicidal	N	N
	Gaby F	8	19d	N	A	Psychopathy	N	N
	Johann Jakob G	15	1m	N	L	?	N	N
	Franz G	14	16d	N	G	Epilepsy	N	N
	Else K	17	1m16d	N	A	Syndenhams Chorea	N	N
	Hans Herbert B	12	16d	N	G	Psychopathy	N	N
	Robert B	13	11d	N	A	Schwachsinn	N	N
	Daniel B	16	2m	N	A	Schizophrenia	Y - 11	N

	Hubert D	17	?	N	G	Schizophrenia	Y - 12	9/15/1943
	Susanna D	7	?	N	G	idiocy	N	N
	Magdalena E	6	1m18d	N	A	Schwachsinn	N	N
	Erika L	14	10d	N	A	?	N	N
	Mirelle M	15	2m	7d	F	idiocy	N	8/13/1943
	Katl L	12	19d	N	A	Psychopathy	N	N
	Johann L	12	1m	N	A	Schwachsinn Epilepsy	N	4/28/1943
	Heinrich R	5	10d	N	A	Psychopathy	N	N
	Robert M	15	9d	Died in Clinic	A	Encephalitis	N	N
	Werner P	15	11d	N	Sr	Epilepsy	N	N
	Martini M	12	4m6d	N	A	Epilepsy	N	N
	Ernst M	16	1m	N	A	Schwachsinn Epilepsy	N	4/28/1943
	Lina S	13	1m	N	A	Epilepsy	N	N
	Emmy K	15	1d	N	A	?	N	N
	Johann H	17	14d	N	A	Psychopathy	Y - 18	N
	Herbert H	15	3m	Died in Clinic	G	Encephalitis	Y - 3	N
	Robert V	16	?	N	A	Psychopathy	N	N
	Helmut S	16	?	N	G	Schizophrenia	N	N
	Gertrude Z	16	2d	N	G	Psychopathy	N	N
	Hans Z	14	2m	N	A	Schizophrenia	Y -7	N
	Antonia W	15	21d	N	A	Schizophrenia	Y - 6	N
	Ferdinand W	8	?	N	L	Psychopathy	N	N
	Eugen W	13	11d	N	A	?	N	N
1944	Paula B	14	5d	N	A	Erregungzustand	N	N
	Baseotto A	11	?	N	I	Hydrocephalus	N	N
	Angela A	5	1m	10d	A	Chorea Minor	N	N
	Yvonne B	14	1m	N	Lx	Chorea Minor	N	N
	Irmgard A	16	1m7d	N	G	Schizophrenia	Y - 13	N
	Josef B	15	7d	N	A	Psychopathy	Y - 7	N
	Gunther D	15	2m	N	G	Schizophrenia	Y - 10	N
	Emil D	6	4m	N	S	Masturbation	N	N
	Heinrich B	9	4d	N	P	Meningitis	N	N
	Albert B	2	6d	N	A	?	N	N
	Luzion F	15	4m	N	A	?	N	N

	Jacob John F	6	10d	N	A	Epilepsy	N	N
	Ludwig F	16	?	N	A	Cerebral Contusion	N	N
	Ines F	15	1y	N	A	Hebephrenia	N	N
	Alma K	17	21d	N	A	?	N	N
	Heinrich H	17	2m18d	N	A	Hebephrenia	Y - 8	N
	Suzanna H	15	3m	N	A	Epilepsy	N	N
	Rolf H	7	?	N	G	Debilitat	N	N
	Josef L	15	2m	N	A	Schizophrenia	N	N
	Willi K	14	11d	N	G	Epilepsy	N	N
	Emil K	12	15d	N	A	Hydrocephalus	N	N
	Renatus T	10	2m	N	A	Psychopathy	N	9/6/1944
	Annelise W	17	3d	N	G	Narcolepsy	N	N
	Yvonne W	6	2m	N	A	idiocy	N	N
	Andreas S	16	2m	N	A	Schizophrenia	N	6/7/1944
	Robert S	11	20d	N	L	Epilepsy	N	N
	Benedyk R	16	1m	N	P	Psychopathy	N	N
	Karl R	13	3d	N	A	Myotonic Dystrophy	N	N
	Magdalene S	15	8d	N	A	Schizophrenia	N	8/15/1944
	Martha S	13	1m7d	N	G	Schizophrenia	Y - 9	12/27/1944
	Otto V	17	1m	N	G	Debilitat	N	N
	Zech W	16	3d	N	U	Epilepsy?	N	N
	Renatus Z	16	21d	19d + 4d	A	Hebephrenia Debilitat	N	7/11/1944
	Karl W	13	2m	N	A	Degenerate	N	N
	Johann Peter W	11	10d	N	A	Psychopathy	N	N
	Engelbert W	17	21d	N	G	Masturbation idiocy	N	7/11/1944
	Walter K	10	24d	N	G	Epilepsy	N	N
	Gilbert K	8	15d	Post War	A	Psychopathy	N	N
	Emil M	4	11d	N	A	Encephalitis	N	N
	Heinrich M	9	?	N	Lx	Epilepsy	N	N
	Herbert M	9	?	N	L	Chorea Minor	N	N
	Hildegard M	15	14d	N	G	Chorea Minor	N	N

	Melitta S	13	5d	N	G	Syndenhams Chorea	N	N
	Hannelore A	14	1m	N	G	Psychopathy	N	N
	Gerhard M	7	1m	N	A	Psychopathy, Tic	N	N

5: Example of an Intelligence Test used in the Psychiatric Clinic. ADHVS Psych.



27/12-44

Name: Martha [redacted] Datum: 20 Dezember

Schulwissen

Wieviel Tage hat das Jahr? 360 Tage
Wieviel Tage hat der Monat? 31 " und 30 Tage
Wieviel Stunden hat der Tag? 24 Stunden

Wann sind die Tage lang, Sommer
wann kurz? Winter

Wie heisst die Hauptstadt
von Deutschland? Berlin

Wie heisst die Hauptstadt
von Frankreich? Paris

Wie heissen die Erdteile? Europa, Afrika, Amerika

Wie reist man nach Amerika? mit dem Schiff

Welche Bundesgenossen hatten
wir im Weltkriege? Italien

Welche Feinde hatten
wir im Weltkriege? England

Wer war Bismarck? war ein berühmter Mann

Wer war Christus? Unser Gott
Wer war Luther? Reformator

Was gibt es für Religionen? Evanggelich, Katholich.

Was bedeutet die Taufe? Das mahnden Glauben hat,

Wer war Schiller und was
wissen Sie von ihm? ein Dichter

Bei welcher Temperatur siedet das
Wasser, bei welcher gefriert es?

Nennen Sie eine giftige Pflanze! Die Dolkirsch.

Woher kommt die Wolle? von den Schaffen.
Woher kommt die Baumwolle? von Afrika

Was ist ein Kilometer? 1000 m

Wozu dient ein Thermometer? Zum Fieber messen

27/15 - 0/1611

Rechenvermögen

5 × 7 = 35	3 + 4 = 7	8 − 3 = 5	6 : 2 = 3
3 × 7 = 21	15 + 7 = 22	87 − 24 = 63	81 : 3 = 27
12 × 13 = 156	64 + 18 = 82	130 − 58 = 72	68 : 7 = 9,71

Urteil

Was ist der Unterschied zwischen Holz und Glas? Das Holz tut mahn verbrennen, und das Glas kann man zerbrechen.

Was ist der Unterschied zwischen einem Kind und einem Zwerg? Das Kind wächst, während der Zwerg gleich groß bleibt.

Was für Unterschiede kennen Sie zwischen Pferd und Ochse? Der Ochse hat Hörner, und das Pferd hat nur zwei Ohren

Was ist der Unterschied zwischen Geiz und Sparsamkeit? —

Was heisst das:
Lügen haben kurze Beine? Wenn man lügt kommt mahn nicht weit
Hunger ist die beste Kost? Wenn man Hunger hat ißt mahn alles

Welches Metall brauchen wir am Notwendigsten? Kupfer oder Eisen

Warum schwimmt Holz auf Wasser, während Eisen untergeht? weil es leicht ist weil es schwer ist

Wodurch kann man ein Feuer auslöschen? durch Wasser

Warum fliesst das Wasser in einem Fluss, während es im See steht? weil es von der Quelle weiter fließt weil es umkreist ist mit Erde

Warum lernt man? Daß mahn gescheit wird

Ordnen Sie folgende Worte zu einem Satz:
Blüten war ganz schneeweissen Baum mit bedeckt der. Der Baum war ganz schneeweis mit Blüten bedeckt.

Bilden Sie einen Satz mit folgenden Worten:
Soldat — Krieg — Vaterland Der Soldat kämpft im Krieg für sein Vaterland.
Frühling — Wiese — Blumen Im Frühling gibt es auf der Wiese schöne Blumen.

Ergänzen Sie sinngemäss die Lücken in dem Folgenden:

Gegen vier Uhr kam Günther wieder an den Strand. Er war vom Gehen müde geworden und setzt sich nieder. Wenige Schritte kam ihm ent gegen spielten ein ige Kinder im Sande. Plötzlich hörte er ein kläg liches Geheul. Die Kinder hatten einen Hund ins Wasser gew orfen. Das Tier versuchte ver schieden den Boden wieder zu erreichen. Es konnte kaum noch Rinkommen. Günther ver suchte den Hund mit dem Stock herauszuziehen. Es gelang ihm nicht. Da ging er bis an die Hüften ins Wasser und hob den Hund heraus. Sowie er den Rücken hatte ergr der grösste Knabe wieder, um ihn noch ins zu. Günther hielt den fest und ihm, dass das Tier er würde.

Setzen Sie aus folgenden Buchstaben Worte zusammen, und zwar bilden Sie mehrere Worte. Es dürfen aber keine weitere Buchstaben verwendet werden, und es müssen alle angeführten Buchstaben in den betreffenden Worten vorkommen!

e, e, g, i, r, s.

In dem Folgenden sind einige Sinnfehler enthalten. Bezeichnen Sie diese!

Um vier Uhr an einem windstillen Morgen im Winter — die Sonne war eben aufgegangen — wurden die Einwohner des Fischerdorfes durch das Nebelhorn geweckt. Wegen der schneidenden Kälte dicht in Pelze gehüllt, eilten sie zum See hinunter, der ganz zugefroren war. Es konnte einer den anderen im dichten Nebel kaum auf zwei Schritte erkennen. Draussen auf dem Wasser, etwa 15 km entfernt, sahen sie ein grosses Schiff im Sinken. Man hörte deutlich die Hilferufe der Schiffbrüchigen. Auf den vom Sturm gepeitschten Wellen schwamm ein kleines Boot daher. Die Insassen ruderten mit aller Gewalt, konnten aber nicht ans Ufer kommen. Da warf ein von der Sommersonne gebräunter Junge seine dünnen Kleider ab und ging mutig ins Wasser. Obgleich er riesengross und kräftig war, gelang es ihm doch, das Boot ans Ufer zu ziehen und die Insassen zu retten.

6: Full List of Student Theses from the Medical Faculty of the Reichsuniversität Straßburg. AFMS.

Name	Title	Supervisor	Year
Altehans, Juliane	Das Krankheitsbild der Dystrophia myotonica mit besonderer Berücksichtigung der Veränderungen des knöchernen Schädels	Stein	1944
Ammerschlaeger, Franz-Josef	Das Uterusmyom (unter besonderer Berücksichtigung der in den Jahren 1930-1939 an der Universitätsfrauenklinik Strassburg behandelten Fälle)	Jacobi	1944
Aprill, Georg	Beitrag zur Diagnose der Treitz'schen Hernie	Zukschwerdt	1943
Ax, Leo	Ein Beitrag zum Krankheitsbild der Lymphosarkomatose	Bickenbach	1943
Bacher, Karl Robert	Zum Euthanasieproblem	Neureiter	1943
Bachmann, Rudolf	Ein Beitrag zur Kombination von progressiver Paralyse mit tertiär-syphilitischen Veränderungen	Bostroem	1944
Bader, Karl-Heinz	Über Divertikulose des Oesophagus mit eigenen Beobachtungen	Stein	1943
Baetke, Hans	Tierexperimentelle Untersuchungen neuartiger Anthelmintica	Gebhardt	1944
Baitsch, Reinhard	Askaridiasis der Leber	Klinge	1944
Bauer, Hans	Indikationen und Ergebnisse beim abdominalen Kaiserschnitt an der Hebammenschule (Ecole des Sages-Femmes) und der Frauenklinik (Maternité) zu Straßburg in der Zeit vom 1. Juni 1934 bis zum 31. Mai 1939	Jacobi	1944
Beetz, Georg	Beitrag zur Frage der Panhämocytophthise an Hand eines Falles im Säuglingsalter	Hofmeier	1943
Bellmann, Guenther	Über den Wert der Spätagglutination für die Fleckfieberdiagnose	Haagen	1944
Bender, Hannes	Über die Behandlung der Schienbeinkopfbrüche	Zukschwerdt	1944
Berg, Emil J	Die neue französische Standesordnung vom 1. April 1941	Neureiter	1943

Betz, Hermann	Die Behandlung des akuten Gelenkrheumatismus in der Vergangenheit und Gegenwart	Hangarter	1943
Bigalke, Rolf	Das Adie'sche Syndrom und dessen Beobachtung bei einem Paar diskordanter eineiiger Zwillinge	Jensch	1943
Blessig, Karl-Ludwig	Carzinom und Carzinoid der Appendix	Zukschwerdt	1944
Bochberg, Joachim	Die Bedeutung des Blutbildes bei der Aufdeckung septischer Zustände im Säuglingsalter	Hofmeier	1943
Boehm, Kurt	Vergleichende Untersuchungen über den allgemeinen Körper- und Kräftezustand der Strassburger Volks- und Hauptschuljugend	Hofmeier	1944
Bohn, Ortwin	Magendivertikel	Dieker	1944
Bohn, Werner	Die Bevölkerungsgeschichte Straßburgs vom Jahre 1870 bis zum Jahre 1899	Lehmann	1944
Boltz, Elisabeth	Über die Wirkung von Adenosintriphosphorsäure und Acetylcholin, sowie von Gemischen beider Stoffe auf das isolierte Froschherz	Lullies	1944
Boltz, Reinhold	Vergleichsuntersuchungen mit Diphtheriebazillen, hyperaciden Pseudodiphtheriebazillen und Pseudodiphtheriebazillen HOFFMANN auf einer Anzahl spezieller Nährböden und Nährlösungen	Haagen	1942
Borner, Guenter	Zur Histologie und Histogenese der Ovarialcarcinome im Vergleich der Einteilung in Frankreich und Deutschland bearbeitet in Anlehnung an das Krankengut der von 1930-39 an der französischen Universitätsfrauenklinik und Hebammenschule Strassburg beobachteten Fälle	Jacobi	1944
Borrmann, Hans-Joachim	Über die Brauchbarkeit der Lenggenhagerschen Thrombinabbaureaktion zur Frühdiagnose oder zur Feststellung manifester Thrombosen	Dyckerhoff	1944

Braeuchle, Ernst	Die Grundwirkung der ultravioletten Strahlen, insbesondere der künstlichen, auf den Körper	Hofmeier	1943
Breimaier, Fritz	Primäres Adeno-Karzinom der Vagina und seine Beziehungen zum persistierenden Gartner'schen Gang	Jacobi	1943
Breitenbuecher, Adolf	Ein Fall von circumanaler Hauttuberkulose mit außerordentlich rascher carcinomatöser Entartung	Leipold	1944
Brenneke, Gerhard	Beitrag zur Kenntnis der neuro-psychasthenischen Diathese	Hofmeier	1944
Bretz, Otto	Die Fluoreszenz der Diphtheriebazillen	Haagen	1943
Breunig, Otto	Die Infiltrationstherapie bei Speichenköpfchenbrüche die Myositis Ossificans eine vermeidbare Behandlungsfolge [sic]	Zukschwerdt	1943
Buchert, Philipp	Die Ursachen der tiefen Insertion der Placenta und ihr[e] klinische Auswirkung	Jacobi	1943
Burgun, Renatus Franz	Zur Geschichte der Dermatologie in Strassburg	Leipold	1943
Burkhard, Johannes	Lähmungen nach Nasendiphtherie	Hofmeier	1943
Busam, Alfred	Untersuchungen über "unnatürliche" Aminosäuren & Peptide (die Auswirkung von Kögels [Kögls] Krebstheorie)	Dyckerhoff	1943
Buttler, Kurt	Können verschmutzte Tinten oder verschmutzte Federn ein falsches Alter der Tintenschrift im Chloridbild vortäuschen?	Neureiter	1943
Caspers, Juergen	Die Ergebnisse der Schussfrakturen im Luftkampf	Zukschwerdt	1944
Ceelen, Guenther	Die Häufigkeit der entzündlichen Veränderungen in der Uterusmukosa bei Blutungen verschiedener Aetiologie	Jacobi	1944
Claer, Paul	Die Geschichte der geburtshilflichen Ausbildung in der Stadt Strassburg	Jacobi	1943
Dahms, Otto	Poliomyelitis bei Zwillingen	Hofmeier	1944
Darl, Manfred von	Ueber die unterschiedliche Fortpflanzung bei den Beamten der Stadt Strassburg/Els	Lehmann	1944
Dech, Heinz	Die postdiphtherischen Lähmungen und ihre Behandlung	Dieker	1944

Decken, Christel von der	Über gutartige sympathische Neuroblastome mit histologisch sarkomartigen Bildern	Hofmeier	1945
Decken, Rosemarie von der	Hand-Schueller-Christian'sche Erkrankung bei zweieiigen Zwillingen	Hofmeier/Hangarter	1942
Decker, Margarethe	Die Wirkung der Sulfonamide auf das pneumonische Infiltrat und auf das Blutbild	Dieker	1944
Deschler, Wilhelm	Über die Schwächung der Gerinnungsaktivität von Plasmen und Thrombokinase durch Extraktion mit Äther und Benzol	Dyckerhoff	1944
Dietsche, Albert	Einfluss der sozialen Faktoren auf die Tuberkulose mit besonderer Berücksichtigung der Strassburger Verhältnisse	Stein	1944
Discher, Martha	Recklinghauser'sche Krankheit	Unknown	1942
Doiwa, Walter	Über einen Fall von rheumatischer Coronarsklerose. (Endarteritis rheumatica scleroticans)	Klinge	1943
Dreutler, Elisabeth	Der Einfluß der Kriegsernährung auf die Körperform der deutschen Studentin	Kohlrausch	1944
Dussmann, August	Ein Beitrag zur Osteomyelitis des Schädeldaches	Nuehsmann	1944
Eckes, Karl-Heinz	Über eine Paratyphus B Epidemie in einem geschlossenen Heim	Hofmeier	1944
Ehrmann, Werner	Ueber einen Fall von Stichverletzung des Rückenmarks (Brown-Sequard'sche Lähmung), seine derzeitige Deutung und seine ungeklärten Fragen	Bostroem	1944
Ellwanger, Siegfried	Über die kindliche Sterblichkeit unter u.[nd] nach der Geburt	Jacobi	1944
Ernewein, Franz	Die paroxysmale Hämoglobinurie und ihre Beurteilung in der ärztlichen Gutachtertätigkeit	Stein	1943
Ernst, Franz Josef	Der Wert des Dibromoxymercurifluorescin für den Augenarzt	Haagen/Lullies	1942
Essmeyer, Herbert	Die Komplikationen der Pneumonie bei Sulfonamid-Behandlung	Wolbergs	1944
Etzler, Horst	Erfahrungen über die otogenen Infektionen mit Streptococcus Mucosus an der	Haagen/Nuehsmann	1942

	Strassburger Hals-Nasen- u. Ohrenklinik im Jahre 1941-42		
Fehrle, Elisabeth	Testversuche zur Prüfung des Sympathiefühlens an Schizophrenen und Depressiven	Jensch	1944
Finck, Werner	Beitrag zur Frage der "Sehnenscheidengeschwülste" mit Riesen- und xanthomatösen Zellen	Zukschwerdt	1944
Fischedick, Otto	Über Unterschenkelgeschwüre bei der Feldtruppe	Leipold	1944
Fleiner, Rolf	Mumpsmeningitis	Jensch	1944
Flink, Egon	Zur Klinik der Tubargravidität. (Beobachtungen an 336 Fällen von Tubargravidität vom 1. Januar 1930 bis Ende August 1939 an der Universitätsfrauenklinik und Hebammenschule zu Strassburg i./Els.)	Busse	1944
Folschweiller, Hans	Die Salicyltoxikose bei der Behandlung vom Gelenkrheumatismus	Stein	1944
Fraas, Gerhard	Blutbefund und intravitale Knochenmarksuntersuchungen in ihrer Bedeutung für die Diagnostik des multiplen Myeloms	Wolbergs	1945
Fraessle, Kurt	Über die Wirkung elektrischer Reizung des Vagosympathicus auf die Froschlunge	Lullies	1944
Frei, Albert	Beobachtungen zur Klinik des Fleckfiebers unter bes. Berücksichtigung von Differentialdiagnose, Therapie und Rekonvaleszenz	Stein	1944
Freund, Dieter	Die Behandlung der Nephrose (unter Bezugnahme auf zwei Fälle der medizinischen Universitätsklinik Strassburg)	Dieker/Hangarter	1944
Freund, Rupert	Über die Kapillarresistenz bei Frühgeborenen und Neugeborenen vor und nach Verabreichung von Synkavit	Hofmeier	1944
Frick, Karl	Magenbeschwerden als Initialsymptom von Lungentuberkulose und Bronchiektasen	Berg/Hangarter	1942
Friderich, Herbert	Tetanusprophylaxe und ärztliche Haftpflicht	Neureiter	1943
Frye, Theodor	Über Missbildungen bei Neugeborenen (an Hand der Geburten in den Jahren 1930-39 an	Busse	1944

	der franz.[ösischen] Hebammenschule Straßburg)		
Gabbert, Gerhard	Beitrag zur "Ungezieferfestigkeit'	Leipold	1944
Gaigl, Otto	Über seltenere Formen stenosierender Parametritis mit einem Fall von das Rektum stenosierender Echinikokkuserkrankung des Parametrium	Jacobi	1943
Gallenmueller, Karl	Das familiäre Vorkommen der chronisch lymphatischen Leukaemie	Stein	1944
Gamp, Alfons	Untersuchungen über reflektorische Zonen bei Asthma bronchiale	Kohlrausch	1944
Gawantka, Hans Joachim	Die Bedeutung krankhafter Erbanlagen und Erbkrankheiten bei Adoptiveltern und Adoptivkindern	Hofmeier	1943
Geim, Karl	Über einen seltenen Fall von Fistelkarzinom	Klinge	1944
Gerlitz, Heinz	Das Barré'sche Syndrom	Jensch	1944
Gerstlauer, Fritz	Behandlungsergebnisse der Radiusfrakturen mit Berücksichtigung der Erwerbsminderung im statistischen Jahr 1940 aus dem Unfallgut der Nahrungsmittelindustrieberufsgenossenschaft Mannheim	Zukschwerdt	1944
Glamser, Helmut	Über die trombokinatische Wirkung von Darm- und Hefeextrakten	Dyckerhoff	1944
Glaser, Anton	Über Wirkstoffe und Wirkungen von Cortex Frangulae	Gebhardt	1943
Glasser, Rudolf	Ein Beitrag zur Differentialdiagnose der Mediastinaltumoren unter besonderer Berücksichtigung der Sympathicoblastome	Zukschwerdt	1944
Goetze, Joachim	Ein Beitrag zur Ätiologie der Hauthörner	Leipold	1944
Graf, Karl	Die wichtigsten Hauterbkrankheiten unter besonderer Berücksichtigung des Gesetzes zur Verhütung erbkranken Nachwuchses und des Ehegesundheitsgesetzes	Leipold	1943
Graf, Reinold	Über die unterschiedliche Fortpflanzung bei den Angestellten der Stadt Strassburg im Elsass	Lehmann	1944
Grandpierre, Hermann	Die röntgenologische Fremdkörperbestimmung im Auge	Dieker	1944

Gross, Rudolf	Gedächtnisstörungen bei der Schockbehandlung des manisch-depressiven Formenkreises	Bostroem	1944
Gruenewald, Otto	Über den Reaktionsmechanismus der Hemmung der Blutgerinnung durch einige seltene Erden und durch Heparin	Dyckerhoff	1943
Gruner, Paul	Beobachtungen von 5-Tage-Fieber	Stein	1944
Haas, Annemarie	Zur Diagnosenstellung der congenitalen Tuberkulose	Hofmeier	1943
Haas, Paul	Beitrag zum Studium der Darier'schen Krankheit (Dyskeratosis follicularis vegetans)	Leipold	1944
Haible, Bernhard	Die Bestrahlungsmethoden beim Collumcarcinom am Strassburger Röntgeninstitut seit 1922	Dieker	1944
Haussmann, Hans	: Beitrag zur Frage des Ulcuscarcinoms des Magens. Mit einem Fall aus der Chirurgischen Universitätsklinik Strassburg	Zukschwerdt	1944
Hauswald, Karl	Über die Cystenlunge	Hofmeier	1944
Hellmann, Walter	Acetylcholin in der Ulcus-cruris-Behandlung mit einem Rückblick auf die Therapie der letzten Jahrzehnte	Zukschwerdt	1944
Henn, Benno	Über das Corpus- und Collumcarcinom des Uterus an der Hebammenschule der Universitätsfrauenklinik Strassburg 1930 bis 1939	Busse	1943
Hensel, Herbert	Reizversuche am Schildkrötenvagus mit langsamsten sinusförmigen Wechselströmen und sinusförmigen Einzelreizen	Lullies	1944
Herklotz, Joachim	Beitrag zur Kenntnis der Wanzenstichreaktionen	Leipold	1944
Hermelink, Bernhard	Über Stoffwechselbesonderheiten im krebskranken Organismus und deren Rückwirkung auf den Grundumsatz	Bickenbach	1944
Hesseling, Werner	Sterblichkeit und Todesursachen an der Strassburger Universitätskinderklinik vom 1.1.1941 bis 31.12.1942	Hofmeier	1944
Hettich, Erwin	Über Darstellung und Eigenschaften hochgereinigter Prothrombinpräparate aus Neodym- und Heparinplasma	Dyckerhoff	1943

Heusel, Gerhard	Über das Vulva- und Vaginalcarcinom (eine referierende Studie unter besonderer Berücksichtigung des Krankenguts der Universitätsfrauenklinik und Hebammenschule zu Strassburg für die Jahre 1930 bis 1939)	Busse	1944
Hildebrand, Karl	Myom und Schwangerschaft	Jacobi	1944
Hildebrand, Luise-Ursula	Die Oesophagusperforation zugleich ein Bericht über eigene Beobachtung mit ungewöhnlichem Verlauf bei einem Kinde	Dieker	1944
Hilligardt, Max	Untersuchungen über die Wohnungen Tuberkulöser in Strassburg	Stein	1944
Hoeffer, Eberhard	Beitrag zur Frage der durch Progressive Paralyse provozierten Schizophrenie	Bostroem/Jensch	1944
Hoeh, Guenther	Vergleiche der Volksernährung im 3. und 4. Kriegsjahr des 1. und des jetzigen Weltkrieges. Zur Beurteilung der Leistungs- und Arbeitsfähigkeit	Dieker/Hangarter	1943
Hoffmann, Heinz	Zur Differentialdiagnose cystischer Tumoren im Unterbauch besonders im Douglasraum beim Kinde	Hofmeier	1942
Holzhausen, Herbert	Ein Beitrag zur pathologischen Anatomie der akuten Nikotinvergiftung	Neureiter	1944
Hook, Georg	Zur Chirurgie der Pankreascysten	Zukschwerdt	1944
Horn, Franz	Über das Corpus- und Collumcarcinom des Uterus an der Frauenklinik der Reichsuniversität Strassburg 1930 bis 1939	Busse	1944
Husemann, Heinz-Joachim	Die Verteilung der Blutgruppen im Elsass	Neureiter	1944
Jaeger, Erich	Die Eigenfluoreszenz der menschlichen Schilddrüse	Hirt	1943
Jaeger, Hermann	Über das primäre Tubencarcinom	Busse/Klinge	1943
Jakober, Otto	Die Rolle der Fibrinolase bei der Blutgerinnung	Dyckerhoff	1944
Janhsen, Georg	Unterkiefernekrose	Zukschwerdt	1943
Jenssen, Heinz	Ein Fall von Lymphangiom der Parotis	Klinge/ Zukschwerdt	1943
Jetter, Helmut	Über rhytmische Spontankontraktionen der Froschlunge und ihre Beeinflussung unter	Lullies	1942

	besonderer Berücksichtigung ihrer Acetylcholinempfindlichkeit		
Junger, Karl	Über die Eklampsie. Kritischer Bericht über die in der französischen Frauenklinik vorgekommenen Fälle aus den Jahren 1934 bis 1939	Busse	1944
Junghans, Rolf	Die klinische Bedeutung atypischer Pneumonien	Dieker/Hangarter	1944
Junker, Hans-Joachim/Jochen	Die Spätergebnisse bei Oberarmbrüchen an verschiedenen Behandlungsstellen (nach den Akten der Berufsgenossenschaft Nahrungsmittelindustrie Mannheim aus dem Jahre 1940)	Zukschwerdt	1944
Kappe, Gisela	Über die Aktivierung des tryptischen Fermentes der Bauchspeicheldrüse	Dyckerhoff	1943
Kauffmann, Edmund	Die Beckenendlagegeburten an der Universitätsfrauenklinik Strassburg von 1941 bis 1943 unter besonderer Berücksichtigung der Ergebnisse der Entwicklung nach Bracht	Busse	1944
Kazmarek, Heinz	Über das Auftreten von allgemein verbreitetem Emphysem im Gefolge von Erkrankungen des Respirationstraktes im Kindesalters	Hofmeier	1944
Keil, August	Ergebnisse einer Reihenuntersuchung mit Tuberkulinsalbe an sechsjährigen Schulkindern der Stadt Strassburg i.Els. im Jahre 1942	Hofmeier	1944
Kieffer, Leo	Untersuchungsergebnisse der Strassburger Pflichtuntersuchung	Kohlrausch	1944
Kiesselbach, Anton	Der physiologische Nabelbruch. Eine monographische Darstellung unter besonderer Berücksichtigung eigener Untersuchungsergebnisse	Hirt	1943
Kimbacher, Franz	Verlauf von Gelenkschüssen im Flugzeug. Bericht über Gelenkschussverletzungen der ersten zwei Kriegsjahre, aus dem Zentralarchiv für Wehrmedizin	Zukschwerdt	1942
Kirch, Heinz	Die Ergebnisse der Myombehandlung an der Deutschen Universitäts-Frauenklinik in Prag	Zukschwerdt	1943

Klein, Albert	Die Eigenfluoreszenz der menschlichen Nebenniere	Hirt	1943
Klein, Walter	Beobachtungen über Lungenabszesse	Stein	1944
Kleinert, Helmut	Erfahrungen über die Diensttauglichkeit von Soldaten mit angeborenen Herzfehlern	Bickenbach	1943
Knab, Karl	Wolhynisches Fieber. Unter besonderer Berücksichtigung der Bakteriologie, der verschiedenen Verlaufsformen und ihre Differentialdiagnose sowie der Therapie	Stein	1944
Koehler, Otto	Ein Fall von Röntgencarcinom mit einem Intervall von 31 Jahren	Klinge	1944
Koepke, Juergen	Die differentialdiagnostische Bedeutung der reflektorischen Spannungsänderungen im Bindegewebe beim Ulcus ventriculi und Ulcus duodeni	Kohlrausch	1944
Kuebler, Ernst	Nierenfunktionsprüfungen bei Prostatahypertrophie (nach Volhard, Phenolsulfophtalein, Rest-N-Bestimmung)	Leipold	1943
Kuebler, Walther	Überempfindlichkeit gegen Haarfärbemittel insbesondere gegen Kleinol	Zukschwerdt	1944
Kuehnel, Bruno	Biologische Wirkungen der Kurzwellen	Dieker	1944
Kuerschner, Fritz Helmut	Untersuchungen über das Papillarmuster des Handtellers bei Handmissbildungen	Lehmann	1944
Kuhn, Hermann	Experimentelle Versuche zur Bestimmung des Placentasitzes unter Berücksichtigung seiner Bedeutung für die Dauer der Nachgeburtsperiode	Jacobi	1943
Kupferschmid, Walter	Über die Klinik der Querlage an der Frauenklinik der Universität Strassburg. (Während der französischen Zeit von Januar 1930 bis Juli 1939)	Jacobi	1944
Kurrek, Hermann	Beitrag zur Frage der Röntgenspätschädigung	Dieker	1944
Landgraf, Otto	Ein Beitrag zur Klinik und Ursache der Fingerknöchelpolster	Leipold	1943
Langer, Volkmar	Der postoperative Lungenkollaps	Zukschwerdt	1944
Lanz, Viktor	Über den toxisch bedingten sog. Pseudotumors [sic] cereb[r]i	Bostroem	1943
Lauck, Anton	Die eosinophile Pleuritis und ihre Deutung	Hangarter	1944

Layer, Helmut	Die Geschichte der Behandlung des Knochenbruchs	Hirt	1945
Leister, Georg	Rassetypus und Kulturkreis (Untersuchungen an praehistorischen Rasseschädeln, verglichen mit denen recenter Rassen)	Hirt	1943
Letocha, Georg	Ein Beitrag zur Frage der Narkolepsie	Bostroem	1943
Letz, Fritz	Untersuchungen über Heparin und Blutkörperchensenkungsgeschwindigkeit	Bickenbach	1943
Leuffen, Franz	Die Wiege	Hofmeier	1944
Linck, Paul	Die Injektionsbehandlung der Ischias	Bostroem	1943
Ludewig, Horst	Behandlung der offenen Unterschenkelbrüche an den beiden chirurgischen Kliniken und dem Unfallkrankenhaus 1940 bis 1944	Zukschwerdt	1944
Lumpp, Werner	Über den Eisenspiegel bei Lebererkrankungen unter besonderer Berücksichtigung der Differentialdiagnose der Hepatitis epidemica	Wolbers/Hirt	1945
Magnus, Fritz	Über die in den Jahren 1941 und 1942 beobachteten perforierten Magengeschwüre im Krankenhaus der Stadt Kolmar	Zukschwerdt	1944
Maier, Friedrich August	Rassenanatomische Untersuchungen an den Haaren indischer Kriegsgefangener	Lehmann	1944
Mathias, Gerhard	Über eine Sippe mit Diabetes mellitus und arteriosklerotischen Durchblutungsstörungen. (Beitrag zur Frage des Zusammenhangs von Diabetes und Arteriosklerose)	Lehmann	1943
Maurer, Werner	Erfahrungen mit der Elektrokrampftherapie	Jensch	1944
Meinertz, Friedrich	Zur Psychogenese des Morbus basedow	Bender	1944
Meschenmoser, Margrit	Ein Fall von Lues congenita in der III. Generation mit einer eigenen Sippenuntersuchung	Stein	1944
Michel, Marzeline	Die Zervixmyome unter besonderer Berücksichtigung der Gestation	Jacobi	1944
Mildenberger, Karl	Über einen seltenen Fall von Hauttuberkulose bei einem zwölfjährigen Knaben	Hofmeier	1943

Morgenthaler, Walther	Über die unterschiedliche Fortpflanzung bei elsässischen Studienlehrern und Berufsschullehrern	Lehmann	1944
Mueller, Otto	Röntgendiagnostik und Strahlentherapie des Kehlkopfkarzinoms	Dieker	1944
Mutschler, Walter	Die nichtgonorrhoischen Urethritiden beim Mann	Leipold	1944
Naegele, Hanspeter	Die Eigenfluorescenz der menschlichen Niere bei der Betrachtung im ultravioletten Licht	Hirt	1944
Neustifter, Josef	Die vorzeitige Lösung der an normaler Stelle inserierten Plazenta. (Fälle der Universitätsfrauenklinik zu Strassburg in den Jahren 1930 bis 1939)	Jacobi	1944
Nold, Fritz	Schenkelhalsfraktur bei der Krampfbehandlung der Schizophrenie	Zukschwerdt	1943
Odenthal, Hans	Der Einfluss von Adrenalin, Acetylcholin und Cholinesterase auf die Ermüdungskurve des isolierten Froschmuskels	Lullies	1944
Oelkrug, Fritz	Die Bedeutung der Röntgenuntersuchung zur Diagnose und Operationsindikation bei Pylorospasmus	Hofmeier	1944
Ondruf, Wolfgang	Die Bedeutung der Enzephalographie bei der Durchführung der Erbgesundheitsgesetze	Dieker	1944
Overbeck, Wolfgang	Das Pleura-Empyem. Behandlung und Ergebnisse (1941/42)	Zukschwerdt	1944
Overthun, Robert	Zur Klinik der Uterusruptur	Jacobi	1944
Panther, Albert	Erkentnisse und Erfolge der Amenorrhoebehandlung mit Stilbenen (mit einem Beitrag zur peroralen Darreichung von veresterten Dioxydiäthylstilben "Cyren B" (Bayer)	Jacobi	1944
Pelz, Guenther	Verordnung über die Tuberkulosenhilfe - Der Abschluss der Entwicklung der wirtschaftlichen Fürsorge	Bickenbach	1944
Perschmann, Joachim	Über einen Fall von einheimischer Sprue	Bickenbach	1943
Peter, Erich	Die künstliche Schwangerschaftsunterbrechung aus	Neureiter	1943

	medizinischer Anzeige nach der Französischen Ärzteberufsordnung vom 1. April 1941		
Peter, Gerhard	Klinik des Ovarialdermoides	Busse	1943
Pfannkuche, Wolfgang	Carcinomentstehung nach Gastroenterostomie	Zukschwerdt	1944
Pfeffer, Walter	Die Wirkung kontinuierlich ansteigender Acetylcholin-Konzentrationen auf das isolierte Froschherz mit und ohne Zusatz von Physostigmin (Eserin)	Lullies	1945
Pfeil, Claus	Die für den Heilarzt wichtigen Bestimmungen des Schweizerischen Strafgesetzbuches von 1942	Neureiter	1944
Pfisterer, Heinrich	Die Beziehungen der Methropathia glandularis cystica zur letzten Geburt	Stemmer (Stuttgart) / Jacobi	1943
Philipp, Hans-Karl	Über ein faustgrosses intraneurales Haematom des Nervus femoralis	Zukschwerdt	1944
Pierrot, Walter	Über die Vitamin B 1-Ausscheidung im Urin bei Hepatitis epidemica-Kranken nach intravenöser Vitamin B 1-Belastung	Weygand	1945
Plehwe, Irmgard von	Ein Beitrag zur Frage des Myoms als Geburtshindernis	Jacobi	1943
Plitzko, Guenter	Die weibliche Genitaltuberkulose mit besonderer Berücksichtigung der Diagnostik der Tuben- und Endometriumtuberkulose durch die Abrasio	Jacobi	1944
Purper, Heinz	Über Polydaktylie	Lehmann	1944
Raeuber, Paul	Über Polyneuritis im Anschluss an Tetanusseruminjektionen	Bostroem	1943
Rau, Eugen	Nekrose beider Ohrmuscheln als Folge eines Hämangioms	Hofmeier	1943
Reinhardt, Paul	Zur Sulfonamidtherapie der Pneumokokkenmeningitis	Bostroem	1944
Reinicke, Heinz	Herkunft der Beamten der Strassburger Stadtverwaltung und ihre Heiratskreise	Lehmann	1944
Reithmann, Ludwig	Ein Fall wuchernder Struma bei einem Jugendlichen	Zukschwerdt	1942
Richard, Ludwig	Zur Chemie und Pharmakologie der Senna	Unknown	1943
Rietzkow, Karl-Heinz	Zur Röntgendiagnostik des Ulcus ventriculi	Dieker	1944

Rist, Heinz	Verkannte Syphilis maligna	Leipold	1944
Rockstroh, Heinz	Rektusnekrose	Zukschwerdt	1944
Rodenbusch, Wilhelm	Ein Beitrag zur Symptomatologie der Hypothalamusschädigungen unter besonderer Berücksichtigung eines Falles von Craniopharyngiom	Bostroem	1943
Roessle, Gerhard	Die Pleuritits als initiale Erscheinung einer manifesten Lungentuberkulose	Stein	1944
Romacker, Guenther	Wesen und Bedeutung der Vernix caseosa	Jacobi	1944
Ruehl, Helmut	Beitrag zur Frage der Beziehungen zwischen Arginin und Histidin im menschlichen Organismus	Dyckerhoff	1943
Ruppel, Mechthild	Die Diagnose des Magenvolvulus	Dieker	1944
Sander, Heinz	Ein Beitrag zur örtlichen Therapie der Angina und des Erysipels mit dem Sulfonamidpuder "Marfanil-Prontaltein"	Dieker	1943
Schaffner, Georg	Hugo Wolf. Elemente einer Pathographie	Jensch	1944
Schaible, Gottfried	Über die Häufigkeit des Diabetes Mellitus. Beitrag zur geographischen Verteilung des Diabetes Mellitus in Deutschland	Lehmann	1945
Scharnke, Hans Georg	Ergebnisse der Elektrokrampfbehandlung bei Manisch Depressiven	Bostroem	1944
Scharrer, Helmut	Rheumatismus versus Urticaria	Hofmeier	1943
Schell, Hermann	Blutgruppenuntersuchungen an indischen Kriegsgefangenen	Lehmann	1944
Schelling, Hans	Die Beckenendlagen-Geburten an der französischen Universitäts-Frauenklinik Straßburg in den Jahren 1934 bis 1939	Busse	1943
Schempp, Helmut	Stilldauer und Stillhäufigkeit in Strassburg. Nach Feststellungen bei den Neugeborenen des Jahres 1941	Hofmeier	1943
Schenderlein, Hans	Über das Abgeflogensein und die Feindflugbelastung mit besonderer Berücksichtigung einiger Schriftbilder von Soldaten	Bender	1944

Scherf, Max	Über den Einfluss der Salicylsäure auf das Blutgerinnungssystem	Hirt	1944
Schildge, Edith	Beobachtungen über Ruhrrheumatismus	Stein	1944
Schildge, Eugen	Ein Beitrag zu dem Polycythaemieproblem	Wolbergs	1945
Schilling, Juergen	Die Säuglingssterblichkeit und Säuglingsfürsorge im Elsass in den letzten 20 Jahren	Hofmeier	1943
Schleuter, Claus	Über die Therapie der Parotisfisteln	Zukschwerdt	1944
Schlicher, Friedrich	Der Polyp der Portio und der Zervix und seine zweckmässigste Therapie	Jacobi	1944
Schloesser, Hans	Das Dosierungsproblem in der Kurzwellen-Therapie	Dieker	1943
Schmelz, Alfred	Ein Beitrag zur Ätiologie und Casuistik des Mamma-Karzinoms beim Mann	Dieker	1943
Schmid, Richard	Das mikroskopische Bild des Abrasionsmaterials nach Fehlgeburten	Jacobi	1943
Schmieder, Hans	Über frühzeitiges Ergrauen, seine Vererbung, mit Beobachtungen in der eigenen Sippe	Lehmann	1944
Schneider, Edith	Fingerleistenuntersuchungen bei Strassburger Schulkindern	Lehmann	1944
Schneider, Otto	Über das Ovarial-Carcinom. Unter besonderer Berücksichtigung der Fälle an der französischen Universitätsfrauenklinik zu Strassburg von 1930 bis Juli 1939	Jacobi	1944
Schneider, Paul A	Über die Steinkrankheit der Bauchspeicherdrüse (mit zwei eigenen Beobachtungen)	Bickenbach	1943
Schnizer, Ulrich	Psychogene Kriegsschädigungen im Bereich der peripheren Nerven	Bostroem/Jensch	1944
Schreck, Walter	Das Granulosablastom	Jacobi	1944
Schubert, Hans	Ergebnisse der primären Sehnennaht an der Hand	Zukschwerdt	1944
Schuetz, Siegfried	Die Wirksamkeit der Sympathikusinfiltration und lumbalen Sympathektomie im Vergleich zur konservativen Therapie bei Erfrierungen	Zukschwerdt	1944
Schuler, Friedrich Ph	Über tödliches akutes rheumatisches Fieber im Anschluss an Diphtherie-Scharlachschutzimpfung	Klinge	1944

Schultz, Gerhard	Mastitis-Behandlung an der Universitäts-Frauenklinik Strassburg (Zusammenstellung aus den Jahren 1941/42)	Jacobi	1943
Schumacher, Karl-Heinz	Die Veränderung der Oberflächenspannung des Blutserums bei Herzinsuffizienz nach der Behandlung mit Digitalis	Bickenbach	1944
Schumacher, Philipp	Oswald Schmiedeberg, der Begründer der experimentellen Pharmakologie	Gebhardt	1943
Schwab, Karl Gustav	Humeruskopfluxationsfraktur bei Cardiazolkrampf und Wirbelkompressionsfrakturen bei Schocktherapie und Tetanus	Zukschwerdt	1944
Schwarz, Paul	Die Spätlähmung des Nervus ulnaris	Zukschwerdt	1944
Schwendemann, Erich	Ein seltener Fund von metallischem Quecksilber in der Appendix und seine Wirkung auf den menschlichen Organismus	Klinge	1945
Schwenk, Wilfried	Blutungen und klinisches Symptomenbild bei der weiblichen Genitaltuberkulose	Jacobi	1943
Seitz, Hans	Oszillometrie bei arteriovenösen Aneurysmen	Zukschwerdt	1944
Sick, Walter	Ein Fall von Strangulationsileus der Appendix	Zukschwerdt	1944
Siefert, Herta	Über das Wesen der hyperplastischen Dickdarmtuberkulose im Kindesalter	Hofmeier	1944
Sippel, Fritz Karl	Zwei Fälle paranoischer Entwicklung	Bostroem	1944
Sonntag, Karl	Unspezifische Coxitis	Zukschwerdt	1943
Sorg, Alfons	Kriegsaneurysmen	Zukschwerdt	1944
Spaeth, Edwin	Haemolytischer Ikterus und Cholelithiasis (Studie bei einer Sippe)	Berg	1943
Spaich, Walter	Die Fehlgeburten an der französischen Hebammenschule Strassburg aus den Jahren 1930 bis 1939	Busse	1944
Springmann, Hubertus	Hautkrebs über Amputationsstumpf des linken Unterschenkels nach 21 Jahren	Klinge	1943
Starck, Albert	Die terminale circumscripte Ileitis	Starck (Karlsruhe)	1944
Stein, Felix	Über die elektrische Polarisation des Froschnerven [-herzens?] und seine Erregbarkeit unter dem Einfluss von Harnstoff	Lullies	1944

Steingass, Hans	Das Magendarmgeschwür im Kindesalter	Hofmeier	1944
Steinmetz, Hildegard	Die Problematik des unerwartet plötzlichen Todes im Säuglings- und Kleinkindalter	Neureiter	1944
Steisslinger, Eberhard	Zur Frage der vikarrierenden Blutungen, unter besonderer Berücksichtigung der Lungentuberkulose. Mit einem experimentellen Beitrag über das Verhalten des Prothrombinspiegels und der Blutgerinnungszeit im Zyklus der Frau	Bickenbach	1944
Steuler, Erich	Erkennung und Abgrenzung des Feld-, Schlamm- und Erntefiebers	Hangarter	1944
Stix, Richard	Wandlungen im Altersaufbau der Bevölkerung Elsass-Lothringens	Lehmann	1944
Stocker, Ludwig	Dystrophia ontogenetica Recklinghausen	Starck (Karlsruhe)/ Hangarter	1944
Stoll, Rudolf	Lues und Unfallheilkunde	Zukschwerdt	1944
Stuckrad-Barre, Franz-Ulrich von	Beitrag zur Frage der myeloblastischen Reaktion bei Knochenmarkinsuffizienz	Dieker	1944
Stuermer, Anton	Spätreife bei schulentlassenen Hilfsschülern	Jensch	1944
Teufel, Gerhard	Fluoreszenzmikroskopische Beobachtungen an der menschlichen Leber	Hirt	1943
Teufel, Hermann	Über familiäres Auftreten von hypertrophierender Gingivitis, beobachtet in einer elsässischen Familie	Hofmeier	1944
Thomé, Gertrud	Nyktometeruntersuchungen an Myopen, Hyperopen und Presbyopen	Schmidt	1944
Traeber, Karl	Über die Bestimmung eines Microbacteriums in Dottersackkultzuren von Rickettsia Prowazeki	Haagen	1944
Trost, Elmar	Bösartige Schilddrüsengeschwulst bei einem Zwanzigjährigen	Zukschwerdt	1943
Uhland, Walter	Über die Uterusruptur nach den Beobachtungen der französischen Universitätsfrauenklinik zu Strassburg in den Jahren 1930 bis 1939	Busse	1943
Ulrich, Hans-Heinz	Die Wirkung kontinuierlich ansteigender Acetylcholinkonzentration auf das Froschherz und ihr Einfluss auf sein	Lullies	1943

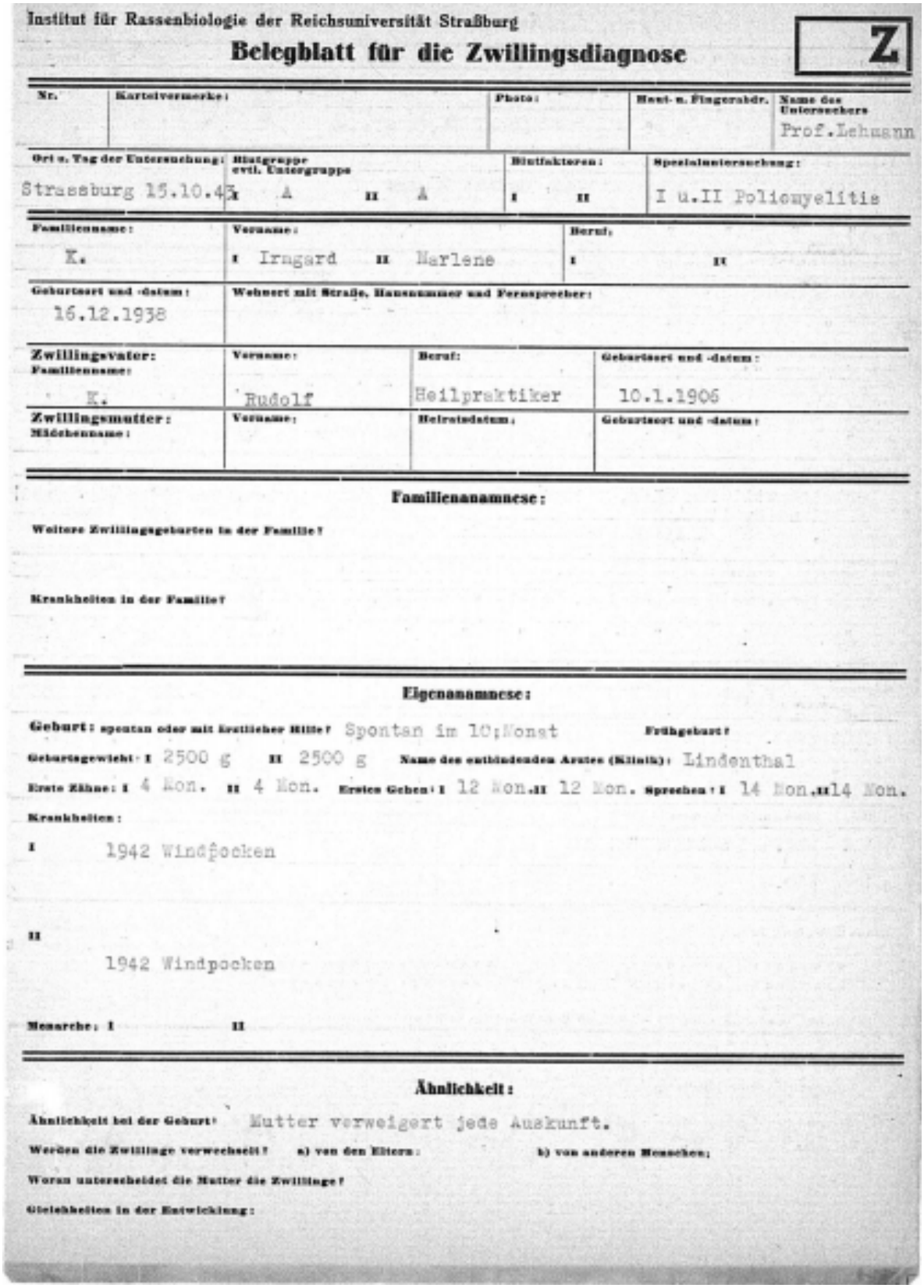
	Verhalten gegenüber Adrenalin und elektrischer Vagusreizung		
Unseld, Dieter Werner	Untersuchungen über Ätiologie und Pathogenese eines besonderen Falles von Eileiterschwangerschaft	Busse	1944
Valet, Dietrich	Calcium und Gravidität	Jacobi	1944
Verhorst, Heinz	Keuchhusten und Gravidität	Jacobi	1943
Walz, Helmut	Die Ostitis tubercula multiplex cystica (Jüngling) mit Bericht eines Falles	Dieker	1943
Wasmer, Clemens	Über die Häufigkeit der Pleuritis in der Anamnese bei Lungentuberkulose	Unknown	1943
Waterstradt, Alfred	Zur Geschichte und Bedeutung des Aderlasses. Indikation in Vergangenheit und Gegenwart	Wolbergs	1944
Wawer, Joseph	Versuche über den Einfluss von Wirkstoffen des Hypophysenvorderlappens und der Keimdrüsen auf die Acetylcholinempfindlichkeit der Froschlunge	Bickenbach/Lullies	1944
Wegner, Hans	Ein Beitrag zur Frage der Follikel- und Corpus luteum Blutungen	Busse	1943
Wehrung, Johanna	Erläuterungen zum Euthanasie-Problem aufgrund einer Rückfrage bei Frauen	Neureiter	1944
Weigel, Kurt	Favus, sein Vorkommen unter besonderer Berücksichtigung der Verhältnisse im Elsass	Leipold	1944
Weismann, Dieter	Untersuchungen am Knochenmark des normalen und rachitischen Säuglings	Hofmeier	1943
Wendel, Wolfgang	Zwei Fälle von jugendlicher Poikilodermie im lothringischen Inzuchtgebiet Rimlingen	Hirt/Hofmeier	1945
Westphal, Theodor	Die Bevölkerungsgeschichte eines unterelsässischen Dorfes	Lehmann	1944
Weyler, Werner	Über die Spezifität der Proteasen und die Darstellung eines synthetischen Trypsinsubstrates	Dyckerhoff	1943
Wick, Marianne	Über Thromboseprophylaxe durch Verminderung der intravasalen Gerinnungsfähigkeit des Blutes	Dyckerhoff	1944
Widmann, Karl Otto	Über die proteolytische Prothrombinaktivierung	Dyckerhoff	1944

Wiedemann, Georg	Vergleichende histologische Untersuchung über die Seminome des Ovars und des Testikels	Klinge	1944
Wiegrefe, Herbert	Bevölkerungsgeschichte der Stadt Strassburg von 1900 bis 1936	Lehmann	1944
Wifling, Ludwig	Drehzange bei hinterer Hinterhauptslage und Vorderhauptslage	Gauss (Würzburg)	1943
Will, Guenther	Untersuchungen zur Bestimmung der Kapillarresistenz	Dyckerhoff	1944
Will, Hellmuth	Auftreten von Nervenerkrankungen bei Kindern im Zugangsgebiet der Universitätskinderklinik Strassburg	Hofmeier	1943
Winkler, Heinrich	Die Rolle der Nebennieren beim infektiösen Krankheitsgeschehen. Bemerkungen zum Nebennierenrindenproblem im Anschluss an drei Fälle von aktutem Nebennierenversagen nach Infektionen und nach einer Typhus-Schutzimpfung	Wolbergs	1944
Wolf, Rudolf	Todesfall infolge spastischer Oesophagusstenose, Emphysem und Spannungspneumothorax	Wullstein	1943
Wurster, Kurt	Zur Klinik und Therapie der Plazenta praevia	Busse	1944
Zeh, Hildegard	Vergleichende Untersuchungen über die mydriatische Wirkung von Homatropin und Veritol	Schmidt	1944
Zeh, Wilhelm	Ergebnisse der blutigen und unblutigen Behandlung der Unterarmschaftbrüche unter besonderer Berücksichtigung der Dauerzugbehandlung	Zukschwerdt	1944
Zender, Maria	Über psychische Reaktion im Anschluss an ein Trauma. Ein Beitrag zur "Unfallneurose"	Jensch	1944
Ziegler, Heinrich	Beitrag zur Klinik der Zystenniere	Dieker	1944
Zumbansen, Heinz	Ein Beitrag zur Erkennung der primären oralen Schleimhauttuberkulose und ein Nachweis von extrapulmonalen Primärkomplexen an Hand von vier Fällen	Hofmeier	1943

7: Full list of Habilitations Conducted at the Reichsuniversität Straßburg Medical Faculty. AFMS.

Name	Title	Supervisor	Year
Brecht, Karl	Über die Wirkung des Acetylcholins auf die Froschlunge, ihre Beeinflussung und ihre theoretischen Grundlagen	Lullies	1943
Kiehl, Wolfgang	Zur Frage der Wirkung arteigenen Diphtherieantitoxins. Tierexperimentelle Untersuchungen. Die bisherigen Erfahrungen am Menschen mit Blut- und Rekonvaleszentenserumtransfusionen	Hofmeier	1943
Klar, Rudolf	Klinische und erbpathologische Untersuchungen zur Frage angeborener bzw. früh aufgetretener Linsentrübungen beim Menschen	Schmidt	1942
Langemeyer, Carl	Knochenmark und Knochen	Zukschwerdt	1943
Raisch, Otto	Experimenteller Beitrag zur Frage der Osteosynthese mit besonderer Berücksichtigung der Marknagelung nach Küntscher	Zukschwerdt	1942
Reiser, Mario	Cytochrom c-Untersuchungen	Gebhardt	1944
Wimmer, Karl	Die Architektur des Sinus sagittalis cranialis und der einmündenden Venen als statische Konstruktion	Hirt	1942
Wolbergs, Hajo	Zur Physiologie der Prostata und ihres Sekrets	Lullies	1944

8: Twin Research Analysis and Case Study Example provided in Otto Dahms' thesis 1944. BArch.



Institut für Rassenbiologie der Reichsuniversität Straßburg

Belegblatt für die Zwillingsdiagnose **Z**

Nr.	Karteivermerke:	Photo:	Hand- u. Fingerabdr.	Name des Untersuchers
				Prof. Lehmann

Ort u. Tag der Untersuchung:	Blutgruppe evtl. Untergruppe	Blutfaktoren:	Spezialuntersuchung:
Strassburg 15.10.43	I A II A	I II	I u. II Poliomyelitis

Familienname:	Vorname:	Beruf:
K.	I Irmgard II Marlene	I II

Geburtsort und -datum:	Wohnort mit Straße, Hausnummer und Fernsprecher:
16.12.1938	

Zwillingsvater: Familienname:	Vorname:	Beruf:	Geburtsort und -datum:
K.	Rudolf	Heilpraktiker	10.1.1906
Zwillingsmutter: Mädchenname:	Vorname:	Heiratsdatum:	Geburtsort und -datum:

Familienanamnese:

Weitere Zwillingsgeburten in der Familie?

Krankheiten in der Familie?

Eigenanamnese:

Geburt: spontan oder mit ärztlicher Hilfe? Spontan im 10. Monat Frühgeburt?

Geburtsgewicht: I 2500 g II 2500 g Name des entbindenden Arztes (Klinik): Lindenthal

Erste Zähne: I 4 Mon. II 4 Mon. Ersten Gehen: I 12 Mon. II 12 Mon. Sprechen: I 14 Mon. II 14 Mon.

Krankheiten:

I 1942 Windpocken

II 1942 Windpocken

Menarche: I II

Ähnlichkeit:

Ähnlichkeit bei der Geburt? Mutter verweigert jede Auskunft.

Werden die Zwillinge verwechselt? a) von den Eltern: b) von anderen Menschen:

Woran unterscheidet die Mutter die Zwillinge?

Gleichheiten in der Entwicklung:

Ähnlichkeitsbefund:

Kopfhaar (Form, Begrenzung, Wirbel, Ergrauen, Glatzenbildung)	Haarfarben-Tafel
I: flachwellig, Begr. halbkreisfg., Wirbel li. hinten, Begr. hinten M-förmig	J
II: " " " Wirbel Mitte hinten " " "	J

Augenbrauen (Farbe, Form, Dichte, Strich, Wirbel)	Wimpern (Farbe, Länge, Biegung)
I. Farbe wie Haare, Dichte mittel, medial dünner	dunkel, lang, schwach nach oben gebogen
II: " " " " " " "	

Oberlidderfalte	Lidspalte	Augenfarbe	Nr.	Irisstruktur	Hautfarbe (Pigmentflecke)
I: hochliegend	waagerecht	schmutzig-braun	10	I u. II sehr ähnlich	weisslich
II: "	"	"			"

Nase (Wurzel, Rücken, Spitze, Flügel, Löcher, Steg)	Länge	Breite	Tiefe
I: Rücken gerade/schwach wellig, Spitze breit, Löcher länglich schräggestellt	4,4	2,7	1,3
II: " " " " Spitze mittelbreit "	4,4	2,7	1,4

Mundpartie (Integumentoberlippe, Schleimhautlippe, Integumentunterlippe)	Mundhöhle (Zähne o. unten, Zunge, Gaumen, Zäpfchen, Tonsillen)
I. Schleimhautlippen dünn, leicht geschwungen, Philtrum breit	Gaumen hoch, ganz zerklüft. Tonsil
II. wie I, jedoch Philtrum etwas schmaler	Gaumen eher flach, " "

Ohr (Stellung, Form, Helix, Skapha, Anthelix, Concha, Tragus, Antitragus, Incisura intertrag., Lobulus, Darw. Höcker, Tub. post)	Länge	Breite
I: anliegend, Helix angestellt, Skapha rund/tief, Breite mittel	5,1	3,0
II: " " " " " " " schmal/mittel	5,2	2,8

Kopfform	Gesichtsform	Horizontal-umfang des Kopfes	Größte Länge des Kopfes	Größte Breite des Kopfes	Kleinste Stirnbreite	Jochbogenbreite	Kieferwinkelbreite	Morphol. Gesichtshöhe
I: Hinterhpt. gewölbt	mittelbreit	5,2	17,4	13,9	9,0	11,3	8,3	9,5
II: " "	"	5,2	17,3	14,0	9,2	11,7	8,4	9,8

Größe	Gewicht	Körperform	Sonstige körperliche Kennzeichen
I: 102	14,9	schlankwüchsig	
II: 102	14,8	"	

Zähne (Farbe, Form, Größe)

I R 87654321 | 12345678 L
I R 87654321 | 12345678 L

II R 87654321 | 12345678 L
II R 87654321 | 12345678 L

I. stehen etwas zurück, gesackt

II. wie I

/ = beschädigt, O = fehlt, ● = gefüllt, + = zerstört oder Wurzel, Br = Brücke, Ka = Krone

Psychische Entwicklung (Spiel, Interessen, Schulleistungen, Lieblingsfächer, geistige Führung, Sonderbegabungen)

nichts bekannt

Längenbreitenindex des Kopfes: I 79,9 II 80,9

Gesichtsindex: I 84,1 II 83,8

Nasenindex: I 61,4 II 61,4

Ohrindex: I 58,8 II 53,9

Fall 2. (Diskordantes Auftreten der Poliomyelitis)

Christiana und Brigitte M. (ZZ)

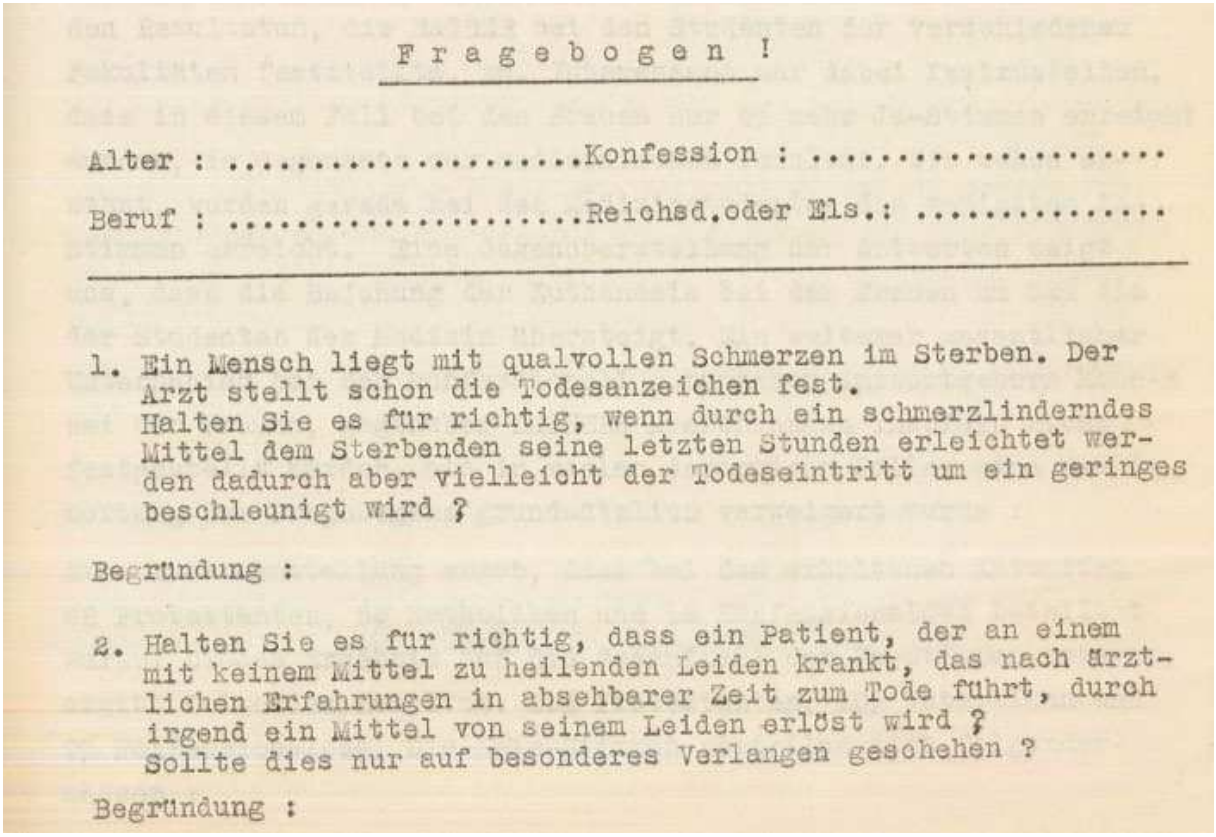
Proband: Brigitte.

Christiana Brigitte (Proband)

Vorgeschichte :

Nach Angabe der Mutter war 6 Wochen vor der Aufnahme Brigittes ein kleiner Vetter von ihr auf einer Treppe gefallen. Der Junge konnte nach dem Fall zunächst gut laufen. 3 Wochen später konnte er jedoch, nach-dem er vorher einige Tage mit Fieber im Bett gelegen hatte, nicht mehr richtig gehen. Als der Junge fiebernd im Bett lag, hatte Proband ihn besucht. Rund zwei Wochen später hatten beide Zwillinge Fieber, das nicht gemessen wurde. Die Mutter nahm an, dass es vom Zahnen käme. Nach 3 Tagen waren beide Kinder entfiebert. Die Zwillinge fühlten sich wohl. Einen Tag nach der Entfieberung merkte die Mutter, dass Proband beim Lachen und Weinen

9: Questionnaire on Eugenics conducted at the Reichsuniversität Straßburg hospital provided in Johanna Wehrung's thesis 1944. AFMS.



F r a g e b o g e n !

Alter : .....Konfession : .....

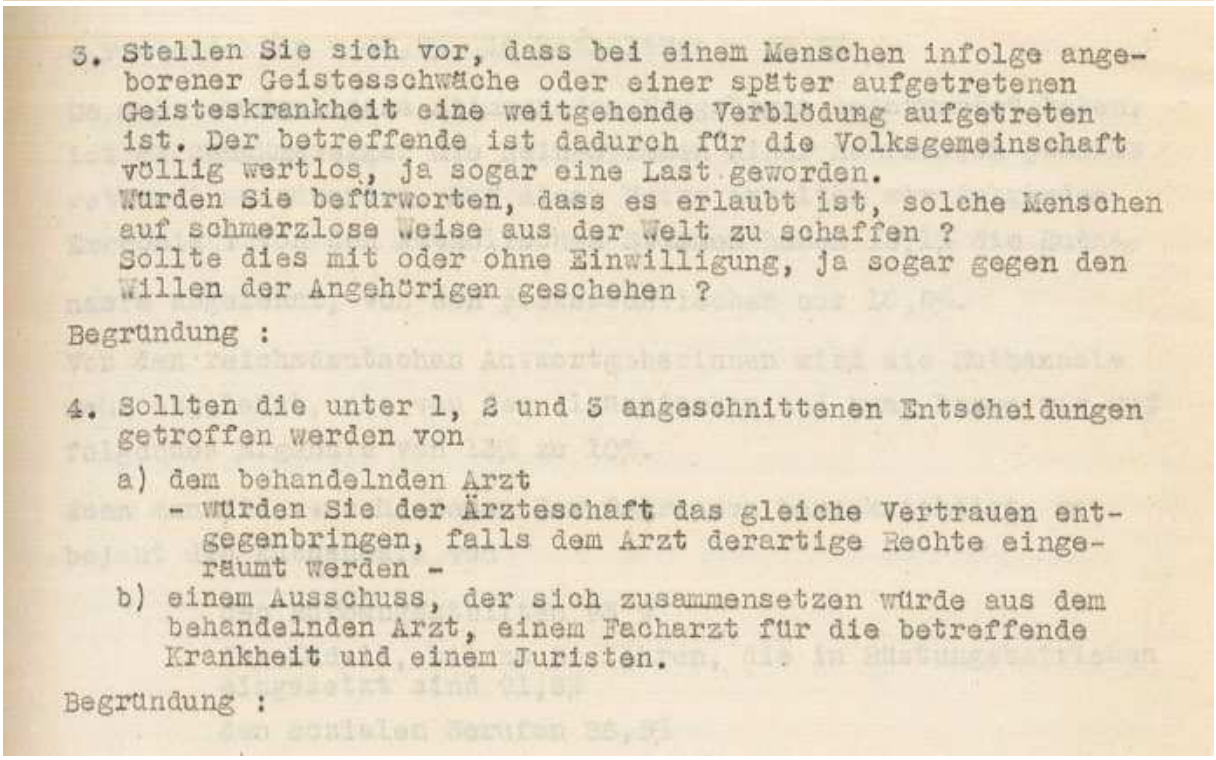
Beruf : .....Reichsd.oder Els.: .....

1. Ein Mensch liegt mit qualvollen Schmerzen im Sterben. Der Arzt stellt schon die Todesanzeichen fest.
Halten Sie es für richtig, wenn durch ein schmerzlinderndes Mittel dem Sterbenden seine letzten Stunden erleichtet werden dadurch aber vielleicht der Todeseintritt um ein geringes beschleunigt wird ?

Begründung :

2. Halten Sie es für richtig, dass ein Patient, der an einem mit keinem Mittel zu heilenden Leiden krankt, das nach ärztlichen Erfahrungen in absehbarer Zeit zum Tode führt, durch irgend ein Mittel von seinem Leiden erlöst wird ?
Sollte dies nur auf besonderes Verlangen geschehen ?

Begründung :



3. Stellen Sie sich vor, dass bei einem Menschen infolge angeborener Geistesschwäche oder einer später aufgetretenen Geisteskrankheit eine weitgehende Verblödung aufgetreten ist. Der betreffende ist dadurch für die Volksgemeinschaft völlig wertlos, ja sogar eine Last geworden.
Würden Sie befürworten, dass es erlaubt ist, solche Menschen auf schmerzlose Weise aus der Welt zu schaffen ?
Sollte dies mit oder ohne Einwilligung, ja sogar gegen den Willen der Angehörigen geschehen ?

Begründung :

4. Sollten die unter 1, 2 und 3 angeschnittenen Entscheidungen getroffen werden von

a) dem behandelnden Arzt
- würden Sie der Ärzteschaft das gleiche Vertrauen entgegenbringen, falls dem Arzt derartige Rechte eingeräumt werden -

b) einem Ausschuss, der sich zusammensetzen würde aus dem behandelnden Arzt, einem Facharzt für die betreffende Krankheit und einem Juristen.

Begründung :

10: Pathology Diagnoses of Paediatric Autopsies. ADHVS Path.

Key for Age Column: D = days, W = weeks, Y = years, M = months.

1942			
File Number	Age	Diagnosis	Clinic
1	Newborn	Stillbirth	Allerheiligen
4	Newborn	Stillbirth	Allerheiligen
17	2D	Haematoma	OB/Gyn
18	Newborn	Stillbirth	Extern
20	5.5 Y	Vomiting and Diarrhoea	Childrens
22	1M	Debility	Childrens
25	Newborn	Haematoma	Extern
6	Unknown	Arteriosklerosis	Childrens
12	2 Y	Pneumonia, Diphtheria	Childrens
27	Unknown	Meningitis	Childrens
32	Newborn	Ikterius Gravis	Childrens
58	5Y	Gastric Fistula	Med A
61	1 M	Sepsis	Childrens
62	4 M	Pneumonia	Childrens
63	Unknown	Pneumonia	Childrens
66	Unknown	Pneumonia	Childrens
74	4 M	Pneumonia, Meningitis	Childrens
80	15Y	Tetanus	Med B
84	2 Y	Unknown	Childrens
88	7 M	Bronchitis	Childrens
93	6 Y	Diphtheria	Childrens
94	4 D	Cyanosis	Childrens
96	14 Y	Catatonia	Psych
100	10 Y	Appendicitis	Surgery
101	4 D	Pneumonia	Childrens
105	2 M	Unknown	Childrens
109	12 D	Birth Defects	Childrens
110	19 D	Brain Swelling	Childrens

116	3 Y	Diphtheria	Childrens
125	12 Y	Tetanus	Surgery
127	2 M	Haematoma	Childrens
133	12 Y	Abcess	Surgery
155	17 Y	TB	Med B
158	16 Y	Tetanus	Surgery A
174	4M	Aplastic Anaemia	Childrens
178	3 M	Unknown	Childrens
189	7 Y	Cirrhosis	Childrens
197	2 D	Heart Defect	Childrens
198	2 Y	Laparotomy	Surgery
199	7 M	Bronchitis	Childrens
200	Unknown	Meningitis	Childrens
208	Newborn	Stillbirth	Extern
210	Newborn	Stillbirth	OB/Gyn
213	1 Y	Fever	Childrens
217	2 M	Pneumonia	Childrens
239	18 D	Meningitis	Childrens
242	1 D	Brain Bleed	Childrens
263	2 W	Anal atresia	Childrens
265	14 Y	Sepsis	Childrens
272	14 D	Pneumonia, Intoxication	Childrens
274	2 Y	Meningitis	Childrens
281	1 Y	Meningitis	Childrens
290	2 Y	Diphtheria	Childrens
292	2 Y	Pneumonia, Typhus	Childrens
294	4 M	Pneumonia	Childrens
1943			
File Number	**Age**	**Diagnosis**	**Clinic**
1	16Y	Brain Tumor	Surgery A
5	1Y	Pneumonia	Childrens
9	2Y	Diphtheria	Childrens

10	1M	Syphillis	Childrens
13	1M	Intoxication	Childrens
17	4Y	Nephritis	Childrens
22	7M	Unknown	Childrens
23	3M	Pneumonia	Childrens
26	10Y	Myocarditis	Childrens
27	10Y	Tumor	Surgery A
39	1M	Meningitis	Childrens
43	2Y	Diphtheria	Childrens
44	8M	Sepsis	Childrens
51	8M	Sepsis	Childrens
57	4Y	Meningitis	Childrens
58	2M	Mastoiditis	Childrens
59	4Y	Pneumonia	Childrens
60	1M	Pneumonia	Childrens
61	1D	Unknown	Extern
64	2.5Y	Pneumothorax	Childrens
67	15Y	TB	Surgery A
73	4W	Twin, Atrophy	Childrens
76	3M	Meningitis, Encephalitis	Childrens
81	8Y	Diphtheria	Childrens
90	5Y	Toxic	Childrens
100	5M	Pneumonia	Childrens
103	2M	Unknown	Childrens
109	2Y	Diphtheria	Childrens
110	3Y	Encephalitis	Childrens
114	1M	Pneumonia	Childrens
115	4D	Pneumonia	Childrens
116	3M	Encephalitis, Pneumonia	Childrens
119	3M	Pneumonia	Childrens
126	Unknown	Pneumonia	Childrens
137	4m	Pneumonia	Childrens
139	3m	Otitis Media	Childrens

149	2m	Pneumonia	Childrens
150	6m	Pneumonia	Childrens
152	5m	Pneumonia, TB	Childrens
154	5m	Pneumonia, Gall Bladder	Childrens
155	1m	Dyspepsia, Pneumonia	Childrens
172	Unknown	Pneumonia	Childrens
173	5D	Sepsis	Childrens
176	1M	Sepsis	Childrens
178	2Y	Diphtheria	Childrens
181	2M	Ikterius Gravis	Childrens
185	3D	Pneumonia, Haemhorrage	Childrens
190	11Y	Encephalomyelitis	Neuro
191	6W	Diphtheria	Childrens
197	3D	Meningitis	Childrens
213	1.5M	Pneumonia	Childrens
218	Newborn	Stillbirth	OB/Gyn
221	2M	Myocarditis	Childrens
227	6M	Pneumonia	Childrens
230	2M	Sepsis, Atrophy	Childrens
232	4M	Encephalitis, Pneumonia	Childrens
240	4M	Syphillis	Childrens
248	5D	Pneumonia, Sepsis	Childrens
250	15Y	Appendicitis	Surgery B
253	18D	Sepsis, Ikterius Gravis	Childrens
254	5M	Pneumonia, Muscle Atrophy	Childrens
257	13D	Pneumonia, Failure to Thrive, Prematurity	Childrens
259	12D	Pneumonia	Childrens
260	6M	Encephalitis	Childrens
261	2M	Otitis Media, Dystrophy	Childrens
263	2M	Encephalitis	Childrens
268	Newborn	Unknown	Childrens
269	14Y	Pneumonia, Appendicitis	Med 2

273	Newborn	Pneumonia	Childrens
274	Newborn	Pneumonia, Bronchitis	Childrens
281	1Y	Pneumonia, Apoplexy	Childrens
284	1Y	Meningitis	Childrens
287	2Y	Polio, Paralysis	Childrens
288	3M	Meningitis	Childrens
297	1M	Meningitis	Childrens
320	2M	Sepsis	Childrens
321	5M	Sepsis, Meningitis	Childrens
322	2M	Pneumonia	Childrens
331	Newborn	Stillbirth	OB/Gyn
332	3M	Pneumonia	Childrens
335	2Y	Diphtheria	Childrens
337	9Y	Endocarditis	Childrens
338	Unknown	Encephalitis	Childrens
341	12Y	Paralysis, Myocarditis	Childrens
346	16Y	Meningitis, Pleuritis	Med 1
349	11M	Pneumonia, Sepsis, Intox	Childrens
350	Unknown	Prematurity	OB/Gyn
367	1M	Sepsis	Childrens
369	7Y	Scarlet Fever	Med 2
370	1M	Sepsis, Pneumonia	Childrens
374	2D	Pneumonia	Childrens
377	5Y	Diphtheria	Childrens
380	Unknown	Pneumonia, Myocarditis	Childrens
382	1 M	Desquamative Erythroderma	Childrens
383	3 M	Atrophy, Prematurity, Pneumonia	Childrens
384	1 M	Pneumonia, Prematurity, Failure to Thrive	Childrens
393	1 Y	Enteritis	Childrens
394	9 M	TB, Pneumonia	Childrens
397	2 M	Toxicosis	Childrens
398	3 Y	Encephalitis, Meningitis, Pneumonia	Childrens

399	5 Y	Post diphtheria paralysis	Childrens
400	6 Y	Diphtheria, Pneumonia, Heart Failure	Childrens
403	1Y	Diphtheria	Childrens
410	Newborn	Prematurity	Childrens
411	6M	Meningitis	Childrens
414	12Y	Meningitis, TB	Neuro
415	3M	Dyspepsia	Childrens
416	1M	Sepsis, Toxic	Childrens
419	2M	Meningitis	Childrens
434	11M	Sepsis	Childrens
440	3M	Pneumonia, Pleuritis	Childrens
442	1M	Pachomeningitis	Childrens
447	1M	Sepsis, Pneumonia	Childrens
450	8M	Meningitis, Flu	Childrens
457	6Y	Unknown	Childrens
459	2Y	Diphtheria	Childrens
467	5Y	Encephalitis	Childrens
470	1M	Ikterius Gravis, Sepsis	Childrens
474	3Y	Pneumonia, Encephalitis	Childrens
475	3 M	Atrophy, Pneumonia, Pertussis	Childrens
478	4 Y	Diphtheria	Childrens
479	1M	Sepsis, Dyspepsia	Childrens
482	3D	Brain Trauma	Childrens
484	6Y	Diphtheria	Childrens
489	6M	Pneumonia	Childrens
494	12Y	Polio	Childrens
495	1Y 10M	Polio	Childrens
496	5Y	Leukaemia	Childrens
497	14Y	Polio, Encephalitis	Childrens
505	13D	Tetanus	Childrens
508	7M	Polio	Childrens
509	3Y	Polio	Childrens
513	Newborn	Prematurity	Childrens

514	3Y	Bomb Injuries	Surgery 2
519	6M	Encephalitis	Childrens
522	13Y	Brain Trauma	Neuro
523	8M	Dysentry	Childrens
529	10 Y	Scarlet Fever	Childrens
533	4D	Sepsis, Syphillis, Prematurity	Childrens
537	4M	Rachitis, Pneumonia, Dystrophy	Childrens
539	7Y	Diphtheria	Childrens
541	16D	Pneumonia, Hydrocephaly	Childrens
544	8M	TB, Hydrocephaly	Childrens
548	7Y	Pancarditis	Childrens
552	10Y	Diphtheria	Childrens
553	16Y	Sepsis	Med 2
556	2Y	Diphtheria	Childrens
559	1,5Y	Diphtheria	Childrens
562	3W	Pneumonia	Childrens
563	16Y	TB	Med 1
566	2M	Atrophy, Dyspepsia, Anaemia	Childrens
567	12D	Pneumonia, Sepsis, Cyanosis	Childrens
569	9 Y	Pneumonia, Meningitis	Childrens
570	2M	Pneumonia	Childrens
571	4D	Prematurity	Childrens
581	1D	Prematurity	Childrens
584	6D	Pneumonia, Erisypelas	Childrens
585	2Y	Meningitis, Polio	Childrens
588	3Y	Diphtheria	Childrens
589	7Y	Diphtheria, Myocarditis	Childrens
592	11M	Syphillis, Pneumonia	Childrens
593	1Y	Scarlet fever, Diphtheria	Childrens
604	4M	Encephalitis, Bronchiolitis	Childrens
605	2D	Twin, Prematurity	Childrens
608	3M	Pneumothorax	Childrens
615	2M	Encephalitis, Myocarditis, Nephritis	Childrens

619	2Y	Diphtheria	Childrens
622	11Y	Brain Abcess	ENT
626	3D	Pneumonia	Childrens
629	5M	Birth Defects, Atrophy	Childrens
635	3M	Toxikosis	Childrens
645	1M	Pneumonia	Childrens
654	1M	Pneumonia	Childrens
657	2M	Diphtheria	Childrens
658	16Y	Brain Swelling	Neuro
659	16Y	Diphtheria	Med 2
663	1/2 M	Pneumonia	Childrens
665	16Y	Diphtheria	Med 2
666	1Y	Pneumonia	Childrens
667	5Y	Diphtheria	Childrens
668	5Y	Liver Atrophy	Childrens
673	2M	Peritonitis	Childrens
677	5Y	Idiocy, Encephalitis, Pneumonia	Childrens
678	2Y	Diphtheria	Childrens
680	10Y	Myodegeneratio, Diphtheria	Childrens
682	8Y	Unknown	Childrens
684	7Y	Polio	Childrens
687	10M	Diphtheria	Childrens
688	4D	Pneumonia, Prematurity, Birth trauma	Childrens
690	6W	Unknown	Childrens
694	8Y	Diphtheria	Childrens
698	11Y	TB, Meningitis	Childrens
702	10Y	Diphtheria	Childrens
703	13Y	Meningitis, Skull Defect	Childrens
706	17Y	Diphtheria	Med 2
707	20D	Pneumonia	Childrens
709	1Y	Diphtheria	Childrens
710	7M	Pneumonia	Childrens
711	2.5Y	Peritonitis, Appendix	Surgery 2

1944			
File Number	Age	Diagnosis	Clinic
1	12Y	Otitis Media	Surgery 2
2	5M	Pneumonia, Heart Problems	Childrens
3	3.5Y	Unknown	Childrens
4	1.5M	Sepsis	Childrens
18	1D	Pneumonia	Childrens
32	16Y	Heart Dilation, Ovarian Cysts	Med 3
34	6M	Otitis Media, Dystrophy	Childrens
35	3M	Pneumonia	Childrens
37	14Y	Unknown	Med 1
43	21D	Sepsis, Pneumonia	Childrens
49	2M	Sepsis	Childrens
50	1M	Sepsis, Pneumonia	Childrens
55	9M	Meningitis, TB	Childrens
58	3D	Pneumonia, Birth Trauma	Childrens
62	7M	TB	Childrens
65	3Y	Post Cauterisation	ENT
67	8Y	Unknown	Childrens
70	6D	Birth Defects	Childrens
77	2D	Ikterus Gravis	Childrens
80	11 Y	TB	Childrens
82	3D	Pneumonia	Childrens
85	4.5Y	Welhofsche Purpura	Childrens
87	5Y	Sepsis, Pneumonia	Childrens
88	Newborn	Stillbirth	Path
93	1Y	Pneumonia	Childrens
94	4D	Pneumonia	Childrens
95	2Y	Pneumothorax	Childrens
98	14Y	Chorea Minor	Neuro
99	15Y	Diphtheria	Childrens
101	Unknown	Pneumonia	Childrens

102	1M	Ikterus Gravis	Childrens
103	3D	Haematoma	Childrens
109	3W	Failure to thrive	Childrens
110	3M	Meningitis	Childrens
113	3M	Syphillis	Childrens
119	1M	Sepsis	Childrens
123	20D	Unknown	Childrens
126	4Y	Diphtheria	Childrens
127	5Y	Diphtheria	Childrens
132	1M	Pneumonia	Childrens
133	3M	Pneumonia	Childrens
134	2M	Pneumonia	Childrens
138	3D	Pneumonia, Ikterus Gravis	Childrens
139	6Y	Diphtheria	Childrens
149	3M	Infarktion, Pneumonia	Childrens
154	1Y	Myatonia congenita, Pneumonia	Childrens
158	6Y	Diphtheria	Childrens
160	2Y	Diphtheria	Childrens
167	Unknown	Pneumonia, Prematurity	Childrens
168	2M	Pneumonia, Twins	Childrens
179	1Y	Myocarditis, Pneumonia	Childrens
187	2D	Prematurity	Childrens
189	2M	Pneumonia	Childrens
190	Newborn	Unknown	Childrens
198	1.5Y	Rickets	Childrens
206	2Y	Diphtheria	Childrens
209	3W	Pneumonia	Childrens
211	2M	Pneumonia	Childrens
216	12Y	Osteoporosis, Brain Issues	ENT
219	1M	Ikterus Gravis, Prematurity	Childrens
221	1Y	Lung Abcess	Childrens
227	8W	Erisepylas	Childrens
228	14Y	Nephritis, Myocarditis	Childrens

230	13Y	Vein Resection	Surgery B
231	10D	Sepsis, Brain Issues	Childrens
234	1M	Sepsis, Ikterus Gravis	Childrens
235	5M	Pneumonia, Dystrophy	Childrens
240	1D	Stillbirth	Childrens
241	1Y	Sepsis, Diphtheria, Brain issue	Childrens
245	3M	Pneumonia	Childrens
251	10D	Failure to thrive	Childrens
257	1M	Otitis Media, Pneumonia	Childrens
262	1M	Pneumonia	Childrens
263	2M	Suffocation	Childrens
266	7Y	Pneumonia, Diphtheria, TB, Heart issue	Childrens
269	1M	Sepsis, Atrophy	Childrens
270	3W	Pneumonia	Childrens
274	7M	Pneumonia, Myomalacie	Childrens
275	1Y	Pneumonia, Abcess	Childrens
277	1Y	Osteomyelitis	ENT
278	15Y	Peritonitis	Surgery B
290	2M	Pneumonia	Childrens
292	1M	Lung Abcess, Brain issue	Childrens
303	5M	Pneumonia	Childrens
306	2M	Hypertrophy, Pylorusspasmus	Childrens
312	12D	Pneumonia	Childrens
315	2M	Pneumonia	Childrens
316	9D	Septum Defect	Childrens
319	15Y	Otitis Media, Brain Abcess	ENT
321	14D	Unknown	Childrens
327	5Y	Lung Abcess, Pneumonia	Childrens
335	1M	Sepsis	Childrens
336	1M	Pylorus Spasmus	Childrens
345	11M	TB	Childrens
349	13Y	Tonsillitis, Sepsis, Pneumonia	Childrens

352	15Y	TB	Med 2
354	6Y	Peritonitis	Childrens
358	3Y	Unbekannt	Childrens
372	1M	Syphillis	Childrens
373	4M	Unbekannt	Childrens
380	1M	Birth Defect	Childrens
382	1.5Y	Tumor	Childrens
385	3D	Septum Defect	Childrens
387	1M	Lebenswache, Pneumonia	Childrens
390	7M	Atrophy	Childrens
401	16Y	Pneumonia	Med
404	1M	Pylorus Spasmus	Childrens
405	1M	Atrophie, Enteritis	Childrens
414	15Y	TB, Meningitis	ENT
415	7M	TB	Childrens
420	5Y	TB	Med
423	5Y	Sepsis, Anaemia	Childrens
434	3M	Meningitis	ENT
431	Unknown	Peritonitis	Childrens
438	16Y	Syphillis	Dermat
441	15M	Diphtheria	Childrens
443	8Y	Brain Swelling	Surgery 1
446	3W	Pneumonia	Childrens
450	16Y	Diphtheria	Med 2
459	2D	Ikterus Gravis	Childrens
461	4D	Pneumonia	Childrens
468	8Y	Tetanus	Neuro
484	2Y	Pneumonia	Childrens
489	1M	Colon Stricture	Childrens
492	1M	Pneumonia	Childrens
500	2.5Y	Post Diphtheria Paralysis	Neuro
517	10Y	Rheumatism	ENT
527	11Y	Appendicitis	Childrens

548	2Y	TB	Childrens

11: List of August Hirt's Student Research Involving Paediatric Patient Samples and Specimen Numbers Referenced.* AFMS and ADHVS Path.

Student	Thesis	Year	Specimen	Description	Identification
Jaeger, Ernst	Die Eigenfluoreszenz der menschlichen Schilddrüse	1943	S.15, Nr.67	Jugendlicher (m), 15 J, gest. an Bauchfelltuberkulose	Karl S. No specimen.
Klein, Albert	Die Eigenfluoreszenz der menschlichen Nebenniere	1943	S.38, Nr.240	4 Mon., Lues congenita	Gilbert B. Specimen found.
			S.42, Nr.137	4 monat. Säugling, Otitis media, Pneumonie	Alfred S. No specimen.
Teufel, Gerhard	Fluoreszenzmikroskopische Beobachtungen an der menschlichen Leber	1943	S.25, Nr.58	2 Monate altes Mädchen, ausgedehnte Bronchopneumonie	Marie S. No specimen.
			S.31, Nr.154	Kind mit biliärer Zirrhose	Ferdinand E. No specimen.
Naegele, Hanspeter	Die Eigenflourescenz der menschlichen Niere bei der Betrachtung im ultravioletten Licht	1944	S.34, Nr.213	1 ½ jähriges Mädchen. Fibrinreiche Pneumonie. Diletatio cordis	Rosemarie G. No specimen.
			S. 36, Nr.218	„kindliches Organ" Tentoriumriss u. subtentoriale Blutungen	Braun. No specimen.
			S.37, Nr.229	17 jähriges Mädchen, TB der Lungen, der	Missing record.

				Nieren u. d. Darms. Hochgradige Kachexie	
			S.40, Nr.110	3 jähriger Knabe. Tumor im Bereich der corpora mamillaria (...). Nierensteinbildung	Siegfried K. No specimen

*Specimens contain organs not mentioned in theses; remaining specimens from this study are mostly adults.

12: Full List of Specimen Identification, including those not yet Identified. ADHVS Path.

Item	Autopsy Number	Paper/Wax	Notes	Identification
Fetus	4/43	Wax		Does not correspond
Liver	9/15/1942	Paper	Med Klinik III Sekt 285 55j Nawalz (?) epithelioma de osteophage de la bifurcation bronchique (French label attached)	Hessing van A.
Spine	4/11/1944	Paper	Oseophagus m perforation aorta 9.233 Mulhauser ♂ 64 j	Julius N. (date incorrect)
Loose paper	531/43	Paper	Pathologisches Institut RUS Lymphosarkomatose der Milz 65 j ♀ sektions nummer 531.43	Colombanus H.
Unknown	S57.7	Paper	19/10/43 ♀ 41 Gutler 3 stucke	Sophie S.
Unknown	S.206	Paper	Anton Josed Med II 2.4.43 18j	Anton J.
Unknown	S.106	Paper	Sommer Chir B 65 j	Adolf S.
Unknown	577/43	Paper	Rippenmetastese Weiblich 41 jahre pathol institut strassburg	Sofie S., Med II
embronic tumor in the stomach		Paper	Trichobezore des magens krankenhaus hagenau	Does not correspond
stomach ulcer, bleeding	166/42	Paper	Verblutung aus einem chronischen Magengeschwür, Arrodiertes (?) Gefäß, Geschwursgrund	Eduard D. Med B
metastasized carcinoma	577/43	Paper	Metastasierende Kolloidstruma – weiblich – 41 Jahre	Sophie S. Med II
lymphatic leukemia	595/43	Paper	Lymphatische Leukämie 1) Milz, 2) Knochenmark 68j weiblich	Karl G. (confirm, sex wrong)
brain cancer	153/43	Paper	Multiple meningioma der falx cerebri und des tuntoriums. Weiblich 38j	Does not correspond
Brain	69	Wax		Year needed
Brain	84/42	Paper	Purpura Werlhof: Petechiale (?) Blutungen der Hirnsubstanz u. d. weichen Häute, weiblich 2 j	Lang, Kinderkl
Brain	160/43	Paper	Thrombophlebitis des sinus sigmoideus weiblich 30j	Ludwig S.; Hirt specimen
Brain	N/A	N/A		
Brain	N/A	N/A		
Paper found on brain specimen but does not correspond		Paper	Feuerstein leber, mannlich 4 monate	

	264	Wax		Year needed
Tongue	21/43	Wax	N/A	Ferkel, 55j, Med I
Liver	184/42	Paper	chronische Choleo-Zystitis, amyloid...	Elizabeth M., Frauenklinik, 21 Jahre
	13.10.43	Wax		
Liver, bladder	142/42	Wax		Ludwig B., Chir B, 66 Jahre
	..1/43	Wax		Emma Z. chir a 16j
	403/43	Wax	frische .... nephritis (?), ... gloninulo ...	Does not correspond
	307/42	Wax		no records
small intestine, infarcted	176/43	paper	Haemorragische infarzierung des dunndarms infolge mehrfacher umschlingung mesenterialwurzel durch obere 1 monate	Alfred G. kinderkl
stomach cancer	161/43	Paper	Ringförmig gewuchertes ... Magencarzinom – weiblich – 45 Jahre	Elize F., Med II
	372/42	Paper		no records
	S531	Paper	22/9/43 Milz 65 jahre	Colombanus H.
pancreas cancer	312/43	Paper	Pancreas carcinom weiblich 37j	Emilie M. B. (age wrong 73)
Skin and oesophagus	74/43	Paper	Kuntzman, weiblich, 57j oesophagus	Anna K. (age wrong 46)
	305/42	Paper	Reservelazarette Hagenau, Myxom?	record missing
Infant (cleft lip, cleft palate, hydrocephalus)	429/42	Paper	Hasenscharte wolfsrachen hydrocephalis mannlich 15 tage	record missing
fracture of the spine	280/43	Paper	Kompressionsfraktur der wirbelsaule mit dislokation des 11 BW weiblich 47 j	Lina S. Nervenkl
brain tumor	402/43	Paper	Chlorosarkomatose der schadelkappe weiblich 22j	Leninger Nervenklinik
syrix between gullet and trachea	185/43	Paper	Congenitale spaltbildung oesophagus u d trachea (oesophago-tracheal-fistel) weiblich 3 tage	Paul B. kinderkl
intestinal ileus	100/42	Paper	Strangulationsileus dunndarm	Andreas F. 10j chirg kl
situs inversus	101/44	Paper	Situs inversus weiblich	Mickelech Kinderkl

infection on the forehead	173/44	Paper	Stirnhirnabszess pyocyaneus 60 j	Jakob R. Med II
breast cancer	2390/43 Stat	Paper/Wax	Spindelzellensarkom der mamma weiblich (Chir in red wax)	record missing
ovary	968/43	Paper	Haematose degenerat… ovar	record missing
andenoma of the breast	2508/43 Stat	Paper	Fibroadenom der brust weiblich	record missing
	198/43	Paper		Theresia K. psychkl
	230/43	Paper	47 jahre	Does not correspond
	681/43	Paper		Joachim Z. nerven kl 29j
	147/43	Paper	Schildrusen Carcinom 56j female	Johann K. (nerven kl)
	118/43	Paper	62j female cystenbildung an der unterflache bei der frontallappen	Maria B. nervenkl
arms and legs of infant	380/44	Paper	Malformatus (lues?)	Bertha J. Kinderkl.
	510/43	Paper	Ulcerose colitis nach abstassung der pseudomembran	Frau W. 60j med2
	50/43	Paper	Gynacomastia carcinomatose	Emil C. med 1 42 j
	378/43	Paper	pachymeningitis haemorragica	Emile D. 31 j chir b
	225/43	Paper	TBC Geschwurze des Jejeunum	August L. 46 jahre med 1 hirt specimen?
	368/43			Nikolaus M. med 50j
	311/43	Paper	Oseophagus varizen bei lebercirrosis	Konig 41 jahre med 2
	16	Paper	Darmkrebs	
	305/43			Maria J. frauen kl 43 j
No Jar Attached	1,,,42	Paper	uteruspolyp	Fritz M. (?)
	206/44	Paper	Melkesches Divertikel 2 jahre	Robert M. kinderkl hirt specimen
	157/43	Paper	72 jahre allgemein atrophie des gehirns	Eugen M. nerven kl
	591/43	Paper	3 jahre ascariasis	record missing
	177/43			Josef M. chir 48j hirt

	9389/44 st	Paper	Blasenmole	No records
	122/44	Paper	Geplatzer varixknoten bei leber cirrose	Edmund G. 59 j chir 1
	SN 160	Paper	Stuck le Ohr 273	
		Paper	Cephal haematom (no number given)	
	156	Wax		
	317			
	328/43			Albert S. 56j med2
	215/44			Julius M. nerven kl 72j
	28/43			Anna B. med 3 44j
	173/43	Paper	Mega Sigmoid	Bernahrd S. kinderkl 5 tage
	371/44	Paper	Stauchungsniere	no records
		Paper	Frische unscriebe alte nerben	
	142/42			Josef K. 82j nerven kl
	372/42	Paper	Granularatrophie der nieren 49j male	Record Missing
	393/42			No records
	95/42	Paper	Hydronephrose	Berta F. 40 j med a
	231/43			Sofie H. chir a
	589/43	Paper	Embolie avec haemoragie cerebrale de l'ecorce partietale ramoillisement du noveau letri…	Luise H. kinderkl 7j
	376/42	Paper	1 Monate Herzen Re Infarkt	No records
	430/42			No records
	50/43	Paper	Nebenniere metastasen mannliche mammacarcinom	Emil C. med 1 42 j
	354/43			Johann L. chir
	323/43	Paper	Blutung der herzm	Berta W.72 j (?)
	139/42	Paper	Niere bei myelotische leukamie	Metzler med a
	355/43	Paper	Varicose	Karoline M. dob 24/6/72 med 2
	55/43	Paper	Hydrops der Gallenblase	Emma V.
	387/42			No records
	655/43			Frederika K. 54j med1

	184/42	Paper	Choleocystic niere amyloide	Josephine B. med a
	2442/42 sta	Paper	seminom	No records
	134/43			William H. 57j med 2
	75/43			Paul K. 52 j nervenkl
	386/42	Paper	Maligne nephrosklerose	No records
	174/43	Paper	hypertrophie der nebennierende 70 j female	Karl W. med 1 70 j
	/43	Paper	Haematogene nierenabcesse 53 j	
	391/42	Paper	Schrumptab… ostata 78 j male	No records
	70/43	Paper	soldat steyer 28/2/43 stauungniere	record does not correspond
	141/42	Paper	Akute Nephrose mit Hochgradiger schwellung	Josef K. 82j nerven kl
	231/43	Paper	Akute pyelonephritis 66j	Sofie H. chir a
	262/44	Paper	Myom der blasé 62j	Annie Z. 1 month kinderkl
	430/42	Paper	nebenniere carcinom metastase 54 j	No records
	589/43	Paper	Anaemische infarkt der niere 7j female	Luise H. kinderkl 7j
	81/43	Paper	Renus	Paula B. 8j kinderkl
	280/43	Paper	Traumatische Hirncysten 47 j female	Lina S. Nervenkl
	337/44	Paper	tumor suprasellaire avec invaginee dans 3e ventriale hydrocephalie interne	Sofie P. E. 49j chir 1
	355/43	Paper	Prolaps des Uterus nekrose der prolabierten 71 j female	Karoline M. dob 24/6/72 med 2
	319/43	Paper	Kasige tuberkulose der Niere female 37 j	Alfons S. 27 j med 1
	322/42	Paper	Magen fam… 13/5/42	no records
	367/43	Paper	Myom der Uterus	Marie M. B. kinderkl 1 month
	218/44	Paper	Ovarial Cysten	Dorothea S. 69j med 2
Skin	285/43	Wax		Georg R. chir a 46j
	193/43	Paper	Gestilltes stupmyom des fundus uterie	record does not correspond

Heart	1865/43			No records
	1986/43 stat	Paper	Haematose salpynx cystisch degeneratieres ovar	No records
	9,,,,44	Paper	Subarachnoidale blutungen mit eitriger meningitis links, aneurisme du rameaux communiquat anterieur avec haemorragie sous arachnoidienne	Eugen G. med 1
	298/43	Paper	perivestibulare und subkasulare metastasen generalisiertten lymphosarcomatose lymphbahnenemetastasierung	Reich med 2 private
	116/43	Paper	Ramoilissememnt cerebral ancien chir	Susanna B. 3 months kinderkl
	589	Paper	Hauth 7j 25/10/43 s 589	Luise H. kinderkl 7j
	240/43	Paper	osteochrondritis syphilitica distales ulnakopfchen links 4 mon	Gilbert B. kinder kl
	1865/43			No records
		Paper	leukamie myeloide coeur	
	119/44	Paper	Magengeschwur…	Rolf S. 1 month
Muscle and Skin		Paper	German writing	
	495	Paper	Polimyelitis aigue	
	317	Paper	Haemorragie apoplektika dans une cyte du cervelet	
	156			
	679/43	Paper	Chron entzundliche sekundare schrumpfniere rote granularatrophie 61j	Luise K K med 2
	367/42	Paper	Haarnsaureinfarkt 1 m female	No records
Skin	371/44			No records
	153/43	Paper	Megasigmoid female 71j	Karl R. Male
	118/43	Paper	9j 264 hirn	record does not correspond

13: Images of Slide Box Categorisation ADHVS Path.

Discovery of the Slide Samples in a Sealed Cupboard

Transporting the Slides from the Cupboard to the Archive for Categorisation and Cleaning

Cleaning and Categorisation of Slide Boxes; Beginning of Inventorisation on Paper.

Example of Interior of Slide Boxes.

14: Full List of Professor Kurt Hofmeier's Publications

Year	Title	Journal/Publisher	Co Author
1923	Untersuchungen über die Blutkonzentration. Vertailung der Erythrozyten in den verschiedenen Gefässegebieten und Wirkung des Adrenalin auf Erythrozytenzahl und Volumen.	Zeitschrift für des gesamte experimentellen Medizin, 35, 191-202.	
1923	Hautnekrose bei Scharlach	Zeitschrift für Kinderheilkunde, 36, 151-156.	
1923	Individualismus bei pathogenen Bakterien	Verhandlungen der 36. Versammlung der Deutschen Gesellschaft für Kinderheilkunde, 254-258.	
1927	Über die Rolle des Ekto-und Endoplasmas der Typhusbazillen bei Immunitätsreaktionen I. Komplementbindungsverscuhe.	Zeitschrift Immunitäts Forschung, 50, 71-87.	
1927	Über die Rolle des Ekto-und Endoplasmas der Typhusbazillen bei Immunitätsreaktionen II. Bakterizidie und Phagozytose.	Zeitschrift Immunitäts Forschung, 50, 509-524	
1927	Über den Verwendungsstoffwechsel der Diphtheriebazillen	Klinischen Wochenschrift 6 Jahrgang, 15.	H. Braun
1928	Die congenitale Übertragung der Infektionskrankheiten	Handbüch der pathologen Mikroorganismen, Bd I. 523-564	H. Braun
1928	Unterscheidung der echten Paratyphus-B von den Breslau-Enteritis-Bakterien auf Ammonchlorid-Rhamnose-Agar.	Klinischen Wochenschrift 7 Jahrgang, 1692.	
1929	Die Vererbungsfrage in der Lehre von der Immunität gegen Infektionskrankheiten	Handbüch der pathologen Mikroorganismen, Bd I. 1109-1146.	H. Braun and G. Holzhausen.
1929	Zur Ernähnrungsphysiologie der Diphtheriebazillen. II. Die Nahrungsbedürfnisse der Diphtheriebazillen in syntheischen Nährböden in quantitativer Hinsicht	Zentrallblatt für Bakteriologie. 113, 530-534.	H. Braun and F. Mündel
1935	Zur Differentialdiagnose von Krämpfen im Kindesalter	Kinderärztlicher Praxis. 6 Jahrgang.	
1935	Fehlerziehung und Krankheit	Gesundheit und Erziehung, 48 Jahrgang, 10-14.	
1936	Über Abhärtung, Ein Mittel der Einderziehung	Kinderärztlicher Praxis. 7 Jahrgang. 222-227.	
1936	Naturgemässe Behandlung der Lungenentzündung bei Kindern.	Hippokrates, 757-762.	
1937	Erbanlagen und Erziehung	Monatsschrift für Kinderheilkunde, 68, 82-86.	
1937	Vererbung und Immunität	Klinischen Wochenschrift, 16 Jahrgang. 329-333.	
1937	Über spinale Kinderlähmung	Zeitschrift ärztliche Fortbildung, 34 Jahrgang.	

1937	Prophylaxe und Behandlung der Erkältungskrankheiten beim Säugling und Kleinkind	Medizinische Welt, 8.	
1937	Konstitution und Infektionskrankheiten	Kinderärztlicher Praxis. 9 Jahrgang.	
1938	Die Bedeutung der Erbanlagen für die Kinderheilkunde	Ferdinand Enke Verlag Stuttgart, 200 pages.	
1938	Grunsätze und Erfahrungen bei der Frühgeburtenaufzucht	Monatsschrift für Kinderheilkunde, 73, 397-405.	Kürt König
1938	Über Wert und Grenzen der aktiven Immunisierung ggegen Diphtherie	Zeitschrift Immunitäts Forschung, 93, 436-456.	Anneliese Jansen
1938	Die Beurteilung der Wirksakeit der aktiven Immunisierung gegen Diphtherie	Münchener medizinische Wochenschrift, 85 Jahrgang, 1035-1036.	
1938	Poliomyelitis vom zerebralen Typ bei einiigen Zwillingen	Zeitschrift für menschliche Vererbung und Konstitütions Lehre, 22. 224-237.	K. Dinckler
1938	Ist die sog. Säuglingsgymnastik zu empfehlen?	Zeitschrift ärztliche Fortbildung, 35 Jahrgang. 14.	
1938	Biologische Medizin in der Kinderheilkunde (Übersicht über die Jahre 1935-1936)	Hippokrates, 772-776, 789-800, 817-824, 879-880.	Kürt König
1938	Gefährdete Säuglings und Kleinkinder und Ihre gesundheitsfürsorgerische Versorgung.	Öffentliche Gesunheitdienst E. Volksgesundheit, 4 Jahrgang, 11; 224-237.	
1938	Über die erbliche Bedingtheit infektiöser Erkrankungen des Nervensystems.	Monatsschrift für Kinderheilkunde, 75.	
1939	Die Ernährung des Kleinkindes	Deutsche medizinische Wochenschrift, 665-668, 715-717.	
1939	Die körperliche und geistige Erziehung der Kinder und Jugendlichen	Ferdinand Enke Verlag Stuttgart.	
1940	Zur Frage der Rachitisverhütung	Archiv für Kinderheilkunde, 120, 49-59.	
1940	Über die allgemeine Rachitisprophylaxe	Öffentliche Gesundheitdienst E. Volksgesundheit, 6 Jahrgang, 117-124.	
1942	Erbwissenschaft unf Adoption - Die Bedeutung von Krankheiten Erbanlagen und Erbkrankheiten bei Adoptiveltern und Adoptivkindern	Gesundheitsführung, 6, 160-168.	
1943	Anleitung für Ernährung und Pflege der Kinder im ersten Lebensjahr	Strasbourg.	
1944	Die englische Krankheit <Rachitis> : Wesen und Bekämpfung. Bearb. im Auftrag der Reichsarbeitsgemeinschaft für Mutter und Kind	Berlin; Reichsgesundheitsverlag.	
1944	Lehrbuch für Säuglings- und Kinderschwestern	Stuttgart: Ferdinand Enke Verlag.	Gerhard Joppich, KAVH, Reichsministerium des Innern.
1949	Über eine wasserlösliche Vitamin-D2-Milcheiweißverbindung	Deutsche medizinische Wochenschrift, 74, 41. 1245-1246.	

1949	Fragekasten	Deutsche medizinische Wochenschrift, 79 Jahrgang, 589-590.	
1954	Das biologische Anrecht des Kindes. Ein ärztlicher Beitrag zum Erziehungsproblem.	Friedrich-Karl Schattauer-Verlag	
1961	Alles Über dein Kind; Auskunfts und Nachschlagewerk nach Altersstufen uber die korperliche und seelische Entwicklung, Pflege und Erziehung des Kindes fur alle Eltern, Lehrer und Erzieher	Gieseking Bielefeld	Werner Schwidder, Friedrich Müller.
1982	Das Neugeborene - das Kleinkind körperl. u. seel. Pflege ; Erkrankungen d. Säuglings	Reinbek bei Hamburg Rowohlt.	Werner Schwidder, Friedrich Müller.
1982	Das Schulkind - spätes Jugendalter kleine Krankheitslehre, Schutzimpfungen, Unfälle - Vergiftungen	Reinbek bei Hamburg Rowohlt.	Werner Schwidder, Friedrich Müller.

15: Biographical Appendices

For more detailed biographies of all individuals in the Reichsuniversitat Strassburg, including those not mentioned in the course of this thesis, please consult the Commission Historique Reichsuniversitat Strassburg biographical database at https://ch-rus.u-strasbg.fr/w/index.php/Cat%C3%A9gorie:Personnes

Anrich, Ernst: (1906-2001) He studied history in the University of Bonn and received his doctorate there in 1930. He became a professor of modern history at the University of Hamburg in 1940, and the dean of the philosophy faculty at the Reichsuniversität Straßburg in 1941.

Asperger, Hans: (1906-1980) He studied medicine at the University of Vienna, and earned his doctorate in 1931 under Franz Hamburger. He was a paediatrician at the University Children's Clinic in Vienna. While he did not join the Nazi party, he was affiliated to the Nazi ideology in regards eugenic ideas. He collaborated with many of their laws, and sent some children to the Spiegelgrund children's clinic in Vienna based on his diagnosis, who were subsequently killed. He developed the eponym 'autistic psychopathy' which later became known as Asperger's syndrome, based on his work with children in Vienna. He also worked with Hofmeier in the construction of the Kinderkundliche Woche in 1940 in Vienna that was postponed.

Bennholdt-Thomsen, Carl-Gottlieb: (1903-1971) He studied medicine in Hamburg, Freiburg, Berlin, Kiel und Tübingen, and habilitated at the Universitäts-Kinderklinik in Greifswald in 1935. He joined the NSDAP in 1937. In 1943 he became a professor of paediatrics in the Universitäts-Kinderklinik in Prague.

Bessau, Georg: (1884–1944) Director of the Kinderklinik at the Charite in Berlin from 1932. He conducted tuberculosis vaccine experiments on disabled children at the Städtischen Nervenklinik für Kinder und Jugendliche Wiesengrund in Berlin-Wittenau which led to the deaths of several children. Bessau was also actively involved in the integration of health policies into the National Socialist system, and affiliated with Nazi ideology.

Bickenbach, Otto: (1901-1971) In 1920 he began studying medicine at the universities of Köln, Marburg, Heidelberg and Munich. He conducted experiments on animals to investigate the therapies for phosgene injuries in 1940. In 1941 he joined the Reichsuniversität Straßburg medical faculty and worked at the medical poliklinik, as well as the biological research department. Between 1943 and 1944 he conducted experiments concerning phosgene gas on prisoners at the Natzweiler Struthof concentration camp.

Binding, Karl: (1841-1920) He was a law professor in Basel, and lectured in criminal law at Heidelberg University. In *Die Freigabe der Vernichtung lebensunwerten Lebens*, co authored

with Alfred Hoche, he argued for the legal status of suicide and the impact of this legal designation on euthanasia. This in turn was used as legal justification for the Aktion T4 program.

Bowlby, John: (1907-1990) He studied medicine at Cambridge University, and specialised in developmental psychology. He later became qualified in psychoanalysis, and worked for some time with maladjusted children. As a result of this, he developed the theory of separation anxiety, attachment theory and childhood development. He published extensively on his clinical experience with children and attachment theory.

Brenneke, Gerhardt: (1917-?) In 1940 he joined the military medical academy in Berlin and in 1942 served as a field doctor in Russia. He then spent a semester in the University of Heidelberg and Reichsuniversität Straßburg. While there he studied under Dr Hofmeier in the children's clinic. In 1944 he was commanded to return to Berlin for military service.

Busse, Otto: (1906-1974) He joined the NSDAP in 1933, and completed his habilitation at the University of Heidelberg in 1938. He became a professor for obstetrics and gynaecology at the Reichsuniversität Straßburg in 1942.

Catel, Werner: (1894-1981) Professor of Paediatrics at the University of Leipzig. In 1939 he was asked by a family to euthanise their mentally disabled child, which subsequently led to the development of the Aktion T4 program to euthanise the mentally ill and disabled. He was one of the consulting doctors as part of this program, and published his ideas on some people being 'unworthy of living.' Despite his involvement in the killing of the mentally ill and disabled, he was not prosecuted for his involvement.

Conti, Leonardo: (1900-1945) He studied medicine in Berlin and Erlangen, and became the first physician member of the SA in 1923. He became the Reichsgesundheitsführer in 1939, and personally approved the euthanasia of Gerhard Kretschmar at the request of the childs parents. This soon expanded, and led to the Aktion T4 program under Conti's leadership wherein local health officers were encouraged to refer disabled children to special children's centres to be killed. His advocacy of racial policies and the 'lebensunswertes leben' ideology led to the mass murder in gas chambers of particular racial groups such as gypsies and Jews in concentration camps.

Duken, Johann: (1889-1954) He studied medicine at the universities of Berlin, Heidelberg and Munich. In 1919 he became a medical assistant at the children's clinic in the University of Jena. He joined the NSDAP in 1930. In 1933 he became a professor of paediatrics at the University of Giessen, and in 1937 became the director of the children's clinic at the University of Heidelberg. He lectured students on the topics of euthanasia and racial hygiene in paediatrics. He actively

engaged in sending disabled children to kinderfachabtelungen from the children's clinic where they were subsequently killed with overdoses of luminal.

Dyckerhoff, Hanns: (1904-1965) He completed his doctorate in chemistry in 1929 and joined the NSDAP in 1932, SA in 1933 and SS in 1936. He became the professor for physiological chemistry and director of the chemistry institute of the Reichsuniversität Straßburg in 1941.

Ebner, Gregor: (1892-1974) Following his role as field doctor in the First World War, Ebner joined the Freikorps, became a member of the NSDAP in 1930, and joined the SS in 1931. In 1937 he gave up his private medical practice to join the Lebensborn association full time as the head of medicine for all Lebensborn homes. In 1939 he was promoted to SS Oberfuhrer. In 1948 he was found guilty of being a member of the SS, but resumed medical practice in 1950.

Galton, Francis: (1822-1911) English polymath and pioneer of eugenic theories, who briefly studied medicine at King's College London. He developed the idea of 'nature versus nurture' and wrote on the idea of hereditary genius. His theories were influenced by his cousin, Charles Darwin, and his evolutionary theory of the survival of the fittest. Galton's eugenic ideas promoted the ideas of difference in human abilities and races, which became integral to Nazi policy.

Gawantka, Hans Joachim: (1919-?) In 1939 he began his medical studies in Freiburg, Leipzig and Innsbruck. He finished his studies in the Reichsuniversität Straßburg, specialising in paediatrics. He worked closely with Kurt Hofmeier and completed his medical thesis at the childrens clinic of the Reichsuniversität Straßburg.

Gebhardt, Heinrich: (1905-1966) In 1936 he joined the NSDAP. He completed his medical habilitation in the university of Munich in 1939. He joined the Reichsuniversität Straßburg as a professor of pharmacology and toxicology in 1942.

Haagen, Eugen: (1898-1972) From 1928 to 1929 he worked on virology at the Rockefeller Institute in New York. In 1936 he became the consultant hygienist for the Berlin air fleet. He worked on cancer research with funding from the DFG. He joined the NSDAP in 1937 and in 1941 became the director of bacteriology and hygiene department at the Reichsuniversität Straßburg. In 1943 he began testing a typhus vaccine at the Natzweiler Struthof concentration camp on behalf of the Luftwaffe, along with experiments on jaundice and influenza, which killed several prisoners.

Hamburger, Franz: (1874-1954) In 1896 he passed his medical student exams after studying in Heidelberg, Munich and Graz. He became a professor of paediatrics in 1916 at the University of Graz, and then became the director of paediatrics in the University of Vienna in 1930. In 1934 he

joined the Nazi party when it was still an illegal organisation in Austria. Asperger and Steinmaurer both studied under him in Vienna while his was director of the childrens clinic.

Henrypierre, Henri: (1905-1982) He began working at the hospital in Strasbourg in 1930, and Germanised his name to Heinrich Heinzpeter in 1942. He began working in the anatomy institute of the Reichsuniversität Straßburg as an assistant of August Hirt in 1941. He recorded the numbers on the arms of corpses that were sent to the anatomy department under Hirt's direction, and through this, the 86 victims of the skeleton collection were identified by Hans Joachim Lang.

Hesseling, Werner: (1919-?) In 1939 he began his medical studies at the University of Bonn and spent a semester in Munich. He joined the Wehrmacht in 1940 and completed his medical studies in the Reichsuniversität Straßburg in 1944 where he was a student of Dr Hofmeier.

Hirt, August: (1898–1945) He studied medicine at Heidelberg University and received his doctorate there in 1922. In 1930 he became a professor of anatomy at Heidelberg University. In 1933 he became a member of the SS, and in 1936 became the associate director of the Institute of anatomy at the University of Greifswald. He became the director of the institute of anatomy at the Reichsuniversität Straßburg in 1941. He brought the idea of a Jewish skeleton collection to the Ahnenerbe, and began collecting skeletons, but never finished this racial research. He selected 115 people from Auschwitz to be transported to Natzweiler Struthof to be killed. Of these, 86 arrived and were killed, with their bodies then sent to the Reichsuniversität Straßburg for his research. He also supervised a number of students, primarily on luminescence microscopy of different tissues, a technique he helped to develop.

Hofmeier, Kurt: (1896-1989) He became Lieutenant of the Field Artillery in the First World War and joined the Freikorps. He became involved in the sanitary corps of the army and became the head doctor of the reserve army. He completed his undergraduate at the University of Marburg and attended the University of Wurzburg for postgraduate study, and became a doctor in 1922. In 1929 he married Edith Breitschuh and had four children. In 1931 he became a member of the NSDAP, later joining the NS Arztebund and the NSKK. He was the director of the Kinderklinik Reichsuniversität Straßburg from 1941 to 1944. Hofmeier trained in Berlin and worked at the Kaiserin Auguste Viktoria Haus and the Charite in Berlin under the supervision of Georg Bessau. In 1944 he fled the Reichsuniversität Straßburg, and became a paediatrician in Stuttgart.

Hoche, Alfred: (1865-1943) He became a psychiatrist in 1890, and was the director of the psychiatric clinic in Freiburg im Breisgau from 1902. He wrote *Die Freigabe der Vernichtung lebensunwerten Lebens* with Karl Binding which advocated for the killing of the disabled and mentally ill. These eugenic ideas influenced Nazi policy through the Aktion T4 program.

Jacobi, Abraham: (1830-1919) He studied medicine at the universities of Greifswald, Göttingen, and Bonn, and earned his doctorate in Bonn in 1851. He emigrated to New York in 1854, and in 1861 he became a professor of childhood diseases at the New York Medical College. He taught at Columbia University on paediatrics, and established the first department of paediatrics at a general hospital in Mount Sinai. He published extensively on childhood illnesses, nutrition and paediatrics throughout his life.

Jacobi, Hans: (1901-1997) When Jacobi was 18 he joined the Freikorps, and in 1933 he joined the NSDAP and SA in Greifswald. He published on the topic of X-ray castration in the Monatsschrift fur Geburtshilfe und Gynakologie in 1933. Jacobi completed his habilitation in Heidelberg in 1934, and became a professor of gynaecology in Heidelberg. He began practicing and lecturing in the Reichsuniversität Straßburg in 1941 in obstetrics and gynaecology.

Jensch, Nikolaus: (1913-1964) He studied medicine in Wrocklaw in 1931, and joined the Nazi party and then the SA in 1933. He began to lecture on psychiatry and neurology at the Reichsuniversität Straßburg in June 1942 under the directorship of August Bostroem. Following Bostroem's death in 1943, he assumed the directorship of the psychiatric clinic. He specialised in research concerning homosexuals and castration, and supervised a number of medical theses on a variety of topics.

Kazmarek, Heinz: (1918-?) He began his medical studies in Tubingen in 1939 following his work with the Wehrdienst. He spent some time in Munich and began clinical training at the Reichsuniversität Straßburg in 1942. While at the Reichsuniversität Straßburg he studied under the direction of Dr Hofmeier at the children's clinic.

Kiehl, Wolfgang: (1908- ?) Wolfgang Kiehl was born in Berlin-Schoneberg. He worked as an assistant doctor in a maternity clinic following his practical year, and joined thet SA in 1933. In 1936 submitted his dissertation at the University childrens clinic in Berlin entitled *Über die Beeinflussung der Schick-Reaktion durch Leerserum.* He became an assistant at the KAVH in 1936 and under Bessau he studied the effects of diphtheria. Kiehl trained in paediatrics under Hofmeier and Bessau at the KAVH, then went on to serve in the military from 1939. Kiehl got a job as an assistant lecturer in Reichsuniversität Straßburg in 1942, but was listed as serving at the front. He completed his habilitation in paediatrics under Dr Hofmeier at the Reichsuniversität Straßburg in 1943. Kiehl went with Hofmeier to the Lebensborn home Scwarzwald in Nordrach in 1943, and subsequently served as the medical consultant for the Lebensborn home, visiting every four weeks.

Klinge, Fritz: (1892-1974) He gained his medical license in 1919 in the speciality of pathology. He became the director of the pathology institute in the Reichsuniversität Straßburg in 1941. Klinge supervised student examinations involving pathology specimens, as well as practicing pathology at the Reichsuniversität Straßburg hospital. He was captured in 1944 and sent to a

prisoner of war camp near Marseilles, where he wrote a book on his methods of pathology at the Reichsuniversität Straßburg.

Lamarck, Jean-Baptiste: (1724-1829) A French biologist and academic who published on botany. He theorised that the environment has an influence on an organism and this change can be passed down to subsequent offspring. While his work was not specifically on humans, and focused on animals and plants, his theories were used after his death to explain the environmental influence on development. This was subsequently known as Lamarckian theory, and became associated with eugenic ideas.

Lehmann, Wolfgang: (1905-1980) He studied biology and anthropology in Vienna, Königsberg and Halle. In 1927 he joined an expedition to Sunda Islands with Bernhard Rensch. On his return, he studied medicine in Kiel, Hamburg and Dusseldorf. In 1933 he worked as an assistant to Otmar von Verschuer and Eugen Fischer in the Kaiser-Wilhelm-Institut für Anthropologie, menschliche Erblehre und Eugenik in Berlin. He became the director of the institute of racial biology at the Reichsuniversität Straßburg in 1941.

Leipold, Willy: (1893-?) Leipold habilitated in the areas of venereal diseases of the skin in 1927, and joined the NSDAP and SA in 1933. He fought as part of the Wurzburger Studentenwehr against left wing groups in the aftermath of the First World War. Leipold also dealt with social hygiene concerns of the era about marriage of former syphilis patients, whom he considered 'antisocial'. He became a lecturer with the dermatological clinic of the Reichsuniversität Straßburg in 1943. In the postwar era, he became the director of the dermatological department of the city hospital in Lubeck.

Lenz, Fritz: (1887-1976) He was the pupil of the well known eugenicist, Alfred Ploetz, and was appointed as the first chair of eugenics in Munich in 1923. He then went to Berlin and became the director of the first specific eugenics department, the Kaiser Wilhelm Institute of Anthropology, Human Heredity, and Eugenics. He joined the Nazi party in 1937, and published work along with Erwin Bauer and Eugen Fischer on the topic of racial values, heredity, racial health, and racial differences. This work ultimately provided scientific justification for Nazi policies on sterilisation, and eliminating those considered 'unworthy of life' or 'lebensunswertes lebens'. Lenz then served on the Nazi Committee of Experts for Population and Racial Policy from 1933 (Sachverständigen-Beirat für Bevölkerungsfragen und Rassenpolitik), and advised on matters of racial theory for the Nazi state. One of the recommendations of this committee was the introduction of Gesetz zur Verhütung erbkranken Nachwuchses or sterilisation laws in 1933.

Liebenam, Leonore: (?) A contemporary of Hofmeier, she wrote on racial science and paediatrics. Liebenam worked as an assistant of Otmar Freiherr von Verschuer at the Institut für Erbbiologie und Rassenhygiene in Frankfurt.

Mehl, Renatus: (1910-?) In 1937 he finished his medical studies with a French diploma, and specialised in paediatrics. He took part in the war on the French side as an officer from 1939 to 1940, but despite this, was classified as not affiliated with France and he was not politically involved. He became a paediatrician in the Reichsuniversität Straßburg in 1941 as assistant doctor. He joined the Nazi party following external pressure in 1943.

Moses, Julius: (1868-1942) During the Weimar Republic he was a politician. He was engaged in the movement of social medicine in Germany. He was killed at Theresienstadt concentration camp in 1942.

Ramm, Rudolf: (1887-1945) He began practicing medicine in 1921, and joined the NSDAP in 1930. He became involved in politics and health policy in 1933 through his election to the Reichstag. As a result of his lectures in Berlin in 1940 he published *Der Arzt als Gesundheitserzieher* in 1942, which became the Nazi medical handbook. This book advocated that the medical care of the Volk should take precedence over individual medical rights, and argued that the 'Jewish Question' was a medical issue for the purity of racial health.

Robertson, James: (1911-1988) He was a psychiatric social worker and psychoanalyst, who worked with John Bowlby extensively through their time at the Tavistock clinic. Through his observations of the behaviour of children having been separated from their parents while admitted to hospital, he developed a theory of phases of response to separation from their parents; Protest, Despair and Denial/Detachment. He subsequently joined with John Bowlby to record *A Two Year Old Goes to Hospital* which illustrated their theories on childhood separation from parents.

Rohmer, Paul: (1876-1977) In 1918 he became the first professor of paediatrics at the hospital in Strasbourg. He established the Alsace and Lorraine institute of Puericulture in 1920. In 1941 the paediatric clinic that he had been director of in Strasbourg was taken over by Hofmeier, but he continued practicing paediatrics until his retirement in 1947.

Schneider, Carl: (1891-1946) He joined the NSDAP in 1932. He was the director of the University of Heidelberg psychiatric clinic from 1933 to 1945. He also was a senior researcher for the Aktion T4 campaign. He recommended some patients for rehabilitation and work therapy, but referred others to be killed or sterilised. He also conducted research on the brains of those who were killed as a result of the T4 campaign.

Stein, Johannes: (1896-1968) Following his service in the First World War, Stein began studying medicine in Münster and Bonn. He then worked in the University of Heidelberg on the

subjects of internal medicine and neurology before joining the SS in May 1933. From 1941-1944 he served as the Dekan of the Medical Faculty at the Reichsuniversität Straßburg.

Steinmaurer, Hansjörg: (1909-?) He worked at the Reichsuniversität Straßburg Kinderklinik as Dr Med Habil Oberarzt under the direction of Dr Hofmeier. He left to serve with the Wehrmacht in .

Tredgold, A.F.: (1870–1952) He studied medicine at Durham university, and specialised in neurology and psychiatry. He worked in asylums in London, and developed the theory of amentia and educability of the mentally disabled. Tredgold advocated the development of alternative education for those deemed 'educable.' He was a consultant on the Brock Committee investigating the implementation of sterilisation in Britain, and advocated voluntary sterilisation.

Vaterrodt, Franz: (1890-1969) He had a military career following his involvement with the Prussian army in 1909, and became a lieutenant in 1911. In 1918 he was promoted to captain, and in 1941 he became the wehrmacht commandant of Strasbourg. Hofmeier and Vaterrodt had many meetings in the final days of the Reichsuniversität Straßburg concerning the symbolic importance of the university.

Von Bentheim, Hermine: (-?) In 1941 she came to the Reichsuniversität Straßburg as an assistant doctor in the children's clinic, under the direction of Dr Hofmeier.

Von Der Decken, Christel: (1922-?) She began her medical studies in Friedrich Wilhelms Universität Berlin in 1940. From 1942 she studied in theReichsuniversität Straßburg, focusing on the Kinderklinik in the hospital. She finished her medical studies in 1945 in Friedrich Wilhelms Universität Berlin. She completed her medical thesis in 1945 entitled *Über gutartige sympathische Neuroblastome mit histologisch sarkomartigen Bildern* under the supervision of Dr Hofmeier.

Von Der Decken, Rosemarie: (1917-?) In 1941 she completed her medical state exams in Berlin, and began working as a Voluntärassistentin in the Kinderklinik in the Reichsuniversität Straßburg from 15 October 1941. She completed a medical thesis under the direction of Dr Hofmeier entitled *Hand-Schueller-Christian'sche Erkrankung bei zweieiigen Zwillingen* in 1942.

Von Neureiter, Ferdinand: (1893-1946) He was a specialist in legal medicine and criminal biology. He lectured in the university of Riga in 1922 and the university of Vienna in 1924. He became the Leiter for Kriminalbiologischen Forschungsstelle am Reichsgesundheitsamt in 1936, and then lectured in Berlin and Hamburg before coming to the Reichsuniversität Straßburg as the director of legal medicine in 1941.

Von Verschuer, Otmar: (1896-1969) He earned a doctorate of medicine in 1927 from the University of Munich, and specialised in the topics of racial hygiene, eugenics, and heredity. He joined the Nazi party in 1940, but was not actively involved in politics. He became the director of the Kaiser Wilhelm Institute of Anthropology, Human Heredity, and Eugenics in 1942. His research used specimens sent by Josef Mengele sent from prisoners at Auschwitz, but Verschuer was not prosecuted for his research activity. His work on eugenics and heredity were widely cited by scientists and doctors in Germany from 1940-1945.

Wagner, Robert: (1895-1946) He joined the German army in 1914 and fought in the First World War until 1918. He took part in the Beer Hall Putsch on 9 November 1923, and served 11 weeks in prison as a result. In 1940 he became the Gauleiter of Baden and Alsace, and due to his particularly brutal treatment of the Jewish population, he was tried and sentenced to death in 1946 by the military tribunal in Strasbourg.

Wendel, Wolfgang: (1918-?) In 1937 he joined the Reichsarbeitsdienst and the Wehrmacht. He began his medical studies in 1940 in Tubingen, and from May 1943 to November 1944 he studied in the Reichsuniversität Straßburg. He was a student of Dr Hofmeier while in Strasbourg, and finished his medical exams in the university of Heidelberg in 1945.

Weygand, Friedrich: (1911-1969) He joined the SA in 1933 and completed his doctorate in the university of Frankfurt am Main in 1936. He then worked as a scientific assistant in the Kaiser Wilhelm Institut fur Medizinische Forschung in Heidelberg until 1930. He joined the NSDAP in 1941. He was hired at the Reichsuniversität Straßburg in 1943 as a professor in the chemistry institute and medical researcher.

Will, Helmuth: (1918-?) He enlisted in the Luftwaffe in 1937, and in 1939 began his medical studies. He spent his first semester in Frankfurt am Main, then moved to Munich before being called to military service for 7 months. He finished his medical studies and exams in the Reichsuniversität Straßburg in 1944 and was a student of Dr Hofmeier.

Willer, Karl: (1903-?) Willer served as a Lieutenant in the French army, but was not considered a Francophile by the NSDAP, nor did he have any political inclination. He was employed as a doctor in the children's clinic at the Reichsuniversität Straßburg in 1942 as a scientific assistant under the direction of Dr Kurt Hofmeier. In 1942 he also began work with the Hitler Youth.

Zukschwerdt, Ludwig: (1902-1974) He received his license to practice medicine in 1930, joined the SS in 1933 and the NSDAP in 1937. Prior to working in Strasbourg, he was a professor of surgery at the University of Heidelberg. He began working as the director of the surgery clinic of the Reichsuniversität Straßburg in 1941.

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Aisling SHALVEY

History of Paediatric Treatment in the Reichsuniversität Straßburg 1941-1944

(Logo ED)

Résumé

Mots-clés : Pediatrie, Nazisme, Pathologie, Medecine.

Cette thèse portera sur le traitement des enfants en tant que patients à l'hôpital de la Reichsuniversität Straßburg. Elle comprendra des études de cas et des données provenant de la clinique pédiatrique, de la clinique psychiatrique, de la recherche des étudiants, du département de pathologie, et examinera également les autres spécimens de cette recherche sur les enfants. La formation des médecins et des infirmières était un élément central de la clinique pour enfants, et ces stagiaires traitent souvent des patients, aussi cette thèse examinera-t-elle ce qui leur a été enseigné. Cette thèse examinera le processus d'évacuation et le traitement médical des enfants. Il n'y a pas encore eu d'étude sur la "recherche quotidienne" à laquelle a participé la Reichsuniversität Straßburg. Cette étude permettra d'identifier de nouveaux échantillons qui ont été découverts en comparant les informations disponibles attachées aux échantillons de recréer une vue plus complète des patients pédiatriques de l'hôpital.

Résumé en anglais

Keywords : Pediatrics, Nazism, Pathology, Medicine.

This thesis will focus on the treatment of children as patients at the Reichsuniversität Straßburg Hospital. It will include case studies and data from the paediatric clinic, the psychiatric clinic, student research, the department of pathology, and will also examine other specimens of this research on children. The training of doctors and nurses was a central part of the children's clinic, and these trainees often treat patients, so this thesis will examine what they were taught. This thesis will examine the evacuation process and the medical treatment of children. There has not yet been a study on "everyday research" in which the Reichsuniversität Straßburg has participated. This study will identify new samples that have been discovered by comparing the available information attached to the samples to recreate a more complete picture of the hospital's paediatric patients.